



Regulating Dentistry in the Public Interest

Annual Report 2017/18

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 3,700 dentists, seven dental therapists and over 6,500 certified dental assistants.

CDSBC is governed by a board that includes dentists, certified dental assistants and members of the public 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 2017 to 28 February 2018. 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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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.

Strategic Plan

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 adhesion 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

-Year in Review

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 this, the College undertakes a number of Board-supported initiatives each year. Here are some of our key accomplishments of 2017/18.

Listening sessions

We held five listening sessions around the province as part of the policy development process. The insights gained through the listening sessions will enhance the College's work on key topics. Discussion topics this year included sedation, corporate dentistry, quality assurance, Bylaw Part 2 (College Board), and ethics.

The sessions were held in Nanaimo, Nelson, Vancouver, Kelowna and Prince George. All participant input from these sessions is available at www.cdsbc.org/listening-sessions.

Advertising and Promotional Activities (Bylaw Part 12)

terms of how dentists may refer to their university degrees,



Improving the Quality Assurance Program

Quality assurance (QA) programs are developed and maintained by health regulators to help ensure the public is well-served by competent health professionals. Under the direction of the Board, the QA Committee has been researching and developing a comprehensive mandatory QA program that promotes career-long hands-on learning, encourages collaboration among colleagues, and produces improved outcomes for patients. The draft program was approved for consultation by the Board on 24 February 2018.

The coming year will bring a series of both face-to-face and online opportunities for registrants and stakeholders to provide feedback on the proposed program.

Complaint summaries

To educate registrants and the public about the types of complaints we receive and how they are resolved, we publish anonymous complaint summaries on the CDSBC website. There are now 450 summaries of individual complaints spanning a five-year period. The complaint summaries include every complaint that resulted in some action being taken by the registrant to improve their practice. They promote transparency about how the College addresses concerns raised in complaint investigations, and may help registrants avoid becoming the subject of a complaint.

Online course: **More Tough Topics in Dentistry**

More Tough Topics in Dentistry is an interactive online course that provides guidance to registrants to prevent problems before they begin, and offers solutions for what to do if or when things do go wrong. It addresses informed consent, interpersonal difficulties, billing and practitioner wellness – four topics that are especially prevalent in the complaints CDSBC receives.

The course is open to registrants, other dental professionals and the public. There is a fee for those who require proof of completion, and a free version for those who do not.





From Pain to Wellness: **Opioids and Beyond**

CDSBC hosted a panel discussion about the dental profession's role in responding to the current public health crisis at the 2017 Pacific Dental Conference. The session, titled From Pain to Wellness - Opioids and Beyond, also addressed practitioners who suffer from addiction. At the same conference, we sponsored a lecture from dental pharmacology expert Dr. Mark Donaldson about appropriate prescribing practices for antibiotics and dental pain.

Protecting patients from marked up fees

Because dentists have technical expertise and access to information that patients do not, patients must be able to trust that the dentist is acting in the patient's best interest at all times.

The Ethics Committee drafted a position statement on third-party billing to address concerns that some dentists may be using an affiliated or related third-party lab (that itself does not fabricate or provide dental laboratory work) as an intermediary that increases the actual lab fee to be passed on to the patient/payer. Lab fees are one type of third-party billing practice. The committee considers any other third-party billing to fall under the same scrutiny. The draft statement prohibits the addition of a fee mark-up where there is no value added. The full text of the statement is available at www.cdsbc.org/third-party-billing.

Following public consultation, the Board approved the statement for inclusion in the standards & guidelines document: Patient-Centred Care and the Business of Dentistry.

Message from the President



The College's resolve to fulfill its mandate of public protection and working in the public interest has never wavered.

The College continues to fulfill its mandate of public protection and working in the public interest. This resolve has never wavered. Our three core functions - registering qualified practitioners, promoting ethical and competent patient care, and investigating complaints - are 80 per cent of what we do, and I believe we do those things very well.

I am especially proud of our listening sessions and the work we did to build connections with the professionals we regulate. In speaking with attendees around the province, I was struck by their insights regarding public protection, professionalism, and how to build public trust.

There has been some discord at the board table, and just as the fiscal year was drawing to a close we experienced the resignation of a board member. Shortly thereafter, the Minister of Health appointed five new board members to the CDSBC Board, all of whom have leadership experience in the health sector. These new board members were intended to stabilize the Board and I am already seeing the positive influence they are having.

CDSBC is also undergoing a review by Harry Cayton, chief executive of the United Kingdom's Professional Standards Authority. This will result in a report on the effectiveness of the College in performing our public protection duties. It will provide us with clear direction that will ultimately help us achieve the highest standards in professional regulation.

As President and Chair of the Board, I am proud of all that we have accomplished this past year, and of our ongoing commitment to public protection.

Dr. Don Anderson

Donald V. Anderson

President

Message from the Acting Registrar

Regulation in the public interest is only as effective as the individual regulator's understanding of the profession it oversees. In our quest to develop better, more effective policy, the College developed and approved a new process in late 2016 which mandates early and frequent engagement and consultation with stakeholders, including dentists, dental therapists, certified dental assistants, and the public. This past year saw the process lifted off the page and applied on a number of fronts.

For the first time, specific policy was generated (and later approved) through this strengthened policy development framework with the Ethics Committee's recommendations to the Board regarding third-party billing. Through this policy statement, the College outlines expectations surrounding costs related to third-party services for patients, thereby ensuring dentists are acting in their patients' best interests.

Consultation through province wide "listening sessions" also informed the development of an ethics workshop launched in the spring of 2018, and will help guide College decision-making as it relates to the updating of the College Bylaws and the re-defining of our Quality Assurance program.

The activities mentioned above and highlighted in the following pages of this report will, I hope, demonstrate the College's dedication to serving and protecting the public while staying attuned to the realities of professional practice. As a regulator, we will continue to support our registrants in providing competent, safe and ethical care.

Dr. Chris HackerActing Registrar



Message from the **Public Members**

The College's legislated mandate is simple: to serve and protect the public, and to exercise its powers and discharge its responsibilities under all enactments in the public interest.* This mandate is behind all of its actions, specifically: registering qualified practitioners, setting standards for ethical and competent dental care, and investigating and resolving complaints against registrants.

The role of the public member at the board table has become more essential in the face of changing expectations of the public and government, and the ever-expanding complexity of professional regulation.

Public members are not expected to be – and indeed are not supposed to be – technically expert or experienced in the profession. Public members bring their own diverse and unique perspectives and experiences to the deliberations of the College.

All board members have an equal responsibility to regulate in the public interest rather than the interest of the profession. The balance between the elected board members and the public board members greatly serves to enhance policy direction of the regulatory body and oversight of the public protection mandate.

As public members, it is a privilege to have been appointed by the Government of British Columbia to serve on the CDSBC Board.

Respectfully submitted by Dorothy Jennings on behalf of the public members on the CDSBC Board



"The role of the public member at the board table has become more essential in the face of changing expectations ... and the everexpanding complexity of professional regulation."

^{*}Health Professions Act. s.16



2017/18 Board

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

Elected Officers

Dr. Don Anderson, President

Dr. Susan K. Chow, Vice-President

Dr. Patricia Hunter, Treasurer

Shortly after the 2017/18 fiscal year ended, the Ministry of Health appointed five new public members to the CDSBC Board. For a current listing go to www.cdsbc.org/board.

