Volume 15, Issue 4 • Winter 2008

College Contact

News • Committee Reports • Quality Assurance

The Marius Bridge: A Case Report

Bill 171: What it Means to Denturists

Official Journal of the College of Denturists of Ontario

Published by Andrew John Publishing Inc.
www.andrewjohnpublishing.com

PUBLICATIONS AGREEMENT NUMBER 40025049 • ISSN 1913-424X

Denturist

Package

CLX-110

C-3200

Narrow Back w/Slings

Wide Back

Evolution-3

Package A

- Evolution-3 Dental Chair 110V
- Wide back or sling back (color to be determined)
- With Canadian seat lock 300-249
- Chair Bracket Evol-3 #146-116
- Light Post 40" #146-203
- Dental Light CLX-110 110V
- Standard Cuspidor C-3200
- Operator stool DR-96

Options available

- Double Articulating Headrest
- Aerolight operatory ADD
- Post mounted Utility shelf #105-078
- Standard Utility Center #144-018

Package B

- Same as A just add
- Add Air regulator #025-001
- Utility center housing #144-015

Beaverstate Dental, Inc.
www.beaverstatedental.com
800-237-2303

Central Dental
The laboratory and denturist supply specialist.
www.centraldentalltd.com
800-268-4442 • 416-694-1118

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


Carlos Valente, DD, Professional Member District 4


Max Mirhosseini, DD, Professional Member District 5


Gregory Mittler, DD, President, Professional Member District 6


Barry Sratton, DD, Professional Member District 7


Andy Protopapas, 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

Carlos Valente, DD, District 4

Max Mirhosseini, DD, District 5

Gregory Mittler, DD, District 6

Barry Stratton, DD, District 7

Andy Protopapas, DD, District 8

Public Members

Jafar (Jeff) Amini

Thomas Capy

Walter Connell

Joan Duke

Rodger Yeatman

Ready. Set. Trio!

A New Dimension in Denture Prosthetics!

Introducing Trio posterior denture teeth, designed to simplify setup while improving accuracy and esthetics. Available in both lingualized and semi-anatomic occlusal schemes, SR Triolingual DCL® and SR Triotyp DCL® posterior denture teeth bring a new dimension to denture prosthetics.

Ready. Set. Beautiful. Exclusive natural layering process for the ultimate in esthetics.

Ready. Set. Better. Finally, denture fabrication without the guess work.

Ready. Set. Done. Fast, accurate, predictable denture setups with innovative 3 and 1 design.

Call: US 1-800-533-6825, CN 1-800-263-8182 for your Free DVD to experience Trio.

Introducing

Trio

PROSTHETIC DENTURE TEETH

Trio, part of the Ivoclar Vivadent Removable Prosthetic System.

100% CUSTOMER SATISFACTION GUARANTEED!

www.ivoclarvivadent.com

Call us toll free at 1-800-533-6825 in the U.S., 1-800-263-8182 in Canada.

ivoclar vivadent:

passion vision innovation

College Contact

The College of Denturists of Ontario
180 Bloor Street West, Suite 903, Toronto, ON M5S 2V6
Telephone: 416-925-6331, Toll Free: 1-888-236-4326
Fax: 416-925-6332, Email: info@denturists-cdo.com

Cliff Muzylowsky
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, rbigglestone@denturists-cdo.com

Contributors
Allen Aptekar, Greg Mittler.
Jill Moriarity, Cliff Muzylowsky,
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

College Contact is published three times annually by Andrew John Publishing Inc. with offices at 115 King Street West, Dundas, On, Canada L9H 1V1.

Publications Agreement Number 40025049
ISSN 1913-424X

Return undeliverable Canadian Addresses to:

ANDREW JOHN PUBLISHING INC.
115 King St W., Suite 220, Dundas, ON L9H 1V1

CONTENTS

DEPARTMENTS

CDO 53RD COUNCIL MEETING

COMPLAINTS

CDO NEWS

NOTEBOARD

QUALITY ASSURANCE

FEATURES

Committee Composition and Responsibilities

CDO Statutory Committees

EXECUTIVE COMMITTEE

Greg Mittler, DD (Professional Member) – *President, Chair*

Gus Koroneos, DD (Professional Member) – *Vice-President*

Barry Stratton, DD (Professional Member) – *2nd Vice-President*

Rodger Yeatman (Public Member) – *Treasurer*

Thomas Capy (Public Member) – *Secretary*

The Executive Committee is composed of five members of Council, two of whom have been appointed to the Council by the Lieutenant Governor in Council.

The President and Vice-President of the Council are members of the Executive Committee, with the President serving as Chair.

The Executive Committee is empowered by the RHPA to act with the full authority of Council in between meetings of the Council. It meets monthly to deal with issues that arise between Council meetings.

The Executive Committee may also deal with matters referred to it by the Registrar.

COMPLAINTS COMMITTEE

Gus Koroneos, DD (Professional Member) – *Chair*

Pino DiNardo, DD (Non Council Member)

Joan Duke (Public Member)

Carlos Valente, DD (Council Member)

Rodger Yeatman (Public Member)

The Complaints Committee is composed of four members of the Council, two of whom have been appointed to the Council by the Lieutenant Governor in Council and a member of the profession who is not a member of the Council of the College.

Per section 26 of the Regulated Health Professions Act, 1991 (RHPA) subsection (2), a panel, after investigating a complaint regarding the conduct or actions of a member, considering the submissions of the member and considering or making reasonable efforts to consider all records and documents it considers relevant to the complaint, may do any one or more of the following:

1. Refer a specified allegation of the member's professional misconduct or incompetence to the Discipline Committee if the allegation is related to the complaint.
2. Refer the member to the Executive Committee for incapacity proceedings.
3. Require the member to appear before the panel or another panel of the Complaints Committee to be cautioned.
4. Take action it considers appropriate that is not inconsistent with the RHPA, the Health Professions Procedural Code, the regulations or bylaws.

REGISTRATION COMMITTEE

Joan Duke (Public Member) – *Chair*

Ted Dalios, DD (Professional Member)

Andy Protopapas, DD (Professional Member)

Dawn Stamp, DD (Non Council Member)

The Registration Committee is composed of three members of the Council, one of whom has been appointed to the Council by the Lieutenant Governor in Council and a member of the profession who is not a member of the Council of the College.

The Registration Committee is responsible for dealing with applications for a Certificate of Registration that have been referred to it by the Registrar. The Registrar must refer an application to the Committee when:

1. Doubt of the applicants' capacity, experience or educational qualifications exists;
2. The Registrar is of the opinion that terms, conditions or limitations should be imposed on a Certificate of Registration.

DISCIPLINE COMMITTEE

Jeff Amini (Public Member) – *Chair*

Eugene Cohen, DD (Non Council Member)

Walter Connell (Public Member)

Ted Dalios, DD (Professional Member)

Max Mirhosseini, DD (Professional Member)

Carlo Zanon, DD (Non Council Member)

The Discipline Committee is composed of four members of the Council, two of whom have been appointed to the Council by the Lieutenant Governor in Council and two members of the profession who are not members of the Council of the College.

The Discipline Committee is responsible, under the Regulated Health Professions Act, to render judgment of allegations against members of the College of Denturists of Ontario related to professional misconduct or competence. Cases may be referred from either the Complaints Committee or the Executive Committee of the College of Denturists of Ontario.

FITNESS TO PRACTICE COMMITTEE

Jeff Amini (Public Member)

Max Mirhosseini, DD (Professional Member)

Dawn Stamp, DD (Non Council Member)

Barry Stratton, DD (Professional Member)

The Fitness to Practice Committee is composed of three members of the Council, one of whom has been appointed to the Council by the Lieutenant Governor in Council and a member of the profession who is not a member of the Council of the College.

The mandate of the Fitness to Practice Committee is to consider and render decisions on allegations of mental or physical incapacity and applications for restoration of certificates that have been revoked or suspended for reasons of incapacity.

PATIENT RELATIONS

Walter Connell (Public Member) – *Chair*

Eugene Cohen, DD (Non Council Member)

Joan Duke (Public Member)

John Kallitsis, DD (Professional Member)

Greg Mittler, DD (Professional Member)

The Patient Relations Committee is composed of four members of the Council, two of whom have been appointed to the Council by the Lieutenant Governor in Council and a member of the profession who is not a member of the Council of the College.

The role of the Patient Relations Committee is to establish protocols for dealing with incidents of sexual abuse of patients by members of the College of Denturists of Ontario, for developing strategies to prevent the sexual abuse of patients by members of the College of Denturists of Ontario and to coordinate all the College's communications and community outreach activities, especially regarding patient education.

CDO Non-Statutory Committees

QUALITY ASSURANCE COMMITTEE

Jon Nolan, DD (Non Council Member) – *Chair*

Walter Connell (Public Member)

Allen Kastner, DD (Non Council Member) – *Chief Assessor*

Max Mirhosseini, DD (Professional Member)

Barry Stratton, DD (Professional Member)

The Quality Assurance Committee is composed of three members of the Council, one of whom has been appointed to the Council, by the Lieutenant Governor in Council and two members of the profession who are not members of the Council of the College.

The Quality Assurance Committee is responsible for ensuring that there is a mechanism in place to monitor and maintain the competency of all practicing denturists and to develop standards and guidelines for the provision of denture services in Ontario.

FINANCE COMMITTEE

Thomas Capy (Public Member)

John Kallitsis, DD (Professional Member)

Carlos Valente, DD (Council Member)

Rodger Yeatman (Public Member)

The Finance Committee is comprised of four members of the Council, one of whom is a public appointee and one of whom is the Treasurer of the Council. The Financial Committee is responsible to review specific financial issues at the request of Council and to make recommendations to Council regarding these issues.

The Committee reports to the Council under the auspices and authority of the Executive Committee.

