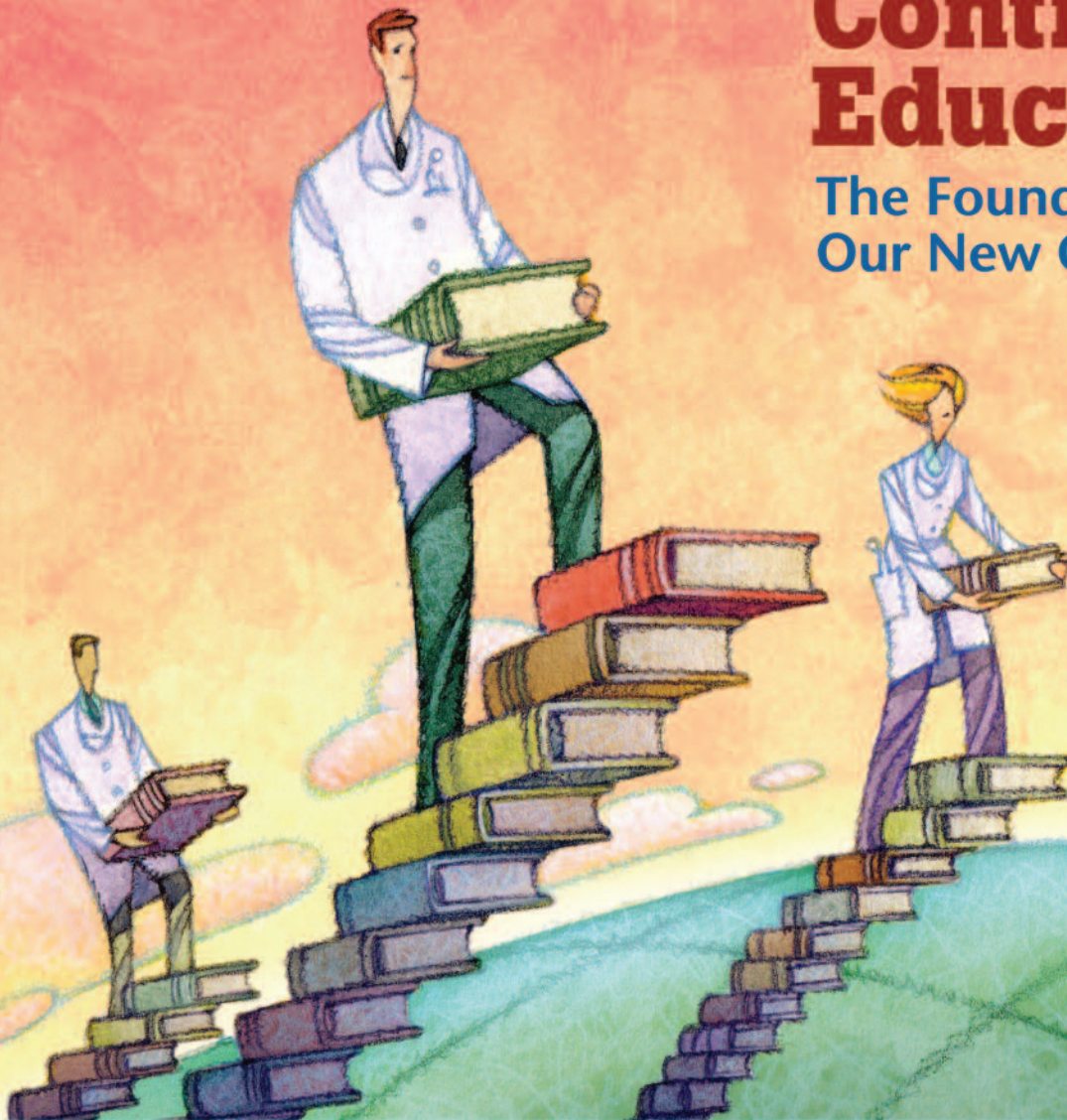




# DISPATCH

## Continuing Education:

The Foundation of  
Our New QA Program



**Tackling Pain  
Management  
Issues  
in Dentistry**



**Lunch  
and Learn**

Webinars  
are back



**Ensure the  
accuracy  
of online  
advertising**



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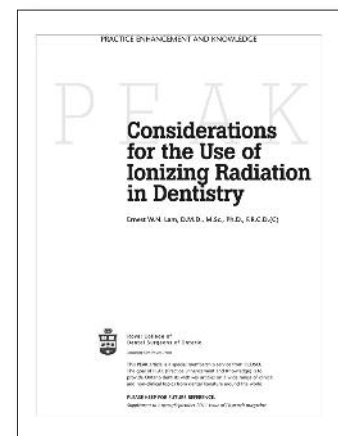
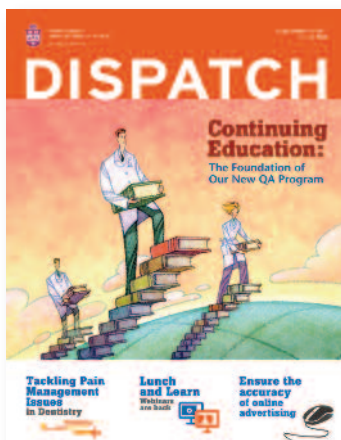
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# Quality Assurance is a Partnership Between Dentists and the College



PETER TRAINOR

**W**e know that dentists are committed to continuing professional development. It is an integral part of our culture as a profession. As dentists, we understand that learning never stops if we want to deliver the best care to our patients. As a regulatory college, we believe that a lifelong commitment to learning is a necessary component of quality practice.

The world changes so very quickly. Our lives are more pressured than ever. Yet the demands on dentists to keep on top of a steadily expanding body of knowledge continues unabated. That is why the College decided that it was important to get into the continuing education business to support dentists right across the province.

So, back in 2005, we launched our LifeLong Learning program with the release of our first CD-based interactive learning package called Medical Emergencies in the Dental Office.

We were gratified by the accolades it won. This experience confirmed for us that dentists were open and receptive to new ways of learning. It showed that we were on the right

track with our goal of the development of a series of core courses that related to dentists' everyday practice.

Of course, supporting dentists with educational opportunities was nothing new for us. We had already done excellent work with learning packages on medical history recordkeeping, health profession corporations and privacy legislation, and with the clinically-based research article included with each issue of Dispatch magazine.

Over the past five or six years, our commitment to lifelong learning has continued. Two more interactive learning packages were produced: one called Dental Emergencies: A Guide to the Treatment of Patients Requiring Urgent Care and the other called Informed Consent: A Guide to Understanding Informed Consent in the Dental Office.

The College made another leap forward in the fall of 2009 with the launch of our first online e-learning course. Called Jurisprudence & Ethics: Examining the Practice of Dentistry in

Ontario Through an Ethical Lens, it explores how to put ethical values into action in today's complicated legal and legislative environment.

This e-learning course was originally designed for non-Ontario dentists to fulfill their requirement for the successful completion of an examination in jurisprudence and ethics as one of the registration requirements for licensure in Ontario. This project grew in scope. We subsequently ended up with a brand new course in our LifeLong Learning program for members. Another adaptation of this e-learning course is used as part of required course work at the Faculty of Dentistry at the University of Toronto.

The next exciting development was last year's launch of our first webinar series, bringing top-notch dental experts live to the dentist's computer. This pilot project was enormously successful. Even before the initial webcast was finished, dentists were e-mailing us with kudos.

Now this fall, the webinars are back. Starting on page 20 of this Dispatch issue, you can read all about the new series of live online professional development sessions.

Continuing professional development is important. It is the foundation of our new Quality Assurance Program. We see quality assurance as a partnership between dentists and the College, a partnership founded on the belief that each member is motivated to continuously maintain and improve his or her level of competence. Our LifeLong Learning program, from the clinical articles in Dispatch to the webinars, form an important part of that partnership.

Continuing professional development is nothing new for Ontario dentists. Local study clubs across the province have been active for years in supporting quality education opportunities.

Why does the College make such a strong commitment to continuing professional development? The obvious answer is that it is our statutory responsibility. But there is more to it than that. The College is committed to helping dentists constantly expand their professional capacity and knowledge so patients reap the benefits. Working together we can sustain the confidence and trust of both the public and government that we are doing all we can to ensure the strength and integrity of the profession.

## L'assurance de la qualité est un partenariat entre les dentistes et le Collège.

Nous savons que les dentistes sont résolus à appuyer le perfectionnement professionnel constant. Cette attitude est partie intégrante de la culture au sein de notre profession. En notre qualité de dentistes, nous comprenons que l'apprentissage ne cesse jamais si nous voulons offrir aux patients les meilleurs soins possibles. Comme membres du Collège de réglementation, nous estimons qu'un engagement à vie envers l'apprentissage est un élément nécessaire pour une pratique de qualité.

Le monde change si rapidement. Notre vie est soumise à davantage de pressions qu'autrefois. On demande cependant aux dentistes de demeurer au faite d'un ensemble de connaissances d'une constante évolution se poursuivant sans relâche. Le Collège a décidé que pour lui il est essentiel d'offrir une formation constante afin de soutenir les dentistes dans toute la province.

Ainsi, en 2005, nous avons lancé notre LifeLong Learning program en publiant notre première trousse d'apprentissage interactif sur CD dénommée Medical Emergencies in the Dental Office.

Nous avons été satisfaits des commentaires favorables dont ce programme a fait l'objet. Cette expérience nous a confirmé que les dentistes étaient ouverts et réceptifs aux nouveaux moyens d'apprentissage. Ceci a montré que nous étions sur la bonne voie avec notre objectif consistant à élaborer une série de cours fondamentaux qui se rapportaient à la pratique quotidienne des dentistes.

Bien sûr, le fait de soutenir les dentistes dans les occasions éducatives n'avait rien de nouveau pour nous. Nous avons déjà accompli un excellent travail avec des trousse d'apprentissage au moyen de nos dossiers sur les antécédents médicaux, les ordres professionnels de la santé, la législation relative à la protection de la vie privée, et avec l'article sur la recherche axée sur la clinique figurant dans chaque numéro du Dispatch magazine.

