



BRIDGE

President's Message

HAROLD BASSFORD



I am pleased to announce the College's e-newsletter, 'Bridge', a bi-annual publication to provide updates to Members on the activities of the College and changes that may be of interest and/or impact. This e-newsletter followed from the

Communications strategy that was presented to Council in May 2015. Council's objectives are to increase member engagement, public awareness of the College and the role it plays in protecting the public, and effective professional relationships with the oral health community. Over a two-year period, we successfully integrated online applications to consult on By-law changes, Standards of Practice and Patient Relations matters, increasing transparency in College processes and decision-making. We increased face to face communications with educators, regulators on a provincial and national level, and the association.

We have embarked on several initiatives to ensure that the public receives safe, quality and ethical care, and has access to information to make informed decisions. Expanded information on the public register and the imminent launch

President's Message	1
Registrar's Message	2
College Highlights	4
Standards for Infection Prevention and Control	5
Practising the Professions while in a Conflict of Interest	7
Bill 87, Protecting Patients Act, 2016	8
Discipline Committee Decision: Richard Charlebois	9

of our new website demonstrates our continued commitment to being transparent. The College is also updating its Standards of Practice to account for new discoveries and developments, and ensuring that the language used is understandable by the public as well as by professionals. The first set of Standards, Infection Prevention and Control, have been distributed for stakeholder feedback. More details regarding this Standard can be found on Page 5.

As the College commences another productive year, I look forward to keeping you informed through this e-newsletter which has come from the great efforts of the Patient Relations Committee in support of Council's 'Towards Transformation Action Plan'.



Registrar's Message
JUDITH RIGBY

Information is power. By sharing it, we provide the public, patients, Members and other healthcare professions the basis to make informed choices. This e-newsletter supports our objectives to deliver relevant and timely information to enable good decision making.

In 2016, the College continually improved our governance and transparency practices, and 2017 will be no different. Our Committees have worked tirelessly towards more rigorous practices in governance, operations, entry-to-practice, assurance of quality practice, patient relations and handling of concerns about Members.

It is also incredible to see the significant changes the College has made since our Towards Transformation Action Plan. We created new By-laws, provided Council training and professional development, developed a new Member database, rolled out a communications strategy and increased inter-professional collaboration.

We will continue to be transparent in our practices and bring a continuous cycle of improvement. We hope to inspire confidence by working on behalf of our Members and the public to ensure the profession delivers safe and effective care.

Council Members

President

Harold Bassford

Vice-President

Michael Karrandjas, RDT

Professional Members

Jason Chai, RDT
Vincent Chan, RDT
Derrick Ostner, RDT
George Paraskevopoulos, RDT
Nicole Rotsaert, RDT
Clark Wilson, RDT

Public Members

Jeff Donnelly
Janet Faas
Kathryn McAllister
Terence Price
Keith Tarswell

Non-Council Members

Harry Bang, RDT
Igor Kobierzycki, RDT
Andreas Sommer, RDT

For more information on Council or Council meeting dates, please visit www.cdto.ca.

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INTRODUCING...

The College would like to introduce one of Council's appointed public members, Terence Price. Terry was the Chair of the Patient Relations (PR) Committee in 2016 and continues to assume the role in 2017. We would like to thank him for his significant contributions to move this newsletter forward.

What does the PR Committee do?

The PR Committee's goal is to provide relevant information to our membership to increase Member awareness of the regulatory requirements and standards of the College. We are a statutory Committee required, under the *Regulated Health Professions Act, 1991*, to enhance relations between Members and patients, and include measures for preventing and dealing with sexual abuse of patients.

What will we write about?

In order for us to prioritize our efforts, we sent out a survey in August of 2016 to find out where knowledge gaps existed with our Members. The results were collected in September of 2016 and will be used to influence articles in the Bridge to support our membership in understanding and fulfilling their professional responsibilities. Our goal is to bridge information between the College and its Members.

How can you contribute?

If you have feedback on the Bridge or would like to see a topic discussed in our next issue, please email info@cdto.ca. We greatly appreciate your participation.

STAY IN TOUCH

The College sends e-updates to keep our Members informed about changes. These updates are sent to your communications email address provided in your Member profile. Please make sure your email address is unique and not shared with other Members, and is always kept current.

Go to www.cdto.ca and go to Member Self-Service to update your information.



