

the Sentinel

A publication of the College of Dental Surgeons of British Columbia for dentists and certified dental assistants

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New Duty to Report Under the HPA

he public entrusts health professionals to provide them with safe, ethical and competent care. This level of trust also carries important responsibilities.

In B.C., all health professionals who are regulated under the *Health Professions Act* (HPA) have a professional, ethical and legal responsibility to report any unsafe practice or professional misconduct of any other regulated health practitioner, regardless of the health profession to which they belong. The legal requirements of *duty to report* obligate the practitioner to report the health care professional they are concerned about to the regulatory college that governs that person.

It can be difficult to determine whether to report a colleague to a regulatory body.

Dentists and certified dental assistants must report any members of their own, or other health professional colleges, if they believe the public is at risk because the practitioner



is not competent or is suffering from a physical or mental ailment, emotional disturbance or alcohol/drug addiction that impairs their ability to practise.

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President's Report Dr. Bob Coles

Communication Is a Two-Way Street

E xcellent communication is the foundation of all good relationships. This is true of the relationship between CDSBC and the people we regulate. As President, it's very important to me that the College communicate with dentists and CDAs regularly and effectively, and that we provide timely information that is relevant to your day-to-day practice.

Effective communication, and more specifically "information transfer," has never been more important than it is today. The dental profession is complex and is constantly evolving. It is vital that we are able to keep you abreast of the ever-changing landscape. This past winter, the College updated its Dental Recordkeeping Guidelines. Hopefully, you are well aware of the principles described in this recent document. We are also in the process of updating the Code of Ethics to make it more modern and relevant to practitioners and to the public.

As another example, the change in regulation to the *Health Professions Act* (HPA) brought with it new responsibilities – one being the *duty to report*, which is explained elsewhere in this issue. The change to the HPA also brought with it new opportunities, such as the ability *in specific circumstances* for CDAs to perform an expanded scope of duties, including removing excess permanent cement, packing retraction cord or even performing prophylaxis without a dentist being present.*

The only way to know if our communications are successful is to hear from you.

Setting aside a few minutes each month to read the information the College sends you about important topics like these is the simplest and easiest way to stay current about your profession and its inherent responsibilities.

We push; you pull

We will do our best to "push" critical information to you, especially through our *Sentinel*

newsletter and *Contact* email/fax bulletins. I also encourage you to "pull" the information you need – from the CDSBC website, by calling the College with your questions, or by attending one of our presentations at your local dental society or conference.

Communication goes both ways. We try our best to make the information available to you, and rely on you to do your part by reading College communications, which will help ensure you stay current in your practice.

The only way to know if our communications are successful is to hear from you. If you can't find the information you're looking for, or if there is a topic you think we should cover, please call or email CDSBC, or email me directly at **bcoles@cdsbc.org**. I look forward to hearing from you.

* Note: these expanded duties cannot be performed by all CDAs, in all circumstances. Visit www.cdsbc.org/ cda_services for the parameters under which these duties can be performed. Please make sure you are aware of them before instituting any changes.

continued from front cover

Impairment can have a number of causes and typically results in a loss of cognitive function, insight and judgment. Psychiatric illness and drug or alcohol abuse can be frequent causes of practitioner impairment. Cognitive impairment can also be caused by deterioration through aging, head injury and many other medical conditions.

"It can be difficult to determine whether to report a colleague to a regulatory body," says Heather MacKay, Registrar of CDSBC. "If you are concerned about a colleague, you should contact your College for clarification about the situation. We can help you determine if it is necessary to make a formal report."

Making an inquiry does not constitute a complaint and simply calling to talk the matter over and seek advice remains confidential. When a formal report is made, the HPA provides immunity from legal action to health professionals who comply with the duty to report as long as the report is made in good faith and is based on reasonable and probable grounds.

When a colleague with a health condition is reported to CDSBC, the College will investigate matters with public safety as its primary concern, while respecting the dignity and privacy of the registrant. Appropriate treatment and medical monitoring may be put in place for the health care professional if warranted.

The duty to report is also mandatory for the chief administrative officer of a hospital or private hospital, as well as for every treating physician of a registered health care professional who is unable to practise because of admission to a facility for psychiatric care or treatment, or for treatment of alcohol or drug addiction.

Sexual misconduct must also be reported. Where concerns about sexual misconduct are based on information received from a patient in a professional encounter, the consent of the patient or their parent/guardian must be obtained before making the report.

Although reporting a colleague or other practitioner to a regulatory body can be difficult for any professional, there is a mandatory obligation to be aware of, and comply with, the duty to report under the HPA.