*Suite à la page 42*

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# Tackling Pain Management Issues Facing Dentistry

*It is estimated that one in five people suffer pain that lingers beyond three months and up to 50 per cent will endure chronic pain in their lifetime. Some reports say that the total number of chronic pain sufferers worldwide eclipses the prevalence of cancer, diabetes and heart disease combined.*

This is a problem that has a profound impact on a patient's quality of life, with physical, psychological and social consequences.

Managing patient pain is fundamental to most medical and dental practices. Opioids are effective in managing patients with pain, but their use presents a unique set of challenges to both patients and prescribers.

For dentists, prescription pain relievers are an important therapeutic option in the management of persistent pain.

Dentists see patients frequently and usually develop long-term relationships with them, so we have a unique opportunity to make a significant impact.

However, dentists face a challenge in helping their patients manage pain, especially in the management of post-operative pain following procedures, like a tooth extraction or root canal therapy, and in the management of pain associated with other disorders of the oral-facial complex, such as neuralgias/neuritic syndromes, temporomandibular disorders, and for problems with post-operative healing or resolution of infections.

At the same time, dentists also want the opioids to be used for the right purpose and do not want to contribute to the province's opioid abuse problem.

In the fall of last year in Montreal, 6,000 leading pain experts from around the world gathered for what was called the "Olympics of Pain." Discussions there focused on the revolution in pain management that experts predict is coming over the next two decades. The College wants to ensure that the dental profession in Ontario is an active player in that revolution.

## Roundtable discussions at the Pain Symposium

### RCDSO Pain Symposium

That is why in November of last year, the College brought together a group of distinguished experts for a one day symposium to initiate discussions on the issue of pain management in the dental context.

Called The Management of Pain in Dental Practice, the purpose of the symposium was to kick-start the dialogue on how:

1. The dental community could best work with government to remedy the significant societal problems associated with opioid abuse.
2. The College could support the profession in gaining a better understanding of pain management in the dental practice.

As this is a complex problem that will require the interprofessional collaboration of a range of health care providers to find and implement effective solutions, other colleagues from the provincial regulatory environment were invited to join us: College of Nurses of Ontario, College of Physicians and



*(left to right) Symposium presenter Dr. Douglas Gourlay, anesthesiologist and medical consultant, Wasser Pain Management Centre, Mount Sinai Hospital, Toronto; Dr. David Clark, current chair of the Quality Assurance Committee; Dr. Elizabeth MacSween, former chair of the Quality Assurance Committee.*



*(left to right) Symposium presenter Dr. Thuan Dao, Associate Professor, Prosthodontics, Faculty of Dentistry, University of Toronto; Dr. Peter DeGiacomo, Council member; K.S. Joseph, Council member.*



# Tackling Pain Management Issues Facing Dentistry

Surgeons of Ontario and the Ontario College of Pharmacists.

Since education and research will no doubt play a key role in making any necessary changes in dentistry's approach to pain management, representatives from the provincial educational institutions with dental faculties – the University of Toronto and the Schulich School of Medicine and Dentistry at the University of Western Ontario – were asked to participate.

Colleagues from the provincial and national levels of organized dentistry – the Ontario Dental Association and the Canadian Dental Association – were also invited.

The symposium raised a number of important issues that face dentistry in supporting the government's efforts to identify and reduce abuse, addiction and diversion of narcotics and other controlled substances and in enhancing the profession's knowledge and ability to appropriately manage pain.

The College is committed to moving forward on this issue in partnership with the Ministry of Health and Long-Term Care and will continue to support the excellent collaborative relationship already established on this issue with our colleagues in medicine, pharmacy and nursing.

## Provincial Perspective

There are growing problems in Ontario with the use and misuse of opioids; in fact, some have even described it as a public health crisis. Ontarians are among the highest users of prescription drugs containing narcotics in the world. Between 1991 and 2009, the number of prescriptions in Ontario for oxycodone drugs rose by 900 per cent.

At the end of November 2010, the Ontario government passed legislation called the Narcotic Safety Awareness Act launching a multi-pronged 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.

There are five key elements to this government strategy:

### 1. *Narcotics tracking system*

- The new legislation enables the province to collect and analyze information on all prescription narcotics and other controlled substances dispensed in Ontario.
- This database will allow for monitoring and analysis of this information for the purpose of flagging problematic patterns in use, prescribing and dispensing.
- In instances of inappropriate or excessive prescribing or dispensing, responses could include educational support and resources, reporting to the appropriate regulatory college and, in extreme circumstances, law enforcement.

### 2. *Partnering with the health care sector to educate on appropriate prescribing*

- Working with the medical regulatory colleges to develop educational and training initiatives on pain management and appropriate prescribing practices.
- Supporting awareness of the Canadian Guideline for Safe and Effective Use of Opioids for Chronic Non-Cancer Pain recently released by the National Opioid Use Guideline Group.
- Providing awareness of resources currently available, such as the Centre for Addiction and Mental Health's Addiction Clinical Consultation Service (ACCS), which provides health professionals with advice and support related to the management of addiction problems, drug interactions and related counselling.

### 3. *Partnering with the health care sector to educate on appropriate dispensing*

- Working with the pharmacy regulatory college to develop educational and training initiatives on appropriate dispensing practices.
- Continuing regular inspections of pharmacies that dispense a high rate of narcotics.
- Supporting a program for the safe disposal of pain medications to ensure their proper disposal and to reduce the diversion of narcotics to inappropriate uses.

#### 4. Educate to prevent excessive use of prescription narcotics

- Providing more education to patients who require pain management medication about the safe and appropriate use of prescription narcotics and other controlled substances.
- Raising awareness of the risks associated with the use of prescription narcotics and other controlled substances when not prescribed by a doctor – especially among young people.

#### 5. Addiction Treatment

- Focus on treating patients with addiction.
- Investigate additional options for treating and supporting those addicted to prescription narcotics and controlled substances.
- Develop educational workshops on the treatment of narcotics dependence.

## WHAT NEEDS TO BE DONE? THE CHALLENGES

Now the College has formed a Working Group for the Management of Pain in Dental Practice that is beginning work on how to address the recommendations that came out of the roundtable discussion groups at the November 2010 symposium.

Members of that working group are:

- Dr. David Clark, Chair, Quality Assurance Committee
- two public members from Council, including one public member from the Executive – Dr. Harpal Buttar and Catherine Kerr
- one dentist member from the Executive – Dr. Natalie Archer
- one dentist member from Council who is an oral and maxillofacial surgeon – Dr. David Segal
- Dr. David Mock, Dean of the Faculty of Dentistry at the University of Toronto
- Dr. Harinder Sandhu, Director of the Dental Department, Schulich School of Medicine and Dentistry at the University of Western Ontario
- a representative from the College of Physicians and Surgeons of Ontario
- a representative from the Ontario College of Pharmacists

The recommendations that came out of the roundtable discussions at the symposium focused on the following five key areas that provide a broad and comprehensive framework for action by the regulator, dental educators and the dental community:

1. education of undergraduate students
2. continuous education of dentists in practice
3. improvements in the education of patients
4. use of technology to support patient care
5. College support of interprofessional collaboration

**CHECK OUT THE FULL REPORT ON THE COLLEGE WEBSITE AT  
[www.rcdso.org/pdf/RCDSO-Pain-Symposium-Report.pdf](http://www.rcdso.org/pdf/RCDSO-Pain-Symposium-Report.pdf)**

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# QUALITY

## Continuing Education:

# The Foundation of Our New QA Program

The practice of dentistry is demanding and constantly evolving. Our knowledge grows and new clinical procedures are introduced every day and at an ever increasing pace. It is the essential key to maintaining the highest standards of professional care. That's why continuing education is the foundation of our new Quality Assurance Program.

The College is mandated under our governing legislation, the Regulated Health Professions Act, to administer a Quality Assurance Program designed to promote continuing competence and practice improvement. We have designed a program that is all about sustaining, improving and assuring the professional standards of our members through continuing education and practice enhancement.

All members with a general or specialty certificate of registration are required to participate in the College's Quality Assurance Program and pursue CE activities as part of their commitment to the profession and lifelong learning.

### NEW CE CYCLE BEGINS ON DECEMBER 15, 2011

#### THE THREE-YEAR CYCLE

All members are required to obtain at least 90 CE points in each three-year cycle set by the Quality Assurance Committee.

#### Current Members

Your CE cycle begins on December 15, 2011.

#### New Members

Your CE cycle begins on December 15 of the calendar year in which you register with the College.

#### Full-Time Students

If you are enrolled in a full-time post-graduate program, you are exempt from CE requirements. However, it is your responsibility to inform the College's Quality Assurance department in writing of your educational status so that your three-year cycle can be adjusted accordingly.

#### Bonus for New Graduates

If you completed your undergraduate and/or post-graduate program in the same calendar year in which you register with the College, you are awarded 30 CE points (15 CE points in Category 1 and 15 CE points in Category 2) for your first year of a three-year cycle.

# ASSURANCE

## THE THREE CE CATEGORIES

All members are required to obtain at least 90 CE points in each three-year cycle. There are three categories in which you may obtain CE points. Within each category, there are a variety of CE activities you may pursue.

### Category 1: Core Courses 15 CE points minimum per cycle

At least 15 CE points must be obtained from successfully participating in core courses approved by the Quality Assurance Committee.

Core courses must be relevant to the practice of the profession and designed to promote members' continuing competence and maintenance of professional standards.

In approving courses for this category, the Quality Assurance Committee considers such factors as:

- course providers are recognized experts on the subject;
- the quality of the delivery mode;
- references or links to supportive educational materials;
- absence of any commercial bias;
- whether there is an independent assessment component;
- accessibility to all members equally.

Currently, core courses include the College's LifeLong Learning programs and webinars plus the Ontario Dental Association's program on guiding patients to a smoke-free future.

The College is actively encouraging other organizations to become course providers including: the Ontario Dental Association, the Faculty of Dentistry at the University of Toronto and the Department of Dentistry at the Schulich School of Medicine and Dentistry at the University of Western Ontario.

