

Board Meeting  
February 20, 2015  
Agenda Item 2 b.

**BOARD MEETING**  
**Friday, February 20, 2015**

**The Terminal City Club, “*Presidents Room*”**  
**837 West Hastings St., Vancouver BC**

**MINUTES**

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The meeting commenced at 8:30 am

**In Attendance**

Dr. David Tobias, President	Dr. Dustin Holben
Dr. Erik Hutton, Vice-President	Ms. Julie Johal
Dr. Kerim Ozcan, Treasurer	Mr. Samson Lim
Dr. Ben Balevi	Ms. Elaine Maxwell
Dr. Pamela Barias	Ms. Sherry Messenger
Dr. Darren Buschel	Dr. Mark Spitz
Ms. Melanie Crombie	Dr. Jan Versendaal
Mr. Dan De Vita	Dr. Eli Whitney

**Regrets**

Mr. Richard Lemon  
Mr. David Pusey

**Staff in Attendance**

Mr. Jerome Marburg, Registrar & CEO  
Mr. Greg Cavouras, Staff Lawyer & Senior 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  
Dr. Garry Sutton, Practice Advice and Early Resolution  
Ms. Anita Wilks, Sr. Manager of Communications  
Ms. Carmel Wiseman, Deputy Registrar  
Mr. Dan Zeng, Sr. Manager of Finance and Administration

**Invited Guests**

Dr. Ash Varma, Chair, CDSBC Quality Assurance Committee  
Dr. Jack Gerrow, NDEB Executive Director and Registrar  
Dr. James Richardson, CDSBC Representative on NDEB Board



1. Meeting Called to Order and Welcoming Remarks
2. Consent Agenda
  - a. Approve Agenda for February 20, 2015 (*attachment*)
  - b. Approval of Board Minutes of November 29, 2014 (*attachment*)
  - c. Reports from Committees (*attachments*)
  - d. Media Clippings (*attachments*)
  - e. Committee Membership (*attachments*)
  - f. Expense Policy Revision (*attachment*)

**MOTION:**

**That the items on the Consent Agenda for the February 20, 2015 Board meeting be approved.**

**Carried**

3. Business Arising from the Consent Agenda

There was no business arising from the consent agenda.

4. Radiography Standards and Guidelines (Dr. Ash Varma)

The Quality Assurance Committee (QAC) was asked to look at the issue of radiography standards and emerging CBCT and other technologies. They have now concluded their work and are reporting back to the Board with recommendations. The committee did an extensive literature review to determine what standards and guidelines already exist. They also consulted with Dr. David MacDonald, a Radiologist Specialist at UBC, who brings considerable expertise to the subject. One of the key documents relating to radiography generally and CBCT specifically, is the Sedentext document which is referenced in the proposed Standards/Guidelines document, along with the CDC document and Safety Code 30.

After explaining how the proposed Standards/Guidelines were developed, the Board had an opportunity to ask questions and discuss the document at length. The Board was very appreciative of the work done and asked to express particular thanks to Dr. MacDonald for his assistance, as well as to Dr. Varma for leading the Quality Assurance committee in its work.



The Board asked staff to prepare a summary of the Sedentext document to accompany the draft Standards and Guidelines for publication to the profession for a 45-day consultation period.

**MOTION:**

**To accept the recommendations of the Quality Assurance committee and post the document for a 45 day consultation period**

**Carried**

**5. Dental Therapists – CE Requirements (Dr. Ash Varma)**

Dr. Varma explained the logic behind the QA committee's recommendations for practice hours and CE requirements for dental therapists (75 CE hours and 900 hours of continuous practice).

**MOTION: (amendments in red)**

**To amend Bylaws as follows:**

**9.03 (1) During each three-year cycle, commencing January 1, 2016, (c) every dental therapist must complete a minimum of 75 credit hours.**

**9.04 (1) be amended to read:**

**During each three-year cycle, every dentist who is a full registrant or restricted to specialty registrant, and every dental therapist, must:**

**(a) engage in the practice of dentistry for a minimum of 900 hours, in accordance with criteria established by the quality assurance committee, or**

**(b) successfully complete an examination, course, other education, or competency assessment approved by the quality assurance committee for the purpose of satisfying the requirements of the quality assurance program.**

**Carried**



## 6. CE Credit Restructure (Dr. Ash Varma)

The Quality Assurance Committee (QAC) recommends that the current maximum allowable hours for Dental/Medical Emergencies be increased from 7 to 12 hours for CDAs and from 22 to 24 hours for Dentists.

The Board accepted the rationale for this proposal and upon Motion approved the increase.

The QA committee also proposed increasing the limits for self-study hours to:

- 70 of the total 90 minimum CE hours required for Dentists;
- 58 of the total 75 minimum CE hours required for Dental Therapists;
- 28 of the total 36 minimum CE hours required for CDAs.

There was considerable discussion on this proposal. Most of the Board were uncomfortable with the apparently low number of hours required for CE in the first place. Dr. Varma and staff were able to demonstrate that many dentists in fact report many more hours than the minimums required. Given that the mandatory reported CE hours are a minimum, and that evidence indicates that interactive, group-based study environments produce the best learning outcomes, concern that self-study may not achieve the desired goals was expressed.

