

Board Business

From the Registrar's Desk

No. 41, October 2009



2009 / 2010 Licensing Fees

Following a review of the Board's financial projections, the Board has decided not to increase the license fees for the year 2010. Invoices for 2009 / 2010 license fees have been mailed to all dentists for payment on or before November 30, 2009.

Board Appointments

The following reappointments were approved at the September 18, 2009 Dental Board meeting:

Discipline Committee

- Dr. Don Penwell

Mandatory Continuing Dental Education Committee

- Dr. Ken Rhodenizer

Prorated License Fees

Further to a request for reconsideration of its policy on dentist license fees, the Board reviewed the current policy including how it relates to both new graduates and the prorated fees charged effective on June 1st of each year. During its deliberations, the Board Chair provided information on how other regulatory authorities manage this issue. Following lengthy discussion, the Board decided not to change its policy on license fees.

Botox Use in Dental Practice

As a result of several requests for clarification of the Board's position on the use of Botox in dental practice, the Board has decided to consult with relevant stakeholders prior to its next meeting in January 2010.

Until such time as the Board develops and implements a policy, the Board's opinion is that the use of Botox does not fall within the scope of practice for a general dental practitioner in Nova Scotia.

H1N1 Vaccine Administration

The Provincial Department of Health has asked several health professions, including dentistry, to assist in the delivery of H1N1 vaccine if required in a pandemic. The Dental Board is currently working with the government on an agreement that would ensure that if a dentist takes the required training, that they would not be subject to discipline prosecution for acting outside their permitted scope of practice and that the Province would provide indemnity if the dentist's liability insurance would not provide coverage for the H1N1 inoculation activity.

Information on this developing issue will be posted on the Board webpage as it becomes available.

Complaints Committee

The Complaints Committee met on two occasions since the last Board Meeting and considered the following matters;



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Case No. 1

Concerned quality of care issues identified on recently placed restorations.

The Committee found that while the restorations in question were not ideal, they could have easily been refinished without undue cost or discomfort to the patient. As well, it was determined that the first dentist was not given the opportunity to resolve the perceived difficulties identified by the second dentist.

The case was dismissed.

Case No. 2

Patient complaint alleging that the dentist was negligent in the provision and management of their dental implant retained prosthodontic treatments and that as a result the patient suffered needless pain, drainage and infection.

The Committee found that:

- As the patient's clinical care required, the dentist made appropriate referrals in a timely fashion.
- Appropriate instruments were used to clean the implants at all times.
- The dentist met the standard of skill, knowledge and judgement expected in the practice of dentistry in Nova Scotia.

The case was dismissed.

Case No. 3

Patient complaint alleged that the dentist performed substandard endodontic treatment that weakened the tooth in question, causing it to fracture and subsequently required the tooth to be extracted.

The Committee found that:

- The radiograph of the tooth revealed that it was heavily filled and significantly weakened by caries prior to the pulpectomy procedure.
- Root canal treatment was the most reasonable treatment option.
- The pulpectomy procedure was performed successfully by the dentist.
- The dentist's treatment met the standard of skill, knowledge and judgement expected of a dental practitioner in Nova Scotia.

The case was dismissed.

Case No. 4

The Committee found that sufficient concerns existed relating to allegations of unprofessional conduct, insurance billing, nitrous oxide misuse and inadequate record keeping and treatment planning.

As a result the Committee decided these issues be referred to the Dental Board's Discipline Committee.

Respectfully submitted