Dentists

Dr. Deborah Battrum (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. Cathy Larson Ms. Sabina Reitzik

Public Members

Mr. Gurdeep Bains

Mr. Dan De Vita (until Oct. 2017)

Ms. Barb Hambly

Mr. Terry Hawes (until Feb. 2018)

Mr. Oleh Ilnyckyj

Ms. Dorothy Jennings

Mr. Richard Lemon (until Oct. 2017)

Mr. Neal Steinman



Mr. Oleh Ilnyckyj



Dr. Susan K. Chow and Dr. Don Anderson



Dr. Patricia Hunter

Declaration of Commitment to Cultural Safety and Humility

On 1 March 2017, health professions regulators in B.C. became the first in Canada to pledge their commitment to making our health system more culturally safe and effective for First Nations and Aboriginal peoples. CDSBC is a signatory to the Declaration of Commitment that is based on the principles of cultural safety and humility. This includes promoting the value of cultural safety training to the professionals we regulate.

The declaration has three main pillars: creating a climate for change; engaging and enabling stakeholders; and implementing and sustaining change. The full text is available at www.cdsbc.org/declaration-of-commitment.

The Provincial Health Services Authority has developed a facilitated online training program designed to increase knowledge, enhance selfawareness, and strengthen the skills of those who work both directly and indirectly with Aboriginal people. The San'yas Indigenous Cultural Safety Training Program is available for both clinical and non-clinical professionals. All CDSBC board members have committed to taking this course.

Board Workshop

In February 2018, the College Board and senior staff attended a workshop held by the First Nations Health Authority. The learnings from the workshop will support CDSBC's role in upholding the declaration.

Progress

For more information about the declaration and the progress made by BC Health Regulators, see the document One year in: A report on the achievements following the signing of the Declaration of Commitment to Cultural Safety and Humility at bchealthregulators.ca



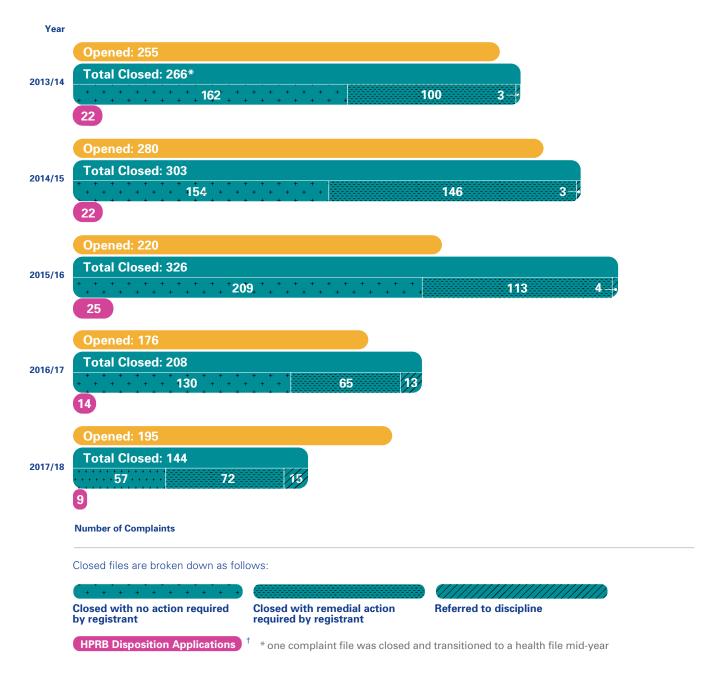
Squamish Elder and Leader Syexwaliya (left) and CDSBC board member Ms. Barb Hambly at a board workshop led by the First Nations Health Authority.

Cultural Safety is an outcome based on respectful engagement that recognizes and strives to address power imbalances inherent in the healthcare system. It results in an environment free of racism and discrimination, where people feel safe when receiving health care.

Cultural Humility is a process of self-reflection to understand personal and systemic biases, and to develop and maintain respectful processes and relationships based on mutual trust. Cultural humility involves humbly acknowledging oneself as a life-long learner when it comes to understanding another's experience.



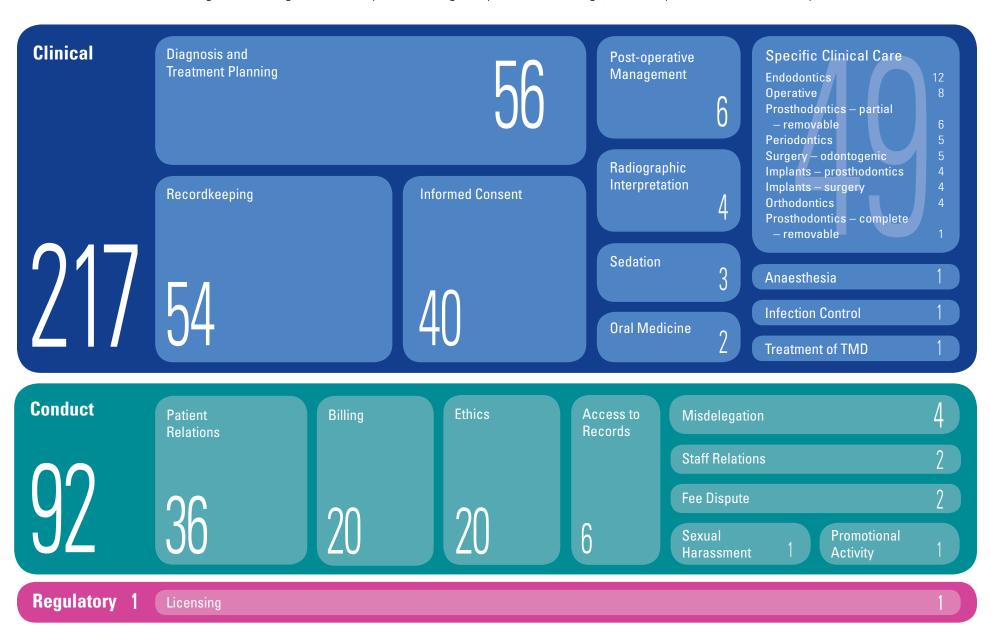
Complaints File Breakdown



+ 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/ (See page 27 for more information.)

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.



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, four citations were resolved before a hearing was held.

Citations resolved without a hearing

Dr. Suzanne E. Cziraki

Vancouver, B.C. (formerly Cranbrook)

Dr. Suzanne Cziraki is a certified specialist in Orthodontics and Dentofacial Orthopedics. Dr. Cziraki has admitted to professional misconduct with respect to a number of patients in that she failed to accurately diagnose the presenting conditions, provide all reasonable treatment options, and develop appropriate treatment plans; she failed to appropriately manage patients; she provided unnecessary or inappropriate treatment; she unduly extended the length of treatment and/or increased the complexity of treatment; and under her supervision, her office submitted insurance claims for treatments that either were not indicated and/or not provided, or should not have been billed separately from the orthodontic treatment.

A panel of the Inquiry Committee received and considered Dr. Cziraki's proposal and ordered a reprimand, a fine, payment towards the cost of CDSBC's investigation, an educational program (which includes mentoring), and patient chart reviews.

Dr. Davepal S. Dhillon

Victoria, B.C.

Dr. Dhillon has admitted that he failed to comply with a memorandum of agreement and understanding that he signed, and that he failed to respond to requests for information and inquiries from the College. A discipline hearing had been scheduled but was cancelled when Dr. Dhillon made admissions and proposed a resolution, which was considered by the Inquiry Committee and approved. He signed an agreement, which includes a reprimand, a 30-day suspension, a fine, payment towards CDSBC's investigation costs, and completion of an ethics course.

Dr. Steven Krieger

Surrey, B.C.