QUALIFYING EXAMINATION AND CURRICULUM COMMITTEE

Rodger Yeatman (Public Member) – Chair

Latif Azzouz, DD (Non Council Member)

Max Mirhosseini, DD (Professional Member)

Andy Protopapas, DD (Professional Member)

The Qualifying Examination and Curriculum Committee is responsible for developing the Entry-to-Practice Examinations of the College and for liaising with the denturism training programs to develop and review the core curriculum as needed. The Committee reports to the Council under the auspices and authority of the Executive and Registration Committees.

REGULATIONS AND BYLAWS COMMITTEE

Gus Koroneos, DD (Professional Member) – *Chair*

Thomas Capy (Public Member)

Joan Duke (Public Member)

Ted Dalios, DD (Professional Member)

John Kallitsis, DD (Professional Member)

The Regulations and Bylaws Committee is responsible for advising the Council on new pieces of legislation which may impact the profession and regulation of Denturism in Ontario. This Committee is also responsible for regularly reviewing the regulations and bylaws of the profession and ensures that the members of the Council of the College abide by the governance policy developed and adopted by the CDO. The Committee reports to the Council under the auspices and authority of the Executive Committee.

President's Report to Council

The first quarter of the Council year has been relatively quiet as members took some time for summer breaks. Still, most committees have met and have begun work on their various projects.

The infrastructure changes at the administrative level implemented by our Registrar, a year ago, have already resulted in new efficiencies.

We are seeing an increase in the identification of need for, and the consequent development of, policies in several areas. Additionally, the staff supports to the Complaints and Registration Committees, as well as Quality Assurance, Patient Relations, and the Qualifying Exam committees have allowed committee members to better focus their efforts on the work at hand.

This has translated into cost savings for the CDO but more importantly, it has greatly reduced the quantity of staff time spent unnecessarily, by defining their tasks. It is a graphic example of how the right mix of positions can enhance and provide innovation in an organization.

As we look back on the past year, it is certainly apparent that good progress has been made. This did not happen by accident. It is the result of individual energies and the determination to improve ourselves and our College. I sincerely hope this spirit continues as we begin our second quarter at the CDO.

Greg B. Mittler, DD
President

Registrar's Report to Council

In addition to administrative functions in support of the CDO's statutory obligations, a major focus of the administration in the last quarter was the CDO Entry to Practice Clinical Qualifying Examinations held the week of July 7 to 11 and July 14 to 18. The Coordinator of Registration and Committees coordinated organization of the qualifying examinations, provided support at the Clinical Qualifying Examination, and administered the reporting of examination results to candidates.

The Registrar received three inquiries from examination candidates concerning the Clinical Qualifying Examination. The concerns are being reviewed.

The staff provided support to committees and was instrumental in the development of policies and procedures. Several new policies drafted by the Coordinator of Policy and Administration are being presented to Council for discussion and/or approval.

The staff met to review and clarify the data elements necessary for the new database to meet the statutory requirements of the Health Systems Improvements Act (Bill 171), the Fair Access to Regulated Professions Act (Bill 124), and the Allied Health Human Resources Database. The Coordinator of Quality Assurance and Communications is working with the software company to ensure that the database will fulfill the functions of the College.

The Registrar informed the Registration Committee that the federal government is proposing Chapter 7 (Labour Mobility) amendments, which would require changes to the CDO's Registration Regulation.

Thank you to the members of Council, committees and staff whose tireless efforts ensure that the College of Denturist of Ontario fulfills its mandate to regulate and govern the profession of denturism in the public interest.

Cliff Muzylowsky, DD
Registrar

Executive Committee Report to Council

The Executive Committee has met three times in person. It also convened for a single teleconference meeting.

The Executive reviewed seven requests for approval of clinic names.

The Executive Committee reviewed a letter from the Competition Bureau and as a result, is recommending amendments to the CDO Proposed Advertising Regulations that will bring it into line with the federal Competition Act.

The Executive received correspondence from the MTCU (Ministry for Training Colleges and Universities) in the form of an information sharing protocol proposal that will require the CDO to share aggregate results from the qualifying exam with MTCU. In addition, a program approval process was suggested that would require curriculum and site approval from the CDO prior to MTCU approval for new private career college denturism programs being granted.

The Task Force on Occupational Specifications and Standards has been reconstituted and will immediately begin phase 2 of its work developing the occupational specs for Asepsis and Infection Control.

Following a discussion on the logistics of outsourcing Council elections, the Executive selected two of its members to research the cost and feasibility of this matter.

EXECUTIVE DECISIONS TO REPORT

1. The Executive referred one matter to the Discipline Committee.
2. The Executive approved an information sharing protocol agreement and a program approval process with the MTCU

Greg Mittler, DD
President, Chair

Qualifying Examination Committee Report to Council

The Qualifying Examination Committee held two teleconferences and a meeting at the College.

The previous Qualifying Examination Committee established Examiner Position Descriptions which were distributed to and signed by this year's Examiners. It was determined for the purposes of increasing transparency and fairness; an addendum should be added to the positions descriptions regarding the protocol around Examiner's breaching exam integrity and the dismissal of an Examiner. A motion was passed that the addendum be added to the Examiner Position Descriptions.

The previous Qualifying Examination Committee determined that the College would facilitate a mandatory one day orientation session this fall for all Examiners and a session each year for new Examiners recruited. In preparation for this orientation, this Committee will strike a Sub-committee to review and revise the Clinical Examination Evaluation Criteria.

The previous Qualifying Examination Committee had done extensive work developing a new written exam question databank of approximately 400. The previous committee also determined that new written questions to be added to this existing databank should be developed by a sub-committee. This committee will strike a sub-committee which will be constituted to begin developing new questions.

Rodger Yeatman,
Qualifying Examination Committee Chair

Quality Assurance Committee Report

The committee continues to meet by scheduled monthly teleconference as well as when deemed necessary. To date, it has met four times by teleconference and held one meeting at the College office since the last council meeting.

All assessments and continuing assessments were completed. Any remedial actions required by members were completed. One assessed member has been sent a notice of intention to impose terms, conditions or limitations on their certificate.

The committee is working on revising the assessment form to make it easier to use by the assessors and make it more efficient by including items such as a communication log and remedial timelines.

Jon Nolan, DD
Quality Assurance Committee Chair

Patient Relations Committee Report to Council

All Patient Relations Committee meetings are held via teleconference. Since our last meeting of council the committee met on eight occasions. The most recent major project has been the completion of the 2007–2008 Annual Report. The Committee continues to invite suggestions from the membership for articles to be published in the *College Contact*.

Walter Connell,
Patient Relations Committee Chair

Registration Committee Report to Council

The Committee has met twice since the June 2008 Council meeting.

As the majority of the committee members are new, the emphasis for the first quarter of the year has been member orientation.

The Registration Committee has initiated two major policy changes regarding the Qualifying Exam, which were put into effect for the summer 2008 sittings of the Qualifying Exam.

The Registration Committee continues to research the development of a print-based orientation program that could be offered to all new registrants.

The 2008/09 year is shaping up to be a very busy, active time for the Registration Committee with many challenges to address.

Joan Duke,
Registration Committee Chair

Complaints Committee Report to Council

The Complaints Committee has had two meetings since the last Council meeting. There are currently 14 open files. The Committee has issued an oral caution to one member and referred two other members to the Executive Committee for further action. The Committee is also in the process of looking into a mediator for the committee to assist in Alternate Dispute Resolution.

I commend the entire Committee on its strong efforts.

Gus Koroneos, DD
Complaints Committee Chair

The Importance of Record Keeping

BY G.B. MITTLER, DD

Whenever a patient submits a complaint concerning a denturist, a certain sequence of events is initiated. If the complaint is not resolved through Alternate Dispute Resolution (ADR), one of the first duties of the Complaints Committee is a request for records related to the treatment of the patient. This usually includes treatment plan and consent form, medical and dental records, procedures, their dates, and the fees charged. It may also include insurance forms, letters, receipts, and relevant accounting data. Although a memory of events is at times adequate for some detail, it is not acceptable as hard data (dates, times, procedures, and payments, etc.).

The Complaints Committee strives for a fair and neutral approach in the consideration of evidence. However, the absence of clear records or their lack of detail will cause difficulty in determining what the practitioner did, when he did it, and what was charged for the services rendered. This becomes particularly problematic if there is dissimilarity with what the patient claims and what the practitioner asserts.

Clear records can support your position and are an indication of your professional approach to patient care. This helps to add credibility, one of the tests the Complaints Committee factors into the decision it must render on a case.

Although a generally equal approach in detail for all patients is a good thing, it is an even better habit to keep somewhat more detailed notes if a complex case or difficult personality is encountered. As an example, a case involving multiple try-ins might be documented with details on what objection(s) were raised and what was changed as a result. Another example might be a case where the treatment plan was changed after the initial treatment proposed was already in progress.

Clarity in procedures performed (i.e., was a reline procedure done on a complete upper or lower partial or both) and legible writing in charts is also desirable. If erroneous information is written down and you must change it, cross it out with a clear single line and write down the intended data next to it.

Keeping current, accurate records is a good habit and is in fact a requirement by the College of Denturists. If you are requested to submit information by the College of Denturists Complaints Committee, you will certainly be in a better position if you can produce your patient records without having to rely on memory for the critical details involved and you will demonstrate your professionalism as a practitioner.

