



NEWFOUNDLAND & LABRADOR DENTAL BOARD

2023 ANNUAL REPORT



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Board Meetings

In 2023 the Board held meetings on February 23rd, October 25th, November 18th and the Annual General Meeting – November 18th, 2024.

Dental Board Membership:

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 2022 and 2023

	2022	2023
General Dentists	197	201
Specialists	33	34
Dental Assistants	304	298
Dental Technicians	25	24

Financial Report:

Fees for 2023 remained the same with no increase in any of the existing requirements. As the transfer of responsibility for radiation survey monitoring has been successfully accomplished with the NLDA, the Board hopes to address the matter of sedation surveys in dental offices.

Following the advice of the Board's auditor, a Treasurer has been appointed from the Board membership and a policy of co-signing disbursements has been initiated.

At the request of the Board members the initiative of creating a Continuing Education (CE) Portal has been undertaken with the initial draft presented to Board Members on August 11, 2023. A pilot project is now underway using Board members as participants. The future costs and difficulties are yet to be determined.

Canadian Dental Regulatory Authority Federation:

The Board is happy to report that the Competency Profile for a Beginning Practitioner has been revised and approved by each province following the work of parties to the Working Group.

The Commission on Dental Accreditation of Canada has as of January 2023 become an independent body.

The Royal College of Dentists of Canada has resumed its position of examiner for dental specialists with oversight of the National Dental Examining Board.

Dental Therapy:

The College of Dentistry of the University of Saskatchewan has reinstated the Dental Therapy program and annually will admit 28 students to the program. The purpose of the program is to recruit and sponsor students to study and then undertake return of service agreements with the sponsoring agencies on graduation.

Eligible agencies include:

- First Nations and Inuit Communities
- Indigenous Governments and Territorial Governments
- Federal, Provincial, and Territorial Governments
- Regional Health Authorities.

Legislation:

The specialty recognition of Dental Anesthesia by the CDRAF and support of the NLDB was reported to the Minister in the Spring of 2023. The Minister responded and a meeting was held with Department officials in June 2023 to discuss the possibility of specialist recognition by legislative amendments. Going forward the Board has been advised to monitor the situation nationally and at this time it can be reported that many provinces are presently reviewing and that Ontario and B.C. both have appropriate legislation in place. The CDAC and RCDC are also active in pursuing accreditation of programs that may arise in Canada and proper examinations in Canada.

Standards of Practice:

The Board is presently reviewing standards for sedation, scanning, remote dentistry and dental assistant supervision. A standard of Practice for the use of Botulinum Toxin A and Esthetic Therapies was approved with a registry for approval initiated in 2023.

Access to Care Issue:

In March of 2023 the Office of the Citizen's Representative contacted the Board regarding a matter wherein inmates at HMP were systematically being denied dental service at dental offices. A request was made by the Registrar for specific instances or that complaints be directed to the

attention of the Board in proper through the Complaint Process, but no complaints were received. A protocol must be beyond hearsay wherein specific allegations can be investigated.

Report from the Complaints Authorization Committee:

Each year the CAC attempts to remain current and going forward will report decisions made in that calendar year only. Otherwise, 2023 was a very challenging year with several initiatives addressed including:

- The end of in office monitoring following disciplinary decision of 2021.
- The successful appeal to the Supreme Court of NL of a CAC decision of the Law society.
- A decision (Jinnah and the Alberta Dental College) by the Alberta Supreme Court suggesting that self- regulation means accepting most if not all the costs of disciplinary actions with few exceptions. This would appear contrary in principle to existing legislation wherein transgressors might expect to pay a significant level of the costs particularly when found guilty of serious professional misconduct.
- An agreement by the Board to a Consent Order of the Court that the NLDB, a non-party to a court action, to provide investigators notes from a previous CAC decision, to help parties resolve a Court action between the two parties.
- A Notice of Appeal to the Trial Division of the Supreme Court related to a decision of dismissal of an allegation by the CAC. Once court documents were provided to the Court, the Notice of Appeal was very soon withdrawn.

Complaints:

In 2023 there were 9 formal complaints investigated and a decision made during the year and 2 others that will require further investigation in 2024. The following are summaries of the 9 which include limited information into the nature of each complaint and the decision.

1. A patient, after a difficult extraction complained about the fee which the CAC determined was acceptable and dismissed this allegation. The Complainant based her allegation on an opinion she was given at a Medical Clinic that antibiotics, rather than an extraction, should have been done initially. The CAC dismissed this allegation as without foundation. The CAC did however Caution the Respondent for leaving the part of root that was later removed by another practitioner. Properly confirming the root by radiograph and advising the Complainant of its presence should have been done. Finally, the Respondent was Counselling that a review of the Complainant's previous history of dry socket along with the complicated removal could have been significant for prescribing post-op antibiotics.

2. The Board received a complaint from a woman who had left the province soon after receiving treatment which included 4 dental removals. The Complainant was originally directed to the Respondent by the Association of New Canadians for treatment under the Interim Federal Health Program to address immediate treatment needs. The Complainant was given a Complete Examination, advised of the outcome of the exam, and given several days to decide on going forward. The treatment plan properly addressed first, the most serious concern, which was the 4 teeth requiring either endodontic therapy or extraction. The 4 extractions were done and later the Complainant asserted the treatment plan was deemed incorrect by an Ontario dentist who viewed

the dental record of the Complainant which was forwarded from N.L. The allegation made was that the 4 teeth involved were healthy teeth. The CAC requested the name of the Ontario dentist, but that information was withheld by the Complainant as they said it addressed privacy issues and a reluctance by the Ontario dentist to get involved. This excuse found no approval with the CAC. Further on review of the dental record the CAC found that the 4 teeth involved were seriously compromised with one being completely unrestorable. The CAC dismissed the allegation but counselled the Respondent to ensure that when treating persons where competency or language barriers may exist to record and document the process of informed consent carefully with an interpreter when needed.