Dr. Krieger has made admissions and proposed a resolution which was approved by the Inquiry Committee. A discipline hearing had been scheduled but was cancelled when the proposal was approved. The Inquiry Committee ordered a reprimand, a fine, a minimum one year withdrawal from practice, and a multi-step remediation program and examination process to be successfully completed if he intends to return to practice.

The remediation program includes a 16-day pre-clinical mentorship program; National Dental Examining Board (NDEB) Assessments of Fundamental Knowledge, Clinical Judgment and Clinical Skills; Three 10-day (minimum) clinical mentorships; all patients treated during his mentorships must be informed that their treatment is being provided under a consent order from CDSBC; NDEB Objective Structured Clinical Examination and NDEB Board Certification Examination; and a three-day Professional/Problem-Based Ethics Course. Once the remediation program and exam process is completed, he may return to practice subject to limits and conditions.

Regulatory Action

Dr. Karim A. Lalani

West Vancouver / Vancouver / Surrey / New Westminster, B.C.

Dr. Karim Lalani has admitted to professional misconduct with respect to a number of patients in that he provided treatment that was unnecessary and/or inappropriate and/or not supported by a diagnosis; he provided treatment that fell below the College's expected standard; he failed to provide patients with all reasonable treatment options, including comprehensive estimates of the proposed treatment plans; he failed to maintain adequate records in accordance with the College's expected standard for recordkeeping; and he submitted insurance claims for treatment when such treatment was unnecessary, not indicated, and/or where the documented treatment did not meet the criteria for payment.

A panel of the Inquiry Committee received and considered Dr. Lalani's proposal and ordered a reprimand, a six-month suspension, a fine, payment towards the cost of CDSBC's investigation, an educational program (which includes mentoring), and a two-year period of monitoring, including patient chart reviews.

Publications of complaints determined to be "serious matters"

Dr. Young Hee Lee

Surrey, B.C.

Dr. Lee has signed a memorandum of agreement and understanding (MAU) acknowledging CDSBC's serious concerns regarding ethics, billing and recordkeeping, as well as continuing concerns with diagnosis and treatment planning, periodontal diagnosis, fixed prosthodontics and radiographic interpretation. The MAU includes a two-month suspension, a fine, course work (recordkeeping, billing, tough topics, radiographic interpretation and ethics), mentorship, and a chart review.

Dr. Allen M. Shen

Coquitlam, B.C.

Dr. Shen has admitted to ethical concerns and inappropriate billing, as well as serious concerns about his recordkeeping and radiographic interpretation. He has signed a memorandum of agreement and understanding, which includes a one-month suspension, a fine, course work (recordkeeping and a multi-day ethics course), monitoring and inspection.

Dr. Doochul Shin

Coauitlam, B.C.

Dr. Doochul Shin has signed a memorandum of agreement and understanding (MAU) acknowledging concerns that his professionalism and ethical behaviour in the context of dentist/staff boundaries were not in keeping with the standards expected in B.C.

This has resulted in a condition being placed on his practice that he will not be alone with any female employee in a clinical setting without a second employee being present and will not take any female employee into his private office unless accompanied by another employee.

The MAU requires Dr. Shin to agree to take an ethics course, receive psychological counselling at his own expense, a reprimand, a two-month suspension, and a fine.

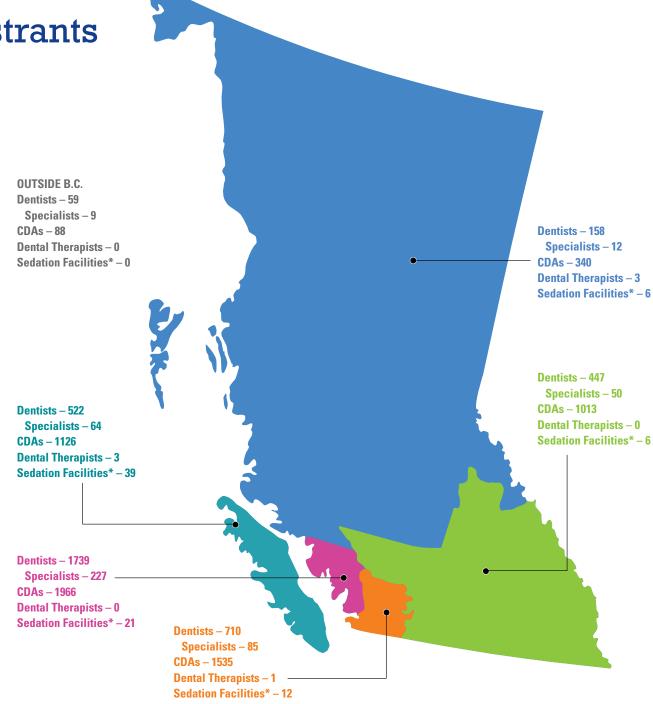
To read the full publication notices, visit cdsbc.org/discipline-notices.

Where registrants practise in B.C.

- District 1 (FRASER VALLEY)
- District 2 (NORTH)
- District 3 (SOUTHERN INTERIOR)
- District 4 (VANCOUVER)
- District 5 (VANCOUVER ISLAND)

Notes: Dentist totals do not include Non-Practising category of registration. Specialists are included in Dentist totals and includes both Certified Specialists and Restricted to Specialty registration types. CDA totals include only Practising CDAs.

*Non-hospital facilities authorized by CDSBC for the administration of deep or general anaesthesia.



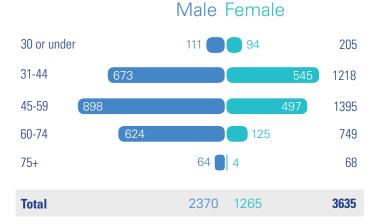






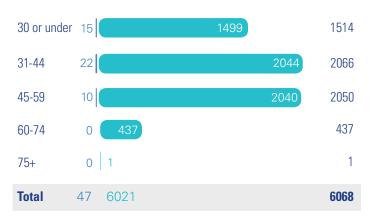
Age and Gender

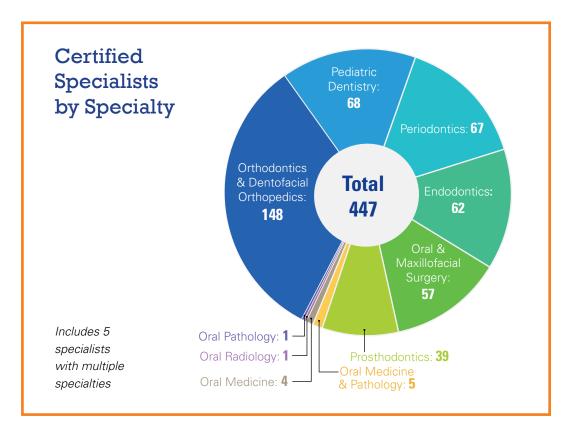
Practising Dentists



Practising Certified Dental Assistants

Male Female



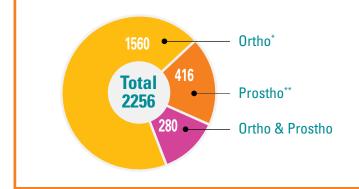




Certified Dental Assistants







CDA Modules - Practising CDAs

*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

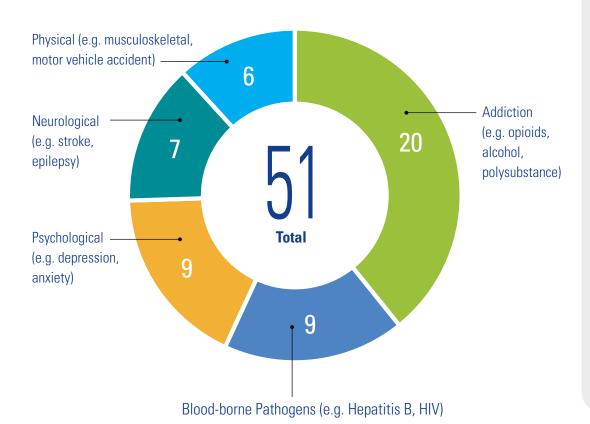
Refers to CDAs who are qualified to perform expanded prosthodontic duties after completing a prosthodontic module at an accredited program that is recognized in B.C.

