

Wild Rose Denturist

Volume 5, Issue 1

February 2006

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Editors:
Lorrie Rees
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"and the Other Practitioner said..."

The College of Alberta Denturists Code of Ethics indicates the following:

The Fundamental Ethics

2. Ensure that their conduct is professional and that they will not take physical, emotional or financial advantage of their Patients.
7. Uphold the honor and dignity of the profession by maintaining integrity and ethical behaviour.

The Responsibilities to Patients

11. Recognize the Patient's right to seek a second opinion.
25. Provide opinions regarding the work of other Practitioners only if they have full knowledge of the case history and records of the Patient and only in a professional manner.

In dealing with complaints received at the College, a significant number of the complaints are from patients who indicate that they went to another practitioner and that the second practitioner said the teeth were no good and that they should complain

and get their money back, and then they (the second practitioner) can make them a "good set of teeth".

Although our Code of Ethics in #11 indicates that patient's have a right to seek a second opinion and further, #25 indicates that you can provide an "opinion" regarding another's work, whatever your opinion is, you should be willing to put your comments in writing for the patient.

It is extremely rare that a complainant has a written critique from the second practitioner.

Criticizing a fellow practitioner's work without knowledge of the case history and/or providing a patient with false remarks regarding another practitioner's work, is simply unprofessional.

In our Code of Ethics it additionally states the following:

The Responsibilities to Patients

16. When dealing with another Denturist's Patient in an emergency situation, attend to that emergency only and then refer the Patient back to the original Denturist, who, with patient consent, should subsequently be informed of the conditions found and the treatment given.

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College Directory

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If a patient attends your office with dentures which have recently been provided to them by another practitioner, it is recommended that you provide minimal “emergency” services and, as indicated in the Code of Ethics, refer them back to the original practitioner.

Often the patient will say that they don’t want to go back; that the original practitioner doesn’t listen to them. In such a case, it is suggested that you request consent from the patient to contact the original practitioner to discuss **your** findings. Again, often the original practitioner is not aware that there is a complaint or the extent of the patient’s ire. As well, the original practitioner may be grateful for receiving the opinion from a second set of eyes.

The College receives numerous telephone calls regarding complaints against our Members by patients. Often again, the patients advise us that they have gone to another practitioner who has said the dentures are no good and to complain and get their money back. It is the College’s position to respond to these telephone inquiries, by telling the patient to return to the original practitioner and explain the concerns in detail to the practitioner.

Further, the College has no reservations in asking these individuals if the second practitioner provided their findings and

comments in writing. Often the patients will then say that the second practitioner “doesn’t want to put it in writing because they don’t want to get involved in the complaint between the patient and the original practitioner”. If this is the case, again, the College has no reservations in suggesting to the patient that they request the findings and comments in writing and that if the second practitioner is not willing to put his/her findings and comments in writing, that they should then consider the value of such “professional opinion comments”.

As our profession evolves, so should the professionalism of all of the Members. An individual’s reputation and professionalism should be paramount over obtaining a case by providing unfounded comments regarding a colleague’s work. This article is not to say that all practitioners are guilty of unfounded comments regarding other’s work, but the few who are doing it, make the whole appear unprofessional. This is a topic which has been reiterated by various individuals in the profession, for decades. It is time to put this type of conduct to rest.

Remember that we all have patients which may not like what you have provided and that they may attend another practitioner’s office; wouldn’t you appreciate a call from the second practitioner and the referral back of **your** patient?

F. Charles Gulley, DD, F.C.A.D
Complaints Director

Seniors Dental Benefit Program

To obtain detailed information on the Dental Benefit Program for Alberta Seniors regarding eligibility, levels, administration and fee schedules, please visit the Government of Alberta Website for Seniors and Community

Support at www.seniors.gov.ab.ca .

Click on the link to Financial Assistance and view the listing for Dental Assistance for Seniors Program for details.

Oral Health Magazine Article

The following editorial article written by Dr. H.I. Holmes, was published in the July 2005 Oral Health Journal and is being reprinted with permission, from the Oral Health Journal, Vol. 95, No. 7, July 2005.

Although this article is written by an Oral Maxillofacial Surgeon, it relates the necessity of proper documentation which can be applied to any and all health professions.

Practicing Responsibly

After four or more arduous years of intensive study at Dental school, usually preceded by a variable number of years of University education we finally receive our Dental Degrees and a license to practice is conferred upon us by the Royal College of Dental Surgeons. It is this latter confirmation that extends to us the "privilege" to now put into practice, that which has taken us so long to acquire. Unlike our dental degrees which are irrevocable our "license" is however not, and it's maintenance is dependent not just on remitting our annual fees and ensuring the continuance of our education but more importantly on our ability to continue to practice in accordance with the Dental Act, guidelines of the standard of practice set forth by the College and it's code of "Ethics".

Regrettably, in spite of best intentions, some of us will inevitably be subjected to a patient complaint to the RCDS, commencement of a legal action or both. The RCDS, once it receives a complaint from a patient, even if seemingly frivolous in nature, is required by law to investigate it. On the receipt of a complaint the RCDS, which is the self-governing regulatory agency of the dental health profession and whose prime responsibility is to ensure the standards of our professions and protection of the public, will issue you a letter explaining the nature of the patients complaint, a request that you respond to the allegations and as well forward your complete dental record for this patient. Complaints that seem largely related to communication issues can often, with the mutual consent of the member and complainant be resolved equitably with the Colleges' help. If this is not the case or the complaint is more significant, such as a standard of practice related issue, then it will go

through the full process of the Complaints Committee. Even when the Complaints Committee finds that the member acted in an appropriate fashion, a Complainant, if dissatisfied with the decision, may appeal the decision of the Committee to the Health Professions Appeal and Review Board. In spite of how a complaint is initiated or for what, you can imagine one's feelings at the time. Your stomach pains, your heart starts to pound, your mouth gets dry, beads of sweat appear and you imagine your world coming to an end.

