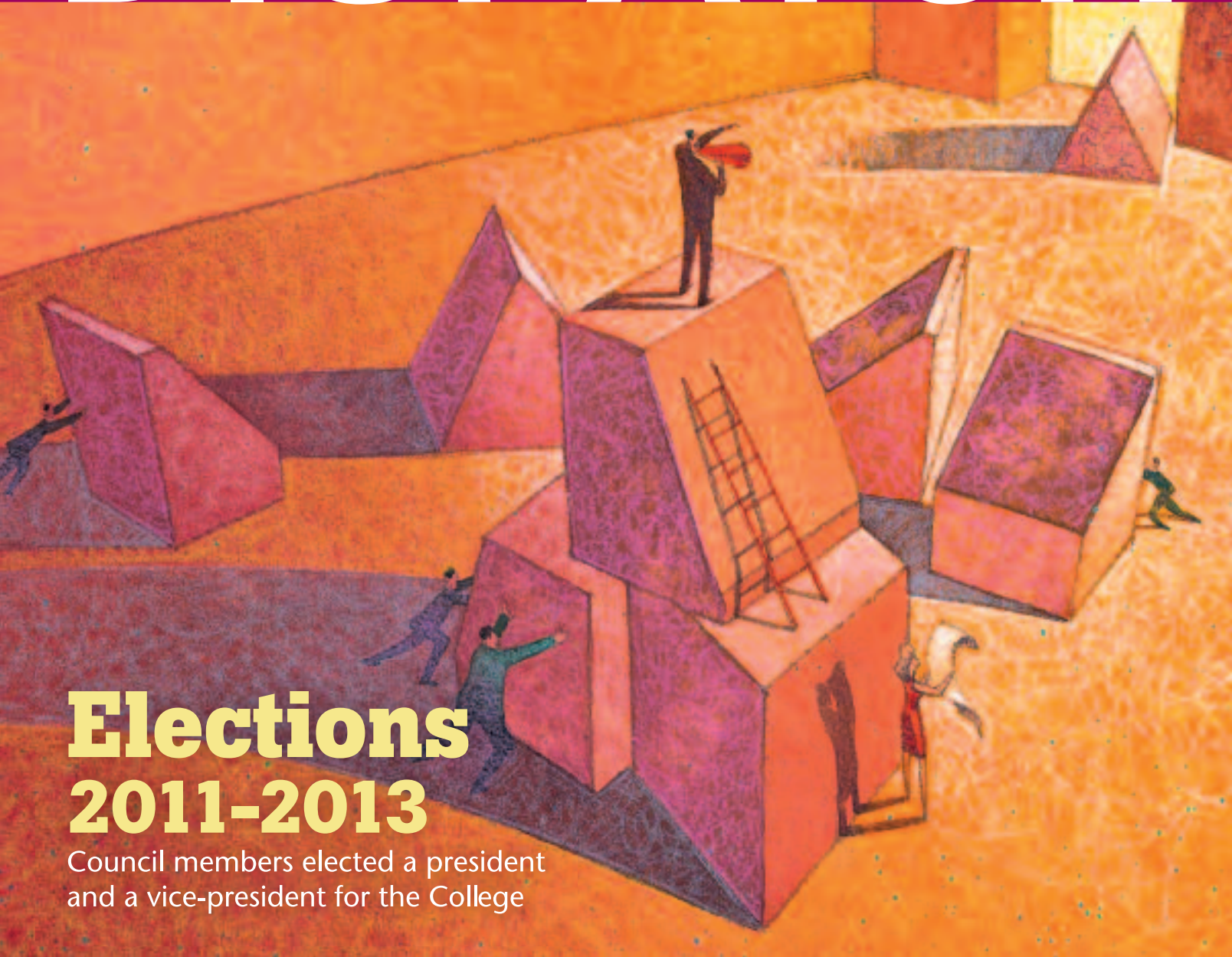




DISPATCH



Elections 2011-2013

Council members elected a president
and a vice-president for the College

Practice Advice

Release and Transfer of Records



College Expands

Wellness Support Services Expanded to Ontario Dentists



Advertise Your Practice

Designing your Website Find out how



DISPATCH

6 Provincial Accessibility Standards

Compliance takes effect in one year



8 Wellness Support

Expansion of Support Services

10 Dealing with Ethical Conflicts

Help to deal with ethical conflicts

15 Election Supplement

*New President and Vice President
New Executive and Committees*



DISPATCH Vol. 25, No.1 • February/March 2011

Dispatch is the official publication of the Royal College of Dental Surgeons of Ontario (RCDSO). RCDSO is the regulatory body governing the practice of dentistry in Ontario. Dispatch is published four times a year. The subscription rate is included in the annual membership fee. The editor welcomes comments and suggestions from our readers.

EDITOR: Peggi Mace
EDITORIAL ASSISTANT: Angelo Avcillas
ART DIRECTION AND PRODUCTION: Roger Murray and Associates Incorporated
COVER DESIGN: Public Good Social Marketing Communications
REGISTRAR: Irwin Fefergrad, CS, BA, BCL, LLB
(Certified as a Specialist by the Law Society of Upper Canada in CIVIL LITIGATION and in HEALTH LAW)

Reprint Permission

Material published in Dispatch should not be reproduced in whole or in part in any form or by any means without written permission of the College. Please contact the editor for permission.

Environmental Stewardship

This magazine is printed on paper certified by the international Forest Stewardship Council as containing 25% post-consumer waste to minimize our environmental footprint. In making the paper, oxygen instead of chlorine was used to bleach the paper. Up to 85% of the paper is made of hardwood sawdust from wood-product manufacturers. The inks used are 100% vegetable-based.



PUBLICATION MAIL AGREEMENT #40011288
ISSN #1496-2799

FRONT & BACK

- 4 **The President's Message**
Continuing commitment to self-regulation
- 44 **From the Registrar**
What's on the horizon

DEPARTMENTS

- 26 **Practice Bites**
Documentation tells the story
- 32 **Ethics In Action**
Website design for your practice
- 34 **PEAK**
Risk management in clinical practice
- 36 **Ounce of Prevention**
Records need to justify treatment
- 39 **Mailbag**
- 40 **Web Spotlight**
Jurisprudence & Ethics e-Learning

PROFESSIONAL PRACTICE

- 12 **Reporting adverse drug reactions/ medical device problems**
- 14 **Anesthesia registration deadline**
- 25 **Preventing transmission of acute respiratory illness**
- 28 **Release and transfer of records**
- 31 **Special deals websites no deal for dentists**

NEWS & VIEWS

- 41 **Calendar of Events**
- 42 **Illegal dental hygienist**

ISSUE ENCLOSURES

- Summaries of Recent Discipline Committee Hearings*
- PEAK: Risk Management in Clinical Practice*



Royal College of
Dental Surgeons of Ontario
Ensuring Continued Trust

Royal College of Dental Surgeons of Ontario
6 Crescent Road, Toronto ON M4W 1T1
416-961-6555
1-800-565-4591
fax: 416-961-5814
info@rcdso.org
www.rcdso.org

RCDSO COUNCIL MEMBERS

PRESIDENT

Dr. Peter Trainor

VICE PRESIDENT

Dr. Natalie Archer

- District 1 Dr. Gary Cousens
- District 2 Dr. David Clark
- District 3 Dr. Peter DeGiacomo
- District 4 Dr. John Kalbfleisch
- District 5 Dr. Ted Schipper
- District 6 Dr. Joe Stasko
- District 7 Dr. Peter Trainor
- District 8 Dr. Ron Yarascavitch
- District 9 Dr. Eric Luks
- District 10 Dr. Natalie Archer
- District 11 Dr. Robert Carroll
- District 12 Dr. David Segal

APPOINTED BY LIEUTENANT-GOVERNOR IN COUNCIL

- Kelly Bolduc-O'Hare Little Current
- Mohammed Brihmi Ajax
- Dr. Harpal Buttar Ottawa
- Parminder Chahal Brampton
- Mofazzal Howladar Toronto
- Kurisummoottil Joseph Thunder Bay
- Catherine Kerr Scarborough
- Evelyn Laraya Oakville
- Dr. Edelgard Mahant Toronto
- Jose Saavedra Woodbridge
- Abdul Wahid Scarborough

ACADEMIC APPOINTMENTS

- Dr. R. John McComb University of Toronto
- Dr. Stanley Kogon University of Western Ontario

Our Commitment to Self-Regulation Continues as Strong as Ever



PETER TRAINOR

It is the start of another new cycle at the College. As happens every two years, there is a new Council, new committees and a new Executive. What will not be changing though is our commitment to self-regulation. I know that every member of Council is driven by a desire and willingness to serve the profession and the public of Ontario. We are determined to keep this College on the leading edge of health care regulation in the country.

During the two years ahead, no doubt there will be difficult decisions to be made. The external environment is complex and dynamic. Often, as a regulator, we have no option but to respond to requirements of legislative changes or government directives in the interests of better serving the people of Ontario.

The list of issues already on our agenda is formidable. They include:

- labour mobility and the impact of free trade negotiations between Canada and the European Union;
- use of fluoridation in municipal drinking water;
- implementation of a new standard of practice on the use of dental CT scanners;
- new guidelines on electronic records management;
- the use of opioids in pain management in dental practice;
- expansion of continuous learning opportunities, like the webinars;
- national specialty recognition;
- new guidance for dentists practising with infectious diseases;
- the upcoming report on the dental profession from the federal Competition Bureau;
- enhancement of interprofessional collaboration.

While none of the economic, social, political and educational issues confronting us are truly new, the pace of change makes each one even more urgent. I know that we will bring our usual great skill and sensitivity to managing these issues and more.

We also aim to put every ounce of energy into nourishing our external relationships with our colleagues at the Canadian Dental Regulatory Authorities Federation, the Ontario Dental Association, the Canadian Dental Association, the National Dental Examining Board, the Royal College of Dentists of Canada, the Commission on Dental Accreditation and Ontario's Federation of Health Care Regulatory Colleges. Also, integral to our success are our ongoing relationships with the dental faculties at Western and the University of Toronto, and the broader educational community in dentistry through the Association of Canadian Faculties of Dentistry.

Internationally renowned management guru Henry Mintzberg from the business school at McGill University, who is also the Faculty Director of the International Masters for Health Leadership program, has written about the five mindsets of management.

These include managing self in the reflective mindset, managing organizations in the analytic mindset, managing context in the worldly mindset, managing relationships in the collaborative mindset and managing change in the action mindset. As Mintzberg says, executives must integrate these five mindsets if they want to become wise managers and true leaders. This new Council is ready and able to do just that.

As good leaders, the new Council will continue to work hard to earn the trust and confidence of dentists, of government and the public of Ontario and to engage in the ongoing conversation about how to ensure that Ontarians receive the best oral health care in the country.

In closing, I want to extend my personal thanks to Dr. Frank Stechey for his four years of outstanding service as president and to the outgoing Council and committee members who served so selflessly over the past two years. We are in your debt. I know that as the new Council we will do our utmost to preserve the good works done by those who have gone before us.

Notre engagement pour l'autoréglementation se poursuit avec la conviction qui a toujours été la nôtre

C'est le début d'un nouveau cycle au Collège. Comme tous les deux ans, nous avons un nouveau Conseil, de nouveaux comités et un nouveau Dirigeant. Mais ce qui ne changera pas cependant c'est notre engagement envers l'autoréglementation. Je sais que chaque membre du Conseil est poussé par un désir et une volonté de servir la profession et la population de l'Ontario. Nous sommes décidés à maintenir ce Collège à la tête du domaine de la réglementation en matière de soins de santé dans le pays.

