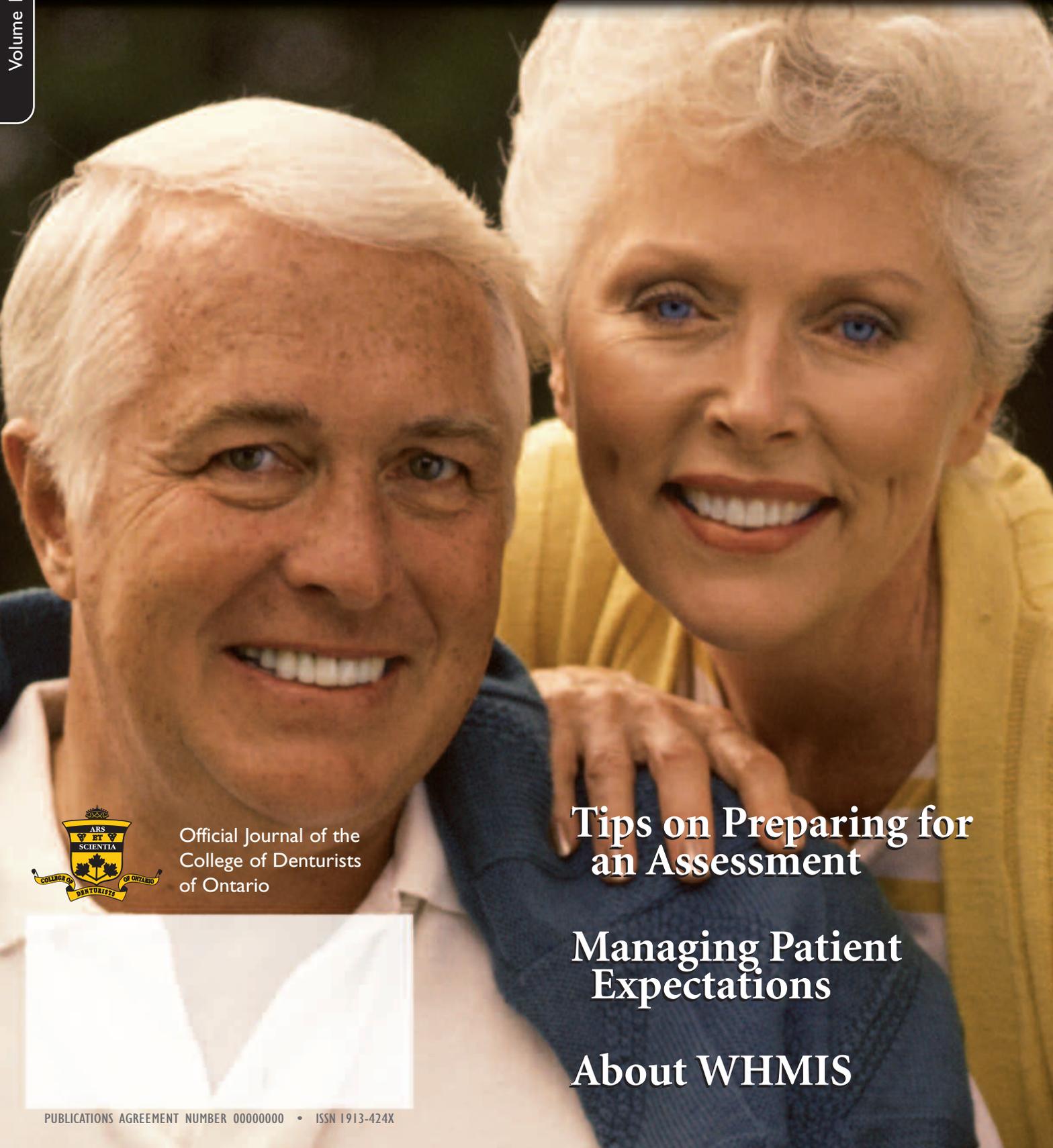


College Contact

47th Council Meeting • News • Quality Assurance



Official Journal of the
College of Denturists
of Ontario

**Tips on Preparing for
an Assessment**

**Managing Patient
Expectations**

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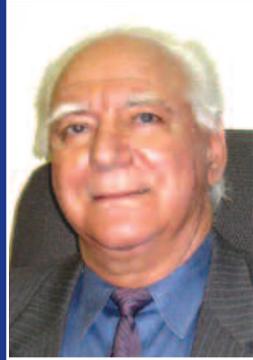
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College of Denturists of Ontario Council Members



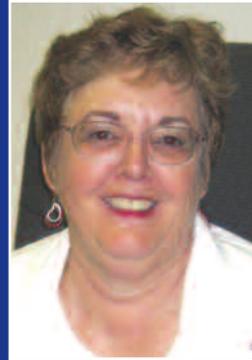
Jafar (Jeff) Amini,
Public Member



Thomas Cagy,
Public Member



Walter Connell,
Public Member



Joan Duke,
Public Member



David Istzer, DD,
Professional Member –
District 5



John Kallitsis, DD,
Professional Member –
District 3



Gus Koroneos, DD,
Professional Member –
District 2



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



Harry Orfanidis, DD,
Professional Member –
District 4



Bradley Potter, DD,
Professional Member –
District 8



Mordey Shuhendler,
DD, RDT, FCAD,
Professional Member –
District 7



Jaro Wojcicky, DD,
Professional Member –
District 1



Rodger Yeatman,
Public Member

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President's Message

The Council of the College of Denturists of Ontario began 2007 with enthusiasm.

In February, Council and non-Council members met to develop a strategic plan for the College. A full day of discussion, facilitated by Ruth Armstrong of Vision Management Services, raised awareness of the commitment required by the College and Council to develop and expand the profession.