Practitioner Wellness

The CDSBC wellness program assists dentists, dental therapists or CDAs who are facing addiction or any health issues that could affect their ability to provide safe patient care*. The purpose of the program is to ensure public protection while the practitioner receives treatment. Our aim is to see the individual recover and return to work in a sustainable way. Learn more at www.cdsbc.org/wellness.

*a number of health issues may fit into this category of altered physical and/or cognitive competency.

Health Files Breakdown



Registrants Suffering from Addiction

There is increasing recognition by health regulators that addiction is a disease for which recovery pathways exist. CDSBC works with registrants seeking assessment, treatment, and a pathway back to safe practice. The data show that success rates for health professionals who enter a structured program with rigorous standards of treatment and monitoring are high*.

Registrants who suffer from an addiction/dependency disease have a legal/ethical obligation to cease practice immediately and to notify CDSBC. Information provided by the registrants is held in the strictest confidence. Registrants who are aware of any registrant of a health college who may have an addiction/ dependency have a professional, ethical and legal duty to report it to their respective college, including CDSBC.

The essential elements of the addiction recovery pathway are available on the CDSBC website at www.cdsbc.org/addiction.

*Six lessons from State Physician Health Programs to Promote Long Term Recovery: DuPont, M.D. and Skipper, G.E. 2012; Journal of Psychoactive Drugs Vol. 44(1), 72-78



Mr. Dan De Vita

"Our committee supports the Board's oversight of adequate financial controls, the annual audit, and the integrity of the College's financial statements."

> - Dr. Patricia Hunter, Vice-Chair

Audit Committee

Role

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

This committee works in tandem with the Finance & Audit Working group and all content refers to the activities of both.

Members

- Mr. Terry Hawes Chair (Public Member: until Feb. 2018)
- Dr. Patricia Hunter, Vice-Chair
- Dr. Susan K. Chow*
- Dr. Doug Conn*
- Mr. Dan De Vita (Public Member)*
- Dr. John Hung
- Dr. Erik Hutton* (until June 2017)

Meetings: 5

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.

Bylaws Review

As part of the Board's review of the CDSBC Bylaws, the Audit Committee and its support staff reviewed the relevant sections of the CDSBC Bylaws and advised whether the current bylaws work well or if any changes are required.

^{*}Finance & Audit Working Group Member

CDA Advisory Committee

Role

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

Key Activities

As part of the Board's review of the CDSBC Bylaws, the CDA Advisory Committee and its support staff reviewed the relevant sections of the CDSBC Bylaws and advised whether the current bylaws work well or if any changes are required.

Meetings: 2

Members

- Ms. Wendy Forrieter, CDA, Chair
- Ms. Sabina Reitzik, CDA, Vice-Chair
- Mr. Dan De Vita (Public Member)
- Ms. Angela Edwards, CDA
- Ms. Susanne Feenstra, CDA
- Dr. Michael Flunkert
- Dr. Anita Gartner
- Dr. Sarah He
- Ms. Sherry Messenger, CDA



Ms. Sherry Messenger, CDA

"I continue to be impressed by the calibre, dedication and integrity of the committee members and the contributions they make to the College, to certified dental assistants and to the general public."

- Ms. Wendy Forrieter, CDA, Chair

CDA Certification Committee



Ms. Subbu Arunachalam Pillai, CDA, Vice-Chair

"Our committee members make objective informed recommendations in the interest of the public and bring great insight into the decision making process."

- Ms. Bev Davis, CDA, Chair

Role

To establish minimum standards of education and experience required for certified dental assistants to practise in B.C., 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
- Ms. Heather Slade (Public Member)

Meetings: 5

Key Activities

Individual Applications

- The committee met to determine the requirements for certification for nine applicants, and to review one reinstatement fee refund request.
- The committee reviewed the process for Quality Assurance requirements for the assessment of internationally trained professionals.

Bylaws Review

 As part of the Board's review of the CDSBC Bylaws, the CDA Certification Committee and its support staff reviewed the relevant sections of the CDSBC Bylaws and advised whether the current bylaws work well or if any changes are required.

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

Discipline Hearings

No discipline hearings were held in this reporting period. Four public hearings were set and later cancelled when the matters were resolved by agreement.

Pre-Hearing Conference

A panel of the Discipline Committee held a pre-hearing conference to consider issues that required decisions prior to a scheduled discipline hearing for one registrant. The panel made a formal decision which was publicized prior to the matter being resolved by agreement and the hearing being cancelled. At the pre-hearing conference, the panel agreed with CDSBC's submission that – as CDSBC works in the public interest across the province – it was appropriate to hold a hearing in the location where the events occurred and the patients reside.

Bylaws Review

As part of the Board's review of the CDSBC Bylaws, the Discipline Committee and its support staff reviewed the relevant sections of the CDSBC Bylaws and advised whether the current bylaws work well or if any changes are required.

Members

- Dr. Josephine Chung, Chair
- Dr. Bruce Ward, Vice-Chair
- Dr. Karl Denk
- Dr. Frederic Duke
- Mr. Paul Durose (Public Member)
- Mr. Martin Gifford (Public Member)
- Dr. Myrna Halpenny
- Dr. Leetty Huang (until July 2017)
- Ms. Dorothy Jennings (Public Member)
- Mr. Lars Kushner (Public Member)
- Mr. Michael MacDougall (Public Member)
- Ms. Catherine Monk, CDA
- Dr. Suzanne Philip (until Dec. 2017)
- Ms. Sabina Reitzik, CDA
- Dr. William Rosebush
- Dr. Charity Siu
- Dr. Bert Smulders
- Mr. Anthony Soda (Public Member)
- Dr. David Speirs
- Dr. Michael Wainwright

"The Discipline Committee is in place to make fair, transparent and unbiased decisions about complaints that cannot be resolved by consent."

- Dr. Josephine Chung, Chair



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 26 January 2018, led by independent legal counsel and Deputy Registrar Carmel Wiseman.



"Registrants are required to uphold the highest standards in order to maintain public trust - ethical behaviour is a must."

- Dr. Ken Chow, Chair

Members

Dr. Ken Chow, Chair; Dr. Reza Nouri, Vice-Chair; Dr. Brian Wong, Vice-Chair (until June 2017); Ms. Nadine Bunting; Dr. Jason Conn; Dr. Danielle Coulson; Dr. Will Gaede; Mr. Oleh Ilnyckyj (Public Member); Dr. Glen Joyce; Dr. Oxana Korj; Dr. Mark Kwon; Mr. Gaetan Royer (Public Member); Dr. Ernst Schmidt; Dr. Mark Spitz (until June 2017); Mr. Paul Stevens (Public Member); Dr. Jonathan Visscher (until Aug. 2017)

Ethics Committee

Role

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

Meetings

Full Committee: 3 Article 5 working group: 2

Key Activities

Advertising and Promotional Activities

Bylaw Part 12 requires that all promotional activities by registrants are clear, verifiable, understandable, and not misleading, incomplete or deceptive. The committee recommended changes to the bylaw, which were approved by the Board for public consultation. The Board later approved a revised Bylaw 12 that is more inclusive in terms of how dentists may refer to their university degrees, titles, designations, and qualifications in advertising and promotional activities. The public benefits from the presentation of more information about their dentist's professional background. The committee also revised the accompanying Bylaw 12 Interpretive Guidelines to be consistent with the bylaw.

