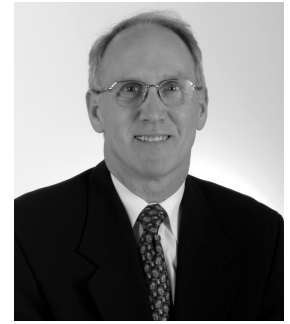


Board Business

From the Registrar's Desk

No. 36, February 2008



Board Appointments

		Term 1	Term 2	Term 3
Dr. Thomas H. Raddall III	Government	08 – 10		
Dr. John Miller	Government	02 – 04	05 – 07	08 – 10
Dr. Andrew Stewart	Government	02 – 04	05 – 07	08 – 10
Ms. Angela Worsley	Government	02 – 04	05 – 07	08 – 10
Mrs. Kore-Lee Cormier	Government	02 – 04	05 – 07	08 – 10
Ms. Odette d'Eon	Government	05 – 07	08 – 10	
Mr. Dwight Rudderham	Government	02 – 04	05 – 07	08 – 10
Ms. Rosemary Bourque	NSDHA	02 – 04	05 – 07	08 – 10

Licensing Report

At the 30 November 2007 licensing deadline, one dentist was struck from the Register for nonpayment of license fees and subsequently reinstated. Five dentists relinquished their license to practice and one dentist did not qualify for relicensure.

Fifteen dental hygienists were struck for nonpayment of license and Association fees – three have been reinstated, three have provided letters of relinquishment and the remainder are currently out of the province and are currently not in Good Standing.

Twenty dental hygienists were struck for nonpayment of license fees and all but one of these hygienists have been reinstated. Ten were struck for nonpayment of Association fees and all but one has been reinstated. Twenty three dental hygienists relinquished their license on November 30, 2007.

Corporation permits were also renewed on 31, December, 2007. To date the Board has reissued permits for 326 corporations. Six corporations were inactivated due to nonpayment of renewal fees.

<u>Year</u>	<u>DDS</u>	<u>DH</u>	<u>DA</u>	<u>Corporations</u>
2007	511	527	679	330
2006	512	521	680	322
2005	510	515	678	320
2004	500	493	619	318

Cape Breton Business College

The Commission on Dental Accreditation of Canada (CDAC) at its meeting on November 19, 2007, approved the Cape Breton Business College Dental Assisting Program as an accredited program.



PROVINCIAL DENTAL BOARD OF NOVA SCOTIA

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Dental Assisting Regulatory Authorities (DARA) MRA

The Dental Board approved a revision of the Mutual Recognition Agreement with respect to Dental Assisting that requires the NDAEB certificate for initial licensure for graduates of CDAC accredited dental assisting programs. As well the MRA identifies the 13 core skills that represent the minimum standard for dental assisting licensure after January 1, 2007.

Graduates of non accredited dental assisting programs will require both the NDAEB Certificate and the NDAEB Clinical Practice Evaluation (CPE) or retraining at a CDAC accredited program prior to licensure.

Legislative Amendments

Order-in-Council approval was obtained in November 2007 regarding amendments to the Discipline Regulation to allow for the use of settlement agreements in the discipline process. As well, amendments to the Dental Assistants' Regulations were approved that bring licensing requirements in line with national standards. The amended Regulations can be viewed at www.pdbns.ca.

Dental Board Policy Statement

Provision of General Anesthesia in Dental Office.

The Dental Board, at its January 25, 2008 meeting approved the following Policy Statement concerning the provision of Dental Anesthesia in the dental office.

Provision of General Anesthesia in Dental Office

Definitions

General anesthesia is a controlled state of unconsciousness accompanied by partial or complete loss of protective reflexes including inability to maintain an airway independently and respond purposefully to physical stimulation or verbal command.

Dental office refers to treatment areas outside of accredited hospital facilities.

Education and Training Requirements

- General Anesthesia must only be performed in the dental office by:
 - I. Licensed dentists registered to practice in Nova Scotia who have successfully completed an accredited post-graduate anesthesia program in a university and / or teaching hospital over a minimum of 24 consecutive months.
 - II. Licensed dentists registered to practice in Nova Scotia who had successfully completed an accredited post-graduate anesthesia program in a university and / or teaching hospital over a minimum of 12 consecutive months prior to 1993 and have continued to practice these modalities since that time. The program must have specifically evaluated and attested to the competency of the individual.
 - III. Licensed dentists registered to practice in Nova Scotia who have successfully completed an accredited post-graduate program in oral and maxillofacial surgery suitable for certification in the Province of Nova Scotia, incorporating adequate training in anesthesia, such that the individual competence has been specifically evaluated and attested to.
 - IV. Licensed physicians registered to practice in Nova Scotia who holds a fellowship in the Royal College of Physicians and Surgeons of Canada in anesthesiology.