### Category 2: Approved Sponsor Courses 45 CE points minimum per cycle

At least 45 CE points must be obtained from successfully participating in courses on a clinical dental topic offered by approved sponsors or by teaching.

### Category 3: Other Courses

Any remaining number of CE points may be obtained from other courses, including those offered by non-approved sponsors.

## CLASSIFICATION OF COURSES

### CATEGORY 1 Core Courses 15 CE points minimum per cycle

At least 15 CE points per three-year cycle must be obtained from successfully participating in core courses approved by the Quality Assurance Committee.

Jurisprudence & Ethics: Examining the Practice of Dentistry in Ontario through an Ethical Lens	15 CE points
Informed Consent: A Guide to Understanding Informed Consent in the Dental Office	15 CE points
Dental Emergencies: A Guide to the Treatment of Patients Requiring Urgent Care	15 CE points
Medical Emergencies in the Dental Office	6 CE points
Staying Safe: Tips from your College	6 CE points
Guide your Patients to a Smoke-Free Future (ODA program)	3 CE points
Oral Bisphosphonate Use and the Prevalence of Osteonecrosis of the Jaw (College webinar)	3 CE points
Changing the Architecture of Bone (College webinar)	3 CE points
Acute Pain Control: Use of Opioids in Dentistry (College webinar)	3 CE points
X-Rays, Dentists and the 21st Century (College webinar)	1 CE point
Minimally Invasive Dentistry – Current Principles of Caries Diagnosis and Management (College webinar)	1 CE point
The Nature, Complexity and Mechanisms of Acute and Chronic Craniofacial Pain (College webinar)	1 CE point

*Please note that you may claim CE points for a specific core course in Category 1 only once. If you repeat the same course in a subsequent three-year cycle, you may claim CE points for it in Category 2, but not again in Category 1.*



# QUALITY

## CATEGORY 2 Approved Sponsor Courses 45 CE points minimum per cycle

At least 45 CE points per three-year cycle must be obtained from successfully participating in courses on a clinical dental topic offered by approved sponsors or by teaching.

Courses/lectures/seminars on clinical dental topics **1 CE point per hour**

Self-study programs with independent assessment on clinical dental topics: **30 CE points maximum per three-year cycle**

- audio/video tapes, CD-ROMs or DVDs
- internet-based study programs
- print-based study programs
- directed study programs

Teaching dentistry at a university faculty of dentistry, or teaching dental hygiene or Level II dental assisting at an approved institution: **Full-time teaching: 20 CE points per semester**  
**Part-time teaching: 10 CE points per semester**

- lecturing
- clinical instruction

Lecturing on clinical dental topics for approved sponsors **10 CE points per full day**  
**5 CE points per half day**

Authorship of articles or chapters, relevant to the practice of dentistry, for approved dental journals or textbooks **10 CE points per journal article**  
**20 CE points per textbook chapter**

Hospital rounds at approved institutions **1 CE point per meeting**

## CATEGORY 3 Other Courses

Any remaining number of CE points per three-year cycle may be obtained from other courses, including those offered by non-approved sponsors.

Courses/lectures/seminars on clinical dental topics by non-approved sponsors **1 CE point per hour**

Courses/lectures/seminars on non-clinical dental topics: **1 CE point per hour**

- dental practice management
- medical-legal issues
- new dental products and techniques

Courses/lectures/seminars on non-dental topics that are relevant to the practice of the profession: **1 CE point per hour**

- general health sciences

Dental society and study club business meetings **2 CE points per meeting**

Attendance at dental conventions **6 CE points per full day**  
**3 CE points per half day**

Self-study programs without independent assessment on clinical dental topics: **20 CE points maximum per three-year cycle**

- audio/video tapes, CD-ROMs or DVDs
- internet-based study programs

Lecturing on clinical dental topics for non-approved sponsors **10 CE points per full day**  
**5 CE points per half day**

Regular reading of approved dental journals **5 CE points per journal**  
**(maximum of 10 CE points per year)**

Reading of current dental textbooks **10 CE points per textbook**

*Please note that attendance at dental conventions qualifies for CE points in Category 3. If you attend a course/lecture/seminar on a clinical dental topic while attending at a dental convention offered by an approved sponsor, you may claim this portion of your CE points in Category 2 and the balance in Category 3.*

# ASSURANCE

## APPROVED SPONSORS FOR CE COURSES

CE courses offered by any of the following organizations may be eligible for CE points in Category 2. Please note that the College does not approve specific CE courses.

- A faculty or school of dentistry or medicine. This does not include Advanced Dental Education Centres.
- A body that has been approved by the Academy of General Dentistry (AGD) or the Continuing Education Recognition Program (CERP) of the American Dental Association (ADA) or the Canadian Dental Association (CDA)<sup>1</sup>.
- A national or international dental association, such as the ADA, CDA, FDI.
- A provincial or state dental association or one of their component dental societies.
- A local, provincial, state, national or international dental specialty or medical specialty association, such as CAO, AAE.
- A Canadian dental or medical regulatory authority, such as the College.
- A hospital that is approved by the Committee.
- A Canadian government agency, such as a public health unit.
- The Canadian Forces.
- A qualified provider of emergency procedure programs, cardiopulmonary resuscitation (CPR), advanced care life support (ACLS), first aid or of similar programs approved by the Committee.
- A study club approved by the Committee<sup>2</sup>.
- Any other organization approved by the Committee.

1. For information on whether the course sponsor is approved by these organizations, please check their websites:

Academy of General Dentistry [www.agd.org](http://www.agd.org)

American Dental Association [www.ada.org](http://www.ada.org)

2. For a complete listing of approved and non-approved study clubs, please visit the Continuing Education section of the College's website at [www.rcdso.org](http://www.rcdso.org).

## THE e-PORTFOLIO

By the middle of next year, you will have secure access to your own online e-Portfolio right from the College's website through a simple log-in process.

As you progress through a three-year cycle, you can keep your CE activities updated in your personal online e-Portfolio. At a glance, you will know how many CE points you have in each of the three categories and how many more you are required to obtain to reach the target in each category.

At the end of a three-year cycle, members will be selected at random to have their e-Portfolio reviewed to ensure that they are meeting their obligations under the Quality Assurance Regulation.

## KEEPING DOCUMENTS RELATED TO CE ACTIVITIES

In addition to keeping your CE activities updated in your personal e-Portfolio once it comes online, you are also expected to keep documents that provide evidence of your successful participation in CE activities (e.g. course certificates and other proof of attendance documents).

As always, you must retain these documents for five years from the end of each three-year cycle, as required by the College's Quality Assurance Regulation, and submit them to the College on request.

**COLLEGE CONTACT** Joanne Loy – Quality Assurance and Continuing Education Assistant  
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# QUALITY

## New CE Program

# Frequently Asked

### Q *What's this all about?*

In June 2007, new quality assurance requirements were created by government for all health care regulatory colleges when the amendments to our governing legislation, the Regulated Health Professions Act, were passed.

The College has worked to create a Quality Assurance Program that is meaningful to members and encourages continuing education and practice enhancement.

This program includes a continuing education component, similar to what you are already doing.

There is still the same requirement to obtain at least 90 CE points in each three-year cycle.

You are required to obtain CE points in three categories and keep the documentation that demonstrates your participation in these CE activities.

### Q *When does my three-year CE cycle begin?*

The launch date is December 15, 2011 for all current members with a general or specialty certificate of registration.

### Q *What are the new CE categories?*

#### **CATEGORY 1: CORE COURSES – AT LEAST 15 CE POINTS**

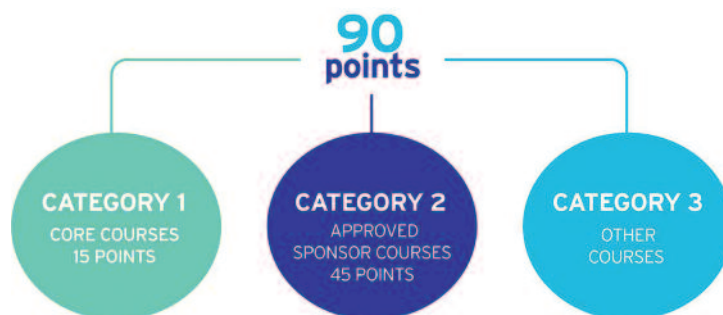
Core courses must be relevant to the practice of the profession and designed to promote continuing competence and maintenance of professional standards.

#### **CATEGORY 2: APPROVED SPONSOR COURSES – AT LEAST 45 CE POINTS**

Approved sponsor courses include courses, lectures and seminars on clinical dental topics offered by approved sponsors. CE points can also be collected for teaching.

#### **CATEGORY 3: OTHER COURSES – ANY REMAINING CE POINTS**

This category includes courses, lectures and seminars offered by non-approved sponsors and attendance at dental conventions.



# ASSURANCE

## Questions



### **Q** *What happens to the CE points I have accumulated since September 15, 2007?*

Since September 15, 2007, the College has asked members to keep track of their CE points on log sheets. These CE points earned during the transition period can now be carried forward towards your new three-year cycle, which begins on December 15, 2011. These CE points must be claimed in the appropriate categories.

### **Q** *In the new CE program, how do I keep track of my CE courses and activities?*

By the middle of next year, you will have secure access to your own online e-Portfolio right from the College's website. Using a simple password protected log-in process, you will be able to track your CE activities and see in an instant how many points you have

in each category and how many more you need to reach the required target.

Until the e-Portfolio goes live, please keep track of your CE activities using the College log sheets.

In addition, as always you still have to retain paper records of your successful participation in CE activities. That includes the course certificates and other proof of attendance documents. You will need these in the event that you are selected at random for review by the College.

These records must be kept for five years after the completion of a three-year cycle. For example, if your cycle ends in December 2014, these records must be kept until December 2019.

### **Q** *Where do I get more CE log sheets?*

CE log sheets are available from the College's website at [www.rcdso.org](http://www.rcdso.org). Click on the Continuing Education icon found on the home page.

### **Q** *How do I report my continuing education to the College?*

CE information is no longer being reported to the College on a yearly basis. You need to keep your own e-Portfolio up-to-date once it is online, as well as keep any paper records of your CE activities and log sheets you have completed during the transition period.