Ces deux prochaines années, nous devons sans aucun doute prendre des décisions difficiles. La situation extérieure est complexe et dynamique. En tant qu'organisme de réglementation, nous ne pouvons souvent pas faire autrement que répondre aux besoins de changements dans la législation ou aux directives du gouvernement destinés à mieux servir la population de l'Ontario.

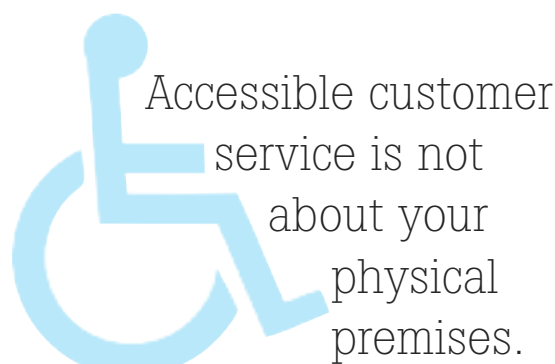
La liste des problèmes déjà à notre programme est impressionnante. En voici quelques-uns :

- la mobilité de la main-d'œuvre et les effets des négociations sur le libre-échange entre le Canada et l'Union Européenne,
- le recours à la fluoruration dans l'eau potable municipale,
- la mise en œuvre d'une nouvelle norme de pratique concernant l'emploi des tomodynamomètres dentaires,
- de nouvelles lignes directrices en matière de gestion des dossiers électroniques,
- l'amélioration de l'usage des opiacés pour le traitement de la douleur dans la pratique dentaire,
- le développement d'occasions d'apprentissage continu, comme les webinaires,
- la reconnaissance de spécialités nationales,
- de nouveaux conseils destinés aux dentistes qui pratiquent dans un milieu de maladies infectieuses,
- une réponse au prochain rapport du Bureau fédéral de la concurrence concernant la profession dentaire,
- l'amélioration de la collaboration interprofessionnelle.

Suite à la page 42

Provincial Accessibility Standards

Compliance takes effect in one year



Accessible customer service is not about your physical premises.

It's simply about understanding that customers with disabilities may have different needs.

Q *What are these accessibility standards?*

On January 1, 2012, any small business with more than one employee must be compliant with the Accessibility Standards for Customer Service, a regulation enacted under the provincial Accessibility for Ontarians with Disabilities Act, 2005 (AODA).

This is the first of several standards expected to come into force over the next few years. Others in the works are employment accessibility standards and information and communication standards. The goal is to remove and prevent barriers for people with disabilities in key areas of daily life.

Accessible customer service is not about your physical premises. It's simply about understanding that customers with disabilities may have different needs.

Q *Does this impact dental offices?*

Yes it does, as long as you have at least one employee.

Q *What is the purpose of this standard?*

There are currently about 1.85 million Ontarians with disabilities, or about 15.5 per cent of the population. Over 45 per cent of seniors are living with some kind of disability – a number that is destined to grow.

The legislation and regulation were passed by the Ontario legislature with the goal of creating standards to improve accessibility across the province.

The Accessible Customer Service Standard details specific requirements for



service providers to deliver service in a way that preserves the dignity and independence of people with disabilities. Providers must also integrate services and provide equal opportunity.

Q *What do I need to do in order to comply with these Customer Service Standards?*

The standards require that organizations:

- establish a set of policies, practices and procedures on how you and your employees will provide goods and/or services to customers with disabilities;
- allow customers with disabilities to use personal assistive devices, such as hearing aids, wheelchair, walker, oxygen tank, to access your goods and/or services;
- communicate with a person with a disability in a manner that takes into account his or her disability;
- train all staff to provide accessible customer service;
- allow people with disabilities to bring a guide dog or service animal with them to areas of your premises that are open to the public;
- permit people with disabilities who require a support person to bring that person with them;
- provide notice when facilities or services that people with disabilities rely on to access your goods or services are temporarily disrupted;
- establish a process for people to provide feedback on how you provide goods and/or services to people with disabilities.



Q *What does that mean in practical terms?*

You can begin to make your practice more accessible to patients with disabilities by simply looking around and thinking about what the experience is like for someone living with a disability coming to your office. Think about what barriers might currently exist and how you can take steps to reduce or eliminate them. Sometimes providing accessible customer service can be as easy as asking, “How can I help?”

Q *Are there requirements to report to government that I am in compliance?*

Businesses with 20 or more employees need to file regular compliance reports. Compliance can be done quickly online with a simple-to-use electronic form.

Organizations with fewer than 20 employees are exempt from filing reports, but must still meet the requirements of the standard.

Q *Where can I get more information?*

You can visit the ontario.ca/access website to learn more about the standard and accessibility reporting, to get tips on how to comply, or to download a selection of tools and resources to help you meet the requirements.

The toll-free number is 1-866-515-2025 and e-mail is accessibility@css.gov.on.ca.

College Expands Wellness Support Services to Ontario Dentists



The College has brought on board Dr. Graeme Cunningham as a special consultant to assist College members in dealing with addiction or substance abuse issues. Dr. Cunningham is available both for emergency calls and for addressing assessment and treatment needs of dentists by helping them to find suitable assessors, treatment providers, and residency programs. All calls to Dr. Cunningham are private and confidential. His phone number is a direct line to a dedicated phone used only for this purpose.

Dr. Cunningham was most recently Director of the Addiction Division at Homewood Health Centre in Guelph, Ontario, where he worked for almost 20 years. The centre specializes in treating a variety of addictions and mental illnesses. With in- and outpatient services, the world-renowned centre treats more than 4,000 patients annually.

Trained at the University of Glasgow in Scotland and the University of Toronto in Ontario, Dr. Cunningham practised successfully as an internist and cardiologist in Timmins, Ontario, for 10 years while battling a chronic illness.

Despite several medical interventions, his primary diagnosis of alcohol dependence was never identified. After a life-threatening event, Dr. Cunningham at last sought help.

Dr. Cunningham will also be providing ongoing educational outreach to Council, College committees and to the membership with regular articles in Dispatch magazine.



Treatment Centres Accepting Ontario Dentists

The College and the Ontario Dental Association (ODA) are joint partners in the creation of a wellness support service for Ontario dentists in crisis with addiction issues.

The following facilities will accept Ontario dentists for evaluation and treatment. Each of these centres specializes in treating health professionals in crisis who are dealing with substance addiction diseases.

The Farley Center
Williamsburg, Virginia
1-800-582-6066
www.farleycenter.com

Homewood Health Centre
Guelph, Ontario
1-519-824-1010
www.homewood.org

Talbott Recovery Campus
Atlanta, Georgia
1-800-445-4232
www.talbottcampus.com

HOW TO REACH DR. CUNNINGHAM
Dedicated Direct Line: 647-867-6025
All calls are private and confidential.

Dealing with Ethical Conflicts

Dentists encounter ethical conflict, uncertainty and sometimes even distress in their everyday practice. Society's continuous changes in areas such as technology and values certainly contribute to these ethical dilemmas.

Understanding and communicating beliefs and values helps dentists to prevent ethical conflicts and work through them when they occur and reach a sound decision.

In fact, ethical behaviour is the foundation of the public's continuing trust in the effectiveness of self-regulation.

The RCDSO Code of Ethics consists of values and behavioural principles that serve as the foundation for the ethical practice of dentistry. The current Code of Ethics was adopted by Council in November 2004 and was again ratified by Council in November 2010.

Ontario dentists uphold the Code of Ethics as a recognition that continued public trust in the dental profession is based on the commitment of individual dentists to high ethical standards of conduct.

The College has identified the following values as being the most important in providing dental care:

- **Autonomy:** Understanding and respecting patients' rights to make informed decisions based on personal values and beliefs.
- **Beneficence:** Maximizing benefits and minimizing harm for the welfare of patients.
- **Compassion:** Acting with sympathy and kindness to all patients in alleviating their concerns and pain.
- **Fairness:** Treating all individuals, patients, colleagues and third parties in a just and equitable manner.
- **Integrity:** Being truthful, behaving with honour and decency and upholding professional standards.

Order Your Copy of the RCDSO Code of Ethics

Understanding and communicating beliefs and values helps dentists to prevent ethical conflicts and work through them when they occur and reach a sound decision.



It is easy. Just send your name and mailing address to info@rcdso.org with your request and a copy of the Code of Ethics will be sent out immediately by surface mail.

The RCDSO Code is an evolving document and by its very nature cannot be a complete articulation of all ethical obligations. The Code is the result of an ongoing dialogue between the dental profession and society, and as such, is subject to continuous review.

It is important to note that although ethics and the law are closely related, they are not the same. Ethical obligations may – and often do – exceed legal duties.

In resolving any ethical problem not explicitly covered by the RCDSO Code, dentists should consider the ethical principles, the patient’s needs and interests and any applicable laws.

If you are in doubt, contact the College’s Practice Advisor Dr. Lesia Waschuk.

COLLEGE CONTACT **Dr. Lesia Waschuk – Practice Advisor**
 416-934-5614 1-800-565-4591
lwaschuk@rcdso.org

Reporting suspected adverse reactions and problems with medical devices

Health Canada has been collecting and assessing reports of suspected adverse reactions through its Canada Vigilance Program since 1965. Reports about the following health products marketed in Canada are collected by the program:

- prescription and non-prescription medications;
- biologics, including fractionated blood products, as well as therapeutic and diagnostic vaccines;
- natural health products and radiopharmaceuticals.

The Canada Vigilance Program provides a variety of tools for health professionals and consumers to report suspected adverse reactions. Reporting is simple and can be done online, by phone or by submitting the Canada Vigilance Reporting Form by fax or mail.

The information collected by the program can be accessed through the Canada Vigilance Online Database.

What types of adverse reactions should be reported?

Adverse reactions are noxious and unintended effects to health products. Reactions may occur under normal use conditions of the product. Reactions may be evident within minutes or years after exposure to the product.

Health Canada wants to know about all suspected adverse reactions, but especially those that are:

- unexpected (non-consistent with product information or labelling) regardless of their severity;
- serious, whether expected or not; or
- related to a health product that has been on the market less than five years.

A serious adverse reaction is one which requires hospitalization or prolongation of hospitalization, causes congenital malformation, results in persistent or significant disability or incapacity, is life-threatening or results in death. Adverse reactions that require significant medical intervention to prevent one of these outcomes are also considered to be serious and should be reported.



A serious adverse reaction is one which requires hospitalization or prolongation of hospitalization, causes congenital malformation, results in persistent or significant disability or incapacity, is life-threatening or results in death.



Adverse reactions can be reported to the Canada Vigilance Program:

- By calling toll free at 1-866-234-2345
- Online at www.healthcanada.gc.ca/medeffect
- By obtaining the Canada Vigilance Reporting Form and postage paid label at www.healthcanada.gc.ca/medeffect and mailing this to a Canada Vigilance Regional Office or faxing it to 1-866-678-6789.

Health Canada also collects information about problems with medical devices through its Compliance and Enforcement Program for Medical Devices.

What kind of problems with medical devices should be reported?

Any concerns that relate to the safety, effectiveness or quality of a medical device that have been detected during use or identified during device examination and testing prior to use should be reported. The problems include deficiencies in the design of the device, defects arising from the manufacturing and inadequacy or errors in labelling such as directions for use.

How can problems with medical devices be reported?