After much discussion the recommendation was accepted on a 8:7 vote.

Given the narrow margin and the subsequent learning from the Board Workshop on Quality Assurance held the day after the Board meeting, the QA committee has decided to hold off on implementation subject to further thought on this issue.

### **MOTION 1:**

**To increase limits of Dental/Medical emergencies from 7 to 12 hours for CDAs and from 22 to 24 hours for Dentists.**

**Carried**

### **MOTION 2:**

**To increase maximum limits for self-study.**

**Passed 8:7 but deferred for further consideration**





## 7. Patient Centred Care and the Business of Dentistry – Standards and Guidelines

Certain attitudes or business arrangements in the practice of dentistry may be prioritizing the pursuit of profit or business efficiencies over registrants' ethical obligation to provide advice and treatment that is in their patients' best interests.

This is sometimes referred to as “corporate dentistry” (although it is not limited to any specific ownership or management structure). It is a matter of concern.

The *Health Professions Act* (the “HPA”) regulates the ownership of health professions corporations, and the CDSBC Code of Ethics prescribes the ethical standards for the profession. However no College document explicitly addresses the inherent ethical challenges of the dual role of a dentist as a treating health professional and as a business person.

There is a need to publish standards that confirm that regardless of practice arrangement or business considerations, the patient must come first: the dentist must provide *patient-centred care*.

### **MOTION: De Vita/Maxwell**

**That the Board approve the Patient Centred Care document in principle, and directs the College to publish it for a consultation period of 45 days. Pending the results of the consultation period, the document will be brought forward to the Board for final consideration as a standard for the profession.**

### **Carried**

## 8. Building the Dentist/Patient Relationship

The Registrar presented a document titled “Building the Dentist/Patient Relationship” which has been created from a synthesis of the work the College has been doing in a variety of different areas – board meetings, committees, workshops, patient-centred care committee, corporatization, advertising and promotional activities, etc. The document incorporates key principles that guide practitioners and the public. It is an easy to read one page document that can serve as a handout.

The attached document is intended as a supplement to many of the other more formal pronouncements from the College. The intention is that the documents would be published as a pamphlet which dentists could display in their practices and hand



out to patients. It provides some of the key obligations and roles that each of the dentist and the patient can expect of each other. With a better common understanding of what can be expected from each party, it is hoped that communication between dentists and patients will be improved and concerns that could mature into a complaint can be resolved quickly and amicably between the doctor and the patient.

**MOTION: Crombie/Versendaal**

**That the Board endorses the document for distribution and publication.**

**Carried**

9. Executive Limitation Reports

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.

The governance committee has been working on making changes to these reports, and incorporating these documents into the governance manual. They will not be minimized, just put into better terminology.

Executive Limitation Reports (*attachments*):

- EL2: Treatment of Public
- EL3: Registration, Certification and Monitoring
- EL4: Treatment of Staff
- EL5: Financial Planning/Budgeting
- EL6: Financial Condition and Activities
- EL7: Emergency Registrar Succession



**MOTION: Whitney/Maxwell**

**That the Board receives the following Monitoring Reports:**

**EL2: Treatment of Public**

**EL3: Registration, Certification and Monitoring**

**EL4: Treatment of Staff**

**EL5: Financial Planning/Budgeting**

**EL6: Financial Condition and Activities**

**EL7: Emergency Registrar Succession**

**Carried**

**10. President's Report**

Dalhousie's ethical breach has created an incredible amount of pressure from the public, registrants, registrars and other elected officials to respond. What CDSBC responded was appropriate. This was a concern to everyone and created impetus for change. There have already been changes made to CDSBC's registration form.

Chinese Dental Society – The President and Registrar were invited to a dinner meeting centering on corporatization of dentistry and how the College could be doing more to deal with this issue. Their attendance was very well received.

On the national scene, we continue to be involved in a leadership capacity with the CDRAF and are beginning to see some good change. The CDRAF will have the opportunity to evolve quite drastically. Dr. Tobias is co-chairing a future planning committee charged with redefining the goals of the organization as well as looking for a new independent Executive Director. The new executive director should mean that the CDRAF becomes independent and looks for a new direction as to how this organization can play a role in accreditation and standard setting across the country.

Dr. Bob Coles remains part of the executive team of the CDRAF.

Canada/Europe Trade Agreement (CETA) – The Registrar and Dr. Tobias are part of the committee dealing with this issue. We should be able to get a better understanding in Canada and then deal with Europe to discuss if this trade agreement will work and be worthwhile.



Prince George Dental Society – The President and Registrar attended this dinner meeting. It was very collegial, with a lot of questions on the discipline process. There were approximately 24 dentists in attendance.

Regarding discipline and complaints, there has been a lot of talk lately as to how these files are being managed. There is still a group of people out there that don't understand how this process works. The President asked the Deputy Registrar to give a brief overview as to how the system works.

The President stated that the college is functioning well, many good people working hard, the Board should be proud of what we're doing, what we've accomplished and many good changes have taken place, not only with the HPRB but how the courts have responded to our processes. There is an increased level of transparency and fairness.

