

## INSIDE

- 2 President's Message
- 4 Dental Amalgams
- 5 Privacy Legislation
- 6 Dental Audits
- 7 *Practice Check*: Yellow Pages Advertising
- 8 *Practice Check*: Informed Consent
- 10 *Practice Check*: Releasing Records to the Police
- 10 *Practice Check*: Keys to Keeping Good Dental Records
- 11 *Practice Check*: Where Are My Dental Records
- 12 Dental Ethics/Case Study
- 14 Advertising: Letters of Apology
- 15 Malpractice Insurance
- 16 *Complaints Corner*
- 18 Canadian Labour Mobility
- 20 On Appeal
- 22 Message From the College Treasurer
- 26 *College News*
- 28 Calendar of Events
- 34 Mailbag
- 35 *Did You Know?*
- 36 From the Registrar

## The College Launches A New Membership Service

**W**ith this issue of *Dispatch*, the College officially launches an important new membership service to support the professional practice of dentists around the province. Called PEAK - Practice Enhancement and Knowledge - the goal is to regularly provide members with copies of key articles on a wide variety of clinical and non-clinical topics from dental literature around the world. Eventually the articles will contribute to the development of a valuable office resource library on important topics for all members.

The first article selected for PEAK, *Antibiotic Prophylaxis in Dentistry: A Review and Practice Recommendations*, is from the Journal of the American Dental Association. This article addresses the important topic of prophylaxis in dentistry and highlights the risks of inappropriate use of antibiotics and microbial resistance to these agents.

Membership is playing a key role as volunteer members of the PEAK advisory board created to assist in the selection of articles. The advisory board is chaired by Dr. Randy Lang and other members are: Dr. Sandra Bennett, Dr. David Charles, Dr. Brian Feldman, Dr. Peter Kalman,



Practice Enhancement and Knowledge

Dr. Jack Maltz, Dr. Ira Schechter, Dr. Phil Watson, and Dr. Migara Weerasinghe. The advisory board is assisted by the following staff: Irwin Fefergrad, Dr. Don McFarlane, Peggi Mace and Dr. Mike Gardner.

The first meeting of the PEAK Advisory Board took place at the College on May 7, 2001. All attendees were enthusiastic about the project and discussed appropriate strategies for selecting and retrieving key articles from the dental literature for distribution to membership.

It is important to note that many of the PEAK articles may be of an opinion nature and may contain views or statements that are not necessarily endorsed by the College. However, as the PEAK Advisory Board stressed in its inaugural meeting, it 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 new service, please contact Dr. Michael Gardner, Assistant to the Registrar, Dental by phone at 416-934-5616 (direct line), toll free at 1-800-565-4591, or by e-mail at [mgardner@rcdso.org](mailto:mgardner@rcdso.org).

# Universal Precautions: The Discussion Continues

## Expanding Our Circles of Contact With Dentists

In speaking with dentists around the province, one topic that is guaranteed to stimulate an energetic discussion is infection control and universal precautions. This heightened level of interest is certainly not new.

In fact, it was away back in 1952 that the American Dental Association released its earliest infection control recommendations in response to concerns about hepatitis B. Then, in 1986, the Centers for Disease Control and Prevention (CDC) issued its first dental-specific infection control recommendations to be used "routinely in the care of all patients in dental practice."

Now 15 years later, the dental community is again engaged in a lively discussion about the efficacy of universal precautions. There is no question that this is an extremely controversial subject. However, I believe that as individual dentists we should not shy away from engaging in this very important debate.

RCDSO has recently made an important contribution to this dialogue when the

College's Quality Assurance Committee commissioned a review of the current literature on infection control. This document was circulated widely in Ontario, nationally to the Canadian Dental Association, and the other dental regulatory authorities across the country.

Here at the College, with six years of experience since the last revision of its guidelines on infection control, we can confidently say that our members have very wisely and judiciously exercised their professional judgement in putting these guidelines into practice.

The College *Guidelines Respecting Infection Control In the Dental Office* were revised and circulated to all provincial dentists in June 1995. As the guidelines point out, one of the significant components of any infection control strategy is risk assessment:

Important to the development of any infection control plan is the understanding that not all dental



Dr. Eric Luks

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

Phone: 416-961-6555  
Toll-Free: 1-800-565-4591  
Fax: 416-961-5814  
Web site: [www.rcdso.org](http://www.rcdso.org)

Registrar  
Irwin Fefergrad, BA, BCL, LLB

Editor  
Peggi Mace

### Communications Committee

Dr. E. Luks (chair)  
Dr. R. Fillion  
Dr. R. Lang  
Dr. L. London  
Ms. K. Rudko  
Mr. B. Wivcharyk

*Dispatch* is published four times a year by the Royal College of Dental Surgeons of Ontario (RCDSO) and distributed to the over 7,200 dentists in Ontario. RCDSO is


the licensing and regulatory body governing the practise of dentistry in Ontario. The Editor welcomes comments and suggestions from our readers.

Material published in *Dispatch* should not be reproduced in whole or in part without permission of the College.

The subscription rate is included in the annual

payment fee. A one-year subscription is available for \$40.00, which includes all mailings from the College including the annual report.

Publication Mail Agreement # 1563645

 Printed on chlorine free, recyclable paper.

ISSN # 1496-2799

## *President's Message*

procedures carry the same risk of disease transmission and hence, may not require the same degree of personal barrier protections.

The College guidelines go on to state:

Clearly blood is the most important transmitter of disease in the dental office. Therefore procedures involving blood, bloody body fluids, and non-intact tissues require maximum protection. On the other hand, procedures involving no anticipated exposure may not need these stringent barrier precautions.

As the College guidelines state in its conclusion: "Information in the area of infection control is constantly evolving and the College encourages dentists to continually evaluate their infection control strategies and procedures. In this way, the profession can ensure that a safe environment exists for both the dental office staff and the patient."

I believe that the College could have a role to play in facilitating and encouraging this continuous evaluation. At a recent meeting the College's Quality Assurance Committee decided to revisit two areas of an infection control strategy: the use of latex gloves and the use of potent disinfectants.

In the early 80s the use of latex gloves caused minimal problems. But now latex rubber allergy is increasingly a serious problem. In the United States, the Federal Food and Drug Administration has said that, after decades of use, adverse reactions to natural rubber latex are reaching almost epidemic proportions. We need to reconsider our guidelines in this area.

The use of potent disinfectants on surfaces and in waterlines also needs to be re-examined. There is some evidence to suggest that they are

no more useful than soap and water. In addition, they cause a range of problems in their manufacture, use and disposal. Recent evidence suggests that these potent agents are causing the development of more resistant strains of micro-organisms which will escalate future risks. It is timely that we revisit this issue too.

What do you think?

Would you like to see the College taking a leadership role in the discussions within the dental community about a reappraisal of infection control theories and guidelines? Do you think it would be valuable for the College to convene an international symposium to hear from leading authorities on the issue?

I know that this discussion is disquieting for many of my colleagues. However, I believe that we cannot be afraid to openly discuss this very serious issue, in the interests of our colleagues, our staff and our patients. I would like to hear your views.

You can reach me at the College by calling my direct line at 416-934-5604, or you can jot down your thoughts and mail them to me at the College, or send them by fax to 416-961-5814.



Eric Luks, D.D.S., M.Sc.D., Dip. Orth.  
RCDSO President

## Enclosures

The following materials are included with this issue of *Dispatch*:

- Informed Consent - special article by litigator Eleanore Cronk commissioned exclusively for RCDSO members
- Antibiotic Prophylaxis in Dentistry: A Review and Practice - peer-reviewed article reprinted with permission of the American Dental Association and the American Medical Association
- RCDSO Annual Report 2000
- Summaries of Discipline Committee Decisions
- Professional Liability Coverage - outline of current provisions of the College's malpractice insurance coverage for Ontario dentists
- By-law Changes

# RCDSO Active Provincially & Nationally In Mercury Amalgam Discussions

**R**CDSO is actively involved in the current discussions about mercury amalgam at provincial and national levels of government. As the College stated in a recent letter to the provincial Minister of Environment Elizabeth Witmer on this issue: "By working together we are confident that what will emerge will be sound, efficacious, safe and meaningful solutions."

Provincially, the College met in mid-April with representatives from the provincial Ministry of Environment, and will continue this important dialogue.

Federally, in late March at a national meeting of regulators attended by RCDSO representatives, President Dr. Eric Luks and Registrar Irwin Fefergrad, the College declined to sign a national memorandum of understanding between the Canadian Dental Association and Environment Canada on a Canada Wide Standard (CWS) for mercury in dental amalgams. RCDSO has deferred signing this memorandum until there is further scientific consultation and meaningful involvement of the regulators in the process.

Subsequently the rest of the regulators in Canada also declined to sign the memorandum.

The College's reasons for declining to support the current memorandum on national standards for mercury in dental amalgams focussed on two key areas:

1. RCDSO does not have confidence in the data



presented and wants it verified through an evidence-based evaluation.

2. None of the regulatory authorities — the bodies empowered by government to address public interest protection — were involved in the development process of the background document on which the national standards were based, nor of the standards themselves.

The College will update membership on this issue as discussions continue. If you have any questions or concerns, please contact Irwin Fefergrad by phone at 416-934-5625 (direct line), toll-free at 1-800-565-4591 or by e-mail at [ifefergrad@rcdso.org](mailto:ifefergrad@rcdso.org).

## IMPORTANT NEWS FOR TORONTO DENTISTS

On June 14, 2001, Dr. Eric Luks and members of the RCDSO staff met with representatives of the City of Toronto's Water and Wastewater Services Division to discuss the Toronto Sewer Use By-law. Points of discussion included the interpretation of the term "waste amalgam separator" in the by-law.

At this meeting, the City's representatives suggested that, in order to determine the current levels of mercury discharge using the existing office equipment and

procedures, Toronto dentists may have the waste water from their dental offices tested by a private testing service. Offices already meeting the new by-law limit of 0.01 mg/L for mercury may not necessarily require additional technology.

As with the senior levels of government referred to in the above article, the College has offered to assist the City of Toronto with this important matter.



# RCDSO Appears Before Government Committee On Proposed Privacy Legislation

Registrar Irwin Fefergrad and Senior Manager of Communications Peggi Mace appeared before the Standing Committee on General Government at Queen's Park on February 27 to deliver the College's submission on the then proposed Bill 159, *Personal Health Information Privacy Act*.

In its submission, the College commended the government for its initiative in bringing forward privacy legislation to ensure that the people of this province have full confidence in the consistent and comprehensive protection of their personal health information. However, as the College forcefully pointed out, the proposed legislation would have seriously compromised the College to fulfill its legislated mandate to protect the public.

At the request of the Committee, the College forwarded a lengthy document outlining in more detail its concerns with the legislation.

RCDSO also signed the joint presentation made by members of the Federation of Health Regulatory Colleges of Ontario.

With the adjournment of the Legislature in early March, Bill 159 and six other bills died on



the order paper. Government officials have said that privacy legislation in some form will be reintroduced in the new session of the Legislature which began on April 19.

For more information on this story, please contact Irwin Fefergrad by phone at 416-934-5625 (direct line) or by e-mail at [ifefergrad@rcdso.org](mailto:ifefergrad@rcdso.org), or Peggi Mace at 416-934-5610 (direct line) or by e-mail at [pmace@rcdso.org](mailto:pmace@rcdso.org).