Want to know more? Visit www.cdsbc.org to read answers to the most frequently asked questions about the duty to report.

Records Cannot Be Withheld Due to Unpaid Bills

The College frequently receives calls from dentists asking whether they are allowed to withhold a patient's records when the patient owes money for dental work. The answer is no: Patients have the right by law to access a copy of their complete dental record and dentists are obligated by law to provide copies of what the patient has requested, including radiographs, study models and photographs. Dental offices may charge a reasonable fee to cover the cost of duplicating the records and radiographs.

Dentists must also provide the patient records if another dental office requests them. The originating dentist has the option to provide a complete copy of the records or send the originals to the new office with a request that the records be copied and returned.

It is important for the originating dentist to keep a copy of the patient records. Not only is this required by law, complete records can protect the dentist if a complaint is launched in future. (Read more about how good recordkeeping resulted in the dismissal of complaints in "Complaint Summaries" on page 11.)

For more information about ownership, transfer and retention of dental records, please see CDSBC's *Dental Recordkeeping Guidelines*. This document was distributed to all dentists and CDAs in spring 2010 and is available at www.cdsbc.org/dental_recordkeeping.

	101
THIS ACCOUNT IS NOW	
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Registrar's Report Heather MacKay

Responsibility to Public, Colleagues and Patients

A s we were working on this issue of the *Sentinel*, it became clear that there was a theme developing: professional responsibility.

Our cover story is about responsibility to protect the public through the *duty to report*. It applies to all health professionals – including dentists and CDAs – regulated under the *Health Professions Act*.

This issue of the *Sentinel* also addresses responsibility to colleagues. Some of the calls

that come in to CDSBC are from dentists wondering what to do when they have concerns about the work of another dentist. As our story on page 5 explains, how you respond is very important and the CDSBC Code of Ethics provides the guidelines for this potentially tricky situation.

Dentists and CDAs obviously have a responsibility to their patients. Another question CDSBC is often asked is whether that responsibility continues when the patient decides to move to another dentist – and even when they ask for their dental records while leaving the bill unpaid. The short answer is "yes" but the full explanation is provided in the story "Records Cannot Be Withheld Due to Unpaid Bills" on page 3.

We hope you'll find these stories useful in your day-to-day practice. If you need more information on anything you read in the *Sentinel*, please call us at 604-736-3621 or 1-800-663-9169.

Keep Current: Visit cdsbc.org

Visit CDSBC's website for the most up-to-date information about topics like dental recordkeeping, continuing education requirements and CDA services. You can also earn CE credits:

Tough Topics Video

Tough Topics in Dentistry guides practitioners in what to do about difficult situations faced in practice. Three CE credits will be awarded to dentists and CDAs following successful completion of the post-test.

Webinars

There is still time to register for the fall webinar series:

Changing the Architecture of Bone

Dr. Blake Nicolucci Friday, October 29, 9-10 am PST *Registration deadline: October 19*

Acute Pain Control: Use of Opioids in Dentistry

Dr. Dan Haas Friday, November 26, 9-10 am PST *Registration deadline: November 16*



When Dental Work of Colleagues Is Not Up to Standard



Today is the first appointment with Mr. Smith, a patient who is new to town and new to your practice. During the initial exam, you notice that Mr. Smith has had considerable dental work, and you have concerns that several crowns are failing. In your opinion, the quality of these crowns does not meet professional standards. What should you do?

As with any other dental issue, you must alert Mr. Smith about problems that you see and discuss what is needed to correct the situation. You must take care that your statements are objective. For example, you could say: "Several of your crowns appear loose and may need replacing."

Your professional responsibility is to treat the situation dispassionately and objectively. Be aware that you may not have all the information in front of you and you don't know what factors have played a role in the success of the work. It is important not to make a casual comment that could imply another dentist is at fault or that the work done was substandard. This is part of your obligation to uphold the CDSBC Code of Ethics, which states that dentists and CDAs must "respect the dignity and professional status of, and professional relationships with, their colleagues."

Before reaching any conclusions, you should make every effort to contact the dentist who did the work to share your concerns. That dentist may have more information that explains the situation, or they may be unaware there is a problem. Depending on the circumstances, it may be reasonable for the original treating dentist to have the opportunity to repair the work.

If – after having gone through this process – you continue to have serious concerns about the care delivered by a dentist, please contact CDSBC.

Call for Nominations: 2011 CDSBC Awards

Nominations deadline: November 8, 2010

E ach year, CDSBC presents awards to recognize dentists, certified dental assistants and members of the public who have contributed in B.C. to the profession of dentistry, to excellence in the practice of dentistry, and/or to the College of Dental Surgeons.