#### 11. Management Report

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

**MOTION:**

**That the Board receive the management report.**

**Carried**

**This concludes the open portion of our meeting. ENDED AT: 11:30 am  
The remainder of the meeting will be held in camera, per Section 2.15 (9) of the  
College Bylaws under the *Health Professions Act*.**

Board Meeting  
February 20, 2015  
Agenda Item 2 a.

## **BOARD MEETING**

**Friday, February 20, 2015  
8:30 a.m. – 4:00 p.m.**

**The Terminal City Club  
837 West Hastings Street, Vancouver, BC  
“President’s/Wilson Beck” Room**

## **AGENDA**

<b>A.</b>	<b>Description of Agenda Items</b>	<b>Presenters</b>
1.	Call Meeting to Order and Welcoming Remarks	Tobias
2.	<b>CONSENT AGENDA</b>	
	a. Approve Agenda for February 20, 2015 ( <i>attachment</i> ) b. Approval of Board Minutes of November 29, 2014 ( <i>attachment</i> ) c. Reports from Committees ( <i>attachments</i> ) d. Media Clippings ( <i>attachments</i> ) e. Committee Membership ( <i>attachments</i> ) f. Expense Policy Revision ( <i>attachment</i> )  <b><u>MOTION:</u></b>  <i>That the items on the Consent Agenda for the February 20, 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.	Radiography Standards and Guidelines ( <i>attachment</i> )  <b><u>MOTION:</u></b> <i>To accept the recommendations of the Quality Assurance committee and post the document for a 45 day consultation period.</i>	Ash Varma Chair, QA Committee



A.	Description of Agenda Items	Presenters
5.	<p>Dental Therapists – CE Requirements</p> <p><b><u>MOTION: (amendments in red)</u></b></p> <p><i>To amend Bylaws as follows:</i></p> <p>9.03 (1) During each three-year cycle, <i>commencing January 1, 2016,</i></p> <p><i>(c) every dental therapist must complete a minimum of 75 credit hours.</i></p> <p>9.04 (1) be <i>amended</i> to read:</p> <p><i>During each three-year cycle, every dentist who is a full registrant or restricted to specialty registrant, and every dental therapist, must:</i></p> <p><i>(a) engage in the practice of dentistry for a minimum of 900 hours, in accordance with criteria established by the quality assurance committee, or</i></p> <p><i>(b) successfully complete an examination, course, other education, or competency assessment approved by the quality assurance committee for the purpose of satisfying the requirements of the quality assurance program.</i></p>	Ash Varma Chair, QA Committee
6.	CE Credit Restructure (attachment)	Ash Varma Chair, QA Committee
7.	<p>Patient Centred Care and the Business of Dentistry – Standards and Guidelines (attachment)</p> <p><b><u>MOTION:</u></b></p> <p><i>That the Board approves the Principles in principle, and directs the College to publish the document for a consultation period of 45 days. Pending the results of the consultation period, the Principles will be brought forward to the Board for final consideration as a standard for the profession.</i></p>	Marburg/ Cavouras
8.	Building the Dentist/Patient Relationship (attachment)	Tobias/Marburg



A.	Description of Agenda Items	Presenters
9.	<p>Executive Limitation Reports <i>(attachments)</i>:</p> <ul style="list-style-type: none"><li>• EL2: Treatment of Public</li><li>EL3: Registration, Certification and Monitoring</li><li>EL4: Treatment of Staff</li><li>EL5: Financial Planning/Budgeting</li><li>EL6: Financial Condition and Activities</li><li>EL7: Emergency Registrar Succession</li></ul> <p><b><u>MOTION:</u></b> <i>That the Board receives the following Monitoring Reports:</i> <i>EL2: Treatment of Public</i> <i>EL3: Registration, Certification and Monitoring</i> <i>EL4: Treatment of Staff</i> <i>EL5: Financial Planning/Budgeting</i> <i>EL6: Financial Condition and Activities</i> <i>EL7: Emergency Registrar Succession</i></p>	Marburg
10.	President's Report	Tobias
11.	<p>Management Report <i>(attachment)</i></p> <p><b><u>MOTION:</u></b> <i>That the Board receive the management report.</i></p>	Marburg
<p style="text-align: center;"><b>This concludes the open portion of our meeting.</b></p> <p style="text-align: center;"><b>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>.</b></p>		

## CDSBC Committee Report to Board For Public Agenda

<b>Committee Name</b>	Audit Committee and Finance & Audit Committee Working Group
<b>Submitted by</b>	Mr. Samson Lim, Chair
<b>Submitted on</b>	January 25, 2015
<b>Meeting Frequency</b>	May 7, 2014 October 7, 2014 November 4, 2014 February 2, 2015

### 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.
- As we move through Quarter One, the External Auditors will be engaged to commence our annual audit.

### Future Trends

- In an endeavor to continuously improve the readability of financial reports, various revisions are being made to the formatting and the creation of new reports altogether as opportunities arise. For example, a Continuity Schedule to show the key changes between the Forecast and the current year's Budget, and between the Forecast and next year's Budget, was provided to the Board prior to the request for approval of the Budget.