- By calling toll free at 1-800-267-9675
- By mail to the Health Products and Food Branch Inspectorate, HEALTH CANADA, 2003D, Ottawa, Ontario K1A 0K9

The Medical Devices Problem Report Form and Guidelines can be found on the Health Canada website at www.hc-sc.gc.ca in the Drug and Health Products Section under Medical Devices.

COLLEGE CONTACT **Dr. Lesia Waschuk** – Practice Advisor
416-934-5614 1-800-565-4591
lwaschuk@rcdso.org

IMPORTANT NOTICE

Registering as a Specialist in Dental Anesthesia

➤ *After September 23, 2011 applicants for a specialty certificate of registration in anesthesia in Ontario will need to have graduated from an accredited anesthesia program of a minimum of 22 months of full-time instruction.*

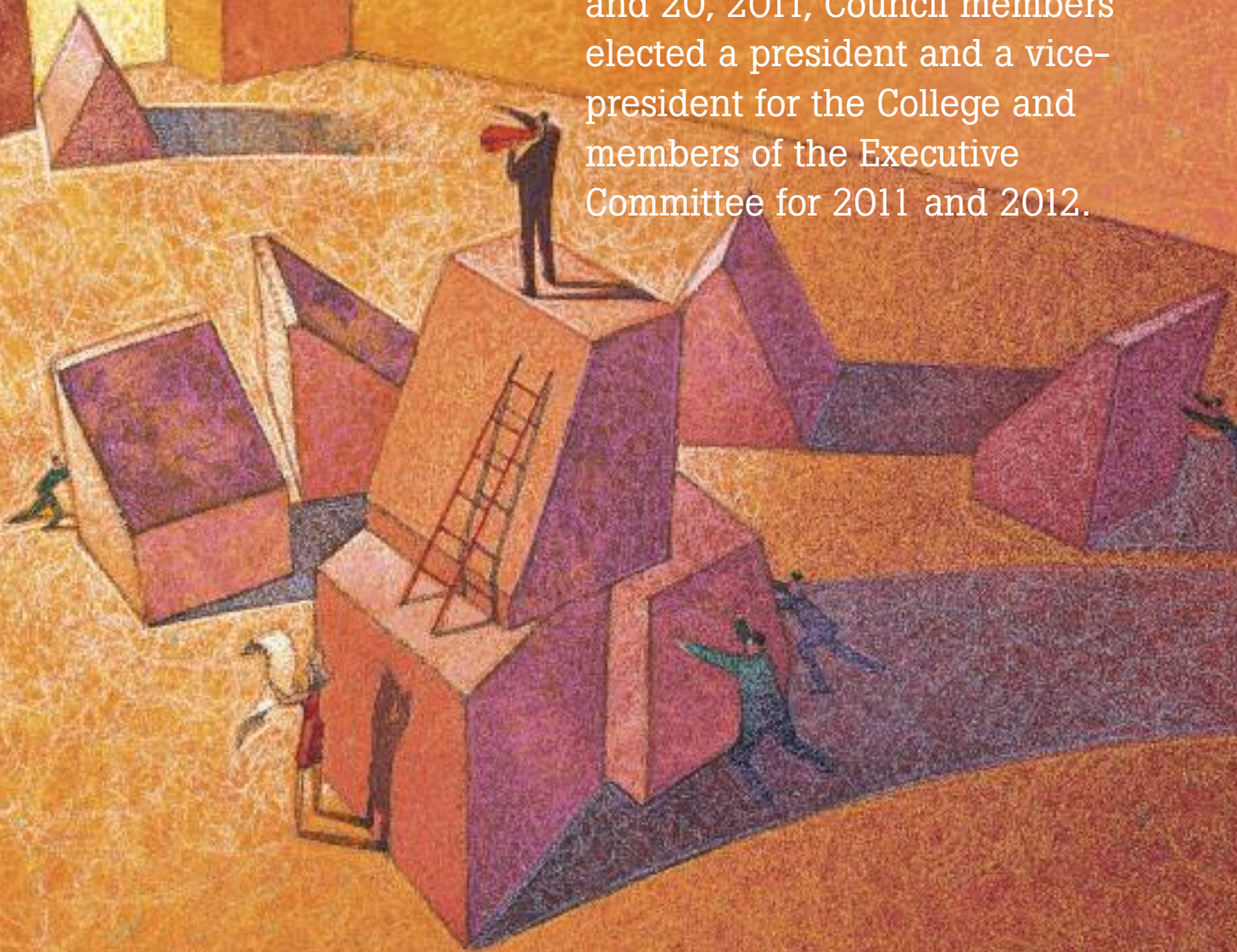
The grandparenting provision enacted in August 2007 in the Registration Regulation, which allows dentists who graduated from non-accredited anesthesia programs to be eligible for specialty registration, will end on that date.

That means that the ability to obtain an anesthesia certificate of registration without necessarily meeting all of the current registration requirements, including graduation from an accredited anesthesia program, will close on September 23, 2011.

If you have any questions or would like to make application to the College, please contact Julie Wilkin in the Registration Department.

ELECTIONS 2011-2013

At the inaugural meeting of the new RCDSO Council on January 19 and 20, 2011, Council members elected a president and a vice-president for the College and members of the Executive Committee for 2011 and 2012.



Elections 2011–2013

Executive Committee

Dr. Peter Trainor, Chair and President

Dr. Natalie Archer, Vice President

Dr. Ted Schipper

Mohammed Brihmi

Catherine Kerr

Elected Representatives

District 1	Dr. Gary Cousens
District 2	Dr. David Clark
District 3	Dr. Peter DeGiacomo
District 4	Dr. John Kalbfleisch
District 5	Dr. Ted Schipper
District 6	Dr. Joe Stasko
District 7	Dr. Peter Trainor
District 8	Dr. Ron Yarascavitch
District 9	Dr. Eric Luks
District 10	Dr. Natalie Archer
District 11	Dr. Robert Carroll
District 12	Dr. David Segal

Appointed by Lieutenant-Governor in Council

Kelly Bolduc-O'Hare	Little Current
Mohammed Brihmi	Ajax
Dr. Harpal Buttar	Ottawa
Parminder Chahal	Brampton
Mofazzal Howladar	Toronto
Kurisummootil Joseph	Thunder Bay
Catherine Kerr	Scarborough
Evelyn Laraya	Oakville
Dr. Edelgard Mahant	Toronto
Jose Saavedra	Woodbridge
Abdul Wahid	Scarborough

Academic Appointments

Dr. R. John McComb	University of Toronto
Dr. Stanley Kogon	University of Western Ontario

College Committees

Members of the various College committees were selected by the Executive Committee on January 19 and 20, 2011 and were ratified by Council.

Inquiries, Complaints and Reports Committee

Dr. Ted Schipper, Chair
Dr. Natalie Archer
Dr. Robert Carroll
Dr. David Clark
Dr. Stan Kogon
Dr. Joe Stasko
Dr. Peter Trainor
Kelly Bolduc-O'Hare
Mohammed Brihmi
Kurisummoottil Joseph
Catherine Kerr
Abdul Wahid
Dr. Robert Hindman (Non-Council)
Dr. Louis London (Non-Council)
Dr. David Rowat (Non-Council)
Dr. Austin Saldanha (Non-Council)
Dr. Kathryn Towarnicki (Non-Council)

Discipline Committee

Dr. John McComb, Chair
Dr. Ron Yarascavitch, Vice-Chair
Dr. Gary Cousens
Dr. Peter Trainor
Dr. Harpal Buttar
Mofazzal Howladar
Evelyn Laraya
Dr. Edelgard Mahant
Jose Saavedra
Dr. Harpaul Anand (Non-Council)
Dr. Peter Kalman (Non-Council)
Dr. Paul Ling (Non-Council)
Dr. Larisa Naderiani (Non-Council)
Dr. Lawrence Rogers (Non-Council)

Fitness to Practise

Dr. Ron Yarascavitch, Chair
Dr. David Segal
Kelly Bolduc-O'Hare
Mofazzal Howladar
Dr. Robert Hindman (Non-Council)
Dr. Lawrence Rogers (Non-Council)

Patient Relations Committee

Dr. Ted Schipper, Chair
Dr. Harpal Buttar
Catherine Kerr
Dr. Larisa Naderiani (Non-Council)
Dr. Julian Tsafaroff (Non-Council)

Quality Assurance Committee

Dr. David Clark, Chair
Dr. Eric Luks
Kurisummoottil Joseph
Dr. Richard Rayman (Non-Council)
Dr. Peter Delean (Non-Council)

Registration Committee

Dr. Joe Stasko, Chair
Dr. Peter DeGiacomo
Dr. John Kalbfleisch
Parminder Chahal

Audit Committee

Dr. Stan Kogon, Chair
Dr. John Kalbfleisch
Dr. Peter Trainor
Jose Saavedra

Elections Committee

Parminder Chahal, Chair
Kelly Bolduc-O'Hare
Catherine Kerr

Finance, Property and Administration Committee

Dr. John McComb, Chair
Dr. Natalie Archer
Dr. David Segal
Dr. Peter Trainor
Abdul Wahid

Legal and Legislation Committee

Dr. Peter DeGiacomo, Chair
Dr. Robert Carroll
Dr. Peter Trainor
Dr. Ron Yarascavitch
Evelyn Laraya

Professional Liability Program Committee

Mohammed Brihmi, Chair
Dr. Gary Cousens
Dr. Vincent Carere (Non-Council)
Term expires: Jan 2012
Dr. Neil Gajjar (Non-Council)
Term expires: Jan 2014
Dr. Michael Glogauer (Non-Council)
Term expires: Jan 2012
Dr. Gurneen Sidhu (Non-Council)
Term expires: Jan 2012
Dr. Gordon Sylvester (Non-Council)
Term expires: Jan 2014

Elections 2011-2013



District 1

Dr. Gary Cousens

Dr. Cousens is a graduate of the Université de Montréal, Class of 1979. He subsequently finished his specialty training in Oral and Maxillofacial Surgery and Anesthesia from the University of Toronto in 1986.

Originally, Dr. Cousens practised for the Canadian Forces Dental Service, both as a general dentist for four years, including a three-year posting to the Canadian Forces Europe in Lahr, West Germany, and then as an OMFS specialist until his departure in 1991.

Since 1991, Dr. Cousens has practised full-time in Ottawa with a large multi-associate, multi-office group, Argyle Associates in Oral and Maxillofacial Surgery. He also maintains hospital privileges at the Children's Hospital of Eastern Ontario, The Ottawa Hospital, and the Montfort Hospital where he serves in the position of Chief of Dental Services.

Dr. Cousens' service to organized dentistry dates back to being the very first voting student governor from 1977 to 1979 with the Canadian Dental Association Board of Governors. He has served as President and Executive Member of the Ontario Society of Oral and Maxillofacial Surgeons. He was the Co-Chair of the 2001 Annual Conference of the Canadian Association of Oral and Maxillofacial Surgeons held in Ottawa. Dr. Cousens received his Fellowship in Oral and Maxillofacial Surgery from the Royal College of Dentists of Canada in 1988, and since 1990 has been an examiner for the RCDC/OMFS specialty examinations oral component. He has been a long-serving member of the Ottawa Dental Society Mediations Committee and served as senior Co-Chair. Dr. Cousens also recently sat on the Ottawa Dental Society Executive Committee.

Dr. Cousens looks forward to bringing his long and varied experience to his term on Council at the Royal College of Dental Surgeons of Ontario.

His personal interests include travel, hiking and climbing, cycling, golf, reading and photography.



