



# SINGAPORE DENTAL COUNCIL

## Newsletter

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## Pledge Affirmation Ceremony

*"We reproduce here, the full text speech by Prof Chew Chong Lin, Registrar, SDC, for the above ceremony held on 8 Nov 2004"*

- Guest of Honour, Mr Khaw Boon Wan, Minister for Health
- Mr Andy Gan, Member of Parliament, Marine Parade GRC and Member of Government Parliament Committee for Health
- Mr Moses Lee, Permanent Secretary, Ministry of Health
- Prof Satku, Director of Medical Services
- Dr Yip Wing Kong, President, Singapore Dental Council
- Dr Patrick Tseng, President, Singapore Dental Association
- Colleagues, Distinguished Guests, Ladies and Gentlemen



"Guests at Pledge Ceremony"

On behalf of the Singapore Dental Council, I welcome you to the first Dentists Pledge Affirmation Ceremony for the new registered dentists. We are grateful and honoured that our Minister is here with us to grace the occasion.

### OBJECTIVE

I extend my heartiest congratulations to the new dentists and look forward to your joining your dental colleagues to provide quality dental care to our patients to the best of our ability at the same time upholding our professional and ethical standards.

This ceremony serves to emphasise the importance of professionalism which is a commitment we must make to our patients. It is the hallmark of good clinical practice which means that dental services should be patient centred.

During one of my overseas trips, I was browsing through one of the magazines available on board the plane. On the inside cover, there was an advertisement from one of the management corporations which had 3 words in large print – "PUTTING PEOPLE FIRST". I thought to myself that this should be the mission statement for the dental profession, i.e. PUTTING PATIENTS FIRST.

### SPEECH BY SMOS

A recent lecture by Dr Balaji, Senior Minister of State, Ministry of Information, Communication and the Arts and Health at the SingHealth Scientific Meeting 2004 hit the nail on the head when he spoke about focussing on patients' interests. Quote - "It is therefore very necessary for doctors to communicate risks to patients so that the patients can make the right decision. When patients make the wrong decision or have a wrong expectation of the risks, or when the outcome does not match their expectations, patients may get upset, setting the stage for complaints and medical litigation" – Unquote. This applies to dentistry as well.

Patients today are better informed especially so with the vast amount of information that is available on the internet. They expect to be part of the decision making process regarding their treatment. We should therefore spend

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some time listening attentively to their concerns as listening forms an important part of good communication. On one occasion Mr Lim Yong Wah, former Chairman of Singhealth gave me a good insight into the Chinese character meaning listen. Included in this word are the Chinese characters of ear, fourteen, heart and king meaning that we should listen with our ears and heart as if listening to the king. Although he did not clarify why the character 14 is included, my own interpretation is that it could mean we listen as if we have 14 ears. So let us be a good listener when patients bring up their concerns. Remember that we are often told that we talk to the patient when they have their mouths open during treatment and they are unable to answer back. Maybe there is something to learn from this.

#### **CHANGES AND CHALLENGES**

During my earlier days of practice, one common statement made of dentists was – Dentists: DRILL, FILL AND BILL. It was also a time when dentists decided on what the patients needed. Unlike shopping where customers decide what to buy, we told the patients what to buy. We have to note that times have changed and so have patients' expectations. Today, it is not enough just to inform patients that there is decay in their teeth or they have periodontal disease for which treatment is needed. We need to also explain to them why treatment is needed. In addition to telling them that there is decay, we would need to show the patients where the decay is present either with the help of a mirror or dental x-rays. This will give the patient the assurance that we have their interest at heart and thus prevent them from having the notion that the dentist is providing treatment where it was not needed. When I raised this point with some dentists recently, I was asked the question whether this was a result of patients not trusting their dentists.

I do not see it as such but that their expectations have increased. I believe that making things clear to the patients will build greater trust and respect for the profession and we are well aware that patients are our best source of referrals. This emphasises the need for effective communication with our patients so that they can make informed choices regarding their treatment thereby reducing complaints.

