



About CDSBC

The mandate of the College of Dental Surgeons of British Columbia (CDSBC) is to serve and protect the public by ensuring the ongoing competence and good conduct of its registrants. CDSBC registers, certifies and regulates over 3,600 dentists, seven dental therapists and over 6,500 certified dental assistants.

CDSBC is governed by an 18-member Board that includes dentists, certified dental assistants and six public members appointed by the provincial government. There are 11 committees that concentrate on key areas of Board responsibility and help the Board carry out its work. The day-to-day operations are managed by the Registrar/CEO.

About this Report

This report describes the College's work and activities from 1 March 2016 to 28 February 2017. It highlights major accomplishments and reflects the commitment and dedication of the CDSBC Board, 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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Strategic Plan

Mission

The College of Dental Surgeons of BC regulates dentists, dental therapists, 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, dental therapists 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. Fulfil regulatory responsibilities in a fair, transparent and effective manner
2. Continue to improve professionalism and practice standards of dentists, dental therapists and certified dental assistants
3. Identify and promote collaborative and productive relationships with key organizations and stakeholders
4. Maintain a commitment to organizational excellence

Registration: Effective, Efficient, Electronic Routes of Entry

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

Complaints Reduction and Resolution

- CDSBC has – and is recognized for – transparent, fair, effective and defensible complaint resolution processes and procedures
- CDSBC takes active steps to help registrants enhance the standard of care they provide
- CDSBC takes active steps to promote and 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 and 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 and 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 and 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

Strategic Plan in Action

The College's mandate to protect the public is set out in the *Health Professions Act* and is primarily accomplished through the core functions of registration, quality assurance, and complaint investigation.

Beyond these core functions, the Board sets strategic priorities annually. Here are the key priorities of 2016/17.

CDSBC Bylaws

In 2009, the College came under the *Health Professions Act*, which mandated a transition from the Rules made under the *Dentists Act* to a set of bylaws. These original bylaws are largely what remains today. There have been amendments since that date, but it is time for a general review to ensure that the Bylaws are clear and concise and that the regulatory processes are transparent and understandable to the public and registrants. The Board formed a working group to help guide the development and consultation process for proposed changes to the CDSBC Bylaws.

Governance

Good governance is about the systems, processes and practices an organization puts in place to make good decisions. The College, through the Governance Committee, has enhanced this function through:

- Ensuring the Board Governance Manual is up to date
- Improving committee member recruiting, particularly for public members
- Revising the confidentiality agreements to promote greater transparency
- Initiating the process for periodic Board self-evaluation and Registrar/CEO evaluation by engaging an independent human resource consulting firm
- Holding a board workshop on governance

Quality Assurance (QA)

Best practices for building competence within the dental profession have evolved since our QA program was first established. As a result, the Board directed the QA Committee to establish a working group that has initiated work on a revised QA program. The Board asked the group to research and develop a comprehensive plan that will:

- Promote career-long hands-on learning
- Encourage collaborative discourse amongst colleagues
- Improve treatment outcomes for patients

The QA Working Group, composed of practising dentists, CDAs and members of the public, recognizes that this will be a challenging initiative and will require a high level of engagement with registrants and stakeholders.

CDSBC is also working with the BCDA to develop an online course for new registrants. The course will cover professional regulation, applicable legislation, professional standards and ethics.

Corporatization of dentistry

The College has heard concerns about the expansion of large corporate-style practices – and financial pressures within the dental sector – that could impact the quality of care provided to patients. Regardless of business structure, dentists must put the oral healthcare needs of their patients above all other considerations, including financial self-interest. The College will continue to take action on matters of quality of care and ownership as permitted by legislation.

Practitioner wellness

CDSBC's practitioner wellness program assists registrants facing health and wellness issues that could affect their ability to provide safe patient care. Wellness concerns are treated confidentially and separately from the complaints and discipline process. Key activities include:

- Holding a joint board workshop with the BC Dental Association (BCDA) to discuss reducing the barriers for registrants seeking treatment
- Establishing a practitioner wellness fund
- Sponsoring two wellness-related courses at the Pacific Dental Conference

Ethics: Dental labs and Article 5

The Ethics Committee has been considering dental office charges for laboratory fees, and the potential ethical questions that might arise from certain third-party billing protocols. A working group of the Ethics Committee has also identified several provisions under the old Code of Ethics (known as Article 5) that are not captured in any of CDSBC's current requirements for registrants. The Committee is developing recommendations for the Board.

Advanced practice – competency requirements

The College is considering whether additional training should be required for certain areas of practice. Key activities include:

- Forming the Facial Aesthetics Working Group to review CDSBC's position on the provision of neuromodulators and dermal fillers by dentists, and whether any changes should be made to scope of practice and training requirements
- Examining whether there should be more direction to the profession regarding implant dentistry
- Monitoring the conversation about dental treatment for patients with developmental disabilities (e.g. access to care and training requirements for practitioners)

Sedation

Through the Sedation Committee, the Board has:

- Required capnography (end-tidal carbon dioxide) monitoring for deep and moderate sedation
- Continued review of deep sedation/GA standards and guidelines
- Created a working group to review requirements for and improve safety of pediatric sedation
- Placed a one-year moratorium for dentists trained in a short-course format to apply to register for pediatric moderate sedation (none have been admitted so far)
- Expanded the membership of the Sedation Committee

President's Message

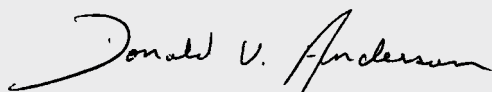
As I reflect back on the many things that the College has accomplished this year, I am most proud of our outward focus. This fiscal year was marked by meaningful engagement with our registrants, with government, and with partner organizations.

The listening sessions launched this year represent a fresh approach to registrant engagement. These events allow us to hear directly from dentists, certified dental assistants and other members of the dental team about the issues that matter to them. Their thoughtful comments and feedback will undoubtedly lead to better policy development that is in the public interest.

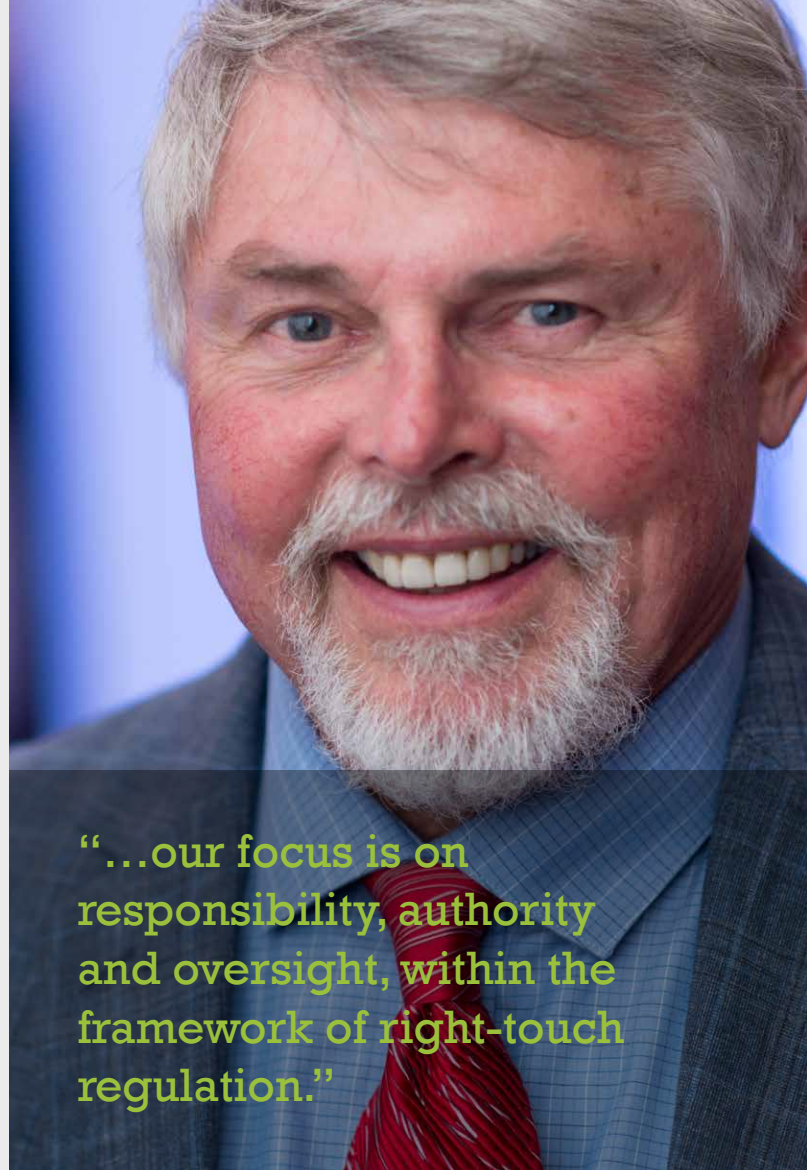
Our relationship with the provincial government continues to be strong. The Board formally met twice with representatives from the B.C. Ministry of Health, most recently during a workshop on board governance. Governance and developing board culture were necessary priorities this year, as we welcomed 12 new members to our 18-member Board. As a group, our focus is on responsibility, authority and oversight, within the framework of right-touch regulation.

The College benefits from working with other organizations where it makes sense to do so. As an example, we joined forces with the BC Dental Association on practitioner wellness initiatives and are implementing ideas generated during a collaborative joint board workshop. To this end, we established a fund that will provide resources/supports to registrants who may need assistance with medical assessments and with their recovery.

These are but a few of the many ways that the College strengthened our relationship with individuals and organizations. This outreach has been central to the College's work in the past year and I'd like to thank everyone who was involved – from regional component society leaders to our board and committee members, and our staff. I am very excited about the future, as we move forward in fulfilling our mandate of public protection.



Dr. Don Anderson
President



“...our focus is on responsibility, authority and oversight, within the framework of right-touch regulation.”

What is right-touch regulation?

Developed by the United Kingdom's Professional Standards Authority, right-touch regulation is the minimum regulatory force required to achieve the desired result. At its core are eight elements to this philosophy:

1. Identify the problem before the solution
2. Quantify and qualify the risks
3. Get as close to the problem as possible
4. Focus on the outcome
5. Use regulation only when necessary
6. Keep it simple
7. Check for unintended consequences
8. Review and respond to changes.

From <http://www.professionalstandards.org.uk/what-we-do/improving-regulation/right-touch-regulation>

Registrar/CEO's Message

Those who study professional regulation point to Canada as the last bastion of self-regulation. Other jurisdictions have experienced increased oversight by government, smaller boards with a greater proportion of non-professional members, and multi-profession regulators.

In Australia, a single board of non-healthcare professionals regulates over 650,000 healthcare professionals. In New Zealand, the Ministry of Health appoints the members of the council that regulates dental professionals. In the UK, the Professional Standards Authority audits the performance of eight health professions regulators, and reports its findings to government.

Even within this country we are seeing significant change. In Ontario, the government is creating new powers around board composition and selection as well as dramatically increased public information disclosure about registrants. In the fall of 2016 the B.C. government appointed a superintendent of real estate to strengthen oversight of the real estate industry and replace the regulator. Teachers in B.C. are regulated directly by government.

The B.C. Ministry of Health has worked closely with the 23 health colleges this past year on governance issues. Their message is clear: we have a singular legislated duty to serve and protect the public, and to work at all times in the public interest (see sidebar).

The activities highlighted in this report demonstrate that protecting the public is at the core of everything we do. It underlies our entire complaints and discipline function, which is transparent, fair and objective.

Another way we are protecting the public is by improving the Quality Assurance program that ensures registrants remain current in a changing healthcare environment. This is a multi-year project that will ultimately help improve treatment outcomes for patients.

Finally, public protection is the guiding principle behind our sedation requirements. This year we enhanced our already-strong requirements for minimal and moderate sedation, began a comprehensive review of the standards for deep sedation and general anaesthesia, and are about to expand our inspection scheme to include moderate sedation facilities.