Those of us who perform oral & maxillofacial surgery, be we generalists or specialists, put ourselves at slightly greater jeopardy of patient complaints simply in that, the nature of what we do can carry with it an expected level of unpreventable and undesirable outcomes. Therefore those who perform the surgery need to ensure that their standard of care relative to it is un-impeachable.

In a general sense the problems encountered with surgery that can lead to a complaint stem from the failure to perform "ideal surgery", which in a broad sense means:

- It is painless;
- There is minimal or no trauma to:
 - the investing structures
 - the contiguous structures
 - the patient as a whole
- There is uneventful healing.

In a more specific sense problems are encountered as a result of:

- Poor pre-operative assessment and preparation;

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- Failure to recognize one's own limitations, or being pressured by a patient to undertake something surgically for them which truly we do not feel lies within our competency;
- Failure to adhere to sound surgical principles;
- Failure to give proper post operative instructions or follow-up care.

Once the complaint is initiated, the College may request an "expert" opinion. This "expert" will usually be a certified specialist in the discipline of oral and maxillofacial surgery. At this point the information relative to the complaint, the response of the dentist and dental record will be forwarded to the "expert" for review and with the request that an opinion be given as to whether the member "maintained the standard of care of the profession" expected of a prudent practitioner. At this point everything in our patient record is open for scrutiny and at this time we recognize *our record is the most important and only tool, if complete*, that will substantiate that we are practicing at an appropriate standard. If our charts have the proper information the RCDS or courts will support us, if not, it cannot, as a contention whether a certain action occurred, which cannot be supported by our record, will be deemed not to have occurred..

As one sometimes requested by the College to give an opinion as an "expert" on surgically related issues, it is always my hope that the record provided me, will substantiate that the member involved carried out their care for the patient in a manner that reflected a standard of care that would normally be provided. The underlying problem is that in many circumstances, even though the clinician may have, it is not adequately reflected in the patient's record. Indeed, the *failure to keep proper records of sufficient detail is by far the most significant downfall of our profession with respect to dealing with a complaint.*

Our record must reflect that we have:

- Performed a proper medical history or update;
- An exam;
- Ancillary test such as radiographs of adequate quality;

- Established a diagnosis which substantiates the reason for the surgical intervention;
- Explained to the patient the options of treatment available;
- Offered an appropriate referral for further investigation or treatment if appropriate. If we elect to treat ourselves there must be evidence in our record that;
- An informed consent has been obtained;
- We have given pre-operative instructions specific to the case;
- Discussed the financial responsibilities.

Likewise, once the procedure is completed it would be expected that there is a notation of:

- What was done, how and with what;
- Complications encountered if any;
- The condition of the patient on discharge;
- That post operative instructions were given both verbally and written;
- Medications prescribed or advised to be taken (no. of pills, dose, frequency of use);
- One's follow-up arrangements.

It is also assumed that we would deal with any problems that arose from the undertaking or if unable, to ensure an expedient referral to someone who could.

Far too often there is a failure to record an adequate diagnosis substantiating the treatment, or appropriate treatment options, no obtained or recorded evidence of an informed consent, no evidence of appropriate post-operative instructions (written and verbal), an inadequate record of the procedure, no evidence of the provision for follow-up care of an adequate nature either by ourselves or by referring in a timely fashion, those things outside the scope of our expertise.

An informed consent, although a medical-legal enigma is very critical with respect to surgery. It may represent a specific form that you have the patient sign and have witnessed or a statement in your record. In reality its physical

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documented form, although essential to have, is less important than the process of obtaining it as it is a process founded on communication with a patient, which ultimately establishes a bond of trust. Regardless of its form, it should embody certain essential elements, which are:

- The nature of the procedure;
- That the normal sequela were explained;
- That the risks and complications specific to the procedure were explained;
- Compromise related to social or employment issues were explained;
- The financial responsibilities of the patient were explained;
- That any pre-operative instructions were given;
- That questions were entertained and answered to the patients' satisfaction;
- That the patient understood that which was explained to them.

What are the normal sequelae and risks or complication that we should inform our patients of? The National Institute of Health (NIH) 1977 consensus advocates divulging any transitory condition which may occur with an incidence of five percent or more and any permanent condition that has an incidence of occurrence greater than 0.5 percent. In relationship to the surgical removal of a of a lower third molar therefore it would be expected that the patient be informed of pain, swelling, trismus, bleeding and bruising, dysphagia, a feeling of illness and pyrexia, nerve damage either temporary or permanent to the inferior alveolar and lingual nerves, post operative infections (dry socket, sub periosteal abscess or soft tissues), fracture of a root, sensitivity of adjacent teeth, damage of adjacent teeth (looseness, displaced fillings or crowns) and loss of work. Obviously with any particular tooth or procedure, any additional mishap that may occur related to the anatomical relationships should be addressed. It would be expected therefore that the dentist would be cognizant of the frequencies of such problems, so as to put them into perspective for the patient. This serves as a guide only as some complications related to surgical procedures are rare and poorly documented as

to their incidence. The fracture of the mandible or a displacement of the tempromandibular joint disc would be such examples, as would the perforation into the sinus with the subsequent development of a sinusitis or oral antral fistula or the displacement of a tooth or root tip into the sinus or other contiguous space. Such things owing to their morbidity and the requirement of additional treatment are best disclosed if the circumstances dictate.