#### **CONTINUING PROFESSIONAL DEVELOPMENT**

As patients are better informed, so must we keep ourselves continually updated especially so with the rapid development of new scientific knowledge, technologies and materials. This will ensure that we provide the proper care expected by our patients. For this reason it is the intention of the Singapore Dental Council to make continuing professional development compulsory for dentists in September 2005. Dentists will be required to complete 70 CPD points within a 2-year qualifying period to have their practising certificates renewed. The SDC will work closely with the institutions, dental organisations and societies to ensure there are sufficient CPD activities available to practitioners. In addition, dentists can gain CPD points through self-study and research as well as attending courses overseas. We will also make the process for application and registration as simple as possible.

#### **PROFESSIONALISM AND CUSTOMER SERVICE**

I am proud to say that our dentists are well trained to be clinically competent to provide basic dental care. This today, on its own is not adequate and must be complemented by good customer service which includes the roles played by our dental assistants and receptionists. Courtesy and respect for our patients must be part and parcel of the practice and I would encourage you to invest on staff training as well as they play a key role in good patient care.

#### **PROMOTION OF SERVICES**

Lately you must have read that the Ministry has eased its guidelines for publicity. However, let us keep the publicity of our services professional and responsible. At one time, Selfridges, a supermarket chain in the United Kingdom used the following statement – "We don't sell our products. Our products sell us". Similarly, I hope you will promote your services through the quality of care you provide to your patients.

#### **CONCLUSION**

Many of you stated during your application interviews that you wanted to be a dentist because you wanted to help people and that dentistry is a noble profession. I hope you still strongly believe in these ideals which will help you keep your professionalism and gain the high respect from the public.

Let me end by wishing you every success in your career and do remember your commitment to "PUTTING PATIENTS FIRST". I also thank all our guests especially our Guest of Honour for being here with us this afternoon.

Thank you.



"SDC members at Pledge Ceremony"



"Leading the Pledge for new dentists"



"Guest-of-Honour, Mr Khaw Boon Wan, Minister of Health"



## ▶▶ Continuing Professional Development

With effect from September 2005, all Dental Practitioners in Singapore will be involved in the Continuing Professional Development (CPD) Programme initiated by the Singapore Dental Council (SDC). Under this programme, all Dental Practitioners are required to fulfil a certain number of Continuing Dental Education (CDE) hours, in order to renew their Practising Certificates (PC). The qualifying period will be for 2 years. The first qualifying period will begin on 1 September 2005 to 31 August 2007.

The purpose of the CPD Programme is to encourage all dentists to keep their knowledge and skills-up-to-date so as to offer the appropriate dental care to the public and maintain quality professional practice.

More details relating to the continuing education requirements can be found on this website: <http://www.sdc.gov.sg>. In addition, you may like to request for information by phone (65) 6372 3075/ 6372 3077 or fax (65) 6221 1275 or by writing to:

Singapore Dental Council  
#01-01, 16 College Road  
College of Medicine Building, Singapore 169854

### Requirements

Replacing the existing Voluntary CPD programme, the new CPD requires Division I Dental Practitioners to achieve 70 CDE points with a cycle period of 2 years.

Out of the 70 points required, 50 points must be earned by attending verifiable activities, while the remaining 20 points may be non-verifiable. However, dentists who wish to attain all 70 points through verifiable activities may also do so.

For Division II dentists, they will need to fulfil 50% of the CPD requirements set for the Division I dentists. That is, they are only required to achieve 35 CDE points, with 25 points verifiable and 10 points non-verifiable.

Dentists	Required CDE (20% must be core)	Activities	
		Verifiable	Non-Verifiable
Division I	70	50	20
Division II	35	25	10

(Note: 1 CDE point is equivalent to 1 CDE hour)

Dentists who fail to meet the CPD requirements will not have their practising certificates renewed until they have made good the shortfall in CDE points. SDC will work with course coordinators to ensure that CPD programmes are held regularly throughout the year to ensure that dentists are given full opportunities to fulfil their CPD requirements. In addition, organisers will be asked to conduct more courses during the last quarter of the 2nd year cycle to help those who have not completed the required hours.

### Submission of credit claims

Credit claims for Cat 1C, 2, 3A and 3B should only be submitted when the CDE event or activity has been completed. Upon successful submission of an online credit claim, an acknowledgement screen will be displayed. An acknowledgement receipt of the claim will also be sent to your email account (if you have one). Note down

the unique transaction ID that is assigned to each submitted claim. You would be required to key in this ID should you need to seek any clarification about the claim in the future. The time taken to process the credit claims is around 3 weeks. Credit claims which are approved will be reflected in your personal CDE report. You will be notified of any approved or rejected credit claim via email.

