



COLLEGE CONTACT

VOLUME 11 ISSUE 1 NOVEMBER 2004

Your "Contact Point" with the College of Denturists of Ontario

Mission Statement:

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

PRESIDENT'S MESSAGE

Now in its tenth year in the Federation of Health Regulatory Colleges of Ontario the mandate of the College of Denturists of Ontario is to regulate, govern and develop the profession of Denturism in Ontario. It is equally the mandate of the College to serve the public interest.

During my term as President of the College of Denturists of Ontario, changes have occurred in both the administration and the Council of the College that have highlighted the responsibilities of the College, and the need to ensure that these are met on a daily basis.

Members of the College of Denturists of Ontario have indicated a desire for the College to be transparent in its administration, and show prudence in expenses incurred while operating the College.

To this end, the College has united a team of administrative staff and professional and public representatives to ensure smooth and efficient operations.

As President, on behalf of the College of Denturists of Ontario, I wish to welcome Cliff Muzylowsky, DD as the new Registrar. Also, give thanks to former Public (Council) Members, George Christoff, Judith Preston and John Brereton for the many hours of work and dedication they contributed to the College. I would like to welcome our newest Public (Council) Member, Nikisha Reyes-Grange, and welcome back Frank Cauley who continues in the role of Vice-President of the Council.

Finally, the College wishes Michelle Kennedy success in her future endeavors.

Albert Esses, DD

REGISTRAR'S MESSAGE

It is with pleasure that I join the College of Denturists of Ontario as Registrar. I look forward to the challenges this position will present.

For eight years I acted as Executive Director of the Denturist Association of Ontario, where I developed positive relationships with members, and was actively involved in the promotion and development of the profession of Denturism.

This new role as Registrar is one to which I can bring my knowledge of both the profession and the obstacles Denturists face in the daily operation of their clinics, and apply it to judicial governing of the profession.

One of the College's mandates is to investigate and resolve complaints, however, prevention is also a goal of the College. Based on my experience in dealing with complaints at the College, good communication skills and meeting patient expectations are the best measures to preventing complaints.

Denturists need to take the time to listen and understand the expectations of prospective patients. As professional practitioners we need to clearly communicate treatment options, as well as the limitations of the various treatment options, in order to assist patients in making informed choices.

Before service is provided, it is important that Denturists explain to their patients what result they should expect from the proposed treatment and that patients understand what to expect from the treatment they have chosen.

Denturists that make unrealistic claims or who accept patients with unrealistically high expectations are more likely to receive complaints. Denturists should be confident that the

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COLLEGE STATUTORY COMMITTEES:

Positions for professional members who are not members of the Council are available on statutory committees, some non-statutory committees and working groups/sub-committees. Interested members should submit their resume to the Registrar's attention. Applications will be held in confidence.

2004 ELECTION RESULTS:

On June 2nd, 2004 elections were held in three districts for professional members.
District 1—Jaro Wojcicky, DD Acclaimed
District 2—Gus Koroneos, DD Elected
District 4—Harry Orfanidis, DD Acclaimed
District 1 and 2 members were voted in for a 3 year term; district 4 member voted for a 1 year term (as remainder of term for resigning member).

2004/2005 COUNCIL COMPOSITION:

PROFESSIONAL MEMBERS

District 1	Jaro Wojcicky, DD
District 2	Gus Koroneos, DD
District 3	Patrick McCabe, DD, RDT
District 4	Harry Orfanidis, DD
District 5	Albert Esses, DD
District 6	Gregory Mittler, DD
District 7	Mordey Shuhendler, DD, RDT
District 8	Bradley Potter, DD

The College of Denturists of Ontario welcomes newly appointed public member Nikisha Reyes-Grange to Council.

PUBLIC MEMBERS

Deepa Athwal	Brampton
Frank Cauley	Gloucester
Delmar Maize	Unionville
Nikisha Reyes-Grange	Toronto
Rodger Yeatman	Brampton

NON-ELECTED STATUTORY COMMITTEE MEMBERS

Keith Collins, DD	Carlo Dinardo, DD
Pino Dinardo, DD	Clive Dudley, DD
Allen Kastner, DD	Daniel Vorano, DD

Thank you to all members of the profession for stepping forward to serve on the CDO Council, statutory, non-statutory committees and working groups.

CDO MEETING AND HEARINGS

CDO Council meetings and Discipline hearings are open to the general public and members of the profession. For dates and location of upcoming meetings, call the CDO office between 9:00 a.m. and 5:00 p.m., Monday to Friday at 416.925.6331 or toll free 1.888.236.4326. Also visit www.denturists-cdo.com for more information.

