Raise for a job well done is something most of us appreciate, and public recognition of our professional achievements can be just as rewarding. Each year at the Pacific Dental Conference, we honour the outstanding contributions made by registrants and other individuals to dentistry or the College. Our awards ceremony has become a conference highlight as a time when registrants, family and friends can gather to socialize and applaud those who have made a significant difference.

Who can nominate and who is eligible?
Anyone can submit a nomination. The awards are open to all registrants, volunteers and others who meet the criteria for the category under which they are being nominated. A copy of the nomination form is included in this issue of The Sentinel and is available on our website at www.cdsbc.org.

continued on page 2

“The awards are open to anyone who has made a valuable contribution to the College or dentistry.”

Dr. John Diggins (left) and Dr. Perry Trester received Honoured Member Awards in 2006.
Making a Difference

In June, I attended the convocation of my daughter where she received her master of science in physical therapy degree. At Convocation 2006, the theme of the University of Alberta Faculty of Rehabilitation Medicine was the tale of the starfish adapted from a story by Jack Canfield and Mark Hansen in *Chicken Soup for the Soul*. The message is making a difference in the lives of others – one at a time.

The story is about a conversation between two men on a beach where many starfish have washed up on the shore during low tide. While a young man throws starfish back into the ocean one at a time, the other asks how this will make a difference since there are many starfish marooned upon many beaches along the coastline. The lesson from my daughter’s professors is that just as the young man made a difference to each starfish he threw back into the water, so too is the hope that each graduate will commit to making a difference in the lives of others.

We must also never lose sight of the fact that caring for our patients successfully begins one person at a time. We should also remember each person who seeks professional care is more than a dental problem or an economic opportunity. Sometimes their challenges require exceptional patience, care and understanding.

Ultimately, each patient deserves our attention and commitment – and making a difference in peoples’ lives, one at a time, will build successful and fulfilling dental practices and strong relationships that will last a lifetime.

The award categories include:
- Honoured Member
- Distinguished Service
- Award of Merit, and
- Certificate of Appreciation.

When is the deadline?
Nominations must be received by the College no later than 4 p.m., Tuesday, November 14, 2006, to be considered for the 2007 awards program.

What is the selection process?
Council appoints an Awards Committee that includes our current and immediate past presidents, a maximum of three other former presidents, a certified dental assistant and a public member. This group evaluates all nominations and informs Council of their final selections.

Nominations are reviewed based on the documentation submitted, so it is important to ensure that supporting materials clearly demonstrate how the nominee meets the criteria. Nominees are considered solely for the award(s) for which they are being recommended and can be granted only one award in that category in their lifetime.

What does the award consist of?
The recipient, their family and guests are invited to attend the awards ceremony and reception to be held the evening of Thursday, March 8, 2007. Recipients will be profiled in the awards program and presented with a personalized framed certificate. A group photograph will be published in *The Sentinel* and a news release sent to local media where the recipient works or practises.
Dismissing a Patient – Practical and Ethical Concerns

The College often receives inquiries from dental offices about how to dismiss a patient, as well as calls from patients upset that they have been dismissed from a practice.

The dentist-patient relationship can break down for many reasons: if a treatment is unsuccessful; if a patient refuses necessary treatment or insists on treatment that goes against the dentist’s professional judgment; if a patient refuses to follow aftercare recommendations; if a mistake (real or perceived) was made in diagnosis, treatment or billing; or simply because the personalities of the patient and the dentist or the practice staff do not “mesh.”

When the dentist-patient relationship breaks down and mutual trust and respect no longer exist, dismissing a patient may be the best option for both parties. However, the patient may not agree and may be quite upset.

If you have decided that the relationship cannot be repaired and dismissing the patient is the only alternative, you must ensure the patient’s oral health is not jeopardized in the dismissal process and that you are protected from patient allegations of abandonment.

Any dental procedures started must be finished before dismissing the patient. This does not mean the entire treatment plan must be completed but, for example, a crown must be permanently cemented or a recently delivered denture adjusted.

Dismissing a patient should be done in writing. Your letter should advise the patient that they should find a new dentist and that you will be available for emergency care only, for the following 60 days. Also notify them of any outstanding treatment you have recommended and inform the patient of the consequences of not having the treatment completed in a timely manner.

In addition, you may choose to provide the patient with the names of other local dentists or the telephone numbers for the BC Dental Association referral service (604 736-7202 or 1 888 396-9888) or their website, www.bcdental.org (click on “Find a Dentist”). Indicate that you will forward a copy of the patient’s records to their new dentist or provide the patient with copies. A reasonable fee may be charged to the patient for copying records as per Article 5.07(g) of the Code of Ethics in the Rules made under the Dentists Act.

