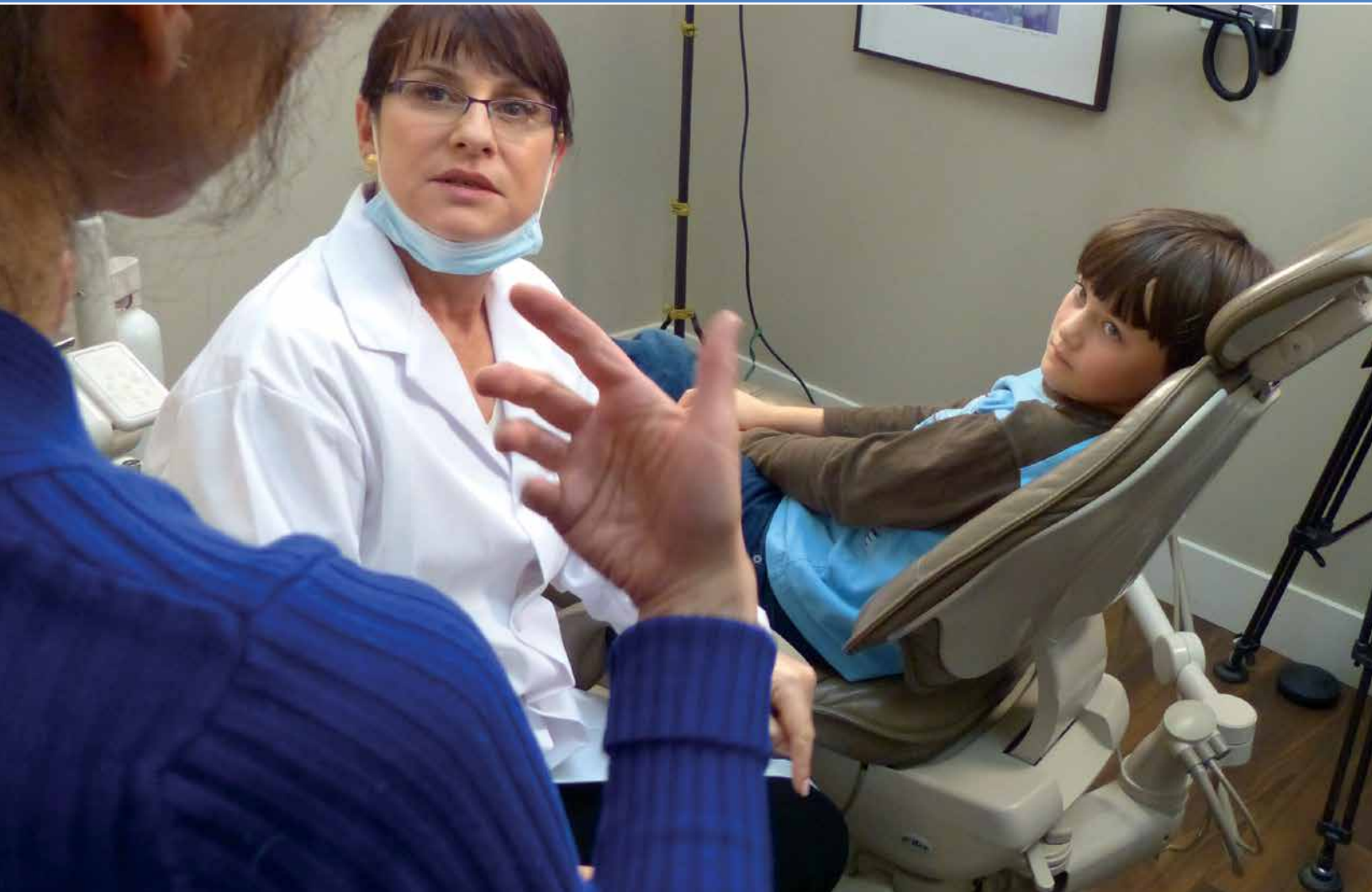


Annual Report 2012/13

March 1, 2012 to February 28, 2013



About CDSBC

The College of Dental Surgeons of British Columbia (CDSBC) registers, certifies and regulates more than 3,400 dentists and 6,400 certified dental assistants (CDAs) in the public interest.

The College is governed by an 18-member Board that includes dentists, certified dental assistants, and public members appointed by the provincial government. The day-to-day operations of the College are managed by a Registrar who, in collaboration with staff, ensures the organization functions smoothly.

About this Report

This report describes the College's work and activities from March 1, 2012 to February 28, 2013. It highlights major accomplishments and reflects the commitment and dedication of CDSBC volunteers, staff and stakeholders who devote their time and expertise to deliver on the College's duty to protect the public.



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Cover photos (clockwise from top):

Dr. Leetty Huang (foreground) coaches Ms. Nancy Crosby and “patient” Lucas Fleming, during the filming of CDSBC’s Complaints 101 videos; Discipline Committee Chair Dr. Josephine Chung and CDA Advisory Committee Chair Ms. Elaine Maxwell; President Dr. Peter Stevenson-Moore (left) and Vice-President Dr. David Tobias.

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CDSBC Strategic Plan

Mission

The College of Dental Surgeons of BC regulates dentists and certified dental assistants in the public interest. It does so by establishing, monitoring, and enforcing the competent and ethical practice of dentistry, in a fair and transparent manner.

Vision

The College of Dental Surgeons of BC is a leading healthcare regulator, promoting and supporting optimal health through excellence in dentistry.

Mandate

The College of Dental Surgeons of BC:

- Establishes entry to practice, certification and registration requirements.
- Establishes, monitors, and regulates standards of practice, guidelines for continuing practice and ethical requirements for all dentists and certified dental assistants.
- Establishes and administers processes for the management of complaints and discipline.

Values

The College of Dental Surgeons of BC is trusted because:

- We act ethically, fairly and with integrity
- We are communicative and transparent
- We are objective and impartial
- We are accountable

Goals

1. Fulfill regulatory responsibilities in a fair, transparent and effective manner
2. Continue to improve professionalism and practice standards of dentists and certified dental assistants
3. Identify and promote collaborative and productive relationships with key organizations and stakeholders
4. Maintain a commitment to organizational excellence

Objectives

Registration: Effective, Efficient, Electronic Routes of Entry

- CDSBC leads regulators through transparent, fair, effective and defensible registration classes, processes/procedures
- CDSBC develops, maintains and publishes clear/ relevant registration pathways and requirements

Complaints Reduction and Resolution

- CDSBC is – and is recognized for – its transparent, fair, effective and defensible complaint resolution process and procedures
- CDSBC takes active steps to help registrants enhance the standard of care they provide
- CDSBC takes active steps to promote/enhance ethical understanding and behaviour amongst its registrants

Professional Practice

- Promote professionalism and excellence in practice
- Support and enhance understanding of professional rights and responsibilities
- Maintain/enhance opportunities for practitioners to demonstrate quality assurance and continuing competence
- CDSBC nurtures, develops and delivers a transparent, fair, effective and defensible sedation/general anaesthetic registration and inspection program
- CDSBC promotes access to dental services/care

Governance and Operations: Doing It Right

- CDSBC maintains fair, transparent and defensible fee structures that (wherever possible) recover costs
- Board, committees, registrants and staff understand the role and limitations of the College with respect to regulatory vs. advocacy functions
- CDSBC is an effective voice and decision influencer/maker at the provincial level
- CDSBC is an effective voice and decision influencer/maker at the national level on matters of accreditation/certification/ qualification standards, as well as assessment for entry or recognition
- The Board and staff communicate effectively with registrants, the public and role-players/stakeholders
- CDSBC has robust systems and processes in place to support organizational needs
- Board and staff promote and enhance understanding of, and adherence to, best practices for governance and Board/committee effectiveness
- CDSBC is a desirable workplace that attracts, retains and develops talented and creative individuals on staff, committees and the Board
- CDSBC's assets, including College Place, are well-planned and managed
- The College is a prudent steward of financial resources
- Board and staff act (and are encouraged/ empowered to act) in a socially responsible manner

President's Message

One of the most critical tasks for the Board last year was to identify a new leader for the organization. CDSBC has in Jerome Marburg a Registrar whose career has been built around professional regulation. Healthcare professionals like to think themselves unique, but Jerome has taught us that there are more commonalities than differences among the various disciplines. All self-governing professions are required to set standards of entry and conduct, administer

the legislation, manage finite resources and – above all else – protect the public.

We had already made good progress on updating CDSBC's strategic plan and making it relevant to all our key audiences. We articulated a mission, vision, mandate, values and goals, but held off on the final piece – the development of the strategic objectives –

until the arrival of the new Registrar. Within weeks of Jerome's arrival that final piece was in place. The strategic objectives clearly state what our registrants, staff, partner organizations – and most importantly, the public – can expect from the College. Without a doubt, it is an ambitious plan and it has required additional resources, particularly on the Complaints side. While no organization likes to see its expenses increase, the Board and the Registrar are in agreement that investments in the complaints and discipline function were needed.

In late 2011 the Board struck a working group and hired a governance expert to help us overhaul the governance framework. The Governance Working Group, led by Dr. David Tobias, has worked diligently over the past year to finalize a comprehensive set of governance policies contained in the CDSBC

Governance Manual. This manual clearly defines how the Board, committees and Registrar will work together to further the College's protection of the public. The Governance Manual was enthusiastically adopted by the Board in December 2012. The Governance Working Group, which will become a standing committee once necessary bylaw changes come into effect, is charged with oversight of governance issues to ensure strategic goals of organizational excellence are met.

"We have never taken on or completed as many initiatives as we did this past year."

As President, I have been ideally situated to witness the pace and frequency of change at the College. CDSBC released three sets of clinical guidelines; completed the two most important initiatives in recent memory (governance and strategic plan); held three workshops to address some of the most complex issues faced by registrants; and developed and delivered two courses that are designed to build professionalism and reduce complaints made against registrants. We also responded to significant public and media scrutiny, most of which resulted from a discipline hearing and a registrant's subsequent removal from practice.

It is gratifying to see how much this organization has accomplished in the space of a year. We asked much of our Board, committee and staff members in 2012/13, and I anticipate that we will do the same in the months ahead.



Dr. Peter Stevenson-Moore
President



Registrar's Message

The core mandate of any self-governing regulator is to fairly and transparently resolve complaints about practitioners. While most are not substantiated – and the simple fact of receiving a complaint does not demonstrate fault on the part of the practitioner – the trend of increasing complaints needs to be addressed.

Our courses on dental recordkeeping and complaint avoidance highlight common pitfalls of practice, as well as what to do if or when a complaint arises. The central common thread is to obtain full informed consent, and to take an active role in communication with patients. We will be taking our courses “on the road” to registrants around the province, as well as making them available online.

Another way we are supporting our registrants in their practice is by refining the roles of two of our dentists on staff. Dr. Garry Sutton is an early resolution officer who will work with registrants and the public to resolve questions or concerns before they become formal complaints. Dr. Cathy McGregor is working with dentists who are required to practise under mentorship and/or monitoring conditions, including dentists with health issues. While our focus at all times is protection of the public, we promote pathways back to practice for registrants who successfully complete treatment.

“Not only are we adding new staff to the complaints team to process existing files, we are developing resources to help registrants avoid complaints in the first place.”

We have also increased our involvement with the national regulatory organizations for dentists and certified dental assistants. Since decisions about issues such as certification standards for entry to the profession are formulated at the national level, it is imperative that B.C. (as one of the largest dental regulators) is actively engaged.

