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College of Denturists of Ontario Council Members



Jafar (Jeff)
Amini, Public
Member



Thomas Capy,
Public Member



Walter Connell,
Public Member



Joan Duke,
Public Member



Rodger Yeatman,
Public Member



Ted Dalios, DD,
Professional
Member –
District 1



Gus Koroneos,
DD, Professional
Member –
District 2



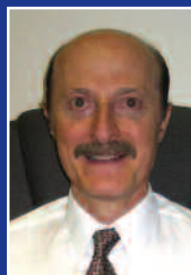
John Kallitsis,
DD, Professional
Member –
District 3



Harry Orfanidis,
DD, Professional
Member –
District 4



Michael
Dragonetti, DD
Professional
Member –
District 5



Gregory Mittler,
DD, President,
Professional
Member –
District 6

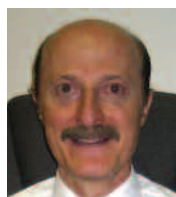


Robert
MacLeay, DD,
Professional
Member –
District 7



Bradley Potter,
DD, Professional
Member –
District 8

College Composition



President

Greg Mittler, DD



Registrar

Cliff Muzylowsky, DD

Legal Counsel

Richard Steinecke, LLB –
Steinecke Maciura LeBlanc

Accountant

Doug Murphy, CA

Council Committee Structure

COUNCIL

Professional Members

Ted Dalios, DD, District 1
Gus Koroneos, DD, District 2
John Kallitis, DD, District 3
Harry Orfanidis, DD, District 4
Michael Dragonetti, DD, District 5
Gregory Mittler, DD, District 6
Robert MacLeay, DD, District 7
Bradley Potter, DD, District 8

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Jafar (Jeff) Amini
Thomas Capy
Walter Connell
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Cliff Muzykowski
Ext 223, cmuz@denturists-cdo.com

Nancy Storey
Ext 222, nstorey@denturists-cdo.com

Jill Moriarty
Ext 224, jmoriarty@denturists-cdo.com

Patricia Single
Ext 221, psingle@denturists-cdo.com

Lara Thacker
Ext 227, lthacker@denturists-cdo.com

Robin Bigglestone
Ext 230, rbigglesstone@denturists-cdo.com

Contributors

Greg Mittler, Cliff Muzykowski,
Richard Steinecke, Nancy Storey

Managing Editor

Scott Bryant
ScottQBryant@aol.com

Art Director/Designer

Binda Fraser
905.627.0831 | binda.mac@cogeco.ca

Sales and Circulation Coordinator

Brenda Robinson
905.628.4309
brobinson@andrewjohnpublishing.com

Accounting

Susan McClung

CLASSIFIED ADVERTISING:

Brenda Robinson
905.628.4309
brobinson@andrewjohnpublishing.com

Group Publisher

John D. Birkby

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College of Denturists of Ontario: 49th Council Meeting

PRESIDENT'S REPORT TO COUNCIL

SEPTEMBER 21, 2007

The first quarter of the Council year has been one of new initiatives as the organizational infrastructure of the College has become more defined. This is expected to produce greater efficiencies in staff time, and improve the College's day-to-day operations.

Executive officers consisting of 2nd Vice-President, Treasurer, and Secretary were appointed. All have accepted their appointments.

All statutory and non-statutory committees have elected chairs and most have already met over the summer.

The Annual Report 2006–2007 has been prepared and sent out as the past issue of the *College Contact* magazine.

Following the resignations of Council members from districts 5 and 7, there was a brief period where Council was not constituted. To make it more likely to attract members with good motivation for service to the College, an appointment was offered to the candidate who ran against the resigning elected member in district 5. The appointment was accepted; thus Council was reconstituted. The College welcomes Mr. Michael Dragonetti, DD as the new Council

Member for District 5. We look forward to his comment and input.

In addition to welcoming new members, I'd like to also recognize those who have recently moved on, David Izster, and in particular Mordey Shuhendler, who has twice been College president. Mordey has provided many years of service and devoted a lot of energy to this College and to this profession in many capacities over decades. We wish him well as he moves on to other endeavours.

Performance reviews have been completed for all staff members including the Registrar.

The personnel project is well underway and people are being hired.

Several committees are involved in the ongoing project headed by John Brereton to quantify and qualify job specifications and educational standards. Both the Registration Committee and Qualifying

Examination Committees are providing input towards clarifying a workplan. I'd like to thank the chairs of both these committees, Dan Vorano and Brad Potter for the considerable energies they are devoting to this sizable project.

Following a request received from the Entry to Practice Examiners, their selected representative met with the Executive.

In conclusion, I would ask the members of Council to please be aware of the current limitations of staff at the College. During this transition, please try to keep requests of staff to a minimum. It is hoped that Council members can support staff efforts by checking their email on a regular basis and responding to voice mail messages from the College in a timely manner. This is a transitory situation and things will likely be back to normal by November. Thanks for your understanding during this time of restructuring.

Gregory Mittler, DD
President



REGISTRAR'S REPORT TO COUNCIL

The quarter since the last Council meeting has been a busy period with the administration of qualifying exams, infrastructure reorganization, staff reviews, registration of the applicants who successfully completed the qualifying examination, and publishing of the 2006–2007 Annual Report. It has also been a time of transition with changes in staff and Council.

Karen Karro, the College's Secretary-Receptionist has left employment with the College and Executive Assistant Jill Philipp has left to pursue her education. They will be missed by staff and Council. I thank them for the contributions that they have made to the College.

Council members David Istzer, DD, District 5, and Mordey Shuhendler, DD, District 7 tendered their resignations. A by-election has been declared in District 7 and has been scheduled for December 5, 2007. The Executive Committee appointed a member of District 5 to Council. I would like to welcome Michael Dragonetti, DD to Council. Mr. Dragonetti will complete the remainder of the term of office for District 5; there is a regular election scheduled for District 5 in 2008.