As follow-up to the planning session, Vision Management Services has presented an outline of the plan for review by Council as the next step towards implementing the plan. With this road map of intention and executables the College can take positive actions towards achieving the goals of the profession and broadening the scope of practice for members.

The Complaints Committee has been active right from the start of the New Year, continuing to stream complaints through two intake subcommittees, which is more in line with the provincial government's new suggested guidelines. They then met as a group to render decisions and close files.

The Registration Committee together with the Qualifying Exam Committee has orchestrated a third run of the Clinical Exam. Five candidates from the 2006–2007 year were presented with another opportunity to take the clinical exam. Two candidates were successful

and have now entered the profession.

The Qualifying Exam Committee continues its review of the written component of the Entry to Practice Exam. The committee's intention is to identify areas of the exam where improvements and streamlining techniques can be applied. This exercise will result in a more efficient test, presenting a truer evaluation of candidates' knowledge.

The QE Committee met with Dr. Dwight Harley who is a psychometric professional lecturing out of the University of Alberta. Dr. Harley advised the committee on areas of the written exam which should be reviewed for improvement.

Nancy Storey attended the Association of Test Publishers conference in California. The Quality Assurance Continuing Competency program is preparing to develop review and test modules for practice areas of deficit identified by QA assessments. On return from the conference Nancy produced a report, which

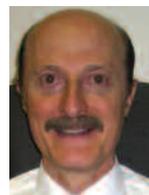


supported the advice given by Dr. Harley to the Qualifying Exam Committee. The Patient Relations Committee issued the latest version of the *College Contact*, which was distributed to members in February.

Much has been achieved in the third quarter of the 2006–2007 Council year. The final quarter is expected to be even busier. Election notices have been distributed for Districts 1 and 2; the centralized database has been launched and is in use internally; pre-authorized payments and credit card payments are finally an option for members for this year's registration renewal; a code of ethics and bylaw changes are to be drafted.

Thank you for everyone's efforts in bringing about all of these changes. Good things are generally achieved by the energies of people working and planning together.

Continue the good work.



Gregory Mittler, DD
President



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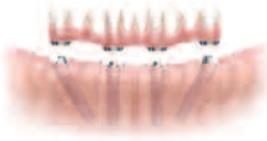
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Registrar's Report

As you will learn from the reports of the chairs, the committees have been very active in fulfilling the mandate of the College.

In addition to the meetings and actions of the committees, the College has conducted two discipline hearings, a strategic planning session, a supplemental clinical qualifying examination, and published and distributed to members the latest issue of the *College Contact*, notice of elections, as well as notice of certificate renewal.

A decision of a discipline panel resulted in the revocation of a member's certificate of registration. The College welcomed two new members upon the successful completion of the recent qualifying examination.

The office is preparing for certificate renewal. The new database has been launched and, for the first time, the College will offer payment of fees by credit card.

The Executive Committee, through the efforts of the Deputy Registrar, has been working on development of a Code of Ethics and Conduct for Council, an

important document outlining the principles through which Council and the members of Council carry out their responsibilities to the College and the public.

A full day strategic planning session involving public and professional members of Council, non-Council committee members and College staff was held in February. The session focused the group and identified four strategic directions and goals, which will assist the profession to grow and evolve to meet the current and changing dental needs of the public.

Implementation and achievement of the

plan will be demanding on the resources of the College both human and financial. Change and growth will not occur without challenge and Council and staff will each play a critical role. Teamwork and collaboration amongst Council members and staff will be paramount to the realization of the strategic plan. I am confident that we will meet the challenge.

I would like to thank the members of Council, the committee members, and staff who graciously give their time, talent, and energy in order to advance our profession and better serve the public.



Cliff Muzylowsky,
DD
Registrar

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COLLEGE OF DENTURISTS OF ONTARIO:

47th Council Meeting

EXECUTIVE COMMITTEE REPORT TO COUNCIL

MARCH 30, 2007

The Executive Committee held face-to-face meetings on February 1, 2007, March 2, 2007, and March 29, 2007, and met by teleconference on December 20, 2007, January 18, 2007, February 14, 2007, and March 8, 2007.

The Executive Committee reviewed a legal action against the College, reviewed proposals for project management and publication of the *College Contact*, reviewed and revised drafting of the Code of Ethics and Conduct, provided focus group input into the strategic planning initiative, reviewed proposed bylaw amendments, and reviewed and amended the Strategic Plan developed from the Strategic Planning Session.

EXECUTIVE DECISIONS TO REPORT

- i. The Executive Committee approved appointment of an investigator under Section 75 to investigate a member's practice.
- ii. The Executive Committee approved a request for business name.

EXECUTIVE RECOMMENDATIONS TO COUNCIL

- i. The Executive recommends to Council that the firm of Andrew John Publishing Inc., be retained for publication of the *College Contact*.
- ii. The Executive recommends that the Code of Ethics and Conduct be presented to Council for adoption as amended.

- iii. The Executive recommends adoption of bylaw 6:04 Term of Office, and amendment of bylaw 8:01 Nominations, be presented to Council for approval.
- iv. The Executive recommends the amendments to bylaw 16:03 Vacancies, be presented to Council with changes.
- v. The Executive recommends adoption of bylaw 37:15 Categories of Members, be presented to Council with changes.
- vi. The Executive recommends the creation of a new non-statutory committee, the Strategic Planning Committee.
- vii. The Executive recommends approval of the Strategic Plan.

COMPLAINTS COMMITTEE

Ken Battell, DD (Chair) (non-Council Member)

Mordey Shuhendler, DD (Professional Member)

Gus Koroneos, DD (Professional Member)

Rodger Yeatman (Public Member)

Joan Duke (Public Member)

The Complaints Committee has met once since the last Council meeting.