There are three award categories: Award of Merit, Distinguished Service and Honoured Member. The CDSBC Nominations Committee accepts nominations and identifies the appropriate award category based on the individual's contributions and achievements. Awards will be presented during the 2011 Pacific Dental Conference in Vancouver.

To submit a nomination, complete and submit the form included with this issue of the *Sentinel* (also available at www. cdsbc.org/awardsprogram.) Nominations must be received by November 8, 2010.

For more information about the awards categories and full eligibility requirements, visit www.cdsbc.org/ awardsprogram or email awards@cdsbc.org.

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College Place Construction Complete

C ollege Place at 1765 West 8th Avenue in Vancouver has been home to CDSBC and other regulatory colleges since it was built in 1989. CDSBC owns 70 per cent of College Place, while the College of Pharmacists of BC owns 30 per cent.

In early 2009, the owners of College Place – CDSBC and the College of Pharmacists of BC – commissioned an engineering and assessment report on the building. The report showed that extensive work was required to repair the external structure and to prevent future damage. There were leaks in the building and it was clear that this project could not be delayed.

The boards of both organizations approved the construction plan. As a result, tenants of College Place spent the entire fall and winter under a protective plastic bubble, only to see the light of day in late February.

With repairs underway, there was an opportunity to update the look of the building at the same time. The exterior now has a contemporary look with new landscaping at the entrance and renovated balconies on each floor. The third-floor deck was completely updated and is available for all tenants to use. In keeping with the new exterior, the building lobby and elevators were also renovated.

CDSBC financed its portion of the project with reserved funds without any additional cost to dentists and CDAs. The renovation has added longevity to the building and increased the value of this significant asset.



Building Exterior Repairs needed to prevent further damage to the building exterior of College Place (left) are all now complete (above). New signage will be coming soon.

View from the Fifth Floor The view of downtown Vancouver from the fifth floor of College Place (right) was obscured during construction (below).



Lobby Both the lobby and elevators were given a much-needed facelift.





Introducing the New Elected Members of the

The following Board members were elected in spring 2010. The incoming public Board members, whose terms are scheduled to begin October 1, will be featured in a future issue of the *Sentinel*.

For a complete list of the CDSBC 2010-11 Board, visit www.cdsbc.org.



Dr. David Tobias Treasurer

David has practised in Vancouver for 26 years. He is an Assistant Clinical Professor at UBC, and is the Coordinator of Occlusion and Articulation for both the undergraduate and graduate programs.

David has been involved in organized dentistry since his early days in the profession. He has participated in numerous CDSBC committees, most recently as Chair of the Quality Assurance Committee.

David has been honoured with fellowships from the American College of Dentists, the Pierre Fauchard Academy and the International College of Dentists. He earned his BSc., DMD and Master of Dental Sciences degrees from UBC.



Patricia has practised in Richmond for more than 25 years. A former part-time Deputy Registrar at CDSBC (2004-08), she first became familiar with the College when she served on several committees. She was an Examiner for the BC Dental Board and BC Dental Hygiene Board. She is also a former Clinical Instructor at UBC in Oral Medicine and Periodontics.

Her involvement in organized dentistry extends to the national level: she has been involved with the National Dental Examining Board of Canada for 14 years as an Examiner, Board and Committee Member. Her volunteer experience also includes serving on two BC Dental Association committees.

Patricia received her dentistry degree from UBC in 1983.



Erik has been in general practice in Chilliwack since 1983. He took over the practice from his father, who opened it in 1956.

Erik served on the CDSBC Board in the early 1990s and was most recently on the Discipline Committee.

A former President of the Fraser Valley Dental Society, Erik is interested in restorative dentistry and has been a member of the R.V. Tucker Cast Gold Study Club since 1987. He has helped to teach an elective on gold fillings at UBC for the past two years – a topic, he says, that the students wouldn't normally be exposed to.

Erik graduated from UBC in 1983.



Thomas is a general dentist on Vancouver Island, where he operates practices in Nanaimo and Parksville. He has also practised in Tofino and Edmonton.

Thomas enjoys all aspects of working as a general dentist but oral surgery and dental implants are his favourite

2010/11 CDSBC Board

areas of practice. He has always wanted to give back to the profession, and when he saw some flexibility in his schedule, he decided the timing was right to join the Board.

Thomas earned his dentistry degree from the University of Alberta in 1992, where he received awards for excellence in operative dentistry and removable prosthetics.



Dr. Scott LeBuke

Scott is a general dentist who has practised in Revelstoke since 1996. Before that, he practised in Nelson for two years.