General Anesthesia Permit

All dental offices where general anesthesia is administered must have a permit from the Provincial Dental Board Nova Scotia. Such a permit will be granted subject to satisfactory on site evaluations of the facilities, office protocols and equipment by an expert panel approved by the Provincial Dental Board.

Provision of General Anesthesia

The provider of the general anesthesia must not also be the provider of the dental treatment.

Dental Hygienist Act

With the passage of the Dental Hygienist Act in the Legislature and Royal Assent on 13 December 2008, the new Act is awaiting Proclamation which should occur following the approval of the Dental Hygienist Regulations.

The Dental Board considered the proposed College of Dental Hygienist of Nova Scotia Regulations at a meeting on January 25, 2008.

During the discussion of this matter, a number of concerns were raised that were considered important enough to be forwarded to government.

The first issue related to the lack of a definition of a dentist. The Board believes that the term licensed dentist needs to be explicitly stated. The licensed dentist definition would be consistent with the latest editorial modifications that were made to the draft Dental Practice Review Regulation.

The second issue involves the need for definition and clarity of process concerning the term "order". An example of this can be found on page 6 of the draft Regulations 10 (1) (d).

The third issue is similar in that the Board requests that definition and clarity of process be identified for the term "clearance" which is found in the draft Regulations page 6 10 (3).

Notwithstanding the above mentioned concerns, the Dental Board passed the following Motion 2008 -

"That the Provincial Dental Board of Nova Scotia accepts the Dental Hygienists of Nova Scotia Regulation (18 January 2008) as circulated with the understanding that the identified concerns be forwarded for consideration."

Proposed Modifications to the Certification Process for Graduates of Non-accredited Dental Programs

Dr. Danielle Joly, President-elect of the National Dental Examining Board of Canada (NDEB) and Dr. Jack Gerrow, Registrar of the NDEB to the Dental Board were invited to present this issue to the Board members.

Dr. Joly introduced the proposal to modify the NDEB certification process that had been requested by the CDRAF. The primary purpose of this initiative would be to develop an examination process that would reliably identify individuals who may not require 2 years of education to meet the national standard for general dentists. Dr. Joly emphasized that this proposal should not be interpreted as a replacement for the current Qualifying / Degree Completion Programs for graduates of non accredited dental programs.

Dr. Gerrow outlined the process outlined in the proposal that included ACFD Web Based Self Assessment, Application, Credential Assessment and Proof of Language Proficiency followed by Assessments of Fundamental Knowledge of Clinical Skills and Clinical Judgement.

Following discussion the Board indicated its support for the described process up to and including the ACFD 3 day Assessment of Clinical Skills. However, concerns relating to the costs of examination development for so few potential candidates and the lack of examination information available for review resulted in a decision that the Dental Board is unable to support the Assessment of Clinical Judgement initiative at this time.

The proposed NDEB framework can be viewed on the Board's website at www.pdbns.ca.

Presentation – Code of Ethics

Dr. Mary McNally was invited to make a presentation to the Board concerning Codes of Ethics. Dr. McNally is a professor at the Faculty of Dentistry who's clinical and academic interests include caring for elders and health care ethics.

Dr. MacNally's presentation reviewed the definition of Codes of Ethics and Professional Codes and focused on questions groups like the PDB should consider in developing a Code of Ethics.

Following discussion the Board members agreed to collect information concerning professional codes in other jurisdictions and to investigate the potential for a discussion on whether the development of a consolidated Code of Ethics in Nova Scotia for dentists, dental hygienists and dental assistants would be supported.

Complaints and Discipline Committee

The Complaints Committee met on October 22, 2007 and made judgment on the following cases.

Case 1. This matter resulted in the dentist being awarded a Letter of Counsel and directed to develop office protocols to confirm the identity of a patient prior to the provision of treatment.

Case 2. This matter involved the provision of orthodontic treatment(s). Given the documentation available for review, the Committee determined that:

- The parents were not provided with the necessary knowledge concerning the risks, benefits prognosis, alternative treatments and length of treatment expectation prior to initiating orthodontic treatment.
- Dr. X failed to recognize, after four years of treatment and no end of treatment in sight, that second opinion should have been requested.
- Dr. X failed to properly monitor & diagnose carious lesions at an appropriate time.

Dr. X was awarded a Letter of Reprimand.

A continuing Discipline Hearing is scheduled to reconvene on 1 April 2008.

Patient Referral Protocols

I have noticed in the past months an increase in concerns that have arisen as a result of patient referral. To ensure the timely and appropriate provision of optimal care, please ensure that the referral documentation and diagnostic information provided be as complete as possible prior to referring your patient for consultation and / or treatment.

Respectfully Submitted,