NEWS

New Members

The College of Denturists of Ontario congratulates and welcomes the newest members of our profession:

Mohamed Abdelrahman, DD	Alma Alvarado, DD	Ryan Assal, DD	Matthew Barclay-Culp, DD
Courtney Bruckert, DD	Jianna Di Stafano, DD	Sonya Di Vito, DD	Artour Eldarov, DD
Lise Fillion, DD	Igal German, DD	Noa Grad, DD	Bethanie Huen, DD
Jason Ioannou, DD	Vladimir Irodenko, DD	Shi Wei Jin, DD	Christopher Johnston, DD
Joshua Kelly, DD	Nazarali Khajeali, DD	Melanie Lacroix, DD	Christine Lau, DD
Dao Le, DD	Mario J. Murillo, DD	Matt McCallum, DD	Ali Nasser, DD
Meri Paparisto, DD	Jenna Pariselli, DD	Heshmatollah Rashed, DD	Arjun Vellore, DD
Adriana von Fielitz, DD	Drago Vrljic, DD	Ling Yao, DD	Zhu (Maggie) Zhang, DD

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 of Denturists of Ontario 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 Cojocaru

Rosemarie Dacres

Antonio Del Giglio Materazzo

Sheila Fewer

Gregory Fredericks

D. Freedman

Mona Galliera

John Gecelovsky

Mimi Gozlan

Nadeem Hassem

Chagay Hellenbrand

Walter Hempfling

Dan Huber

Ernest McCrone

Paul Maunder

Adam Meilun

Helmut Pardue

Lev Poyasov

Benjamin Rakusan

Ludlow Reynolds

Mark Richardson

Milovan Solunac

Peter Shi Yan

Clinic Name Approval

ANY DENTURIST WHO OWNS a denture clinic must have the name of the clinic approved by the Executive Committee, unless the name of the clinic is the denturist's name (e.g., Johnson Denture Clinic). If you are currently using a clinic name that is not your name and has not been approved by the Executive Committee, if you are changing the name of your clinic, or if you are opening a new clinic and wish to name it something other than your own name, please follow the procedure below for clinic name approval:

1. Submit a request for approval of the clinic name in writing to the Executive Committee
2. Once the College has received your request it will be placed on the agenda of the next Executive Committee meeting. The Executive Committee meets once a month.
3. The Executive Committee will consider your request and render a decision.
4. College staff will inform you of the decision following the meeting.

Please Note: In order to conform to the recent changes in the CDO's Proposed Advertising Regulation, there have been changes to the type of clinic name that will now be approved by the Executive Committee. Therefore, a clinic name that has been refused approval in the past may now be approved. Any member who has been refused clinic approval due to the type of name requested may resubmit

their request for consideration.

If you have any questions regarding clinic names, please contact the College.

CLINIC SIGNAGE

IN JUNE 2007, the Council of the College approved amendments to the Professional Misconduct Regulation relating to clinic signage. These amendments stipulate that the signage of a denture clinic that is owned or operated by a member of the College of Denturists must include the name and professional designation of all members practicing denturism at that clinic. Although these amendments have not yet received government approval, the College strongly recommends that all members adhere to them and ensure that their clinic signage displays name and designation.

DESIGNATION

AS OF 1994, practicing professionals of denturism have been recognized as "Denturists." In accordance with the Denturism Act, 1991 the term "Denture Therapists" is no longer allowed. Despite this, many denturists continue to identify themselves both on signage and stationary as "denture therapists."

Section 8. (2) of the Denturism Act, 1991, states "No person shall use the title "denture therapist" or a variation or abbreviation of it" and Section 10 states that offenders are liable to fines of up to $5,000 for the first offence and up to $10,000 for the second and subsequent offences. The College strongly advises all members to review all stationary, signage and advertising materials to ensure that inappropriate designations are not being used.

Many denturists erroneously use D.D. as the abbreviation for denturist. D.D. designates a Doctor of Divinity. The correct abbreviation for denturist is DD (Diploma in Denturism).

Standards for Animals in the Clinic Environment

PUBLIC COMPLAINTS DRIVE INITIATIVE TO DEVELOP NEW STANDARD FOR DENTURISTS

The Quality Assurance committee was tasked by Executive to review the appropriateness of keeping animals in the clinic setting, following a complaint by a member of the public regarding a dog in a clinic. This complaint raised concerns of both hygiene and public comfort, as many members of the public are allergic to and/or intimidated by various animals. The QA Committee's research indicated that clinics are private property, subject to municipal bylaws. Municipal animal control standards are adherent to municipal bylaws. There can be districts with no municipal bylaws which prevent having animals in a clinic environment. Where there is no bylaw specific to housing mammals/reptiles, owners of private property are responsible for determining whether mammals/reptiles are allowed on their premise.

Given its concerns and the lack of province wide standards or bylaws with regard to animals in health clinics, the QA Committee felt that a standard was required for the College of Denturists of Ontario.

A standard was developed and presented to Council at the 52nd Meeting of the Council (Friday June 20th, 2008). Council approved a motion to accept the wording "All mammals (excluding guide dogs and other service animals), birds and reptiles are prohibited from being present in a denturist clinic at any time," as a new Standard for Animals in the Clinic Environment.

What this standard means to professional members is that they are restricted from keeping animals either free-roaming or crated, turtles, snakes, etc., in tanks or cages and birds in cages, anywhere on the clinic premises. Also, they may not allow clients to bring animals with them into the clinic.

The singular exception to this standard is the provision for service animals.

If you have any questions regarding this new standard you are encouraged to contact the College of Denturists of Ontario at **416.925.6331 / 1.888.236.4326 ext 222** to speak with the Quality Assurance Coordinator.

NOTEBOARD

2008 Election Results

ON JULY 25TH, 2008 the Registrar of the College of Denturists of Ontario reported to Council that elections were held for districts 3, 4, and 5 for three year terms on June 4, 2008. District 8 held a by-election at the same time for a one year term to replace Brad Potter, DD, who resigned with one year remaining on his term of office.

The Registrar would like to thank all candidates for their interest in the positions of Councillor on the College's Council. On June 4, 2008, in his role as Chief Returning Officer, the Registrar presided over the election for the representative for District 3 and District 8. District 4 and District 5 representatives were acclaimed to the position.

The results of the elections were as follows:

District 3 – Two candidates ran in this district, Jodi Carr and John Kallitsis. John Kallitsis was declared elected to the position.

District 4 – At the close of nominations, Carlos Valente was the only candidate for the district. In the absence of other nominations, Carlos Valente was acclaimed to the position

District 5 – at the close of nominations, the only candidate for the district was deemed to be ineligible to stand for election. Therefore, there were no eligible candidates for District 5. In accordance with the Bylaws, the President nominated Max Mirhosseini. In the absence of other nominations, Max Mirhosseini was acclaimed to the position.

District 8 – Two candidates ran in this district, Andy Protopapas and Jaro Wojcicki, Jr. Andy Protopapas was declared elected to the position.

COUNCIL RESPONSIBILITIES

Council is the board of directors of the College and is comprised of both professional and public members.

The professional members on Council are denturists elected through regional elections. The Lieutenant-Governor in Council appoints all public members. Council members work together to pursue the College's statutory mandate to regulate and govern the profession in the public interest.

The role of the Council member is to ensure the protection of the public. The Regulated Health Professions Act, its Procedural Code, and the Denturism Act provide the legal foundation for CDO's governance structure, activities and powers. The CDO is required to fulfill the role of a regulatory college as established in the legislation. Council decisions must be consistent with the legislation.

It is important to note that the accountability of professional members of Council is different from that of directors in a membership organization. Council members are not elected to represent the members of their district, but to represent the public of Ontario on behalf of their district. Once elected to Council, the denturists are not accountable to the members in their district, but instead to the statutes and the laws governing the College and to the public of Ontario.

While there is a role in bringing regional perspectives to the Council table, and in communicating Council decisions in regions, elected Council members do not represent the electorate. Councillors are bound by statute to confidentiality and cannot report confidential information back to members in their district.

By accepting a position as a Council member or committee member, the Councillor occupies a position of trust and confidence. Personal interest and the interest of any constituency that a member may be affiliated with must be subordinated to the best interest of the College, and to the interest of self-regulation.

All Council members, whether denturists or public members, are equal around the table, and participate equally in discussion and decision-making. Likewise they are equally bound by law.

All Council members must follow statutory requirements, and College bylaws, policies and Code of Conduct.

Changes to the Assignment of Electoral Districts

IN THE PAST, members have been assigned to electoral districts according to their mailing address. The mailing address has been designated by the member, which meant that members who had more than one clinic could choose any of their clinics as the mailing address and be assigned to that electoral district. This had the effect of allowing members to choose their electoral district.

At the December 2008 meeting, Council approved a bylaw change that assigns members to voting districts based on a registered address, not a mailing address.

The registered address is defined as:

> the primary business address of a member who is registered in the active category and who is practicing denturism. If a member is not practicing denturism, the registered address means the member's primary place of residence.

The primary business address is:

> the address which satisfies most or all of the following criteria:
>
> (i) where the member would be expected to be assessed in a random Quality Assurance assessment,
>
> (ii) the address where the member keeps the majority of patient records,
>
> (iii) the address where the member spends the majority of clinical practice hours.

This new way of assigning electoral districts will ensure that members vote and are eligible for election in the district in which they practice the most.

The College will be tracking registered addresses through our database. As part of a larger IT project, the College database is currently being revised to store both a registered address and a mailing address, although the two addresses can be the same if the member wishes.

To this end, you will be receiving in the near future, if you have not already done so, information and a form regarding this matter. You will be asked to complete the form in order to let the College know your registered address, your mailing address.

This transition from mailing address to registered address will allow the College to ensure that electoral districts are assigned appropriately. If you have any questions on this matter, please contact Jill Moriarty, Coordinator of Policy and Administration at the College.

Conflict of Interest and Committee/ Examiner Appointments

AT THE JUNE 2008 MEETING, Council discussed the issue of conflict of interest as it relates to committee appointments. They arrived at the following decisions regarding this matter:

1. Faculty members of Denturism Programs are ineligible to sit on the Qualifying Examination and Curriculum Committee.
2. CDO Examiners are ineligible to sit on the Qualifying Examination and Curriculum Committee.
3. Any person having a familial, personal, or business relationship with a CDO examination candidate is ineligible to sit on the Qualifying Examination and Curriculum Committee.
4. CDO Examiners are ineligible to sit on the Registration Committee.
5. Council members are not eligible to sit on both the Complaints and Discipline Committees.
6. Faculty members of Denturism Programs are ineligible to act as CDO Examiners.

