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CDSBC | College of Dental Surgeons of British Columbia

Board Meeting
12 September 2015
Agenda Item 3 a.

BOARD MEETING
Saturday, 12 September 2015

The Hyatt Regency Hotel
655 Burrard St., Vancouver BC
"*English Bay Room", 34th Floor*

MINUTES

The meeting commenced at 8:35 am

In Attendance

Dr. David Tobias, President
Dr. Erik Hutton, Vice-President
Dr. Hank Klein, Treasurer
Dr. Ben Balevi
Dr. Pamela Barias
Dr. Chris Callen
Ms. Melanie Crombie
Dr. Dustin Holben
Ms. Julie Johal
Mr. Richard Lemon
Mr. Samson Lim
Ms. Elaine Maxwell
Ms. Sherry Messenger
Mr. David Pusey
Dr. Mark Spitz
Dr. Jan Versendaal
Dr. Eli Whitney

Regrets

Mr. Dan de Vita

Staff in Attendance

Mr. Jerome Marburg, Registrar & CEO
Mr. Greg Cavouras, Staff Lawyer and Sr. Policy Analyst
Ms. Nancy Crosby, Manager of CEO's Office
Dr. Meredith Moores, Complaint Investigator
Ms. Roisin O'Neill, Director of Registration and HR
Ms. Leslie Riva, Sr. Manager, CDA Certification and QA
Ms. Anita Wilks, Director of Communications
Ms. Carmel Wiseman, Deputy Registrar
Mr. Dan Zeng, Sr. Manager of Finance and Administration

Invited Guests

Dr. Ash Varma, Chair, CDSBC Quality Assurance Committee
Ms. Bethany Benoit-Kelly, CDSBC Communications Specialist
Ms. Arlene Cearns, CDABC President

1. Call Meeting to Order and Welcoming Remarks

   The President welcomed incoming Board members Drs. Hank Klein and Chris Callen.

2. Oath of Office – New Members

   The Oath of Office was administered to the new members by the Registrar.

3. Consent Agenda *(attachments)*

   a. Approve Agenda for 12 September 2015 *(attachment)*
   b. Approval of Board Minutes of 5 June 2015 *(attachment)*
   c. Reports from Committees *(attachments)*
   d. Media Clippings *(attachments)*

   The President removed item 28 from the in camera agenda as it was discussed with the full board the previous day.

   MOTION: Lemon/Maxwell

   That the items on the Consent Agenda for the 12 September 2015 Board meeting be approved.

   Carried

4. Business Arising from the Consent Agenda

   There was no business arising from the consent agenda.

5. Committee Membership List *(attachment)*

   Dr. Pamela Barias should have the word specialist next to her name under Board members. Dr. Mark Spitz' term to be for two years, not one, as noted on the list.

   ***MOTION*: Lim/Barias**

   That the Board approve the Committee Membership List for 2015-2016 as amended above.

   Carried

6. CDSBC Website Presentation

Staff presented the new website to the Board, highlighting the various user-friendly features. The new website launched 24 August, includes:

- Enhanced Registrant Lookup (formerly the Directory of Dentists) that includes more information about dentists
- Addition of dental therapists and CDAs to the Registrant Lookup
- Separate areas on the home page for updates on each of News, Public Protection, Practice Resources and Events
- CDSBC Library – for all forms and key documents
- Ability to search, log in or use the Registrant Lookup from any page
- Responsive design that displays content for desktops, tablets and smartphones

The College also created a Twitter account **(@cdsbc.org)** as an additional method of communication with registrants, stakeholders and the public.

The Board expressed delight at the new site and wished to congratulate staff, led by Ms. Benoit-Kelly and Ms. Wilks for their leadership and vision on this major project.

7. Draft Radiography Document – for Board Approval (Dr. Ash Varma)

The draft document that was posted for consultation earlier this year has been approved by the Board, with edits that arose from comments received during the consultation period. It was revised slightly as a result of the consultation feedback, and an appendix has been added to make it easier for practitioners to access the highlights of one of the three source documents on which it is based (*SEDENTEXCT Evidence-Based Guidelines on Cone Beam CT for Dental and Maxillofacial Radiology*).

The new Dental Radiography Standards & Guidelines is a principle-based document that captures the expectations that already exist, including 1) how to protect the public from being exposed to radiation unnecessarily; and 2) that when a dentist takes an image, s/he is responsible/accountable for everything in the field of view. If the dentist cannot interpret the image, it must be referred to someone who can. The principles contained within *Dental Radiography* apply to all radiography and not only to CBCT.

MOTION: Whitney/Versendaal
That the proposed draft Radiography Standards and Guidelines Policy be approved by the Board

Carried

8. CDA Advisory Committee (Marburg/Riva)

- NDAEB Draft Domain Description Update *(attachment)*

  The Board approved a version of this document at the last Board meeting. The Board is being asked for their approval for some minor changes have been made to the document since that time.

  MOTION: Pusey/Holben
  That the Board approve the NDAEB Domain Description for Certified Dental Assistants as tabled.

  Carried

- Guide to *CDA Services* Document Revision *(attachment)*

  The Board approved a clarification to the 2009 document *A Guide to CDA Services,* which was created as a reader-friendly synopsis of the services CDAs may provide under Bylaw 8. The original version incorrectly contained a notation that was inconsistent with the bylaws and has been removed.

  MOTION: Pusey/Holben
  That the Guide to CDA Services dated September 2009 be corrected to reflect the CDSBC Bylaws by unbolding the bold text and removing the note in the note section.

  Carried

9. New Course Update

- New Registrant Course

  The College is working with the BC Dental Association to develop a course that would be targeted at new registrants and would cover topics such as professional regulation, legislation/jurisprudence, professional standards and ethics. While it would be open to all registrants, it is likely to be a requirement for new registrants. The intention is to make the course available on-line as well as to present it "in person" if and when opportunities to do so arise.

- Tough Topics II

  The 2009 version of the Tough Topics course, which is available on the College's website, is being updated to reflect current issues and topics faced by practitioners. This course will be developed and delivered by staff dentists and

launched at the Pacific Dental Conference in 2016. It will be made available to all registrants online later in 2016.

10. Dental Therapists – CE Requirements

- Retraction of Previous Motion

  In February a motion was passed to amend the bylaws to prescribe CE requirements for Dental Therapists. Further analysis showed that the changes to the bylaws made by the government to bring Dental Therapists under the CDSBC regulatory umbrella also empowered the QA committee to do this directly. The bylaw is therefore unnecessary and the Board was asked to rescind the previous motion.

  MOTION: Pusey/Crombie

  That the Board motion of 20 February 2015 be rescinded and that the Board recognizes that the QA Committee has authority to require QA of 75 CE credits and 900 CP hours of Dental Therapists.

Carried

11. Executive Limitation Reports *(attachments)*

CDSBC Governance policy requires that the CEO report regularly on matters identified by the Board through a series of Executive Limitations policies. This is one of the ways the Board discharges its oversight obligations without delving into operational issues. The CEO routinely submits these reports to the Board.

EL2: Treatment of Public
EL3: Registration, Certification and Monitoring
EL5: Financial Planning/Budgeting
EL6: Financial Condition and Activities

MOTION: Lemon/Klein

That the Board receives the following Monitoring Reports:
EL2: Treatment of Public
EL3: Registration, Certification and Monitoring
EL5: Financial Planning/Budgeting
EL6: Financial Condition and Activities

Carried

12. Management Report *(attachment)*

Registrar/CEO Jerome Marburg submitted a written report on behalf of the staff and management of the College.

***MOTION*: Spitz/Maxwell**
That the Board receive the management report.

Carried

The following item took place in the in camera portion of the Board meeting but is inserted here for purposes of communication.

The College President is routinely invited to attend and participate at convocation and other academic ceremonies. Historical tradition, which continues to this day, is for the officiants to be gowned appropriately. Mr. Rick Lemon, a public member, officiated over a small presentation ceremony to receive a CDSBC gown that future Presidents may use at official academic ceremonies. The College recognized the generosity of the Tobias family in donating the gown to this College.

This concludes the open portion of our meeting. Ended at 10:45 am.
The remainder of the meeting will be held in camera, per Section 2.15 (9) of the College Bylaws under the *Health Professions Act*.

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Board Meeting
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CDSBC Committee Report to Board For Public Agenda

Committee Name Audit Committee and Finance & Audit Committee Working Group

Submitted by Mr. Samson Lim, Chair

Submitted on August 22, 2015

Meeting Frequency May 7, 2015
October 7, 2015
November 4, 2015
February 2, 2016

Matters Under Consideration

- Each committee/working group member continues to receive and review the monthly financial statements as prepared by management. From a financial perspective, the year-to-date results continue to appear to be in good order.

- Based on an AGM question about external auditor independence, the Audit Committee Chair has communicated with the external auditors to discuss the topic.

Future Trends

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CDSBC Committee Report to Board

For Public Agenda

Committee Name	CDA Advisory Committee
Submitted by	Sherry Messenger, Chair
Submitted on	12 September 2015
Meeting Frequency	This Committee met 7July 2015.
Matters Under Consideration	Reviewed: NDAEB Domain Description, Guide to CDA Services, Non-Prescription Medication Policy, forwarded all to Board for approval
Future Trends	Module Updates: Orthodontic Module Recognition /Designation of Sedation Qualifications

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CDSBC Committee Report to Board

For Public Agenda

Committee Name	CDA Certification Committee
Submitted by	Ms. Rosie Friesen, Chair
Submitted on	12 September 2015
Meeting Frequency	This Committee met via teleconference 26 August 2015
Matters Under Consideration	A continuous practice proposal and requests for reinstatement fee refund.
Future Trends	Further discussion with regard to what are recognized continuous practice hours

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Board Meeting
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Committee Name Ethics Committee

Submitted by Dr. Kenneth Chow, Chair

Submitted on August 25, 2015

Meeting Frequency The Committee met on the following dates:

- January 14, 2015
- May 11, 2015

Matters Under Consideration

- **Advertising and Promotional Activities**

The revised Bylaw 12 has now been forwarded to the Ministry of Health for approval. Provided approval is obtained, the next steps will be for the Committee to develop interpretative guidelines for these bylaws, and transition provisions for implementation.

- **Corporate Structures**

Collect data on corporate structures mandated for new registration renewal period (2016 – 2017). Plan to examine the different corporate structures that may be set up differently than the traditional individual dentist incorporations.

Connection to Strategic Plan

- Following the Mission statement – “in the public interest”

- Following the Mandate – “Establishes, monitors, and regulates standards of practice, guidelines for continuing practice and ethical requirements for all dentists and CDAs”

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Board Meeting
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CDSBC Committee Report to Board For Public Agenda

Committee Name

Inquiry Committee

Submitted by

Dr. Scott Stewart, Chair

Submitted on

11 August 2015

Meeting Frequency

From 30 April 2015, the date of the last report, until 31 July 2015, the Inquiry Committee as a whole met on the following dates:

- 26 May 2015
- 30 June 2015

Inquiry Committee Panels met on the following dates:

- 1 May 2015
- 5 May 2015
- 10 May 2015
- 18 May 2015
- 19 May 2015
- 9 June 2015
- 9-10 July 2015
- 5 August 2015

In addition, a Panel of the Inquiry Committee meets weekly electronically to review and accept new complaints received and direct how each new file is to be handled (normally through investigation or early resolution).

Matters Under Consideration

Inquiry Committee Panels have files involving ten dentists under review. Nine of those registrants have been referred to a Panel because the files are complex and the College is seeking direction on how to proceed with the investigation. Two files involve a dentist who has brought a judicial review against the College which has still not concluded.

Connection to Strategic Plan

The Board's strategic plan requires CDSBC to have a transparent, fair, effective and defensible complaints resolution process and procedures and to take active steps to help registrants enhance the standard of care they provide. The complaints process is designed to collect the information necessary to properly investigate and dispose of complaints. If minor concerns with a registrant's practice are noted they are given practice

advice. More serious concerns are addressed by agreement with the registrant whenever possible. Such agreements are tailored to the particular concerns raised. When the complaint files are closed, the complainants receive a comprehensive letter outlining the investigative steps taken, what the investigation revealed and how CDSBC has disposed of the complaint. A complainant has the right to request the HPRB review any Inquiry Committee disposition of a complaint short of a citation.

Statistics/Report

41 files were opened and 79 were closed between 1 May 2015 and 31 July 2015.

CDSBC College of Dental Surgeons of British Columbia

Board Meeting
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Agenda Item 3 c.

CDSBC Committee Report to Board

For Public Agenda

Committee Name	Nominations Committee
Submitted by	Dr. Peter Stevenson-Moore, Chair
Submitted on	26 August 2015
Meeting Frequency	The Committee last met on 14 August 2015 to begin the selection process of award recipients. We anticipate that there will be one more meeting (teleconference) in the 2015 calendar year – date TBD.
Matters Under Consideration	The Committee is in the process of administering the CDSBC Awards Policy on behalf of the Board. At the 14 August meeting, the Committee reviewed the entire list of College volunteers who are eligible for an award (2+ years of service; not a current Board or Nominations Committee member) and compiled a short list of potential candidates for awards. Further research on these candidates will be conducted by committee members and the list of recommended award winners will be submitted for Board approval at the November 2015 meeting. The Committee also identified potential recipients for the Certificate of Appreciation to be awarded by the President (with the endorsement of the Elected Officers) or Awards Committee, on behalf of the Board and College. The award winners will be honoured at an annual awards ceremony on Thursday, 17 March 2016. Board members are strongly encouraged to attend the ceremony to meet and celebrate the outstanding individuals who work so diligently on its behalf.
Future Trends	None.

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Board Meeting
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Agenda Item 3 c.

CDSBC Committee Report to Board For Public Agenda

Committee Name	Quality Assurance Committee
Submitted by	Dr. Ash Varma, Chair
Submitted on	12 September 2015
Meeting Frequency	Has not met since last Board meeting: QA Working Group met 13 August 2015
Matters Under Consideration	The future direction of the quality assurance program.
Future Trends	1) Competency verification processes 2) Discussion of innovative ways to obtain CE

Quality Assurance Working Group consists of:

Dr. Ben Balevi
Ms. Catherine Baranow
Mr. Paul Durose
Dr. Andrea Esteves
Dr. Ash Varma, Chair
Dr. David Vogt, PhD

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CDSBC | College of Dental Surgeons of British Columbia

Board Meeting
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Agenda Item 3 c.

CDSBC Committee Report to Board For Public Agenda

Committee Name	Quality Assurance CE Subcommittee
Submitted by	Dr. Ash Varma, Chair
Submitted on	September 13, 2014
Meeting Frequency	Has not met since last Board meeting.
Matters Under Consideration	
Future Trends	

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Board Meeting
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Agenda Item 3 c.

CDSBC Committee Report to Board
For Public Agenda

Committee Name	Registration Committee
Submitted by	Dr. Alexander Hird (Chair)
Submitted on	12 September 2015
Meeting Frequency	29 May 2015
Matters Under Consideration	Meeting on 14 August 2015 with QA Chair and Registrar regarding alternate competency assessment pathways.
Statistics/Report	One request for registration from applicant with disciplinary history with CDSBC while a student: approved. One request for full registration from applicant with insufficient continuous practice hours: approved with limitations.
Future Trends	As previously reported: New registration categories and QA requirements as part of bylaw review Development of competency assessment process to be coordinated at national level

CDSBC College of Dental Surgeons of British Columbia

Board Meeting
12 September 2015
Agenda Item 3 c.

CDSBC Committee Report to Board

For Public Agenda

Committee Name Sedation and General Anaesthetic Services Committee

Submitted by Dr. David Sowden, Chair

Submitted on 12 September 2015

Meeting Frequency 23 June 2015
September 2015

Matters Under Consideration

An inspection process is being developed for parenteral moderate sedation facilities. Data on facilities providing this service was collected with registration this year. A self-assessment will be sent to facilities this fall, followed by in office inspections likely beginning next year.

A building code project is underway to outline requirements for dental facilities under the federal and provincial building codes.

Statistics/Report

Since the last Board Meeting the Committee has approved one new general anaesthesia facility. One new facility is in the inspection process. Five general anaesthesia facilities are in the tri-annual inspection process.

Four new deep sedation facilities are in the inspection process. Eight deep sedation facilities are in the tri-annual inspection process.

Annual self-assessments for 12 facilities were approved at the last meeting.

Registration of qualifications applications were reviewed from 3 dentists, two were approved.

Future Trends

The number of moderate parenteral facilities that will require inspections is approximately 160. The resources required and the process will be determined over the next several months.

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CDSBC | College of Dental Surgeons of British Columbia

Board Meeting
11 September, 2015
Agenda Item 3.d.

Memo

TO: CDSBC Board Members

CC: Jerome Marburg, Registrar and CEO

FROM: Anita Wilks, Director of Communications

DATE: 26 August, 2015

SUBJECT: **Media clippings package – June 2015 to date**

Please find enclosed media clippings on the topic of professional regulation, and the regulation of dentistry in particular.

Most of the coverage is related to the two developments in the discipline case of Dr. Bobby Rishiraj: the panel issued its decision in July and the penalty hearing was held in August.

Penalty hearing begins for Kamloops dentist

By: Kamloops This Week in Courts, Health, Law & Order, News August 24, 2015 1 Comment 350 Views

Dr. Bobby Rishiraj

A penalty hearing is underway in Vancouver this week for a Kamloops dental surgeon who improperly sedated a young woman during a routine operation, leaving her with a severe brain injury.

The patient, then-18-year-old Hamu Zindoga, was deeply sedated in November 2012 while having her wisdom teeth removed, even though Dr. Bobby Rishiraj had not been approved to perform such a procedure.

During a hearing earlier this year before a discipline panel of the College of Dental Surgeons of B.C., Rishiraj admitted to some of the allegations against him, including that he committed professional misconduct or unprofessional conduct by providing deep sedation at his facility, when it was not approved as a deep sedation facility and despite the fact he was not approved to provide deep sedation to patients; and by not operating the facility in compliance with the college's sedation and general anesthetic standards.

Following evidence and submissions, the college's discipline panel issued its decision on June 23.

It found Rishiraj:

- • Administered deep sedation to Zindoga when neither he nor the facility were authorized to do so, and without complying with CDSBC's guidelines for deep sedation;
- • Ran his practice to promote "efficiencies" by treating as many patients in as short a time as possible;
- • Failed to recognize Zindoga's cardiac arrest in a timely way and delayed resuscitative measures as a result; and
- • Failed to adequately monitor his patients while they were under sedation.
- The discipline panel concluded that Rishiraj's failure to adequately monitor his patients and to recognize HZ's cardiac arrest could be characterized as incompetent practice.

QUESTION OF THE WEEK

Should the federal government tak regulate gas prices at the pu

- O Yes
- O No

Vote

View Results

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NEWS IN PICTURES

On Monday, college lawyers told the penalty hearing that Rishiraj was reckless and cavalier and any penalty must reflect his great misconduct.
The dentist could face a fine, suspension or both.

Following the college's decision last month, Rishiraj filed notice he was appealing the June decision by the college. He continues to practise as an oral surgeon in Kamloops, under limits and conditions imposed by the college.
Rishiraj is not entitled to administer anesthesia beyond moderate sedation using only one class of agent (benzodiazepenes) and was required to hire additional expert staff and to change protocols and procedures in his office. Any deep sedation required is provided by authorized medical practitioners and Rishiraj must ensure patients are continuously monitored by accredited staff.

Meanwhile, Zindoga, has separately filed a medical malpractice lawsuit against Rishiraj, as well as against his dental assistant, Sara Chalmers, in B.C. Supreme Court.
It seeks unspecified damages for Zindoga, who is represented by her mother as a litigation guardian.
Zindoga now lives in a Okanagan residential treatment centre for people with brain injuries.

The malpractice suit also claims an ambulance attendant discovered a piece of gauze blocking Zindoga's airway.
After the gauze was removed, the paramedic intubated Zindoga, who had stopped breathing.

Rishiraj filed a response in B.C. Supreme Court, admitting he was not approved to provide deep sedation, but denying other allegations. The response said Rishiraj and Chalmers recognized Zindoga's cardiac arrest and started appropriate resuscitation.
The response to the lawsuit also claims Zindoga's mother, Evelyn, failed to disclose her daughter was admitted to Royal Inland Hospital's emergency department for complaints of chest pain prior to surgery.
The response also stated Rishiraj was not told Zindoga was being treated and taking medication for migraines and psychiatric illness.

The trial is scheduled for Oct. 17, 2016.

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Next: Arts Centre will build on thriving scene »

ALSO IN THE NEWS...

Fast Eddy runs low on cash; journey in jeopardy
August 26, 2015

NDP's Sundhu launches campaign
August 26, 2015

Candidates talk mail delivery tonight
August 26, 2015

ONE COMMENT

pacamo
August 25, 2015 at 10:21 am

Seen him many years ago, I have never slept the same again. Hope he gets what is coming to him.

11
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LETTERS TO EDITOR

Arts Centre will build on thriving scene
August 25, 2015

City needs to fix what it has, not build millions more
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August 20, 2015

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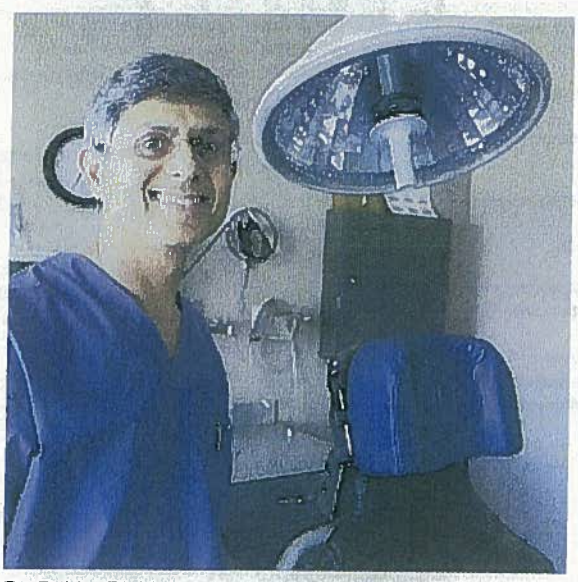
ONLINE EDITION

Stiff penalty demanded for Kamloops dentist who left patient with brain damage

THE CANADIAN PRESS AUGUST 24, 2015



Dr. Bobby Rishiraj

VANCOUVER - A hearing is underway for a Kamloops dental surgeon who improperly sedated a young woman during a routine operation, leaving her with a severe brain injury.

