

BOARD MEETING
Saturday, 28 November 2015

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

MINUTES

The meeting commenced at 9:05 am

In Attendance

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

Regrets

Ms. Melanie Crombie
Dr. Mark Spitz

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. Cathy McGregor, Remediation and Monitoring
Ms. Roisin O'Neill, Director of Registration and HR
Ms. Leslie Riva, Sr. Manager, CDA Certification and QA
Dr. Garry Sutton
Ms. Anita Wilks, Director of Communications
Ms. Carmel Wiseman, Deputy Registrar
Mr. Dan Zeng, Sr. Manager of Finance and Administration

Invited Guests

Dr. James Richardson, CDSBC Representative on NDEB Board
Ms. Joan Rush



1. Call Meeting to Order and Welcoming Remarks

The President introduced the observers and welcomed them.

2. Consent Agenda (*attachments*)

- a. Approve Agenda for 28 November 2015 (*attachment*)
- b. Approval of Board Minutes of 12 September 2015 (*attachment*)
- c. Reports from Committees (*attachments*)
- d. Committee Membership – Vice Chair Appointment (*attachment*)

The President made a minor change to the agenda. Item 12, under BCDA, wishes to add ongoing work with the association.

MOTION: Pusey/Maxwell

That the items on the Consent Agenda for the 28 November 2015 Board meeting be approved.

Carried

3. Business Arising from the Consent Agenda

There was no business arising from the consent agenda.

4. Executive Limitation Reports (*attachment*)

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

EL8: Asset Protection

EL9: Compensation and Benefits

MOTION: Messenger/Maxwell

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
EL8: Asset Protection
EL9: Compensation and Benefits

Carried

5. Joan Rush Presentation (*attachments*)

Ms. Joan Rush is a retired lawyer and advocate for enhancing access to dental treatment for BC adults with developmental disabilities (DDs). Adults with DDs without private insurance or under government assistance have reduced access. Hospital waits for necessary dental treatment remain at 2-3 years. Ms. Rush has approached several ministries, CDSBC as well as the BCDA for assistance.

Ms. Rush suggested a potential solution is that adults with DDs who require treatment under general anaesthesia be treated in dental surgical anaesthesia clinics approved by the CDSBC instead of directing them to hospital operating rooms. The problem at present is that Government does not recognize such facilities for funding.

Ms. Rush also gave the following recommendations to the CDSBC Board:

- Support the establishment of a training clinic (beginning with a single chair) at the UBC Faculty of Dentistry to train dental students to treat adults with DDs under general anaesthesia.
- Support/establish continuing education programs to train dentists to treat adults with DDs under GA;
- Advocate for greater provincial funding to provide adults with DDs necessary dental treatment.

6. NDEB Update (Dr. James Richardson)

Dr. Richardson is the CDSBC representative on the NDEB Board. He gave an update on NDEB activities over the past year, including:

- Background Information
- NDEB Certification Process
- NDEB Equivalency Process



- 2011- 2015 Results
- Current Context of the Profession
- Highlights and Future Directions

7. Evidence-Based Dentistry (Dr. Ben Balevi)

Dr. Balevi gave an interesting and informative presentation on Evidence-Based Dentistry.

Evidence-based dentistry is an approach to oral health care that requires the judicious integration of systematic assessments of the **best clinically relevant scientific evidence**, relating to the patient's oral and medical condition and history, with the dentist's clinical expertise and the patient's treatment needs and preferences.

8. President's Report

The President asked BCDA Executive Director Ms. Jocelyn Johnston, who attended the meeting as an observer, to stay on to discuss the Joan Rush presentation. Joan Rush is a passionate advocate for adults with developmental disabilities. Ms. Johnson spoke about the joint efforts between BCDA and CDSBC on this issue.

The BCDA has been working on this issue for years. The association's perspective is not just to get a clinic to treat adults with DDs but to get this in the entire province, not just the lower mainland. The issue is a structural issue – GA is a health authority issue, the Ministry of Social Development and the Ministry of Health and Welfare have the funding but Pacific Blue Cross are third parties that have to deal with confidentiality agreements. Other issues include dentists who are available to treat DD adults have no hospital access/privileges.

The President thanked Ms. Johnston for attending this Board meeting.

He continued to update the Board on recent activities, including College Update presentations in Terrace, TODS and Victoria. The business meeting in Victoria was attended by around 65-70 dentists. Challenging meeting in a positive way but in the end the biggest issue remains to be the boundaries document. Half of the people in attendance were unaware of the second consultation round. It is so important to continue to communicate with registrants in order to avoid misperceptions.

The President and Registrar also attended the BCDA Board meeting. The College and BCDA continue to work on issues together.



9. Management Report (*attachment*)

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

The Patient Centred Care document was sent to the Board electronically prior to the meeting – it included the preamble which was the Board's condition before this document was published. No one had any comments or adjustments. This document is now ready for publication.

MOTION:

That the Board receive the management report.

Carried

**This concludes the open portion of our meeting. Ended at 12:40 pm.
The remainder of the meeting will be held in camera, per Section 2.15 (9) of the College Bylaws under the *Health Professions Act*.**

Board Meeting
28 November 2015
Agenda Item 2a.

BOARD MEETING

Saturday, 28 November 2015
9:00 a.m. – 4:00 p.m.

The Hyatt Regency Hotel
655 Burrard Street, Vancouver, BC
“English Bay Room”, 34th Floor

AGENDA

A.	Description of Agenda Items	Presenters
1.	Call Meeting to Order and Welcoming Remarks	Tobias
2.	CONSENT AGENDA	
	a. Approve Agenda for 28 November 2015 (<i>attachment</i>) b. Approval of Board Minutes of 12 September 2015 (<i>attachment</i>) c. Reports from Committees (<i>attachments</i>) d. Committee Membership – Vice Chair Appointment (<i>attachment</i>) <u>MOTION:</u> <i>That the items on the Consent Agenda for the 28 November 2015 Board meeting be approved.</i>	Tobias
3.	Business Arising from Consent Agenda <i>Note: Questions, if any, arising from Consent Agenda must be forwarded to the Chair at least 3 business days prior to Board meeting</i>	Tobias
4.	Executive Limitation Reports: <ul style="list-style-type: none"> EL2: Treatment of Public (<i>attachment</i>) EL3: Registration, Certification and Monitoring (<i>attachment</i>) EL5: Financial Planning/Budgeting (<i>attachment</i>) EL6: Financial Condition and Activities (<i>attachment</i>) EL8: Asset Protection (<i>attachment</i>) EL9: Compensation and Benefits (<i>attachment</i>) 	Marburg



A.	Description of Agenda Items	Presenters
4. (Cont.)	<p><u>MOTION:</u> <i>That the Board receives the following Monitoring Reports:</i> <i>EL2: Treatment of Public</i> <i>EL3: Registration, Certification and Monitoring</i> <i>EL5: Financial Planning/Budgeting</i> <i>EL6: Financial Condition and Activities</i> <i>EL8: Asset Protection</i> <i>EL9: Compensation and Benefits</i></p>	
5.	Joan Rush Presentation (<i>attachments</i>)	Ms. Joan Rush
6.	NDEB Update	Dr. James Richardson
7.	Presentation – Evidence-Based Dentistry	Balevi
8.	President's Report	Tobias
9.	<p>Management Report (<i>attachment</i>)</p> <p><u>MOTION:</u> <i>That the Board receive the management report.</i></p>	Marburg
<p style="text-align: center;">This concludes the open portion of our meeting.</p> <p style="text-align: center;">The remainder of the meeting will be held in camera, per Section 2.15 (9) of the College Bylaws under the <i>Health Professions Act</i>.</p>		

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 October 26, 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.
- A one-page narrative to accompany quarterly reports for Board meetings, like a “state of the nation”, i.e., stipulating the big financial themes that are occurring, an overview of the most material positive and negative factors in play, and a statement describing the forecasted year-end results, is being developed.
- The Committee/working group will work with management to develop a meaningful set of key performance indicators that will quickly convey the improvements and challenges the CDSBC management has faced in recent years.

Future Trends

CDSBC Committee Report to Board

For Public Agenda

Committee Name	CDA Advisory Committee
Submitted by	Susanne Feenstra, Chair
Submitted on	28 November 2015
Meeting Frequency	This Committee met 2 November 2015.
Matters Under Consideration	Reviewed: CDABC letter, VCC dental assisting program letter, Sedation course qualifications recognition
Future Trends	Module Updates: Orthodontic Module Infection Control requirements

CDSBC Committee Report to Board

For Public Agenda

Committee Name	CDA Certification Committee
Submitted by	Ms. Bev Davis, Chair
Submitted on	28 November 2015
Meeting Frequency	This Committee has not met since the last Board meeting
Matters Under Consideration	
Future Trends	Further discussion with regard to what are recognized continuous practice hours

Committee Name	Ethics Committee
Submitted by	Dr. Kenneth Chow, Chair
Submitted on	October 29, 2015
Meeting Frequency	The Committee met on the following dates: <ul style="list-style-type: none">• January 14, 2015• May 12, 2015• November 19, 2015

Matters Under Consideration

- **Advertising and Promotional Activities**

The government approved the bylaws for advertising and promotional activities. The interpretive guidelines will be developed next.

A Complaint Form is being developed for use by registrants for the purpose of lodging a formal complaint against another registrant regarding their promotional activity.

- **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. Several questions may arise from the collection of the data:

- What are the different corporate structures?
- Do any of these structures impact patient care?
- How may these structures impact the profession?



