

DISPATCH



Royal College of
Dental Surgeons of Ontario

Ensuring Continued Trust

OCTOBER/NOVEMBER 2004

VOL. 18, NO. 4

Made-in-Ontario Privacy Legislation

Perio Symposium

Oral Health: A Window to Systemic Disease

Disaster Planning

Is Your Dental Office Prepared?

Anaesthesia Specialty

Large Response Regarding Proposed Specialty

SPECIAL INSERT
Privacy Legislation
in Ontario



Royal College of
Dental Surgeons of Ontario
Ensuring Continued Trust

DISPATCH
Vol. 18, No. 4
October/November 2004

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 editor welcomes comments and suggestions from our readers.

Registrar
Irwin Fefergrad, BA, BCL, LLB

Editor
Peggi Mace

Editorial Assistant
Lisa Pretty

Art Direction and Production
Roger Murray and Associates Incorporated


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.

The subscription rate is included in the annual membership fee.

Royal College of Dental Surgeons of Ontario
6 Crescent Road
Toronto, ON M4W 1T1

Phone: 416-961-6555
Toll-free: 1-800-565-4591
Fax: 416-961-5814
E-mail: info@rcdso.org
Web site: www.rcdso.org

Publication Mail Agreement #40011288

 Printed in Canada on chlorine-free, recyclable paper.

ISSN #1496-2799

Contents

DISPATCH

COVER STORY

15 Privacy Legislation

*Made-in-Ontario
Privacy
Legislation*



4 President's Message

*It has been a great two years –
thank you!*

6 Disaster Planning

*Is your dental office prepared should
disaster strike?*

10 Medical Emergencies in the Dental Office

*CD-ROM
features
exciting
animation,
graphics, and
real-life
simulations*



12 Perio Symposium

*Oral Health: A Window to
Systemic Disease*

13 Roadshows 2005

*RCDSO staff are hitting the
road again*

14 Mandatory Reporting Requirements

*What RHPA requires of all health-
care professionals*

20 Malpractice Coverage Following Retirement



22 Dental Regulators Work On Issue of Access of Foreign-trained Dentists

24 Needle Stick or Bur Stick Injuries

Protocols an important component of office occupational safety and infection control



26 Release and Transfer of Patient Records

An opportunity to maintain patient goodwill and enhance collegial relationships

28 College's Position on the Use of N2

29 Anaesthesia Specialty

Large response to consultation about proposed specialty

30 The Dental Assistant and Substance Abuse

Read our latest ethical dilemma



32 Risk Management Advice from PLP

Waiving fees – a viable prevention strategy worth considering

35 PEAK

Duty to Treat



36 On Appeal

42 Across the Nation

A snapshot of activity highlights from Canadian dental regulators



44 Mailbag

46 Annual Renewal Forms Due December 15, 2004

48 From the Registrar

RCDSO COUNCIL MEMBERS

President

Dr. Cam Witmer

Vice-President

Dr. Doug Smith

Elected Representatives

District 1 – Dr. Doug Smith

District 2 – Dr. Larry Parker

District 3 – Dr. Albert Bouclin

District 4 – Dr. Randy Lang

District 5 – Dr. Eric Luks

District 6 – Dr. George Grayson

District 7 – Dr. Cam Witmer

District 8 – Dr. Frank Stechey

District 9 – Dr. Virginia Luks

District 10 – Dr. Bohdan Kryshtalskyj

District 11 – Dr. Marvin Klotz

District 12 – Dr. Hartley Kestenberg

Appointed by Lieutenant-Governor In Council

Kelly Bolduc-O'Hare, Little Current

Ryan Clarke, Mississauga

Kurissumoottil Joseph, Thunder Bay

Mary Ann Labaj, Oshawa

Evelyn Laraya, Oakville

Robert Marr, Mississauga

Krystyna Rudko, Ottawa

Stanley Spencer, Toronto

Ben Wiwcharyk, Thunder Bay

Academic Appointments

University of Toronto

Dr. Phillip Watson

University of Western Ontario

Dr. Stanley Kogan

Issue Enclosures

- Summaries of Recent Discipline Committee Hearings
- PEAK: Duty to Treat from *Dental Law in Canada*
- Privacy Guide for Ontario Legislation (pullout insert)

It Has Been a Great Two Years – Thank You!

DR. CAM WITMER

As my two-year term comes to a close, I have to say this is the most difficult column I have written. It is a very emotional time for me. However, it is made so much easier knowing that the College is strong and vigorous.

We have solidified our leadership role among dental regulators in the country. Government recognizes us as setting a course for others to follow. I am now more than ever optimistic about our future.

We are blessed with a Registrar and staff who are totally committed to the College.

We have dentists and public members who are sincerely putting the needs of the organization first. They have the vision and fortitude to take decisive action.

There is no question that we have made incredible progress on a number of fronts, but much remains to be done.

FIRST

We must do everything in our power to continue to ensure the financial future of the College. As you know, we are currently on very solid ground.

That must continue. And, at the same time, we must ensure that the same excellent level of membership service continues.

Looking to the future, I believe that there are real opportunities for us to expand our horizons to access alternate sources of funding.

There is every indication that doors will open for us if we decide to explore other options. For example, it may be the right time for us to consider advertising in a limited way in *Dispatch* and in our membership directory.

Whatever direction Council takes, I know without doubt, the right decision will be made.

SECOND

We must continue to focus our efforts on reinforcing the critical role that dentists play in oral health care.

Dentists, and more importantly the public, have much to gain with increased recognition of the true value of dental care.

That is why initiatives like the College's access to care and the upcoming periodontal symposium are so very important.

THIRD

We must look for imaginative ways to support lifelong learning for dentists.

The world changes so very rapidly. Our lives are more pressured. Yet, the demands on dentists to keep on top of a steadily expanding body of knowledge continues.



Support from the College for continuous learning dovetails right into our role to support quality practice.

We have already made great strides in this area. There are the PEAK articles in every issue of *Dispatch*. There is the exciting new FLAME initiative. These are great achievements. But I know we can do even more.

FOURTH

We must never lose sight of our responsibility to deal with dentists and the public in a respectful, fair, and kind way. We must continue to earn their trust on a daily basis.

We all rejoice in the College of today that focuses on support and rehabilitation.

Long gone are the days when the words RCDSO and punishment were synonymous. And rightly so.

Before ending, let me acknowledge my debts of gratitude.

Continued on page 21

Deux années inoubliables... Merci à vous !

Mon mandat de deux ans touche à sa fin... Je dois avouer que cet article est le plus difficile à écrire, car ce moment est très émouvant. Mais tout s'éclaire dès que je pense à la force et à la vigueur du Collège.

Nous avons affirmé notre rôle de tête auprès des régulateurs des professions dentaires du pays. Le gouvernement reconnaît que nous montrons la voie où doivent s'engager tous les autres. Plus que jamais, je vois notre avenir avec optimisme.

Nous sommes fortunés d'avoir un greffier et un personnel totalement dévoués au Collège.

Nous avons des dentistes et des membres du public qui mettent sincèrement les besoins de l'organisation au premier plan. Ils ont la vision et la force qui leur permettent de prendre des mesures décisives.

Je n'en doute pas : nous avons fait des progrès incroyables sur un certain nombre de fronts, mais il reste encore beaucoup à faire.

PREMIÈREMENT

Nous devons faire tout ce que nous pouvons pour assurer l'avenir financier du Collège. Comme vous le savez, nous détenons actuellement une base très solide.

Cela doit se poursuivre. Et, du même coup, nous devons conserver l'excellent niveau de service aux membres.

Lorsque je songe à l'avenir, je crois que nous aurons de véritables occasions d'étendre nos horizons en vue d'accéder à d'autres sources de financement.

Tout porte à croire que des portes s'ouvriront pour nous si nous décidons d'envisager d'autres options. Par exemple, nous pourrions songer à placer un nombre d'annonces limité dans *Dispatch* et dans notre répertoire des membres.

Quelle que soit la décision du Conseil, je suis confiant que ce sera la bonne.

DEUXIÈMEMENT

Nous devons encore concentrer nos efforts sur le renforcement du rôle capital que remplissent les dentistes dans le domaine des soins de santé.

Les dentistes, mais avant tout le public, ont beaucoup à gagner avec une plus grande reconnaissance de la vraie valeur des soins dentaires.

C'est pourquoi des initiatives telles que l'accès aux soins du Collège, et le prochain symposium sur la parodontie, revêtent une importance particulière.

TROISIÈMEMENT

Nous devons chercher des façons

imaginatives d'aider l'apprentissage continu des dentistes.

Le monde change tellement vite. Nous vivons sous la pression. Malgré cela, on continue à exiger des dentistes qu'ils maîtrisent des connaissances toujours plus vastes.

L'aide du Collège pour l'apprentissage continu touche directement notre mission d'aider une pratique de qualité.

Nous avons déjà fait de grands pas dans ce domaine. Ce sont les articles PEAK qui figurent dans chaque numéro de *Dispatch*. Il y a la nouvelle initiative FLAME, si prometteuse. Ce sont là de grandes réalisations. Mais je sais que nous sommes capables de faire encore mieux.

QUATRIÈMEMENT

Nous ne devons jamais perdre de vue notre responsabilité de communiquer avec les dentistes et avec le public de manière respectueuse, équitable, et aimable. Nous devons continuer à gagner leur confiance au quotidien.

Nous nous réjouissons tous du Collège actuel, qui se concentre sur le soutien et la réhabilitation. Les jours où RCDSO était synonyme de punition ne sont plus qu'un mauvais souvenir. Et c'est tant mieux.

Suite à la page 21

Disaster Planning

Are you ready for that chance in a million when a natural disaster strikes?

Is your dental office prepared should a disaster occur?

Peterborough dentists share their experiences and lessons learned.

FExpect the best and prepare for the worst – sayings like these are probably the furthest thing from your mind if you are up to your knees in sewage. Just ask the dentists in Peterborough who were swept up in the state of emergency declared when massive floods engulfed large parts of the city in July.

Extreme situations like this no longer seem to be unusual. Ontario has had more than its share of disasters in recent years. There was the ice storm, the Walkerton E. coli problem, SARS, last summer's blackout, and now a second major flood in Peterborough.

Many of the 50 or so dentists in the area had to close their offices for a day or more and at least four practices suffered significant damage. For example, Dr. Andrew Hebden lost all of his dental equipment. Dr. Kathryn Moore's practice was badly hit. Dr. Martin Jokay not only lost 10 to 15 per cent of his inactive patient files, but also had to cope with his home being flooded.

The dentists agreed that when faced with the forces of nature, humans are relatively helpless. However, it is possible to plan in advance and minimize damage.

This article outlines a number of preventive strategies so if disaster strikes, it can be met head on with all of the resources at your disposal.

Prevention and Preparedness

Being proactive makes it easier to deal with an actual crisis. Some of the advice that follows reinforces protocols that dentists should be applying as a matter of course.

- Avoid storing dental records and other valuable documents in basements in flood-prone areas.
- If you practise in or use a basement in a flood-prone area, store records on shelving off the floor. If this is not possible, consider storing records in plastic boxes with snap-on lids.

- Keep an ongoing log of inactive patients in case their records are lost. It is also helpful to keep an inventory of the contents of all stored inactive records and their retention requirements – for adults, 10 years after the last entry, and for children, 10 years after the child reaches or would have reached 18 years of age.
- Follow the College's Guidelines on Dental Recordkeeping respecting electronic records and regularly back up files on removeable media. This should be done daily and the removeable media should be safely stored off-site. Or you could use a commercial backup company. If your office is heavily dependent on electronic recordkeeping, consider obtaining an emergency power source.
- Find out if your office's general insurance coverage truly addresses all of your needs, including for loss of income and damage caused by floods,

Continued on page 8



Peterborough's city hall dries damaged records caused by heavy flooding.

Disaster Planning



The Peterborough flood caused millions of dollars damage.

sewer backups, other disasters, and assistance with the cleanup process. Documenting the office set-up and equipment using a video camera or photographs may be helpful for replacement coverage purposes.

If disaster strikes, what to do?

If a flood, other natural disaster or fire affects your dental office, it is important to have an action plan to address the problems.

- Make sure patients and staff are safe from harm.
- Ascertain the extent of damage to buildings, equipment, and records.
- In a flood situation, ensure that the basement furnace is shut off, as well as the main gas valve and the electricity supply.

- Ensure that the water supply is drinkable by contacting the local Medical Officer of Health. If not, you cannot use water-reliant dental equipment unless you have an alternative source. See the Practice Check article on boil water advisories in the April/ May 2004 issue of *Dispatch*.
- You are likely not alone. Call on your colleagues, dental society, the College, and whoever else to help you. For example, in Peterborough Dr. Doug Groves generously lent his Peterborough office to Dr. Moore while he was on summer vacation, enabling her to continue to treat her patients.
- In the Peterborough situation, the College was in touch with all of the dentists almost immediately to offer

support, and then again with some specific advice on how to handle damaged patient records. The College also spoke to a number of dentists on a one-to-one basis to help them with specific questions.

- Call booked patients to inform them of the office closure or to make alternative arrangements.
- If you cannot treat emergencies, advise patients where they can be treated and put that information on your office answering machine/ service.
- Consider an open letter to all of your patients letting them know that records have been damaged or destroyed, and asking for their understanding when you need to take

time to update their file at their next appointment.

Recovery after the event

There are a number of things that can be done to deal with the post-disaster event.