3. A three-year-old patient travelled to St. John's for examination, diagnosis and treatment and the parent, the Complainant, believed that general anesthesia was to be the modality used for the treatment and was disturbed that nitrous oxide and local anesthesia only was possible on the day in question. The Complainant was offered an option of general anesthesia on another day but chose to proceed regardless. The outcome was not a happy one for the child.

Behavior management techniques were used, but it is outside of the Committee to determine if they were appropriate in this instance. The CAC did however Counsel the Respondent that the use of such procedures indeed be a last resort especially if there is a reason to believe the child may be a poor subject.

4. The Complainant requested a refund of fees following dissatisfaction with treatment of her daughter's Temporomandibular Joint Dysfunction. The patient was treated remotely during much of the treatment period, and this proved unsatisfactory for both parties. The Complainant was advised of the limitations of the CAC to direct compensation but did Counsel the Respondent that in Remote care, having a written PROTOCOL, should be provided to the patient.

5. A complaint was filed stating that the Complainant was not properly informed about matters related to his dental treatment by the Respondent. He claimed he was told that his problem with a tooth was "an easy fix" that subsequently required a root canal. The Complainant further stated he was not advised the dentist was not a specialist and that he was later advised by another dentist that his tooth would require a crown.

The CAC expressed concern that the Complainant was "referred" by an independent dental hygienist who was not competent to make a dental referral that was outside their scope of practice. As no collaborative relationship existed between the dentist and the dental hygienist this was not a proper "referral" and further the dental hygienist requested a response to the referral. It was appropriate protocol for the dental hygienist to advise the Complainant to seek dental care and not make a "referral". Dentists should not accept a referral from people not qualified to make a diagnosis.

The Respondent, on first seeing the patient, was given a common complaint of "a toothache" but did not establish the source of the toothache and determine if its management be identifying if its origin was of pulpal or peri-radicular.

The Standards of Practice include the following pre-requisites before initiating endodontic therapy and include estimating costs and necessary restorative follow-up and, once the patient is informed of all elements they are explained the option of referral.

The Respondent was Cautioned and Counselling to access and apply the Standards of Practice for Endodontics in their practice.

6. An allegation was filed with the CAC regarding failed endodontic therapy on an upper molar. The provider, a general dentist, eventually referred the Complainant to an Endodontist for remediation when the Complainant continued to experience problems. The Complainant requested a refund or compensation because of the failed molar endodontics and remedial treatment costs. The subsequent investigation revealed that the Respondent failed to identify a fourth canal but instead of seeking specialist advice completed the therapy but advised the Complainant that a fourth canal was possible. The later referral to the Endodontist however was based on the Respondent's erroneous belief there was a potential fracture to the treated tooth. The CAC did not believe that the Respondent engaged in conduct deserving of sanction but advised in future that they recommend referral advising patients of the necessity of specialist review when there is any question of the possible future existence of problems. In this instance the Complainant filed a statement of claim against the Respondent and was satisfied when the Respondent accepted financial responsibility and paid costs.

7. A Complainant filed a complaint following the dislodgement of a temporary crown while eating a sandwich with damage to the prepared abutment. The Complainant's request of the Board was to assist, on their behalf compensation for a replacement of the tooth. The Complainant was advised that the Board does not have the authority to provide for such options.

On investigation the CAC learned of the existence of a fact sheet provided for management of temporary crowns which clearly the Complainant did not follow. The CAC believes the dental record revealed that the Complainant became abusive on returning to the dental office to address their problem. The Respondent refunded all monies received and the parties ended the relationship with the Complainant, however filing a complaint with the Board.

The CAC saw no reason to believe the Respondent engaged in conduct deserving of sanction and dismissed the allegation.

8. A Complainant filed a complaint regarding the charging of a fee related to extra expenses of Covid-19. They filed the complaint against their dental provider and requested the Board act by demanding the NLDA to remove a procedure code from the Fee Guide related to this expense. On investigation there was no evidence the dental office made such a charge, and the CAC dismissed the complaint as a misunderstanding arising from conversations between the Complainant and the dental office staff involved.

9. A Complainant filed a complaint that a specialist charged a fee for consultation that was unnecessary and superfluous. Further the Complainant demanded an apology that the specialist would not return her phone messages related to some undisclosed problem long after treatment was completed for discussion about this problem along with issues to do with why a consultation was necessary. On investigation it was revealed the Complainant was referred regarding another tooth (confirmed by the referral) but on arriving at the specialist's office, wanted attention to another tooth with no referral. She said she was advised of this problem by several other dentists and she determined that the specialist did not require to perform an examination or form a diagnosis. The Complainant said the specialist should have called around for advice from one of these dentists on how to proceed. The specialist, however, preferred to accept the responsibility of

examining, diagnosing, and treating those patients whom he ultimately treats. This approach was at first not challenged until days later when claims reimbursement may have become a problem for the Complainant. At that time on calling the dental office the Complainant refused to be triaged and demanded direct communication with the specialist as the Complainant alleged the triage person would make a mistake communicating her problem with the specialist. The CAC believed the specialist provided proper care, deserved to be paid a fee for preparation prior to treatment. The patient, in refusing triage, the CAC believed this behavior to be unreasonable and insulting to office personnel. The CAC did not believe the Respondent engaged in conduct deserving of sanction and dismissed the allegation.

N.B. The Complainant in article 9 filed a Notice of Appeal with the Trial Division of the Supreme Court NL. Following the Board Response to the Appeal the Complainant withdrew their Appeal.