The patient, identified only as HZ, was deeply sedated in November 2012 while having her wisdom teeth removed, even though Dr. Bobby Rishiraj had not been approved to perform such a procedure.

A disciplinary panel of the College of Dental Surgeons of B.C. said in a decision last month that the dentist was so incompetent that he did not recognize HZ was in cardiac arrest and therefore delayed efforts to resuscitate her.

The decision said Rishiraj was authorized to provide moderate sedation only and that he admitted his clinic did not comply with sedation and general anesthetic standards.

College lawyers have told the penalty hearing that Rishiraj was reckless and cavalier and any penalty must reflect his great misconduct.

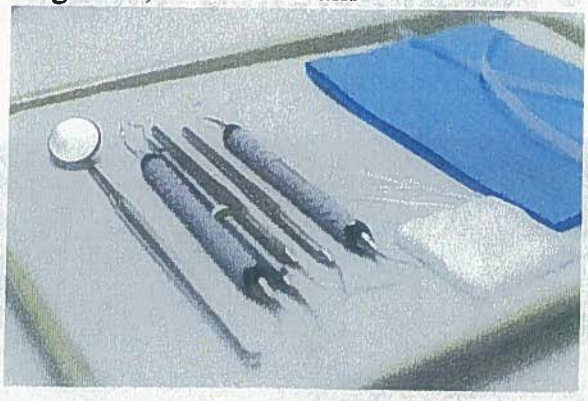
The dentist, who continues to practise, with sedation limits imposed by the college, could face a fine, suspension or both.

(CKNW)

Kamloops dental surgeon whose patient suffered brain damage 'reckless and cavalier'

Vancouver, BC, Canada / News Talk 980 CKNW | Vancouver's News. Vancouver's Talk
Janet Brown

August 24, 2015 10:12 am



A dental surgeon was described as "reckless and cavalier" at a disciplinary hearing Monday morning.

Lawyers for the College of Dental Surgeons of B.C. were talking about Dr. Bobby Rishiraj.

He was found to have administered deep sedation to a patient back in 2012 when he was not authorized to do so.

The 18-year-old woman, who'd been there to get her wisdom teeth removed, went into cardiac arrest and suffered brain damage.

The disciplinary panel has already concluded his failure to adequately monitor his patients could be characterized as "incompetence."

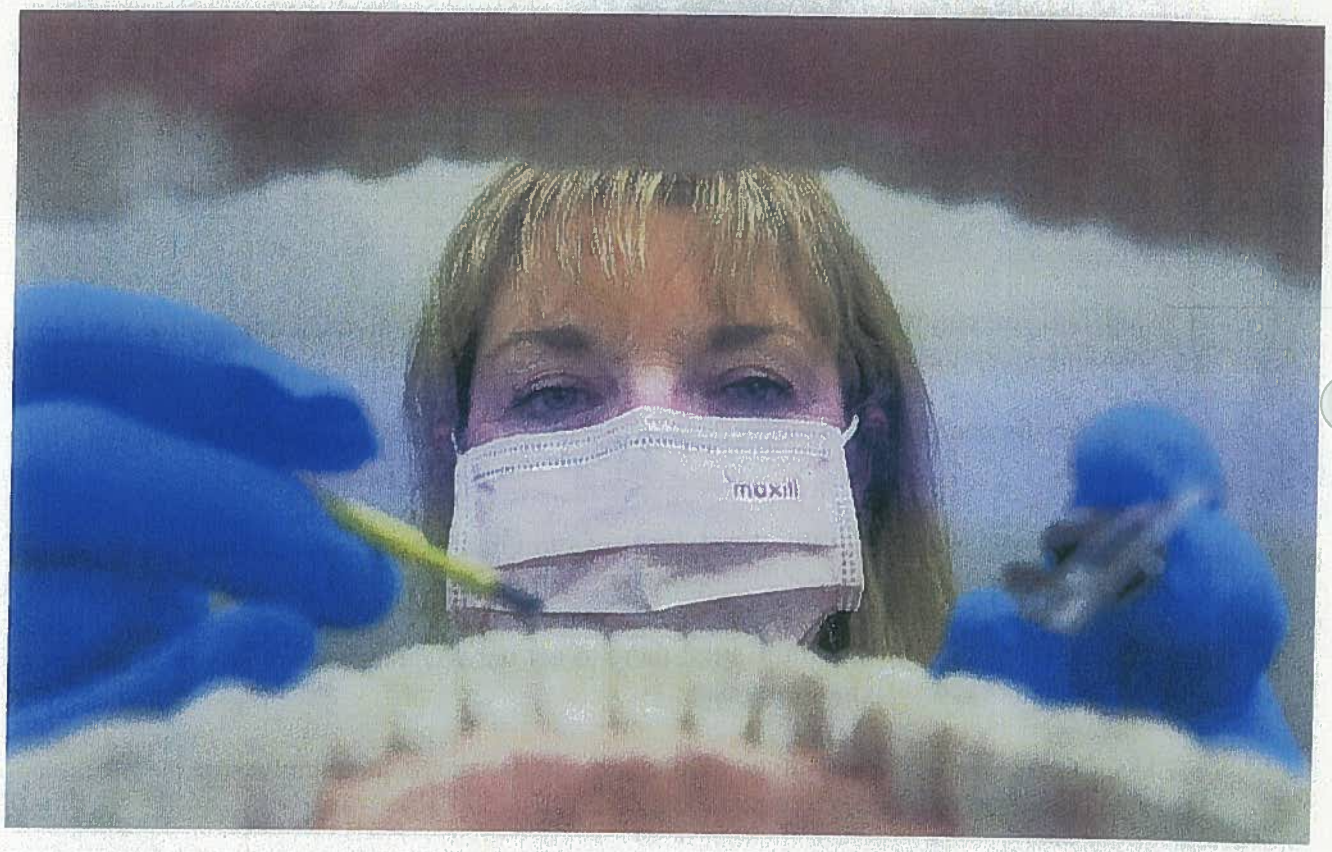
The penalty hearing could result in a fine or suspension.

College lawyers have told the panel Dr. Rishiraj has committed the greatest of misconduct and the penalty must reflect that.

He continues to practise, after the college forced him to improve procedures and hire more staff.

Dentist to appeal college's 'incompetence' finding

By Michael Mui, 24 Hours Vancouver
Monday, August 3, 2015 2:45:02 PDT PM



Dr. Bobby Rishiraj will be finding out his penalty after the College of Dental Surgeons of B.C. meets on Aug. 24. FOTOLIA

A Kamloops dentist who sent a patient to hospital with brain damage will be appealing his college's findings that he sped through the treatment of patients, didn't monitor patients under sedation, and wasn't authorized in the first place to do the deep sedation procedure.

Dr. Bobby Rishiraj will be finding out his penalty after the College of Dental Surgeons of B.C. meets on Aug. 24 — meanwhile, he's filed notice to the B.C. Supreme Court to appeal the disciplinary decision.

No one was available for comment at Rishiraj's office on Monday, but the incident that brought him under scrutiny actually occurred in November 2012, when a woman attended his practice to have her wisdom teeth extracted.

According to the findings, the woman, identified as HZ, was given three sedatives — midazolam, fentanyl and propofol — likely in rapid succession "without waiting for each medication to peak," as was his usual practice.

This meant the patient was in deep sedation, which Rishiraj was not licensed to perform.

Patients were often left alone, or in the company of untrained assistants who were there to watch for alarms — this was done to free the doctor to deal with other patients, to speed things up as he can complete five to six different surgeries in a morning

found.

In some cases, dosages based on the weight and age of patients were not taken into account.

During the removal of HZ's first tooth, she fell into cardiac arrest — Rishiraj completed the tooth's extraction and checked for a pulse. There was none.

The findings noted the crash cart had been removed, and resuscitative measures like the administration of epinephrine or the use of a defibrillator — they were available — weren't provided until the ambulance crew took over.

In the decision, the panel characterized the dentist's behaviour as "incompetence."

Reader's comments »

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Kamloops dental surgeon appeals regulator decision, issues counter claim in medical malpractice suit

By Glynn Brothen
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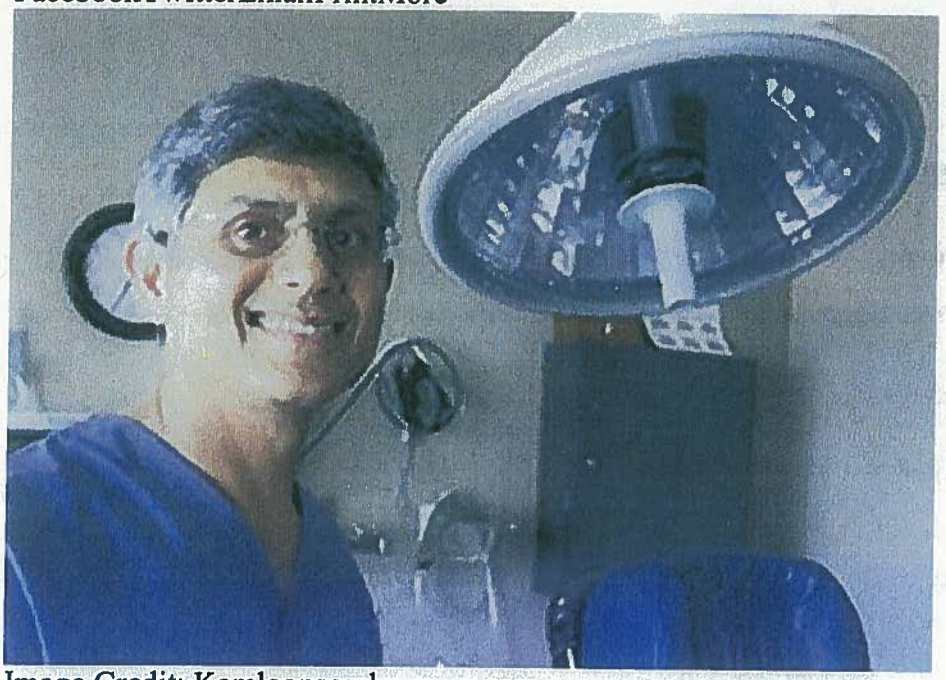


Image Credit: Kamloopsoralsurgery.com
July 27, 2015 - 9:00 PM

KAMLOOPS - A dental surgeon accused of causing a patient's severe brain injury will fight the allegations against him in two separate tribunals after announcing his plan to appeal a dental regulator's decision prior to his penalty hearing.

On July 17, Dr. Bobby Rishiraj indicated his plan to appeal the decision made by the College of Dental Surgeons of British Columbia. In documents released on June 23, college investigators outlined a series of failures by Rishiraj when he removed a patient's wisdom teeth in November 2012. While under deep sedation, patient Hamu Zindoga suffered a heart attack and subsequent brain injury. The college discovered Rishiraj was not permitted to provide deep sedation to his patients and did not recognize Zindoga's distress appropriately.

"Dr. Rishiraj's failure to adequately monitor his patients and to recognize (Zindoga's) cardiac arrest could be characterized as incompetent practice," the report said.

Anita Wilks, a spokesperson for the college says Rishiraj's penalty hearing is delayed because of his appeal, but expects a date to be set sometime next week. The penalty could range from reprimand to removal from the registry.

CIVIL SUIT

Prior to the college's decision, Zindoga and her mother Evelyn alleged medical malpractice in a notice of civil claim filed in Vancouver Supreme Court against Rishraj and his dental assistant Sara Chalmers of the Kamloops Oral Maxillofacial Surgery Centre.

Zindoga says Rishiraj represented himself as though he was approved to provide deep sedation when he wasn't and failed to efficiently respond to her heart attack. During her resuscitation, Zindoga says an ambulance attendant "discovered a piece of gauze blocking (her) airway."

"The piece of gauze had been placed into the Plaintiff's mouth by Dr. Rishiraj or by Ms. Chalmers. The ambulance attendant was able to remove the gauze and then successfully intubate the Plaintiff," the claim reads.

Zindoga claims the brain injury she sustained "requires and will continue to require care, including medical care, assistance, support and rehabilitation and claims damages for all such medical and other assistance for the entirety of her life."

Zindoga is seeking several damages, including future health care services for relief.

The patient's claim lists 26 different aspects of Rishiraj's practice which contributed to her injury. Among them, Zindoga accuses the dentist of not following appropriate safety protocols as outlined by the college, failing to properly respond to her distress in a timely matter, failing to remove the gauze from her airway and complete a resuscitation record. Zindoga says Rishiraj failed to provide her with "sufficient information to allow her to provide an informed consent to the treatment offered, including but not limited to the risks and complications associated with deep sedation."

RISHIRAJ'S RESPONSE

Rishiraj and Chalmers countered Zindoga's civil claim on Feb. 17, 2015. In their response, the two parties admit to treating the patient and not being licensed to perform deep sedation, but deny negligence on their part. The defendants say they recognized the patient's heart attack in a timely manner, resucitated her, checked her ventilation and pulse and performed CPR before calling 9-1-1. Rishiraj says he discovered the piece of gauze - which he says was used to control bleeding and prevent blood inhalation - in the patient's throat before removing it with forceps.

The dental surgeon claims he showed a video outlining the procedure and risks associated with it to the patient and her mother before the surgery. Rishiraj and Chalmers say Zindoga did not advise them that she attended the emergency room for left side chest pain prior to the surgery and did not inform Rishiraj she suffered from migraines, was prone to fainting, was taking anti-depressants and sleeping pills and did not disclose she was treating a psychiatric illness.

The trial is set to begin Oct. 17, 2016.

None of the information provided in either notice of claim has been proven in court. Rishiraj continues practicing under the college regulation that he no longer use deep sedation methods. The patient claims to be living at a rehabilitation and residential support facility in Lake Country.

To contact a reporter for this story, email Glynn Brothen at gbrothen@infonews.ca, or call 250-319-7494. To contact the editor, email mjones@infonews.ca or call 250-718-2724.

Lawsuits to decide if dental surgeon liable for teen's brain injury

CAM FORTEMS
KAMLOOPS THIS WEEK

KAMLOOPS — Two lawsuits in B.C. Supreme Court will determine whether a city dental surgeon is liable for the severe brain injury of an 18-year-old patient who went to his clinic to have her wisdom teeth removed.

Meanwhile, the College of Dental Surgeons of B.C. warned its penalty hearing for Dr. Bobby Rishiraj may be delayed because he has filed in B.C. Supreme Court notice of an appeal of the college's findings.

The statement of claim for the appeal of the college's findings has not yet been filed.

Following a hearing earlier this year, the college found the dental surgeon acted incompetently when he administered deep sedation to his patient in order to extract her wisdom teeth in November 2012.

The panel of experts found neither Rishiraj nor his facility were authorized to provide deep sedation. It also found he did not adequately monitor her vital signs nor take proper steps to resuscitate the woman when she went into cardiac arrest.

That patient, Hamu Zindoga, has separately filed a medical malpractice lawsuit against Rishiraj, as well as against his dental assistant, Sara Chalmers, in B.C. Supreme Court.

It seeks unspecified damages for Zindoga, who is represented by her mother as a litigation guardian. Zindoga now lives in a Okanagan residential treatment centre for people with brain injuries.

In addition to the allegations and findings heard at the college hearing, the malpractice suit also claims an ambulance attendant discovered a piece of gauze blocking Zindoga's airway. After the gauze was removed, the paramedic intubated Zindoga, who had stopped breathing.

Rishiraj filed a response in B.C. Supreme Court, admitting he was not approved to provide deep sedation, but denying other allegations. The response said Rishiraj and Chalmers recognized Zindoga's cardiac arrest and started appropriate resuscitation.

The response to the lawsuit also claims Zindoga's mother, Evelyn, failed to disclose her daughter was admitted to Royal Inland Hospital's emergency department for complaints of chest pain before surgery. The response also stated Rishiraj was not told Zindoga was being treated and taking medication for migraines and psychiatric illness.

The trial is slated for Oct. 17, 2016.

(iStock Photo)

July 22, 2015

SUMMARY

Victoria doctor fined $20,000 for sending unauthorized photo of a patient

VICTORIA (NEWS 1130) – A British Columbia doctor who texted an unauthorized photo of a patient's catheter site along with a joke to somebody not involved in the case has been fined $20,000.

The province's College of Physicians and Surgeons says in a news release that Dr. John Joseph Kinahan, a urologist from Victoria has admitted to the misconduct.

Details on when and where the incident occurred were not provided, although the college says it received a complaint from the patient and a breach-of-privacy report from the Island Health authority.

The college says the patient was unconscious when the photo was taken by Kinahan who used his personal cellphone.

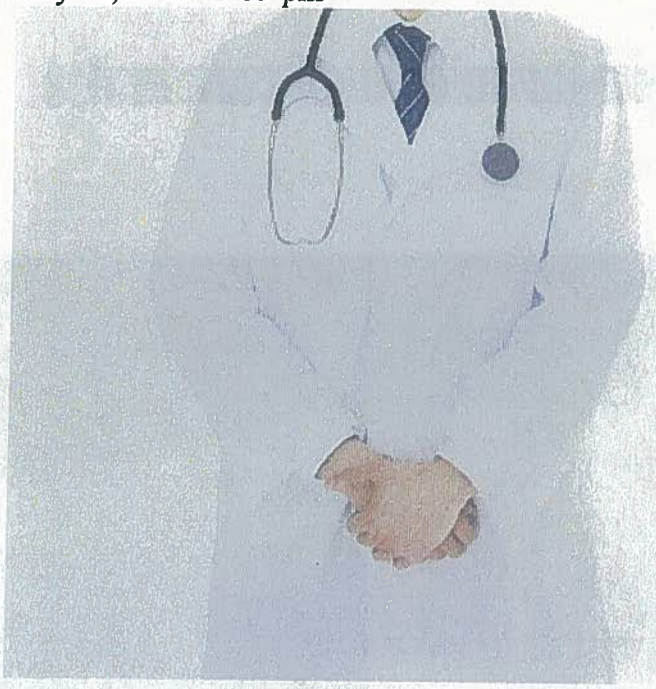
Besides issuing the $20,000 penalty, the college has written Kinahan a formal reprimand, suspended him for six months starting Jan. 1, 2016, and ordered him to attend a clinician-patient communication program.

He must also further his education in the areas of ethics, boundaries and professionalism.

CATHETER | DOCTOR | HEALTH | VICTORIA

Kamloops dentist appealing "incompetent" ruling; penalty hearing could now be delayed

Vancouver, BC, Canada / (CKNW AM) AM980
Shelby Thom
July 21, 2015 09:39 pm



A Kamloops dentist is appealing, after the regulatory authority for dentists in BC determined his mistakes left an 18 year old patient with permanent brain damage almost three years ago.

The penalty hearing for Bobby Rishiraj could now be delayed- because he is appealing a decision by the College of Dental Surgeons of BC to BC Supreme Court.

A discipline panel found Rishiraj provided deep sedation to a patient in November 2012 while she was having her wisdom teeth removed.

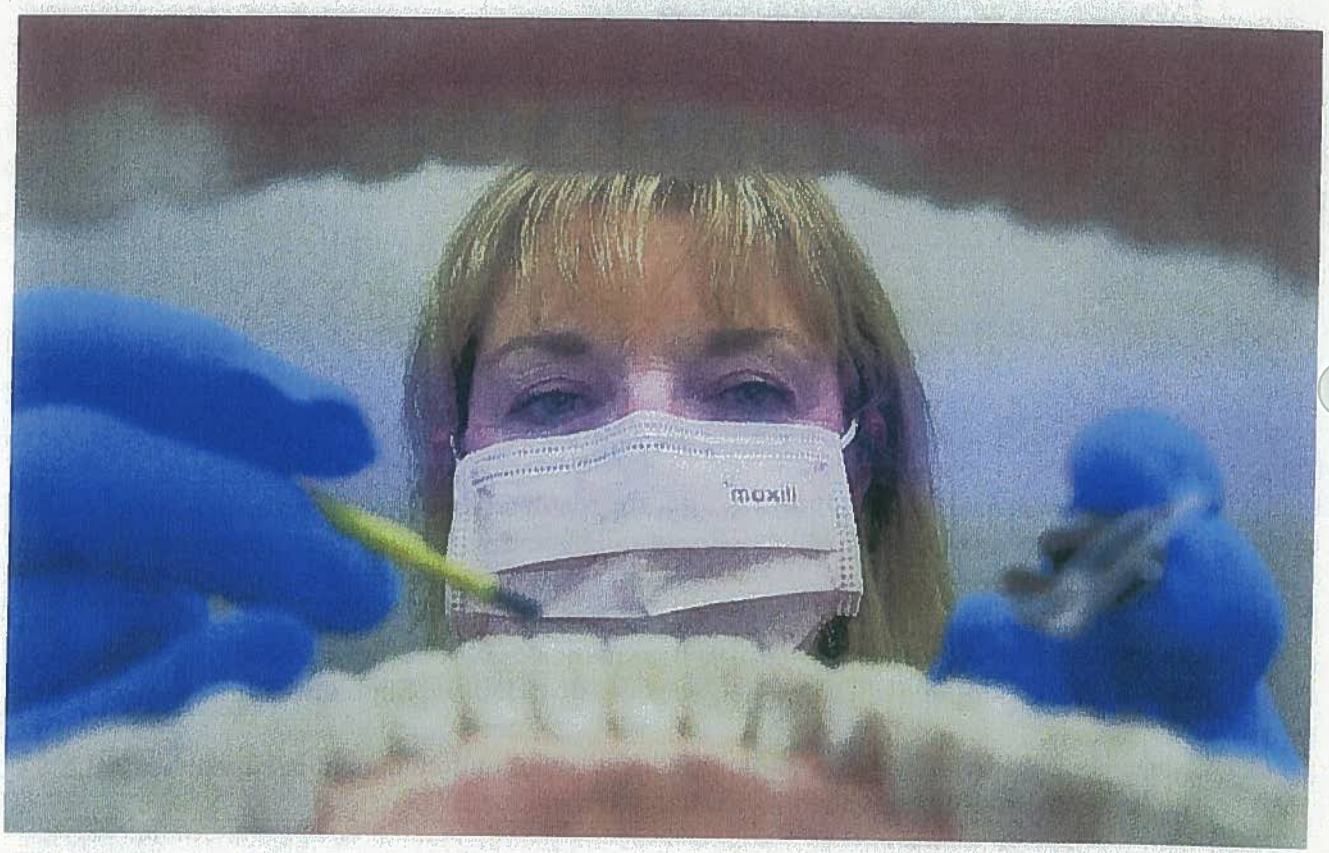
It found the dentist was incompetent because he failed to recognize the patient's cardiac arrest in a timely way, delayed resuscitative measures, and failed to properly monitor her.