I would suggest three basic considerations we might want to consider so as to avoid complications and complaints in light of that previously discussed.

Firstly, treat all patients, as they are one of our most beloved family members, always asking ourselves can I do the procedure in the least traumatic, most comfortable, safest and expedient manner. If there is any doubt or the answer is no, then it would be best to refer them to someone who can. A wise mentor of mine, during my training, always reminded me that we will never be able to treat every patient who comes through our doors. That is why there are specialists. Would your mother deserve any less?

Secondly, the saying "an ounce of prevention is worth a pound of cure" is true. Even the most skilful and experienced clinician needs to ensure that potential risks or complication of what they may do are provided to the patient prior to the undertaking. Doing so, the patient will often applaud the doctor's insight rather than construe a mishap as an indication of ineptness of skill. Explanations after the fact are never accepted well by patients.

Thirdly and finally, keep detailed records. They represent the best evidence we have in establishing that we are practicing to the expected standard, and are the tool with which the College and an "expert can support you."

It is also essential to remember that although the College has a mandate in its responsibility to the public, it does so in a milieu of an organization that is also involved with the profession in risk management advice, helping us in our daily practice by sharing information in a positive context, either through the 'dispatch',

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individual interaction or its continuing education programs. The College is our ally in ensuring the goal of providing the best and highest level of care to our patients. We need only to practice responsibly.

OH

Dr. Holmes is Assistant Head, Div. of Oral & Maxillofacial Surgery; Director Undergrad OMFS Education; Surgical Director Surgical Orthodontics Teaching Program, Faculty of Dentistry and Mount Sinai Hospital, University of Toronto.

SEASONAL INFLUENZA- Hand washing to prevent influenza

Next to immunization, the single most important way to prevent influenza is to wash your hands often.

Make a habit of washing your hands often. This is especially important after you have been in contact with someone who has a cold or influenza. You should also wash your hands after being around children, because children easily spread influenza in the community. Keep your hands away from your eyes, nose and mouth, since the virus can enter your body through these openings. Wash your hands with soap and water, or use an alcohol-based hand rub.

How to wash your hands properly with soap

1. Use liquid soap or a clean bar of soap. Wet your hands with warm, running water. Rub on soap. Lather well. You don't need antibacterial soap; regular soap is fine.
2. Rub your hands together briskly for at least 15 seconds.
3. Scrub all over, including the backs of your hands, wrists, between your fingers, and under your fingernails.
4. Rinse under running water.
5. Dry with a clean towel.

If you are in a public restroom, use a paper towel to turn off the faucet after you finish so you won't have to touch the taps.

Store liquid soaps in closed containers. Wash and dry the containers before you fill them. To prevent bacteria from getting in, do not top up partially empty containers.

If you are a parent, teacher, day-care provider or other child caregiver, teach children proper hand washing habits by example. Wash hands with your children or watch them as they wash their hands. Place hand-washing reminders at a child's eye level. Post a chart by the bathroom sink where children can mark each time they wash their hands.

How to wash your hands properly with alcohol-based hand rubs

You don't need water to use alcohol-based hand rubs. They are an excellent alternative to hand washing, especially when soap and water aren't available. Pharmacies have them available in a variety of sizes, including purse size.

Alcohol-based hand rubs actually work better than hand washing to kill bacteria and viruses if used properly. They cause less skin dryness and irritation than hand washing. However, hand rubs are not effective if hands are soiled. If your hands are dirty, use soap and water. If soap and water are not available, use a towelette that contains detergent. Then use a hand rub.

Not all hand rubs are the same. Use only alcohol-based products.

To use an alcohol-based hand rub:

1. Read the instructions on the label.
2. Put some of the rub on the palm of your hand and rub your hands together.

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- Cover all surfaces, including fingers and wrists, and rub until dry (about 15 to 25 seconds).

Young children can use hand rubs if you help them. Make sure the rub has completely dried before the child touches anything. This will prevent them from taking in alcohol from hand-to-mouth contact. Store the container safely away after use.

Wash your hands BEFORE:

- preparing, serving or eating food, or feeding others.
- brushing or flossing your teeth.
- putting in or taking out contact lenses.
- and after treating wounds or cuts.

Wash your hands AFTER:

- any contact with a person who has influenza or with their immediate environment.
- using the toilet, helping a child to use the toilet, or changing a diaper.
- blowing your nose or wiping a child's nose.
- coughing or sneezing.
- handling garbage.

Children should wash their hands after playing with toys shared with other children. Hand

washing is especially important for children who attend daycare.

To protect your children's health:

- Make sure your day-care provider promotes good hygiene, including frequent hand washing or supervised use of alcohol-based hand rubs.
- Ask whether or not the children are required to clean their hands often; not only before meals.
- Make sure the sink is within reach for children to use.
- Make sure soap and paper towels are near the sink.

For more information contact:

Health Link Alberta

Edmonton, call 408-LINK (5465)

Calgary, call 943-LINK (5465)

Outside Edmonton and Calgary local calling areas, call toll-free 1-866-408-LINK (5465)

visit: www.healthlinkalberta.ca

This Article is courtesy of Alberta Health & Wellness. In a clinical setting, the use of proper hand washing before and after each patient can prevent the contraction and spread of Influenza.