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”

CDSBC Committee Report to Board For Public Agenda

Committee Name	Inquiry Committee
Submitted by	Dr. Greg Card, Chair
Submitted on	12 November 2015
Meeting Frequency	<p>From 31 July 2015, the date of the last report, until 31 October 2015, the Inquiry Committee as a whole met on the following dates:</p> <ul style="list-style-type: none"> • 25 August 2015 • 22 September 2015 • 20 October 2015 <p>Inquiry Committee Panels met on the following dates:</p> <ul style="list-style-type: none"> • 05 August 2015 • 20 October 2015 <p>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).</p>
Matters Under Consideration	<p>Inquiry Committee Panels have files involving eight dentists under review. 3 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. One panel is dealing with two complaints that involve a dentist who has brought judicial review proceedings against the College which has still not concluded.</p>
Connection to Strategic Plan	<p>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</p>



HPRB review any Inquiry Committee disposition of a complaint short of a citation.

On 14 October 2015, the College held an information session on the complaints and discipline processes. Several members of the Inquiry Committee attended and provided responses and information to the audience.

Statistics/Report

51 files were opened and 102 were closed between 01 August 2015 and 31 October 2015.

CDSBC Committee Report to Board

For Public Agenda

Committee Name	Nominations Committee
Submitted by	Dr. Peter Stevenson-Moore, Chair
Submitted on	10 November 2015
Meeting Frequency	The Committee last met on 8 October 2015.
Matters Under Consideration	<p>The Committee is in the process of administering the CDSBC Awards Policy on behalf of the Board. At the October meeting, the Committee reviewed the short list of College volunteers who are eligible for an award (2+ years of service; not a current Board or Nominations Committee member) and finalized the list of recommended award winners that will be presented for Board approval at the November 2015 meeting.</p> <p>The Committee also approved recipients for the Certificate of Appreciation from the President.</p> <p>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.</p>
Future Trends	None.

CDSBC Committee Report to Board For Public Agenda

Committee Name	Quality Assurance Committee
Submitted by	Dr. Ash Varma, Chair
Submitted on	28 November 2015
Meeting Frequency	Has not met since last Board meeting. Next meeting scheduled 27 November 2015. QA Working Group met 8 October 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

CDSBC Committee Report to Board For Public Agenda

Committee Name	Quality Assurance CE Subcommittee
Submitted by	Dr. Ash Varma, Chair
Submitted on	28 November 2015
Meeting Frequency	Has not met since last Board meeting.
Matters Under Consideration	
Connection to Strategic Plan	This Committee continues to improve professionalism and practice standards of dentists, dental therapists and CDAs.
Future Trends	

CDSBC Committee Report to Board For Public Agenda

Committee Name	Registration Committee
Submitted by	Dr. Alexander Hird (Chair)
Submitted on	28 November 2015
Meeting Frequency	No meeting in this quarter
Matters Under Consideration	None
Statistics/Report	N/A
Future Trends	

CDSBC Committee Report to Board

For Public Agenda

Committee Name	Sedation and General Anaesthetic Services Committee
Submitted by	Dr. Tobin Bellamy, Chair
Submitted on	28 November 2015
Meeting Frequency	21 September 2015 7 December 2015

Matters Under Consideration

Updates to the Deep Sedation and General Anaesthetic Standards and Guidelines are being reviewed by the Committee and will be presented to the Board for approval.

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 next year, followed by in office inspections.

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. Seven general anaesthesia facilities are in the tri-annual inspection process.

The Committee approved tri-annual inspections for seven deep sedation facilities at the last meeting. Six new deep sedation facilities are in the inspection process. Three deep sedation facilities are in the tri-annual inspection process.

Annual self-assessments for 9 facilities were approved at the last meeting.

Registration of qualifications applications were reviewed from 4 dentists, all were approved.

Future Trends

The process for inspection of moderate parenteral sedation facilities is being developed. The resources required will be determined over the next several months.

Committee memberships were approved by the Board on Saturday, 12 September 2015. The Vice Chair position on the Sedation and General Anaesthetic Services Committee had been left vacant.

The Chair, Dr. Tobin Bellamy, is requesting that Dr. Mike Melo fill this position.

The Board is being asked to approve Dr. Mike Melo as the Vice-Chair of this committee.

SEDATION AND GENERAL ANAESTHETIC SERVICES COMMITTEE

Tobin Bellamy	Oral Surgeon (Chair)
Mike Melo	Oral Surgeon (Vice-Chair)
David Sowden	Oral Surgeon
Michael Henry	Oral Surgeon
Brian Chanpong	Dentist
VACANT	Anaesthesiologist – to come
Mike Melo	Oral Surgeon
Larry Kahn	Anaesthesiologist
Scott Yamaoka	Periodontist
Gordon McConnell	Biomedical Engineer
Martin Aidelbaum	Oral Surgeon
James Kim	Anaesthesiologist
Richard Wilczek	Dentist
Mehdi Oonchi	Dentist
Gerald Pochynok	Pediatric

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.
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.

POLICY EL 2: TREATMENT OF THE PUBLIC

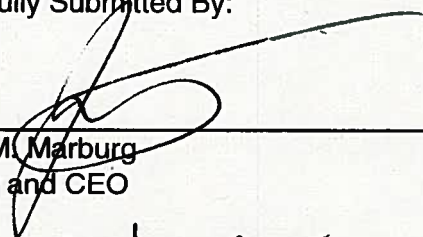
Due Date: Quarterly - May, Sep, Dec, Feb

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
5	Fail to adjudicate complaints as expeditiously as possible.	We are making progress in this area. The rate of complaints has slowed. 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.
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:

10 Nov 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.
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 or early part of 2016.

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.

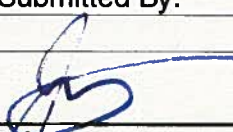
Further, without limiting the scope of the foregoing by this enumeration, he or she shall not:

Policy		Response/Report
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 was held on 14 October; this was our first webcast event. In fall 2015 College representatives delivered courses in Terrace, Fairmont Hot Springs, Kelowna and Victoria. There are two courses in development: 1) an exploration of the types of issues that lead to complaints (working title is Tough Topics 2); and 2) 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. So far this fiscal year, the College has closed 98 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.
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.

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
8	Fail to develop a College communication strategy.	Communications materials support the strategic plan. The new website is the go-to place for CDSBC communications and includes a number of user-friendly features, such as an enhanced directory (Registrant Lookup) and a library of all key documents for easy reference, as well as expanded information and forms for complaints aimed at both registrants and complainants. We are making ongoing enhancements to the site. The College expanded its social media presence and is now using LinkedIn, YouTube and Twitter. The electronic newsletter has been redesigned and is now optimized for viewing on a mobile device, further increasing communications accessibility. Although most communication with registrants is electronic, the College uses other methods when warranted. The College is responsive to trends or issues as they arise.
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. The annual report includes a detailed graphic breakdown to illustrate how registrant fees are allocated to the various functions.
Respectfully Submitted By:		
		
Jerome M. Manburg Registrar and CEO		
Date: 12 Nov 2015		

Quarterly Report

Registration and Certification

1 August 2015 – 31 October 2015

Prepared for the Board



Overview

The Registration/Certification Team, consisting of the Director of Registration & HR, the Senior Manager, CDS Certification and Quality Assurance 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 August 2015 – 31 October 2015 inclusive.

Where available, the previous year's statistics for the same period (1 August 2014 – 31 October 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, 3731 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 - 3447		
NEW REGISTRATIONS		
	1 Aug 2015 – 31 Oct 2015	1 Aug 2014 - 31 Oct 2014
Full Registrations issued (includes Specialists)	25	28
Restricted to Specialty Registrations issued	3	2
Academic Registrations issued	0	0
Limited Registrations issued:		
• Armed services or government	0	1
• Education	0	0
• Post-graduate	17	17
• Research	0	0
• Student practitioner	0	1
• Volunteer	0	0
Temporary Registrations issued	12	8
Non-practising Registrations issued		
GENERAL		
Transfers from Non-practising to Practising	13	9
Transfers from Practising to Non-practising	7	8
Lapsed	0	0
Reinstated	3	2
Resigned/Retired	8	10
Retired (annual \$50 fee)	0	0
Deceased	0	2



CDA STATISTICS		
Practising CDAs - 5889		
NEW CERTIFICATIONS		
	1 Aug 2015 – 31 Oct 2015	1 Aug 2014 - 31 Oct 2014
Practising Certifications issued	54	55
Temporary Certifications issued	23	13
Temporary-Provisional Certifications issued	0	0
Limited Certifications issued	0	3
Non-practising Certifications issued	0	0
GENERAL		
Transfers from Non-practising to Practising	14	18
Transfers from Temporary to Practising	108	106
Transfers from Temporary-Provisional to Practising	4	0
Transfers from Limited to Practising	0	0
Lapsed	73	61
Reinstated	82	63
Resigned/Retired	1	8
Retired (annual \$25 fee)	0	0
Deceased	0	1

Module designations granted

Orthodontic Module – 0 (1)

Prosthodontic Module –10 (5)

Dental Radiography Module – 11 (17)

CDA Assessments

Initiated assessments:

- 10 (128)

Certification issued as a result of assessment:

- 8 (10)

POLICY EL 5: FINANCIAL PLANNING/BUDGETING

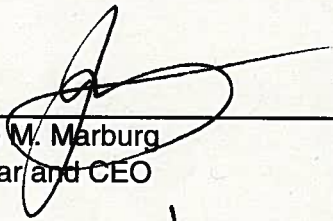
Due Date: Quarterly - Jun, Sep, Dec, Feb

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 statements, forecast, and Budget are evidence of compliance.
3	Fails to maintain a contingency reserve.	Registrar/CEO reports compliance per EL 6 report.

Respectfully Submitted By:


Jerome M. Marburg
Registrar and CEO

Date:

10 Nov 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:

9 Oct 2015

POLICY EL 8: ASSET PROTECTION

Audit Committee: Annually - April

The Registrar shall not allow the College's assets to be unprotected, inadequately maintained or unnecessarily risked.

