Volume 16, Issue 1 • Spring 2009

College Contact

News • Committee Reports • Quality Assurance

Significant Changes are Coming to the RHPA

Direct Lingual Flange Reconstruction for Distal Extension RPD

Official Journal
of the College of
Denturists of Ontario

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Thomas Capy, Public Member


Walter Connell, Public Member


Joan Duke, Public Member


Rodger Yeatman, Public Member


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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

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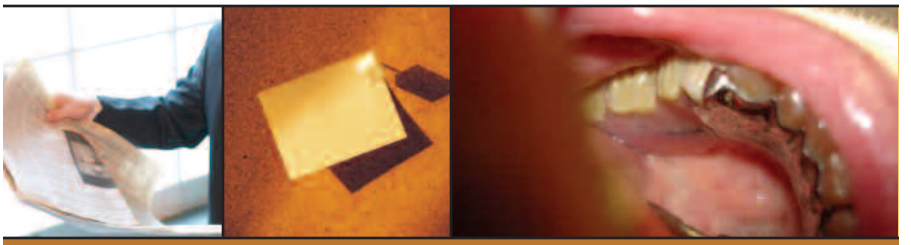

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President's Report to Council

The third quarter has been a bit less active than the former one although there was increased activity in those committees that will be most impacted by the proclamation of Bill 171 on June 4, 2009.

This quarter was also marked by the resignation of Ms. Jill Moriarty, Coordinator, Policy and Administration. In the one year she worked with the College, Jill contributed immensely to moving this College forward with the formulation of clear and decisive policies, and we wish her well.

The Ministry of Health and Long-Term Care (MOHLTC), as part of the Allied Human Health Resources Database project, is requiring members of all health regulated colleges to provide considerable data on their practices for the project's database. College of Denturists of Ontario's (CDO) members will be required to submit the data to the College at each annual registration renewal commencing with the 2010-2011 registration renewal. The information will then be delivered to the ministry with all personal identifiers removed in accordance with PHIPA/PIPEDA restrictions.

The CDO will make a presentation at the Annual General Meeting (AGM) of the Denturist Association of Ontario (DAO). Subjects having relevance to the CDO membership will be discussed by staff and committee chairs towards educating members on imminent legislative changes.

The Complaints Committee has met regularly. Some members of the committee and the coordinator attended a day long orientation seminar on the functions and powers of the ICRC (Inquiries, Complaints, and Reports Committee). The Complaints Committee will become the ICRC on June 4, 2009.

At Council, a member was appointed to the Qualifying Exam (QE) Committee and one non-council member was required to be appointed. Subsequently the recently appointed Council member resigned and the issue of committee constitution was discussed by the Executive. The recommendation from the Coordinator of Registration, and Committee was that the committee be constituted of the three people remaining. The Executive agreed and changed the composition of the QE Committee from five to three members.

The Taskforce on Occupational Standards has finished and delivered its latest modules on Asepsis and Infection Control. They will now be reviewed by the Quality Assurance and Qualifying Exam Committees.

Patient Relations has met regularly, to decide on content and submissions to the committee's latest effort, the publication of the winter 2008 *College Contact* magazine.

Gregory B. Mittler, BA (Psych), DD
President

Registrar's Report to Council

The College continues with its preparations for the implementation of Bill 171. Bylaw amendments will be presented for approval at the March Council meeting and work continues on the CDO's database. Members of the Complaints Committee and College staff attended an ICRC training session conducted by Richard Steinecke in February.

In January, the College received the resignation of Jill Moriarty, coordinator of policy and administration. Ms. Moriarty played an important role in the administration of the College office and also was responsible for the development of many new CDO policies. A highly qualified individual with significant knowledge of the RHPA and the role of regulatory Colleges, Ms. Moriarty's skills and cheerful personality will be missed by the College. We wish her well in her new endeavours.

The Registrar will be conducting a review of the College's organizational structure before hiring new staff.

The Treasurer, Coordinator of Policy and Administration, and the Registrar drafted the 2009/2010 CDO Budget and vetted it with the Executive Committee. The members of Council will have an opportunity to review and discuss the budget in detail at an in-camera session. The budget will be presented at the March 5 meeting of Council.

In regards to the Agreement on Internal Trade, the profession is completing a national occupation analysis. The analysis is necessary to determine whether the College of Denturists of Ontario will need to submit legitimate objectives to registering denturists from other provincial jurisdictions with the full scope of practice in Ontario. At this time it appears that the CDO may not need to submit any legitimate objectives.

The College will be conducting a practical qualifying examination the week of February 23 to 27, 2009 at George Brown College. The Examiners attended a full day training session organized by the Coordinator of Registration and Committees. Another practical examination is being planned for July 2009.

The annual fair registration practices report to the Office of the Fairness Commissioner is due on March 1, 2009. The report encompasses the fair registration practices requirements specified in FARPA/RHPA to ensure that registration practices are transparent, objective, impartial and fair. The College has worked continuously to improve the written and practical entry to practice qualifying examinations, registration practices and has created several new examination and appeal policies.

The Denturist Association of Canada (DAC) who accredits Canadian denturism education programs is reviewing its Accreditation Program. The Registrar will attend DAC's Strategic Planning meeting February 27–28 in Winnipeg to participate in discussions concerning a review of the profession's core competencies and occupation standards. CDO occupation standards developed by the College's Task Force on Occupation Standards will be discussed as a reference in the revision of the baseline competencies and the possible creation of national occupation standards.

Pristine Printing has been contracted to administer and manage the CDO election of professional members to Council. The College office has provided templates of election correspondence and election materials to the new election manager. Notices of election for Districts 6, 7, and 8 will be sent in March to the members with registered addresses in those districts.

The Denturist Association of Ontario invited the CDO to make a presentation to Association members on March 6, 2009. College representatives provided an update on the Allied Health Human Resources Database, as well as, legislative changes relative to the implementation of Bill 171 – ICRC, reporting and the register.

The College of Denturists of Ontario takes the privilege and responsibility of self regulation and governance seriously. To fulfill

the mandate of the College requires a team effort involving the members of Council, non-Council members of the profession and staff. I am grateful for the dedication of the members of Council/committees. I would especially like to acknowledge and thank staff members who have worked tirelessly to support the Council, committees and the work of the College.

(Addendum)

The Registrar attended the Denturist Association of Canada (DAC) Strategic Planning session, February 27–28, 2009 in Winnipeg. The meeting was conducted by DAC for the purpose of reviewing the process and documentation used in the accreditation of Canadian Denturism Programs of Study.

Educators from four Canadian teaching institutions, regulators from five provinces, representatives from provincial denturist associations/societies, members of the DAC Curriculum Advisory Committee (CAC) and DAC accreditation surveyors attended the session.

The accreditation process, levels of accreditation status and the education requirements outlined in The DAC Method of Accreditation of Denturist/Denturologiste Programs were reviewed.

The Registrar presented the CDO's Occupation Standard for Complete Denture Prostheses for consideration in discussion of revision of the baseline competencies.

Revisions will be made to the accreditation document for review at another meeting to be scheduled by DAC in the future.

Cliff Muzylowsky, DD
Registrar

Executive Committee Report to Council

Committee Members

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

Thomas Capy (Public Member) – *Secretary*

Gus Koroneos, DD (Professional Member) – *1st Vice-President*

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

Rodger Yeatman (Public Member) – *Treasurer*

The Executive approved one clinic name.

The Executive received four referrals from the Complaints Committee.

The latest Task Force documents on Asepsis and Infection Control were reviewed for content by two professional members of the Executive and one staff member (the Registrar). They will now be referred to Quality Assurance and the Qualifying Exam Committees for their input. Additionally, one module of the occupational standards will be distributed at the DAC Strategic Planning Meeting for consideration in discussions of core competencies and review of the DAC Accreditation Program.

At an in camera meeting, the Executive received an update on a Mandatory Report in a matter of allegations of sexual harassment.

The Executive received an advisory from the Ministry of Colleges, Training, and Universities that the suspension of George Yonge College has been lifted, effective January 20, 2009.

Executive received a member request to the CDO on a regulatory matter involving the appropriateness of Denturists using the Standard Dental Form. After discussion, Executive drafted a position, and the matter will be discussed at Council.

The Executive discussed compensation for members representing the College as assessors, examiners or consultants. The CDO is considering a methodology for the harmonizing of remuneration for College representatives.

As part of the Allied Human Health Resources Database project, the Ministry of Health and Long-Term Care (MOHLTC) has developed an encryption tool (algorithm) to be provided to all Colleges. This tool will be used to assign a unique identifier to each College member to prevent name

identification of the member it is assigned to. This process will ensure the privacy of health care practitioners who are being required to participate in the project.