## **CDSBC Committee Report to Board For Public Agenda**

**Committee Name**      CDA Advisory Committee

**Submitted by**        Ms. Sherry Messenger, Chair

**Submitted on**        February 20, 2015

**Meeting Frequency**    This Committee has not met since the last Board meeting.

### **Matters Under Consideration**

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### **Future Trends**

- Module Updates: Orthodontic Module
- Recognition/Designation of Sedation Qualifications



## **CDSBC Committee Report to Board For Public Agenda**

**Committee Name**      CDA Certification Committee

**Submitted by**        Ms. Rosie Friesen, Chair

**Submitted on**        February 20, 2015

**Meeting Frequency**    This Committee has not met since the last Board meeting

### **Matters Under Consideration**

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### **Future Trends**

- Further discussion with regard to what are recognized continuous practice hours.



## **CDSBC Committee Report to Board For Public Agenda**

<b>Committee Name</b>	Ethics Committee
<b>Submitted by</b>	Dr. Kenneth Chow, Chair
<b>Submitted on</b>	January 26, 2015
<b>Meeting Frequency</b>	July 8, 2014 October 14, 2014 October 28, 2014 (teleconference) January 14, 2015

*The Committee also participated at the September 13, 2014 Board Workshop on Patient-Centred Care and the Business of Dentistry.*

The Committee's Task Force on Patient-Centred Care and the Business of Dentistry met on May 6, 2014

### **Matters Under Consideration**

- Advertising and Promotional Activities

Subsequent to the Board's November 26, 2014 approval of the draft Bylaw Part 12 - Advertising and Promotional Activities, it has been posted for a second round of public consultation and feedback until March 23, 2015. Provided that no substantive issues arise from the consultation, the proposed Part 12 of the CDSBC Bylaws is to be filed with the Ministry of Health after the close of the consultation period.

- Review of Patient-Centered Care and the Business of Dentistry

Further revisions to the draft "Patient-Centred Care and the Business of Dentistry" document have been made and the document, which is to become a "standard" for the purposes of promoting patient-centred care and providing dentists with a tool to gain autonomy and empowerment, was renamed to "Principles of Patient-Centred Care and the Business of Dentistry".

### **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**

<b>Committee Name</b>	Inquiry Committee
<b>Submitted by</b>	Dr. Scott Stewart, Chair
<b>Submitted on</b>	February 2, 2015
<b>Meeting Frequency</b>	November 18, 2014 January 20, 2015
	Inquiry Committee Panels met on:  December 12, 2014 January 6, 2015 January 15, 2015

In addition, a Panel of the Inquiry Committee meets weekly electronically to review and accept new complaints and review the proposed investigation of each file.

### **Matters Under Consideration**

- As of January 31, 2015, Inquiry Committee Panels have files involving eleven dentists, one certified dental assistant and one illegal dentist under review. Nine of those registrants have been referred to a Panel because the files are complex and the College is seeking direction on how to proceed with the investigation. Two involve registrants who have failed to respond. One of the complex files involves a dentist who has brought a judicial review against the College. The final panel dealt with matters involving illegal practice by a non-dentist.

### **Statistics/Report**

- 257 files were opened and 256 were closed between March 1, 2014 and January 31, 2015.

### **Connection to Strategic Plan**

- The Board's strategic plan requires CDSBC to have a transparent, fair, effective and defensible complaints resolution process and procedures and to take active steps to help registrants enhance the standard of care they provide. The complaints process is designed to collect the information necessary to properly investigate and dispose of complaints. If minor concerns with a registrant's practice are noted they are given practice advice. More serious concerns are addressed by agreement with the registrant whenever possible. Such agreements are tailored to the particular concerns raised. When the complaint files are closed, the complainants receive a comprehensive letter



outlining the investigative steps taken, what the investigation revealed and how CDSBC has disposed of the complaint. A complainant has the right to request the HPRB review any Inquiry Committee disposition of a complaint short of a citation.



## **CDSBC Committee Report to Board For Public Agenda**

**Committee Name**      Quality Assurance CE Subcommittee

**Submitted by**         Dr. Ash Varma, Chair

**Submitted on**         February 20, 2015

**Meeting Frequency**   November 20, 2014

### **Matters Under Consideration**

- Reviewed submissions for CE and approved/denied as appropriate.

### **Connection to Strategic Plan**

- This Committee continues to improve professionalism and practice standards of dentists and CDAs.



## **CDSBC Committee Report to Board For Public Agenda**

**Committee Name**      Quality Assurance Committee

**Submitted by**         Dr. Ash Varma, Chair

**Submitted on**         February 20, 2015

**Meeting Frequency**   November 20, 2014

### **Matters Under Consideration**

- Radiography Guidelines and Standards accepted – to be forwarded to the Board for approval.
- CE Credits restructured – to be forwarded to the Board for approval.
- CE/CP Requirements for Dental Therapists – to be forwarded to the Board for approval.

### **Future Trends**

- Competency verification processes.
- Discussion of innovative ways to obtain CE.