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

Policy		Response/Report
1	Fail to insure against theft and casualty losses to at least 80% replacement value and against liability losses to Board members, staff and the organization itself in an amount greater than the average for comparable organizations.	<p>Registrar/CEO reports compliance. Following is a general summary of the main policies in place. In addition, all CI's carry required CDSPI insurance.</p> <p>Theft - The property policy protects against theft (property coverage is on a replacement cost basis). There is also crime coverage in place that would cover against theft as well. The distinction between the two: the crime policy is designed to cover against theft of money (currency, cheques, money orders etc.) and securities.</p> <p>Casualty - the commercial general liability policy protects the Board, staff (including volunteers) and the organization from liability arising from bodily injury or property damage to a third party.</p> <p>The commercial general liability policy protects against liabilities arising out of bodily injury and property damage. There is also the non-profit organization liability policy that protects the liabilities of the Board, staff (including volunteers) and the organization itself. This is more commonly referred to as the Directors and Officers policy and offers protection for the following:</p> <p>Directors and Officers Liability: Covers liabilities arising out of the activities of governing the organization.</p> <p>Employment Practices Liability: Covers liabilities from employment related claims (wrongful dismissal, sexual harassment, failure to promote, etc.).</p> <p>Professional Liability: covers negligent act, negligent error or negligent omission committed or alleged to have been committed by the insured in the performance of Professional Services (regulatory activities).</p>
2	Subject property and equipment to improper wear and tear or insufficient maintenance.	<p>All equipment is on appropriate maintenance schedules. Staff are made aware of proper use and care expectations.</p>

POLICY EL 8: ASSET PROTECTION

Audit Committee: Annually - April

The Registrar shall not allow the College's assets to be unprotected, inadequately maintained or unnecessarily risked.

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

Policy		Response/Report
3	Unnecessarily expose the organization, its Board or staff to claims of liability.	Registrar/CEO reports compliance.
4	Make any purchases or award any contract: (a) wherein normally prudent protection has not been given against conflict of interest; (b) of over \$25,000 without having obtained comparative prices and quality. Orders shall not be split to avoid these criteria.	Registrar/CEO reports compliance. All contracts over \$5000 require multiple competitive bids. Best value bid is chosen.
5	Fail to take reasonable steps to protect intellectual property, information and files from loss or significant damage.	CDSBC secures all physical files. All electronic files are routinely backed up, with historical tape backups spanning multiple years held off-site. Critical files and configuration parameters are backed up and stored off-site as well. IT systems have built-in redundancies and daily local backups to disk.
6	Fail to implement the auditor's recommendations with respect to financial internal controls.	Registrar/CEO reports compliance.

POLICY EL 8: ASSET PROTECTION

Audit Committee: Annually - April

The Registrar shall not allow the College's assets to be unprotected, inadequately maintained or unnecessarily risked.

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

Policy		Response/Report
7	Fail to ensure the following cheque signing authorities: A) two signatures for cheques up to \$25,000 from the following: President, Vice-President, Treasurer, Registrar, Deputy Registrar, Director of Registration and HR, Director of Communications. B) two signatures for: (i) cheques over \$25,000 of an unbudgeted item - one from each of the following two groups: i) President, Vice-President or Treasurer; ii) Registrar, Deputy Registrar, Director of Registration and HR, or Director of Communications; (ii) cheques over \$25,000 of a budgeted item - two signatures from the following: President, Vice-President, Treasurer, Registrar, Deputy Registrar, Director of Registration and HR, or Director of Communications. With the exceptions that: ii) The Registrar, Deputy Registrar, Director of Registration and HR, or Director of Communications, shall not act as a signing officer for an expense that they have approved. iii) No individual shall be a signing officer for a cheque of which they are the payee.	All cheques are signed in compliance with this policy.

POLICY EL 8: ASSET PROTECTION

Audit Committee: Annually - April

The Registrar shall not allow the College's assets to be unprotected, inadequately maintained or unnecessarily risked.

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

Policy		Response/Report
8	Invest or hold operating capital in insecure instruments or bonds of less than AA rating at any time, or in non interest-bearing accounts except where necessary to facilitate ease in operational transactions.	Registrar/CEO reports compliance.
9	Fail to establish appropriate procedures governing the confidentiality, disclosure, safekeeping and eventual disposition of all records over which the Board has jurisdiction.	CDSBC is embarking on an electronic records management project which includes an updated set of file plans and records retention and disposal policies and procedures. All current records are retained and secured/backed up as per statements above.
10	Fail to protect title and ownership of the College building and equipment.	Registrar/CEO reports compliance.

Respectfully Submitted By:

Jerome M. Marburg
Registrar and CEO

Date:

9 Nov 2015

POLICY EL 9: COMPENSATION AND BENEFITS

Due Date: Annually - End October

With respect to employment, compensation, and benefits to employees, consultants, contract workers, the Registrar shall not cause or allow jeopardy to fiscal integrity or to public image.

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

Policy		Response/Report
1	Change his or her own compensation and benefits.	The Registrar reports compliance.
2	Establish current compensation and benefits which deviate materially from: a. the geographic or professional market for the skills employed (for employees, consultants, and contract workers). B. the compensation and benefits provided by other similar organizations for similar services.	Per the Board's directed commitment, CDSBC will pay competitive rates in the Vancouver and BC marketplace (75th percentile). Periodic compensation and benefit reviews are undertaken every three years. (The next review is due in March 2016).
3	Create compensation obligations over a longer term than revenues can be safely projected, in all events subject to losses in revenue.	The Registrar reports compliance.
4	Establish or change benefits so as to provide a less than basic level of benefits to all full time employees, though differential benefits to encourage longevity are not prohibited.	The Registrar reports compliance. Currently the CDSBC is negotiating with the provider to enhance the benefits provided to full-time employees.
5	Allow any employee to lose pension benefits already accrued from any foregoing plan.	The Registrar reports compliance.

POLICY EL 9: COMPENSATION AND BENEFITS

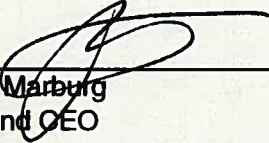
Due Date: Annually - End October

With respect to employment, compensation, and benefits to employees, consultants, contract workers, the Registrar shall not cause or allow jeopardy to fiscal integrity or to public image.

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

Policy		Response/Report
6	Fail to pay the premiums for existing insurance for committee and Board members.	The Registrar reports compliance.

Respectfully Submitted By:


Jerome M. Marburg
Registrar and CEO

Date:

10 Nov 2015

Joan L. Rush

**Enhancing Access to Dental Treatment
for
B.C. Adults with Developmental
Disabilities**

Presentation to the
Board of Directors of the
College of Dental Surgeons of British Columbia
November 28, 2015

Who are adults with DDs in BC?

BC Community Living Authority Act

- intellectual functioning (IQ) of 70 or less on standardized intelligence tests
- impaired adaptive functioning contributing to a diagnosis of "mental retardation" within the meaning of the DSM-IV-TR; (Diagnostic and Statistical Manual of Mental Disorders, 4th)
- **Most of these adults require dental treatment under general anaesthesia**

The Problem

BC adults with Developmental Disabilities (DDs) who require dental treatment under general anaesthesia cannot promptly access necessary treatment.

Hospital waits for necessary dental treatment remain at 2 to 3 years long.

Improving Access to Oral Health Care for Vulnerable People Living in Canada

Lead researcher: Dr. Paul Allison, Dean, Faculty of Dentistry, McGill http://cahs-acss.ca/wp-content/uploads/2015/07/Access_to_Oral_Care_FINAL_REPORT_EN.pdf

Vulnerable groups living in Canada have both the highest level of oral health problems and the most difficulty accessing oral health care. The public and private oral health care systems in Canada are not effective in providing reasonable access to oral health care for all vulnerable people living in Canada. (at 7.2 p.63)

Improving Access to Oral Health Care for Vulnerable People (cont.)

Recommendations

- v. Provide explicit training for oral health care professionals in versatile approaches to oral health care delivery for a variety of vulnerable groups.
- vi. Promote and deliver continuing education that equips practicing professionals with the knowledge and skills to understand and treat the oral health care needs of vulnerable groups.

Improving Access to Oral Health Care for Vulnerable People (cont.)

- equity in access cannot ... depend on the good actions of dental professionals. **It must involve structural changes to dental education and to the oral health care system.** (6.8 p.60).
- dental schools ... need to provide **relevant training** at both the undergraduate and postgraduate levels. **They also need to collaborate with licensing bodies through the provision of appropriately accredited continuing education in these areas.** (6.8 p.61)

A Macroeconomic Review of Dentistry in Canada in the 2000s

Ramraj, Weitzner, Figueiredo, Quiñonez, *J Can Dent Assoc* 2014;80:e55

In the country as a whole, although spending on dental care increased steadily from \$7.2 billion in 2000 to \$11.2 billion in 2010, the percentage of public spending decreased from 5.5% to 4.9% of the total...[Canadian public spending] is low compared with other OECD countries.

HELP! TEETH HURT Government's Obligation to Provide Timely Access to Dental Treatment to B.C. Adults Who Have Developmental Disabilities: A Legal Analysis

Joan L. Rush, 2013, Funded by a Grant from the Law Foundation
<http://www.inclusionbc.org/sites/default/files/Help!%20Teeth%20Hurt.pdf>

Government is ... responsible to ensure that the College of Dental Surgeons of B.C. meets its duty to serve and protect the public. The College fails in this duty if dentists are not qualified to treat all members of the community, including adults with DDs.

The Challenges

- Limited access to general anaesthesia in hospital operating rooms
- Limited or no dental training to treat adults with DDs who require treatment under general anaesthesia (Drs. Sherman and Ross chart attached)
- Limited funds to cover dental and anaesthesia treatment in hospital

Potential Solution

Treat adults with DDs who require treatment under general anesthesia in dental surgical anaesthesia clinics approved by the CDSBC instead of directing them to hospital operating rooms. Doing so will save cost and enhance prompt access to dental treatment for adults with DDs.

