



Provincial Dental Board of Nova Scotia

Board Business

From the Registrar's Desk

No. 79, March 2024



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UPDATE TO POLICY ON RETENTION OF DENTAL RECORDS

At its November 25, 2023 meeting, the PDBNS Board amended its guidelines for the retention of dental records which are outlined in Section VII of the [PDBNS Recordkeeping Guidelines](#).

Previously, according to PDBNS guidelines, dental records were to be kept for 17 years after the last chart entry or from the time the patient reached age 19.

To better align with most other Nova Scotia health regulators (including the [College of Physicians and Surgeons of Nova Scotia](#)) and with most Canadian dental regulators, the retention period has been reduced from 17 to 10 years.

From the updated [PDBNS Recordkeeping Guidelines](#):

Retention of Records

Dental records must be retained for at least ten years from the date of last entry or, in the case of minors, ten years from the time the patient would have reached the age of majority, which is nineteen years in Nova Scotia.

In addition to clinical records, other records that must be retained include appointment records, lab prescriptions and invoices. Diagnostic models (also known as study models) are also considered part of the permanent patient record and must be kept for the prescribed period.

Working models do not have to be retained for any specific period of time. A decision to keep working models should be based on the complexity of the case and is left to the judgment of the individual practitioner.

Also from the updated Recordkeeping Guidelines:

“The timeline for Civil claims [i.e., the period during which a person may be sued] is governed by the [Nova Scotia Limitations of Actions Act](#). Those periods may require retention beyond the 10-year period.”

Considering this, dentists may choose to retain patients’ dental records beyond ten years, either generally or on a case-specific basis. Dentists should consult with their legal counsel for advice on this issue.

PROCESS FOR PERMIT APPLICATIONS

Recognizing the many and varied demands on PDBNS staff resources, we have been working to streamline and expedite the processing of dentists’ applications to obtain permits for sedation and “The Use of Botulinum toxin C Type A and Esthetic Therapies in Dental Practice” (i.e., “Botox”).

To that end, we have developed a new pathway for such applications. Dentists are now asked to submit applications and supporting documents for sedation and Botox permits via email to permits.pdbns@eastlink.ca. Inquiries about the requirements for these permits or application status should also be directed to this email address.

Our goal is to issue permits to successful applicants within 2-4 weeks of the submission of a completed and successful application.

More time will be required to process applications containing documentation which is erroneous, incomplete, or requires further investigation/clarification.

Applications for Facility Sedation Permits or CBCT Authorization should also be submitted to permits.pdbns@eastlink.ca.

At some time in the near future, applications will be submitted through dentist’s Alinity portal using digital forms. (You will be advised when this is in place.) We will still ask that inquiries regarding permits be directed through the dedicated “permits” email address.

ALINITY – NEW DATABASE MANAGEMENT SYSTEM

In the fall of 2023, the PDBNS migrated to Alinity, our new database management system. This shift was necessary for us to modernize our registration and licensing processes. It has also enabled us to fulfill other regulatory functions which include regular reporting to government on various matters and ensuring the public has access to specific registrant information as required by legislation.

The fall license renewal period for dentists ran quite smoothly considering the fact that we were learning the Alinity system in real time. Only a very small number of dentists (in the single digits) experienced any significant challenges with the technological aspects of the process.

Registrants are encouraged to search for themselves by clicking the orange “Find a Licensee” tab on the [PDBNS website](#) or by clicking directly [on this link](#). If you notice what you believe to be errors in the public-facing information, please let us know.

Note that it is your responsibility to keep your practice locations updated within your Alinity profile and this will be reflected on the public directory. Please reach out to us if you have any difficulties navigating this.

Dental Assistant License Renewal

The license renewal process for registered dental assistants (RDAs) was launched on February 26 with an April 12 deadline for renewal. So far things are going quite smoothly.

Of the 838 currently licensed dental assistants:

- 197 have completed their license renewal including payment, and
- 176 have submitted their renewal form, had it approved, and have payment as the final step.

135 RDAs have yet to activate their Alinity profile, which will be required for licence renewal. If you are in this group, you should check your email inbox for an email sent to you on February 20, 2024 with instructions for this. If you encounter problems, please email our IT consultant, Chris, at info feedback.pdbns@eastlink.ca.

Fees

Some questions have arisen about the 5% increase in licensing fees for dental assistants. The same 5% increase applied to dentists in their fall 2023 license renewal. The Board’s process and considerations for fee setting was outlined when Dr. Gregoire and I presented at the AGM of the Nova Scotia Dental Assistants Association (NSDAA) in 2021. A summary of this presentation (which may be of interest to all registrants) can be accessed [at this link](#).