In addition to submitting new credit claims, dentists can also view the claims that are still pending SDC's approval.

### Generate personal CDE Reports

This function allows dentists to view their CDE points accumulated in the current and previous CPD qualifying periods. It usually takes about 3 to 4 weeks after the end of the course for CDE points to be reflected in the system for Cat 1A/ 1B events. This is because the CPD Providers need to submit dentists' attendance records electronically. However, this time period may be extended if the online and hardcopies of the attendance records submitted do not tally. If your personal CDE report does not show your CDE points 6 weeks after you have attended a Cat 1A/ 1B event, please contact the CPD Provider directly for clarification.

### Reminders

Dentists will be able to check from the system on the number of CDE points attained to date, and the outstanding number of points required for practising certificate renewal will also be highlighted. Dentists who are in deficit of their CPD requirements will be given a reminder notice.

### Appeals process

A grace period of 3 months may be given to dentist to comply with the requirements under extenuating circumstances. A written application must first be made to SDC immediately after receipt of the reminder notice for the shortfall or at least 2 months before the expiry of their practising certificate. SDC will evaluate the merits of each case individually.

### Pro-rated CPD Requirements

Pro-ration of CDE points may be granted to dentists based on special circumstances. Dentists will need to submit documented proof for Council's approval.

#### (I) Dentists doing clinical work

All dentists doing clinical work (even on voluntary basis) are required to meet the 70 points for the 2 years qualifying period. However, pro-ration of CDE points may be granted to dentists based on special circumstances. The groups that qualify for pro-ration of CDE points include:

1. Newly Registered Dentists
2. Dentists who have not been residing in Singapore for a total of 180 day (6 months) or more, during the 2 year qualifying period.
3. Dentists who have been on a long medical leave (i.e. 6 months or more)
4. Dentists who are away on overseas studies for 6 months or more

**Note:** Dentists on Maternity Leave - Maternity leave is normally for a period of 3 months. Therefore, a dentist who was previously on maternity

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leave must still fulfil 70 points for CPD.

#### IMPORTANT:

A dentist who qualifies for pro-rated points must submit documented proof such as:

- Letter of appointment, employment and/or contract from relevant authority (if working overseas);
- Letter from the relevant body/institution (studying abroad);
- Photocopies of their passport with the departure and arrival dates stamped or airline tickets (if away for personal reasons or for reasons that do not fall under Categories A or B)
- Valid medical certificate

The information/ documentation must be submitted to the SDC at least 4 months before the expiry date of his practising certificate. This is to ensure that the verified period he was away can be entered into the SDC Online CDE System for pro-rated points to be calculated before his practising certificate expires.

#### Formula for Pro-Ration :

(Number of days served during QP / Total Number of days in QP) x (CPD Requirement)

Example: Dentist who was away from Singapore for 8 months during the 2 year QP. Number of CPD points he must fulfill :  $480 / 730 \times 70 = 47$  points

#### (II) Dentists not doing clinical work

SDC does grant lower CDE points for dentists who are not actively practising dentistry because they have retired or are doing full-time administrative work etc. Dentists who are currently not involved in treating patients and who wish to apply for lower compulsory CPD requirements must sign the Declaration Form and return it to SDC for approval. Once approved, these dentists will have their compulsory CPD requirements lowered to:

- 20 points in 2-years for those holding a 2-years' practising certificate; and
- there will be no core requirement or cap on within a CDE category.

#### Exemptions

In the case of those who have not practised for a certain period of time, appropriate programmes for re-certification will be explored on an individual basis. SDC will ensure that there will be ample CDE opportunities for dentists to gain access to 'refresher' course. Exemptions may, however, be granted to dentists with special circumstances that prevent them from being able to participate/ access CDE activities during the qualifying periods e.g. prolonged illness or physical disability.

Graduate students or residents, enrolled in acceptable full-time academic programs, will be deemed to have fulfilled their CPD requirements for the period of their full-time program. Proof of matriculation with an academic institution for full-time study will have to be submitted to SDC for approval.