“The activities highlighted in this report demonstrate that protecting the public is at the core of everything we do.”

- (1) It is the duty of a college at all times
- (a) to serve and protect the public, and
 - (b) to exercise its powers and discharge its responsibilities under all enactments in the public interest.

From section 16 “Duty and objects of a college” of the Health Professions Act, the legislation that governs all of B.C.’s health regulators

Our Board continues to pay attention to good governance as a key priority. Even as the future of self-regulation remains unclear, our focus to serve and protect the public will not waver.



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

Public Members' Report

The College of Dental Surgeons' mandate to serve and protect the public is established by the *Health Professions Act*. Public members appointed by government, along with dentists and certified dental assistants, play an active role on the College Board and its numerous committees to ensure that the public is well-served by the profession and that dental treatment meets the expected standard of patient care.

Public and government expectations of health profession colleges are higher than ever before. This past year saw the College make a concerted effort to ensure that transparency and accountability are evident in all aspects of our programs/initiatives. A new policy development framework was approved by the Board in June of 2016, designed to ensure that CDSBC policies serve and protect the public while also being sensitive to the realities of professional practice. Listening sessions were held in Victoria in November 2016 and in Surrey in February 2017 to increase early consultation with registrants on key topics that relate to the profession. The push for transparency is also supported by other communication tools designed to keep the public and profession up-to-date on key activities underway, including a new blog authored by the President.

One of the primary ways that the College fulfills its mandate is through complaint investigation. CDSBC publishes annual summaries of the complaints and makes this information publicly available to help educate the public and our registrants about the types of complaints received and how they are resolved. For the 2016/17 fiscal year, 176 complaint files were opened and 208 were closed. In comparison to the 2015/16 year, that is a 20 per cent decrease in complaint files opened. Public members who sit on the Inquiry Committee reviewing complaints are looking for openness, transparency and fairness with an opportunity to hear both sides of the story. They are seldom disappointed.

Each year the Board approves a strategic and operational business plan that sets out priorities for the organization. With an emphasis on "continuous improvement," a new working group was established to work on the development of a revised Quality Assurance program.

The focus is on promoting career-long learning and ultimately improving treatment outcomes for patients. In addition, the CDSBC Bylaws that set out the operational details of the organization including board operations, registration qualifications and regulations of professional conduct are being reviewed and updated by a newly established working group.

Public members bring experience in business management, finance and governance and – combined with the expertise of dental professionals and talented staff – help the College achieve its mandate of protection of the public effectively and efficiently.

Respectfully submitted by Mr. Richard Lemon on behalf of the public members of the CDSBC Board:



Richard Lemon

A stylized, handwritten signature in black ink.

Dan De Vita

A stylized, handwritten signature in black ink.

Terry Hawes

A stylized, handwritten signature in black ink.

Oleh Ilnyckyj

A stylized, handwritten signature in black ink.

Dorothy Jennings

A stylized, handwritten signature in black ink.

Richard Lemon

A stylized, handwritten signature in black ink.

Neal Steinman

2016/17 Board

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. Don Anderson, President
Dr. Susan K. Chow, Vice-President
Dr. Patricia Hunter, Treasurer

Dentists

Dr. Chris Callen (District 3: Southern Interior)
Dr. Doug Conn (Certified Specialist)
Dr. Andrea Esteves (University of British Columbia
– Faculty of Dentistry)
Dr. Michael Flunkert (District 4: Vancouver)
Dr. Dustin Holben (District 5: Vancouver Island)
Dr. S. Masoud Saidi (District 1: Fraser Valley)
Dr. Mark Spitz (District 2: North)

Certified Dental Assistants

Ms. Sherry Messenger
Ms. Sabina Reitzik

Public Members

Mr. Dan De Vita
Mr. Terry Hawes
Mr. Oleh Ilnyckyj
Ms. Dorothy Jennings
Mr. Richard Lemon
Mr. Neal Steinman



BACK ROW (L-R): Dr. Michael Flunkert, Oleh Ilnyckyj, Dr. Andrea Esteves, Dorothy Jennings, Richard Lemon, Sherry Messenger, Dan De Vita, Dr. Mark Spitz, Dr. Patricia Hunter, Dr. Chris Callen, Neal Steinman, Terry Hawes.

FRONT ROW (L-R): Dr. S. Masoud Saidi, Jerome Marburg (Registrar/CEO), Sabina Reitzik, Dr. Don Anderson (President), Dr. Dustin Holben, Dr. Susan K. Chow, Dr. Doug Conn.

We're All Ears – CDSBC Listening Sessions

CDSBC has a policy development process that emphasizes engagement with registrants and other stakeholders.

Building on this commitment, the College began hosting a series of listening sessions across the province. Listening sessions provide an opportunity for registrants to be engaged with policy development initiatives early in the process. The sessions emphasize registrant discussion and CDSBC listening. The insights gained through the listening sessions will enhance the College's work on key topics, as all participant feedback is collected and shared with the Board and relevant committees and published on the website.

Listening sessions are two hours long, free of charge, and are not eligible for continuing education (CE) credit. They are hosted by board, committee, and staff members.

Where we went

Two listening sessions were held during the 2016/17 year:

- Victoria – 2 November 2016 (36 participants)
- Surrey – 23 February 2017 (32 participants)

Two sessions have been held since the end of the 2016/17 year and more are being planned for the fall of 2017.



Dr. Andrea Esteves, Board Member, at a listening session in Nanaimo.

92%

of listening session participants agreed or strongly agreed that CDSBC demonstrated a commitment to listening.

What we heard

Registrants were very engaged with the discussion topics at the sessions. Their feedback will be valuable as we move forward on new policy initiatives. Participants responded to the following questions:

Topic	Question(s)
Enhancements to the Quality Assurance program	<ul style="list-style-type: none"> • What are your thoughts about the current system of CE? • What else might help you grow dental knowledge and skills? • What do you think are the best ways to maintain and improve clinical skills and dental knowledge?
Business of dentistry and corporate structures	<ul style="list-style-type: none"> • What aspects of corporate dentistry are affecting patient-dentist interactions, and how do you know this? • What could CDSBC do to address these challenges?
Dental laboratory fees	<ul style="list-style-type: none"> • What are your concerns, if any, about how some offices are charging the patient for laboratory fees? • What are the models you have seen? • What else should CDSBC consider on this topic?
Emerging issues in dentistry	<ul style="list-style-type: none"> • Thinking ahead to five years from now, what emerging issues do you want the College to be aware of to meet its mandate of public protection?
Sedation dentistry and public protection	<ul style="list-style-type: none"> • What additional changes should CDSBC make to the requirements for dental sedation to further protect the public?

Prior to the set discussion topics, participants answered the question: “Thinking about your own practice and what you are seeing in the profession, what would you like your regulator to know?” Comments were varied, but some general themes emerged:

- Business/financial concerns
- The reputation of the profession and ethical concerns
- Concerns specific to new dentists and CDAs

More information, including summary reports on the listening sessions held thus far, is online at cdsbc.org/listening-sessions.



Dr. Jason Chen, member of the Sedation & General Anaesthetic Services Committee, with participants at the listening session in Surrey.

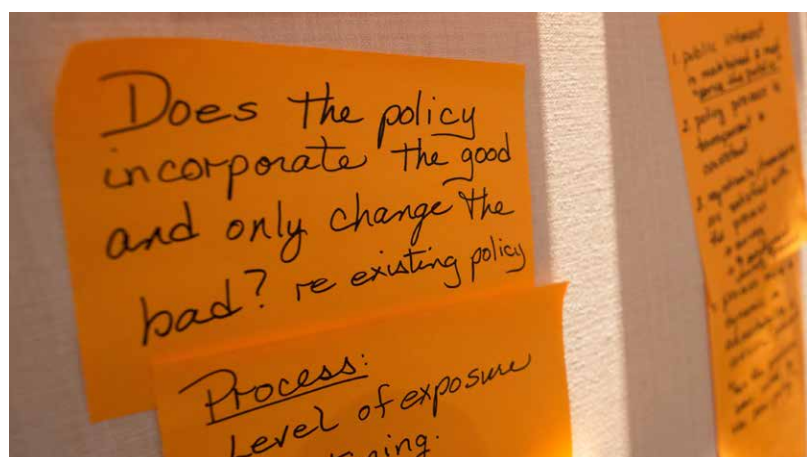
Policy Development Framework

The College's new policy development process was approved at the June 2016 Board meeting.

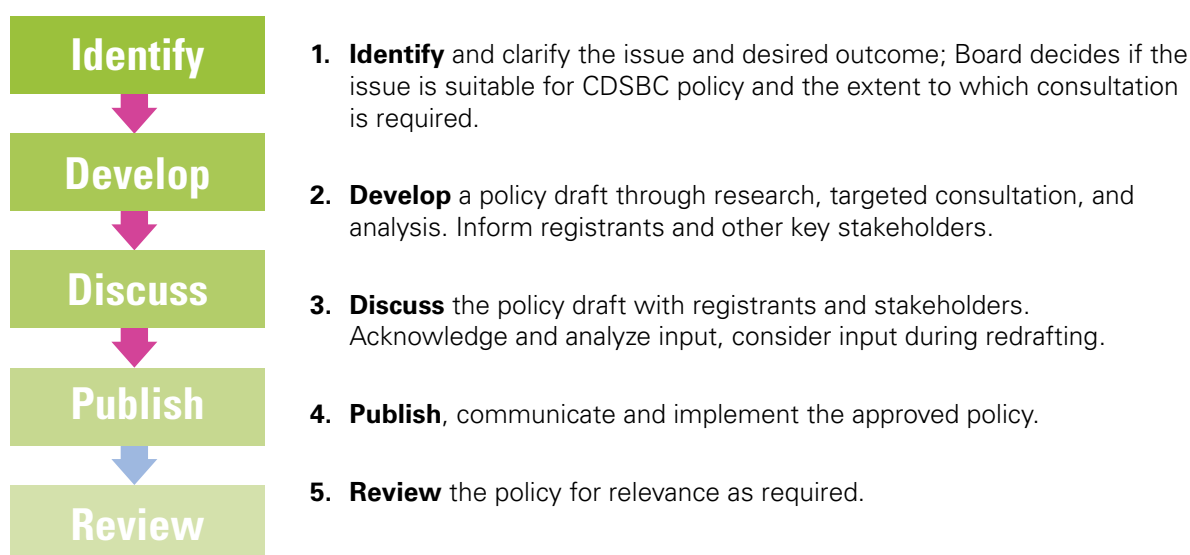
The goal of the new process is to develop policy that serves and protects the public and is attuned to the realities of professional practice.

The new policy development process is the result of thorough consultation in 2015/16 that included interviews and a workshop with CDSBC Board, staff and stakeholders, two webinars and an online survey.