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 evaluate candidates' projects at these exams. The College is interested in expanding its pool of examiners. Examiners will be required to commit to a minimum of one full examination week, and attend a mandatory orientation and training session prior to the exam session they are assigned.

There will be clinical exams this upcoming year in both winter and summer. The winter session is scheduled for February 23–27, 2009. The summer sessions will run in July 2009. The examiner orientation and training session for the winter session will be held in January 2009.

Examiners are required to travel to Toronto for the duration of the clinical exam session or arrange accommodation if traveling more than 30 km. Examiners are compensated for travel expenses, accommodation if traveling more than 30 km, and receive an honorarium.

Examiners must:

- Be a member in good standing with the College
- Have an active status with the College
- Be registered with the College for a minimum of five years
- Be free of any disciplinary action or suspensions for the previous two years
- Not be a current member of the Qualifying Examination Committee
- Not be a current instructor at George Brown College or George Yonge College
- Be free of conflict of interest with any candidate participating in the exam

Interested members should send their resume, together with a covering letter referring to this position, to the Registration Coordinator at the College of Denturists of Ontario by mail, fax **(416) 925-6332**, or email **lthacker@denturists-cdo.com.**

If you are considering being an examiner for the February 2009 clinical examination, please respond at your earliest convenience.

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. Briefly explain why you wish to represent the College as a Quality Assurance Assessor.

Each year, the Quality Assurance Committee hosts a mandatory training session for Quality Assurance Assessors to review protocol and reporting procedure. Quality Assurance Assessors must have a minimum of five years' experience and have been / are prepared to be assessed. Limited travel (outside of your professional district) is involved. Quality Assurance Assessors are compensated for travel expenses and receive an honorarium.

For information on the Quality Assurance Program and the Assessment process, visit **http://www.denturists-cdo.com/QualityAssurance/index.html .**

BILL 171

– WHAT IT MEANS TO DENTURISTS

INTRODUCTION TO POWERS OF QUALITY ASSURANCE COMMITTEE

Powers of the Committee

80.2

(1)The Quality Assurance Committee may do only one or more of the following:

1. Require individual members whose knowledge, skill and judgment have been assessed under section 82 and found to be unsatisfactory to participate in specified continuing education or remediation programs.
2. Direct the Registrar to impose terms, conditions or limitations for a specified period to be determined by the Committee on the certificate of registration of a member,
   (i) whose knowledge, skill and judgment have been assessed or reassessed under section 82 and have been found to be unsatisfactory, or
   (ii) who has been directed to participate in specified continuing education or remediation programs as required by the Committee under paragraph 1 and has not completed those programs successfully.
3. Direct the Registrar to remove terms, conditions or limitations before the end of the specified period, if the Committee is satisfied that the member's knowledge, skill and judgment are now satisfactory.
4. Disclose the name of the member and allegations against the member to the Inquiries, Complaints and Reports Committee if the Quality Assurance Committee is of the opinion that the member may have committed an act of professional misconduct, or may be incompetent or incapacitated.

CHANGES TO THE REGULATORY HEALTH PROFESSION ACT CODE AS IT APPLIES TO THE QUALITY ASSURANCE PROGRAM

The Regulatory Health Professions Act (RHPA) Code is amended to create mandatory minimum requirements for quality assurance programs and to create an exhaustive list of powers of the Quality Assurance Committee.

The definition of "quality assurance program" in subsection 1 (1) of Schedule 2 to the Act is repealed and the following substituted: "quality assurance program" means a program to assure the quality of the practice of the profession and to promote continuing evaluation, competence and improvement among the members;

Paragraph 4 of subsection 3 (1) of Schedule 2 to the Act is repealed and the following substituted: To develop, establish and maintain standards of knowledge and skill and programs to promote continuing evaluation, competence and improvement among the members.

Minimum requirements for quality assurance program

80.1 A quality assurance program prescribed under section 80 shall include,

(a) continuing education or professional development designed to:
   (i) promote continuing competence and continuing quality improvement among the members,
   (ii) address changes in practice environments, and
   (iii) incorporate standards of practice, advances in technology, changes made to entry to practice competencies, and other relevant issues in the discretion of the Council;

(b) self, peer, and practice assessments; and

(c) a mechanism for the College to monitor members' participation in, and compliance with, the quality assurance program.

By setting minimum requirements for the Regulatory Health Colleges' quality assurance programs, the RHPA now defines for the College of Denturists of Ontario, the Ministry of Health and Long-Term Care requirement to ensure quality assurance of minimum standard for continuing competencies in its profession. The intention of continuing education, competency, and quality improvement is to ensure that members are engaged in acquiring knowledge, skills and judgment although they are well past attaining formal training as denturists. The public may be assured that their professional is continuing to seek out the latest information in their field and are able to apply this knowledge to their practice and patient care. Practitioners are expected to be equipped with knowledge and skills to incorporate new technologies of their profession for delivery to their client base.

These changes broaden the ability for the Quality Assurance (QA) Committee to assign successful completion of specific continuing education courses as part of the remedial program for members who have been identified through the peer review program to have deficit in knowledge, skill, and judgment. The QA Committee is also able to request the Registrar to impose terms, conditions, or limitations on a member's certificate if they do not successfully complete the remedial program

Further changes within the structure of the current Quality Assurance Program will occur to comply with Bill 171. The Quality Assurance Committee is currently working on developing methods of delivering relevant continuing education modules for members, and the ability to track members' annual achievements in education. Partnered with a database development firm, the online Professional Members sign-in site will be expanded to post links to continuing education modules, which successful completion of, will be credited to the members database record.

The Self Assessment Tool is being further enhanced. At present the Self Assessment Tool is modeled after a CV/résumé. The new tool will present questions to challenge practitioners. Reflective questions prompt members to review their practice to determine programs of personal development in areas which they view as new and changing. On completion of the self assessment tools, members should have a road map of areas to engage in continuing education. As a one-year plan the member gains insight to actionable goals.

Peer assessment allows for mentoring amongst professionals. Often peer assessments occur during a concluding review of the results of the member's practice assessment. Peer assessments are an opportunity for mentorship.

Practice assessment consists of representatives of the College of Denturism of Ontario reviewing randomly selected members' practices. Through these reviews deficits in areas of concern to the health and safety of the public of Ontario are identified. Outside of the jurisdiction of other committees, practice assessments are opportunities for members to resolve deficits within the clinical environment before the concerns can present as a threat to the public.

Transparency and Privacy: What the World Will Know About You

BY RICHARD STEINECKE

"Where secrecy or mystery begins, vice or roguery is not far off"

Samuel Johnson

One of the major features of the upcoming amendments to the Regulated Health Professions Act is the increased information about denturists that will be available in the public register. In making these amendments, the government expressed the desire that the public have access to more information about health care practitioners so that the public could make informed choices. Obviously, Samuel Johnson's observation, above, is being taken to heart.

While there is an increased emphasis on transparency and accountability of practitioners, there still remain some privacy protections. For example, the fact that a complaint has been made against a member (or even that a lot of complaints have been made against a member) will not be posted on the public register.

The register is the public record of information about individual denturists. As of June 4, 2009, the entire register will be publicly available. The legislation requires that the information be easily accessible. All of the register information will be on the College's website. In addition, it will be available at the College's offices during regular business hours. A hard copy of the information will be provided upon request. When people inquire about a specific denturist, the College is required to advise the inquirer of all of the categories of information recorded on the register; the inquirer does not have to "know what to ask for."

The list of publicly available information is too long to set out in this article.* However, the more significant items are as follows:

1. A member's name.
2. A member's business contact information.
3. Any terms, conditions and limitations on a member's certificate of registration.
4. Any suspensions or revocations of a member's certificate of registration including for non-payment of fees.
5. Information about discipline and incapacity proceedings against a member.
6. Any finding of professional negligence or malpractice made by a court against a member.