At the end of a three-year cycle, there will be a random selection of members who will have their e-Portfolio and supporting documentation reviewed.



# QUALITY

## **Q** *Do I have to keep proof of attendance documents?*

Yes! It is your responsibility to ensure that you receive and retain course certificates and other proof of attendance documents for your records.

## **Q** *How do I know if a sponsor is approved or non-approved?*

Although the College does not approve specific CE courses, we do accept programs for CE points in Category 2 based on the approved sponsor categories. The list of approved sponsor categories, as well as the list of approved and non-approved study clubs, is on the College's website at [www.rcdso.org](http://www.rcdso.org) under Continuing Education.

As a general rule, most non-approved sponsors are dentists who offer courses themselves or some dental labs and supply companies. You can check to see if a sponsor is approved by the Academy of General Dentistry at [www.agd.org](http://www.agd.org) or with ADA/CERP at [www.ada.org](http://www.ada.org). Or you can also call the College's Quality Assurance department for more information.

All non-approved sponsors are required to inform dentists of their status on the proof of attendance certificate or letter given to attendees.

## **Q** *As a specialist, am I still required to obtain half of my CE points from specialty-related courses?*

No. This is no longer a requirement.

## **Q** *Do I get one CE point for every hour of attendance at a course?*

Yes. CE points are now awarded on the basis of one CE point per hour of continuing education.

## **Q** *Can I claim CE points for attending hospital rounds?*

Yes. If you attend hospital rounds at accredited institutions you can claim one CE point per hospital round.

## **Q** *Do I get CE points for taking a remedial course?*

Yes. CE points are awarded for remedial courses.

## **Q** *Do I get CE points for taking a CPR course?*

Yes. CE points will be awarded on the basis of one CE point per hour of participation.

## **Q** *Can I claim CE points for teaching?*

You are able to claim CE points for teaching dentistry at a university faculty of dentistry, as well as dental hygiene and Level II dental assisting at an accredited institution. This includes full and part-time teaching.

However, teaching Level I dental assisting or at an Advanced Dental Education Centre is not eligible for CE points.

CE points can also be earned for lecturing on clinical dental topics for approved and non-approved sponsors.

## **Q** *Do I get CE points for reading dental textbooks?*

Yes. Reading of current (published in the last five years) dental textbooks will be eligible for 10 CE points per textbook.

# ASSURANCE

## **Q** Are all hands-on courses eligible for bonus points?

No. Bonus CE points may be awarded for hands-on courses sponsored by accredited North American faculties/schools of dentistry. In addition, the Quality Assurance Committee may approve bonus CE points for specific courses.

Please note that a course with a hands-on component is not automatically eligible for bonus CE points. Contact the College's Quality Assurance department if you want to verify that bonus CE points have been approved for a specific course.

Bonus CE points are awarded on the basis of one CE point for every two hours of actual hands-on participation. Half CE points are rounded-up.

## **Q** What is considered a non-clinical course?

Examples of non-clinical courses are those with titles like Practice Management, Creating the Successful Practice, Dental Nutrition, Sexuality and Health, Effective Tax Management, Effective Financial Planning, Herbal Therapies in Dentistry, etc. Although these courses are considered non-clinical, members are still able to claim CE points for them in Category 3 – Other Courses.

## **Q** If I exceed the 90 CE point requirement, can my excess points be carried forward to the next three-year cycle?

No. With the exception of CE points accumulated during the transition period, you can only claim CE points in the three-year cycle in which they were earned. At the end of a three-year cycle, you begin a new three-year cycle with zero CE points. So, it is important that you are aware of the start and end dates of your CE cycle.

## **Q** What if I am a full-time student? Do I still need to obtain CE points?

If you are enrolled in a full-time postgraduate program, you are exempt from CE requirements. However, it is your responsibility to inform the Quality Assurance department in writing of your education status so your three-year cycle can be adjusted accordingly.

If you are enrolled in a part-time dental-related program, you are still required to obtain at least 90 CE points in each three-year cycle.



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# Children of CHAOS

DR. GRAEME CUNNINGHAM, RCDSO WELLNESS PROGRAM CONSULTANT

***Thursday was the worst day. This was the half day my physician father took off so the drunkenness and violence at home began earlier than usual.***

**L**ike me, about 76 million Americans or about 43 per cent of the U.S. adult population have been exposed to alcoholism in the family. Almost 1 in 5 adult Americans lived with an alcoholic while growing up. Around 30 per cent of applicants to medical schools have come from homes where one parent was alcoholic.

Studies of family violence frequently document high rates of alcohol and other drug involvement. Compared with non-alcoholic families, alcoholic families demonstrate poor problem solving abilities, both between the parents and within the family as a whole.

These poor communication and problem solving skills may be mechanisms through which a lack of cohesion and increased conflict develop and escalate in alcoholic families.

There are certain characteristics of adults who have grown up in alcoholic homes.

1. Learned helplessness: the adult tends to give up and become helpless and believes they can't affect or change what is happening to them.
2. Depression
3. Anxiety
4. Emotional constriction
5. Distorted reasoning
6. Loss of trust or faith
7. High vigilance
8. High risk behaviours: these include behaviours such as speeding, sexual acting out, spending and other misguided attempts to jump start a numbness in our world.
9. Development of bridge psychological defences: this includes such psychological techniques as denial, splitting, and minimizing.

Despite the fact that many children growing up in alcoholic homes may be high achievers both academically and in sports, a number of elements of behaviour manifest themselves because of learning without adequate role models. These signs can be:

- Constantly guessing at what normal is. It may be that you do not know what “normal” is and you have to try and figure it out from the actions and reactions of others.
- Wondering what you ought to be feeling in different situations. Growing up in an alcoholic home may leave you feeling that you don’t know who you are.
- Excessive fear of the unknown.
- Over reliance on watching other people to see how you should be acting. Some children who grow up in alcoholic homes have a tendency to feel that they are different from other people and are uncomfortable in social situations.
- Feeling at a loss when important events occur, like getting married or the birth of children.
- Running to self-improvement books every time change occurs.
- Believing others usually know what they are doing.
- Always depending on others to plan parties, dinners or vacations.
- Feeling like you are pulling the wool over other people’s eyes.
- Making big deals about things other people do easily.

- Neglecting things like daily chores and financial records out of ignorance.
- Frequently being surprised to learn that there is a simple way to accomplish things that you usually do in a convoluted way.

While many adult children of alcoholics are high achievers, they continue to live lives of uncertainty and suffer from emotional restriction.

Many adult children of alcoholics lose themselves in their relationship with others, sometimes finding themselves attracted to alcoholics or other compulsive personalities, such as workaholics, who are emotionally unavailable.

They will also form relationships with others who need their help or need to be rescued, to the extent of neglecting their own needs. If they place the focus on the overwhelming needs of someone else, they do not have to look at their own difficulties and shortcomings.

Often, adult children of alcoholics will take on the characteristics of alcoholics, even though they have never picked up a drink – exhibiting denial, poor coping skills, poor problem solving and forming dysfunctional relationships.

This can impact both professional work with patients and also can interfere with relationships in a significant way, especially with marriages and with children.

Help can be obtained through a family physician who is trained to recognize family disharmony and who can recommend a referral to appropriate resources, or you can call me directly to discuss your situation on a confidential basis.



**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.**

# Lunch and Learn Webinars are back!



*Coming off of the success of last year's webinar series, the College is pleased to announce a new series of live online professional development sessions.*

Just like last year's sessions, the presenter will discuss the topic and you will have a chance to submit questions in real time. The webinars will begin at 12 p.m. with a 45-minute presentation, followed by a 15-minute question and answer session. Your participation in each webinar is worth 1 CE point if you complete the post-webinar online independent assessment.

To register, visit [www.rcdso.org](http://www.rcdso.org) and click the Member Resource Centre icon on the homepage. Once you've logged in, please confirm your e-mail address by selecting 'Change Residence' from the navigation menu in the left-hand column. It is important to confirm that your e-mail address is correct as your payment receipt, event details and the post-webinar assessment will be sent to this e-mail address. If you do not have an e-mail address registered with the College and

wish to sign up for a webinar, please enter one and click 'Save.'

After submitting or confirming your e-mail address, select 'CE programs' from the navigation menu. Proceed to select the webinars you wish to attend. If you select the package of three webinars, you do not need to select any individual webinars as they are all included in the package.

The College website, [www.rcdso.org](http://www.rcdso.org), also has presenter bios and a frequently asked questions document that will provide information on the webinar format, computer requirements and login instructions. You can find this information by clicking the webinars icon on the homepage.

Again, please be sure to check your e-mail inbox as the College will be sending you registration reminders and a recap of each session.

*For registration and payment related questions, please contact:*

**Joanne Loy** – Quality Assurance and Continuing Education Assistant  
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[jloy@rcdso.org](mailto:jloy@rcdso.org)

**Dr. Richard Bohay**

**OCTOBER 14, 2011**

## **X-rays, Dentists and the 21st Century**

**Registration deadline: October 7, 2011**

In the last few decades, diagnostic imaging in dentistry has changed dramatically. Many dentists are still using x-ray film for intra-oral and panoramic imaging. Eventually, however, digital modalities will replace x-ray film. Today, there is a great deal of interest in cone beam CT in dentistry. With all these advances and changes, one thing remains the same: every radiographic examination exposes a patient to ionizing radiation. Radiographs are essential for both accurate diagnosis and for the delivery of safe, efficient treatment. But, the exposure to ionizing radiation is potentially harmful to the patient. In every case, dentists must consider both the need for a radiographic image and the risk that radiographic procedure carries for the patient. This presentation will review the fundamental concepts of radiation safety and the application of the ALARA principle in dentistry.



### **COLLEGE WEBINARS PART OF CE CORE COURSES**

Participation in each webinar is worth one CE point in the core courses continuing education category.

Please refer to page 11 for more information on core courses.