- Call your equipment supplier for replacements. Dr. Hebden found he got excellent support and had new equipment in a few days.
- For the restoration jobs you cannot do yourself, see Fire Damage Restoration and Water Damage Restoration in the Yellow Pages – but call early. Dr. Jokay and Dr. Bruce Farlow were thankful to get a quick response from local contractors.
- If you know or suspect that your x-ray equipment has been damaged or has come into contact with fire, smoke or water, do not use it until it has been re-tested by your service provider, manufacturer or the tester that you use. If there has been structural damage to walls around the equipment and you will need to make physical alterations, you may have to submit the plans to the X-ray Inspection Service of the Ministry of Health and Long-Term Care for approval. Call the x-ray inspection service for more information at 416-327-7937.
- If patient or other office records are in sewage, they are irrecoverable. Unfortunately, Dr. Jokay lost thousands of his inactive patient records in his basement storage.
- Salvage other records as soon as possible. Consider recovering active patient records that are wet by freeze-drying or vacuum-drying. Recreate what you can using computerized and financial records.
- Make an inventory of all lost and damaged records as best you can.
- For those records that are completely unusable, try to document the name of the patient and the dates that the treatment record covers. If you routinely keep an inventory list of all stored records and their retention periods this task will be much easier.
- Restore your electronic records using the most recent backup. If you have no backups or water, fire, smoke or sabotage has damaged your hard drive, data recovery companies are available at a cost.
- Submit your general insurance claim in a timely fashion, with advice from your agent if necessary. Consider claiming any government funding that may be available for small business owners.
- Any dentist in Ontario who needs help dealing with the trauma of a disaster can call the CDSPI Members Assistance Program at 1-800-268-5211 or call the ODA-sponsored Dentists at Risk program. You will find more information about this program in the July/August 2004 issue of *Dispatch*.
- Revise your protocols and plan of action for future emergencies in light of experience. It might be helpful to share this information with colleagues in your local dental society.

Want more information?

Please contact:

Dr. Robert Carroll

Manager, Professional Practice

phone: 416-934-5611

toll-free: 1-800-565-4591

e-mail: rcarroll@rcdso.org

Dr. Lesia Waschuk

Practice Advisor

phone: 416-961-6555, ext. 3348

toll-free: 1-800-565-4591

e-mail: lwaschuk@rcdso.org

Other sources of general information

- Public Safety and Emergency Preparedness Canada, Self-Help Advice for Businesses and Institutions:
www.ocipep.gc.ca/info_pro/self_help_ad/bus_e.asp
- Emergency Management Ontario at 416-314-3723 or 416-212-3468:
www.mpss.jus.gov.on.ca/english/pub_security/emo/about_emo.html
- Academy of General Dentistry, *Impact*, vol. 32, #4, Why Me? Disaster-proof your practice, by Rick Asa:
<http://www.agd.org/library/2004/april/asa.html>
- Federal Emergency Management Agency, Emergency Management Guide for Business & Industry:
www.fema.gov/library/bizindex.shtm



Medical Emergencies in the Dental Office

CD-ROM features exciting animation, graphics, and real-life simulations.


Medical Emergencies in the Dental Office creates a dynamic and creative learning opportunity. It is easy to use and navigate. The animation, graphics, and real-life simulations are compelling, and above all, educational.

The College has recruited experts in the fields of medical animation and graphics to produce this CD-ROM. There are realistic simulations of medical emergencies using professional actors. One of the leading firms in on-line education for professionals has created a user-friendly format to maximize the educational experience.

The CD-ROM features a section on office preparedness and the responsibilities of individual staff members. It also includes instructional material and simulations of various medical emergencies.

Step-by-step summary sheets on each of the emergency situations are available to be downloaded. You can keep a hard copy in your office or access the information from your office computer for quick and easy reference should an emergency situation occur.

A review of the recommended medical emergency kit assists dentists in ensuring the correct equipment and current drugs are in the office for dealing with medical emergencies.



The dream of an exciting new venture in lifelong learning now a reality with distribution of CD-ROM educational program.

Dental education in the province takes another leap forward with the release of the College's first CD-ROM based educational learning package. The CD-ROM, Medical Emergencies in the Dental Office, will go in the mail early in the new year and be sent to each and every dentist in the province – at no extra cost.

“Back in April 2003, when we announced FLAME, the Fresh Look At Member Education initiative, our goal was to move forward to the next generation of educational activities here at the College,” explained College Registrar Irwin Fefergrad.

“At that point, we were just dreaming about what might be possible. We threw out ideas about capitalizing on technology and bringing education courses into the dentist's home or office. With the vision of the Quality Assurance Committee and the able support from our manager of Professional Practice, Dr. Robert Carroll, that dream is now a reality,” said Fefergrad.

“The Committee recognized that we had to come up with innovative ways to

allow dentists to incorporate ongoing learning into their hectic lives. We wanted to give every dentist access to high-quality educational programs. Geography should not be a barrier to learning,” explained Dr. Randy Lang, Quality Assurance Committee Chair.

“We now have a state-of-the-art CD-ROM. It sets high standards for what we hope will be just the beginning of the development of a series of core courses delivered in this way. The course is available 24 hours a day, seven days a week.”

For this CD-ROM on medical emergencies in the dental office, Dr. Dan Haas, Professor of Pharmacology in both the Faculties of Dentistry and Medicine at the University of Toronto is the content consultant and the key presenter. Dr. Haas is one of the leading authorities in North America on this subject and has garnered honours for his work in this area.

“For any learning experience to be meaningful, it must be relevant to the dentist's daily routine. The Quality

Assurance Committee wisely chose the subject of medical emergencies in the dental office as the first core course for dentists,” explained Dr. Cam Witmer, RCDSO President. “In fact, the information is helpful for the entire dental office staff. I look forward to using it in my own office.”

“Our aim is to encourage and support quality educational experiences for as many dentists as possible around the province. They can maintain and improve their knowledge and skill,” said the College Registrar. “We need your help to do that. I encourage you to send us your feedback on this exciting new venture.”

Send your comments to:

Irwin Fefergrad

Registrar

phone: 416-934-5625

toll-free: 1-800-565-4591

e-mail: ifefergrad@rcdso.org

Perio symposium in February 2005 moves into final planning stages.

A sterling list of participants will join the College for a special one-day symposium on February 4, 2005, on periodontal disease.

“We are delighted with the amazing enthusiasm and interest from both the dental and medical community,” said Irwin Fefergrad, RCDSO Registrar. “This is a great vote of confidence.

“Top notch people from as far away as Dalhousie University have agreed to join us. It is very encouraging and demonstrates the level of interest in this area. Besides dentistry, leaders in the areas of obstetrics, cardiology, endocrinology, epidemiology, and biostatistics have agreed to participate.”

The symposium is aimed at putting Ontario dentists on the leading edge of emerging research that points to interconnections between oral health and systemic diseases such as diabetes, heart attacks, and strokes.

Future issues of *Dispatch* in 2005 will share extensive coverage of the symposium with every dentist in the province.

If you would like more information, please contact:

Irwin Fefergrad

Registrar

phone: 416-934-5625

toll-free: 1-800-565-4591

e-mail: ifefergrad@rcdso.org





Roadshows 2005

Too Little... Too Much... Just Right!

RCDSO staff are hitting the road again to meet with members. In the new edition of this popular continuing education program, the experienced dentists from the College will cover a number of key topic areas with a view to providing practical advice on how to avoid and/or minimize many of the common practice-related problems that we see at the RCDSO.

There is no fee for the course and coffee breaks and a light lunch will be provided.

DATES AND LOCATIONS

The specific location of each session and a map will be sent to you with your confirmation notice. Please indicate your interest by completing the form below and returning it to the College. We will send you more details by mail.

RCDSO MEMBERS ONLY

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

CANCELLATIONS

Due to the popularity of these programs and the limited space available at each location, if you are unable to attend for any reason, please notify us as soon as possible. In this way, dentists on the waiting list will be able to attend.

CREDITS

All attendees will receive a certificate indicating that six MCDE credit points were awarded for their attendance.

Two Ways to Register

Fax the registration form below to 416-961-5814 or go to our Web site at www.rcdso.org and click on the bus. Questions?

Contact: Lisa Pretty, Communications Assistant

phone: 416-961-6555, ext. 4303 toll-free: 1-800-565-4591

e-mail: lperry@rcdso.org

Check your choice below.

DATE	LOCATION	DATE	LOCATION
<input type="checkbox"/> FEBRUARY 11, 2005	MISSISSAUGA	<input type="checkbox"/> APRIL 1, 2005	OSHAWA
<input type="checkbox"/> JUNE 3, 2005	WINDSOR	<input type="checkbox"/> JUNE 24, 2005	TORONTO EAST

NAME: _____

MAILING ADDRESS: _____

CITY: _____ PROVINCE: _____ POSTAL CODE: _____

PHONE: _____ FAX: _____

E-MAIL: _____

Mandatory Reporting Requirements

Here's what the RHPA requires of all health-care professionals when it comes to mandatory reporting.

The *Regulated Health Professions Act, 1991*, (RHPA) sets out a number of mandatory reporting requirements for all health professionals, including dentists.

These requirements relate to issues involving:

- sexual abuse of patients by health professionals;
- professional misconduct, incompetence or incapacity of associated health professionals or partners in the practice.

Sexual abuse of patients

Before explaining the mandatory reporting requirements relative to sexual abuse of a patient by a health professional, it is important to understand the purpose of the sexual abuse provisions in the RHPA.

The purpose of the sexual abuse provisions in the RHPA appear in Section 1.1 of the Health Professions Procedural Code, as follows:

- to encourage the reporting of sexual abuse of patients by health professionals;
- to provide funding for therapy and counselling for patients who have been sexually abused by a particular health professional;
- to eradicate the sexual abuse of patients by members.

Section 1(3) of the Procedural Code defines sexual abuse of a patient by a member as:

- a) sexual intercourse or other forms of physical sexual relations between the member and the patient;
- b) touching, of a sexual nature, of the patient by the member;
- c) behaviour or remarks of a sexual nature by the member towards the patient.

There is one exception to this definition. It states that sexual nature does not include touching, behaviour or remarks of a clinical nature appropriate to the service provided.

Requirement to file a report

According to Section 85.1 of the Code, a member is required to file a report if he/she has reasonable grounds, obtained in the course of practising his/her profession that another member of the same or a different college has sexually abused a patient according to the definition cited above.

For example, if a patient tells you that her previous physician made lewd remarks about her body during a physical examination, and that he/she touched her inappropriately during the appointment, you must file a report with the Registrar of the College of Physicians and Surgeons of Ontario within 30 days of obtaining the information. The report must be filed immediately if you have reasonable grounds to believe that the member will continue to sexually abuse the patient or will sexually abuse other patients.

You must make your best efforts to inform the patient of the report requirement before it is filed, and unless the patient consents in writing to the release of his/her name, his/her identity cannot be revealed in the report.

If the patient refuses to have his/her name included in the report, a report is still required, although without using the patient's name. Your name must be included in the report. However, if the name of the member is not known, a report is not required.

Professional misconduct, incompetence or incapacity

The second mandatory reporting requirement relates to the termination of employment, revocation, suspension or imposition of restrictions on privileges of a member or the dissolution of a partnership or association with a health professional for reasons of professional misconduct, incompetence or incapacity. These terms are defined as follows.

- Professional misconduct is defined in Ontario Regulation 853/93 as amended.
- Incompetence is when a member's professional care of a patient displays such a lack of knowledge, skill or judgement or disregard for the welfare of a patient of a nature or to an extent that demonstrates that the member is unfit to continue to practise or that the member's practice be restricted.

Continued on page 42

Seamless Transition Into Compliance With Provincial Health Care

Privacy Legislation For Ontario Dentists

Hard work does pay off. There can be no better example of that than the College's efforts on the privacy issue.

As most of you know, the Ontario government's new health-specific privacy legislation comes into force on November 1, 2004. Called the *Personal Health Information Protection Act, 2004* (PHIPA), it governs how personal health information may be collected, used, and disclosed within the health-care system. It also regulates individuals and organizations that receive personal information from health-care professionals.

"The good news is that there will be a seamless transition for dentists as they

incorporate compliance of this new provincial legislation into their office routine, along with the federal privacy legislation," said College Registrar Irwin Fefergrad. "The College was determined to pull out all the stops and make our best effort to ensure the Ontario legislation was responsive to dentists' needs.

"We made our own submission to the government committee reviewing the draft legislation. We took a key role in the development of the submission from the federation of Ontario's health-care



(left to right) Mary Donoghue, Manager Legal Services, RCDSO Registrar Irwin Fefergrad, Ken Anderson, Assistant Commissioner, Privacy

regulatory colleges by chairing two separate working groups. The government committee took the unusual step of asking College staff to assist in the line-by-line review of the proposed legislation. Then, in late September, I met with senior staff from the office of the Ontario Information and Privacy Commission," explained Fefergrad.

"Our efforts paid off," summed up the Registrar.