Your letter should be sent by registered mail, with a return receipt requested, or by another service that provides confirmation of delivery.

Throughout this process you should ensure you keep detailed, factual records and include notes of all conversations with the patient and their representative(s). Remember that the patient has a right to receive copies of their dental records, and may see what you write, as may their future dentist.

CDA Licence Fees for 2007

While it is mandatory for CDAs to pay an annual licence fee to CDSBC in order to perform CDA duties in B.C., belonging to a member services organization, such as the Certified Dental Assistants of BC (CDABC) and the Canadian Dental Assistants Association (CDAA), is voluntary.

The CDABC has notified the College that they will collect annual membership fees directly from CDAs who want to maintain their membership in the Association, commencing on April 1, 2007. As a result, CDABC will not be seeking a grant from the College in 2007. This means the College will not need to collect monies as part of its CDA licence fees to fund a grant to CDABC. Instead, CDABC will collect its membership fee independently. CDA licence fees will be reduced accordingly and will be established at the December Council meeting.

The College is committed to the continued regulation of dentists and CDAs in the public interest as mandated by government. We remain focused on strengthening the involvement of CDAs in regulatory matters and in the College as one of our key strategic goals. We are pleased that a recent statistically valid survey of CDAs from across B.C. reflects that 85 per cent of CDA registrants say they are satisfied with the College and, of those who have had personal contact with us in the past five years, 88 per cent said the experience was positive.
Mark Your Calendars

Dental and CDA Component Society Visits

Each fall and winter, the College’s elected officers, certified dental assistant Council member and Registrar travel across B.C. to speak at the invitation of dental and CDA component societies. These meetings are important because we get to hear your questions and concerns firsthand. They also provide you with an opportunity to learn more about what the College is doing and to speak directly with College representatives.

We have yet to finalize all dates and locations, but are pleased to confirm the following meetings. If your dental component society is interested in booking a presentation, please contact Janet Khong at jkhong@cdsbc.org. CDA component societies should contact Linda Spouler at lspouler@cdsbc.org. We hope to see you at a meeting soon!

CDA Societies:
West Kootenay CDA Society – October 15
Burnaby/New Westminster CDA Society – October 23
Thompson Okanagan Dental Society – October 28 (Presentation to Certified Dental Assistants)
Peace River & District Dental Society – November 3
Northwestern BC Dental Society – November 4
Mount Arrowsmith CDA Society – November 14

Dental Societies:
Prince George and District Dental Society – November 22
Victoria & District Dental Society – November 28
Vancouver & District Dental Society – January 24, 2007

IN BRIEF

CDA Recognition Awards
The Certified Dental Assistants of BC is accepting nominations for its CDA Recognition Awards. For more details and a nomination form, call the CDABC at 1 800 579-4440 or email info@cdabc.org. The deadline for nominations is December 15, 2006.

Is Your CE Cycle Ending?
If your three-year continuing education (CE) cycle ends in 2006, we encourage you to check your status to ensure you will have the right number of credits by the end of December. Registrants must complete their CE requirements to be eligible for relicensure in the spring of 2007. CDAs need a minimum of 36 credits and dentists need 90 per cycle.

Visit the “Registrants” section of www.cdsbc.org to report your CE credits, view your CE transcripts and change your address.

Welcome New Registrants
June and July are among the busiest months of the year for our registration and licensing team. This year we registered 109 dentists and 306 certified dental assistants. Following is a list of where they graduated.

<table>
<thead>
<tr>
<th></th>
<th>Dentists</th>
<th>CDAs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Canada</td>
<td>65</td>
<td>302</td>
</tr>
<tr>
<td>U.S.</td>
<td>18</td>
<td>1</td>
</tr>
<tr>
<td>International</td>
<td>26*</td>
<td>3</td>
</tr>
</tbody>
</table>

*have also completed a two-year qualifying or degree completion program from a Canadian or American accredited dental school

Of these new registrants, the following were previously licensed in other jurisdictions.

<table>
<thead>
<tr>
<th></th>
<th>Canada</th>
<th>U.S.</th>
<th>Int’l</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dentists</td>
<td>22</td>
<td>7</td>
<td>26</td>
</tr>
<tr>
<td>CDAs</td>
<td>20</td>
<td>1</td>
<td>3</td>
</tr>
</tbody>
</table>
Nine Tips for Running an On-Call Group

Dental offices have a range of options to ensure a dentist is available for after-hour dental emergencies. In B.C., most dentists either list their home phone, cellular or pager number on their automated telephone system, or they belong to an on-call group of dentists who rotate after-hours care.