EXECUTIVE DECISIONS TO REPORT

After a review by legal counsel, the Executive approved the Policy Regarding the Number of Attempts of the Qualifying Examination that Candidates are allowed to make.

The Executive approved specified allegations which will be referred to the Discipline Committee.

ADDENDUM

The College received a request from a member for the College's position on the use of the Standard Dental Claim Form by denturists. This matter was referred to the Executive Committee by the Registrar.

On February 13, 2009 the Executive drafted a position on the Standard Dental Claim form which was reported in the President's Report. At the February 25, 2009 Executive Committee teleconference meeting, the Executive reviewed the draft policy statement and additional information. Subsequently, the Executive Committee decided that further inquiries and information were necessary prior to formulating a College position on the use of Standard Dental Claim Forms by Denturists.

An article appeared in a Chatham newspaper incorrectly identifying a member of the public as a denturist. The paper has since issued a "clarification" that the individual is a dental technologist; however in the view of the College, the clarification could have been clearer.

A decision was made by the Executive Committee for the College to publish a public service announcement in the Chatham newspaper clarifying that the individual mentioned in the article is not a member of the College of Denturists of Ontario.

COUNCIL ACTIONS / DECISIONS

Council approved in principle a position on the use of Standard Dental Claim forms by College members, which will be vetted by the College's legal counsel prior to final approval by Council.

Patient Relations Committee Report to Council

Committee Members

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)

We continue to meet monthly and always via teleconference. Our committee is under budget.

The *College Contact* is coming along well, covering topical matters. It is a genuinely professional looking magazine. Your professional input is always welcome.

Qualifying Examination Committee Report to Council

Committee Members

Rodger Yeatman (Public Member) – *Chair*

Andy Protopapas, DD (Professional Member)

Abdelatif Azzouz, DD (Non-Council Member)

The Qualifying Examination Committee determined that a Written Exam Question Sub-Committee be struck to assess the existing database of questions.

The Qualifying Examination Committee met on January 28, 2009 by teleconference to review the progress of the Sub-Committee.

On February 6, 2009 an examiners' orientation session was held with all examiners involved in the February 2009 Clinical Examination. The session included a review of the revised examination protocol and the revised marking criteria for Project D. The session included a presentation on understanding different cultural backgrounds and gender issues to help examiners to develop sensitivity to both these issues.

Complaints Committee Report to Council

Committee Members

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

Pino Di Nardo, DD (Non-Council Member)

Joan Duke (Public Member)

Carlos Valente, DD (Professional Member)

Rodger Yeatman (Public Member)

The committee has issued two oral cautions and one written caution to three of our members. There are now seven open files.

As Chair, I would like to thank the entire committee and committee coordinator Lara Thacker for all their hard work.

Registration Committee Report to Council

Joan Duke (Public Member) – *Chair*

Ted Dalios, DD (Professional Member)

Andy Protopapas, DD (Professional Member)

Dawn Stamp, DD (Non-Council Member)

The Committee has reviewed open applicant files and deemed that they are eligible to write the Qualifying Examination. The Committee has also determined which files have expired and should be closed.

At the beginning of March, the College is submitting its first Fair Registration Practices Report to the Office of the Fairness Commissioner. The report will highlight the CDO's registration practices and their compliance with the *Fair Access to Regulated Professions Act, 2006 (FARPA)*.

In accordance with our current registration regulations, the committee is compelled to base equivalency of applicants who have graduated from a program other than the George Brown College Denturism program against George Brown College Denturism subjects identified in the Registration Regulation Schedule. Moving forward, the College will advance to evaluation against core competencies as recommended by the Office of the Fairness Commissioner and advised by our legal counsel at the committee's FARPA Training Session. These competencies would be based on occupation standards and posted on our website so that applicants would have a better understanding of our registration requirements. Developing competencies would involve a working group of experts and the input of various stakeholders and denturists regulators across Canada in order to be compliant with AIT *(Agreement on Internal Trade – Labour Mobility)*.

The Registrar will be attending the Denturist Association of Canada (DAC) Strategic Retreat to Revise Accreditation in February, where there will be a discussion around developing national core competencies which will assist with AIT. At a later point, the CDO could invite various stakeholders to develop core competencies, which would replace our current registration regulation equivalency requirement.

The College is also working to revise registration regulations in accordance with new legislation around AIT. The CDO and Alberta College of Denturists administered surveys to the other provinces regarding scope of practice in order to identify areas of concern regarding other provinces' registration practices and policies. The College is in the process of determining whether it will need to submit legitimate objectives to the ministry.

Quality Assurance (QA) Committee Report to Council

Committee Members

Jonathan Nolan (Non-Council Member) – *Chair*

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

Walter Connell (Public Member)

Max Mirhosseini, DD (Professional Member)

Barry Stratton, DD (Professional Member)

Of the 29 clinic assessments required to be performed this year, 21 were completed and closed by December 31, 2008. The remaining assessments are expected to be completed by March 31, 2009. Remedial actions for two of the assessments remain in progress.

Implant guideline amendments were recommended to Council for approval and were accepted at the 55th Council Meeting on March 5 2009.

The committee has assembled five assessors for 2009-2010. Assessor training will be held on June 18 2009. This will permit the QA Coordinator, committee, and assessors to attend the diversity training session at Council.

NEWS

Registrar's Speech

ON FRIDAY MARCH 6, 2009 the College of Denturists of Ontario (CDO) was invited to present at the Denturists Association of Ontario's Annual General Meeting. The following is excerpted from the speech given by Mr. Cliff Muzylowsky, DD, Registrar.

Thank you to the Denturists Association of Ontario for inviting the College, and providing time in their busy meeting agenda for the College to make presentation to the Association members.

The Registrar spoke of Legislative Changes to the Regulated Health Professions Act when it comes into effect on June 4, 2009. The intended purpose of these changes is to hold regulatory colleges and their members accountable and to provide increased transparency to the public.

The majority of these legislative changes are in the areas of mandatory reports, the register and the Inquiries, Complaints, and Reports Committee (ICRC).

For a complete discourse of the legislative changes please refer to the three-part article on page 26.

Professional Members of Council Elections

The Registrar also spoke to the newly adopted process of outsourcing the administration and management of College elections of professional members to Council. Pristine Printing has been contracted to manage the election and to count the votes. Pristine Printing is responsible for sending the notice of election, election information of the candidates and ballot voting materials to the College members involved in the 2009–2010 elections.

It is the CDO's responsibility to provide the list of eligible voting members based on the registered address reported by members to the College.

The CDO will affirm that members nominated meet the eligibility criteria to run for election.

Advertising

Council approved the proposed advertising regulation. The proposed regulation will be submitted to government for approval. Council is receiving concerns/complaints about the use of "denture specialist" and "implant specialist". The College views "Denturists, Your Denture Specialists" as an acceptable use of this term.

Claim Forms

The Council has discussed and made a decision about standard dental claim forms, which is in the process of being formalized and vetted through legal counsel. Once the wording of the decision is approved, it will be circulated to the membership. In the meantime it is recommended that members use the claim form for denturists.

Health Professions Database – Better Information for Better Health

THE COLLEGE OF DENTURISTS OF ONTARIO, the Ontario government and 18 other health professional regulatory Colleges are working on a project to learn more about you. The expected result – improved healthcare for Ontarians.

The Ontario Ministry of Health and Long-Term Care is working jointly with these colleges to create the Health Professions Database. The ministry and colleges are collecting demographic, education and employment information from health professionals across the province.

"We're building improved evidence so we can all make better decisions to promote the right supply and mix of health professionals," says Jeff Goodyear director of the Health Human Resources Policy Branch for the Ministry of Health and Long-Term Care. "We're looking forward to learning more about health professionals and working with them so we all can help provide better patient care and access to care."

Regulatory Colleges, professional associations, government, researchers, post-secondary institutions and Local Health Integration Networks will all have access to the information from this database. This information will be used to shape research, policy, and programs that will build stronger health care teams. All of this will contribute to offering you the best work environment possible so you can continue to serve the people you care for.

The Health Professions Database will be used to explore questions such as: Where do health professionals work? How many may retire over the next few years? How many work full-time and how many work part-time? What type of care do they provide?

The information for the Health Professions Database will come from professionals like you through license renewal forms. Starting with the 2010-2011 registration renewal the renewal form will have more questions than previously.

"Some of the questions may seem simple, but they're important," says Goodyear.

"We know you're providing the absolute best care possible for the people you serve. Now we all need to work on making the best health care system possible. And we need your help."