Review of Article 5 (former code of ethics)

The Article 5 Working Group is continuing its review of ethical requirements that were not captured when the College came under the Health Professions Act and CDSBC Bylaws.

Corporatization and Corporate Structures

The committee continued its analysis of corporate business models using health profession corporation information collected from registrants via annual renewal. Regardless of whether the dental practice is owned by a single dentist or a group of owners, there is an unvarying requirement to provide patient-centred care.

Third-Party Billing (e.g. lab fees)

The committee developed a draft position statement on third-party billing to address concerns that some dentists may be using an affiliated or related third-party lab (that itself does not fabricate or provide dental laboratory work) as an intermediary that increases the actual lab fee to be passed on to the patient/payer. Lab fees are one type of third-party billing practice. The committee considers any other third-party billing to fall under the same scrutiny.

The draft statement prohibits the addition of a markup where there is no value added. The statement was published for consultation where it received exclusively positive feedback. The Board directed that the draft statement be incorporated into the standards & guidelines document Patient-Centred Care and the Business of Dentistry.

Bylaws Review

At the request of the Bylaws Working Group, the Ethics Committee and its support staff reviewed relevant sections of the CDSBC Bylaws and advised of any changes required.

Governance Committee

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.

The Governance Committee is technically a working group that will officially become a committee when CDSBC's bylaw revisions are approved.

Members

- Dr. Susan K. Chow. Chair
- Dr. Patricia Hunter
- Ms. Dorothy Jennings
- Mr. Rick Lemon (until Oct. 2017)
- Dr. Masoud Saidi
- Dr. Mark Spitz

Meetings: 5

Key Activities

Registrar/CEO Evaluation and Board Self-assessment

The committee engaged an independent human resources firm, Lee Hecht Harrison Knightsbridge, to develop frameworks for the Registrar/CEO evaluation process and the board self-evaluation process. This initiative was based on stakeholder input and on leading practice in board and executive assessment. After approval by the Board, both evaluation processes were implemented in fall 2017. The committee has recommended that the Board save the frameworks and implementation manuals developed for these self-assessments for future use.

Board Workshop

The committee held a board workshop on the process for the Registrar/CEO and board self-assessments. The workshop was facilitated by the external consultant from Lee Hecht Harrison Knightsbridge.

Bylaws Review

As part of the Board's review of the CDSBC Bylaws, the Governance Committee and its support staff reviewed the relevant sections of the draft CDSBC Bylaws and provided recommendations to the Bylaws Working Group.



"The best governance is what works best for CDSBC to facilitate its mandate of public protection and meet the expectations of our stakeholders."

- Dr. Susan K. Chow, Chair

"I am proud of the professionalism and dedication from staff and committee members to investigate and resolve the complaints that come before us."

- Dr. Greg Card, Chair



Inquiry Committee

Role

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

Key Activities

Complaint Resolution

The committee opened 195 complaints and closed 144 as follows:

- 57 (40%) required no formal action.
- 72 (50%) were closed with the registrant's agreement to take steps to address concerns raised through the investigation.
- In 15 cases involving four dentists (10%), the committee directed the Registrar to issue citations (see below).

Citations

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

- Four citations were resolved by agreement with the Inquiry Committee during the fiscal year.
- Two citations have been directed and notices are pending.

Publications

Seven discipline/complaints publications were made in the fiscal year (see pages 13-14). CDSBC is required to notify the public if:

- an agreement relates to a "serious matter" as defined by the Health Professions Act, if there is a discipline hearing, or if a citation is resolved by agreement;
- a registrant agrees to a limitation on their practice;
- a limitation is imposed by the inquiry committee for public protection while a complaint is investigated.

Bylaws Review

As part of the Board's review of the CDSBC Bylaws, the Inquiry Committee and its support staff reviewed the relevant sections of the CDSBC Bylaws and advised whether the current bylaws work well or if any changes are required.

Meetings

Full Committee: 8 Panel meetings: 19

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
- Ms. Barb Hambly (Public Member)
- Dr. Ahmed Hieawy
- Dr. Patricia Hunter
- Dr. Erik Hutton
- Ms. Julie Johal (Public Member)
- Mr. John Lee, QC (Public Member)
- Mr. Richard Lemon (Public Member until Oct. 2017)
- Mr. John Meredith (Public Member)
- Dr. Ellen Park
- Dr. Harpradeep Ratia
- Dr. Andrew Shannon
- Dr. Jonathan Suzuki
- Dr. Jonathan Tsang
- Ms. Marg Vandenberg (Public Member)
- Dr. Ronald J. Zokol (until June 2017)

Health Professions Review Board

The Health Professions Review Board (HPRB) was established by the provincial government to provide an independent review of certain decisions made by B.C.'s health regulators on appeal by the complainant and/or the registrant. There are two types of review for complaints matters:

Disposition (how a complaint

was investigated and resolved)

Complainants who are dissatisfied about the outcome of their complaint can apply for a review. The review will look at whether CDSBC's investigation was adequate, and whether its decision was reasonable.

Timeliness

Either the complainant or the registrant can ask for a review if CDSBC is unable to resolve the complaint within the anticipated time period.

HPRB decisions are available online at www.hprb.gov.bc/decisions

The applications for review by the HPRB of complaint files closed by the committee in the fiscal year were as follows:

applications from complainants for HPRB reviews of complaint file dispositions

closed with the HPRB finding the investigations were adequate and the Inquiry Committee dispositions reasonable

awaiting final HPRB Decisions

applications from registrants regarding timeliness were received by the HPRB

is closed

remains open pending a final determination

Nominations Committee



"To serve and contribute to the organization is both rewarding and an honour. The committee gets much pleasure from being able to recognize College volunteers at our annual awards ceremony"

- Dr. David L. Tobias, Chair

Role

To oversee the CDSBC awards program.

Key Activities

2018 Award Winners

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

Distinguished Service Award

Dr. Greg Card

Mr. Dan De Vita

Dr. Leetty Huang

Mr. Rick Lemon

Award of Merit

Ms. Agnes Arevalo, CDA

Mr. Brad Daisley (Public Member)

Ms. Susanne Feenstra, CDA

Ms. Sherry Messenger, CDA

Dr. Reza Nouri

Dr. Bert Smulders

Dr. David Speirs

Certificate of Appreciation

Ms. Julie Johal (Public Member) Mr. David Pusey (Public Member)

Bylaws Review

As part of the Board's review of the CDSBC Bylaws, the Nominations Committee and its support staff reviewed the relevant sections of the CDSBC Bylaws and advised whether the current bylaws work well or if there are any changes required.

Members

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

Meetings: 3

Quality Assurance Committee



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

Members

- Dr. Ash Varma, Chair
- Dr. Adam Pite, Vice-Chair
- Dr. Chris Callen
- Mr. Paul Durose (Public Member)
- Mr. James Ellsworth (Public Member)
- Dr. Andrea Esteves
- Dr. Michael Flunkert
- Dr. Alexander Hird
- Ms. Shelley Melissa (from February 2017)
- Mr. Neal Steinman (Public Member)
- Dr. Laura Turner
- Dr. Jan Versendaal
- Dr. David Vogt

Meetings

Full Committee: 2

Quality Assurance Working Group: 5

Key Activities

Working Group

The Quality Assurance Working Group met every 6-8 weeks and participated in the College's listening sessions to gather input from registrants 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 committee. The working group engaged with stakeholders for feedback and ways to improve the current program, and created a draft proposal which the Board approved.