The College completed the 2007 CDO Written and Clinical Examinations in July. The Chair of the Qualifying Examination (QE) Committee will present the results of this year's exams in his report to Council. The administration of the Qualifying Examinations has grown in complexity with recent changes to per-

mit eligible exam candidates to take the written or clinical exam in any order, individualized supplemental clinical exams and anonymous evaluation of all of the clinical projects. The tracking and reporting of the results to the candidates is more detailed and requires greater time to administer.

The personnel project has clarified the staffing requirements necessary to provide administrative support to the Council and College Committees, the Strategic Plan, and implementation of the statutory requirements of Bill 171 and 124. Job positions have been posted for two new coordinator positions, Coordinator of Policy Administration and Finance, and Coordinator of Registration and Committees. Job interviews will be conducted in the first week in October.

Performance reviews of the staff, including the Registrar, have been conducted. A personnel manual, the review process, and review documents were developed by the personnel project consultant with the input of the Registrar and the staff. Job descriptions were reviewed and revised to

reflect the work that individual staff members were performing and to align their job positions with the new organizational infrastructure. The performance reviews clarified job expectations and the roles and responsibilities of the staff.

The 2007 Qualifying Examinations were completed in July. I am pleased to report that the CDO has registered 21 new members.

Nancy Storey, Patient Relations Coordinator and the Patient Relations Committee have completed the latest issue of the *College Contact*, the 2006–2007 Annual Report, for distribution to the members and government. The committee, Ms. Storey, and Andrew John Publishing Inc. (AJPI) are to be congratulated for the professionalism of the *College Contact*.

Although the College is temporarily short staffed, the work of the College continues. Committees have met and the statutory requirements of the College are being fulfilled. I would like to thank Nancy Storey for her assistance and support during the transition. I would ask that the members of Council and Committees, where possible, provide support to staff until staff members have been hired to fill the new job positions.

Cliff Muzyłowsky, DD
Registrar



STRATEGIC PLANNING COMMITTEE REPORT TO COUNCIL

The Strategic Planning Committee (SPC) met by teleconference on 17 July 2007 to discuss development of its work plan and to develop a budget. The committee determined that it required professional guidance on strategic planning in order to begin initiatives that supported development of its work plan and budget.

On 27 August 2007, Ruth Armstrong of VISION Management Services, who guided the development of the Strategic Plan (SP), met with Cliff Muzylowky and Jonathan Nolan by teleconference. The meeting agenda was to discuss the development of a work plan in order to make recommendations to the SPC.

Subsequently, the discussion determined that the SPC should begin to develop its work plan and budget with a focus on the strategic priorities and directions that flow from the denturism occupation specifications and educational standards project. This project, which is central to a number of the strategic priorities, will be completed and presented to the Council for approval in March 2008.

Jonathan Nolan, DD (Chair)

Jeff Amini

Joan Duke

John Kallitsis, DD

Robert MacLeay, DD

Greg Mittler, DD

Heikki Pellikka, DD

PATIENT RELATIONS COMMITTEE REPORT TO COUNCIL

Further to the 48th Council Meeting, the Patient Relations Committee met via teleconference to elect Walter Connell as Chair of the committee and to discuss 2006–2007 Annual Report, which has been developed by Andrew John Publishing Inc. The final version of the Annual Report was approved by the committee and direction was given to distribute to the members.

Barbara Sullivan, Chair of HPRAC, has written to the members of the College who attended the HPRAC communications workshop and the follow-up patient relations program meetings to thank everyone for their participation. HPRAC has approved the revised overview statement elements and monitoring proposals of the patient relation programs in the member Colleges and will be conducting individual interviews with each of the Colleges to gauge the elements of each of the Colleges' programs

Walter Connell (Chair)

Joan Duke

Gregory Mittler, DD

Jonathan Nolan, DD

John Kallitsis, DD

QUALITY ASSURANCE COMMITTEE REPORT TO COUNCIL

The Quality Assurance (QA) Committee completed all required assessments for 2006–2007.

This year's QA Assessor training session was held on September 21, 2007. Assessments for 2007–2008 will begin in October.

At the QA Committee's last meeting on June 21, it interviewed and welcomed a new assessor, Samuel Sweet. Mr. Sweet volunteers out of Baycrest Hospital and Home for the Aged four days a week. He is the past Officer and President of the Toronto Study Club of Dental Technicians, and is currently the Chairman of its Education Committee. Mr. Sweet is the first Canadian member of the American Dental Laboratory Conference.

QA Committee members attended the 2007 National Continuing Competency Conference (NCCC) in Toronto on November 1–3. The conference was hosted by the Quality Assurance Working Group of the Federation of Regulatory Health Colleges of Ontario. The objectives of the conference are:

1. To facilitate an inter-professional forum to discuss continuing competence.
2. To explore evidence-based methods of assessment and evaluation frameworks to ensure competence.
3. To provide the opportunity for collaboration, networking, and sharing best practices for promoting continuing competence.

This year's QA Committee is constituted with the same members from last year. At the July 17 teleconference, Allen Kastner was re-elected Chief Assessor and Jonathan Nolan was elected Chair.