# Lunch and Learn Webinars are back!

**Dr. Dorothy McComb**

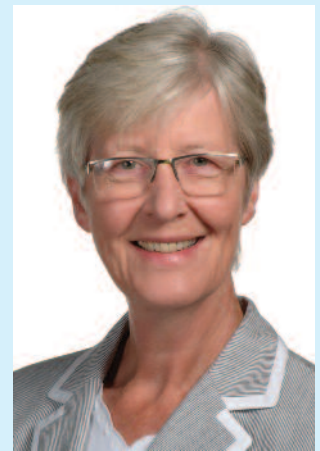
**NOVEMBER 11, 2011**

## **Minimally Invasive Dentistry – Current principles of caries diagnosis and management**

**Registration deadline: November 4, 2011**

In the last 20 years, there has been a major paradigm shift in dentistry with respect to the diagnosis and management of dental caries. Our understanding of the caries process has increased significantly, caries prevalence has decreased and there is increasing recognition that the traditional surgical model of treatment has distinct limitations. Caries is now known to be an infection that cannot be “treated away” through restorations. A combination of a medical model of disease management with selective use of surgical treatment in appropriate situations will best preserve dentitions for a lifetime. Conservatism is the new standard but many clinicians are unaware.

Caries diagnosis can be challenging, particularly in the early stages. How can minimally invasive dentistry be safely instituted? What is the difference between caries detection and caries diagnosis? At what stage is operative intervention appropriate, according to the evidence? What is patient-specific disease management and is it effective? How do restorations fail and how can the re-restoration cycle be slowed? These topics will all be addressed in this presentation to assist clinicians in the provision of optimal and effective treatment decisions.



### **WHAT IT COSTS**

**One Webinar: \$100 • Value Pack of Three: \$200\***

*(\*The registration deadline for the value pack is October 7, 2011.)*

### **HOW TO REGISTER**

- Log on to the College’s Member Resource Centre.
- Select ‘CE Programs’ from the navigation menu.
- Check the webinars you wish to attend and submit your payment information.
- Once your credit card payment is cleared, you will receive a confirmation notice by e-mail from the College.
- One week before the webinar, you will receive by e-mail more detailed information about how to log onto to the webinar and test your system for minimum requirements.



**Dr. Barry Sessle**

DECEMBER 9, 2011

## **The Nature, Complexity and Mechanisms of Acute and Chronic Craniofacial Pain**

**Registration deadline: December 2, 2011**

The socioeconomic impact of pain is enormous, and some of the most common acute and chronic pain conditions occur in the craniofacial region. Since the mechanisms underlying the aetiology and pathogenesis of many of these conditions have been poorly understood, they have continued to present a diagnostic and management challenge to the clinician. However, insights into craniofacial pain mechanisms have been gained from recent studies in laboratory animals and humans, and are improving our clinical understanding of craniofacial pain states. This presentation will review these recent insights into pain arising from the temporomandibular joint, teeth and masticatory muscles, with particular emphasis on the mechanisms of peripheral sensitization and central sensitization and other modulatory processes and their role in acute and chronic pain conditions. The presentation will also point out their clinical implications.



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mgardner@rcdso.org

# When should I make a referral?

*Every dentist at some point in time encounters situations in which it becomes clear that a patient should be referred to another practitioner who has different or special skills. The difficulty, of course, is in recognizing those situations in a timely fashion and acting accordingly.*

*The Inquiries, Complaints, and Reports Committee (ICRC) occasionally reviews matters where it is obvious that a member should have made a referral instead of attempting to provide treatment.*

**CASE 1: TRY TRY AGAIN**

The patient presented with pain in a lower molar. After an examination, the diagnosis was that a root canal was needed. The root canal was performed, but the canals were underprepared and obturated well short of the apices of the roots. Unfortunately the dentist did not recognize the inadequacy of the treatment and went ahead and inserted a crown on the tooth.

Approximately 15 months later, the patient returned complaining of pain in the same tooth. The patient said that, although he had not visited the office for some time, the pain had started just two months after the root canal treatment. In fact, he had visited another dentist who said that the root canal appeared to be unfinished.

The original treating dentist examined the patient and diagnosed a possible untreated canal or unfinished root canal treatment.

In reviewing the complaint, the panel felt that when the patient returned with an apparently failed root canal, the original treating dentist should have referred him to a specialist.

Instead, the dentist attempted retreatment, despite the fact that retreatment was now a more challenging undertaking due to the crown on the tooth. To complicate matters further, he had taken a radiograph that showed what appeared to be a separated instrument in one of the canals. Yet he still proceeded to attempt a retreatment.

In resolving this complaint, the panel felt that the member would benefit from a comprehensive course in endodontic therapy, including diagnosis, clinical technique and referral protocols.

**CASE 2: THE BEST LAID PLANS**

The dentist saw a patient who reported generalized pain in all four quadrants. The patient also had deep anterior cross bite, as well as upper and lower partial dentures that she wanted replaced once the pain was addressed.

The member examined the patient and explained that, although he could perform a recommended extraction, he could not treat her any further due to the complexity of the treatment required. The dentist extracted one tooth and then referred the patient to a periodontist.

Some weeks later, the patient returned seeking further treatment. The dentist encouraged the patient to see another general dentist, but the patient insisted that she was more comfortable with him.

An extensive and costly treatment plan was developed that called for an increase in the patient's vertical dimension, root canal therapy, various restorations, crowns and a night guard. The patient agreed and treatment started.

However, at the end of the treatment the patient claimed that the treatment caused her even more pain and now she could not even chew.

In its review of the complaint, the panel noted that the dentist had not recorded a diagnosis in his records and his records did not indicate any rationale for the complex treatment that he recommended.

In addition, the panel was concerned that overall the dentist undertook extensive treatment that was not properly planned for. In order to address these concerns, the panel recommended that the dentist upgrade his skills by taking a course in diagnosis and treatment planning.

# Ensuring the Accuracy of Your Listings in the Online Yellow Pages

*Sometimes there can be serious repercussions if you do not ensure the accuracy of information about your qualifications and practice in paid advertising on websites such as YellowPages.ca.*

Recently a panel of the Complaints Committee heard a case where a young mother searched YellowPages.ca under “pediatric dentist” in her city and selected an office based on that internet search. Based on her search, the mother was under a mistaken belief that the dentist was a pedodontist, even though the actual office website did not indicate that the practice was a pediatric practice or that any of the dentists working there were pedodontists. Unfortunately the treatment provided was substandard. The mother lodged a complaint with the College. In the end, the panel of the Complaints Committee required the dentist to take a course in pediatric dentistry and placed a restriction on his licence to practise pedodontics until he had successfully completed the course.

What principles can be followed to ensure that you do not offend your professional responsibilities when it comes to advertising your practice?

As the College’s Practice Advisory on Professional Advertising states, you are responsible for any professional advertisement related to your practice. That is why it is important that you take personal responsibility to ensure that anyone

you permit to be involved in advertising your practice understands your obligations and adheres to the regulations under the provincial Dentistry Act. In other words, it is not wise to leave it up to the advertiser to make the final decisions about how you and your practice are represented to the public.

As those regulations outline, if your advertisement makes any reference to an area of practice, your expertise, a dental procedure or treatment, or technique or materials, you must clearly disclose whether you are a general practitioner or a specialist; and if a specialist, in what particular specialty you are registered. Specialty areas of the profession are limited to those recognized specialties and must be referred to only by those specific titles.

The Principles of the College's Code of Ethics state:

*Never overstate or embellish qualifications, including advertising or speech, that could mislead a reasonable person.*

Your advertising and marketing plans for your practice need to include time to review all the advertising done in your name before it goes public. Advertising is advertising is advertising, whether it is in print or on the radio or online. The same ethical principles and legal restrictions govern all forms of advertising.

As one of the core values in the Code of Ethics states:

### **INTEGRITY**

*Being truthful, behaving with honour and decency and upholding professional standards.*

Whatever means you choose to promote your practice, it is important to do it honestly and ethically, without misleading the public. No matter how and where you advertise, the ethical guide is always truthfulness.

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# Altering Dental Records – Don't Go There!

## Scenario #1

Dr. A received a statement of claim alleging that he failed to properly diagnose and treat periodontal disease for a longstanding patient, Ms. M. He immediately called the Professional Liability Program to report the matter and was advised to send his records to PLP.

While reviewing the dental records in preparation for sending them off, Dr. A discovered that there was no periodontal charting and no record that he had informed the patient about her periodontal health. The treatment notes contained only brief descriptions of the services rendered and the fees charged for each visit.

Dr. A recalled discussing Ms. M's condition with her on several occasions and suggesting a referral to a periodontist, which the patient refused. However, there were no entries about this in the chart.

Dr. A realized that the records did not put him in the best light. So he decided to retroactively make them more complete. He added some additional information, using the same ink colour. He assumed that no one would notice, and even if they did, he doubted that the repercussions could be any worse than what would happen if he submitted the original records.

### 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

### Scenario #2

Mr. C lodged a complaint with the College about his former dentist, Dr. R. He had some crown work done about one year earlier and it was now failing. According to Mr. C, his new dentist had advised him that the teeth in question were not suitable for the type of treatment rendered and that conventional bridgework or implant supported crowns should have been presented as more viable treatment options during the informed consent process.

As soon as he received the letter of complaint from the College, Dr. R reported the matter to PLP on a precautionary basis due to the possible financial implications of the case.

Then Dr. R began preparing a letter to the College in order to respond to Mr. C's concerns. On reviewing the patient's dental records, Dr. R found that they were silent regarding the treatment option discussion taking place. Since he seemed to recall part of the discussion, he added "p.s. patient cannot afford bridgework or implants" to the records to justify the treatment that had been rendered.

Unfortunately for Dr. R, it was very obvious that this entry was added afterward. In fact, he even used a different type of pen than used for the other entries on the same date.

### Scenario #3

Ms. J wrote a letter to her dentist, Dr. P, alleging she had been negligent by failing to adequately diagnose and treat her during the 30 years she had been in her care and that her new dentist had advised her that she needed extensive restorative treatment.

On reviewing Dr. P's records, PLP staff were encouraged to see numerous chart entries reflecting Ms. J's failure to attend dental appointments, her refusal to have x-rays taken, her poor oral hygiene despite numerous discussions regarding its importance and her refusal to have decayed teeth treated.