CDSBC Approved General Anesthesia Facilities

"As of 28 February 2015 there are 47 authorized deep sedation facilities and one travelling deep sedation provider group. There are 21 authorized general anaesthesia facilities."

CDSBC Annual Report 2014/15

CPSBC Surgical Clinics that Perform Dentistry under General Anaesthesia

Kamloops Surgical Centre
South Fraser Surgical Centre
Langley Surgical Centre

These are the only CPSBC clinics currently offering GA for dental treatment for adults with DDs. They completed almost no treatments for adults with DDs during the past 3 years.

Start an Evolution!

- **Start an Evolution** is a UBC competition that enables alumni to promote projects that benefit UBC and our community and help to make a better world.
- *Help! Teeth Hurt!! Creating a Specialized Dental Clinic for Adults with Developmental Disabilities* won the 2015 **Start an Evolution** Competition.
- A specialized dental clinic will allow BC adults with DDs to be treated, and will teach dental and medical students at UBC how to treat them.

Recommendations for CDSBC

- Support establishment of a training clinic (beginning with a single chair) at the UBC Faculty of Dentistry to train dental students to treat adults with DDs under general anaesthesia.
- Support/establish continuing education programs to train dentists to treat adults with DDs under GA
- Advocate for greater provincial funding to provide adults with DDs necessary dental treatment

THANK YOU

JOAN L. RUSH

Bcom, LLB, LLM
Barrister & Solicitor (Ret.)

TELEPHONE: 604-786-3452
E-MAIL: joanrush@telus.net

Improving access to oral health care for vulnerable people living in Canada

<http://cahs-acss.ca/wp-content/uploads/2015/07/Access to Oral Care FINAL REPORT EN.pdf>

Lead researcher: Dr. Paul Allison, Professor and Dean, Faculty of Dentistry, McGill

Core problems:

- Vulnerable groups living in Canada have both the highest level of oral health problems and the most difficulty accessing oral health care;
- The public and private oral health care systems in Canada are not effective in providing reasonable access to oral health care for all vulnerable people living in Canada. (at 7.2 p.63)

Vision:

- Equity in access to oral health care for all people living in Canada.
- Equity in access means reasonable access, based on need for care, to agreed-upon standards of preventive and restorative oral health care

Recommendations to Address the Core Problems:

7.3 v. Provide explicit training for oral health care professionals in versatile approaches to oral health care delivery for a variety of vulnerable groups.

(Targets: Association of Canadian Faculties of Dentistry [ACFD]; dental schools; dental hygiene colleges; Commission on Dental Accreditation of Canada.)

7.3 vi. Promote and deliver continuing education that equips practicing professionals with the knowledge and skills to understand and treat the oral health care needs of vulnerable groups. (Targets: dental schools; dental hygiene colleges; Canadian Dental Regulatory Authorities Federation; provincial dental regulatory bodies.) **[emphasis added]**

EXCERPTS

Finally, for the disabled, their potential physical and cognitive inability to access oral health care in traditional settings limits the availability and appropriateness of care. (3.4.1 p. 36)

Now, more than ever, the significant minority of people that experiences the greatest burden of oral disease has the least recourse to care, as oral health care becomes more expensive and, as previously described, fewer options are available to receive publicly supported care. This has major implications for the well-being of these vulnerable populations in terms of their health, productivity, and quality of life, which in turn have implications for Canadian society in general. (3.4.6 p.41)

Poor access to care accounts for 45 per cent of inequality in dental decay and 38 per cent of inequality in oral pain. (4.0 p.47)

6 WHAT CAN BE DONE TO REDUCE INEQUALITIES IN ORAL HEALTH AND ORAL HEALTH CARE IN CANADA?

Given the policy and economic context of the new millennium, **it is necessary for any health care, including publicly financed oral health care, to be evidence-based.** (6.0 p.52)

The competencies of the National Dental Examining Board, the organization responsible for establishing and maintaining a national standard of competence for dentists in Canada, recognize that (among other competencies) “[a] beginning dental practitioner in Canada must be competent to:

- Recognize the determinants of oral health in individuals and populations and the role of dentists in health promotion, including the disadvantaged;
- Recognize the relationship between general health and oral health; and
- Demonstrate professional behaviour that is ethical, supersedes self-interest, strives for excellence, is committed to continued professional development and is accountable to individual patients, society and the profession.”

Nevertheless, there is no specific mention of access to oral health care, and the achievement of equity in access cannot simply depend on the good actions of dental professionals. **It must involve structural changes to dental education and to the oral health care system.** (6.8 p.60)

In the end, **an effort to change the cultural prerogatives of the dental profession will ultimately begin at its educational roots.** Furthermore, it is clear that if dentists are to provide dental care to under-served populations in non-traditional settings using alternative techniques, then dental schools ... need to provide relevant training at both the undergraduate and postgraduate levels. They also need to collaborate with licensing bodies through the provision of appropriately accredited continuing education in these areas. (6.8 p.61)

These issues can be distilled to the following core problems: • Vulnerable groups living in Canada have both the highest level of oral health problems and the most difficulty accessing oral health care; and • The public and private oral health care systems in Canada are not effective in providing reasonable access to oral health care for all vulnerable people living in Canada.

7.3 Recommendations to Address the Core Problems

B. Engage with relevant decision-making, professional, and client/patient groups to develop evidence-based standards of preventive and restorative oral health care to which all people living in Canada have reasonable access.

i. Engage vulnerable groups and their representation as partners in order to identify their needs for standards of oral health care.

ii. Engage with the dental professions to identify their views on what evidence based standards of oral health care should be.

iii. Engage with federal, provincial, territorial, and municipal government and other public agencies to identify their views on what agreed-upon standards of oral health care should be.

C. Plan the personnel and delivery systems required to provide these standards of oral health care to diverse groups, in a variety of settings, with particular attention to vulnerable groups.

i. *Create or enhance public options for oral health care in alternative service settings, such as community health centres, institutions for elderly people who are non- and semi-autonomous, long-term care settings for those with handicaps, etc. (Targets: community health centres; centres for the elderly and those with handicaps.) (7.3 p.64)*

v. Provide explicit training for oral health care professionals in versatile approaches to oral health care delivery for a variety of vulnerable groups. (Targets: Association of Canadian Faculties of Dentistry [ACFD]; dental schools; dental hygiene colleges; Commission on Dental Accreditation of Canada.)

vi. Promote and deliver continuing education that equips practicing professionals with the knowledge and skills to understand and treat the oral health care needs of vulnerable groups. (Targets: dental schools; dental hygiene colleges; Canadian Dental Regulatory Authorities Federation; provincial dental regulatory bodies.) [emphasis added]

Appendices

Individuals with disabilities present specific clinical and policy challenges. They may not be able to express pain or describe symptoms, and cooperation under clinical assessment may also be difficult. The breadth of disabilities also makes the targeting of policies difficult. Nevertheless, failure to achieve timely dental care has the same implications as with any other population (i.e. increased suffering and morbidity, increased treatment costs) [5, 6]. Regular preventive

care has also been reported to improve the health of persons with disabilities [5, 6] (Brown 1980; Tesini and Fenton 1994).

In short the problems are ignorance, lack of training for oral and non-oral health care professionals and the absence of a system to organise and finance care for individuals with cognitive and physical disabilities. The potential solutions involve:

1. Government coverage of urgent dental care needs for people with disabilities.
2. Treatment/rehabilitative care by people trained to provide fluoride therapy, professional hygiene and symptom management.
3. Appropriate training of the various personnel to perform the aforementioned tasks.

These solutions require appropriate sources of funds to pay for these tasks and appropriate payment schemes designed to achieve the goal of good (oral) health for people with disabilities. **The special needs and the difficulty in caring for individuals with disabilities needs to be recognised and appropriate training provided. (Emphasis added)**

Oral disease in persons with disabilities has been noted as similar to non-disabled persons, yet persons with disabilities are noted to have higher rates of untreated disease and greater numbers of extracted teeth [2-5]. Oral hygiene is said to be poorer in persons with disabilities, making them more susceptible to oral disease.

Andre Picard Globe and Mail, September 16, 2014

The CAHS report finds that inequalities in oral disease and access to dental care in Canada are greater than inequalities in general health problems and medical care.

What might surprise many is that Canada actually provides less publicly funded dental care than the United States – and internationally, Canada is among the lowest funders of dental health care programs.

All people living in Canada should have reasonable access to dental care. We need to bring dentistry into the general health care system by having some dental clinics in hospitals and community health centres. We need to explore the use of a variety of dental and other health professionals delivering care in a variety of settings. And we need to explore the financing of dental care for vulnerable groups – including anomalies in tax legislation that help those with dental insurance but not those without.

We need concerted professional, government and community action now to begin to address these issues so that many Canadians will get the dental health care they so desperately need.

Special Needs Education in Canadian Dental School Curriculum: Is There Enough?

Carla M. Sherman, BSc, DDS; Ross D. Anderson, DDS, D Paed, MSc, FRCD(C)

J Can Dent Assoc 2010; 76:a11

Persons with intellectual disabilities have an increased prevalence of caries, periodontal disease and poor oral hygiene compared to the general population. They are also one of the most underserved groups of dental patients in both Canada and the United States.

It is crucial that general dentists and their staff be well versed in treating persons with special needs. Currently, fewer than 10% of general dentists see children with cerebral palsy, mental retardation or who are medically compromised, which underscores the lack of dental care for the special needs population.