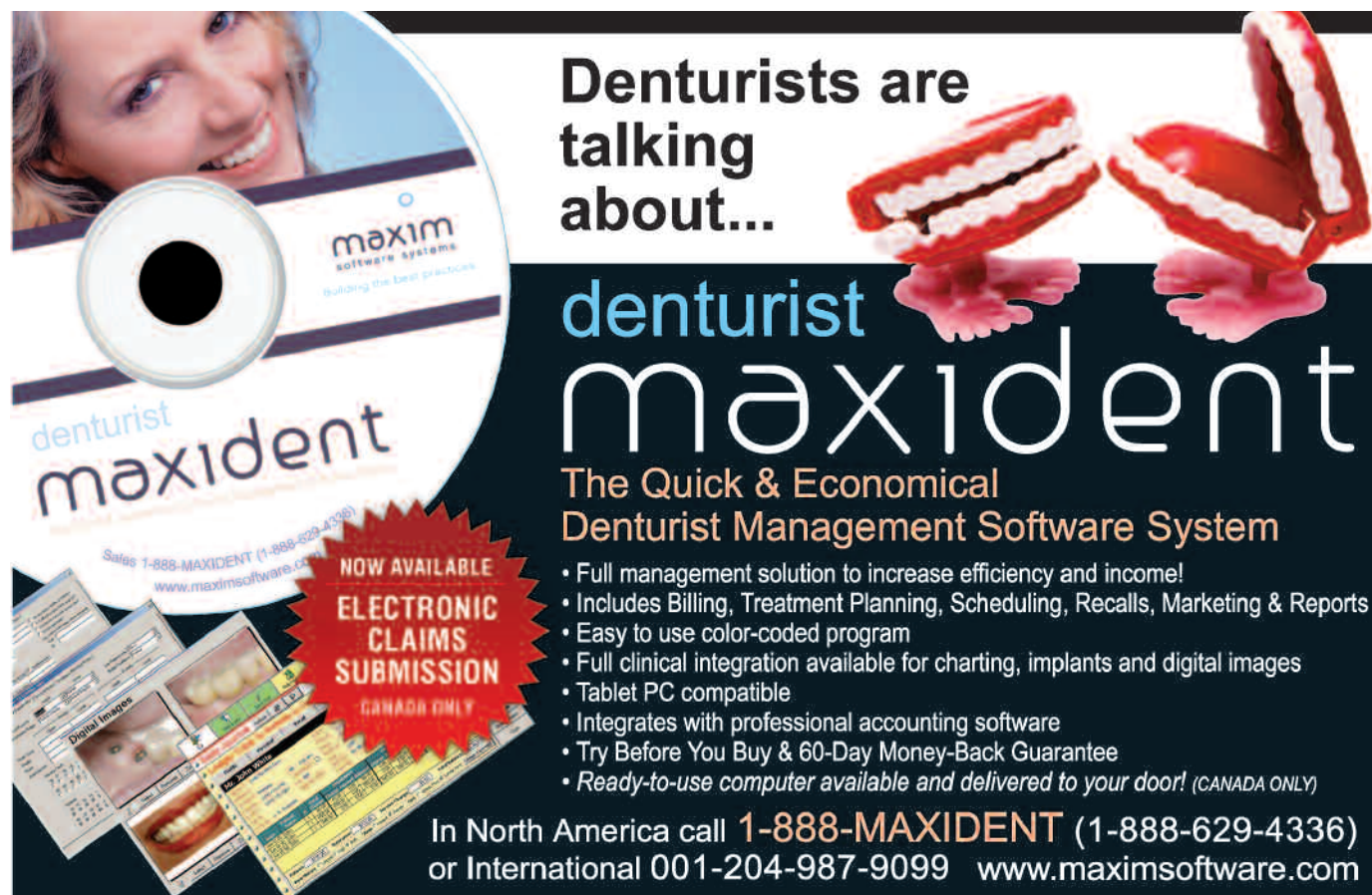
Jonathan Nolan, DD (Chair)

John Kallitsis, DD

Brad Potter, DD

Allen Kastner, DD

Thomas Capy



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2007 National Continuing Competency Conference

ON NOVEMBER 1–3, 2007 the Federation of Regulated Health Colleges of Ontario (FRHCO) hosted the 2nd Bi-Annual National Continuing Competency Conference (NCCC) in Toronto. Fashioned after conferences in the United States and abroad, Canada recognized the need to develop a venue where representatives of regulatory bodies meet to exchange best practices; and conduct seminars and plenary sessions on regulating professionals. Regulatory bodies are mandated by government to provide quality assurance in the professions and protect the public as clients of professionals.

The NCCC attracted delegates from across Canada, the United States, England, Ireland, and Australia. The discussions, although largely on health professions, included agronomists, financial planners, social workers, and funeral service providers.

With the introduction of Bill 171 and its projected impact on Quality Assurance and mandatory delivery of continuing education, the Quality Assurance Committee is committed to understanding its role within the health governance sector and learning methods to produce and deliver quality continuing education that is relevant to Denturism.

Members of the Quality Assurance Committee attended the conference, branching out to sit in on all of the workshops available.

The overriding theme of the conference was Interdisciplinary Health Collaboration. The need became evident for professionals to view themselves as members of a “health team,” each with a role in providing a complete service to the patient through the integration of services provided. In the oral health sector, this translates to teams of Dentists, Dental Hygienists, Denturists, and Dental Technologists working together to provide optimum oral health to patients.



College of Denturists Delegates at the National Continuing Competency Conference

Left to Right: Thomas Capy (QA Committee), Cliff Muzylowksy, DD (Registrar), John Kallitsis, DD (QA Committee), Nancy Storey (Committee Coordinator), Allen Kastner, DD (QA Committee – Chief Assessor), Jon Nolan, DD (QA Committee – Chair)

Task Force on Occupational and Training Standards

IN EARLY 2007, the Registration Committee brought forth a recommendation for the creation of a taskforce to develop a template for Denturism Course teaching standards.

This Task Force on Occupational and Training Standards has, over the last several months, been upgrading and updating pertinent materials with respect to its Standard to Practice Guideline Documents.

The template currently being developed will include updated Occupational, Educational, Facility, and Faculty specifications. By developing these standards, The CDO will continue to maintain and enhance academic qualifications as required by the Denturist Act and all previous task force recommendations and submissions.