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 W. Arnold

Barrington Beckford

Bill Callander

Kong Chien

David Cojocaru

Rosemarie Dacres

Antonio Del Giglio Materazzo

Sheila Fewer

Gregory S.A Fredericks

D. Bernard Freedman

Mona Galliera

John Gecelovsky

Mimi Gozlan

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Lev Poyasov

Benjamin Rakusan

Ludlow P. Reynolds

Mark E. Richardson

Milovan Solunac

Peter Shi Shi Yan

Registered Address

ACCORDING TO THE COLLEGE OF DENTURISTS OF ONTARIO bylaws revision passed by Council in June 2008, each member's electoral district shall be assigned according to the registered address.

The College of Denturists of Ontario Bylaws 1:00 Definitions 1:01 states: The registered address is the primary business address for active members (see below) and the primary residence address for inactive members.

(m) **"Registered Address"** means 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.

(n) **"Primary Business Address"** means 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.

On December 15, 2008 the College mailed all active and inactive members confirmation of the contact address on file for them and required members to verify the correct registered address according to the above definition.

The 2009-2010 Registration Renewal process was completed on April 15, 2009 (4:00 p.m.). Each member – active and inactive – received a renewal form that stated the member's registered address, according to the member's database record. Members were asked to confirm the information was correct, and that of any additional addresses, such as home and alternate practices.

Members are responsible for advising the College of any changes in address. If throughout the year (outside of the registration renewal period) a members' address changes, they may either email, fax or mail change notification to the college OR they may go online at www.denturists-cdo.com and click on the "Professional Members" link in the top left corner of the site to log onto their personal membership record. Using the username and registration number provided on the registration renewal form, members can log onto their record and make changes/add to addresses, phone, fax, and email information. All changes in record are logged for date of change to comply with College of Denturists of Ontario's Bylaws 7:00 ELIGIBILITY TO VOTE 7:01

A member is entitled to vote in an election if,

(a) on election day, the member is the holder of a certificate of registration, whether it be in the Active, Inactive, or Retired Life Member category as defined by these Bylaws; and

(b) on the one hundred and twentieth day immediately preceding the election,

(i) the member practices or resides in Ontario, and

(ii) the member's registered address is in the electoral district for which the election is being held.

Further to this bylaw requirement the registered address and date of change also impacts the ability of members to be nominated as a candidate as defined by CDO Bylaws 8:00 Nominations 8:01

A member is eligible for election to the Council for an electoral district if,

(a) the member is entitled to vote in the election,

(b) at all times between the one hundred and twentieth day immediately preceding the election and the election,

(i) the member continues to practise denturism or to reside in Ontario,

(ii) the member's registered address continues to be in the electoral district, for which the election is being held.

Implant Supported Dentures

ON RECOMMENDATION OF THE Quality Assurance Committee, Council approved the Implant Supported Dentures guideline at the March 5, 2009, 55th Council meeting. It is important to note that the Educational Component of these guidelines clearly defines minimum requirements of course(s) which a Denturist should take in order to be viewed as prepared to engage as a member of an Implant Team (professional members of the College of Denturists of Ontario, Royal College of Dental Surgeons of Ontario and College of Dental Technologists of Ontario).

Please review these guidelines and contact the Registrar of the College of Denturists of Ontario (416.925.6331 / 1.888.236.4326 ext 223) if you have any questions, or wish educational advice.

IMPLANT SUPPORTED DENTURES

The following standard of practice is intended to assist a member in maintaining a minimum standard of technical and clinical skills that must be met for the fabrication of implant supported dentures.

Procedures conducted in the fabrication of implant supported dentures must meet the minimum standards described below:

IMPLANT GUIDELINES

Implant services can be defined as the fabricating, repairing and maintaining of implant retained and supported prostheses.

To provide implant prostheses the Denturist works in a co-operative effort with an Implant Team – appropriate dental practitioner(s).

The Denturist should have adequate knowledge of the principles of the osteointegrating process and appropriate knowledge of the prosthetic phases of treatment in order that the standards of practice and professional responsibility are maintained.

The Implant Team may consist of members of the following Colleges:

- College of Denturists of Ontario
- Royal College of Dental Surgeons of Ontario
- College of Dental Technologists of Ontario

REMOVABLE PROSTHESES

The Denturist (as a member of the Implant Team) would perform all the prosthetic procedures required for the construction of the implant prosthesis in accordance with all appropriate and reasonable protocols. All treatments and services will be recorded in the patient's file record.

The following ARE NOT performed by Denturists:

(a) implant placement;

(b) implant exposure;

(c) soft tissue modification or adjustment;

(d) placing or removing an implant abutment or any prosthetic component where metal to metal contact is not visible, without a radiographic confirmation as to the proper seating of that component.

EDUCATIONAL REQUIREMENTS

Prior to performing any implant procedures, Denturists involved in implant prostheses fabrication should take a comprehensive course(s) which is (are) recognized by the College of Denturists of Ontario, which is (are);

(a) conducted by persons who have had formal training and experience performing implant services and procedures;

(b) one that has a participation component (hands on);

(c) one that teaches methods that have been shown to be successful as a result of investigative basic science and by long term scientific studies;

(d) one whose duration is equivalent to not less than one full day of instruction for each of the surgical prosthodontics and laboratory phases; each phase should have didactic and clinical teaching.

It is recommended that Denturists complete a recognized Radiographic Pattern Recognition Course.

PROFESSIONAL RECORDS – RESPONSIBILITIES

Denturist records should include:

1. Names of the members on the implant team.
2. Documentation that "informed consent" was received after an adequate oral and / or written explanation of the treatment plan, prognosis and risks.
3. Copies of all related correspondence.

4. Prosthodontics notes which should include the prosthodontics procedures performed as well as: implant manufacturer; number and location, size and type; size and type of abutment used; type of prosthesis fabricated; type of connection/component; all components placed in the patient's mouth.

PROFESSIONAL RESPONSIBILITIES

The Denturist must recognize the need to refer the patient to the other dental health team members on the first signs of abnormalities or complications post-surgically.

It is the responsibility of the Denturist to use components, which have been approved by the Health Protection Branch of Health and Welfare Canada. These prosthetic components must be compatible with those accepted implants and approved techniques must be used to restore those implants.

N.B. Comprehensive training programs in the utilization of dental implants will serve to protect the public in Ontario as well as afford protection for the practitioner. Lack of adequate training may place a practitioner at legal risk if there are adverse results due to the treatment rendered. Denturists may also be subjected to a review by the College if unsatisfactory results or patient complaints are received.

Proper fabrication of implant supported dentures will reduce patient embarrassment, patient discomfort, and premature deterioration of underlying structures.

For this reason fitting and dispensing of implant supported dentures is a controlled act under the *RHPA*.

"*Implant Specialist(s)*" Not An Acceptable Term for Use by Professional Members

ALTHOUGH DENTURISTS ARE required to take comprehensive course(s) which is (are) recognized by the College of Denturists of Ontario prior to performing any implant procedures, Denturists involved in implant prostheses fabrication are not considered or recognized as implant specialists. "Implant Specialist(s)" is viewed as an inappropriate term for any member of the College to use in relation to their practice.

It has come to the attention of the College that professional members in Ontario may be taking liberties with the term "Implant Specialist" in advertising materials and/ or business cards. Use of this term may confer to the public the impression that the professional is highly trained in the discipline of implants and that the specialty of implants is a designation earned by the professional.

The College of Denturists of Ontario cautions members that they should review their advertising materials (including Yellow Pages listings and advertisements) and business cards, and immediately take steps to remove the term "Implant Specialist" if it appears.

It is advisable that these steps taken be documented and retained by the professional member, in the event that a complaint against the practitioner is filed with the College, as evidence that they acted in good faith on learning of the error of their actions.

Deceased Members

The College of Denturists of Ontario extends condolences to the family and friends of the following members who have passed away

Karabet Baravyan DD

Joachim G. Blanke DD, RDT

Dean B. Rhyno DD

Hugh C. Robertson DD

Ignac Simonovic, DD

New Members

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

Hisham Akkawi

Mirabel Bains

Angel O.K. Chau

Yasong Chen

Nicholas Fournier

Mario Mouamer

Chi-Sam Tran

Oral Screening Devices

THE COLLEGE OF DENTURISTS OF ONTARIO passed the recommendation to accept the Oral Screening Device Standard of Practice at the 55th Council meeting on March 5, 2009.

The Quality Assurance Committee struck an Oral Screening Device Review subcommittee which met with manufacturers of three methods of oral screening devices to ensure that the devices were within scope of practice of denturists and did not violate the controlled act assigned to denturism. Additionally, the subcommittee determined the public interest would be served with the devices. The three methods employed are brush test, chemiluminescent light source and blue phenothiazine dye, and/or fluorescence visualization technology.