## Provincial Health Minister Addresses Council



(from left to right) Dr. Eric Luks, RCDSO President; Irwin Fefergrad, Registrar and Tony Clement, Minister of Health and Long-Term Care

Minister of Health and Long-Term Care Tony Clement addressed an open session of Council on the morning of May 31. The Minister congratulated RCDSO for its trailblazing work as a health-care regulatory body in the province.

He formally recognized the College for its important work and assistance in a wide number of areas: from input on the proposed privacy legislation, our excellent work in training public and professional members for their roles on committees and Council, and our exemplary role in self-regulation that gives confidence to the public, to members and to government.

At the end of June, RCDSO representatives President Dr. Eric Luks, Registrar Irwin Fefergrad and public member Joan Stewart met privately with the Health Minister.

*Joint Letter to Ontario Dentists*

# CDA, ODA and RCDSO Join Forces To Address Serious Concerns With Health Canada About Dental Audits



## **Dear Colleagues:**

There is concern in most parts of the dental community across Canada about the intrusive and lengthy audits of dentists involved in the Non-Insured Health Benefits Program. Our three organizations believe that the seriousness of the issue warrants a joint letter to our colleagues in Ontario.

Although the situation is yet unresolved to our satisfaction, we can say with some pride that this problem has provided new impetus for our organizations to work together collaboratively. This in itself is an important achievement, and one that we hope to build on in the future.

During the latter part of May, all three organizations met in Ottawa with representatives of the First Nations and Inuit Health Branch (FNIHB) to express their grave concerns with the audits.

In two different meetings, one with RCDSO on May 17 and another with CDA and ODA together on May 24, representatives of the organizations emphasized that the on-site audits carried out by First Canadian Health Management Corporation (FCH), a private insurance carrier acting as an agent for Health Canada, have no statutory or legal authority in the province of Ontario.

The three organizations accept the government's need to verify claims and to be accountable for public monies. Nationally the Non-Insured Health Benefits (NIHB) Dental Care Program totalled \$107 million for the period 1999-2000. In Ontario, the program provides services to over 155,000 clients at a

cost of over \$23.5 million, which represents 22% of the clients nationwide.

The CDA, ODA and RCDSO have offered to work with FNIHB officials to develop and implement verification measures that are respectful of a patient's rights under the law, and a dentist's responsibilities pursuant to Ontario law. However, the unified message from both the professional associations and the regulatory authority was that the on-site audits must cease immediately.

The CDA, ODA and RCDSO formally requested FNIHB officials to proceed with a moratorium on on-site audits until we could mutually agree upon a program that meets the federal government's stated objectives, complies with provincial laws governing the dental profession, and is consistent with recognized industry standards that dentists agree with and understand. Again, Health Canada has refused to suspend conducting on-site audits, even though it has acknowledged that it has no statutory authority to conduct them.

We will be vigorously pursuing further dialogue with Health Canada representatives, and will now be considering all options. Even though Health Canada has not agreed to a moratorium, we will continue to work with FNIHB officials to address FCH's transgressions of provincial laws respecting access to dental offices and confidential patients records, and to find legal alternatives to on-site audits.

## **The Background**

As you may know, dentists participating in the

*Con't. on pg. 31*



## Yellow Pages Advertising Ranks As Major Concern For Members

*Yellow pages advertising continues to be one of the greatest areas of concern for College members. In fact, yellow pages advertising generates more complaints to the College from dentists about other dentists than any other issue. According to College statistics, every complaint about advertising that has gone to the Executive Committee has been lodged by one member of the College against another. To help members with their continuing commitment to quality care, Dispatch is revisiting the topic of yellow pages advertising.*

- Q. How widespread is the problem with yellow pages advertising?
- A. Problems with yellow pages advertising only involves a very small percentage of the College's membership. However, this is certainly one of the greatest areas of concern for our members. The majority of complaints that the College receives about yellow pages advertising are from dentists complaining about their fellow members.
- Q. What exactly are the problems?
- A. The type of advertising that creates the greatest concern usually implies or promotes the superiority of one dentist over other members of the profession. For example, these types of advertisements often use such phrases as: state of the art, highest standards or the latest techniques. Or sometimes they contain subjective language, for example: dentistry you feel good about, gentle care and painless dentistry.
- Q. What exactly is the College's position on advertising?
- A. The College definitely believes that the profession has the right to advertise relevant dental practice information to the public so that the public is better able to make informed choices about their dental care needs.
- Q. What are the standards or guidelines for advertising?
- A. In a nutshell, the College's advertising guidelines can be summed up as follows: Advertising needs to be done in a way that the information contained in the advertisements is verifiable, and at the same time, is fair to the dental profession as a whole. Any advertising should be done in a manner that enhances the identity of dentistry in Ontario and safeguards the interests of the public.
- Q. What is the best way for me to ensure that my yellow pages advertising is appropriate?
- A. The best place to start is **not** to look at what your peers are doing — because they may be doing it incorrectly. If you are unsure, you can send in your proposed advertising to the College and staff will review it to ensure it meets the guidelines. If you have any questions, you can contact Dr. Fred Eckhaus, Assistant to the Registrar, Dental by phone at 416-961-6555, ext. 5624 or by e-mail at feckhaus@rcdso.org, or by mail.

### Professional Practice Advisory Service How can I help you?

This feature is not available for this issue. But do not worry! It will return in the September issue of *Dispatch*.



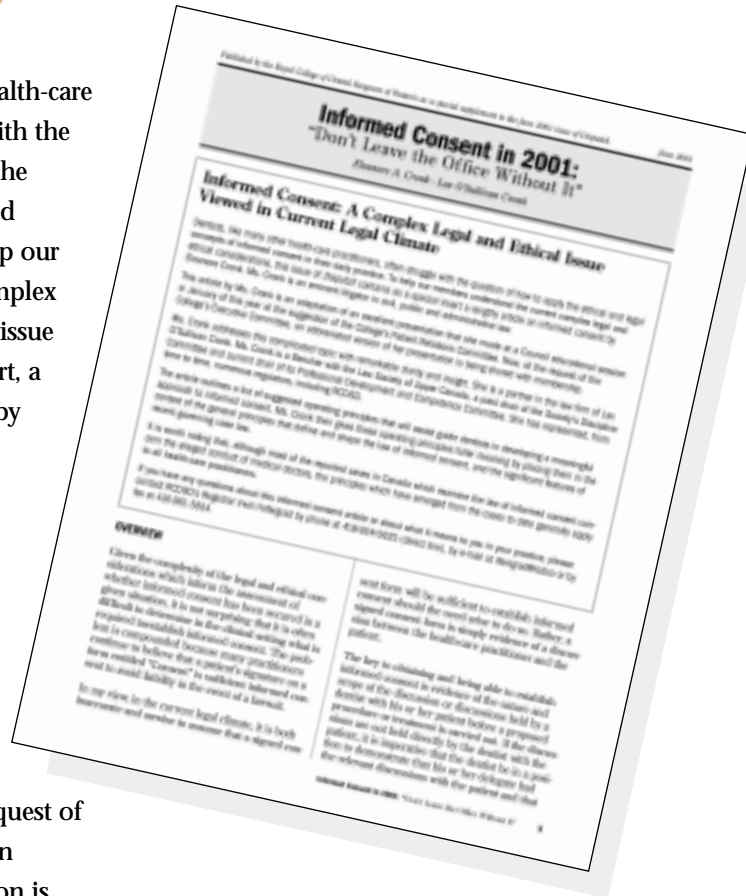
# Informed Consent: A Complex Legal and Ethical Issue Viewed in Current Legal Climate

**D**entists, like many other health-care providers, often struggle with the question of how to apply the ethical and legal concepts of informed consent in their daily practice. To help our members understand the current complex legal and ethical considerations, this issue of *Dispatch* contains, as a special insert, a lengthy article on informed consent by Eleanore Cronk. Ms. Cronk is an eminent litigator in civil, public and administrative law.

This article by Ms. Cronk is an adaptation of an excellent presentation that she made at a Council educational session in January of this year at the suggestion of the College's Patient Relations Committee. Now, at the request of the College's Executive Committee, an abbreviated version of her presentation is being shared with membership.

Ms. Cronk addresses this complicated topic with remarkable clarity and insight. She is a partner in the law firm of Lax O'Sullivan Cronk. Ms. Cronk is a Bencher with the Law Society of Upper Canada, a past chair of the Society's Discipline Committee and current chair of its Professional Development and Competence Committee. She has represented, from time to time, numerous regulators including RCDSO.

The article outlines a list of suggested operating principles that will assist to guide dentists in developing a meaningful approach to informed consent. Ms. Cronk then gives these operating principles fuller meaning by placing them in the context of the general



principles that define and shape the law of informed consent, and the significant features of recent governing case law.

It is worth noting that, although most of the reported cases in Canada which examine the law of informed consent concern the alleged conduct of medical doctors, the principles which have emerged from the cases to date generally apply to all health-care practitioners.

If you have any questions about the informed consent article or about what it means to you in your practice, please contact RCDSO's Registrar Irwin Fegergrad by phone at 416-934-5625 (direct line), by e-mail at iferegrad@rcdso.



# Your Change of Address Is Important Information

Each member of the College is required by law to report the address of his or her primary place of business. This address is then available to the public from the College Register. A member must report any change within 30 days of the change occurring.

You may choose to designate another address as your preferred mailing address for College communications. This second address is not available to the public.

In order to ensure accuracy, all changes must be received in writing. Please forward changes by mail or by fax using the form below.

By Mail: Registration  
 Royal College of  
 Dental Surgeons of Ontario  
 6 Crescent Road, 5th Floor  
 Toronto, ON M5W 1T1

By Fax: 416-961-5814

Surname	Given Names	RCDSO Registration No.
---------	-------------	------------------------

Previous Practice Address			New Practice Address		
Street			Street		
City	Province	Postal Code	City	Province	Postal Code
Phone	Fax		Phone	Fax	
Effective Date			Signature		

Previous Home Address			New Home Address		
Street			Street		
City	Province	Postal Code	City	Province	Postal Code
Phone	Fax		Phone	Fax	
Effective Date			Signature		



## Access to Dental Records of Missing or Deceased Patients

The College continues to receive calls from members regarding their legal responsibility to release records of deceased or missing patients when requested to do so by the police. This *Practice Check* is a reprint from one that first appeared in March 1995.

Many dentists may not be aware that, according to a regulation of the *Dentistry Act, 1991*, it is professional misconduct for a dentist to give information about a patient to a person other than the patient, or his or her authorized representative, except with the consent of the patient or his/her authorized representative, or as required to do so by law.

Historically, dentists have co-operated with the police to assist in identifying deceased persons. However, it would in fact be professional misconduct to release copies of any patient record without the consent of the personal representative of the person who is assumed to be deceased (trustee, executor, someone with power of attorney — not necessarily a family member); or unless the dentist was legally required to do so. Likewise it would be professional misconduct to release

dental records of missing persons without appropriate consent or legal authority.

A mechanism does exist for the police to legally require dentists to turn dental records over to them during the course of an investigation. For a missing person, this legal authority is a search warrant issued by a justice of the peace; and, in the case of a deceased person, a Coroner's Warrant for Seizure as allowed under the *Coroner's Act* is required.

