Provincial Dental Board of Nova Scotia

Board Business

From the Registrar's Desk

No. 80, September 16, 2024

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LEGISLATION CHANGES

An update on impending changes to legislation affecting dentistry and dental assisting was sent in a September 3, 2024 message to registrants. Further updates will be provided as information becomes available.

ALINITY UPDATE

Since May, all applications for registration and licensing, as well as the accompanying documentation, have been submitted online through Alinity. Although we have had to work out a few bugs during implementation, the application process has gone very smoothly.

Within the Alinity platform, registrants can now apply for a Certificate of Standing. (This is a form typically required by the regulator in another province or state if you are moving and wish to be licensed there.)

Dentists can now apply for sedation and Botox permits within Alinity. Facility Sedation Permit applications and renewals will soon be available on the site.

Effective today, the Continuing Dental Education module is active on the portal. This will be described in more detail on page 8 of Board Business, in the Mandatory Continuing Dental Education (MCDE) section.

REQUIREMENTS FOR BLS/CPR

As you know, all registrants are required to maintain current BLS/CPR certification at all times. Verification of this is required when initially applying for a license and at the time of annual license renewal.

At this point, the Board had not explicitly set the requirement for the training (e.g., BLS vs CPR). However, at the Board's May 2024 meeting, Board members were unanimous that the course must be:

- in-person, and
- from an accredited provider.

Online BLS/CPR courses will not be accepted for license renewal.

LICENSING REPORT

The table below shows the historical numbers of licensed dentists, graduate students, registered dental assistants, and corporations since 2017:

Year	Dentists	Graduate Dental Students	Registered Dental Assistants	Dental Corporations
2024 (Sept. 13, 2024)	608	20	823	377
2023 (Dec 21, 2023)	594	17	836	385
2022 (Dec 31, 2022)	580	19	822	410
2021 (Dec.31, 2021)	576	19	827	414
2020 (Dec.31, 2020)	567	18	842	395
2019 (Dec.31, 2019)	560	17	831	394
2018 (Dec.31, 2018)	570	19	805	376
2017 (Dec.31, 2017)	559	18	789	393

So far in 2024 we have registered and licensed 33 dentists, 45 dental assistants, and 8 graduate dental students.

BOARD APPOINTMENTS

Code of Ethics Committee

At the May 2024 Board meeting, an *ad hoc* Code of Ethics Committee was struck to develop a revised Code of Ethics, the adoption of which will align with the migration of the PDBNS to the Regulated Health Professions Act (which we now suspect will be in January 2025). The following individuals were appointed to this Committee and have been working on this project over the summer:

Dr. Mary McNally (Chair)
Dr. Martin Gillis (Vice-Chair)
Dr. Scott Schofield
Dr. Asile El-Darahali

STATUTORY COMMITTEE APPOINTMENTS AND REAPPOINTMENTS

In May and June of 2024, the following appointments to statutory committees were approved.

Discipline Committee
Dr. Mark Vallee (2024-2027 May)
Dr. Tom Steeves (2024-2027 May)
Dr. Marla MacAulay (2024-2027 June)
Dr. Sarah Fakhraldeen (2024-2027 June)
Dr. Sara Hunter (2024-2027 June)

Registration Appeal Committee
Dr. Maria Haddad (2024-2027 May)

STATUTORY COMMITTEE UPDATE

COMPLAINTS COMMITTEE

March 21, 2024
Case 1: The Committee heard the case of a complaint against a dentist. The Committee passed motions to issue a **reprimand** the registrant and to report the decision in publications of the PDBNS on an **unnamed** basis.

This complaint stemmed from alleged traumatic and unprofessional care in treatment provided in 2023.

Complaints Committee panelists determined that the Dentist ("Dr. A") had failed to treat Patient X with a standard of skill, knowledge or judgement that is reasonable in the practice of dentistry in Nova Scotia by not obtaining an adequate medical history. Panelists expressed significant concern that Dr. A, even when questioned, did not seem to recognize or acknowledge the deficiency in their protocols and documentation for medical history review. The panel did not accept Dr. A's assertion that they had performed a thorough medical history review at the 2023 appointment since it was not reflected in the clinical notes. Further, the patient's medication list from the pharmacy was not obtained by Dr. A until after Dr. A had been notified of the complaint, two months after the appointment. Panelists were unanimous that a thorough medical history review was particularly imperative in this case considering the fact that Patient X had two organ transplants.

In this case, panelists could find no definitive evidence that a serious negative health outcome had occurred due to Dr. A's inadequate medical history review. Panelists were unanimous, though, that failure to thoroughly consider a dental patient's general health and investigate/consult appropriately can lead to serious negative health outcomes.

