

Board Business

From the Registrar's Desk

No. 42, February 2010



Licensing Report

On December 1, 2009, three dentists were struck from the Register for non-payment of license fees. Two of the dentists were subsequently reinstated after paying the reinstatement fee of \$ 275.66.

Of the six dentists who relinquished their license, 2 moved to another province and 4 retired from dental practice.

The following table describes the number of licensees and corporations registered with the Provincial Dental Board effective December 31st of each year.

Year	DDS	Students	DA	Corporations
2009	538	9	745	368
2008	528	11	733	349
2007	511	6	679	330
2006	512	7	680	322
2005	510	7	678	320

Invoices for the 2010 dental assistant license fees will be mailed to all licensees on March 15, 2010. Please be advised that payments of 2010 license fees must be received at the Provincial Dental Board office by April 30, 2010.

Apology Act

Royal Assent has been granted to enact the provisions of the Apology Act. The expressed intention of the legislation is that an individual can express sympathy or regret for an action or outcome without the apology being considered as an expressed or implied admission of fault or liability. Furthermore the Act clearly states that evidence of an apology made by or on behalf of an individual is not admissible in any court as evidence of fault or liability.

Prescription Monitoring Program (PMP)

The following rationale for changing the PMP duplicate prescription pads has been received from the Prescription Monitoring Board. This information has been posted on the Board's webpage at www.pdbns.ca

A Change to the Program's Duplicate Pad

Pediatric Weights

Errors associated with medications are believed to be one of the most common types of medical errors and are a significant cause of preventable adverse events. Experts agree that medication errors have the potential to cause harm within the pediatric population at a higher rate than in the adult population. Many children, especially very young children, cannot communicate effectively to providers regarding any adverse effects that medications may be causing. Since patient weight is used to calculate most dosing and there is tremendous variation in normal weights for young children, all pediatric patients should be weighed in kilograms.



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To serve as a reminder to prescribers and pharmacists, you will now see a new line on the duplicate pad for monitored drugs stating: "If appropriate, please indicate weight for pediatric patients."

Provincial Dental Board Guidelines

Use of Sedation in Dental Practice

At its January 29, 2010 meeting, the Dental Board approved important revisions to the Sedation Guideline relating to the provision of Deep Sedation and General Anesthesia in dental practice. All licensees are required to have a Permit issued by the Dental Board prior to providing any of the following treatments in their dental practice – nitrous oxide and oxygen conscious sedation, deep sedation, or general anesthesia. The Provincial Dental Board of Nova Scotia Guideline is posted on the Board's webpage at www.pdbns.ca

Alternate Pathway to Certification

NDEB Equivalency Process

Currently graduates of non accredited dental programs must successfully complete an accredited Qualifying or Degree Completion Program prior to being eligible to take the NDEB written and OSCE examinations. In 2011, a new NDEB Equivalency Process will provide an alternate pathway to certification for graduates of non accredited dental programs.

The new Equivalency Process will not replace the existing Qualifying / Degree Completion Programs but will provide an alternate pathway to certification and licensure. The NDEB Equivalency Process is comprised of three assessments – Assessment of Fundamental Knowledge, Assessment of Clinical Skills and Assessment of Clinical Judgement. Successful completion of the three assessments will allow individuals to write the NDEB written and OSCE examinations.

Additional information concerning the NDEB Equivalency Process can be found at www.ndeb.ca

Commission on Dental Accreditation of Canada

Reciprocal Agreement with Australia

During the past several years, the Commission on Dental Accreditation of Canada (CDAC) and the Australian Dental Council (ADC) have discussed the potential for a reciprocal agreement between the parties for general dentistry. With the support of both the CDAC and ADC, a reciprocal agreement has been developed with a target signing date of March 1, 2010.

In the event that the agreement is signed by both parties, a Canadian general dentist in good standing would be eligible to be licensed in Australia without further examination. Graduates of accredited Australian programs after 1 March 2010, would be eligible to write the NDEB written and OSCE examinations and when successful, would be eligible for licensure in Canada. It is important to note that the opportunities that exist through the Canada / Australia agreement will also extend to New Zealand.

Dental Board Committee Updates

a) Complaints Committee

The Complaints Committee met on two occasions since the last Board Meeting and considered the following matters;

Case No. 1

Patient complaint alleged that a licensed dentist and a licensed dental assistant intentionally harmed the patient through the use of a "device" and that they deliberately tampered with the evidence to cover up their actions.