It led to a devastating outcome for the young woman who suffered brain damage.

Rishiraj continues to practice, with limits imposed by the college, pending the outcome of the penalty hearing.

B.C. docs developing non-invasive oral cancer test

By Stefania Seccia, 24 hours
Tuesday, July 21, 2015 3:19:49 PDT PM



The future of testing for oral cancer is going to be much easier through a new, non-invasive test created by B.C. scientists. (Postmedia Network)

An easy, non-invasive genetics test for oral cancer could come to a clinic or dentist's office near you within the next two years — thanks to B.C. researchers.

Dr. Catherine Poh and her team have for the last 15 years been developing a method of gently brushing the inside of someone's mouth for tissue, such as saliva, and then running a genetic test to check for cancerous cells.

The best approach to controlling the disease is to develop prevention strategies, according to Poh, including screening and early detection of lesions at risk — and that capability isn't available.

"When I see patients at the cancer agency, it's usually at a late stage," she said. "To raise awareness about this is really important."

Oral cancer is among the most deadly of all cancer types, as its five-year survival rates range from 30 to 60%. Worldwide, there are 274,000 new cases and 145,000 deaths each year.

What's troubling is how there's been a lack of significant change in prognosis for for this cancer over the last 50 years, according to

Poh.

In the majority of cases, oral cancer is treated surgically, followed by radiation therapy and chemotherapy treatments — usually resulting in diminished quality of life, impaired function and disfigurement.

Poh said the test could be available within the next two years at doctor's offices and dental clinics, where the samples would be taken, and then sent and checked at the B.C. Cancer Agency or by a company.

Oral cancer often goes ignored, and more awareness is needed to improve survival and quality of life rates, Poh added.

"This test will benefit 1,000 patients a year in B.C.," she said. "There's a need for 1,000 patients a year, and the reason for that is because many have been screened by dentists, the visual inspections."

The research was funded by Genome BC in collaboration with the University of B.C. Dentistry's Oral Cancer Research Fund.

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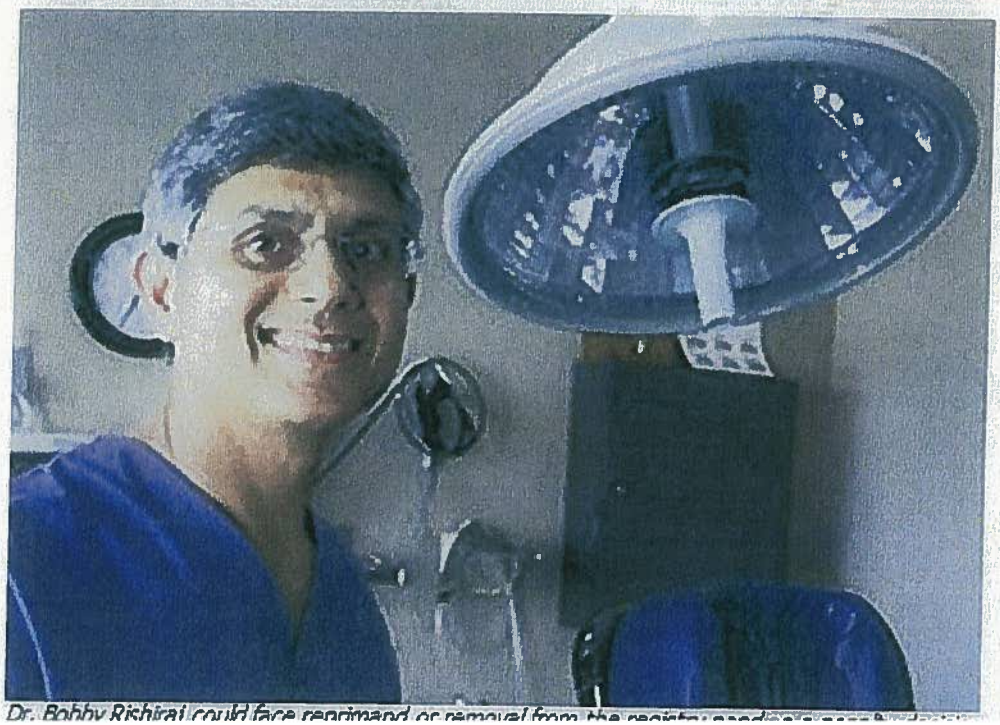
More inspections warranted after Kamloops patient sustains heart attack, brain injury: Dental regulator

By Glynn Brothen



Dr. Bobby Rishiraj could face reprimand or removal from the registry pending [illegible]

July 17, 2015 - 8:00 PM

KAMLOOPS - The regulatory board for dental surgeons will continue operating on a complaint-based system for incidents, but plans to broaden its scope of inspection for sedation facilities after one Kamloops dentist's failures caused a patient's severe brain injury in 2012.

Last month, the College of Dental Surgeons of British Columbia posted their decision to impose a penalty on Dr. Bobby Rishiraj after the regulator investigated

Dr. Bobby Rishiraj could face reprimand or removal from the registry pending a penalty decision from the College of Dental Surgeons of British Columbia after a patient of his was left with a brain injury in 2012.
Image Credit: Kamloopsoralsurgery.com

patient's severe brain injur in 2012.

Last month, the College o Dental Surgeons of Britis Columbia posted thei decision to impose a penalt on Dr. Bobby Rishiraj afte the regulator investigate him and his practice, the Kamloops Oral Surgery and Implant Centre. The incident was not isolated, but rather a pattern of Rishiraj's practice, the regulator said. Investigators found Rishiraj advertised the service and provided deep sedation anaesthetic to 23 patients during surgery when he was only licensed to provide moderate sedation. The College became involved when he provided deep sedation to remove a patient's wisdom teeth in November 2012. During the surgery, the patient's oxygen levels dropped which led to a heart attack and subsequent brain injury.

At the time of the incident, inspections at Rishiraj's clinic weren't required because, on paper, he provided moderate sedation.

"Currently, we perform inspections of dental offices where deep and (general anesthesia) sedation are provided, but we will be expanding the program to include inspections of moderate sedation facilities," Anita Wilks, spokesperson for the college, says. "(The College) has stringent standards and guidelines for sedation and the issue here is that Dr. Rishiraj was not following them."

Wilks says College investigations are kickstarted by patient complaints or, in this case, a critical incident report.

"(The) goal is to protect the public, and when this incident occurred we took immediate steps to ensure patients were not put at risk," she says, adding cases like Rishiraj's are 'extremely rare'. "This case is about one practitioner who did not adhere to the standards and guidelines that are in place to protect the public, with terrible consequences."

Wilks says the College places high expectations on those who enter the field to comply with regulations and a standard of ethics. From February 2014 to February 2015, Wilks says the College received 303 complaints. Only three were referred to discipline.

"We have quality assurance requirements that must be met on an ongoing basis, a code of ethics and standards of practice for registrants, and we publish standards and guidelines that set out (the College's) expectations for registrants," she says.

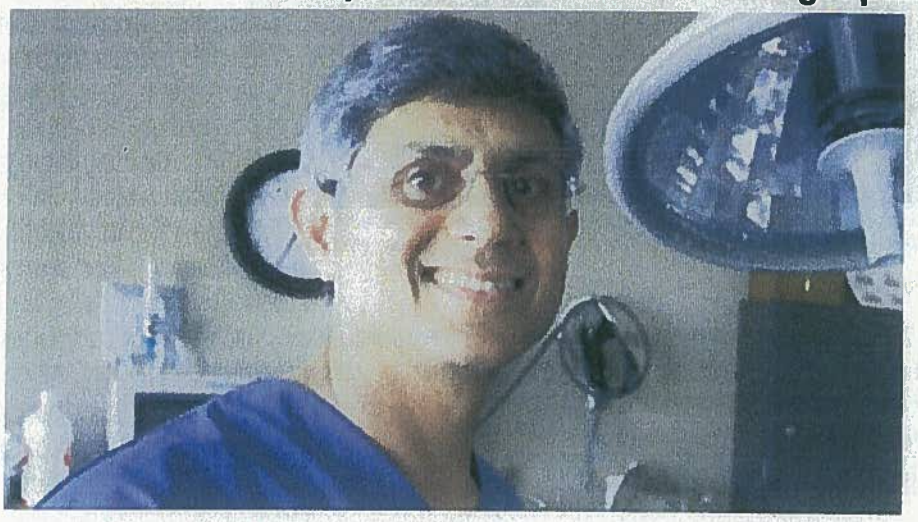
Rishiraj is still practicing under conditions which restrict him from providing more than moderate sedation. He is required to hire expert staff and change office procedures and protocols to meet the sedation requirements he's licensed for. The college will impose its penalty - which could include either reprimand or Rishiraj's removal from the registry - at a later date.

Rishiraj declined to be interviewed. He currently works at the Kamloops Oral and Maxillofacial Surgery Centre.

To view what sedation method your dentist is approved for, search the online directory of dentists on the College's website here.

To contact a reporter for this story, email Glynn Brothen at gbrothen@infonews.ca, or call 250-319-7494. To contact the editor, email mjones@infonews.ca or call 250-718-2724.

B.C. dentist caused patient to suffer brain damage: panel



Dr. Bobby Rishiraj seen in this undated photo. (KamloopsOralSurgery)

The Canadian Press
Published Wednesday, July 8, 2015 6:04PM EDT
Last Updated Wednesday, July 8, 2015 8:38PM EDT

KAMLOOPS, B.C. -- A British Columbia dental surgeon failed to properly monitor a young patient who went into cardiac arrest and suffered severe brain damage, the province's regulatory authority for dentists has ruled.

A discipline panel of the College of Dental Surgeons of B.C. said in a written decision that Dr. Bobby Rishiraj provided deep sedation using three drugs without being approved to perform such a procedure.

The patient identified only as HZ went to the Kamloops Oral Surgery and Implant Centre in November 2012 to have her wisdom teeth removed, the college said.

It said that a monitor showed HZ was experiencing significant cardiac trouble but Rishiraj continued extracting a tooth and that even when he took action, it was inadequate for a patient who had no pulse.

A certified dental assistant asked if she should start CPR, and Rishiraj told her to go ahead while instructing another assistant to call 911 and bring in equipment so he could ventilate HZ. But she had trouble finding it, the decision said.

When it was located, it did not fit HZ properly and "he did not hook it up to an oxygen source" and did not administer the drug epinephrine, which was later given to the patient by ambulance attendants, the college said.

"The panel has concluded that Dr. Rishiraj failed to exercise the level of care, skill and knowledge of a competent practitioner in that he failed to recognize Ms. HZ's cardiac arrest in a timely way and delayed resuscitative measures as a result," the ruling said.

The ruling also said Rishiraj would leave a sedated patient in order to attend to another patient in his busy practice, where he performed five or six surgeries in a morning.

"Even his (certified dental assistant) cut corners in that she left a patient who was coming out of sedation to wash her instruments, presumably to prepare for the next surgery."

The decision said Rishiraj was authorized to provide moderate sedation only. An expert witness told the panel that the dentist regularly administered a powerful combination of three drugs in rapid succession without waiting to observe their impact on a patient and making any necessary adjustments for weight and age, for example.

Rishiraj, who also works on call at Royal Inland Hospital in Kamloops, attended hearings and admitted that he was not operating his facility in compliance with required sedation and general anesthetic standards.

He continues to practise, with sedation limits imposed by the college, pending the outcome of a hearing that will determine a penalty.

The panel has yet to decide if Rishiraj also provided deep sedation to seven other patients.

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TIMES COLONIST

B.C. dentist's incompetence caused patient to suffer brain damage: decision

The Canadian Press
July 8, 2015 11:07 AM

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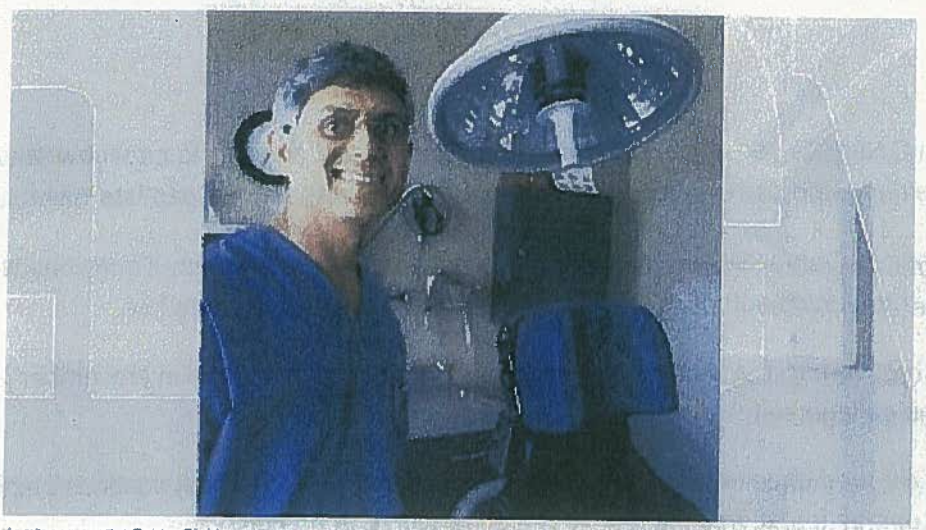
— By Camille Bains in Vancouver.

Kamloops dentist Bobby Rishiraj's mistake leaves patient with severe brain damage

Patient suffers heart attack after receiving deep sedation from dentist not qualified to administer it

6 Jul 2015 CBC

CBC News · Posted: Jul 06, 2015 5:36 PM PT | Last Updated: Jul 06, 2015 6:57 PM PT



Kamloops dentist Bobby Rishiraj will be penalized at a later date after the College of Dental Surgeons of B.C. found his actions constituted incompetent practice. (CBC)

A B.C. dentist will face a penalty hearing for incompetent practice after he administered deep sedation that led to a heart attack that left the patient with severe brain damage.

But despite its findings, a panel of the College of Dental Surgeons of B.C. (CDSBC) has decided to allow Dr. Bobby Rishiraj to continue practicing as an oral surgeon in Kamloops until it holds the hearing.

Rishiraj runs a private clinic known as the Kamloops Oral Surgery and Implant Centre.

In its ruling, the panel found Rishiraj was only authorized to provide moderate sedation when a patient came to see him in November 2012 to have her wisdom teeth removed.

Instead, it said, Rishiraj administered deep sedation without following the proper medical procedures for this type of drug.

When things began to go wrong, the dentist failed to recognize "in a timely way" that his patient was having a heart attack, according to the panel. As a result, resuscitation was delayed.

College describes case as tragedy

The panel also said Rishiraj ran his practice to promote "efficiencies" by treating as many patients in as short a time as possible and failed to adequately monitor patients that were under sedation.

In a statement, the college's CEO Jerome Marburg described the case as a tragedy.

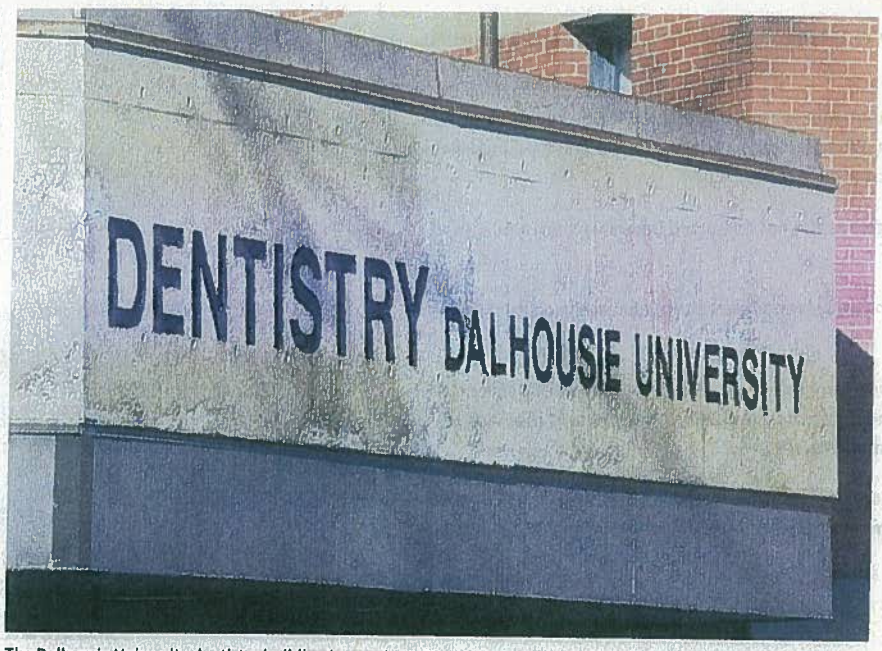
"Our hearts and thoughts go out to the patient and her family," he said. "They have shown incredible courage and grace throughout this ordeal."

Although Rishiraj is allowed to continue his practice until the penalty hearing, the college says it is imposing conditions limiting the dentist to one type of moderate sedation and requiring he hire additional expert staff.

"For now, we are satisfied that the public is protected," said Marburg. "CDSBC required Dr. Rishiraj to make changes to his practice to ensure patient safety is paramount."

WORLD NEWS

Sanctioned students hired as dentists: lawyer



The Dalhousie University dentistry building is seen in Halifax on Jan. 6, 2015. A lawyer for Dalhousie University says many of the dentistry students disciplined for participating in a misogynistic Facebook group are now employed as dentists. THE CANADIAN PRESS Andrew Vaughan — Image Credit:

by Canadian Press - BC Local News
posted Jul 10, 2015 at 5:50 AM — updated Jul 11, 2015 at 10:07 AM

By Tim Callanan, The Canadian Press

HALIFAX - A lawyer for Dalhousie University says many of the dentistry students disciplined for participating in a misogynistic Facebook group are now employed as dentists.

Sally Gomery, an Ottawa lawyer hired by Dalhousie to give it legal advice on the Facebook posts, would not say how many of the 13 male students found work in their field upon graduation.

"The university has been advised that many members of the Facebook Group have secured employment as dentists which considerably mitigates the ensure," Gomery said in an email.

"To date only one licensing board has contacted Dalhousie for information about a student who belonged to the Facebook Group," she said.

Gomery said she would not comment further because of the university's obligation to protect the privacy of its students.

Following a complaint from a female student, Dalhousie announced in January it had suspended the clinic privileges of 13 male students who were identified as members of a Facebook group featuring sexist and sexually violent posts.

When the suspensions were announced, the registrar of the licensing body that governs Ontario's dentists said he wanted the names of the students involved.

Irwin Fefergrad of the Royal College of Dental Surgeons of Ontario said the governing body wanted to make sure that if the disciplined students applied for licences they would face tough questions from the college.

That request was rejected by Dalhousie on privacy grounds.

But as a direct result of the Dalhousie incident, the Ontario regulator added a new question to its licensing application, Fefergrad said in an interview Tuesday.

He said the form now asks applicants if they were ever the subject of a complaint, inquiry or investigation at a post-secondary institution.

"We feel that it's an important question to ask of anybody. So we learned something out of the Dal situation," said Fefergrad.

"Just because somebody has had an experience in the dental school, it doesn't automatically dis-entitle that person from registration. What it does is it triggers our obligation to make inquiries as to their suitability to practice and under what circumstances."

Fefergrad would not say whether his organization has contacted the university for further information on any applicants.

The Provincial Dental Board of Nova Scotia also announced policy changes in response to the Dalhousie situation.

"The Board is moving to strengthen its licensure review process by requiring all applicants to disclose any disciplinary proceedings or complaints made against them during their university education," the organization said in a statement in March.

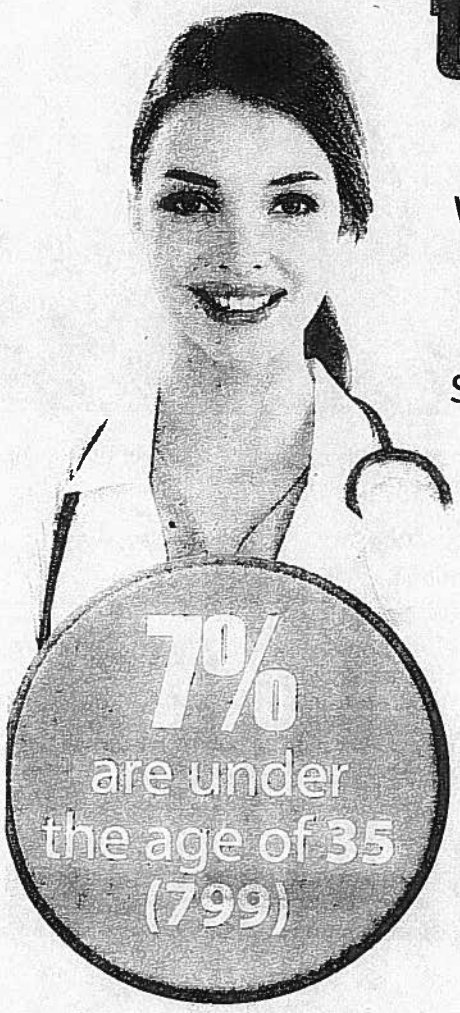
When asked this week if the board had contacted Dalhousie to find out if any licence applicants were involved in the Facebook group, chairman Tom Raddall said privacy laws prevent the disclosure of details from specific applications.