Scott also lectures on the topics of office courtesy and stress management. One of his career highlights was providing a day-long lecture on courtesy in the dental business to a full house at the 2009 Pacific Dental Conference. This year, he lectured at three dental societies: Victoria and District, Upper Island, and Prince George and District. He is also a former President of the Thompson Okanagan Dental Society.

A graduate of the University of Alberta (1994), Scott was President of the university's dental students association.



Eli is the UBC Faculty of Dentistry Representative on the Board. He is Director of the Oral Medicine-Oral Pathology Postgraduate Hospital Residency Program at UBC and Assistant Professor in the Faculty. His research interests are dental education, curriculum development and critical thinking. He previously taught at the University of Alberta and practised in Edmonton.

Eli is an active staff member in the Department of Dentistry at Vancouver General Hospital, where he is Program Director for the Oral Medicine and Oral Pathology Residency and the Orofacial Pain Program. He maintains a part-time specialty private practice where he sees patients with oral mucosal disorders, facial pain and temporomandibular disorders.

A fellow of the Royal College of Dentists of Canada, Eli earned his dentistry degree from the University of Alberta in 1993. He earned his specialty degrees from UBC in 2004, where he was the first resident in the new Oral Medicine and Oral Pathology Specialty Residency.



Elaine is a certified dental assistant at an orthodontic specialty practice in Kelowna, where she has worked since 1982. She has been in the dental industry for 38 years, including two years in Saudi Arabia as a Clinical Assistant and Coordinator of the cleft lip and palate clinic at the King Faisel Specialty Hospital and Research Centre. As a result, she can now instruct patients on oral hygiene in English, French and Arabic.

Elaine teaches the Orthodontic Module at Okanagan College and is a Substitute Instructor at the college. Elaine is an active member of the dental community and is a former Vice-President and Regional Director of CDABC. She has served on CDSBC's Discipline and Quality Assurance Committees.

Elaine is a graduate of Vancouver Community College.

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CDSBC Welcomes New Staff



L-R: Michelle Maharaj, Sharron Hussey and Charlotte Lauren are Complaint Officers, while Sonia Visconti is Administrative Assistant to the Registrar.

There are four new faces at CDSBC. Charlotte Lauren, Michelle Maharaj and Sharron Hussey are Complaints Officers. Each has a background in the legal or regulatory field, which helps them interpret the legislative requirements within the complaints process. Charlotte worked for a civil law firm in San Francisco, while Michelle was formerly a legal assistant at a Vancouver law firm. Sharron, who joined the College in 2009, worked at the Manitoba Securities Commission.

Charlotte, Michelle and Sharron are responsible for answering calls about complaints, maintaining complaint files and tracking CDSBC correspondence with the public and dental practitioners. They also assist three dentist Complaint Investigators and the Director of Complaints.

Also new to CDSBC is **Sonia Visconti**, Administrative Assistant to the Registrar. Sonia was previously employed as a finance assistant at an investment bank in Calgary. In her new position at the College, Sonia provides support to the Registrar's Office, and is the administrative assistant for two CDSBC Committees: Sedation and General Anaesthetic Services, and Ethics.

Upcoming Board Meeting

The next public CDSBC Board meeting will be held on Saturday, December 11, 2010, at the Fairmont Pacific Rim located at 1038 Canada Place Way in Vancouver (check www.cdsbc.org in November for start time and meeting room). If you plan to attend an upcoming College Board meeting as an observer, RSVP by email to Nancy Crosby at ncrosby@cdsbc.org. Board Highlights from the September 18 Board meeting are available at www.cdsbc.org/board_meetings.

Is Your Contact Information Current?

Dentists and CDAs: you have a professional responsibility to ensure CDSBC has your current address, phone number and email address or fax number. There are four ways to change your contact information:

- www.cdsbc.org (dentist & CDA login)
- Email info@cdsbc.org
- Call 604-736-3621 (toll free in B.C. 1-800-663-9169)
- Fax 604-734-9448 (toll free in B.C. 1-866-734-9448)

COMPLAINT SUMMARIES

Good Recordkeeping Helps Resolve Complaints

Detailed, thorough clinical recordkeeping is required of all practitioners. Below are three cases where good recordkeeping assisted in the timely resolution of a complaint.

In one recent case, the patient complained to CDSBC that the periodontist would not give her antibiotics for her gums, which she claimed ultimately resulted in the movement of her teeth. The periodontist's records clearly showed that antibiotics were prescribed on six different occasions. The notes also clearly indicated that the patient received

IN BRIEF

Dentists and Dermal Fillers

CDSBC frequently receives calls from dental practices and members of the public asking about the use of dermal fillers. Dermal fillers are **not** included in the scope of practice for general dentists in B.C. and it is not appropriate for dentists to use this modality in their dental practices. A working group has been struck to explore this issue further.