COUNCIL MEETING HIGHLIGHTS

JULY 2004

Elections for Council Committees were conducted resulting in the following composition:

EXECUTIVE

Albert Esses, DD	President (Chair)
Frank Cauley	Vice President
Rodger Yeatman	Treasurer
Mordey Shuhendler, DD	Secretary
Jaro Wojcicky, DD	

COMPLAINTS

Albert Esses, DD (C)
Ken Battell, DD
Frank Cauley
Rodger Yeatman
Mordey Shuhendler, DD

FITNESS TO PRACTISE

Pat McCabe, DD (C)
Deepa Athwal
Pino Di Nardo, DD
Gregory Mittler, DD

REGISTRATION

Pino Di Nardo, DD (C)
Frank Cauley
Bradley Potter, DD
Jaro Wojcicky, DD

QUALITY ASSURANCE

Pat McCabe, DD (C)
Allen Kastner, DD
Delmar Maize
Bradley Potter, DD

DISCIPLINE

Deepa Athwal
Carlo Di Nardo, DD
Nikisha Reyes-Grange
Gregory Mittler, DD
Bradley Potter, DD
Daniel Vorano, DD

PATIENT RELATIONS

Gus Koroneos, DD (C)
Frank Cauley
Carlo Di Nardo, DD
Gregory Mittler, DD
Rodger Yeatman

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expected results are attainable and they should be prepared to meet or exceed patient expectations.

Denturism evolved out of the public need for quality, cost effective denture services and the ability of Denturists to excel in serving the public. Denturists can take pride in their record of public service. Good communication skills and satisfying patient expectations will assist Denturists in upholding the profession's tradition of excellence.

Cliff Muzylowsky, DD

COUNCIL UPDATE

Council approved changes to the Quality Assurance Program Standards—Premises definition as presented. These changes were mailed to the College membership on September 28th to replace the Standards—Premises in each member's Quality Assurance Program manual.

OCTOBER 2004

Council received reports from all College committees.

Complaints Committee reports that 14 complaints have been resolved through ADR (Alternative Dispute Resolution) since the July 2004 Council meeting.

Registration Committee reports 24 of the 27 successful candidates sitting the practical Qualifying Examination have registered with the College of Denturists.

Quality Assurance Committee reports acquiring a new Quality Assurance Assessor, Pat Deegan, DD for the 2004-05 assessment reviews. Assessors are appointed based on duration of practice (minimum of 10 years), having completed an exemplary assessment and are members in good standing with the College.

To date the Quality Assurance Committee has completed 46 assessments.

Patient Relations Committee reports review of the Patient Relations Program will be conducted to develop a new strategy, with the involvement of the Denturist Association of Ontario.

Fitness to Practice Committee has not met.

Discipline Committee has not met.

MEMBER UPDATES

NEW REGISTRANTS

The College of Denturists of Ontario welcomes the new registrants:

Cindy Abramovici-Rotman, DD

Stephanie Black, DD

Mari-Ann Britt, DD

Steve Bruno, DD

Rebecca Cardenas, DD

Janice Chang, DD

Dorota Dabrowska, DD

Serena DiLegge, DD

Alina Fainshtein, DD

Mona Galliera, DD

Zdravko Garic, DD

Anatoli Haletski, DD

Dmitri Iounatanov, DD

Edita Klacansky, DD

Brian Kyle, DD

Csilla Madarasz, DD

Phi (Faye) Yen Meal, DD

Irina Naida, DD

Samer Nijmeh, DD

Daniela Popescu, DD

Benjamin Rakusan, DD

Christopher James Redgrift, DD

Hong (Tracy) Tran, DD

Ellen Turone, DD

SUSPENDED REGISTRANTS

According to College of Denturists of Ontario By-Laws Fees subsection 37:00 The Regulated Health Professions Act Chapter 18, Sched/Annex 2 Registration Section 24., page 31 states "If a member fails to pay a fee that he or she is required to pay in accordance with the by-laws, the Registrar shall give the member notice of default and of intention to suspend the member and may suspend the member's certificate of registration for failure to pay the fee two months after notice is given."

In the event of suspension, the full amount of outstanding fees plus applicable penalty fees must be paid to remove the suspension.

QUALITY ASSURANCE

SELF EVALUATION—PROFESSIONAL PROFILE

Members are reminded that the Self Evaluation Professional Profile Form is to be updated annually and stored in your office.

If selected for a Quality Assurance



Assessment, the Self Evaluation Professional Profile Form will be reviewed as part of the assessment process.

