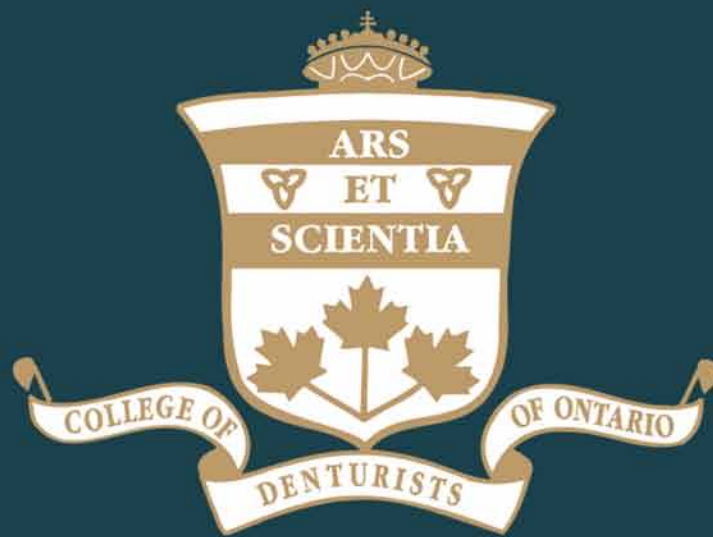


College Contact

SPRING 2011

COLLEGE OF DENTURISTS OF ONTARIO





Our Mission

The mission of the College of Denturists of Ontario is to regulate, govern and develop the profession while serving the public interest.



PRIME MINISTER - PREMIER MINISTRE

November 18-19, 2010

Greetings from the Prime Minister

I am delighted to extend my warmest greetings to all those attending the inaugural Special General Meeting of the College of Denturists of Ontario (CDO).

Since 1973, the CDO has worked to maintain the highest levels of quality and professionalism in the practice of denturism. Denturists fulfill an invaluable role in our health care system. Through rigorous training and continuing education, the CDO ensures the continued development of its members and the integrity of the profession.

This Special General Meeting is a unique forum to discuss trends in denturism and the College's vision for the future. I am certain that everyone in attendance will benefit from this educational and networking opportunity, and will leave with a renewed enthusiasm for their important work.

On behalf of the Government of Canada, I commend the CDO and its membership for promoting excellence in the profession. Please accept my best wishes for a productive and elucidating meeting.

Sincerely,

A handwritten signature in blue ink, which appears to be 'Stephen Harper'.

*The Rt. Hon. Stephen Harper, P.C., M.P.
Prime Minister of Canada*



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Dr. Martin Bourgeois, DDS, Dip. Oral Rad. M Ed

On The Cover



Photo By: Maxiar

Location: Moraine Lake, Banff, Alberta, August 2010

Description: Moraine Lake is a glacially-fed lake in Banff National Park, which does not reach its crest until mid to late June. When it is full, it reflects a distinct shade of blue. The color is due to the refraction of light off the rock floor deposited in the lake on a continual basis. The view of the mountains behind the lake in the Valley of the Ten Peaks is known as the Twenty Dollar View, as Moraine Lake was featured on the reverse side of the 1969 and 1979 issues of the Canadian twenty dollar bill.



The College of Denturists of Ontario
180 Bloor Street West, Suite 903
Toronto, Ontario M5S 2V6
Tel: 416-925-6331 Fax: 416-925-6332
Email: info@denturists-cdo.com
www.denturists-cdo.com

EDITOR-IN-CHIEF
Max Mirhosseini, DD

EDITORS
J. Kaye

ART DIRECTORS & GRAPHICS
Max Mirhosseini, DD
Babak Bina

CONTRIBUTORS
Dr. Éric Chatelain, D.D.S.
Dr. Martin Bourgeois, DDS, Dip.
Oral Rad. M Ed

PATIENT RELATIONS COMMITTEE
Joan Duke (Chair)
Emanuele DiLecce
Max Mirhosseini, DD
Garnett Pryce, DD

CIRCULATION COORDINATOR
Laura Ellis

ADVERTISING
Garnett Pryce, DD
416-925-6331 ext.222
advertising@denturists-cdo.com

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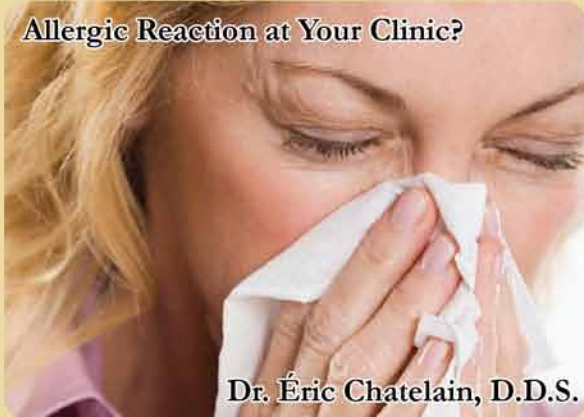
We welcome your views and comments. Please send them to the College of Denturists of Ontario, 180 Bloor Street West, Suite 903, Toronto, ON M5S 2V6.

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It's Election Time Again!



Allergic Reaction at Your Clinic?



Dr. Éric Chatelain, D.D.S.

The Dental CT and the Denturist



Dr. Martin Bourgeois, DDS, Dip. Oral Rad. M Ed

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We Have the
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for more information and a copy of our
current media kit.



Letter from the Editor



Max Mirhosseini, DD, HIP
Editor-in-Chief

“Vision without action is a dream. Action without vision is simply passing the time. Action with Vision is making a positive difference.”