Much of the research on intellectual disability and access to health care points to several significant barriers to access. Persons with special needs cite cost, dental fear and anxiety, and lack of perceived need for dental care, whereas dentists cite concerns related to loss of time, patients' potential behaviour, availability of funds and level of training. **Of these barriers, the one that may be most practically addressed is the shortage of practitioners with appropriate training. Studies cite a direct correlation between training experience and a willingness to treat persons with special needs. Practising dentists identify lack of training in behaviour management, communication and treatment planning as their greatest areas of concern in treating patients with special needs. [emphasis added]**

Table 1

Special needs care curriculum taught in undergraduate dental programs	Schools									
	1	2	3	4	5	6	7	8	9	10
Didactic time devoted to special care curriculum (hours)	0	0	0	18	0	6	4	10	12	0
Mandatory rotation to observe treatment of PSN (hours)	0	0	0	8	0	75	15	0	37.5	0
Mandatory rotation to treat PSN (hours)	0	0	0	37.5	20	75	0	0	0	0
Elective rotation available to observe treatment and treat PSN (hours)	0	0	8	37.5	300	15	0	37.5	105	0
Students eligible for elective rotation to observe and treat PSN (%)	0	0	0	75	30	4.7	5.7	10	4.4	0



College of Physicians and Surgeons of British Columbia

300-669 Howe Street
Vancouver BC V6C 0B4
www.cpsbc.ca

Telephone: 604-733-7758
Toll Free: 1-800-461-3008 (in BC)
Fax: 604-733-3503

VIA EMAIL: joanrush@telus.net

August 20, 2015

Ms. Joan L. Rush
Barrister and Solicitor (Ret.)
3975 W. 11th Avenue
Vancouver, BC V6R 2L1

Dear Ms. Rush:

Re: S.19(2) of the *Medical and Health Care Services Regulation*

It was a pleasure to speak with you earlier this week and learn more about this issue that you are so passionate about. Hopefully the change in legislation will improve access for this complex population of individuals.

I would like to take this opportunity to respond to your letter of August 11, 2015 after I have sought further information at the College to enable me to respond as best possible.

The Non-Hospital Medical and Surgical Facilities (NHMSF) program does not have access to the contracts between the private facilities and the Health Authorities. These could potentially be accessed directly from the Health Authorities.

I have enclosed the list of NHMSF that are performing dental procedures as of their last accreditation. There are a limited number. In order for facilities to be newly accredited to perform dental procedures they are required to apply for the introduction of a new service. The degree to which these facilities provide for dental services and how they operationalize this is up to the individual private facility.

Thank you for your commitment to this issue.

Yours truly,

Michael Murray, MD, CCFP (EM), MHSc, CHE
Deputy Registrar

MM/lpl Attachment

c.c.: Ms. Pat Fawcus, Director, NHMSF Program

Serving the public through excellence and professionalism in medical practice

	Cambie Surgery Centre 2836 Ash St Vancouver, BC V5Z 3C6			Delbrook Surgical Centre Ste. 107 - 3711 Delbrook Avenue North Vancouver, BC V7N 3Z4			Kamloops Surgical Centre 200-741 Sahali Terrace Kamloops, BC V2C 6X7			Langley Surgical Centre 203 - 22112 52nd Avenue Langley, B.C. V2Y 2M6			South Fraser Surgical Centre 401 - 2031 McCallum Road Abbotsford, BC V2S 3N5		
Dental Procedures	2014	2013	2012	2014	2013	2012	2014	2013	2012	2014	2013	2012	2014	2013	2012
Pediatric Dental	1,040	1,117	1,023	44	111	109	125	163	89	158	132	166	313	348	326
Extractions							87	94	44	111	155	149			
Minor Oral Surgery							6	8			4	3			
Dental Implants										1	2	2			
Restorations															4
Other							1								

* states excludes the following facility that are not performing dental procedures in 2015
False Creek Healthcare Centre
Seafield Surgical Centre
Victoria Surgery

From: [Jerome Marburg](#)
To: [Nancy Crosby](#)
Subject: Fwd: Access to Dental Treatment for Adults with Developmental Disabilities (MOH Response - 1040293)
Date: 26 October 2015 19:26:00
Attachments: [Letter to B. Walman, ADM, Ministry of Health.docx](#)
[ATT00001.htm](#)

To include in info package to board.

Sent from my iPhone

Begin forwarded message:

From: Joan Rush <joanrush@telus.net>
Date: October 26, 2015 at 15:33:37 PDT
To: "'hlth Med Ben & Pharm Services Correspondence Unit HLTH:EX"' <HLthMBPSDCorr@gov.bc.ca>
Cc: "'Wilkinson.MLA, Andrew LASS:EX"' <Andrew.Wilkinson.MLA@leg.bc.ca>, "'Jensen, Dana SDSI:EX"' <Dana.Jensen@gov.bc.ca>, <jmjohnston@bcdental.org>, <jmarburg@cdsbc.org>, 'Faith Bodnar' <fbodnar@inclusionbc.org>
Subject: Access to Dental Treatment for Adults with Developmental Disabilities (MOH Response - 1040293)

Ms. Barbara Walman,
Assistant Deputy Minister, Ministry of Health
Medical Beneficiary and Pharmaceutical Services

Dear Ms. Walman,

Thank you for your email of October 16, regarding my request that your Ministry amend S. 19 of the *Medical and Health Care Services Regulation (MHCSR)* to enable Health Authorities to contract with surgical dental clinics approved by the College of Dental Surgeons of BC. This amendment could cost-effectively enhance access to dental treatment for adults who have developmental disabilities. You explain in your email below that "payment for surgical dental services by the MSP is governed by the *Canada Health Act*". I respectfully disagree with this advice.

The *Canada Health Act (CHA)* is federal legislation. While the federal *Act* defines covered benefits, (which include "surgical-dental services") the *CHA* does not govern how benefits are paid or administered, since health care is a provincial matter in Canada.

In BC, MSP payments are administered under the *Medicare Protection Act and Regulations (1996) (MPA)*. The *MHCSR* is made under the *MPA*. The *MHCSR* describes when MSP benefits are payable.^[1] Under S. 19, necessary dental

treatment is a covered benefit where the patient is medically required to be admitted to hospital or day care, or, since the recent amendment to S. 19, to a “health facility” accredited by the College of Physicians and Surgeons of BC, subject to a contract between the health facility and Health Authority.

The proposed amendment would enable BC Health Authorities to also contract with surgical dental clinics which are approved for general anesthesia by the College of Dental Surgeons of BC, thereby allowing MSP coverage for the anesthesia cost of medically necessary dental treatments completed at those facilities, whether directly or pursuant to a contractual facility fee. In case you are unaware of their opinion, I should note that the Provincial Care Quality Review Board recommended to the Minister of Health that necessary dental treatments for adults who have developmental disabilities be covered by MSP.

By comparison, the *Canada Health Act* is federal legislation that sets out the criteria that provincial health law must meet for the province to receive a federal health transfer payment. One required condition is accessibility of health care (*CHA* S. 7(1)). In addition, provincial health providers must not extra-bill patients for medically necessary services (*CHA* S. 18). Failure to meet these conditions may lead to a federal order reducing or withholding compensation to a province.

In my opinion, BC risks offending the accessibility and extra-billing provisions of the *CHA* by failing to ensure timely access to medically necessary surgical dental treatment to adults with developmental disabilities who require dental treatment under general anesthesia, and by charging them or their families and caregivers additional and arbitrarily chosen costs for dental treatment completed in hospital. Accordingly, federal Health Transfer payments to BC may be placed at risk as a result of these infractions.

However, the BC Ministry of Health can innovatively address the terrible waits for dental treatment that face adults with developmental disabilities who must be seen under general anesthesia by amending S. 19 of the *MHCSR* to include surgical dental clinics approved by the College of Dental Surgeons of BC. These clinics would typically be operated by Dental Anesthesiologists who are highly trained to provide general anesthesia safely to patients undergoing dental treatment. Their facilities can provide treatment more cost-effectively than hospital operating rooms, where most BC adults with developmental disabilities are currently directed.

Surgical dental treatments in hospital do not fall within the five treatment procedures that qualify for rapid access in the federal/provincial health accord (cataract surgery, hip and knee replacement, radiation therapy and cardiac care). Therefore, adults with developmental disabilities who require dental treatments in hospital often suffer years of pain and lose healthy teeth while they wait for treatment. Their dental care could be provided faster and more cost-effectively in a safe environment specifically designed for dental treatment and approved by the CDSBC, if the cost of anesthesia was covered by MSP. In addition, they could leave the list of patients awaiting treatment in BC hospitals, thereby improving our provincial wait times for operating rooms.

Together with other advocates for adults with developmental disabilities, I have

recommended that BC create a special needs dental facility to treat these adults cost-effectively and to train dental students to treat adults with special needs under general anesthesia. As you may know, Minister Lake invited me to submit a business case for a special needs treatment and training dental clinic to your Ministry for consideration. I will take this opportunity to request your help with preparing the requested business case.

In my effort to find accurate financial information to create the business plan, I have repeatedly asked for financial and budget information from the VGH Dental Clinic, but the Clinic has consistently refused to provide any information about its costs or budget, although their dental programs are publicly funded. I have also sought financial information from a dental specialist who administers a Health Authority-funded dental program for residents of extended care facilities in the Vancouver area. Again, my request for financial information on the costs of administration has been refused. It is nearly impossible to offer a financially sound business case to your office if the Health Authorities and contracted providers won't provide information about their costs.

You and your Ministry are empowered to ask the Health Authorities to provide financial information about their dental programs, including costs, sources of funds, and wait times for treatment. VCH professes to adhere to a policy of openness and transparency on its website, but steadfastly refuses to meet that policy. I would be grateful if you would ask VCH and any other Health Authorities who administer dental programs (including in-hospital or in residences under contractual arrangements) to provide me with the requested budgetary information.

Government and the BC Dental Profession must work together to address the need for prompt access to necessary dental treatment for adults who have developmental disabilities. The cost-effective solution for access to general anesthesia depends upon the approval of Dental Anesthesiology as a dental specialty in BC. I would also appreciate the assistance of you and your Ministry to encourage prompt action by the dental regulator to address this issue.