We are improving processes to promote our strategic plan goal of organizational excellence. Our foray into online renewal was highly successful: 81% of registrants completed their renewals online for the 2013/14 year, and with the launch of full online continuing education credit submission, dentists and CDAs have entered more than 18,000 courses onto their transcripts. Both online features drastically cut the amount of time needed to process forms and payments, freeing staff up to respond to non-routine or complex cases. The College will continue to investigate ways to streamline our processes and we intend to offer incoming dentists and CDAs the convenience of online registration in the not-too-distant future.

It is in the public interest for us to set and maintain stringent standards for entry and continued practice. I believe it is also in the public interest to ensure a healthy and vibrant profession. CDSBC is taking steps to meet these objectives through publication of a number of new or revised guidelines, and through increased outreach and education initiatives highlighted in this report.

I am indeed privileged to work with such a caring, dedicated, competent and enthusiastic group of Board, committee and staff members.



Jerome Marburg, LL.B., MBA
Registrar and Chief Executive Officer



Public Members' Report

The public members of the CDSBC Board are pleased to report that the College has achieved an impressive list of accomplishments during the 2012/13 year. The College continues its work towards increasing transparency and accountability in keeping with the public's expectations and our core mandate to protect the public. Our Board is evolving and finalizing initiatives that will carry the College forward into the future and working towards best practices in all areas.

Items of note this year include hiring a new Registrar and CEO, Mr. Jerome Marburg, who was chosen carefully from a selection of excellent candidates and has shown great leadership and initiative since his appointment. The College finalized the Governance Manual and the Strategic Plan – two critical documents to confidently address current and future issues, allowing everyone to understand the role and responsibilities of the College and those we serve. We are also very pleased with the new online renewal processes and their success in making the process fast, accurate and cost-effective for both the registrants and the College.

The Board approved or initiated Guidelines which will enhance patient and public safety. These include guidelines on:

- Infection Prevention and Control
- Minimal and Moderate Sedation Services in Dentistry (Non-Hospital Facilities)
- Sleep Apnea

The Board also attended three workshops, all of which were designed to address complex topics that affect the profession and the public. The workshops dealt with:


- Boundary Issues: led by experts on the topics of ethics, sexual misconduct and professionalism.
- Publication of complaints/discipline matters: to determine if, how and when these matters are made public.

- Promotional and advertising activities: to address concerns the College receives about dentist advertising, and how to balance protection of the public with constitutionally protected rights of speech.

It has been a busy year and one that has been met with a large effort from the CDSBC staff, Registrar, Elected Officers, and the Board. CDSBC has an excellent mix of public and professional expertise and we look forward to a bright and exciting future for the College and those we are present to protect.



Melanie Crombie



Dan De Vita



Julie Johal



Richard Lemon



David Pusey



Anthony Soda

Community Outreach and Engagement

Outreach/education is key to enhancing our strategic goals of informed, educated professionals committed to continued competency. Like any modern organization, CDSBC relies on print and electronic communication to reach its audiences, but experience shows that nothing can replace old-fashioned face-to-face conversation. The College makes it a priority to make in-person visits to students, certified dental assistants and dentists around the province. Below is a summary of the more pertinent CDSBC outreach/engagement activities for the 2012/13 year:

UBC Faculty of Dentistry

The College has been involved with UBC Dentistry for many years. Our participation ramped up in the 2012/13 academic year, with senior CDSBC representatives participating in a variety of events, including:

- Introduction of ethics and professionalism topics during orientation week for first-year dentistry students
- Delivery of CDSBC's Dental Recordkeeping session to third-year, international and specialty dental students
- Presentation at the traditional White Coat Ceremony for students and their families
- Guest speakers in four sessions of the Professionalism and Community Service (PACS) modules for fourth-year students
- Presentation at the New Member Course, a day-long workshop organized by the British Columbia Dental Association for graduating students
- Workshop for new graduate students to help prepare them for interactions with patients

Dental Societies and Associations

There are about 10 dental component societies in B.C. The College made visits to dental societies in Courtenay, Nanaimo, Kamloops, Langley, Prince George, Kelowna, Victoria and Vancouver. In some cases, we delivered the popular Dental Record-keeping course, and in others we provided updates and answered questions about College initiatives.

In addition, the College maintains a productive and collaborative relationship with the British Columbia Dental Association. Despite our differing mandates, there are many instances where the two come together to discuss complex issues and to provide clarity to the public and the profession.

Certified Dental Assistants Schools and Association

The College made visits to 17 dental assisting programs, reaching approximately 320 students in total. We are also in close contact with the Certified Dental Assistants of BC, which is the professional association for CDAs.



CDSBC booth at the 2012 Pacific Dental Conference.



Registrar & CEO Jerome Marburg and Director of Professional Regulation Carmel Wiseman presenting the Complaints 101 course at the 2013 Pacific Dental Conference.

Core Functions and Committee Reports

Approximately 80 CDAs, dentists and members of the public volunteer their time each year on 10 standing committees and two working groups. Standing Committees assist in necessary regulatory functions. Working groups are established by the Board on an as-needed basis to deal with specific or time-limited matters. These committees and groups serve under the direction of the Board, with support from senior and administrative College staff. Committee membership lists are as of February 28, 2013.



Mr. Anthony Soda (left) and Dr. John Carpendale at a meeting of CDSBC Committee Chairs in August 2012.

Registration, Certification and Renewal

Registration Committee

Mandate

To grant registration with CDSBC to dentists in accordance with the *Health Professions Act* and CDSBC Bylaws, and to review and monitor registration requirements under legislation/policy.

Members

Dr. Alexander Hird, Chair
Dr. Darren Buschel, Vice-Chair
Dr. Ben Balevi
Dr. Pamela Barias
Ms. Lynn Carter, Public Member
Mr. Dan De Vita, Public Member
Dr. Warren Ennis
Dr. Kerim Ozcan
Dr. Peter Stevenson-Moore (until Sept. 2012)
Dr. Jonathan Suzuki (until Sept. 2012)

MEETINGS: 5

“The Registration Committee has ensured that CDSBC continues to provide fair and transparent registration requirements and pathways in light of new trends in the way dentists practise.”

Dr. Alexander Hird, Chair

Key Activities

Competency Review for Return to Practice

The Committee is engaged in conversation with the Quality Assurance Committee around the issues of establishing enhanced competency review processes for dentists wishing to re-enter practice after being away from the profession for an extended period.

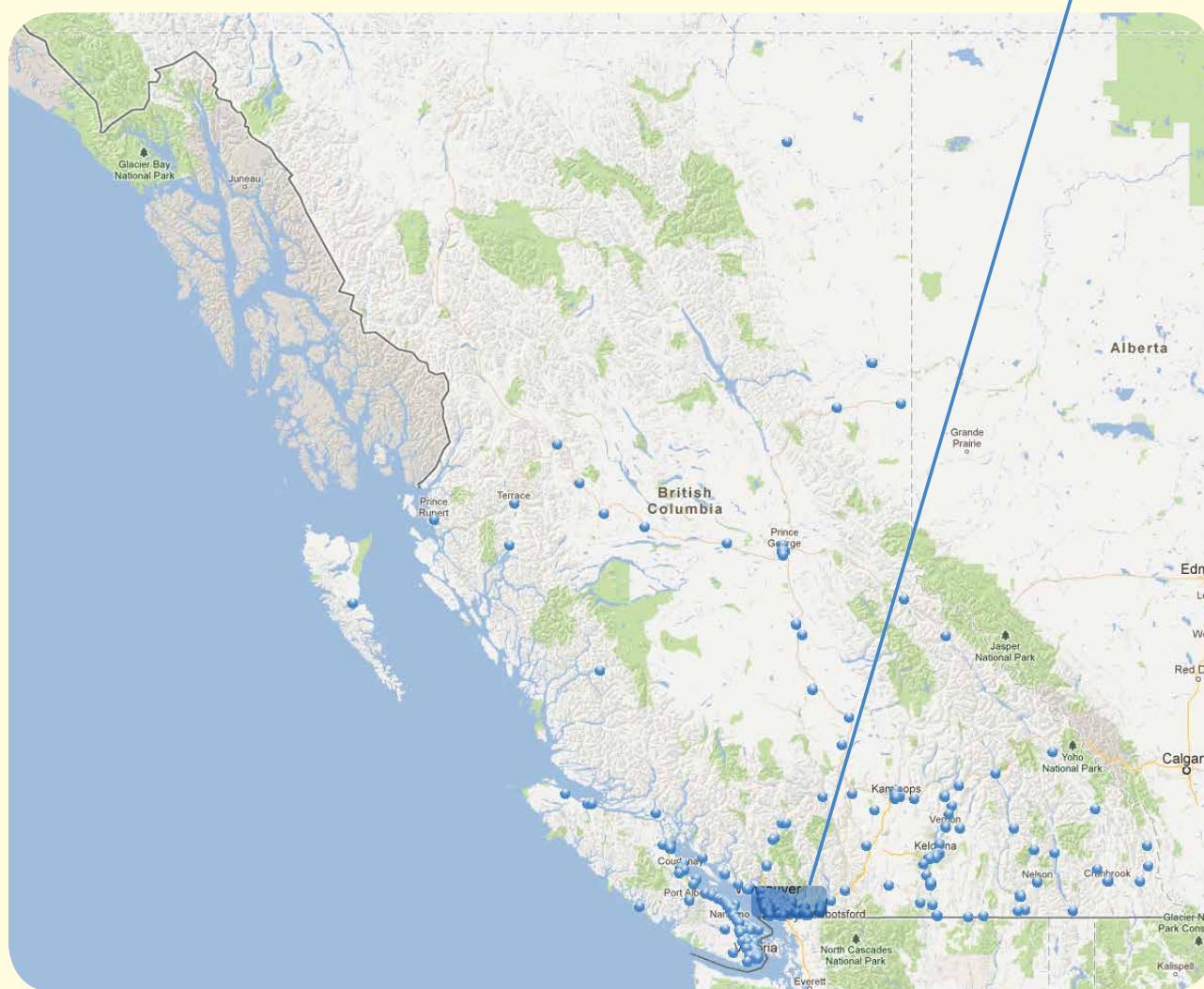
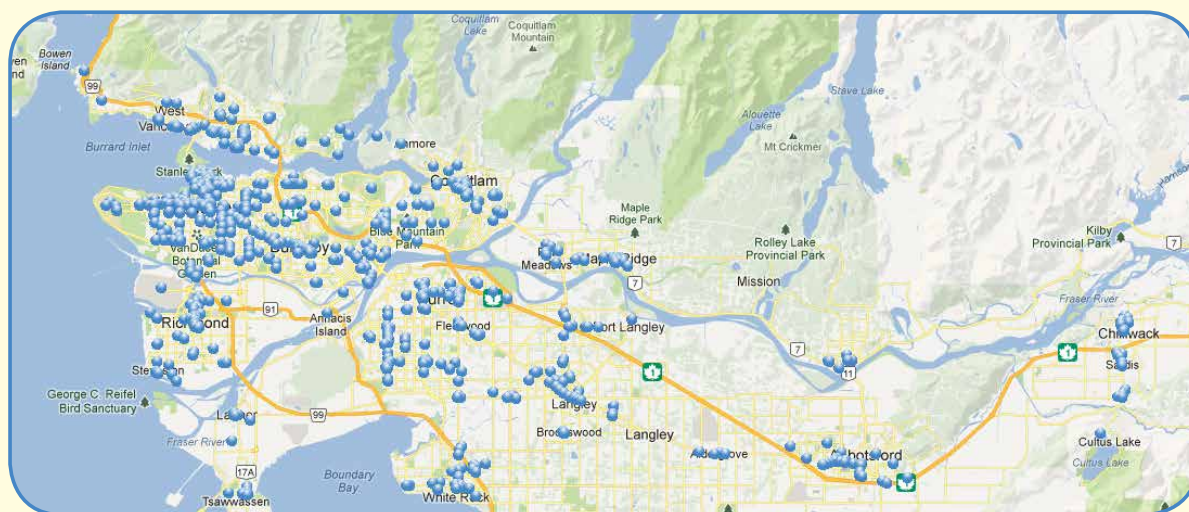
Requests for Initial or Reinstatement of Registration