CLARIFICATION ON REQUIREMENTS FOR BLS/CPR vs MEDICAL EMERGENCIES COURSE

During the license renewal process for dental assistants, there have been some inquiries regarding the requirements for BLS/CPR and the course on the Management of Medical Emergencies in the Dental Office.

BLS/CPR

All registrants are required to maintain current certification in BLS/CPR at all times. Verification of this is required at the time of initial application for licensure and at annual license renewal.

There is no set frequency requirement for this. The frequency may vary depending on the provider of the training but must be current (i.e., not expired).

At this point in time, certification in either BLS, CPR, ACLS, or PALS will be accepted. If at some point the Board becomes more prescriptive about the specific course required (e.g., BLS for Healthcare Provider C), ample notice will be given.

Management of Medical Emergencies in the Dental Office

This is a requirement under the [Mandatory Continuing Dental Education Guidelines](#) and is mandatory once per 3-year cycle. **(Proof of this is not required for annual licence renewal.)**

Credit will be awarded if the following criteria have been met and are indicated on the course certificate.

- The course must be at least 3 hours in length, and
- The following topics must be covered:
 - Basic physiology
 - Emergency preparedness
 - Equipment and supplies
 - Medical emergencies
 - Loss of consciousness / vasovagal syncope
 - Angina/myocardial infarction (ACS)
 - Aspiration/airway obstruction
 - Allergy/anaphylaxis
 - Acute asthma/bronchospasm
 - Diabetic emergencies
 - Seizures
 - Stroke/CVA

CANADIAN DENTAL CARE PLAN (CDCP)

We have begun to receive questions from the public about the CDCP. (“Why is my dentist not going to accept this?”, “My dentist said they are waiting for direction from the Dental Board”). The essence of our response is reflected in [this document posted on our website](#) .

LICENSING REPORT

The table below shows the historical numbers of licensed dentists, graduate students, registered dental assistants, and corporations since 2017:

Year	Dentists	Graduate Dental Students	Registered Dental Assistants	Dental Corporations
2024 (Mar 4, 2024)	598	17	838	377
2023 (Dec 21, 2023)	594	17	836	385
2022 (Dec 31, 2022)	580	19	822	410
2021 (Dec.31, 2021)	576	19	827	414
2020 (Dec.31, 2020)	567	18	842	395
2019 (Dec.31, 2019)	560	17	831	394
2018 (Dec.31, 2018)	570	19	805	376
2017 (Dec.31, 2017)	559	18	789	393

In compliance with the [Patient Access to Care Act \(PACA\)](#), we are issuing licenses within 5 business days of receiving a **completed application** (unless the applicant wishes to defer) and waiving initial application and licensing fees (which are reimbursed by the provincial government) for applicants already licensed in another Canadian jurisdiction.

A completed application means that all required supporting documentation has been submitted and that the Registrar has been able to perform the necessary follow-up that may be triggered by the documentation (e.g., investigation of previous professional conduct history).

BOARD APPOINTMENTS

Board Members

On January 1, 2023 Dr. Asile El-Darahali began the first of three possible three-year terms (as per current legislation) on the Board as an NSDA appointee. She replaces Dr. Terrie Logue who completed her third and final three-year term on the Board on December 31, 2023.

On January 16, 2024, Ms. Michelle Fowler RDA began her first of three possible three-year terms (as per current legislation) as a government appointee to the Board. She replaced Ms. Marina Crawford who served for nine years on the Board, ending her final term in October 2023.

We are also happy that in January 2024 we received notice of government's reappointment of Dr. Sunita Sharma for her third term and Dr. Sachin Seth for his second term, both effective January 16, 2024.

Board Committee Appointments

At the January 26, 2024 Board meeting, Dr. Sachin Seth was appointed Chair of the Standards and Guidelines Committee, replacing Dr. April Nason who completed her term on the Board in 2023.

STATUTORY COMMITTEE APPOINTMENTS AND REAPPOINTMENTS

At the January 26, 2024 Board meeting, the following appointments to statutory committees were approved. (There were no reappointments to statutory committees required at that time.)

Complaints Committee

Dr. Frances Tompkins (2024 – 2027 February)

Discipline Committee

Ms. Marina Crawford RDA (2024 – 2027 February)

LEGISLATIVE CHANGES

In early January, the PDBNS was informed by the Department of Health and Wellness (DHW) that it would be in the first cohort of health regulators to be included in Phase I of the migration to the [Regulated Health Professions Act \(RHPA\)](#), thereby repealing of the Dental Act. It is expected that this will take place by October 2024.