Because of the completeness and thoroughness of the records, PLP believed there was a very good defence in this case. However, Ms. J denied that any of this had happened.

Defence counsel was retained, a Statement of Defence was filed, and the litigation process commenced. It was not until after the discovery process that Dr. P eventually confessed to having rewritten the entire chart to include notations of missed appointments and general lack of compliance.

Of course, PLP had no choice but to settle the claim with Ms. J.

### KEY POINTS

Altering records is about the worst thing that a dentist can do to cause damage to his or her defence in a malpractice claim or complaints investigation. While it is difficult to defend a dentist who has inadequate records, it is almost impossible to successfully defend a dentist who alters the patient's records, especially since a dentist's credibility is almost as important as that of a supportive expert witness.

Judges and juries will likely equate someone who alters a record to someone who has something to hide or, even worse, someone who does not tell the truth.

If the experienced claims examiners/adjusters at PLP suspect that dental records have been altered by the dentist, every attempt is made to settle the matter rather than risk exposure of these alterations to the scrutiny of the patient's lawyer.

It is important to note that the courts may even award punitive or exemplary damages in cases where the patient's records have been altered. Punitive damages are damages awarded to reform or deter the professional from pursuing a course of action, not to compensate the patient. The key point to remember is that these punitive damages are not covered under the malpractice policy.

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# Considerations for the Use of Ionizing Radiation in Dentistry

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.

## **R**adiography is an essential diagnostic tool in the practice of dentistry.

For decades, traditional film-based intra-oral radiographs have provided dentists with very high resolution images that have set the gold standard in dentistry. In recent years, we have witnessed the introduction of numerous computer-based imaging technologies and many dentists have replaced their film-based techniques with digital ones. In addition, the introduction of three-dimensional volumetric or cone beam computed tomography (CBCT) has generated widespread excitement as dentists seek to incorporate this novel technology into patient care.

However, radiography almost always involves the use of ionizing radiation, which can increase an individual's lifetime risk of developing cancer. This risk rises with cumulative dose and is greater for children and adolescents than adults. As with all dental procedures, the small risk associated with the taking of a radiograph must be weighed against its potential benefits.

The principle of ALARA (As Low As Reasonably Achievable) should be foremost when considering the use of radiography.

In other words, radiographs must be taken in a responsible way that maximizes diagnostic value given the clinical context, but without exposing patients to unnecessary amounts of ionizing radiation. This requires the clinician to exercise professional judgement to achieve the appropriate balance between these two considerations.

With this issue of Dispatch, PEAK is distributing the following article to members: "Considerations for the Use of Ionizing Radiation in Dentistry" by Dr. Ernest Lam, who is an Associate Professor and the Graduate Program Director and Head of Discipline of Oral and Maxillofacial Radiology at the Faculty of Dentistry, University of Toronto.

The article begins with the sobering reminder that the use of ionizing radiation is potentially harmful to patients and necessarily exposes them to the risk of injury. This is followed by an explanation of radiation dosimetry and the presentation of pertinent data for various radiological examinations.

The article continues with a detailed discussion of radiographic selection criteria, modalities and techniques that should be considered when designing the most appropriate examination for the patient, so that the radiation dose is kept as low as reasonably achievable while maximizing diagnostic benefit.

## KEY POINTS

It is important for dentists to have a basic understanding of ionizing radiation so that their patients, and in particular children and adolescents, are not placed at unnecessary risk.

Radiation doses to patients are most effectively controlled by making prudent decisions about the need and scope of radiography based on clinical need.

A radiological examination should be ordered only after completing a clinical examination and when a historical finding, or a clinical sign or symptom, suggests the presence of an abnormality that requires further investigation.

Radiography should not be used routinely or to screen for quiescent disease in asymptomatic patients.

The potential risk of a proposed radiological examination is justified if there is a net benefit to the patient.

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mgardner@rcdso.org

# Strategic approach to self-directed learning is the key to continuing education success

*It is no longer practical to define the purpose of education as transmitting what is known. In a world in which the half-life of existing knowledge and skills may be 10 years or less, half of what we acquired at the age of twenty may be obsolete by the time we're thirty. It is important to attain new knowledge easily and skillfully for the rest of our lives.*

That is why in the quest for continued professional development and education, you must identify the most effective learning strategies for self-directed learning.

Self-directed learning has been described as a process in which individuals take the initiative, with or without the help of others, to diagnose their learning needs, formulate learning goals, identify resources for learning, select and implement learning strategies, and evaluate learning outcomes.

Dentists generally progress from performing at a competent entry-level on graduation to becoming experienced practitioners who attain a measure of expertise after several years in clinical practice. Competency implies the ability to solve common problems independently, as well as perform the core tasks required of a general dentist. Gaining expertise usually requires a dentist to engage in at least five to 10 years of clinical practice

post-graduation in a process of actively reviewing and refining skills and knowledge.

Current research in education suggests that there are six components of expertise:

- ability to make connections between things and determine their relevance
- ability to think ahead to anticipate results and potential problems
- ability to self-assess and adopt appropriate improvements
- proficiency in applying relevant knowledge in a given scenario
- maintain composure and make objective decisions in the midst of emotionally challenging situations
- make decisions in uncertain situations

What are the factors to consider that can assist you in transitioning from competent level to expert?

- frequency of practice (full-time vs part-time practice)
- difficulty level of the clinical procedures done
- handling progressively more difficult clinical procedures requiring you to undertake higher levels of responsibility
- availability of consultation with more experienced practitioners able to provide guidance and act as role models.

Clearly, engaging in frequent clinical practice and consulting with a more experienced mentor who provides guidance, reinforcement and support is fundamental to developing those qualities that define expertise in your profession.

As a dentist working within a field that has a rapidly changing scientific base, the challenge is how do we facilitate our continuous learning? One of the keys is self-assessment. Whenever we learn, we question ourselves. 'How am I doing?', 'Is this enough?', 'Is this right?', 'Should I go further?' In this act of questioning we judge ourselves and make decisions about the next steps. Done in the context of openness and critical reflection, it allows for the possibility of assessing the options that lay before you.

This ability for self-reflection is a necessary skill to become an effective learner who can take responsibility for your own professional development. Being a realistic judge of your own performance and effectively monitoring your own learning is fundamental to successful self-directed learning.

This self-assessment does not mean we work in isolation. Assessment by others with expertise is vital and plays a critical role in influencing the outcomes of our learning.

What are some of the strategies we can use to effectively enhance our self-directed learning?

- learning by doing with hands-on clinical courses
- attending lectures and seminars to gain insight into the reasoning of experts to solve certain problems
- identifying and working through challenging scenarios in your own practice
- using case-based learning to compare your road map or approach to solving a specific problem with that of experts.

Why is self-directed learning important? There is much convincing evidence that people who take initiative learn more and better than people who sit at the feet of teachers passively waiting to be taught.

The second reason is that self-directed learning is more in tune with our natural processes of psychological development; an essential aspect of maturing is developing the ability to take increasing responsibility of our own lives to become increasingly self-directed.

The third reason is that many of the new developments in education put a heavy responsibility on the learners to take a good deal of initiative. As a self-directed learner, you are the owner and manager of your learning process.

To meet the challenges in today's health care environment, self-directed learning is essential. Self-directed learning isn't a new educational fad or trend; it is all about a basic human competence, the ability to learn on your own, that is a prerequisite for succeeding in today's world.

# My Patient is Unhappy with Another Dentist's Work...

## Should I Call PLP?

*From time to time, patients present at a new dentist with poor quality dental treatment or with undiagnosed, untreated dental disease. They may ask the dentist to comment on treatment provided by another dentist, especially when it relates to the question "Who is going to pay for this?" When faced with the above scenario, dentists will often call PLP for advice on how best to handle these situations.*

*A longstanding associate recently left my practice. At recall, I am finding that there are a number of patients with crowns, recently placed by the previous associate, that have poor margins and require replacement. The patients do not want to have to pay for new crowns and I am not prepared to provide this treatment at no charge. What can I do? Should I report this to PLP?*

*I am an oral and maxillofacial surgeon.*

*A general dentist routinely refers patients to me, on an emergency basis to be seen the same day, after he has abandoned an attempt to extract a tooth or teeth and clearly the treatment was not within the scope of her expertise. Should I tell the patients to call PLP?*

*I purchased a dental practice. Many of the patients in this practice have severe periodontal disease. When I inform them of the need for periodontal surgery and/or extractions many are shocked and very upset. It appears the previous owner dentist did not inform these patients of their periodontal diagnosis or recommend treatment and/or referrals. What should I say to these patients? Should I call PLP?*

## **Obligation to Report**

One of the conditions of the PLP policy is a dentist's duty to report any occurrence that might reasonably be expected to be the basis of a claim to PLP. Since failure to report an incident in a timely fashion may jeopardize a member's coverage, it is important that PLP is contacted as early as possible.

The obligation to report rests with the practitioner who performed or failed to perform the treatment in question, not the subsequent dentist, the new practice owner or former principal dentist.

## **Duty to patient**

In these scenarios, the new dentist's legal and ethical duty to the patient would be to advise him or her of:

- his findings;
- the recommended treatment to address the deficiencies;
- the other aspects of informed consent including other treatment alternatives;
- the risks, benefits, expected outcomes and costs.

These comments should be objective in nature, not subjective or unduly critical.

If the patient asks questions about the previous dentist, including his or her responsibility to pay for the remedial treatment or alleged damages, the patient should be advised to put the dentist on notice of their concerns, preferably in writing.

The practice address of dentists can be obtained from the Dentist Search – Register portion of the College website at [www.rcdso.org](http://www.rcdso.org). If the current practice address is not known, the letter should be sent to the dentist's last known address.

Once put on notice by the patient, it would be the onus of the former associate, former practice owner or former dentist to report the claim to PLP.

# College discourages the collection of patients' social insurance numbers as personal health information

*Did you know that dentists do not need to collect social insurance numbers from their patients?*

Ontario's Personal Health Information Protection Act, 2004 states that health care custodians, such as dentists, doctors and other health care practitioners, should restrict the collection of patients' personal health information to that which the patient has consented to and is necessary for the treatment or services in question. If you are collecting social insurance numbers from your patients, even with their consent, you need to ask yourself, is it necessary?