If you have any questions, please contact:

Dayna Simon

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

Irwin Fefergrad

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

MAKING IT EASY TO COMPLY WITH ONTARIO'S PRIVACY LEGISLATION

In this issue of Dispatch, you will find:

- A special pullout insert that zeroes in on what you need to know to be in compliance with the new Ontario privacy legislation and includes a handy poster for your office, reviewed by the Ontario Information and Privacy Commission
- A helpful Q&A profiles some of the most common questions
- An article by Ann Cavoukian, Information and Privacy Commissioner of Ontario

Personal Health Information Protection Act

Q & A

Q *What is the Personal Health Information Protection Act?*

The *Personal Health Information Protection Act, 2004* (PHIPA) is Ontario's new health-specific privacy legislation. Like the *Federal Personal Information and Protection of Electronics Documents Act* (PIPEDA), PHIPA was created to protect personal information. PHIPA comes into force on November 1, 2004.

Q *As a dentist, will I have to comply with PIPEDA, PHIPA or both?*

Great question. As you know, the PIPEDA legislation covers commercial transactions, including the provision of health care. However, PHIPA was designed to address the unique issues in health care. PIPEDA will not apply to personal information in provinces that have substantially similar privacy legislation in place. The federal government is expected to deem the provisions of Ontario's PHIPA to be substantially similar to PIPEDA in order to exempt health-care providers that will be covered under PHIPA also having to comply with the provisions of PIPEDA. As far as the provision of health care is

considered, dentists are defined by PHIPA as health information custodians (HICs) and will be subject to all of the rules about collection, use, and disclosure of personal health information. It is important to note that even if such an exemption is made, PIPEDA will continue to apply to all commercial activities that dentists engage in outside of the provision of health care.

Q *I followed the College's compliance kit for PIPEDA. Am I going to have to change all of my privacy policies again?*

The great news is that if you are PIPEDA compliant, and have followed the College's directions about collection, use, and disclosure of personal information, you are in excellent shape and ready for PHIPA. There may be a few minor changes you wish to make as detailed in the enclosed PHIPA insert. The second piece of good news is that any changes in the Ontario legislation are ones that will make obtaining consent easier for dentists.

Q *What is consent under PHIPA?*

The general rule is that health information custodians need to obtain knowledgeable consent to collect, use, and disclose personal health information. An individual's consent may be implied or expressed. There are very limited circumstances where a custodian may collect, use or disclose personal health information without the consent of the individual.

PHIPA provides that health information custodians may include a posting or conspicuous notice or distribute brochures to the public (patients), describing the purpose for the collection, use, and disclosure of personal health information. If dentists do this, they can rely on patients implied consent for all exchange of information having to do with the provision of health care. However, it is important to note that you will need to obtain express consent from patients for any non-health care related activities, including communication with insurance providers.

Q Can the individual place a condition or restriction on his/her consent?

Yes. In a provision that does not exist in the federal legislation, in Ontario an individual may restrict the HIC from sharing his/her personal information with another HIC. In doing so, an individual can be said to have placed his/her personal information in a lock box. If a patient has done this, when the dentist discloses the patient's health information to another HIC, the dentist will be obliged to tell the other HIC that the dentist is not disclosing all of the relevant health information, at the request of the patient.

However, an individual's restriction may not impede the collection, use or disclosure of personal health information that is required by law or professional institutional practice.

Q What happens when an individual is incapable of providing consent?

If a HIC believes that an individual is incapable of providing consent, PHIPA permits a substitute decision-maker to make the decision on the individual's behalf. This person would qualify as a substitute decision-maker as set out in the Act. For example, a substitute decision-maker is authorized to provide personal health information on behalf of a child under the age of 16 who is unable to provide an answer to a medical question.

Q As a dentist, can I provide the patient's personal health information to the Royal College of Dental Surgeons of Ontario without the patient's consent?

PHIPA specifically provides that HICs may disclose personal health information without an individual's consent, for the purpose of administration and enforcement of various acts by professional colleges or other regulatory bodies. This includes the Royal College of Dental Surgeons of Ontario for the purpose of administering the *Regulated Health Professions Act* and the *Dentistry Act*. The patient's consent is not required.

Q Under PHIPA, does the patient have the right to seek to correct the dentist chart or record?

Like PIPEDA, PHIPA gives an individual the right to seek correction of errors or omissions in their personal health information. However, another piece of good news is that PHIPA provides that a HIC may refuse to correct personal health information on the basis that it is "professional opinion or observation" of the health-care provider. If a correction is refused on such a basis, the custodian is required to inform the individual of the refusal, their reasons for their refusal, and the individual's right to file a complaint with the Information and Privacy Commissioner.

Q What do I do if a patient's information is inadvertently lost, stolen or accessed without authorization?

Similar to PIPIDA, HICs must take steps that are reasonable in the circumstances to ensure that personal health information in their custody or control is adequately safeguarded. A new requirement in PHIPA is that if the personal health information is stolen, lost or accessed by unauthorized persons, the HIC, with some exceptions, must inform the patient of the occurrence.

Q I am a dentist looking to sell my practice. What agreement do I need in place with the potential successor?

More good news! PHIPA provides that a HIC may disclose personal health information about an individual to a potential successor of the custodian for the purpose of allowing the potential successor to assess and evaluate the operations of the HIC. In order to do so, the custodian must first have the potential successor enter into a confidentiality agreement.


When the time comes to transfer the practice to a successor, PHIPA provides that the HIC may transfer the records of personal health information to the custodian's successor, if the custodian makes reasonable efforts to give notice to the individuals before transferring the records, or if that is not possible, as soon as can be after the transfer.

FOR MORE QUESTIONS AND ANSWERS VISIT:

http://www.health.gov.on.ca/english/providers/project/priv_legislation/info_custodians.pdf

http://www.health.gov.on.ca/english/public/updates/archives/hu_03/priv_legislation/faq_protec_act.html

http://www.ipc.on.ca/scripts/index_.asp?action=31&P_ID=15371&N_ID=1&PT_ID=14971&U_ID=0



Consultation, co-operation and collaboration are basis of approach by Ontario's Information and Privacy Commissioner.

The Ontario government has enacted the *Personal Health Information Protection Act, 2004* (PHIPA) – a new provincial law that will govern the collection, use and disclosure of personal health information within the health care sector.

This new privacy law was designed to provide a set of comprehensive and consistent rules for the health care sector to ensure that personal health information is kept confidential and secure. It is based on the 10 privacy principles set out in the federal *Personal Information Protection and Electronic Documents Act* (PIPEDA) and the Canadian Standards Association (CSA) Model Privacy Code.

PHIPA builds upon many of the existing high standards and protections enshrined in various statutes, the common law and professional codes of conduct. It also re-establishes duties and responsibilities for health-care professionals and for those organizations that receive personal health information from health-care providers covered under PHIPA. It is therefore important that stakeholders understand and are prepared to comply with the provisions of this Act.

PHIPA will apply to all individuals and organizations involved in the delivery of health-care services under the umbrella term “health information custodian,” including dental professionals and other health-care practitioners listed as health information custodians under PHIPA.

The legislation will also apply to an agent of a health information custodian who authorizes the collection, use and disclosure of personal health information on behalf of that custodian.

One of the unique features of PHIPA is the implied consent model. PHIPA provides health-care professionals with a flexible framework to obtain disclosure and use health information as necessary in order to deliver adequate and timely health care. As such, dentists who provide direct health-care services to an individual in Ontario are considered to be within the “circle of care” and are permitted to rely on an individual’s implied consent for the collection, use and disclosure of personal health information.

Custodians may rely on implied consent if they post a wall notice, or make pamphlets or brochures readily available to the public so that individuals can understand the purpose of the collection, use or disclosure of his/her personal health information. Disclosures outside the circle of care or to another custodian unrelated to the provision of health care will require express consent.

A companion to the implied consent model is the right of an individual to restrict a custodian from sharing personal health information with another custodian, as long as the custodian informs the recipient custodian that part of the medical record has been “locked” by an individual.

In keeping with a flexible legislated framework under PHIPA, custodians are permitted to collect, use and disclose personal health information without consent in certain limited circumstances. For example, custodians are permitted to use personal health information for the purpose of health planning and management, risk assessment, education

BY ANN CAVOUKIAN, PHD
*Information and Privacy
Commissioner of Ontario*

and reimbursement and/or verification of claims.

Custodians are also permitted to disclose personal health information without consent in circumstances related to a significant risk or to control and contain specific diseases. These permissible uses and disclosures derive from existing common law and statutory requirements.

Under PHIPA, custodians will be required to implement information practices that are PHIPA compliant. For example, custodians must take reasonable steps to safeguard and protect personal health information and ensure that medical records are retained, stored, transferred and disposed of in a safe and secure manner.

PHIPA sets out a formal procedure that must be followed for individuals who make access and correction requests. Custodians will also be required to notify an individual if personal information is lost, stolen, or accessed by an unauthorized individual or organization. In addition, a contact person must be designated who is responsible for

responding to access and correction requests, inquiries and complaints.

PHIPA should have minimal impact on the daily functions of dentists who continue to maintain the confidentiality and security of personal health information, and ensure that the highest protective privacy standards continue to be in place.

Complaints regarding privacy breaches by any custodian covered under PHIPA can be made to my office, the Office of the Information and Privacy Commissioner/Ontario (IPC). The IPC is an independent oversight body charged with broad investigation, mediation and order-making powers. In addition to launching a complaint with my office, an individual will also have the right to pursue a remedy in court for any harm or mental anguish suffered.

Our philosophy is exemplified by the three Cs: consultation, co-operation and collaboration. This is also the approach we intend to take with dentists in addressing their privacy issues.

As the Information and Privacy Commissioner, I look forward to working with dentists and other health-care stakeholders to ensure that the implementation of PHIPA complements the invaluable work that you perform on a daily basis.

Further information on PHIPA, including comprehensive Qs and As, and a User Guide for health information custodians, can be obtained at www.ipc.on.ca.

Malpractice Coverage Following Retirement

The Professional Liability Program (PLP) area of the College receives a number of calls each year from members who have retired or who are contemplating retirement. They are concerned that they might no longer be covered because they are not paying the College's annual fees.

What you do not need to worry about

In the Professional Liability Program Policy, the definition of insured in Part V, subsection (n) (ii) includes each former member of the College. Under this provision of the policy, former members continue to be covered indefinitely for claims arising out of professional services provided to a patient while they were a member of the College. Former members are not covered if they continue to provide dental services after they cease to be registered with the College.

We have defended or paid claims several years after the member's retirement and, in some cases, even after the death of a member. It is our intention to renew this coverage for former members in all future policies administered by the program.

Excess coverage

A former member's coverage for a particular claim is governed by the amount of insurance in force when the claim is reported to PLP. If a dentist were to retire at the end of 2004, the coverage available to him/her in the subsequent year would be at the base level of \$2,000,000.



If those dentists who regularly purchased excess insurance coverage while they were in practice wanted to continue to have extra protection after retirement, they would have to make arrangements each year to purchase excess coverage.

What you do need to worry about

Members who plan to retire should take some elementary precautions to assist them if a claim subsequently arises.

When selling a practice, arrangements should be made with the practitioner taking over the practice to ensure:

- that records will be retained by the office for the appropriate periods;
- that such records will be made available to the vendor upon request.

See the Guidelines on Change of Practice Ownership, available on our Web site at www.rcdso.org, under Resources.

Records of treatment must be retained for prescribed periods of time. According to the Guidelines on Dental Recordkeeping:

In general, the recordkeeping regulations made under the *Dentistry Act, 1991*, requires that clinical, financial, and drug records that are

made in respect to an individual patient must be maintained for at least 10 years from the date of the last entry in that record. In the case of a minor, these records must be kept for at least 10 years after the day on which the patient reached the age of 18 years.

A member's solicitor or executor/ executrix should be informed of the availability of ongoing malpractice insurance coverage under the Professional Liability Program. We are aware of one case in which the executor of a dentist's estate was not aware of the existence of the PLP and proceeded to defend a claim at the expense of the estate and the deceased member's family. Such situations can be avoided if the solicitor or executor/executrix is aware of the coverage available through PLP.

It remains as important as ever that any claim of which a member becomes aware of after retirement be reported to PLP promptly. Although retirement will not affect the availability of malpractice insurance coverage, failure to report a claim in a timely manner remains grounds for possible denial of coverage by the insurer. Timeliness is of paramount importance, regardless of the status of the member, retired or not.

If you have questions about your malpractice coverage, please contact:

Dr. Don McFarlane

Director, Professional Liability Program

phone: 416-934-5609

toll-free: 1-877-817-3757

e-mail: dmcfarlane@rcdso.org

PRESIDENT'S MESSAGE

It Has Been A Great Two Years – Thank you!

Continued from page 4

Goodness knows the College was in fine shape when I got here. I am so very grateful to those who have gone before me.

During the past two years, I have had the privilege to work with an outstanding Council and Executive Committee who have shown, time after time, such courage and leadership.

I would also like to pay tribute to the staff at the College. I am constantly impressed by the depth of their knowledge and the high calibre of their work. They are all of the highest quality and we are fortunate to have them.

It goes without saying that I owe an enormous debt to our Registrar for his constant support. He truly does care about this College. His dedication and professionalism know no equal. I have been so very fortunate to have him at my side over the past two years. I value immeasurably his advice and his friendship.

Now this part of the challenging and exciting experience of being your president is coming to an end.

It is a time that I will treasure for the rest of my life. Thank you all for being such an important part of it.

CHRONIQUE DU PRÉSIDENT

Deux années inoubliables... Merci à vous !

suite de la page 5

Avant de conclure, j'aimerais exprimer ma gratitude.

Dieu sait que le Collège était en excellente forme à mon arrivée : toute ma reconnaissance à ceux qui m'ont précédé.