The advice to members is not to release any patient information or records to the police unless:

- there is a consent from the personal representative of the patient, or,
- the police produce one of the warrants listed above.

In this way, it is possible for dentists to provide the necessary assistance to the police without compromising the confidentiality sections of the provincial regulations.

If you require assistance in dealing with the police, please call the Dr. Lesia Waschuk, the College's Practice Advisor at 416-961-6555, ext. 3348, toll-free at 1-800-565-4591, or by e-mail at [lwaschuk@rcdso.org](mailto:lwaschuk@rcdso.org).



## Keys to Keeping Good Dental Records

Maintaining clear, concise, accurate and current patient records is an important element of providing quality patient care. The College has two RCDSO resource publications to support you in this area: *Guidelines for Dental Recordkeeping* and *Taking the Bite Out of Dental Malpractice*.

The following keys to keeping thorough records are presented as risk management/practice enhancement advice.

- Use a consistent style for each entry. Consistency lends credibility to your records and reflects your professionalism in maintaining them.

- Date and explain any corrections.
- Always use ink, as pencil tends to fade and may be too easily altered. Should your records be evaluated for litigation purposes, use of ink supports their integrity.
- If you need to make a change, use a single-line cross out. Do not try to erase or whiteout information as this may lead to suspicions about the records.
- Write legibly and make sure that your records clearly show who performed the various services: the principal dentist, associate dentists or dental hygienists.
- Note any concerns about the patient's needs

and expectations expressed by the patient and how they have been addressed with the patient.

- Always record any and all conversations with patients, especially those that relate to advice given.
- Never write derogatory remarks in the record. Do note any failure or reluctance on the part

of the patient to follow treatment advice or to report for treatment, but do so in a professional, objective fashion.

If you have any questions about keeping good dental records, call the College's Practice Advisor Dr. Lesia Waschuck at 416-961-6555, ext. 3348, toll-free at 1-800-565-4591, or by e-mail at [lwaschuk@rcdso.org](mailto:lwaschuk@rcdso.org).



### Practice Check

## Where Are My Dental Records?

From time to time, the College receives calls from patients reporting that they have been unable to locate their dental records due to the retirement and/or death of their previous dentist and the closing of the practice. The purpose of this Practice Check is to remind members of their legal responsibilities regarding the retention of dental records.

### Guiding Principles

Two important principles apply to the maintenance of dental records:

- Patients must have the right of access to their complete dental records and are entitled to copies of these records if they request them.
- Dental records must be kept by the treating dentist (or transferred to another practitioner upon the sale of the practice) for at least 10 years after the last chart entry for all adult patients.

For child patients, the records must be retained for at least 10 years after the child reaches the age of majority or eighteen.

When a practice is sold, the dentist who has purchased the practice has the responsibility to retain the records for the same period of time.

### Recommended Protocol

When a dentist retires or dies or when a practice is sold, the RCDSO *Guidelines Respecting Change of Practice Ownership* recommends the following protocol:

- The dentist leaving the practice should notify his or her patients in writing of the change in practice ownership, or pending retirement of the dentist, and inform them where their dental records can be found.



- In circumstances where the dentist of record dies, the incoming dentist and/or the estate should notify the patients in writing of the fact and should advise them where their dental records are being stored.
- The letter that is sent to each patient of record should point out that copies of the patient record will be transferred to any dentist of the patient's choosing should the patient provide that instruction.

Information about a dentist's responsibility for the transfer of patient records can be found in the RCDSO *Guidelines Respecting the Release and Transfer of Patient Records and Guidelines Respecting Change of Practice Ownership*. You can order free copies of these Guidelines by contacting Alex Togoie by phone at 416-961-6555/1-800-565-4591, ext. 4313 or by e-mail at [atogoie@rcdso.org](mailto:atogoie@rcdso.org).

*Here's a new ethical dilemma for our readers to review and provide their comments. We invite you to share your response with the College. The September issue of Dispatch will include an analysis of the responses received and a discussion of the case study. Look to the facing page for a discussion of the case that was presented in the March issue of Dispatch.*

## What Would You Do?

Arthur Green, PhD, is a 48 year-old professor in mathematics at the nearby university who joined your practice four months ago and has been a source of continual irritation due to his obnoxious attitude.

Although his general health is good, his oral health, in the words of the dental hygienist in your practice “is horrible . . . the worst!” He has halitosis and obviously doesn't brush because you cannot see the gingival one-third of his crowns because they are covered with food debris. His chief complaint is that he wants to have the “gaps filled in with bridges” since he recently acquired dental insurance.

Dr. Green feels that his teeth are a “nuisance” and that he lets the dentist take care of them. He has generalized chronic periodontitis with 4-6 mm pockets with bleeding in all four quadrants.

As part of your preventive program, you have scheduled three appointments with the dental hygienist. After the second appointment, he gets up from the chair and says, “Look — I don't have to brush and floss . . . that's why I

pay you! Let's skip the gum work and get on with the bridges!”

You are now faced with an ethical dilemma. Check (✓) the course of action you would follow and fax this page or a note indicating your recommendations to Dr. Don McFarlane at the College at (416) 961-5814.

1.  Have Dr. Green sign a letter acknowledging that he has gum disease but wants the bridges anyway even though he knows they may fail in a few years. Proceed with the bridgework.
2.  Discuss with Dr. Green that you will only treat his periodontal disease and active caries now and that you will not proceed with prosthodontics until his disease is under control.
3.  Tell Dr. Green that his attitude makes it impossible for your office to effectively treat his oral health problems. Offer to refer him to another office.
4.  Dismiss Dr. Green from your practice.
5.  Other alternative (please explain)

(Printed with the permission of Dr. Thomas K. Hasegawa, Baylor College of Dentistry).



## Discussion of Dental Ethics 101

### Case Study from Dispatch March 2001 issue

The ethical dilemma that was presented dealt with the issue of a patient, Mr. James Rudd, who demands a particular narcotic pain medication when the dentist's examination does not reveal a dental source for the pain that he claims to be experiencing.

The patient's dilemma struck a nerve with dentists who responded and many related their own similar experiences. The patient seems to "fit" the profile of a drug seeker. He is the emergency patient who calls at an inconvenient time (e.g. late Friday or late at night on the weekend) and seeks a prescription drug by name. He is aggressive and manipulative when he doesn't get what he demands.

Other dentists shared stories of missing prescription pads, the patient who grabs the prescription and runs out of the office, and the patient who explains "my cheque book is in the car" and leaves with the prescription.

Respondents to this case chose the following four of the five case alternatives. No one chose the option to dismiss Mr. Rudd from the practice.

- Appoint Mr. Rudd for Monday and prescribe Percodan for his pain.
- Appoint Mr. Rudd for Monday and prescribe Motrin 600 mg for his pain. If he refuses to accept the prescription, dismiss Mr. Rudd from your practice.
- Appoint Mr. Rudd for Monday and inform him that since you cannot locate the source of the pain, you cannot prescribe any pain medications and that he should take an over-the-counter medication.

Other alternative actions that were suggested included: refer Mr. Rudd to an emergency

physician or an oral and maxillofacial surgeon; explain to him that since you cannot locate a dental source of the pain, there is no justification for prescribing Percodan; and let him leave rather than dismiss him from your practice.

#### Discussion

How is a dentist to distinguish between genuine and feigned dental conditions? How does this occurrence affect our moral responsibilities to patients? The ethical issues in this case include the obligation to relieve pain and the unique dentist-patient relationship in the emergency dental appointment.

Dentists are responsible for relieving pain through sound diagnosis and treatment that includes the responsible use of prescription drugs. There is no sure way to determine if a patient is feigning symptoms in order to receive drugs for illegal purposes.

However, if the first drug of choice for managing Mr. Rudd's case is a NSAID, then the problem of the dentist identifying the drug-seeking patient is addressed. The dentist in this dilemma would be justified in appointing Mr. Rudd for Monday and either prescribing a NSAID such as Motrin 600 mg or advising the patient to take an over-the-counter medication. If the patient refuses the prescription, or the advice, the dentist is justified in discontinuing treatment.

*The above discussion is reprinted from the Texas Dental Journal with the permission of Dr. Thomas Hasegawa, Baylor College of Dentistry. A full reprint of Dr. Hasegawa's discussion paper can be obtained by contacting Pegggi Mace, Senior Manager, Communications by telephone at 416-964-5610 (direct line), or toll-free at 1-800-565-4591, or by e-mail at [pmace@rcdso.org](mailto:pmace@rcdso.org).*

# Dentists Apologize for Advertising Oversight

*The RCDSO Executive Committee regularly reviews office newsletters, brochures, newspaper and other advertising by dentists that have been brought to the College's attention. The Committee has accepted letters of apology from the following members for publication in Dispatch.*

## **Dr. Christopher Blair and Dr. Nicholas Ng**

In a recent newsletter, we included an article entitled, *Teaching at the University of Toronto*. We included a brief description of the course objectives and our supervisory duties.

Although the article may have appeared as grandiose, it was not written with that intention. We apologize to our colleagues. Furthermore, the last sentence in the article stated that we "have kept active roles in making advances in dentistry and continuing dental education." This could possibly lend itself to inaccurate interpretation and as such be considered misleading. We now understand that this poorly worded sentence could be a major cause of peer concern and we apologize for the unfortunate error.

## **Dr. Rolando Estrabillo**

In a recent publication of limited edition, an article was published entitled, *Dr. Roland Estrabillo - Extraordinary achievements in dental care*.

In that article, numerous references were made stating that I am certified in many areas of dentistry, including implantology and rehab dentistry. It has been pointed out to me that the word "certified" implies that I am an expert or specialist in those areas of dentistry. This is not the case and it was not my intention to mislead anyone. Please accept my apology.

I also wish to apologize for the statements that described my practice as one that "sets it apart from others" and that referred to me as "an authority on new and exciting concepts in the field." I understand now that such statements are inappropriate, since they may be regarded as suggestive of uniqueness or superiority over another practice or member.

## **Dr. Christopher Lang**

Recently I attended the Las Vegas Institute for Advanced Dental Studies for their Advanced Anterior Aesthetics course. When I returned home, they sent me a memorandum and suggested that I place their press release in the newspaper to inform my patients, potential patients and colleagues of my "accomplishment."

I now realize that advertisements acceptable in other jurisdictions may not be in compliance with the regulations in Ontario. I should have asked the College to review this advertisement prior to having it published. It was not my intention in any way to purposely go against the College's advertising guidelines and the regulations, or to misrepresent myself to the public. I apologize for my lack of judgement in this matter.

## **Dr. Michael Slipchuk**

In a recent advertisement, I made references to specific areas of practice such as orthodontics, crowns and dentures without disclosing that I am a general practitioner.

In addition, I noted that we offer "the latest and most effective techniques in dentistry" in the advertisement. Although it was not my intention, I now realize that such a statement may be regarded as suggestive of superiority over another practice or member. I will take advantage of the College's offer to review future advertisements prior to their publication to ensure that they comply with the regulations and the College's guidelines.

## **Dr. David J. Ripley**

In November of 1998 I distributed a letter and a card entitled, *Smile Card*, to my patients. The letter contained the following statements:

We want to remind you that if you have not used your insurance benefits to their maximum, only a few months are left. Take advantage of your benefits this year. Do not let your benefits fade away unused.