Panelists were also unanimous that Dr. A's recordkeeping was significantly lacking in detail as outlined above.

It was noted by panelists that it is inappropriate for a dentist to place dental instruments on a patient's bib (which lays on their chest), both in terms of safety and respect for patients' personal space.

Case 2: The Committee heard the case of a complaint against a dentist. The Committee passed motions to **dismiss** the complaint and to report the decision in publications of the PDBNS on an **unnamed** basis.

April 4, 2024

Case 1: The Committee heard the case of a complaint against a dentist. The Committee passed motions to issue a **letter of caution** to the dentist and to report the decision in publications of the PDBNS on an **unnamed** basis.

This complaint stemmed from allegations that the dentist ("Dr. B") had discriminated against the patient (Patient Y) based on Patient Y's economic and employment status.

The panel did not find sufficient information or evidence to support or corroborate Patient Y's allegations of discrimination. While Patient Y's version of events did not fully align with Dr. B's regarding communication aspects of their encounter, the panel was satisfied that Dr. B's justification for undertaking a comprehensive new patient exam to enable accurate diagnosis and to establish treatment planning that includes oral hygiene needs is sound.

However, panelists also considered that meaningful informed consent includes critical elements of disclosure of all information pertinent to a decision as well as the patient's understanding of the information. Dr. B acknowledged that procedure fees are only discussed if a patient asks. Members of the panel contended that discussion of fees is critical to full disclosure, especially, as Dr. B suggested with reference to Patient Y's expectations, if the process and accompanying fee is outside of what the patient may expect. As the treating clinician, it was Dr. B's responsibility to ensure that informed consent had been obtained.

Panelists also determined that Dr. B's protocol for prescribing Patient Y's radiographs did not meet the standard set out in the *PDBNS Guidelines for Prescribing and Taking Dental Radiographs*. Members of the panel determined that adherence to these guidelines is essential for minimizing harm as established through the ALARA (As Low as Reasonably Achievable) principle. Specifically, panelists were unanimous in their concerns with Dr. B's breach of the following guidelines (in italics):

- *"Where possible, copies of recent radiographs should be obtained from other practitioners who have cared for the patient".* Dr. B recounted for the panel that a "patient release" was sent to Patient Y and, as it was not signed and returned, no attempt was made to seek previous dental records. Panelists determined that this passive approach is not sufficient; follow up with the patient should be sought and status of consent and/or availability of former records documented.

- *"A clinical examination must be performed*." Dr. B did not undertake his clinical exam of Patient Y prior to radiographs being taken by the dental assistant.

- *"Once any recent radiographs have been assessed and a clinical examination has been performed, the dentist may exercise professional judgement to prescribe appropriate radiographs on an individualized basis to help formulate an initial diagnosis for the patient if indicated*." By not actively seeking previous records and not undertaking a clinical examination, Dr. B did not create the opportunity to provide an individualized formulation of Patient Y's radiographic requirements.

Case 2: The Committee heard the case of a complaint against a dentist ("Dr. C") relating to alleged failure to diagnose caries as well as unprofessional behaviour. The Committee passed motions to **refer the complaint to the Discipline Committee** and to report the decision in publications of the PDBNS on an **unnamed** basis.

The details of this and any other referred complaints are not reported at this stage because, once referred, the ultimate determination of alleged breaches of professional standards rests with the Discipline Committee.

<u>April 11, 2024</u>

Case 1: The Committee heard the case of a complaint against a dentist ("Dr. D") relating to alleged failure to recognize active advanced periodontitis while planning and providing orthodontic (aligner) treatment to the patient. The Committee passed motions to **refer the complaint to the Discipline Committee** and to report the decision in publications of the PDBNS on an **unnamed** basis.

<u>May 16, 2024</u>

Case 1: The Committee heard the case of a complaint against a dentist. The Committee passed motions to **dismiss** the complaint and to report the decision in publications of the PDBNS on an **unnamed** basis.

Case 2: The Committee heard the case of a complaint against a dentist. The Committee passed motions to **dismiss** the complaint and to report the decision in publications of the PDBNS on an **unnamed** basis.

June 6, 2024

Case 1: The Committee heard the case of a complaint against a dentist. The Committee passed motions to **dismiss** the complaint and to report the decision in publications of the PDBNS on an **unnamed** basis.

Case 2: The Committee heard the case of a complaint against a dentist. The Committee passed motions to **dismiss** the complaint and to report the decision in publications of the PDBNS on an **unnamed** basis.