Following an extensive investigation by the Registrar that included thorough office searches and interviews of staff personnel, no evidence of the existence of a "device" was found.

The Dental Board was provided with an expert opinion of an Oral Pathology specialist who stated that determining any specific cause of the lesion has no basis in science. A Forensic trained dentist reviewed the patient's dental radiographs and no inconsistencies were detected.

The evidence provided demonstrated that all dental treatment including diagnostics, treatment planning, documentation, referrals and follow ups were consistent with the standard of care expected.

It was also clear that normal office protocols were followed and there was no evidence to suggest that anything was done intentionally to harm the patient or that a cover up existed.

The complaint was dismissed.

Case No. 2

A parent's complaint alleged that the use of an orthodontic appliance caused their daughter to experience acute headache, neck, back and jaw pain and that the parents were not informed that the appliance might cause any of the acute and chronic pain symptoms that subsequently developed.

The Committee found that:

- The orthodontic appliance (RPE) had barely been activated.
- The Committee could not find any linkage between the activation of the appliance and the symptoms that developed that could have reasonably been anticipated.
- The Dental Board was provided with an expert opinion of an independent orthodontic specialist who could not find any evidence that the licensed dentist provided inadequate nor inappropriate care.
- The dentist's orthodontic records, documentation, diagnosis and treatment option selected for the patient's treatment met the standard of skill, knowledge and judgement expected of a dental specialist in Nova Scotia.

The case was dismissed.

Case No. 3

The patient's complaint alleged that a licensed dentist did not take a panoramic radiograph nor did they record any evidence of an accident in the patient's dental record. The patient further complained that the dentist was not helpful nor cooperative in providing information to the patient with respect to their dispute with their insurance company.

The Committee found that:

- The dental radiograph taken by Dr. X was the proper x-ray for this clinical situation.
- Dr. X did not witness the alleged accident and therefore could not confirm any details as to the cause of the fractured tooth.
- Dr. X's treatments and actions met the standard of skill, knowledge and judgement expected in the practice of dentistry in Nova Scotia.

The case was dismissed.

b) Dental Practice Review Committee

2010 will be the second year for the DPR audit. Statistics Consulting Service provided a random sample stratified by region and letters went out to 68 dentists on January 14, 2010. Upon return of the Self Assessment documents the DPR Committee will meet to review the audit returns.

c) Mandatory Continuing Dental Education Committee

RKH Economic Consultants Ltd. provided the random sample for dentists and dental assistants this year. 338 dentists and 361 dental assistants had CE cycles concluding December 31, 2009. Twenty six dentists and twenty one dental assistants were chosen for the audit.

Letters were mailed out January 8, 2010. The CE Committee will meet on March 26, 2010 for their meeting and audit review.

Botox Use in Dental Practice

Further to its September 18, 2009 meeting, the Dental Board asked the Nova Scotia Dental Association, the Dalhousie Faculty of Dentistry and the Nova Scotia Dental Specialists Society to review the following draft position statement and provide their feedback to the Dental Board.

Use of Botox™ In Dental Practice In Nova Scotia

In Nova Scotia, the Act Respecting Dentistry 1992 legislation 2 (f) (i) defines the scope of dentistry as including the diagnosis and treatment of any injury, disease, pain, deformity, defect, lesion, disorder or physical condition of, to, in or from a human mouth, mandible or maxilla or associated structures or tissues, including the prescribing and administering of radiographs, anesthetics, drugs and medicines.....

The Provincial Dental Board of Nova Scotia interprets this legislation to mean that there must be an oral component to any treatment provided by a dentist.

While licensed dentists are authorized to administer a substance by injection, the ability to perform this controlled act is limited to the management of conditions that fall within the scope of practice of dentistry.

The current opinion of the Dental Board is that the injection of Botox™, or any other agent or material, into the extra-oral / facial tissues of a patient for cosmetic purposes does not fall within the scope of practice of a dentist.

As the requested feedback has not been received as yet from all of the specialty groups, the Dental Board agreed to extend their consideration until its next meeting in May 2010. The Registrar has been directed to collect information about this matter from Regulatory Authorities in other provinces.

Respectfully Submitted,