-Joel Barker

Three months have passed very quickly and we are preparing the second issue of College Contact. We have had a very successful first issue of the magazine, with positive comments and emails from all. I would like to take the opportunity to thank you for your positive encouragement and continued support.

The College of Denturists has been extremely busy. Our Special General Meeting on November 18th and 19th of 2010 was well attended, highly educational and informative. It explained the direction and vision of the College to the registrant. We received a warm letter from the Prime Minister congratulating us for our professionalism and excellence in oral health care. Senator Mike Duffy introduced the College president via video. He stressed that this is the time to reinforce professional standards. He expressed there is a growing public concern of infectious diseases. He felt that our infection control seminar were timely.

In this issue of the magazine, you will find an article on the necessary steps required to become a council member and your role and responsibilities. You will also receive invaluable information on how to respond to a serious allergic medical emergency in your clinic. The new and advanced imaging technology of cone beam CT will also be introduced, with particular emphasis on its clinical advantages.

With the arrival of spring, let's continue to plant our seeds of diligence and dedication to excellence in our profession.



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Message from the President

I would like to start by thanking once again, all who attended the College's first ever Special General Meeting (SGM). It was a huge success; we had over 265 denturists in attendance. I would like extend a special thank you to Prime Minister Harper for his greetings and well wishes.

As well, I would also like to thank Senator Mike Duffy for all his kind words and kind wishes. The CDO received much positive feedback regarding the SGM and has been asked by many of its registrants to continue to hold more such similar events. Events like the SGM are more one avenue for the College to connect with its registrants. The SGM was also very valuable because it was an opportunity for our public members to meet hundreds of members from across Ontario.

The CDO continues to strive to increase its communication with its members. Throughout the first two weeks of March, the Registrar and I had the opportunity to travel to and meet with registrants in all of the College's eight districts. Thank you to all the CDO council members who hosted these meetings. These meetings were well attended and we were able to share a lot of information with those in attendance. I'd like to thank all of the registrants who were able to attend and would like to encourage the membership to attend future district meetings. They are some of the many ways that the CDO is increasing its communication with its registrants.

One of the things that the Registrar and I spoke about at the district meetings was Continuing Education. This registration year will be the first year where the College will require its members to obtain mandatory continuing education credits. Continuing Education is a

win-win for everybody: for denturists and for the public. Continuing Education is one of the many steps on how we can enhance and hone our skills and our abilities. It is an integral component to maintaining and promoting our profession, as we need to provide a standard of care to the public that is second to none.

**Taking pride on the past
and moving towards
the vision...**



*J. Gus Koroneos, B.Sc., DD
President*

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Message from the Registrar

This month is a month of anniversaries in a number of ways. It is hard to believe that it was this month I wrote in the College newsletter, the College Update, that is about to celebrate its first year of publication in a few weeks. It is also the first for me, in that two weeks ago I marked my first year as your Registrar, though I joined the college a few months earlier as your College Manager. A major component of any health regulatory body is change; change in technology, in regulation and in membership. In the last three months we have certainly seen a lot of activities and inevitably with changes, and increased activities, come issues.

In mid-December the College submitted to the Ministry of Health revised College of Denturists Registration Regulations, updated in keeping with the new Ontario Labour Mobility requirements. We also took the opportunity to update College registration processes.

Following the first ever College SGM (special general meeting), the College held District Meetings in all eight (8) districts, though the mandate to hold district meetings has been in our by-laws, it is the first time that all districts have held a meeting. With the positive feedback and success, I am sure the College Council will be looking at holding more of these.

The proposed amendments to the by-laws were approved at the last Council meeting, save one (as mandated by the Ministry), most of the changes were minor, and the volumes of the other changes were mostly housekeeping and grammatical. When I first joined the College, I never envisaged that there would be such a large backlog of work. That may be understandable with a small staff, and that time was taken for reorganization, and that the reorganization task took nearly a year. I assume due to staff shortage, we also missed the opportunity to better define our scope of practice the previous year (Bill 179). Communication between the staff, the College Council and the Association were also stressed. To my amazement the Denturist Association of Ontario had a lobbyist hired to lobby for a fictitious scope of practice increase, and that the lobbyist was contracted for two years. Historically, the relationship between the two organizations has been a difficult one. In 1993, there were two associations, one in support of becoming a regulated health profession, while the other, the DAO, opposed this initiative. This can be seen in the documentation that reflects the preparations in 1992, a year before denturists became a regulated health profession. The DAO legal counsel

objected to the preparations necessary to join the group in favour of joining other Colleges already regulated under the RHPA. The College-to-be legal counsel Richard Steinecke responded to the legal issues. It seems to me that we continuously need to remind ourselves what is the role of the College and what is the role of the Denturist Association. We understand that upon completion of the Registration Regulation update, the Ministry will be willing to look at the review and update of the Denturist Act, and thus better define the Denturist scope language. Over the last few weeks the College has been engaged in the task of the renewal of registration. This is the second year where the major part of the renewal will be over the internet. Many of the Regulatory Colleges are excessively computer renewal based, but we have a large senior population and will continue to provide phone assistance, on a need basis, to complete the renewal form. Once again the Ministry has a number of questions which they ask, to assist them to assess the future needs of health professions, and establish grants and educational placements for postsecondary education. It may be of interest to note that a third educational institution, one from outside of Ontario has approached the College with the intention of starting a Denturism program. With the small cohort of student's graduation from British Columbia and Alberta, the two other provinces with Denturist education training, this would make the Ontario graduating some 80 to 90% of Denturists. Other than Quebec which has a unique program of its own. We need to be cognizant of the fact that the function of the College Council is to serve and protect the public interest. The staff provides the support that is necessary. In actuality, we are entrusted to protect the public of Ontario's right, to ethical, competent and professional Denturist care, and that this is a privilege of self-regulation that we enjoy.