2007 Quality Assurance Assessor Training



Left to Right: David Mulzac, DD; Tracy Mitchell, DD; Allen Kastner, DD – Chief QA Assessor; Patrick Deegan, DD; Samuel Sweet, DD; Tom Levy, DD

ON SEPTEMBER 20TH, 2007 the Quality Assurance (QA) committee conducted its 2nd Annual Quality Assurance Assessor Training session. The QA Assessor team consists of seven professional members, each with a minimum of five years' professional experience.

The QA committee is pleased to introduce the 2008 team of Assessors:

Patrick Deegan, DD David Iszter, DD
Tom Levy, DD Tracy Mitchell, DD
David Mulzac, DD John Raifalov, DD
Sam Sweet, DD

The QA Assessor Training session is a method of bringing Assessors together for a review of the audit process. Mentoring was provided to Assessors on how to conduct an assessment, write up the report in an objective manner, and convey areas of deficit to the professional member being assessed, and when to alert the committee to assessments where there is concern for the safety of the public.

The Assessors reviewed assessments conducted to date and spoke to issues which arose during the previous assessment year. This manner of networking allowed for

Assessors to gain insight to potential situations and mechanisms to deal with issues before they arise.

The Assessor team spent the day in Toronto at the Victoria College Alumni Hall, University of Toronto.

Many action items have stemmed from this session, which the Quality Assurance Committee will pursue.

If you are interested in becoming a Quality Assurance Assessor, mail your resume together with a covering letter to Nancy Storey, Committee Coordinator, College of Denturists of Ontario, Suite 903 – 180 Bloor St. West, Toronto, ON M5S 2V6 / email an electronic version to nstorey@denturists-cdo.com The Quality Assurance Committee expects to continue to add to the roster of Assessors available for reviews. Individuals selected must have a minimum of five years professional experience. On becoming an Assessor, the individual must be assessed at their principle business address, if they have not previously been assessed.

Assessors are required to travel outside of their professional district for assessments and will be compensated for their time and expenses.

Retirement Notices

The following people have notified the College of their retirement from the profession. We wish them well in their future endeavours.

Felix Gieger, Heather Harrison, Christopher Meilun, Amir Zarif Negahban, Louise Dinh, and Gerassimo Hatzigrigoriou

Obituaries

The College of Denturists of Ontario sends its condolences to the families and friends of Fred Boyce and Joseph Wozniak who passed away this year.

If members are aware of other members who have retired or passed away, please advise the College.

Impact of Bill 171 on the College of Denturists of Ontario

(PARAPHRASED FROM PRESENTATION TO 49TH COUNCIL, BY RICHARD STEINECKE)

PERSPECTIVES ON CHANGE

It is not the strongest of the species that survives, nor the most intelligent, but the one most responsive to change.

Charles Darwin

They say that time changes things, but you actually have to change them yourself. *Andy Warhol*

It is impossible for a man to learn what he thinks he already knows. *Epictetus*

If you don't like change, you're going to like irrelevance even less. *General Eric Shinseki Chief of Staff, U.S. Army*

The future has a way of arriving unannounced. *George Will*

CONTEXT

BILL 171 – some portions of the bill were effective on June 4, 2007 but most requirements come into effect on June 4, 2009

CHANGES

The College will see changes to the Official Register. There will be additional content required to be available to the public on referrals to discipline; summary of every disciplinary and incapacity finding; findings of professional negligence; and resignations during investigation.

The College will be required to ensure public access to the Official Register. Access will be available through posting the register on the College website. A hard copy of the register will have to be available for review and upon request copies must be provided. Exception will be made when access to information could jeopardize the safety of a professional member, when the information is obsolete and no longer relevant, and in the case where personal health information about non-members would be revealed. Personal health information about members would only be disclosed if there was a public interest reason for doing so (e.g., it related to a member's incapacity to practice). Exception will also be made if a "pardon" has been obtained, but

only for reprimands, fines, and incapacity.

The Inquiries Complaints and Reports Committee (ICRC) will be struck to replace the current Complaints Committee. On receiving a trigger to deal with a matter, the College will have to inform the professional member within 14 days. The college will be required to give specified disclosure of the process to the complainant. New to the process will be the committee's access to all available prior decisions against the professional member.

Where a formal investigation is conducted the member will be able to see the investigative report and make submissions before any decision is made on it. Reasons for decision will generally be required of the ICRC in all matters. A process for keeping the parties advised of delayed dispositions will be introduced.

Alternative Dispute Resolution (ADR) will be applied to formal complaints only where both parties consent. ADR will not be available for complaints of sexual abuse matters. The ADR process will be confidential and privileged, with the ADR Facilitator excluded from ICRC process. The ICRC Panel must approve any resolution reached by the parties.

The ICRC will no longer be able to refer members to Quality Assurance (QA), but will be able to order specified continuing education or remediation programs. Discipline referrals for s. 75 reports must be "related to the report" and many new options (e.g., caution, remediation) will now be available for s. 75 reports.

The scope of the Quality Assurance program will be expanded to include mandatory Continuing Education (CE), and to provide CE access to professional members. Continuing Education will address such topics as Changes in the Practice Environment and Advances in Technology.

Regulations will have to be amended to ensure self, peer, and practice assessment requirements comply with the amended Act and to monitor professional members. Failing to cooperate with Quality Assurance will continue to be professional misconduct.

Impact of Bill 171 on the College of Denturists of Ontario

Facility operators will be required to submit mandatory reports of incompetence or incapacity by person(s) working in the facility (i.e., nursing home, hospital). This raises a number of questions including:

- What is a facility?
- Who is the operator?
- What is incompetence if a person is not fired (since mandatory reporting of terminated relationships on these grounds is already required)?
- What is incapacity if person retained?