## **CDSBC Committee Report to Board For Public Agenda**

<b>Committee Name</b>	Registration Committee
<b>Submitted by</b>	Dr. Alexander Hird, Chair
<b>Submitted on</b>	February 20, 2015
<b>Meeting Frequency</b>	December 5, 2014 (teleconference) January 16, 2015 January 15-16, 2015 (hearing)

### **Matters Under Consideration**

- UBC developing competency assessment program; Committee has given feedback on proposal.

### **Statistics/Report**

- One applicant for Full Registration (with limitations) approved with MAU.
- One applicant to expand current limitations on their Limited (Education) Registration denied, same applicant then requested transfer from Limited (Education) to Full Registration (with same existing limitations), granted for one year (and two year maximum).
- Hearing held for applicant seeking Reinstatement of Full Registration, decision pending.

### **Future Trends**

- The Committee is looking forward to new registration categories and quality assurance requirements as part of bylaw review.





## **CDSBC Committee Report to Board For Public Agenda**

<b>Committee Name</b>	Sedation and General Anaesthetic Services Committee
<b>Submitted by</b>	Dr. David Sowden, Chair
<b>Submitted on</b>	February 20, 2015
<b>Meeting Frequency</b>	December 8, 2014 February 16, 2015

### **Matters Under Consideration**

- A subcommittee is being formed to determine requirements for basic life support and advanced life support courses. The subcommittee will also look at course requirements and learning objectives for CDAs to be qualified as sedation assistants. Once finalized the profession will be informed.
- A building code project is underway to outline requirements for dental facilities under the federal and provincial building codes.
- An inspection process is being developed for moderate parenteral facilities. Inspections will begin later this year.

### **Statistics/Report**

- Since the last Board meeting, the Committee has:
- Approved one new general anaesthesia facility. One new facility is in the inspection process.
- Approved one new deep sedation facility. Twelve new facilities are in the inspection process.
- Approved annual self-assessments for 15 facilities.
- Reviewed registration of qualifications applications from nine dentists, all nine were approved.

### **Future Trends**

- Once the number of parenteral moderate facilities to be inspected is tabulated, the resources required of inspectors and the College will be determined.



**CDSBC**

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of British Columbia

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Board Meeting  
February 21, 2015  
Agenda Item 2.d.

**Memo**

**TO:** CDSBC Board Members  
**CC:** Jerome Marburg, Registrar and CEO  
**FROM:** Anita Wilks, Director of Communications  
**DATE:** February 6, 2015  
**SUBJECT:** **Media clippings package**

Please find enclosed media clippings from November 2014 – February 2015 on the topic of health regulation, and the regulation of dentistry in particular.

This package includes five items of note:

- CDSBC's discipline case against Kamloops oral surgeon **Dr. Bobby Rishriraj** (involving sedation)
- CDSBC's action against **illegal dentist Chao Ming Guan**
- Allegations of misconduct by dental students at **Dalhousie University** (note that this story generated too many news items to be captured here and we have included a sampling only)
- Results of a **PR campaign by BC's health regulatory colleges** to raise awareness of ensuring that your health professional is regulated, including:
  - "Health fraud alert," *Asian Pacific Post*, December 16
  - "Health care regulators working to keep you safe," *Castlegar News*, December 11
  - "B.C. campaign urges patients to ensure their health professional is regulated," *Global News*, November 27
  - "Health profession moves to better transparency," *Times Colonist*, Oct. 23
  - "B.C. health 'colleges' move to reassure public after incidents with unlicensed practitioners," *Vancouver Sun*, November 21, 2014
  - "BUYER BEWARE: Your Health Professionals Must Be Registered With A Regulatory College," *The Link* (Punjabi paper), December 13
- CBC Radio On the Coast feature interviews on "**disabilities and dentistry**" are available at <http://www.cbc.ca/onthecoast/past-episodes/>
  - Feb 2: Joan and Dennis Rush -- *begins around 2.05 minute mark*
  - Feb 3: Executive director of Autism Community Training (community group) – *begins around 2.06 mark*



# Disciplinary hearing for Kamloops dentist

Jan 28, 2015



By Yuliya Talmazan

Web Producer Global News

Comments 2

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Twitter 6

Email

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A disciplinary hearing is set to continue this morning for a Kamloops dentist accused of professional misconduct.

Doctor Bobby Rishiraj is being investigated after a teenage girl suffered a heart attack while he was removing her wisdom teeth in November of 2012.

She is now suffering from permanent brain damage.

It's believed Rishiraj used propofol, also known as deep sedation, which he does not have a licence to use.

The College of Dental Surgeons of B.C. is alleging Rishiraj failed to exercise the level of care expected of a competent practitioner and failed to recognize signs of cardiac arrest in a timely way.

Rishiraj's first disciplinary hearing took place last November.



Jan 28, 2015

## Disciplinary hearing for Kamloops dentist



By Yuliya Talmazan

Web Producer Global News

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The College of Dental Surgeons of B.C. is alleging Rishiraj failed to exercise the level of care expected of a competent practitioner and failed to recognize signs of cardiac arrest in a timely way.

Rishiraj's first disciplinary hearing took place last November.

**WATCH:** The BC College of Dental Surgeons is investigating the actions of a dentist based out of Kamloops. John Daly reports.