July 18, 2024

Case 1: The Committee heard the case of a complaint against a dentist. The Committee passed motions to **dismiss** the complaint and to report the decision in publications of the PDBNS on an **unnamed** basis.

September 5, 2024

The Committee heard two complaints against dentists but has yet to finalize the decisions.

Summary of Complaints Committee Decisions

Of the 10 complaint decisions reported above:

- 6 were dismissed,
- 1 resulted in a letter of caution,
- 1 resulted in a written reprimand, and
- 2 were referred to the Discipline Committee.

Outstanding Complaints

In addition to the 10 complaints heard so far in 2024, there are presently:

- 4 complaints scheduled to be heard by the Committee in the coming weeks, and
- 18 other complaints at various stages of investigation.

DISCIPLINE COMMITTEE

Upcoming Discipline Committee Hearing

An in-person hearing will be held before the Discipline Committee between October 18-20 pertaining to a complaint which was referred by the Complaints Committee to the Discipline Committee. The parameters for this hearing are still being finalized between the parties.

Other Matters

There are currently 4 other complaints which have been referred by the Complaints Committee to the Discipline Committee in 2023-24. These are being resolved through the development of Settlement Agreements between the Registrar and the registrant which will be, in due course, recommended by the Complaints Committee to the Discipline Committee for approval.

Settlement agreements include:

- an agreed-upon statement of facts,
- the registrant's admission to one or more of the allegations set forth, and
- agreed-upon sanctions.

The last time that a matter referred to the Discipline Committee could not be resolved through a settlement agreement (and therefore resulted in a contested hearing) was 2008.

MANDATORY CONTINUING DENTAL EDUCATION (MCDE) COMMITTEE

Early in 2024, random sampling took place to select 15% of dentists and dental assistants whose MCDE cycle ended on December 31, 2023. There were 34 dental assistants and 24 dentists who were selected for audit with submissions to be received by February 2, 2024. The MCDE Committee met on February 9, 2024 to review the submissions.

Of the 34 RDAs audited, 10 were found to have incomplete audits, meaning that they had not submitted satisfactory verification of continuing education to meet the requirements of the guidelines. By the deadline for license renewal in April, all but 1 had completed their audit.

Of 24 dentists audited, 11 were found to have incomplete audits. Of these, 5 had not submitted verification that they had completed a course on the Management of Medical Emergencies in the Dental Office (a mandatory requirement for all registrants once per cycle). To date, 5 of the 11 have submitted additional or clarifying documentation and have completed their audits. There remain 6 dentists who have shortfalls and will need to submit documentation to complete their audit in order to be eligible for license renewal in the fall (as per Section 3(2) of the *MCDE Regulations*).

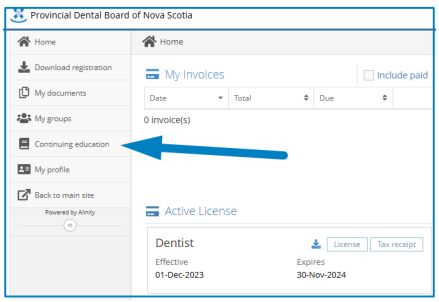
MCDE Module Within Alinity

The MCDE Committee and the Board have approved changes to the *MCDE Guidelines*. As per the update to General Guideline 5, registrants will now upload verification of their CDE activities to a module within Alinity rather than maintaining a physical log form and submitting a collection of papers if audited.

We feel that the majority of registrants will find this system an improvement over the old one, both in terms of tracking how close you are to fulfilling your requirements and knowing what category to claim credit for with a given course or activity.

Staff is committed to providing support to those who might experience challenges with technology.

When you log into the Alinity platform, you will now see a "Continuing education" button.



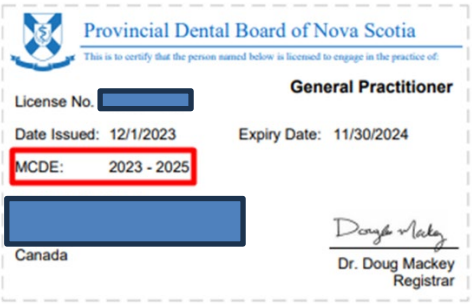
Once you are within the CDE module, you will see that you can enter details and upload verification for individual activities and will be guided to enter it in the correct category. A calculator will tally your credits in each category and overall, updating the totals as new activities are entered.

We have put together a 10-minute video starring Emmy Award Winning MCDE Chair, Dr. Kevin Walsh, to provide some orientation to the site for those who would benefit. (If you know Kevin, ask him about his Emmy Award…for real.)

