

# Principles

## 5. Peer-to-Peer Conduct: Principal/Associate Relationships

- Your Associate is your professional colleague. Treat your Associate with respect, openness and trust.

# Actions

## for the Principal Dentist

- Ensure you have a valid legal employment contract or Associate Agreement for your Associate before they start working with you.
- Negotiate rather than dictate on issues such as hours of work, time off for vacation/courses, clinical practices, etc.
- Agreed remuneration should be paid on a timely basis and be transparent as to how the amount was calculated.
- Within the limits of personal scope, the Associate should be allowed freedom in clinical decisions. Respect that there could be educational or generational differences in an approach to dental care.
- Hold back periods whereby an amount of the Associate's remuneration is retained by the Principal after the Associate leaves the practice, are unacceptable unless agreed upon in the contract before the Associate starts working. Similarly, restrictive covenants need to be fair to both parties and not place undue restraint on a departing Associate. Seek legal counsel.
- Expecting improvement in efficiency over time is reasonable for new graduates. Imposing production quotas or billing targets on any Associate is completely unacceptable. Spell out the hours of practice in your legal agreement.
- Respect that Associates are accountable for their own patient charts, treatment notes and billing practices even as a contract member of your practice.
- Support your Associate in their wish to consult or refer patients as they believe is necessary to ensure the best possible care for the patient.
- If the Associate is not available or terminates the agreement, the principal dentist is responsible for the patient's continuing care. This depends, of course, upon the patient remaining with the practice.
- Have policies in the Associate's contract regarding staff relationships to the Associate and to the Principal dentist and other staff. Have a strategy in place to deal with concerns and conflicts.
- Ensure everyone understands that patient records remain with the principal dentist if the arrangement fails.

# Principles

## 5. Peer-to-Peer Conduct: Associate/Principal Relationships

- Your Principal is your professional colleague as well as the practice owner. Treat your Principal with respect, openness and trust. Treat your Principal's patients as if they were your own long term patients.

# Actions

## for the Associate Dentist

- Understand that the Principal is the practice owner and therefore has a responsibility for everything that happens in the practice. While the Associate is responsible for his/her own actions, those actions should reflect positively on the Principal.
- The Principal sets the tone, focus and management style of the practice. Be mindful of the Principal's wishes within the bounds of good clinical practice.
- Be respectful of the Principal's clinical style and decision-making—especially if you are recommending new treatment to their patient of record.
- Discuss complex treatment plans and staff/office issues to ensure you are managing as a team, rather than creating a divisive environment for staff and patients.
- Disclose clinical and administrative issues early and strive for a joint solution.
- Observe patient privacy. The patients belong to the practice and, therefore, patient lists belong to the Principal. At NO TIME should patient information be removed from the practice without the Principal's consent.
- Understand records are the property of the principal dentist.



# Principles

## 5. Peer-to-Peer Conduct: Inter-Professional Relationships - Referrals

- Be the health professional you would want to collaborate with on patient care. Privacy and security are paramount in patient record correspondence.

## Actions for Referrals

- The referring dentist is the dentist of record for the patient until the patient decides otherwise.
- The referring dentist should provide in a safe, private and secure manner sufficient patient information, diagnosis, treatment plan and the specific reason(s) for the referral so that the dentist/specialist receiving the referral (receiving dentist) understands both the patient's and referring dentist's expectations. Transfer of records should not be sent digitally unless done in a secure service offering encryption of the data. Emailing sensitive patient information may not meet provincial regulatory and legal requirements. Unencrypted email is not considered secure. The use of a direct fax service is considered acceptable. Particular care must be taken to ensure it is secure.
- The receiving dentist should provide only the requested treatment to the appropriate standard of care in the best interests of the patient, and then return the patient to the referring dentist for ongoing care.
- If the receiving dentist believes the initial treatment plan needs to be modified, and/or additional consultation is required with other health care providers including dental specialists, this should first be discussed with the referring dentist at all times.
- The referring dentist should coordinate treatment for the patient by ensuring the patient is aware of, and understands the overall treatment plan, prognosis and who will be involved in their care. This may involve arranging for consultations with other health care providers including dental specialists, and helping the patient with any concerns or questions.
- If it is determined that another health care provider or specialist would be the best person to coordinate the patient's treatment, discussion with all those involved should take place to make this determination.  
  
*Remember — the success of any relationship, including inter-professional relationships, is based on good communication.*
- If the patient requests that the receiving dentist refer them to a new dentist for further care, the receiving dentist should:
  - A. First encourage the patient to discuss their concerns or decision with the referring dentist and/or advise the referring dentist of the patient's request unless instructed otherwise by the patient; and
  - B. If the patient is determined to change dentists, a specific dentist should not be recommended unless they are the only one able to provide that care. It is better to encourage the patient to enquire about the names of possible dentists with their family and friends, and/or provide the names of alternative dentists (more than one) capable of providing the appropriate dental care.

# Principles

## 5. Peer-to-Peer Conduct: Inter-Professional Relationships – Covering for Emergency Care

- All dentists are responsible for providing emergency care for their patients. If you are going away or are unavailable at any particular time, you have an obligation to inform your patients of alternative arrangements for emergency coverage that you have made. It is inappropriate to simply leave a colleague's or hospital telephone number unless you have permission to do so. By making arrangements with a colleague you know and trust, the risk of the patient transferring out of your practice is diminished. It is a courtesy to inform your colleague and to follow up with them concerning treatment provided and to express appreciation.