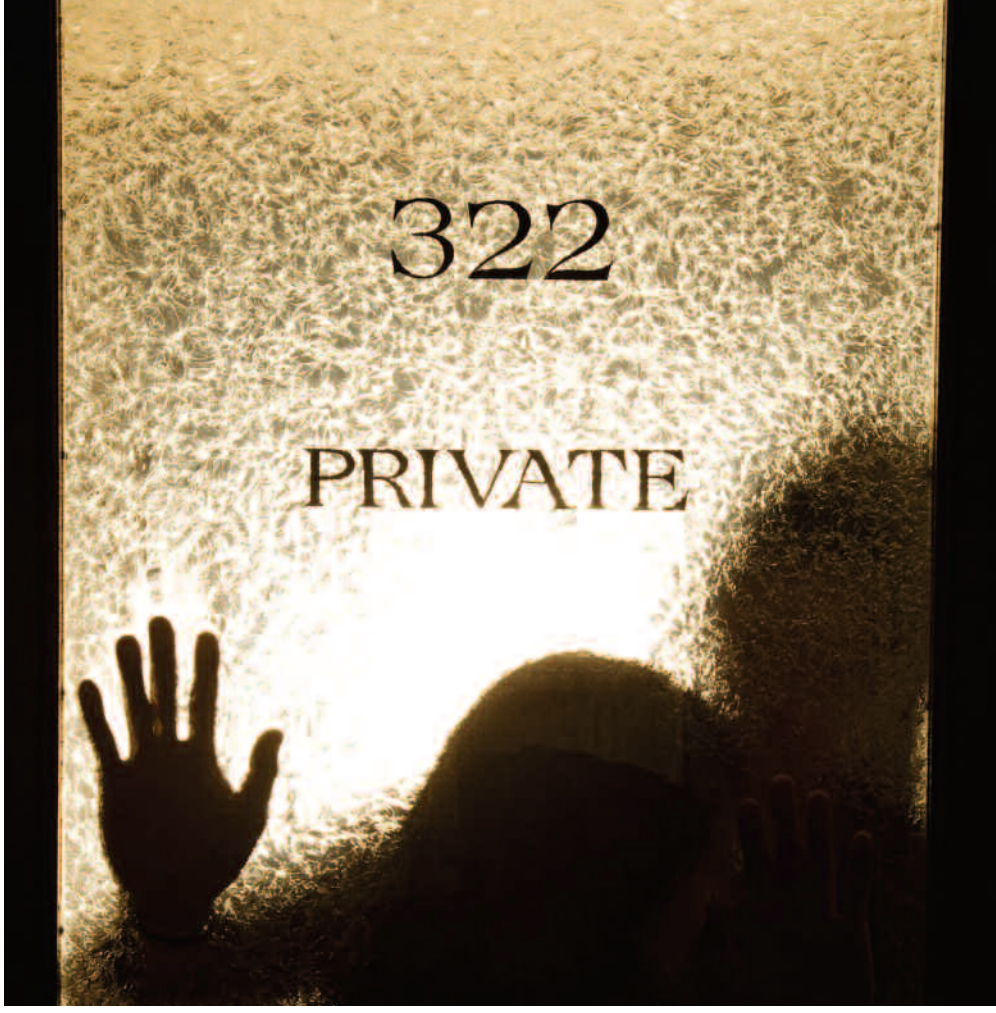
The rules about discipline proceedings are complex. Once allegations have been referred to discipline for a hearing, they will be shown on the register along with information about the time and location of the discipline hearing. If a finding is made against the member, a synopsis of the finding will be put on the register. This synopsis is different from the more detailed summary of the reasons for decision which will be posted on the discipline portion of the College's website. The two pages will probably be linked to each other. In most cases, the penalty ordered by the Discipline Committee will also be shown. The Discipline Committee can also direct that additional information be placed on the register if it

*For a complete list see section 23 of the Health Professions Procedural Code found under the heading "Regulated Health Professions Act" at www.e-laws.gov.on.ca.

feels that the information is important for the public to know (e.g., the member's location or type of practice). If the decision of the Discipline Committee is appealed, the fact of the appeal will be entered, but the rest of the information will remain on the register during the appeal. Obviously, if the court quashes the decision of the Discipline Committee on the appeal, then all of the information will come off the register.

Under the new rules discipline information will generally remain on the register permanently. Where the finding was relatively minor (e.g., only a fine or a reprimand was imposed and it does not involve sexual abuse) a member can ask for the information to be removed after six years. However, the member must then satisfy the Discipline Committee that the information is no longer relevant to the member's suitability to practise the profession and that there is no overbalancing public interest for keeping the information on the register.

So, what are the safeguards for protecting the privacy of members? As mentioned above, one consideration is the information that is not recorded in the register. Generally information about registration matters, complaints, and quality assurance concerns are not posted on the register. Neither is the member's home contact information (unless the member provides no business contact information, because the public has the right to know where to contact a member for clarification of past services or to address concerns). Similarly, even though members have to report to the College when they have been found guilty of an offence, that information is not placed on the register unless discipline



proceedings result.

A key safeguard is for members whose personal safety is at risk. In such cases, the Registrar has the ability to withhold all contact information to protect the member. However, the Registrar has to be advised of the safety risk. Any member feeling at risk for their personal safety if contact information is made publicly available should write to the Registrar with the request. The request should contain particulars of the safety risk and documentation confirming it (e.g., terms of release or restraining orders; witness attestations).

Another safeguard is that personal health information about members will only be posted on the register if it is reasonably necessary to do so. Generally this will occur only where the member has an illness that affects his or her ability to practise safely (e.g., an addiction or certain severe and chronic mental illnesses). Even then, only the minimum amount of information necessary to protect the public and ensure accountability to the College will be posted. For example, in the case of an incapacity finding by the Fitness to Practise Committee, the register might indicate that the member has a term, condition and limitation on his or her certificate of registration that he or she is incapacitated and must continue to participate in medical treatment for it.

Public access to certain professional information about members is part of the price of being a self-regulated professional. Members should be aware of the types of information that are available about them, what information will not be found on the register and the safeguards they can employ, particularly where their personal safety is at risk.

BILL 171

– WHAT IT MEANS TO DENTURISTS

INTRODUCTION TO THE ALLIED HUMAN HEALTH RESOURCES DATABASE

Bill 171 has added Section 36.1 to the RHPA to allow for the collection of information from the members of the College as is reasonably necessary for the purpose of Ministry health human resources planning.

The Act is amended by adding the following section:

8. Collection of personal information by College 36.1

(1) At the request of the Minister, a College shall collect information directly from members of the College as is reasonably necessary for the purpose of Ministry health human resources planning.

(2) At the request of the Minister, a College shall assign a unique identifier for each member of the College from whom information is collected under subsection (1).

Members to provide information

(3) A member of a College who receives a request for information for the purpose of subsection (1) shall provide the information to the College within the time period and in the form and manner specified by the College.

Disclosure to Minister

(4) A College shall disclose the information collected under subsection (1) to the Minister within the time period and in the form and manner specified by the Minister.

Use by Minister

(5) The Minister may use and disclose the information only for the purpose set out under subsection (1), and shall not use or collect personal information if other information will serve the purpose, and shall not use or collect more personal information than is necessary for the purpose.

Reports

(6) The Minister may publish reports and other documents using information provided to him or her by a College under this section for the purpose set out in subsection (1), and for that purpose only, but the Minister shall not include any personal information about a member of a College in such reports or documents.

Notice required by s. 39 (2) of FIPPA

(7) If the Minister requires a College to collect personal information from its members under subsection (1),the notice required by subsection 39 (2) of the Freedom of Information and Protection of Privacy Act is given by, (a) a public notice posted on the Ministry's website; or Regulated Health Professions Act, 1991

(8) If the Minister publishes a notice referred to under subsection (7), the Minister shall advise the College of the notice and the College shall also publish a notice about the collection on the College's website within 20 days of receiving the advice from the Minister. Item (8)

BILL 171

Definitions

(9) In this section, "health human resources planning" means ensuring the sufficiency and appropriate distribution of health providers;

"Information" includes personal information;

"Ministry" means the Ministry of Health and Long Term Care

In accordance with Section 36.1 of the RHPA, the Ministry of Health and Long-Term Care has initiated development of the Allied Health Human Resources Database (AHHRDB). HealthForceOntario has issued the following communiqué for members of the Allied Regulatory Health Colleges involved in providing data for the AHHRDB.

THE ALLIED HEALTH HUMAN RESOURCES DATABASE

More than 40% of Ontario's regulated health care workforce is composed of health professionals who are not physicians or nurses.

To help plan for the future health care needs of the province, the ministry and the regulatory colleges are working together to create an Allied Health Human Resources Database (AHHRDB). The database will feature standardized, consistent and comparable demographic, education and employment information available on all of the *regulated allied health professions.*

(www.healthforceontario.ca/Work/OutsideOntario/HealthProfessionalsOutsideOntario/HealthProfessionRoles.aspx)

Once the database is complete, the ministry will have the information it needs to support health human resources planning and the regulatory colleges will be able to see the demographic, education and employment trends across all of the professions.

Beginning in 2009, the allied health regulatory colleges will begin submitting data for the AHHRDB. Good data leads to good analysis and smart planning so if you are a member of one of the colleges, please fill out your annual registration form *carefully*.

We expect that aggregate data and analytical reports from the database will be available on this website in 2010.

As an allied health regulatory college, the College of Denturists of Ontario is working with HealthForceOntario to develop the minimum data set for the AHHRDB. Each member of the College will be required to provide the information, and once compiled into the College database, the information will be transferred to HealthForceOntario where it will be analyzed in aggregate.

As stated in HealthForceOntario's communiqué, attention to data is fundamental to developing reliable planning. The College will have an expanded series of questions for members to complete annually when renewing their registration. These questions will be reflective of the information contained in the College database. As of April 15, 2010 registration renewal approaches communications will be sent to members advising you of changes and additions to the renewal form.

For the 2008 Registration Renewal, a component was provided at www.denturists-cdo.com for members to complete their registration online. This component will be expanded with the additional questions required by the AHHRDB, so that members may submit their forms electronically.

Informed Consent

"Better a friendly refusal than an unwilling consent."

Spanish Proverb

Informed consent might be one of those principles that are honoured more in its breach than in its practice. A fundamental concept for all professions, client consent is essential to the professional relationship. Without it, the trust necessary for the professional relationship to work is missing.

Applies to All Professions

While perhaps originating in health care, the principle of informed consent applies to all professional relationships. Often other terms are used to describe the concept such as: informed choice, acting on client instructions, the "know-your-client" rule and receiving a project mandate. Regulators can foster consent by practitioners through educational initiatives.

Spheres of Consent

In fact, the need for consent generally arises in three distinct areas:

1. consent to provide professional services,
2. consent to collect, use and disclose personal information, and
3. consent for the billing arrangements with the client

Often practitioners need to be reminded to obtain consent in all three spheres.

Need for Consent

Failure to obtain consent can result in professional, civil and even criminal liability (e.g., assault, theft, fraud). Some professionals ignore the need to obtain consent in the hope that they will not be held civilly liable for damages because the client would have agreed to the professional service if the client had been informed of all of the facts. However, in a recent Ontario Court of Appeal case a physician was sued successfully for failing to obtain informed consent even though there was no negligence: *Huisman v. MacDonald*, 2007 ONCA 391. The court concluded that this particular patient might not have voluntarily assumed the risks that the physician assumed she would take.

"Nobody can hurt me without my permission."