Here are some important details about this new process:

- As before, audits will occur **only at the end** of the 3-year cycle for a particular cohort.
- Registrants are free to accumulate credits at their own pace.
- There will be no auditing or surveillance of registrants' progress throughout the course of their cycles.
- For the group of registrants whose MCDE cycle will end in December of this 2024, random sampling will take place and those selected for audit will be notified on December 1. The window of time for uploading documents for that cohort will be extended to January 15 of 2025.

If you are unsure when your MCDE cycle begins and ends, you can find it on your license card.


Provincial Dental Board of Nova Scotia
This is to certify that the person named below is licensed to engage in the practice of:
General Practitioner
License No. [redacted]
Date Issued: 12/1/2023
Expiry Date: 11/30/2024
MCDE: 2023 - 2025
[redacted]
Canada
Dr. Doug Mackey
Registrar

Alterations to MCDE Cycle Requirements

Amendments to General Guidelines 14 and 16 within the *MCDE Guidelines* will see a modified process for addressing situations in which a registrant's ability to obtain credits is impacted by matters such as health, a leave of absence from work, moving out of the province, etc.

In the past, the registrant's MCDE cycle would be either extended or interrupted and resumed at a later date. These mechanisms are not possible within our Alinity database.

Going forward, a registrant in a situation described above will maintain their prescribed cycle. However, the registrant may advise the Registrar in writing of the situation and request that their requirements be modified (or prorated) according to this table.

There are provisions in General Guidelines 14 and 16 that "A registrant who is dissatisfied with the decision of the Registrar regarding the proration of their MCDE cycle may appeal the Registrar's decision to the MCDE Committee within 30 days of receiving the decision."

Final MCDE Matters

The MCDE Committee wishes to share the following reminders/updates:

- A course on the Management of Medical Emergencies in the Dental Office is required once per cycle.
- For meetings of regional societies where presentations are made, participants will receive 50% of the total meeting hours in Category 3 for meeting attendance. The remaining 50% of the total meeting hours will be assigned to Category 1 or 3, depending on the subject matter. A maximum total of 5 credit hours per meeting will be awarded.
- In order for online asynchronous (i.e., on-demand) courses to be awarded credit, there must be evidence of a post-test.
- The committee has determined that it will award credit in Category 3 (to a maximum of five credit hours per activity) for verified experiences or courses to do with:
    - equity/diversity/inclusion/reconciliation,
    - mental health and wellness, and
    - sexual, gender-based, or intimate partner violence.

DENTAL PRACTICE REVIEW (DPR) COMMITTEE

In accordance with the *Dental Practice Review Regulations*, 82 dentists (15% of licensed dentists in private practice stratified by region) were selected using a random sampling process stratified by district to complete a self-assessment document which was to be returned by February 15, 2024. The Committee met on March 6, 2024 to review the documents.

There were 12 dentists selected through random sampling for a site visit in addition to 3 dentists whose self-assessment form triggered a site visit. 2 dentists had not returned their self-assessment forms and were therefore slated for site visits.

Dentists are reminded that, according to present legislation, all dentists in private practice are eligible for random selection under the DPR process whether they are owner or associate dentists.

The office site visits for the 2024 DPR process are almost completed with only one remaining. The majority of these have been conducted by the Chair of the DPR Committee, Dr. Mariette Chiasson. As was indicated on page 11 of the November 2023 Board Business, where concerns arise, they most often tend to be in the realm of recordkeeping.

REGISTRATION APPEAL COMMITTEE

The Registration Appeal Committee (RAC) was scheduled to hold a hearing on September 11, 2024. The hearing pertained to a dentist coming from another province who appealed the Registrar's decision to deny registration and licensure in June. The dentist withdrew their appeal on September 10, 2024.

When reviewing an application, the Registrar is bound by the Dental Act and Regulations, specifically the *Qualifications for Registration and Licensing of Dentists Regulations*. Section 4 of the Regulations outlines the criteria an applicant must meet in order to be registered and licensed as a dentist in Nova Scotia. Of the 7 criteria listed, at least 4 are not open to interpretation (i.e., they are non-negotiable).

Appreciation goes to the RAC Chair, Dr. Gorman Doyle, and the other Committee members for the time they had invested in preparing for the hearing.

SUMMER STUDENT

Many thanks to our summer student, David Okunola. David has just begun the second year of the Denal Hygiene program at Dalhousie. He came highly recommended and did not disappoint!

David helped with the cataloguing and digitization of a backlog of stored paper records as well as other tasks.

David's cleverness with devising Excel spreadsheet formulas left us older folks in the dust.

Wishing everyone a smooth transition from summer to fall.

Sincerely,

Dr. Doug Mackey, Registrar