Phase I will also see the migration and amalgamation of Dental Hygiene, Dental Technology, and Denturism into a single regulatory body.

Also to be migrated in Phase I are Occupational Therapy, Paramedicine, and Pharmacy. In addition, Naturopathy will become a newly-regulated profession. It is anticipated that the remaining fourteen existing regulated health professions will be migrated to the RHPA within the next two years.

Although DHW “will hold the pen during development” of profession-specific regulations to accompany the RHPA, DHW has engaged the regulators for high-level consultation in a fairly compressed timeframe.

After our feedback is submitted to DHW on April 2, 2024, it will be analyzed by the Department and drafting of regulations will begin. During the analysis and drafting of regulations, government has said that there will be back and forth between the Department and regulator to support the regulation development.

Based on recent meetings with DHW, it seems that the profession-specific regulations will be very high-level, unlike the current PDBNS regulations. Specifics on matters such as continuing

education requirements, practice review processes, categories of dental specialists, scope of practice, and advertising standards will reside in “restricted” (i.e., requiring Cabinet approval) bylaws or standards of practice rather than regulations.

The most significant changes that registrants may notice when migration to the RHPA takes place will be with respect to the processes for complaints and discipline. These changes, which will bring us in line with contemporary conventions for professional regulation, will be outlined in future communications. I think it is fair to say that these changes can be seen as positive (in different ways) both for the public and for registrants.

STATUTORY COMMITTEE UPDATE COMPLAINTS COMMITTEE

When the [November 2023 Board Business](#) was published, there were complaints which had been heard but for which the Complaints Committee had not yet finalized its decisions.

October 26, 2023

Case 1: The Committee heard a complaint against a dentist. The Committee passed motions to **dismiss** the complaint and to report the decision in publications of the PDBNS on an **unnamed** basis.

Case 2: The Committee heard the case of a complaint against Dr. Daniel Tam. The Committee passed motions to **refer the complaint to the Discipline Committee** and to report the decision in publications of the PDBNS on a **named** basis.

The details of this and any other referred complaints are not reported at this stage because, once referred, the ultimate determination of alleged breaches of professional standards rests with the Discipline Committee.

November 2, 2023

Case 1: The Committee heard the case of a complaint against a dentist. The Committee passed motions to **dismiss** the complaint and to report the decision in publications of the PDBNS on an **unnamed** basis.

Cases 2 and 3 from this date were previously reported in the [November 2023 Board Business](#) publication.

November 23, 2023

Case 1: The Committee heard the case of a complaint against a dentist. The Committee passed motions to **dismiss** the complaint and to report the decision in publications of the PDBNS on an **unnamed** basis.

Case 2: The Committee heard the case of a complaint against a dentist. The Committee passed motions to issue a written **reprimand** with respect to the complaint and to report the decision in publications of the PDBNS on an **unnamed** basis.

Case 2 stemmed from a complaint lodged by a patient with a prosthetic heart valve who received dental treatment without having been prescribed prophylactic antibiotics. The patient subsequently developed infective endocarditis and required the replacement of their prosthetic heart valve, a procedure during which the patient suffered a stroke requiring them to be admitted to an inpatient rehabilitation facility.

After thoroughly reviewing the patient's medical and dental records and given the uncertainty of longstanding oral infection and other general health factors, members of the Complaints Committee panel could not draw a causal link between the treatment provided by the dentist and the ensuing bacteremia.

However, the panelists unanimously determined that, given the patient's medical history of prosthetic heart valve replacement, the dentist's responsibility to provide them with prophylactic antibiotics prior to dental treatment had not been met and therefore the dentist had failed to meet the standard of care that is reasonable in the practice of dentistry in Nova Scotia.

Panelists were reassured by the dentist's expressions of empathy and regret, their efforts to communicate and follow up with the patient, and by their acknowledgement of lapses in their office's protocol that led to the failure to provide the patient with prophylactic antibiotics prior to initiating dental treatment. Based on the dentist's written response to the complaint as well as the Committee's interview with the dentist, panelists were satisfied that there is a very low risk of recidivism (i.e., a similar failure by this dentist in the future) thereby mitigating future risk to the public.

2024 Meetings of the Complaints Committee

February 8, 2024

Case 1: The Committee heard the case of a complaint against a dentist. The Committee passed motions to **counsel** the registrant and to report the decision in publications of the PDBNS on an **unnamed** basis.