#### LIST OF CDE ACTIVITIES

• Category Type : 1A	
Activities Involved	• Grand Ward Round • Teaching / Tutorial Session
Credit Hours	1 point per 1 session Max = 20 hours for a QP of 2 years
Submitted By	Course Organizer

#### • Category Type : 1B (Local)

Activities Involved	• Conference • DGDS Hands-on
Credit Hours	No. of lecture points as stated in course programme
Submitted By	Course Organizer

#### • Category Type : 1C (Overseas)

Activities Involved	• Scientific Meeting • Seminar • Symposium • Workshop
Credit Hours	Refer to 1B
Submitted By	Dental Practitioner

#### • Category Type : 2 (Publications)

Activities Involved	• Original papers in health related journals/ Editorial Work • Textbook/ Refereed Journal (original paper) • E-Learning Programme (SDA)
Credit Hours	<b>First Author</b> - 10 points per paper <b>Subsidiary Author</b> - 5 points per paper
Submitted By	Dental Practitioner

#### • Category Type : 3A (Self-study)

Activities Involved	• Reading of papers from Refereed Journals • Self-study from Audio-visual tapes • Online education (without assessment)
Credit Hours	1 point per paper/ tape/ online education ( <b>Non-Verifiable</b> )
Credit Hours	Max = 20 hours for a QP of 2 years
Submitted By	Dental Practitioner

#### • Category Type : 3B (Distance Learning)

Activities Involved	(a) Through approved interactive structured CPD courses (b) Online education (with Assessment)
Credit Hours	1 point per module or as recommended by CPD Committee Max = 20 hours for a QP of 2 years
Submitted By	(a) Dental Practitioner (b) Course Organizer

The CDE activities that the dentists may participate in are classified into different categories, namely: Categories 1A, 1B, 1C, 2, 3A and 3B. To encourage dentists to participate in different forms of learning, a cap is being placed on certain activities. For Categories 1A, 3A and 3B, dentists are only allowed to clock up to a maximum of 20 points per qualifying period.

#### Verifiable and Non-Verifiable Activities

Amongst the activities, only Category 3A is non-verifiable.



### Core and Non-Core

General practitioners are expected to develop core competence in areas that are critical in the management of patients in the primary care setting. For the General Practitioners, at least 20% of their CDE points must be in dentistry (i.e. core). The remaining may come from courses related to dentistry such as topics pertaining to medicine.

### LIST OF ACCREDITED JOURNALS

Below is the list of accredited journals:

1. Journal of Oral Rehabilitation
2. The International Journal of Periodontics and Restorative Dentistry
3. International Journal of Prosthodontics
4. Journal of Dental Research
5. Journal of Prosthetic Dentistry
6. Journal of Prosthodontics
7. Journal of Dentistry
8. Journal of Restorative Dentistry & Periodontics
9. Journal of Oral Facial Pain
10. International Journal of Oral and Maxillofacial Implants
11. Clinical Oral Implants Research
12. Dental Materials
13. Journal of Esthetic and Restorative Dentistry
14. Head and Neck Surgery
15. Journal of Periodontology
16. Journal of Clinical Periodontology
17. Journal of Periodontal Research
18. Periodontology 2000
19. Journal of the International Academy of Periodontology
20. Practical Periodontics & Aesthetic Dentistry
21. Journal of Oral Implantology
22. Implant Dentistry
23. Oral Microbiology & Immunology
24. Dental Abstracts and Journal of Prosthetic Dentistry
25. International Journal of Endodontics
26. Oral Surgery, Oral Medicine, Oral Pathology and .... Endodontics
27. Journal of Endodontics
28. European Journal of Oral Sciences
29. Endodontic Topics
30. Archives of Oral Biology
31. Critical Reviews of Oral Biology and Medicine
32. Endodontics Dental Traumatology (now Dental Traumatology)
33. Journal of Oral Pathology
34. Dental Surgeon (Quarterly)
35. Singapore Dental Journal (Annually)