The Complaints Committee has reviewed documents in the investigations of a number of complaints before the College.

There were a total of 14 files closed. Six complaints were closed by way of a refund to the patient, five

decisions were rendered, and three complaints were withdrawn by the complainant.

Currently, as of March 12, 2007, there are 25 open complaint files.

DISCIPLINE COMMITTEE

Carlo DiNardo, DD (Chair)

Thomas Capy (Public Member)

Jeff Amini (Public Member)

Harry Orfanidis, DD

John Kallitsis, DD

Dan Vorano, DD

The Discipline Committee has not met since the last Council meeting.

The Discipline Hearing Panel has met three times since the last Council meeting. The panel had a very successful orientation session that familiarized the new members with the operations and deliberations of a hearing. The panel also held two hearings; one resulted in the revocation of Mr. Robert Carrier's Certificate of Registration and the other ended with an adjournment.

FITNESS TO PRACTICE

Harry Orfanidis, DD (Chair)

Jeff Amini (Public Member)

David Istzer, DD

Carlo DiNardo, DD

The Committee has not met since the last Council meeting.

PATIENT RELATIONS COMMITTEE

Walter Connell (Chair)

Joan Duke (Public Member)

David Istzer, DD

Gregory Mittler, DD

Jonathan Nolan, DD

The Patient Relations Committee met via teleconference to discuss and edit the *College Contact* in January 2007. The final version of the *College Contact*, once approved, was distributed to the membership in February, and proposed changes to regulations were included (Proposed Signage Regulation; Proposed Clinic Names Regulation; CDO Bylaws 18:13, 18:14, 18:15, and 18:16 – Duties of Council Members; and CDO Bylaw 8:05 and 8:06 – Conduct of Candidates During an Election) in a Call for Members' Input package.

The *College Contact* had a comprehensive array of articles and, for the first time, included photographs of Council members and the Registrar. Feedback from the membership has been positive.

QUALITY ASSURANCE COMMITTEE

Brad Potter, DD (Chair)

Thomas Capy (Public Member)

John Kallitsis, DD

Allen Kastner, DD (non-Council Member)

Jonathan Nolan, DD (non-Council Member)

The Quality Assurance Committee met via teleconference in February to review four new QA Assessments completed over December/January. The committee agreed to communicate directly to the membership the need for members to change all stationary and signage to appropriately state the dentist designation abbreviation of DD. The committee members noted a high rate of reporting through assessments, inappropriate abbreviations of this designation, most particularly D.D.

A letter was distributed to the membership in February detailing the need for immediate change to stationary and signage, citing from the Denturism Act, 1999 the appropriate abbreviation (subsection 8. [1]), and attending fines for offenses (subsection 10). The letter also reminded that the title "denture therapist" or any variation or abbreviation of it may not be used (subsection 8. [2]). This notification has allowed for revision time in the event that an error in a member's listing in a roster publication, such as a phone book.

There were inquiries to the College immediately following the

CDO Council Meeting

mailing of this notification, but members have indicated willingness to comply.

Brad Potter as Chair has teleconferenced with Jonathan Nolan as Chair of the Continuing Competencies subcommittee. The subcommittee has developed a training outline for practice areas identified through assessments review. Members of the profession could benefit from educational modules.

A test module on the QA Assessment process is being developed to determine a template for future topics covered in the outline.

Nancy Storey attended the Association of Test Publishers (ATP) conference in February, and has produced a report. The learnings from this conference will be applied to the proposed Continuing Competency modules for Quality Assurance, and the Qualifying Exam. The report summarizes the benefits of this conference and recommends representatives of the College attend the 2008 ATP Conference.

At the time of this report, the Quality Assurance Committee will meet on March 29.

An update of the meetings will be given at the Council meeting.

FINANCE COMMITTEE

Rodger Yeatman (Chair) (Public Member)

Gus Koroneos, DD

Jaro Wojcicky, DD

There has been no Finance Committee meeting since the last Council.

The project to develop a centralized database management system is to be launched in March 2007. This will complete the first phase of our contract with Minasu.

Council members were presented with a budget for April 1, 2007 to March 31, 2008 for their review. The treasurer will review with each committee chair the appropriateness of each expense/budget item – the completed/amended budget will be presented for Council approval at the June 2007 Council meeting.

QUALIFYING EXAM AND CURRICULUM COMMITTEE

Dan Vorano, DD (Chair)

Jeff Amini (Public Member)

Jaro Wojcicky, DD

Ken Battell, DD

Jurgen von Fielitz, DD

The Qualifying Exam and Curriculum Committee has met on six occasions since the last meeting of full Council. Two of these meetings were by teleconference. We have been very busy with a number of issues. The committee met with Dr. Dwight Harley, an expert in psychometrics. We discussed our written and practical exams with him. We are glad to report that our practical exam is being run in a very effective manner according to Dr. Harley. The only recommendation that he had regarding our practical exam was to try and do our exam with blind marking. We tried this on a supplemental exam we did in February and it will be a challenge doing it with a larger group but we feel that it can be done. Our written exam does need some work and we have been steadily moving forward to ensure that this summer's written exam will be better than any given in the past. Nancy Storey attended a conference in early February on developing and delivering a quality licensing exam. The report she handed in to the committee confirmed and added to what we had learned from Dr. Harley. The committee has agreed to reduce the number of questions in the written exam to 100 in the morning session and 100 in the afternoon session. The questions themselves are being reviewed presently. The server for the exam is running with an older version of software than what is available and Nancy and the committee feel that if we update our software we should be able to get the information we need from the exam.

Due to issues with lack of participation, bylaws of the College were used to restructure the committee. Since its restructuring, the committee is meeting quorum and its deliverables.