The CDSBC, which operates under the *Health Professions Act* administered by the Ministry of Health, acknowledged the need to consider approval of Dental Anesthesiology as a specialization more than a year ago. In September 2014, the CDSBC struck a task force to consider this question. However, I am advised that the Task force has not met and no progress has been made on this issue.

The CDSBC Board has kindly agreed to allow me to present to them on this issue, as well as on the disability community wish to initiate a special needs dental teaching and treatment program at UBC, at their November Board meeting. I must provide my materials for the College meeting by November 10. Therefore, I would appreciate your reply to my requests for assistance at your earliest opportunity.

In connection with the project to establish a special needs dental program at UBC, the alumni association and the university have been assisting with preparation of a video to publicize the need for a specialized training and treatment clinic. We are currently creating a website and strategic campaign to publicize the video. I bring this to your attention in case the Ministry would like to be able to express

its support and constructive contribution to the project, rather than respond to criticism concerning the lack of access to necessary care.

Thank you for your interest and assistance with this matter, which is extremely important to the disability community of BC, their families and caregivers.

Sincerely,

Joan L. Rush
BCom, LLB, LLM
Barrister & Solicitor (Ret.)
604-786-3452
joanrush@telus.net

[1] Under S. 33 of the *MPA*, the BC Medical Services Commission may approve a diagnostic facility. Benefits under the *MPA*, include “medically required services ...performed in an approved diagnostic facility”. The Lieutenant Governor in Council can make regulations “(i) respecting the provision of dental care services and benefits to beneficiaries.”

Attach.

pc: Honourable Andrew Wilkinson, MLA, Vancouver-Quilchena
Dana Jensen, Director, Disability and Transitions Policy
Faith Bodnar, Executive Director, Inclusion B.C.
Jocelyn Johnston, Executive Director, BC Dental Association
Jerome Marburg, Executive Director, College of Dental Surgeons of B.C.

From: hlth Med Ben & Pharm Services Correspondence Unit HLTH:EX

[\[mailto:HLthMBPSPDCorr@gov.bc.ca\]](mailto:HLthMBPSPDCorr@gov.bc.ca)

Sent: October 16, 2015 1:27 PM

To: 'joanrush@telus.net' <joanrush@telus.net>

Cc: Wilkinson.MLA, Andrew LASS:EX <Andrew.Wilkinson.MLA@leg.bc.ca>; Jensen, Dana SDSI:EX <Dana.Jensen@gov.bc.ca>; 'jmjohnston@bcdental.org' <jmjohnston@bcdental.org>

Subject: Ministry of Health Response - 1040293

Joan Rush
joanrush@telus.net

Dear Ms. Rush:

Thank you for your email of September 21, 2015, following up on previous correspondence regarding recent amendments to the Medical and Health Care Services Regulation (the Regulation).

As stated previously, the amendment to the Regulation only applies when Medical Services Plan (MSP) dental benefits, as currently defined, are being provided. It

does not impact non-MSP dental benefits such as those provided by the Ministry of Social Development and Social Innovation or the fees associated with services provided by anaesthesiologists.

Payment for surgical dental services by the MSP is governed by the *Canada Health Act*, which defines those services as “any medically or dentally required surgical-dental procedures performed by a dentist in a hospital, where a hospital is required for the proper performance of the procedures”. In practical terms, this means that to be eligible to obtain MSP-covered dental services, the complexity of the procedures and/or the medical condition of the patient are the criteria that are used.

This amendment has stretched the *Canada Health Act* definition to provide some flexibility for health authorities to manage their hospital operating room schedules. The health authorities are responsible for all aspects of any subsequent contract with a facility including paying facility fees and ensuring that contracted facilities provide services and a service environment that are equivalent to their own in-hospital protocols and operating rooms.

This amendment is not a reflection on any other facility or dental office that may provide some level of anaesthesia for procedures that would not meet the criteria for being performed in hospital. I would also like to clarify that no concerns regarding patient safety were indicated in previous correspondence sent to you on this matter. Patient safety is always a consideration of the Ministry of Health when making any policy decisions that may have implications for the public.

I trust that this will answer your questions on the issue of changes to the Regulation.

Sincerely,

Barbara Walman
Assistant Deputy Minister
Medical Beneficiary and Pharmaceutical Services

pc: Honourable Andrew Wilkinson, MLA, Vancouver-Quilchena
Dana Jensen, Director, Disability and Transitions Policy
Jocelyn Johnston, Executive Director, BC Dental Association

[\[1\]](#) Under S. 33 of the *MPA*, the BC Medical Services Commission may approve a diagnostic facility. Benefits under the *MPA*, include “medically required services ...performed in an approved diagnostic facility”. The Lieutenant Governor in Council can make regulations “(i) respecting the provision of dental care services and benefits to beneficiaries.”

From: [Jerome Marburg](#)
To: [Nancy Crosby](#)
Subject: Fwd: Business Case for Special Needs Dental Training and Treatment Program
Date: 26 October 2015 21:32:14

Also for the board package

Sent from my iPad

Begin forwarded message:

From: Joan Rush <joanrush@telus.net>
Date: October 21, 2015 at 3:52:23 PM PDT
To: <markush@dentistry.ubc.ca>
Cc: <cshuler@dentistry.ubc.ca>, <cwyatt@dentistry.ubc.ca>, <jmarburg@cdsbc.org>
Subject: FW: Business Case for Special Needs Dental Training and Treatment Program

Dear Dr. Haapasalo,

Please see my correspondence below with Dr. Wyatt regarding creation of a special needs dental program (and eventually a special needs dental clinic) at UBC. Dr. Wyatt advises he cannot share financial information from his own program to help me create a business case for this project, but has offered to speak with the UBC Faculty Member who will be responsible for this project.

Dean Shuler previously agreed to be the Faculty lead for this project, but recommended that I find a "champion" within the faculty who would support the project. I am writing to ask if you would take on the role of champion. If you did, I am sure Dr. Wyatt would be willing to meet with us to explain how his project is administered and financed, at least in general terms.

You may have seen the write-up in Trek Magazine regarding the proposed special needs dental clinic. Attached is a link: <http://trekmagazine.alumni.ubc.ca/>. As you will recall, your endodontic treatment was critical to Graeme's recovery. Graeme was suffering enormous pain that was undiagnosed by the VGH dentist. After you completed root canal treatment on his infected teeth, he stopped beating his head and no longer needed to be medicated daily for pain. The next challenge was to locate a prosthodontist who could place crowns on Graeme's teeth. As you can see from the story, one tooth was broken beyond repair before a crown could be placed and that tooth has now been extracted. As you may recall, we searched for years before locating Dr. Ng, who had the training to place crowns on Graeme's RCT teeth while he was sedated.

The goal of a special needs dental clinic would not be limited to teaching dental students to fill cavities or extract decayed teeth of adults with disabilities under general sedation; it would be to train endodontists and prosthodontists to treat adults who need treatment under general anesthesia so that their teeth can be saved. People with intellectual challenges are the least able people to wear a prosthetic dental appliance. Typically, if their teeth are pulled they simply survive with fewer teeth. Many adults with disabilities have so few teeth that their food must be minced, even though they are not elderly people.

I understand that the Faculty is in the process of having a deep sedation chair which is located in the downstairs of the building approved for use. The Registrar of the College has explained to me that the examination process takes some time, but he anticipates the review will be completed before the end of this year. I have been encouraged to advocate for use of that chair as a pilot project to begin establishing a program to teach dental students how to treat adults who have developmental disabilities. I hope that anesthesiology could be provided by both dental and medical anesthesiologists.

I have advocated to the CDSBC for recognition of Dental Anesthesiology as a dental specialty. As a specialty, Dental Anesthesiologists could advertise their services so that the disability community could become aware

that adults with disabilities could access treatment in their clinics. In addition, the Ministry of Health might allow MSP coverage for anesthesia if Dental Anesthesiology is a dental specialty. I have asked to address the Board of the CDSBC on this issue and I continue to correspond with the Ministry of Health about the financial and practical benefits of enabling adults who have developmental disabilities to be treated under general anesthesia in community rather than in hospital operating rooms.

I hope you will accept this request. In light of your specialty and illustrious teaching background, I doubt anyone is more qualified than you to champion this project. I am devoted to the issue, and would provide any amount of help that I possibly could to assist you.

I look forward to hearing your thoughts. My contact information is below.
Kind regards,

Joan Rush

From: Wyatt, Christopher [<mailto:cwyatt@dentistry.ubc.ca>]
Sent: October 9, 2015 3:56 PM
To: Joan Rush <joanrush@telus.net>
Cc: Shuler, Charles <cshuler@dentistry.ubc.ca>; Stuart, Gavin <gavin.stuart@ubc.ca>
Subject: Re: Business Case for Special Needs Dental Training and Treatment Program

Dear Joan,

The UBC Geriatric Dentistry program has many facets and delivers dental services to seniors in long-term care settings as well as ambulatory care at UBC Oral Health centre in addition to educational and research activities. Multiple financial models are utilized depending upon the activity, but we are not hospital based, nor do we utilize operating room time. I am supportive of your efforts to develop a program to meet the needs of adults with developmental disabilities. I do not have financial information that would be applicable to your proposal, but am willing to meet with you and the UBC Faculty member who will be responsible for this activity.

Regards, Chris

Dr. Chris Wyatt
Professor
Chair, Division of Prosthodontics & Dental Geriatrics
Director, Graduate Prosthodontics Program
Director, Geriatric Dentistry Program
Seniors' Foundation Professor in Geriatric and Outreach Dentistry
Faculty of Dentistry
University of British Columbia
tel: 604-822-1778
fax: 604-822-3562 Wyatt
cwyatt@dentistry.ubc.ca

On Oct 9, 2015, at 2:18 PM, Joan Rush <joanrush@telus.net> wrote:

Dear Dr. Wyatt,

Congratulations on your recent appointment as Seniors Foundation Professor in Geriatric and Outreach Dentistry. I am writing to ask your assistance with my work to prepare a business case for a proposed dental program at UBC to train dental students to treat adults with developmental disabilities, including offering treatment to these adults under general anesthesia or deep sedation.