## Singapore Dental Council Dentist's Pledge

*"I solemnly pledge to:*

*dedicate my life to the service of humanity;  
give due respect and gratitude to my teachers;  
practise my profession with conscience and dignity;  
make the health of my patient my first consideration;  
respect the secrets which are confided in me;  
uphold the honour and noble traditions of the dental profession;  
respect my colleagues as my professional brothers and sisters;  
not allow the considerations of race, religion, nationality or  
social standing to intervene between my duty and my patient;  
maintain due respect for human life;  
use my dental knowledge in accordance with the laws of humanity;  
comply with the provisions of the Ethical Code; and constantly  
strive to add to my knowledge and skill.*

*I make these promises solemnly, freely and upon my honour."*



New Registered Dentists taking the Pledge



## Names Of New Registered Dentists 2004



New Registered Dentists  
with SDC Members

Ahmad Bin Hassan  
Pek Gek Chuan  
Ashraf Ali  
Sandra Chelvan  
Chan Feng Yi  
SeeToh Yoong Liang  
Chan Sing Yin  
Selvajothi D/o Veerasamy  
Madeleine Chew  
Sng Hong Cheong, Jeffrey  
Chia Su Wei  
Tan Cheng Boon, Alvin  
Chin Shou King  
Tan Kok Leong, Martin  
Fu Jia Hui  
Tan Sok Fun, Edelweis

Goh May Yee, Maryelle  
Tho Loo Yee  
Lee Seow Keow  
Tong Huei Jinn  
Lim Sze Kheng  
Wang Meiyong  
Low Gim Hong  
Wee Chun Kheng, Eugene  
Low Hwee Hiang  
Wong Liping, Florence  
Mak Kean Voon  
Wu Shilin, Serene  
Ng Cher Hui, Mervyn  
Zheng Hongyan, Cecilia  
Ng Yuk Ching



## ▶ FIRST AID KIT for Complaints

The face of modern dentistry is changing and becoming more sophisticated and expensive. These changes are accompanied by higher patient expectations which often lead to more complaints when the services rendered fall short of these expectations. Unlike the practice of medicine, the practice of dentistry is very much elective in nature. Therefore, we have no excuse for not being able to plan adequately for procedures, ensure that patients are informed and offered choices on the various procedures and options available as well as the costs involved.

In the 2004, the Council received a total of 36 complaints. One third of these cases involved monetary disputes; 7 complaints involved unsatisfactory treatment rendered and 6 cases involved miscommunication. Seven cases involved restorative procedures; 4 involved orthodontic management of patients and 4 concerned the practice of oral surgery.

Of these, only 3 complaints went through formal disciplinary proceedings. Despite this, any dentist who has had a complaint lodged against him will testify how distressing the whole situation can be, no matter how small the complaint. It is always a difficult situation to be in when one's professional judgment and integrity is questioned and has to be defended.

### Harvard data: (Leape NEJM 1991)

- 1 in 4 adverse outcomes due to negligence
- Only 12% of patients who suffered negligence filed a lawsuit
- 2 out of 3 claims from patients with no adverse outcome or an adverse outcome not due to negligence

So what can we do to prevent patients from being dissatisfied and issuing complaints?

Some of the following risk prevention strategies can be taken into consideration:

- ⇒ Understand the motivating factors
- ⇒ Managing expectations
- ⇒ Interaction skills
- ⇒ Interactions with other staff and colleagues
- ⇒ Documentation
- ⇒ Managing adverse outcomes

### ⇒ UNDERSTAND THE MOTIVATING FACTORS

Be armed with skills to be able to detect and diffuse potentially explosive situations. Risk management does not mean that we have to give in to the patient's every request. Being professionals, we should be able to differentiate what is reasonable and ensure that the expected standard of care is given; and be firm when dealing with unreasonable requests.

#### What then motivates patients to complain?

- ▶ Unexpected adverse outcomes due to inadequacies at consent, pre-op preparation
- ▶ Perceived shortcoming in the quality of care received
- ▶ Unexpected costs; overcharging; unnecessary treatment; hard sell with the intention to deceive
- ▶ Personal qualities of the doctor and associated healthcare workers e.g. office staff, nurses
- ▶ Doctor availability, time spent with patient, no chaperone
- ▶ Amount of information received
- ▶ When the patient/family perceives that their concerns were ignored or their case was not viewed as important or urgent

Patients tend to issue complaints only in the presence of predisposing factors (eg rudeness, delays, apathy, miscommunication, inattentiveness) accompanied by precipitating factors (eg mistakes, system errors). The presence of precipitating events alone is therefore unlikely to lead to litigation in the absence of predisposing factors (Bunting J Health Risk Man 1998).