District 2

Dr. David Clark

Dr. Clark is Director of Dental Services at Ontario Shores Centre for Mental Health Services in Whitby, Ontario and is an Associate in Clinical Dentistry, Department of Oral Medicine, Faculty of Dentistry, University of Toronto. He obtained his MSc in Oral Pathology at the University of Western Ontario in 1986 and is both a Fellow of the Pierre Fauchard Academy, the Academy of Dentistry International and the Royal College of Dentists of Canada.

His hospital-based practice is devoted to the general dental care of individuals undergoing primary care for various forms of psychiatric illness, often coexisting with other medically compromising conditions.

David also participates in the teaching of the undergraduate dental curriculum relating to the topics of oral medicine and oral diagnosis at the Faculty of Dentistry at the University of Toronto. He also lectures in oral pathology in the second-year dental hygiene program at both George Brown College and Regency Dental Hygiene Academy in Toronto and is also part-time clinical instructor in the second-year dental hygiene program at Durham College in Oshawa.

He has lectured internationally since 2005 on the subject of psychiatric illness and dental management considerations.

Personal interests include spending time at the cottage with his wife and dogs, boating, reading and enjoying his four young grandchildren.



District 3

Dr. Peter DeGiacomo

Dr. DeGiacomo earned his DDS degree from UWO in 1974. He maintains a general practice in Thunder Bay.

Peter has been and remains very involved in the activities of the Thunder Bay Dental Association. He was founder, publisher and editor of the quarterly regional dental newspaper The Northern Bites for 10 years.

His community involvement includes serving on the Northern Ontario School of Medicine Bursary Fund Committee and being vice-president of The Thunder Bay-Matanzas (Cuba) Friendship Association. Provincially, Peter served on many ODA committees, ODA Council and the Board of Directors. He was presented with the ODA Service Award in 2008.

Peter is very grateful to the members of RCDSO District #3 for re-electing him to his second term on RCDSO Council. In his first term he chaired a panel of the Inquiries, Complaints, and Reports Committee and was a member of the Legal and Legislation Committee and the Ad Hoc Ethics Committee.

He is a member of the Thunder Bay Dental Study Club, and has accepted Fellowship in The Pierre Fauchard Academy, the American College of Dentists and is Deputy Regent of The International College of Dentists.

The focus of his life is his family. Peter has two sons, a beautiful daughter and four adorable grandchildren. His travel buddy and the love of his life is his wife Marja.



District 4

Dr. John Kalbfleisch

Dr. Kalbfleisch looks forward to his third term on Council as a further opportunity to support the people and profession involved in dentistry in Ontario. He completed his dentistry degree at the University of Western Ontario in 1980 following which he completed an internship at the Hospital for Sick Children, graduate orthodontic training at the University of Toronto (D. Ortho. – 1983) and a Masters of Science degree at U of T (MSc – 1988). During his postgraduate training he remained associated with the Facial Centre at the Hospital for Sick Children as a part-time consultant. Dr. Kalbfleisch has received Fellowship status with the Pierre Fauchard Academy. Dr. Kalbfleisch has also held multiple positions throughout his career including past-president of the Canadian Association of Orthodontists, Toronto Orthodontic Study Club and the Halton-Peel Dental Association. He is a past-governor of the Ontario Dental Association, an ODA Government Relations Committee member, has served on the Faculty Council for the School of Dentistry at the University of Toronto, and as well, the U of T Graduate Orthodontic Alumni Association. For 21 years he coordinated the Adult Orthodontic Clinic in the Graduate Orthodontic Program at U of T, as well as a Business Practice Management Program. Of the most importance are his wife Lianne and the treasure of four wonderful daughters.

Elections 2011-2013

Elected Representatives



District 5

Dr. Ted Schipper

Dr. Schipper is beginning his fourth consecutive term as the Council member for District #5, the large area surrounding Georgian Bay. He maintains a full-time orthodontic practice in Collingwood, relocating from the big city in 2001. Ted very much appreciates the continued support of the District #5 dentists and the four dental societies within his area.

Ted has been teaching in the graduate orthodontic department at the University of Toronto since 1974 and has had a cross appointment to the dental department at Mt. Sinai Hospital since 1986. He served for six years on the Faculty Council at the University of Toronto Faculty of Dentistry.

Ted has served as president of the Ontario Association of Orthodontists, the Toronto Orthodontic Study Club and the Toronto chapter of Alpha Omega Fraternity. He represented Ontario at the board of directors of the Canadian Association of Orthodontists. Ted also holds a Certificate in Conflict and Dispute Resolution from the University of Toronto.

During his previous three terms as a Council member Ted has chaired a Complaints Committee panel and the Legal and Legislation Committee (two terms) and has been a member of the Quality Assurance Committee and the Ad Hoc Ethics Committee. Ted also represented the College at the most recent accreditation review of the dental school at the University of Western Ontario.

Ted takes advantage of the four-season opportunities offered in the Georgian Triangle by skiing, hiking, running, golfing, snowshoeing and cycling as the changing weather cycles permit. Ted is married, has two sons, two daughters-in-law, two grandchildren and one smooth collie, Ruby.



District 6

Dr. Joe Stasko

After completing his BSc at the University of Windsor and his DDS at the University of Toronto, Dr. Joe Stasko has worked full time in a group practice in Windsor for the past 40 years. He is a past president of The Essex County Dental Society. He has served as a representative on the ODA Board of Governors for six years and as chairman of the Dental Auxiliaries Committee. He is a recipient of the ODA Service Award. In 2010 Joe received his 40 year ODA pin.

In the past, Joe served as a dental examiner for the RCDS dental hygiene examinations and as a consultant to the Ontario Dental Nurses and Assistants Association. Joe was instrumental in the development and initiation of the Dental Hygiene Clinic at St. Clair College in Windsor where he instructed in the dental assistant and hygiene programs for 16 years.

He is in his second term as RCDSO Council Member representing District 6 (London and District, Elgin, Lambton, Kent and Essex Counties). During his first Council term, Joe was a member of the Registration and Ad Hoc Ethics Committees.

This winter, for the third year, Joe will be taking a dental mission team to Nicaragua for two weeks to treat needy children and their families. When not in the office, Joe enjoys early morning gym workouts, cycling, family cottage life and live music (as he was a member of a popular band during his college years). He has been happily married to Nancy for 39 years and has five adult children and two handsome grandsons.



District 7

Dr. Peter Trainor

Dr. Trainor has a general practice in Listowel, which he established after graduating from the Faculty of Dentistry at the University of Toronto. He is a Fellow in The Pierre Fauchard Academy, the International College of Dentists, the Academy of Dentistry International and the American College of Dentists, as well as International Congress of Oral Implantologists. Dr. Trainor is in his third term on RCDSO Council as the elected representative of District #7. During his last term, Peter served as Vice President of RCDSO on the Executive Committee. He also represented RCDSO on the Board of the Canadian Dental Regulatory Authorities Federation.

He and his wife, Sara, have three children and four beautiful grandchildren. Peter and his wife live on an active farm and share a fondness for horses, as well as equestrian sports. His wife, Sara, shows in dressage and Peter competes in combined driving.



District 8

Dr. Ron Yarascavitch

Dr. Ronald Yarascavitch attended the University of Toronto, graduating with a Bachelor of Science in biology in 1972 and a Doctorate of Dental Surgery in 1976. Upon graduation, he returned to the Niagara Region to begin a general dentistry practice in St. Catharines.

For the past 34 years, he has continued his association with the University of Toronto as an Associate in Clinical Dentistry. He currently serves as a Treatment Plan Coordinator for final year students.

In addition to private practice, Ron provided dental services at the Thorold Detention Centre for the Ministry of Correctional Services from 1977 to 2006. As an active member of the Niagara Peninsula Dental Association, he has held all Executive chairs, as well as an ODA Governor.

In 1994 Ron was elected to RCDSO Council representing District #8 and served on a number of committees, including Chair of Complaints and Co-Chair of Discipline. After completing four terms, he continued to contribute as a non-elected member, working on the Discipline Committee, the Professional Liability Program Committee, and presiding over pre-hearing conferences.

As the re-elected member for his District, Ron is looking forward to continuing this interesting and rewarding service to dentistry.

Ron has been married to his wife Paula since 1973 and is the proud parent of five grown children. He is pleased to spend time practising dentistry with his daughter, Dr. Carilynne (U of T 2004), his son Dr. Marc (U of T 2008), and his daughter-in-law Dr. Egle (U of T 2008).

Ron is an outdoor enthusiast and enjoys family vacations at his cottage near Parry Sound, Ontario.

Elected Representatives 2011-2013



District 9

Dr. Eric Luks

Dr. Luks is known in Ontario for his continuing commitment to the dental community over the past 40 years. He graduated with honours from the University of Toronto Faculty of Dentistry in 1965 and subsequently received a Diploma in Orthodontics and a MScD. He became a Fellow of the Royal College of Dentists of Canada in 2002.

Eric practises orthodontics with his daughter Dr. Virginia Luks, who was the first female to be elected to the RCDSO Council in 2001. Previously Eric has been elected to the College Council nine times by members from Districts #5 and #9 during which time he served on every committee of the College, including serving in the office of President.

Dr. Luks is most recently known at the College for his work on ethics in dentistry. Over the years, he has been the recipient of many awards including Alumnus of Distinction from the University of Toronto.

Eric is personally very gratified that two of his eldest children and daughter-in-law are practising dentists in this province as are dozens of his former patients including five who have become orthodontic specialists.



District 10

Dr. Natalie Archer

Dr. Archer obtained her Doctorate of Dental Surgery from Dalhousie University in Halifax, Nova Scotia. She has both a BA in Sociology and a BSc in Biology, and represented her graduating class at Dalhousie as valedictorian.

She has a general dental practice in the Rosedale Medical Centre in Toronto and has recently opened the doors of a brand new geriatric and complex care dental clinic within the Runnymede Healthcare Centre with the Minister of Health and Long-Term Care, the Honourable Deb Matthews. This ground breaking facility will be a tremendous asset to District #10, its public and the surrounding communities, and serve as a model for improving access to care across Ontario.

During her past four years at the RCDSO for District #10, she has served as a panel chair on the Complaints Committee and as a member of the Registration Committee. This past term she increased her activity with two additional working groups, those being the ORIF Committee (joint working group between ODA and RCDSO) and chairing the Ad Hoc Ethics Committee.

Dr. Archer would like to thank all of those members in her District returning her for a third consecutive term as RCDSO Council member for District #10. She would also like to thank her incredible circle of support, most importantly her fantastic husband and two children.



District 11

Dr. Robert Carroll

Dr. Carroll is originally from Burlington and did his undergraduate and dental education at the University of Western Ontario. Following graduation in 1973, Bob started a private general practice in Orillia, Ontario. Bob was very active in a variety of community organizations in Orillia, as well as his local dental society.

After 28 years in private practice, Bob joined the staff of RCDSO as Manager of Professional Practice with responsibilities in the quality assurance and practice advisory areas. In 2008, Bob joined the Faculty of Dentistry at the University of Toronto and is currently the Assistant Dean for Continuing Dental Education and Professional Relations.

Bob is a Fellow of the American and International College of Dentists and is an international volunteer with the Sleeping Children around the World organization.

He has two daughters and five granddaughters.



District 12

Dr. David Segal

Dr. David Segal is an oral and maxillofacial surgeon practising in Toronto since 1982 and a clinical instructor in Oral Surgery at the University of Toronto Faculty of Dentistry. After obtaining his DDS from the University of Toronto in 1977, he did a general practice residency at the Long Island Jewish-Hillside Medical Center. Subsequently, he did his specialty training at the University of Connecticut, as well as one year of general surgery at Hartford Hospital.