Mahatma Gandhi

The values of our society reject, with increasing frequency, the arrogance of the proposition that the professional knows what is best for the client. Such an approach to clients is now viewed almost universally as unacceptable paternalism. Certainly such conduct is becoming an increasingly significant source of complaints for regulators. It is no longer sufficient to say "leave it with me." As in personal relationships, professional relationships should not operate on the principle that "it is better to ask for forgiveness afterwards than to ask for permission first."

Obtaining Consent

To be genuine, consent must be based on a discussion of the relevant considerations in making the decision. Clients have to understand the nature of what is proposed to be done on their behalf. They need to know why it should be done. They have to be acquainted with what could go awry and the chances or odds of that happening. It is equally as important that clients must appreciate their options, including the alternative of doing nothing. Clients must have the ability to raise any individualized issues that may separate them from the "usual" client. Only then is the practitioner safe in accepting that they have authority to act.

It is not adequate to say that the matter is too complicated to explain. Even though clients come to you for your expertise in an area that they do not understand, it is still possible to give clients the "big pic-

ture" of what is involved and a sense of what the risks and benefits are.

Many practitioners assume that obtaining written instructions is sufficient to protect them. This assumption is incorrect. A written document that has not been explained and understood by the client is of no value. In many hearings clients assert that they were rushed to sign a paper they did not read and did not appreciate that they had a choice. This type of assertion is often credible because it resonates with the experiences we all have every day at the bank, the dry cleaner, renting a car, or surfing the Internet.

Real consent is obtained by the meeting of the minds between the client and the practitioner. A broad spectrum of strategies is necessary to achieve these goals including:

1. using handouts,
2. verbal explanations,
3. employing visual aids where feasible,
4. seeking client feedback as to what they understand,
5. asking clients if they have any questions,
6. proper use of a consent form,
7. documentation in the file of the consent obtained, and
8. frequent updates and reports while providing the service

Of course, the ability to communicate clearly in non-technical language is a huge asset.

Obtaining consent should be viewed as a process, not an event.

Material excerpted from "Grey Areas - Informed Consent" Issue No. 113 written by Richard Steinecke, July 2007, published by law firm Steinecke Maciura LeBlanc

In response to the Informed Consent article (Grey Areas, Issue No. 113 July 2007, Steinecke Maciura LeBlanc) Council directed the Quality Assurance committee to develop a Treatment Plan template for denturists to customize for use in their clinics. The Treatment Plan template is intended to outline proposed procedure and cost for patients to review and sign off on in advance of treatment.

This document provides a basis for discussion of the treatment plan with patients. It allows patients to reflect on the proposal, consequences and risks of treatment, alternate choices to treatment, and costs. The patient will be better informed, with realistic expectations of the treatment to be provided for them and costs they will incur. The Treatment Plan is an opportunity for the practitioner to include a schedule of payments if that is the method of payment to be used. The denturist will have assurance that the patient understands the proposed treatment. The denturist will also have documentation on file should any misunderstanding arise throughout the treatment. This documentation can provide clarity on issues like pricing, payment and deliverables to the patient

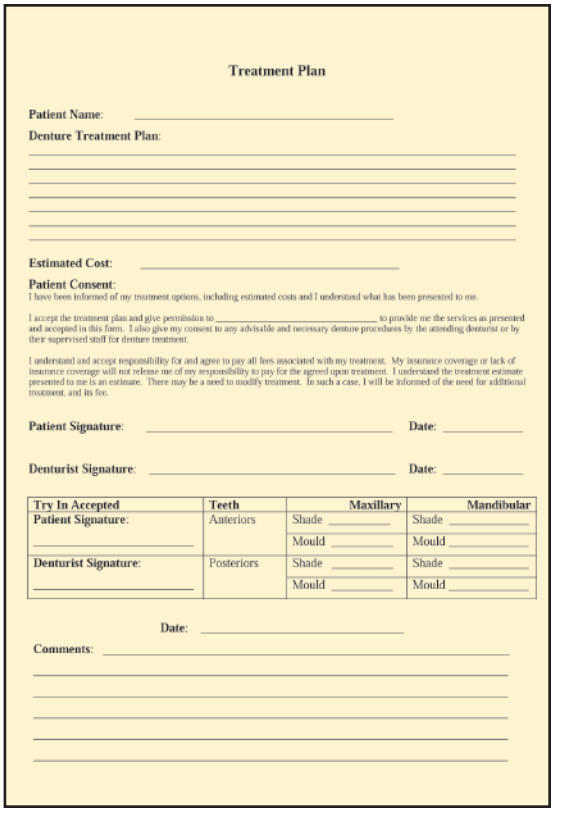
The Treatment Plan should be kept in the patient's file, together with the Informed Consent Form, which the patient has signed and dated thereby giving you authority to collect, use, and if required, disclose that patient's health information for the purposes listed on the form. Well informed patients have been provided the opportunity to review the clinic Privacy Policy prior to signing these forms.

An electronic version of templates of the Treatment Plan, Consent form and Privacy Policy is available at:

www.denturists-cdo.com/Quality Assurance/assessments.html

Each of these forms must be modified to include your clinic name and details.

In the event that your clinic is selected for a Quality Assurance Assessment, the QA Assessor will request a copy of the Treatment Plan, Consent form and Privacy Policy in the course of the assessment.



Treatment Plan

Patient Name: _____

Denture Treatment Plan:

_____

_____

_____

_____

_____

_____

_____

_____

Estimated Cost: _____

Patient Consent:
I have been informed of my treatment options, including estimated costs and I understand what has been presented to me.

I accept the treatment plan and give permission to _____ to provide me the services as presented and accepted in this form. I also give my consent to any advisable and necessary denture procedures by the attending denturist or by their supervised staff for denture treatment.

I understand and accept responsibility for and agree to pay all fees associated with my treatment. My insurance coverage or lack of insurance coverage will not release me of my responsibility to pay for the agreed upon treatment. I understand the treatment estimate presented to me is an estimate. There may be a need to modify treatment. In such a case, I will be informed of the need for additional treatment, and its fee.

Patient Signature: _____ **Date:** _____

Denturist Signature: _____ **Date:** _____

Try In Accepted	Teeth	Maxillary	Mandibular
Patient Signature: _____	Anteriors	Shade _____	Shade _____
		Mould _____	Mould _____
Denturist Signature: _____	Posteriors	Shade _____	Shade _____
		Mould _____	Mould _____

Date: _____

Comments: _____

_____

_____

_____

_____

_____

A Fixed Removable Implant Retained Option; The Marius Bridge: A Case Report

BY DR. ALLEN APTEKAR BSC, DMD

Edentulous patients have numerous options with respect to prosthetics. Traditionally, completely edentulous patients would receive upper and lower complete dentures without even being presented or thinking of other types of treatment alternatives. With today's technology and treatment options, complete removable dentures should be a second option, and are no longer the standard of care. Dental implant technology has revolutionized dentistry and denturism. Therefore implant retained dental prostheses are now considered the standard of care. With such a standard of care comes many types of treatment options and one very interesting and newer implant retained option is the Marius Bridge.

A completely edentulous 60-year-old man was concerned with his ill-fitting dentures. On presentation, his complete upper denture (CUD) was cracked, and his complete lower denture (CLD), had minimal retention. The patient had been completely edentulous for 15 years, and was very aggravated and fed up with his dentures, and requested a treatment plan to improve his situation. The patient's medical history revealed that he was a mild diabetic, controlled through his diet. Extra-oral examination showed no significant findings. The intraoral examination revealed a minimally resorbed maxillary alveolar ridge with both good height and width. The mandibular alveolar ridge had moderate resorption, with narrow width and fair height. All intraoral tissues were healthy, and zero signs of pathology were noted or present (Figures 1 and 2).

The patient reported dissatisfaction with his existing dentures, in terms of function, retention, and comfort. He explained that he had always been very cautious and concerned about his dentures when eating certain types of foods as well as talking. The patient expressed that he had no interest in a new set of complete dentures, and was possibly interested in an implant-retained solution.

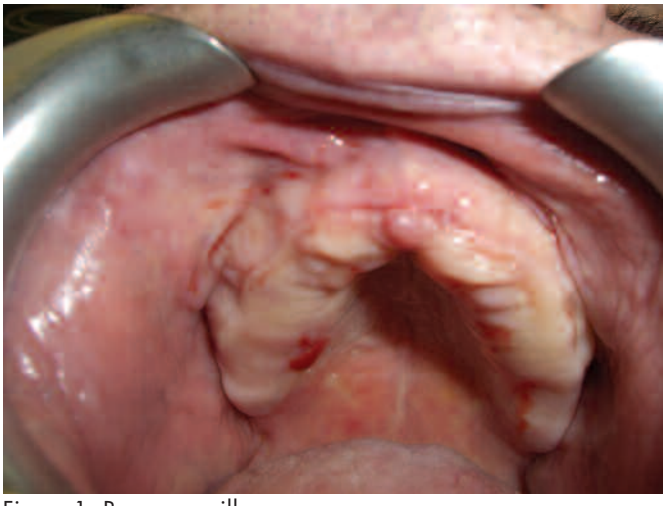


Figure 1. Pre-op maxilla.

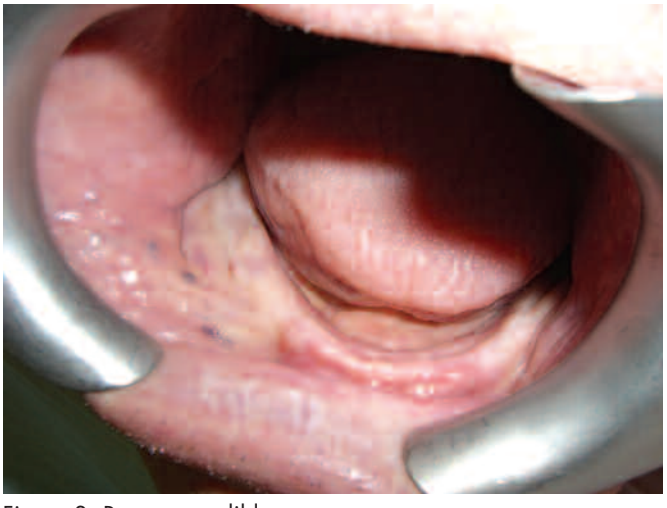


Figure 2. Pre-op mandible.