The protocol and marking criteria have been updated for our next offering of the exam this summer. The protocol will be presented to the applicants around April 19.

The committee met with instructors at George Brown College

(GBC) and brought forward some issues regarding the principals and primary objectives of cast partial design. It was a very open discussion and I feel that we all have a better understanding of what is being taught at the school.

The committee met with Mr. Rob Mior from Ivoclar Vivadent to discuss the introduction of BPS into GBC. In the future, GBC will be giving students the opportunity to use either Hannau or Stratos 300 articulators for their cases.

The committee has also met to discuss honorariums for proctors at the practical exam. Since the exam is moving into a component format i.e. partial projects on two days and complete denture fabrication on three days and this being carried out on weekends it was felt by the committee that there was not as much being asked of practitioners as there has in the past. i.e. taking a full week off of their practices. The committee recommends that honorariums for the chief examiner be set at \$350.00 per day and proctors at \$300.00 per day.

REGULATIONS AND BYLAWS COMMITTEE

Rodger Yeatman (Chair) (Public Member)

Walter Connell (Public Member)

Thomas Capy (Public Member)

Joan Duke, (Public Member)

John Kallitsis, DD (Professional Member)

Gus Koroneos, DD (Professional Member)

Jaro Wojcicky, DD (Professional Member)

The Council on December 8, 2006, have approved and directed circulation to the membership the following:

- Bylaw 43:00 Member Change of Information
- Proposed Signage Regulation
- Proposed Clinic Names Regulation
- Proposed Conflict of Interest Regulation

The Council approved and directed circulation of the following bylaws:

- The duties of Council Members 18:13, 14:00, 15:00, and 16:00
- Conduct of candidates during an Election 8:05, 8:06

There have been several responses from the membership to date. Deadline for comment was March 28, 2007.

1. The Council will be asked to approve the Code Ethics amendments as previously approved by the Executive Committee to become Bylaw A2:00.
2. Council will be asked to approve amendments to Bylaw 37:15 pertaining to fees
3. Bylaw 6:04 Term of Office amendments, to create prohibition against returning for consecutive terms if they were disqualified.
4. Bylaw 8:01 dealing with the eligibility to run for election.
5. Bylaw 16:03 Vacancies; adding to provision for disqualification such failing to serve on at least two committees and failure to comply with Code of Ethics.

The Committee has been asked to make changes to Bylaw 35 dealing with a complete re-drafting and updating of honoraria and expense provisions. It is currently reviewing existing practices and will develop recommendations for approval.

In the process of reviewing the bylaws for enactment and enforcement of the Code of Ethics, the committee identified the need to review Bylaws 7:00 and 8:00 for Eligibility to Vote and Nominations specific to the member's mailing address as the marker for which electoral district for the member would be entitled to vote in and stand for nomination.



NEWS

2007 Regular Election Update

IN ACCORDANCE WITH CDO Bylaws 5:04 and 5:05, a regular election of a member to the Council has been called for Districts 1 and 2. Candidates for District 1 are Theodore Dalios, DD and Jaro Wojcicky, DD. Candidates for District 2 are Shaun Dunn, DD and Gus Koroneos, DD.

In accordance with CDO Bylaw 12:00, votes will be counted immediately following the Wednesday June 6th 2:00 p.m. deadline for receiving votes at the College offices.

Notices of Revocation of Certificate of Registration

PLEASE BE ADVISED that on February 9, 2007, the Discipline Committee of the College of Denturists of Ontario revoked the certificate of registration of Robert Carrier, 20 Division Street, Welland, Ontario.

Effective February 9, 2007, Mr. Carrier is no longer permitted to perform the assessment of arches missing some or all teeth and the design, construction, repair, alteration, ordering, fitting, and dispensing of removable dentures.

Mr. Carrier may not use the title "Denturist," a variation or an abbreviation or equivalent in another language. Mr. Carrier is not permitted to hold himself out or advertise as being qualified to practice in Ontario as a Denturist.

PLEASE BE ADVISED that on April 3, 2007, a Discipline Panel of the College of Denturists of Ontario revoked the certificate of registration of Mitchell Sweet of Sudbury, Ontario.

Effective April 3, 2007, Mitchell Sweet is no longer permitted to perform the assessment of arches missing some or all teeth and the design, construction, repair, alteration, ordering, fitting and dispensing of removable dentures.

Mr. Sweet may not use the title "Denturist," a variation or an abbreviation or equivalent in another language. Mitchell Sweet is not permitted to hold himself out or advertise as being qualified to practice in Ontario as a Denturist.

Call for Members Input

ON APRIL 12TH, 2007 a Call for Members Input mailing was sent to all members of the College of Denturists of Ontario which included amendments and revisions made to one existing proposed regulation and several new regulations that were approved for submission to the ministry. Additionally, several new CDO bylaws were proposed and an amendment was made to a new proposed CDO bylaw as follows:

- Amendments to New Proposed Signage Regulation
- New Proposed CDO Bylaw 43 – Member Change of Information
- New Proposed CDO Bylaw 6:04 – Term of Office
- New Proposed CDO Bylaw 8:01 – Nominations Eligibility for Election
- New Proposed CDO Bylaw 16:03 – Disqualification of Council Members
- New Proposed CDO Bylaw 37:15 – Categories of Members
- New Proposed CDO Bylaw A2:00 – Code of Ethics and Conduct for College and College Representatives: Appendix 2

You are invited to offer comments on these proposed regulations and bylaws, in writing, on or before Friday June 15th, 2007.

Obituary

THE COLLEGE OF Denturists of Ontario sends its condolences to the family and friends of Fred Boyce, who passed away in March 2007.