This complaint stemmed from treatment complications which had occurred in a setting where more than one dentist was involved in the patient's care. Specifically, the practice model seemed to the Committee to have been one in which the dentist performing the patient intake (Dr. A) was not the same dentist ultimately performing surgical and prosthodontic treatment (Dr. B). Furthermore, it appeared to the Complaints Committee that Dr. A had inappropriately delegated important aspects of informed consent to administrative staff, which was particularly inappropriate for complex multidisciplinary treatment.

Panelists were unanimous in their position that Dr. A, as both a clinician involved in the patient's care and as a principal clinician at the clinic, shared responsibility for ensuring adequate administrative standards, protocols, and quality assurance, particularly related to follow up care, record-keeping, and informed consent and that Dr. A. had failed to meet aspects of this responsibility.

Case 2: The Committee heard the case of a complaint against a dentist. The Committee passed motions to **dismiss** the complaint and to report the decision in publications of the PDBNS on an **unnamed** basis.

February 15, 2024

Case 1: The Committee heard the case of a complaint against a dentist. The Committee passed motions to **dismiss** the complaint and to report the decision in publications of the PDBNS on an **unnamed** basis.

Case 2: The Committee heard the case of a complaint against a dentist (Dr. C). The panel of the Complaints Committee passed motions to **counsel** Dr. C and to report the decision in publications of the PDBNS on an **unnamed** basis.

This complaint stemmed from Dr. C's alleged failure to diagnose extensive decay over the course of close to a decade. The patient (Patient X) alleged that they became aware of the extent of the decay when they moved, saw a different dentist, and were told that they required several extractions.

Panelists acknowledged that there were and continue to be multiple and complex circumstances contributing to the Patient X's dental disease. Among these were the patient's choice to defer recommended treatment.

However, members of the panel noted that:

- for Dr. C to better manage the comprehensive care of patients, Dr. C must take greater responsibility for directing and documenting patients' care;
- Dr. C must address their dependence on conventional (i.e., yearly and/or insurance driven) dental recall schedules and establish patient-centred recall intervals that correspond with the management of both existing dental disease and risk for future dental disease; and
- given that Dr. C as the dentist is ultimately responsible for diagnosis of dental disease, Dr. C must also address their reliance on dental hygienists to flag disease risk.

Given the Provincial Dental Board's responsibility to protect the public, members of the panel were reassured by Dr. C's reflections on issues raised in the complaint and Dr. C's acknowledgement of:

- deficiencies in the care of the patient raised in the interview;
- lessons learned from this experience;

- Dr. C's stated commitment to make changes in practice to enhance procedures for continuity of care and communication with patients;
- Dr. C's recognition of the need to be more forthcoming about patient needs, especially with "casual" or "emergency based" patients and to make sure patients better understand the consequences of "doing nothing"; and
- the thanks Dr. C. expressed to members of the panel for their input and advice.

March 21, 2024

The Complaints Committee heard two cases but has not yet reported the decisions.

Summary of Complaints Committee Decisions

Of the 9 complaints reported above:

- 5 were dismissed,
- 2 resulted in a counsel,
- 1 resulted in a written reprimand, and
- 1 was referred to the Discipline Committee.

Trends in Numbers of Complaints

2023 saw a record number of complaints heard by the Complaints Committee. The Committee heard 36 complaints in total. (The historical yearly average is 20 complaints.) 34 of these were against dentists and 2 were against dental assistants.

So far in 2024, 6 complaints have been heard, there are presently 3 complaints scheduled to be heard in the coming weeks, and 11 others are in various stages of investigation.

DISCIPLINE COMMITTEE

November 6, 2023

The Discipline Committee reconvened to continue hearing the matter of a registrant who was arguing their right to appeal a decision of the Complaints Committee following the second hearing of a complaint. (The Registrant had been granted a *de novo* second hearing with a new Complaints Committee panel after appealing the decision of the first Complaints Committee panel. Prior to the second hearing, legal counsels for the registrant, the Registrar, and the Discipline Committee had signed a Consent Order signed by that the decision of the second panel could not be appealed.) The registrant was arguing that the Consent Order should not stand and that they should be afforded a third hearing at the Complaints Committee level.

In its November 15, 2023 written decision, the Discipline Committee dismissed the dentist's appeal. The complaint will now be referred to a newly populated panel of the Discipline Committee for a hearing.

February 16, 2024

The Discipline Committee approved a Settlement Agreement signed by the Registrar, the Chair of the Complaints Committee, and Ms. Bonnie Priest (RDA) in accordance with Section 17(A) of the [PDBNS Discipline Regulations](#).

