# NEWFOUNDLAND & LABRADOR DENTAL BOARD
# 2022 ANNUAL REPORT

## Board Meetings

In 2022 the Board held meetings on January 12th , April 27th , July 9th and AGM July 9th .

## Dental Board Membership:

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| Dr. Linda Blakey | Chair |
| Dr. Sneha Abhyankar | Vice Chair |
| Dr. Sheldon Best | Dentist |
| Dr. Paul Hurley | Dentist |
| Dr. Patrick Snow | Dentist |
| Mr. Craig Finch | Registered Dental Technician |
| Mrs. Joan Lamswood | Public Representative |
| Mrs. Paula Parsons | Registered Dental Assistant |

## Registration and Licensing as of January of 2021 and 2022

| | 2021 | 2022 |
|---|---|---|
| General Dentists | 205 | 197 |
| Specialists | 31 | 33 |
| Dental Assistants | 301 | 304 |
| Dental Technicians | 26 | 25 |

## Financial Report

2022 saw the return to regular fee structures that had been reduced in response to Covid 19 pandemic. The overall expenses and revenues will show a reduction also since the Board had turned over the contract for technical surveys and inspections to the Newfoundland and Labrador Dental Association. Biolantic Services will continue to have access to same equipment as provided by the Board. The audit of the 2021 year included the recommendation for secondary oversight of expenses and a secondary signing on cheques and the Board has agreed to look towards those possibilities in 2023.

## Board Membership

In December the Board welcomed two new members Dr. Sheldon Best and Dr. Patrick Snow. We would like to express our thanks to Dr. Jerome Johnson and Dr. Marina Sexton for their years of service to the

Board. The Board also lost another fine member when Mr. Martin Harty advised the Board he was no longer able to meet a commitment as a Public Member.

**Mandatory Continuing Education**

The Continuing Education Committee released new guidelines for the next 4 year cycle which includes some amendments but like the last audit will include all registrants. The IT Consultant has been commissioned by the Board to bring all registrants under on- line registration in the near future. This should be a significant undertaking requiring patience by all concerned.

**Commission on Dental Accreditation of Canada (CDAC)**

Currently the CDAC accredits dentistry, dental specialties, dental hygiene, dental assisting, GPR, AEGD, hospital services, and military clinics. DRAs funding to CDAC covers approximately 80% ($650,000) of the costs of dentistry, specialties, GPR, AEGD, hospital services. Some DRAs, NLDB included, cover costs for dental assisting. 2022 was the year that CDAC focussed its efforts on becoming an independent body following its report of a Governance Review Steering Committee in June of 2022. The goal was for independence in 2023.

**Standards of Practice**

The Board appointed a Working Group on Botox to address the existing Botox Guidelines with the goal of developing a Standard of Practice for Botox and other Neuromodulators in 2023. The Board acknowledges the contribution of the PDBNS in the development of their Standard of Practice for Neuromodulators and other Esthetics Therapeutics. The draft of Standard of Practice no.7 will be before the Board for approval in 2023.

The Board plans to next address the Guidelines for Sedation and General Anesthesia for advancement to a Standard of Practice. A working group will be formed to do the preliminary review of existing Standards and Guidelines.

**Complaints Authorization Committee Report**

1. A denture wearer was uncomfortable with new denture and requested Board assistance in getting a refund. It was explained to the patient that the Board does not address problems such as compensation and refunds. The patient was advised to go back to dentist to address the problem. The dentist did try to address the problem unsuccessfully and offered a refund of the cost to the insurer for the service on the return of the denture. The Complainant refused and wanted a new denture first. The Complainant no longer maintained his insurance once he got the denture and did not agree that the insurer be reimbursed. The CAC saw this as a problem between the two parties to work out and took no further action.

2. A patient complained that because of orthodontic work done 10 years earlier she would need more orthodontic work to address an on-going tongue thrust problem. All records pertaining to previous work and her present orthodontic status were evaluated and the Committee found no

cause for undermining the previous orthodontics as the patient was advised at that time of its limitations. The CAC dismissed the allegation.

3. A patient undergoing nonessential crown and bridge treatment in the maxillary anterior region complained that the work took too long to finish and requested a refund and payment for remedial work if needed. The dentist had not promised any particular time-line and had not been advised the patient planned to make a quick exit from the province. The Complainant's father who lived out of province had paid all the costs. The Respondent made some arrangement with the father in order to get closure of the matter. The CAC took no further action as it did not deem this a disciplinary matter.

4. A patient looked to the Board for compensation as he felt the dentist should have advised him that MCP did not cover his wisdom teeth removal in hospital. His point was he was getting insurance soon and could have waited for that to kick in for payment. His assumption on MCP was incorrect but the CAC counselled the Respondent to establish a more firm and explanatory payment policy. The CAC noted that the Respondent did make a reduction in his fee.