You kindly met with me several years ago and described the geriatric dental program you

administer with financial support from Providence Health. You recommended that I advocate politically to move my own project forward. Since then I have worked with many community living organizations and met with or spoken with several MLA's to discuss this issue, including Honourable Andrew Wilkinson, Minister of Advanced Education. Minister Wilkinson recommended I contact Dean Shuler and other senior members of the University and he also forwarded my materials and recommendations to the Minister of Health, Honourable Terry Lake. Minister Lake has recommended that I send his office a business case for such a clinic, although he offered no commitment to funding a clinic at this time.

The geriatric dental program might be an excellent precedent for a program to meet the needs of adults with developmental disabilities. You explained that ongoing grants cover the cost of a program manager and an assistant. I enquired about the accounting for the program at your private clinic and was advised that all of the accounting for the geriatric dental program is completed by UBC. I would be grateful if you could send me financial statements and related budget documents for the geriatric dental program so that I can use that information to help create the requested business plan for my project. I have copied Dean Shuler with this email, in case you have little to do with the accounting for your program so that he can direct the responsible individual to respond to my request.

As previously discussed with Dean Shuler, a critical component of a clinic for adults with intellectual disabilities (common among adults with developmental disabilities) is the ability to offer treatment under general anesthesia. I hope that we will be able to use, as a pilot project for a larger clinic, the deep sedation chair located at the Faculty that is currently being examined for re-approval by the College of Dental Surgeons. A dental clinic approved for general anesthesia will be far more cost-effective and will offer much faster access to treatment than the current strategy of booking adults with developmental disabilities into hospital operating rooms, much as VGH refers dental patients to UBC Hospital day surgery.

Dr. Gavin Stuart, Vice Provost Health, recently published an inspiring news article¹ on the ways that UBC faculties are seeking innovative approaches to break down health barriers. Dr. Stuart included dentistry among the faculties that are coordinating innovative health care research. Dental anesthesiology is an innovative and cost-effective alternative to the exceptionally high cost of hospital operating rooms, but dental anesthesiology is not taught at UBC and is not, as yet, approved as a dental specialization in B.C. I have copied Dr. Stuart with this e-mail to keep him abreast of this project and in case he agrees that teaching dental anesthesiology provides a potentially innovative solution to enable adults with special needs to access critically needed dental treatment cost-effectively.

I have also copied Jerome Marburg, Registrar of the College of Dental Surgeons, in light of my recommendation that the College approve dental anesthesiology as a specialization. I have asked to speak to the Board of the Dental College on this issue at the November CDSBC Board meeting.

I look forward to receiving advice about the geriatric dental program budget and costs, and any further recommendations you can offer towards implementing this project.

Sincerely,
Joan Rush

Joan L. Rush
BCom, LLB, LLM
Barrister & Solicitor (Ret.)
604-786-3452
joanrush@telus.net

¹ <http://www.vancouversun.com/health/Opinion+Breaking+down+health+care+barriers/11407237/story.html>

MANAGEMENT REPORT

BOARD MEETING - Public

28 November 2015

In Flanders Fields

*In Flanders fields the poppies blow
Between the crosses, row on row,
That mark our place; and in the sky
The larks, still bravely singing, fly
Scarce heard amid the guns below.*

*We are the Dead. Short days ago
We lived, felt dawn, saw sunset glow,
Loved, and were loved, and now we lie
In Flanders fields.*

*Take up our quarrel with the foe:
To you from failing hands we throw
The torch; be yours to hold it high.
If ye break faith with us who die
We shall not sleep, though poppies grow
In Flanders fields*

*Punch
Dec 8-1915*

John McCrae





CDSBC Information Session – 14 October 2015

Over the past months the College have heard from a vocal group of registrants about the complaint and discipline processes. Concern has been raised about the time it takes to resolve complaints, as well as perceptions that the College was being too harsh in its treatment of registrants. On the issue of timeliness, the College has acknowledged that in the 2009-2012 time-frame, it faced an increasing number of complaints without committing the necessary resources (both time and personnel) to address the volume. This situation has been corrected to the point now that the backlog of cases has been nearly eliminated and the time it takes to close a complaint reduced from over 13 months to now slightly over 10 months. The improving trend is continuing in this regard.

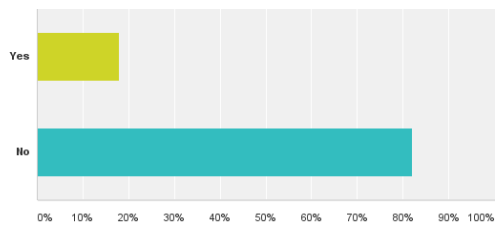
While statistical and empirical data shows that the perception of the College being harsh on registrants is just that, a perception and not a reality, it does highlight the need for the registrants to get reliable data and information about the system. The College has taken a number of steps over the past years to get better information out to stakeholders. This includes a series of workshops delivered around the province, publication of case summaries, publication of datasheets and information pieces in electronic news bulletins, and much more in-depth reporting in successive annual reports. Beginning in the 2016/17 fiscal year, we will gather feedback from both registrants and complainants with an exit survey to be completed after a file is closed.

The College engaged a communications consultancy (Q Workshops) to assist with an in person and web-based information session held 14 October, 2015. Q Workshops conducted a survey of registrants asking them about their perceptions and experiences with the complaints and discipline processes as well as what other, if any, topics they would like to hear more about from the College. The results of that survey was presented to the Board in September, distributed to all registrants via a print newsletter, and to the session attendees on 14 October. In summary the data showed that most registrants felt the college was performing well in delivery of its mandate, there were some who wished to understand the process better for those who were involved in a complaint resolution process, most (80% or so) felt that the process was sound and they were treated with respect – although 32% were not happy with the outcome. This number is to be expected given the public interest mandate of the profession – but at the same time the College will continue to strive to understand concerns and address them through continued process improvement. Below are some highlights from the survey data:



Q4: Do you have any specific questions or comments about how the complaints and discipline process works?

Answered: 742 Skipped: 124

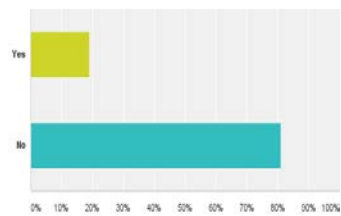


Answer Choices	Responses
Yes	17.92%133
No	82.08%609
Total	742

Powered by  SurveyMonkey

Q7: Have you been the subject of a complaint in the past three years?

Answered: 746 Skipped: 120

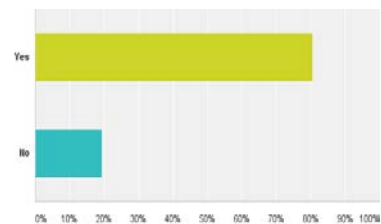


Answer Choices	Responses
Yes	19.03%142
No	80.97%604
Total	746

Powered by  SurveyMonkey

Q8: Was the investigation thorough?

Answered: 129 Skipped: 737



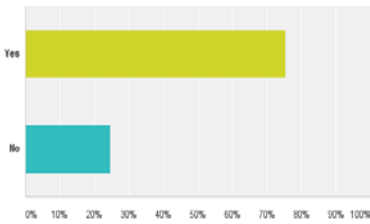
Answer Choices	Responses
Yes	88.42%104
No	11.58%15
Total	129

Powered by  SurveyMonkey



Q9: Did the complaint investigator(s) treat you respectfully?

Answered: 130 Skipped: 736

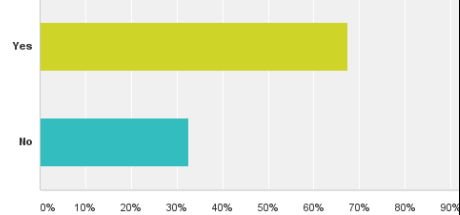


Answer Choices	Responses
Yes	75.38% 98
No	24.62% 32
Total	130

Powered by  SurveyMonkey

Q10: Was the resolution reasonable?

Answered: 117 Skipped: 749



Answer Choices	Responses
Yes	67.52%
No	32.48%
Total	

Powered by  SurveyMonkey

The session was held in the beautiful Asia Pacific Room at SFU's Morris J. Wosk Centre for Dialogue. The session itself was only moderately well attended, with 42 people attending in person and 105 people attending via webcast. Overall the session was well run and -- according to the Q Workshops folks who conducted a post meeting analysis -- a success. Staff were reasonably happy with the workshop, however turn-out was not as high as we had hoped. The conclusion drawn by Q Workshops is that there is no further value in holding more workshops on this topic. CDSBC will continue to communicate to registrants through its ever expanding avenues of engagement.

The workshop itself is available online for viewing at:

<https://cdsbc.org/Pages/Information-Session.aspx>

Introducing Webcasting for 2016 AGM

The Complaints & Discipline Information Session for Registrants is the first event that the College has webcast, allowing registrants from all over the province to participate in the meeting. While planning the event, we learned that the number of venues in Vancouver that offer built in webcasting technology is very limited. (It is possible to bring in webcasting equipment to other venues, but the cost of doing so is high.)



Building on the success of the webcast of the 14 October session, we will be webcasting the AGM in 2016 and it will again be held at a Simon Fraser University venue in downtown Vancouver.

CLEAR and ISDR Meetings – Boston 16-19 September 2015 (attachments)

CDSBC President, Dr. David Tobias and Registrar, Mr. Marburg attended the International Society of Dental Regulators meeting on 16 September, followed by the CLEAR (Council on Licensure, Enforcement and Regulation) international symposium from 17-19 September.