The College of Denturists of Ontario does not recommend nor endorse any manufacturers or products. The standard simply recognizes the use of these devices in denturist's practices.

The standard cautions members that they are not qualified to diagnose irregularities identified by these devices, and that they must refer the patient to appropriate medical/dental professionals for diagnosis. Members are also cautioned that they should not *infer* a diagnosis of sound oral health either.

The College of Denturists Ontario has provided a Treatment Plan – Oral Screening Device template for members to use in practice.

ORAL SCREENING DEVICE STANDARD OF PRACTICE

3.1.8

Oral Screening Devices

This procedure is not a controlled act under the RHPA and is in the public domain at this date.

Purpose of the Standard

The following standard of practice is intended to assist a member in maintaining a minimum professional expectation during the application of Oral Screening Devices.*

Standard of Practice

Denturists are not qualified to diagnose oral irregularities in natural tissue. Observance of oral abnormalities must be referred to an appropriate medical / dental professional for diagnosis.

The principle of informed consent means that clients undergoing an Oral Screening Examination must understand its purpose and should not receive a false sense of security as to their oral health.

Summary and Conclusion

Lack of adequate training before undertaking this screening technique or inappropriate communication with the client may result in regulatory or civil proceedings.

APPENDIX E FOR 3.1.8

Oral Screening Device examinations are performed immediately following a regular visual and tactile examination. As an adjunct to these exams, Oral Screening Device examinations may detect abnormalities difficult to detect with the naked eye and, as such, contribute to the thoroughness of the screening process.

Denturists are not qualified to clinically diagnose oral abnormalities. The denturist must recognize the need to refer the patient to other oral health team members on the first signs of abnormalities.

The denturist should have adequate knowledge of oral screening devices using brush test, chemiluminescent light source and blue phenothiazine dye, and/or fluorescence visualization technology in order to maintain the standards of practice and professional responsibility.

As with all procedures, clients must give informed consent for Oral Screening Device examinations. Clients should understand that the primary purpose of the examination is to assess the suitability of the oral tissue for denturist services. Clients should not leave with the impression that any part of the assessment, including the Oral Screening Examination, is a diagnosis of the oral health condition of the client. Denturists would be well advised to remind all

* College publications contain practice parameters and standards which should be considered by all Ontario denturists in the care of their patients and in the practice of the profession. College publications are developed in consultation with the profession and describe current professional expectations. It is important to note that these College publications may be used by the College or other bodies in determining whether appropriate standards of practice and professional responsibilities have been maintained.

clients that regardless of the results of the examination, that the client should see their dentist at least annually.

The oral health team to whom referrals of oral abnormalities may be appropriate may consist of members of the following Colleges: the College of Physicians and Surgeons of Ontario and the Royal College of Dental Surgeons of Ontario.

Treatment Plan – Oral Screening Device

Patient Name: _____

Estimated Cost: _____

Patient Consent:

I have been informed of my option to undergo an Oral Screening Device examination, including costs and I understand what has been presented to me.

I accept the Oral Screening Device examination and give permission to _____, DD to provide me the service as a means primarily of assessing the suitability of the oral tissue for denturist services and of screening for oral irregularities. I understand that denturists are not qualified to diagnose oral irregularities in natural tissue. Observance of oral abnormalities must and will be referred to an appropriate medical / dental professional for diagnosis.

The oral health team to whom referrals of oral abnormalities may be appropriate may consist of members of the following Colleges: the College of Physicians and Surgeons of Ontario and the Royal College of Dental Surgeons of Ontario

As an adjunct to the regular visual and tactile oral examination, Oral Screening Device examinations may detect abnormalities difficult to detect with the naked eye and, as such, contribute to the thoroughness of the screening process. The Oral Screening Device Examination is an observation of the oral health condition of the client, and regardless of the results of the examination, the client should see their dentist at least annually.

Patient Signature: _____ Date: _____

Denturist Signature: _____ Date: _____

Comments:

_____

_____

_____

_____

Proposed Advertising Regulation

IN MAY 2008 the College of Denturists of Ontario received a letter from the Competition Bureau, an independent federal law enforcement agency that protects and promotes competitive markets. The Competition Bureau was concerned with portions of the College's Proposed Advertising Regulation, which the Bureau perceived to be unduly restrictive.

The Executive Committee reviewed the proposed regulations in light of the Competition Bureau's concerns. As a result of this review, the Executive Committee determined that much of the proposed advertising regulation was concerned not with the public interest, but with the promotion of a professional image for denturism. In addition, Executive Committee found that the areas of the Proposed Advertising Regulations dealing with issues of public interest were already addressed through the federal Competition Act, which can impose fines of up to $10,000.00 for offenders.

As the promotion of professional image is not the mandate of the College, and as the Executive Committee found no reasons of compelling public interest to retain the contentious areas of the proposed regulation, a recommendation was made to Council that the proposed Advertising Regulation be revised as requested by the Competition Bureau. Council reviewed the revisions and the rationale provided by the Executive Committee and approved the revisions to the Proposed Advertising Regulations for circulation to the membership for comment.

The revised proposed Advertising Regulations was circulated to the membership in 2008 for comments from a public interest perspective regarding these revisions. Once approved by Council, the Proposed Advertising Regulation was submitted to the Ministry of Health for approval.

ADDENDUM

Council approved the Proposed Advertising Regulation on March 5, 2009 at the 55th meeting of Council.

PROPOSED ADVERTISING REGULATIONS

1. In this Part, "advertisement" means any advertisement, announcement or information related to the member's practice or that of a health professional corporation which the member or a health professional corporation of which the member is an officer or shareholder has published, displayed, distributed or used or has caused or permitted, directly or indirectly, its publication, display, distribution or use.

2. (a) Advertisements must include relevant information that is verifiable by and comprehensible to whom it is directed, including the member's name and the name of the clinic, as approved by the Executive Committee, if different from the member's name as it appears in the register.

(b) No advertisement shall include information that:

(i) is false, misleading or deceptive including by omission or by making partial disclosure only;

(ii) is not relevant to the public's ability to make an informed choice;

(iii) is not readily comprehensible to the persons to whom it is directed;

(iv) is not verifiable by facts independent of personal feelings, beliefs, opinions or interpretations;

(v) creates false or unjustified expectations of favourable results or uses fear to motivate the reader;

(vi) claims superiority over another practice or member.

3. All claims made in testimonials/endorsements must be true and verifiable.

4. Advertisements may refer to fees so long as the advertisements clearly state that fees and services may vary.

Denture Specialist

THE COUNCIL OF THE COLLEGE OF DENTURISTS OF ONTARIO has raised the issue of the term "Denture Specialist" for discussion. Although Council has visited this matter several times, it has never produced a clear policy or position statement on the use of this term.

There are two situations to consider:

1. That the profession of denturism refer to itself as "the denture specialists" as seen in the *Maclean's* and *Reader's Digest* campaign, where the tag line in the advertorials was "See your Denturist, the Denture Specialist." This is a descriptive term for the group as a whole and speaks to the majority of the denturist's time being allocated to the fabrication of the prosthesis.
2. Individual members of the profession referring to themselves as "a denture specialist," or "your denture specialist" or simply "denture specialist," as is frequently seen on advertising, stationary and business cards. Concern with the use of the term "Denture Specialist," particularly in close approximation to a Denturist's name and designation, is that the term can mislead the public into believing the Denturist has further accreditation as a specialist, such as an oncologist is a medical specialist.

Use of the term is intended to be a description of the profession as a whole. However, use of the term individually could potentially cause confusion.

Members who choose to use the term in their advertising should contact the College (416.925.6331 / 1.888.236.4326) for guidance on acceptable practices.

NOTEBOARD

Election Results 2009 Districts 6, 7, and 8

THE DEADLINE FOR NOMINATIONS WAS APRIL 22, 2009.

Elections were held for districts 6, 7, and 8 for three year terms on June 3, 2009. The results of the elections were as follows:

District 6: At the close of nominations, there were no eligible candidates for district 6. In accordance with the bylaws the President nominated Luc Tran, DD. In the absence of other nominations, Luc Tran, DD, was acclaimed to the position.

District 7: At the close of nominations, there were no eligible candidates for district 7. In accordance with the bylaws, the President nominated Robert MacLeay, DD. In the absence of other nominations, Robert Macleay, DD was acclaimed to the position

District 8: Two candidates ran in this district, Andy Protopapas, DD and Shlomo Sharer, DD. Andy Protopapas, DD was declared elected to the position.

Mr. Tran is the elected member of Council for District 6 for the three year term beginning June 2009 and ending June 2012.

Mr. Macleay is the elected member of Council for District 7 for the three year term beginning June 2009 and ending June 2012.

Mr. Protopapas is the elected member of Council for District 8 for the three year term beginning June 2009 and ending June 2012.