Ces deux dernières années, j'ai eu le privilège de travailler avec un Conseil et un Comité exécutif d'exception. Ils ont fait preuve, sans faillir, d'un courage et d'un sens dirigeant remarquables.

J'aimerais aussi rendre hommage aux membres du personnel du Collège. Je m'émerveille constamment de l'ampleur de leurs connaissances et de la supériorité de leur travail. Ce sont tous des éléments de la plus haute qualité, et nous avons bien de la chance de les avoir.

Il va sans dire que j'ai une dette énorme envers notre greffier, en raison de son soutien infaillible. Il s'intéresse véritablement au Collège. Son dévouement et son professionnalisme sont sans égal. J'ai été tellement heureux de l'avoir à mes côtés ces deux dernières années. Ses conseils et son amitié me sont infiniment précieux.

Et voici que mon mandat de président, difficile mais enrichissant, touche à sa fin.

Je garderai toute ma vie un souvenir vivace de ce moment. Merci à toutes et à tous d'y avoir tenu un rôle si important.

IMPORTANT INFORMATION ABOUT HEALTH PROFESSION CORPORATIONS

Members who operate a Health Profession Corporation (HPC) or who are applying for a Certificate of Authorization are advised that the College will only issue a Certificate of Authorization for a HPC if all requirements as set out in Ontario Regulation 39/02 and the College by-laws are met at the time the application arrives at the College.

However, in no way, by issuing a Certificate of Authorization does the College warrant that the tax planning vehicles used to arrive at the acceptable application will not be examined or challenged by the Canadian Customs and Revenue Agency (CCRA) in the future.

The College urges its members to seek proper legal and accounting advice in this regard. If you have any questions, contact:

Julie Wilkin

Co-ordinator, Health Profession Corporations

phone: 416-934-5612

toll-free: 1-800-565-4591

e-mail: jwilkin@rcdso.org

Dayna Simon

Assistant to the Registrar, Legal

phone: 416-934-5618

toll-free: 1-800-565-4591

e-mail: dsimon@rcdso.org

Dental regulators work on fair national approach to thorny issue of access of foreign-trained dentists to job market.

The development of assessment programs for internationally-trained dentists is currently a top priority with the new Canadian Dental Regulatory Authorities Federation (CDRAF).

The CDRAF Immigration Task Force, chaired by Dr. Michael Lasko, Registrar of the Manitoba Dental Association, met in Montreal on October 19, 2004, as part of a Federation board of directors meeting. The College was represented by Dr. Cam Witmer, RCDSO President and Dr. Larry Parker, Chair of the Registration Committee.

Governments at both the federal and provincial level have moved immigration issues to the top of the political agenda. A national labour mobility agreement has added even more pressure on regulators to come up with a solution. If they do not, governments will without doubt move to impose a solution on the profession.

As RCDSO President Cam Witmer said in his column in the April/May 2004



issue of *Dispatch*, it is "far better we take charge in our own house."

Here in Ontario, Mary Anne Chambers, the Minister of Training, Colleges and Universities told the provincial occupational regulatory bodies late last year that they have until the end of 2004 to make substantial progress on the issue of access of foreign-trained professionals to the Canadian job market.

RCDSO met with Minister Chambers in late 2003 to explain what we had done to date on this issue and the role we were taking nationally to develop solutions. Minister Chambers expressed her support of our work. In fact, at our request, she plans to travel to Montreal this October to take part in the CDRAF immigration task force meeting.

One of the thorniest issues is the development of a process to deal with dental specialists from non-accredited specialty programs. At the moment, this is not a major problem in Ontario. RCDSO has seen four or five people over the past three years who fall into this category. Since the qualifying programs began at the two Ontario dental schools, the College registers about 40 international applicants a year.

But governments are looking at the big picture. Numerous studies have shown that by 2011, immigration will account for 100 per cent of the nation's labour force growth. A recent Conference Board of Canada report showed that the economy loses up to \$6 billion a year in income as a result of "under-employing highly-skilled and educated internationally-trained workers."

A key response from the federal government was the new *Immigration and Refugee Protection Act* that significantly changed the selection process for immigrants that had been in place since the 60s. Instead of assessing prospective immigrants by occupation, immigrants are now selected based on transferable skill sets.

As President Cam Witmer stated in his column in the April/May 2004 issue of *Dispatch*:

As a regulatory college, we have a delicate balancing act to maintain.

We are legally obligated to operate in the public interest. We are legally obliged to set standards of admission to the profession to ensure that only those qualified to practise are licensed or certified to practise.

At the same time, we do not want to limit access by restricting opportunities to enter the profession for those who are as competent as those who are already practising.

Dr. Witmer sums up our role in a nutshell: "Regulators do not have the authority to control supply and demand or promote or restrict access to the profession. Our mandated priority is protection of public safety by ensuring only qualified and competent individuals are licensed."

If you have any questions about this issue, please contact:

Robert Lees

Manager, Registration
phone: 416-961-6555, ext. 4353
toll-free: 1-800-565-4591
e-mail: rlees@rcdso.org

Irwin Fefergrad

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

MARK YOUR CALENDAR



NOVEMBER 18 & 19, 2004
RCDSO Council

JANUARY 19, 20 & 21, 2005
RCDSO Council

MAY 12 & 13, 2005
RCDSO Council

Westin Prince Hotel
900 York Mills Road
Toronto

Seating is limited so if you wish to attend please let us know in advance by contacting:

Angie Sherban

Senior Executive Assistant
phone: 416-934-5627
toll-free: 1-800-565-4591
e-mail: asherban@rcdso.org

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.



Needle Stick or Bur Stick Injuries



Bloodborne illnesses such as human immunodeficiency virus (HIV), hepatitis B virus (HBV), and hepatitis C virus (HCV) can be acquired by dentists and dental staff through needle stick or bur stick injuries or injury with other contaminated sharp instruments.

That is why needle stick injury protocols are another important component of office occupational safety and infection control policies.

Dentists are responsible for ensuring the occupational health and safety of their employees under the *Occupational Health and Safety Act, 1990*, and the *Workplace Safety and Insurance Act, 1997*.

The College's Guidelines for Infection Control in the Dental Office include recommendations for personal protective equipment and immunizations for the

dental team that can assist dentists in protecting themselves and their staff from occupationally-acquired diseases. Our suggestions for the prevention and management of needle stick and sharps injuries are outlined below.

PREVENTION OF NEEDLE STICK INJURIES

Dentists are responsible for ensuring that their staff have received adequate training in the prevention and

management of needle stick and sharps injuries. This is especially important for staff who are unregulated professionals and uncertified dental assistants who have not completed a formal educational program that would include these elements.

A written office policy may be helpful, as well as discussions about these topics when a staff person begins employment in the office and then regularly at staff meetings.

Dentists should use best practices to prevent needle stick injuries:

- When needles are passed or left on the instrument tray, they should remain capped.
- In order to avoid injury, it is important that needles not be recapped after use using two hands. There are commercial needle recapping devices available for purchase. Dentists and staff can also use a one-handed scoop technique to pick up the cap and cover the needle before securing the cap onto the syringe.
- Needles should not be bent or manipulated by hand.
- Suturing poses a risk of puncture. Dentists can guard against this by appropriate placement of retractors, mirrors etc., and use of hemostats and needle drivers.
- Dental staff should use puncture-proof gloves, eye protection, masks, appropriate clothing, and long-handled brushes when scrubbing instruments by hand.

- Some offices preclean instruments using an ultrasonic cleaner to remove debris before the instruments are inspected and cleaned by hand.
- Used and contaminated sharps should be collected in crushproof containers that are disposed of by a licensed carrier.

MANAGEMENT OF NEEDLE STICK INJURIES

If a dentist or staff member injures himself/herself with a contaminated sharp instrument, immediate first aid measures include washing the wound, allowing the wound to bleed briefly to help to eliminate microorganisms, and applying topical antiseptics and/or antibiotics.

Any kind of occupational injuries should be reported to the dentist. In cases of injuries with contaminated sharps, the dentist should assess the patient's status and risk for bloodborne illnesses by reviewing the medical history, and if necessary, asking the patient additional questions.

If the patient's HIV, HBV, and HCV status is unknown or the patient presents with

risk factors, the dentist can suggest to the patient that it would be helpful to know the patient's status. They should then refer the patient to his/her family physician for a consultation, assessment of risk factors, and any blood tests that the physician considers necessary.

The dentist should refer the staff member who has incurred the sharps injury to his/her family physician for counselling and baseline blood tests. If the family physician is not available, the dentist can refer the staff member to an infectious disease specialist or the emergency department of the hospital for baseline blood tests, and then to the family physician for follow-up at specified intervals over the next six months. The physician will determine the need for immunization and the appropriateness of administering post-exposure prophylactic medications.

Training staff in the appropriate handling of sharps and use of appropriate protective equipment can prevent many sharps injuries. Transmission of bloodborne illnesses to dentists and staff may be minimized by immediate first aid and referral to a physician for management of the situation once an occupational sharps injury occurs.

If you have any questions about this article, please contact:

Dr. Lesia Waschuk

Practice Advisor

phone: 416-961-6555, ext. 3348

toll free: 1-800-565-4591

e-mail: lwaschuk@rcdso.org

Need more information?

- Guidelines for Infection Control in the Dental Office, available on-line at www.rcdso.org
- Health Canada's An Integrated Protocol to Manage Health Care Workers Exposed to Bloodborne Pathogens, which appeared in Supplement Volume 23S2 of the March 1997 Canada Communicable Disease Report available on-line at <http://www.hc-sc.gc.ca/hpb/lcdc/publicat/pathogens/index.html>
- The Centers for Disease Control and Prevention's Guidelines for Infection Control in Dental Health-Care Settings – 2003 by the Centers for Disease Control and Prevention, which appeared in Volume 52, No. RR-17 of Morbidity and Mortality Weekly Report available on-line at <http://www.cdc.gov/mmwr/PDF/rr/rr5217.pdf>



Release and Transfer of Patient Records

From time to time, dentists are asked by patients to release copies of their records. Complying with such requests is, of course, your legal responsibility. In addition, this situation provides an opportunity to maintain the goodwill of your patients and enhance your collegial relationships with other dentists.

In almost every circumstance, a dentist will retain the patient's original records, and on the patient's request, only release copies to another dentist, the patient or the patient's authorized representative.

There may, however, be circumstances when a dentist chooses or in fact needs to release original records. These situations include:

- when a patient goes to another office for the treatment of a dental emergency;
- when a patient goes for a second opinion before proceeding with treatment;
- after the termination of a partnership or associate arrangement or after the purchase/sale of a practice.

Original records may also be required for forensic purposes.

To comply with these types of requests, it may be efficient to purchase radiograph duplicating equipment and

films of different sizes. Or radiographs could be duplicated in the radiology department of a dental faculty or by a local private duplication service. Diagnostic models can be duplicated by a dental laboratory.

Duplication fees

The dentist can pass on to the patient any out-of-pocket duplication charges incurred by sending records to an outside agency. However, it is up to the individual dentist to decide whether or not to pass on to the patient costs incurred within the office for items such as materials.

Recordkeeping requirements

It is important to document which records were released and to whom they were given. The dentist should also keep copies of the patient's request form or document the patient's verbal consent to the release of information in his/her charts.

Exceptions to the rule

A different approach is required for the rare situation of a severe dental emergency.

Where there is some urgency to obtaining treatment and the office does not have the facility or sufficient time to duplicate the radiographs or where the diagnostic quality of the original film is crucial, the dentist can consider releasing or lending original radiographs to another dental office. This means the patient will not need to have additional unnecessary radiographs taken and there will be no delay in treatment.

It is preferable to send the original radiographs directly to the other dental office and to request their return upon completion of treatment. It is important to document in the chart the details of the referral, where the records have been sent, and when they were returned. Or the referring dentist could make arrangements for the treating dentist to assume responsibility for keeping these records as long as he/she has access to them in the future, if required.

Patients sometimes wish to obtain a second opinion before deciding on a treatment plan. When the dentist, who has not yet provided treatment related to the diagnostic records that have been taken receives such a request, he/she can consider releasing the original diagnostic records to the consulting dentist.

Again, the original records would normally be sent to the office of the consulting dentist, not to the patient. The reason for doing this is that patients, unlike dentists, do not have the legal responsibility to retain records.

Patients only have the right to obtain copies of their records for themselves or for another designated individual such as an authorized representative or lawyer.

Complying with the patient's request for the release of records conveys confidence in the treatment plan proposed by the first dentist and respect for the patient's right to obtain a second opinion. This leaves the door open for the patient to return to the first dentist for this treatment plan or at some later point in treatment.

Principal/associate or partnership breakup

When a principal/associate or partnership arrangement ends, it is common for a large number of patients to request their records be transferred to the departing associate or partner at another dental office.

In this situation, the principal or remaining partner may consider releasing original records once written requests have been received from the patients, but only if this would not contravene any existing contract or agreement.

The College suggests this option only in cases where the principal or remaining partner and dental hygienists employed by them have not provided any dental care for these patients.

For dentists considering this option, the College advises obtaining legal advice to draft a legal agreement to cover the transfer of records. This legal agreement should include the departing associate or partner's agreement to retain the records as required and to grant the principal or remaining partner access to the records, if required, in the case of a complaint to the College or a lawsuit.

Purchase/sale of a dental practice

In cases where a practice has been purchased and patients, who have not been treated by the new owner, request that their records be transferred to another dental office, the new owner must ensure that transferring original records would not contravene the purchase and sale agreement.