IMPORTANT DATES IN 2017

<i>Council Meeting</i>	April 7
<i>Council Meeting</i>	May 26
<i>Written Examinations</i>	July 7
<i>Practical Examinations: Week 1</i>	July 9-14
<i>Practical Examinations: Week 2</i>	July 16-21
<i>Deadline for Annual Renewal</i>	August 31
<i>Council Meeting</i>	September 22

Visit www.cdto.ca for the most current information.



COLLEGE HIGHLIGHTS

Elected Members for 2017

As a new year is before us, Council elections commenced and the following members were elected to the Executive Committee:

- President – Mr. “Skip” Harold Bassford, Public Member
- Vice-President – Mr. Michael Karrandjas, RDT
- Ms. Janet Faas, Public Member
- Mr. Derrick Ostner, RDT
- Mr. George Paraskevopoulos, RDT

We thank all our Council members for their participation and efforts in advancing the College.

Guest speaker – Irwin Fefergrad

Mr. Irwin Fefergrad, Registrar of the Royal College of Dental Surgeons of Ontario, presented on “Governance, Transparency and the Future is Now”. Mr. Fefergrad reminded us of our role as regulators to put the patient first while being fair to the membership and highlighted parts of Bill 87, Protecting Patients Act, 2016. See Page 8 for more information about this Bill.

We thank Mr. Fefergrad for taking the time to share his knowledge with us.

Standards of Practice Review

Dental technologists have been entrusted with the privilege of self-regulation as they have the specialized knowledge to know what is and is not good dental technology practice. The Standards are critical for self-regulation because they reflect how the profession should be practiced to ensure that the public interest is served and protected. The Standards set out the minimum requirements that dental technologists need to meet and are held accountable to if they fail to do so.

In 2015, Council identified that a Standards of Practice (SOP) review was a key priority to ensuring quality practice and, by fall, approved the scope and funding for the review. By January 2016, an SOP Task Force was established. Task Force members come from various backgrounds and are experienced in dental technology as lab owners, educators or have ministerial level experience in public protection roles.

Read more about the SOP review on Page 5.

STANDARDS FOR INFECTION PREVENTION AND CONTROL

In April 2016, the College's Standards of Practice (SOP) Task Force commenced its review of the College's Standards and Guidelines. The Task Force set out to assess the adequacy of current standards, benchmark national and international standards, and review and update those standards where the information is readily available.

Standards of Practice Survey to Members

The Task Force issued a web survey to Members and stakeholders to collect feedback on the current Standards of Practice with respect to: (1) clarity and adequacy (2) improvements and (3) what is missing? 176 responses were received with 95% of them coming from RDTs. 75-85% of respondents found the current standards to be clear and comprehensible for technical aspects.

Standard for Infection Prevention and Control

The survey feedback also showed strong consensus that updating the Infection Control guideline was a priority. Therefore, the Task Force undertook the review of the Infection Control guideline, published in 2005, and focused on three (3) key areas: (1) content (2) understandability (3) enforceability (guidelines vs. standard).

The Task Force agreed that converting the current Infection Control document from a guideline to a standard of practice would provide a validated set of expectations ("that-which-must-be-done"). Standards define expectations for the profession, communicate dental technologists' accountability to the public and guide the dental technologist's practice.

Through extensive research on infection control compliance, the Task Force found that the document should be updated to enable dental technologists to comply with the Centers for Disease Control and Prevention (CDC) recommendation "that all dental settings, regardless of the level of care provided, must make infection prevention a priority and should be equipped to observe Standard Precautions and other guidelines".

Get involved.



The content of this Standard was expanded in the areas of:

1. Standard Precautions
2. Reusable Instruments Reprocessing and Maintenance
3. Blood or Body Fluid Exposure Management
4. Training and Documentation
5. Glossary of Terms and Relevant Resources

When the review and updates to the Standard for Infection Prevention and Control were completed, Council approved the circulation to Members and stakeholders for a period of sixty (60) days. This opportunity closed on March 21, 2017 and we want to thank everyone who provided their feedback. We greatly appreciate your comments and will take each one into consideration.

As we continue to review the other SOP, please get involved and provide us with your feedback.