Follow @tim_callanan on Twitter.

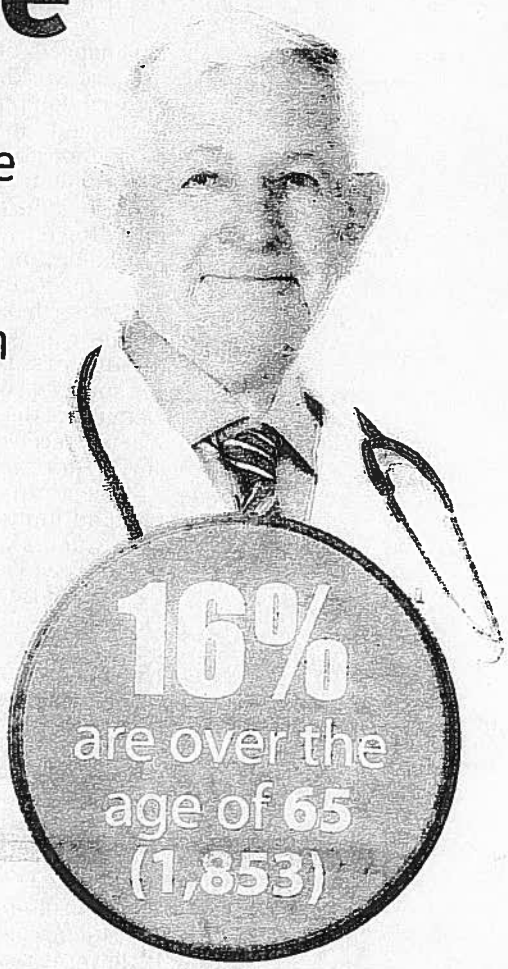
The Vancouver Sun – 10 July 2015

B.C. doctors not eager to retire

Many enjoy their work, need income to make up for losses in 2008 stock market crash



A total of **11,574** doctors are practising in B.C.



PAMELA FAYERMAN
VANCOUVER SUN

B.C. doctors are increasingly reluctant to retire, with 16 per cent working past age 65, including 109 individuals over the age of 80, according to the latest data.

Of the 11,574 doctors practising in B.C., more are over the age of 70 (817) than under age 35 (799), states a report from the College of Physicians and Surgeons of BC. Dr. Heidi Oetter, CEO/registrar of the college, said doctor demographics appear to match overall population demographics and the fact that so many are continuing to work past the age of 75 — when governments used to revoke medical billing numbers — shows there are desires and opportunities for work. As well, many doctors from other provinces come here to semi-retire and work part time.

Thirdly, the stock market crash of 2008 still has an effect on retirement income portfolios, so doctors are working longer to compensate for that loss in income, she said.

Last year, the college said it had received about 100 complaints from concerned colleagues and patients about potentially deficient performance by older doctors. The college receives in total about 1,000 complaints in categories like conduct, ethics, poor communication, and boundary violations.

CONTINUED ON A6

FROM PAGE A3

B.C. doctors not eager to retire; many enjoy their work, need income

Oetter said the college has poured resources into assessments of doctors, especially targeting those over age 70, to ensure they are performing well.

It inspects offices where doctors are working to ensure they are well-equipped, clean and well organized, and it also uses an anonymous survey tool based on a template from Alberta regulators called the Physician Achievement Review. The multi-source feedback tool is handed out to patients, doctors' medical peers and other health professionals so they can anonymously evaluate doctors; respondents send the survey directly to the college. Oetter said the college is satisfied when it receives at least 25 such surveys for each doctor.

More than 600 peer-practice and multi-source feedback assessments were done on doctors last year, and a third of them were on those over the age of 65. Doctors who receive unfavourable reviews are coached by a University of B.C. medical school faculty member hired on a consulting contract to help improve performance.

Risks associated with older doctors mostly pertain to health issues — cognition, vision, hearing and mobility — rather than experience, and doctors who work in solo practices or in geographic areas where they have little scrutiny by colleagues are often selected for assessments. (Doctors are also randomly selected).

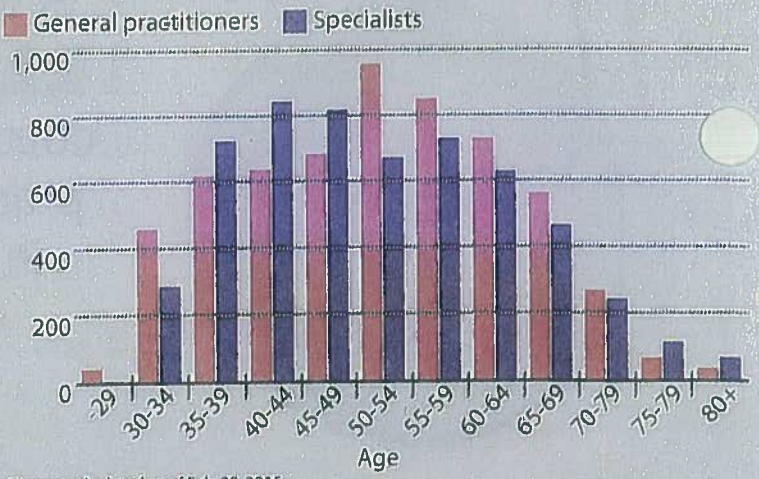
Doctors practising into their 80s should not be surprised to be closely monitored by the college, officials say.

Dr. Charles Webb, the newly elected president of Doctors of BC, said he's not surprised so many doctors continue practising.

"It's a wonderful job and doctors who've been in practice for so many decades feel a duty and obligation to carry on looking after their patients," he said.

Dr. Charles Webb, the newly elected president of Doctors of BC, says 'older doctors have enormous experience.'

Doctors in B.C. by age



Figures calculated as of Feb. 28, 2015
Source: College of Physicians and Surgeons of B.C.

"I've not heard of any problems with competency. On the contrary, older doctors have enormous experience."

Webb, who is 56, said he hopes to work well into his 70s because medicine is his "calling" and provides him with "enormous joy."

He acknowledges there's a financial incentive to work longer. A committee of Doctors of BC (formerly named the BC Medical Association) made great strides in gaining fee increases for family doctors in recent years.

"So family doctors are being rewarded and compensated better now, especially for treating patients with complex and chronic care problems," Webb said.

A basic office visit fee ranges from about $30 to $45, depending on the age of a patient.

Sun health issues reporter
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VANCOUVER SUN - 8 July 2015

HEALTH

One visit now enough for walk-in clinics to offer continuing care

PAMELA FAYERMAN
VANCOUVER SUN

The walk-in or urgent care clinic that you visited just once is obliged to be your "medical home" if that's what you need and want, according to new standards set by the College of Physicians and Surgeons of BC.

Formerly, there was an expectation that such clinics became your primary care clinic of record after three visits.

Under beefed-up guidelines, walk-in clinics will be held to the same high standard as those where patients book appointments. That means doctors at walk-in clinics must keep excellent medical records, contact patients with lab or other diagnostic test results, send copies of reports to other doctors who need them, offer to be the primary-care clinic for patients who need a regular place to go, and schedule periodic screening and prevention checkups.

Dr. Heidi Oetter, CEO and registrar of the college, said professional standards and guidelines were updated with stronger language to let doctors and patients know there aren't different standards of care for traditional medical clinics and walk-in clinics. If patients have no other place to go, then walk-in clinic doctors must offer to be the patient's primary care physician through a "verbal invitation."

They can no longer consider a patient's visit as a one-off, she said.

CONTINUED ON A8

One visit now enough for walk-ins to offer continuing care

Oetter said the college hears regular complaints that walk-in clinics "cherry pick" the easiest cases.

But even patients with complex or chronic illnesses should be able to depend on walk-in clinics for continuing care, she said. If it's not offered, patients should feel comfortable demanding "what they need."

The college also expects every walk-in clinic to have a medical director who is a doctor, not a business person, so the college can communicate "doctor to doctor." The medical director must ensure compliance with college standards. Doctors at such clinics can't delegate followup medical care and lab tests to staff who are non-physicians.

The college is also insisting walk-in clinics provide after-hours coverage and have access to PharmaNet so they know what prescriptions patients are taking. Oetter said the latter rule arose after investigations found evidence of prescription fraud throughout the Lower Mainland. One person got more than 250 prescriptions, from multiple physicians, and filled them at 34 different pharmacies from 2007 to 2013. The college found fault with 46 physicians who had deficient prescribing practices.

Dr. Chris Watt, a family doctor who owns three walk-in clinics in Vancouver and Victoria, said he agrees with the college's goals of high-quality care, but worries that an unintended consequence of the rule changes may be the retirement of older doctors at walk-in clinics. The new guidelines make the establishment of a doctor-patient relationship an automatic process, removing autonomy from doctors.

Dr. Charles Webb, the new president of Doctors of BC, said the college's new standards are welcome and will improve the level of patient care.

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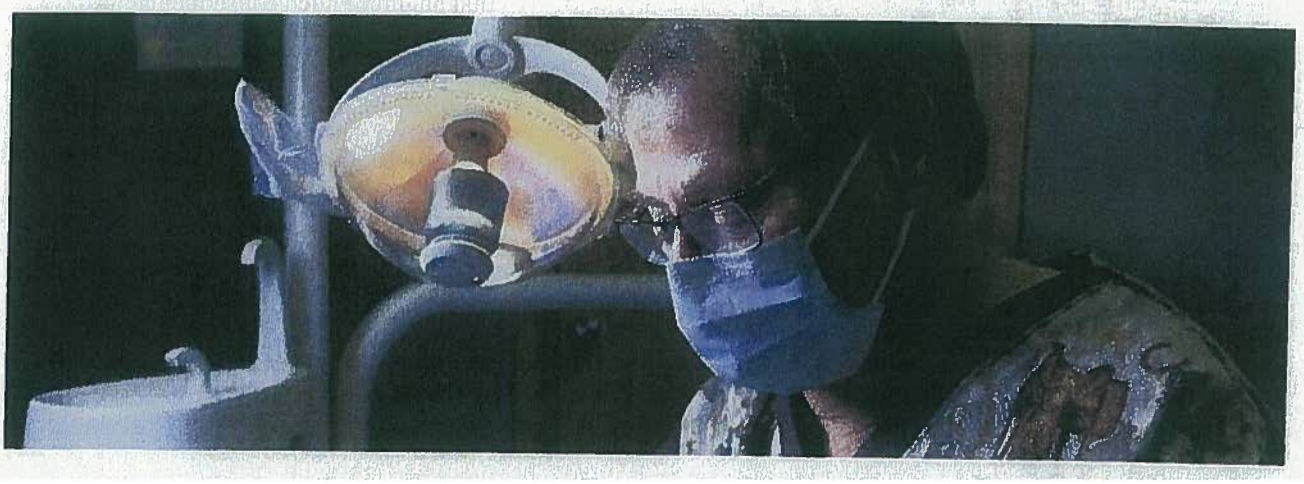
Health minister initiates review of dental fees

SAMMY HUDES, CALGARY HERALD

More from Sammy Hudes, Calgary Herald (HTTP://CALGARYHERALD.COM/AUTHOR/SAMUELHUDES)

Published on: July 2, 2015 | Last Updated: July 2, 2015 6:58 PM MDT



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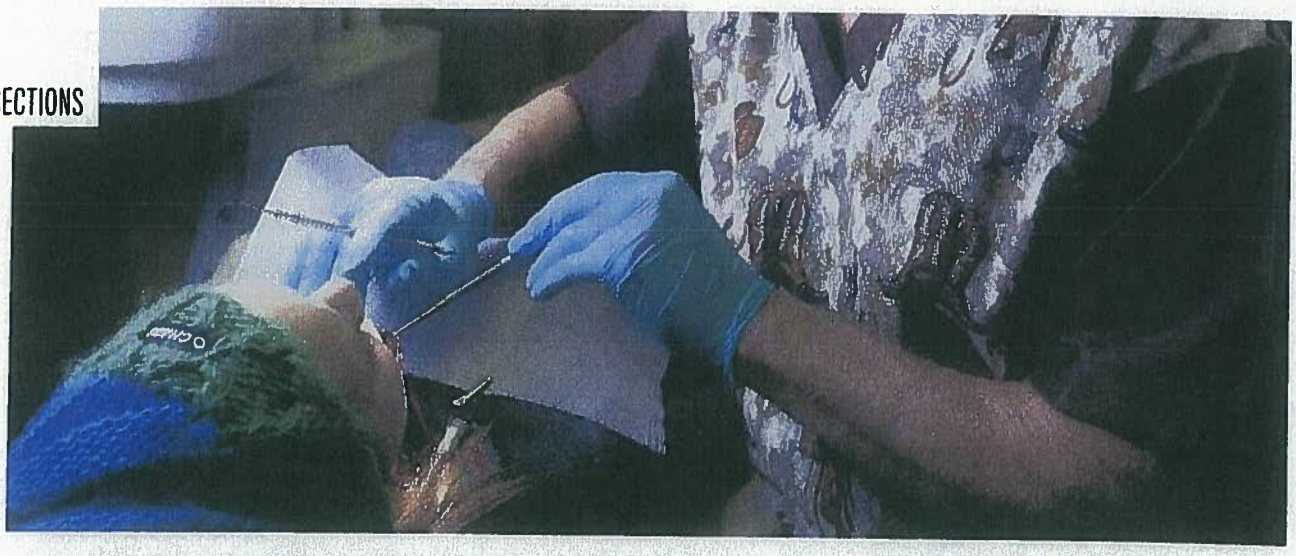

A dentist works on a patient at the Hanna Dental Clinic in Hanna, Alberta. Health Minister Sarah Hoffman says she will review rising costs of dental services in the province. *LEAH HENNEL / CALGARY HERALD*

Alberta Health Minister Sarah Hoffman says she will be reviewing the province's dental fees in the coming months.

Hoffman cited Alberta's growing cost of dental services, which are now higher than other jurisdictions in Canada.

"The fact that Alberta's dental fees have risen faster and are now higher than in other provinces is concerning," Hoffman said in a statement to the Herald. "We owe it to Albertans to explore ways we can ensure they are getting good, fair value for the money they spend on dental services."

In January, the Herald reported that prices in Alberta's $1.5-billion dental industry have surged faster (http://calgaryherald.com/news/local-news/alberta-dental-market-screams-out-for-price-transparency-says-u-s-website) than both inflation and charges elsewhere in the country since 1997, according to an internal survey by the Alberta's Dental Association and College. That's when the college stopped publishing a suggested fee guide (http://calgaryherald.com/news/local-news/pain-of-dental-fees-mounts-for-albertans), used as a benchmark for fees in every other province, because of criticism that the listing was actually working as a

schedule of floor prices that discouraged competition among practitioners.

Dental fees have since risen at twice the rate of general inflation in Alberta. The fees rose 93 per cent from 1997 to 2013, compared t0 a 64 per cent hike countrywide over that same period, according to Statistics Canada.

"This is something I plan to discuss with my ministry leadership in the coming months, but any solution we consider will also involve the Alberta Dental Association and College," Hoffman said.

The Alberta dental association says the minister has yet to contact them.

"We have not received any official statement from the minister so we can't respond to that," said spokesperson Elsie Rose. "The health minister has not even advised us of anything like that so it's a mute point."

A typical annual checkup for adults, which includes a recall examination, X-rays, scaling and polishing, costs $357.43 on average, according to data for 2015 collected by Alberta Blue Cross, the province's largest health and dental benefit provider. By contrast, fee guides in Manitoba, Saskatchewan and British Columbia set costs of $212.30, $192 and $164.90, respectively, for the same services this year.

"Some of our plan members, especially if they live along the borders, they will go into B.C. or Saskatchewan," said Sharmin Hislop of Alberta Blue Cross. "And we have quite a few that actually travel to Mexico and we do pay those claims too."

Richard Plain, an Edmonton-based health economist and a former board member of the Consumers' Association of Canada's provincial wing, said a provincial review of the current system is a welcomed step.

"For whatever reason, it seems like competition in the regional,

interprovincial sense, has not worked to lower or keep Alberta dental prices in a relatively good standing compared to other provinces," Plain said.

He said it might be a good idea to revisit the possibility of a fee guide in Alberta.

"The provincial government maybe needs to have a discussion with the competition branch," said Plain. "(Maybe) the guidelines performed a useful, social purpose and helped to keep prices down and make the service more affordable."

But if the province prefers to keep the industry more competitive, Plain said it would benefit consumers if dental clinics publicly advertised their prices.

Without a fee guide, the cost of dental work varies across the province (https://batchgeo.com/map/6ae60ee5b0ed6c728a3b68a8d223ac14), as each practice can set their own prices. Hislop said many clinics will not list their costs publicly or disclose them over the phone, which makes the process difficult for customers.

"We'd welcome anything that would control the cost," she said. "It's huge between dentists. With claims coming in, we see it. It's a fact that they vary quite a bit. Within one town you could have six dentists with different rates."

With files from Matt McClure, Calgary Herald

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CDSBC | College of Dental Surgeons of British Columbia

Green: for reappointment
Blue: New on Committee or Role

Committee Memberships 2015-2016

Committee	Member	Position	Term Expiration	Member Since
BOARD	David Tobias	President	2016	
	Erik Hutton	Vice-President	2016	
	Hank Klein	Treasurer	2016	
	Jan Versendaal	Dentist	2016	2012
	Chris Callen	Dentist	2017	2015
	Mark Spitz	Dentist	2016	2014
	Dustin Holben	Dentist	2017	2013
	Pamela Barias	Dentist	2016	2014
	Ben Balevi	Dentist	2016	2012
	Eli Whitney	Dentist, UBC Rep	2016	2010
	Elaine Maxwell	CDA	2016	2010
	Sherry Messenger	CDA	2017	2011
	Dan De Vita	Public Member	2017	2009
	Melanie Crombie	Public Member	2017	2011
	Julie Johal	Public Member	2016	2010
	Rick Lemon	Public Member	2017	2009
	David Pusey	Public Member	2016	2010
	Samson Lim	Public Member	2016	2013

CDA ADVISORY	**Susanne Feenstra**	**CDA (Chair)**	**2017**	**2013**
	Wendy Forrieter	**CDA (Vice-Chair)**	**2017**	**2010**
	Sherry Messenger	**CDA**	**2017**	**2008**
Consists of at least 7 members	**Sabina Reitzik**	**CDA**	**2017**	**2015**
• At least 2 dentists, 1 from Board	Patricia Hunter	Dentist	2016	2010
• At least 4 CDAs, at least	Dan De Vita	Public Member	2016	2008
• 1 from Board	Rob Staschuk	Dentist	2016	2010
• 1 Public member	Eli Whitney	Dentist (Board Member)	2016	2012
• The majority of membership must be CDAs				
	Leslie Riva	Staff (Manager of CE & CDA Certification)		
	Debbie Minton	Staff (Committee Admin Assistant)		
CDA CERTIFICATION	**Bev Davis**	**CDA (Chair)**	**2017**	**2009**
Consists of at least 6 members	**Subbu Arunachalam Pillai**	**CDA (Vice-Chair)**	**2017**	**2015**
	Elaine Maxwell	**CDA**	**2017**	**2013**
• At least 1 dentist	Melanie Crombie	Public Member	2016	2011
• At least 3 CDAs	David Pusey	Public Member	2016	2010
• At least 2 Public, at least 1	**Heather Slade**	**Public Member**	**2017**	**2015**
	Sima Gandha	**CDA**	**2017**	**2015**
from Board	Alex Lieblich	Dentist	2016	2009
• 1/3rd must be public members	Leslie Riva	Staff (Manager of CE & CDA Certification)		
• ½ must be CDAs	Debbie Minton	Staff (Committee Admin Assistant)		
DISCIPLINE	Josephine Chung	Dentist (Chair)	2016	2004
	Bruce Ward	**Dentist (Vice-Chair)**	**2017**	**2011**
Consists of at least 15 members	Anthony Soda	Public Member	2016	2010
• At least 8 dentists – at least 4 GPs & at least 2 Specialists	**Martin Gifford**	**Public Member**	**2017**	**2011**
	Michael MacDougall	Public Member	2016	2012
• At least 2 CDAs	Karl Denk	Dentist	2016	2009
	Paul Durose	**Public Member**	**2017**	**2009**
• At least 5 Public, at least 1 from Board	Myrna Halpenny	Endodontist	2016	2004
• 1/3rd must be public members	Arnold Steinbart	Dentist	2016	2003
• A person may not be a member of the Discipline and Inquiry Committees simultaneously	Michael Wainwright	Orthodontist	2016	2012
	Sabina Reitzik	**CDA**	**2017**	**2015**

DISCIPLINE (Cont.)	**David Speirs**	**Dentist**	**2017**	**2011**
	Leona Ashcroft	Public Member	2016	2009
	Catherine Monk	**CDA**	**2015**	**2011**
	William Rosebush	Dentist	2016	2012
	Bert Smulders	**Dentist**	**2017**	**2015**
	Charity Siu	**Orthodontist**	**2017**	**2015**
	Jerome Marburg	Staff (Registrar)		
	Nancy Crosby	Staff (Manager of CEOs Office)		
ETHICS	**Ken Chow**	**Oral Surgeon (Chair) – 1 year reappointment**	**2016**	**2005 (2009)**
	Brian Wong	**Dentist (Vice-Chair) – 1 year reappointment**	**2016**	**2007**
Consists of at least 7 members	Leetty Huang	Dentist	2016	2008
• At least 4 dentists	**Gaetan Royer**	**Public Member**	**2017**	**2013**
• At least 1 CDA	Richard Lemon	Public Member	2016	2008
• At least 2 Public	Peter Stevenson-Moore	Prosthodontist	2016	2009
• Majority must be dentists	Chiku Verma	Dentist	2016	2010
	Mark Kwon	Dentist	2016	2010
	Nadine Bunting	CDA	2016	2010
	Reza Nouri	Pediatric Dentist	2016	2012
	Jonathan Visscher	Dentist	2016	2014
	Mark Spitz	Dentist	2016	2014
	Brad Forster	Oral Surgeon	2016	2014
	Jerome Marburg	Staff (Registrar)		
	Greg Cavouras	Staff (Staff Lawyer & Sr. Policy Analyst)		
	Anita Wilks	Staff (Sr. Manager of Communications)		
	Karen England	Staff (Committee Admin Assistant)		
	Oleh Ilnyckyj	Advisor		
		WORKING GROUP UNTIL BYLAW CHANGE		
FINANCE & AUDIT	**Samson Lim**	**Public Member (Chair)**	**2016**	**2013**
	Hank Klein	**Dentist (Treasurer) – Vice Chair**	**2016**	**2015**
Consists of 6 members	Erik Hutton	Dentist (Board Member)	2016	2012
• 1 public member from ICA BC and designated by Board to be Chair	David Tobias	Dentist (ex-officio)	2016	2012
	Mark Spitz	**Dentist (Board Member)**	**2016**	**2015**

FINANCE & AUDIT (Cont.)