The College of Denturists Bylaw A1:02, Services to the Public, states Ethical Denturists will: "3. continue their education to improve their standard of care. Every member should participate in a minimum of 10 hours of continuing education programs during each registration year and shall report particulars of the continuing education programs in the professional portfolio section of the Quality Assurance Manual of the College of Denturists of Ontario."

Personal attendance at professional development forums, courses, seminars, lectures or intensive technical reading is deemed to be appropriate. Areas of learning should relate to topics in the field of Practice Management, Clinical/Technical Aspects or Communications.

COMPLAINTS

STATUTE OF LIMITATIONS

Members are reminded there is NO Statute of Limitation on complaints.

Once a complaint is received in writing at the College of Denturists of Ontario, the complaint must be investigated by a panel selected by the Chair from the Complaints Committee. The panel shall dispose of a complaint within 120 days after the filing of a complaint. The Registrar shall notify the member, who is the subject of complaint, notice of the complaint and the member make written submissions to the panel within thirty days after receiving notice.

Refer to the Quality Assurance Program Manual, Regulated Health Professions Act, 1991, Chapter 18, Schedule/Annex 2, page 31, Complaints 25.—35.

Contact the Registrar if you have questions.

MEMBER'S MAILING ADDRESS

College correspondence and communications are generally sent to members by mail. It is assumed that the College has the most recent mailing address in its database, as is noted on the Registration Renewal form.

The Regulated Health Professions Act, Chapter 18, Sched./Annexe 2 Miscellaneous, Page 53, Section 91. (2) states: "If a notice or decision under the health profession Act, this Code or the regulations is sent by pre-paid first class mail addressed to the person at the person's last known address, there is a rebuttable presumption that the notice was received by the person on the fifth day after the notice was mailed."

It is the responsibility of the practitioner to ensure the College has the most current mailing information on file. If you are in doubt of the accuracy of the mailing information the College has for you, or if you are planning to move to a new location, send your mailing address to the College by fax/email/mail.

MINISTRY OF HEALTH AND LONG-TERM CARE INFECTION CONTROL GUIDELINES FOR COMMUNITY-BASED PRACTITIONERS

"The Ministry of Health and Long-Term Care has had a renewed focus on infection control expectations in the health care delivery system over the last several months. This has resulted in audits of acute care hospitals and infection control standards and guidelines for health care providers in all settings..."

Visit www.denturists-cdo.com for "Preventing Respiratory Illnesses Protecting Patients and Staff: Infection Control and Surveillance Guidelines for Febrile Respiratory Illness (FRI) in Non-Outbreak Conditions in Community Settings—released March 11, 2004

Together with this report; future notices, reports and articles from the Ministry of Health and Long Term Care, as relates to infection control, influenza and Febrile Respiratory Illness will be posted at

www.denturists-cdo.com

Visit this site regularly for information, particularly throughout the 2004-05 flu season.

LEGAL ISSUES

Richard Steinecke, is retained as counsel for the College of Denturists of Ontario.

In response to the November 1, 2004 introduction of PHIPA (Personal Health Information Protection Act), Richard has written the following article to describe the new act and how it will affect your practice.

WHAT THE NEW *PERSONAL HEALTH INFORMATION PROTECTION ACT* MEANS FOR DENTURISTS

By Richard Steinecke

On November 1, 2004 new provincial privacy legislation specifically designed for the handling of health information will go into effect. The legislation's impact on denturists will likely be largely positive. It will clarify matters about consent that may have been uncertain under the current federal legislation, the *Personal Information Protection and Electronic Documents Act* (PIPEDA).

The *Personal Health Information Protection Act, 2004* (PHIPA) applies to any collection, use and disclosure of personal health information by a "health information custodian". This is a significant expansion from PIPEDA which generally applied only to denturists working in private practice. PHIPA will apply to almost all denturists in clinical practice.

In essence, PHIPA applies to any personal health information collected, used or disclosed by a custodian (i.e., health practitioners and facilities) regardless of whether the custodian engages in commercial activities. Denturists who work for other health practitioners will generally be able to fit under their information practices. Each custodian must appoint an information officer, called a "contact person".

First the bad news. PHIPA imposes a few new, and perhaps, onerous obligations. For example, if there is a privacy breach, custodians have an obligation to notify their client of the theft, loss or unauthorized access. There

is also an explicit duty on agents of custodians, like a denturist employed by another custodian (e.g., another denturist or a dentist), to notify the custodian if the agent has been involved in a security breach.