<http://globalnews.ca/news/1792896/disciplinary-hearing-for-kamloops-dentist/>

# Kamloops teen left with brain damage after having wisdom teeth pulled

## Dental surgeon faces penalty that could include being barred from practice

BY BETHANY LINDSAY, VANCOUVER SUN NOVEMBER 13, 2014

The story of a young woman who suffered severe brain damage after having her wisdom teeth pulled is at the centre of disciplinary hearing for a Kamloops dental surgeon.

The 18-year-old patient went into cardiac arrest while under sedation at the Kamloops Oral Surgery and Implant Center, the clinic of Dr. Bobby Rishiraj, in November 2012.

The disciplinary committee of the College of Dental Surgeons of B.C. is hearing allegations this week that Rishiraj failed to quickly recognize that the young woman was in distress, delaying efforts to resuscitate her.

He's also accused of providing deep sedation without approval, improperly administering anesthetics and monitoring sedated patients, and falsely advertising that the clinic was an approved non-hospital and certified IV facility.

During the second day of the hearing Thursday, a woman who previously worked as a dental assistant for Rishiraj told the panel she had no emergency training before the day of the incident.

A publication ban has been issued on the names of all witnesses and patients involved in the hearing.

The assistant testified that she was with another patient when she heard her name being called.

"It was urgent," she said.

She ran into the surgical room and found another dental assistant performing chest compressions on the young patient. Rishiraj asked the first assistant to check the teen's wrist for a pulse. They couldn't find one.

Paramedics arrived and rushed the patient to hospital. According to court documents, an ambulance attendant discovered a piece of gauze in the patient's mouth that had been blocking her airway, but was not removed by Rishiraj or his staff.

The assistant testified that "the staff was pretty shaken up" by the incident and the office was closed for several days afterward.

She told the hearing that one of her usual duties during surgeries was to monitor patients' oxygen levels. If they fell below a certain level, she would inform Rishiraj.

Normally, the dentist would take measures to correct that, by cutting down on the anesthetic or tilting the patient's head back to open the airway, but "sometimes I personally felt that he would let it go too long," she said.



When the office eventually reopened, Rishiraj brought in numerous changes in procedure, according to the witness. He hired nurses to help with surgeries, began using nasal prongs to supply oxygen during every procedure and asked for more frequent readings from the device that monitors oxygen levels.

Jerome Marburg, CEO of the College of Dental Surgeons of B.C., said this week that he is confident no other patients are at risk now that Rishiraj has made changes to his practice.

"We are deeply saddened by this case, and the tragic outcome for one of Dr. Rishiraj's patients. Our thoughts and prayers remain with this young woman and her family," Marburg said.

Depending on the outcome of the disciplinary hearings, the college could have the power to reprimand Rishiraj, suspend his registration or bar him from practice.

Rishiraj also faces a civil suit filed by the family of the young woman. According to the statement of claim, she will require care for the rest of her life. The suit asks for damages and payment for past and future health care.

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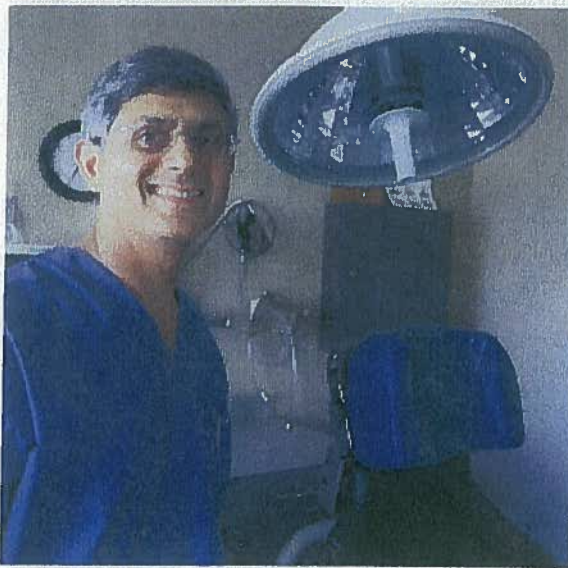


Call Tina. 250 718 6560.



Provincial posted November 12, 2014 by Anita Sthankiya

## Kamloops Dentist Investigated for Misconduct



A Kamloops dentist is facing a discipline hearing by the College of Dental Surgeons of BC for misconduct.

The hearing began on Monday at a downtown hotel for Dr. Bobby Rishiraj who owns the **Kamloops Oral Surgery and Implant Center**. The College alleges that the facility was not approved as “a deep sedation

facility” and was “not approved to provide deep sedation.” In **citation documents** posted online the College says that on November 7<sup>th</sup>, 2012 treatment was conducted on a patient who went into cardiac arrest, and the doctor failed to provide adequate care.

From October 4<sup>th</sup>, 2012 until November 7<sup>th</sup>, 2012 the College says Dr. Rishiraj provided deep sedation, unauthorized, and advertised under the guise that it was an approved non-hospital and certified IV facility. The citation against Dr. Rishiraj alleges that he not only committed professional misconduct, but practiced dentistry incompetently, and that he may suffer from a physical or mental ailment, emotional disturbance or addiction to drugs or alcohol.