	Peter Stevenson-Moore	**Dentist (non-Board member)**	**2016**	**2014**
• Vice-President & Treasurer	**Dan De Vita**	**Public Member**	**2016**	**2012**
• 1 public board member	Jerome Marburg	Staff (Registrar)		
• 1 elected Board member	Dan Zeng	Staff (Director of Finance & Admin)		
• 1 dentist Non-Board member	Karen England	Staff (Committee Admin Assistant)		
	AUDIT COMMITTEE UNTIL BYLAW CHANGE TO FINANCE & AUDIT COMM.			
AUDIT COMMITTEE	**Samson Lim**	**Public Member (Chair)**	**2016**	**2013**
	Hank Klein	**Dentist (Board Member) Vice-Chair**	**2016**	**2014**
Consists of 3 members	**Peter Stevenson-Moore**	**Dentist (non-Board Member)**	**2016**	**2014**
• 1 dentist Board member				
	Jerome Marburg	Staff (Registrar)		
• 1 public member from ICA BC and designated by Board to be Chair	Dan Zeng	Staff (Director of Finance & Admin)		
	Karen England	Staff (Committee Admin Assistant)		
• 1 dentist Non-Board member				
	WORKING GROUP UNTIL BYLAW CHANGE CREATES COMMITTEE			
GOVERNANCE	Erik Hutton	Dentist (Chair)	2016	2012
	Melanie Crombie	**Public Member (Board)**	**2016**	**2012**
Consists of 5 members	**Richard Lemon**	**Public Member (Board)**	**2016**	**2012**
• The Vice-President	**Hank Klein**	**Dentist (Board)**	**2016**	**2015**
	Mark Spitz	**Dentist (Board)**	**2016**	**2015**
• The Treasurer	**Ben Balevi**	**Dentist (Board)**	**2016**	**2014**
• 1 Public Board member	David Tobias	Dentist (ex-officio)	2016	2013
• 2 additional Board members	Jerome Marburg	Staff (Registrar)		
	Greg Cavouras	Staff (Staff Lawyer & Sr. Policy Analyst)		
	Nancy Crosby	Staff (Manager of CEOs Office)		
INQUIRY	**Greg Card**	**Dentist (Chair)**	**2017**	**2003 (2015)**
	Mike Racich	**Dentist (Vice Chair)**	**2017**	**2007**
Consists of at least 15 members	**Scott Stewart**	**Dentist (until current panel work concludes)**	**2016**	**2003**
	John Carpendale	**Prosthodontist (until current panel work concludes)**	**2016**	**2013**
• At least 8 dentists – at least 4 GPs & at least 2 Specialists	**Lynn Carter**	**Public Member**	**2017**	**2009**
	Nadine Bunting	**CDA**	**2017**	**2007**
• At least 2 CDAs	Erik Hutton	Dentist	2016	2004

INQUIRY (Cont.)

- At least 5 Public, at least 1 from Board
- 1/3rd must be public members
- A person may not be a member of the Discipline and Inquiry Committees simultaneously

Ellen Park	Endodontist	2016	2014
Brad Daisley	**Public Member**	**2017**	**2012**
Rick Lemon	Public Member	2016	2009
Robert Elliott	**Orthodontist**	**2017**	**2013**
Robbie Moore	**Public Member (stepping down Sept. 23)**	**2015**	**2005**
Agnes Yngson	CDA	2016	2010
Julie Johal	Public Member	2016	2011
Bertrand Chan	**Oral Medicine**	**2017**	**2013**
Tom Clarke	Public Member	2016	2014
Patricia Hunter	Dentist	2016	2010
Jonathan Suzuki	Orthodontist	2016	2003
Jonathan Adams	Dentist	2016	2010
**** John Lee**	**Public Member**	**2017**	**2015**
**** Ron Zokol**	**Dentist**	**2017**	**2015**
**** Andrew Shannon**	**Dentist**	**2017**	**2015**
**** Suzanne Carlisle**	**Dentist**	**2017**	**2015**
**** John Meredith**	**Public Member**	**2017**	**2015**
**** Nariman Amiri**	**Prosthodontist**	**2017**	**2015**
Jerome Marburg	Staff (Registrar)		
Carmel Wiseman	Staff Lead (Deputy Registrar)		
Michelle Singh	Staff (Committee Admin Assistant)		

**** EFFECTIVE SEPT 23, 2015**

NOMINATIONS (AWARDS)

Consists of 5 members

- The President
- At least 2 dentists
- 1 CDA
- 1 Public member

Peter Stevenson-Moore	**Dentist (Past President) - Chair**	**2016**	**2012**
David Tobias	**President**	**2016**	**2014**
Bob Coles	**Dentist (Past President) (Vice-Chair)**	**2016**	**2010**
Ash Varma	**Dentist (Past President)**	**2016**	**2009**
Lane Shupe	**CDA**	**2016**	**2010**
Melanie Crombie	**Public Member**	**2016**	**2014**
Anita Wilks	Staff (Director of Communications)		
Jocelyn Chee	Staff (Committee Admin Assistant)		

QUALITY ASSURANCE	**Ash Varma**	**Dentist (Chair)**	**2017**	**2010 (2011)**
	Adam Pite	Dentist (Vice Chair)	2016	2011
Consists of at least 9 members	Paul Durose	Public Member	2016	2004
• At least 5 dentists	**Catherine Baranow**	**CDA**	**2017**	**2013**
• At least 1 CDA	Julie Johal	Public Member	2016	2010
• At least 3 Public members, at least 1 from Board	**Alex Hird**	**Dentist**	**2017**	**2015**
	David Vogt	**Public Member**	**2017**	**2006**
• At least 1/3rd must be public	Bhasker Thakore	Dentist	2016	2010
	Jan Versendaal	Dentist	2016	2012
	Ben Balevi	Dentist	2016	2012
	Andrea Esteves	**Dentist**	**2017**	**2012**
	Laura Turner	**Dentist**	**2017**	**2015**
	Jerome Marburg	Staff (Registrar)		
	Roisin O'Neill	Staff (Director of Registration & HR)		
	Leslie Riva	Staff (Sr. Manager: CDA Certification & QA)		
	Greg Cavouras	Staff (Staff Lawyer & Sr. Policy Analyst)		
	Karen Walker	Staff (Committee Admin Assistant)		
CONTINUING EDUCATION SUBCOMMITTEE, QAC	**Ash Varma**	**Dentist (Chair)**	**2017**	**2010**
	Adam Pite	Dentist (Vice-Chair)	2016	2012
	Paul Durose	Public Member	2016	2012
	Catherine Baranow	**CDA**	**2017**	**2013**
CE Subcommittee (Continued)	Jerome Marburg	Staff (Registrar)		
	Leslie Riva	Staff (Sr. Manager: CDA Certification & QA)		
	Karen Walker	Staff (Committee Admin Assistant)		
REGISTRATION	**Alex Hird**	**Dentist (Chair)**	**2017**	**2007 (2011)**
	Darren Buschel	Dentist (Vice-Chair)	2016	2012
Consists of at least 6 members	Lynn Carter	Public Member	2016	2006
• At least 4 dentists – at least 2 GPs & at least 2 Specialists	**Dan De Vita**	**Public Member**	**2017**	**2009**
	Warren Ennis	Dentist	2016	2008
• At least 2 Public, at least 1 from Board	**Ben Balevi**	**Dentist**	**2017**	**2011**
• 1/3rd must be public	Pamela Barias	Prosthodontist	2016	2012

REGISTRATION (Cont.)	Kerim Ozcan	Oral Surgeon	2016	2012
	David Pusey	**Public Member**	**2017**	**2013**
	Dustin Holben	Dentist	2016	2014
	Jerome Marburg	Staff (Registrar)		
	Roisin O'Neill	Staff (Director of Registration & HR)		
	Karen Walker	Staff (Committee Admin Assistant)		
SEDATION AND GENERAL ANAESTHETIC	**Tobin Bellamy**	**Oral Surgeon (Chair)**	**2017**	**2005 (2015)**
		Vice-Chair		
	David Sowden	**Oral Surgeon**	**2017**	**2005 (2009-15)**
	Michael Henry	Oral Surgeon	2016	2002
SERVICES	Brian Chanpong	Dentist	2016	2004
	VACANT	**Anaesthesiologist – to come**		
Consists of at least 9 members	**Mike Melo**	**Oral Surgeon**	**2017**	**2009**
• At least 6 dentists	**Larry Kahn**	**Anaesthesiologist**	**2017**	**2013**
• At least 2 anaesthesiologists certified by RCPSC & CPSBC	**Scott Yamaoka**	**Periodontist**	**2017**	**2013**
	Gordon McConnell	Biomedical Engineer	2016	1993
• At least 1 person with expertise in biomedical engineering	Martin Aidelbaum	Oral Surgeon	2016	2005
	James Kim	Anaesthesiologist	2016	2015
	Richard Wilczek	**Dentist**	**2017**	**2013**
	Mehdi Oonchi	**Dentist**	**2017**	**2015**
	Gerald Pochynok	**Pediatric**	**2017**	**2015**
	Jerome Marburg	Staff (Registrar)		
	Krista Fairweather	Staff (Committee Admin Assistant)		

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CDSBC | College of Dental Surgeons of British Columbia

Board Meeting
12 September 2015
Agenda Item 7.

CDSBC Policy Submission to Board

Submitted by
Quality Assurance Committee

Submitted on
12 September 2015

Issue

Approval of Radiography Standards and Guidelines Policy in final form

Authority

HPA and CDSBC Bylaws.

Analysis
Dr. Varma on behalf of the Quality Assurance Committee tabled a draft Standards and Guidelines document on dental radiography for consultation with the Board at its February 2015 meeting. After hearing the submission from Dr. Varma, the Board accepted the draft for consultation to the profession and instructed that an overview of the Sedentexct document be produced to accompany the Standards and Guidelines document. The Standards and Guidelines document has been slightly revised to reflect the consultation feedback. Dr. Varma has tabled the Standard and Guidelines and the overview document for formal adoption.

Timing
Immediate

Impact on Resources
Need to formalize a document

Recommendations
That the Board pass a motion as follows:

"That the proposed Draft Radiography Standards and Guidelines Policy be approved by the Board**.**

Minority view
None

Attachments
Draft Radiography Standards and Guidelines Policy

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CDSBC | College of Dental Surgeons of British Columbia

Board Meeting
12 September 2015
Agenda Item 7.

Highlights from the Evidence-Based Guidelines on Cone Beam CT for Dental and Maxillofacial Radiology (SEDENTEXCT Project)

This document features highlights from the document *Radiation Protection No 172 – Cone beam CT for dental and maxillofacial radiology (Evidence-based guidelines)* published in 2011 by the SEDENTEXCT project.

The SEDENTEXCT document in its entirety has been incorporated by reference as part of the standards for BC. The highlights included in this summary document are therefore not a complete list. The reader should be familiar with the entire document in order to understand the full range and context.

NOTE: The numbering used below refers to the sections of the document from which the highlights were drawn (SEDENTEXCT 2011).

1. INTRODUCTION AND GUIDELINE DEVELOPMENT

1.1 Imaging in dentistry and the dental and maxillofacial specialties

All stakeholders have a responsibility to deliver radiographic technology to patients in a responsible way, so that diagnostic value is maximized and radiation doses kept as low as reasonably achievable.

3. BASIC PRINCIPLES

1	CBCT examinations must not be carried out unless a history and clinical examination have been performed
2	CBCT examinations must be justified for each patient to demonstrate that the benefits outweigh the risks
3	CBCT examinations should potentially add new information to aid the patient's management
4	CBCT should not be repeated 'routinely' on a patient without a new risk/benefit assessment having been performed
5	When accepting referrals from other dentists for CBCT examinations, the referring dentist must supply sufficient clinical information (results of a history and examination) to allow the CBCT practitioner to perform the justification process
6	CBCT should only be used when the question for which imaging is required cannot be answered adequately by lower dose conventional (traditional) radiography

7	CBCT images must undergo a thorough clinical evaluation ('radiological report') of the entire image dataset
8	Where it is likely that evaluation of soft tissues will be required as part of the patient's radiological assessment, the appropriate imaging should be conventional medical CT or MR, rather than CBCT
9	CBCT equipment should offer a choice of volume sizes and examinations must use the smallest that is compatible with the clinical situation if this provides less radiation dose to the patient
10	Where CBCT equipment offers a choice of resolution, the resolution compatible with adequate diagnosis and the lowest achievable dose should be used
11	A quality assurance programme must be established and implemented for each CBCT facility, including equipment, techniques and quality control procedures
12	Aids to accurate positioning (light beam markers) must always be used
13	All new installations of CBCT equipment should undergo a critical examination and detailed acceptance tests before use to ensure that radiation protection for staff, members of the public and patient are optimal
14	CBCT equipment should undergo regular routine tests to ensure that radiation protection, for both practice/facility users and patients, has not significantly deteriorated
15	Or staff protection from CBCT equipment, the guidelines detailed in Section 6 of the European Commission document 'Radiation Protection 136. European Guidelines on Radiation Protection in Dental Radiology' should be followed
16	All those involved with CBCT must have received adequate theoretical and practical training for the purpose of radiological practices and relevant competence in radiation protection
17	Continuing education and training after qualification are required, particularly when new CBCT equipment or techniques are adopted
18	Dentists responsible for CBCT facilities who have not previously received 'adequate theoretical and practical training' should undergo a period of additional theoretical and practical training that has been validated by an academic institution (University or equivalent). Where national specialist qualifications in DMFR exist, the design and delivery of CBCT training programmes should involve a DMF radiologist
*19	For dento-alveolar CBCT images of the teeth, their supporting structures, the mandible and the maxilla up to the floor of the nose (e.g. 8cm x 8cm or smaller fields of view), clinical evaluation ('radiological report') should be made by a specially trained DMF Radiologist or, where this is impracticable, an adequately trained general dental practitioner*

*20	For non-dento-alveolar small fields of view (e.g. temporal bone) and all craniofacial CBCT images (fields of view extending beyond the teeth, their supporting structures, the mandible, including the TMJ, and the maxilla up to the floor of the nose), clinical evaluation ('radiological report') should be made by a specially trained DMF Radiologist or by a Clinical Radiologist (Medical Radiologist)*

***** *The Sedentexct document was written with a European context. In Canada both general and specialist dentists receive training in interpreting radiographs. The dentist who is prescribing the radiographs is professionally responsible/accountable for everything in the field of view. A referral must be made if the dentist notices an abnormality beyond his/her competence or ability to interpret regardless of where in the field of view it appears, or if the field of view exceeds their ability to properly interpret.*

4. JUSTIFICATION AND REFERRAL CRITERIA

4.2 The developing dentition

Justification of X-ray examinations in children is especially important because of the higher risks associated with exposure in children (see section 2.4).

CBCT may be indicated for the localized assessment of an impacted tooth (including consideration of resorption of an adjacent tooth) where the current imaging method of choice is conventional dental radiography and when the information cannot be obtained adequately by lower dose conventional (traditional) radiography.

4.2.2 *Generalized application of CBCT for the developing dentition*

Large volume (craniofacial) CBCT, imaging at least the entire facial skeleton, is currently being used as a routine tool for orthodontic-related radiological assessment by some clinicians.

As in our previous review, the Panel felt that much of the literature on using large volume CBCT for routine orthodontic diagnosis and treatment was anecdotal, case report- and opinion-based, with a lack of evidence of significant clinical impact.

Large volume CBCT should not be used routinely for orthodontic diagnosis.

Research is needed to define robust guidance on clinical selection for large volume CBCT in orthodontics, based upon quantification of benefit to patient outcome.

4.3.3 Assessment of periapical disease

CBCT is not indicated as a standard method for identification of periapical pathosis.

Limited volume, high resolution CBCT may be indicated for periapical assessment, in selected cases, when conventional radiographs give a negative finding when there are contradictory positive clinical signs and symptoms

4.3.4 Endodontics

CBCT is not indicated as a standard method for demonstration of root canal anatomy.

Limited volume, high resolution CBCT may be justifiable for selected cases, where endodontic treatment is complicated by concurrent factors, such as resorption lesions, combined periodontal/endodontic lesions, perforations and atypical pulp anatomy.

4.3.5. Dental trauma

Limited volume, high resolution CBCT is indicated in the assessment of dental trauma (suspected root fracture) in selected cases, where conventional intraoral radiographs provide inadequate information for treatment planning.

4.4 Surgical applications

4.4.1 *Exodontia*

Where conventional radiographs suggest a direct inter-relationship between a mandibular third molar and the mandibular canal, and when a decision to perform surgical removal has been made, CBCT may be indicated.

4.4.2 *Implant Dentistry*

CBCT is indicated for cross-sectional imaging prior to implant placement as an alternative to existing cross-sectional techniques where the radiation dose of CBCT is shown to be lower.

For cross-sectional imaging prior to implant placement, the advantage of CBCT with adjustable fields of view, compared with MSCT, becomes greater where the region of interest is a localized part of the jaws, as a similar sized field of view can be used.

4.4.3 *Bony pathosis*

Limited volume, high resolution CBCT may be indicated for evaluation of bony invasion of the jaws by oral carcinoma when the initial imaging modality used for diagnosis and staging (MR or MSCT) does not provide satisfactory information.

4.4.4 *Facial trauma*

For maxillofacial fracture assessment, where cross-sectional imaging is judged to be necessary, CBCT may be indicated as an alternative imaging modality to MSCT where radiation dose is shown to be lower and soft tissue detail is not required.

4.4.5 *Orthognathic surgery*

CBCT is indicated where bone information is required, in orthognathic surgery planning, for obtaining three-dimensional datasets of the craniofacial skeleton.

4.4.6 *Temporomandibular Joint*

Where the existing imaging modality for examination of the TMJ is MSCT, CBCT is indicated as an alternative where radiation dose is shown to be lower.

9. TRAINING

9.1 Roles and responsibilities

All those involved with CBCT must have received adequate theoretical and practical training for the purpose of radiological practices and relevant competence in radiation protection.

Continuing education and training after qualification are required, particularly when new CBCT equipment or facilities are adopted.

Dentists and dental specialists responsible for CBCT facilities who have not previously received “adequate theoretical and practical training” should undergo a period of theoretical and practical training that has been validated by an academic institution (University or equivalent) [*CDSBC added*:] or by an appropriate regulatory body.

CDSBC College of Dental Surgeons of British Columbia

STANDARDS & GUIDELINES

Dental Radiography

The purpose of this document is to remind dentists of the expectations that the College has regarding dental radiation. The frequency of a radiological examination is a matter of clinical judgment, and the selection of equipment and techniques used is the decision of the dentist. Compliance with Health Canada's Safety Code 30 and the ALARA (As Low as Reasonably Achievable) Principal is compulsory. The amount of patient radiation exposure must be kept as low as possible given current accepted radiological practice.

Radiographs* are necessary for the evaluation and diagnosis of many oral conditions and diseases. Radiographs should be specific to the needs and requirements of each particular patient.

Radiographs cannot be exposed without a prescription.

This document recognizes that in Canada both general and specialist dentists receive training in interpreting radiographs. The dentist who is prescribing the radiographs is professionally responsible/accountable for everything in the field of view. A referral must be made if the dentist notices an abnormality beyond his/her competence or ability to interpret regardless of where in the field of view it appears, or if the field of view exceeds their ability to properly interpret.

Registrants are referred to the following documents for the guidelines and standards CDSBC expects its registrants to follow when utilizing dental radiography:

- Safety Code 30 (Health Canada)
- B.C. Centre for Disease Control (BCCDC) Dental X-Ray Facts
- Sedentexct (European Commission on Radiation Protection)
    - The Sedentexct document is a long and detailed one; it should be read in its entirety. Click here for link to the highlights of the Sedentexct document.

Guiding principles:

1. After confirming there are no recent/adequate radiographs available, a dentist may prescribe radiographs based on a clinical examination to develop a diagnosis and form a treatment plan.

2. The justification for taking dental radiographs must be determined by a need to obtain specific information not available from other sources. Taking radiographs on request by third parties for administrative purposes only, is not recommended.

3. Operators must be reminded to select a technique or method that will permit the production of radiographs or images of an acceptable diagnostic quality with minimum exposure of the patient to radiation.

4. The dentist must ensure those exposing patients to radiation have the knowledge, skills and competency to perform this service. Those exposing patients to radiation must hold registration, certification or a radiography designation with CDSBC and must be fully trained in the use of each piece of equipment they are being asked to utilize.

5. The decision to repeat radiographs should not be based on ideal technical requirements, but rather on a lack of required diagnostic information.