Based on numerous requests from our members, we are pleased to provide the following dentist recommendations for running a successful on-call group. The suggestions were obtained last summer via the survey we conducted with dentists about responding to dental emergencies. Most of the members who shared these tips noted that the majority of after-hours concerns can usually be dealt with over the phone.

1. **The more the merrier.** High participation reduces the amount of time each dentist has to spend on call – ranging from a few times a year to as long as a week or more at a time.

2. **Designate a coordinator.** A committed person(s) is needed to run the service, monitor problems and set up a duty roster. In some communities, this is managed by the local component society. In others, a group of dentists gets together and rotates the “coordinator” role every six to 12 months.

3. **Review regularly.** The dentists involved should meet at least once a year to review how things are working and deal with any problems.

4. **Establish a rotation schedule and reminder system.** A rotation schedule is essential. It should track statutory holidays and long weekends so they are shared equally between members of the group. Consider exempting the dentists who cover major holidays from having to go on-call the rest of the year. A reminder system can help each dentist remember that their on-call duty date is coming up.

5. **Establish a compensation policy for after-hours treatment.** Make it clear to patients ahead of time that after hour fees may apply and that they are responsible for paying for services not covered under MSP. You may wish to include this information on your recorded telephone message.

6. **Agree on how the group wants to handle specific issues.** For instance, your group may agree that the first line of care should always be the patient’s own dentist, followed by the dentist on-call.

7. **Agree on a method of call screening.** This helps differentiate true emergencies from people looking for treatment after hours that could be provided during regular office hours. An answering service can transfer valid calls to the dentist on call. Before agreeing to see a patient in person, ask questions to determine whether medication and other treatments may be sufficient until the patient can be seen during regular office hours.

8. **Rotate a pager or cell phone among members.** Accompany this with a log book to note the number and type of emergency calls, including patients who may be regularly abusing the service for the sake of convenience or to obtain narcotics.

9. **Create a list of certified dental assistants who are willing to be available for on-call treatment if an office visit is necessary.**

While it is every dentist’s responsibility to ensure arrangements are in place to provide emergency dental treatment after office hours, the College and BC Dental Association recognize there can be challenges associated with providing this care. The two organizations are working collaboratively to identify potential opportunities to further support dentists and other health care providers to ensure patients receive appropriate treatment. Watch future issues of The Sentinel for more information.

The majority of after-hours concerns can usually be dealt with over the phone.
New Council Year 2006/07
As usual at the start of a new year, Council dealt with a number of administrative tasks at its first meeting. The existing Executive Committee was reappointed for 2006-2007, in keeping with the concept of a continuous two-year Council. They are:
- Ms. Kathy Boyd
- Mr. Paul Durose
- Ms. Christine Elliott
- Dr. Peter Lobb
- Dr. Bill McNiece
- Dr. Ashok Varma
The Executive Committee will carry out unforeseen urgent duties between Council meetings with the Council’s full knowledge. This follows last year’s practice that significant or policy decisions will be made by the full Council.

Carrying out its responsibilities to monitor the operations of the College, Council received monitoring reports concerning finances, complaints and registration.

Committees
Council approved the appointment of members to various College Committees. The terms of reference and membership lists for these committees can be found at www.cdsbc.org.

Registration Committee
The terms of reference of the Registration Committee were amended and a CDA Licensure Subcommittee was created to review the registrations of CDAs. The Subcommittee will be chaired by Ms. Elli Cox.

Audit Committee
Council amended the terms of reference of the Audit Committee at the Committee’s recommendation.

Council 2006 – 2007
- Dr. Peter Lobb, President
- Dr. Ash Varma, Vice-President
- Dr. Bill McNiece, Treasurer
- Ms. Leona Ashcroft, public member
- Mr. Victor Bowman, public member
- Ms. Kathy Boyd, CDA member
- Dr. Peter Stevenson-Moore, dental specialist member
- Dr. Gerd Gottschling, dentist member
- Dr. Richard Jackson, dentist member
- Ms. Maureen Leech, public member
- Dr. Michael MacEntee, UBC member
- Dr. Bob McDougall, dentist member
- Mr. Bill Phillips, public member
- Dr. David Prokopetz, dentist member
- Mr. Clayton Shultz, public member
- Dr. Peter Stevenson-Moore, dental specialist member
- Dr. Sieg Vogt, dentist member

CDSBC Draft Bylaws under the Health Professions Act
Council commenced reviewing draft Bylaws under the HPA for submission to the government. Council will reconvene in late October to complete the review.