Criminal Record Check from A to P

All current and new registrants of certain regulatory bodies are required to undergo a criminal record check every five years. The check is being phased in: this year it will involve dentists and CDAs whose last names begin with the letters A to P and who have not been checked in the previous four years. These dentists and CDAs will receive an information package from CDSBC this fall and must undergo the criminal record check prior to renewing registration in 2011. chlorhexidine rinses from the hygienist in the office and that she was told to use chlorhexidine at home. The clinical records indicated the patient's failure to comply with that recommendation.

On the basis of the records, the CDSBC complaint investigator was able to close the file because the records did not substantiate the patient's allegation.

In another case, a patient complained that the dentist had bruised her when he extracted a tooth that had been cracked in a fall. However, the dentist's notes recorded the presence of bruising prior to the extraction. It was clear from the clinical records that the bruising existed at the time the patient went into the office, so this part of the complaint was readily dealt with.

In a third case, the patient complained about the work provided by a dentist on a particular tooth. The dentist's clinical records, including pre-operative radiographs, demonstrated that the work the patient complained about had been done by a previous dentist.

For more information, see CDSBC's Dental Recordkeeping Guidelines at www.cdsbc.org/dental_recordkeeping.

CE Cycle Date Reminder

If your CE cycle ends December 31, 2010, make sure your credit submissions for courses taken during your three-year cycle have been received by CDSBC for consideration prior to year-end. To review your CE transcript or to download CE submission forms, please visit www.cdsbc.org.

Infection Control Update

A joint working group of the CDSBC and the College of Dental Hygienists of BC is developing an Infection Control Manual for use by all dental healthcare professionals. A first draft of this document is expected to be available for consultation this fall. The revised guidelines will be evidence-based and satisfy government and public requirements while also being reasonable for dental professionals to implement.

Australian Trained Dentists

On March 30, 2010, the Commission on Dental Accreditation of Canada (CDAC) and the Australian Dental Council (ADC) signed a reciprocal agreement for general dentistry. Graduates of ADC-accredited dentistry programs after this date will be eligible to sit the National Dental Examining Board examinations and apply for registration/licensure in Canada. Individuals who graduated from an ADC-accredited program prior to this date are not included within the reciprocal agreement. For further information, contact CDAC at www.cda-adc.ca/cdacweb/en.

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CDAs in Practice



Sandra Harvey Manager of Regulation

In this column, Sandra Harvey, CDA, provides answers to the most commonly asked questions about the role of certified dental assistants in the dental office.

Q. Can a CDA perform interproximal reduction?

A. Under the *Health Professions Act* and Dentists Regulation, only a dentist may perform a procedure on tissue in or below the surfaces of the teeth: this includes scaling teeth. It has come to CDSBC's attention that manufacturers of certain orthodontic systems have been teaching interproximal reduction to dental auxiliaries. A CDA, with or without Orthodontic designation, may **not** perform interproximal reduction, whether achieved through the use of interproximal strips or a rotary instrument.

Q. Is it true CDAs can now perform some procedures without a dentist in the office?

A. The procedures a practising CDA can perform without the dentist in the office are limited to prophylaxis/coronal polishing, topical fluoride application, and taking of prescribed radiographs (e.g. two bitewings and a periapical of #3.6). That said, certain conditions must be in place before the dentist can delegate any of these services to the CDA:

- The dentist has examined the patient within the previous 60 days and provided the practising CDA with specific instructions to perform the service(s); and
- Both the dentist **and** the CDA agree that the CDA has the competency to provide this care without supervision.

The three procedures listed above are not considered to be appropriate for an entry-level CDA, and should be considered only when the CDA has the experience to deal with unexpected situations that may arise.

Ultimately, it is the dentist's responsibility to delegate only to a person they know is competent to perform the service, and to ensure that the service provided is carried out appropriately and effectively. It is the CDA's responsibility to provide only the services they have the knowledge, skill and competency to perform.

Regulating dentists and certified dental assistants in the public interest.

The *Sentinel* is published by:

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Readers' questions, comments and content suggestions for the *Sentinel* are welcome and may be forwarded to the Editor, c/o the College.

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The Sentinel and other communications circulated by the College are the primary sources of information about regulation for dentists and certified dental assistants in B.C.

Dentists and CDAs are responsible for reading these publications to ensure they are aware of current standards, policies and guidelines.