The Committee considered nine applications in 2012/13 including:

- Dentist had been charged with a criminal offence (1)
- Dentists did not meet quality assurance requirements (7)
- Non-UBC student application for student registration (1)

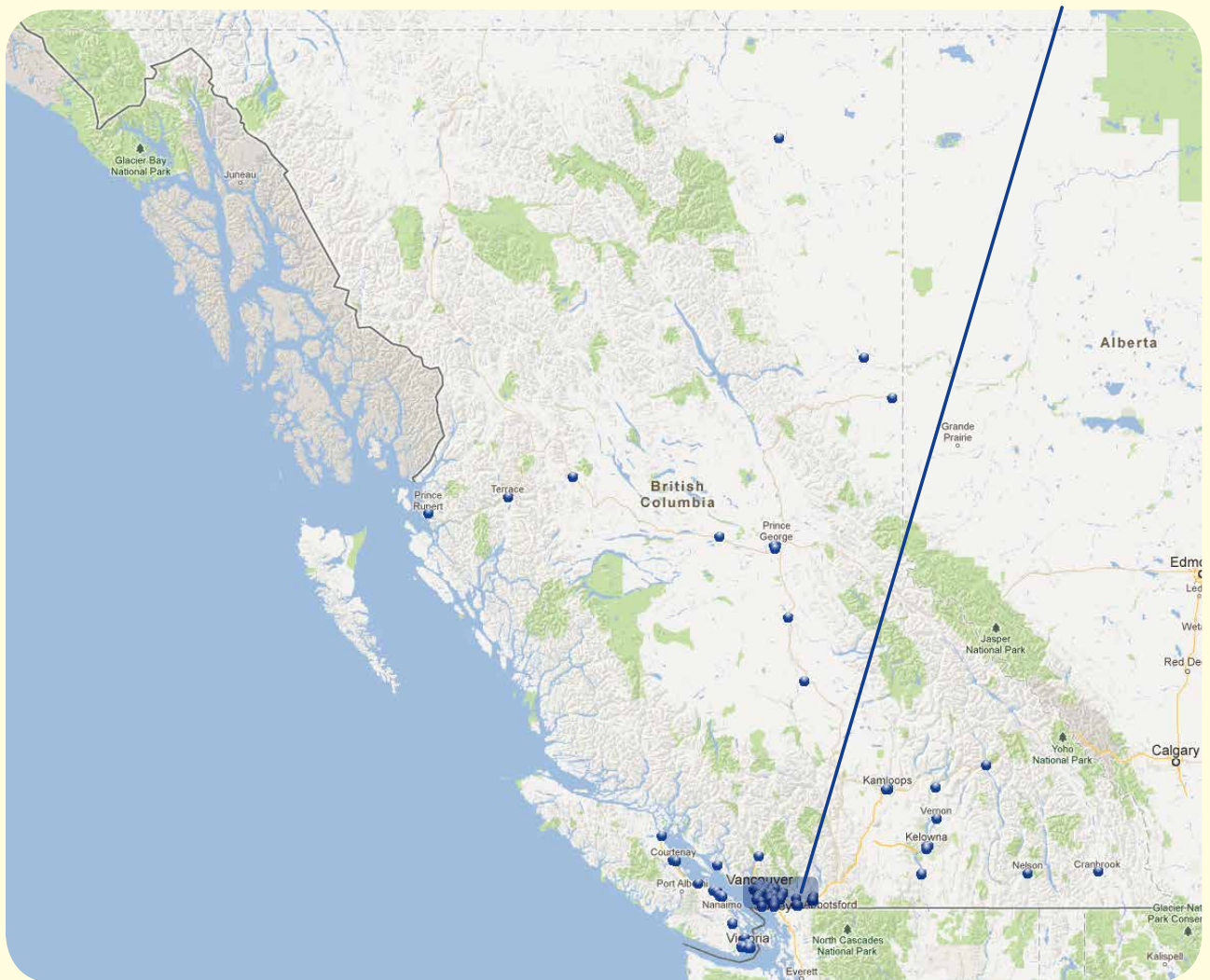
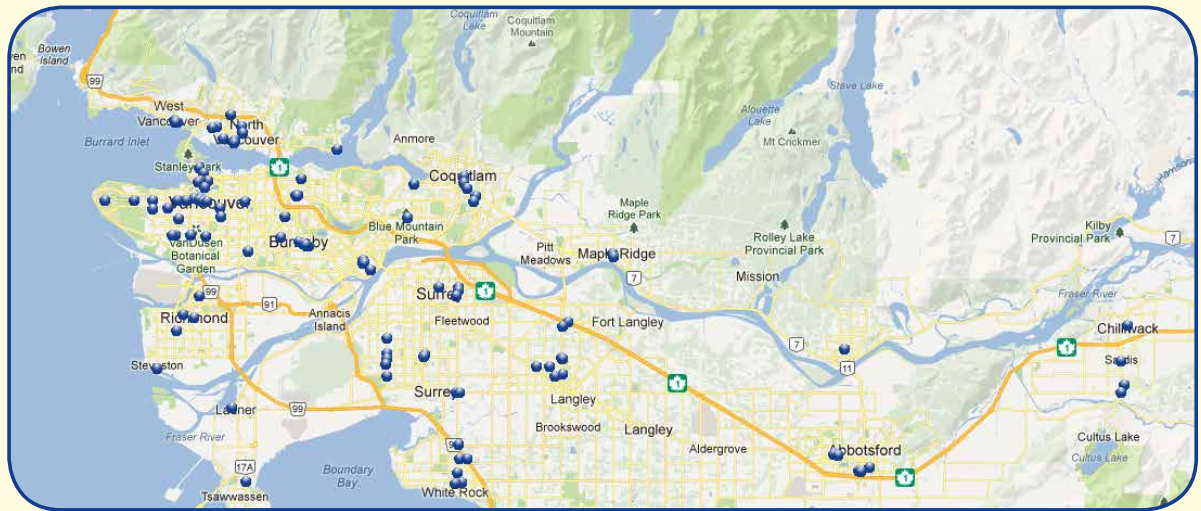
Of these, the Committee granted two applications, granted two applications with limitations, granted one application pending fulfillment of the quality assurance requirements, and denied four applications.

WHERE DENTISTS PRACTISE IN B.C.



Each marker represents a dentist's main practice address. A marker could represent a single dentist or multiple dentists working at the same location. The maps on these pages can be viewed in detail at www.cdsbc.org/dentistmaps

WHERE CERTIFIED SPECIALISTS PRACTISE IN B.C.



Each marker represents a certified specialist's main practice address. A marker could represent a single specialist or multiple specialists working at the same location. The maps on these pages can be viewed in detail at www.cdsbc.org/dentistmaps

DENTIST REGISTRATION BY CATEGORY

2777

General Dentists

367

Certified Specialists*

143

Non-practising

110

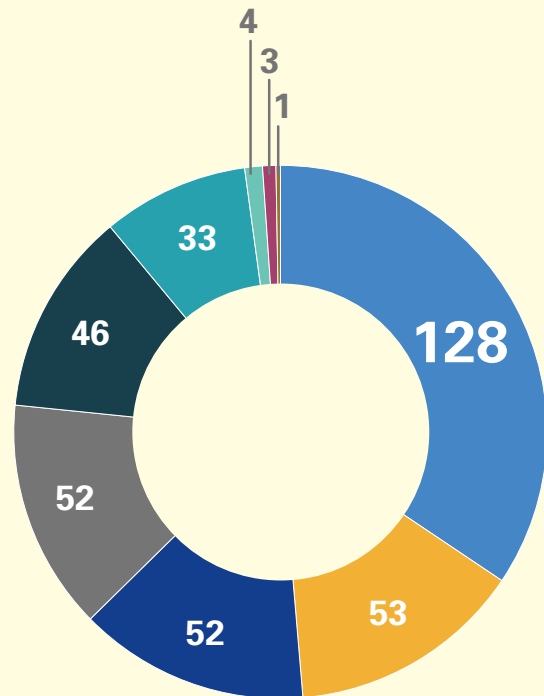
Limited†

Academic

* includes 15 dentists whose practice is restricted to their specialty area

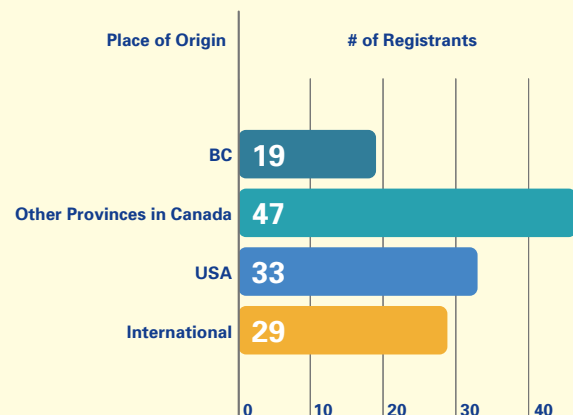
† Includes Post-Graduate, Armed Services or Government, Research, Volunteer and Education

CERTIFIED SPECIALISTS BY SPECIALTY



Orthodontics and Dentofacial Orthopedics Periodontics
Endodontics Oral and Maxillofacial Surgery
Pediatric Dentistry Prosthodontics Oral Medicine
Oral Medicine & Pathology Oral Radiology

INCOMING DENTISTS



CHANGES TO THE REGISTER

March 1, 2012 to Feb. 28, 2013

DENTISTS

Added to the register	+ 180
Removed from the register	- 175
Net	+ 5

CERTIFIED DENTAL ASSISTANTS

Added to the register*	+ 368
Removed from the register	- 367
Net	+ 1

*Includes new, temporary and temporary-provisional certifications

PRACTISING DENTISTS – AGE AND GENDER

Age	Male	Female	Total
30 or under	79	68	147
31–44	665	458	1123
45–60	959	410	1369
Over 60	568	59	627
Total	2271	995	3266

CDA Certification Committee

Mandate

To establish the minimum standards of education and experience required for certified dental assistants to practise in B.C., to review the standards set by other Canadian jurisdictions, and to make recommendations to the Board regarding the recognition of other jurisdictions.

Members

Ms. Rosie Friesen, CDA, Chair
Ms. Sherry Messenger, CDA, Vice-Chair
Ms. Melanie Crombie, Public Member
Ms. Bev Davis, CDA
Dr. Alex Lieblich
Ms. Elaine Maxwell, CDA (until Sept. 2012)
Mr. David Pusey, Public Member

MEETINGS: 2

Key Activities

The Committee considered the following proposals in 2012/13:

- Reinstatement of non-practising applicant
- Applicant seeking Prosthodontic designation
- Request for a guided mentorship in lieu of completing the National Dental Assisting Examining Board exam

The Committee approved one proposal and denied two.

“Sincere thanks to this committed group of professionals for their devoted effort, time and expertise on the CDA Certification Committee. Together, we are striving for fair and defensible processes in establishing and reviewing standards of education and experience for CDAs in B.C.”