*Salim Kadareli, B.Sc., Dip.Ed., M.Ed.
Registrar*

College Council



Robert Macleay, DD.

District 7

Andy Protopapas, DD.

District 8

Carlos Valente, DD.

District 4

Max Mirhosseini, DD.

District 5

Gus Koroneos, DD. (President)

District 2

Ted Dalios, DD. (Vice President)

District 1

John Kallitsis, DD. (Treasurer)

District 3

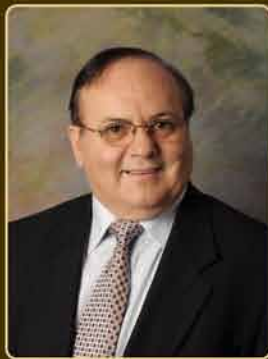
Luc Tran, DD.

District 6

Public Members



Anita Kiriakou



Emanuele Dilecce



Angela Smith



Jeff Amini



Joan Duke

Ministry of Health
and Long-Term Care

Office of the Minister

10th Floor, Hepburn Block
80 Grosvenor Street
Toronto ON M7A 2C4
Tel 416-327-4300
Fax 416-326-1571
www.health.gov.on.ca

Ministère de la Santé
et des Soins de longue durée

Bureau du ministre

10^e étage, édifice Hepburn
80, rue Grosvenor
Toronto ON M7A 2C4
Tél 416-327-4300
Télé 416-326-1571
www.health.gov.on.ca



MAR 09 2011

Gus Koroneos, DD, President
Members of the Council
College of Denturists of Ontario
180 Bloor Street West, Suite 903
Toronto ON M5S 2V6

Dear Mr. Koroneos and Council members:

In recent months, a number of concerns have come to my attention from different organizations and individuals regarding the operation of your College and the Council. The volume and nature of these concerns are especially troubling given the relative size of the profession. In light of these concerns, confidence in the Council and the College's statutory duty to serve and protect the public interest while regulating the profession of denturism has been shaken.

Therefore, pursuant to section 5 of the *Regulated Health Professions Act, 1991*, I am requiring an operational review and audit of the activities of the Council and College by an independent review/audit team as selected by the ministry. The full requirement document is attached.

I trust that the Council is aware that failure to comply with these requirements may result in the appointment of a college supervisor, although it is my hope that this step will not be necessary.

In closing, I would like to assure members of the profession that my actions should not be viewed as impugning the integrity and honesty of denturists and the important role denturists have in providing quality care to Ontarians.

Sincerely,

A handwritten signature in cursive script that reads "Deb Matthews".

Deb Matthews
Minister

Attachment: Requirement Document

c: Salim Kaderali, Registrar
Saäd Rafi, Deputy Minister, Ministry of Health and Long-Term Care
Suzanne McGurn, Assistant Deputy Minister (A), Health Human Resources
Strategy Division

MINISTRY OF HEALTH AND LONG-TERM CARE

IN THE MATTER of the *Regulated Health Professions Act, 1991*
S.O. 1991, c. 18

REQUIREMENT OF THE MINISTER OF HEALTH AND LONG-TERM CARE
UNDER SECTION 5 OF THE *REGULATED HEALTH PROFESSIONS ACT, 1991*

WHEREAS under clause 5 (1) (b) of the Act the Minister may review a Council's activities and require the Council to provide reports and information and under clause 5 (1) (d) of the Act the Minister may require the Council of the College of Denturists of Ontario to do anything that, in the opinion of the Minister, is necessary or advisable to carry out the intent of the Act and the *Denturism Act, 1991*;

AND HAVING REGARD TO the grave concerns that have been raised by numerous individuals in regard to the manner in which the College carries out its mandate under the Act and the *Denturism Act, 1991*, including but not limited to: the fairness of the administration of the College's entry to practice exams; the College's handling of the recent Council elections; procedural fairness in the context of the College's complaints and discipline processes; Council members being in conflicts of interest; intimidation of members and applicants by College staff; and the manner in which the College chose to implement its proposed professional liability insurance program;

I AM THEREFORE OF THE OPINION that it is both necessary and advisable that an external operational review and audit of the activities of the Council and College of Denturists of Ontario be conducted and that the Council of the College of Denturists of Ontario take certain actions for purposes of carrying out the intent of the Act and the *Denturism Act, 1991*.

AND REQUIRE pursuant to the provisions of section 5 of the Act that the Council of the College of Denturists of Ontario:

1. Upon notification by the Ministry of the identity of the reviewer/auditor hired by the Ministry for purposes of conducting the operational review and audit, provide the reviewer/auditor and his or her team with unrestricted access to all College properties;
2. Assist the reviewer/auditor and his or her team in any way you can, and cooperate fully with the reviewer/auditor and his or her team in the carrying out of their assigned functions and duties;
3. Ensure that the President instructs all College staff that they are required to cooperate fully with the reviewer/auditor and his or her team;
4. Not hinder or obstruct the reviewer/auditor and his or her team in any respect;
5. Immediately upon receipt of this Requirement take steps to ensure that all records and documents of the College, the Council and the College's committees are secured and are not destroyed or otherwise altered. In the event that the Council is required to alter any such records and documents of the College, the Council and the College's committees, prior (written) approval must be obtained from the Ministry;
6. Ensure that the reviewer/auditor and his or her team are provided access to any record or document of the College, the Council and the College's Committees;