Continuing Education

The committee monitors continuing education submissions from registrants and works with dental conference organizers to ensure that only those courses that fall within the guidelines established by the committee are eligible for credit.

Bylaws Review

As part of the Board's review of the CDSBC Bylaws, the committee and its support staff reviewed the relevant sections of the CDSBC Bylaws and advised whether the current bylaws work well or if any changes are required.



"The initiative to update the quality assurance program has been a significant task. The improved program will be a fine reflection of the efforts of the working group, the committee, and staff and the invaluable feedback that we have received from our stakeholders."

- Dr. Ash Varma, Chair

^{*}standards for sedation are assessed by the Sedation and General Anaesthetic Services Committee.



"I can't thank the committee volunteers enough for such open and probing discussion on the matters before them. This results in decisions and recommendations that serve the public well."

- Dr. Alexander Hird, Chair

Registration Committee

Role

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.

Key Activities

Dentist Applications

The committee considered and approved three applications from dentists for registration:

- Dentist requesting renewal with limitations (1)
- Dentist did not meet a quality assurance requirement (1)
- Dental student (from outside of BC) requesting Limited (student practitioner) Registration (1)

Bylaws Review

As part of the Board's review of the CDSBC Bylaws, the Registration Committee and its support staff reviewed the relevant sections of the CDSBC Bylaws and advised whether the current bylaws work well or if any changes are required.

Members

- Dr. Alexander Hird, Chair
- Dr. Darren Buschel, Vice-Chair
- Dr. Ben Balevi
- Mr. Gurdeep Bains (Public Member)
- Dr. Pamela Barias
- Ms. Lynn Carter (Public Member)
- Dr. Doug Conn
- Mr. Dan De Vita (Public Member; until Oct. 2017)
- Dr. Warren Ennis
- Dr. Dustin Holben
- Mr. Roger Weibe (Public Member)

Meetings: 2

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.

Members

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

Key Activities

- The committee continues to improve existing Standards & Guidelines by refining protocols and creating proper evaluations to ensure safe practice, facility compliance, and delivery of excellence in quality assurance to patients across B.C.
- On the committee's recommendation, the Board extended the moratorium on new applications to register credentials to provide moderate pediatric sedation for dentists who have learned the modality in a short-course format. The Board authorized the committee to define a new set of qualifications for dentists who wish to induce moderate sedation for pediatric patients, which will be added to the Standards and Guidelines for Minimal and Moderate Sedation Services in Dentistry.
- The committee oversaw the authorization of 48 deep sedation and 24 general anaesthesia facilities. This included 18 on-site inspections, involving 13 tri-annual renewals and five initial inspections.
- Twelve new applications from dentists wishing to administer sedation were reviewed; all were approved.
- The committee created a framework of inspection process for non-hospital moderate sedation facilities which will be progressively implemented.

Bylaws Review

As part of the Board's review of the CDSBC Bylaws, the Sedation & General Anaesthetic Services Committee and its support staff reviewed the relevant sections of the CDSBC Bylaws and advised whether the current bylaws work well or if there are any changes required.

Meetings: 4

"Our stringent standards ensure that only highly qualified, trained individuals are providing sedation and general anaesthesia, and that they are doing so in facilities that are approved and inspected under the direction of the committee."

- Dr. Tobin Bellamy, Chair

Dr. Masoud Saidi



Board Working Groups



Bylaws Working Group

Progress

The Bylaws Working Group (BWG) identified priorities and objectives for the Bylaw Review. The group began work on several parts of the Bylaws including Bylaw Part 2 (College Board) and Bylaw Part 4 (Committees and Panels). The BWG requested direction from the Board regarding Bylaw Part 2 and coordinated a workshop on this subject. The workshop featured presentations from the Ministry of Health and the College of Nurses of Ontario, and was facilitated by a governance expert.

The BWG also consulted with each committee on the sections of the CDSBC Bylaws that relate to them. The committee feedback will be considered when reviewing and redrafting those parts of the bylaws.

Members

- Mr. Rick Lemon, Chair (until Nov. 2017)
- Dr. Peter Lobb, Chair (from Nov. 2017)
- Dr. Susan K. Chow
- Ms. Sherry Messenger, CDA
- Dr. Mark Spitz
- Mr. Neal Steinman, Public Member

Facial Aesthetics Working Group

Progress

The Facial Aesthetics Working Group is developing draft recommendations to be presented to the Board regarding the safe use of neuromodulators. fillers and other cosmetic treatments.

The working group concluded its work on defining the "orofacial complex and associated anatomical structures," scope of practice, types of patients seeking treatment, and treatment modalities (non-surgical and surgical).

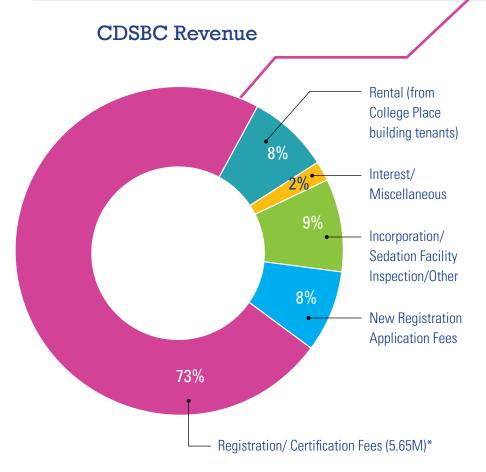
Members

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

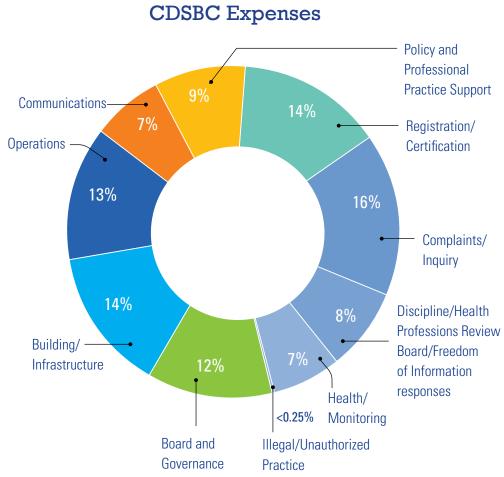
Financial Overview

CDSBC keeps 51 per cent of the total fees collected through annual renewal and new registrations, which forms the majority of our revenue. The rest is collected for British Columbia Dental Association membership fees*, and grants to the Canadian Dental Regulatory Authorities Federation, the Commission on Dental Accreditation of Canada and UBC Dentistry.





*BCDA membership fees are collected from all dentists with the exception of limited and non-practising dentist categories.



Treasurer's Report

On behalf of the Board, I am pleased to report that the College of Dental Surgeons of BC has achieved another year of surplus.

In the coming year, we are facing an anticipated increase in costs related to resolution of complaint and discipline files. The College is also undertaking a number of proactive Board-supported initiatives around policy development and engagement, development of a revised Quality Assurance Program and updating our bylaws to reflect a clear, accurate and concise description of the College's governance and regulatory process.

Because the College is committed to maintaining its strong financial position in the face of these cost drivers, a modest fee increase was implemented for the 2018/19 year to safeguard our reserve funds and allow us to maintain a sound financial position going forward. Financial fluctuations and challenges are a given, but the College has shown prudence in budgeting for the anticipated increases.