OUR VALUES IN ACTION

Transparency and Openness

Last year, the College embarked on several initiatives to increase transparency which are highlighted in our 2015-2016 Annual Report. It is now available on the website. Take a moment to read the Annual Report at www.cdto.ca under Publications.

The College is also excited to announce that its new website will soon be launched. The improved website is modernized and will assist members in finding information more efficiently. This has been a priority project for the College and its success is owed to everyone involved. Stay tuned for the launch!

Another part of being transparent is ensuring that the public has all the information necessary to make informed decisions on who they choose to receive healthcare from. In September 2015, through By-law changes, the College made more information available about its Members.

For example, after investigating a matter, where a panel of the Inquiries, Complaints and Reports Committee has required a Member to appear for a caution or take a Specified Continuing Education or Remediation Program (SCERPs), the new By-laws require that this information be posted to a Member's Public Register. It also requires that information regarding any terms, conditions and limitations imposed onto a Member's certificate of registration be posted.

These changes demonstrate the College's commitment to holding Members accountable for their professional conduct and ensuring the public is informed. Read our By-laws at www.cdto.ca under Regulations.

YOU ASKED US...

AM I PRACTISING WITH A CONFLICT OF INTEREST?

What are conflicts of interest?

A conflict of interest is created when a Member puts themselves in a position where a reasonable person could conclude that the dental technologist is making arrangements that may compromise his/her professional judgement, or that of his/her client(s). These include:

- Inappropriate “arrangements” or “business relationships” with other health professionals such as offering quantity discounts, gifts, or incentives to dentists;
- Fee or income splitting with anyone other than a dental technologist who engages with you in the practice of dental technology; and
- Self-referral where a dental technologist derives any financial or material benefits.

Why should we avoid conflicts of interest?

Whether actual or perceived, conflicts of interest give the public the impression that their care or the cost of their care may be compromised.

Under s. 11 of the Professional Misconduct Regulation (O. Reg 798/93) of the Dental Technology Act, 1991, it is an act of professional misconduct to practice the profession while a Member is in a conflict of interest.

What happens if I practice while under a conflict of interest?

If found by a panel of the Discipline Committee to have committed an act of professional misconduct, the panel may take actions such as ordering the Registrar to revoke or suspend a Member’s certificate of registration, impose specified terms, conditions and limitations on a Member’s certificate of registration or requiring the Member to pay a fine.

Where can I read more?

Read more about the Standards respecting Conflict of Interest online at www.cdto.ca under Regulations & Guide.

Example:

A dental laboratory is promoting its business by offering an iPad to dentists who order 30 crowns.

This is a conflict of interest as professional judgement is influenced by financial arrangements.

BILL 87, PROTECTING PATIENTS ACT, 2016

How did Bill 87 come about?

Ontario's Minister of Health and Long-Term Care, the Honourable Dr. Eric Hoskins, set up a task force to review the *Regulated Health Professions Act, 1991* (RHPA) and assess whether the standard of zero tolerance of sexual abuse of patients are being upheld. In its report, the task force submitted 34 recommendations of which several are being put forward in Bill 87, Protecting Patients Act, 2016, which is an amendment to the RHPA.

How does this affect us?

Bill 87 will introduce significant changes that will impact all regulated health professionals. However, in understanding that RDTs have limited contact with patients, here are some examples of ways our profession will be impacted:

- Posting a synopsis of disciplinary and incapacity results under a Member's name including those where no finding has been made;

- Posting Inquiries, Complaints and Reports Committee (ICRC) ordered cautions and specified continuing education and remedial programs (SCERPs) to remain on a member's register permanently; and
- Increasing the criteria for mandatory revocation to include touching of the patient's genitals, anus, breasts or buttocks that is not clinically appropriate.

What is the College's position on this?

The College is in support of this bill as it will increase transparency and accountability, and reinforce our standard of zero tolerance of sexual abuse of patients. Bill 87 passed First Reading on December 8, 2016 and we anticipate approval in Spring 2017.

PROFESSIONAL LIABILITY INSURANCE

Professional Liability Insurance (PLI) is a requirement for practising as a dental technologist in Ontario and is regulated under section 13.1 of the Health Professions Procedural Code (the "Code"), being Schedule 2 to the RHPA, section 7 of the Registration Regulation (Ontario Regulation 874/93) of the Dental Technology Act, 1991 and section 20 of the College's By-Laws. PLI provides coverage for dental technologists with respect to claims that may arise from the practice of dental technology and protects the public should an incident occur.