Two Smile Cards were included with the letter for distribution to potential patients. A postscript to the letter stated:

Be sure to have your friends mention your name so that we can thank you personally with a token of our appreciation. The Smile Card entitled a new patient to get acquainted offer of \$25 off an initial examination, x-ray and consultation.

The text of the letter and the card were provided to me by a dental marketing consultant from the United States who has clients in both the USA and Canada, and had used this type of promotion in other jurisdictions. On reflection and further review of the letter, I acknowledge that this advertisement is ambiguous and could be misconstrued by the public and members of the profession. I now also realize the regulations do not permit a member to offer a rebate, credit or other benefit to a person by reason of a referral of a patient; and the use of coupons or smile cards to promote a member's practice is also considered inappropriate.

I am writing this letter to remind my colleagues of the importance of fulfilling our obligation to comply with the regulations governing the profession. I encourage members to review with the College advertising materials received from other jurisdictions before publication.

I sincerely apologize to the profession, my patients and the public for any confusion caused by this advertisement.

# Never Assume: Vigilance Needed to Maintain Standards

One very important part of our dental practice is the administration of the paperwork that is usually delegated to staff members. As busy dental practitioners, we assume that the management of the paperwork involved in the delivery of our dental procedures is always handled with the same high standards that we demand of ourselves.

However, a recent incident proved to me we should always be vigilant, and never assume that everything is flawless.

A patient who had visited our office for a consultation called and asked to speak to me personally. She argued that:

- There should be no fee for a consult (although it was a 40-minute consult regarding three teeth), and,
- A member of my staff had signed her insurance form where it should have borne the patient's signature.

After trying to explain to the patient that:

- It is normal to have a consult in order to avoid misdiagnosis, and to clearly explain to the patient the extent of the procedure and the risks involved.
- There should be no reason for the staff member to sign in lieu of the patient since the consult visit did indeed occur.

As such an action by one of my staff would have been so out of character, I finally

dismissed the patient's concerns as trivial.

The patient then filed a complaint with the College. The Complaints Committee, after discussion with the patient and the staff member, concluded that the staff member had indeed signed in lieu of the patient. This came as a shock to me. Such conduct was totally unexpected, and cannot be tolerated. How my staff treats patients is an integral part of my practice.

The fact that the patient was mixing the issues of fee for consult and signature, and that staff may have perceived this patient as difficult do not diminish the importance of our keeping the standards of practice high at all times. This includes every member of the team, from me to our front-line staff. We need to be very vigilant with all of our staff members, whether they are new on staff, or have been with the practice for a long time.

In conclusion: as we are responsible for all aspects of our practice, our policies should be always consistent and we must continually remind our team to adhere to the same standards and policies.

*Prepared by Dr. Z. Ouzounian at the request of the Complaints Committee as part of the resolution of a complaint.*

---

## Malpractice Insurance Policy

Included with this issue of *Dispatch* is an outline of the current provisions of the professional liability coverage afforded to Ontario dentists by the policy on file with the College respecting malpractice insurance.

The limit of liability of \$2,000,000 for each occurrence, and the individual deductible of \$1,000 for any one-time occurrence including defence costs are the same as for the year 2000.

Please remember, as in previous years, there is a step-up provision in the policy for the

individual deductible of an additional \$1,000 for each additional claim previously made against a dentist during the previous 36 months.

More information about your professional liability coverage and risk management advice can be obtained by calling the Professional Liability Program area of the College at 416-934-5600 or 1-877-817-3757, or the program's Director Dr. Don McFarlane at 416-934-5609 (direct line).

## Complaints Corner

*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 edited versions of some of the cases dealt with by the Committee. By law, neither the dentist nor the complainant can be identified.*



### SCENARIO

A 35-year old woman wrote a letter of complaint to the College saying that her dentist, whom she had seen for 20 years, did not diagnose or treat her deteriorating periodontal condition, and had failed to refer her to a periodontist.

The dentist said that he did have discussions with the patient about her poor periodontal health, but he had not adequately recorded these conversations in the patient's chart.

After a thorough investigation, the panel of the Complaints Committee felt that the public would be protected, and the member assisted in his professional practice, if the member volunteered to sign an undertaking with the College. In the undertaking the member would

agree to upgrade his skills in the area of diagnosis and treatment planning for periodontal disease. The member did agree to voluntarily sign the undertaking.

### DISCUSSION

Inadequate diagnosis and management of a patient's periodontal condition are often the subject of a complaint. In many cases,

patients express their concern that they only become aware of their poor periodontal health when, for a variety of reasons, they visited a new dental office.

### HELPFUL SUGGESTIONS

The Complaints Committee would like to remind members that they have an obligation to ensure their continued competence. Members are encouraged to pursue continuing education through such opportunities as hands-on courses, lectures and ongoing review of current dental literature.

The Committee certainly recognizes that with long-term patients it is easy to overlook making changes to medical history forms, and updating



## Complaints Corner con't

a patient on their periodontal status.

Dentists are encouraged to make this a part of their regular routine so that conditions such as the deterioration of a patient's periodontal health is clearly documented in the patient's chart.

In situations where a condition has been diagnosed and the recommended treatment

refused, members should ensure that this information is clearly recorded in the chart. This ensures that there can be no misunderstanding as to whether or not the dentist informed the patient of the diagnosis and the recommended treatment.

### Patient Records Can Not Be Held As Ransom for Account Collection

A complainant alleged that a member refused to turn over radiographs and charts and records to another treating dentist until the amounts owed were paid.

The Complaints Committee was of the view that a patient's records, etc. cannot be treated as a lien or as security. The member had an obligation to co-operate with the transfer of records.

The Committee reminded the parties of the College's *Guidelines Respecting the Release and Transfer of Patient Records*, which read in part:

Patients have the right of access to or a copy of their complete patient dental record.... disputes between practitioner of contractual arrangements should not prejudice the future treatment of patients, restrict patients' rights to choose the dentist of their choice or limit the access of patients to their dental charts or records.

As a result, the Committee decided that the member attend a meeting of the Complaints Committee to be cautioned orally.

#### IMPORTANT NOTE FROM THE COMPLAINTS COMMITTEE

**Members are reminded that patient's records are not to be held as ransom for the collection of accounts. The regulations under the *Regulated Health Professions Act* and the College's Guidelines require that members transfer records upon the receipt of a written direction signed by the patient so that continued patient care is not compromised or delayed.**

**The Complaints Committee is concerned that this type of problem is becoming more prevalent. The Committee has chosen to highlight this problem area as a way of advising members that, in the future, a caution from the Committee may no longer be appropriate, and the Committee may consider this type of transgression more seriously.**

# Canadian Labour Mobility and Its Impact on Ontario Dentists

**Q: What is labour mobility?**

A: Some time ago the federal and provincial governments signed an *Agreement on Internal Trade (AIT)* to “remove or reduce inter-provincial barriers to the movement of workers, goods, services and capital.” Dentistry is one of many professions covered by this agreement.

It was anticipated that the provincial and territorial regulatory authorities would meet to try and enter into a Mutual Recognition Agreement (MRA). Each signatory to the MRA would recognize, for purposes of labour mobility, the qualifications of dentists who are registered/licensed in each of the others’ jurisdiction.

**Q: What has the College done to attempt to comply with this internal trade agreement?**

A: RCDSO and representatives from each of the other provincial and territorial dental regulatory authorities have been working on the principles of a MRA that would satisfy all of the dental regulatory authorities, and meet the goals of the internal trade agreement.

Many meetings have been held across Canada. Although most of the issues have not yet been resolved, the participants now have a clear understanding of the issues, and of the differences in registration requirements among the various dental regulatory bodies. This was necessary if an agreement was ultimately to be reached.

On March 30, 2000, the RCDSO Council approved in principle the basic outline and premise of the proposed Mutual Recognition Agreement.

**Q: What progress has been made?**

A: It appears that the dental regulatory authorities are close to completing a Mutual Recognition Agreement (MRA) for general practitioners.

Obviously success cannot be proclaimed until the MRA is signed by all of the regulatory bodies or enacted by Parliament. To date there seems to be a general consensus that, for labour mobility



purposes only, they would recognize general practitioner members from other provinces provided those members hold an unrestricted, unconditional (general) certificate/licence and are in good standing as of July 1, 2001.

This would include individuals who, for a variety of reasons, do not have a certificate of the National Dental Examining Board of Canada (NDEB). In Ontario the NDEB has been a non-exemptible requirement since January 1, 1994.

The dental regulatory authorities reconfirmed their commitment to the national qualification process. This process includes graduation from an accredited US or Canadian dental program, or from the two-year qualifying program, and successful completion of the NDEB examination that leads to a certificate from that Board.

This is why, for labour mobility purposes, a member who registers after July 1, 2001 will be required to have an NDEB certificate.

**Q: Have the dental regulatory authorities reached an agreement on specialists?**

A: It has been significantly more difficult to reach an agreement in this area.

For many years Ontario unlike most, if not all of the other dental regulatory authorities in Canada, has registered specialists if they:

- graduated from an accredited specialty program,
- were registered and engaged in independent specialty practice without restrictions/conditions somewhere in Canada or the United States, and,

- successfully completed the College's specialty examination that is currently administered through the Royal College of Dentists of Canada.

In accordance with RCDSO regulations, specialists can show competency for entry to practice purposes in the above way without having a NDEB certificate. Essentially their practices in these cases are restricted to their areas of specialty.

Since the intention of the internal trade agreement is to give labour mobility rights to competent practitioners, the College's stated position has been that these individuals should be given mobility rights, especially if they were first registered prior to July 1, 2001.

A minority of provinces have stated that they will not agree that specialists can practise their specialty unless and until they have successfully completed the NDEB requirements.

Ontario's position is that specialists currently registered or licensed in any province be grandparented similar to general dentists. For those who graduate after July 1, 2001, although they will be permitted to practise their specialty in Ontario, they will not enjoy the benefits of labour mobility unless they complete the NDEB examination.

It now appears that the majority of provinces are in agreement with the Ontario proposal. The likely outcome is that all specialists will be grandparented up to the effective date. Thereafter specialists will be required to have the NDEB certificate and have graduated from an accredited speciality program and have passed national speciality examination for full national portability.

**Q: How does labour mobility affect me?**

**A:** If you are a RCDSO member and will never attempt to be licensed to practise dentistry in any other province or territory of Canada, then the labour mobility agreement will not directly affect you.

If you are a RCDSO member who may wish to be licensed to practise dentistry in another province or territory of Canada, then the Mutual Recognition Agreement may assist you in doing so. It would eliminate the need for you to prove your competence through additional examinations when you apply to the regulatory body of another Canadian province or territory.

As a specialist, if you are a RCDSO member

and do not hold an NDEB certificate, it would be very important for you to carefully monitor the progress being made in reaching a Mutual Recognition Agreement.

**Q: How will I be affected if I am a member who does not have an NDEB certificate?**

**A:** While it is important to understand that no agreement has yet been reached among the dental regulatory authorities in Canada, it is quite conceivable that general practitioner (non-specialists) members who are:

- registered/licensed in a province or territory in Canada,
- are in good standing, and,
- whose licenses/certificates are not in any way subject to restrictions or conditions (This does not include academic license/certificate holders.)

will be given certain mobility rights whether or not they have the NDEB certificate **provided they are registered/licensed in a province or territory of Canada prior to July 1, 2001.**

It is too early to speculate on whether an agreement will be reached respecting specialists, and if so, whether the basic grandparenting provision which is being considered under the agreement for general practitioners will also be included in the agreement for specialists.