New Members

THE COLLEGE OF Denturists of Ontario congratulates and welcomes the newest members of our profession:
Keith Cowman, DD, Kyle Zimmerman, DD,
Crystal Penano, DD

Members Suspended for non-Payment of Registration Renewal Fees

THE CERTIFICATES OF Registration for 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 the equivalent in another language. These individuals may not hold themselves out as qualified to practice in Ontario as a Denturist.

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

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

Clyde Arnold, Barrington Beckford, Bill Callander, Kong Chien, David Cojocar, Rosemarie Dacres, Antonio Del Giglio Materaz, Louise Dinh, Gregory Fredericks, D. Freedman, Boris Gelgor, Mimi Gozlan, Chagay Hellenbrand, Walter Hempfling, Ernest McCrone, Helmut Pardue, Lev Poyasov, Ludlow Reynolds, Mark Richardson, Milovan Solunac.

Code of Ethics and Conduct

BY CRISTINA DE CAPRIO, LL.B,
DEPUTY REGISTRAR

THE COLLEGE OF DENTURISTS has recently circulated for approval the Code of Ethics and Conduct (CEC). The CEC applies to the College and College representatives, which include the Council members, College employees, and non-Council College Committee members. It codifies the standards of ethics, behaviour, and the conduct that is expected of the College and its representatives through the course of conducting the College's affairs. This is an important document, as it ensures to both, our individual members, and to the public at large, that the College is holding itself, and its representatives, to the highest standards of integrity, equity, and transparency through the processes and activities that it undertakes in governing the profession.

NOTE BOARD

APPLY TO THE COLLEGE OF DENTURISTS OF ONTARIO FOR A POSITION AS A QUALITY ASSURANCE ASSESSOR:

Send your resume, together with a covering letter referring to this position and briefly explain why you would like to represent the College as a QA Assessor. Visit www.denturists-cdo.com often for updates.

IN THE EVENT OF A HEALTH CRISIS.....

The College of Denturists of Ontario will need to quickly communicate updates and

directives from the Ministry of Health with members. Please contact the College of Denturists of Ontario to update your fax and email information as this is the optimum method of forwarding information to you.

CALL FOR NON-COUNCIL MEMBERS

The College is seeking denturists interested in participating as non-Council members on Statutory and non-Statutory committees for the 2007–2008 fiscal year. Elections to committees will be held at the inaugural Council meeting on June 22, 2007. If you are interested, please submit

your resume and request for nomination to the Registrar by June 21, 2007.

Non-Council committee members are appointed for a one-year term. Committee members are expected to attend meetings/teleconferences and will receive a per diem and expenses for their attendance at the meetings.

CALL FOR ARTICLE SUGGESTIONS

The *College Contact* production and circulation is moving to three issues per year. Send suggestions for articles or questions you would like to ask, to the College by July 15, 2007.

COMMITTEES REQUIRING NON-COUNCIL MEMBERS

Complaints Committee

One non-Council Member

Registration Committee

One non-Council Member

Discipline Committee

Two non-Council Members

Fitness to Practice Committee

One non-Council Member

Patient Relations Committee

One Non-Council Member

Quality Assurance Committee

Two Non-Council Members

Qualifying Examinations and Curriculum Committee



Managing Patient Expectations



BY GREG MITTLER, DD, PRESIDENT AND EX-OFFICIO MEMBER OF THE COMPLAINTS COMMITTEE

This series of articles outlines possible ways to proceed when a difficulty arises between patient and practitioner. It cannot guarantee that a complaint will not be made against you. This is because there are usually two sources of complaints:

1. Fit and function
2. Practitioner conduct

A fee refund may stop a fit and function complaint from being lodged, but if the conduct of a practitioner is the source of the problem, a refund may not stop a complaint from proceeding.

The nature of what we do for our patients is by definition a problem solving exercise.

Most patients will present a certain cluster of challenges and will hold some related expectations in their solution. The degree of variance in what a practitioner deems to be a reasonable result and what the opinion of the patient is upon completion of a case, basically defines the actual “success” of the treatment from the patient’s viewpoint.

It is paramount to discover what expectations a patient may have, in relation to a proposed treatment plan, prior to proceeding with treatment. The best time to do this is right at the first consultation. You may have to spend a little more time than usual to make sure the patient has realistic expectations or at least can modify unrealistic ones when you demonstrate and communicate to them possible

absolute limitations of a case. The patient should understand that you will do your very best to work with what you are given and the boundaries nature is imposing on that result.

In the case of several different treatment possibilities or alternatives, you will need to make sure that the patient understands the limitations associated with *each* of the treatment plans proposed. It is also most likely that the treatment plan with a related higher fee will produce a greater expectation in the patient’s mind.

What does one do if the patient continues to have expectations or requirements that are not concurrent with the reality of physiology as you have determined at consult? Consider sending a letter to the patient with your comments on their current oral condition, the different alternatives possible, and their likely outcomes so

they can make an informed decision on whether they wish to proceed. Or be very clear to the patient that you do not see a way of satisfying their particular requirements given the current conditions.

Obviously, it is always better to have things written down in your records and/or have an actual document in plain language that the patient can clearly understand. Some practitioners bring the patient back for a second consultation to determine whether the patient has actually taken in the information provided and understands it. Others make the decision to not take on the case based on what they have already encountered.

The prognosis of a case is not solely based on physiology but contains a component of your thoughts on how the patient will deal with the result. Therefore, knowing something of a patient’s expectations on a treatment plan you have projected for them will allow you to best manage circumstances before rather than after the completion of a case.

Each of us must make our own decision on how much time to spend with a patient to understand individual expectations. Once these hopes or beliefs are understood, we can then better decide to either proceed with a treatment plan or respectfully suggest that the patient seek another opinion.