Ms. Rosie Friesen, Chair

CERTIFIED DENTAL ASSISTANTS BY CATEGORY

The vast majority of certified dental assistants have practising certification:

5816

Practising

599

Non-practising

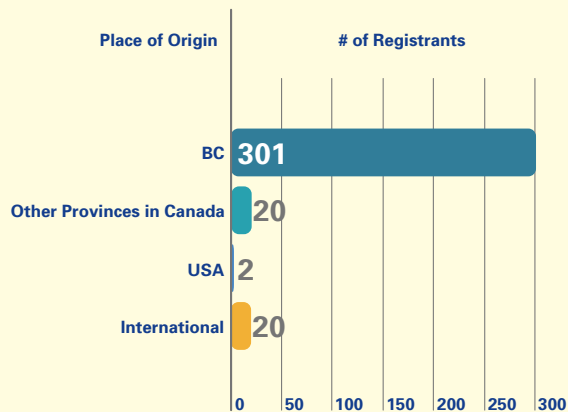
2

Limited

PRACTISING CERTIFIED DENTAL ASSISTANTS – AGE AND GENDER

Age	Male	Female	Total
30 or under	14	1487	1501
31–44	14	2052	2066
45–60	7	2067	2074
Over 60	0	175	175
Total	35	5781	5816

INCOMING CERTIFIED DENTAL ASSISTANTS



Complaints, Inquiry and Discipline

Inquiry Committee

Mandate

To accept, investigate and resolve complaints.

Members

Dr. John Carpendale, Chair
Dr. Scott Stewart, Vice-Chair
Dr. Jonathan Adams
Ms. Nadine Bunting, CDA
Dr. Greg Card
Ms. Lynn Carter, Public Member
Mr. Brad Daisley, Public Member
Dr. Patricia Hunter
Dr. Erik Hutton
Ms. Julie Johal, Public Member
Mr. Richard Lemon, Public Member
Mr. Robbie Moore, Public Member
Dr. Mike Racich
Dr. Jonathan Suzuki
Ms. Agnes Yngson, CDA

MEETINGS:

9 meetings
6 panel meetings

In addition, a panel of the Inquiry Committee meets weekly (electronically) to accept new complaints for investigation.

Key Activities

Complaint Resolution

The Inquiry Committee received 266 new complaints this year and closed 230. Most files were resolved with no formal action required. For 45 complaint files, the Committee requested that the registrant enter into an agreement with the College to take remedial or other action.

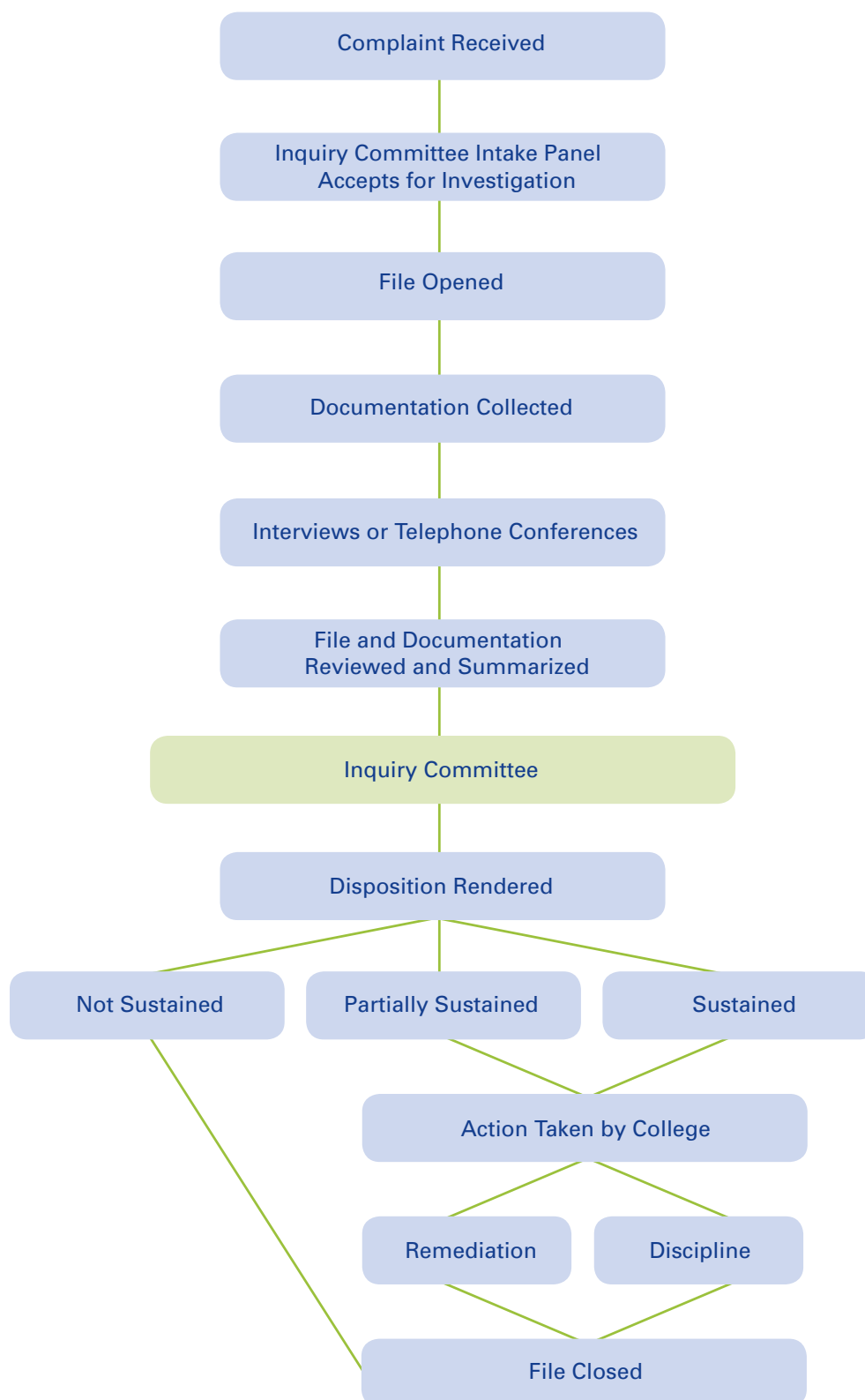
Citations

The Inquiry Committee directed that five citations be issued. Those citations encompass 23 separate complaint files. One citation was resolved when the registrant agreed to resign and gave an undertaking not to apply for reinstatement. Accordingly, the Committee directed that the citation not be issued. One registrant was suspended by the Inquiry Committee prior to the hearing pursuant to Section 35 of the *Health Professions Act* while the investigation was ongoing. The Committee then directed a citation be issued to that registrant. The remaining outstanding citations are with counsel, who will finalize the citation and conduct the hearing on behalf of the College.

"I cannot overemphasize the unselfish donation of personal time by the committee members and the College support staff. Their commitment ensures an efficient and just resolution of complaints."

Dr. John Carpendale, Chair

THE COMPLAINT PROCESS



CITATIONS RESOLVED

Derek Duvall

After a lengthy hearing in Fort St. John and Vancouver, a panel of the Discipline Committee found Derek Duvall had practised incompetently and committed professional misconduct. The panel ordered that his registration be cancelled, awarded costs to the College, and ordered that he must pay the costs and complete a remedial program before applying for reinstatement. The full discipline decision is available on the College's website at www.cdsbc.org.

Leslie Winick

The College received two complaints about Leslie Winick: one from a dental office and one from a patient. Leslie Winick did not respond to the specific complaints and indicated that he had ceased to practise dentistry and did not intend to return to practice. The complaints were referred to the Inquiry Committee which, in the absence of his response, directed the Registrar to issue a citation. Leslie Winick was advised of the citation and, without admitting to any allegations in the complaints, confirmed he had previously tendered his formal resignation and agreement not to apply for reinstatement. In light of his withdrawal from practice and agreement not to apply for reinstatement, the Inquiry Committee directed the Registrar not to issue the citation.

PUBLICATION OF COMPLAINTS AND DISCIPLINE OUTCOMES

The publication of the outcome of the complaints and discipline process is one of the key ways for a regulator to demonstrate transparency and maintain public trust. The Board approved recommendations for publication contained in a discussion paper that followed an intense Board workshop held in December. These recommendations will form the basis of a new publication policy for CDSBC.

The key recommendations are:

- CDSBC continue to publish the names of disciplined registrants in circumstances prescribed by the *Health Professions Act (HPA)*. (Mandatory disclosure is reserved for the most serious disciplinary measures, such as when a discipline hearing has found misconduct or incompetence, or when limits or conditions are imposed on the practice of a registrant.)
- CDSBC exercise its discretion to disclose beyond what the *HPA* requires. The *HPA* will be the starting point – not the end point – for the publication of complaints and discipline matters:

- For matters that are not considered serious as defined by the *HPA*, the registrant's name will not normally be published.
- CDSBC will publish trends in complaints anonymously. Providing examples of conduct that attracts regulatory intervention will help to educate registrants. It will also demonstrate to the public that serious complaints are dealt with appropriately, and that minor or unsustained complaints are dismissed.

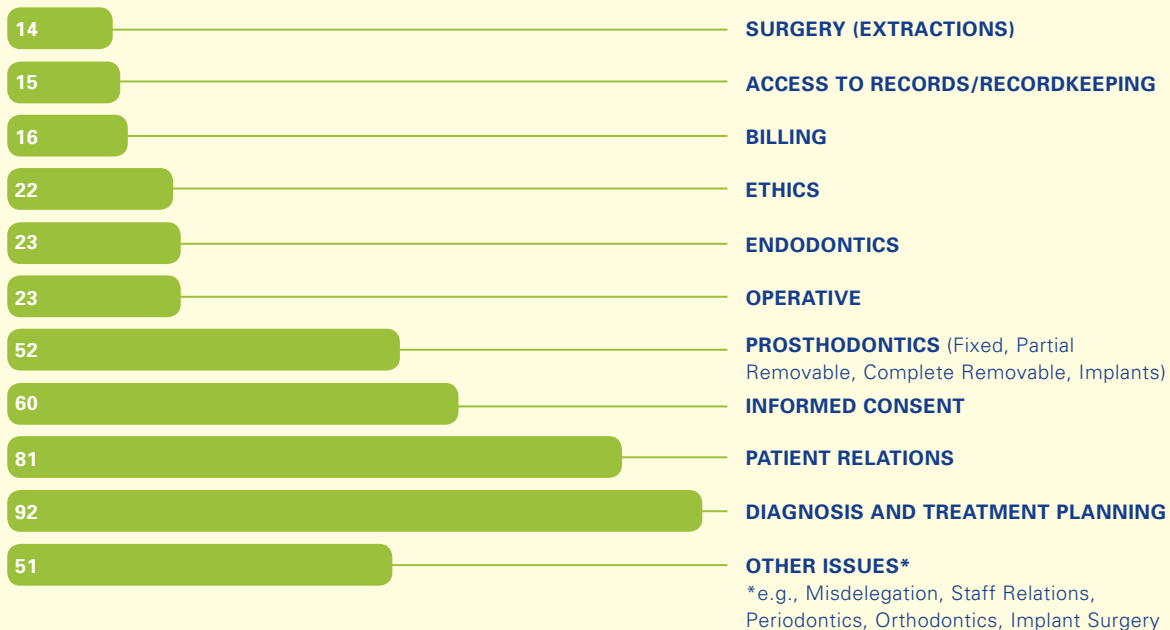
- The website be the primary medium for publication.
- A statistical summary of all complaints received be published annually.

The final publication policy will be available on the website and incorporated into CDSBC's Bylaws after approval by the Board.

This approach is in keeping with public and government expectations about access to complaints and discipline information. It is also consistent with the trend towards increasing transparency and disclosure among self-regulated professions within Canada and internationally.