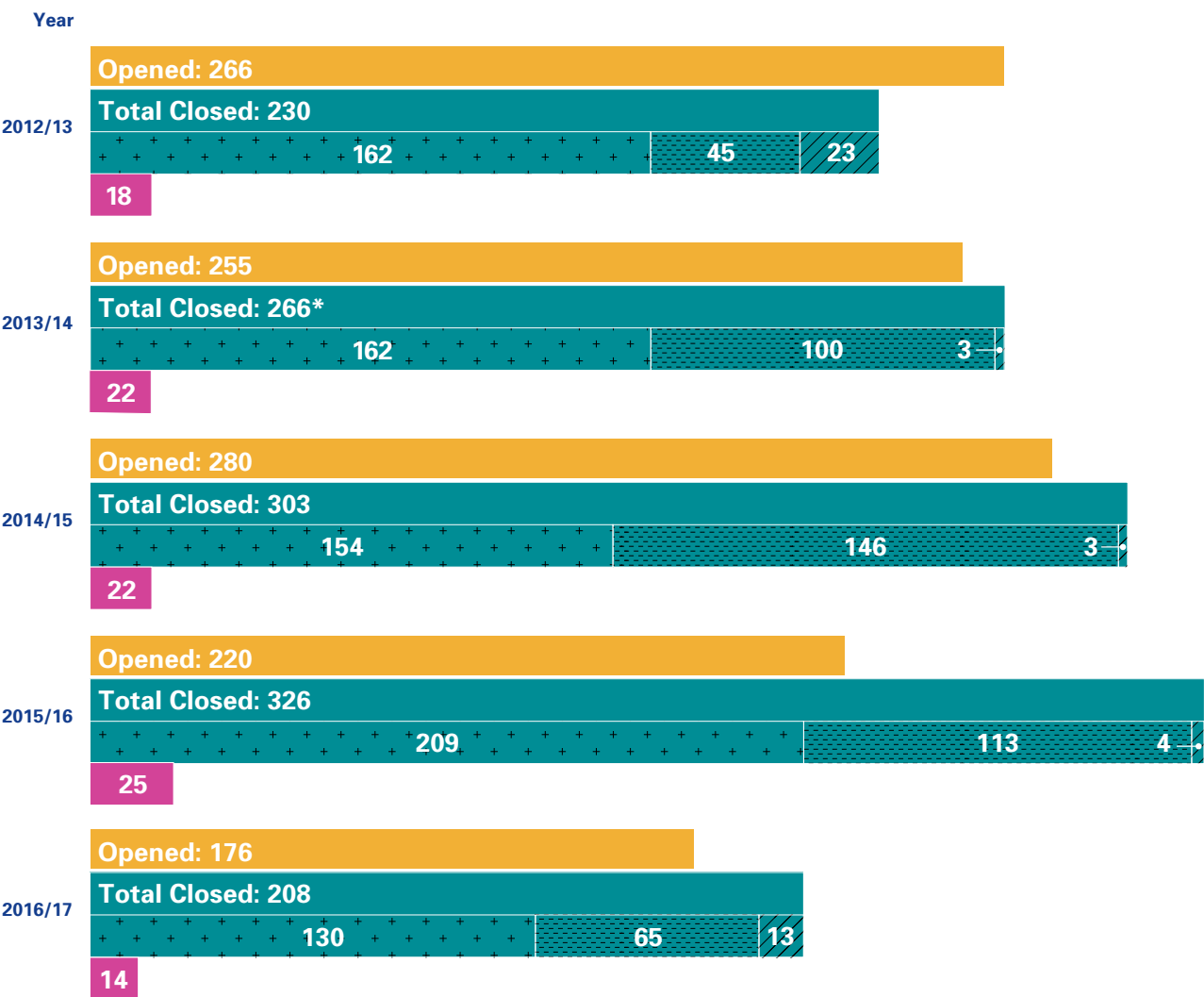
For more information and to view the complete policy development process, visit cdsbc.org/policy.



5 Steps of CDSBC Policy Development



Complaints File Breakdown



Number of Complaints

Closed files are broken down as follows:



* one complaint file was closed and transitioned to a health file mid-year

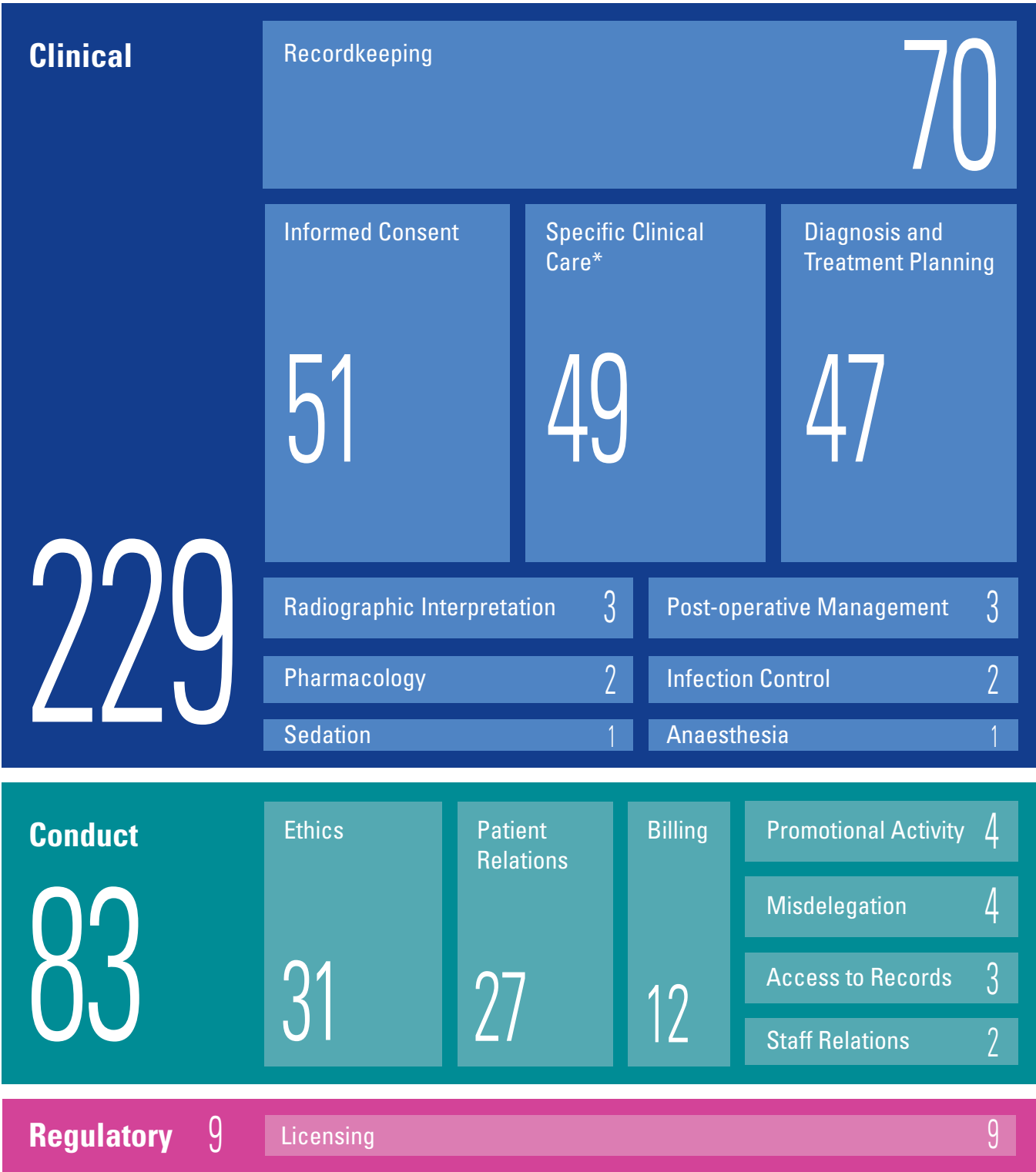
HPRB Disposition Applications †

† The Health Professions Review Board (HPRB) is an administrative tribunal that provides independent reviews of certain decisions made by B.C.'s health colleges. Any complainant who is unhappy when a file is closed short of a citation can apply

to the HPRB for review to determine whether the investigation was adequate or the disposition was reasonable. HPRB decisions are available online at www.hprb.gov.bc.ca/decisions/.

Complaint Issues Breakdown

This chart reflects all of the closing issues arising from the complaints investigation process. On average, each complaint file deals with multiple issues.



*- includes surgery (odontogenic & orthognathic), operative, orthodontics, endodontics, prosthodontics (removeable & fixed), periodontics, implants (surgery & prosthodontics)

Regulatory Action

CDSBC is required to notify the public when a citation is issued or when a complaint relates to a “serious matter” (and is not dismissed) as defined by the *Health Professions Act*. A citation lists allegations against a registrant and provides notice that a formal public hearing will be held before a panel of the Discipline Committee. This year, two citations were resolved before a hearing was held.

Citations resolved without a hearing

Dr. Brian Karl Wiebe, Abbotsford, B.C.

Dr. Wiebe acknowledged the College’s concerns with his billing practices and the quality of care provided. The Inquiry Committee accepted an agreement submitted by Dr. Wiebe to address the College’s concerns. Dr. Wiebe is now registered with the College as a retired dentist and is not licensed to practise dentistry. He agreed not to apply for reinstatement as a practising dentist for two years. He also agreed to undertake a comprehensive remediation program before applying for reinstatement. His practice will be subject to monitoring for three years, should he be reinstated.

Dr. Rokshana Chherawala, Coquitlam, Burnaby and Pitt Meadows, B.C.

Dr. Chherawala admitted that she engaged in professional misconduct through improper billing practices, and by: providing substandard treatment (prosthodontic, periodontic and endodontal); improper delegation to a dental hygienist; and failing to maintain adequate dental records. The Inquiry Committee accepted an agreement from Dr. Chherawala to address these concerns by agreeing to: a one-month suspension from practice; payment of a \$10,000 fine and \$2,500 in costs; successful completion of a multi-day professional ethics course; successful completion of mentorship programs at her own expense; arrange for repair/replacement of substandard treatment provided to nine patients who were identified through the investigation, at no cost to them; and monitoring that includes chart reviews.

Publication of complaints that are “serious matters”

Anonymous dentist

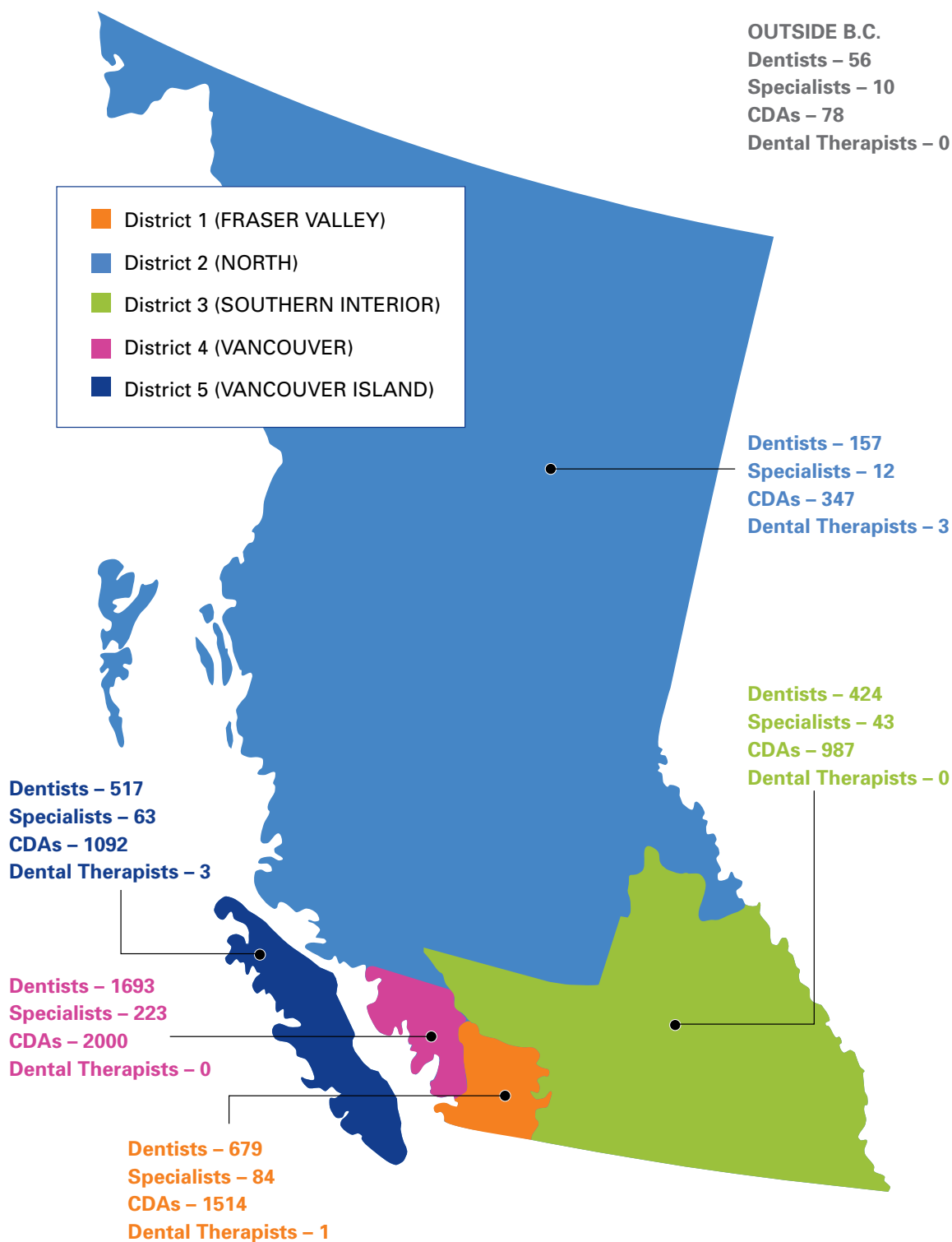
The dentist acknowledged serious ethical concerns and a pattern of inappropriate billing practices. The dentist is not practising and is unlikely to return to practice due to health concerns. The dentist signed an agreement not to apply to the College, or any other regulatory bodies for practising registration for one year. The dentist also agreed to undertake a comprehensive remediation program before applying for any category of practising registration. Based on a physician’s letter explaining the negative impact that the publication of the registrant’s name would have on a family member’s mental health, the Inquiry Panel directed that the registrant’s name be withheld from publication.