Hepatitis C Information

The Hepatitis C Virus

- The hepatitis C virus (HCV) was first identified in 1989.¹
- HCV affects the liver. It causes hepatitis (inflammation in the liver), which can progress to cirrhosis (extensive scarring so the liver cannot perform its normal functions).
- Most newly infected persons (60 to 70%) have no symptoms and are unaware of their infection. Nonetheless, they are still infectious to others.²
- Approximately 15 to 25% of all persons infected with HCV appear to resolve their infection.³

- Approximately 75 to 85% of all persons infected with HCV progress to chronic infection. The course of the chronic disease is generally slow, without symptoms for two or more decades after infection.⁴
- Approximately 3 to 20% of infected persons will develop cirrhosis of the liver after 20 years of infection.²
- At present, there is no vaccine available.
- There are at least six types, and more than 90 subtypes of HCV.^{5,6}
- The current recommended treatment for HCV infection is a combination of the drugs interferon and ribavirin.

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- Presently, treatment is not effective in all infected people.
- It is possible to become re-infected with HCV.

Rates of Hepatitis C

- It is estimated that approximately 240,000 persons in Canada are infected with HCV, with rates higher among males than females.^{4,7}
- To date, reported rates of HCV infection are very low in infants and children, gradually climbing to a peak rate among those 30-39 years of age and declining thereafter.⁴
- It is estimated that approximately 5,000 new cases of HCV infection may occur in Canada each year, at least two-thirds of which may be related to sharing injection drug use equipment.⁴

Transmission of Hepatitis C

- HCV is primarily transmitted through exposure to the blood of an HCV-infected person.
- HCV is 10 to 15 times more likely than HIV to be transmitted by infected blood.⁸

At Greatest Risk

- Sharing needles, syringes, swabs, filters, spoons, tourniquets and water used for injecting drugs represents the highest risk behaviour.⁶

At Lower Risk

- Sexual transmission of HCV is considered minimal in long-time, monogamous relationships.^{3,9} Having multiple sexual partners may increase the risk of infection.¹⁰
- Infection of infants from an infected mother occurs in about 5 to 10% of cases.²
- Evidence shows that HCV can be transmitted through tattooing.¹¹
- It has been suggested that HCV may be transmitted through body piercing carried out in unhygienic circumstances.¹²
- There is potential risk of infection through the sharing of household articles that may be contaminated with blood (e.g., toothbrushes, razors).¹¹
- Transfusion accounts for approximately 10% of existing cases. However, the risk of infection through blood transfusion has been substantially reduced by the introduction of universal testing of blood donations for HCV in May 1990.²

- The current risk of HCV transmission via blood transfusion is estimated to be less than 1 in 500,000 units of blood donated.¹³

Injection Drug Use

- It is estimated that two-thirds of new HCV infections in Canada each year are related to sharing needles, syringes, swabs, filters, spoons, tourniquets and water related to injection drug use.^{2,11}
- It has been estimated that there are up to 125,000 people in Canada who inject drugs.¹⁴
- People involved in injection drug use are geographically and socially diverse.¹⁴
- Currently, a young, single person at the low end of the economic scale is characteristic of those at greater risk of sharing needles and other drug equipment.¹⁴
- HCV spreads quickly. Consistently, research shows high rates of HCV even among short-term users of injection drugs who share drug-injecting equipment.^{15,16}
- While not identified until 1989, HCV has been around for a very long time. People who have ever injected drugs (even once) and shared drug-injecting equipment are at risk of HCV infection.
- Worldwide estimates of HCV infection among drug-injecting populations range from 50 to 100%. People who inject drugs are central to the persistence of HCV in Canada.⁸
- A 1996 study of a cohort of injection drug users in Vancouver, British Columbia, showed that 88% were infected with HCV. The results also revealed high levels of needle sharing, with 40% of participants having lent used needles and 40% having borrowed used needles.¹⁷
- The use of cocaine by injection poses particular health risks. Cocaine use often involves up to 20 injections per day. This increases the likelihood that drug equipment will be shared.¹⁸
- There are various injection practices that increase the risk of transmission. For example, in a practice called 'front loading' or 'back loading' the drug is mixed in one syringe and then divided by squirting some of the solution into one or more syringes. Although the needle is not shared, HCV can be transmitted if the syringe used for mixing has been previously contaminated.¹⁹

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- Limited research suggests that people with a history of intra nasal or inhaled drug use may be at risk for HCV. Because users of cocaine often have nasal erosions, ulcers and bleeding, sharing of cocaine straws can transmit HCV. Dehydrated and cracked lips, another common side effect of injection drug use, makes pipe sharing a potential risk.³
- People living in Canada who inject drugs are stigmatized and often rejected by society. This has significant implications for efforts to reach this population.²⁰

Determinants of Health

High-risk drug behaviours occur more frequently in certain groups, due to complex social, economic and cultural factors.