The College advises dentists to obtain legal advice before releasing any original records following the purchase of a practice. Again, the new owner of the practice must obtain the agreement of the dentist receiving the records to retain these records as required and to grant access to them, if required.

Want to discuss a particular situation?

If you would like to discuss a situation where a patient has requested the release of records or your office policies regarding the release of records, please contact:

Dr. Lesia Waschuk

Practice Advisor

phone: 416-961-6555, ext. 3348

toll-free: 1-800-565-4591

e-mail: lwashuk@rcdso.org

Need more information?

The Guidelines on Dental Recordkeeping outline the requirements for retention of records and the Guidelines on the Release and Transfer of Patient Records describe the process of release of records once dentists have received the patient's request. Both are available on the College's Web site at www.rcdso.org in the Resources section, under Guidelines.



Reminder of the College's Position on the Use of N2 and Other Paraformaldehyde-Containing Materials

A member recently contacted the College about an advertisement he received in the mail. The flyer, from a Toronto-area dental supply company, advertised the sale of N2 Universal root canal cement.

N2 and other paraformaldehyde-containing materials, such as Sargenti, RC2B, and Endomethasone, have the potential to cause serious complications. These complications include the destruction of connective tissue and bone, intractable pain, paraesthesia and dysesthesia of the mandibular nerve, and chronic infections of the maxillary sinus.

Members are reminded of the College's position that the use of paraformaldehyde-containing materials in root canal therapy of permanent teeth is not a standard of practice in this province. Accordingly, such materials must not be used.

Members should also be aware that N2 is not authorized for sale in Canada under Health Canada's medical devices regulations.

There would be very little defence available if a claim is advanced against a dentist involving the use of a non-licensed dental device or the unapproved use of a dental device. Liability would almost certainly be unavoidable. In

addition, aggravated, exemplary or punitive damages might be awarded for knowingly using a device in such circumstances.

It is important to note that these damages are not covered under the College's malpractice policy and would become the responsibility of the member.

The College forwarded a copy of the advertisement to the attention of Health

Canada. In turn, Health Canada investigated the matter and as a result, the dental supply company ceased selling the material.

If you have any questions about this article, please contact:

Dr. Michael Gardner
Assistant to the Registrar, Dental
phone: 416-934-5616
toll-free: 1-800-565-4591
e-mail: mgardiner@rcdso.org

Have We Got Your E-mail Address?

The College would like to be in a position to send out e-mail messages to alert all members about time-sensitive, critical information, like a SARS outbreak. The problem is that we do not yet have e-mail addresses for a significant enough portion of our membership to make this a reliable way to distribute important information.

We have pledged that e-mail addresses will only be used to send out information from the College. They will not be included in the membership listings.

So, if you haven't yet sent us your e-mail address, please consider forwarding your address to the College at info@rcdso.org. And thanks to all members who have already done so!

If you have any questions about this, please contact:

Peggi Mace
Communications Director
phone: 416-934-5610
toll-free: 1-800-565-4591
e-mail: pmace@rcdso.org

Anaesthesia Specialty

Large response to consultation about proposed anaesthesia specialty

MEMBERS AND OTHERS HAVE TAKEN A VERY ACTIVE INTEREST IN THE EXTENSIVE CONSULTATION PROCESS FOR THE PROPOSED REGULATORY AMENDMENT TO CREATE A SPECIALTY IN DENTAL ANAESTHESIA.

"We have received an unusually large number of letters with feedback on the proposed by-law amendments," explained College Registrar Irwin Fefergrad.

"While the overwhelming majority of letters are in support, the most important thing is that the process is open, transparent, and accessible. The feedback that is not in support is just as important."

All comments received by the deadline for comment are forwarded to the Legal and Legislation Committee. This Committee makes yet another report to Council. Council then considers all matters and decides if it wishes to proceed further. If so, a proposed regulation change must go to the Minister of Health and Long-Term Care. The Council also needs to determine whether it wishes to seek national recognition of the specialty. The Minister may then submit the requested change to stakeholders for comment. And finally, the provincial Cabinet must approve any regulation change.

Here are some of the responses we received:

...as a general dentist who has actively sought out and used the services of someone thus trained to help treat my patients, I can see only improvements in this service if this proposal makes it through towards government approval.

DR. VICTOR DAVEIKIS

Waterloo

I am writing you this letter to express my absolute and strong support for the granting of specialty status to those completing a recognized program in dental anaesthesiology. In my opinion, such highly-trained individuals are a rare but sorely needed commodity in our profession who provide a unique service.

H.C. TENEBBAUM, DDS, DIP PERIO, PHD, FRCD(C), FADI

Professor and Head, Periodontology, Association Dean, Biological and Diagnostic Sciences, Faculty of Dentistry, University of Toronto

After listening to all sides at a special meeting of the Ontario Society of Dental Specialists on July 5, 2004, I support the dental anaesthesiologists in their application for specialty status in Ontario.

LORNE CHAPNIK, DDS, DENDO, FRCD(C)
Toronto

Because the College already has a sedation regulation and guideline, and issues permits, there is no need to protect the public by adding this specialty.

NAME WITHHELD

Over the past six months I have been privileged to work closely with two colleagues who were trained in the discipline of anaesthesia by the Faculty of Dentistry at the University of Toronto. We have also interacted together to prepare a revised training program in conscious sedation for the general practice residents at the University of British Columbia.

There is no doubt that my two colleagues practise anaesthesia to a very high standard. It seems anomalous that my two colleagues cannot refer to themselves as specialists in anaesthesia. In medicine, anaesthesia has been recognized as a specialty area for many years.

I offer my full support to the creation of a new specialty in dental anaesthesia.

DR. IAN MATTHEW, PHD, MDENTSC, BDS, FDSRCS (ENG & ED)

Chair, Division of Oral and Maxillofacial Surgery, Faculty of Dentistry, University of British Columbia, Vancouver

I have had the privilege and pleasure of working with many anaesthesiologists during my career and this has been extremely beneficial to me and my patients. As a result, we can offer treatment to patients who would otherwise not be treated.

SUZANNE CAUDRY, PHD, DDS, DIPPERIO, MSC

Toronto

Continued on page 31



Ethical Dilemma *Case Study*

The Dental Assistant and Substance Abuse

Sarah Maxwell has been a dental assistant in your practice for seven years. She is 35 years old and is the mother of two children, one five and another eight years old. Her husband is self-employed. Sarah is an excellent chairside assistant. She is technically skilled in all of the job requirements and the patients feel at ease and enjoy her personality. She has become an integral member of the practice and works well with the other staff members.

The primary problem that has surfaced in the last two years is absenteeism. The absences usually occur on the day following a three-day weekend. Sarah does not eat lunch at the office and usually runs errands and, although she is rarely late in returning from lunch, her behaviour pattern has changed since you noticed these absences. These are subtle changes that you cannot easily identify, but you think that she may have a substance abuse problem.

Her mother, who has been a patient in the practice for five years, has just confided in you her concern that her

daughter may have a substance abuse problem. She has tried to talk to her about it but Sarah is distant when the mother brings up the subject. Now, Sarah's mother wonders if it would be more effective if you, her employer, bring up the concerns.

You are faced with an ethical dilemma. Choose the course of action that the dentist should follow:

1. Continue to monitor Sarah's behaviour.
2. Confront Sarah with your concerns.
3. Discuss your concerns with Sarah, and if she discloses that she is a substance abuser, offer to pay for substance abuse counselling.
4. Discuss your concerns with Sarah, and if she discloses that she is a substance abuser, dismiss her from the office.

Turn to page 40 to find the case study discussion of this ethical dilemma.

Printed with the permission of Dr. Thomas K. Hasegawa, Baylor College of Dentistry, Dallas, Texas.

Ontario court upholds right of regulatory college to set policy as well as regulations in areas such as conflict of interest.

A recent Ontario court decision upheld the jurisdiction of governing councils of regulatory colleges to pass policies to regulate the profession, establish and maintain standards, and administer the legislation.

In this recent case, the Council of the Ontario College of Pharmacists passed a new policy stating "bonus points, loyalty points or air miles may not be awarded on prescriptions, prescription services or other professional services related to the practice of pharmacy in Ontario...."

A pharmacy chain challenged the jurisdiction of the College Council to make such a policy and stated that the change had to be made by government regulation. The Court upheld the jurisdiction of the Council to set policy in this manner and cited the mandate of the College, the *Regulated Health Professions Act, 1991*, and the College's professional misconduct regulation that prohibits inducements.

The Court also stated that whether air miles are inducements is an issue that can be determined by the College's Discipline Committee in an appropriate case.

At our College, conflict of interest prohibitions are set out in the professional misconduct regulation 853/93, made under the *Dentistry Act*. That regulation prohibits relationships and transactions that confer a rebate, credit or benefit in specified circumstances, including to a person who referred a patient to a member. Likewise, offering a rebate, credit or other benefits to a patient such as bonus points, loyalty points or air miles is not permitted.

The recent court decision for the pharmacists affirms the College's mandate to make these types of regulations and policies.

If you have any questions regarding the court case or our College's conflict of interest regulation, please contact:

Dayna Simon

Assistant to Registrar, Legal

phone: 416-934-5618

toll-free: 1-800-565-4591

e-mail: dsimon@rcdso.org

Dr. Fred Eckhaus

Assistant to Registrar, Dental

phone: 416-934-5624

toll-free: 1-800-565-4591

e-mail: feckhaus@rcdso.org

ANAESTHESIA SPECIALTY

Continued from page 29

There are too many specialties in dentistry as it is. This isn't even a specialty, but rather a descriptive or adjunct. It will be too confusing for the public.

NAME WITHHELD

The patients we have referred to these dentists have had complicated medical issues or heightened anxiety and most certainly were in need of specialty care. Deep sedation is often required to treat them in a safe, effective manner. This decision will make for the betterment of the profession.

DR. BRIAN MCGUIRE

DR. JOE MCGUIRE

DR. PAUL ABBOTT

Ottawa

I am writing this letter of support for the specialty certification for the proposed specialty of anaesthesia. The general public is, more and more, requesting to have their dental care delivered while under some form of sedation. Denying them access to care is counterintuitive to the current philosophy of making dentistry accessible to the widest group of patients possible. We see approximately 1,300 new patients per year at the University Health Network/Princess Margaret Hospital and many of these people present with oral disasters – some of whom did not seek care because of the fear of having dentistry done while awake.

R. E. (BOB) WOOD, DDS, PhD, FRCD(C)
Staff Dentist

Princess Margaret Hospital/UHN

*Associate Professor, University of Toronto
Chief Forensic Dental Consultant, Office of
the Chief Coroner for Ontario
Toronto*



AN OUNCE OF PREVENTION

This feature in *Dispatch* has been prepared by the College's Professional Liability Program (PLP) to offer guidance to members regarding the

prevention of malpractice claims or the minimization of the magnitude of an existing claim.

Waiving Fees...

A viable prevention strategy worth considering

Mishaps, patient complaints, and then the inevitable stress that follows are a real and unfortunate aspect of the practice of dentistry. This article deals with a strategy that dentists might want to consider, and that might turn a mishap or complaint into a positive event for both the patient and the practitioner.

While not applicable to every situation, the waiving of fees or the adjustment of fees that have already been charged, may be a way to defuse a situation when an unforeseen event arises. And, from a business perspective, it may prove to be a small investment compared to the personal and practice costs associated with dealing with a formal complaint or lawsuit.

SCENARIO #1

Dr. Black was performing endodontic treatment on an upper molar when an instrument separated in the mesiobuccal canal. Her attempts to remove the instrument failed. To make matters worse, she had fallen behind schedule and there were a number of patients waiting to be seen. The stress was mounting and she considered her options.

Dr. Black decided to pretend that nothing had happened. She obturated the tooth to the best of her ability, but was unable to seal the mesiobuccal canal. She charged the full fee and dismissed the patient without informing the patient of what had happened. The tooth later became infected and the patient was seen by another dentist who informed him of the presence of a separated file and the need for referral to a specialist for retreatment and/or surgery.

The patient lodged a complaint with the College and also filed a claim against Dr. Black for malpractice.

The resulting legal, disciplinary, financial, and emotional ramifications were significant. As well, Dr. Black lost the opportunity to provide future treatment to the patient and his family.

It is clear that the accompanying breach of trust between Dr. Black and her patient made this a poor overall business and professional decision.

SCENARIO #2

In another office nearby, Dr. White separated a file while nearing completion of endodontic treatment on a molar. She too was unsuccessful in removing the file, was behind in her schedule, and had to decide how to handle the situation.

Dr. White decided to stop the procedure. She put the chair in an upright position and advised the patient of what had happened. She then recommended immediate referral to a specialist for removal of the separated instrument,

followed by completion of endodontic treatment. She told the patient that as a goodwill gesture, she would not charge a fee for the treatment she had provided that day.

The patient was seen by an endodontist the following day. The separated file was successfully removed and endodontic treatment was completed uneventfully. The patient returned to Dr. White for restoration of the tooth and soon after referred his wife and children to the practice.

Continued on page 34

Listings 2004 Update



The College would like to correct the information for Dr. Joseph Benbassat of Richmond Hill contained in the *Listings of Dentists and Specialists 2004* update that appeared in the July/August 2004 issue of *Dispatch*.