COMPLAINTS RESOLUTION STATISTICS: ISSUES ON CLOSING

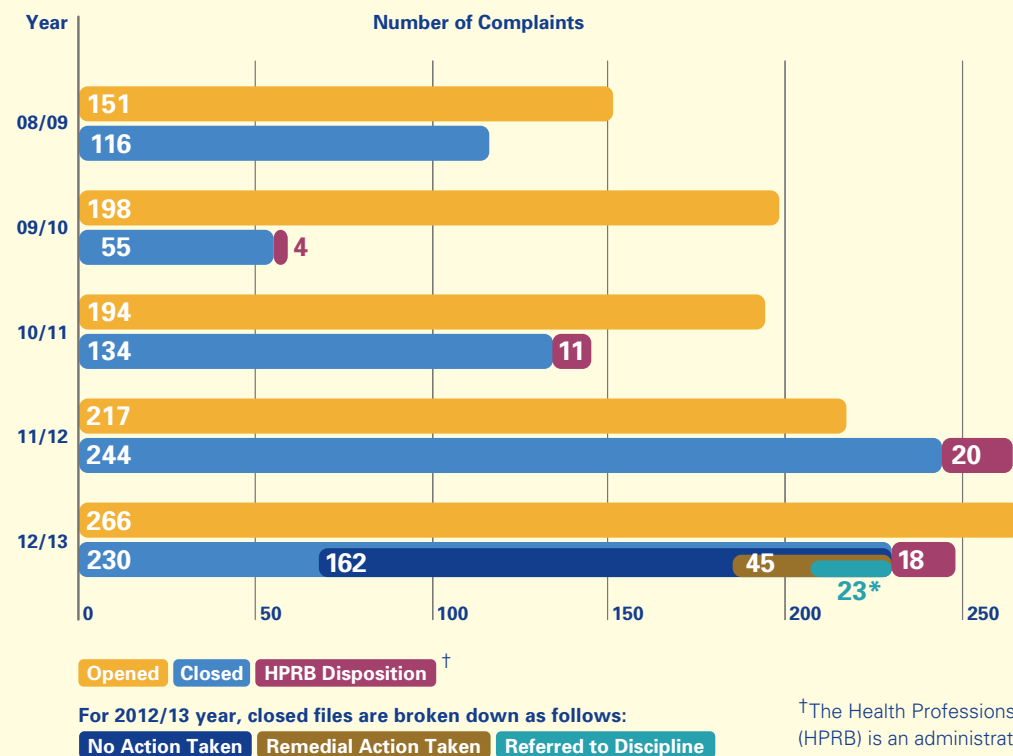
Complaints Closed March 1, 2012 to February 28, 2013



On average, each complaint file deals with multiple issues.

This chart reflects all issues found at the conclusion of each complaint.

COMPLAINT FILE BREAKDOWN



* represents complaints against five dentists

Discipline Committee

Mandate

To hold hearings into the conduct of any current or former registrant when the investigation of a complaint identifies a serious problem, or when the complaint cannot be resolved through negotiation or by the Inquiry Committee.

Members

Dr. Josephine Chung, Chair
Dr. Bruce Ward, Vice-Chair
Ms. Leona Ashcroft, Public Member
Dr. David Book
Dr. Karl Denk
Mr. Paul Durose, Public Member
Dr. John Gercsak
Mr. Martin Gifford, Public Member
Dr. Myrna Halpenny
Mr. Michael MacDougall, Public Member
Ms. Elaine Maxwell, CDA
Ms. Catherine Monk, CDA
Dr. William Rosebush
Mr. Anthony Soda, Public Member
Dr. David Speirs
Dr. Arnold Steinbart
Dr. Michael Wainwright

MEETINGS:

A panel of the Discipline Committee met three times during the year regarding the Derek Duvall case:

- April 16-18, 2012: Hearing on Facts (Fort St. John, B.C.)
- May 7-10, 2012: Continuation of Hearing on Facts (Vancouver, B.C.)
- October 15, 2012: Penalty Hearing

Committee members attended a Discipline Committee Orientation Session in January 2013, which is mandatory for any member in order to serve on a discipline panel.

"The Discipline Committee is committed to fulfilling its responsibility to maintain the integrity of our profession in a fair manner. Good communication and ethical practice further the success of our profession."

Dr. Josephine Chung, Chair

Key Activities

Discipline Panel Regarding Derek Duvall

In 2012, a Panel of the Discipline Committee conducted a hearing under section 38 of the *Health Professions Act* concerning respondent Derek Duvall. The purpose of the hearing was to inquire into the respondent's conduct and competence as a dentist following the College's investigation of a number of complaints.

The Panel received evidence, including evidence from patients, dentists, certified dental assistants and a College investigator. Duvall did not attend the hearing. Following the hearing, the Panel carefully analyzed all of the evidence presented and issued findings to address each allegation set out in the citation.

The Panel's decision was issued on August 21, 2012. The Panel found many instances of incompetent practice and professional misconduct on the part of Duvall. On October 26, 2012, the Panel issued its Penalty Decision (see page 18.)

The Duvall discipline hearing was significant in terms of time, resources and complexity, which is reflected in the Panel's findings and how it applied the extensive body of evidence before it to arrive at a verdict and penalty that encompassed events that occurred between 2006 and 2009 in several B.C. communities, and involved many patients. The Duvall Discipline Panel Decision and the Duvall Penalty Decision are available on the College's website.

Ethics Committee

Mandate

Addresses standards of professional ethics applicable to registrants, including CDSBC's Code of Ethics and advertising and promotional bylaws and guidelines, and makes policy recommendations to the Board.

Members

Dr. Ken Chow, Chair
Dr. Brian Wong, Vice-Chair
Ms. Nadine Bunting, CDA
Mr. Paul Durose, Public Member
Dr. Leetty Huang
Dr. Mark Kwon
Mr. Richard Lemon, Public Member
Dr. Reza Nouri
Dr. Peter Stevenson-Moore
Dr. Chiku Verma

MEETINGS:

4 Committee meetings
1 Promotional Activity Working Group meeting

Committee members also attended two Board workshops: Boundaries, Ethics and Professionalism, and Promotional and Advertising Activities.

"It is in the public interest for patients or prospective patients to have truthful and accurate information in order to make informed decisions about their care."

Dr. Ken Chow, Chair

Key Activities

Advertising Concerns

The College receives a significant amount of correspondence from dentists about the advertising practices of other dentists. The current process is for staff to follow up on problem advertising to encourage compliance with CDSBC's *Guidelines for Promotional Activities*. In seven cases, the issue was elevated to the Ethics Committee. The Board held a workshop, led by expert legal counsel, during which our current bylaws and guidelines were analyzed against contemporary legislation, case law and practice. The Ethics Committee is working on updated bylaws and guideline proposals, which should be tabled with the Board in the fall of 2013.

Boundary Issues/Treatment of Spouses and Family

The College published a statement on patient relations and the treatment of spouses in early 2012. There remains a need to educate registrants, patients and the public about ethical issues of objectivity, consent and patient autonomy that arise when a practitioner is asked to treat family or close friends. To address this, CDSBC hosted a workshop on Boundaries, Ethics and Professionalism led by experts in the area of professionalism and ethics in healthcare. The Board asked the Ethics Committee to work with the Registrar/CEO to develop guidelines for the profession on this issue that meet the expectations of government and the public. This work is underway.

Quality Assurance Committee

Mandate

To review standards of practice for registrants and the quality assurance program applicable to registrants, including continuing education and continuous practice requirements, and to recommend changes to the Board.

**Standards for moderate sedation, deep sedation, and general anaesthesia are addressed by the Sedation and General Anaesthetic Services Committee.*

Members

Dr. Ash Varma, Chair
Dr. Adam Pite, Vice-Chair
Dr. Ben Balevi
Mr. Paul Durose, Public Member
Dr. Andrea Esteves
Ms. Julie Johal, Public Member
Dr. Martin Kim (until Sept. 2012)
Ms. Michelle Rosko, CDA
Ms. Sylvia Stephens, Public Member
Dr. Bhasker Thakore
Dr. David Tobias (until Sept. 2012)
Dr. Jan Versendaal
Dr. David Vogt (PhD), Public Member

MEETINGS: 5

TWO MEASURES OF QUALITY ASSURANCE

Each year, dentists and certified dental assistants must confirm they have met quality assurance requirements as part of the renewal process. There are two requirements: Continuing Education and Continuous Practice.

Continuing Education (CE)

Dentists and CDAs must keep their knowledge up to date and maintain competency in their practice throughout their careers. Dentists are required to earn a minimum of 90 CE credit hours over a three-year cycle to renew their practising status. CDAs are required to earn 36 credit hours in their three-year cycle.

Continuous Practice (CP)

Dentists must have a minimum of 900 practice hours over the previous three years, while CDAs must have 600 practice hours. Applicants who do not meet the Continuous Practice requirement may submit a proposal to the Registration Committee (dentists) or CDA Certification Committee outlining how they propose to demonstrate their competency. This could include successful completion of an exam, course, or other approved education and/or clinical mentorship.

“The Quality Assurance Committee continues to encourage ongoing learning to improve the practice standards and professionalism of dentists and certified dental assistants.”

Dr. Ash Varma, Chair

Key Activities

Infection Prevention and Control (IPAC) Guidelines

The Committee reviewed and approved the *Infection Prevention and Control Guidelines* and supporting document (wall chart). The Guidelines provide up-to-date information on infection prevention and act as both a reference and an educational tool for members of the profession. The consistent application of these best practice guidelines ensures that dental staff – while providing their usual high-quality care – will further protect their patients, their colleagues and themselves.

Sleep Apnea Guideline

This document clarifies the role of the dentist in the treatment of obstructive sleep apnea with oral appliances. It was submitted to the Board through the Quality Assurance Committee and presented by the lead author, Dr. Fernanda Almeida of UBC Dentistry. The Board approved the *Sleep Apnea Guideline* – Draft for public consultation.

Cone Beam Computed Tomography (CBCT)

The use of X-rays in dental radiology is governed by Health Canada's *Safety Code 30*. A number of the radiation protection provisions in *Safety Code 30* also apply to three-dimensional dental imaging (CBCT). Increasing use of CBCT technology in dentistry is evident and the Committee is considering whether additional guidelines or standards are required for practitioners who use this technology.

Study Clubs

Study clubs are groups of dental healthcare professionals who meet regularly, often focusing on a common, specific area of interest. Once registered, the study club meets CDSBC's requirements for a CE provider, providing better access to approval for courses or learning activities conducted by the study club. CDSBC supports CE activities and is considering what, if any, changes may be made to the study club process/program.

Pacific Dental Conference (PDC) Course Eligibility

The annual Pacific Dental Conference offers attendees more than 150 sessions on topics related to dentistry and wellness. The Committee reviewed and confirmed the PDC sessions that registrants may claim for continuing education credit.

Sedation and General Anaesthetic Services Committee

Mandate

To review the sedation and general anaesthetic standards and to assess compliance with those standards at dental offices where sedation and general anaesthetic services are provided.

Members

Dr. David Sowden, Chair
Dr. Toby Bellamy, Vice-Chair
Dr. Martin Aidelbaum
Dr. Ben Balevi
Dr. Brian Chanpong
Dr. James Kim (until Sept. 2012)
Mr. Gordon McConnell, Biomedical Engineer
Dr. John McGaw
Dr. Maico Melo
Dr. Francis Ping, Anaesthesiologist
Dr. Andrew Sawka, Anaesthesiologist

MEETINGS:

8 Committee meetings
8 Minimal & Moderate Sedation Guidelines Working Group meetings

"The Minimal and Moderate Sedation Guidelines represent hundreds of hours of dedicated work and attest to the Committee's – and CDSBC's – continued dedication to ensuring the safety of the public."

Dr. David Sowden, Chair

Key Activities

Facility Inspections

The Committee reviewed six new applications from dentists for authorization to provide deep sedation/general anaesthesia services at their facilities. The Committee approved two of the deep sedation facilities and one of the general anaesthesia facilities. Three of the facilities are still undergoing the inspection process.