About WHMIS

The Workplace Hazardous Materials Information System (WHMIS) is Canada's hazard communication standard. The key elements of the system are cautionary labeling of containers of WHMIS "controlled products," the provision of material safety data sheets (MSDSs) and worker education programs.

WHMIS is implemented through coordinated federal, provincial, and territorial legislation. Supplier labeling and MSDS requirements are set out under the *Hazardous Products Act* and associated *Controlled Products Regulations*. *The Hazardous Products Act* and its regulations are administered by the Government of Canada Department of Health, commonly referred to as Health Canada.

The Controlled Products Regulations establish a national standard for the classification of hazardous workplace materials. In addition to setting out criteria for biohazards, chemical, and acute hazards, the regulations specify criteria for chronic health hazards including mutagenicity, carcinogenicity, embryo and reproductive toxicity, as well as respiratory tract and skin sensitization.

These requirements place an onus on employers to ensure that controlled products used, stored, handled, or disposed of in the workplace are properly labeled, MSDSs are made available to workers, and workers receive education and training to ensure the safe storage, handling, and use of controlled products in the workplace.

ABOUT THE WHMIS SITE

The WHMIS site provides a portal for all national policies and information related to this program in Canada including the following:

- **Reference Manual:** The manual provides a section-by-section discussion of the federal legislation which sets out the Canadian supplier and Canadian importer labelling and MSDS requirements. The manual includes a comprehensive index.
- **Compliance:** As WHMIS is an information continuum, a single national WHMIS compliance policy has been established for both the supplier and employer requirements.
- **Hazard-specific:** This page includes tables of substances assessed for carcinogenicity.
- **Substance-specific:** This page provides information/direction on a number of substance-specific issues

relating primarily to WHMIS supplier requirements.

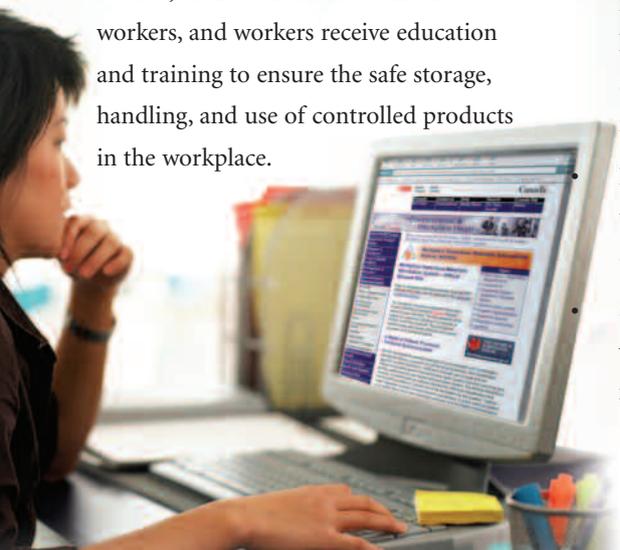
- **Publications:** A mini-poster of the WHMIS hazard symbols is provided.

Visitors to this site may find it both complex and generic in its coverage of requirements as they pertain to denturists. WHMIS courses are available through private facilities which can add valuable direction to implementing WHMIS procedures in your office. Denturists who subscribe to and attend either a Web-delivered or classroom course in WHMIS will be credited for the hours spent in training towards their minimum 10-hour yearly requirement for Continuing Education.

GOOGLE IT ON THE WEB

Q. Where can I find out about WHMIS education?

A. Go online! Web-based and classroom WHMIS education services are commercially available. Type in "WHMIS education" and your city at the www.google.ca search engine for results in your area. (Note: Web-based services may cover generic WHMIS education but may not provide the necessary site-specific training on the safe handling and



About WHMIS

use of controlled products.

Although a regulatory authority may list a service provider, neither the content nor quality of such programs is regulated by government.)

Q. What should you expect from WHMIS training?

- A. Very simply, training typically has two parts:
- Education about labels, MSDSs, and other identifiers. This section includes the content of the label and MSDS, as well as the purpose, significance (why a product is called a corrosive, for example), location, and modes of identification such as colour, numbers, and abbreviations.
 - Training in work procedures such as storage, handling, use, disposal, emergencies, and what to do in unusual situations such as fugitive emissions.

At the end of the education and training program, you should have the ability to answer four general questions:

1. **Where can I get hazard information?** Workers should demonstrate that they know how to get the information provided by the labels and MSDSs. They should know about the supplier and workplace labels, other ways used to identify the products, and what these labels mean. They must also know how to get the MSDS (either by the binder location or by accessing a computer) so that they have a way to obtain information significant to his or her health and safety.
2. **What are the hazards of the con-**

trolled product? The worker should be able to read and understand the label and MSDS as well as be aware of any possible harmful effects of the material in question.

3. **How am I protected from those hazards?** An understanding of the controls used in the workplace is necessary whether these controls are accomplished by means of the engineering, administration, or by personal protective equipment.
4. **What do I do in the case of an emergency?** Understanding the pro-

cedures to follow in the event of a spill, release, fire, or poisoning involving a controlled product is required. Included in the understanding is the use of personal protective equipment that may be necessary only in the case of emergency.

Materials and literature downloaded from:

http://www.ccohs.ca/oshanswers/legisl/whmis_education.html and
<http://www.hc-sc.gc.ca/whmis>

The infographic is titled "Do You Know These Vital Signs? THE HAZARD SYMBOLS OF WHMIS". It features the Health Canada and Santé Canada logos at the top left and the Canada wordmark at the top right. The main title is in large orange font. Below the title, a blue banner contains the subtitle "THE HAZARD SYMBOLS OF WHMIS". The infographic displays eight hazard symbols in a 4x2 grid, each with a corresponding class description in blue and orange text:

- CLASS A Compressed Gas:** Symbol of a gas cylinder.
- CLASS B Flammable and Combustible Material:** Symbol of a flame.
- CLASS C Oxidizing Material:** Symbol of a flame over a circle.
- CLASS D-1 Poisonous and Infectious Material (material causing immediate and serious effects):** Symbol of a skull and crossbones.
- CLASS D-2 Poisonous and Infectious Material (material causing other toxic effects):** Symbol of a large exclamation mark.
- CLASS D-3 Poisonous and Infectious Material (Biohazardous Infectious Material):** Symbol of a biohazard.
- CLASS E Corrosive Material:** Symbol of liquid dripping from two test tubes onto hands.
- CLASS F Dangerously Reactive Material:** Symbol of an exploding bomb.