PHIPA is enforced by the Ontario Information and Privacy Commissioner. The Commissioner has broad powers of investigation and can directly order a custodian to comply with their PHIPA obligations. Denturists are also subject to prosecution for breaches of PHIPA and to civil actions for damages, including a maximum of \$10,000 for mental anguish.

However, the good news is that PHIPA clarifies a number of ambiguities that exist under both PIPEDA and under the current patchwork quilt of statute and case law.

PHIPA provides more workable consent procedures for the collection, use and disclosure of personal health information. Generally Implied consent will be sufficient in the course of providing health care. A poster or brochure readily available and likely to be seen by a client can be used to support implied consent. Denturists can even assume implied consent for disclosure of personal health information to other custodians who are treating the client. In addition, denturists can usually assume that a signed consent form relating to personal health information is valid. Also, the rules for substituted consent for information handling are very similar to those for substituted consent for treatment decisions. Some recurring problem areas are also addressed by PHIPA. For example, a direction from a client not to record pertinent information is invalid. Also, if a client directs that relevant information not be provided to another custodian, denturists can warn the recipient that they are receiving only part of the file.

PHIPA also provides for more scope for using and disclosing personal health information without the client's consent. These include using the information for health care planning and delivery, risk management and education. Disclosure of personal health information can generally be made without consent to others on the health care team, to provide basic status reports on those



admitted to facilities, to support families and friends of a deceased client, for audit and accreditation purposes, for serious safety issues and to successor custodians (e.g., the purchaser of a dentist's practice).

PHIPA requires that reasonable safeguards be taken to protect personal health information. As noted above, clients have the right to be advised of privacy breaches. IT suppliers to custodians must comply with certain standards. However, with client consent, records can be reasonably stored at the client's home (e.g., a nursing home) or at an off-site storage facility.

In addition, *PHIPA* provides for a more health-specific system for client access and correction of their records. For example, access requests can be refused for quality assurance information and where there is a risk of significant harm to either the client or others. Correction requests can be declined for professional opinions and observations and, in many circumstances, where the record was provided by another custodian. In addition, custodians do not have to provide copies of corrected records (or statements of disagreements) to those the custodian has previously disclosed the disputed personal health information unless the notification would have an impact on the client's care or otherwise benefit the client.

Most denturists who have developed privacy policies to comply with PIPEDA will only have to make minor adjustments to them as a result of *PHIPA*.

Accompanying *PHIPA* is a related statute called the *Quality of Care Information Protection Act, 2004*. *QCIPA* protects certain information from being used against a dentist or other custodian in any civil or other proceeding (including discipline proceedings). For example, information compiled by the College's quality assurance program about a dentist is protected. Even information collected by a dentist in order to comply with the College's quality assurance

program cannot be used against the dentist. This statute will provide greater assurance to denturists so that, when they take steps to improve their practice or that of their facility, they will not be creating liability for themselves.

Richard Steinecke is the author of *A Complete Guide to the Regulated Health Professions Act* and has written and spoken extensively on privacy law. For more information about his upcoming presentation for the Federation of Health Regulatory Colleges on *PHIPA* and other accountability issues see: www.sml-law.com/seminars/details.asp?eventID=73.

PATIENT RELATIONS

Marilyn Bartlett is the Sexual Abuse Relations Officer for the College of Denturist of Ontario.

Occasionally, practitioners may find themselves in situations when they are uncertain of expected behaviour as it relates to their patients. Marilyn has prepared the following three practice scenarios and outcomes to consider.

The College can and should be contacted if you need advise on issues in your practice. Discussions will be held in confidence.

BOUNDARY CROSSING

Practice Scenario #1

An elderly client (recently widowed) has just moved to town to be closer to her daughter. She comes to the Denturist's office to see about obtaining a new set of dentures.

The client attends at the office for several visits to have impressions taken and for "try ins". She chats extensively with the Denturist and his staff members during these visits. Staff find the client quite charming, but get the impression that she is lonely and that she enjoys her visits to the office.

The dentures are completed and provided to the client. While she initially seems happy with the product, she begins to call the office complaining that the dentures are causing her pain. She returns for several appointments to have them adjusted. She always appears to enjoy her visits and spends time talking with

the staff.

The Denturist becomes frustrated because the client's complaints seem minor, and because her visits are disrupting his schedule and the work of his staff. The Denturist eventually tells the woman that he can do nothing more for her and that there is no point in her returning to his office.