If you are a former member of this College who does not have a NDEB certificate and who is entitled to have his/her general certificate or specialty certificate of registration reinstated, you may be able to obtain labour mobility rights if you are reinstated before July 1, 2001.

**If you are currently a member of this College and you are considering resigning or otherwise ceasing to be a member, you will want to carefully consider the effect of your decision — especially if you do not have an NDEB certificate and think that you may wish to practise dentistry somewhere else in Canada in the future.**

**Q: Whom do I call if I have questions about labour mobility and its impact on me?**

**A:** Please contact the College's registration staff if you have any questions or concerns in this matter. The phone number is 416-961-6555 or toll-free at 1-800-565-4591.



# On Appeal

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

*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.*

*From time to time, Dispatch will reproduce summaries of HPARB reviews 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, you can either contact the Board directly at 416-327-8512, or contact Petula Widyaratne, Co-ordinator, Complaints at the College by phone at 416-961-6555 / 1-800-565-4591, ext. 5311, or by e-mail at [pwidyaratne@rcdso.org](mailto:pwidyaratne@rcdso.org).*

## CASE #1

### The Complaint

A patient complained about a dentist previously and the Complaints Committee disposed of the matter. Then the patient complained again to the College alleging that the member had assaulted and threatened him in a busy lobby open to the public.

The dentist was able to provide the Complaints Committee with corroboration of his position that he had spoken to the patient in a friendly fashion. The patient had no other witnesses.

### Complaints Committee

The Complaints Committee determined that it would take no further action regarding this complaint.

### Health Professions Appeal & Review Board

The Board was of the view that the patient's "complaint has no possibility of prevailing upon review, and the Board therefore proposed not to proceed with the review."

## CASE #2

### The Complaint

The patient complained against a member alleging that the care and treatment provided by the member was substandard, and that the member had falsified her chart and record.

The member reported to the Complaints Committee that he did not have the original records, but did begin a new chart for the patient.

### Complaints Committee

The Committee cautioned the member to retain records for a period of 10 years from the date of the last entry, as required under provincial regulations. As well, there were some issues with respect to the member adding information to the chart without a date of service corresponding with the entry.

The patient sought a review from the Health Professions Appeal and Review Board (HPARB).

### Health Professions Appeal & Review Board

The Board found the decision of the RCDSO Complaints Committee reasonable, and confirmed the Committee's decision.



## CASE #3

### The Complaint

The patient complained to the College that he was experiencing severe pain. The essence of his complaint was that a member had failed to diagnose or treat a painful and life-threatening situation.

The patient had gone to an emergency department of a local hospital and was advised, after receiving antibiotics and painkillers, to see a dentist. The next day the dentist examined the patient and determined that there was a facial swelling in the posterior right mandibular area. Radiographs revealed a deeply impacted tooth 38. The patient was referred to an oral surgeon that day.

The oral surgeon stated that the patient had no acute distress, fever, or difficulty breathing or swallowing. There was mild extraoral swelling and a left mandibular vestibular space infection with purulent drainage opposite the margin of impacted tooth 38. The oral surgeon gave the patient oral and written post-operative instructions, including an emergency telephone number.

The patient, having received no relief from the oral surgeon, went to another oral surgeon who diagnosed a large tumour or cyst around the impacted tooth 38, with severe destruction of the mandibular bone. The essence of the

complaint was that the member failed to diagnose or treat a painful and life-threatening situation.

### Complaints Committee

After a thorough investigation, the Complaints Committee directed no further action to be taken. It recognized that there might be an apparent difference between the symptoms noted by the various dentists due to the masking effects of the antibiotics and analgesics. In addition, a fever can vary over a short period of time and a purulent discharge may reduce the swelling. The pathology may indeed have appeared to be that of a relatively infected wisdom tooth. The Committee found that the member's treatment, which was incision and drainage, was appropriate for the release of pressure.

The patient requested a review of this decision by the Health Professions Appeal and Review Board.

### Health Professions Appeal & Review Board

The Board reviewed the Complaints Committee decision and stated: "Disagreement amongst health professionals in the reasonable exercise of their professional judgement with reference to a particular form of treatment does not, by itself, give rise to an inference of professional misconduct." The Board found the decision of the RCDSO Complaints Committee reasonable, and confirmed it.

## Our Mistake

The 2001 Listings of Dentists and Specialists in Ontario contained incorrect telephone and/or facsimile numbers for some of our members. The corrections are listed below. We regret the inconvenience this may have caused.

### ALPHABETICAL LISTINGS / DENTISTS

#### EVANS, STEPHEN ROBERT

51381 85 009  
General Certificate  
23 Dairy Ln #1  
Huntsville ON P1H 1T4  
Tel: (705) 789-9521  
Fax: (705) 789-9066

#### GRODECKI, EDWARD Z.

08915 79 256 84 OS  
General/Specialty Certificates  
Bramalea Oral Surgery  
18 Kensington Rd #407  
Brampton ON L6T 4S5  
Tel: (905) 791-1620  
Fax: (905) 791-7110

5 Old Mill Dr  
Toronto ON M6S 4J7  
Tel: (416) 762-5455

#### RILEY, RICHARD LAWRENCE

07065 71 256  
General Certificate  
23 Dairy Ln #1  
Huntsville ON P1H 1T4  
Tel: (705) 789-9521  
Fax: (705) 789-9066

#### SMYTH, RICHARD J.

08971 79 256  
General Certificate  
23 Dairy Ln #1  
Huntsville ON P1H 1T4  
Tel: (705) 789-9521  
Fax: (705) 789-9066

#### TRIEMAN, GEORGE

08510 77 261  
General Certificate  
1380 London Rd  
Sarnia ON N7S 1P8  
Tel: (519) 542-1213  
Fax: (519) 542-3300

### SPECIALISTS

#### ORAL & MAXILLOFACIAL SURGEONS

#### GRODECKI, EDWARD Z.

08915 79 256 84 OS  
General/Specialty Certificates  
Bramalea Oral Surgery  
18 Kensington Rd #407  
Brampton ON L6T 4S5  
Tel: (905) 791-1620  
Fax: (905) 791-7110

5 Old Mill Dr  
Toronto ON M6S 4J7  
Tel: (416) 762-5455

# An In-Depth Look at RCDSO Finances

**B**ecause dentists typically view accountants in much the same way as accountants view root canals, the College has in the past refrained from providing space in *Dispatch* for accountants to share information with College members. As far as I know this is the first report of this kind in *Dispatch*, and it is consistent with the College's policy of full disclosure and transparency in decision-making. I hope you find it informative.

Many positive changes have taken place at the College over the past year. One of those changes has been a commitment to improved communications with the members of RCDSO. It is our intention in the future to occasionally have articles in *Dispatch* to inform members on matters relating to the finances and the administration of your College. Your comments, feedback or suggestions for future articles would be very much appreciated. I can be reached at the College by phone at 416-934-5620 (direct line) or by e-mail at [pharrison@rcdso.org](mailto:pharrison@rcdso.org).

## 1. WHERE WILL THE MONEY COME FROM (2001 BUDGET)?

The revenue pie chart (chart#1) indicates the funding sources of the College, which support both the day-to-day operations, as well as the Professional Liability Insurance program.

It's worth noting that 25% of the College's revenue comes from investments. The College's strong financial position, which has been built up over the years, continues to benefit members. In 2001 the investments will contribute approximately \$361 per member towards College/PLP operations. That means that \$361 was contributed from investments on behalf of each member to

financially support the College in maintaining its regulatory mandate, and to deliver the malpractice insurance programs to the dentists of Ontario.

## 2. WHERE WILL THE MONEY BE SPENT (2001 BUDGET)?

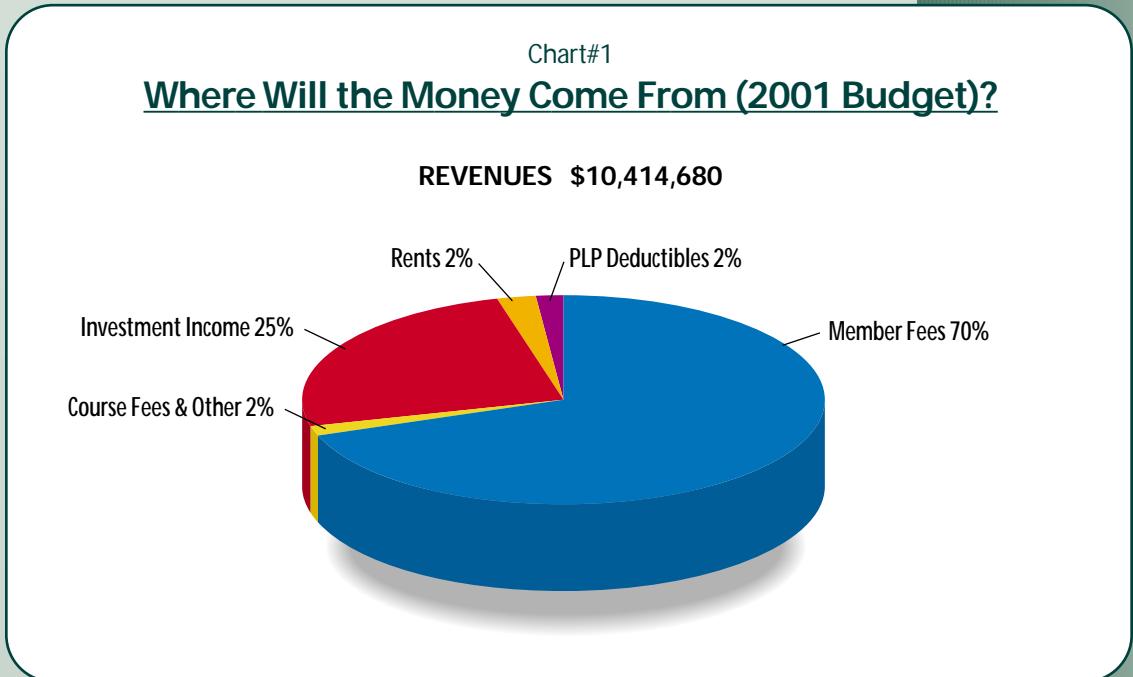
The expense pie chart (chart#2) shows how your money will be spent in 2001.

### Governance

The privilege of self-governance does not come cheaply. Governance includes among other things: expenses relating to Council and Executive meetings, election expenses, annual reports, grants to the Canadian Dental Association for accreditation activities, government liaison activities, as well as corporate legal services. These expenses account for approximately 12% or \$1,434,000 of the College's total budget for 2001.