The update incorrectly identified Dr. Benbassat's practice as Family Dental Clinic. Unfortunately, this name belongs to a previous practice situated at the same location.

Dr. Joseph Benbassat
10 Headdon Gate #1
Richmond Hill
ON L4C 8A2
Tel: 905-224-2290

Due to an unfortunate computer error, Dr. Grace Lee's practice locations were incorrectly published in the *Listings of Dentists and Specialists 2004*. The following addresses are correct.

Dr. Grace Lee
Primary Address
225 Metcalfe St #504
Ottawa ON K2P 1P9
Tel: 613-232-0392
Secondary Address
25 Tapiola Cres #7
Ottawa ON K1T 2J7
Tel: 613-738-1832

The College apologizes for these errors.

Waiving Fees...

Discussion

When mishaps like the ones described occur, the patient may initially have doubts about the dentist's skills and/or competence and the dentist may have concerns about the loss of chair time and potential loss of the patient to the practice.

From a PLP perspective however, the separation of an endodontic instrument in and of itself is not negligence. It happens to specialists too!

Not informing the patient and providing information about the possible outcomes and treatment options, and/or not documenting such discussions, is what makes it difficult to defend a dentist when a claim is advanced against him/her.

Admitting that there has been an unforeseen complication and showing that the patient's best interest is a priority by suggesting a referral often strengthens the relationship between the dentist and the patient.

With respect to the waiving of fees, the cost of such a decision may appear considerable at the time, but as already mentioned in this article, this action could result in any number of positive outcomes such as:

- The patient knows that a difficult situation has been handled competently and compassionately and his/her best interests were the primary concern. The relationship between dentist and patient is strengthened.
- The dental specialist that the patient is referred to is comfortable that the patient has been fully informed of the circumstances of the mishap and the reason for the referral. The relationship between the dentist and the dental specialist community is strengthened.

The patient may opt to have the original dentist complete the procedure and, in this case, the fee may not be waived. If, however, the procedure eventually fails and the tooth is lost, it may be advisable to consider applying the root canal fee towards the tooth replacement costs – not as an admission of liability, but strictly as a goodwill gesture. Or if a referral to a specialist is required, consideration may be given to applying the root canal fee towards the specialist's fees.

Conclusion

The waiving of fees or making an adjustment to fees already charged can be a viable strategy that may help to prevent or at least minimize the results of procedural mishaps or other patient complaints. Some dentists might consider this strategy to be internal marketing, while others may see it as a good business decision. Whatever the reason, it can often defuse difficult situations and bring positive results to the practice.

PLP ADVICE

- **Whenever consideration is being given to waive/refund/adjust dental fees as a result of a mishap or patient complaint, it is important that the details of any and all discussion with the patient be documented in his/her chart. The chart entry should clearly note it is being done for public relations purposes and as a goodwill gesture. In many cases, some sort of written acknowledgement or release form signed by the patient may be justified.**
- **Remember, before refunding money to a patient or paying other practitioners fees on a patient's behalf, call PLP for advice and assistance and to ensure your right to coverage is protected.**

If you have questions about how to handle a particular situation with a patient, call PLP and one of our claims examiners will be happy to assist you.

HAVE ANY QUESTIONS?

If you have questions about how to handle a particular situation with a patient, call PLP and one of our claims examiners will be happy to assist you.

Our numbers are 416-934-5600 or toll-free at 1-877-817-3757.

If you have questions or comments about this article, contact:

Dr. Judi Purvs

Dental Claims Advisor

phone: 416-934-5600, ext. 3103

toll-free: 1-877-817-3757

e-mail: jpurvs@rcdso.org



Dentists are educated and trained in a specific body of knowledge, spending years acquiring and refining the demanding technical skills necessary to practise the profession.

In recognition of this expertise, society grants the profession self-regulatory status, permitting its members to enjoy tremendous privileges. In return, however, society expects that the profession will pledge itself to maintaining high standards and that its members will deliver competent, safe, and ethical dental services to patients.

Dentists have certain legal obligations when treating their patients that may arise from the legislation or regulations governing the profession or from common law as interpreted by the courts.

For example, dentists have a duty to:

- diagnose and treat patients in a competent manner;
- inform patients and obtain their consent before initiating treatment;
- maintain adequate treatment records;
- maintain confidentiality of patient information.

The book *Dental Law in Canada* was published in May 2004. It provides an in-depth look at the subject, covering such topics as human rights law, employment law, the regulation of dentistry, dental negligence and malpractice, informed choice, and privacy and confidentiality. The College's Registrar Irwin Fefergard contributed a chapter called Recordkeeping in Dentistry.

Duty to Treat

From this book, the advisory board to PEAK is pleased to offer members the following: Chapter 9 – Duty to Treat by Fiona Bergin, Assistant Professor of Law and Medicine at the Dalhousie Health Law Institute.

The chapter uses actual case examples to explore the nature and extent of dentists' legal duty to:

- accept patients;
- not to discriminate;
- provide emergency treatment;
- provide treatment in a timely manner;
- provide coverage (e.g., when the office is closed);
- complete or continue treatment;
- transfer care/provide notice of termination of care;
- refer/consult.

The advisory board to PEAK hopes that the enclosed reprint will assist members in understanding their obligations.

PEAK (Practice Enhancement and Knowledge) is a College service for members, that's 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, the PEAK advisory board is committed in its desire to provide quality material to enhance the knowledge and skills of member dentists.

If you have any suggestions for subjects to be addressed by PEAK or questions about this membership service, please contact:

Dr. Michael Gardner

Assistant to the Registrar, Dental

phone: 416-934-5616

toll-free: 1-800-565-4591

e-mail: mgardner@rcdso.org



ON APPEAL

When the Complaints Committee issues a decision, either the member or the complainant has a right of a review by the Health Professions Appeal and Review Board (HPARB) – as long as it is not a referral of specified allegations to the Discipline Committee.

Under the *Regulated Health Professions Act*, HPARB hears appeals and reviews decisions made by the self-governing regulatory agencies of the 23 regulated health professions.

The following summaries of some HPARB reviews are published in *Dispatch* as an educational resource for both members and the public. Institutional parties may be named, but individual parties will not.

If you would like a full version of any of these decisions, contact the HPARB at 416-327-8515 or RCDSO:

Petula Widyaratne
Co-ordinator, Complaints
phone: 416-961-6555, ext. 5311
toll-free: 1-800-565-4591
e-mail: pwidyaratne@rcdso.org

On Appeal

CASE 1

The Complaint

The complainant alleged that the dentist had issues around infection control and that he picked up an instrument that had been discarded and was not clean and wore no mask. The patient left immediately, stating that she would not be returning for any other appointments. The member responded and said that the patient had complained in bad faith and wished an apology from the patient for her unwarranted complaint. He also wished to be paid for his services.

Complaints Committee

The Committee decided to caution the member with respect to sterilization and infection control techniques.

Health Professions Appeal and Review Board

The member was dissatisfied and appealed the decision to the Board. The Board determined that the College's investigation was adequate and the record complete.

At the Board, the member asserted that the Complaints Committee of the College was biased. The Health Professions Appeal and Review Board found that there was no basis for this allegation. Further, the member appeared to ignore the issues raised by the complainant. The Board, therefore, confirmed the decision of the Complaints Committee.

CASE 2

The Complaint

The complainant alleged that she arranged for the extraction of a tooth and bridgework during a three-month stay in Canada. She stated that the dentist refused to perform the work without having the bill paid in advance. The member responded that the insurer refused to cover any portion of the work and this was discussed with the patient. Further, the patient advised the dentist that she was in financial difficulties as she was in the middle of divorce proceedings. The work was not urgent and the dentist suggested that the appointment be rescheduled at a time when the patient would be more financially able to handle the costs. The final complaint was centred around the refusal of the dentist to turn over the dental records to the patient.

The member responded saying that she instructed staff to release them to the patient only upon the release being signed.

Complaints Committee

The panel observed that the patient was not in any difficulty and the member was quite within her rights to protect her economic interest. Further, the dentist could not be criticized for observing the Guidelines on Release and Transfer of Patient Records.

Health Professions Appeal and Review Board

The complainant was dissatisfied and appealed the decision. The Board found the investigation complete.

The Board found that the dentist's "self-protective action in refusing treatment in the circumstances appear to be well within her profession's standards." This was a non-emergency situation and, therefore, the Board supported the member's decision.

Given that the College sets standards with respect to the release of records, and given that the member had followed these standards, the Board confirmed the Committee's decision.

CASE 3

The Complaint

This matter concerned the recordkeeping practices of the member. The complainant issued civil proceedings alleging the member contained notations about a condition that she had never disclosed or had never been diagnosed. She filed a complaint to the College asserting that the member had false information on her medical history chart.

The member responded by saying that the medical history form was prepared and signed by the patient. All information on the form was entered by

the patient and signed or was given by and signed for the patient.

Complaints Committee

The Committee ordered no further action on the complaint because it did not appear that the member created false information in the medical history chart.

Health Professions Appeal and Review Board

The complainant was dissatisfied and appealed the decision. At the Board, a new allegation was asserted, namely, that someone else had entered information in the chart.

Because of the information obtained at the civil litigation, these materials were presented to the Board, but were not available to the Complaints Committee.

At the Board, the complainant asked the College or the Board to compel the member to reveal the names of anyone who may have written in the chart.

The Board responded that there was no specific additional information that might reasonably be expected to affect the Committee's decision regarding that

complaint. Further, the College had no power, and therefore the Board had no power to compel the member to reveal the names of people who may have written in the chart. The Board confirmed the Committee's decision.

CASE 4

The Complaint

The complainant alleged that while out-of-town in 1995, a crown fell off. The complainant visited the member to trim the tooth and apply a temporary crown the same day.

The complainant did not like the member and visited another dentist who placed a permanent crown. No further trimming was done. About four years later, the same crown fell off with a portion of the tooth still in the crown. The complainant stated that the dentist performed unnecessary trimming, thus resulting in this damage.

The member responded by saying that he placed a temporary crown after having prepared the tooth for a

permanent crown. The patient, however, appeared dissatisfied and never returned. The member stated that a permanent crown was placed by another dentist and had the preparation been weak, a post and core could have been offered by the new dentist. He stated he had no control over the quality of the failed crown.

Complaints Committee

The Committee reviewed the allegations and felt that the member's treatment was appropriate and took no further action.

Health Professions Appeal and Review Board

The complainant was dissatisfied and appealed the decision. The Board considered the investigation adequate.

The Board was of the view that the Committee's decision, that the treatment fell within the standards of practice of the profession, was the correct one, and the Board confirmed the decision of the Committee.

Facility Permits to Expire on March 31, 2005

FACILITY PERMITS ISSUED OR RENEWED BY THE COLLEGE FOR THE 2004 CALENDAR YEAR WILL EXPIRE ON MARCH 31, 2005.

Facility permits issued or renewed for subsequent years will be for a one-year period commencing April 1 of that year and expiring on March 31 of the following year.

The facility permit annual renewal forms for the period of April 1, 2005 to March 31, 2006, will be forwarded to those dental facilities holding current facility permits about 60 days in advance of the March 31, 2005 expiry date. Dental facilities that do not pay the necessary fees on or before March 31 will not be issued a facility permit for 2005.

Accordingly, failure to obtain the necessary facility permit for the administration of sedation and/or general anaesthesia is a direct contravention of the Professional Misconduct Regulation which, in paragraph 11 of Section 2, defines professional misconduct, as:

Contravening the standards of practice, as published by the College, in relation to inducing general anaesthesia or conscious sedation.



COMPLAINTS CORNER

of the cases dealt with by the Committee. The law does not allow for either the dentist or the complainant to be identified.

Complaints Corner is designed as an educational tool to help Ontario dentists and the public gain a better understanding of the current trends observed by the College's Complaints Committee.

These scenarios are an edited version of some

If you have any questions about this column, please contact:

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

Needle Stick Injuries



THE CASE

The mother of a sixteen-year-old daughter complained that her daughter, while working as a co-op student in a dental office, had cut her finger with a dirty instrument. The mother felt her daughter was unnecessarily put in a situation of risk, was not advised of the risks of the job, was not adequately supervised, and was not given proper medical attention after the injury.

The mother wrote that her daughter was a grade 12 student working in a dental office as part of a high school co-op program. While at her placement she was shown how to clean the instruments and set up the dental trays. She was also asked to clean, bag, and sterilize sharp instruments such as scalars, explorers, and Cavitron tips. Her training was very

brief and did not include the prevention of needle or instrument stick injuries. The daughter was rarely supervised.

While preparing a Cavitron tip for sterilization, the Cavitron tip punctured through the bag and her glove and penetrated the skin of her middle finger. She immediately told the dental assistant assigned to help her and was told that the patient had hepatitis A. The assistant said that she had not told her that fact as the information was confidential. The assistant told her not to worry and showed her how to clean the wound.

The dentist was informed about the accident and told the young woman not to worry. He explained that the patient had hepatitis as a child and he thought the patient was most likely not infective. The daughter was to see a doctor in a few months for a follow-up. She was not

told to go home early or to see a doctor at that time.

The daughter called her mother, who immediately came and took her to see her family doctor. The family doctor could not understand why the dentist did not tell her to immediately leave and go to her family doctor or to seek medical attention. The daughter was given a number of blood tests, a hepatitis A vaccine, and advised to return for follow-up evaluation.

Although the daughter did not test positive for hepatitis A, she did undergo tremendous stress and discomfort because of this avoidable incident.