Dr. Mansour G. Foomani, Victoria, B.C.

The Inquiry Committee had concerns with Dr. Mansour Foomani’s understanding of dentist/patient boundaries and considered his unprofessional behaviour to be a serious matter. Limitations were placed on his practice and he signed an agreement to: successfully pass a multi-day professional ethics course; and not see any patient at the practice without a College-approved staff person in attendance at all times, with conspicuous signage in place advising of this condition. Dr. Foomani also agreed to enter into a mentorship agreement with a College-approved mentor, at his own expense. Following the mentorship, Dr. Foomani will undergo monitoring and chart reviews. Dr. Foomani may apply to the College to remove the requirement for a staff person to be present at all times when seeing patients one year after successfully completing the remediation program. The College will consider that application if/when received.

Registration

Where registrants practise in B.C.



* Notes: Totals do not include Non-Practising categories of registration. Specialists are included in Dentist totals and includes both Certified Specialists and Restricted to Specialty registration types. CDA totals do not include Temporary or Limited categories.

3652

Total Dentists

2925

General Dentists

400

Certified Specialists

156

Limited

126

Non-Practising

35

Restricted to Specialty

10

Academic

80

International

53

Other
Provinces
in Canada

45

B.C.

32

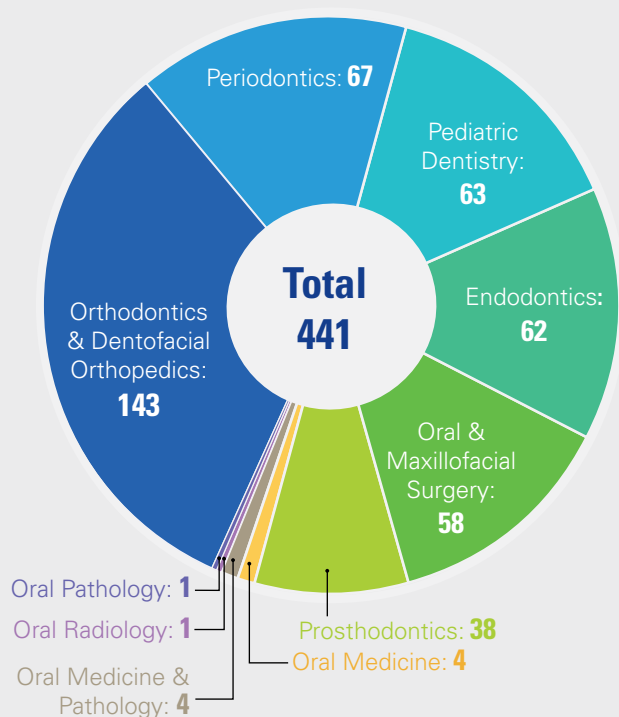
USA

Where incoming dentists received their training

1 March 2016 to 28 February 2017

Registration

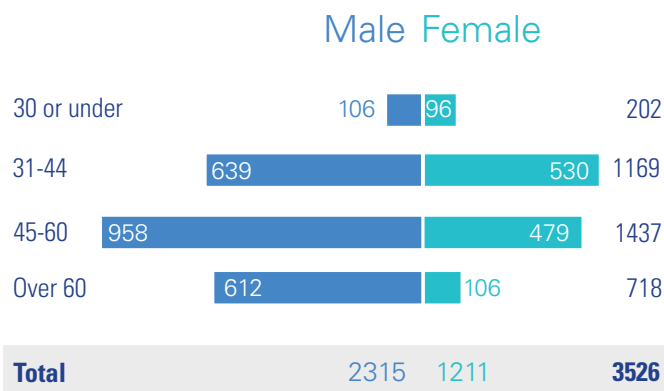
Certified Specialists by Specialty



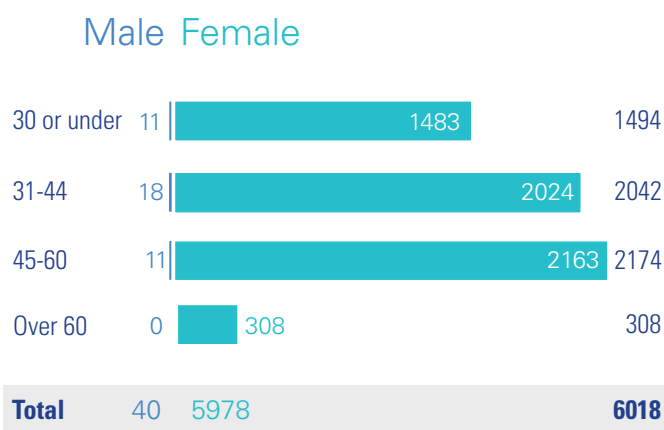
Includes 6 specialists with multiple specialties

Age and Gender

Practising Dentists



Practising Certified Dental Assistants



Changes to the Register

	Dentists	CDAs	Dental Therapists
Added to the register:	+ 210	+354	+1
Removed from the register:	- 130	- 295	- 1
Net	+ 80	+ 59	0

Registration

303

B.C.

6504

Total Certified Dental Assistants

6018 Practising | 470 Non-Practising

12 Temporary | 4 Limited

Where incoming CDAs received their training

1 March 2016 to 28 February 2017

35

Other
Provinces
in Canada

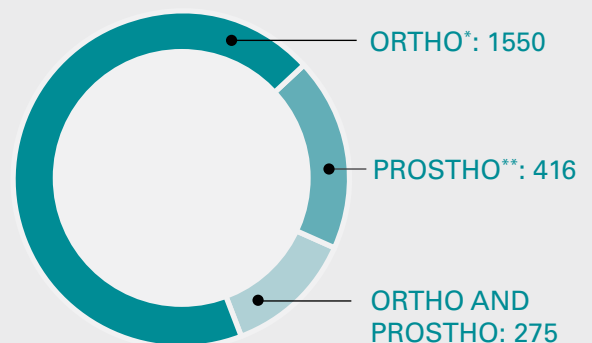
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International

2

USA

CDA Modules - Practising Certified Dental Assistants



*Orthodontic Module

Refers to CDAs who are qualified to perform orthodontic assistant duties after completing an orthodontic module at an accredited program that is recognized in B.C.

**Prosthodontic Module

Refers to CDAs who are qualified to perform expanded prosthodontic duties after completing a prosthodontic module at an accredited program that is recognized in B.C.

Audit Committee

Role

To advise and assist the Board on issues related to CDSBC's financial statements, internal financial controls and annual audit.

Key Activities

The Audit Committee has four main activities:

- Review CDSBC's monthly financial statements
- Review the annual audited financial statements and auditors' report, and recommend for Board approval
- Review the annual budget as prepared by staff and recommend for Board approval
- Review the expense claim forms of board members and the Registrar/CEO to ensure compliance with policies

The Committee works with management on an ongoing basis to enhance financial reporting mechanisms to keep the Board fully and appropriately informed of trends and changes in the College's financial position.

This Committee works in tandem with the Finance and Audit Working Group and all content refers to the activities of both.

Members

- Mr. Terry Hawes, CPA, CGA, Chair (Public Member)*
- Dr. Patricia Hunter, Vice-Chair*
- Dr. Susan K. Chow
- Dr. Doug Conn
- Mr. Dan De Vita (Public Member)
- Dr. John Hung*
- Dr. Erik Hutton

** Audit Committee Member*

Meetings: 4



“Oversight is one of the key components of the Audit Committee. We continue to work with management to review and enhance the financial reporting to the Board.”

– Mr. Terry Hawes, Chair

CDA Advisory Committee

Role

To monitor issues relating to regulation of certified dental assistants (CDAs) and make recommendations to the Board.

Key Activities

Standardizing the Orthodontic and Prosthodontic Modules

B.C. recognizes two training programs or “modules” that allow certified dental assistants to provide additional services as authorized by a dentist: orthodontic and prosthodontic. The organization that represents provincial regulators found that there was significant variation between the module training programs offered in different provinces, as well as the activities CDAs in different provinces are allowed to perform. This has caused confusion and it negatively impacts labour mobility for CDAs who wish to work in another province.

The College has been collaborating with other regulated jurisdictions to develop a common approach to expanded activities for these modules. The Committee submitted the draft standardization document to the Board, which agreed to it in principle. The standardization would require changes to CDSBC’s bylaws, so the College will be asking for feedback from registrants who would be affected by the expansion of these activities.

Supervision of CDA Students

The Committee met with dental assisting educators in the province to discuss the bylaws that pertain to supervision of students during the dental assisting program.

“The CDA Advisory Committee has dedicated members and College staff working together in the interest of the public and the integrity of the profession.”

– Ms. Susanne Feenstra, CDA, Chair



Ms. Sabina Reitzik, CDA

Members

- Ms. Susanne Feenstra, CDA, Chair
- Ms. Wendy Forrieter, CDA, Vice-Chair
- Mr. Dan De Vita (Public Member)
- Ms. Angela Edwards, CDA
- Dr. Michael Flunkert
- Dr. Anita Gartner
- Dr. Sarah He
- Dr. Patricia Hunter (until Sept. 2016)
- Ms. Sherry Messenger, CDA
- Ms. Sabina Reitzik, CDA
- Dr. Rob Staschuk (until Sept. 2016)
- Dr. Eli Whitney (until Sept. 2016)

Meetings: 4

CDA Certification Committee



“The members of the Committee are dedicated to reviewing all cases that come before us and are committed to making objective and informed recommendations that ensure public safety and maintain the standards of the profession.”

– Ms. Bev Davis, CDA, Chair

Role

To establish 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 make recommendations to the Board regarding the recognition of other jurisdictions.

Members

- Ms. Bev Davis, CDA, Chair
- Ms. Subbu Arunachalam Pillai, CDA, Vice-Chair
- Ms. Sima Gandha, CDA
- Mr. Oleh Ilnyckyj (Public Member)
- Dr. Alex Lieblich
- Ms. Elaine Maxwell, CDA
- Mr. David Pusey (Public Member until Dec. 2016)
- Ms. Heather Slade (Public Member)

Meetings: 3

Key Activities

Review of Prospective CDA Training Programs

- Graduates of certified dental assisting training programs must complete a national exam administered by the National Dental Assisting Examining Board (NDAEB) before they can apply for certification with CDSBC and be authorized to provide the services of a CDA as set out in the bylaws.
- The Committee reviewed the curriculum for two prospective certified dental assistant programs. Because B.C. requires additional skills beyond those assessed by the NDAEB, CDA programs must ensure that those additional skills are included in the training. The Committee found that both prospective programs meet the minimum standards and recommended them to the Board.