### ⇒ MANAGING EXPECTATIONS

#### ▶ Reasonable patient expectations:

- ▶ Adequate time spent with the patient
- ▶ Clinician interested
- ▶ Office staff courteous and helpful
- ▶ Appropriate after hours arrangements
- ▶ Clinician competence
- ▶ Treated with respect
- ▶ The clinician and his staff are listening and not dismissive

#### ▶ Unreasonable patient expectations:

- ▶ Unlimited time
- ▶ All issues addressed in one consultation
- ▶ All treatments are 100% successful with no side effects
- ▶ Guarantee for treatment rendered
- ▶ Restorations to last forever

#### ▶ Address unrealistic expectations:

- ▶ Ask your patient what they are expecting
- ▶ If an unrealistic expectation is expressed, respectfully correct it

### ⇒ INTERACTION SKILLS

70% of litigation related to poor communication (Beckman Arch Int Med 1994).

80% of complaints related to poor communication (HSC Victoria 1988)

#### Communicate, Communicate, Communicate,

- ▶ Effective communication one of the most effective risk management tool
- ▶ Verbal and non-verbal communication are equally important
- ▶ "A smile a day keeps the lawyer away"
- ▶ Listening is just as important as talking
- ▶ Try to make a human connection early and be able to appreciate the situation from the patient's prospective

#### For effective communication

Words 7% • Tone of voice 38% • Body language 55%

Body language includes:

- ▶ Appearance
- ▶ Face
- ▶ SMILE, SMILE, SMILE
- ▶ Posture
- ▶ Gesture
- ▶ Physical contact

#### Just a little effort makes all the difference!

- ▶ **Non sued** = Asked patient opinions  
Perception that sufficient time was spent  
Smiled / Laughed / Sense of humour  
Explained the treatment process in the course of the consultation
- ▶ **Sued** = Patients felt rushed, ignored  
No explanations received

#### First impressions do matter as patients make assessments of our competence based on our interaction skills

- ▶ Greet/ welcome the patient
- ▶ Maintain eye contact
- ▶ Try to make a personal connection
- ▶ Be professional and exude confidence

#### Checklist

- ▶ Listen, don't interrupt
- ▶ Show empathy early
- ▶ Summarize



*“The article below was authored by Dr Adeline Wong, who is currently Secretary, Singapore Dental Council. Dr Wong draws from her vast experience as Secretary to the Complaints Committees convened by the Singapore Dental Council”*

- ▶ Check patient's expectations
- ▶ Answer queries patiently

#### Just imagine:

- ▶ We hear half of what is said to us
- ▶ We listen to half of what we hear
- ▶ We understand half of what we listen to
- ▶ We believe half of what we understand and
- ▶ We remember only half of what we believe

⇒ **Therefore a patient only remembers 1/2 min of information given in 20 min consultation!**

#### ⇒ INTERACTIONS WITH OTHER STAFF AND COLLEAGUES

Inappropriate comments about a colleague can lead to:

- ▶▶ Litigation against your colleague
- ▶▶ Humiliation for you if your facts are wrong
- ▶▶ Possible patient anger and even litigation towards you if your opinion is incorrect
- ▶▶ Increased premiums for everyone

#### 50% of claims brought about by comments from another doctor

How should you respond when asked to comment on another dentist's work:

- ▶ Tell the patient you need to have all the information before forming an opinion
- ▶ Offer to contact your colleague with the patient's permission
- ▶ Contact your colleague directly to confirm the full facts of the case

#### ⇒ DOCUMENTATION

##### Your word against all others

Proper documentation is a hallmark of quality dentistry and a standard of care that patients have come to expect from the profession. This is made even more apparent in the recent Tsumani tragedy where the importance of dental records were repeatedly highlighted in the media.