Approval of Qualifications

The Committee approved 15 applications from dentists to register their qualifications to provide moderate sedation, and four applications from dentists to register their qualifications to provide general anaesthesia. The Committee also initiated an administrative fee to recover costs associated with the registration of qualifications to induce moderate sedation, deep sedation and general anaesthesia. The new fees were proposed and approved by the Board effective March 1, 2013.

Sedation Guidelines Revision

The Minimal and Moderate Sedation Guidelines Working Group completed the draft *Minimal and Moderate Sedation Services in Dentistry (Non-Hospital Facilities) Guidelines*. The document represents what the Committee believes are the best practices published by other dental regulators and associations, and the changes proposed within it are intended to improve public safety. The draft guidelines were approved by the Board for public consultation.

CDA Advisory Committee

Mandate

To review the implementation of CDSBC Bylaws relating to certified dental assistants and to monitor matters of concern to certified dental assistants, and to recommend changes to the CDSBC Board.

Members

Ms. Elaine Maxwell, CDA, Chair
Ms. Susanne Feenstra, CDA, Vice-Chair
Ms. Yasmine Banzon, CDA
Mr. Dan De Vita, Public Member
Ms. Wendy Forrieter, CDA
Dr. Patricia Hunter
Dr. Rob Staschuk
Dr. Eli Whitney

MEETINGS: 4

“The CDA Advisory Committee continues its support of certified dental assistants, working towards fairness and equity amongst dentists and CDAs at the Board level. We continue to encourage all CDAs to make use of the valuable resources the College provides.”

Ms. Elaine Maxwell, Chair

Key Activities

CDA Vote

The CDSBC Bylaws state that only dentists are entitled to vote at the annual general meeting. The Committee prepared a motion to ask the Board for a change in the CDSBC Bylaws to allow CDAs to vote in order to promote equity and fairness among dentists and certified dental assistants. This motion was approved by the Board at the February 2013 meeting.

Certified Dental Assistants of BC

On the request of the Board, the Committee discussed the challenges faced by CDABC, the professional association for certified dental assistants. The Committee recommended that the College do what it can within its mandate to assist and support CDABC to stay active.

CDA Articulation Committee

The Committee discussed a request for a change in the regulatory quorum from the CDA Articulation Committee of the BC Council on Admissions and Transfers. The Committee voted to retain the status quo.

Nominations and Awards

Nominations Committee

Mandate

To identify dentists or certified dental assistants to fill any elected Board member positions for which no valid nominations are received.

To oversee the CDSBC awards program.

"Each year over 80 volunteers give their time, energy and expertise on behalf of the College. CDSBC Awards recognize some of these individuals who have gone above and beyond."

Dr. Bob Coles, Chair

Members

Dr. Bob Coles, Chair
Ms. Melanie Crombie, Public Member
(until Sept. 2012)
Dr. Myrna Halpenny
Dr. Robert Rosenstock (until Sept. 2012)
Ms. Lane Shupe, CDA
Dr. Peter Stevenson-Moore
Dr. Ash Varma
Ms. Tracey Wimperly, Public Member

MEETINGS: 4

Key Activities

All elected Board positions had candidates in the 2012/13 year.

Awards Program Revision

The Committee revised the CDSBC Awards Policy to strengthen the connection between the awards program and contributions to the College. In addition, the Committee will ensure all eligible volunteers who have served the College for two years or more are considered on an annual basis. The Committee will continue to invite nominations from registrants but will no longer rely on this process.

2013 Award Winners

CDSBC's annual awards program recognizes individuals and groups for their contributions to the College. The Committee reviewed the nominations received for the awards program and recommended the following list of winners to the Board for approval. The 2013 award winners are:

Honoured Member Award

Dr. Ron Smith

Distinguished Service Award

Dr. Don Anderson
Dr. Bob Coles
Ms. Rosie Friesen

Award of Merit

Ms. Nadine Bunting	Dr. Patricia Hunter
Dr. Ken Chow	Dr. David Lawson
Dr. Karl Denk	Dr. Scott Stewart
Dr. Warren Ennis	Dr. David Vogt (PhD)

Special Group Award: Infection Prevention and Control Working Group

Dr. Elizabeth Bryce, Ms. Nadine Bunting, Dr. Leeann Donnelly (PhD), Dr. Edward Putnins, Ms. Allison Ransier, Dr. Mel Sawyer, Dr. Steven Wedan

The 2013 award winners were honoured at a ceremony on March 7, 2013.

Financial Overview

Audit Committee

Mandate

To advise and assist the Board on issues related to CDSBC's financial statements, internal financial controls, and annual audit. At the Board's request, the Audit Committee reports on any review, process or policy relating to the financial affairs of CDSBC.

Members

Mr. Anthony Soda, Public Member, Chair
Dr. David Zaparinuk, Vice-Chair
Dr. Bob Coles
Dr. Ash Varma (until Sept. 2012)

MEETINGS: 5

"During the year, the Audit Committee remained fully engaged in its oversight function to ensure that the College's assets are well managed."

Mr. Anthony Soda, Chair

Key Activities

Financial Statements

The Committee performed a review of the 2013/14 budget as prepared by management and recommended approval to the Board. The Committee also performed a review of the audited financial statements of CDSBC and of the College Place Joint Venture.*

Governance/Process

The Committee performed a substantial review of the terms of reference for the Audit and Finance Committee, which is operating as a working group in tandem with the Audit Committee and will replace the Audit Committee when the Bylaws are changed. The purpose of the Finance and Audit Committee is to assist the Board in fulfilling its obligations and oversight responsibilities relating to financial planning, the audit process, financial reporting, the system of corporate controls and risk management, and when required, to make recommendations to the Board for approval.

Other Activities

The Committee provided an update on HST matters relating to CDSBC and College Place Joint Venture. It also approved a proposal for an Internal Control Review by CDSBC's audit firm, Smythe Ratcliffe.

**The Joint Venture was formed to own and operate College Place at 1765 West 8th Avenue. CDSBC and the College of Pharmacists of BC are participants in the Joint Venture.*

Treasurer's Report

It is my pleasure to report that the College of Dental Surgeons of B.C. maintains a solid financial position and is a prudent steward of its resources.

The complaints and discipline function is by far the College's largest cost driver. A steady increase in the number of complaints received, combined with the increasing complexity of complaints, and the high costs of disciplinary action, have contributed

to significant resource demands.

While the vast majority of complaints received by the College are unsubstantiated or addressed through remediation, some require that CDSBC issue a formal citation and proceed by way of a hearing. Not surprisingly, the largest variance compared to budget was in legal fees. When a hearing

takes place, the College must cover the costs of two sets of legal counsel (for the College and for the discipline panel), the hearing room, court reporters, witness attendance fees, and travel and honoraria for witnesses and the discipline panel members.

In past years, CDSBC did not budget explicitly for these costs, drawing on its reserves instead. To correct that, we were required to implement a significant fee increase, including a \$250 increase to renewal fees for practising dentists, a \$10 increase to renewal fees for practising certified dental assistants, and a 25% increase to all other fees and administrative charges (the latter was unchanged since at least 2009).

To increase transparency and to better enable us to anticipate the types of expenses described above, we have introduced a system of fund accounting. A fund accounting methodology will allow us to

insulate the organization against fluctuations in the costs of discipline hearings in any particular year. It will also ensure that the College has adequate resources to preserve our most significant asset, our share in the College Place Joint Venture.

Another important accounting/finance item the College addressed in the past year has to do with the HST/GST for the Joint Venture. The Joint Venture discovered that the owners (CDSBC and the College of Pharmacists of BC) should be the reporting entity for GST/HST rather than the Joint Venture itself. This required re-filing with Canada Revenue Agency as well as financial adjustments.

"The high costs of disciplinary action have contributed to significant resource demands."

CDSBC offered online renewal for the first time in 2013. This new payment method resulted in credit card payment costs, the impact of which was lessened by the fact that we received payment well in advance of the renewal deadline, all renewals were processed by existing staff without the need to rely on temporary staff as we have done in recent years, reduction in overtime costs for processing renewals, and significant savings in printing and mailing costs. This doesn't address the added convenience for registrants, as indicated by the fact that 81 per cent renewed online.

The CDSBC strategic plan will provide direction for all operational and financial decisions. The Board is satisfied that the College's expenditures reflect these priorities now and in the coming years.



Dr. Erik Hutton
Treasurer



Consolidated Financial Statements

February 28, 2013

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Independent Auditors' Report

TO THE DENTISTS AND CERTIFIED DENTAL ASSISTANTS OF COLLEGE OF DENTAL SURGEONS OF BRITISH COLUMBIA

We have audited the accompanying consolidated financial statements of the College of Dental Surgeons of British Columbia, which comprise the consolidated statements of financial position as at February 28, 2013, February 29, 2012 and March 1, 2011 and the consolidated statements of operations, changes in net assets and cash flows for the years ended February 28, 2013 and February 29, 2012 and a summary of significant accounting policies and other explanatory information.

Management's Responsibility for the Consolidated Financial Statements

Management is responsible for the preparation and fair presentation of these consolidated financial statements in accordance with accounting standards for not for profit organizations and for such internal control as management determines is necessary to enable the preparation of the consolidated financial statements that are free from material misstatement, whether due to fraud or error.

Auditors' Responsibility

Our responsibility is to express an opinion on these consolidated financial statements based on our audit. We conducted our audit in accordance with Canadian generally accepted auditing standards. Those standards require that we comply with ethical requirements and plan and perform the audit to obtain reasonable assurance about whether the consolidated financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the consolidated financial statements. The procedures selected depend on the auditors' judgment, including the assessment of the risks of material misstatement of the consolidated financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the consolidated financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of accounting estimates made by management, as well as evaluating the overall presentation of the consolidated financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Opinion

In our opinion, the consolidated financial statements present fairly, in all material respects, the financial position of the College of Dental Surgeons of British Columbia as at February 28, 2013, February 29, 2012 and March 1, 2011 and the results of its operations and its cash flows for the years ended February 28, 2013 and February 29, 2012 in accordance with Canadian accounting standards for not for profit organizations.