Denturists will have to make a self-report to the College if they have been found guilty of an offence or if they have been found professionally negligent. Details of these new self-reporting requirements will be provided as the June 4, 2009 commencement date approaches.

Moving towards the June 2009 deadline for implementation of Bill 171, the College, together with the Federation of Health

Regulatory Colleges of Ontario (FHRCO), will need to analyze and understand requirements for:

- Committee self-evaluation and monitoring
- Inter-professional collaboration
- Obtaining the language preferences of those dealing with the College
- Records for all members
- Alternate communications such as telephone calls, email, fax
- Discipline process
- Incapacity inquiries
- Human health resource data
- Content of College website

The College has a lot of work to do to get ready for these changes. Part of that workplan involves keeping members informed as to how the changes will affect them.

Members Suspended for Non-Payment of Registration Renewal Fees*

*THE CERTIFICATES OF REGISTRATION of the following people are currently under suspension for failure to meet annual College Registration Renewal Fee requirements. These individuals are not permitted to fit, dispense, design, construct, repair, or alter a denture. In addition, these individuals may not use the title "Denturist," a variation or an abbreviation or equivalent in another language. These individuals may not hold themselves out as qualified to practice in Ontario as a Denturist.

In the event of suspension, the full amount of outstanding fees, plus all fees that would have been paid if the individual had remained a member, plus applicable penalty fees must be paid to remove the suspension.

Anyone interested in the status of any registrant may contact the College of Denturists of Ontario directly.

Clyde Arnold

Barrington Beckford

Bill Callander

Kong Chien

David Cojocar

Rosemarie Dacres

Mona Galliera

Antonio Del Giglio Materaz

Sheila Fewer

Gregory Fredericks

D. Freedman

Boris Gelgor

Mimi Gozlan

Chagay Hellenbrand

Walter Hempfling

Ernest McCrone

Helmut Pardue

Lev Poyasov

Ludlow Reynolds

Mark Richardson

Milovan Solunac

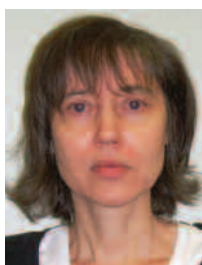
*at time of publication

The New College Team

THOSE OF YOU who have had occasion to call the College in the past month or two will be aware that there are some new staff members in the office. We are very pleased to announce that the team is settling in – sleeves rolled up and ready to work.

Our current office team is:

PATRICIA SINGLE – SECRETARY/RECEPTIONIST



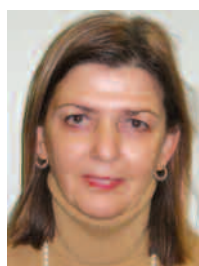
Patricia is the first point of contact for the College. She can either answer your questions or pass you on to the appropriate staff person.

She can be reached at:

416-925-6331 or 1-888-236-4326 Ext. 221

Email: psingle@denturists-cdo.com

NANCY STOREY – COORDINATOR OF QUALITY ASSURANCE AND PATIENT RELATIONS COMMITTEES



Nancy is in charge of IT, as well as being responsible for the Quality Assurance Program and Patient Relations.

She can be reached at:

416-925-6331 or 1-888-236-4326 Ext. 222

Email: nstorey@denturists-cdo.com

ROBIN BIGGLESTONE – BOOKKEEPER



Robin is our part-time bookkeeper, in charge of accounts payable and receivable.

She can be reached at:

416-925-6331 or 1-888-236-4326 Ext. 230

Email: rbigglesstone@denturists-cdo.com

JILL MORIARTY – COORDINATOR OF POLICY AND ADMINISTRATION



Jill takes care of the day-to-day management of the office, as well as overseeing finance and providing support to Council and the Executive Committee.

She can be reached at:

416-925-6331 or 1-888-236-4326 Ext. 224

Email: jmoriarty@denturists-cdo.com

LARA THACKER – COORDINATOR OF REGISTRATION AND COMMITTEES



Lara is responsible for Registration and Complaints, as well as providing administrative support for the Qualifying Exams.

She can be reached at:

416-925-6331 or 1-888-236-4326 Ext. 227

Email: lthacker@denturists-cdo.com

CLIFF MUZYLOWSKY – REGISTRAR



Cliff is the CEO of the College, responsible for overall management and regulatory functioning. He is the College liaison with various stakeholders, including government and educational bodies.

He can be reached at:

416-925-6331 or 1-888-236-4326 Ext. 223

Email: cmuz@denturists-cdo.com

New Members

THE COLLEGE OF DENTURISTS OF ONTARIO congratulates and welcomes the newest members of our profession:

Abdelatif Azzouz, DD	Jenny Leung, DD	Rajeev Rugi Siddappa, DD
Sher Fazli, DD	Guisepppe Lima, DD	Jennifer Travis-Sheehan, DD
Akram Ghassemiyan, DD	Michael Longo, DD	Alan Souter, DD
Jim Globocki, DD	Dominic Joseph Morgan, DD	Adriana L. Stan, DD
Diana Gosciowska, DD	Sasha Muindisi, DD	Katarzyna Tomaszewska, DD
Olga Haletskaia, DD	Samuel Ng, DD	Zoran Torma, DD
Sergey Haletski, DD	Eleonora Nosi, DD	Shaul Zaur Yusefov, DD
Verona Izbasa, DD	Paul Pilon, DD	Reyhan Zeynalova, DD
Migon Kim, DD	Mark Pino, DD	

NOTE BOARD

Apply to the College of Denturists of Ontario for a Position as a Quality Assurance Assessor:

SEND YOUR RESUME to the Quality Assurance Coordinator at the College of Denturists of Ontario, together with a covering letter referring to this position, and briefly explain why you wish to represent the College as a Quality Assurance Assessor.