These proceedings followed a complaint which was heard in February 2023 and referred to the Discipline Committee. The case stemmed from allegations that in 2022 Ms. Priest, of her own accord and with no dentist present in the office during that week, had written a prescription for Amoxicillin for a patient. The prescription was issued under the name of prescriber Dr. A but with the signature stamp of a different dentist no longer working at the clinic. Further, it had been alleged that there had been a recent notation in the patient's chart that they may be allergic to Penicillin (of which Amoxicillin is a subset).

In the Settlement Agreement, Ms. Priest admits that by completing a prescription authorization for a patient, she performed services other than those she was authorized to perform under the [Act](#) or [Dental Assistants Regulations](#). She admits that this constitutes unprofessional conduct as defined in Sections 1(A)(i)(v) of the [Dental Assistants Regulations](#).

In the Settlement Agreement, Ms. Priest and the PDBNS agree to the following sanctions:

- a) Ms. Priest shall be issued a written reprimand.
- b) Ms. Priest is required to successfully complete a course on the "Scope of Practice for Dental Assistants" as approved by the Registrar, at her own expense, within 24 months of the date of the Order approving this Settlement Agreement.

In her dealings with the Registrar and legal counsel throughout this process, Ms. Priest was co-operative and expressed appreciation of the seriousness of performing services outside scope of practice.

MANDATORY CONTINUING DENTAL EDUCATION (MCDE) COMMITTEE

Early in 2024, random sampling took place to select 15% of dentists and dental assistants whose MCDE cycle ended on December 31, 2023. There were 34 dental assistants and 24 dentists who were selected for audit with submissions to be received by February 2, 2024. The MCDE Committee met on February 9, 2024 to review the submissions.

Of those audited, 5 dentists and 3 RDAs were found to have incomplete audits, meaning that they had not submitted satisfactory verification of continuing education to meet the requirements of the [guidelines](#). In addition, 1 dentist and 4 RDAs audited did not submit documentation for their audits. Registrants who are deficient in their audits are required to make up for the shortfall prior to license renewal.

Management of Medical Emergencies in the Dental Office

Registrants are encouraged to review the criteria for courses to fulfill this requirement. They are outlined on page 4 of this document.

Verification of a Post Test for Online Asynchronous Courses

Online courses which are asynchronous (i.e., on-demand, at your own pace), must have a post test in order for credit to be awarded. The course verification/certificate must indicate that a post test has successfully completed (as most do). No credit is awarded for online asynchronous courses for which there is no verification of a post test.

Future Revisions to MCDE Guidelines

The Chair of the MCDE Committee, Dr. Kevin Walsh, is soon to undertake a jurisdictional scan of other Canadian dental regulatory authorities' continuing education requirements. This will help set the stage for a revision of our CDE requirements under the *Regulated Health Professions Act (RHPA)*.

DENTAL PRACTICE REVIEW (DPR) COMMITTEE

In accordance with the [Dental Practice Review Regulations](#), 82 dentists (15% of licensed dentists in private practice) were selected using a random sampling process stratified by district to complete a [self assessment document](#) which was to be returned by February 15, 2023. The Committee met on March 6, 2024 to review the documents.

There were 12 dentists selected through random sampling for a site visit in addition to 3 dentists whose self-assessment form triggered a site visit. 2 dentists had not returned their self-assessment forms and were therefore slated for site visits. 18 dentists will soon be sent letters from the Chair requesting that they confirm that certain modifications to their practices were implemented by a particular date.

Dentists are reminded that, according to present legislation, all dentists in private practice are eligible for random selection under the DPR process whether they are owner or associate dentists.

Office site visits for the 2023 DPR process are almost completed. The majority of these have been conducted by the Chair of the DPR Committee, Dr. Mariette Chiasson. As was indicated in the [November 2023 Board Business](#), where concerns arise, they most often tend to be in the realm of recordkeeping.

REGISTRATION APPEAL COMMITTEE

The Registration Appeal Committee has had no activity since the November 2023 publication of Board Business.

THANKS

Finally, I would like to express my appreciation to all who support the PDBNS in its legislated role of protecting the public interest when it comes to dental care. In particular, belated appreciation goes to Dr. Terrie Logue, Ms. Marina Crawford, and Dr. April Nason who recently completed their terms as Board members.



Your unique contributions were valued and are already missed.

Sincerely,

A handwritten signature in black ink that reads "Doug Mackey". The signature is written in a cursive, flowing style.

Dr. Doug Mackey, Registrar