7. Refrain from making any new by-laws pursuant to clause 94(1)(y) of the Health Professions Procedural Code and suspend all efforts at implementing the professional liability insurance program that was announced by the President of the College at the College's Special General Meeting on November 19th 2010 until such time as you satisfy me that all questions and concerns from the members of the College and stakeholders have been fully and satisfactorily addressed;
8. Provide me with the following information no later than 30 days after having received this letter:
 - i. a detailed history of the events that led to the proposed professional liability insurance program;
 - ii. a chronology of the steps the College undertook to develop this program;
 - iii. a summary of stakeholder and member comments/concerns including the responses provided by the College to each stakeholder; and
 - iv. any other information that you feel is necessary in order to assist me in understanding that this decision is being made in the public interest;
9. Immediately after advising Council, post this Requirement prominently on its website and circulate it to all members in the College's official publication, the College Contact, and its newsletter, Contact Update

This Requirement is in force until revoked.

DATED at Toronto this 9th day of March, 2011.



Deb Matthews, Minister of Health and Long-Term Care

TO: Mr. Gus Koroneos, President,
College of Denturists of Ontario

Special General Meeting



On November 18th & 19th, 2010, the College hosted a very successful first ever Special General Meeting which nearly 50% of the membership attended.



November 2010



Special General Meeting



November 2010



Photos By: Tamara Roumel

ELECTION

It's Election Time Again!

What You Need to Know to Consider Making a Commitment to Serve on the College Council



Your skills, knowledge and experience are needed at the College. The success of self-regulation is due to the contribution of the many individuals who have made a commitment to the profession by volunteering to stand for election at the College. And, as any of your colleagues who have served on Council or a College committee will attest, they have found an enormous amount of satisfaction, fulfillment and collegiality in the experience.

How do I know if I am eligible to run for Council?

You are eligible if on the deadline date for receipt of nominations, which is 2:00 p.m. on Wednesday, April 20th, 2011 you meet the following criteria:

According to current CDO By-Laws, a member is eligible for election to Council for an electoral district if:

- (a) The member is eligible 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;
 - (iii) The member is not in default of any obligation to the College under a regulation or the By-Laws;
 - (iv) The member is not the subject of proceedings for incompetence, professional misconduct or incapacity;
 - (v) The member's certificate of registration is not subject to a term, condition or limitation other than one prescribed by regulation; and
 - (vi) Is not bankrupt;
 - (vii) Is not a director, officer, employee of a national or provincial organization of Denturists; and
 - (viii) Where the member has previously been disqualified from sitting on the council under By-Law 16:03, the term of vacancy is not consecutive to the term of office or vacancy from which the member was disqualified.
- (c) The member's certificate of registration has not been revoked or suspended at any time in the two years immediately preceding the election.

What exactly is the Council of the College?

The Council is the board of directors of the College. It is composed of 8 denturists in total and 5 public members. The denturists are your elected members from each district. The public members are appointed by government. All Council members work together collaboratively to fulfill our statutory mandate to regulate the dental profession in the public interest and ensure the highest quality dental care.

What is my role as a member of Council?

The Regulated Health Professions Act provide the legal foundation for the College's governance structure, activities and powers. The College is required to fulfill the role of a regulatory college established in this legislation. All Council decisions must be consistent with this legislation. It is important to note that the link of accountability is different than in a membership organization. Once elected to Council, denturists are not accountable to the members in their district, but instead to the statutes and the laws governing the College. While a Council member does have a role in bringing regional perspectives to the Council table and in communicating Council decisions to his or her region, an elected Council member does not represent the electorate. For example, if you are sitting as a member of the Inquiries, Complaints reports Committee or Discipline or Registration Committees, you are bound by statute to confidentiality and cannot report back to the members in your district. As a member of the College's board of directors, a Council member has a fiduciary relationship with the College. Knowing that the root of the word "fiduciary" comes from the Latin meaning "trust," you have a sense of what that means. As a Council member, you have a legal duty to act in what you believe to be the best interests of the College and follow the College's legal mandate.

By accepting a position as a Council member and/or a committee member, you occupy a position of trust and confidence. Your personal interests and the interests of any constituency that you may be affiliated with must at all times be subordinated to the best interests of the College and to the interests 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 commonly bound by statutes and the Code of Conduct.

What are the organizational values of the College?

It is expected the behaviour of Council and committee members will reflect the following values to ensure the continuing trust of the public and the profession:

- accountability and integrity
- openness, transparency and accessibility
- fairness and equality
- respect for the individual and group differences
- flexibility and openness to change
- mutual respect and collaboration
- quality service and responsiveness

In addition, all Council members must adhere to the statutory requirements, the Code of Conduct and the College's by-laws.

Although being a Council member is an awesome responsibility, we try to never forget that having fun is important as well. The collegial atmosphere of the College fosters a great working rapport and encourages staff, Council and committee members to enjoy working together on important and challenging issues.

ELECTION

How do Council meetings work?

There are at least four regular Council meetings a year, held in Toronto. These meetings are open to the public. Each meeting is usually a day in length.

The first meeting is held in March, the second is held in June, and the third is held in September and the fourth meeting is held in December. Sometimes Council holds additional meetings, either in person or by teleconference.

If I am elected to Council, do I also sit on some committees?

Council members are nominated and elected by Council. Committees meet on an average of 2-8 times per year. They also hold meetings by teleconference.

Am I compensated for the time away from my practice?

The significant commitment of Council members is recognized with an honorarium that primarily goes towards covering your office overhead.

If I am elected, when do I take office?

Your first Council meeting following the election is scheduled in June, 2011. This meeting includes a special intensive orientation session.

How do I go about running for election, if I am interested?