The dentist responded to the complaint by stating that he trained the student and had advised her of all precautions necessary while sterilizing instruments.

When the injury occurred, the assistant properly washed the puncture wound and informed the dentist. The dentist explained to the daughter that the patient had hepatitis A as a child and this form of hepatitis is not usually associated with a carrier state. He advised the daughter to see her doctor just to be sure everything was all right. He did not consider the situation to be an emergency.

The dentist completed all of the necessary accident paperwork, along with her information regarding the placement.

The mother replied to the dentist's explanation by reiterating her concerns, and stating that, although her daughter was shown how to sterilize the instruments, she should not have been doing so with infected instruments. The other staff members were aware of the infectious nature of the instruments and therefore were able to take precautions. Her daughter was only told about the hepatitis after the accident. In addition,

Helpful Suggestions

- All offices should have a needle stick protocol.
- All staff should be trained on the needle stick protocol.
- When in doubt about an injury, the staff member should be referred to a physician.
- Co-operative students require extra training and must be adequately supervised.
- Co-operative students should be given low to zero risk duties.

the dentist did not follow-up to find out how her daughter was doing.

COMMITTEE DECISION

The panel of the Complaints Committee examined all of the submitted information, including information on hepatitis A. The panel was happy to inform the mother and daughter that, according to the public health department, there are no known cases of chronic carriers of hepatitis A.

Regardless of the fact that the patient was not infected with hepatitis A, the panel had concerns regarding the dentist's needle stick protocol, the delegation of duties to co-op students, and generally how the needle stick injury was handled.

The panel cautioned the dentist that in the case of a needle stick or puncture wound, the dentist has a duty to initiate a needle stick protocol. If the dentist has any doubts as to what to do in this situation, he/she should either call a physician or the College for clarification or refer the person to the nearest medical facility. In these situations, the dentist has an ethical duty as an employer to ensure the person receives the proper information, reassurance, and medical care.

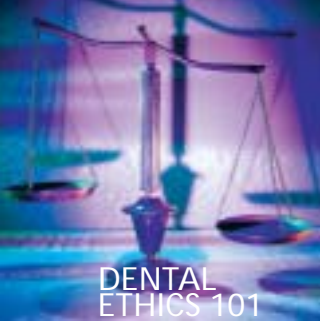
In this case, the panel felt that the dentist did not have a proper needle stick protocol in place and was not versed in dealing with hepatitis A. He should have immediately referred the student to a physician, reassured her, and made an attempt to follow-up on her care.

The panel also cautioned the dentist

about allowing a co-op student to perform moderate to high risk duties, as categorized by the College's Guidelines on Infection Control in the Dental Office (January 2002).

The panel agreed that students do not undergo the same level of training as staff who have assisting or hygiene degrees and should not be expected to carry out the same duties, particularly without diligent supervision. These students are typically younger, less experienced, and may not understand the hazards and precautions required.

As for informing the student of the patient's medical history, the panel agreed that this information did not have to be communicated. Every dental office should use appropriate precautions while cleaning and sterilizing instruments with all patients. Patients may have diseases unknown to them or may choose not to inform the dentist. A dentist and his/her staff can never be certain of the disease state of the patient. Although the panel does not wish to dissuade dentists from taking on co-operative students, it cautioned that these students must be provided with a high degree of training and supervision. The duties assigned to the students should be limited to those of low or no risk.



Case Study Discussion What Should You Do?

The Dental Assistant and Substance Abuse

What are the ethical obligations of dentists to their employees as in Sarah's case? How do those obligations vary from situations where a colleague is suspected of substance abuse?

The case study presented in this issue of *Dispatch* described a true ethical dilemma because of the conflict of preventing harm and maintaining loyalty to both Sarah and the patients in the practice.

Preventing Harm

As a first principle, patients must be able to trust that their dentists will prevent unnecessary harm to them during treatment. Society grants certain privileges to professions because they perform an important service, but society also expects the profession to be self-regulating because it is primarily the profession that has the knowledge and skills to assess competence.

Providing quality care in a competent manner is a central value for the dental profession, and a common value of all of the health professions.

The current RCDSO Code of Ethics states:

Ethical dentists will not practise under conditions which may adversely affect the quality of their treatment.

Although most dental codes of ethics do

not address dental office personnel, patients also expect that their dentists will prevent harm by impaired dental staff. In this regard, the obligation to prevent harm by chemically dependent practitioners may be extended to include dental office personnel.

Maintaining Loyalty

Confronting Sarah and protecting patients raises conflicting loyalties. Dentists may feel an obligation to help their employees when they are faced with personal problems that affect their work. They may also feel an obligation to confront an employee as in Sarah's case because she is a friend who needs help.

The ethical dilemma then is that one cannot choose to ignore Sarah's suspected impairment without the possibility of exposing patients to harm. Fortunately, there are some alternatives for the dentist/employer to explore.

Intervention

There are chemical dependency and well-being or help programs available to Ontario dentists and their staff. The Members Assistance Program (MAP) offered by Canadian Dental Services Plans Inc. (CDSPI) and the Dentists at Risk Program sponsored by the Ontario Dental Association are two examples of such programs.

Contacting one of these excellent resources can be the first step to finding a solution. They offer help and support for problems such as substance abuse, stress or burnout, and other conditions that are affecting, or may soon affect, the ability of a dentists and/or dental office staff to carry out their professional responsibilities in a safe and competent manner.

Conclusion

Sarah's case has challenged us to consider our obligations to patients and employees when a dental assistant has a possible substance abuse problem. Under the mandatory reporting requirements in the *Regulated Health Professions Act* (RHPA), there is a legal obligation for dentists to report incapacitated colleagues to the RCDSO, in certain circumstances, such as the termination of employment or the dissolution of a partnership because of the incapacity.

The current RCDSO Code of Ethics also states that "ethical dentists will inform the College when a physical or mental disease/condition has affected, or may affect over time, their ability to practise safely or competently."

There is less guidance, however, for the dentist as employer. While there is agreement that preventing harm to patients is paramount, how to proceed can be troublesome.

Members of a dental team who exhibit behaviours of substance abuse may harm patients. The dentist is justified, and even obligated in this case, to discuss the concern with Sarah and perhaps offer support through available dental peer assistance or other programs.

Taken in part from and printed with the permission of Dr. Thomas K. Hasegawa, Baylor College of Dentistry, Dallas, Texas.

MAILING LABELS

HOW THE COLLEGE HANDLES MAILING LABEL REQUESTS FROM EDUCATIONAL ORGANIZATIONS

From time to time, the College gets requests from educational organizations, such as universities or third party providers, for mailing labels or member information in order to advise our members about continuing education courses. As it is part of the College's legislated mandate to promote the education of Ontario dentists, we have usually fulfilled these requests.

Now, because of the federal privacy legislation, we will do business a bit differently. When the College receives a request like this, we will review the requesting organization's privacy policy for collection, use, and disclosure of personal information. If the policy meets the approval of our College's privacy officer, who is the Registrar Irwin Fefergrad, the information will be released in accordance with our own College's policy.

If you are a member with whom the College corresponds at his/her home address and you do not wish your home address to be provided to the educational organization, you must inform the College in writing.

If you have any questions contact:

Irwin Fefergrad

Registrar

phone: 416-934-5625

toll-free: 1-800-565-4591

e-mail: ifefergrad@rcdso.org

Dayna Simon

Assistant to the Registrar, Legal

phone: 416-934-5618

toll-free: 1-800-565-4591

e-mail: dsimon@rcdso.org



ACROSS THE NATION

from their publications or have been submitted by the regulators themselves.

Across the Nation provides a snapshot of activity highlights of the dental regulators across Canada that may be of interest to dentists in Ontario. They are gleaned

If you have any questions about this column, please contact:

Irwin Fefergrad

Registrar

phone: 416-934-5625

toll-free: 1-800-565-4591

e-mail: ifefergrad@rcdso.org

Across the Nation

Nova Scotia

In consultation with the Nova Scotia Dental Association, the Provincial Dental Board of Nova Scotia is developing a Dental Practice Review Program as part of its Quality Assurance process. This program will be in the form of a regulation under the *Dental Act*.

The Discipline Committee has upheld all charges relating to Temporo-Mandibular

Disorders (TMD) therapy resulting from complaints submitted against one general dentist. The sanctions included a remedial training program before further diagnosis, management or treatment of TMD. The dentist appealed the Committee's decision and the appeal will be heard in the Nova Scotia Court of Appeal in December 2004.

Québec

In February 2004, the Ordre des Dentistes du Québec published a full-colour supplement, *Early Detection of Oral Cancer*, that was distributed with their membership journal to the province's 4,000 dentists. It contains important scientific and clinical background information on oral cancer. The articles were written by Québec authors, including a number of leading oral health specialists. The publication is available in either English or French from their Web site at www.odq.qc.ca.

Mandatory Reporting Requirements

Continued from page 14

- Incapacity is when a member is suffering from a physical or mental condition or disorder such that makes it desirable in the interest of the public that the member no longer be permitted to practise or that the member's practice be restricted.

Reporting requirement

If an associate's employment is terminated or a dental hygienist or registered nurse is fired due to one of the outlined concerns, the principle dentist must file a report with the College of the terminated employee or associate.

Similarly, if a partnership, association or health profession corporation dissolves for one or more of the outlined reasons, a report must also be filed, as set out in section 85.5 of the Code.

If the outlined actions were contemplated but the associate or employee or partner resigned before the report was filed, it is still necessary that the report be sent to the appropriate College. Such a report must be submitted within 30 days of the termination of employment or associateship or the dissolution of a partnership, association or health profession corporation.

Consequences of not reporting

Every person who fails to file one of the outlined mandatory reports may be guilty of an offence under the *Regulated Health Professions Act, 1991*, and on conviction is liable for a fine of up to \$25,000.

Immunity assured

The Procedural Code provides assurance to members by stating that "no action or other proceeding shall be instituted against a person filing a report in good faith." In other words, you cannot be sued for submitting a mandatory report.

If you would like more information about mandatory reporting requirements or have questions about this article, please contact:

Irwin Fefergrad

Registrar

phone: 416-934-5625

toll-free: 1-800-565-4591

e-mail: ifefergrad@rcdso.org

Open Invitation to Come and See the New Floor of History at the College



Brenda Phillips, member of staff Historian Committee and Paul Robitaille Building Superintendent

History matters. By remembering our past, we honour our heritage, and preserve and protect our future. Here at the College, we believe that it is important to recognize and glorify our over 140 years of history. That is one of

the reasons that we reached back to the founding of the College to revitalize the original crest when the College's logo was redesigned several years ago.

Once again, we are profiling the rich and important traditions of the RCDSO. Throughout the third floor of the College, the only floor open to the public, there are a number of historic photos and posters, including the wall of honour naming all past presidents and registrars, a number of sepia-toned photos of past Councils, and photos of all of the College's registrars. Also, we have begun a new tradition of framing, by year, the covers of each issue of *Dispatch* magazine.

As you will remember, we sent out a call, asking people to share archival materials with us for this effort. We wish to thank all those who answered and who have helped to make this display so meaningful.

College members are invited to pop by

to visit, share a cup of coffee with the Registrar, and get a short guided tour. If you are planning to drop by, just call:

Irwin Fefergrad

Registrar

phone: 416-934-5625

toll-free: 1-800-565-4591

e-mail: ifefergrad@rcdso.org

Web Site Spotlight

The 2004 Listings of dentists and specialists in Ontario is now available on-line. Just visit the College's Web site at www.rcdso.org and look under What's New on the home page. You will see an icon of the front cover of Listings. Simply click on the image!

College Committees Offer a Great Opportunity to Get Involved

Openings are available for members who are not elected members of Council. Contact College Registrar Irwin Fefergrad on or before November 24, 2004, at 416-934-5625 or e-mail at ifefergrad@rcdso.org to get involved.



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 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. Due to space limitations, some letters may not be printed.

Please send your letters to:

Peggi Mace

Communications Director

Surface mail: RCDSO, 6 Crescent Road, Toronto, ON M4W 1T1

fax: 416-961-5814

e-mail: pmace@rcdso.org

QUESTIONS ABOUT RECORD RETENTION

In the article *Retention of Financial and Business Records* (*Dispatch*, July/August 2004), it is stated that we must "document the efforts made by dental office staff to arrange and follow up on appointments." It is unfortunate that our predecessors, in the desire to be real doctors, have made the standards of practice of dentistry far more onerous than our physician colleagues.

My physician is never concerned whether I make regular appointments with him. It is always up to me to follow up on my appointments with him. He and his colleagues would never call a patient to confirm an appointment. In the medical world, the onus is on the patient to follow up and keep appointments, even in the most serious of cases.

I know the standard line about how important appointment information can be in the case of a complaint, but we have allowed that to be an issue. It should be entirely the patient's responsibility to keep appointments, including recalls, even when they have serious periodontal problems. Whether our office staff called them to remind them or pestered them when they didn't show up should not be a consideration concerning standard of care.

Responsible adults are expected to attend an appointment for a consultation after their coronary arteries have been found to be blocked. The cardiac surgeon's receptionist doesn't go searching out the

patient if they don't show up. I fear that sometime in my career I will be expected to document whether I sent a staff member over to a patient's house to brush their teeth once a week.