Limited travel (outside of your professional district) is involved. Quality Assurance Assessors are compensated for travel expenses and receive an honorarium. Quality Assurance Assessors must have a minimum of five years' professional experience and have been/are prepared to be assessed.

Apply to the College of Denturists of Ontario for a Position as a Qualifying Examiner:

THE COLLEGE OF DENTURISTS OF ONTARIO conducts qualifying (entry to practice) exams every year. Professional members of the College are required to officiate at these exams. Interested members should send their resume, together with a covering letter referring to this position, to the Registrar at the College of Denturists of Ontario.

Qualifying Examiners are required to travel to Toronto for the duration of the exam period to which they are assigned. Qualifying Examiners are compensated for travel expenses and receive an honorarium.

Members Section of the College Website set to Launch in 2008

THE COLLEGE OF DENTURISTS OF ONTARIO website is a great source of information. Visit www.denturists-cdo.com often for updates.

The College Database is coming to the website with a Members' Section in the late spring 2008. Members will be able to make address, phone, fax, and email updates to the registry records, and pay registration renewal fees online.

Plans are underway to introduce Continuous Education Learning Modules online (through the Members' Section) for members to complete and be credited towards their annual 10 hours of continuous learning.



Upcoming Council Elections

COUNCIL ELECTIONS will be held for Districts 3, 4, and 5 on Wednesday June 4th, 2008. An election notice and call for nomination of candidates will be sent to professional members in each of Districts 3, 4 and 5 no later than ninety (90) days prior to the election.

To be a candidate, a member must be eligible for election to the Council for this electoral district and nominated by three members who are eligible to vote in this electoral district election. The nominated member must consent to the nomination on a nomination form.

For a complete list of eligibility requirements refer to the College of Denturists of Ontario Bylaws, sections 7:00 and 8:00, which is located in your Quality Assurance Program Manual.

The term of office of a member elected is three years, commencing with the first regular meeting of the Council after the election and expiring at the first regular meeting of the Council after the regular election three years later.

Call for Non-Council Members

The College is seeking denturists interested in participating as non-council members on statutory and non-statutory committees for the 2007–2008 fiscal year. Elections to committees will be held at the June 2008 inaugural council meeting. If you are interested in sitting on committees, please submit your resume and request for nomination to the Registrar by June 2008.

Non-council committee members are appointed for a one year term. Committee members are expected to attend meetings/teleconferences and will be compensated for travel expenses and receive an honorarium for their attendance at meetings.

Committees Requiring Non-Council Members

Complaints Committee:

1 Non-Council Member

Registration Committee:

1 Non-Council Member

Discipline Committee:

2 Non-Council Members

Fitness to Practice Committee:

1 Non-Council Member

Patient Relations Committee:

1 Non-Council Member

Quality Assurance Committee:

2 Non-Council Members

Qualifying Examinations and Curriculum Committee

2 Non-Council Members

In the Event of a Health Crisis

THE COLLEGE OF DENTURISTS OF ONTARIO will need to quickly communicate updates and directives from the Ministry of Health with its members. Please contact the College of Denturists of Ontario to update your fax and email information as this is the optimum method of forwarding information to you.

Asepsis and Microbiology

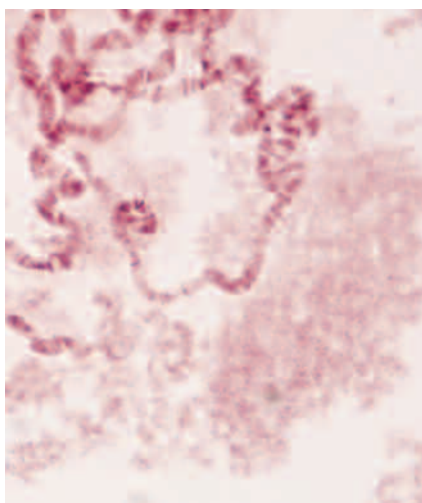
Transmission of Disease

GEORGE BROWN COLLEGE MATERIAL WAS REFERENCED FOR THIS ARTICLE

Each species of microorganism has a specific "port of entry" into the body. Some enter through the skin, respiratory, or digestive tracts. Denturism is concerned with those diseases that can be transferred from the oral cavity, nose, skin, or inanimate objects (fomites), either by direct or indirect contact during dental treatment. All dental personnel must pay strict attention to cleanliness and sterilization techniques to prevent cross-contamination.

The human body is equipped with a strong defense system. As with all systems, there are times when weakness occurs, leaving the body vulnerable to pathogenic microbe strikes. Generally pathogens have a specific method of transmitting disease. Some transmit disease through body contact or fluid transfer as in the cases of venereal disease and blood transfusion. Other pathogens transfer disease by aerogenic droplet transmission when the infected person coughs or sneezes. These airborne particles projected from the mouth or nose may float in the air for a long time and eventually lodge in dust where they can be stirred into flight again.

Pathogens can cause transmission of disease through indirect contact when transferred by contaminated hands and/or inanimate objects, such as instruments, cups, etc. Disease can be transmitted through the bite of an infected insect that carries the organism internally or insects which carry pathogenic organisms



on their feet or other parts of their bodies. Flies are estimated to carry as many as 20 known diseases including typhoid fever. Finally, humans can host pathogens in their bodies without signs of illness. People who are recovering from disease or harbouring organisms for a long time after recovering from illness fall into this category. Diphtheria, typhoid fever, dysentery, streptococci infections, pneumonia, and hepatitis spread through human carriers.

THE RESPONSIBILITY OF DENTURISTS IS TO THEIR PATIENTS AND THEMSELVES

Personal protection is the responsibility of every denturist. From immunization to barrier use, the denturist must diligently apply infection controls. Patients are required to provide their medical history to their denturists, but may be reticent to disclose serious conditions or may not have been properly diagnosed and so are not aware of existing conditions.