Election forms will be mailed out the first week of March. You may nominate yourself by completing the nomination form, fill it out and return it to election manager on or before the deadline of 2:00 p.m. on Wednesday, April 20th, 2011 with at least three nominations from your district.

How long is my commitment?

As an elected Council member, your term of office is three years.

Who do I call if I still have some questions?

The College Registrar Salim Kaderali is available to answer any questions that you might have. His direct line is 416-925-6331 ext. 226, toll-free at 1-888-236-4326, or contact him by e-mail at info@denturists-cdo.com.

Key Dates For Council Elections 2011

Call for nominations mailed out:

March 1, 2011

Deadline for receipt of nominations:

2:00 p.m. on Wednesday, April 20th, 2011

Deadline for withdrawal candidacy:

April 25, 2011

Ballots to be sent out by election manager:

May 1, 2011

Election Day:

Wednesday, June 1, 2011

Deadline for receipt of ballots at the election manager:

2pm on Wednesday, June 1, 2011



ELECTION

Inquiries, Complaints & Reports Committee (ICRC)	<p>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:</p> <ol style="list-style-type: none"> 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 by-laws. 	6 days/year + teleconferences
Registration Committee	<p>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:</p> <ol style="list-style-type: none"> 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. 	6 days/year + teleconferences
Discipline Committee	<p>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</p>	3 days/year + teleconferences
Fitness to Practice Committee	<p>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.</p>	1 day/year + teleconferences

ELECTION

Quality Assurance Committee	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.	6 days/year + teleconferences
Patient Relations Committee	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 as regards patient education.	6 days/year + teleconferences
Finance Committee	The Finance Committee, chaired by the Treasurer of the College of Denturists of Ontario, is responsible for developing budgets for the operations of the College and for overseeing all aspects of fiduciary responsibility of the organization. The Committee reports to the Council under the auspices and authority of the Executive Committee.	3 days/year + teleconferences
Qualifying Examination & Curriculum Committee	This Committee is responsible for conducting 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.	6 days/year + teleconferences + examinations
Regulations & By-Laws Committee	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 by-laws 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.	4 days/year + teleconferences



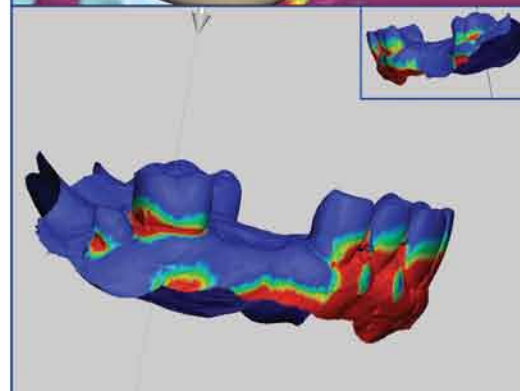
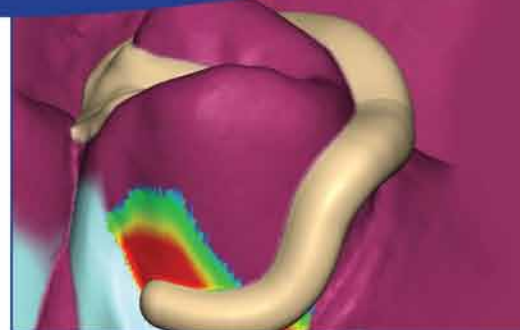
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Allergic Reaction at Your Clinic?

Dr. Éric Chatelain, D.D.S.



A graduate of the Faculty of Dental Medicine at Université de Montréal, in 1999 Dr. Éric Chatelain earned a Multidisciplinary Residency Certificate from McGill University, which he completed at the Jewish General Hospital of Montréal. Dr. Chatelain also boasts international training which he completed at the Misch Implant Institute in Detroit in the areas of complex bone grafts (2002), tissue management (2006), and the restoration of prosthetics over implants (2009). He is an active member of the study groups of the Canadian Dental Implant Society, the American Academy of Oral Implantology and the International Congress of Oral Implantology (honorary Fellow title).

Dr. Chatelain founded the Quebec Dental Implant Society and the Canadian Dental Implant Society.

Here's how to respond

Anaphylaxis is a medical emergency that occurs following exposure to an allergen. More simply put, it is a very serious allergic reaction which, although rare, can be fatal if it is not quickly recognized and treated. It is estimated that 1 in 50 Canadians risks suffering from anaphylaxis at least once in his or her life.

As a dental health practitioner, there is a chance that one of your patients could present with a serious allergic reaction. It is essential for you to stay calm and contact emergency services immediately. Nonetheless, the symptoms of an allergic reaction emerge very quickly, and can include trouble breathing, facial swelling, etc. By having an epinephrine auto-injector, called an "epipen" at your clinic, you will help reduce your patient's suffering and maybe even save a life...

It is always a good idea to be familiar with the medical histories of all of your patients by asking them to complete and regularly update a medical questionnaire for you to review prior to treatment. This will make it possible for you to know if you are dealing with an acute asthma attack or a case of emphysema. Breathing difficulties can also indicate a cardiac condition such as a heart attack or angina. Patients are normally aware of their conditions.

"It is recommended that every clinic have an emergency procedure in place..."

It is recommended that every clinic implement emergency procedures that are readily accessible. These procedures should be posted in a specific location at the clinic or in the first aid cabinet.

The www.epipen.ca Website is intended for healthcare professionals and users. It features relevant information allowing you to recognize the signs of a serious allergic reaction, and posts you of the expiration dates for epipen auto-injectors. CPR (cardio-pulmonary resuscitation) is also a great asset to include among your skills and one that is essential to your role as a healthcare professional. A training program on the use of the epipen and CPR is currently in the works at the C.Q.F.D.