DR. PAT DURONIO

Windsor

Response from Irwin Fefergad, Registrar:

In reviewing the article in *Dispatch*, the advice respecting the documentation of efforts made by the dental office staff to rearrange and follow up on appointments and the patient's compliance or non-compliance in keeping appointment was really intended to be directed to the completion of work in progress and other urgent conditions that had been communicated to the patient as part of the diagnosis and treatment plan.

In these cases, the recording of any difficulties with patient compliance and/or attendance or lack of interest in completing treatments that has been previously agreed upon has been most valuable in a variety of circumstances. It is especially valuable in responding to any negligence claimed by the patient, in answering complaints by the patient, and as a basis for the dismissal of an unwanted patient, should that become necessary.

I do not believe that the analogy of comparison holds as between an over-taxed, under-staffed, and poorly funded medical care system to the dental care delivery system. Our model is

prevention. Dentistry in Ontario, and indeed through North America, has led the world in prevention. The core to that is the vigilance of the dental team to provide a wide range of preventative services on a regular basis.

The suggestion in *Dispatch* was to attempt to enhance this enviable record of achievement by offering patients services in a systematic way, such as through a viable recall system. How a dentist chooses to implement such a system is left entirely to the discretion of the individual dentist.

BRAVOS FOR GOOD WORK AT COLLEGE

I've just finished reading the July/August issue of *Dispatch* from RCDSO. What an amazing issue! So much information presented in a crisp, clear, and concise manner! The British article on orthodontics was excellent and will be very useful when discussing cases with patients and parents, as well as colleagues. Furthermore, the section on PLP answered a lot of my questions in a simple and easy-to-understand format.

You have certainly gone a long way since the first issue of your magazine. Trust me, I know how difficult it is to produce such a complete issue from a financial and organizational perspective. Randy [Dr. Randy Lang] and I, together with the editorial board of the U of T Orthodontic Alumni Association, put in a lot of effort each year for our single annual newsletter. And for you to be able to do all this while holding the line on

membership fees for 2005 is truly memorable.

Congratulations! You reached your limitations and went beyond them!

DR. ANGELOS METAXAS

Toronto

THANKS FROM SCHOLARSHIP STUDENTS

I would like to take this opportunity to thank you for awarding me the James Branston Willmott Scholarship for my work in first year at the Faculty of Dentistry at the University of Toronto.

I sincerely appreciate the acknowledgement

of my hard work and dedication, and I will endeavour to maintain this level of performance in the years ahead, both in my undergraduate studies and in my career as a dental surgeon.

SHANNON DALMAO
First Year Dentistry
University of Toronto

SCHOLARSHIP APPRECIATED

My name is Koren Bennetts and I was this year's recipient of the James Branston Willmott Scholarship for the student with the highest overall achievement in second year Dentistry.

I would like to take this opportunity to express my gratitude for this wonderful contribution to my education. With tuition fees so high, this award is not only a noble gesture, but is also greatly needed. This past year was challenging and a great deal of work, and I am so appreciative to have my efforts rewarded. Your continued support to the Faculty of Dentistry at the University of Toronto ensures the continued success of its future dentists, and on behalf of all the students, I would like to say thank you.

KOREN BENNETTS

Second Year Dentistry, University of Toronto

Best Wishes from Premier and Cabinet Ministers

Thank you for your letter of July 9, 2004, and for providing my office with a copy of the Royal College of Dental Surgeons of Ontario (RCDSO) 2003 Annual Report.

I was pleased to receive the report and to learn more about your organization's work to ensure and promote quality dental care in the province. I am particularly enthused about RCDSO's focus on environment protection.

I am aware of the College's past participation in consultations on the Canada-wide Standard for Waste Dental Amalgam and its ongoing support for amalgam waste disposal practices that will help keep our precious water resources clean and safe. These efforts are very much appreciated.

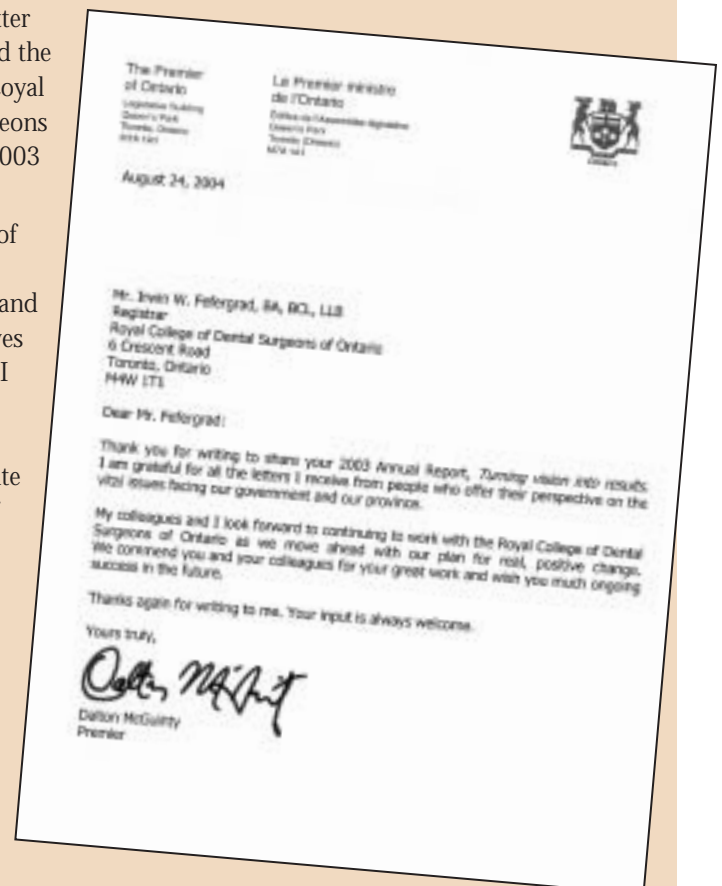
Once again, thank you for bringing this information to my attention and please accept my best wishes.

HON. LEONA DOMBROWSKY
Minister of the Environment

Thank you for your letter dated July 9, 2004, and the enclosed copy of the Royal College of Dental Surgeons of Ontario (RCDSO) 2003 Annual Report.

I noted the highlights of last year's activities, including educational and environmental initiatives for your membership. I respect the chosen profession of your members and appreciate being kept apprised of the activities of the RCDSO.

HON. DAVID CAPLAN
Minister of Public
Infrastructure Renewal





Annual Renewal Forms Due December 15, 2004

The annual membership renewal forms will be mailed out the first week of November and that means your membership fee for the year 2005 is due at the College by December 15.

Q *Is there any incentive for paying on time, or even early?*

The annual fee is \$1,560, the same as last year. It pays to be an early bird. There is a discount of \$100 if you pay on or before the due date of December 15. This means you would only pay \$1,460.

Q *Why do I have to fill out the sections with my address and contact information every year?*

That is not necessary, as long as the preprinted information on your form is correct. We only need new information or corrections.

Q *What happens if my renewal form gets lost in the mail?*

Please remember, even if you don't receive your renewal form by mail, it is still your responsibility to pay your annual fee by the due date.

Q *What's the best way to ensure my payment gets to the College by the deadline?*

We strongly advise members to use the **Priority Post** delivery service of Canada Post or to fax in their payment by credit card authorization. Only Canada Post's Priority Post is permitted access to our bank's deposit box, so please do not use other couriers. Any loss or delay in the mail is not accepted as a reason for late payment and you'll lose the early bird discount.

Q *Will there be a form again asking for information about conduct and about amalgam separators?*

Yes. We would ask the support of each and every member in filling out these two short questionnaires that take just a few seconds.

Q *What do I do if I am not renewing?*

All you have to do is complete the Resignation Form and return it to the College by the due date of December 15, 2004.

Q *Who do I call with questions?*

The staff in the College's Registration department can help you with any of your questions.

phone: 416-961-6555
toll-free: 1-800-565-4591
e-mail: rlees@rcdso.org

This Council Ends Its Term With An Impressive Track Record of Achievement.

Continued from page 48

periodontal examination as a preventative and predictor to systemic diseases. Leaders from all disciplines have accepted our invitation. We hope the outcomes will profile dentists as leaders in the health-care prevention field.

Council was the first to pass a regulation and a standard on amalgam waste disposal. We have received praise from dentists, the public, and government for this important work.

That's Council – breaking new frontiers in educational initiatives.

Protecting the Public

We invested in the on-line adverse drug interactions program that is accessible to every dentist in the province from our Web site. It has been reported to us that at least six patients in the last year have been spared grief because of immediate access to this program in the dentist's office. Other provinces appear eager to follow in our footsteps.

We were invited to the table to advise and assist the government in developing a provincial plan to address pandemic catastrophes like SARS or biological terrorism.

Our Council, sensitive to concerns around sexual abuse and boundary issues for both patients and staff, revised the College's practice advisory on sexual impropriety.

And, before the year-end, Council will most likely have passed a new Code of Ethics that is consistent with the 21st century. This is the culmination of a lengthy and careful study by a special committee set up by Council and a process that included extensive membership consultation. I know the

end result will be a document that we can proudly put our name to.

We have supported groups that lobbied to maintain fluoridation in the water system.

We have addressed the facility permit protocol to increase inspections and reporting, reducing the risks associated with sedation in the office.

That's Council – emphasizing public safety.

Open and Responsive

When approached by the oral and maxillofacial surgeons to assist with issues around hospital privileges, oral biopsy funding, and the expansion of scope of practice, Council responded quickly in each situation.

When Council was approached to consider a specialty in dental anaesthesia, Council opened the matter up for discussion once again.

On Council's instructions, significant staff time is invested in continuing our appearances at local societies. Our famous roadshow hits the road again this year with a number of locations lined up for 2004 and 2005.

That's Council – accessible and available.

Council Delivers

Of course, with such an aggressive and active agenda, Council has not always been successful, nor always popular. But in those areas where Council controlled its own destiny, Council delivered.

This is Council doing its job, having the courage to make hard decisions, putting aside politics, and doing what it felt was right for public interest, protection, and for dentists.

Council has committed itself to liaise with whoever is the government of the day and offered whatever assistance we

could to further our mandate. It is most rewarding when we receive unsolicited commendations from the Premier of the province congratulating us for our work. (His letter appears in the Mailbag section of this *Dispatch* issue.)

This Council rightly stands proud for the work that dentists do in providing the best oral health in North America, and unabashedly trumpets this far and wide.

The icing on the cake is that all of this comes with no increase in fees. It is even more amazing when you know that virtually every other organization in dentistry is considering or has already increased fees. Dentists in Ontario pay less for the privilege of practising than they would in any other English-speaking province.

And never forget that this great deal includes malpractice insurance as well. In other provinces, you would pay more for insurance than you do here in Ontario for the full licensing package.

That's Council – fiscally aware and responsible.

This Council has set the bar high for the incoming new Council. However, experience tells us that the fine people that you elect and that government appoints amazingly absorb the energy and direction of the College and quickly rise to meet the new challenges. I am confident that we will hardly miss a beat and the momentum will continue.

So, while I congratulate this Council for its dedicated work and accomplishments, I look forward to working with the new Council and to sharing with you its accomplishments over the next two years.

This Council Ends Its Term With An Impressive Track Record of Achievement.



IRWIN FEFERGRAD

It's hard to believe that the term of this Council is rapidly coming to a close. Two years go by so very quickly. And what a two years it has been.

It always amazes me that members of Council and Committee members give so selflessly and fully. It has been said that the demeanour of Council is often reflective of its president. Under the leadership of Cam Witmer and the Executive, Council has worked together, building consensus as members shared and exchanged ideas, listened to one another, and resolved issues – always with respect and a sense of humour. What better way to demonstrate the outstanding achievements of this Council and President than by recapping some of the highlights of their progressive and thoughtful agenda.

Privacy Payoff

This Council was a national leader in privacy when the federal legislation passed. We did not lose a step when the provincial government introduced its privacy legislation geared to the health-care sector only. We were at the table twice, making submissions to the Standing Committee at Queen's Park. We were invited to assist government in

reviewing the legislation line by line. College staff took the lead in two separate working groups at the Federation of Health Care Regulatory Colleges of Ontario. As a result of all our efforts, we believe that this provincial statute is now more flexible and user-friendly.

And the best news is that there will be a seamless transition. Each and every dentist is already familiar with privacy, the principles, and compliance requirements. It is as easy as pie to slide over from the federal legislation to the provincial. To help you out, in this issue of *Dispatch* there is a special pullout insert and several helpful articles that will give you all of the information you'll need.

That's Council – trying to make life easier for dentists.

Caring for Dentists

We have tried to persuade government to change the *Juries Act* to relieve dentists of the responsibility of sitting on juries, treating them like other health-care providers. While we press for this change, we continue to advocate for members who are summoned. Our position is that dentists serve society and

the public much better by caring and treating patients, than by sitting on jury panels. So far, our argument has been successful in all cases.

We are also concerned as our members face personal issues that create demons and trauma for them which manifest in substance abuse, depression, and the like. We were delighted to be at the table with the Ontario Dental Association and the CDSPI to encourage an expansion of the help available to members.

That's Council – compassionate and caring.

Thinking Outside the Box

In the educational arena, through the Quality Assurance Committee's FLAME (Fresh Look At Members' Education) initiative, Council secured a private grant of \$100,000. This money is funding the production of a state-of-the-art CD-ROM on emergencies in the dental office. At no cost to you, each and every dentist will receive this exciting CD in the new year. It is all part of the process of looking at the development of core programming in education.

Council has planned a symposium for February 4, 2005, to address the topic of

Continued on page 47