Denturists must assume an infection control protocol for their clinic and apply this protocol to all patients. Where known risks are presented, appropriate precautions must be taken.

Vaccination: Check with your physician



to ensure you have received measles, mumps, and rubella shots, have the necessary tetanus and diphtheria booster shot, influenza vaccine, and hepatitis A, B vaccinations.



Hand Washing: Washing your hands frequently throughout the day reduces cross-contamination. Remember to wash your hands prior to gloving, when you remove your gloves, when a glove is punctured or torn, when you have touched a surface that may be contaminated, and on every occurrence of entering your work area.

Gloves: A large supply of gloves in your clinic assures your personal hygiene. Gloves should be worn when your hands are in contact with bodily fluids and mucous membrane. Well-fitting latex or vinyl gloves are intended for single usage only. Do not wash gloves or continue to use gloves after having been in contact with hand soaps or disinfectants. Detergents compromise the gloves' effec-



tiveness and your protection is diminished.

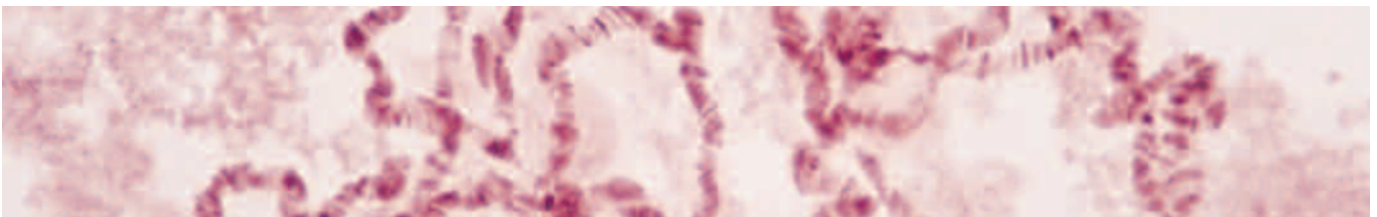
Masks: Masks should be worn as protection when in the vicinity of spattering fluids such as blood and mucous. Continuous use of masks in the presence of patients ensures protection. Masks must be replaced with each patient as moisture and contamination from procedures compromise the effectiveness of the barrier. It is recommended that masks fit securely on your face and meet the minimum standard of 95% filtration



of particles 5 microns or smaller. A week's supply of N95 masks must be available in your clinic in the event of a pandemic outbreak.

Eye protection: As with masks, eye protection is recommended when in the vicinity of spattering fluids in the presence of patients.

Lab coats and clinic jackets: Protective clothing should not be worn outside of the clinic environment. Clothing should be made of fabric that is durable and easily maintained.



Breaking Up is Hard to Do

BY RICHARD STEINECKE

When a Denturist retires and/or sells their practice or otherwise leaves their practice, there is an obligation to that member's patients to ensure that the practice records are handled in a responsible manner.

The College is often asked about the responsibilities of denturists that leave their office or clinic. Can they take their records with them? Must they maintain access to their records? What should patients be told? What happens if the College investigates the departing denturist? What follows is a guideline developed for the College of Denturists of Ontario which is intended to help members fulfill their professional responsibilities to their patients.

MAINTENANCE AND ACCESS TO PATIENT RECORDS:

The overriding principle when a denturist leaves a practice is patient care. Under the proposed records keeping regulation, denturists have an obligation to maintain and have access to their records for a period of at least five years. Access is required in order to answer questions that patients, their insurers, and the College might later have about treatment rendered. Access may also be required if the denturist continues care of the patient in the new practice. This access can be achieved in one of two ways:

1. The departing denturist can take an original or a copy of this or his/her

records with him or her; or

2. The departing denturist can leave the records behind on the understanding that they will be maintained for the required period of time and that he or she can have access to them if required.

A prudent denturist will clarify with the remaining practitioner, before beginning employment or a partnership, what the agreement will be on departure. Where the contractual agreement with the remaining practitioner is silent or expressly contradicts this professional obligation, the departing denturist has an obligation to negotiate an acceptable arrangement with the remaining practi-



tioner. If he or she cannot, he or she may be subject to discipline.

Under the Personal Health Information Protection Act, 2004 (PHIPA) denturists are required to have a written privacy policy that sets out how records will be maintained securely and how long they will be retained. Patients have a right to access their records.

INFORMING THE PATIENTS ABOUT ONE'S DEPARTURE:

Again, there is a professional and a contractual part to this issue. If there will be no denturist care in the location that the

BREAKING UP IS HARD TO DO

denturist is leaving, patients should be so informed by the denturist before the office closes. Indeed PHIPA requires that if there is any transfer of records, even to a new denturist, that patients have the right to be informed of the identity of the new health information custodian for the records.

If the clinic will continue to operate, then it would be a normal professional courtesy, and in the interests of patient choice, for patients to be told about the departure. However, except in the case where the clinic is closing entirely, this notification probably fits into the category of professional courtesy not professional obligation (subject to PHIPA). In other words, a denturist would not be disciplined if he or she failed to notify patients of the move as long as the clinic itself continues to operate. The denturist can assume that the remaining practitioners at the clinic will maintain their professional obligations in dealing with the denturist's former patients.

The remaining practitioners have a professional obligation to respect their patient's right of choice and to be honest in their dealings with patients. The College expects that the professional obligation of the remaining practitioners include being honest with patients (e.g., if a patient books an appointment by telephone with the departed denturist, he or she should be told at the time of the appointment that the denturist has left). The College also expects that the professional obligation involve a duty to tell a patient, who asks, where the departed denturist has gone.