Smythe Ratcliffe LLP

Chartered Accountants

Vancouver, British Columbia
May 13, 2013

Consolidated Statement of Financial Position

	February 28, 2013	February 29, 2012	March 1, 2011
ASSETS			
Current			
Cash and cash equivalents	\$ 11,534,681	\$ 7,678,117	\$ 8,607,134
Short term investment (note 5)	0	2,000,000	216,224
Accounts receivable	36,911	33,679	75,928
Prepaid expenses	112,274	128,424	87,819
Current portion of loan receivable (note 6)	0	0	32,000
	11,683,866	9,840,220	9,019,105
Loan Receivable (note 6)	0	0	223,000
Deferred Charges	61,590	0	0
Capital Assets (note 7)	4,625,558	4,577,827	4,594,625
	\$ 16,371,014	\$ 14,418,047	\$ 13,836,730
LIABILITIES			
Current			
Accounts payable and accrued liabilities	\$ 513,235	\$ 389,621	\$ 344,675
Government remittances payable (note 8)	168,701	18,891	18,275
Due to other professional bodies (note 9)	4,434,950	3,390,809	3,016,157
Deferred revenue	4,206,331	2,777,311	2,457,470
Current portion of obligations under capital leases (note 10)	40,352	40,597	45,843
	9,363,569	6,617,229	5,882,420
Obligations Under Capital Leases (note 10)	57,325	98,254	73,299
	9,420,894	6,715,483	5,955,719
NET ASSETS			
Cumulative unrestricted surplus from operations	1,493,032	1,678,521	1,595,684
Invested in capital assets (note 7)	4,527,881	4,438,976	4,475,483
Internally restricted reserves (note 11)	929,207	1,585,067	1,809,844
	6,950,120	7,702,564	7,881,011
	\$ 16,371,014	\$ 14,418,047	\$ 13,836,730

See notes to consolidated financial statements

Approved on behalf of the Board:



President



Treasurer

Consolidated Statement of Operations

	Year Ended February 28, 2013	Year Ended February 29, 2012
Revenues		
Certification and registration fees	\$ 3,846,452	\$ 3,615,120
Rental	624,236	616,396
Application fees	366,878	341,934
General	185,473	169,751
Interest and miscellaneous	78,365	71,499
	5,101,404	4,814,700
Expenses		
Salaries and benefits	2,691,230	2,792,843
General and administrative (schedule 1)	797,229	646,487
Building occupancy costs (note 8)	554,737	384,250
Legal fees and related costs	352,689	93,845
Consulting fees	238,307	215,947
Meetings and travel	206,817	160,866
Directors' fees	185,494	168,491
Committees	100,713	81,428
Amortization of deferred charges	6,536	0
Amortization of capital assets	313,689	244,867
	5,447,441	4,789,024
Excess (Deficiency) of Revenues over Expenses Before Reserve Expenses	(346,037)	25,676
Reserve Expenses (note 11)		
Disciplinary hearing	338,260	162,221
Information technology	68,123	41,902
Office renovations	24	0
	406,407	204,123
Deficiency of Revenues over Expenses for Year	\$ (752,444)	\$ (178,447)

See notes to consolidated financial statements

Consolidated Statement of Changes in Net Assets

	Cumulative Unrestricted Surplus from Operations	Invested in Capital Assets (note 7)	Internally Restricted Reserves (note 11)	Year Ended February 28, 2013	Year Ended February 29, 2012
Balance, Beginning of Year	\$ 1,678,521	\$ 4,438,976	\$ 1,585,067	\$ 7,702,564	\$ 7,881,011
Deficiency of revenues over expenses for year	(438,755)	(313,689)	0	(752,444)	(178,447)
For capital asset purchases	(103,321)	361,420	(258,099)	0	0
For capital lease repayment	(41,174)	41,174	0	0	0
Interest earned by the contingency fund	(8,646)	0	8,646	0	0
Expenses funded from internally restricted reserves (note 11)	406,407	0	(406,407)	0	0
Net change for the year	(185,489)	88,905	(655,860)	(752,444)	(178,447)
Balance, End of Year	\$ 1,493,032	\$ 4,527,881	\$ 929,207	\$ 6,950,120	\$ 7,702,564

See notes to consolidated financial statements

Consolidated Statement of Cash Flows

	Year Ended February 28, 2013	Year Ended February 29, 2012
Operating Activities		
Deficiency of revenues over expenses	\$ (752,444)	\$ (178,447)
Items not involving cash		
Amortization of capital assets	313,689	244,867
Amortization of deferred charges	6,536	0
Loss on disposal of capital asset	0	36,674
	(432,219)	103,094
Changes in non-cash working capital		
Accounts receivable	(3,232)	42,249
Prepaid expenses	16,150	(40,605)
Accounts payable and accrued liabilities	123,614	44,946
Government remittances payable	149,810	616
Due to other professional bodies	1,044,141	374,652
Deferred revenue	1,429,020	319,841
	2,759,503	741,699
Cash Provided by Operating Activities	2,327,284	844,793
Financing Activity		
Repayment of capital lease	(41,174)	(47,360)
Investing Activities		
Redemption (purchase) of short term investment, net	2,000,000	(1,783,776)
Purchase of capital assets (note 8)	(361,420)	(197,674)
Deferred charges	(68,126)	0
Proceeds from loan receivable	0	255,000
Cash Provided by (Used in) Investing Activities	1,570,454	(1,726,450)
Inflow (Outflow) of Cash	3,856,564	(929,017)
Cash and Cash Equivalents, Beginning of Year	7,678,117	8,607,134
Cash and Cash Equivalents, End of Year	\$ 11,534,681	\$ 7,678,117
Cash and Cash Equivalents Consists of:		
Cash	\$ 9,153,026	\$ 4,176,776
Term deposits	2,381,655	3,501,341
	\$ 11,534,681	\$ 7,678,117

See notes to consolidated financial statements

Notes to Consolidated Financial Statements

Year Ended February 28, 2013

1. NATURE OF OPERATIONS

The College of Dental Surgeons of British Columbia (the "College") was formed to protect the public interest in matters relating to dentistry. The College is governed by the *Health Professions Act* as of April 3, 2009 and, prior to April 3, 2009, the College administered the *Dentists Act*.

The College is a not-for-profit organization established under the *Dentists Act of 1900* and is exempt from income tax under Section 149 of the *Income Tax Act*.

2. SIGNIFICANT ACCOUNTING POLICIES

The consolidated financial statements of the College were prepared in accordance with Canadian generally accepted accounting principles using Canadian accounting standards for not for profit organizations ("ASNPO") and include the following significant accounting policies.

(a) College Place Joint Venture (the "Joint Venture")

The College accounts for its 70% interest in the Joint Venture using the proportionate consolidation method. Under this method, 70% of the Joint Venture's assets, liabilities, revenues and expenses are included in these consolidated financial statements. All transactions between the College and the Joint Venture are eliminated on consolidation

(b) Net assets

The College segregates its net assets into the following categories:

(i) Invested in capital assets

Invested in capital assets represents cumulative amounts spent on capital assets, net of amounts amortized, less any outstanding debt used to finance capital assets additions. The balance in this account is not available for spending unless the College was to dispose of its capital assets.

(ii) Internally restricted reserves

Internally restricted reserves represent amounts set aside for future projects determined by the College's Board.

(iii) Cumulative unrestricted surplus from operations

Cumulative unrestricted surplus from operations represents cumulative excess of revenues over expenses since inception, net of amounts recorded in the above categories.

(c) Cash and cash equivalents

Cash and cash equivalents includes term deposits with a maturity period of three months or less from the date of acquisition or those which are cashable at any time.

(d) Deferred charges

Commission costs relating to the leasing of rental units and tenant inducements are amortized over the terms of the leases to which they relate.

(e) Capital assets

Capital assets are recorded at historical cost less accumulated amortization. Amortization is provided over the estimated useful lives of the assets using the declining balance basis at the following annual rates:

Office furniture and equipment	10%
Computer and office equipment	20% - 33%
Leasehold improvements	10%
Assets under capital lease	Over lease term

The building is amortized on a straight-line basis over 25 years.

Additions during the year are amortized at one-half the annual rates.

(f) Leases

The College records leases that transfer substantially all the risks and benefits of ownership to the College as capital leases. The related equipment is capitalized at its fair market value at the time of acquisition and is amortized over the lease term. An obligation is also recorded for the present value of future lease payments, which is reduced as lease payments are made after accounting for the inherent interest portion.

Lease payments for leases that are not capital in nature are expensed.

(g) Revenue recognition

Certification and registration fees are recognized as revenue in the fiscal year to which they relate. Deferred revenue represents such amounts received in advance of the year to which they relate.

Application fees are recognized as revenue when payment is received.

General revenues include incorporation fees, facility inspection fees, administration and reinstatement fees. General revenues are recognized as revenue when payment is received.

Rental revenues received through the College's 70% interest in the Joint Venture are recorded on a month to month basis as rents become due. Rental revenue from leases with rent steps are accounted for on a straight line basis over the term of the lease.

Interest revenue is recognized based on the passage of time according to the terms of the instrument giving rise to the revenue.

(h) Use of estimates

The preparation of these consolidated financial statements in conformity with ASNPO requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities, the disclosure of contingent assets and liabilities at the date of the financial statements, and the reported amounts of revenues and expenses during the reporting period. Significant estimates include the useful lives and rates of amortization of capital assets,

accrual of liabilities and valuation of accounts receivable and capital assets. While management believes these estimates are reasonable, actual results could differ from those estimates and could impact future results of operations and cash flows.

(i) Financial instruments

The College initially measures its financial assets and liabilities at fair value. The College subsequently measures all its financial assets and financial liabilities at amortized cost.

Financial assets measured at cost are tested for impairment when there are indicators of impairment. The amount of the write down is recognized in deficiency of revenues over expenses. In the event a previously recognized impairment loss should be reversed, the amount of the reversal is recognized in deficiency of revenues over expenses provided it is not greater than the original amount prior to write down.

For any financial instrument that is measured at amortized cost, the instrument's cost is adjusted by the transaction costs that are directly attributable to their origination, issuance or assumption. These transaction costs are amortized into income on a straight line basis over the term of the instrument. All other transaction costs are recognized in deficiency of revenues over expenses in the period incurred.

3. FIRST TIME ADOPTION OF ASNPO

Effective March 1, 2012, the College adopted the standards in Part III of the CICA Handbook: Canadian Accounting Standards for Not for Profit Organizations. These consolidated financial statements are the first financial statements for which the College has applied ASNPO. The consolidated financial statements for the year ended February 28, 2013 were prepared in accordance with the accounting principles and provisions set out in *First time Adoption by Not for Profit Organizations*, Section 1501, for first time adopters of this basis of accounting. Section 1501 requires retrospective application of the accounting standards with certain elective exemptions

and limited retrospective exceptions. Previously, the College prepared its consolidated financial statements in accordance with the standards of the CICA Handbook Accounting. The adoption of ASNPO did not result in any adjustments to previously reported assets, liabilities, net assets, excess (deficiency) of revenues over expenditures or cash flows of the College.

The College has elected not to use any exceptions or exemptions on the initial application of ASNPO.

4. FINANCIAL INSTRUMENTS

(a) Credit risk

Credit risk is the risk that one party to a financial instrument will cause a financial loss for the other party by failing to discharge an obligation.

The College's financial assets that are exposed to credit risk consist of cash, accounts receivable and short term investment. The risk associated with cash and the short term investment is minimized to the extent that cash and the short term investment are placed with major financial institutions. The risk associated with accounts receivable is minimized given the College's history of collecting substantially all of its outstanding accounts receivable within 30 days.

(b) Interest rate risk

Interest rate risk consists of two components:

- (i) To the extent that payments made or received on the College's monetary assets and liabilities are affected by changes in prevailing market interest rates, the College is exposed to interest rate cash flow risk.
- (ii) To the extent that market rates differ from the interest rates on the College's monetary assets and liabilities, the College is exposed to interest rate price risk.

The College is exposed to interest rate price risk on its cash and cash equivalents to the extent the market interest rate differs from the interest rate of the investment.

(c) Liquidity risk

Liquidity risk is the risk that the College will encounter difficulty in meeting obligations associated with financial liabilities.

The College is exposed to this risk mainly in respect of its accounts payable and accrued liabilities, government remittances payable, amounts due to other regulatory bodies and obligations under capital leases. Cash flow from operations provides a substantial portion of the College's cash requirements.

5. SHORT-TERM INVESTMENT

The short term investment was a guaranteed investment certificate held at a chartered bank. The investment earned interest at 1.45% per annum as at February 29, 2012 (March 1, 2011 bank prime less 2.05%) and matured within one year.

6. LOAN RECEIVABLE

The amount was due from Study Club Alliance of BC. The loan bore interest of 3% per annum and was secured by a general security agreement granting a security interest in all the present and after acquired personal property of the borrower. The loan was repayable in principal installments of \$32,000 each year from 2012 to 2020. The outstanding balance of the loan and any outstanding interest were to be repaid in full by November 1, 2020.

During the year ended February 29, 2012, Study Club Alliance of BC repaid the entire outstanding balance of the loan.