The hearings will be held from November 12<sup>th</sup> to 14<sup>th</sup> and again from January 26<sup>th</sup> to January 30<sup>th</sup>, 2015 in Vancouver.





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Health posted November 28, 2014 by Wendy McLeod

## Illegal Vancouver Basement Dentist Ordered to Stop Practising



Legal action is being taken against a man that the College of Dental Surgeons of B.C. says was practising illegally in the province.

According to the college, investigators conducting surveillance on Chao Ming Guan witnessed him doing dentistry out of the basement of his home.

“Our investigators, with the assistance of local police, carried out the search and seizure at Mr. Guan’s residence on June 23, 2014. We seized extensive dental material and equipment from the residence,” says a statement from the CDSBC.

No patient records were found but handwritten notes about dental work was reportedly found.

The college also has that that his basement office “did not meet infection prevention and control standards.”

An injunction was issued to stop Guan from practising dentistry back in September.

Anyone who was treated by Guan is encouraged to consult with a physician and visit a CDSBC registered dentist to review the work done and the materials used.



## **Dentists' regulatory body zeroes in on Vancouver basement operation**

The Province CP November 27, 2014 1:55 PM



**B.C.'s regulatory body for dentists is taking action against a man it claims was practising illegal dentistry in the basement of a Vancouver house. The College of Dental Surgeons of B.C. said an investigation involving surveillance led it to conclude that Chao Ming Guan was performing dentistry out of his home, despite never being registered as a dentist in the province.**

**Photograph by: John Moore, Getty Images**

B.C.'s regulatory body for dentists is taking action against a man it claims was practising illegal dentistry in the basement of a Vancouver house.

The College of Dental Surgeons of B.C. said an investigation involving surveillance led it to conclude that Chao Ming Guan was performing dentistry out of his home, despite never being registered as a dentist in the province.

The college said that during a police-involved search in June, extensive dental equipment and handwritten notes referring to dental work were seized.

It also said the man's office didn't meet infection prevention and control standards.

An injunction has been issued that stops Guan from practising dentistry and using any name or title that implies that he is registered or associated with the dental college.

The college is urging anyone who may have been treated by the man to consult with a physician and visit a legal dentist to review the work done and the materials used.

The Province

28<sup>th</sup> November 2014

#### COLLEGE OF SURGEONS

### 'Dentist' stopped

B.C.'s regulatory body for dentists is taking action against a man it claims was practising illegal dentistry in the basement of a Vancouver house.

The College of Dental Surgeons of B.C. said an investigation involving surveillance led it to conclude Chao Ming Guan was performing dentistry out of his home, despite never being registered as a dentist in the province.

The college said that during a police-involved search in June, extensive dental equipment and handwritten notes referring to dental work were seized.



## **DALHOUSIE DENTISTRY WHISTLEBLOWER ASKS FOR SUSPENSION TO BE LIFTED**

JANE TABER

HALIFAX — The Globe and Mail

Published Tuesday, Jan. 20 2015

One of the 13 Dalhousie University dentistry students at the centre of the misogynist Facebook group scandal spent more than four hours Tuesday night pleading his case before a disciplinary hearing, asking for his suspension to be lifted so he can graduate this spring.

Ryan Millet, 29, and his lawyer left through a side door of the dentistry building, avoiding reporters after the closed-door marathon session with the Faculty of Dentistry Academic Standards Class Committee (ASCC) that will rule on his suspension.

"Ryan is hopeful that we'll get some due process tonight," said his lawyer, Bruce MacIntosh, as the two walked into the hearing. Mr. MacIntosh said he wants Mr. Millet's suspension lifted and his reputation restored.

This is Mr. Millet's first appearance before any university administrative body, said his lawyer, noting that the university Senate met in secret Monday night for the second time in two weeks to discuss the case.

Mr. Millet is so far the only one of the group who has come forward publicly. In fact, he and his lawyer have both said that he is the student who blew the whistle on his classmates, putting a stop to the offensive posts after a poll was posted on the site asking which of the female classmates the men would like to have "hate" sex with.

It was too much for Mr. Millet — and he said he informed a female classmate, who then alerted the administration. He said he also quit the Facebook group, which had been operating since their first year.

He and his 12 colleagues, all members of the Class of DDS 2015 Gentlemen private Facebook group, were suspended from clinical activities. They cannot graduate until their suspensions are lifted.

The university has been struggling to deal with the fallout from the scandal since the story broke in mid-December. The offensive posts provoked protests from university staff and

students demanding that the men be expelled. It also has sparked a debate about rape culture across the country.

But the university has shielded the names of all the students, citing privacy. However, dental regulatory bodies in Alberta, B.C., Ontario and Nova Scotia have said they will ensure that any of the male students from the Dalhousie 2015 class who apply for licences to practise will be scrutinized for "good character."

In addition to the suspension, the university administration delayed exams for the fourth-year students and separated the male and female students so they are not in classes together. It has also instituted a restorative justice process that has received criticism from student groups and some faculty members.

Mr. Millet, a father of three young children, who is originally from the American Midwest, is not participating in the restorative justice process. His lawyer, Mr. MacIntosh, does not believe that his client has been treated fairly – and for the past several days has been trying to carefully orchestrate select interviews with media outlets to get out Mr. Millet's story.