TREATMENT PLAN

A panoramic radiograph was taken to assess bone height, bone quality, and anatomy. The radiographs revealed excellent bone

height in both the maxilla and mandible. The maxillary sinuses had minimal pneumatization. The mental foramens in the mandible were at a fair anterior-posterior position. Study models were prepared and examined. After examining all the clinical and radiographic data collected, a number of treatment options were presented to the patient. Option 1 involved upper and lower implant retained dentures secured via locators. Option 2 involved the All on 4 technique, with a final fixed Procera implant-retained bridge. Option 3 was the Marius Bridge. After evaluating all his treatment options, the patient accepted the Marius Bridge treatment plan.

THE MARIUS BRIDGE

So what is a Marius Bridge? The Marius Bridge is a treatment approach developed by Dr.Yvan Fortin in Quebec City, and was named after the first patient to receive a Marius Bridge. The Marius is a fixed bridge with a unique, high precision mechanism that allows patients to remove it with a key into two parts for easier cleaning or for repair and/or modifications (Figure 3).

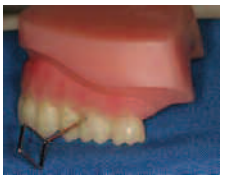


Figure 3. A Marius Model showing the key to unlock the bridge.

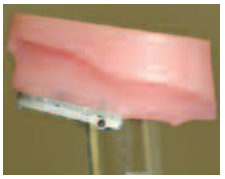


Figure 4. Depicts the two separate bars; one custom milled Procera framework, and the second bar mounted on top of bar one.

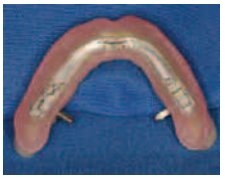


Figure 5. The third bar integrated into the bridge.

Unlike traditional denture designs, the Marius is NOT tissue supported. The acrylic extensions serve only to restore lost hard and soft tissue. Once the bridge is seated with the posterior safety locks engaged, there is no possibility of dislodging or loosening, which can occur with other prostheses containing bars, clips, or locator-retained dentures.

The Marius Bridge is made up of three bars. Two separate bars make up the bar connecting to the implants. One of these bars is a custom-milled Procera framework that corresponds to the implant placements. The second bar mounts directly to the Procera framework. The third bar is integrated into the bridge (denture) and has a lock and key fit to the second attachment bar (Figures 4 and 5).

Once the prosthesis is locked into place, normalized, and even occlusal forces are created. When looking at implant placement, the most posterior implants are placed on 30 to 45 degree angles. The tilting of these posterior implants helps avoid bone grafting in majority of cases. In addition, the sinuses and antrum and mental foramens are avoided, more dense bone can be engaged, longer implants can be used, and force distribution is improved.

TREATMENT PHASE

Under sedation and local anesthesia, eight Nobel Biocare regular platform speedy replace select implants were placed, four in the maxilla, and four in the mandible. Forty five newton-centimeters were achieved at initial placement with all eight implants (Figures 6 and 7). A temporary fixed prosthesis could have been fabricated and engaged into the implants at the time of implant placement; however, the patient's old dentures were just repaired, relined, and used as the temporary prosthesis. The patient's old dentures were used as temporaries due to the fact that the patient lived in Switzerland, and no proper follow up would be possible over a number of months.

The patient was seen five months post op, where a panoramic radiograph was taken, and all implants were checked for osseointegration and stability. All eight implants did have complete osseointegration, and were ready for the restorative phase (Figures 8 and 9). Final impressions were taken with a custom tray and with open tray impression copings, which were splinted together for stability. Kerr Take One light and heavy body polyvinyl-siloxane impression material was used (Figures 10 and 11).

The subsequent appointments entailed wax rim try-in and adjustments, bite registrations, and esthetic wax try-in. Once the esthetic try-in was perfect, the case was sent to the lab for processing. Three components were sent back from the lab for each arch. The custom-milled Procera framework and attachment bar for each arch were tried in and hand torqued (Figures 12 and 13). The third component, the denture bridge with the third bar, was tried in onto the implant retained bar. Once a good passive fit was established and occlusion adjusted, the Procera milled framework and attachment bar were torqued down to the required amounts. The patient was shown how to remove both his upper and lower Marius bridges with the key, and oral hygiene instructions were given. The patient left very happy and ecstatic with his new set of teeth (Figures 14 and 15).

There are many options when treating completely edentulous patients. The first option presented to these patients should be an implant retained one. The Marius Bridge provides one such implant retained option. The Marius Bridge provides excellent stability, function, esthetics, phonetics, and occlusion as well a very easy way to maintain good oral hygiene. But it also provides

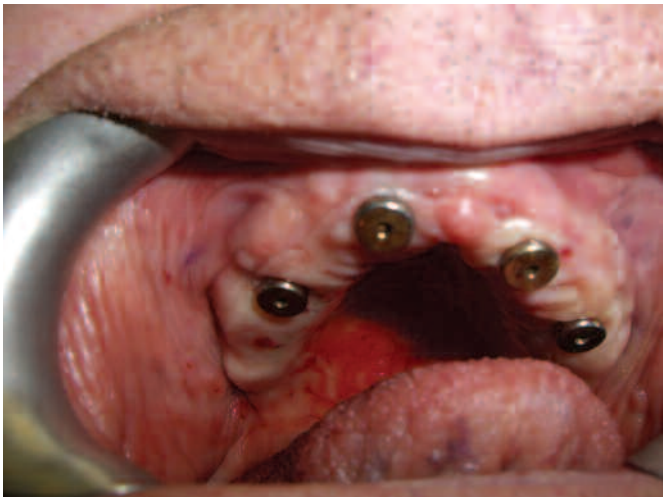


Figure 6. Maxilla on the day of implant placement.

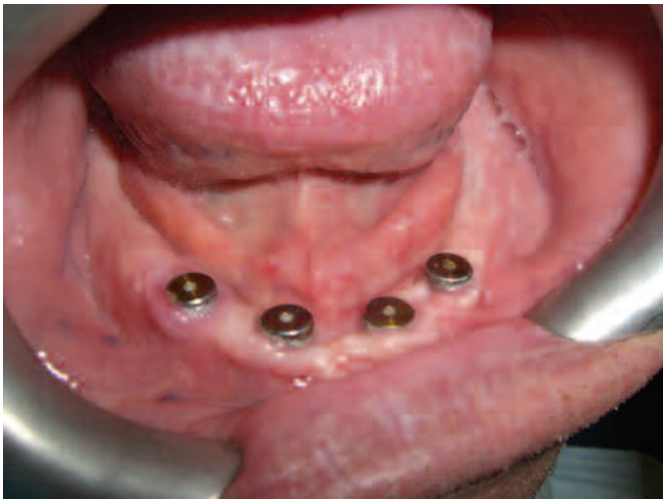


Figure 9. Mandible 5-months post-op.

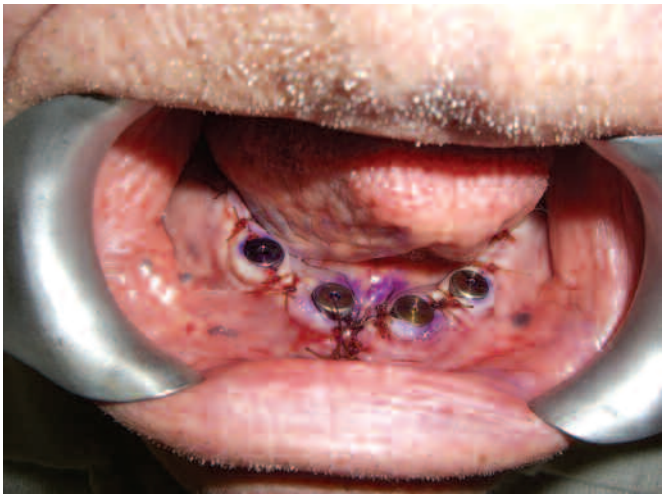


Figure 7: Mandible on the day of implant placement.

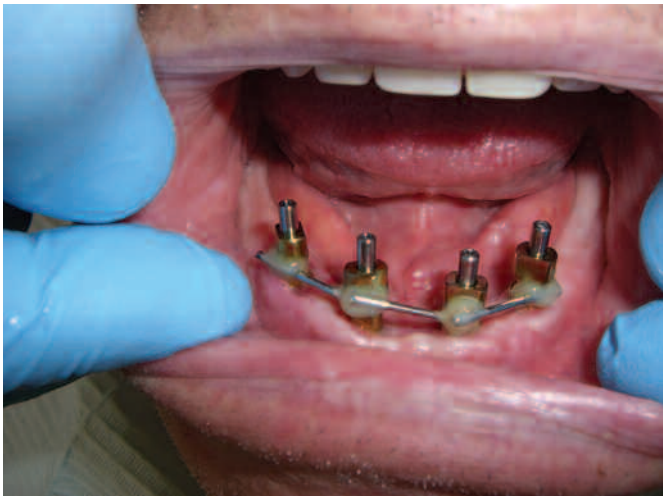


Figure 10. Mandible open tray impression copings.