7. CAPITAL ASSETS

			Net Book Value		
	Cost	Accumulated Amortization	February 28, 2013	February 29, 2012	March 1, 2011
Land	\$ 1,223,550	\$ 0	\$ 1,223,550	\$ 1,223,550	\$ 1,223,550
Building	4,543,240	2,080,089	2,463,151	2,511,990	2,582,288
Office furniture and equipment	829,849	567,594	262,255	247,105	217,764
Computer and office equipment	549,188	461,278	87,910	94,906	132,851
Leasehold improvements	1,533,280	1,042,265	491,015	338,219	271,754
	8,679,107	4,151,226	4,527,881	4,415,770	4,428,207
Assets under capital lease	208,705	111,027	97,677	162,057	166,418
	\$ 8,887,812	\$ 4,262,253	\$ 4,625,558	\$ 4,577,827	\$ 4,594,625

Net assets invested in capital assets are calculated as follows:

	February 28, 2013	February 29, 2012	March 1, 2011
Capital assets, net of accumulated amortization	\$ 4,625,558	\$ 4,577,827	\$ 4,594,625
Amounts funded by capital lease	(97,677)	(138,851)	(119,142)
	\$ 4,527,881	\$ 4,438,976	\$ 4,475,483

Net assets invested in capital assets are calculated as follows:

	February 28, 2013	February 29, 2012	February 28, 2011
Deficiency of revenue over expenses from continuing operations			
Amortization of capital assets	\$ (313,689)	\$(244,867)	\$ (194,015)
Loss on disposal of capital asset	0	(36,674)	(16,353)
	\$ (313,689)	\$ (281,541)	\$ (210,368)
Transfers to invested in capital assets for:			
Purchase of capital assets	\$ 361,421	\$ 197,674	\$ 734,684
Repayment of capital lease obligation	41,174	47,360	37,662
	\$ 402,595	\$ 245,034	\$ 772,346

8. GOVERNMENT REMITTANCES

The bare trustee corporation that holds legal title to the land and building owned by the Joint Venture, in which the College has a 70% interest has historically collected and remitted GST/HST and claimed the related input tax credits on the rental operations of the Joint Venture. During the year, the Joint Venture discovered that the Joint Venturers themselves should be the reporting entity for GST/HST purposes rather than the bare trustee corporation. Accordingly, the bare trustee corporation has refiled GST/HST returns for the quarterly periods beginning June 1, 2008 and ending February 29, 2012. These amended returns have reported \$nil input tax credits and \$nil HST collected.

Included in building occupancy costs is \$58,426 of input tax credits claimed by the bare trustee corporation and \$20,252 of estimated interest expense. Included in capital assets is \$90,022 of input tax credits claimed on capital additions. Included in government remittances payable is \$168,701 of input tax credits and estimated interest to be repaid to the CRA. These amounts represent the College's 70% share of these items.

No amount has been accrued in respect of the HST collected from the tenants. Any amounts recovered from the CRA will be refunded to the tenants, including the College, as received.

The Canada Revenue Agency is in the process of reviewing the amended returns. The final outcome of the assessments will be recorded when determined and may affect future results of operations and cash flows.

9. DUE TO OTHER PROFESSIONAL BODIES

The amounts due to other professional bodies represents funds collected on behalf of the British Columbia Dental Association and grants payable to CDRAF and CDAC in furtherance of national initiatives in support of the College's regulatory mandate. These amounts are unsecured and non interest bearing.

10. OBLIGATIONS UNDER CAPITAL LEASES

The College has various capital leases, with expiry dates ranging from September 2013 to August 2016 and at interest rates of 1.77% to 9.16% per annum.

Future payments required under capital leases are as follows:

2014	\$	47,864
2015		28,481
2016		28,481
2017		7,120
Total minimum lease payments		111,946
Amount representing interest		(14,269)
Present value of minimum capital lease payments		97,677
Current portion of obligations under capital leases		(40,352)
	\$	57,325

11. INTERNALLY RESTRICTED RESERVES

The contingency reserve was established in 2007 for unanticipated or unbudgeted expenses that are consistent with the objectives of the College under section 16 of the *Health Professions Act*. Use of this reserve requires approval from two thirds of the College's Board. Interest is allocated to the reserve at the rate earned on the College's investments.

The additional internally restricted reserves were established between 2008 and 2012. Internally restricted reserves are comprised of:

	February 29, 2012	Transfer to (from) Contingency Reserve	Transfer (to) from Cumulative Unrestricted Surplus from Operations	Expenses	Interest	February 28, 2013
Contingency reserve	\$ 976,815	\$ (450,000)	\$ 0	\$ 0	\$ 8,646	\$ 535,461
Information technology reserve	129,631	35,000	(12,687)	(68,123)	0	83,821
Internationally trained dental specialist	140,842	(140,842)	0	0	0	0
Disciplinary hearing reserve	37,779	555,842	0	(338,260)	0	255,361
Office renovations reserve	300,000	0	(245,412)	(24)	0	54,564
	\$ 1,585,067	\$ 0	\$ (258,099)	\$ (406,407)	\$ 8,646	\$ 929,207

	March 1, 2011	Transfer to (from) Contingency Reserve	Transfer (to) from Cumulative Unrestricted Surplus from Operations	Expenses	Interest	February 29, 2012
Contingency reserve	\$ 1,162,016	\$ (200,000)	\$ 0	\$ 0	\$ 14,799	\$ 976,815
Information technology reserve	171,533	0	0	(41,902)	0	129,631
Internationally trained dental specialist	140,842	0	0	0	0	140,842
Disciplinary hearing reserve	0	200,000	0	(162,221)	0	37,779
Office renovations reserve	0	0	300,000	0	0	300,000
Building project fund	335,453	0	(320,266)	(15,187)	0	0
	\$ 1,809,844	\$ 0	\$ (20,266)	\$ (219,310)	\$ 14,799	\$ 1,585,067

12. JOINT VENTURE ACCOUNTING

The Joint Venture was formed to own and operate the property situated at 1765 West 8 Avenue. The title to this property is held in trust by 1765 West 8 Avenue Holdings Ltd. The Joint Venture provides premises for the College and the other 30% participant in the Joint Venture, the College of Pharmacists of British Columbia. The Joint Venture also rents space in the building to third parties.

The following summarizes the financial position and results of the Joint Venture:

	February 28, 2013		February 29, 2012		March 1, 2011	
	Entire Amount	College's 70%	Entire Amount	College's 70%	Entire Amount	College's 70%
Capital assets	\$ 5,288,533	\$ 3,701,973	\$ 5,358,863	\$ 3,751,204	\$5,448,226	\$ 3,813,758
Other assets	381,001	266,701	323,208	226,245	273,374	191,361
Liabilities	(380,297)	(266,208)	(374,180)	(261,926)	(315,519)	(220,862)
Net Assets	\$ 5,289,237	\$ 3,702,466	\$ 5,307,891	\$ 3,715,523	\$5,406,081	\$ 3,784,257
Revenues from third parties	\$ 891,766	\$ 624,236	\$ 880,567	\$ 616,396	\$905,204	\$ 633,642
Revenue from the College	272,343	190,640	281,476	197,034	222,784	155,949
Amortization	(210,532)	(147,372)	(164,210)	(114,947)	(144,826)	(101,378)
Other expenses	(676,704)	(473,693)	(436,272)	(305,391)	(461,699)	(323,188)
	\$ 276,873	\$ 193,811	\$ 561,561	\$ 393,092	\$521,463	\$ 365,025
Cash flows resulting from:						
Operations	\$ 750,689	\$ 525,482	\$ 821,319	\$ 574,923	\$(52,108)	\$ (36,475)
Financing	(559,555)	(391,689)	(643,483)	(450,438)	559,060	391,342
Investing	(228,188)	(159,732)	(74,847)	(52,393)	(786,351)	(550,446)
	\$ (37,054)	\$ (25,939)	\$ 102,989	\$ 72,092	\$(279,399)	\$ (195,579)

13. COMPARATIVE FIGURES

Certain comparative figures were reclassified to conform to the presentation adopted in the current year.

Consolidated Schedule of General and Administrative Expenses (Schedule 1)

	Year Ended February 28, 2013	Year Ended February 29, 2012
Office	\$ 289,352	\$ 287,369
Printing and publications	218,417	208,600
Electronic transaction costs	150,711	19,598
Professional fees	56,204	25,644
Equipment repairs and maintenance	52,140	50,039
Staff development	22,728	10,704
Miscellaneous	7,677	7,859
Loss on disposal of capital asset	0	36,674
	\$ 797,229	\$ 646,487

Board 2012/13

CDSBC is governed by an 18-member Board that includes 10 dentists, two certified dental assistants and six public members appointed by the provincial government.

ELECTED OFFICERS

Dr. Peter Stevenson-Moore, President
Dr. David Tobias, Vice-President
Dr. Erik Hutton, Treasurer

DENTISTS

Dr. Ben Balevi (District 4: Vancouver)
Dr. Darren Buschel (District 3: Southern Interior)
Dr. Kerim Ozcan (District 2: North)
Dr. Jonathan Suzuki (Certified Specialist)
Dr. Jan Versendaal (District 1: Fraser Valley)
Dr. Eli Whitney (Faculty of Dentistry, University of British Columbia)
Dr. David Zaparinuk (District 5: Vancouver Island)

CERTIFIED DENTAL ASSISTANTS

Ms. Elaine Maxwell
Ms. Sherry Messenger

PUBLIC MEMBERS

Ms. Melanie Crombie
Mr. Dan De Vita
Ms. Julie Johal
Mr. Richard Lemon
Mr. David Pusey
Mr. Anthony Soda



BACK ROW (L-R): Mr. Richard Lemon, Dr. David Zaparinuk, Dr. Ben Balevi, Dr. Eli Whitney, Dr. Jan Versendaal, Dr. Darren Buschel, Dr. Jonathan Suzuki, Mr. Anthony Soda, Mr. David Pusey

FRONT ROW (L-R): Dr. Kerim Ozcan, Ms. Elaine Maxwell, Dr. David Tobias (Vice President), Dr. Peter Stevenson-Moore (President), Mr. Jerome Marburg (Registrar), Ms. Melanie Crombie, Ms. Sherry Messenger

Missing: Dr. Erik Hutton (Treasurer), Mr. Dan De Vita , Ms. Julie Johal

Staff 2012/13

As of February 28, 2013

REGISTRAR'S OFFICE

Jerome Marburg, Registrar and CEO

Nancy Crosby, Senior Assistant to Registrar

Elmira Jasarevic, Committee and Sedation

Program Officer

Adam Swetman, Clerical Assistant

COMMUNICATIONS

Anita Wilks, Senior Manager of Communications

Lena Ross, Communications Officer

Sonia Visconti, Communications Assistant

COMPLAINTS

Carmel Wiseman, Director of Professional Regulation

Dr. Phil Barer, Complaint Investigator

Rochelle Blaak, Administrative Assistant

Julie Boyce, Complaints Paralegal

Greg Cavouras, Staff Lawyer

Gwen Chan, Complaint Officer

Rachel Gallo, Complaint Officer

Dr. Chris Hacker, Complaint Investigator

Stephanie LeSeelleur, Complaint Officer

Dr. Cathy McGregor, Remediation and Monitoring

Dr. Alex Penner, Complaint Investigator

Moninder Sahota, Complaint Officer

Michelle Singh, Complaint Officer

Dr. Garry Sutton, Early Resolution and Practice Advice

FINANCE AND ADMINISTRATION (OPERATIONS)

Dan Zeng, Senior Manager of Finance
and Administration

Julie Anderson, Receptionist

Karen England, Administrative Assistant

Flora Lee, Accounting Officer

James Spencer, Data and Information Integrator

REGISTRATION AND HUMAN RESOURCES

Sandra Harvey, Director of Registration and
Human Resources

Debbie Minton, CDA Certification Assistant

Leslie Riva, Manager, CE and CDA Certification

Jannah Rulfs, Administrative Assistant

Karen Walker, Dentist Registration Officer

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