ATTENTION MEMBERS !

As of June 1, 2011 new clinics are required to have a CSA approved dental chair, examination light and an evacuator or cuspidor in their operatory. As of December 31, 2011 all existing clinics must meet the same requirements

CONTINUING EDUCATION PROGRAM

The College of Denturists of Ontario regulated members must obtain a minimum of one hundred (100) hours of College approved continuing education in a five-year cycle. As well, each regulated member must obtain a minimum of ten (10) hours of approved continuing education hours each calendar year. The College of Denturists of Ontario requires that all regulated members submit with their annual renewal all Continuing Education hours completed and provide substantiating documentation related to the reported course(s). This is a requirement for annual renewal for the upcoming year.

ELECTION

District 3, 4 & 5 are up for election this year. Please make sure to make your submissions if you would like to run for your District. If you would like to run you will need three (3) nominations from your district. If you haven't received your election package please contact the election manager.

ELECTION DAY IS JUNE 1, 2011.

Don't forget to vote.

QUALITY ASSURANCE MANUAL

Every member is **REQUIRED** to have a Quality Assurance Manual in their practice location. If you do not have one, you can request a copy for \$75 by filling out the form online or faxing it to the College. This form can be found at : www.denturists-dco.com/qualityassurance

CHANGE OF ADDRESS NOTIFICATION

Each member is required by law to report the other address of their primary place of practice and all other practice locations. This primary address is a matter of public record in the College Register and must be reported promptly. If a member is not in active practice, he or she must supply a mailing address to the College. Please contact the College if your address has changed.

The Dental CT and the Denturist



Dr. Martin Bourgeois, DDS, Dip. Oral Rad. M Ed

Dr. Bourgeois is an Oral and Maxillofacial Radiologist and operates private Dental Radiology clinics in Toronto and Ottawa, Ontario.

Introduction

Cone Beam Volumetric Tomography (CBVT) also known as Cone Beam CT was first commercially introduced to the dental profession in 2001. Cone beam CT is an imaging modality that produces volume imaging in an easier and quicker fashion than conventional medical CT. Cone Beam CT was specifically designed for the dental profession to provide accurate, multiplanar 3-dimensional imaging.

The purpose of this article is to describe the advantages and clinical applications of cone beam CT. We will also outline how an image is acquired and present available software programs.

Conventional Medical CT vs. Cone Beam CT

Conventional CT utilizes a fan shaped beam that images an object slice by slice and then stacks the slices to obtain a 3-D representation of the object. They are large and expensive. They inefficiently use x-ray photons, expose patients to higher levels of radiation and are designed for full body imaging.

Cone beam scanners utilize a cone-shaped beam to scan the entire area of interest in a single rotation and are ideal for dedicated imaging of the maxillofacial complex. The volumes are manipulated by computer software into multiple slices for viewing. This technology not only reduces the size and cost of the scanners, but reduces the inefficiency of x-ray photon use, resulting in a considerable reduction of patient radiation exposure.

Classification of CBCT Scanners and Their Uses

CBCT scanners may be classified by the diameter or height of the image or “field of view” produced by a specific unit.

- Small field of view – 8 centimetres or less

A small field of view is indicated for imaging the teeth, their supporting structures, mandible and the maxilla up to the floor of the nose (i.e. dentoalveolar CBCT scan).

- Large field of view – over 8 centimetres

In addition to dentoalveolar structures, a large field of view may include intracranial structures, the base of the skull, the temporomandibular joint, the paranasal sinuses, the cervical spine, the neck and the airway spaces (i.e.: craniofacial CBCT scan).

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CBCT scanners are capable of providing excellent 3-dimensional diagnostic images of hard tissues with lower radiation doses than medical multi-slice CT scanners of the same area. Doses are dependent on equipment type, and exposure settings and especially the field of view selected.

Acquiring the Image

The patient is usually sitting but may be in a supine position depending on the type of cone beam CT unit. A full volume scan can take anywhere from 8 seconds to 70 seconds. Patient acceptance is very high and it is a non-invasive procedure similar to that of a panoramic exposure.

X-ray beam collimation: Most cone beam scanners allow the operator to reduce the field of radiation by collimating the primary x-ray beam to the desired area of interest. For example, one can image only the maxilla while collimating the mandible out of the field of radiation. Of course both jaws can be imaged simultaneously during a single scan. Similarly, when imaging the TM joint, the field of view is limited to the planes of the joints and areas superior or inferior to the joints. When needed, the entire craniofacial complex may be imaged such as may be the case in orthognathic evaluations.

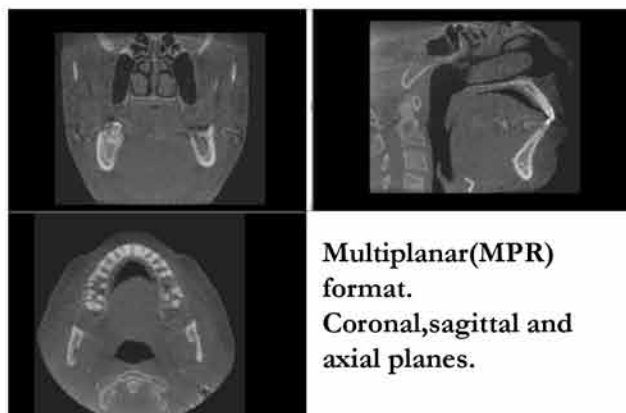
**ADVANTAGES OF
CBCT...SLICE
THICKNESS, 1:1
MAG; FAST
ACQUISITION;
MULTIPLANAR
FORMAT;
FILMLESS....**