As we move forward, the College is in a very good financial position: our stand-alone reserve fund and contingency reserves remain fully funded. We anticipate being able to execute our core activities as well as the ambitious list of Board-supported initiatives while maintaining healthy reserves.

Dr. Patricia Hunter

Treasurer

"The College is committed to maintaining its strong financial position in the face of cost increases for complaint resolution and Board-supported policy initiatives."



Consolidated Financial **Statements**

28 February 2018

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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, 2018 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 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, 2018, 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

mythe LLP

Vancouver, British Columbia May 15, 2018

> 7th Floor 355 Burrard St Vancouver, BC V6C 2G8

T: 604 687 1231 **F**: 604 688 4675 smythecpa.com

Consolidated Statement of Financial Position

Approved by the Board:

Donald V. Anderson

President

Treasurer

	Febru	February 28, 2017			
ASSETS					
Current					
Cash and cash equivalents	\$	12,630,094	\$	12,098,942	
Temporary investments (note 4)		6,052,317		5,287,535	
Accounts receivable		101,448		120,116	
Prepaid expenses		180,942		174,189	
		18,964,801		17,680,782	
Deferred Charges		65,511		80,888	
Other Receivables		9,000		40,891	
Capital Assets (note 5)		4,020,336		4,221,794	
	\$	23,059,648	\$	22,024,355	
LIABILITIES					
Current					
Accounts payable and accrued liabilities	\$	1,085,039	\$	1,079,180	
Due to other professional bodies (note 6)		4,943,240		4,848,763	
Deferred revenue		5,711,132		5,395,874	
		11,739,411		11,323,817	
NET ASSETS					
Unrestricted					
Operating		3,015,942		2,261,044	
College Place Joint Venture		166,195		195,839	
Invested in Capital Assets		4,020,336		4,221,794	
Internally Restricted					
Joint Venture Preservation		306,319		275,091	
Contingency Reserve		1,935,801		1,912,373	
Information Technology		126,855		95,372	
HPA Enforcement – Legal		1,614,807		1,739,025	
Wellness		133,982		_	
		11,320,237		10,700,538	
	\$	23,059,648	\$	22,024,355	



Consolidated Statement of Operations -

,748 ,138 ,265 ,687 359)	College Place Joint Venture	Invested in Capital Assets \$ –	Joint Venture Preservation	Contingency Reserve	Information Technology	HPA Enforcement - Legal	Wellness -	February 28, 2018 \$ 5,652,748	February 28 2017 \$ 5,536,390
,138 ,265 ,687	\$ - -	\$ – –	\$ - -	\$ -	\$ -	\$ -	\$ -	\$ 5,652,748	\$ 5 536 390
,138 ,265 ,687	\$ - - -	\$ - -	\$ - -	\$ -	\$ -	\$ -	\$ -	\$ 5,652,748	\$ 5 536 390
,265 ,687	- - -	_	-						Ψ 0,000,000
,687	-			_	_	_	_	656,138	780,673
,687	_								
	_	_	_	_	_	_	_	677,265	567,701
359)		_	_	23,428	_	_	_	134,115	136,582
	764,535	_	_	_	_	_	_	645,176	621,065
,479	764,535	-	-	23,428	-	-	-	7,765,442	7,642,411
,849	_	_	_	_	_	_	_	4,198,849	4,022,370
,691	_	_	_	_	_	_	_	839,691	822,218
,151	_	_	_	_	_	_	_	294,151	250,449
,101	_	_	_	_	_	_	_	270,101	247,541
,033	_	_	_	_	_	_	_	239,033	182,523
	_	_	_	_	_	_	_	-	186,453
	_	_	_	_	_	_	_		152,091
_	380.074	_	_	_	_	_	_	-	380,543
_	•	_	_	_	_	_	_	-	25,927
-	-	296,782	_	_	_	-	-	296,782	296,857
,428	399,897	296,782	-	-	-	-	-	6,846,107	6,566,972
_	_	_	_	_	46.144	_	_	46.144	130,127
_	_	_	_	_	_	368.834	_		138,939
-	-		-	_	-	-	1,018	1,018	_
-	_	_	_,	_	46,144	368,834	1,018	415,996	269,066
3940934	3,849 9,691 4,151 0,101 9,033 3,205 4,398	3,849 - 9,691 - 4,151 - 0,101 - 3,033 - 3,205 - 4,398 - 380,074 - 19,823 3,428 399,897	3,849 9,691 4,151 9,033 4,398 4,398 19,823 19,823 296,782 9,428 399,897 296,782	3,849	3,849	3,849	3,849	3,849	3,849



Consolidated Statement of Changes in Net Assets -

	Unrestri	Unrestricted Funds				Internally Restricted Funds							Year Ended		
	Operating		ollege Place pint Venture	Invested in Capital Assets	F	Joint Venture Preservation	Contingency Reserve		Information Technology	HPA Enforcement — Legal	We	llness	February 28, 2018	February 28, 2017	
Balance, Beginning 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	
Excess (deficiency) of revenues over expenses for year	828,051		364,638	(296,782)		_	23,428		(46,144)	(368,834)		(1,018)	503,339	806,373	
For capital asset purchases	(90,028)		_	95,324		(5,296)	_		_	_		_	_	_	
Other capital adjustments (note 8)	_		116,360	_		_	_		_	_		_	116,360	125,821	
Contributions to Joint Venture															
Preservation	-		(33,432)	-		33,432	_		-	_		_	-	_	
Interfund transfers	16,875		(477,210)	_		3,092	_		77,627	244,616		135,000	-	_	
	754,898		(29,644)	(201,458)		31,228	23,428		31,483	(124,218)		133,982	619,699	932,194	
Balance, End of Year	\$ 3,015,942	\$	166,195	\$ 4,020,336	\$	306,319	\$ 1,935,801	\$	126,855	\$ 1,614,807	\$	133,982	\$11,320,237	\$ 10,700,538	

Consolidated Statement of Cash Flows

	Year Ended	Febru	ıary 28, 2018	February 28, 2017		
Operating Activities						
Excess of revenues over expenses		\$	503,339	\$	806,373	
Items not involving cash						
Amortization of capital assets			296,782		296,857	
Amortization of deferred charges			19,823		25,927	
			819,944		1,129,157	
Changes in non-cash working capital						
Accounts receivable			18,668		(49,799)	
Prepaid expenses			(6,752)		34,295	
Deferred charges			(4,446)		_	
Other receivables			31,891		(40,891)	
Accounts payable and accrued liabilities			5,859		386,931	
Due to other professional bodies			94,477		(129,457)	
Deferred revenue			315,258		304,809	
Capital adjustments (note 8)			116,359		114,101	
			571,314		619,989	
Cash Provided by Operating Activities			1,391,258		1,749,146	
Investing Activities						
Purchase of investments, net			(764,782)		(81,093)	
Purchase of capital assets			(95,324)		(161,032)	
Cash Used in Investing Activities			(860,106)		(242,125)	
Financing Activities						
Repayment of capital lease obligations			-		(4,042)	
Inflow of Cash			531,152		1,502,979	
Cash and Cash Equivalents, Beginning of Year			12,098,942		10,595,963	
Cash and Cash Equivalents, End of Year		\$	12,630,094	\$	12,098,942	
Represented by:						
Cash		\$	1,206,934	\$	1,194,948	
Investment savings accounts			11,423,160		10,903,994	
		\$	12,630,094	\$	12,098,942	

Notes to Consolidated Financial Statements

1. NATURE OF OPERATIONS

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 (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 Venture")

The College accounts for its 70% interest in the Joint Venture by proportionately consolidating the Joint Venture in these financial statements. All transactions between the College and the Joint Venture are eliminated on consolidation.