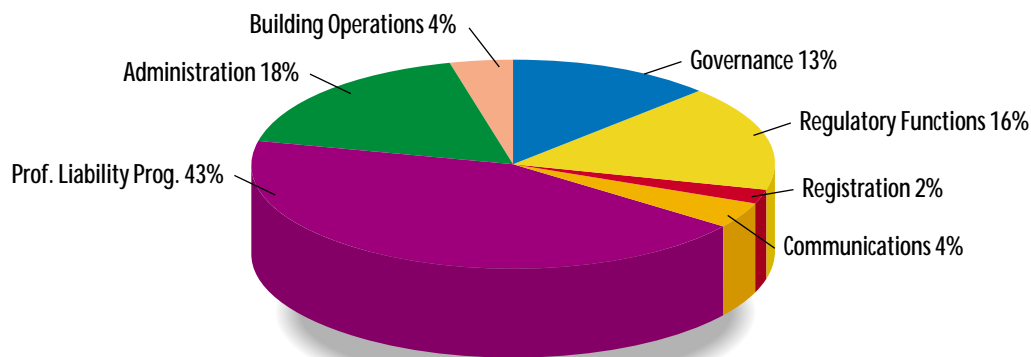
### Regulatory Functions

These activities represent the core regulatory functions of the College and include the complaints, hearings and investigations processes. These costs account for 15.5% or \$1,849,000 of the College's total budget for 2001.



Chart#2  
**Where Will the Money Be Spent (2001 Budget)?**

EXPENDITURES \$11,903,384



for coverage similar to that which the College currently provides to its members in Ontario for \$686, and which is included in the annual fee of \$975.

I'm sure that the dentists of Ontario appreciate what our independent actuaries have recently pointed out: "The PLP program is well managed and in terms of malpractice insurance coverage for professionals, it is the best game in town."

**Finance & Administration**

These costs account for 16.8% or \$1,995,140 of the College's 2001 budget and include all unallocated operating costs to support the activities of the College. These would include among other things: the activities of the Finance & Audit Committees, printing, stationary, office supplies, postage, telephone/fax, courier charges, internet services, equipment rentals, computer services, human resource services, depreciation and repairs of College equipment, audit and corporate professional services. Also included are any special projects undertaken at the College, such as the recent records management project. Considering the numerous departments and activities which are served by administrative services, the relative costs are not at all disproportionate.

**Building**

The College is most fortunate to have its own building at 6 Crescent Road in Toronto. The building is valued on the books at \$4,696,014 and is free of any encumbrances. The College recently was required to spend \$600,000 for (among other things) a major repair and maintenance program to make the building compliant with certain safety codes. A considerable amount of asbestos was also removed from the building for the well-being of the College and tenant occupants. It's important that, in the future, the College maintain this valuable asset on an ongoing basis.

**Professional Liability Insurance Program**

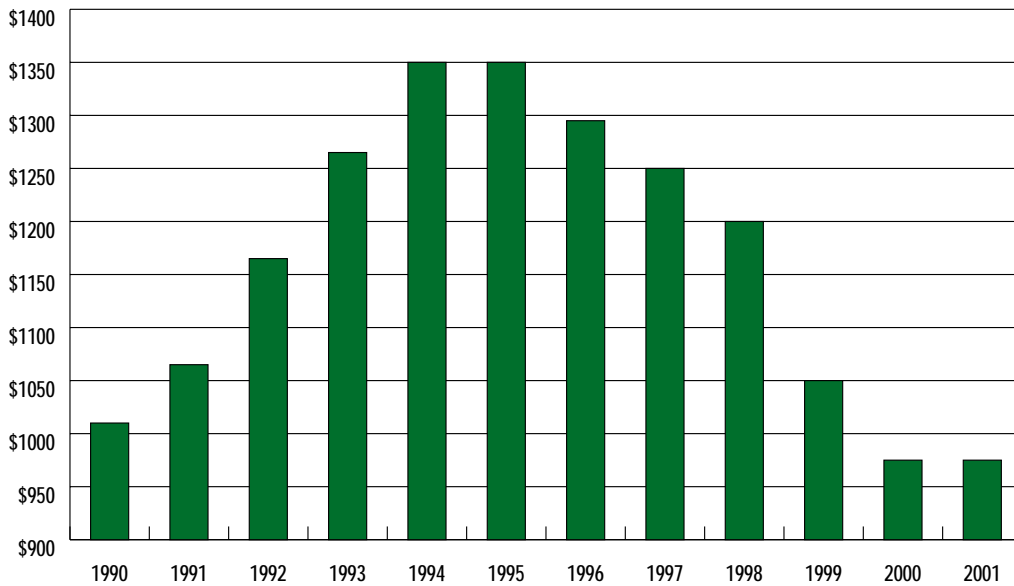
This expenditure represents the direct costs related to the compulsory \$2 million malpractice insurance program administered by the College. The costs of this protection are included in the member's annual fee. Additional coverage is available to members at additional cost.

The direct costs of this insurance program currently account for approximately \$686 of the \$975 annual fee. These costs increased in 2001 by \$1,116,000 over the previous year.

You are no doubt aware of the financial demise of our insurance carrier in 2000, and the need for the College to go to a relatively hardened marketplace to replace the existing insurance coverage for Ontario dentists. The increase in program related costs accounted for approximately \$823,000 or 42 % of the College's deficit in 2000.

In spite of what appears on the surface to be a significant increase in malpractice coverage costs, the \$686/member pales in comparison to costs paid by other comparable professional groups. The legal profession insurance costs between \$1,782 and \$3,400 per member. The physicians and surgeons insurance program costs range from \$1,860 to \$5,172 per member. Dentists in Canada, outside of Ontario, pay \$1,351 per year

Chart#3  
**Annual Fees 1990-2001**



**MEMBER'S FEES**

The graph showing member's fees (chart#3) indicates that, due to the College's strong financial position, fees have been reduced every year for the past seven years from \$1,350 in 1994 to \$975 in 2000. In fact, the current fee level of \$975 is lower than it was 11 years ago in 1990 (\$1,010). During the last seven years as the fees decreased, expenses have increased. Inflation alone accounts for a cumulative increase in costs of 10% over that time frame. It should be no surprise then, that expenditures would eventually exceed revenues and did so in 2000, by \$1,951,505 (chart#4).

Under the direction of Council, and the careful eye of the Finance, Administration & Property Committee, the College engages in a comprehensive annual budgeting process, which to the best of our ability anticipates revenues and expenditures, over the course of the ensuing year.

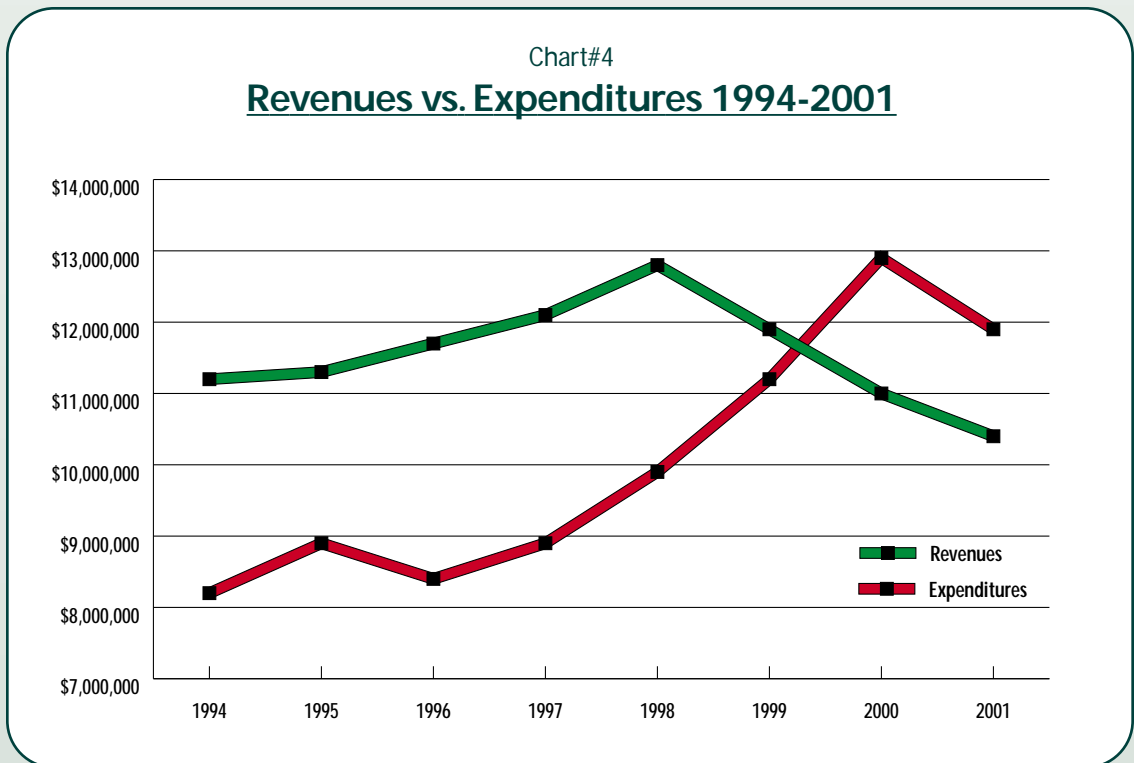
In the year 2000 however the College faced a number of unique situations, which resulted in significant budget variances. The three primary areas contributing to the deficit were as follows:

**Litigation Settlements** - Long outstanding litigation settlements and other legal matters were settled during the year and contained

confidentiality clauses. While the specifics therefore cannot be divulged, the additional unbudgeted costs applicable to these matters were in the order of \$891,000 or 45.6% of the 2000 deficit.

**Economic conditions** - Interest revenues dropped significantly over the past year such that expected returns on the College's investments dropped by \$285,050 or 6.8%. In large part, the drop in revenue was attributable to a significant decline in interest rates, as well as significant unbudgeted expenditures which in turn eliminated the

If the College is to continue to be viewed as a pre-eminent regulatory body in the health-care field, and it is to enjoy the privileges accorded to a self-governing, self-regulated independent profession, the members of the College must make the necessary investment.



interest revenues which would otherwise have been generated by those funds.

**PLP insurance program** - As noted earlier, the 2001 budget reflects an increase of \$1,116,000 over 2000 to reflect increases in premiums, stop loss retention limits and increased expenses related to PLP. In the year 2000, increased PLP direct costs also accounted for \$823,000 or 42% of the year 2000 deficit.

In all then, these three extraordinary items in the year 2000 accounted for \$1.9 million of unbudgeted expenditures. Were it not for these three items the College would have achieved its break-even budget goal.

**CONCLUSION**

Your Council made a conscious decision to fund the deficits for the years 2000 and 2001 from the accumulated surplus of the College. However to continue in this manner would seriously erode remaining fund balances that the College currently enjoys, along with the investment revenues historically generated by them.

If the College is to continue to be viewed as a pre-eminent regulatory body in the health-care field, and it is to enjoy the privileges accorded

to a self-governing, self-regulated independent profession, the members of the College must make the necessary investment.

Upon a review of the above information, it becomes quite apparent that a fee increase is in order. This would be the first increase in eight years. The Finance Committee has addressed this issue and made its recommendation to Council at its meeting in June which was accepted unanimously by Council. The increase will be \$335, which would raise the current annual fee from \$975 to \$1,310, effective January 2002. The resulting fee would still be \$40 less than it was eight years ago, and would enable the College to maintain its operations and deliver the PLP insurance program without deficit financing.

I thank you for reading this article and again I would appreciate your feedback, comments or suggestions for future reports of this kind. I can be reached by phone at 416-934-5620 (direct line) or by e-mail at pharrison@rcdso.org

Paul Harrison, CMA  
Treasurer/Director, Finance and Administration



## In the Teeth of the Action

RCDSO member Peter Nkansah jokingly gives the Raptor mascot's incisors an inspection during a recent match with the New York Knicks. As official team dentist for the Toronto Raptors, Dr. Nkansah is front and centre at all the home games.