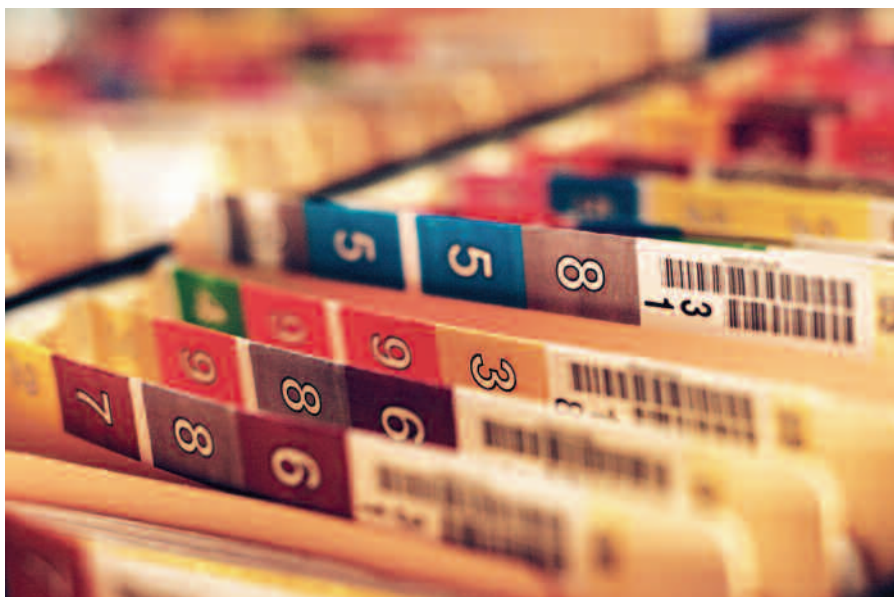
An ideal situation would be for the departing denturist and the employer or

partner to agree upon a letter to go to the patients of the denturist before the departure. Some practitioners may be unlikely to agree to this for the first time after the denturist has made the decision to go and, therefore, it is very important that this issue be agreed upon at the very start of the relationship.

maintain secure custody of the record and to provide access to of it to the patient, upon request.

CLOSING A PRACTICE

Where a denturist closes his or her practice (e.g., retirement), he or she still has



RESPONSIBILITIES OF THE REMAINING DENTURIST:

If an investigator is formally appointed under section 75 of the Health Professions Procedural Code to examine a matter, the remaining denturist must co-operate. Section 76 of the Health Professions Procedural Code requires the remaining denturist to provide access to his or her premises and records. Also, the definition of professional misconduct found in paragraph 1.40 also requires the remaining denturist to co-operate with the investigator. In addition, the investigator could summon any records under the Public Inquiries Act or obtain a search warrant.

Under PHIPA the successor health information custodian has an obligation to

obligations to the patient and to the College. The records must be retained for the specified time period (i.e., five years). During that time both the College and the patient need to know where the records are. Often the most practical solution is that for the denturist to transfer the records to another denturist who is willing to hold them. Again, under PHIPA, patients must be notified of this transfer. Active patients should be sent a letter. For inactive patients an ad in the local paper might be sufficient.

If transferring the records to another denturist is impractical, the denturist needs to securely store the records and to notify patients how they can obtain access to the records until the retention period has run out.

Selecting for Better Outcomes

BY GREG MITTLER, DD

One of the recurrent comments heard from practitioners that are contacted as the result of a complaint against them is “Oh no, I knew I shouldn’t have taken on that patient!” or a variation of the same.

There may be some obvious factors that make us think about whether the person sitting in the dental chair should be treated by us at all. Most of us are aware of the “bag of dentures” syndrome: every practitioner before you didn’t know what they were doing and evidently made dentures that were somehow not acceptable and are therefore unusable.

When you engage a patient who seems to have a negative view of the denture experience, you might ask leading questions such as, “How did you get along with your last set of dentures?”, “How long did you have the last set for?” and “What kind of difficulties caused the dentures to fail?” If you elicit more negative information than you’ve even asked for, you may be already forming an opinion on whether this patient is someone you can help at all.

Some patients feel they should be directing their practitioner as to every detail that the result should contain. Others are unwilling to accept direction or advice from the practitioner such as remedial treatment to correct an interfering condition. If you, as the responsible party, see that following the patient’s directions will cause a severe limitation in the fit, function, or esthetics of the result, the time to educate the patient about this is right at the initial consultation. If there seems to

be no understanding or acceptance, or even solid resistance to the information you offer them, the decision to not take on the case should become even clearer.

You may also encounter those that have unreasonable expectations of what you should be able to do. They do believe that you as the expert will (or should) find a way to overcome whatever serious physiological shortcomings their case may have. The expectations defy logic and the problems (limitations) you have shown them are seen as all yours and your responsibility to correct or overcome. This may be sometimes expressed by the patient as “I know you’ll find a way to get a great result” or “I have total confidence in you.” These flattering comments can mask the message that they convey. Consider the situation and you will see that for whatever reason, you are not being heard. Patients holding an entrenched belief that will not listen at the beginning of treatment are likely to

be the same at the end of treatment.

Patients presumably come to you because they believe you to be more of an expert than they. As such, you must lead the way and inform them as respectfully as possible that you disagree with their plan because it runs counter to your judgment on a proper way to proceed in order to provide them with a reasonable best result.

So, how do you assess patients in a way that allows you to minimize problems involved in their selection?

1. Be aware of continuing unrealistic patient expectations especially after the consultative process has addressed definite case limitations.
2. Maintain your professionalism. Make your own decisions on the likelihood of case success.
3. Respect your gut feeling when confronted with a situation where you believe communication is only going one way and you do not believe that the expressed outcome the patient desires is at all achievable.



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www.candulor.com, candulor@candulor.ch

**Central Dental**

3615 Danforth Avenue, Scarborough, Ontario M1N 2G1,
Toll free: 1-800-268-4442
Tel.: (416) 694-1118, Fax (416) 694-1071