The SIN is assigned by the Government of Canada and, as Ontario's Information and Privacy Commissioner states in a bulletin released in 1998, its use as a broad personal identifier was never intended or sanctioned by federal legislation. Yet, because there were no controls imposed at the time of its introduction in 1964, the SIN is

widely used by both private and public sectors for purposes which bear no relation to its original intent.

In fact, the federal government states on its website that "Some private sector organizations may ask for your SIN. This practice is strongly discouraged, but it is not illegal."

However, the public is increasingly concerned about the collection of unique personal identifiers like social insurance numbers. As the Ontario's Information and Privacy Commissioner explains, with the development of computer technology, SINs may be increasingly used for linking personal information in ways that may pose a threat to personal privacy.

A SIN is a key piece of information to open the door to your personal information. Computer technology makes it possible to use the SIN to find and match your information from one database to another. Without your knowledge, a

detailed profile could be drawn about you. This amounts to data surveillance or monitoring of your daily life, which can pose a serious threat to your privacy and autonomy.

Your SIN can be used to steal your identity. Along with other personal information, someone may be able to use your SIN to apply for a credit card or open a bank account, rent vehicles, equipment, or accommodation in your name, leaving you responsible for the bills, charges, bad cheques and taxes.

As a dentist, you are responsible for all the personal information that is collected by you or under your direction, or comes under your control. As the health care custodian in your office, you are accountable for compliance with the provincial Personal Information Protection and Electronic Documents Act. So why take the risk; don't collect personal health information that you don't need.

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# PLP Committee Openings – Invitation to Get Involved

There are three upcoming vacancies for dentist members on the College's Professional Liability Program (PLP) Committee. This opportunity might appeal to dentists who have experience and/or are interested in legal process. Also, because of the nature of the committee's work, there is value in having both seasoned general dentists and specialists sit on the committee.

## *What is the mandate of the committee?*

The PLP Committee makes recommendations to Council on the policies and practices of the Professional Liability Program and authorizes some claim settlements and also considers requests from dentists with a previous claims history for a reduction in their applicable deductible payment.

## *How do I know if I am eligible for appointment?*

You are eligible if you can meet each of the following criteria on the deadline date for receipt of nominations.

- You hold a general or specialty certificate of registration and are actively practising dentistry.
- You are not in default of any fee or fine payments to the College or in default of returning or completing any prescribed forms.
- You are not currently the subject of a disciplinary or incapacity proceeding.
- Three years have elapsed since you complied with an order from the Inquiries, Complaints, Reports Committee or the Fitness to Practise Committee.
- Three years have elapsed since you have been found guilty of an offence under the Criminal Code of Canada or complied with any penalty.
- You do not have any terms, condition or limitations placed on your Certificate of Registration, other than ones that are applicable to all members holding that class of certificate.

- Three years have elapsed since you were disqualified from sitting on Council because of a breach of the College's Code of Conduct for Council members or the conflict of interest by-law.
- During the previous two years, you have not been a director or other member of the board of directors, governing council, or other governing body or an officer or appointed official of the Canadian Dental Association, Ontario Dental Association, a national or provincial dental specialty association or similar organization.
- You are not, and have not been, engaged as a dental consultant to a third party dental benefits provider during the previous three years.

## *What is the selection process?*

After the deadline for receipt of applications, the Registrar prepares a list of all eligible candidates. This list and the resumes are given to the Executive Committee which, in turn, prepares a list of recommended appointments, ranked in order of preference. Then, at the first available Council meeting, Council confirms the selection.

## *How do I submit my name?*

It is easy. Submit a letter of application and a current resume to the College's Registrar Irwin Fefergrad at [ifefergrad@rcdso.org](mailto:ifefergrad@rcdso.org) or by surface mail.

## *What is the application deadline?*

All applications must be received before Friday, October 28, 2011, at 9:00 a.m.

COLLEGE CONTACT **Dr. Don McFarlane** – Director, Professional Liability Program  
416-934-5609 1-877-817-3757  
[dmcfarlane@rcdso.org](mailto:dmcfarlane@rcdso.org)

# Online register makes searching easy

Website Spotlight is a regular feature that highlights important content found on the College's website, [www.rcdso.org](http://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 practice guidelines, 2011 Source Guide and information on the College's LifeLong Learning Program.

All [rcdso.org](http://rcdso.org) visitors have access to the College's register, a listing of every dentist registered to practise in Ontario. When you call our registration department to update your practice telephone number or to notify them of a change of practice address, the update is also made on the register. Unlike the Source Guide, which is a snapshot of your practice information as of March 31 of each calendar year, the register is an accurate reflection of the most current information the College has on all its members.

The link to the register is located on our homepage at [www.rcdso.org](http://www.rcdso.org) under Dentist Search – Register. Once clicked, the link takes you the register's homepage. The second item on the homepage is the dentist search function.

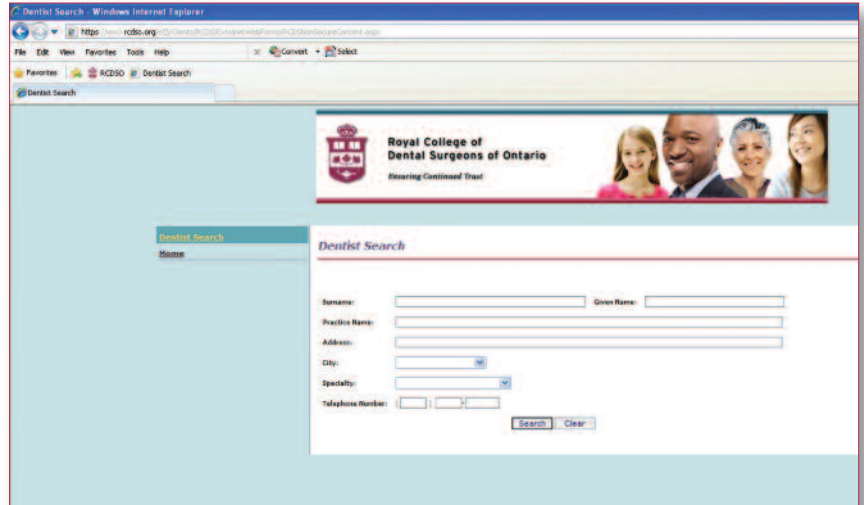
The search function allows you to enter the name, practice name or address of any registered member. Use all available information to narrow your search.

If you want to perform a search for a specialist in a specific city, you can use the register to filter your searches and streamline your results. A drop-down menu of all recognized specialities and a comprehensive list of Ontario cities is available on the site to help you find specialists or dentists in your region. Just like the Source Guide, you also have the option of searching for specialists, but the ability to filter your search by city will help you save time.

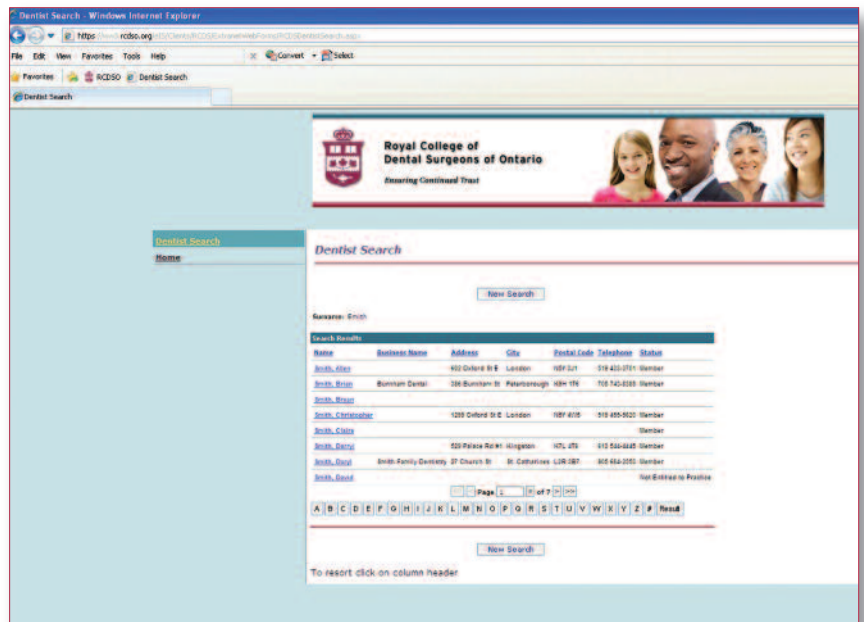
Once you've entered the information, a results screen pops up with a list of all dentists that meet your search criteria. Clicking on a dentist's name will take you to another results page where you can see their primary practice address, telephone number and other information.

If you've never used the register, give it a try to see if it meets your office's search needs. If you plan on using the register on a regular basis, add it to your favourites on your internet browser for easy access.

The register's dentist search function allows you to filter results by specialty or by city.



The results page brings up practice addresses, telephone numbers, business names, etc. Clicking on a dentist's name will take you to another results page with more detailed information.



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# Online patient education tool helps bridge communication gap

In the spring of 2009, the University of Toronto (UofT) launched an online patient education tool to provide patients and dentists with up-to-date information on various dental procedures.

The Dental Procedure Education System (DPES) has material on procedures related to endodontics, orthodontics and a number of other dental disciplines. DPES contains both articles written by members of the Faculty of Dentistry at UofT and multimedia videos that offer a visual demonstration of the procedures.

Members of the faculty worked in collaboration with a group of educational and technology experts to develop the online resources. The site was designed with both dentists and patients in mind, as it provides a pre-operative educational and demonstrative resource to patients.

DPES is very easy to navigate. The site's homepage contains a list of procedures categorized by dental discipline. Clicking on any of the disciplines takes you to a results page with a list of procedures and an abstract of the peer-reviewed article. Clicking on the procedure's name takes you to the related article and multimedia content.

You may find that DPES and other similar educational tools are valuable resources for communicating diagnoses, treatment plans and procedure details to patients. This active communication between dentist and patient also helps create a collaborative relationship where patients are made aware of their treatment and have the resources to understand and learn more about it.