After completion of a scan, the first images to appear on the computer screen are in multiplanar format (MPR). The images appear in three planes of section—the axial, coronal and sagittal planes. These are not static images like conventional films, but images of tissue volumes. This allows the operator to scroll through the entire depth of tissue in multiple slices for each plane of section. Software manipulation allow anterior-posterior coronal reconstructions and slices can be as thin as 0.4 mm, eliminating the problem of superimposition that plagues conventional imaging. The MPR format is only a starting point for image viewing. The proprietary software for cone beam scanners allows the operator to customize any plane of section for viewing. For example, by mapping through the plane of the arch, a panoramic-like image can be created and from this, the software automatically generates cross-sectional images through the arch. Similarly the volumes can be mapped to create lateral or PA ceph-like projection, sagittal and frontal views through the TM joints. Again, unlike conventional imaging, patients do not have to be re-exposed to view different planes of section since the volume can be manipulated to produce any plane of section needed. Proprietary software also includes such features as a measuring tool, a mechanism for 3-D reconstruction and the image enhancement tool, MIP.

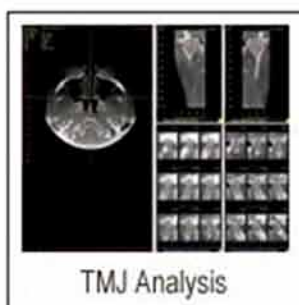
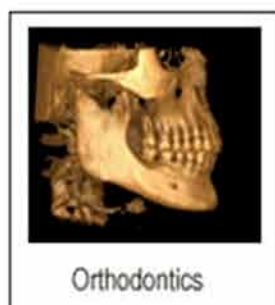
Image artifact: Image artifact from metals is inherent with all CT imaging systems. However, cone beam CT demonstrates less artifact from materials such as crown and bridge and implants. Even with extensive prosthodontic restorations, the image scatter is not significant enough to contraindicate imaging with cone beam CT and a relatively clear diagnostic image is produced. **Image format:** Cone Beam CT produces images in a DICOM format. These files can then be exported into third party software programs, allowing the clinician to accurately manipulate the treatment plan. Common examples of these treatment software programs include Simplant from Materialise and Procera from Nobelbiocare. These are just two examples of implant planning software.

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For the orthodontist/oral surgeon, planning orthognathic surgery is made much more precise and predictable with the use of software such as SimPlant CMF from Materialise, Dolphin and 3d MD. Utilizing the combined technology of Cone Beam CT and these software programs, clinicians can create and take advantage of 3D planning for virtual cranio-maxillofacial osteotomy and distraction surgeries.

Clinical Indications



Pre-Implant Imaging

The clinician placing dental implants needs to determine the best possible sites with respect to restorative, esthetic, biomechanical and functional requirements. CT images will allow the clinician to assess the following: bone height and width dimensions, bone quality, long axis of alveolar bone, internal anatomic considerations, external jaw boundaries, and presence of pathology. Any point in space in the CT scan can be a reference from a known intra-oral anatomic landmark (e.g.: tooth, mental foramen, nasopalatine canal) to allow for the transfer of radiographic information to the clinical site. For clinical/radiographic referencing, some clinicians prefer the use of imaging stents with radiopaque markers. Because of image artifact from metals, gutta percha is the marker of choice with cone beam CT.



Localization of Impacted Teeth and Foreign Body

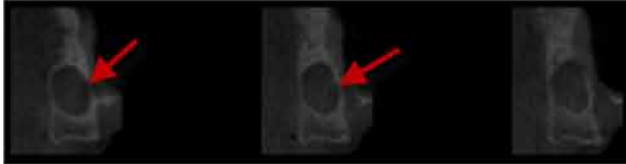
With cone beam CT, we now can accurately view in 3 planes, without superimposition, the relationship of impacted teeth to other anatomical structures. We can also accurately determine the resorption on the buccal and lingual aspect of roots with the axial plane. This multiplanar model also allows the radiologist to accurately localize a foreign body in the jaws with respect to neighbouring teeth and anatomical structures. The surgeon can then retrieve the foreign body with limited surgical exploration and less morbidity to the patient.

Pathology

Due to its multiplanar format and software manipulations, cone beam CT gives the radiologist a more detailed appreciation/image of the lesion.

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This in turn facilitates the diagnostic process and precise anatomic relationships can be clearly outlined for the surgeon.



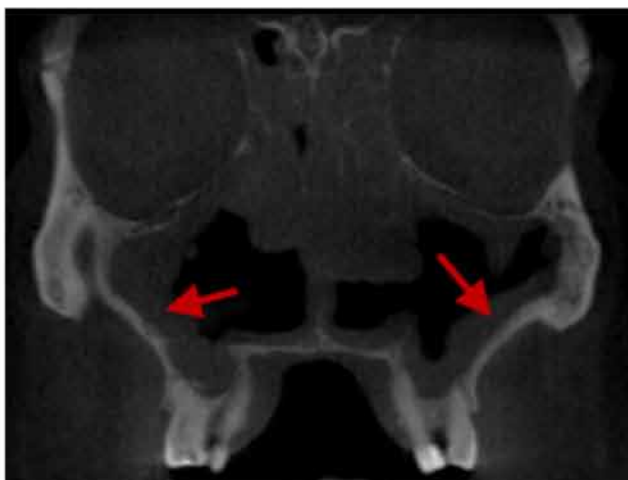
TMJ

Imaging of the temporo-mandibular joint continues to be an area of interest to the dentist and often imaging of the joints is requested to support clinical findings and/or rule out pathology. With cone beam CT, we can visualize the condyle and fossa in multiple planes of section from a single scan and assess anatomical changes not previously seen on plain films.