- Prisoners have high rates of HCV infection (28 to 40%).²¹
- Street-involved youth are at high risk. One study conducted in Montreal in 1995/96 found that 12.6% were infected with HCV.²²
- There is evidence to suggest that females are being initiated into injection drug use at a younger age than males. Women are often less able to resist pressure by their male partners to share needles.¹⁴
- Although there are little data currently available, Aboriginal people in Canada are over-represented in groups at risk for HCV such as inner city injection drug-using populations and prisoners.¹⁴

Prevention Efforts

- Discouraging individuals from trying injection drug use is critical to preventing the spread of HCV infection.
- Using peer networks, where those involved with injection drug use provide education and intervention to others, has produced positive outcomes.²³
- Harm reduction strategies, such as needle exchange programs and methadone maintenance programs, can reach a population that is difficult to access through more traditional channels. Such contact allows for the provision of education regarding the effects of harmful drug practices, and provides an

opportunity to link individuals to other social and health services.

- Strategies directed at people who inject drugs need to use a comprehensive prevention and harm reduction approach that gives attention to the psycho-social factors associated with injection drug use, the environment in which unsafe behaviour occurs, and the provision of basic life necessities.

For Those at Risk for HCV

Individuals should be advised to:

- Never share needles, syringes, swabs, filters, spoons, tourniquets, water, straws used for snorting drugs, pipes and other equipment related to drug use. Simple cleaning/flushing of equipment with bleach may not kill the hepatitis C virus.
- Exchange all used needles.
- Never share toothbrushes, razors or other personal care articles as they may have blood on them.
- Consider the health risks in tattooing, body piercing or other personal services that involve breaking the skin where recommended guidelines may not be followed.
- Encourage testing of high-risk persons.

For Those With Hepatitis C

- Advise against the use of alcohol.
- There are treatments available. Timely initiation of medication is advised.

For more information:

visit www.healthcanada.ca/hepc

Distributed through the co-operation of your federal, provincial and territorial governments.

This article is courtesy of Health Canada. The original article can be viewed at www.phac-aspc.gc.ca/hepc/hepatitiis_c/pdf/hepcInformation.pdf

For the references indicated in this article, please see the aforementioned website.

2006 Annual General Meeting of Members & Convention

The Professional Services Committee is busy putting the final touches on arrangements for the 2006 AGM and Convention.

The College will be issuing the Members the notice of the Annual General Meeting of Members and the Convention package in the near future.

This year's AGM and Convention is being held in Canmore, Alberta at the Radisson Hotel and Conference Centre from May 31 – June 3.

The Annual Golf Tournament is being held at the Canmore Golf & Curling Club.

As well, numerous Continuing Competency courses will be presented over a three-day period of the convention.

As always, there will be a Suppliers Display for attendees to view and take advantage of the "Convention Specials".

Continuing Competency

The Northern Alberta Institute of Technology provides year round distance learning continuing education programs.

Not all courses are specific to the profession of denturism but can be utilized by the denturists in their practice and most are accredited for the continuing competency requirements.

Examples would be computer programs courses, business administration courses, etc.

Contact the part-time learning department at (780) 378-5000 or toll free at 1-877-333-6248 and view the available course online at www.nait.ca/part-time

For specific course information related to the dentist profession, please contact (780) 471-8761 or email dental@nait.ca

Annual General Meeting of Members and Convention- 2006

May 31, June 1-2

Radisson Hotel & Conference Centre

at
Canmore, Alberta



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We host these Courses several times a year; changing the courses periodically to emphasize different areas of the implant and prosthetics process.

Dr. Robert E. Leigh is one of Canada's most experienced practitioners of Dental Implantology, and has been placing and restoring implants for more than 20 years.

The Courses feature live surgery with our patients; or, if you prefer, with one of your patients. The demonstrations incorporate immediate-loading laboratory impression techniques for 2 Ball Abutments or 4 Bar Overdenture.

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To register for this exciting course, or for more information, please contact Kim at 1-780-349-6700, or 1-888-877-0737 (toll free) or by e-mail to:

kim@albertadentalimplants.com.

9911 - 107 Street
Westlock, Alberta, T7P 2K5

For a map and/or directions, please contact Kim, or visit our website at:

www.albertadentalimplants.com

Renewal for 2006

Another year has come and gone, and another year of renewals is completed.

We are frustrated again at the number of Regulated Members who have failed to complete their forms correctly. It is the Member's responsibility to ensure that the forms are completed correctly in full and in a timely manner (not the College's), and that they are returned with full payment of invoiced dues on or before November 01st.

Missing information, questionable information (such as home address the same as clinic address) failing to submit substantiating documentation for continuing competency courses, failing to submit both forms, absent signatures, etc, has resulted in a banner year for returning forms to the Regulated Members. In fact, some Members have received their forms back more than once, even after having receiving detailed instructions on the necessary corrections.

These forms are legal forms and are required by the Health Professions Act, the Denturist Profession Regulation and the College's Bylaws

Further, in consideration of the costs involved in dealing with the yearly renewals, not only for mailing costs, but supply costs, Registrar time, Office Manager time and Receptionist time, a little more attention to the twenty-five +/-

minutes it takes once per year to complete this requirement, could save all of us a good sum of money.

As well, we had an increase in the number of Regulated Members who were non-compliant with the requirement of renewal application by November 01st. These individuals are sent a second Renewal Package which again indicates the requirement of submission of the forms and invoiced dues; further, these individuals are also invoiced for the late payment assessment.

In closing, I am happy to say that the Intern Members completed and returned their forms on time and without the necessity of the College returning any due to errors and or incompleteness.

The soon to be released Practitioner Manual will contain an example of the correctly completed Annual Practice Permit Renewal Form and Continuing Competency Form, which will allow Members to reference for clarification. It is our hope that the necessity for returning forms will be significantly decreased or eliminated for the upcoming 2007 Renewal applications.