What happens if I practice without PLI?

All Members who engage in the practice of dental technology without PLI will be found by a panel of the Discipline Committee to have committed an act of professional misconduct as directed by section 13.3(3) of the Code.

When a Member is found to have committed an act of professional conduct, a panel of the Discipline Committee may make orders which can include revoking or suspending a Member's certificate of registration, imposing terms, conditions and limitations on the Member's certificate of registration and/or requiring a Member to pay a fine.

Failing to carry PLI is a serious violation that not only exposes a Member to professional liability but also affects the public confidence in our profession.

How to update your PLI information?

Each year when you renew your General Certificate of Registration, you have the opportunity to update your PLI information. Thereafter, please contact info@cdto.ca to update this information.

2016 DISCIPLINE COMMITTEE DECISION

Member: Richard Charlebois, #1051

On July 21, 2016, a Discipline hearing was held for Mr. Richard Charlebois (the “Member”), (#1051), who was found to have committed acts of professional misconduct.

This case proceeded by way of an Agreed Statement of Facts and a Joint Submission on Penalty. The Panel acknowledged that Mr. Richard Charlebois (the “Member”) co-operated with the College and, by admitting to the allegations, agreeing to the facts and a proposed penalty, has accepted responsibility.

Background

- During the relevant period, the Member was the President, principal owner and sole supervising RDT at Classic Dental Laboratories Ltd. (the “Lab”) in Ottawa, Ontario
- The Lab is amongst the largest in Ontario with about 60 employees.

Contravening the Laboratory Supervision Standards

- Was absent from the laboratory for a period exceeding the standards of the profession without hiring a replacement RDT with laboratory supervision status;
- Failed to supervise, oversee and/or review the design, construction, repair and/or alteration of dental prosthetic, restorative or orthodontic devices that were processed in the laboratory;

- Directed individuals who were not RDTs to supervise the technical aspects of the design, construction, repair or alteration of dental prosthetic or orthodontic devices;
- Failed to stamp the invoice or other document authorizing the release of each case; and
- Issued invoices that contained his RDT number for cases that he did not supervise, thereby signing or issuing, in the member’s professional capacity, a document that contains a false or misleading statement.

Admissions

The Member admitted, and the Panel found, that the Member committed the following acts of professional misconduct:

- Failing to maintain a standard of practice of the profession;
- Knowingly subcontracting dental technological services in breach of section 32(1) or (3) of the RHPA, 1991;
- Signing or issuing, in the member’s professional capacity, a document that the member knows contain a false or misleading statement; and
- Engaging in conduct or performing an act, in the course of practicing the profession that, having regard to all the circumstances, would reasonably be regarded by members as disgraceful, dishonourable or unprofessional.

2016 DISCIPLINE COMMITTEE DECISION (CONT'D)

Penalty

The College and the Member submitted the following joint submission on penalty, which was accepted and ordered by the Panel:

- Requiring the Member to appear before the Panel to be reprimanded;
- Directing the Registrar to suspend the Member's certificate of registration for a period of six (6) months, one month of which shall be remitted in the event that the Member complies with (a) and an additional one month of which shall be remitted in the event that the Member complies with (b):
 - a) Requiring the Member to receive supervision of his practice for a period of eighteen (18) months following completion of the suspension
 - b) Requiring the Member to draft an essay of no less than 1000 words explaining the importance of supervision as reflected in the College's Supervision Standard as well as applicable legislation and regulations, summarizing the Member's professional misconduct and identifying the steps that the Member has taken and will continue to take to ensure compliance on a go-forward basis
 - c) Directing the Member to pay a fine in the amount of \$15,000; and
 - d) Directing the Member to pay the College's costs in the amount of \$15,000.

The Panel finds that the penalty satisfies the principles of specific and general deterrence, rehabilitation and remediation, and public protection.

The penalty will serve as a general deterrent to the profession as it sends a clear message regarding the consequences of unprofessional and dishonourable behavior of RDTs in Ontario. The Panel is also of the opinion that the rehabilitation and remediation of the Member is sufficiently addressed through the oral reprimand and the supervision of the Member's practice.

The Panel agrees that the penalty related to the fine and the order for costs is appropriate in this case.