5. A Complainant claimed the dentist caused long standing problems for her because according to her he had given her Demerol along with a local anesthetic. She contented the Demerol was the cause for months of unexplained symptoms. According to the Complainant the police had come to her for some reason and told her the dentist had given her this Demerol. A review of her dental record showed no evidence she had been given Demerol. She was given a local anesthetic of longer duration. The CAC dismissed the allegation.

6. A difficult patient was referred for treatment. Once the patient presented at the second dentist they were uncooperative under nitrous oxide and the parents/ guardians wanted him put asleep as that was what they believed would happen. Eventually, through the effort of the dentist, the patient was brought to the hospital to have the work done two days later by another practitioner. The original referral had not said that general anesthesia was requested. The second dentist was only in a position to offer nitrous /oral sedation at that time. The second dentist did try to get the patient into the hospital the same day but the hospital was over booked. Eventually he did get hospital time the next day, but the parent of the patient refused to have the patient treated by the second dentist. Eventually, another dentist agreed to add the patient to their list the following day. Unfortunately, the issue of poor communication between dental offices in the province leads to misunderstandings on available services. Parents and care givers are often of the opinion you can do either sedation or GA on any day. The CAC counselled the dentist to make great efforts to have all staff educate parents and communicate with referring dental offices on the importance of a proper referral.

7. A patient complained when he was charged a different fee for an extraction that in his opinion was similar to one done for his daughter. The patient provided information from both offices and the Registrar, seeing the information, suggested there was a discrepancy in billing and advised the

patient of the difference. The patient was advised to go back to his dentist's office with the information provided and thereafter the issue was resolved.

8. A patient who on the waiting list for a hip replacement was advised by the dentist that if that was the case a dental clearance would be required. The dental clearance resulted in several of the patient's teeth being removed. The patient, a year later, claimed that only a single extraction should have been done not the number advised. The patient was advised of dental problems six months before but had not acted on that advice long before the medical issue arose. The year following the extractions the patient had trouble with wearing a denture because there had not been any pre-prosthetic assessment or adjustment. The Complainant was now blaming the dentist who had not seen the patient after the medical clearance and the patient had gone directly to the denturist. The CAC was of the opinion that since the Complainant never returned after the clearance there was no fault with the dentist who was never approached concerning any pre-prosthetic preparation. The CAC dismissed the allegation.

9. A patient complained when he went to a dentist for removal of teeth over which a denture had been constructed. Most of those teeth were removed which had gone undiagnosed but the patient complained that not all teeth were properly removed. He went to another dentist later to finish the uncompleted work which gone undiagnosed by the first dentist. The first dentist had done two periapical radiographs (both undiagnostic as presented to the committee) while the second dentist did take a Panorex to identify the problem. The First dentist was given a CAUTION that when looking at removal of teeth for a full clearance a Panorex should be the standard for proper diagnosis.

10. A patient undergoing endodontic treatment on an upper right canine accidentally injected hypochlorite into the soft tissues beyond the apex. The dentist immediately sought the advice of an Endodontist but eventually the patient arrived at the HSC and came under the care of an Oral Surgeon who monitored the patient's progress until he was able to see an Endodontist. The CAC reviewed the case and researched the hypochlorite issue which was found it to be rare. It was the opinion of the CAC that the dentist deserved a sanction because the Committee believed the Respondent engaged in aggressive use of the hypochlorite, a toxic substance to soft tissue. Either the improper injection or improper manipulation was the likely cause of the accident. While an open apex could have been a factor if it existed, the report of the Endodontist confirmed a normal apex. The CAC therefore gave the Respondent a CAUTION as having engaged in conduct deserving of sanction.

11. A patient undergoing endodontic treatment by a general dentist had problems when in treating an upper first molar the dentist was unable to locate one canal. The patient had been referred by another general dentist. The patient was later referred to an Endodontist for remedial care and finding either a fracture or another canal. The patient requested an alternative dispute resolution for a refund. At the same time the Complainant had filed a statement of claim against the dentist and was apparently successful. The dentist settled the statement of claim and the CAC saw no reason for ADR. The dentist had advised the patient earlier at the time they completed their efforts to fill the tooth that there was a possible fourth canal, but the Complainant wanted the

Respondent to finish it. The CAC counselled the Respondent that before finishing, was the time to consult with a specialist on the missing canal, despite the patient's wish.

**Nos. 12 & 13 are on-going Investigations.**

12. A patient was referred to a dentist by a dental hygienist at the request of the Complainant who did not appear to have a regular dentist. On receiving all information, the CAC concluded that the final outcome of this complaint could be affected by a specialist's report on the status of the endodontic treatment. Otherwise, there is a concern about what constitutes a dental referral.

13. A 3 year-old patient was referred from a Labrador dental office to the Janeway because of the child's uncooperative behaviour. Once at the Janeway the child was treated under nitrous sedation. This case is still under investigation.