Notwithstanding, the requirement that practitioners keep medical records is stipulated in regulation 12 of the Private Hospital and Medical Clinics Regulations[1] and the Director of Medical Services has issued guidelines on what is expected to be in the case notes. The penalty for non-compliance is specified in regulation 55 :-

*“Any person who contravenes or fails to comply with any of the provisions of these Regulations or who fails to comply with any direction issued by the Director under these Regulations shall be guilty of an offence and shall be liable on conviction to a fine not exceeding \$2,000 or to imprisonment for a term not exceeding 12 months or to both.”*

Therefore anticipate problems by always documenting your cases with care as your records form the written basis for determining what has occurred and the court accords more weight to this than to the witness' memory. The courts also often use available documentation as a reflection of the clinician's professional ability, competence, responsibility and dedication and strongly influence outcomes in litigation. In cases where there is poor documentation and record keeping, damages awarded were awarded to 66% of the cases, compared to 33% of cases with adequate documentation.

##### Other important information that should be included in your treatment notes:

- ▶ Discussion of treatment options available with pros and cons
- ▶ Recording of decisions made jointly
- ▶ Follow up plans
- ▶ Important patient questions answered

##### If amendments need to be made:

- ▶ Alterations should be:

- ▶▶ Clearly labelled as additions
- ▶▶ Dated and signed
- ▶ Any other way makes them:
  - ▶▶ Worthless
  - ▶▶ Damages your credibility

#### ⇒MANAGING ADVERSE OUTCOMES

##### The importance of identifying potentially litigious cases:

- ▶ Reporting obligation owed to insurers and medical defence organizations
- ▶ Ensuring any incident reports or statements are taken early and properly recorded
- ▶ Early identification will facilitate timely investigations, the gathering of views, and prompt assessment of any claim
- ▶ Seeking early advise on communications with the patient / family
- ▶ Seeking early review and advice on the management of the pt.
- ▶ Exploring opportunities of effective management of complaints
- ▶ Quick action can also facilitate attempts at early resolution and avert actual litigation

##### When in doubt, seek legal advice:

- ▶ The lawyers can give early advice on the matter, to guide investigations, and how expert views should be sought
- ▶ The lawyer can coordinate the gathering of independent opinions to ensure that that views obtained are protected by solicitor-client privilege
- ▶ The lawyer advises the client on possible criticisms that can be made regarding the services provided or treatment rendered
- ▶ The lawyer advises the client on the possible value of any claim to be made
- ▶ The lawyer suggests the best way of managing the complaint or claim depending on how strong or weak the client's position is
- ▶ If an attempt is to be made to resolve the matter, the lawyer can advise on the manner of approach and the terms
- ▶ The lawyer can also offer an opinion on liability and if so, on whose part, or if the allegations should be defended

##### Adequate coverage, your best cure

In order to gain ease of access to appropriate legal guidance and be adequately protected against all legal eventualities, it is advisable that all registered dentists be covered by professional indemnity. Various companies offer different plans. So it's best you do some homework and assess your risk profile and the extent of your coverage before signing up.

##### Master of your own fate?

##### Third Party Liabilities galore!

For those who have not arranged for professional indemnity based on the assumption that they will be protected by 'employer indemnity' borders on naivety.

Any employer has a vicarious liability for the acts and omissions of an employee performed within the scope and course of their employment. Thus, an employer may be held liable for the negligent acts of a third party, even though the employer may not be negligent him/herself, nor even be aware of the third parties' (eg that of your surgery assistant) actions. However, employees should realize that the solicitors acting for their employers focus mainly on the financial aspects of the claims and may fail to give due consideration to defending the clinician's professional interest, reputation and integrity.

Besides this third party liability as the *respondeat superior*, the clinician may also be held liable if his/her actions could have contributed to the employee's negligence or other wrong doing. Thus the employer may be held liable directly for negligent hiring, training, supervising,

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or monitoring of an employee who is found negligent.

In many healthcare settings and especially multidisciplinary establishments, the clinician usually works with colleagues who are not their employees. These colleagues are trained and independent clinicians. Nevertheless, the clinician may be rendered liable by their actions based on either the *'captain of the ship'* or *'borrowed servant'* doctrine.

Under the former (*captain of the ship*) doctrine, the attending clinician could be held liable for the negligent acts of all parties, including non-employees, hospital/clinic employees and other independent dental practitioners. According to the latter (*borrowed servant*) doctrine, an individual may be held vicariously liable for negligence of another if the former person is in a position to control the latter's work and the manner of performing it, irrespective of whether he actually exercises that control or not. This can be a real source of concern in present practice settings where clinicians must invariably work with and supervise assistants, technicians, residents and students whom they have not employed nor selected. Some of these risks may however be reduced by carefully thought out protocols, contractual agreements and stated policies.