Unauthorized Practice

- In British Columbia, only individuals who are certified by CDSBC may provide the services of a certified dental assistant as outlined in the CDSBC Bylaws. All CDAs work under the direction of a dentist.
- The Committee learned of several certified dental assistants who were practising without holding current certification. A key priority for the Committee is to ensure that dentists understand their obligation to delegate appropriately.

Individual Applications

The Committee met to determine the requirements for certification for four applicants, and to review two reinstatement fee refund requests.

Discipline Committee

Role

To hold hearings regarding the conduct or competence of a registrant if the Inquiry Committee directs a citation for hearing. Panels of the Discipline Committee conduct hearings, make findings, determine the appropriate penalty if the findings are adverse, and issue written reasons for decisions.

Key Activities

No discipline hearings were held in this reporting period.

Meetings: 0

Training session: 1

Committee members attend an orientation and training session before serving on a discipline panel. A training session took place on 27 January 2017, led by independent legal counsel and the Deputy Registrar.

Members

- Dr. Josephine Chung, Chair
- Dr. Bruce Ward, Vice-Chair
- Ms. Leona Ashcroft (Public Member) (until Sept. 2016)
- Dr. Karl Denk
- Mr. Paul Durose (Public Member)
- Mr. Martin Gifford (Public Member)
- Dr. Myrna Halpenny
- Dr. Leetty Huang
- Ms. Dorothy Jennings (Public Member)
- Mr. Michael MacDougall (Public Member)
- Ms. Catherine Monk, CDA
- Ms. Sabina Reitzik, CDA
- Dr. William Rosebush
- Dr. Charity Siu
- Dr. Bert Smulders
- Mr. Anthony Soda (Public Member)
- Dr. David Speirs
- Dr. Arnold Steinbart (until Sept. 2016)
- Dr. Michael Wainwright

“The Discipline Committee functions with the mandate of maintaining the integrity of our profession and protecting the safety of the public in a fair and transparent manner.”

– Dr. Josephine Chung, Chair

Dr. Bruce Ward, Vice-Chair

Ethics Committee

Role

To develop and recommend changes to ethical standards applicable to registrants.

Members

- Dr. Ken Chow, Chair
- Dr. Brian Wong, Vice-Chair
- Ms. Nadine Bunting, CDA
- Dr. Jason Conn
- Dr. Danielle Coulson
- Mr. Oleh Ilnykij (Public Member)
- Dr. Glen Joyce
- Dr. Mark Kwon
- Mr. Richard Lemon
(Public Member until Sept. 2016)
- Dr. Reza Nouri
- Mr. Gaetan Royer (Public Member)
- Mr. Paul Stevens (Public Member)
- Dr. Peter Stevenson-Moore
- Dr. Jonathan Visscher

Meetings: 4

Key Activities

Advertising and Promotional Guidelines

The new Bylaw 12 that addresses the requirements for advertising and promotions came into effect in October of 2015. The accompanying document, *Bylaw 12 Interpretive Guidelines – Advertising and Promotional Activities*, was approved by the Committee and recommended to the Board for approval in June of 2016.

Article 5 Review

A sub-committee of the Ethics Committee continued its work, directed by the Board, reviewing Article 5 of the Rules under the old *Dentists Act*. The group is tasked with identifying sections of Article 5 (which deals with ethical conduct) that may not have been captured in the College's ethical documents created when dentistry came under the *Health Professions Act* in 2009. Once the work has been completed, recommendations will be forwarded to Board for consideration and consultation.

Corporatization and Corporate Structures

The Ethics Committee continued its analysis of corporate business models. This has been aided by the ongoing collection of data provided by registrants as part of their annual renewal with the College. This analysis will help to inform the Committee's recommendations regarding protection of the public within all business models under which patient care is currently being provided.

Third Party Billing

The Board, acting on a request from the Inquiry Committee, directed the Ethics Committee to give priority consideration and direction to the profession regarding the billing of third party services including laboratory fees. Once recommendations are complete, they will be moved forward to the Board for consideration and consultation.

“The public, at all times, should be able to trust that any dental practice will maintain a patient-centred care model and that the dentist owner(s), associate dentist(s), CDA(s) and other office and management staff will behave in a way that does not erode that trust. The Committee will continue to monitor the changing landscape of the provision of oral care within our profession to protect the public.”

– Dr. Ken Chow, Chair

Governance Committee*

“The best governance model is one that works best specifically for CDSBC to advance our mandate of protecting the public, while garnering the respect of the profession.”

– Dr. Susan K. Chow, Chair



Key Activities

- In consultation with the President and Registrar/CEO, the Committee recommended candidates to the Board for appointments to chair and member positions on committees, and to populate two new board working groups: Bylaws and Facial Aesthetics.

In making its recommendations, the committee considered the skill sets of the applicants as well as the need to build diverse and capable committees. The Committee is working to encourage younger members of the profession to gain experience at the committee level that will prepare them to serve on the Board in the future.

- The Committee updated the Code of Conduct and Confidentiality Agreement for board and committee members. The revisions support the new policy development process that incorporates early engagement and consultation.
- The Board tasked the Committee to search for an independent human resource consultant firm to build the process for CDSBC Registrar/CEO and Board self-assessment. A request for proposals was issued to local and national firms. A firm was selected and subsequently hired after extensive interviews by the Governance Committee, the President, and the Registrar, and approval from the Board. This endeavor was aimed at installing an evaluation process in which stakeholders have confidence for now and into the future.
- The Board attended a workshop led by Mark MacKinnon, Executive Director of Professional Regulation and Oversight with the Ministry of Health, and governance expert Bradley Chisholm to reinforce understanding of the public protection mandate of colleges under the HPA and to facilitate an effective working relationship within the Board and between the Board and management.

Role

To provide governance, oversight, and advice to the Board. It develops and recommends CDSBC's approach to good governance and Board effectiveness, and reviews governance policies relating to human resources.

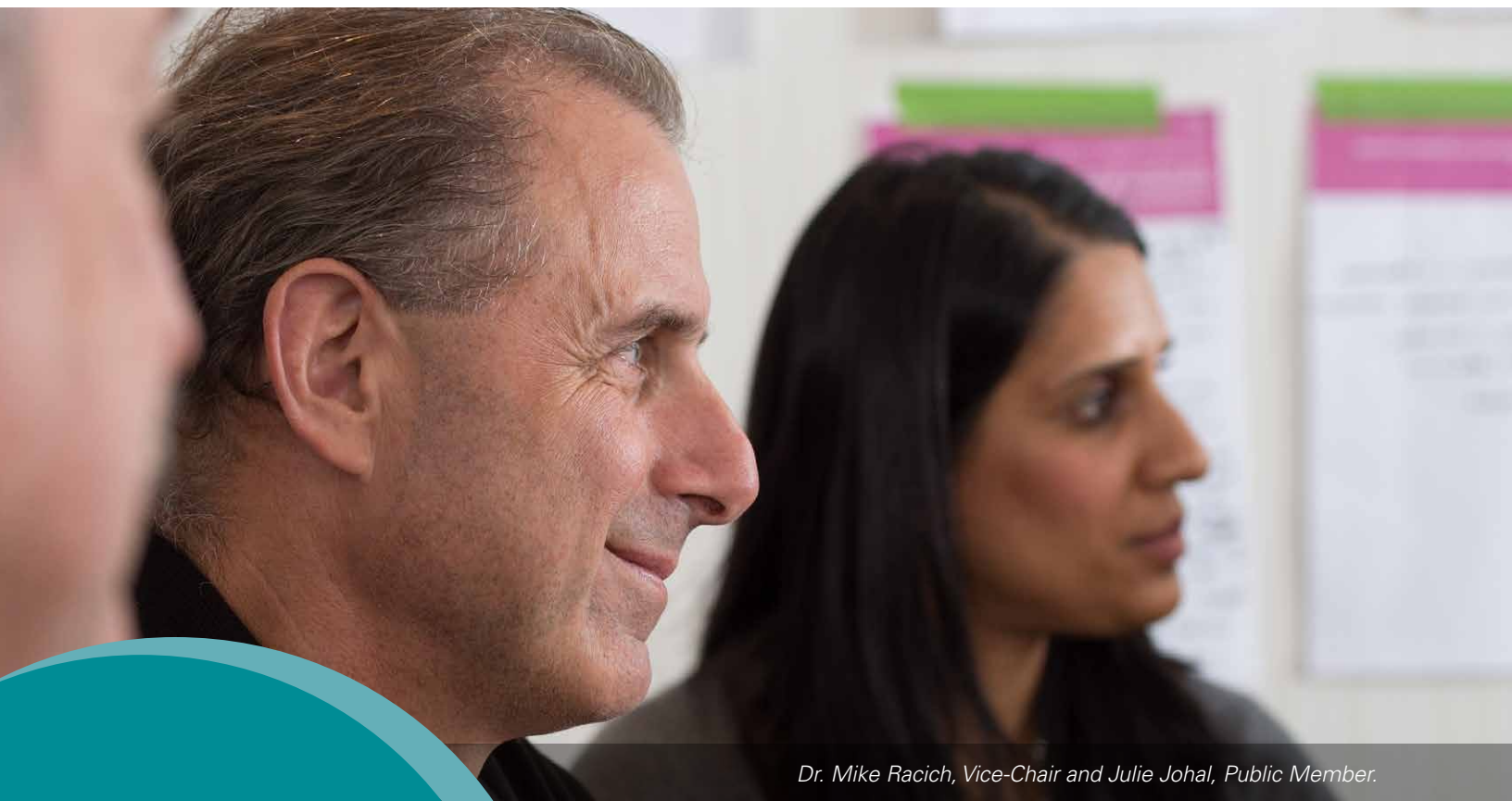
Members

- Dr. Susan K. Chow, Chair
- Dr. Patricia Hunter
- Ms. Dorothy Jennings (Public Member)
- Mr. Richard Lemon (Public Member)
- Dr. Masoud Saidi
- Dr. Mark Spitz

Meetings: 4

**Technically a working group that will officially become a committee when CDSBC's bylaw revisions are approved.*

Inquiry Committee



Dr. Mike Racich, Vice-Chair and Julie Johal, Public Member.

“My thanks go out to the very hardworking staff and members of the Inquiry Committee. This has been another busy year, yet one in which the Committee has more than met the challenge.”

– Dr. Greg Card, Chair

Role

To accept, investigate, and resolve or otherwise dispose of complaints.

Key Activities

Complaint Resolution

Continuing the trend from 2015/16, the Inquiry Committee closed more files than it opened, receiving 176 new complaints and closing 208 as follows:

- 130 (62.5%) required no formal action
- 65 (31.2%) were closed with the registrant’s agreement to take steps to address concerns raised through the investigation
- In 13 cases (6.3%) involving two dentists, the Committee directed the Registrar to issue citations (*see next page*)

Inquiry Committee

Citations

A citation is a formal document authorized by the Inquiry Committee. It lists the allegations against the registrant and provides notice that there will be a public hearing before the Discipline Committee.

- Two citations were resolved by agreement with the Inquiry Committee during the fiscal year.

Unauthorized Practice

The College, on behalf of itself and the College of Denturists and the College of Dental Technicians, concluded legal actions against an individual who had engaged in the unauthorized practice of dentistry:

- **Matthew Block, Richmond, B.C.**
In late 2015, the College was made aware that Mr. Block was advertising on a website to make artificial replacement teeth. Through its investigation, CDSBC determined that Mr. Block was engaged in the unauthorized practice of dentistry, and that the services he was offering also infringed on the scope of practice of denturists and dental technicians. The B.C. Supreme Court granted a permanent injunction against him to cease and never resume his unauthorized practice.