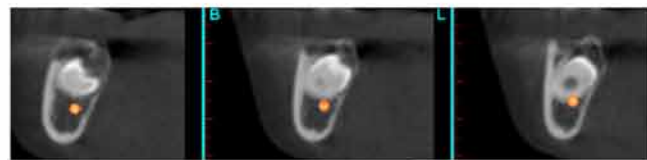
SINUS

Cone beam CT allows dentistry to view the entire maxillary antra with all its anatomical variations. This ability facilitates the accurate detection and localization of abnormalities. Other paranasal sinuses can also be imaged.



Third Molar Nerve Relationship

One of the most challenging imaging request for the radiologist is to provide an accurate anatomical relationship between impacted third molars and the inferior alveolar nerve canals. Now with cone beam CT, the radiologist can depict this spatial relationship in all planes of section.

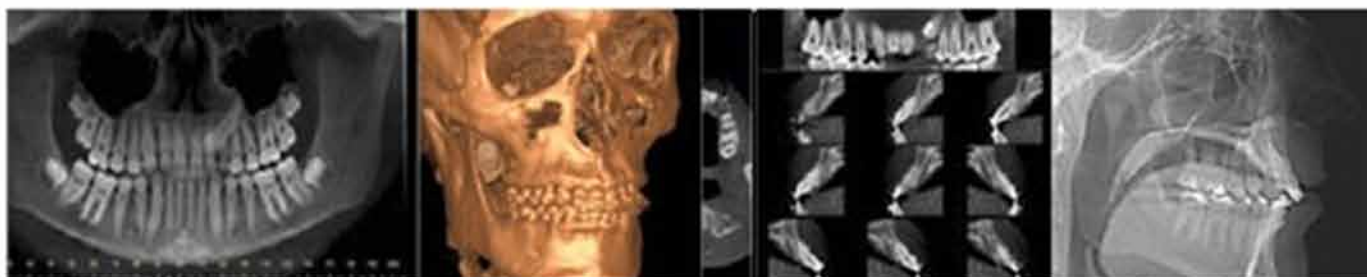


Orthognathic Evaluation / Asymmetry

From a single full scan of the head, specific software manipulations allow us to recreate any traditional orthodontic plane of interest such as corrected oblique lateral, PA ceph, lateral ceph and panoramic view. However, the thin nature of CT slices also allows us to localize landmarks without superimposition. Measuring tools allow the radiologist to accurately measure the length and width of bone, such as mandibular lengths, and the magnitude of deviation from norm (cant of occlusal plane, gonial angle, midline discrepancy...). CT is proving particularly helpful in asymmetry assessments. The merging of CT and orthodontics is an exciting field of study and promises to retrain us to look at the analysis of the craniofacial complex in a whole new light. Proprietary software allows us to not only do multiplanar viewing but also 3D reconstructions of the head and a new format of image viewing called maximum intensity projections or MIP to create virtual orthodontic models.

Third party software programs can utilize cone beam CT images to allow surgeons in concert with the orthodontist to plan and simulate orthognathic surgeries.

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Output / Softwares

So how do we get this information from radiologist to clinician? Well, there are several "flavours" to choose from.

An increasing number of clinicians have now incorporated Cone Beam CT into their requests when referring patients for pre-treatment imaging and a number are also introducing third party software into their practices such as SimPlant from Materialise. The site or arch of preference is supplied on CD and/or emailed. The financial output for software can range anywhere from \$4,000 to \$10,000 USD.

To help reduce this cost, a number of companies are now producing dynamic imaging viewing software that can be supplied at no cost, allowing clinicians to manipulate images, create any desired plane of section, locate anatomical landmarks, take required measurements and adjust window levels to name but a few options.

E-Film and iCAT Vision are two examples of this software. E-Film is compatible with dicom files supplied from both medical and cone beam CT units and the viewing software along with the patient images is usually supplied by the imaging lab. iCAT Vision is a proprietary software and is only compatible with files acquired from an iCAT Cone Beam Scanner. The software is a free download from Imaging Sciences International. The patient scan must be acquired using the iCAT Cone Beam CT.

If desired, static copies can be reproduced and printed out, placed on CD or emailed as PDF or JPEG files. As these images are a 1:1 ratio, taking

measurements is as simple as placing a ruler over an image.

It is anticipated that the dental community will take its' cue from the medical community when it comes to securely sharing files and images by implementing a PACS system. This will, for instance, allow a radiologist in Toronto to simultaneously view and discuss a patient's images with an oral surgeon in North Bay, all while the patient is still in the radiologist's office.

Discussion / Conclusion

The Canadian specialty field of Oral and Maxillofacial Radiology is currently developing a position paper at the national level in collaboration with the American Association of Oral and Maxillofacial Radiology on the use of cone beam CT in dentistry. Recommendations will be provided on issues such as quality control, dosimetry, operator training and skill and interpretation of these scans. The mandate of this collaboration is to ensure that this technology will be used appropriately with respect to the ALARA principle. Strict selection criteria must be adhered to prior to patient exposure because a large volume of tissue is exposed. It is also critically important that these full volume scans be interpreted by skilled diagnosticians trained in the field of Oral and Maxillofacial Radiology. In Ontario, the use of CBCT units has been limited to the oral and maxillofacial radiologist. Oral surgeons will soon be able to purchase and operate these units. The small field of view CT units will soon be available to the general dentist and denturist as well. Clearly, this exciting advanced imaging technology is revolutionizing the field of dentistry.

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