At the bottom, it states: "WHMIS provides you with information on the safe use, storage, handling and disposal of hazardous materials at Canadian workplaces." Below this is the Workplace Hazardous Materials Information System logo and the text: "For more information, consult the MSDS, and visit the Health Canada WHMIS Web site: <http://www.hc-sc.gc.ca/whmis>".

Bill 171 – What will the Impact Be on the College of Denturists of Ontario?

On December 12, 2006 the Minister of Health and Long-Term Care introduced Bill 171, the Health System Improvements Act, 2006. It deals with major changes to the Regulated Health Professions Act, in addition to other health-related issues.

These changes address a number of policy and drafting concerns identified by Colleges, the Health Profession Regulatory Advisory Council (HPRAC) and the Ministry of Health and Long-Term Care including:

1. Greater Ministerial oversight over individual Colleges, through enhanced reporting requirements, increased requirements to do things as directed by the Minister and giving the Ministry veto power over certain College actions.
2. Requiring Colleges to obtain and provide health human resource information to the Minister.

The Bill proposes that the Minister be able to use the Colleges to gather information about their members for human health resource planning purposes.

3. Unifying the complaints and investigation process. The Inquiries, Complaints and Reports Committee has been created.

The combination of the Complaints

Committee and the investigative functions of the Executive Committee will make the process simpler, clearer and more effective. There will be a 14-day delay in the requirement for the College to notify members of a complaint, which will allow time for investigative purposes. Alternative Dispute Resolution (ADR) is initiated by the Registrar and is not available once the matter is referred to Discipline or for sexual abuse matters. Inquiries, Complaints and Reports committee must ratify the resolution, and has the power to reject the resolution and continue with its investigation. ADR discussions are without prejudice and must be kept confidential from all other processes both within and outside of the College. The ADR facilitator (or any staff who facilitated the ADR) cannot later be involved in the complaints process. Time limits for completing investigations have been increased to 150 days.

4. Requiring the Inquiries, Complaints and Reports Committee to consider the past history of members when dealing with concerns.

Before reaching a decision the Inquiries, Complaints and Reports committee must consider all previous conduct, competence and capacity decisions of the member unless the complaint had been dismissed as frivolous and vexatious. Even cases dismissed as “no further action” must be considered.

5. Separating the Quality Assurance program from the Complaints and Discipline function of the College.

Moving forward complaints and investigations may not be referred to the QA Committee; however, the Inquiries, Complaints and Reports Committee will have significant powers to require continuing education or remediation as an alternative to discipline. The committee also has powers similar to the QA committee to impose terms, conditions and limitations, and remove terms, conditions and limitations.

6. Increasing transparency of Colleges, in terms of its processes and of the information that is publicly available on individual members.

The entire public register will be available on the College website. Contact information which, if public, may present concerns for an individual’s safety may be kept private. The register itself will be condensed so that only specific informa-

Bill 171

tion that must be public will be stored on the register. Referrals to the Discipline Committee, results of findings by the Discipline Committee and Fitness to Practice Committee (including a synopsis of the decision) will be recorded on the register, unless there is no finding against the member in which case, nothing is recorded. Reprimands, fines and suspended orders are also required to be recorded. This information must also be made available, upon request in paper or electronic form (which the College may charge a reasonable fee for). A “pardon” model has been adopted; where after six years a member can apply to have the committee that imposed the original order determine whether the information should come off the register.

7. Modifying the mandate and process of the Quality Assurance program.

The definition of “quality assurance program” has been amended to add the concepts of continuing evaluation and continuing improvement to the existing concept of continuing competence. The following are now mandatory components to the QA Program:

- a. Ongoing professional development that covers
 - i. Continuing competence and continuing quality improvement
 - ii. Changes in practice environments
 - iii. Standards of practice
 - iv. Advances in technology
 - b. Self, peer and practice assessments
 - c. Monitoring compliance with the program.

Non-cooperation with the Quality Assurance committee is made an explicit ground of professional misconduct. Although the peer assessment component of Quality Assurance program is mandatory, not all assessments must be by random selection. As such although Complaints and Discipline matters can no longer be referred to QA, selection for assessment could also be based on complaint and discipline history of members.
 - d. Changes to entry standards
 - e. Other relevant issues identified by the Council
8. Clarifying and improving the confidentiality provision applicable to the College.

Generally the College has to maintain confidentiality of all information it obtains. There are a number of exceptions where the College can disclose information in order to fulfill its mandate and protect the public interest. Exceptions of duty of confidentiality that have been modified include the following:

 - a. Disclosure to a professional regulator, whether inside or outside of Ontario and whether a health regulator or not, is permitted, permitting inter-College cooperation
 - b. Disclosure can be made to facilitate administration of the Coroners Act
 9. Changes to the legislative provisions.

Many changes will occur to the provisions of the Regulated Health Professions Act, including setting a maximum of nine years total (whether consecutive or not) of services for elected members of Council; noting the language preference (English or French) of every person communicating with the College and reducing from two months to 30 days the length of notice of intention to suspend to be provided to members who fail to pay a fee.