He became a Fellow of the Royal College of Dentists of Canada in 1984.

David has served as president of the Ontario Society of Oral and Maxillofacial Surgeons and the Ontario Association of Dental Specialists, as well as being a councillor with the Toronto East Dental Society for over 20 years.

His personal interests include music, photography, history, reading, cycling and trying to golf.

Elections 2011-2013

Academic Appointments



University of Toronto

Dr. R. John McComb

Dr. John McComb graduated from the Dental School, University of Edinburgh in 1968 and went to the University of Manitoba to do a MSc in Dental Science. He then completed his Oral Pathology training at the University of Toronto and took examinations to become a Diplomate of the American Board of Oral Pathology and a Fellow of the Royal College of Dentists of Canada. He became certified as a specialist in Oral Pathology in 1974.

In 1975 he was appointed jointly as Chief of Dentistry at Toronto Western Hospital and to an academic staff position in the University of Toronto. In 1987, after the merger of the Toronto Western Hospital and Toronto General Hospital, he became Chief of the combined dental departments until their closure in 2003.

He is a past president of the Royal College of Dentists of Canada and a former Examiner-in-Chief of the RCDC. He is also a former president of the Canadian Academy of Oral Pathology (as it was then known).

During the past RCDSO Council term, John was chair of the Audit Committee and vice chair of the Discipline Committee.

He is currently Discipline Head of Oral Pathology and Oral Medicine at the University of Toronto. Responsibilities include directing the undergraduate and graduate programs in oral pathology and oral medicine, as well as administering the oral pathology biopsy service with the other members of the department. He associates part-time in the private practice of oral medicine.



University of Western Ontario

Dr. Stanley Kogon

After receiving his DDS in 1965 and MSc in Pathology in 1970, Stan took up his full-time academic role at The University of Western Ontario in 1970. Apart from his teaching and research activities, he has held many senior administrative positions such as Chair of the Divisions of Oral Medicine, Oral Radiology, and Periodontics; Assistant Dean Clinical Affairs; Director of Clinics and Director of the School of Dentistry (1998-2004). After an administrative leave, he has returned to full-time teaching and pursuing research of interest.

Stan has served as the representative to the College from UWO for the last six years. He is proud of being honoured as an Alumnus of Distinction by both the University of Toronto and UWO.

Stan enjoys squash and gardening and, with Sheila, travel and making every attempt to spoil their grandchildren, Rylee and Jordyn.

Public Members Elections 2011-2013



Kelly Bolduc-O'Hare

Ms. Bolduc-O'Hare and her husband own and operate two small businesses: the Anchor Inn Hotel and Lakeshore Excursions, both of them are located in Little Current on Manitoulin Island. Kelly is very actively involved in the promotion of the tourism and hospitality industries in Northern Ontario. In addition, she continues to make a significant volunteer commitment to projects involving economic and community development on Manitoulin Island. Kelly is very pleased to have been recently reappointed for a third term on Council.



Mohammed Brihmi

Mr. Brihmi is President of EMB Consulting. His firm provides services in the fields of strategic planning and project management. Mohammed has been a speaker, lecturer and part-time professor. In 2010, he was nominated for TVO's Big Ideas Best Lecturer Award. Mohammed is the first Canadian of North African, Arab and Muslim origin to get elected to public office to chair a school board. He was elected to public office as a Trustee, Vice Chair and Chair of the Metro Toronto French School Board and was elected as a member of the Metropolitan Toronto School Board, the largest school board in Canada. He has chaired several community organizations and served on the boards of directors of many institutions such as the Toronto Foundation for Students Success, the Scarborough Community Care Access Centre, the Learning Partnership, and the Ontario Advisory Council on Multiculturalism and Citizenship of the government of Ontario. Mohammed has also served on the Selection Committee for the Lincoln M. Alexander Award for Leadership in Eliminating Racism from the Ministry of Citizenship and Immigration. He is the recipient of several distinctions following many years of volunteer commitments.



Dr. Harpal Buttar

Dr. Buttar is a Senior Assessment Officer in the Therapeutic Products Directorate, Health Canada, Ottawa. He received his degree in Veterinary Medicine from the Punjab University, India, and MSc. and PhD. degrees in Pharmacology from the University of Alberta, Edmonton, Canada. Dr. Buttar holds Adjunct Professorship in the Faculty of Medicine, University of Ottawa. Dr. Buttar is a member of several professional societies and volunteer organizations. He has served as President of the Ottawa Sikh Society and India-Canada Association for two terms each. He is recipient of Fifteen Years Volunteer Services Award from the Ontario Ministry of Citizenship and Culture, as well as the Commemorative Medal for the 125th Anniversary of the Confederation of Canada. Dr. Buttar is a scientist of international stature and is the author/co-author of 70 research and review papers, including three book chapters. As a scientist, he has made valuable contributions in the area of reproductive and developmental toxicology and in drug-herbal/food interactions. His biographical sketches have been published in Directory of International Biography; Men of Achievement and Men & Women of Science.



Parminder Chahal

Mr. Chahal began his career as a young entrepreneur. At age 22, he built his first real estate complex for third party clients while also managing in-house projects. Then, as a construction project manager for mmmuffins Canada, Parm negotiated substantial savings for the company by clearly defining new systems and construction procedures, while building strong relationships with suppliers and vendors. Prior to his tenure at mmmuffins, Parm was a senior operations manager for Famous Players where he managed new theatre openings and was responsible for a staff of 400. He earned a Business Management degree at Ryerson University, majoring in accounting and finance with a minor in business communications. Parm has now come full circle and is refocusing on his construction and development interests. At 31, he was billed as "Brampton's youngest developer." He takes a keen interest in developing and constructing buildings that reflect the communities in which they are located. Parm is also very involved in many community and volunteer organizations. He is a current sitting member of Brampton's Committee of Adjustments. At the College, he has been a member of the Discipline Committee and Chair of the Professional Liability Program Committee. This past year, Parm was selected as a Canadian delegate to the inaugural G20 Young Entrepreneur Summit held in Toronto with 200 delegates from the G20 nations.

Public Members Elections 2011-2013



Mofazzal Howladar

Mr. Howladar graduated in 1977 with a Diploma in Chemical Engineering from Dhaka Polytechnic Institute in Bangladesh. He then worked until 1986 as a quality control technician at the Pharmadesh Laboratory in Dhaka. From 1989 until 1998, he worked in Toronto in several positions as a security officer and building custodian.

Mofazzal has made a significant contribution to community activities since coming to Toronto. For almost the past 10 years, he has been General Secretary of the Regent Park Khadeem Committee.

He currently volunteers as a tenant counsellor through the Toronto Community Housing Corporation in Toronto's Regent Park. Mofazzal has also been actively involved in the Regent Park redevelopment and revitalization project since 2004, both as a community participant and as a community animator and leader.



Kurisummoottil S. Joseph

Mr. Joseph came to Canada in March 1967 and joined the then Provincial Court in Thunder Bay in April 1967. He was appointed as the Administrator of the Court in March 1976 and, later that year, as a Justice of the Peace. K.S. continued in that position until his retirement in September 2004, except for a five-year secondment to the Family Support Plan as a regional manager. He was first appointed as a public member to the College Council in September 2004 and was reappointed for his third three year term in October 2010. He was elected to the Executive Committee of the College in 2006 and re-elected in 2007.

K.S. has volunteered on several community organization boards. He was the president of India-Canada Association of Thunder Bay for two terms, president of the Family Development Centre of Thunder Bay for two terms, member on the Board of Directors of the St. Joseph's General Hospital for 15 years, member on the board of Thunder Bay Multi-Cultural Association, and member on the board of the Rotary Club of Thunder Bay.

K.S. is married to Annie and they have two sons, Sebastian and Thomas, and five grandchildren: Haydyn, Jaiya, Kiryn, Imogene and Malia.



Catherine Kerr

Ms. Kerr is a retired civil servant who worked at the Ministry of Health and Long-Term Care for 20 years. During that time, she held a number of positions including Legislative Policy Consultant, Executive Assistant to the Deputy Minister, Corporate Author and Manager, Operational Support. Prior to this, she worked in administration at Sunnybrook Health Sciences Centre for both the President and the Chief of Staff, Regional Trauma Unit.

Since her appointment in 2009, Catherine has found College Council activities to be some of the most personally rewarding in her working career. She has been a member of an Inquiries, Complaints and Reports Committee panel, Patient Relations Committee and the Ad Hoc Committee on Ethics: "To be able to make a contribution with such positive outcomes and impacts on the public is rare and unique and I feel extremely privileged to have been given this opportunity."

Catherine is a graduate of York University, holding a BA (Hon) in English and continues to enjoy literature.

Retirement has given her an opportunity to more fully pursue other interests including birding, travelling, gardening and spending time with her dog, Nika, a Bouvier des Flandres. She recently moved from Toronto to Niagara Region where she enjoys exploring the countryside and immersing herself in the region's rich history.



Evelyn Laraya

Evelyn Laraya is an active community leader serving her fourth year on Council.

A social worker by education, she retired after 27 years in banking, as a financial analyst. During her banking career, however, she was always involved in the community taking on various responsibilities, which included being president of her alumni association and of the Silayan Community Centre, raising funds for various community projects, as well as serving as director of many charitable organizations including the Filipino Centre, Toronto. Her accomplishments include sponsoring a scholarship at U of T, the successful hosting of first ever ICANAS conference in Toronto, housing assistance and job search to newcomer immigrants and activities and programs for live-in caregivers.

Now retired from "number crunching" Evelyn is realizing her dream of full-time service to the community. She devoted 10 years with the Halton Children's Aid Society, volunteered at the Rape Crisis Centre of Peel Region, volunteered with Answer to the Cry of the Poor Canada and assisted Counterpoint in developing a mentoring-training program for Filipino women in abusive relationships. She is currently serving as Volunteer Coordinator at the Kalayaan Cultural Community Centre based in Mississauga, organizing fundraising events, such as the annual golf tournament, bowlathon, and dinner dances, as well as hosting seminars for live-in caregivers, new immigrants, teens and seniors with HIV-AIDS, diabetes, etc. Evelyn and her team at the Kalayaan Centre are responsible for the preparation and completion of grant applications. She has recently committed to being involved with Gawad Kalinga Canada.

Evelyn has served Council as a member of the Complaints Committee and a member of the Discipline, Audit, and Fitness to Practise Committees.

Elections 2011-2013

Public Members



Dr. Edelgard Mahant

Dr. Mahant traces her background to the central European maelstrom of World War II. She considers British Columbia her home, though she also has a few soft spots for northern Ontario.

She is a professor of Political Science at York University's bilingual Glendon College, where she bemoans her part-time status (because the Ontario government did not abolish mandatory retirement soon enough). Her academic specialization consists of European politics and foreign policy, and she has published widely in these fields. Recently she has also enjoyed teaching these subjects at the University of Botswana in Africa.

Her other interests include human rights – she is a long-standing member of Amnesty International – and politics. She also enjoys keeping in touch with former students, reading (especially Canadian fiction), travel and cooking (in moderation).

Edelgard's biggest fault is also her major virtue: she is seldom afraid to speak up and speak out. She lives in Toronto's Greektown and can communicate in English, French and German. Her immediate family consists of her husband, an adult son and daughter, and two grandchildren, who all live in the Toronto area.