6. Appropriate shielding must always be used when exposing patients to radiation.

*For the purpose of this document Radiographs includes Images

Standards and guidelines inform practitioners and the public of CDSBC's expectations for registrants. This document primarily contains standards, which are, by definition, mandatory and must be applied. Standards are clearly identified by mandatory language such as "must" and "required." This document also contains guidelines that are highly recommended but – while being evidence of a standard – are not, strictly speaking, mandatory. Guidelines contain permissive language such as "should" and "may."

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CDSBC | College of Dental Surgeons of British Columbia

Board Meeting
12 September 2015
Agenda Item 8.

CDSBC Policy Submission to Board For In Camera Agenda

Submitted by
CDA Advisory Committee

Submitted on
12 September 2015

Issue

Approval of additional revisions to the draft NDAEB Domain Description for certified dental assistants.

Authority

HPA and CDSBC Bylaws.

Analysis
The Board approved the revised The NDAEB has submitted additional proposed revisions to the existing document. Those revisions have been reviewed by the CDA Advisory Committee and feedback given to the NDAEB. Our feedback has been well received. The CDA Advisory Committee recommends that the Board accept the Domain Description with revisions proposed.

Connection to Strategic Plan
Directly related to registration and labour mobility mandates.

Timing
Immediate

Impact on Resources
None

Recommendations
That the Board pass a motion as follows:

Motion:
That the Board approve the NDAEB Domain Description for Certified Dental Assistants as tabled.

Minority view
None

Attachments

NDAEB Domain Description for Certified Dental Assistants.

National Dental Assisting Examining Board
Bureau national d'examen d'assistance dentaire

2255 St. Laurent Blvd, Suite 205, Ottawa, Ontario K1G 4K3
Tel: (613) 526-3424 Fax: (613) 526-5560 Email: office@ndaeb.ca

June 29, 2015

Distribution List

2015 Dental Assisting Domain Description Review

Earlier this year, our stakeholders were given the opportunity to review and comment on the draft Domain Description review that was conducted by the National Dental Assisting Examining Board (NDAEB). Thank you for taking the time to respond, we appreciate your feedback.

Your input was collated, considered and incorporated by our Chief Examiner and her Committee. The revised draft was then presented for approval to the NDAEB Board of Directors at the June 20, 2015 Annual Meeting. After much discussion the Board determined that some additional changes were needed. There were a few minor wording changes which made the document clearer, along with the addition of a section which gives implants a separate category rather than in wording scattered throughout the document. The proposed new changes are highlighted in yellow to make your review easier.

Based on these changes the NDAEB Board felt it was important for this document to go back the stakeholders for your input.

Please review the highlighted sections and provide your comments to the NDAEB no later than August 30, 2015. Once the Domain Description is approved, stakeholders will receive the revised Domain Description at least one year in advance of the implementation date.

Please direct any questions you may have to the NDAEB's Chief Administrative Officer & Registrar, Stephen Grundy sgrundy@ndaeb.ca or at 1-613-526-3424.

Sincerely,

Leslie Riva
NDAEB President

Distribution List

External

Dental Assisting Regulatory Authorities: CDSBC, CADA, SDAA, MDA, NBDS, PDBNS, DCPEI, NLDB
Canadian Dental Association
Canadian Dental Assistants Association
Commission on Dental Accreditation of Canada
Dental Assisting Educators of Canada
Provincial DA Associations: CDABC, MDAA, ODAA, NBDAA, NSDAA, NLDAA
Royal Canadian Dental Corps

Internal

NDAEB – Board of Directors; Chief Examiner; Chief Evaluator; Student Representative

National Dental Assisting Examining Board
Bureau national d'examen d'assistance dentaire

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June 2015

DENTAL ASSISTING DOMAIN DESCRIPTION (Effective January 2017)

highlight – areas changed after June 20, 2015 AGM

1. CONDUCT APPROPRIATE TO A PROFESSIONAL SETTING (5-10% of 200 item exam)

1.1
Apply the principles of the Provincial/National Code of Ethics including self-reflection as to personal competence to perform assigned, legal duties.

1.2
Practice according to the principles of dental jurisprudence and Provincial regulatory legislation regarding legal scope of practice.

1.3
Apply time management, problem solving and critical thinking techniques

1.4
Apply effective communication techniques with patients, care givers, service providers and dental health team members including written and electronic formats.

1.5
Use professionally acceptable medical and dental terminology and abbreviations.

1.6
Recognize signs of suspected physical, sexual and emotional abuse or neglect and report suspected cases to the appropriate authority

1.7
Explain treatment to patients and/or caregivers and respond to questions to help resolve concerns in accordance with the principles of obtaining informed consent.

1.8
Apply privacy policies according to the Personal Information Protection and Electronic Documents Act (PIPEDA) and provincial privacy laws to all communications.

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2. DENTAL SCIENCES
(7-12% of 200 item exam)

2.1 ORAL ANATOMY

2.1.1
Describe, locate and identify structures of the oral cavity
2.1.2
Describe, locate and identify soft tissue landmarks of the oral cavity
2.1.3
Describe, locate and identify tooth anatomical landmarks
2.1.4
Describe, locate and identify the tissues and supporting structures of the teeth
2.1.5
State the functions of teeth and their supporting structures

2.2 ANATOMY OF THE HEAD AND NECK

2.2.1
Identify and locate the bones of the head and describe their structure and function
2.2.2
Identify anatomical landmarks of the head
2.2.3
Identify and describe the parts of the temporomandibular joint (TMJ), its movements and disorders
2.2.4
Identify the muscles of the face and oral cavity and describe their function
2.2.5
Identify and locate the salivary glands and ducts and describe their function
2.2.6
Identify and locate the sinuses

2.2.7
Identify and describe the innervations of the teeth and surrounding tissue of mandibular and maxillary arches
2.2.8
Identify and locate the lymph nodes of the head and neck and describe their functions.

2.3 TOOTH DEVELOPMENT AND ERUPTION

2.3.1
Describe oral facial development including the teeth
2.3.2
Describe tooth eruption and exfoliation patterns

2.4 ORAL PATHOLOGY

2.4.1
Describe genetic, developmental and acquired anomalies/pathologies of the hard and soft tissues of the oral cavity
2.4.2
Describe the etiology and progression of hard and soft tissue lesions

2.5 MICROBIOLOGY

2.5.1
Describe and identify diseases related to micro-organisms including bacteria, spores, viruses, fungi, protozoa and prions
2.5.2
Describe the routes of disease transmission.

2.6 PHARMACOLOGY

2.6.1
Describe the effects and interactions of non-prescription, prescription and controlled drugs on patient care and safety issues

2.6.2
Explain the purpose and process of recording medications including dosages and frequency taken.
2.6.3
Explain the indications for pre-medication prior to dental treatment
2.6.4
Interpret information regarding medications taken for medical conditions.
2.6.5
Explain the clinical indications for antibiotic prophylaxis prior to invasive procedures.

3. CLINICAL SUPPORT PROCEDURES (5-10% of 200 item exam)

3.1 PRINCIPLES OF ASEPSIS

3.1.1
Explain the rationale for infection prevention procedures in the dental office
3.1.2
Explain approved methods for the prevention of disease transmission for patients and dental healthcare providers including:
3.1.2.1
standard infection control procedures
3.1.2.2
sanitation, disinfection, sterilization and storage
3.1.2.3
quality assurance protocols for instrument processing equipment and procedures in accordance with manufacturers' instructions
3.1.2.4
personal protective equipment
3.1.2.5
immunization

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3.1.3
Discuss the ethical and legal considerations of treating patients with infectious diseases.
3.1.4
Employ accepted safety standards for infection prevention and handling of hazardous materials and substances in the workplace according to Workplace Hazardous Materials Information System (WHMIS) and Occupational Health and Safety Regulations.
3.1.5
Employ ethical protocols for injury prevention, exposure control, post-exposure first-aid and maintenance of employee health records.
3.1.6
Explain protocols used to reduce biofilm within dental unit waterlines and evacuation systems.

3.2 EQUIPMENT AND SUPPLIES

3.2.1
Identify, operate, and maintain dental instruments and equipment
3.2.2
Select and prepare supplies

3.3 TEAM ERGONOMICS

3.3.1
Apply principles of ergonomics in positioning the patient/operator/dental assistant throughout all procedures
3.3.2
Apply the principles of instrument and material transfer to support procedural efficiency and patient safety
3.3.3
Use appropriate instrumentation techniques to ensure procedural efficiency and patient safety

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4. PATIENT RECORDS (5-10% of 200 item exam)

4.1
Apply protocols to comply with legal requirements for maintaining and transferring patient records/documents in both paper-based and electronic systems.

4.2
Complete and update patient records/documents using paper-based and electronic systems to include:

4.2.1
personal history

4.2.2
health history

4.2.3
intra-oral/extra-oral examination

4.2.4
oral hygiene indices

4.2.5
diagnostic study models and bite registration

4.2.6
radiographs

4.2.7
photographs

4.2.8
vital signs

4.2.9
consent forms

4.2.10
care /treatment plan and progress notes/treatment records/medications administered

4.3
Relate patient health history information to treatment

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4.4
Use professionally acceptable terminology, charting symbols, abbreviations and tooth numbering systems

5. PATIENT CARE PROCEDURES (~~45-50~~ 40-50% of 200 item exam)

5.1. OBTAIN VITAL SIGNS

5.1.1
Explain the rationale for obtaining vital signs
5.1.2
Describe procedures for measuring pulse, temperature, blood pressure, and respiration with reference to "normal" ranges

5.1.3
Describe factors that affect vital signs
5.1.4
Obtain vital signs including blood pressure, pulse, respirations and temperature

5.2 COLLECT DIAGNOSTIC INFORMATION

5.2.1
Assist with diagnostic procedures
5.2.1.1
State the types of and provide the rationale for performing diagnostic procedures
5.2.1.2
Prepare and transfer equipment and supplies for diagnostic procedures
5.2.2
Obtain preliminary impressions for study models
5.2.2.1
State the rationale for obtaining preliminary impressions and bite registrations for the fabrication of study models

5.2.2.2
Select and prepare equipment and supplies specific to the patient's dentition and anatomy
5.2.2.3
Manipulate preliminary impression material
5.2.2.4
Obtain mandibular and maxillary preliminary impressions following procedural steps
5.2.2.5
Evaluate impressions
5.2.2.6
Disinfect impressions
5.2.2.7
Prepare impressions for storage and pouring
5.2.2.8
Obtain, evaluate and disinfect simple bite registrations
5.2.2.9
Provide pre-operative, operative and post operative information/instructions

5.2.3
Produce digital and conventional film based radiographic images

5.2.3.1
Describe components of x-ray machines and their functions
5.2.3.2
Describe factors that affect the quantity and quality of the x-ray beam
5.2.3.3
Describe composition of dental film and types of digital imaging receptors
5.2.3.4
Describe components of the dental film packet and their purposes
5.2.3.5
Describe care, storage and handling of dental films and digital imaging receptors

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5.2.3.6
Describe the biological effects of radiation exposure
5.2.3.7
Describe personal radiation monitoring devices and procedures
5.2.3.8
Describe the types of radiographic images and the rationale for their use
5.2.3.9
Provide pre-exposure information and instructions to the patient
5.2.3.10
Apply principles of extra-oral and intra-oral radiographic techniques
5.2.3.11
Select and prepare equipment and supplies
5.2.3.12
Expose prescribed radiographic images in accordance to A.L.A.R.A. principles when using conventional film based or digital radiography
5.2.3.13
Apply quality assurance standards
5.2.3.14
Process exposed conventional films
5.2.3.15
Explain causes and corrective measures for radiographic image exposure, processing and handling errors
5.2.3.16
Describe radiographic image duplicating procedures
5.2.3.17
Evaluate radiographic images for technical quality, accuracy and diagnostic acceptability
5.2.3.18
Describe the difference between radiolucent and radiopaque
5.2.3.19
Identify and describe anatomical landmarks and dental anomalies on radiographic images
5.2.3.20
Mount, label and store/save radiographic images

5.2.3.21
Differentiate between direct and indirect digital imaging

5.3 EMERGENCY CARE

5.3.1
Assist with the assembly and maintenance of emergency supplies, drugs and equipment
5.3.2
Assist in the prevention and management of dental office emergencies
5.3.3
Identify and interpret signs and symptoms of medical conditions which may require emergency care.
5.3.4
Assist in the management and treatment of dental emergencies

5.4 MANAGEMENT OF PATIENTS WITH SPECIAL NEEDS

5.4.1
Schedule appointments to accommodate patients with special needs
5.4.2
Adapt procedures according to patients' physical needs and mobility limitations
5.4.3
Provide information and instructions to patients and care givers with consideration of their cognitive level and communication ability

5.5 ANAESTHESIA AND PAIN MANAGEMENT

5.5.1
Assist with the administration of topical and local anaesthetic
5.5.1.1
Identify precautions during application of topical and administration of local anaesthetic
5.5.1.2
Describe injection techniques and locate injection sites

5.5.1.3
Describe signs and symptoms of adverse reactions to anaesthetic
5.5.1.4
Describe procedure for application of topical and administration of local anaesthetic
5.5.1.5
Prepare equipment and supplies for topical and local anaesthetic administration
5.5.1.6
Monitor patient for signs of anxiety and adverse reactions to anaesthetic
5.5.1.7
Apply techniques for the safe handling of needles
5.5.1.8
Manage needlestick injuries according to protocols
5.5.1.9
Provide pre-operative, operative and post operative information/instructions for administration of topical and local anaesthetic
5.5.2
Apply topical anaesthetic agents as prescribed
5.5.2.1
Select and prepare equipment and supplies for treatment
5.5.2.2
Prepare injection site and apply the topical anaesthetic according to manufacturer's instructions
5.5.2.3
Assess tissue for adverse reactions and apply corrective measures
5.5.3
Assist with sedation and general anaesthesia
5.5.3.1
Differentiate between levels of sedation and general anaesthesia
5.5.3.2
Identify contra-indications for the administration of sedation and anaesthesia and monitor patient for adverse reactions to each

5.5.3.3
Describe signs and symptoms of adverse reactions to anaesthesia and sedation
5.5.3.4
Prepare equipment and supplies and monitor patient for signs of adverse reactions related to sedation and anaesthesia
5.5.3.5
Record and monitor vital signs before, during and after sedation and anaesthesia
5.5.3.6
Provide verbal/written, pre-operative, operative, ~~and~~ post-operative and home care information/instructions

5.6 MOISTURE CONTROL TECHNIQUES

5.6.1
State indications and contra-indications for various moisture control techniques
5.6.2
Select equipment and supplies, prepare for and assist with moisture control
5.6.3
Place and remove moisture control equipment and supplies
5.6.4
Apply and remove dental dam
5.6.4.1
Select and prepare equipment and supplies considering the patient's dentition and prescribed procedure
5.6.4.2
Assist with the application and removal of dental dam
5.6.4.3
Apply and remove dental dam following procedural steps
5.6.4.4
Evaluate dental dam placement and isolation effectiveness
5.6.4.5
Identify and correct dental dam positioning and isolation errors

5.6.4.6
Provide pre-operative, operative and post operative information/instructions

5.6.5 Position oral evacuation to maintain a dry operating field and patient comfort

5.7 OPERATIVE DENTISTRY PROCEDURES

5.7.1
Identify cavity/restoration classifications
5.7.2
Use terminology associated with cavity preparation and restorations
5.7.3
Assist with the application of treatment liners
5.7.3.1
Describe the functions and benefits of liners, bases, varnishes, cements and bonding materials and the indications and contra-indications for their use
5.7.3.2
Describe the components of bonding systems, their uses, effects and precautions
5.7.3.3
List the order of placement and location for treatment liners
5.7.3.4
Prepare, manipulate and transfer treatment liner, acid etchant and bonding materials according to manufacturer's instructions
5.7.4
Apply treatment liners (no pulpal involvement), acid etch and bonding materials.
5.7.4.1
Select and prepare equipment and supplies
5.7.4.2
Apply treatment liners, acid etchant and bonding materials following procedural steps
5.7.4.3

Evaluate placement according to criteria and make modifications as necessary

5.7.5
Assist with the application and removal of matrix systems and wedges
5.7.5.1
State the rationale for using matrix systems and wedges
5.7.5.2
Select and assemble matrix system and wedge(s) for prescribed restorative procedures
5.7.5.3
Assist with placement and removal of matrix system and wedge(s)
5.7.6
Apply and remove matrix system and wedge(s)
5.7.6.1
Select and prepare equipment and supplies
5.7.6.2
Apply matrix system and wedge(s) following procedural steps
5.7.6.3
Evaluate placement according to criteria
5.7.6.4
Correct application errors
5.7.6.5
Remove matrix system and wedge(s) following procedural steps
5.7.6.6
Evaluate removal according to criteria

5.7.7
Assist with preparation and placement of permanent restorative materials.
5.7.7.1
Describe the properties and explain the rationale for the use of amalgam and tooth-coloured restorative materials

5.7.7.2
Prepare equipment and supplies and assist with amalgam placement and finishing procedures, observing mercury hygiene practice
5.7.7.3
Describe tooth-coloured restorative materials and their polymerization
5.7.7.4
Prepare equipment and supplies and assist with placement and finishing of tooth-coloured restorative materials
5.7.7.5
Provide verbal/written, pre-operative, operative, ~~and~~ post-operative and home care information/instructions

5.7.8
~~Assist with~~ Dispense and/or mix temporary restorative materials
5.7.8.1
Explain the rationale for using various types of temporary restorative materials
5.7.8.2
Prepare equipment and supplies and assist with placement of temporary restorative materials
5.7.8.3
Provide verbal/written, pre-operative, operative, ~~and~~ post operative and home care information/instructions

5.7.9
Assist with tooth whitening techniques
5.7.9.1
State indications and contra-indications for whitening of vital and non-vital teeth
5.7.9.2
Describe tooth whitening materials and techniques
5.7.9.3
Describe the complications which may result from tooth whitening
5.7.9.4
Prepare equipment and supplies and assist with tooth whitening

5.7.9.5
Provide verbal/written, pre-operative, operative, ~~and~~ post-operative and home care information/instructions

5.7.10
Assist with placement of dental implants

5.7.10.1
State indications and contra-indications for the placement of the various types of dental implants

5.7.10.2
Describe the diagnostic tests and information necessary to prepare for dental implant placement

5.7.10.3
Prepare equipment and supplies and assist with the placement of dental implants

5.7.10.4
Describe complications that may arise from the placement of dental implants

5.7.10.5
Provide verbal/written, pre-operative, operative, post-operative and home care information/instructions

5.8 ORAL AND MAXILLOFACIAL SURGICAL PROCEDURES

5.8.1
State indications and contra-indications for surgical procedures

5.8.2
Prepare equipment and supplies and assist with surgical procedure

5.8.3
Monitor patient's condition prior to, during and after surgical procedures

5.8.4
Describe complications which may arise from surgical procedures and their treatment

5.8.5
Provide verbal/written, pre-operative, operative, ~~and~~ post-operative and home care information/instruction

5.8.6
Perform suture removal
5.8.6.1
Identify various suture materials and techniques
5.8.6.2
Assess soft tissue for signs of healing, infection or post-operative complications and record/report to dentist.
5.8.6.3
~~Evaluate sutures to determine where to make cuts~~ Evaluate site to determine where to cut suture
5.8.6.4
Cut and remove suture
5.8.6.5
Provide patient with post-operative care instructions following suture removal
5.8.6.6
Provide verbal/written, pre-operative, operative, post-operative and home care information/instructions

5.9 ENDODONTIC PROCEDURES

5.9.1
State indications and contra-indications for endodontic procedures
5.9.2
Describe diagnostic tests to determine tooth vitality
5.9.3
Prepare equipment and supplies and assist with endodontic procedures in both primary and permanent ~~teeth~~ dentitions
5.9.4
Describe complications which may arise from endodontic procedures and their treatment
5.9.5
Provide verbal/written, pre-operative, operative, ~~and~~ post-operative and home care information/instructions

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5.10 PERIODONTIC PROCEDURES

5.10.1
State indications and contra-indications for periodontic procedures
5.10.2
Describe periodontal screening and recording
5.10.3
Prepare equipment and supplies and assist with periodontic procedures
5.10.4
Describe complications which may arise from periodontic procedures and their treatment
5.10.5
Provide verbal/written, pre-operative, operative, ~~and~~ post-operative and home care information/instructions

5.11 PROSTHODONTIC PROCEDURES

5.11.1
Differentiate between fixed and removable prostheses
5.11.2
State indications and contra-indications for fixed and removable prostheses
5.11.3
Prepare equipment and supplies and assist with prosthodontic procedures
5.11.4
Describe the dental assistant's role in coordinating the preparation, packaging, delivery and reception of lab cases
5.11.5
Describe complications which may arise from prosthodontic procedures and their treatment
5.11.6
Provide verbal/written, pre-operative, operative, ~~and~~ post operative and home care information/instructions

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5.12 ORTHODONTIC PROCEDURES

5.12.1
Describe and classify occlusion and malocclusion according to Angle's Classification
5.12.2
Use terminology associated with malaligned teeth and arches
5.12.3
Identify and describe factors affecting occlusion
5.12.4
Differentiate between fixed and removable orthodontic appliances
5.12.5
State indications and contra-indications for orthodontic treatment
5.12.6
Prepare equipment and supplies and assist with orthodontic procedures
5.12.7
Describe the dental assistant's role in written and verbal communication with the dental lab
5.12.8
Coordinate the preparation, packaging, delivery and reception of lab cases
5.12.9
Describe complications which may arise from orthodontic procedures and their treatment
5.12.10
Provide verbal/written, pre-operative, operative, ~~and~~ post operative and home care information/instructions

6. PRACTICE MANAGEMENT PROCEDURES (5-10% of 200 item exam) (See note 2)

6.1
Manage and maintain filing, recall and inventory systems in both paper-based and electronic systems

6.2
Manage patient appointments, referrals and consultations
6.3
Manage and maintain financial records in both paper-based and electronic systems