F. Charles Gulley, DD, F.C.A.D
Complaints Director

Coming Soon!

Practitioner Handbook

College Website

Individual 2005 Continuing Competency Reports

Notice of Hearing Tribunal Orders

The College of Alberta Denturists is publishing the outcomes of Two (2) Hearing Tribunal Hearings, pursuant to the Decisions of the Hearing Tribunals and as directed in the Orders.

The Health Professions Act is referred to as the HPA in the following disclosures. Additionally, reference to the College's Code of Ethics refers to the original version of the Code of Ethics; not the revised version.

1. October 21, 2005 **Regulated Member Name not to be disclosed**

Findings: Submitted Admission of Unprofessional Conduct by the Member Guilty of unprofessional conduct on Five (5) charges related to failing to provide information to the College, charting, billing, provision of treatment to a patient and conduct.

Hearing Tribunal found the Regulated Member Guilty of Unprofessional Conduct for Five (5) charges:

1. Contravention of the HPA Section 1(1)(pp)(ii) for failing to respond to the request for information by the College.
2. Contravention of HPA Section 1(1)(pp)(ii) and the College's Code of Ethics Item #18, for failing to maintain appropriate and proper patient charting for a patient.
3. Contravention of HPA Section 1(1)(pp)(i) for displaying a lack of judgment for failure to make an appropriate referral prior to commencement and or completion of services for a patient.
4. Contravention of HPA Section 1(1)(pp)(ii) for inappropriately billing an insurance company by claiming for services not charted and for billing for dentures prior to the insertion date for a patient.
5. Contravention of HPA Section 1(1)(pp)(xii) and College's Code of Ethics Items #2, for conduct that harms the integrity of the profession.

Orders:

1. The admission of Unprofessional Conduct by the Regulated Member and the Hearing Tribunal Findings of Unprofessional Conduct is permanently placed on the Regulated Member's Register with the College.
2. By a specific date, at the cost of the Regulated Member, successfully complete two specified courses.
3. Payment of full costs of investigation and hearing. (These costs were \$7522.81).
4. The College's Complaints Director or delegate, will conduct a random review of billing submission to Albert Human Resources and Employment (including Alberta Dental Service Corporation), for a specified period of time.
After successful completion of one of the specified courses in Order #2, the College's Complaints Director or delegate, will conduct a random review of billing submission to Albert Human Resources and Employment (including Alberta Dental Service Corporation), for a specified period of time. The costs of the reviews in Orders #4 and #5 are the responsibility of the Regulated Member.
5. If the Regulated Member breaches of any of the aforementioned Orders, the College may immediately and without a further hearing, cancel the Regulated Member's Practice Permit.
6. Publication in generic manner without name of practitioner.

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2. October 31, 2005 **Regulated Member Name not to be disclosed**

Findings: Submitted Admission of Unprofessional Conduct by the Member Guilty of unprofessional conduct on Four (4) charges related to charting, provision of treatment to a patient and conduct.

Hearing Tribunal found the Regulated Member Guilty of Unprofessional Conduct for Four (4) charges:

1. Contravention of the HPA Section 1(1)(pp)(i) for displaying a lack of judgement in the provision of professional services to a patient.
2. Contravention of the HPA Section 1(1)(pp)(ii) and the College's Code of Ethics Items 2, 8, 18, and 25, for failure to provide services within their ability, failure to keep adequate records and failure to adhere to the College's Code of Ethics Principles Document.
3. Contravention of the HPA Section 1(1)(pp)(xii) for conduct that harms the integrity of the profession.
4. Contravention of the HPA Section 1(1)(pp)(vii) for and Section 1(1)(pp)(xii) for providing false or misleading information to an investigator appointed pursuant to Part 4 of the HPA.

Orders:

1. The admission of Unprofessional Conduct by the Regulated Member and the Hearing Tribunal Findings of Unprofessional Conduct is permanently placed on the Regulated Member's Register with the College.
2. By a specific date, at the cost of the Regulated Member, successfully complete two specified courses.
3. Payment of costs of investigation and hearing to a maximum of \$4000.00. If the Regulated Member fails to remit payment of costs by a specified date, the College may immediately and without a further hearing, cancel the Regulated Member's Registration and Practice Permit.
4. Publication in generic manner without name of practitioner.

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Briefs from the College

Practitioner Handbook

The Council of the College of Alberta Denturists at their last meeting approved the final draft version of the College's Practitioner Handbook; the handbook is now going to the printers.

This handbook contains information for the Members regarding the College, the various functions, regulatory documents, policies and processes, example forms, etc.

We are hoping to have the handbook distributed to all of the Members by the middle to end of March.

College Website

The College website is finally under construction! Redengine Inc. a web design company was provided with the go ahead for the development of the website. It is anticipated to be functioning in very late spring, early summer.

The website will have information available to the public as well as a "Members Only" section. The Members Only section will contain information that the College produces for the Members only. As well, some of the forms used by the College will be available for downloading from the site.

Alberta Seniors Dental Benefits Program

The College has been advised that the fees provided under the Seniors Dental Benefits Program have changed from 2005.

This was done unilaterally by Alberta Seniors and Community Supports, and these changes have affected Denturists, Dentists and Specialists.

Changes to the Continuing Competency Rules

The Registration Committee of the College recommended several changes to the Continuing Competency Rules. *continued*

These recommended changes were reviewed and approved by the Council of the College.

The changes include additional categories, changes to credit hours and general corrections.