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

The success of the College of Denturists of Ontario as a Regulatory College is due to the contribution of Denturists who have taken time to serve the profession by seeking election to Council. Self-regulation can only work through a commitment to serving the public.

Significant Changes are Coming to the *Regulated Health Professions Act*

Mandatory Reports

"You can judge your age by the amount of pain you feel when you come in contact with a new idea."

–Pearl S. Buck

BY RICHARD STEINECKE

The *Regulated Health Professions Act, 1991 (the RHPA)*, which is the legislation that governs Ontario's health regulatory Colleges is about to change significantly. These changes, which come into effect on June 4, 2009, will impact almost every area of the College's operations. Although many of these changes relate to College processes, a significant number of the revisions will have a direct impact on members. The purpose of this series of articles is to highlight some of the biggest areas of change and to explain the specific impact those revisions will have on members.

The majority of the legislative changes touch upon one of the following three subject areas: (i) mandatory reports; (ii) the register; and (iii) the Inquiries, Complaints, and Reports Committee (the ICRC). A separate article will deal with each topic.

MANDATORY REPORTS – CURRENT REQUIREMENTS

Members must report certain information to the College. Under the current RHPA, members and facility operators are required to advise the Registrar of the appropriate College when they have reasonable grounds to believe that a member has sexually abused a patient. For example, if a patient reports to a member during the course of an assessment or treatment that their former practitioner touched them sexually or "made a pass" at the patient, the member must report this information to the Registrar of the College of the other practitioner. The report must be in writing and contain the pertinent details. However, the name of the patient cannot be revealed unless the patient agrees in writing to this disclosure.

Similarly, employers, partners or associates are required to advise the appropriate College Registrar when they terminate the employment or association with a health professional for reasons of professional misconduct, incompetence or incapacity. For example, if a member terminates the partnership with a colleague because the colleague has stolen something from a patient, the member must report the colleague's behaviour to his or her partner's Registrar. Again the report must be in writing. In this case, so long as the conduct did not involve sexual abuse, the reporting member can, and probably should, include the name of the affected patient in the report even without the patient's consent.

MANDATORY REPORTS – NEW REQUIREMENTS

The existing mandatory reporting requirements will remain in place. However, as of June 4, 2009, the reporting obligations for members and facility operators are significantly expanded.

Members

Members of all health regulatory colleges will be required to advise their own College, in writing, if they have been found guilty of an offence. An offence is a finding by a court (administrative tribunal findings do not count) of a breach of something labelled as an offence in a

statute. Typically an offence is punishable by a fine or jail; however, the report must be made even if the court imposes a conditional or an absolute discharge. The best known offences are breaches of the *Criminal Code of Canada* or of federal drug legislation. However, there are a number of provincial offences as well (e.g., failing to report a child in need of protection contrary to the *Child and Family Services Act*).

The intent of this self-reporting requirement is that all offences will be reported to the College and then that College will sort out which offences are worthy of further inquiry. If the finding raises no apparent concerns (e.g., a traffic offence that does not involve dishonesty or impairment) the College will simply file the report. If the finding raises concerns relevant to the member's suitability to practise the profession (e.g., a criminal conviction for fraud) the College will investigate the matter to determine if some regulatory action should be taken (e.g., remediation, discipline). Thus, members should not "self-select" which offences they believe are relevant or worthy of a report; that determination is supposed to be made by the College.

In addition, members will also be required to file a report with their own College if there has been a finding of professional negligence or malpractice made against them by a court. These findings occur in civil proceedings or lawsuits. For example, a finding of professional negligence by a court that a member fell below the accepted standard of practice of the profession and thereby harmed a patient has to be reported. The College may inquire into these findings where appropriate. However, unlike offences, in all cases the College must post the court finding in the public register.

These new provisions are a self-reporting obligation only. Other practitioners do not have to make a report if they become aware of a finding made against someone else (although in some circumstances a member may conclude that he or she has an ethical obligation to notify the College of a serious court finding).

These obligations are not retroactive. Thus, there will be no duty to report findings made by a court before June 4, 2009 (unless the College had already asked the member to provide this information in the past under its bylaws).

Facility Operators

In addition to the existing requirement to report sexual abuse, facility operators will now also be required to report to the appropriate College Registrar any reasonable grounds to believe that a member practising at the facility is incompetent or incapacitated. This new reporting obligation is in addition to the existing "termination" reports. Thus if the registered health practitioner is not fired or otherwise terminated, but is just put on restrictions or sent for treatment or remediation, a mandatory report must still be made.

The *Regulated Health Professions Act* does not define the word "facility". However, given the public interest purpose behind this amendment, it likely is intended to capture any physical premises where registered health care practitioners practice.

In order for facility operators to fully understand and appreciate the obligation that this new reporting requirement creates, however, they will need to have a clear understanding of how "incompetence" and "incapacity" are defined by the *RHPA*. Incompetence refers to a significant demonstration of a lack of knowledge, skill or judgment towards a patient.* Incapacity generally refers to mental or substance abuse illness that impairs the practitioner's judgment.**

Reading the existing termination mandatory reporting obligation and the new facility mandatory reporting obligation together, the following points emerge:

1. If the association with the registered health practitioner is terminated, the terminating member must report the matter in all cases (including for professional misconduct, not just for incompetence or incapacity).

*As of June 4, 2009, "incompetence" is defined in the *Health Professions Procedural Code* as follows:

52. (1) A panel shall find a member to be incompetent if the member's professional care of a patient displayed a lack of knowledge, skill or judgment of a nature or to an extent that demonstrates that the member is unfit to continue to practise or that the member's practice should be restricted.

**As of 2007, "incapacity" is defined in the *Health Professions Procedural Code* as follows:

"incapacitated" means, in relation to a member, that the member is suffering from a physical or mental condition or disorder that makes it desirable in the interest of the public that the member's practice be subject to terms, conditions or limitations, or that the member no longer be permitted to practise....

2. If the association is not terminated, professional misconduct itself does not have to be reported. Just incompetence and incapacity have to be reported.
3. If the association is not terminated, the member does not have to make a report, even for incompetence or incapacity, unless the member operates the facility where the other registered health practitioner works.

Members and facility operators need to be aware of these new mandatory reporting requirements.

The Register

"If you don't like change, you're going to like irrelevance even less."

–General Eric Shinseki [Chief of Staff, U. S. Army]

The public, including potential employers, obtain information about members through the College's register. The changes to the register affect both the amount of information available to the public as well as the overall accessibility of that information. Three of the most significant areas of change related to the register are as follows: (i) form; (ii) content; and (iii) permanence. In addition there are some new provisions protecting personal information about members in compelling circumstances.

Form

One of the biggest changes to the RHPA is the new requirement for every College to post its entire register on its website. This will allow the public to view all of the register information about every member directly through the Internet. In addition, the new legislation will require the College to advise individuals who inquire about a member, whether in person, by phone, letter, email, or through the College's website, of all of the register information that is available regarding that member. In other words, the inquirer does not have to know what to ask for; the College must actively assist the inquirer to locate the information that will help him or her.

Content

In addition to the information already required for the register, several new categories of information will be added on June 4, 2009. These include the following:

1. referrals to the discipline committee (currently information only has to be included in the register after a finding is made although the College of Denturists of Ontario posted the dates of upcoming hearings shortly before they commenced);
2. a synopsis of every finding made against a member by the Discipline Committee or the Fitness to Practise Committee (currently only the actual sanction or order is recorded on the register and discipline summaries are found elsewhere on the College's website);
3. findings of professional negligence or malpractice made against the member unless the finding is reversed on appeal (currently this information is not collected by the College or posted on the register); and
4. a notation of the resignation and agreement where a member, during or as a result of an investigation, has resigned and agreed never to practice again in Ontario (currently this is only done if the member consents or the matter has gone to the Discipline Committee).

The amount of detail about the additional information can be added by College bylaw.

Permanence

One of the most significant changes to the current register requirements relates to the length of time that information is

expected to remain on the register. Under the current RHPA, a significant portion of a member's history with respect to most discipline and/or fitness to practice proceedings would automatically be removed from the register after six years. Under the new provisions, however, all register information remains posted indefinitely, subject to a few limited opportunities for the member to ask for the information to be removed. In essence the member has to go through a pardon-like process asking for the information to be removed. The committee imposing the order would have to consider whether the removal of the information is consistent with the public interest. In discipline matters, a pardon is only available where the sole sanction was a reprimand or a fine. A pardon is not available for any finding of sexual abuse.