7. LABORATORY PROCEDURES (5-10% of 200 item exam)

7.1
Process impressions, trim and finish models
7.2
Fabricate appliances and trays
7.3
Maintain supplies and instruments, operate equipment and manipulate materials following protocols for safety and asepsis

8. PREVENTIVE PROCEDURES (~~18-22~~ 20-25% of 200 item exam)

8.1 PROVIDE ORAL HYGIENE INSTRUCTION

8.1.1
Describe the periodontal disease process and the factors affecting its development and progress
8.1.2
Describe the caries process and the factors affecting its development and progress
8.1.3
Describe the indications, contra-indications, types, purposes and methods of applying disclosing agents
8.1.4
List and describe oral hygiene indices
8.1.5
Apply the principles of instruction and learning to individuals and groups
8.1.6

Collect data to assess patient needs using methods such as: plaque/biofilm indices, disclosing agents in addition to observation of tissue condition

8.1.7
Develop oral hygiene goals using patient centered approach

8.1.8
Select and demonstrate oral care aids specific to oral conditions to achieve goals

8.1.9
Apply disclosing agents

8.1.10
Evaluate outcomes of oral hygiene instruction, provide feedback and make necessary modifications

8.2 PROVIDE NUTRITIONAL COUNSELING RELATIVE TO ORAL HEALTH

8.2.1
List nutrients, their sources, functions and effects

8.2.2
Collect data to assess patient's nutritional needs

8.2.3
Develop dietary goals using patient centered approach

8.2.4
Make dietary recommendations specific to oral health conditions utilizing "Canada's Food Guide for Healthy Living"

8.2.5
Evaluate nutritional counseling outcomes, provide feedback and make recommendations and/or modifications

8.3 PERFORM SELECTIVE CORONAL POLISHING

8.3.1
State the rationale, indications and contra-indications for selective coronal Polishing

8.3.2
Differentiate between intrinsic and extrinsic stain

8.3.3

Describe the etiology of stains
8.3.4
Select and prepare equipment and supplies specific to the patient's needs
8.3.5
Remove stain according to procedural steps
8.3.6
Evaluate selective coronal polishing outcomes and make any necessary modifications
8.3.7
Provide verbal/written, pre-operative, operative, ~~and~~ post-operative and home care information/instructions

8.4 APPLY ANTI-CARIOGENIC AGENTS
8.4.1
State the rationale, indications and contra-indications for application
8.4.2
Describe the effects of anti-cariogenic agents on tooth structure
8.4.3
Describe methods for topical application of anti-cariogenic agents
8.4.4
Assess patient needs for appropriate anti-cariogenic agents selection
8.4.5
Select and prepare equipment and supplies for various types of anti-cariogenic agents specific to the patient's needs
8.4.6
Apply anti-cariogenic agents according to manufacturer's instructions
8.4.7
Evaluate anti-cariogenic agent outcomes, provide feedback and make necessary recommendations and/or modifications
8.4.8
Provide verbal/written, pre-operative, operative, ~~and~~ post operative and home care information/instructions

8.5 APPLY PIT AND FISSURE SEALANTS
8.5.1
State the rationale, indications and contra-indications for application

8.5.2
Describe sealant materials and their polymerization
8.5.3
Select and prepare equipment and supplies for prescribed treatment
8.5.4
Evaluate the effectiveness of various moisture control techniques
8.5.5
Prepare prescribed surfaces and apply sealant material according to manufacturer's instructions
8.5.6
Evaluate sealant placement according to criteria and make modifications if required
8.5.7
Provide verbal/written, pre-operative, operative, ~~and~~ post operative and home care information/instructions

8.6 APPLY DESENSITIZING AGENTS
8.6.1
State the rationale, indications and contra-indications for application
8.6.2
Describe desensitizing agents and their mode of action
8.6.3
Select and prepare equipment and supplies for prescribed treatment
8.6.4
Prepare prescribed surfaces and apply material according to manufacturer's instructions
8.6.5
Evaluate the application of the desensitizing agent according to criteria and make modifications if required
8.6.6
Provide verbal/written, pre-operative, operative, ~~and~~ post operative and home care information/instructions

DRAFT

June 2015

8.7 PERFORM TOOTH WHITENING USING TRAYS

8.7.1
State the rationale, indications and contra-indications for patient use

8.7.2
Select and prepare equipment and supplies

8.7.3
Determine existing tooth shade prior to whitening

8.7.4
Demonstrate and deliver the product to the patient according to manufacturer's instructions

8.7.5
Identify and explain effects of improper use of whitening products

8.7.6
Provide verbal/written, pre-operative, operative, ~~and~~ post-operative and home care information/instructions

Terminology Used in the Domain Description

The following terms are used in the Domain Description:

1. **Patient (s)** – refers to: individuals, groups or community

2. **Special Needs** – refers to patients who require modifications in the approach to dental care including: children, geriatric patients, pregnant women and patients who are medically, mentally or physically compromised.

3. **Dental Material/Biomaterials** – are addressed as they pertain to specific procedures

Notes:

1. **Digital Radiography** – The NDAEB recognizes that not all educational institutions have digital radiography facilities and therefore does not expect candidates to have clinical experience with digital equipment.

Items (questions) appearing on the NDAEB exam pertaining to digital radiography will be based on entry level theoretical knowledge of process and equipment, referenced to the textbooks listed in the candidate handbook.

2. **Practice Management Procedures** – The NDAEB recognizes that not all educational institutions provide students with access to computerized dental office management systems/software. As a result, items (questions) appearing on the NDAEB exam related to dental practice management procedures will be based on entry level knowledge, referenced to the textbooks listed in the candidate handbook.

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CDSBC | College of Dental Surgeons of British Columbia

Board Meeting
12 September 2015
Agenda Item 8.

CDSBC Policy Submission to Board For In Camera Agenda

Submitted by
CDA Advisory Committee

Submitted on
12 September2015

Issue

Approval of corrected Guide to CDA Services for certified dental assistants.

Authority

HPA and CDSBC Bylaws.

Analysis

In September 2009 the College published a document entitled the Guide to CDA Services. That document was intended to reflect the wording of Bylaws 8:06, 8:07, 8:09, 8:10, 8:11 which describe the restricted services a CDA may provide and which terms and conditions those services are delivered. It was determined that the Guide to CDA Services does not reflect the CDSBC Bylaws. Specifically the bolded and Note sections. After much discussion the Committee determined both portions be removed from the guide. The CDA Advisory Committee recommends that the Board accept the Guide to CDA Services with revisions proposed.

Timing
Immediate

Impact on Resources
Need to update document

Recommendations
That the Board pass a motion as follows:

Motion:
That the Guide to CDA Services dated September 2009 be corrected to reflect the CDSBC Bylaws by un-bolding the bold text and removing the note in the NOTE section.

Minority view

None

Attachments

Guide to CDA Services.
CDSBC Bylaws 8.06, 8.07, 8.09, 8.10, 8.11

Provision of services including restricted activities by practising certified dental assistants and temporary certified dental assistants

8.06 (1) A dentist may delegate the provision of the following services to a practising certified dental assistant or temporary certified dental assistant:

(a) removing extrinsic stains not associated with calculus on the enamel of teeth using an appropriate hand instrument or slow-speed rotary instrument;

(b) applying anticariogenic agents;

(c) exposing dental radiographs.

(2) A dentist may authorize a practising certified dental assistant or temporary certified dental assistant to provide the following services under the supervision of a dentist:

(a) any of the services referred to in subsection (1) or section 8.05;

(b) applying desensitizing agents, acid etch, antibacterial agents, chemical cleansers, primer and bond, and treatment liners (without pulpal involvement);

(c) obtaining impressions and occlusal records;

(d) applying and adjusting fissure sealants with an appropriate hand instrument or slow-speed rotary instrument;

(e) placing and removing dental dam clamps, matrices and wedges;

(f) using and maintaining coronal whitening systems where the concentration of bleaching agents poses minimal risk of patient harm;

(g) removing sutures, periodontal dressings and retraction cords;

(h) performing pulp vitality tests;

(i) the following services, if the practising certified dental assistant or temporary certified dental assistant has a minimum of one year of full-time clinical experience or the equivalent, and has received training that will allow them to provide the service competently and safely:

(i) intra-oral fabrication of single unit extra-coronal provisional restorations, including try-in, adjusting occlusion extra-orally, temporary cementation, removing provisional cement, and removing provisional restorations, provided that provisional restorations are assessed by a dentist before cementation and again after removal of provisional cement;

(ii) gross removal of supragingival permanent cement using an appropriate hand instrument and excluding the use of dental handpieces.

Provision of services including restricted activities by limited certified dental assistants

8.07 (1) A dentist may delegate the provision of any of the services referred to in section 8.06(1) to a limited certified dental assistant.

(2) A dentist may authorize a limited certified dental assistant to provide any of the services referred to in section 8.06(2)(a) to (f) under the supervision of a dentist.

Expanded training programs

8.08 A certified dental assistant must notify the registrar upon successful completion of an Orthodontic Module, Prosthodontic Module or Dental Radiography Module.

Orthodontic Module

8.09 (1) A dentist may delegate the provision of the following services to a practising certified dental assistant who has successfully completed an Orthodontic Module:

(a) instructing in the use and care of orthodontic appliances;

(b) applying appropriate materials to irritating components or removing irritating components.

(2) A dentist may authorize a practising certified dental assistant who has successfully completed the Orthodontic Module to provide the following services under the supervision of a dentist:

(a) a service referred to in subsection (1);

(b) placing and removing orthodontic separators;

(c) preparing teeth for bonding or cementing of orthodontic attachments or bands;

(d) subject to subsection (3), fitting, placing, and light curing orthodontic bands or bondable attachments, with a dentist's assessment after fitting and again before light curing;

(e) removing excess adhesive material using appropriate hand instruments, or ultrasonic or slow-speed rotary instruments, following banding/bonding or debanding/debonding procedures;

(f) fitting and adjusting orthodontic appliances and archwires followed by assessment by a dentist;

(g) placing and ligating archwires after assessment by a dentist;

(h) removing ligating materials and archwires;

(i) removing orthodontic bands and bonded attachments using appropriate hand instruments.

(3) Despite subsection (2)(d), attachment by self-curing materials must only be done by a dentist, and must not be delegated to or authorized to be performed by a person who is not a dentist.

Prosthodontic Module

8.10 A dentist may authorize a practising certified dental assistant who has successfully completed a Prosthodontic Module to provide the following services under the supervision of a dentist:

(a) fabricating and trying-in provisional restorations intra-orally, including intra-coronal direct provisionals, and adjusting occlusion extra-orally, followed by assessment by a dentist before cementation;

(b) temporary cementation of provisional restorations and removal of temporary cement followed by assessment by a dentist;

(c) performing non-surgical gingival retraction techniques excluding the use of epinephrine;

(d) removing temporary and permanent cements using an appropriate hand instrument and excluding the use of dental handpieces;

(e) removing provisional restorations.

Dental Radiography Module

8.11 A dentist may authorize a dental assistant who has successfully completed a Dental Radiography Module to expose dental radiographs under the supervision of a dentist.

Delegation to dental hygienists

8.12 (1) Subject to subsection (2), a dentist may delegate or authorize the provision of a service that includes the performance of a restricted activity by a dental hygienist, if the dentist

(a) ensures that the service will be provided within

(i) 365 days after the dental hygienist's receipt of specific and appropriate instructions from the dentist for the provision of that service, or

(ii) such shorter period of time after receipt of such instructions as may be required under the standards of practice or as the dentist may otherwise consider necessary, and

(b) examines the patient, or ensures that another dentist examines the patient,

(i) during the course of the appointment at which the service is provided, unless the patient is returning for treatment that was authorized by a dentist who examined the patient within the

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Board Meeting
12 September 2015
Agenda Item 9.

Memo

TO: CDSBC Board

FROM: Róisín O'Neill, Director of Registration & HR
Greg Cavouras, Staff Lawyer & Senior Policy Analyst

DATE: 12 September 2015

SUBJECT: **New Registrant Course**

Background

In fall 2014, CDSBC's Registrar and BCDA's Executive Director agreed that there was information from both organizations which was not already being delivered to registrants that would be valuable to new College registrants. They agreed that the way to deliver this information was to create a joint course and a joint committee was formed in early 2015 to begin discussions.

The BCDA initially started discussions on this topic back in 2008 in response to observations around the growing challenge of engaging and educating the increasing number of non-UBC graduate dentists coming to BC and to help address increasing member concern over declining dental ethics. Other driving forces for the conversation included our joint observations arising from participation in the various PACS courses for UBC dental students.

Currently the staff at CDSBC and the BCDA still have concern that many of our registrants do not know enough about the subject areas covered in the proposed course. Anecdotal experiences from both organizations indicate that there are significant gaps in registrants' knowledge and understanding of issues that are important to the profession and practice.

The College staff have done some research and have found that there are a number of other health regulators in Canada who require their registrants to complete a Jurisprudence course (and often an examination) either as a pre-requisite to becoming a registrant or at some time immediately after registration.

We feel that this type of course will help ensure that incoming registrants are given need-to-know information about professional regulation, applicable legislation, professional standards and ethics upon entry to the profession.

While some of this content is available from a variety of sources, there is no single source that provides all of this information and there is no way to be assured that new registrants are accessing it. This raises the question of whether there should be a comprehensive mandatory course, and, if so, what content should be mandated and by what mechanism should the course be made mandatory.

Purpose/Objectives of Course

The objective of the course is to provide required information regarding the practice of dentistry in British Columbia to new registrants of the College upon entry into the profession.

A draft list of topics that has been developed jointly with the BCDA is attached.

It is hoped and anticipated that the College and the BCDA will continue to work collaboratively in developing the content. However it is important to note that to justify a requirement for registrants to complete the course, the College must be satisfied that the final content is truly regulatory/mandatory in nature.

Proposed Course Structure

- The material and resources for this course will be made up of current official documents such as the HPA, the CDSBC Bylaws, the Dentist Regulation and also of original content which needs to be developed;
- The course will be mandatory to all new registrants (as of a set date) and will need to be taken by each new registrant within the first year of their registration (timing to be confirmed);
- The content will be divided into modules which may be taken together or separately with a short examination at the end of each module;
- In order to be accessible to all registrants, the course needs to be offered online;
- The course would also be presentable as an in-person course at venues such as the PDC.
- Specific modules or topics could also be offered during presentations to dental component societies or study clubs upon request.

While the course has initially evolved as a requirement of new registrants, upon completion the Board (perhaps with the input of the Quality Assurance Committee) may also consider requiring existing registrants to complete the course or segments of it.

Timing

Subject to the Board's direction to proceed, it is anticipated that a course outline and draft materials will be ready for review in early to mid 2016. Once the materials are finalized, the course, or segments of it, pilot presentations can begin with a view to fine-tuning the content and delivery prior to publication as an online course.

Board Feedback

We are looking for feedback and direction from the Board at this point so that we may move forward with this project as it will require staff time and financial resources.

1) Does the Board want College staff to pursue the development of a mandatory course for new registrants?

2) Are any topics missing from the draft outline? Are there any that should be removed?

3) Is there anything else that should be considered with respect to the development and implementation of this course?

DRAFT

New Registrant Course Content Index (CDSBC & BCDA)

1. Overview of self-regulation in BC
    - Introduction/Background
    - Mandate of regulators
    - The Health Professions Act
        - -Dentists Regulation
            - -Scope of practice
            - -Delegation / Supervision
            - -Unauthorized practice

2. The College of Dental Surgeons of BC
    - Overview/Mandate
        - -Public protection
        - -Mission statement
        - -The Register
        - -Board/Committees composition
    - Registration
        - -Categories
        - -Specialties
        - -Sedation
    - General duties as a registrant
        - -Responding to the College
        - -Duty to report
        - -Critical incident report
    - Annual Renewal
    - Quality Assurance
        - -CE
        - -CP
        - -Study clubs
    - Complaints/Discipline
        - -Complaints process
        - -HPRB
        - -Discipline hearings
    - Health and Wellness

3. The British Columbia Dental Association
    - Overview/mandate
    - Advocacy for the profession/oral health
    - Public awareness
    - Suggested fee guide
    - CE
    - DPAP

4. Professional Standards
    - College Bylaws
    - Code of Ethics
    - Standards and Guidelines
        -Recordkeeping
        -Patient relations
        -Dismissing a patient/emergency care
        -Prescribing
        -Sedation
        -Patient-centred care
        -Radiographs
        -Boundaries
        -Social Media
    - Standard of practice (eg: reasonably competent practitioner)

5. Professional Corporations (practice business models)
    - Practising through a professional corporation
    - Requirements for registration
    - Ownership restrictions
    - Identification requirements
    - Advertising/Promotion
    - Responsibility remains – s. 14.1
    - Accountability to other regulators (eg: CRA, Register of Companies, etc)

6. Insurance
    - Malpractice insurance
        -Requirement to renew
        -Reporting to insurer
    - Lawsuits
        -Different role of civil litigation vs. professional regulation
        -Separation from College process

- Dental insurance
  - -accuracy in claims
  - -co-payment
  - -audits

7. Other laws
   - Worksafe
   - Employment standards
   - BC HRT
   - PIPA

8. Avoiding complaints/best practice tips
   - Common themes from complaints
   - Communication
   - Informed consent
   - Recordkeeping
   - Interaction with colleagues
   - Community involvement
   - Managing stress

9. Hot topics/Top Issues Facing the Profession in BC
   - Public Image/Reputation
   - Declining Dental Ethics
   - Influence of dental plan on practice
   - Access to care

CDSBC College of Dental Surgeons of British Columbia

Board Meeting
12 September 2015
Agenda Item 10.

BOARD MEETING

Friday, February 20, 2015

Agenda Item 5.

A.	Description of Agenda Items	Presenters
5.	Dental Therapists – CE Requirements ***MOTION: (amendments in red)*** *To amend Bylaws as follows:* *9.03 (1) During each three-year cycle, commencing January 1, 2016,* *(c) every dental therapist must complete a minimum of 75 credit hours.* *9.04 (1) be amended to read:* *During each three-year cycle, every dentist who is a full registrant or restricted to specialty registrant, and every dental therapist, must:* *(a) engage in the practice of dentistry for a minimum of 900 hours, in accordance with criteria established by the quality assurance committee, or* *(b) successfully complete an examination, course, other education, or* *competency assessment approved by the quality assurance committee for the purpose of satisfying the requirements of the quality assurance program.*	Ash Varma Chair, QA Committee

POLICY EL 2: TREATMENT OF THE PUBLIC

Due Date: Quarterly - May, Sep, Dec, Feb

With respect to interactions with the public, the Registrar shall not cause or allow conditions, procedures, or decisions which are unfair, unreasonable or disrespectful.

Further, without limiting the scope of the foregoing by this enumeration, he or she shall not:

	Policy	Response/Report
1	**Use forms that elicit information for which there is no clear necessity.**	**Forms collect only the information required.**
2	**Use methods of collecting, reviewing, transmitting, or storing information that fail to protect against improper access to the material elicited.**	**CDSBC has secure document storage facilities for all hard copies. Confidential shredding is used throughout the office for destruction of documents with sensitive information when those documents are slated for destruction. Electronic files are protected by industry standard firewalls and end-point security hardware and software.**
3	**Fail to operate facilities with appropriate accessibility and privacy.**	**CDSBC offices are accessible to any who need/desire access. Premises are alarmed and monitored. Private offices and meeting spaces are available and used when indicated.**

POLICY EL 2: TREATMENT OF THE PUBLIC

Due Date: Quarterly - May, Sep, Dec, Feb

With respect to interactions with the public, the Registrar shall not cause or allow conditions, procedures, or decisions which are unfair, unreasonable or disrespectful.

Further, without limiting the scope of the foregoing by this enumeration, he or she shall not:

	Policy	Response/Report
4	**Fail to establish with members of the public a clear understanding of what may be expected and what may not be expected from the College, including the processes it employs in adjudicating public complaints.**	**Registrar reports compliance. Details are included in complaints and discipline reports tabled at the Board meeting by the Deputy Registrar.** **The new CDSBC website contains more information about complaints, including a designated "news feed" on the homepage, a complaints form, and a detailed description of the complaints process.** **Members of the public who contact the College about how to make a complaint or about the complaint process are provided with information promptly. The College responds to issues of public concern: most recently we published a statement about our role in protecting the public with respect to alleged misconduct by dental students at Dalhousie.**
5	**Fail to adjudicate complaints as expeditiously as possible.**	**We are making progress in this area. The rate of complaints has slowed a little. The College has hired additional staff, and is implementing the results of its business process review to identify efficiencies and maximize performance. This has resulted in significantly more complaint files being closed than opened.**
6	**Fail to deal with public inquiries as expeditiously as possible.**	**All inquiries from the public are dealt with as expeditiously as possible. The Director of Communications, in consultation with the Registrar/CEO, responds to media inquiries as quickly as possible.**

POLICY EL 2: TREATMENT OF THE PUBLIC

Due Date: Quarterly - May, Sep, Dec, Feb

With respect to interactions with the public, the Registrar shall not cause or allow conditions, procedures, or decisions which are unfair, unreasonable or disrespectful.

Further, without limiting the scope of the foregoing by this enumeration, he or she shall not:

	Policy	Response/Report
7	**Fail to employ alternate dispute resolution where appropriate.**	**CDSBC resolves approximately 90% of all complaints through alternative dispute resolution. CDSBC has deployed resources to place more emphasis on early resolution through appropriate dispute resolution techniques. Specifically, one staff dentist has taken the role of Early Resolution Officer and will attempt to answer questions and resolve concerns before they become formal complaints or quickly after a formal complaint is received if the matter is susceptible to early resolution.**

Respectfully Submitted By:

Jerome M. Marburg
Registrar and CEO

Date: 26 August 2015

POLICY EL 3: TREATMENT OF REGISTRANTS

With respect to interactions with registrants, the Registrar shall not cause or allow conditions, procedures, or decisions which are unfair, unreasonable or disrespectful.