"I guess some small problem comes up about every other game. The worst I've had is a fractured jaw," he says. Dr. Nkansah is a dentist and dental anaesthesiologist with a practice in Toronto. He was profiled in a recent feature in the Toronto Star.



## College Improves Service With Introduction of Call Display

As of May 1, the College has initiated a six-month trial project using call identification on its phone system as another way to provide more effective and efficient service to members and the public. This means the College is moving in the same direction as a large number of service organizations across the country.

"The College certainly recognizes the need to maintain extremely high standards around privacy concerns," explained Registrar Irwin Fefergrad. "In fact, we are following the guidelines for call display issued by the province's Information and Privacy Commissioner. As these guidelines suggest, the

College will not collect or retrieve call records.

"We do not anticipate any problems with the implementation. The switchboard receives only about two anonymous calls a month. Callers who wish to remain anonymous will be provided with alternatives for that option when they call in."

If you have any questions about this new service initiative, please contact Irwin Fefergrad by phone at 416-934-5625 (direct line) or by e-mail at [ifefergrad@rcdso.org](mailto:ifefergrad@rcdso.org) or contact Senior Manager of Communications Peggi Mace by phone at 416-934-5610 (direct line) or by e-mail at [pmace@rcdso.org](mailto:pmace@rcdso.org).

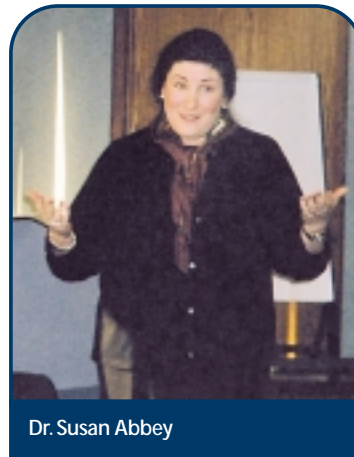
## Intensive Orientation for Discipline Committee Members

It was an exciting and informative two days for the Discipline Committee members during their orientation session in early February. Some of the leading lights in the area of administrative and health-care law participated: The Honourable Mr. Justice Colin Campbell of the Superior Court; Dr. Susan Abbey, a psychiatrist who specializes in victims issues; Larry Banack, a partner in the law firm of Koskie Minsky and a Bencher with the Law

Society of Upper Canada; Dr. John Carlisle, a physician and lawyer who is the Deputy Registrar of the College of Physicians and Surgeons of Ontario; Earl Heiber, a lawyer experienced in administrative tribunal work, especially under the *Regulated Health Professions Act*; and Lee Pinelli, a lawyer who has served for the past three years as Independent Counsel to the RCDSO Discipline Committee.



Larry Banack



Dr. Susan Abbey



Dr. John Carlisle

## Questions...We Get Questions



Checking out the handouts at the RCDSO booth are (left to right): exhibit staff - Julie Wilkin, Co-ordinator, Professional Practice, RCDSO; Dr. Katherine Zettle, Guelph; and Dr. Andrew Wong, Richmond Hill.

The College joined the 399 exhibitors at the Ontario Dental Association's 134th Annual Spring Meeting on April 19-21. College staff were on hand for two days to personally answer questions from dentists and dental hygienists who dropped by the booth. Total attendance at the meeting topped 7,300.

The College also participated in two standing-room only educational sessions on Friday, April 20. In the morning, key College staff discussed some of the central issues and themes emerging from the thousands of calls they receive every year from dentists across the province. In the afternoon, the College joined with colleagues from the College of Dental Hygienists of Ontario to speak with a common voice on a number of important issues.

## New PLP Initiative At Your Service

Every dentist knows that it is not always possible to satisfy all patients, even when treatment progresses well. In addition, the best possible treatment plan may not proceed smoothly. At any time, an unhappy patient may confront a dentist, or a serious incident may suddenly occur. The staff of the Professional Liability Program (PLP) area of the College is here to provide a variety of services to members, including valuable risk management advice.

As you know, you may contact PLP staff easily during the College's regular business hours in

order to report any untoward incident that has occurred or to receive advice on how to handle a difficult situation. Those dentists whose offices are open evenings and weekends may also need similar assistance. For this reason, we are pleased to announce a new member service.

Effective immediately, a paging service is now available to allow members access to a PLP staff member outside of the College's regular hours. By calling the regular PLP phone number of 416-934-5600 or toll free at 1-877-817-3757, and following the instructions on the message, you may access this new service.

Non-urgent calls or inquiries about a current case should be limited to regular business hours when PLP files and other resource materials are available.



## Calendar of Events

### Mark Your Calendar

**October 15**  
*Toronto*

**Federation of Health Regulatory Colleges Of Ontario Seminar**  
Morning Session: Impact of New Legislation on Your Practice  
Afternoon Session: Strategies for Achieving Your Professional Goals and Obligations  
*Contact:*  
Steinecke Maciura LeBlanc,  
416-599-2200, ext. 281 or  
steinmar@interlog.com

**October 22**  
*Ottawa*

**Federation of Health Regulatory Colleges Of Ontario Seminar**  
(see Oct. 15 listing for information)

**November 2**  
*London*

**Federation of Health Regulatory Colleges Of Ontario Seminar**  
(see Oct. 15 listing for information)

**Nov. 7 & 8**  
*Toronto*

**RCDSO Council\***  
The Westin Prince Hotel  
900 York Mills Road

\* RCDSO Council meetings are open to the public, with the exception of any *in camera* portion dealing with personnel issues or other sensitive or confidential material. Meetings begin at 9:00 am. The agenda is available either at the meeting or in advance on request. Seating is limited so if you wish to attend please let us know in advance by calling Lynne Clark, Senior Executive Assistant, at 416-961-9555, ext. 5627, or toll-free at 1-800-565-4591.

## RCDSO Continues Support For Zero Tolerance Policy On Sexual Abuse

The RCDSO unequivocally continues to support zero tolerance as the only approach when dealing with sexual abuse of patients by regulated health-care professionals, and as a regulatory college, wholeheartedly supports the *Regulated Health Professions Act (RHPA)*.

Those were the messages delivered by the College in a media interview in late March with a *Toronto Star* health policy reporter. The College was contacted for its response to a move by the Ontario Medical Association (OMA) to seek intervenor status in an appeal to the Ontario Court of Justice Divisional Court by a physician who was found guilty of professional misconduct by the College of Physicians and Surgeons of Ontario (CPSO) for

having sex with a patient from 1992 to 1994. CPSO revoked the doctor's certificate of registration for five years. The doctor's appeal argues that this decision violated his Charter rights by dictating with whom he can have sex.

RCDSO adopted a policy of zero tolerance in relationship to the sexual abuse of patients by dentists, and in 1994 distributed *Guidelines For Professional Behaviour Regarding The Prevention of Sexual Abuse in the Dental Office*.

The provincial health minister Tony Clement was quoted in a recent media interview as saying that the Ministry of Health and Long-Term Care continues to support a zero tolerance policy as the only way to ensure patient safety is not compromised.

### Mandatory Continuing Dental Education Credits (MCDE)

## Zero Tolerance Video Available at No Cost

Sexual impropriety with patients is considered an extremely serious matter and the College Council has approved a policy of zero tolerance.

To support members to learn more about the prevention of sexual abuse and harassment in the dental office, the College produced a special video called *Zero Tolerance*. This video, specific to the dental profession, runs approximately 16 minutes and is available to members of the College. Members who view the tape and complete the enclosed self-assessment questionnaire will receive an MCDE credit of two points. There is no cost involved.



You can borrow a copy of the Zero Tolerance video at no charge by contacting Peggi Mace, Senior Manager, Communications by phone at 416-934-5610 (direct line), toll-free at 1-800-565-4591 or by e-mail at [pmace@rcdso.org](mailto:pmace@rcdso.org).



## Back To School For College Staff Hosting Seminars At Dental Schools

It was back to school for RCDSO staff as they conducted pop and pizza seminars for students at the University of Toronto (U of T) and the University of Western Ontario (UWO) dental schools during March and April. On March 5 staff met with 3rd and 4th year students at U of T, and on April 16 with 3rd and 4th year students at UWO.

On March 16, College staff spoke to the 1st year students at U of T as part of their biomaterials course. The presentation reinforced the importance of scientific knowledge required for treatment decisions, including the objective selection and use of materials, and described typical errors in selection or use of materials that result in patients complaints to the College.

According to Dr. Philip Watson who coordinates the U of T biomaterials program, the students were pleased to have a chance to have an opportunity to talk with College staff in person.

"This type of interaction strongly reinforces the importance of a strong scientific background to a successful practice," explained Dr. Watson. "It also helps relieve some of the apprehension and misconceptions that students tend to develop about the College."



At the University of Western Ontario (left to right): Dr. Michael Gardner, RCDSO, Assistant to the Registrar, Dental with Johanna Schaffer, President, UWO Dental Students Society (middle) and others.

## Preserving College History for Future Generations

The Royal College of Dental Surgeons of Ontario has a long and illustrious history. On March 4, 1868, with royal assent of *An Act Respecting Dentistry*, the first dental act to be adopted anywhere in the world, created the Royal College of Dental Surgeons of Ontario.

The RCDSO wants to ensure that the dentists of the future have tangible reminders of this great past. For this reason the College has struck a special Historical Committee to collect and preserve archival material and mementos of its history.

We hope that you will be able to help us. The College would gratefully accept any printed material or other items such as photographs, documents or artifacts that will help tell the story of the College for future generations. If you wish, printed material will



be copied and returned. All these contributions to the College archives will be suitably acknowledged.

If you are able to help us in our search, please call Brenda Phillips, Office Services Supervisor, at 416-961-6555 ext. 5622, toll-free at 1-800-565-4591 or by e-mail at [bphillips@rcdso.org](mailto:bphillips@rcdso.org).



Joint Letter to Ontario Dentists (con't from page 6)

## CDA, ODA and RCDSO Join Forces To Address Serious Concerns With Health Canada About Dental Audits

NIHB program have been subjected to intrusive and lengthy on-site audits conducted by FCH. Often these audits were conducted by a dental hygienist. Dentists feel pressured to allow the audits for economic reasons. However, they are deeply concerned about providing access to confidential health records without appropriate and adequate consent from their patients, and also about possibly leaving themselves vulnerable to a complaint of professional misconduct because of the intrusion into patients' private medical, drug and dental information.

### According to legal opinions obtained by the CDA, ODA and RCDSO:

- First Canadian Health has no statutory basis to conduct these audits.
- There is no contractual arrangement between the dentists participating in the program and Health Canada to allow these audits. In fact, dentists are not required to allow FCH auditing staff to access their offices or to review confidential patient health records. Indeed dentists are prevented from allowing access to health records unless a patient has provided the dentist with an informed and express consent.
- There is no blanket authorization for the unrestricted access to all patient records held by the dentist to First Canadian Health.

As the regulatory authority in Ontario, RCDSO points out that if, through on-site audits, Health Canada illegally obtained information, suspected fraud or irregularities and then provided this information to the College, the College may be unable to use this information. The reason is that this information may have been obtained contrary to the *Regulated Health Professions Act, 1991*, and the Charter under the section addressing unlawful search and seizure by a government agency.