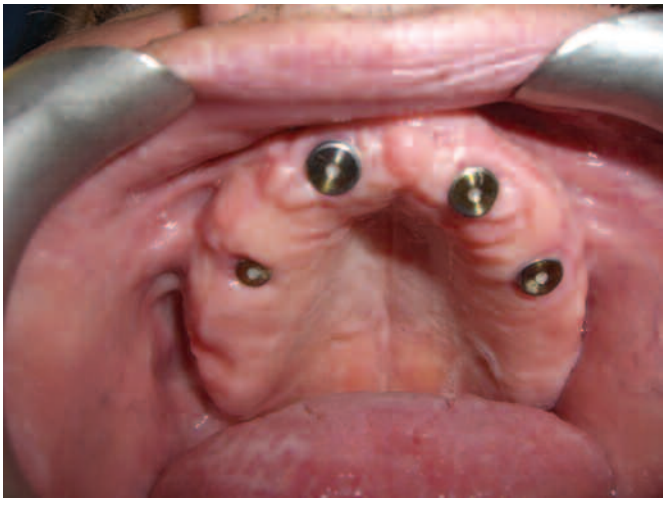


Figure 8. Maxilla 5-months post-op.

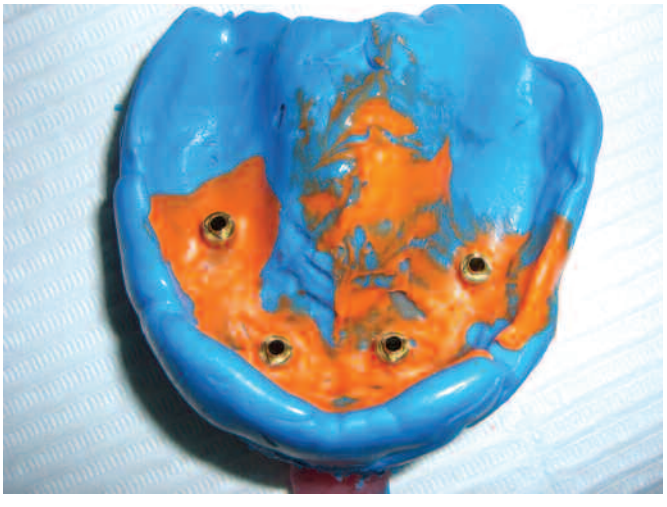


Figure 11. Maxilla final impression.

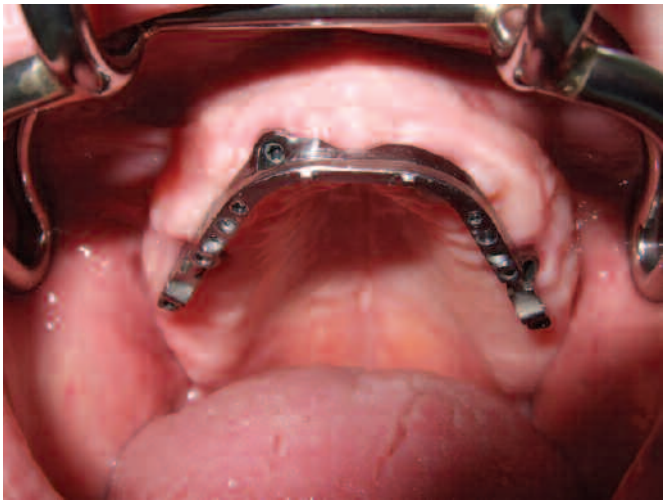


Figure 12. Maxilla with bar one and two retained implants.

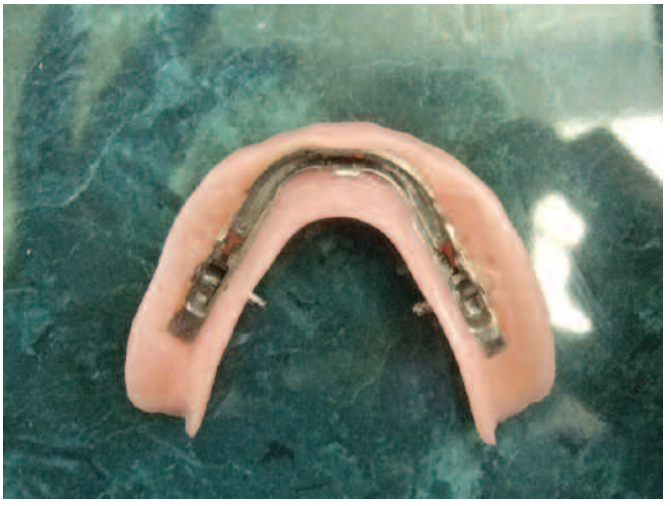


Figure 13. Marius Bridge with third bar.

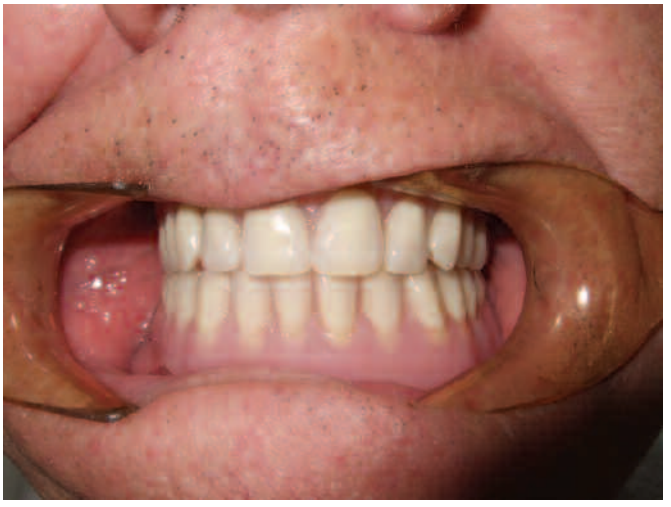


Figure 14. Patient with upper and lower Marius Bridges in place.

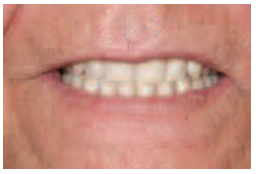


Figure 15. Patient smiling with both Marius Bridges in place.

the patient with a renewed self esteem, a renewed self confidence, and no reason not to smile.

ACKNOWLEDGEMENT

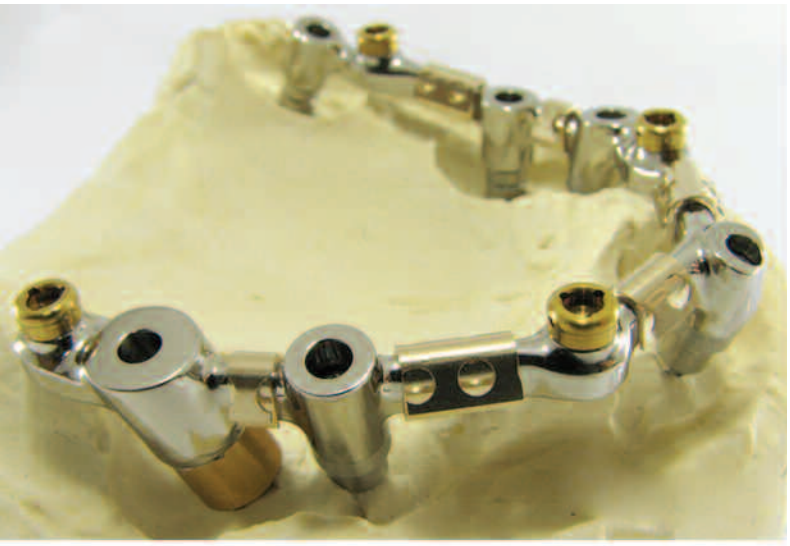
Note: I would like to thank Mr. David Istzer DD, for being part of the treatment phase of the above patient. I would like to thank Mr. Rick Daniluzzi from Bioesthetics Dental Designs and Mr. Jamie Mateau from Central Dental Lab for the excellent lab work fabricated.

Dr. Allen Aptekar studied at the University of Toronto, earning his Bachelors of Science degree in Biology. He continued his studies at the University Of Saskatchewan College Of Dentistry where he received his Doctor of Dental Medicine degree with distinction. Dr. Aptekar then went on to complete a one year hospital residency at Sunnybrook Health Sciences Center and the University of Toronto in Toronto, Ontario. Dr. Aptekar has authored and co-authored several articles in refereed professional dental journals, and is a lecturer in dental implant procedures for denturists. He practices in the greater Toronto area, with a special interest and focus on dental implantology.

Please forward any correspondence or questions regarding the above paper to Dr. Allen Aptekar at aaptekar@hotmail.com.

IMPACT DENTAL LABORATORY®
Phone: (613) 746-0702
Fax: (613) 746-5170
Toll-Free: (800) 668-4691

Your resource for implant bars and cast partial frames



BioCad Implant Bars

Advantages / Benefits

- Light-weight
- Cost-effective
- Unlimited design capability
- Compatible with multiple implant systems
- Viewable CAD image prior to milling
- BioProtection Card
- 15-year warranty on bar and screws

Vitallium Cast Partials

Advantages / Benefits

- Increased flexibility
- Nickel and Beryllium free
- Smaller, lighter designs
- Deformation resistant
- Adjustability and fracture resistance

Impact Dental Laboratory is a registered Vitallium lab

Your Source For Teeth

100% CANADIAN OWNED • SINCE 1947 •

One of the largest stocks under one roof in Canada.
Distributor for the following brands.

ivoclar vivadent

DENTSPLY

VIDENT CANADA

myerson the tooth company

Ruthinium Group

Candulor
The Swiss Art of Prosthetics

Overnight delivery with Purolator Air service.

Contact your sales representative or our tooth counter for consignmentrequirements.

Servicing Canadian Laboratories & Denturists for over 60 years

Central Dental
The laboratory and denturist supply specialist.

3420 Pharmacy Ave. Unit 3, Scarborough, ON, M1W 2P7 Ph: 416.694.1118 or 800.268.4442 Fax: 416.694.1071

www.centraldentalltd.com