Jose Saavedra

Mr. Saavedra is currently the president of Triple A Personnel, Inc., a company involved in the placement of permanent and temporary industrial and warehouse personnel to clients, including multinational companies, primarily in the airport area. Before moving to Canada in 1989, Jose worked as a tax lawyer with Del Monte Philippines and as an auditor/consultant with SGV & Co., a member practice of Arthur Young International.

Jose is a member of the Illinois Chartered Public Accountants Society, the Integrated Bar of the Philippines, and the Philippine Institute of Philippine Chartered Public Accountants. He graduated with a BA in economics in 1976, a BSc in accounting in 1977, and a Bachelor of Laws degree in 1983 from the University of the East in Manila.

From 1998 to 1999, he was president of the Association of Filipino Canadian Accountants. From 2002 to 2005, he was president of the Philippine Independence Day Council, a Toronto-based non-profit umbrella organization of Filipino Canadian associations. In 2004 and 2005, Jose was president of the Canadian Multicultural Council of Asians in Ontario, an umbrella organization of over 20 Asian Canadian organizations representing over 16 countries and regions in Asia.

Jose is very actively involved in fundraising activities for various Filipino Canadian associations and groups in Ontario.



Abdul Wahid

Born in Bangladesh in 1951, Mr. Wahid obtained a Bachelor of Commerce degree in 1972 from the University of Rajshahi. He completed his CA degree at the Institute of Chartered Accountants of Bangladesh in 1986, a CPA degree from USA in 2001, and become a member of Illinois CPA Society USA. In 2002, he completed a CGA degree from CGA Ontario.

He has worked with the British American Tobacco Company in Bangladesh as Accounting Executive, with Northern Brewery Ltd. and Zambia Pork Ltd. in Zambia as Chief Financial Officer.

He is currently working as Controller of Accounts with Nor-don Collection Network Inc.

Abdul is involved in a number of volunteer activities in different organizations. He is currently the president of Bangladeshi-Canadian Community Services, secretary of Bangladeshi-Canadian Political Action Committee, chairman of the Institute of Chartered Accountants of Bangladesh North America Chapter, and board member of the Canadian Multi-Cultural Council of Asia.

Abdul is married with two sons and one daughter.

Documentation in Patient Records Tell the Story

The Inquiries, Complaints and Reports Committee (ICRC) frequently relies on members' records to arrive at a reasonable disposition of those matters under consideration. Whether the information is documented or is absent from members' records can play a pivotal role in the ICRC's decision-making process. The following cases illustrate the value of accurate and thorough recordkeeping practices.

CASE 1: SHOW ME THE MONEY

A dentist obtained a default judgment against a patient for unpaid services.

The patient subsequently filed a complaint in which she alleged that she had never seen the amounts billed to her insurer and that she was unaware of the work that the dentist claimed to have performed.

In his letter of response, the dentist asserted that the complainant had been provided with a written pre-treatment estimate and photocopies of all charges submitted to and paid by her insurance company were mailed to her.

As part of its deliberations, the ICRC panel obtained documents from the complainant's insurer and also reviewed the records of the dentist under investigation.

The panel was unable to locate any invoices from the member to the complainant detailing the treatments rendered and the amounts billed. Likewise, the panel was unable to locate any documentation that the proposed treatments and the related costs were discussed with the complainant.

Other recordkeeping deficiencies noted by the panel included inadequate documentation of the materials and methods used and the amount and type of local anesthetic administered during treatment.

The member was orally cautioned about the importance of adhering to the dental recordkeeping guidelines. He voluntarily agreed to enrol in a dental recordkeeping course.

CASE 2: SO LET IT BE WRITTEN; SO LET IT BE DONE

A patient complained that his dentist failed to provide him with a pre-treatment estimate and that he was charged more than the agreed upon amount. The services in question included endodontic treatment, the insertion of a bridge about two months later, and then the fabrication of three crowns.

The ICRC panel had concerns about the member's recordkeeping practices. These concerns included:

- the failure to document the patient's prior dental history;
- a comprehensive treatment plan could not be located;
- the absence of documented conversations with the patient regarding the proposed treatment options and their related risks and benefits in light of the patient's significant medical history;
- the failure to document the patient's consent to treatment including consent to the fees for services.

The panel directed the member to complete a specified continuing education or a remediation program in recordkeeping that included informed consent protocols.

Following the successful completion of the College approved courses, the member's practice was to be monitored for a two year period. In addition, the member was orally cautioned about the inadequate care provided.

CASE 3: TO DOCUMENT OR NOT TO DOCUMENT

A patient attended for an initial exam at the dentist's office with severe pain around a lower right tooth. A panoramic radiograph taken that day revealed a radiolucent lesion, likely representing a follicular cyst. The dentist referred the patient to a more experienced general dentist in her office for extraction.

The patient complained that the member maintained a false patient record. While a panel of the ICRC was not concerned that there had been a possible falsification of the member's records, it did express some concerns about the member's recordkeeping practices.

The panel was specifically concerned that the records for the initial exam were incomplete as an odontogram and periodontal charting of the intra and extra-oral findings were absent. Also, the records suggested that the member failed to disclose to the patient the exact nature of his condition and the risks associated with the proposed treatment.

The member voluntarily agreed to complete a recordkeeping course and to be monitored for a two-year period following the successful completion of the course. The member was also directed to attend to be orally cautioned by the panel.

Release and Transfer of Records

Q *My patient says that she has paid for the x-rays and is entitled to them. Can I give these to her?*

What the patient has paid for is the diagnostic services that you have provided on the basis of the radiographs and the regulations require you to retain these. Your patient is entitled to diagnostic quality copies of the radiographs.

“*If someone else arrives to pick up the patient’s records from your office, you should ensure that you have the patient’s consent to release them to this person.*”

Q *Can the patient pick up their dental records or have these mailed to their home?*

Yes, the patient can pick up copies of their dental records from your office or request that these be mailed to their home. Most dentists have the patient sign in the patient’s record that they have received the records if the patient picked up the copies. If someone else arrives to pick up the patient’s records from your office, you should ensure that you have the patient’s consent to release them to this person. The patient can indicate this in advance with their signed consent.

Q *My patient wants to pick up the records of their children who are at university. Is this permitted?*

While there is no legal age for consent to the release of health information, the College and the Information and Privacy Commissioner of Ontario consider that age 16 is a reasonable age. This means that in most cases, parents can request and are entitled to copies of the dental records of children up to 15 years old. However, you will require the

consent of children 16 and older to release records to their parents. You should contact the children to ensure that you have their consent to release the copies of their records to their parents.

Q *If I do not have a duplicator or processing solutions because I have switched to digital radiography, can I give the patient original film radiographs?*

Because dentists are required to keep original records, the easiest way to comply with your legal requirement to provide patients with copies of the dental records that they request is to have facilities to make copies in your office.

If you no longer have processing solutions, you could investigate how to scan film images to convert these to digital files. Then you could send these electronically with appropriate privacy safeguards, or provide them to the patient on a CD or USB key.

Alternatively, you could arrange to have the radiographs duplicated; for example, at a faculty/school of dentistry.

Q *Does the request have to come from another dentist?*

No. Dentists will often help their patient to request their dental records from another dentist, but the request can also come directly from the patient. Patients have the right to have copies of their records.

While the College suggests that patients put their requests in writing, indicating what they would like to have copied and

where they would like the records to be sent, the dentist does not require consent to release information from a patient's record to the patient.

Dentists require the patient's consent to release information to someone other than themselves and the College advises written consent in most cases.

Q *What if the written request doesn't specify which records are required?*

If the request is very general, you could contact either the patient or the dentist to whom the records will be sent to find out what is required and whether there is an appointment booked or other urgent need for the dental records.

Q *I have purchased a dental practice and a patient would like his notes from the previous owner's dental record. Am I required to provide this to him and does it make a difference whether or not I have treated the patient?*

In the sale of a dental practice, typically the purchaser assumes the legal responsibility to retain patient records as required by the regulations. This means that the purchaser has to keep the originals and provide copies to the patients, if requested.

If a patient continues treatment at the office, whether or not the same charting format is used, the patient's record will normally be considered a continual record. You have to retain the records for adult patients until at least 10 years after the date of the last entry in the patient's record and for children, until ▶

Release and Transfer of Records

at least 10 years after they turn 18. You should not give patients their original record until the legally required retention period has ended.

Q *My patients are having difficulty obtaining copies of dental records from another dental office. How can I help them?*

You can assist your patients by preparing a request for the release of information that specifies which records the patient requires copies of, your office address, and indicating if this is where the records are to be sent. The patients should sign these requests. Note that children 16 years of age or older should sign the requests for their own dental records.

Q *My associate has left the office and has sent out a notification to patients. If the patients decide to follow him, do I have to provide the associate with the patients' records?*

If you receive a written request that is signed by the patient directing you to do so, you should provide copies of the dental records to the associate. The associate is not entitled to the patient's original records, unless that is in accordance with a written contract, for example, an associate agreement where the associate is the designated owner of specified patient records, or if there is a

written agreement between the dentists specifying that, at the end of the associateship, the transfer of original records with the consent or written direction of the patient takes place so that the associate assumes the responsibility to retain these as required by the regulations. The College does not provide legal advice and dentists should consult with their own lawyer before entering or executing such agreements.

Q *Can I charge the patient for the duplication of dental records?*

According to the College's Practice Advisory on the Release and Transfer of Patient Records, you can pass on any out-of-pocket expenses incurred in duplicating and releasing records. This could include mailing costs, charges from a dental laboratory or radiograph duplicating facility, and materials costs. This cannot include an administrative fee for your staff time.

Q *Where can I get more information?*

The Guidelines for Dental Recordkeeping and the Practice Advisory on the Release and Transfer of Patient Records are available on the College website at www.rcdso.org under Professional Practice.



Special deals websites are no deal for dentists

The latest marketing phenomenon is the trend to online social couponing with discount coupons on special websites. Basically here's how some of them work. The marketing company offers online one coupon per day in each of the markets it serves and uses social marketing sites like Facebook to do more promotion of the deals. For many businesses, it appears to be an attractive marketing option.

With the market composed primarily of young, educated female customers and many of the deals focused on the health, fitness and beauty markets, it is no surprise that many dentists are approached to use this marketing technique to promote their practices.

However, dental practices are not like other commercial businesses. Dentists in Ontario must comply with existing provincial regulations that restrict the methods used to promote their services.

The professional misconduct regulation of the Dentistry Act, 1991, is very clear on this. Dentists are not permitted, directly or indirectly, to:

- ▶ offer, make, or confer a rebate, credit or other benefit to a person by reason of the referral of a patient to the member;
- ▶ offer, make, or confer a rebate, credit or other benefit to a patient other than an adjustment in the fee or amount that would otherwise be charged by the member with regard to that patient;
- ▶ engage in any form of fee or income sharing with any person other than an associated member or a member who is a member's partner, or with a member of the College of Dental Hygienists of Ontario who engages in the practice of dental hygiene within the member's dental practice.

This means that the following scenarios are in violation of the professional misconduct regulations:

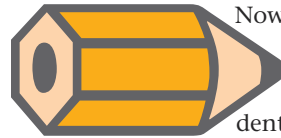
- ▶ A dentist makes a payment of a portion of his/her fees directly to a third-party, like one of these online marketing companies.
- ▶ A dentist accepts from a patient a coupon or voucher given out by a marketing company, with the marketing company keeping a percentage of the patient's payment that was made to them for the coupon or voucher.
- ▶ A dentist offers a rebate, credit or other benefit to a person for referring a patient.

The bottom line is that dentists in Ontario should not promote their services through these kind of marketing websites.