### What Can Dentists Do?

There is no question that the dentists involved with FCH are placed in a very difficult situation. In some cases, there may feel forced to make

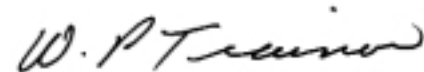
decisions that threaten to cut off their economic livelihood. Each dentist must exercise his/her own best professional judgement about what is the most appropriate course of action that takes into account their unique circumstances. Meanwhile CDA, ODA and RCDSO will diligently continue their ongoing negotiations with Health Canada. However, it would certainly be wise for every dentist to keep detailed notes of any of their discussions and interactions with FCH personnel.

### In Conclusion

We believe that our collaboration on this issue marks the beginning of a new important era for dentistry both provincially and nationally. It is a clear demonstration of how the professional associations and regulatory authorities can work together on issues of mutual concern to both the profession and the public. We look forward to building on this new momentum and to moving forward together on this and other issues of common concern. We will definitely keep you informed as new developments unfold.



Burton Conrod, DDS  
President  
Canadian Dental Association



W.P. Trainor, DDS  
President  
Ontario Dental Association



Eric Luks, DDS, MScD, Dip.Orth.  
President  
Royal College of Dental Surgeons of Ontario

## Meeting with Dentists Around the Province



### Kingston

College representatives joined members of the Kingston and District Dental Association on January 31: (left to right) Dr. Russell Boyce, Program Co-ordinator; Dr. Doug Smith of Ottawa, RCDSO Council member; Irwin Fefergrad, RCDSO Registrar, and Dr. Paul D'Aoust, President.



### Burlington

RCDSO Council Member Dr. Randy Lang (right) joins Dr. Craig Paszt (left), Program Chairman of the Burlington Dental Academy during the Academy's meeting on February 15.



### Greater Toronto Area

For the first time, a group of South Asian dentists met informally with the College. At the informal dinner meeting were Registrar Irwin Fefergrad and Council public member Elesh Ruparel. The get-together was organized by Mr. Ruparel (second from left). The dentists, excited about the chance to meet face-to-face with College representatives, have requested the College to sponsor more formal educational sessions in the future.



**North Toronto**

The North Toronto Dental Society welcomed College representatives to a meeting on January 18: (from left to right) Dr. Stanley Waese, Chair of Social ; Dr. Virginia Luks, RCDSO Council member; Dr. Pirjo Friedman, Secretary; and Dr. Mohsen Kermanshahi, Vice President.



**Stratford**

The Stratford and District Dental Society meeting on April 11 (from left to right): Irwin Fefergrad, RCDSO Registrar; Dr. Peter Ersil, President; Dr. Jim Kelly, Education Chair; and Dr. Leslie Diamond, Secretary-Treasurer.

## Speakers Available For Dental Meetings



Is your dental society, organization or study group interested in booking a speaker for an upcoming event? Over the past few months, the Registrar and the President have met with dentists in Brantford, St. Catharines, Halton/Peel, Kitchener, Toronto, Thunder Bay, Belleville, Hamilton, Stratford, Chatham, Sarnia, Kingston and Ottawa.

The Council President, the College Registrar, or senior staff are available on

request to come to your meeting. Topics include updates on College activities, risk management, recordkeeping, advertising and quality assurance.

If you are interested, contact Lynne Clark, Senior Executive Assistant, Registrar's Office at 416-961-6555, ext. 5627, toll-free at 1-800-565-4591, or by e-mail at [lyclark@rcdso.org](mailto:lyclark@rcdso.org).





# Mailbag

We want to hear from you. We welcome your feedback on any issue raised or article in *Dispatch*, or about College programs and activities.

Please send your letters by mail to Mailbag, RCDSO, 6 Crescent Road, 5th Floor, Toronto, ON M4W 1T1, by fax to 416-961-5814 or by e-mail to [pmace@rcdso.org](mailto:pmace@rcdso.org).

Some letters or excerpts printed may not contain the name of the author due to the confidential nature of the original correspondence. In all letters used the author has given permission for its use. The College reserves the right to edit letters for length and clarity.

## Dispatch Feedback

The current *Dispatch* is on wonderful paper, and the colours are so crisp and the graphics so appropriate — nice presentation.

Rick Beyers, DDS  
Kitchener

This dental ethics page is great. As a long-term dental consultant, I see and hear both sides. I faxed in my comments for the Fall 2000 and the March 2001 case studies. I would like to receive the full text of the discussion paper by e-mail or snail mail.

Thank you.  
Ron Kellen, DDS  
Toronto

P.S. I would like to be a fly on the wall in some offices after they read Michael Gardner's current article. Very timely and relevant, and nicely phrased.

## Kudos to Alternate Dispute Resolution (ADR) Program

Last week I experienced a complaint resolution process at the College under the ADR program. Although not a pleasurable experience because of the adversarial nature of the situation, I am extremely grateful to the College for its commitment to such a worthy program.

The video, which I viewed several times, was very helpful in preparing me for the mediation process. The participants at the College were most courteous, supportive and professional. The ADR meeting was well-planned and

conducted in a relaxed and orderly manner.

Kudos to the College of Dental Surgeons for making it possible to solve a dispute between two people. Others could learn from you. The world would undoubtedly be a more peaceful place if all of us were able to solve problems in this manner.

Robert C. Bryant  
Fenelon Falls

## College Services for Profession

I would like to thank you (Registrar Irwin Fefegrad) for the recent advice regarding my office manager. As you may recall, I had become aware of a number of unusual entries in my office ledgers.

After a careful investigation, I confronted the employee involved. She advised me that she could explain the unusual series of transactions that I had uncovered. Unfortunately, she also advised me that she was no longer happy in her job and had decided to immediately seek other employment. As a result, she advised me that she would not be available to explain these entries.

As an office we have now moved forward with new staff, a new computer and an improved accounting system. Fortunately it would appear that the unauthorized transactions involved were limited in number.

Once again, your assistance was sincerely appreciated.

[name withheld as requested]

# ? ? ? DID YOU KNOW?

## The Three Rs: Retirement, Renewal and Resignation

New Series!

- There is no such thing as deciding not to renew your membership with the College. Provincial legislation does not recognize the concept of retirement or not renewing. The legislation only recognizes the concept of resignation.
- That is why a failure to pay your College fees within the timelines set out is not considered a resignation. You will be considered to be suspended while in default of your dues. The implications are serious. Should you ever wish to return to practise in Ontario, you would have to meet the current requirements for registration. For example, if you did not have a NDEB certificate, you would be

required to obtain one. This would most likely involve completing a two-year qualifying program.

- Only the member can inform us of his/her intent to resign. If you chose to resign from the profession, and wrote to the College but did not provide us with a completed official resignation form, the College will send you a letter confirming that you are indeed resigning from the profession.

For more information, contact Robert Lees, Manager, Registration at 416-961-6555, ext. 4353, toll-free at 1-800-565-4591, or by e-mail at rlees@rcdso.org.

## New Public Member Appointed to Council



Roberta Corey

The provincial government has appointed Roberta Corey as a public member to sit on the RCDSO Council. Ms. Corey will sit as a member of the Discipline Committee.

Roberta Corey of Toronto has more than 40 years of experience in public relations and communications in all levels of government. She recently retired as a communications consultant with the City of Toronto. She is also a qualified elementary school teacher, and a former vice-chair of the Ontario Film Review Board.

An active community volunteer, she works pro bono for several not-for-profit organizations. She has received a number of awards for her community efforts, including being knighted as a Dame of the Order of St. John of Jerusalem.

A frustrated thespian, in her spare time she writes, directs and performs in community musical shows and mystery evenings.

*From the Registrar's Office (continued from page 36)*

practical information to help you in your professional practice.

- We are currently reevaluating the visual image of the College — the very tangible way that we tell you, and our wide range of stakeholders from the general public to the media, who we are and what we stand for.

As we move forward, we will definitely continue to make every reasonable effort to consult with you, and to be open and accessible to your views. We are committed to moving

forward effectively and wisely to ensure continued trust between the College and its stakeholders. If you have any comments, please contact me by phone at 416-934-5625 (direct line) or by e-mail at ifefergrad@rcdso.org.

Irwin Fefergrad, B.A., B.C.L., LL.B.  
Registrar



# Ensuring Continued Trust With Our Members and Other Stakeholders

In the last issue of *Dispatch*, I asked each member of the College for help. We wanted a report card on just how we are doing. Have we failed to meet your expectations in some areas? What are we doing well? Should our resources be focused in a different way? Whatever the decisions for the future, they need to be firmly rooted in the past, and clearly linked to the needs of our members.

To make it all work, we need to hear the views and experiences of those who use our services — the dentists of Ontario. It is only with this kind of direct feedback that we can ensure that we continue to adapt to meet your needs. Certainly my numerous speaking engagements with dental societies around the province are an excellent and very personal way to hear your views.

In addition, the College has engaged Pollara, a nationally recognized company that specializes in strategic public opinion and market research. Through small focus groups and a province-wide phone survey, we are assembling a complete and scientifically accurate picture of members' attitudes and perceptions of our activities and services, and what is important to you. The willingness of members to participate in these activities has surprised even the research company. I thank you for that.

With the initial research collection phase completed already, I am extremely encouraged to report that many of you have already noticed the positive changes taking place at the College.

## What have you told us?

- You want us to continue to be proactive in the legislative arena. You identified specifically that you want the College to be involved in the dental amalgam discussion.
- You want *Dispatch*, and generally all written communication from the College, to be less severe in style, and graphically more friendly.
- You definitely are looking to the College to support your professional practice with more educational material.
- You want more involvement of the College in mediation work. You want us to expand beyond statutory matters and to address partnership and associateship difficulties.

- You definitely notice and appreciate the new openness and responsiveness of the College. Some of you do not yet trust that this is a lasting change, but are willing to give us a chance to prove ourselves.
- You notice and like the availability of staff, and our new emphasis on working together on problem-solving.
- You want a more open process to expand opportunities for all members to serve on committees at the College.
- You value the more timely and frequent reporting to members about what is happening at the College, especially the new publication *Council Highlights*.
- You recognize the new transparency in decision-making at the College, and again need more time to pass to be assured that this is a fundamental and permanent shift in the way we do business.
- You believe that the College's statutory processes are conducted fairly.

In future issues of *Dispatch*, we will share highlights of the final report with you. However, we are not waiting until the report card is in to be more relevant and responsive.

## Here are some of the most recent tangible results of our new way of doing business.

- Already we have been very aggressive in making representations to the Ministry of Environment on the issue of dental amalgam disposal.
- With this issue of *Dispatch*, we have officially launched PEAK, a new membership service to support the professional practice of dentists, with the inclusion of an excellent JADA reprint on antibiotic prophylaxis.
- This issue also sees the inauguration of what we hope will be periodic articles on issues of special importance to the dental community. Our first article, an in-depth look at informed consent, is by lawyer Eleanore Cronk.
- Our continuous improvement of *Dispatch* continues with this issue — the largest ever. We hope you notice a greater focus on

Con't. on pg. 35



Irwin Fefergad

With the initial research collection phase of our membership survey completed already, I am extremely encouraged to report that many of you have already noticed the positive changes taking place at the College.