# 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.*

✉ This is the first time I have ever written a "Letter to the Editor" to the RCDSO. I have comments on several subjects that I feel I need to express.

Firstly, I have to comment on how much I like the latest format of the Dispatch. It has been updated to a more readable style without sacrificing the seriousness of the content. For the first time I have found myself eager to see what was on the next page, thus I was able to read it all in one sitting. In the past, once I put the magazine down, I rarely picked it up again.

"Practice Bites" is an amusing name and I think it is a more palatable way to learn about ICRC topics.

Another improvement in the Dispatch is the frequent mention of contact people to help out in problems that the dentist may be having in their professional or personal lives. I would say that that makes the College far more approachable; it helps to emphasize that the College is there to be helpful and not only punitive.

Finally, I really enjoyed two articles in the May/June edition. The one about the new QA rules did a great job of explaining to me what has been going on with the CE process. I have been feeling like I had missed some important announcement in the middle and I was afraid I was the only one that didn't know everything about recording and reporting CE points! Thanks for the information.

Lastly, "Making Comments about Another Colleague's Work" was very good. I was taught never to bad-mouth another dentist, not just because you would probably be wrong, but also because by doing it, you are encouraging others to do so, and eventually someone out there might be bad-mouthing you. Those types of comments have a lot of weight with patients.

In addition to being taught that, I have learned it myself from experience. It has happened to me several times where I look at another dentist's filling with an open contact or not in occlusion or something, and I offer to do "a better job." To my chagrin, partway into the procedure, I run into some difficulty, technical or otherwise, that the previous dentist no doubt also ran into, and my filling almost always turns out exactly the same as the original filling! I have learned much from those experiences.

DR. STELLA RASTOGI  
Ottawa, Ontario

## ✉ Fluoridation

Dear Dr. Archer,

On behalf of Peel Public Health, I would like to thank you for taking time from your busy schedule to attend Regional Council on Thursday, April 28, 2011 to support the continued fluoridation of Peel's water supply.

Your presentation was critical to help Regional Council better understand the various facets of this complex and emotionally-charged issue. Council seriously weighted all viewpoints presented that day before unanimously voting to continue fluoridating Peel's water at its current optimal level.

Your persuasive and eloquent message was an effective complement to the work done by my internal team, and together, our efforts paved the way for Peel's citizens to continue to receive the significant health protection provided by water fluoridation.

Sincerely,

DAVID L. MOWAT, MBChB, MPH, FRCPC  
Medical Officer of Health  
Region of Peel

## ✉ PLP

Thank you for helping me to resolve my problem. I received a signed acknowledgment letter today and the refund was mailed to the patient.

It was a very difficult and unpleasant matter for me. I appreciate your help.

### COLLEGE CONTACT

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# L'assurance de la qualité est un partenariat entre les dentistes et le Collège.

*Suite de la page 5*

Au cours des cinq à six dernières années, notre engagement envers l'apprentissage à vie s'est poursuivi. Deux autres trousseaux d'apprentissage interactif ont été élaborés, l'une est intitulée *Dental Emergencies: A Guide to the Treatment of Patients Requiring Urgent Care*, et l'autre *Informed Consent: A Guide to Understanding Informed Consent in the Dental Office*. Cette deuxième trousse a été publiée au milieu de 2009.

Le Collège a fait un autre bond en avant à l'automne 2009 avec le lancement de son premier cours d'apprentissage en ligne. Ce cours intitulé : *Jurisprudence & Ethics: Examining the Practice of Dentistry in Ontario Through an Ethical Lens*, examine comment mettre en pratique les valeurs éthiques au sein de l'environnement juridique et législatif complexe d'aujourd'hui.

Ce cours d'apprentissage en ligne avait été conçu à l'origine pour les dentistes non-ontariens afin de satisfaire aux exigences visant l'achèvement réussi de l'examen de jurisprudence et d'éthique comme une des conditions d'inscription nécessaires pour pratiquer en Ontario. L'envergure du projet s'est accrue par la suite. Nous avons fini par offrir un tout nouveau cours dans le cadre de notre Programme d'apprentissage à vie pour les membres, ainsi qu'une autre adaptation de ce cours de cyberapprentissage qui est utilisée comme partie obligatoire des travaux de cours à la Faculté de dentisterie de l'Université de Toronto.

Le prochain développement encourageant a été le lancement, l'année dernière, de notre première série de webinaires, qui met des experts dentaires chevronnés en contact direct avec l'ordinateur du dentiste. Ce projet pilote a connu un franc succès. Avant même que la webémission initiale ne soit terminée, les dentistes nous faisaient déjà parvenir des courriels de félicitations.

De plus, cet automne, les webinaires sont de retour. À la page 20 de ce numéro de *Dispatch*, vous pouvez lire tout ce qui concerne les nouvelles séries de séances de perfectionnement professionnel en ligne et en direct.

Le perfectionnement professionnel continu est important. Il est la base de notre nouveau Programme d'assurance de la qualité. Nous considérons l'assurance de la qualité comme un partenariat entre les dentistes et le Collège, partenariat fondé sur la certitude que chaque membre est motivé à

constamment maintenir et améliorer le degré de sa compétence. Notre Programme d'apprentissage à vie, depuis les articles cliniques de *Dispatch* aux webinaires, constitue une partie essentielle de ce partenariat.

Le perfectionnement professionnel continu n'a rien de nouveau pour les dentistes de l'Ontario. Les clubs d'étude locaux de toute la province ont été actifs pendant des années en appuyant les occasions d'éducation de qualité.

Pourquoi le Collège prend-il un tel engagement ferme envers le perfectionnement professionnel constant ? La réponse évidente est que c'est une responsabilité qui nous incombe et qui est exigée par la loi. Mais il y a bien plus. Le Collège s'est engagé à constamment aider les dentistes à accroître leurs compétences professionnelles et leurs connaissances, de sorte que les patients en bénéficieront. En travaillant ensemble, nous pouvons maintenir la confiance du public et du gouvernement avec l'effet que nous faisons tout notre possible en vue d'assurer la force et l'intégrité de la profession.

## Calendar of Events

### MARK YOUR CALENDAR...

#### 2011 COUNCIL MEETINGS

November 17

Sutton Place Hotel, 955 Bay Street, Toronto

*Seating is limited so if you wish to attend please let us know in advance by contacting the College.*

*RCDSO Council meetings are open to the public, with the exception of any in camera portion dealing with personnel matters or other sensitive or confidential material. Meetings begin at 9:00 a.m.*

*The agenda is available either at the meeting or in advance on request.*

#### COLLEGE CONTACT

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## Expansion of Oral Health Care Services As Dental CT Scans Come to Ontario

*Continued from page 44*

New York Times has run seven articles over the last year or so in a series called "Radiation Boom." One 4,000 word feature was titled, "Radiation Worries for Children in Dentists' Chairs." In response to the public concern generated by that article, the American Dental Association convened a stakeholders meeting to discuss and profile what dentistry was doing to protect public health on this issue.

In the US, cone-beam CT scanners, like most medical radiological devices, are lightly regulated. Some states have no inspection of dental x-ray units. Fortunately that is not the situation here in Ontario.

As with all dental imaging technology, the ALARA (As Low As Reasonably Achievable) is the primary consideration when using dental CT scanners. Our new Standard outlines eight additional guiding principles or strategies to

manage and reduce the radiation dose related to dental CT scans. In addition, the Standard sets out the qualifications for the prescribing dentist, the facility requirements and the clinical requirements for the prescribing dentist who is responsible for ordering, taking, interpreting and reporting on the dental CT scan.

Now begins the really hard work as the College tackles the actual implementation of the regulation.

There is a myriad of pieces to put in place before we can actually be open for business to accept applications for a facility permit for the installation of a CT scanner. This includes determination of the fee for the

initial application, renewals and inspections, and the development of the infrastructure and processes to comply with the Standard and the regulation. The expected implementation date for the new process is April 2012.

Work is beginning on the necessary bylaw changes that will need to proceed from the Quality Assurance Committee to Council for acceptance or modification if approved in principle, then circulated to stakeholders for no less than 60 days for comment, then to the Legal and Legislation Committee and back to Council for receipt of the report of the Legal and Legislation Committee for Council's final decision. The College has already begun work on the development of the internal facility permit processes required and the necessary inspection procedures outlined in the Standard.

This is not dissimilar to the work involved when we started offering health profession corporations to our members or anesthesia facility permits. We know from experience that in building the framework to implement a new standard, it is important to move carefully and thoroughly to ensure success the first time around. This is a critical area where public safety is on the line. We want to get it right.

We will keep members informed as we move along in this process. Already there is a special section on our website where we are posting information about dental CT scans as it is available. Check in regularly to keep in touch with developments at [www.rcdso.org](http://www.rcdso.org) by clicking on the Dental CT Scanners icon on the right hand side of the homepage.

*College now carefully building framework to implement this new standard...*

# Expansion of Oral Health Care Services As Dental CT Scans Come to Ontario



IRWIN FEFERGRAD

Talk about a win-win situation. That certainly describes what has happened with the new expanded use of cone-beam computed tomography soon to be available to all dentists who comply with standards set by the College.

The regulatory amendments to the Healing Arts Radiation Protection Act came into force on July 1, 2011. These amendments lifted the moratorium and now allow all dentists who comply with the College's new Standard of Practice for Dental CT Scanners to own and operate a dental CT scanner.

Government came to us to ask for our assistance in expanding the use of CT scanners. Of course, we were delighted to work together to provide increased access to this safe and valuable diagnostic tool.

It is very encouraging to know that they were impressed at how the College had developed effective regulation models for the disposal of amalgam waste and for the use of dental anesthesia. There could be no better vote of confidence in the integrity of our processes and no better indication of the trust that government has in our ability to work collaboratively with them in the interest of public protection.

This move by government is in line with its policy directions to remove barriers that limit access to care, maximize scopes of practice and encourage expanded access to services that are high quality and safe.

That last word is of critical importance. Safe.

Safety of both patients and dentists and their staff is our primary concern. What we all want to avoid is a situation like in the United States where the

*Continued on page 43*