Personal Safety and Other Compelling Concerns

There are some exceptions to the duty of the College to post information about members on the public register. The major one is where the information would jeopardize the safety of any person. For example, if a member is being stalked, the Registrar can withhold contact information from the register and the public. Non-contact information would still be included on the register (e.g., any terms, conditions and limitations on the member's registration). However, the Registrar can only do this if he or she knows about the concern and has reasonable and probable grounds to support the request. It is important for members who feel that their safety, or anyone else's safety, would be jeopardized by the public register provisions to notify the Registrar of this concern with any supporting documentation.

In addition, the College can only put on the register the minimum personal health information about members necessary to protect the public interest. For example, if a member is incapacitated, details of the nature of the incapacity are unlikely to be placed on the register. Often only the fact that there has been an incapacity finding made and the nature of the terms, conditions and limitations needed to protect the public interest (e.g., the member must work with a colleague) is sufficient to protect the public.

The Registrar also has the ability to withhold information from the register that is obsolete and no longer relevant to the member's suitability to practice. This is intended to be a narrow exception. An example might be removing from the register a finding against a member for conduct that is no longer prohibited (e.g., an old advertising infraction for a type of advertisement that is now permitted).

Members should appreciate that their professional lives will be more transparent than ever after June 4, 2009.

The Inquiries, Complaints, and Reports Committee

"Change is inevitable, except from vending machines."

–Unknown

Under the current RHPA, concerns about members are investigated by three internal bodies, the Executive Committee (for non-complaints investigations), boards of inquiry (for incapacity concerns), and the Complaints Committee (for formal complaints). Under the new legislation, these investigative functions have been merged into one committee, the Inquiries, Complaints, and Reports Committee (ICRC). As a result, the ICRC will see all complaints and will also screen all member-specific concerns that arise from other sources, including mandatory reports.

Although there are many significant process changes that have resulted from the creation of the ICRC, four areas of change that will be of particular interest to members relate to: (i) notice requirements, (ii) use of a member's prior history, (iii) alternate dispute resolution procedures, and (iv) the dispositions available.

Notice Requirements

Under the new legislation, members will receive notice of a complaint within 14 days of it being filed with the College and will receive notice of a Registrar's investigation report to the ICRC within 14 days of that report being filed with the com-

mittee. Particularly for complaints, members will therefore be alerted early on about the concerns so that they can prepare for the investigation while the matter is still fresh in their minds. The notice will also contain formal notice of their right to respond in writing to the concern. In addition, for complaints the notice will also contain the timelines that apply to the investigation and the right of an independent review of the ICRC decision by the Health Professions Appeal and Review Board (the Board).

Complaints are to be investigated within 150 days (up from 120 days). Where the ICRC has not rendered its decision by then, it must send a letter to the parties notifying them that it has not completed the matter and that it will try to do so within a further 60 days. After day 210 the College must send a letter to the parties (and to the Board) every 30 days explaining why the complaint has not been decided yet. Either party can then go to the Board for an order directing the ICRC to complete their investigation promptly or for the Board to take over the investigation. One of the implications of these timeline requirements is that the College will be less likely to agree to lengthy delays in the investigative process (even if requested by the member – for example, if there is a parallel criminal proceeding).

Prior History

In addition to receiving notice of the complaint or report, the new legislation also requires members to be given copies of their available prior history with the College. The ICRC is required to consider and review that prior history when looking at new concerns. The prior history includes any earlier decision of the Executive, Complaints (except for frivolous and vexatious matters), Discipline, or Fitness to Practice Committees. Even prior decisions dismissing a complaint or concern need to be reported. The prior history rule attempts to ensure that the ICRC has the complete picture of the member's professional career so that new concerns are not dealt with in isolation. For example, if a member has a history of standard of practice concerns, none of which are disturbing on their own, but collectively raise serious concerns about the member's competence, the ICRC can take this into account.

The member will, of course, be able to respond to the prior history. For example, the member can make written submissions placing the prior history in context (e.g., if the nature of the member's practice generates a high risk of dissatisfied patients) or indicating that the prior history may have little or no relevance to the current concern.

In complaints matters, however, there is a possibility that the prior history may become known to the complainant. This may occur if the member's response to the prior history is given to the complainant by the ICRC. It may also occur if there is an appeal to the Board for a review of the decision of the ICRC (as

Goals of a Complaints System

- To identify problem practitioners
- To identify problem areas
- To resolve resolvable issues
- To provide answers
- To allow people to be heard
- To provide neutral comment
- To give the profession credibility

Elements of a Good Complaints System

- Neutrality
- Objectivity
- Fairness
- Thoroughness
- Promptness
- Expertise
- Reasonableness

ALTERNATIVE DISPUTE RESOLUTION (ADR)

- 1(1) of Code: "alternative dispute resolution process" means mediation, conciliation, negotiation, or any other means of facilitating the resolution of issues in dispute
- Registrar initiates ADR
- Forwarded to ADR Officer
- Consent from both parties required
- Not for sexual abuse
- Confidential and privileged
- Resolutions must be ratified by the ICRC
- Successful ADR results in the withdrawal of the complaint

ICRC staff may not take any action which may be construed as trying to facilitate a resolution of a complaint. An independent ADR and investigation separate from the ICRC must be initiated.

the Board often discloses the entire ICRC file to both the complainant and the member). Members with a significant prior history may wish to seek professional assistance in dealing with this possibility.

Alternate Dispute Resolution

While Alternate Dispute Resolution (ADR), or informal resolution, has been a common practice at many Colleges for some time now, formal rules have now been developed. These rules apply only to the use of informal resolution processes in formal complaints. Non-complaint investigations or complaints after they have been referred to discipline may still be dealt with flexibly by the internal processes selected by individual Colleges.

These rules for informal resolutions of formal complaints include the following:

1. The Registrar must initiate the process.
2. The consent of both parties is needed before ADR can begin.
3. ADR cannot be used in a complaint involving sexual abuse.
4. All communications in the ADR process must be kept confidential and privileged and cannot be used in other proceedings, including discipline.
5. If the ADR is unsuccessful, the facilitator cannot participate in the remainder of the ICRC process.
6. Any resolution must be ratified by ICRC to ensure that it is in the public interest.

Dispositions Available

Where there is no successful resolution of matters, the ICRC will have significant new options for disposing of the matters that it reviews. For example, the ICRC will now be empowered to require members to complete a specified continuing education or remediation program to address practice concerns. This could include, for example, successfully completing a continuing education course or a mentorship program. Even certain self-study programs could be ordered (e.g., to read and summarize, to the satisfaction of the Registrar, certain standards, guidelines, and policies of the College). However, this new power means that the ICRC can no longer refer members to the Quality Assurance Committee.

In addition, the ICRC will be able to require members to attend before it for an oral caution in all matters, not just formal complaints.

The ICRC will also deal directly with incapacity matters. Under the current legislative scheme, the Executive Committee deals with incapacity matters by appointing a board of inquiry to inquire into a member's health. The results of those inquiries are then reported back to the Executive Committee which, depending on the information contained in the board's report, decides whether a formal hearing is necessary. Under the new legislation, however, a "panel" selected by the Chair of the ICRC will fulfill all of these functions directly.

Of course the existing options under the current regime remain available (e.g., dismissal of the complaint, referral to discipline and negotiating an Acknowledgement and Undertaking with the member)

The changes to the ICRC process will have an impact on members who face complaints or other formal investigations.

Richard Steinecke is the senior partner in the law firm of Steinecke Maciura LeBlanc. He practises exclusively in the area of professional regulation. He represents about three dozen regulators and associations across many professions

Direct Lingual Flange Reconstruction Technique for Distal Extension RPD

BY EUGENE M. COHEN, BASc, DD, FCAD

The denturist often receives referred patients who are not able to wear their mandibular distal extension RPD because of severe pain under its lingual flange. One of the most devastating consequences of this type of pain is an inflammatory hyperplasia. Even though this denture hyperplasia mainly occurs on the labial and buccal mucosa along the denture borders, this type of lesion is not restricted to these locations. During my 25 years of practice I have observed this type of denture injury in many locations where chronic irritation from an ill-fitting denture exists. Such a response of a connective tissue to chronic trauma usually occurs if patients continue to wear their dentures despite pain.

This article will describe a direct lingual flange reconstruction technique for distal extension RPD. A partially edentulous case has been utilized to illustrate this technique step-by-step. Dentsply Triad VLC resin was used for the reconstruction. The advantage of such a direct technique versus the usual indirect reconstruction will be discussed.

CASE HISTORY

Mrs. P. is a 73-year-old female who had recently completed prosthodontic treatment. A tooth born maxillary RPD and distally extended (L only) mandibular RPD were fabricated. Shortly after, the patient began complaining of a pain on the left side of her mouth. Tooth pain was ruled out, and several attempts were made to adjust the lingual border, but she still could not wear her RPD without pain. Four weeks later Mrs. P. was referred by her dentist to the author's practice for an assessment.