Clinicians who participate in joint enterprises and informal partnerships may also face third party liability risks in the absence of formal written agreements and this can be implied from the conduct of the parties involved. Conventionally, partners in an enterprise are liable to any torts, including contractual claims, committed by a partner or employee in the course of the partnership business. Each partner may be held to be 'jointly and severally' liable for the wrongful act or another partner. Clinicians can reduce their exposure to such third party liability risks by organizing the practice into a professional organisation; a professional corporation; a professional limited liability partnership; or a professional limited liability company.

References

1. Essentials of medical law, 2004
2. Medical responsibility in Singapore, 2000
3. Risk management from Dental Protection



## List of Missing Singaporeans/PR

*"SDC urges all dentists to look through their records once again to help identify missing victims of the tsunami disaster."*

- |   |   |
|---|---|
| 1 Mr Goh Hui Kiang (SC)<br>S8012552F<br>PHUKET            | 8 Jennifer Liew May Lin Reyes (SC)<br>S1246914D<br>PHUKET       |
| 2 Caroline Chan Fong Chee (SC)<br>S0123705E<br>PHUKET     | 9 Cassandra Sze Li Reyes aka Casey (SC)<br>S9538243F<br>PHUKET  |
| 3 Leong Mei Leng Louisa (SC)<br>S1367754I<br>PHUKET       | 10 Gerard Sanchez Reyes (PR-Philippines)<br>S2608603E<br>PHUKET |
| 4 Chan Giok Khim (SC)<br>S1671273F<br>PHUKET              | 11 Tan Swee Seng Grace (SC)<br>S1637753H<br>PHUKET              |
| 5 Tan Pheng Cher (Violet) SC<br>S1515917J<br>PHUKET       | 12 Simon James Stannard (PR-British)<br>S2703967G<br>PHUKET     |
| 6 Agnes Goh-Walter Choon Siew (SC)<br>S0032646A<br>PHUKET | 13 Yohansyah Putra Bin Yusoff (SC)<br>S9307079H<br>INDON        |
| 7 Kwok Leng Oi Lisa (SC)<br>S7025141H<br>PHUKET           | 14 Jordan Adam Bin Yusoff (PR-Indonesian)<br>T0321654Z<br>INDON |

## Singapore Dental Council Ethics Committee

(wef Sept 2004 to 30 April 2006)

*"The Singapore Dental Council has set up a new subcommittee. The ethical codes/guidelines will be released in due time."*

Chairman: **Dr Yip Wing Kong**

Members: **A/P Foong Weng Chiong, Kelvin**  
**Dr Tham Hon Meng**  
**Dr Adeline Wong**  
**Dr Alan Yeong Pong Shin**  
**Ms Jessie Lim**



Dr Yip, Chairman SDC Ethics Committee

Committee defined their terms of reference as:

- (a) to promote good ethical practices and high standard of professionalism for dentists
- (b) to research, study and advise Dental Council on ethical issues
- (c) drafting of the ethical codes and guidelines

### MEMBERS OF SINGAPORE DENTAL COUNCIL (MAY 2003 - May 2006)

Name	Appointment
Dr Yip Wing Kong	President (appointed)
Prof Chew Chong Lin	Registrar (appointed)
A/Prof Tan Beng Choon Keson	Member (appointed)
Dr Eu Oy Chu	Member (appointed)
Dr Shahul Hameed	Member (appointed)
Ms Jessie Lim	Member (appointed)
A/Prof Ho Kee Hai	Member (elected)
A/Prof Jennifer Neo	Member (elected)
A/Prof Yeo Jin Fei	Member (elected)
Dr Lin Wen Jin Myra (Mrs Elliott)	Member (elected)
Dr Go Wee Ser	Member (elected)

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Mak Kan Chiew	Mak_Kan_Chiew@dentalcouncil.gov.sg	6372 3077
Jacqueline Goh	Jacqueline_Goh@dentalcouncil.gov.sg	6372 3075
General Office's Fax: 6221 1275		