Publications Naming a Registrant

If an agreement relates to a “serious matter” as defined by the *Health Professions Act* or if there is a discipline hearing, CDSBC is required to notify the public.

- Four discipline/complaints publications were made in the fiscal year (see page 15).

Health Professions Review Board (HPRB)

This administrative tribunal created under the *Health Professions Act* provides an independent review of certain decisions made by self-governing colleges of designated health professions regarding the registration of their members and the timeliness and disposition of complaints made against their registrants. The applications for review by the HPRB of complaint files closed by the Committee in the fiscal year were as follows:

- 14 applications for review regarding disposition were received by the HPRB.
- One application regarding timeliness was received by the HPRB.

Members

- Dr. Greg Card, Chair
- Dr. Mike Racich, Vice-Chair
- Dr. Jonathan Adams
- Dr. Nariman Amiri
- Ms. Agnes Arevalo, CDA
- Ms. Nadine Bunting, CDA
- Dr. Suzanne Carlisle
- Ms. Lynn Carter (Public Member)
- Dr. Bertrand Chan
- Mr. A. Thomas Clarke (Public Member)
- Mr. Brad Daisley (Public Member)
- Dr. Robert Elliott
- Dr. Patricia Hunter
- Dr. Erik Hutton
- Ms. Julie Johal (Public Member)
- Mr. John Lee, QC (Public Member)
- Mr. Richard Lemon (Public Member)
- Mr. John Meredith (Public Member)
- Dr. Ellen Park
- Dr. Harpradeep Ratia
- Dr. Andrew Shannon
- Dr. Jonathan Suzuki
- Ms. Marg Vandenberg (Public Member)
- Dr. Ronald J. Zokol

Meetings

Full committee: [10](#)

Panel meetings: [37](#)

Nominations Committee

“It is, as always, a pleasure to get the opportunity to recognize volunteers of the College at our annual awards ceremony. This past year was even more satisfying as we honoured immediate past members of the Board who served unselfishly and with altruism.”

– Dr. David Tobias, Chair

Dr. Bob Coles, Honoured Member Award recipient, and his wife Kim Coles at the awards ceremony.

Role

To oversee the CDSBC awards program, and to recruit dentists or certified dental assistants to fill any elected Board member positions for which no valid nominations are received.

Key Activities

2017 Award Winners

The College’s awards program recognizes extraordinary volunteers who make a significant contribution to the organization. The following individuals were honoured:

Honoured Member Award

Dr. Bob Coles

Distinguished Service Award

Dr. Erik Hutton

Dr. David Tobias

Award of Merit

Dr. Ben Balevi

Dr. Pamela Barias

Ms. Melanie Crombie

Mr. Samson Lim

Ms. Elaine Maxwell, CDA

Dr. Jan Versendaal

Dr. Eli Whitney

Members

- Dr. David Tobias, Chair
- Dr. Peter Stevenson-Moore, Vice-Chair
- Dr. Don Anderson
- Ms. Leona Ashcroft (Public Member)
- Dr. Myrna Halpenny
- Ms. Lane Shupe, CDA
- Dr. Ash Varma

Meetings: 2

Quality Assurance Committee

Role

To develop and review practice standards* and other quality assurance measures that maintain and promote the competence, knowledge and professionalism of registrants.

Key Activities

The Quality Assurance Committee monitors continuing education submissions from registrants and works with conference organizers to ensure that only those courses that fall within the guidelines established by the Committee are eligible for credit. The Quality Assurance Working Group meets every 6-8 weeks and has participated in the College's listening sessions to gather input from registrant on how the current Quality Assurance program might be improved to promote currency in knowledge and skills. This working group works under the direction of the Quality Assurance Committee.

Meetings

Full Committee: [2](#)

Quality Assurance Working Group: [5](#)

Members

- Dr. Ash Varma, Chair
- Dr. Adam Pite, Vice-Chair
- Dr. Ben Balevi (until Sept. 2016)
- Ms. Catherine Baranow, CDA (until Dec. 2016)
- Dr. Chris Callen
- Mr. Paul Durose (Public Member)
- Mr. James Ellsworth (Public Member)
- Dr. Andrea Esteves
- Dr. Michael Flunkert
- Dr. Alex Hird
- Mr. Neal Steinman (Public Member)
- Dr. Laura Turner
- Dr. Jan Versendaal
- Dr. David Vogt

**Standards for sedation are addressed by the Sedation and General Anaesthetic Services Committee.*

"The Quality Assurance Committee, along with the QA Working Group, is involved with a significant project in reviewing the current Quality Assurance program. This dedicated group of volunteers and College staff are serving the Committee well in their role and it is an honour for me to work with them."

– Dr. Ash Varma, Chair



Registration Committee

“The profession and the public are well served by these dedicated volunteers who consider applications with the thoughtfulness that individual situations require.”

– Dr. Alexander Hird, Chair



Key Activities

The requirements for registration as a dentist are set out in the bylaws, and in policies established at the national level through the regulators working collaboratively. This is consistent with federal and provincial law and policy around trade and labour mobility.

Most applications for registration are processed by staff under the direction of the Registrar/CEO. Applications that do not meet the established policy requirements are referred to the Registration Committee for consideration. Decisions of the Registration Committee are reviewable by the Health Professions Review Board (HPRB).

The Committee considered 10 dentist applications for registration in 2016/17 including:

- Dentist requesting renewal with limitations (3)
- Dentist did not meet quality assurance requirements (3)
- Dentist requesting Full Registration (3)
- Dentist requesting Volunteer Registration (1)

Of these, the Committee approved nine applications and denied one.

The three applicants who did not meet the quality assurance requirements were directed to the National Dental Examining Board to complete one or two parts of the assessment process. Of those three, one was successful, one unsuccessful and one choose not to proceed with the assessment.

Role

To grant registration 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)
- Dr. Douglas Conn
- Mr. Dan De Vita (Public Member)
- Dr. Warren Ennis
- Dr. Dustin Holben
- Dr. Kerim Ozcan (until June 2016)

Meetings: 5

Sedation & General Anaesthetic Services Committee

Role

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

Key Activities

- The Committee oversaw the authorization of 56 deep sedation and 26 general anaesthesia facilities. This included 35 onsite inspections, involving 28 tri-annual renewals and seven initial inspections.
- The Committee reviewed eight new applications from dentists wishing to administer sedation; five were approved.
- The Committee continued to improve existing Standards and Guidelines. Updates were presented to the Board, and approved. Based on recommendations from the Committee, the Board placed a Moratorium on approval of pediatric sedation qualifications for any applicants taking a short-format course in this area until further investigation is completed. The deep sedation and general anaesthesia guidelines are currently under review.

Meetings

Full Committee: 5

Deep Sedation / GA Standards Review Working Group: 2

Pediatric Working Group: 6

Members

- Dr. Tobin Bellamy, Chair
- Dr. Maico Mello, Vice-Chair
- Dr. Dean Burrill, Anaesthesiologist
- Dr. Brian Chanpong
- Dr. Jason Chen
- Dr. Mike Henry
- Dr. James Kim, Anaesthesiologist
- Mr. Gord McConnell, Biomedical Engineer
- Dr. Mehdi Oonchi
- Dr. Myrna Pearce
- Dr. Lyle Pidzarko
- Dr. Gerry Pochynok
- Dr. Masoud Saidi
- Dr. Brad Scheideman
- Dr. Dave Sowden
- Dr. Richard Wilczek
- Dr. Scott Yamaoka

“Our stringent standards ensure that only highly qualified, trained individuals are providing dental sedation, and that they are doing so in facilities that are approved and inspected under the direction of the Sedation Committee.”

– Dr. Tobin Bellamy, Chair



Board Working Groups



Bylaws Working Group

Role

The Board created this working group to oversee the development of a new set of Bylaws for the College. The existing Bylaws have been in place since the College came under the HPA in 2009. There have been amendments to particular sections since that date but it is time for a general review to ensure that the Bylaws are clear and concise and that the regulatory processes are transparent and understandable to the public and registrants.

Members

- Mr. Richard Lemon, Chair
- Dr. Susan K. Chow
- Dr. Peter Lobb
- Ms. Sherry Messenger
- Dr. Mark Spitz
- Mr. Neal Steinman

Facial Aesthetics Working Group

Role

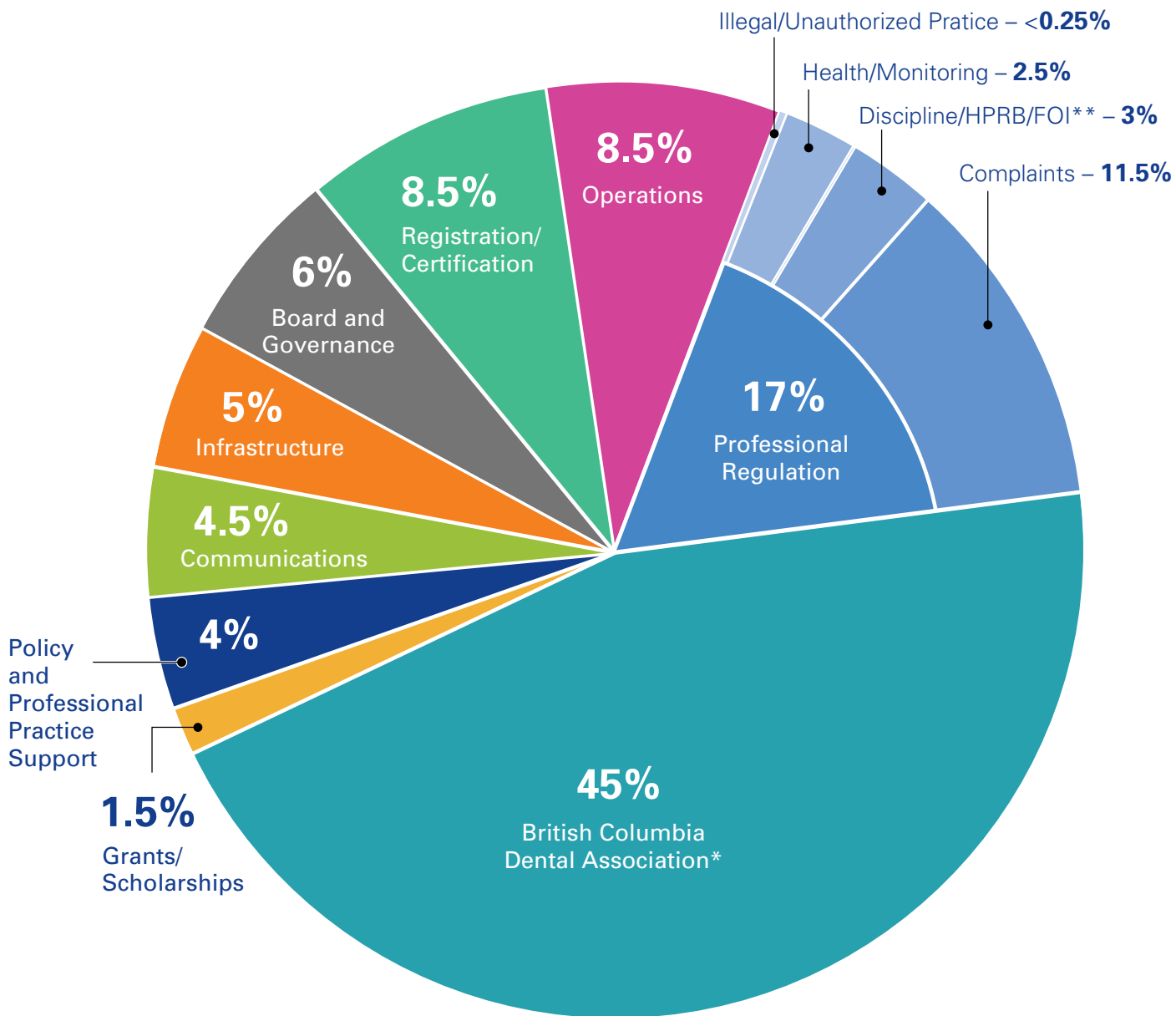
The Facial Aesthetics Working Group was established to develop standards of practice for dentists providing neuromodulators and dermal fillers for therapeutic and cosmetic purposes in the oro-facial region. This working group will use a collaborative process to develop standards that set out the competencies and educational requirements for providing dermal fillers for facial aesthetic therapies and adjunctive procedures. This group was struck by the Board in the 2016/17 year, but their first meeting was held in the 2017/18 year.