EXAMINATION

An intra-oral examination revealed that the patient's pain originated from the region of her second premolar and her first molar region of the left quadrant. The mucosa corresponding to the end of the lingual flange was red and painful. The distal extension of the RPD was severely under extended (Figures 1–5). Incidentally, this is the area where the greatest masticatory forces occur in most edentulous cases.

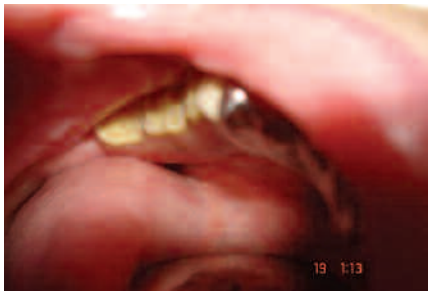


Figure 1

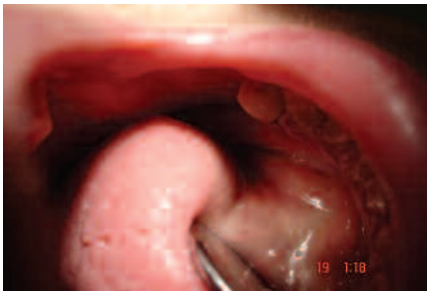
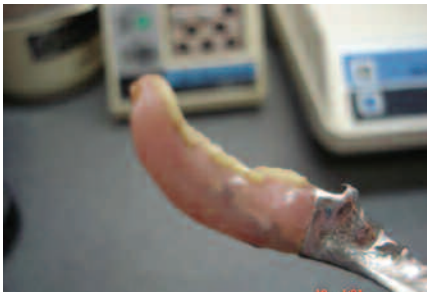


Figure 2



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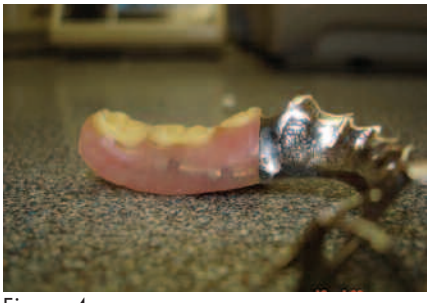


Figure 4

Figure 5

Mrs. P. had not been wearing her mandibular RPD for the past four days; however, she was able to wear her maxillary RPD without any discomfort.

All other components of these partial dentures were not the focus of the examination. Pain and soreness on the mandible's left lower quadrant was the principal concern.

It is notable that the distal lingual extension of a free-end RPD continues to be an ill-designed and misunderstood border region in dentures. This misunderstanding is caused by the peculiarities of the tissue under the tongue. The tissue has less direct resistance than that of the labial and buccal borders, and yet it will not tolerate overextension. Consequently, many clinicians would rather not extend the lingual flange beyond the palpable portion of the mylohyoid ridge. Pain and soreness is created by direct pressure on the sharp edge of the mylohyoid ridge in the regions of the bone from premylohyoid to the retromylohyoid eminence.

In this case, the distal extension was fabricated with pressure on the mylohyoid ridge, displacing the denture under function. That displacement resulted in soreness from lateral and vertical stresses. After consultation with the patient, the decision was made to reconstruct the left lingual distal extension, extending it beyond the palpable portion of the mylohyoid ridge. As a result of this extension, the flange would complete the lingual border seal and guide the tongue on top of the flange. Mrs. P. would be able to wear her RPD comfortably and without pain.

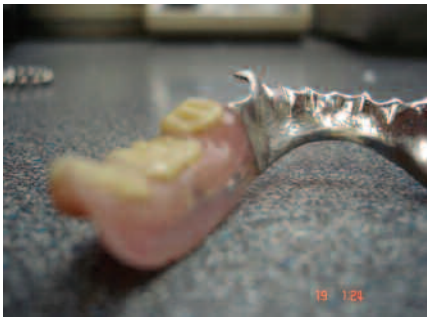
TECHNIQUE

(1) Reduce the thickness of the lingual border by 1 mm on the tissue side and the lingual side and extend this reduction by 3 mm upward to the teeth (Figures 6–8).

(2) Apply Dentsply Triad VLC bonding agent to the entire prepared surface to be reconstructed. Bench set for two minutes and cure for another two minutes in the Dentsply Triad 2000 curing unit (Figures 9–11).

(3) Remove a small strip, about the length of the flange, of Dentsply "Triad" light cure reline material (Figure 12) and add 3–4 mm of it to the lingual border of the RPD (Figures 13–15).

(4) Insert the denture. Seat it with moderate pressure, and manipulate to establish lingual extension limits and muscle attachments (Figures 16 and 17). Patient's tongue is thrust out, and action of mylohyoid muscle raising the floor of the mouth determines the slope of lingual flange toward the tongue in molar region (Figure 18). Patient's tongue is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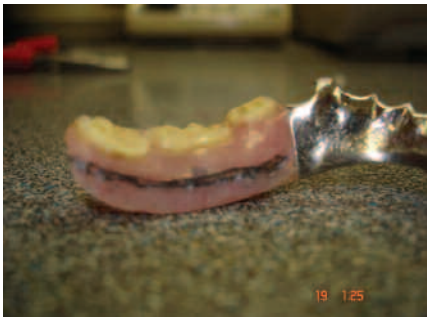
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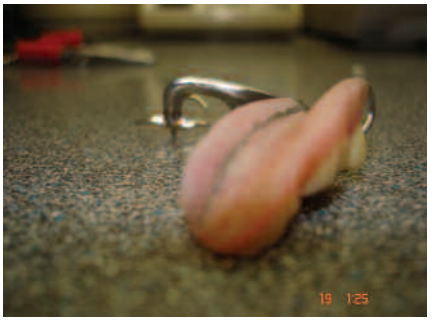
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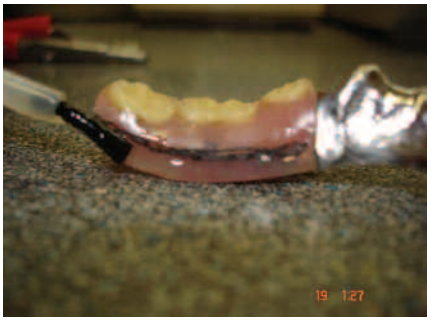
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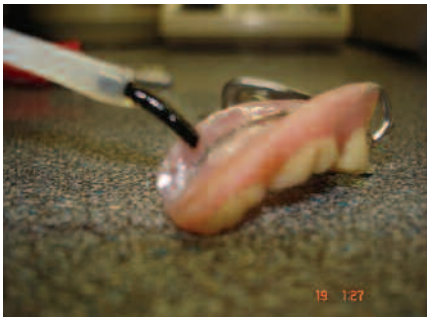
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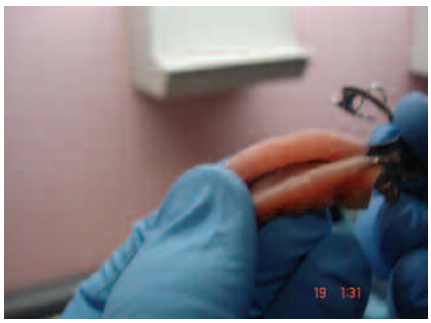
Figure 11