COLLEGE CONTACT **Dr. Fred Eckhaus** – Assistant to the Registrar, Dental
416-934-5624 1-800-565-4591
feckhaus@rcdso.org

Designing a website to advertise my practice

I am interested in hiring a company to redesign my website to enhance my internet presence to bring in more patients. What do I need to consider in making decisions about the content and design?

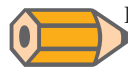


Nowadays, the internet is one of the first places that many people go to when looking for a new dentist. That is why, for many

dentists, a website has replaced print advertisements as the main focus of their marketing plan.

But just like a more traditional print advertisement, your web presence is a reflection not only of your practice, but also of the profession. Websites are really a professional advertisement. That means the legal and professional responsibilities outlined in the College's Practice Advisory on Professional Advertising apply to websites too.

It is likely that the person or company helping with your website design develops sites and marketing plans for many other types of businesses. Probably most of their clients do not have to abide by provincial regulations governing professional misconduct relating to advertising as you do as a dentist.



For dentists, the regulations made under the Dentistry Act are very clear about what would be considered inappropriate and/or unprofessional.

Check out the College's Practice Advisory on Professional Advertising at www.rcdso.org under Practice Resources for more detailed information.

The most common area of difficulty is that the text on websites suggests or implies that there is some element of uniqueness or superiority within your practice or the services which you provide.

This is often the area where problems arise. For example, the marketing professionals that you hired don't understand that they can't take the same descriptive or comparative kind of wording that the manufacturers used to pitch their equipment and materials and transplant it into your website. Another common difficulty is that websites use the additional training or courses taken by the dentists to imply superiority or uniqueness.



Another common marketing technique is the use of testimonials, coupons or giveaways. However, these cannot be used in the promotion of a dental practice.

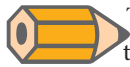
Remember, even if an outside company develops the design and content of your website, you are still responsible for any communication that has a bearing on your practice. Just because a practice management or marketing consultant or a newspaper account rep trying to sell you advertising space says it is okay does not alleviate you of your responsibility to ensure the rules are followed.

And just like a print advertisement, if your website 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. If you are a specialist, you need to indicate in what particular speciality you are registered.



The manner in which advertising is handled within dentistry impacts all dentists and how patients perceive dentistry as a profession. As the Code of Ethics states: "The ethical behaviour of dentists is one of the most important factors in the promotion of quality dental care and recognition of dentists as professionals. Continued public trust in the dental profession and in the principle of profession-led self-regulation is dependent on the commitment of individual dentists to high standards of ethical conduct."

One of the five core values outlined in the Code that guides ethical behaviour of Ontario dentists is integrity. Integrity is defined as "being truthful, behaving with honour and decency and upholding professional standards."



To support dentists in making their way through the sometimes difficult world of advertising, the College provides an advertising review service to all its members. When you, or a company hired by you, are still in the planning stages of your advertising/website development, College staff can review your proposal to ensure that it meets the regulatory requirements.

For more information about this service, contact Dr. Fred Eckhaus, Assistant to the Registrar, Dental.

COLLEGE CONTACT Dr. Fred Eckhaus – Assistant to the Registrar, Dental
416-934-5624 1-800-565-4591
feckhaus@rcdso.org

Risk Management in Clinical Practice

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.

For years, the College's Professional Liability Program (PLP) has offered guidance to members about preventing malpractice claims or complaints, and lessening their magnitude when they occur.

Through the Ounce of Prevention articles in Dispatch, PLP continues to provide advice on a wide-range of topics, such as promoting excellent communications with patients, keeping complete dental records, maintaining high professional standards, ensuring informed consent to treatment is obtained, recognizing your own limitations and referring patients when necessary. In summary, PLP encourages members to exercise risk management and these topics are the cornerstones of this concept.

Risk can be defined as uncertainty of outcome. All clinical dental procedures come with some risks, and the goals of risk management are to recognize problems before they happen and deal with them when they do. Risk management covers all the processes involved in identifying, assessing and judging risks, taking actions to mitigate or anticipate them, and monitoring and reviewing progress.

Risk management is not new to dentistry or other health care professions, and is not peculiar to Ontario or even Canada. Worldwide, all health care professionals must deal with risks and manage their patients' exposure to them.

With the current issue of Dispatch, PEAK is pleased to offer members the following article: "Risk management in clinical practice. Part 1. Introduction", from the July 10, 2010 issue of the British Dental Journal. This article is the first of a 12-part series on the subject of risk management, published by the British Dental Journal.

The article examines the factors that trigger claims and complaints by patients, and the importance of good dental records to successfully defend against them. The article goes on to describe the principles of risk management, with an emphasis on learning from our mistakes.

KEY POINTS TO CONSIDER

- Not every dissatisfied patient complains. It is when precipitating factors are overlaid with predisposing factors that patients can direct the blame at a series of individuals and a complaint crystallizes.
- Communication skills have a significant influence on a patient's satisfaction level towards outcomes of treatment. Failure in communication has been identified as the predominant factor in 80 per cent of patient complaints and litigation.
- Patient expectations need to be modified and made realistic by information provided by the dentist, especially when elective treatment is planned. When the divide between the patient's expectations and what can actually be achieved is reduced or eradicated, the unmet expectations will be reduced and consequently so will the cause of many complaints.
- Good dental records are essential to the delivery of good dental care and the successful defense of a claim or complaint. The lack of supportive information in the dental records undermines the dentist's legal position, even when the treatment provided has been of a high standard. Spending 30 seconds more on making a pertinent contemporaneous entry about a conversation, warning, option or piece of advice can provide the perfect antidote to the patient's selective memory of the occasion.
- When embarking on elective treatment for teeth that are healthy and symptom-free, good dental records are indispensable. The more elective the treatment, the more intrusive/interventionist/irreversible the treatment, the greater the risks of an adverse outcome or the consequences if this were to happen, then the more critical it becomes to have full and meticulous records available.
- A dentist has a duty to refer patients for a second opinion and further advice when it is necessary or if the patient asks.
- A professional recognizes his/her limitations. These may be based on the realization that a particular patient's needs cannot be met, either because of the complexity of the treatment or the demands of the patient. There is a balance between accepting a challenging case over which you have a high degree of control and foolishly taking on a case either for financial reward or because of undue pressures placed on you by the patient or other parties.
- The mark of a professional is to acknowledge when things go wrong, communicate this to patients with humility and learn from the problem to ensure that, where possible, it does not occur again.

COLLEGE CONTACT **Dr. Michael Gardner** – Manager, Quality Assurance
 416-934-5611 1-800-565-4591
 mgardner@rcdso.org

Records: Do They Justify The Treatment Provided?

When poor or unexpected treatment outcomes occur, patients often allege that the treatment was not necessary or that they were inadequately informed of the risks and possible consequences associated with treatment.

When matters like these are reported to the Professional Liability Program (PLP), in addition to determining whether or not the treatment met the standards of practice expected of an Ontario dentist, there are other questions that PLP needs to address.

The first is whether or not the treatment in question was clearly justified by the entries in the patient record. The second is that we need to establish whether or not the records documented adequate communication with the patient during the informed consent process.

To illustrate these issues, let's look at two similar practice situations with very different results.

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

PLP POINTERS

Remember, courts generally take the view that if it isn't in the records, it didn't happen. Your records are your best defence!

Before treating a patient, the following information should be documented in the records:

- chief complaint and presenting symptoms
- clinical signs
- results of any tests performed
- radiographic findings
- diagnosis or diagnoses
- nature of recommended treatment
- discussion of nature of recommended treatment as well as risks, benefits, alternatives and costs

CASE No.1:

Treatment Not Justified in Records – Case Not Defendable

Ms. F presented to Dr. K for recall, and at that appointment Dr. K replaced a restoration in tooth 17. The following day he replaced restorations in teeth 25 and 26.

Two weeks later Ms. F returned with cold sensitivity in tooth 17 and Dr. K performed endodontic treatment.

Ms. F initiated a small claims court action alleging Dr. K had unnecessarily replaced fillings in three teeth simply because her dental insurance was about to be terminated. She claimed the teeth were asymptomatic and Dr. K had told her there were no problems with her teeth. Ms. F alleged it was the unnecessary restoration in tooth 17 that caused the need for root canal treatment.

DISCUSSION

In reviewing Dr. K's records, PLP staff had a number of concerns.

The radiographs, clinical notes and treatment records did not support the need for replacement of the restorations in teeth 17, 25 and 26. This made it difficult to determine whether the restorations in question were indeed necessary.

Likewise the radiographs and the records did not support the need for endodontic treatment of tooth 17. There was no evidence that Ms. F had any symptoms other than cold sensitivity. There was no record of any clinical tests and there was no documented diagnosis or discussion of treatment options. In other words, there was no evidence that informed consent for endodontic treatment had been obtained.

PLP recommended settlement of the claim as treatment could not be justified by the records and there was no documented informed consent. Dr. K agreed.

PLP negotiated a settlement amount and obtained Ms. F's full and final release in favour of Dr. K. This release stated specifically that Dr. K had not admitted liability.



Records: Do They Justify The Treatment Provided?

Continued from page 37

CASE No. 2: *Treatment Justified in Records – Case Defendable*

Mr. C presented to Dr. W for a new patient examination and Dr. W recommended replacement of two amalgam restorations. She replaced a restoration in tooth 45 on that date. One week later she replaced the amalgam in tooth 16.

Two weeks later Mr. C returned with pain in tooth 16 and Dr. W performed endodontic treatment. One month after that, tooth 45 was endodontically treated as well.

Mr. C subsequently filed a claim against Dr. W alleging the restorations in teeth 16 and 45 were unnecessary and the treatment was negligent, resulting in the need for root canals on both teeth. He further alleged the root canal treatment was poorly done and retreatment of both teeth was necessary.

Additional Resources Online at www.rcdso.org

- **Risk Management Guide**
- **Guidelines on Dental Recordkeeping**
- **Informed Consent: A Guide to Understanding the Consent Process in the Dental Office (LifeLong Learning program)**

DISCUSSION

PLP was able to defend this case because:

- The records and radiographs clearly showed there was deep recurrent decay in both teeth 16 and 45. Replacement of the restorations was warranted.
- Radiographs taken prior to endodontic treatment showed the restorations were well placed.
- The records showed that, prior to initiating endodontic treatment on both teeth, Dr. W performed standard tests, appropriately diagnosed irreversible pulpitis and discussed treatment options, risks and benefits. In other words, the records clearly showed that endodontic treatment of teeth 16 and 45 was necessary and informed consent was obtained.

Final radiographs of teeth 16 and 45 showed the canals were well filled to the apices.

FINAL COMMENTS

Often, when a patient presents, the dental problem is obvious and the treatment needed is clear, both to the dentist and to the patient. However, as these case studies illustrate, it is important to keep in mind that if things go wrong with the treatment, the patient may allege the treatment was not necessary. The records must be able to demonstrate that the treatment was required and informed consent was obtained.

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.

PLP CLAIM



Thank you for bringing this case to closure. I am sure you have had to put a lot of time and effort in this case and I do appreciate that you have done that for me. I hope that the patient is happy with her settlement. Thank you for getting the Full and Final Release signed.

JURY DUTY SUMMONS



I recently received my second Summons to Jury Duty in under six years. The Summons indicated that the trial was expected to last five weeks. I left a mildly panicked voice mail that same evening. College staff replied the next morning at 9:00 am. The College's response to the Court was sent to me by courier that same afternoon and I received my excusal from attending in under two days. I was surprised and impressed that the College had gone to court in similar situations to advocate on an individual dentist's behalf.