(b) Net assets

(i) Unrestricted

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

Operating

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

College Place Joint Venture

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.

(ii) 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.

(iii) 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 Venture'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.

The Wellness Fund represents amounts set aside to cover a number of possible contingencies, including medical assessments of registrants and continuing education for registrants recovering from medical conditions.

(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 at the following annual rates:

College of Dental Surgeons of British Columbia

Building - 25 years straight line Office renovations - 10 years straight line Office furniture and equipment - 10 years straight line Computer equipment - 3 years straight line

College Place Joint Venture

Building - 25 years straight line - 10 - 20% declining value Office furniture and equipment

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

(e) Impairment of property and equipment

Capital assets are tested for impairment whenever events or changes in circumstances indicate that their carrying amount may not be recoverable. An impairment loss is recognized when the carrying amounts of these assets exceed their estimated fair value.

(f) 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 Venture 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.

(g) 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 impairment of capital assets, accrual of liabilities, deferred revenues, and recoverability of accounts receivable. While management believes these estimates are reasonable, actual results could differ from those estimates and could impact future results of operations and cash flows.

(h) 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.

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 accrued liabilities 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 1.20% to 2.21% (2017 – 1.30% to 1.61%) per annum and mature July 16, 2018 to April 5, 2019.

5. CAPITAL ASSETS

	Cost	Accumulated Amortization	2018	2017
Land	\$ 1,223,550	\$ _	\$ 1,223,550	\$ 1,223,550
Building	4,946,822	2,780,008	2,166,814	2,312,281
Office renovations	1,640,585	1,313,187	327,398	388,231
Office furniture and equipment	933,588	724,083	209,505	240,365
Computer equipment	830,396	737,327	93,069	57,367
	\$ 9,574,941	\$ 5,554,605	\$ 4,020,336	\$ 4,221,794

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. GENERAL AND ADMINISTRATIVE EXPENSES

	2018	2017
Electronic transaction costs	\$ 276,158	\$ 260,294
Office	258,976	242,666
Printing and publications	200,077	159,640
Equipment repairs and maintenance	44,528	57,560
Staff development	30,065	37,273
Miscellaneous	15,912	11,552
Online course development	13,975	53,233
	\$ 839,691	\$ 822,218

8. COLLEGE PLACE JOINT VENTURE

The College Place 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 30% investor, the College of Pharmacists of British Columbia ("CPBC"). The Joint Venture also rents space in the building to third parties.

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

		20			20	2017		
	Enti	re Amount	Col	lege's 70%	Er	itire Amount	Сс	llege's 70%
Capital assets	\$	4,894,286	\$	3,426,000	\$	5,111,145	\$	3,577,802
Other assets		542,210		379,547		591,411		413,987
Liabilities		(159,193)		(111,435)		(206,238)		(144,367)
Net Assets	\$	5,277,303	\$	3,694,112	\$	5,496,318	\$	3,847,422
Revenues from third parties	\$	1,092,192	\$	764,534	\$	1,056,097	\$	739,267
Amortization		(252,742)		(176,920)		(256,215)		(179,351)
Other expenses		(542,963)		(380,074)		(543,633)		(380,543)
	\$	296,487	\$	207,540	\$	256,249	\$	179,373
Cash flows resulting from								
Operations	\$	497,145	\$	348,002	\$	480,048	\$	336,034
Investing		(7,566)		(5,296)		(164,270)		(114,989)
Financing		(515,502)		(360,851)		(163,958)		(114,771)
	\$	(25,923)	\$	(18,145)	\$	151,820	\$	106,274

The cash requirements of the Joint Venture 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 Venture, the difference between the share of occupied space and interest in the Joint Venture of \$116,360 (2017 - \$114,101) is accounted for as a capital adjustment to the Operating Fund in the consolidated statement of changes in net assets.

9. SUBSEQUENT EVENTS

On April 13, 2018, the Registrar/CEO of the College resigned. A settlement has been reached between the College and the Registrar/CEO. As at the auditors' report date, no additional details may be disclosed under the terms of the settlement agreement.

Staff

As of 28 February 2018

Registrar/CEO's Office

JEROME MARBURG † REGISTRAR & CEO

Dr. David Baird **Directed Education Monitor** Nancy Crosby † Manager of CEO's Office General Counsel Joyce Johner † Dr. Cathy McGregor Health and Directed **Education Program Head**

Renée Mok Policy Coordinator Melissa Norman Administrative Assistant, Health and Directed

Education

Moninder Sahota Monitoring and Compliance

Officer

Marife Sonico Administrative Assistant

Dr. Peter

Stevenson-Moore Dental Policy Advisor Natasha Tibbo Sedation Program

Coordinator

Carmel Wiseman † Policy Development and

Deputy Registrar

Dr. Brian Wong **Directed Education Monitor**

Complaints

Dr. Chris Hacker* †

Deputy Registrar, Director of Professional Practice

Dr. Phil Barer Complaint Investigator Julie Boyce Complaints Paralegal Dr. Sigrid Coil Complaint Investigator Kelly Cornell Complaint Officer Rachel Gallo Complaints Paralegal Lilian Leung Complaint Officer Dr. Meredith Moores Complaint Investigator Dr. Alex Penner Complaint Investigator Michelle Singh Complaint Officer Dr. Garry Sutton Early Resolution and

Communications

Anita Wilks †

Director of Communications

Communications Specialist

Practice Advice

Bethany Benoit-Kelly

Communication and Event Jocelyn Chee

Assistant

Leanne Le Fevre Communications Coordinator

Registration and Human Resources

Róisín O'Neill †

Director of Registration and Human Resources

Evelyn Chen

Registration and Human Resources Coordinator

Chloe Lo Leslie Riva† Administrative Assistant

Senior Manager: CDA Certification and Quality

Assurance

Karen Walker Socorro Wardle **Dentist Registration Officer**

Certification Assistant

Operations

Dan Zeng †

Karen England Flora Lee Noreen Proch James Spencer

Director of Finance and Administration

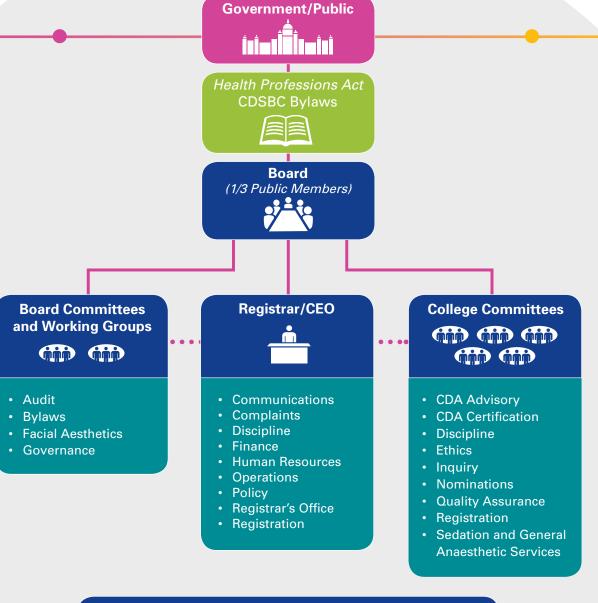
Administrative Assistant Accounting Officer Receptionist

Data and Information Integrator

^{*}In March 2018, Dr. Chris Hacker was appointed as Acting Registrar by the Board.

[†] Member of management team.

How we Work



Registrants: Dentists (including certified specialists), Dental Therapists and Certified Dental Assistants



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