Further, without limiting the scope of the foregoing by this enumeration, he or she shall not:

	Policy	Response/Report
1	**Use forms that elicit information for which there is no clear necessity.**	**Forms (both paper and electronic) collect only relevant/statutory information needed for registration. Personal assurance of registration staff and review of Registrar/CEO are evidence of compliance. The 2016/17 online renewal process will include questions regarding ownership of dental corporations - this will be mandatory for those who own corporations. Other information being requested of dentists which was new as of last year is whether they speak any additional languages. This information is being collected as a courtesy to the public and will be provided within the online Dentist Look-up when the new website goes live. In the aftermath of the Dalhousie scandal, we now require applicants to confirm whether they have been the subject of academic misconduct during their dentistry training.**
2	**Use methods of collecting, reviewing, transmitting, or storing information that fail to protect against improper access to the material elicited.**	**CDSBC database is secured with password protection and is located on internal servers behind firewall and industry standard end-point protection. Access to said database is restricted to only those persons requiring access for their job functions. Physical files are kept in locked cabinets wherever personal or sensitive information is present. Disposition of paper documents done by confidential shredding. We are now filing all new applications for registration and certification electronically and storing the paper version on-site for one year. We are working to scan and save all physical registrant files electronically in the months ahead.**

POLICY EL 3: TREATMENT OF REGISTRANTS

With respect to interactions with registrants, the Registrar shall not cause or allow conditions, procedures, or decisions which are unfair, unreasonable or disrespectful.

Further, without limiting the scope of the foregoing by this enumeration, he or she shall not:

Policy		Response/Report
3	**Fail to register applicants as expeditiously as possible.**	Application process generally is completed within 2-3 weeks unless extenuating circumstances present. We are currently working on developing an online registration/application process which will further streamline the application process. We are working to have this up and running by the end of the year.
4	**Fail to establish with registrants a clear understanding of what may be expected and what may not be expected from the College, including the processes it employs in adjudication of public complaints.**	The College communicates its expectations for registrants in a variety of ways, such as publications (electronic and print), through courses and presentations. The latest initiatives include the information sheet "How a Complaint is Resolved" and a registrant information session on complaints and discipline to be held on 29 September, wtih participants able to attend online or in person. In fall 2015 College represenatives are delivering courses or presentations to UBC Dentistry students and to registrants in three cities around BC. There are three courses in development: 1) an exploration of the types of issues that lead to complaints (working title is Tough Topics 2); the new minimal and moderate sedation standards (to be presented in Kelowna in October 205); and 3) planning is underway for a joint course with the BCDA for new dentists.
5	**Fail to adjudicate complaints as expeditiously as possible.**	The backlog of complaints has been reduced. The Complaints team continues to target any remaining backlogged files. For the first five months of the fiscal year, the College closed 47 more complaint files than it opened with the result that the inventory is being significantly reduced.
6	**Fail to employ alternative dispute resolution where appropriate.**	The Complaints team seeks to negotiate solutions when possible on files where concerns have been identified.

POLICY EL 3: TREATMENT OF REGISTRANTS

With respect to interactions with registrants, the Registrar shall not cause or allow conditions, procedures, or decisions which are unfair, unreasonable or disrespectful.

Further, without limiting the scope of the foregoing by this enumeration, he or she shall not:

	Policy	Response/Report
7	**Fail to respond to registrants' inquiries as expeditiously as possible.**	**All inquiries, whether from registrants or members of the public, are responded to promptly. When a prompt response is not possible, persons are informed of this fact and when a response may be expected.**
8	**Fail to develop a College communication strategy.**	**Communications materials support the strategic plan. The College is continuing to develop and deliver workshops around the province and online, and the new website has launched. Although most communication with registrants is electronic, the College uses other methods when warranted. The website is the go-to place for CDSBC communications and the brand new CDSBC website includes a number of user-friendly features, such as an enhanced directory of all our registrant types, and a libary of all key documents for easy reference, as well as expanded information and forms for complaints aimed at both registrants and complainants. The College expanding our social media channels as approrpriate and is now communicating via LinkedIn, YouTube and Twitter. The College is responsive to trends or issues as they arise: we distributed a memo to all registrants from the President on behalf of the Board in August 2015 in recognitions of the strong response to the Boundaries policy consultation.**
9	**Propose registration fees to the Board without a clear rationale.**	**All registration fees are tied to budget and budgeting process over which the Board has oversight and through which the Board and Audit/Finance Committee are consulted. We provide a detailed graphic breakdown to illustrate how registrant fees are allocated to the various functions.**

POLICY EL 3: TREATMENT OF REGISTRANTS

With respect to interactions with registrants, the Registrar shall not cause or allow conditions, procedures, or decisions which are unfair, unreasonable or disrespectful.

Further, without limiting the scope of the foregoing by this enumeration, he or she shall not:

Policy	Response/Report
Respectfully Submitted By:	
Jerome M. Marburg	
Registrar and CEO	
Date: 26 August 2015	

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CDSBC | College of Dental Surgeons of British Columbia

Board Meeting
12 September 2015
Agenda Item 11.

Quarterly Report

Registration and Certification

1 May 2015 – 31 July 2015

Prepared for the Board

Overview

The Registration/Certification Team, consisting of the Director of Registration & HR, the Manager, Continuing Education and CDA Certification and three support staff, are responsible for all aspects of registration of dentists and certification of certified dental assistants. It is also responsible for the CDA Certification Committee, CDA Advisory Committee, Registration Committee, Quality Assurance Committee and the Quality Assurance CE Subcommittee.

The following represents a statistical breakdown of the activity in these areas for the period 1 May 2015 – 31 July 2015 inclusive.

Where available, the previous year's statistics for the same period (1 May 2014 – 31 July 2014) are provided in brackets.

Continuing Education
Dentists & Certified Dental Assistants

Continuing education credit submissions are received electronically, by mail and fax and applied to each registrant's Transcript of Continuing Education. Of the more than 10,000 registrants, 3761 have their three-year cycle ending 31 December 2015.

In late August or early September, transcripts are mailed to all registrants with unfulfilled cycles ending that year.

DENTIST STATISTICS		
Practising Dentists - 3402		
NEW REGISTRATIONS		
	1 May 2015 – 31 July 2015	1 May 2014 - 31 July 2014
Full Registrations issued (includes Specialists)	48	54
Restricted to Specialty Registrations issued	1	0
Academic Registrations issued	0	0
Limited Registrations issued:		
• Armed services or government	3	1
• Education	0	0
• Post-graduate	8	4
• Research	0	0
• Student practitioner	39	26
• Volunteer	0	0
Temporary Registrations issued	11	6
Non-practising Registrations issued	0	1
GENERAL		
Transfers from Non-practising to Practising	8	6
Transfers from Practising to Non-practising	8	5
Lapsed	0	0
Reinstated	5	2
Resigned/Retired	6	5
Retired (annual $50 fee)	0	0
Deceased	4	3

CDA STATISTICS		
Practising CDAs - 5798		
NEW CERTIFICATIONS		
	1 May 2015 – 31 July 2015	1 May 2014 - 31 July 2014
Practising Certifications issued	28	25
Temporary Certifications issued	170	168
Temporary-Provisional Certifications issued	0	0
Limited Certifications issued	1	4
Non-practising Certifications issued	0	1
GENERAL		
Transfers from Non-practising to Practising	15	7
Transfers from Temporary to Practising	6	12
Transfers from Temporary-Provisional to Practising	4	4
Transfers from Limited to Practising	0	0
Lapsed	9	3
Reinstated	16	15
Resigned/Retired	0	4
Retired (annual $25 fee)	0	0
Deceased	0	0

Module designations granted

Orthodontic Module – 63 (55)
Prosthodontic Module – 8 (1)
Dental Radiography Module – 33 (31)

CDA Assessments

Initiated assessments:

- 17 (12)

Certification issued as a result of assessment:

- 7 (8)

POLICY EL 5: FINANCIAL PLANNING/BUDGETING

Due Date: Quarterly - Jun, Sep, Dec, Feb

Financial planning for any fiscal year shall not deviate materially from the Board's Ends priorities, risk fiscal jeopardy, or fail to be derived from a business plan.

Further, without limiting the scope of the foregoing by this enumeration, the Registrar shall not plan in a manner that:

	Policy	Response/Report
1	**Risks the organization incurring those situations or conditions described as unacceptable in the Board's policy Financial Condition and Activities.**	Registrar/CEO reports compliance per EL 6 report.
2	**Fails to include credible projection of revenues and expenses, separation of capital and operational items, cash flow, and disclosure of planning assumptions.**	Monthly financial statement, forecast, and Budget are evidence of compliance.
3	**Fails to maintain a contingency reserve.**	Registrar/CEO reports compliance per EL 6 report. The CRF has been re-built due to a surplus from the prior fiscal year, and following the June Fund Transfer the targeted fund balance was reached.

Respectfully Submitted By:

Jerome M. Marburg
Registrar and CEO

Date: 26 August 2015

POLICY EL 6: FINANCIAL CONDITIONS AND ACTIVITIES

Due Date: Quarterly - Jun, Sep, Dec, Feb

With respect to ongoing financial condition and activities, the Registrar shall not cause or allow the development of fiscal jeopardy or a material deviation of actual expenditures from Board priorities established in Ends policies.

Further, without limiting the scope of the foregoing by this enumeration, he or she shall not:

	Policy	Response/Report
1	**Expend more funds than have been received in the fiscal year to date unless the debt guideline (see 2 below) is met.**	**CDSBC does not debt finance. Financial statements reported monthly show that expenditures do not exceed revenues.**
2	**Indebt the organization in an amount greater than 5% of the annual revenue.**	**CDSBC does not debt finance.**
3	**Use any contingency reserves except as authorized by an extraordinary motion of the full Board.**	**No transfers are undertaken without a Board motion. No contingency reserves have been utilized since last report.**
4	**Fail to report to Board at the earliest opportunity the amount by which any item in the approved operating or capital budget is forecasted to exceed the budget for a category.**	**Monthly financial statements are reviewed with the Board Officers and variances are discussed. Monthly financial statements are also shared with the Audit Committee and Finance & Audit Working Group, and the latest financial statements are received at each Audit Committee and Finance & Audit Working Group meeting. Financial statements are tabled at each Board meeting showing performance against budget.**

POLICY EL 6: FINANCIAL CONDITIONS AND ACTIVITIES

Due Date: Quarterly - Jun, Sep, Dec, Feb

With respect to ongoing financial condition and activities, the Registrar shall not cause or allow the development of fiscal jeopardy or a material deviation of actual expenditures from Board priorities established in Ends policies.

Further, without limiting the scope of the foregoing by this enumeration, he or she shall not:

	Policy	Response/Report
5	**Authorize the payment of any item that was included in the approved operating or capital budget in an amount that will exceed the approved budget for that category by more than $50,000.**	**Registrar/CEO reports compliance.**
6	**Fail to obtain authorization from Board before committing the College to any operating or capital expenditure not included in the approved operating or capital budget that exceeds $25,000 or that creates or increases a cash flow deficiency for the current fiscal year.**	**Registrar/CEO reports compliance.**
7	**Fail to settle payroll and debts in a timely manner.**	**Registrar/CEO reports compliance. All payroll obligations are being met.**

POLICY EL 6: FINANCIAL CONDITIONS AND ACTIVITIES

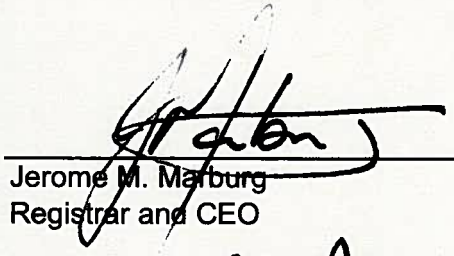
Due Date: Quarterly - Jun, Sep, Dec, Feb

With respect to ongoing financial condition and activities, the Registrar shall not cause or allow the development of fiscal jeopardy or a material deviation of actual expenditures from Board priorities established in Ends policies.

Further, without limiting the scope of the foregoing by this enumeration, he or she shall not:

Policy		Response/Report
8	**Allow tax payments or other government ordered payments or filings to be overdue or inaccurately filed.**	**Registrar/CEO reports compliance.**
9	**Acquire, further encumber or dispose of real property.**	**Registrar/CEO reports compliance.**
10	**Fail to aggressively pursue receivables after a reasonable grace period.**	**All receivables are recovered in a timely manner.**

Respectfully Submitted By:



Jerome M. Marburg
Registrar and CEO

Date: 26 August 2015

CDSBC College of Dental Surgeons of British Columbia

Board Meeting
12 September 2015
Agenda Item 12.

MANAGEMENT REPORT

BOARD MEETING - Public

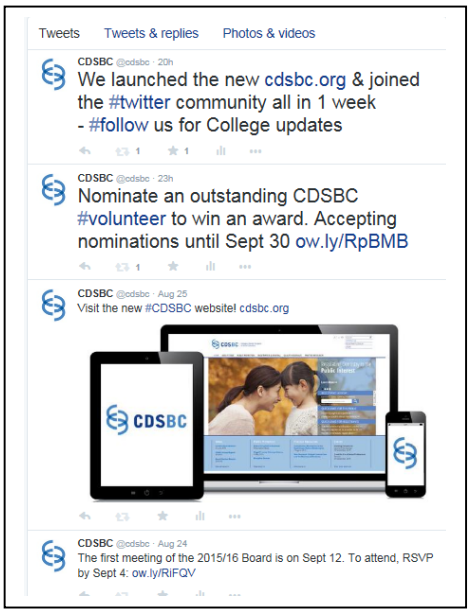
12 September 2015

New CDSBC Website and Twitter Presence

The CDSBC website is the go-to place for all College-related information, and both registrants and the public want quick access to a range of information. We have overhauled the website and re-launched it on 24 August.

New features include:

- Enhanced Registrant Lookup (formerly the Directory of Dentists) that includes more information about dentists, and also includes basic information about dental therapists and certified dental assistants
- News organized by topic on the home page
- CDSBC Library – for forms and key documents
- Responsive design that displays content for desktops, tablets and smartphones
- Ability to search, log in or use the Registrant Lookup from any page



As part of the launch, the College has created a Twitter profile: **@cdsbc**. We were already using LinkedIn and YouTube, but Twitter is the platform that we will use to share news, information and photos about the College (in 140 characters or less). Other large health regulators have been using Twitter for some time, so we are excited to add this tool to our communications approach. We have 79 followers to date, including individuals and other regulators.

Knowledge Management - Share Point Roll-Out

The College has been in the design - development and proofing stages for its information and knowledge management platform. The solution, which has been demonstrated in its earlier stages to the board, integrates our CRM, email systems, and electronic and paper filing systems. The end object is to have a seamlessly integrated knowledge management system which will eliminate the need for paper files while at the same time allowing us a high degree of confidence that we have information stored securely and accurately retrievable. The system is now being rolled out across the departments. Early indications are that we have got the design right – there are expected process mapping and workflow adjustments but early signs are positive. Next steps will include deciding how much and how far back to go with "back-scanning" of documents and files. We are happy to report that the project is substantially on budget but slightly (but not significantly) behind time. Delay has primarily been attributable to infrastructure problems with getting commercial high speed internet connectivity to College Place and to a bug fix needed when Microsoft updated one of our platform components.

With this part of the project substantially underway, we are working on the collaboration piece which will allow Board and Committee members to access materials online in a secure and safe environment. We expect to pilot this part of the project in the next two to three months.

Health Professions Regulators of BC

The HPRBC (soon to be the BCHR – the BC Health Regulators) held an excellent session 10 July 2015 with the First Nations Health Authority and the Centre for Excellence in Indigenous Health. The session included discussions about providing cultural competency training for board and committee members and having regulators collect demographic information, particularly with respect to First Nations, from registrants about their own backgrounds and about the people to whom they provide services. The College of Registered Nurses of BC advised they have a requirement for entry to practice that applicants must be familiar with the history of aboriginal peoples in Canada. There was a very encouraging report from the Faculty of Medicine about First Nations graduates. The Faculty of Medicine graduated 54 First Nations students this year –several years ahead of the goal of graduating 50 First Nations students.

Public Awareness Campaign

The HPRBC is launching the next phase of its public awareness campaign in September 2015. Last year's campaign included television ads (public service announcements on Global News), digital ads, social media, transit shelters, as well as earned media plan including op-eds and partnered with SUCCESS.

For the coming year, the campaign will continue to use public service announcements on Global News, digital ads and earned media, but it will also be enhanced with increased social/digital media presence, a revamped website, and a

new video series. The new digital videos, which feature children pretending to be health professionals, will be launched in September 2015.

Outreach and Engagement - CDAs

While it does not get as much air time as other topics, the College continues to look after regulatory affairs within the CDA sphere. College staff have participated on four CDAC accreditation site visits: CDI; College of the Rockies; MTI; and VCC.

Leslie Riva also regularly attends outreach sessions speaking at least once to each of the classes for CDAs at every program across the province.

The Registrar and College staff have also had the opportunity to observe the Clinical Practice Examinations held by the NDAEB for CDA candidates who are: from non accredited programs; foreign trained; or returning to practice after an absence. The examination process is rigorous both from a content and process perspective. Each candidate is assigned an individual assessor who observes and marks the candidate as they perform a series of 9 required skills. There is a detailed marking guide for each skill. It is an impressive process to behold.

Outreach and Engagement – NDEB and RCDC

On the Saturday following the last board meeting, the Registrar had the pleasure of observing the NDEB Assessment of Clinical Skills examination process held at the UBC Faculty of Dentistry. It was a delight to see so many familiar faces from CDSBC and BCDA as dentist volunteers donating their time and energy as assessors. These folks are on hand to ensure every candidate undergoes a thorough but fair assessment. They also volunteer their time to fly to Ottawa to take part in the marking/evaluation phase of the process. I am happy to report that many of our “on staff” dentists volunteer their time to this worthy project. While it serves to keep them up to date on standards, it is a significant contribution of time and intellectual horsepower.

As a lay observer the Registrar can report that the process is indeed rigorous and thorough. This is not a system that can be “gamed”.

Likewise, the Registrar had the pleasure of observing RCDC Component II examinations for orthodontics and prosthodontics. Again the assessments, essentially a highly structured oral examination of candidates by a panel of peers, was impressive to watch. The degree to which RCDC goes to ensure their assessor are calibrated and the candidates get a fair and consistently applied process gives one confidence in the system. Yes, like any complex system, process improvement is always possible, but in-the-main, the process appears robust and sound. The Registrar will leave it to others more trained in subject matter to determine whether the content of the exam was sufficiently rigorous, but it sure appeared so.

Annual Meeting – Follow-up

A dentist raised a concern about Criminal Record checks at the annual meeting. The Registrar invited that person to meet with him at the CDSBC offices to discuss his concerns. On 16 July 2015, that meeting took place. The Registrar is happy to report that the meeting went very well indeed. The individual gained a better understanding of the process (which is not one of our making) – and together we explored a possible process improvement which we will be implementing with cooperation of the Provincial Government.

Chair and Vice Chair Luncheon – August 14, 2015

L to R: Ethics Committee Chair Dr. Ken Chow; Registration Committee Chair Dr. Alex Hird; Ethics Committee Vice-Chair Dr. Brian Wong (back to camera) and Audit Committee Chair Mr. Samson Lim

Discipline Committee Chair Dr. Josephine Chung and Vice-Chair Dr. Bruce Ward

President David Tobias and Registrar/CEO Jerome Marburg hosted the annual lunch meeting of chairs and vice-chairs of CDSBC committees. This meeting is valuable as it is the only time of the year that this group gets together to discuss each committee's activities and challenges, and provides all who attend with a better understanding of how their committee fits into the overall picture of committee and Board activity for the year to come.

UBC Dentistry

The College continues its close relationship with UBC Dentistry and is contributing to undergraduate and graduate dental students' curriculum with four presentations in August and September on the topics of recordkeeping, professionalism, and jurisprudence and negligence. The President and the Registrar will also be introducing the Year 1 DMD incoming students to CDSBC by hosting a welcome lunch.

The College will be presenting "Avoiding Complaints" at Kootenay and District Dental Society's two-day fall meeting and has also accepted the invitation by the Northwest BC Dental Society to present "Trust me, I'm a Dental Professional" at the end of September.

CDSBC representatives will also be attending the respective society's AGMs, giving their members the opportunity to discuss current issues with the College.

Complaints and Discipline Information for Registrants: 29 September

The College will be holding an information session for our registrants concerning the complaints and discipline process. The session will be led by an external moderator, Della Smith of Q Workshops, who will encourage candid discussion. The feedback from a pre-event survey has helped her to identify key points of concern that will be addressed at the session.

The session will provide an opportunity for registrants to provide feedback and ask their questions in a live format. It will be webcast so that registrants across the province can participate. Because dentists receive the vast majority of complaints, most of the seats at the in-person session will be reserved for dentists. But all registrants (dentists, dental therapists and CDAs) are encouraged to attend online.

Joint Venture Update

Activities of the Management Committee College Place Joint Venture:

1. The modernization of the two elevators at College Place commenced in July. Fujitec Elevators has a contractual obligation to have this completed by the end of December.

2. The washrooms on the main floor of College Place are going to be renovated to bring them up to the standards of the building. As well, as some of the lobby and elevator floor tiles are cracked or broken, and are very slippery when wet, the flooring in both the lobby and elevators will be replaced. Quotes for the work will be considered at the next Joint Venture meeting in September. If approved, this will be budgeted for the 2016-2017 fiscal year.

3. With parking at CDSBC being very limited, the purchase and installation of two car lifts is being considered. There is also the possibility of a 3rd lift being purchased depending on performance of the two contemplated. We are awaiting the results of a number of technical assessments before deciding whether or not to proceed.

Staff Thank You to Board Officers for Appreciation BBQ – 17 July 2015

Dr. Tobias and staff member Greg Cavouras enjoy fresh-picked Chilliwack corn provided by the Huttons.

College staff wish to recognize President David Tobias and his wife Rosalind Tobias, and Vice-President Erik Hutton and his wife Bev Hutton, for hosting a lunch barbeque at College Place.