I can't thank you enough for dealing with this potentially disastrous professional disruption for me, my staff and my patients. I must also send a special commendation to the College staff person I dealt with who was the perfect combination of warmth, friendliness and efficiency and went a good ways towards calming me down.

PETER FRIEDMAN, DDS
Toronto

PLP CLAIM



Thank you very much for your help. This is my first claim in 20 years of practice, and you have made it the least difficult for me as possible. I truly appreciate your professional guidance. Thank you again.

COLLEGE CONTACT

Peggi Mace – Communications Director
416-934-5610 1-800-565-4591
pmace@rcdso.org

Jurisprudence and Ethics e-Learning Course

Website Spotlight is a new regular feature that will highlight important content found on the College's website, www.rcdso.org. Adventurous types who eagerly await the next spotlight can visit our site and tour the many e-resources available online, such as practice guidelines, standards of practice and information on the College's LifeLong Learning and continuing education programs.

RCDSO defines part of its core purpose as ensuring "the development and continued adherence to ethical principles for all of dentistry." In an effort to support this core purpose and its overall mission and values, the College launched its first-ever e-learning course in the summer of 2010.

Called Jurisprudence and Ethics, the course examines the ethical and legal framework in which dentists practise here in Ontario. The online course, which can be accessed by all registered Ontario dentists, uses several interactive features to engage the learner and help maximize the usefulness of the important information provided throughout the course.



The course application form can be found online on the College website at www.rcdso.org. The form is located on the Jurisprudence and Ethics page, found under the Quality Assurance LifeLong Learning Program section of the website. That section also contains registration forms for the College's other LifeLong Learning programs, such as Informed Consent: A Guide to Understanding the Consent Process in the Dental Office, and archive access to the College's webinar series which featured Dr. Charles Shuler, Dr. Blake Nicolucci and Dr. Dan Haas.

The Jurisprudence and Ethics course is part of the College's long-term plan to provide online LifeLong Learning programs and continuing education courses. E-learning is a convenient learning platform, as it provides dentists with the ability to take courses, attend presentations and engage with other dental professionals without having to leave their homes or offices.

Content Highlights of Eight Modules

INTRODUCTION

Provides a course overview and gives instructions on how to complete the individual module evaluations, access the course resources, and save your place if you leave the program and return at a later time.

UNDERSTANDING THE COLLEGE

This module highlights the College's over 140 year history as the regulator of the dental profession in Ontario. You will find out about the College's mission and values, the structure of the College, and its relationships with members, the public, the provincial government and other key stakeholders.

LEGISLATIVE MODEL

The Regulated Health Professions Act (RHPA) provides the framework for the regulation of dentists in Ontario. Here you'll find information on the purpose of the RHPA, the health procedural code, the controlled acts specified under the RHPA and the scope of practice for dentists, which is set out in the Dentistry Act.

RULES THAT GOVERN DENTAL PRACTICE

Clear and precise information explains the different forms of authority that regulate the dental profession in Ontario. These include the Dentistry Act, RCDSO regulations, by-laws and standards of practice. In addition, the module contains information on all the regulated dental professions in Ontario, including their scope of practice, and other provincial and national dental organizations.

PROFESSIONAL BOUNDARIES

This section details the mandatory reporting requirements for all health professionals as mandated under the RHPA, including measures for dealing with sexual abuse of patients. It outlines practice dos and don'ts related to sexual behaviour in the office, dating patients, and sexual harassment in the dental office. It also provides a comprehensive explanation about penalties for sexual misconduct.

GUIDING THE PROFESSION

Patients trust their dentists to be competent in all areas of their practice. You will find out more about the College's key publications and documents that help guide the profession in the provision of dental care. These include standards of practice, guidelines, practice advisories, practice alerts and policy statements.

ETHICAL EXPECTATIONS

The ethical behaviour of dentists is one of the most important factors in the promotion of quality dental care and the recognition of dentists as professionals. The College's code of ethics, core values, and ethical principles, which provide dentists with a solid ethical foundation, are thoroughly examined.

PROFESSIONAL LIABILITY PROGRAM

As part of their College fees, all Ontario dentists are provided with errors and omissions coverage for professional liability or malpractice claims. Here you'll find out more about your coverage, claim reporting requirements, and risk management and claims prevention strategies.

Calendar of Events

MARK YOUR CALENDAR...

2011 COUNCIL MEETINGS

May 5 • 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 **Angie Sherban** – Executive Assistant
416-934-5627 1-800-565-4591
asherban@rcdso.org

Notre engagement pour l'autoréglementation se poursuit avec la conviction qui a toujours été la nôtre

Suite de la page 5

Certes, aucun des problèmes économiques, sociaux, politiques et pédagogiques que nous affrontons n'est pas vraiment neuf, mais le rythme du changement rend chacun d'entre eux encore plus pressant. Je sais que nous apporterons notre remarquable compétence et notre sensibilité habituelles à résoudre ces problèmes et d'autres encore.

Par ailleurs, nous voulons accorder tout le poids de notre énergie au développement de nos relations extérieures avec nos collègues des organismes suivants : Fédération canadienne des organismes de réglementation dentaire ; L'Association dentaire de l'Ontario; L'Association dentaire canadienne ; Le Bureau national d'examen dentaire du Canada ; Le Collège royal des dentistes du Canada ; la Commission de l'agrément dentaire du Canada ; enfin, Ordres de réglementation des professionnels de la santé de l'Ontario. Une partie intégrante de notre réussite se constitue dans nos relations permanentes avec les facultés dentaires de l'Université Western et de l'Université de Toronto, et l'ensemble de la communauté éducative du domaine dentaire par

l'intermédiaire de l'Association des facultés dentaires du Canada.

De réputation internationale, M. Henry Mintzberg, gourou de la gestion à l'École de commerce de l'Université McGill – qui est également directeur de faculté du programme International Masters for Health Leadership - a écrit au sujet des cinq états d'esprit de la gestion.

Parmi ceux-ci : la gestion de soi dans un état d'esprit de réflexion ; la gestion des organisations dans un état d'esprit analytique ; la gestion du contexte dans un état d'esprit matériel ; la gestion des relations dans un état d'esprit collaboratif ; enfin, la gestion du changement dans un état d'esprit d'action. Comme le dit M. Mintzberg, les cadres doivent intégrer ces cinq états d'esprit s'ils veulent devenir des gestionnaires avisés et de véritables leaders. Ce nouveau conseil est disposé à l'effectuer exactement.

À titre de leader compétent, le nouveau conseil continuera à travailler fort pour acquérir la confiance et l'estime des dentistes, du gouvernement et de la population de l'Ontario, ainsi qu'à prendre part au dialogue permanent sur la façon de s'assurer que les Ontariennes et Ontariens reçoivent les meilleurs soins bucco-dentaires au pays.

Pour terminer, j'aimerais remercier personnellement le Dr Frank Stechey de ses quatre années de service remarquable au siège de président, ainsi que le Conseil sortant et les membres du comité qui ont siégé avec tant d'altruisme ces deux dernières années. Nous vous en sommes très reconnaissants. Je suis certain que votre nouveau conseil fera tout pour préserver les œuvres que nos prédécesseurs ont déjà réalisées.

ILLEGAL DENTAL HYGIENE PRACTISE

In early 2010 the College of Dental Hygienists of Ontario (CDHO) received information alleging that Kathryn Powell, a graduate of an accredited dental hygiene program in Ontario, was practising dental hygiene in Hamilton but was not registered with the CDHO. Ms. Powell worked as a full-time dental hygienist in Hamilton from March 12, 2009 until April 12, 2010.

On October 28, 2010, a decision by the Ontario Superior Court of Justice ordered that Ms. Powell refrain from using the title "dental hygienist" or a variation or abbreviation or equivalent in another language, holding herself out as a person who is qualified to practise in Ontario as a dental hygienist and performing any controlled acts including scaling teeth or root planing unless she is registered with and a member of the College of Dental Hygienists of Ontario.

For more information, please contact the College of Dental Hygienists of Ontario at 416-961-6234, toll-free at 1-800-268-2346 or registrar@cdho.org

What's ahead on the horizon over the next two years?

Continued from page 44

2. LABOUR MOBILITY

The nation is now deeply immersed in another new round of trade agreement discussions, this time with the 27-member countries of the European Union.

The Canada-EU trade negotiations, launched in 2009, are now into their sixth round.

The implications of these various negotiations are enormous for us as a regulatory authority. Federal Human Resources Minister

Diane Finley summed it up best when she said her government's ultimate goal is full labour mobility between Canada and the EU countries, and then, of course, with every other country which these countries have free trade agreements with.

There is an irrevocable movement by governments around the world to break down barriers for the cross-border movement of people and goods. Gone are the days when regulators could act as the gatekeeper. So, whether we like it or not, we must meet this challenge while never forgetting our mandate of public safety and protection.

3. EXTERNAL SCRUTINY

As a regulator, we have accountability to, and are under incredible scrutiny from, a number of independent watchdogs. There's the Health Professions Appeal and Review Board, the courts, the Ministry, the Office of the Fairness Commissioner of Ontario, the

federal Competition Bureau, the Ontario Human Rights Tribunal and the Office of the Privacy Commissioner of Ontario to name just a few. And let's not forget the provincial government's authority to directly intervene to empower Cabinet to appoint a college supervisor to take over from a governing Council.

As a College, we have proven time-after-time that we are good with change. We are

resilient, nimble and agile. And we will need to be more than ever. We live in a complicated world. We will need to think broadly and act globally and collaboratively.

As General Rick Hillier describes in his newest book entitled Leadership Matters, leadership is all about people – embracing those in

your charge and winning over those you need to work with. It is not about risk aversion or management fads. Hillier says that leaders need to think long and have a vision. Their actions speak, not their words, and they make their own luck. Leaders also act out of moral courage, accept failure, take advantage of crisis and are perpetually optimistic.

I know that this new Council, like those gone before, is definitely up to these challenges ahead and will demonstrate that leadership does matter.

I know that this new Council, like those gone before, is definitely up to these challenges ahead and will demonstrate that leadership does matter.

What's ahead on the horizon over the next two years?

The last two years have been years filled with accomplishment. The energy and wisdom of Council and the committee members have resulted in a very productive agenda for the College. We successfully faced some very big challenges: changes to our governing legislation, the Regulated Health Professions Act; federal and provincial government labour mobility agreements; and the creation and involvement of the Office of the Fairness Commissioner, to name just a few.

Now with a new Council and new committees, once again the College team will hit the road running. What's ahead on the horizon over the next two years?



IRWIN FEFERGRAD

1. QUALITY ASSURANCE

Back in early 2003, the College had a dream to capitalize on the use of technology and deliver educational programs right to the dentist's home or office.

Since then, every Executive Committee, Quality Assurance Committee and Council has understood the powerful link between lifelong learning and delivery of high-quality oral health care.

The College has an enviable track record in the development and delivery of education with our PEAK articles in Dispatch, roadshows and our CD-based learning packages. During this past year we made another giant leap forward with the launch of our first online educational course, Jurisprudence and Ethics, and our first series of webinars broadcast here in Ontario and in British Columbia.

So clearly we were in good spot with the recent amendments to the Regulated Health Professions Act that now require each health care regulatory college to develop, establish and maintain programs to promote continuing competence among its members.

But we cannot rest easy. The challenge is how to continue as a regulator to deliver the right kind of educational programming that meets the needs of the Ontario dentists and helps them to continue to provide quality and safe care.

Continued on page 43