Members

- Dr. Richard Busse, Chair
- Dr. Martin Braverman
- Dr. Sandra Finch
- Dr. Samson Ng
- Dr. Eli Whitney

Financial Overview

Where Do the Fees Go?



* British Columbia Dental Association membership fee applies to dentists holding full registration with CDSBC

** Health Professions Review Board/Freedom of Information responses



“I am proud that financial efficiencies continue to be realized through the Board’s oversight and management’s prudent cost control efforts.”

Treasurer’s Report

It has been my privilege to serve as Treasurer of the College as it continued its strong financial performance and achieved another surplus for the 2016/17 fiscal year.

I am proud that financial efficiencies continue to be realized through the Board’s oversight and management’s prudent cost control efforts. Our strong fiscal positioning allowed the College to hold 2017/18 renewal fees at last year’s levels and deliver a slight fee decrease for some of the non-practising categories (those that were not included in last year’s fee decrease for practising categories). In fact, there has not been a renewal fee increase in three years.

Last year the stand-alone reserve fund was replenished, and this year all contingency reserves were fully funded. The College has also established a new practitioner wellness fund to assist registrants with medical assessments and with their recovery. The Board believes that health and wellness of our registrants is fundamental to our public protection mandate.

The College’s strong reserves mean that it is well-positioned to deal with a variety of contingencies, such as changes to the volume of complaints or potential litigation. Our solid financial position will allow us to prepare for the unknown while meeting our goals of balanced budgets year over year.

A handwritten signature in black ink, appearing to read 'Patricia Hunter', with a stylized flourish at the end.

Dr. Patricia Hunter
Treasurer



Consolidated Financial Statements

28 February 2017

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Independent Auditors' Report

TO THE DENTISTS, DENTAL THERAPISTS AND CERTIFIED DENTAL ASSISTANTS OF THE 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 statement of financial position as at February 28, 2017 and the consolidated statements of operations, changes in net assets and cash flows for the year then ended, 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 Canadian accounting standards for not-for-profit organizations, and for such internal control as management determines is necessary to enable the preparation of 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, 2017, and the results of its operations and its cash flows for the year then ended in accordance with Canadian accounting standards for not-for-profit organizations.



Chartered Professional Accountants

Vancouver, British Columbia
May 23, 2017

7th Floor 355 Burrard St
Vancouver, BC V6C 2G8
T: 604 687 1231
F: 604 688 4675
smythecpa.com

Consolidated Statement of Financial Position

February 28, 2017

February 29, 2016

ASSETS

Current

Cash and cash equivalents	\$ 12,098,942	\$ 10,595,963
Temporary investments (note 4)	5,287,535	5,206,442
Accounts receivable	120,116	70,317
Prepaid expenses	174,189	208,484

	17,680,782	16,081,206
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Deferred Charges	80,888	106,815
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Other Receivables	40,891	–
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Capital Assets (note 5)	4,221,794	4,345,899
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	\$ 22,024,355	\$ 20,533,920
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LIABILITIES

Current

Accounts payable and accrued liabilities	\$ 1,079,180	\$ 692,249
Due to other professional bodies (note 6)	4,848,763	4,978,220
Deferred revenue	5,395,874	5,091,065
Current portion of obligations under capital leases (note 7)	–	4,042

	11,323,817	10,765,576
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NET ASSETS

Unrestricted

Operating	2,261,044	1,287,884
College Place Joint Venture	195,839	11,244

Invested in Capital Assets	4,221,794	4,341,857
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Internally Restricted

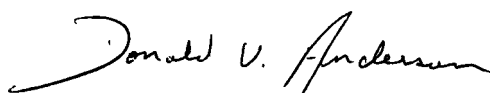
Joint Venture Preservation	275,091	455,341
Contingency Reserve	1,912,373	1,889,320
Information Technology	95,372	96,495
HPA Enforcement – Legal	1,739,025	1,686,203

	10,700,538	9,768,344
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	\$ 22,024,355	\$ 20,533,920
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See notes to consolidated financial statements

Approved by the Board:



President



Treasurer

Consolidated Statement of Operations

	Unrestricted Funds			Internally Restricted Funds				Year Ended	
	Operating	College Place Joint Venture	Invested in Capital Assets	Joint Venture Preservation	Contingency Reserve	Information Technology	HPA Enforcement – Legal	February 28, 2017	February 29, 2016
Revenues									
Certification and registration fees	\$ 5,536,390	\$ –	\$ –	\$ –	\$ –	\$ –	\$ –	\$ 5,536,390	\$ 5,921,096
Application fees	780,673	–	–	–	–	–	–	780,673	684,754
Incorporation, facility inspection and other	567,701	–	–	–	–	–	–	567,701	534,371
Interest and miscellaneous	113,529	–	–	–	23,053	–	–	136,582	128,507
Rental	(118,202)	739,267	–	–	–	–	–	621,065	586,206
	6,880,091	739,267	–	–	23,053	–	–	7,642,411	7,854,934
Expenses									
Salaries and benefits	4,022,370	–	–	–	–	–	–	4,022,370	3,893,798
General and administrative (note 8)	822,218	–	–	–	–	–	–	822,218	776,678
Building occupancy (note 9)	–	380,543	–	–	–	–	–	380,543	372,053
Consulting fees	250,449	–	–	–	–	–	–	250,449	193,283
Meetings and travel	247,541	–	–	–	–	–	–	247,541	281,517
Honorariums	186,453	–	–	–	–	–	–	186,453	176,429
Committees	182,523	–	–	–	–	–	–	182,523	193,003
Professional fees	152,091	–	–	–	–	–	–	152,091	168,910
Loss on disposal of capital asset	–	–	–	–	–	–	–	–	212
Amortization of deferred charges	–	25,927	–	–	–	–	–	25,927	25,921
Amortization of capital assets	–	–	296,857	–	–	–	–	296,857	340,706
	5,863,645	406,470	296,857	–	–	–	–	6,566,972	6,422,510
Restricted Fund Expenses									
HPA Enforcement – Legal	–	–	–	–	–	–	138,939	138,939	273,768
Information technology	–	–	–	–	–	130,127	–	130,127	76,808
	–	–	–	–	–	130,127	138,939	269,066	350,576
Excess (Deficiency) of Revenues over Expenses for Year	\$ 1,016,446	\$ 332,797	\$ (296,857)	\$ –	\$ 23,053	\$ (130,127)	\$ (138,939)	\$ 806,373	\$ 1,081,848

See notes to consolidated financial statements

Consolidated Statement of Changes in Net Assets

	Unrestricted Funds			Internally Restricted Funds				Year Ended	
	Operating	College Place Joint Venture	Invested in Capital Assets	Joint Venture Preservation	Contingency Reserve	Information Technology	HPA Enforcement – Legal	February 28, 2017	February 29, 2016
Balance, Beginning of Year	\$ 1,287,884	\$ 11,244	\$ 4,341,857	\$ 455,341	\$ 1,889,320	\$ 96,495	\$ 1,686,203	\$ 9,768,344	\$ 8,550,282
Excess (deficiency) of revenues over expenses for year	1,016,446	332,797	(296,857)	–	23,053	(130,127)	(138,939)	806,373	1,081,848
For capital asset purchases	(46,043)	–	161,032	(114,989)	–	–	–	–	–
For capital lease repayment	(4,042)	–	4,042	–	–	–	–	–	–
Other capital adjustments (note 9)	–	114,101	11,720	–	–	–	–	125,821	111,844
Contributions to Joint Venture Preservation	–	(33,432)	–	33,432	–	–	–	–	24,370
Interfund transfers	6,799	(228,871)	–	(98,693)	–	129,004	191,761	–	–
	973,160	184,595	(120,063)	(180,250)	23,053	(1,123)	52,822	932,194	1,218,062
Balance, End of Year	\$ 2,261,044	\$ 195,839	\$ 4,221,794	\$ 275,091	\$ 1,912,373	\$ 95,372	\$ 1,739,025	\$ 10,700,538	\$ 9,768,344

See notes to consolidated financial statements

Consolidated Statement of Cash Flows

	Year Ended	February 28, 2017	February 29, 2016
Operating Activities			
Excess of revenues over expenses	\$	806,373	\$ 1,081,848
Items not involving cash			
Amortization of capital assets		296,857	340,706
Amortization of deferred charges		25,927	25,921
Loss on disposal of capital assets		–	212
		1,129,157	1,448,687
Changes in non-cash working capital			
Accounts receivable		(49,799)	(4,342)
Prepaid expenses		34,295	(46,004)
Other receivables		(40,891)	–
Accounts payable and accrued liabilities		386,931	76,260
Due to other professional bodies		(129,457)	299,380
Deferred revenue		304,809	(190,287)
Capital adjustments (note 9)		114,101	111,844
		619,989	246,851
Cash Provided by Operating Activities		1,749,146	1,695,538
Investing Activities			
Purchase of investments, net		(81,093)	(1,709,877)
Purchase of capital assets		(161,032)	(290,601)
Cash Used in Investing Activities		(242,125)	(2,000,478)
Financing Activities			
Repayment of capital lease obligations		(4,042)	(29,616)
Tenant contributions to Joint Venture Preservation		–	24,370
Cash Used in Financing Activities		(4,042)	(5,246)
Inflow (Outflow) of Cash		1,502,979	(310,186)
Cash and Cash Equivalents, Beginning of Year		10,595,963	10,906,149
Cash and Cash Equivalents, End of Year	\$	12,098,942	\$ 10,595,963
Represented by:			
Cash	\$	1,194,948	\$ 10,014,433
Investment savings accounts		10,903,994	581,530
	\$	12,098,942	\$ 10,595,963

See notes to consolidated financial statements

Notes to Consolidated Financial Statements

1. NATURE OF OPERATIONS

The College of Dental Surgeons of British Columbia (the "College") was formed to serve and protect the public 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* (1908), and is exempt from income tax under section 149(1)(c) of the *Income Tax Act*.

2. SIGNIFICANT ACCOUNTING POLICIES

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

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

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

The Joint Arrangement follows Canadian accounting standards for private enterprises ("ASPE"). There are no significant differences between ASPE and ASNPO that impact these consolidated financial statements.

(b) Fund accounting

The College follows the deferral method of accounting for contributions. Resources are classified as follows:

(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 asset additions. The balance in this account is not available for spending unless the College was to dispose of its capital assets.

(ii) Internally restricted

The Joint Venture Preservation Fund represents amounts set aside for future projects related to the building. This fund is comprised of the Joint Arrangement's Repairs and Maintenance Reserve Fund and the College's College Place Preservation Fund.

The Contingency Reserve Fund represents amounts set aside for unanticipated or unbudgeted expenses which are consistent with the objectives of the College. Any disbursements from the Contingency Reserve Fund require a special resolution of the Board.

The Information Technology Fund represents amounts set aside for upgrades to and enhancements of the College's information technology and infrastructure.

The HPA Enforcement - Legal Fund represents amounts set aside to fund legal and related costs for discipline hearings, judicial reviews of complaints and discipline processes, investigation and prosecution of illegal/unauthorized practice matters, and challenges to registration decisions.