The woman is insulted because she feels that the Denturist is not taking her concerns seriously. She tells him that she wants her money back. The Denturist indicates that he has produced a quality product and provided significant service in his attempts to address the client's concerns. For this reason, he refuses to give a refund. The client then complains to the College about the service she has received.

What actions should the Denturist have taken to avoid this situation?

In any service-oriented business, a tension exists between the need to provide good customer service and the need to maintain professional boundaries. While initially the Denturist and his staff were tolerant of the client's extended and frequent visits, they began to interfere with the operation of the office. The situation might have been avoided, if the Denturist or his staff had explained to the client early on in the relationship, that they enjoyed speaking with her but must return to their work, so that the care of other clients was not compromised. Having been allowed to visit the office frequently, the client felt rejected when she was told she was no longer welcome.

Practice Scenario #2

A 35 year old former hockey player contacts Ms. Smith's office to arrange an appointment to obtain a partial plate. The staff member booking the client's appointment recognizes his name, and excitedly tells the other staff who is coming to the office.

When the client arrives, staff comment to each other, that he is very good looking. The client expresses surprise at finding that the Denturist is a woman. He and the Denturist discuss her career choice and talk about her practice.

The client attends for several visits for impressions and try ins. After a few visits, he begins to arrive with coffee and snacks for the Denturist. In addition, he has commented on her appearance and that he would like to get to know her better. The Denturist has recently come through a divorce and is enjoying the attention she is receiving from the client.

The partial plate is made and provided to the client. At this visit, the client asks the Denturist if she would like to go for coffee. She accepts and they begin to date. The Denturist mentions this to her staff. The client returns to the clinic once or twice for adjustments to the plate.

Six weeks later, the Denturist terminates the employment of a staff member for inappropriate billing. The staff member commences an unfair dismissal suit and submits a complaint to the College alleging that the Denturist commenced a sexual relationship with a client.

The matter is investigated and shows that the Denturist and the client met as a result of his being a patient of the practice, and commenced a personal relationship. In addition, professional visits occurred after the relationship started and the care of the client was not transferred to another Denturist. For this reason, the Complaints Committee referred the matter to the College's Discipline Committee.

What actions should the Denturist have taken to avoid this situation?

Explain professional boundaries to the client, decline the invitation to go for coffee, and maintain the professional relationship with the client,

- or -

Explain professional boundaries to the client and suggest that they terminate the professional relationship, if they planned to pursue a personal one.

In either case, reference to the conversation should be documented in the client's record.

If the client chooses to transfer his care to another Denturist, formal contact should be initiated with the other provider and this



contact documented, prior to the commencement of the personal relationship.

Practice scenario #3

Mr. Jones has practiced as a Denturist in the same location and with the same staff for 15 years. He and his staff know each other very well. Mr. Jones likes to work in a casual environment where he, his staff and his patients feel at home.

Ms. Smith is new in town and requires the services of a Denturist. She has only recently had several teeth removed and has never worn dentures before. She is distressed about having to wear dentures, and nervous about how they will affect her appearance.

She arrives for her appointment a little early and takes a seat in the waiting room. While there, she witnesses the interaction between Mr. Jones, and his assistant. They are joking with each other. She is teasing Mr. Jones about his baldness, and he is commenting on her struggles with her weight.

When the woman is taken into the treatment room, she appears nervous and somewhat upset. Mr. Jones calls Ms. Smith by her first name, and tries to engage her in conversation to put her at ease. Ms. Smith expresses concern about the disfigurement of losing her teeth, and Mr. Jones comments that she is an attractive woman and with a new set of dentures, she will be beautiful. Ms. Smith finds the interaction overly familiar and is offended.

Following the visit, she phones the College and complains that Mr. Jones made inappropriate remarks to her and to his staff.

What actions could the Denturist take to avoid this situation?

Members need to remember that while they have established a particular culture in their office, and developed patterns of behaviour with staff and long-term clients, new clients may view the conversation as overly familiar or even inappropriate.

In addition, Denturists should be cautious about making any personal remarks to staff or client's relating to their appearance.

REPORT OF BREAK-IN

On Monday April 12th, 2004 the office of the College of Denturists of Ontario was broken into.

The College does not believe any confidential material was breached in the course of the robbery.

QUALITY ASSURANCE PROGRAM MANUAL UPDATE

Included in this mailing is a new page of the Quality Assurance Program Manual—2.6 Practice Assessment and Enhancement; Premises Page 29-30. Council has passed that Renewal Certificates will no longer be provided to members, so reference to these being displayed in members' denture clinics has been removed.

Please update your Quality Assurance Program Manual by replacing your current page 29-30 with the new version enclosed in this mailing.