The soon to be released Practitioner Handbook will contain a copy of the new Continuing Competency Rules.

Annual General Meeting of Members and Education Symposium

The Annual General Meeting of Members and Educational Symposium for 2006 will be held on May 31- June 3rd, at the Radisson in Canmore, Alberta. The AGM is on June 3rd.

Please see the insert sheet regarding the Hotel for this years Meeting and Symposium.

The College will be issuing registration packages to the Members in the near future.

Volunteer Regulated Members Needed

Hearing Tribunal Members

Pursuant to the Health Professions Act, the College is required to have a pool of Regulated Members to draw upon for the purpose of Hearing Tribunal Hearings and Complaints Review Committees.

The College is asking that if any Member is interested in putting forth their name for consideration of appointment by the Council to these pools, that they contact Ms. Rees at the College office.

If you have any questions regarding these positions and the requirements of these positions, please also contact Ms. Rees.

Complaints Investigators

Additionally, the College is seeking Regulated Members who would be interested in training

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and providing services as an Investigator for the College, to deal with matters of investigation of complaints.

If you have any questions regarding this position or wish to put forth your name for consideration, please contact Mr. Gulley at the College office.

Articles for the Wild Rose Denturist Magazine

Regulated Members can obtain Continuing Competency credit for publication of articles in the Wild Rose Denturist magazine.

continued

The College invites the members to submit their typewritten articles to the attention of Mr. Charles Gulley and Ms. Lorrie Rees, for review and consideration of publication.

Articles for the Denturist Association of Canada Magazine

The Denturist Association of Canada has advised of the following deadlines for submission of articles for consideration of publication in the Denturism Canada magazine:

Spring Issue:	March 24, 2006
Summer Issue:	June 2, 2006
Fall Issue:	August 18, 2006
Winter Issue:	November 10, 2006

College Policy

The Council of the College has recently approved the following **significant** policy, which will impact some of the Members. This policy deals with approval of Internship locations. The policy does not affect individuals whom are currently in an approved Internship Agreement.

Acceptable Internship Agreements Policy

The College of Alberta Denturists has the responsibility to ensure that individuals applying for registration as an Intern Member will be entering into an Internship Agreement with a Regulated Member of the College who will provide an unbiased and impartial preceptorship.

As such, the College cannot provide approval for an Internship Agreement in the following circumstances:

1. Where there is a direct family connection between the intended Preceptor and the Intern Member. For example, the Regulated Member is the Parent or Sibling of the Intern Member;
2. Where the Intern Member is the owner of the Clinic and the intended Preceptor is an employee of the Intern Member;
3. Where the Intern Member is a part owner of the Clinic and the intended Preceptor is either an employee of the Intern Member or a partner of the clinic with the Intern Member; and
4. Other unspecified situations determined by the Registrar acting reasonably, which the Registrar determines may cause the Intern Member to be placed into a preceptorship which is not unbiased or impartial.

The policy does not supersede the requirements as indicated in the College of Alberta Denturists Bylaws, specifically Items 3.5, 3.8 and 3.9.

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Further, this policy will not affect individuals who are currently in a College approved Internship Agreement but will affect any changes to previously registered Intern Members who make application for a change in Preceptor.

This policy is similar to many of the other Health Professions throughout Canada, as well as protocol with many Educational Institutions which provide direct placement of students for “field training”.

If an individual provides false information to the College in an attempt to bypass this Policy, that individual, whether an Intern Member or a Regulated Member, places both individuals into a position of providing false information to the College, falsifying forms, and will prevent registration and can result in action against the Member.

Notices

Denture Clinic for Sale

Well established, progressive denture clinic with extensive patient base, for sale in rural Alberta. BPS certified, 2 referring dentists in town, as well as working relationship with implantologist. Current owner willing to stay on for smooth transition if needed. Please do not contact office directly, for more information call Rick evenings at 780-853-2546 or email rdonily@telus.net.

Denture Clinic for Sale

Due to retirement, well established (18 years) denture clinic is for sale in the heart of the Vancouver Centre area. Office offers low overhead, very good ventilation and excellent office layout. Good patient base, high quality clientele. Beautiful views of the mountains and ocean. Serious inquiries welcome. Phone Faye Alexander at (604) 875-6677.

Denture Clinic for Sale

Full Time Denturist practice in Wainwright, Alberta. Turn key operation, all equipment and client list available. Over 20 years in business. Great opportunity. \$79,777. Contact Chris with Century 21 Realty at (780) 875-3700.

Denture Clinic for Sale in Central Alberta

Well established denture clinic for sale in rural Alberta. Great patient base and opportunity for future growth. Located in a great location on main street, with low overhead. Great established clientele, recently renovated including the DOM computer program. Selling due to having a third child. Must sell by March 1st, 200. Serious inquiries only please. Asking \$40,000 OBO which includes all equipment and supplies. Call (403) 843-2836 evenings, ask for Janice.

Denture Clinic for Sale in Red Deer

Located in Red Deer's largest shopping centre this allowing for easy patient access. Large client base and steadily growing working relationship with 6 local dentists and an implant specialist from outside Red Deer as well. Clinic was established in 1994, very high volume practice with excellent growth. Possible associateship or lease opportunity. If interested, call Mike at (403) 343-7266.

Denture Clinic to Give Away

Denture clinic to give away to qualified dentist. Satellite clinic close to Edmonton. Leave message at 403-505-3035.