(iii) Unrestricted

Unrestricted net assets represents cumulative excess of revenues over expenses since inception, net of amounts recorded in the above categories, and is segregated between the operations of the College and the Joint Arrangement.

Operating

Revenue and expenses for operations and administration are reported in the operating fund.

College Place Joint Arrangement

Revenue and expenses from operations of the property situated at 1765 West 8 Avenue, Vancouver, BC, are reported in the College Place Joint Venture Fund.

(c) Cash and cash equivalents

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

(d) Amortization

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

Building	25 years
Office renovations	10 years
Office furniture and equipment	10 years
Computer equipment	3 years
Assets under capital lease	3-5 years

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

(e) Impairment

Capital assets are tested for impairment whenever events or changes in circumstances indicate that their carrying amount may not be recoverable.

(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 its useful life. 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.

Payments under leases that are not capital in nature are expensed.

(g) Revenue recognition

- (i) 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.
- (ii) Application fees are recognized as revenue when payment is received.
- (iii) Incorporation, facility inspection and other revenues include incorporation fees, facility inspection fees, administration and reinstatement fees. Incorporation, facility inspection and other revenues are recognized as revenue when services have been rendered and billed.
- (iv) Rents earned through the College's 70% interest in the Joint Arrangement on a month-to-month basis are recognized as they become due. Rents from leases with rent steps are accounted for on a straight-line basis over the term of the lease. The difference between the contractual amounts due and the straight-line rental revenue recognized is recorded as accounts receivable or deferred revenue.
- (v) 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, deferred revenues, and recoverability 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 excess (deficiency) of revenues over expenses. In the event a previously recognized impairment loss should be reversed, the amount of the reversal is recognized in excess (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 excess (deficiency) of revenues over expenses on a straight-line basis over the term of the instrument. All other transaction costs are recognized in excess (deficiency) of revenues over expenses in the period incurred.

3. 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 and cash equivalents, accounts receivable, other receivables and temporary investments. The risk associated with cash and investments is minimized as cash and investments are placed with major financial institutions and an insured credit union. The risk associated with accounts receivable is minimal 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 equivalents and investments to the extent the market interest rate differs from the interest rate of the investments.

(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 amounts due to other professional bodies. Cash flow from operations provides a substantial portion of the College's cash requirements. Additional cash requirements are provided by the College's reserves.

4. TEMPORARY INVESTMENTS

The investments consist of guaranteed investment certificates and money market mutual funds held at a chartered bank and an insured credit union. The fixed income investments earn interest at 1.30% to 1.61% (2016 -1.40% to 1.85%) per annum and mature April 5, 2017 to July 13, 2017.

5. CAPITAL ASSETS

	Cost	Accumulated Amortization	2017	2016
Land	\$ 1,223,550	\$ –	\$ 1,223,550	\$ 1,223,550
Building	4,942,296	2,630,015	2,312,281	2,367,099
Office renovations	1,640,585	1,252,354	388,231	449,064
Office furniture and equipment	928,414	688,049	240,365	227,286
Computer equipment	746,827	689,460	57,367	74,858
	9,481,672	5,259,878	4,221,794	4,341,857
Assets under capital lease	–	–	–	4,042
	\$ 9,481,672	\$ 5,259,878	\$ 4,221,794	\$ 4,345,899

6. DUE TO OTHER PROFESSIONAL BODIES

The amounts due to other professional bodies represents fees collected on behalf of the British Columbia Dental Association and grants payable to the Canadian Dental Regulatory Authorities Federation and the Commission on Dental Accreditation of Canada in furtherance of national initiatives in support of the College's regulatory mandate. These amounts are unsecured, non-interest-bearing and remitted to these professional bodies once per year.

7. OBLIGATIONS UNDER CAPITAL LEASES

All remaining capital leases expired during the fiscal year. The College did not enter into new capital leases during 2017.

8. GENERAL AND ADMINISTRATIVE EXPENSES

	2017	2016
		(note 10)
Electronic transaction costs	\$ 260,294	\$ 244,305
Office	242,666	234,896
Printing and publications	159,640	188,480
Equipment repairs and maintenance	57,560	61,382
Online course development	53,233	13,025
Staff development	37,273	23,183
Miscellaneous	11,552	11,407
	\$ 822,218	\$ 776,678

9. JOINT VENTURE ACCOUNTING

The Joint Arrangement 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 Arrangement provides premises for the College and the 30% investor, the College of Pharmacists of British Columbia ("CPBC"). The Joint Arrangement also rents space in the building to third parties.

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

	2017		2016	
	Entire Amount	College's 70%	Entire Amount	College's 70%
Capital assets	\$ 5,111,145	\$ 3,577,802	\$ 5,149,307	\$ 3,604,514
Other assets	591,411	413,987	476,227	333,359
Liabilities	(206,238)	(144,367)	(238,251)	(166,776)
Net Assets	\$ 5,496,318	\$ 3,847,422	\$ 5,387,283	\$ 3,771,097
Revenues from third parties	\$ 1,056,097	\$ 739,267	\$ 995,083	\$ 696,558
Amortization	(256,215)	(179,351)	(237,951)	(166,567)
Other expenses	(543,633)	(380,543)	(531,504)	(372,053)
	\$ 256,249	\$ 179,373	\$ 225,628	\$ 157,938
Cash flows resulting from				
Operations	\$ 480,048	\$ 336,034	\$ 575,611	\$ 402,928
Investing	(164,270)	(114,989)	(293,121)	(205,185)
Financing	(163,958)	(114,771)	(473,058)	(331,141)
	\$ 151,820	\$ 106,274	\$ (190,568)	\$ (133,398)

The cash requirements of the Joint Arrangement are met through cash calls as required from the College and CPBC. Excess cash is distributed to the College and CPBC as cash flow permits.

Because each investor's proportionate share of space occupied in the building is not consistent with their proportionate interest in the Joint Arrangement, the difference between the share of occupied space and interest in the Joint Arrangement of \$114,101 (2015 - \$139,524) is accounted for as a capital adjustment to the Operating Fund in the consolidated statement of changes in net assets.

10. COMPARATIVE FIGURES

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

Staff

As of 28 February 2017

Registrar/CEO's Office

JEROME MARBURG

REGISTRAR & CHIEF EXECUTIVE OFFICER Manager of CEO's Office

Nancy Crosby

Adam Swetman

Natasha Tibbo

Greg Cavouras

Dr. Chris Hacker

Dr. Cathy McGregor

Dr. David Baird

Moninder Sahota

Administrative Assistant

Sedation Program Coordinator

Legal Counsel

Dental Policy and Practice Advisor

Health and Directed Education
Program Head

Directed Education Monitor

Monitoring and Compliance
Officer

Communications

Anita Wilks

Bethany Benoit-Kelly

Jocelyn Chee

Renée Mok

Travis Smith

Director of Communications

Communications Specialist
(maternity leave)

Communication and Event
Assistant

Communications Coordinator

Senior Communications
Specialist

Complaints

Carmel Wiseman

Dr. Phil Barer

Dr. Sigrid Coil

Dr. Meredith Moores

Dr. Alex Penner

Dr. Garry Sutton

Julie Boyce

Kelly Cornell

Rachel Gallo

Lilian Leung

Agnes Pham

Elizabeth Poon

Michelle Singh

Deputy Registrar

Complaint Investigator

Complaint Investigator

Complaint Investigator

Complaint Investigator

Early Resolution and
Practice Advice

Complaint Paralegal

Complaint Officer
(maternity leave)

Complaints Paralegal

Complaint Officer

Administrative Assistant

Administrative Assistant

Complaint Officer

Operations

Dan Zeng

Paulina Couture

Karen England

Flora Lee

James Spencer

Director of Finance and Administration

Receptionist

Administrative Assistant

Accounting Officer

Data and Information Integrator

Registration and Human Resources

Róisín O'Neill

Evelyn Chen

Chloe Lo

Jennifer Manthey

Leslie Riva

Karen Walker

Director of Registration & Human Resources

Registration and Human
Resources Coordinator

Administrative Assistant

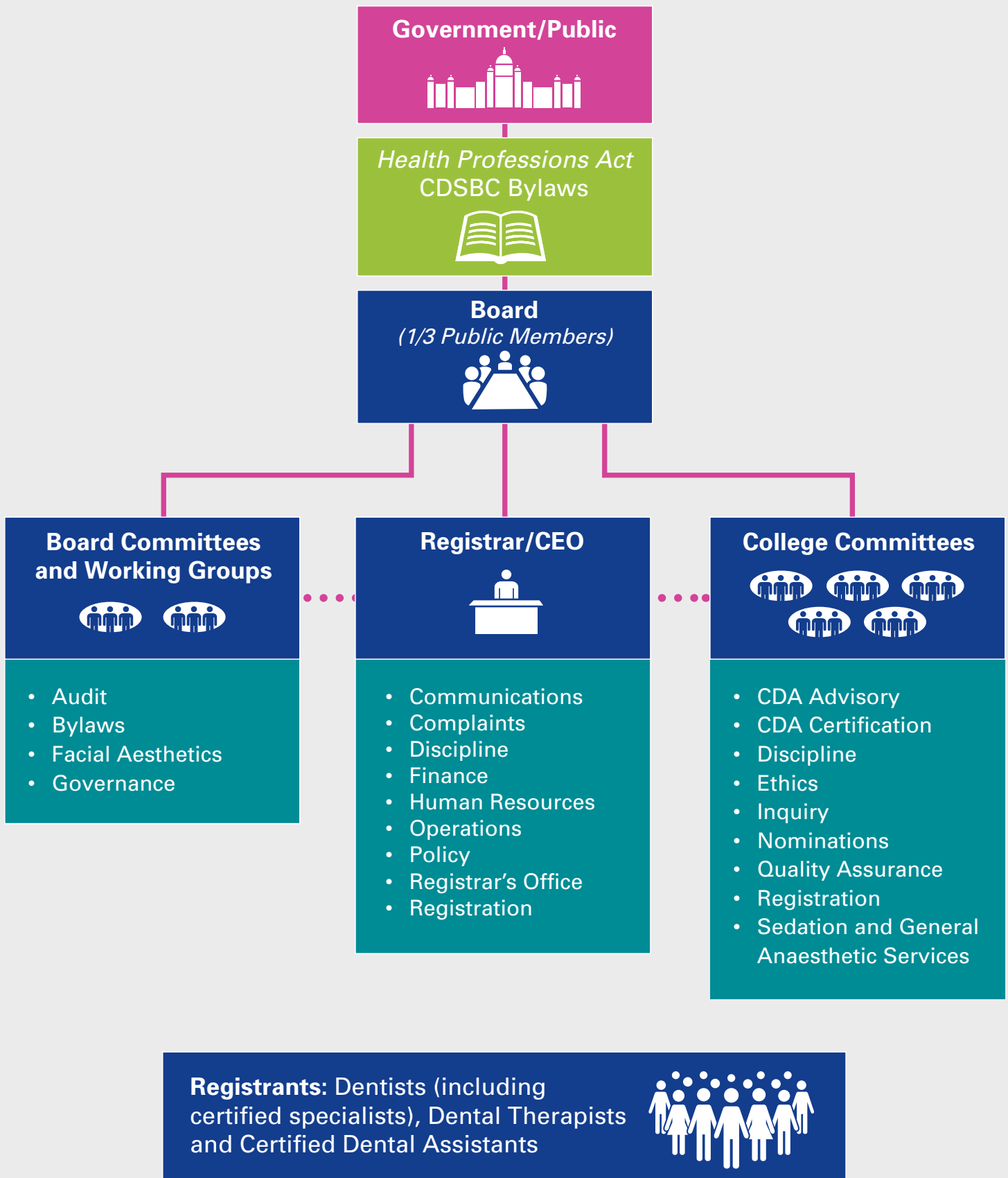
CDA Certification Assistant

Senior Manager: CDA
Certification and Quality
Assurance

Dentist Registration Officer



How We Work



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