The ISDR meeting continues good progress in establishing links and best practices amongst international dental regulators. Of note at this meeting was the fact that the organization formally adopted a set of bylaw revisions which clarified membership and voting (one vote per country for constitutional matters) as well as ensuring that the board as a whole maintains control over policy and administrative oversight. The highlight of the meeting was a presentation by Dr. Malcolm Sparrow from the Harvard School of Government on strategic risk management for regulatory agencies. The presentation slides will be made available to the board once we receive them. Finally, a draft framework for accreditation of dental education was tabled for consideration by member organizations. The next meeting of ISDR is scheduled for May, 2016 in Geneva – to be held in conjunction with the annual meeting of international health regulators.

The CLEAR conference was attended by over 300 participants from around the world. That said, by far the majority of participants remain Canadian regulators, followed by US, then Commonwealth Countries. Attached to this report are a series of slides from some of the more notable sessions we attended.

The first set of slides are from Martin Fletcher, CEO of the Australian Health Practitioner Regulatory Agency. This organization is the regulatory body for over 630,000 health practitioners in some 14 different disciplines, including medical, dental, nursing, pharmacy and others. The slides will give you an overview of how this regulatory model developed as well as insight into the trend (not isolated to Australia) of moving away from individual self-governing professions towards a more consolidated, lay model. These trends were echoed by the presentation in BC by Mr. Harry Cayton on 26 October, reported below.

The remaining slide decks cover a range of topical issues which we recommend board members (and others) read to get an overview of trends locally and abroad. They include



an overview of ten recent legal cases involving regulators, an in-depth analysis of one case of particular interest that went to the US Supreme Court which opens up the question of to what extent self-regulation may impinge on the free trade provisions enshrined in US law. The remaining three sets of slides canvass subjects of good board governance, the effects of human rights cases on regulatory decisions about accreditation and certification, and a presentation by Mr. Fefergrad from RCDSO on their “take” on the Dalhousie social media controversy. This latter presentation makes for interesting reading given the leadership role CDSBC took as amongst the dental regulators to formulate policy and procedural responses to the issue as it was emerging.

Kootenay Dental Society Meeting & AGM – 18 and 19 September 2015

CDSBC Vice President, Dr. Erik Hutton spoke at the KDDS annual meeting held at the Fairmont Hot Springs Resort on Friday, 18 September 2015.

Dr. Alex Penner, Complaint Investigator, and Ms. Carmel Wiseman, Deputy Registrar, delivered the “Avoiding Complaints” presentation and information session the next day. The session was well attended and received. Unfortunately, and despite arranging for A/V support, there were difficulties with the microphones and that was reflected in the feedback.

The 35 participants who completed the evaluation form responded as follows:

- Overall ranking: 92% ranked the course a 4 or a 5 out of 5 (60% ranked it as “5/excellent”)
- Usefulness: 95% gave it a 4 or a 5 out of 5 (53% said it was “very useful”)

From the comments:

- On what they liked best: *“Not too complicated, I have previously found this topic difficult to understand. I was pleased with the direct and somewhat delivery of the information. Many examples. Great.”*
- On what could be improved: *“Mics working. Unable to hear properly.”* And *“More specific cases + photos.”*



BC Health Regulators – Harry Cayton Session – 26 October 2015

Workshop on the Future of Regulation

On 26 October, the BC Health Regulators hosted a very well attended (250+) forum for staff and Board members. As noted in the previous board package, the main speaker was Harry Cayton, Chief Executive of the Professional Standards Authority (PSA) for Health and Social Care in the United Kingdom. This is the organization that oversees the 9 regulated health and social care professions (including Dentistry) in the UK and has become an extremely powerful voice in the political world.

Mr. Cayton's presentation was both entertaining and thought provoking. Slides of his presentation are attached. Excerpted below are the two key messages from the presentation which CDSBC can contemplate for incorporation into the revised policy development framework under consideration by the Registrar and Staff as identified in the strategic plan.

The first (and only) law of right-touch regulation

Use only the regulatory force necessary to achieve the desired effect.



Elements of the right-touch approach

- Identify the problem before the solution
- Quantify the risks
- Get as close to the problem as possible
- Focus on the outcome
- Use regulation only when necessary
- Keep it simple
- Check for unintended consequences
- Review and respond to change

Northwestern BC Dental Society Meetings 25-26 September

Drs. Hacker, Spitz, and Tobias, along with Registrar Marburg attended the Northwest District Dental Society annual meeting and professional development days on 25 and 26 September in Terrace. Dr. Hacker and Mr. Marburg presented the "Trust Me, I am a Dental Professional" course on the evening of Friday 25 September. This course deals



with issues of legislation, regulation, the courts and the media. It is intended to give the audience an understanding of the role and mandate of the College, the role of the courts, how the complaints/discipline process works (with practical examples drawn from real cases) and the role of publication and the media in professional regulatory life. The course itself was well received. On Saturday 25 September, Drs. Tobias and Spitz made a presentation to the NWDDS annual meeting. This presentation followed one made by the BCDA on topical issues being dealt with the Association. Drs. Tobias and Spitz updated the dentists in attendance on current issues and files on which the College is working. Both presentations were well received.

The 34 participants who completed the evaluation form responded as follows:

- Overall ranking: 82% ranked the course a 4 or a 5 out of 5 (23% ranked it as “5/excellent”)
- Usefulness: 75% gave it a 4 or a 5 out of 5 (41% said it was “very useful”)

From the comments provided (unedited):

- *Well spoken. Presentation is easy to understand. Great slides!*
- *Like that you had more than one presenter for interest with different areas of expertise.*
- *Go further into the core of ethics and the patient/practitioner relationship. (Have the pamphlets to take home.)*

Victoria Session – 27 October 2015

Dr. Chris Hacker and Registrar Jerome Marburg presented the popular course “Trust Me, I am a Dental Professional” to a well attended 50+ session at the Victoria Trade and Convention Centre on 27 October, 2015. The session was well received and afforded an opportunity for good interaction with dentists, CDAs, hygienists and dental office staff.

The 36 participants who completed the evaluation form responded as follows:

- Overall ranking: 85% ranked the course as a 4 or a 5 out of 5 (42% ranked it as “5/excellent”)
- Usefulness: 85% gave it a 4 or a 5 out of 5 (44% said it was “very useful”)

From the comments provided (unedited):

- *Great presenters. Excellent slide show presentation.*
- *Good presentation – Thanks for coming to the Island.*
- *I enjoyed being here today, lots of information that are interesting just not enough time.*



Thompson Okanagan Dental Society (TODS) 22-24 October

The TODS meeting is the second largest dental conference held each year in British Columbia; second only to the Pacific Dental Conference. TODS is attended by over 1200 dentists, hygienists, CDAs, and dental office staff. As has been the tradition, the College attends to make presentations at education sessions as well as to maintain a presence at the College booth on the trade show floor. The booth is always well attended with many dentists and others coming to discuss issues of the day or ask questions about registration, CE and other matters.

Ms. Krista Fairweather of our office teamed with Dr. Mike Henry to provide a lecture on the CDSBC Minimal and Moderate Sedation Guidelines/Standards for Non Hospital Facilities. This was Ms. Fairweather's first foray onto the lecture circuit. We are pleased to report that she did the College and the profession proud!! Well done to both presenters. The course itself is being converted into an on-line offering available to all. We anticipate it will be available before the end of the calendar year.

On 24 October, the College participated on a panel presentation to the TODS annual meeting, attended by over 40 local dentists. The presentation was on Corporate Dentistry. Our fellow panelists were Dr. Peter Lobb on behalf of the BCDA, and Dr. Marcia Boyd from ROI Corporation – an organization that assists with purchase and sale of dental practices.

CNAR Conference – Vancouver 3-4 November 2015 (attachments)

The Canadian Network of Agencies for Regulation (CNAR) held its conference early November. CDSBC's Director of Registration & HR, Róisín O'Neill, attended the conference which was attended by over 200 participants from across Canada. A couple of highlights from the conference were on the subjects of "good character" and "private conduct" and on significant cases from the past year which will likely impact regulation moving forward. Attached to this section are slide decks from three sessions from the conference. One is from a session titled *Assessing "Private" Conduct at Registration and Discipline*. This touched on the Dalhousie dentistry student incident as well as the CJC vs. Lori Douglas and Chauhan vs. HPARB (CPSO) cases. Irwin Fefergrad from RCDSO also presented his session titled *Assessing Good Character and Conduct in a Digital Age* which was the same presentation he gave at the CLEAR conference noted above. The slide decks covering the two sessions reviewing the big cases of the year are also attached.



Rishiraj Case – Penalty Decision

This case has been perhaps one of the more difficult cases for all involved. The circumstances are tragic, as it involves a young woman who went into cardiac arrest while in Dr. Rishiraj's care, and who subsequently suffered a severe brain injury.

Given the interest in this case, we published a statement to the website to explain our response to the panel's decision. The statement is available at:

<https://cdsbc.org/Documents/Rishiraj-statement-penalty.pdf>

2016 Annual Renewal

The process for registrants to renew their registration/certification online is well established, and planning is underway to update the renewal material that will be distributed by email and hard copy to registrants later this year. The renewal system will go live the second week of January; the deadline to complete the renewal form and payment is 1 March 2016.

The only change for renewal in 2016 affects dentists who own dental corporations. Dentists who own shares in a dental corporation will need to submit the:

- names and registration numbers (if applicable) for all voting and non-voting shareholders and the percentage of shares being held;
- addresses for each of their practices;
- names of dentists practising at each location.

This information was voluntary for renewal in 2015 but will be mandatory in 2016.

Phasing out the Fax

Where possible, the College is moving forward with digital documentation and away from paper copies. For this reason, we are considering phasing out fax lines for regular communications. (We will retain an unpublished fax number for registrants or members of the public who must use the fax to send something to CDSBC.) Our experience is that digital communications are more efficient and reliable than the fax. A notice about the plans to discontinue the fax was included in the most recent issue of the Contact e-newsletter, with an invitation to provide feedback to us by 20 November.