Denture Clinic for Sale

Denture clinic for sale in Northwest Alberta. Established eight years with original owner. Stable rented location. Large client base. Referrals from five dentist. Growing rural community with paper/lumber/oil & gas industries. Town is the centre of economic growth in the area. Reasonably priced. Serious inquires only. Email kendent@cablerocket.com or phone (780) 778-3976.

Denture Clinic for Sale

Well established, very reputable, high grossing denture clinic for sale. Located in Calgary. Owner moving. Serious inquiries only. For more information, please email taz65@telus.net

Looking to Purchase

Licensed dentist looking to purchase clinic in Calgary or surrounding area. Please contact the buyer directly @ 403-990-4599.

Employment Opportunity

Calgary Denture Clinic is seeking licensed Denturist/student denturist. Interested parties should contact the College of Alberta Denturists at 1-800-260-2742

Employment Opportunity

Wanted: Excellent opportunity for licensed Denturist in Calgary practices. Competitive salary, great work environment and hours. Contact the College of Alberta Denturists office for more information

Employment Opportunity

Attention Denturists wanting to expand. Exclusive. Cost sharing opportunity for Denturists with existing patient base. Unhappy with your location and patient flow? Come practice with us at Calgary's Dental Care and 17th Avenue Dental Centre. Both locations in highly desirable areas with daily traffic flow of approximately 100,000 people!! Seeing is believing!! Fax:(403)278-1788 or (403)272-0377. Phone:(403)28-SMILE or (403)272-7272.

Employment Opportunity

Wanted: Licensed Denturist. Competitive remuneration, flexible hours, option for partnership. Call the College of Alberta Denturists at 1-800-260-2742 for more information

Employment Opportunity

Licensed Denturist required for a very busy centrally located Calgary denture clinic. This is a full time position with a 5 day work week that offers a great work environment along with competitive remuneration. Interested applicants are requested to submit a resume by fax to Tony G. Forster, DD Hillhurst Denture Clinic (403) 283-1101

Employment Opportunity

Denture clinic looking for an Intern Denturist starting immediately, for a full-time position. Excellent opportunity for patient interaction. Located approximately 2 ½ to 3 hours from the city of Edmonton. Please fax resumes to (780) 865-1499.

Employment Opportunity

Edmonton denture clinic requires part-time licensed denturist. Call (780) 469-8602.

Employment Opportunity

Wanted: Denturist/Intern Denturist required for busy practice in Leduc. Please fax Resume to (780) 986-1228 or call (780) 986-5777.

Shared Space

Space sharing for licensed denturist. Build up your own practice and share space with another denturist. Ask for Brian. Phone (403) 526-6115 or Fax (403) 526-4639.

Equipment for Sale

Dental chair. Excellent condition. \$500.00. Phone (780) 459-6754, St. Albert.

Equipment for Sale

Dental chair for sale. Please contact Gary at 780-842-4313.

Equipment for Sale

Top of the line Belmont Pro II dental chair, exceptional design with folding footboard. Good for older patients because it has a normal sit down position. Cost \$10,000 new; for sale \$3,500. Used for 3 years. Dusty Rose in color. Contact (403) 592-0574 or (403) 554-3568, ask for George.

Equipment for Sale

For sale, 2 dental chairs in excellent condition. \$500.00 each or best offer. For details, call (403) 283-1272.

Equipment for Sale

2-Reception chairs (rose), 1-4 drawer file cabinet, 1-Redwing lathe with splash pans, 1 blazer torch, 1-Hanau style articulator, 1-BDM light cure unit, 1-manfridi press, 1-Vacupress, 1- 1vibrator, 1-two flask press, 1 microwave unit, 1-COE #666 2000, 1-BDM model trimmer unit, 6-Handler flasks, 1-Vanniman suction unit, 1-Ash Temple ultra sonic, 1-Planmeca chair with cuspidor, 1-Scican sterilizer unit, 1-Langs aqua press, 1-Plaster trap. Please contact Aaron at (403) 544-3770.

Equipment Wanted

Dental lab equipment as well as dental chairs required by denture clinic. Please fax your sale items with asking price to (403) 516-0508.

Continuing Education from Implant Companies

Various implant companies provide ongoing training in the laboratory procedures and intraoral skills for treating patients with implants. Please view the various websites to access a schedule of courses and for additional information.

Nobel Biocare: www.nobelbiocare.com

Straumann: www.staumann.ca

Zimmer Dental: www.calcitek.com

Continuing Education

Easirus Institute provides various continuing education courses for the dental industries.

View available courses and schedules at www.Easirus-institute.com

Telephone: 604-9901-1366

Facsimile: 604-990-4329

Useful Websites

Dental Industry Association of Canada: www.diac.ca/membership/member_list

Oral Health Journal: www.oralhealthjournal.com

Prescription Drugs list: www.rxlist.com

Council and College Employees and Officers- 2006

Council

Mr. Patrick Felt, DD- President
Mr. Jody Nelson, DD- Vice-President
Ms. Carissa Eyben, DD
Mr. Wade Klimpke, DD

Mr. Steven Sailer, DD
Dr. Garnet Cummings- Public Member
Mr. Hal Quilliam- Public Member

Registrar & Complaints Director

Mr. Charles Gulley, DD, F.C.A.D.

Receptionist

Ms. Heather Duguay

Office Manager & Hearings Director

Ms. Lorrie Rees, B.Ed

Legal Counsel

Mr. Blair Maxston, Lawyer

The College of Alberta Denturists

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Email: cofabdent@telus.net

Look for our website to be launched Summer 2006!

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