# Actions

## for Covering for Emergency care

- When providing emergency coverage for a colleague who is away, only provide emergency care and then return the patient to your colleague to complete the care.
- The patient's financial status must not influence emergency treatment options. If there is an appropriate choice between a higher and lower cost option that will each result in a good health outcome, discuss the benefits and risks of both options and ensure the patient makes an informed decision.
- It is unprofessional and inappropriate for the emergency dentist to suggest or encourage a patient to change dentists. The emergency dentist should avoid accepting his/her colleague's patient of record for continuing care without just cause.
- In the event that the patient wishes to change providers to the emergency dentist, and the emergency dentist is unable to dissuade them, and is willing to accept them as a patient, the patient should be instructed to advise the original dentist of their intention and to request their own records transfer.
- The emergency dentist is also encouraged to inform the patient's regular dentist of any treatment that has been performed, preferably in writing. In addition, any decision by the patient to transfer to the emergency dentist should be discussed by the two dentists.

# Principles

## 5. Peer-to-Peer Conduct: Inter-Professional Relationships – When Patient Moves/Switches Dental Care Providers

- Forward copies of dental records willingly to foster efficient continuity of care with written patient consent. Patient records should be current, clear and easily understood. A copy of all information that would benefit patient care, such as radiographs, should be included. Written consent is advised. Privacy and security and confidentiality are paramount. It is suggested that a copy of the records be sent to the new provider, rather than given to the patient to deliver.

# Actions

## for When Patient Moves/Switches

- As dentists are encouraged to maintain original dental records, reasonable compensation by the patient to copy and transfer records is appropriate. A nominal charge to copy and mail records is acceptable.
- Limit any comments on a patient's previous care or dental work to those elements you are fully aware of and are helpful in addressing the current needs of the patient. Avoid defamatory, editorial or gratuitous comments about a previous dentist. Restrict your comments to the quality of the work you see, not the provider.



# Principles

## 5. Intra-Professional Relationships – Communication with Other Health Care Providers

- Since the patient's health history, current medical care regime, or use of medications may preclude dental treatment until consultation with a medical or other health care professional is obtained, then document consultation with other health care providers regarding overall patient health issues that may influence your treatment plan and/or your treatment outcomes.

# Actions

## for Communication with Other Health Care Providers

- Verbal or written communication with a patient's physician is advisable when clarifying patient history, past treatment or other particulars such as confirming lists of prescription medications, allergy history or past surgical/anesthesia history.
- Where dental treatment may present a danger to a patient with existing medical condition(s), consultation with the patient's physician is strongly recommended.
- Make time to provide direct and detailed information to other health professionals when they enquire about dental problems or possible complications arising from your treatment of a mutual patient.
- Be respectful of other health professionals, realizing they may have limited knowledge about dental disease and treatment procedures. Educate where appropriate to assist and improve your patient's oral health care outcomes.
- Good communication is a 'two-way street', and without it your patient may suffer.

# Principles

## 5. Peer-to-Peer Conduct: Selling a Practice

- Be fair and reasonable in all negotiations with the practice purchaser. Your intentions should be open, honest, accurate and complete in all your disclosures.

# Actions

## for Selling a Practice

- Consult with other professionals (i.e. banker, accountant, broker and a lawyer) who have actually transacted the sale of a dental practice in their careers.
- Prepare and document the practice for possible sale (practice evaluation) considering such as:
  - Accurate financial statements;
  - Number of patients in the practice;
  - Honest valuation of billings — including collection of the co-payment;
  - Equipment age and maintenance history;
  - Premise lease, lease assignment;
  - Lease agreements and any other formal contracts for the practice;
  - Loans, Liens;
  - Assets and liabilities of the dental practice, which are related specifically to the practice;
  - Goodwill assessment – define and understand “goodwill”;
  - Staff and Associate contracts are current and valid; and Partnership agreements — if relevant — are current and valid.
- List of items not part of the sale (works of art, personal property on the premises, etc.)
- Communicate with staff about the sale when appropriate and according to provincial legislation.
- Addressing the issue of long-term employees will require legal counsel.
- Follow privacy legislation when dealing with patient chart audit by potential purchaser. Be cautious in your negotiations: Always read the fine print. If it sounds too good to be true, it likely is!
- Maintenance of confidentiality, in the event that a deal fails, is paramount. All documentation needs to address this - both in terms of confidentiality of patient records and of personal, practice and any financial details of the buyer and the seller.
- Negotiate in good faith.

# Principles

## 5. Peer-to-Peer Conduct: Buying a Practice

- Have honest intention, integrity, respect and good faith in your negotiations with the practice seller. Do not take advantage of the seller if they are selling under extenuating circumstances.

# Actions

## for Buying a Practice

- Consult with other professionals (i.e. banker, accountant, broker and a lawyer) who have actually transacted the sale of a dental practice in their careers.
- Prepare and document the practice for possible sale (practice evaluation) considering such as:
  - Accurate financial statements;
  - Number of patients in the practice;
  - Honest valuation of billings — including collection of the co-payment;
  - Equipment age and maintenance history;
  - Premise lease, lease assignment;
  - Lease agreements and any other formal contracts for the practice;
  - Loans, Liens;
  - Assets and liabilities of the dental practice, which are related specifically to the practice;
  - Goodwill assessment;
  - Staff and Associate contracts are current and valid; and
  - Partnership agreements — if relevant — are current and valid.
- List of items not part of the sale (works of art, personal property on the premises, etc.)
- Communicate with staff about the sale when appropriate and according to provincial legislation.
- Addressing the issue of long-term employees will require legal counsel.
- Chart audits by purchasers should always occur after an offer to purchase has been accepted by the parties. It is usually a specific condition of an offer - meaning that, if as a result of the chart audit, the buyer doesn't find what they are looking for, or worse yet finds something they weren't expecting, then they can legally withdraw their offer.
- Maintenance of confidentiality, in the event that a deal fails, is paramount. All documentation needs to address this - both in terms of confidentiality of patient records and of personal, practice and any financial details of the buyer and the seller.