This is a summary of changes that will impact the College. Although the list is extensive it is not complete. It is expected changes to College databases, website, Quality Assurance Program and committee structure will be required as a result of Bill 171.

Colleges have made submissions to the Ministry and the Legislature. It is expected this Bill will be passed before the provincial election campaign effectively takes over (around June 2007).

*The College thanks its legal counsel
Richard Steinecke for providing
information for this article.*

Tips on Preparing for an Assessment

BY ALLEN KASTNER, DD, NON-COUNCIL MEMBER, QUALITY ASSURANCE CHIEF ASSESSOR

Dear Denturist:

You have been selected for assessment by the Quality Assurance Program...

CAN YOU PROVIDE TIPS ON HOW TO PREPARE FOR THE ASSESSMENT?

Reviewing the Quality Assurance Manual and particularly Section 2.2 Practice Assessment and Enhancement gives an outline of what the Quality Assurance Assessor is reviewing once they come to your office.

FORMS – DO I HAVE ALL OF THE FORMS THE QUALITY ASSURANCE ASSESSOR WILL ASK FOR?

The Quality Assurance Assessor will ask for a copy of your Self Evaluation form. This is your “Curriculum Vitae,” your synopsis of what you have done to further yourself professionally. This listing includes your personal data, education, further education in the form of fellow-

ships, professional history, professional membership, and service involvement, as well as volunteer work, awards and recognition, references, and a log of continuing education from certification to the present.

A minimum of 10 hours per year of personal attendance to professional development forums (such as Perfecting Your Practise), courses, seminars, lectures, or intensive technical reading is deemed to be appropriate.

The Quality Assurance Assessor will also ask for a copy of your office privacy policy and the Health Consent form. When you are advised of a pending Quality Assurance Assessment, you will receive a questionnaire about practising in locations other than a clinical environment. Make sure you complete this form for presentation to the Assessor.

RECORDKEEPING – WHAT IS A SECURE ENVIRONMENT?

A concern is raised when the Quality Assurance Assessor notes that your filing cabinet is not secure, and/or that your electronic files are not password protected. According to PHIPA standards, the filing cabinets should either have a lock on the cabinet, or should be in an area that can be locked. For example, if your filing cabinet is in the reception area, there should be a door separating this area that could be locked so that cleaning staff could not enter this area at night. This means someone in your office (you or a staff member) will be assigned with cleaning the area, independently of the cleaning staff.

Your computer needs to be configured so that databases and files with patient records have restrictions on entry. Only people knowing the password to these records should be able to access them. It is recommended that you change the password regularly for additional security. The computer screen must face away from the area where patients sit, so the

Quality Assurance

patients cannot inadvertently view the screen. If, due to space restrictions, this is not possible, you should attach extensions onto your monitor which can be purchased at office supply stores.

STORING SUPPLIES UNDER THE SINK – WHY IS THIS A PROBLEM?

Again, a concern is raised when the Quality Assurance Assessor notes that you store supplies, such as paper products, under your sink.

Because of the potential for moisture to accumulate and the opportunity then for mould to grow, it is recommended that supply products be stored in areas other than under the sink.

LOGGING AUTOCLAVE TEST RESULTS – WHAT IS AN ACCEPTABLE PROCESS?

The Quality Assurance Assessor will ask to see your log of autoclave/chemiclave/dry heat sterilizer test results. Tests should be conducted monthly and the results recorded in a log.

Kits can be purchased from your dental supplier. Each kit comes with 12 control strips, 24 test strips, and 12 return envelopes. For each test, two strips are placed in the sterilizer at a different location. Following the sterilization cycle, strips are placed into return envelopes and sent to the laboratory for testing.

Biological indicator test strips are prepared from suspensions of *Bacillus atropheus* and *Geobacillus stearothermophilus*. These test strips can be used for monitoring autoclaves, chemiclaves, and dry heat sterilizers.

SPORE TEST RESULTS – WHAT DO THEY INDICATE?

A negative spore test (a test that has no growth) tells the operator that the process was adequate to kill the spores. A positive spore test (a test that shows growth) indicates a failed process and the load is not sterile.

SAMPLE Health Consent Form

Note to Client: We want your informed consent. This means that we want you to understand the services we hope to provide to you, the cost involved, and what we do with personal information we obtain about you. If you have a question on any of this, please ask.

CONSENT FOR TREATMENT

[Insert your usual consent for treatment provisions here.]

CONSENT FOR THE COST OF OUR SERVICES

[Insert your usual financial provisions here]

CONSENT FOR PERSONAL INFORMATION

I understand that to provide me with (name of health profession) goods and services, (name of your organization) will collect some personal information about me (e.g., [set out some common examples like home telephone number, address]).

I have reviewed the (name of organization)'s Privacy Policy about the collection, use and disclosure of personal information, steps taken to protect the information and my right to review my personal information. I understand how the Privacy Policy applies to me. I have been given a chance to ask any questions I have about the Privacy Policies and they have been answered to my satisfaction.

I understand that only if I check off the following boxes will I receive the following: (insert opt-in clauses where opt-out consent would not be appropriate).

- I would like to receive notice when it is time to review whether I need new goods or services.
- I would like to receive newsletters and other informational mailings from (name of organization).
- I would like to receive notice of promotions and special offers from (name of organization).
- I would like to receive newsletters and other informational mailings and notice of promotions and special offers from other organizations that (name of organization) thinks might be of interest to me.

I understand that, as explained in the Policies and Procedures for Personal Information, there are some rare exceptions to these commitments.

I agree to (name of organization) collecting, using and disclosing personal information about me as set out above and in the (name of organization)'s Privacy Policy.

SIGNATURE:

DATE:

PRINTED NAME:

NOTES MADE BY (name of organization)

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