College Finances
Council received the Quarterly Financial Statements for the period ended August 31, 2006. The Treasurer, Dr. McNiece, reported that the College was in excellent financial health and, half way through the fiscal year, is meeting budgetary objectives.

Honoraria for Volunteers
Council confirmed its decision regarding honoraria made at its May 12, 2006, meeting.

Prosthodontic Module Working Group
Council approved revised terms of reference for the Prosthodontic Working Group. The terms of reference can be found at www.cdsbc.org.

CDA Council Member Selection Working Group
Council appointed Ms. Marlane Paquin, Ms. Judy Laird, Ms. Lane Shupe and Mr. Clayton Shultz to select a second CDA member to be appointed to Council for the 2007 – 2009 term.

Dentistry Canada Fund
Dr. Ron Markey, Chair of the Canadian Dental Association, made a
Ane Scales, our continuing education coordinator, is here to help registrants keep on track. As the Guidelines for Mandatory Continuing Education state, “A commitment to continuing competence is fundamental and the lifelong responsibility of every registrant of the College.” Anne reviews all continuing education credit submissions to ensure they are in keeping with the Guidelines prior to entering them on each dentist’s and CDA’s transcript. With more than 8,000 College registrants, this is no minor feat.

Even though CE credits can now be reported online, each submission must still be checked for eligibility. Anytime you call the College with questions about your CE, you are typically referred to Anne. “I enjoy speaking with registrants and helping them find available CE opportunities,” says Anne. “I also enjoy offering encouragement and helping where I can, especially if the task seems insurmountable.”

Outside the office, Anne is an avid hiker and enjoys other outdoor activities such as canoeing. A die-hard cat fancier, after a hard day at the office, Anne likes to spend some of her time at home with her two cats - Thomas and Daniel.

Licence Renewal Reminder

Licence renewal fees for 2007 will be due 4 p.m., March 1. Keep a look out for your licence renewal form early in the New Year. If you are considering a change of licence status or have questions, call or visit the Registration and Licensing section of our website at www.cdsbc.org for more information.
Inquiring Minds Need to Know
College Answers FAQs about CDA Duties

We receive many duty-related phone inquiries from certified dental assistants (CDAs). We address some of the most frequently asked questions below. You can also find information on our website at www.cdsbc.org, including the Dentists Act and Article 10, Allied Dental Personnel.

Q: Can a certified dental assistant use a Diagnodent? (This piece of equipment directs a laser beam over the tooth surface to detect caries.)
A: A CDA, who has been appropriately trained, may use a Diagnodent by placing the instrument over the tooth surface and recording the readings. However, a dentist must confirm these readings, interpret the data and make the diagnosis based on the confirmation of these readings.

Q: Are primer/bond considered a treatment liner?
A: Yes, a primer or bond material is considered to be a similar material to a treatment liner, if used for lining a tooth prepared for a restoration. Article 10.17(s) “applying treatment liners in teeth without pulpal involvement” outlines this delegated duty.

Q: Can a CDA who has been delegated to take four bitewing radiographs take only two if all the information requested is present?
A: A CDA may not diagnose to determine whether all the information is present and must either ask the dentist or take the four bitewing radiographs as originally prescribed.

Q: With so much new dental material and equipment available, how can a CDA determine what can or cannot be used?
A: From the perspective of the College, the question is not so much what can be used, as how it can be used. The College does not regulate dental materials or equipment used in the dental office, but we do regulate the duties that can be delegated to a chairside or certified dental assistant (Article 10.16 and 10.17). For example, while a CDA cannot apply a thick resin to a prepared tooth because it would be deemed performing a restoration, they can apply a thin clear resin as a fissure sealant.

Q: Can a CDA fabricate custom trays, bleaching trays or bruxing guards?
A: Yes, these are all considered extra-oral laboratory procedures.

Tough Patient Situations – what would you do?

No one enjoys dealing with tough situations, yet they’re part of everyday practice. Plan now to attend the College’s newest seminar. Learn expert tips to reduce stressful patient interactions and build enjoyable relationships. With a focus on risk minimization, the session will include patient management strategies, communication techniques and documentation tips. This interactive workshop will demonstrate case studies based on examples of complaints received by the College.