Figure 12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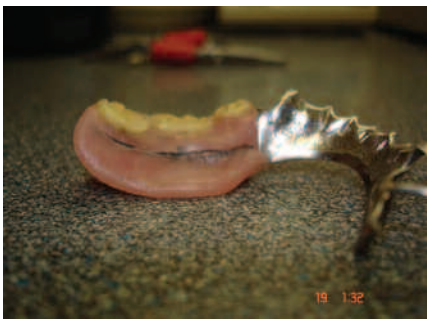
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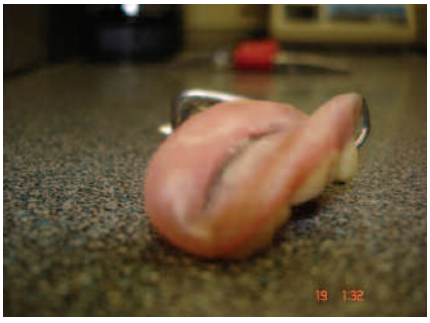
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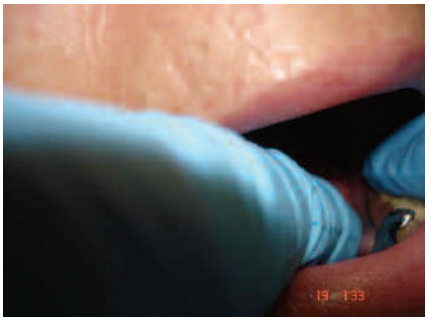
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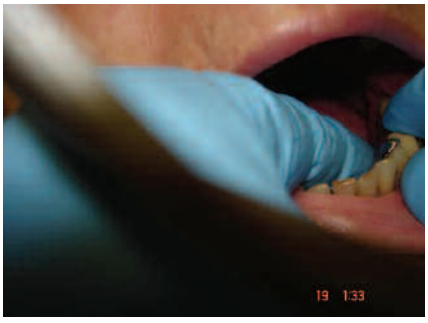
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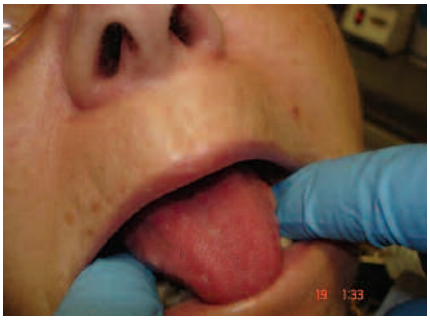
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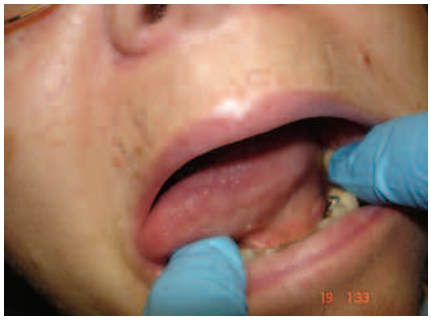
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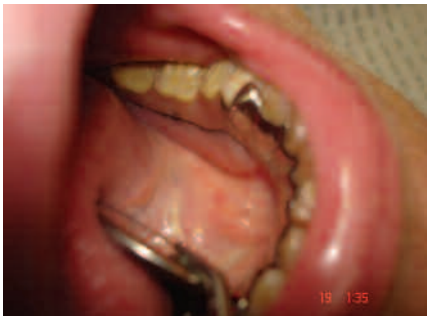


Figure 20

thrust into her right cheek, an action which molds the VLC resin and determines the available space for post mylohyoid eminence (Figure 19).

(5) Denture must remain in place passively for at least 3 minutes. This time is needed to allow tissue relaxation after its initial displacement at insertion (Figure 20).

(6) Use a hand held high intensity VLS, such as Litex 660, to set the reline material with 10 seconds bursts along the entire lingual flange (Figure 21).

(7) Remove the denture. Examine the reconstructed lingual flange for any voids and deficiencies on the tissue side. Correct any large voids if necessary. Place it in the Triad 2000 Curing Unit and process for 5 minutes (see Figure 11).

(8) Prepare processed denture (Figure 22) for a chair side reline by removing 1 mm of acrylic resin from its tissue side.

(9) Reline the denture using any kind of chairside reline material. Dentsply Triad VLC resin could be used, for example (Figures 23 and 24)

(10) Trim and polish RPD when the chair side reline material is fully set (Figures 25 and 26).

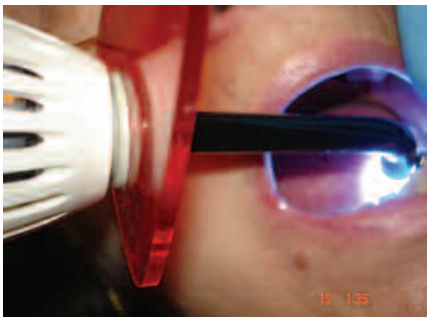
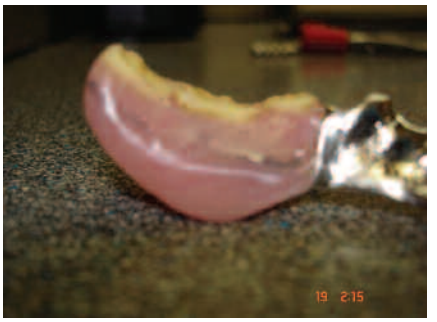


Figure 21


Figure 22


Figure 23


Figure 24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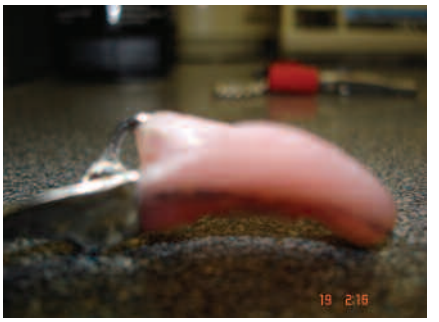
Figure 26

(11) Insert the denture (Figure 27).

CONCLUSION

The philosophy of prosthodontic treatment is preservation of the oral tissue. However, RPD failure may be a contributing factor in the loss of remaining teeth and soft tissues. Such failure may arise when a clinician fails to:

- Record the form of the edentulous segment without tissue displacement, and
- Accurately relate the edentulous segment to the teeth via the framework.

It is important to record maximum lingual flange extension (within physiological limits). As a general rule, the functional load applied to the denture base should be distributed over as wide area as possible. The pressure applied to the unit area of alveolar ridge will be reduced and thus, the physiological tolerance may not be exceeded.

In cases where there is no optimal distribution of functional stress, i.e., distal extension bases are grossly under extended, the adaptive capacity of tissue is low. Excessive pressure from masticatory forces creates a pain response which will limit muscular activity to the level where no pain is produced.

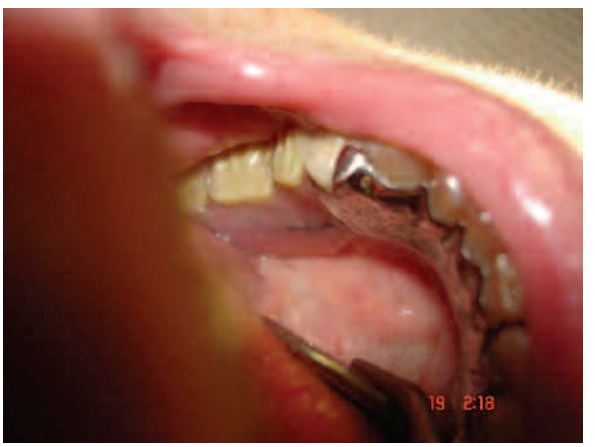
Figure 27

The reconstruction of a deficient distal extension is a recognized treatment. This task, until now, was accomplished by reconstructing the lingual border with an impression compound such as Kerr brown or green stick. Following that, the final impression of the distal extension was taken. From time to time, lifting of the framework would occur caused by impression material seeping under the frame. If the denture is relined based on such an impression, then the result is a properly extended lingual flange attached to the deficient framework.

The direct distal extension reconstruction technique eliminates this problem. The VLC resin has a very long working time, does not fully set intraorally, and can be completely removed from under the frame. That, in turn, allows the denturist enough time to ensure there are no impression errors. In the event of an error the VLC resin can be added and removed from the denture base with no detriment to structural integrity of the appliance.

Whether an RPD is soft tissue or tooth supported, the structure that receives the load is bone. Hence, an accurate evaluation of the denture base extension at the final insertion is an important procedure.

DISCLOSURE

The author does not have any commercial interest in the dental materials or equipment mentioned in this article.

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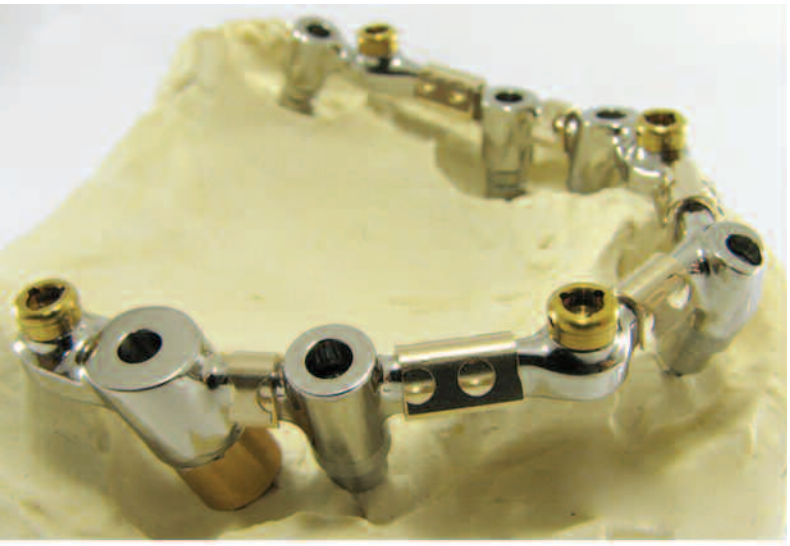

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