"To see something so targeted and violent and hateful against someone that you care about is something else," Mr. Millet said about the "hate" sex poll in an interview earlier this week with the Halifax Chronicle Herald. "That's not me. That's not what I'm about. And the people who know me would agree."

His classmates may face similar hearings, according to university spokesman Brian Leadbetter. "The university will continue to evaluate each of the men's individual cases through the [ASCC]," he wrote in an e-mail. "Much of the work under the policies involved is confidential, to ensure that we respect the privacy of all students involved."

Mr. MacIntosh, meanwhile, is critical of the way the university is handling the incident. He said his client has not received due process – and that the university has been writing the "rules as they've been going along."

## **DALHOUSIE DENTISTRY STUDENTS TO BE PLACED IN SEPARATE CLASSROOMS**

Simona Chiose

The Globe and Mail

Published Friday, Jan. 09 2015, 10:29 AM EST

Dalhousie University has announced that 13 male students in its dentistry faculty who posted misogynistic comments on Facebook will not face an academic suspension for now, but will instead attend classes separately from their classmates.

The announcement came Friday afternoon after a week when the university remained silent in the face of nationwide scrutiny over its handling of a crisis that began when the posts became public on Dec. 15.

"There may be cases where they attend remotely or meet on campus as a group," President Richard Florizone said in a press conference after the announcement of the steps the university has now decided to take.

Pressure had been growing on the school to temporarily suspend the students – who are months away from graduating – and an academic committee in the dentistry faculty is still considering that question. The students were suspended from clinical activities on Monday and cannot graduate until that suspension is lifted.

While the new announcement was aimed at answering some calls for further action, it raised more questions, particularly about how the university will address the concerns of female students who have chosen not to participate in the restorative justice process, which theoretically brings perpetrators and victims together to talk about the harms to the victims and find redress that recognizes those harms.

In an open letter directed to the university president earlier this week, four women in the graduating class of 2015 said they will not participate in that process and are concerned the university has not provided them with copies of the Facebook posts it has.

Dr. Florizone defended the university's handling of the scandal. "I know there are people who want us to rush to judgment. ... We are not strong as an institution unless we are respectful," he said, reiterating the importance of a just process for all parties.



Restorative justice is continuing, Dr. Florizone said. A majority of 26 students in total had agreed to participate: Fourteen women and 12 of 13 Facebook group members, he said. There are 47 students in the graduating class of 2015, 21 women and 26 men.

Pulling 13 students of the wider class runs the risk of revealing the identity of the students to their classmates and to the wider community. Some on campus, such as South House, the university's sexual and gender resource centre, support the release of the names.

"It's important that the men's names are released because it's a public health concern to have men who are joking about rape using sedatives, to actually have access to sedatives," said Alexandra Killham, one of the board members of the centre.

Up to now, the university has been adamant that it must protect the names of the students who belonged to the group. Transcripts of the Facebook posts read by The Globe and Mail make it clear that some men in the group were more active than others.

The Ontario and Alberta dental colleges have asked for the men's identities to be provided to their registrars, but the university cited privacy concerns in declining Ontario's request.

In separating the male students in the Facebook group from their classmates, the university was guided by wanting to protect the female targets of the posts, Dr. Florizone said.

"We did not feel that we are at a point where we felt comfortable having women who were harmed by the Facebook posts sitting across from the men," he said on Friday.

In addition, an external investigation into the "environment" at the faculty of dentistry will begin, chaired by Constance Backhouse, University Research Chair at the University of Ottawa, a legal expert on sexual harassment and assault who has written books on sexual assault law and racism.

A wider presidential task force, chaired by Kim Brooks, the dean of Dalhousie's law school, will look at "diversity and inclusiveness" on campus.

Earlier Friday morning, after an over two-hour long meeting, the school's Board of Governors said it supported the president's actions thus far.

"The board provided input and expressed strong support for Dr. Florizone and the administration's direction," board chair Lawrence Stordy said in a statement.

On Thursday, Nova Scotia's provincial government had said it is closely monitoring the situation.

Minister of Labour and Advanced Education Kelly Regan said she found the posts, many of them misogynistic or sexist comments about the men's female classmates, "extremely upsetting."

"This is a difficult, emotional situation that continues to change hour by hour," Ms. Regan said in a statement. "Dalhousie has indicated it will focus on the victims and follow a just process. I expect both to happen. ... They have the responsibility to handle this situation, but we are watching it closely."

Pressure on the university is unlikely to let up. On Monday, the university's senate will consider a motion asking Mr. Florizone for a wider third-party investigation.

No decisions appear to have been made yet in a separate complaint launched on Dec. 21 by four faculty members and brought under the Student Code of Conduct. The professors asked the university to suspend the students.

The university has not commented on many requests for information from The Globe and Mail over the past week.



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THE GLOBE AND MAIL

January 6, 2015

## Dalhousie dentistry students scrambled to contain damage after comments became public

By SIMONA CHIOSE

*Two more regulatory bodies say they will assess character of Dalhousie graduates who apply for licence*

Male dentistry students at Dalhousie University who made misogynistic comments on a Facebook group had an extensive discussion about how to minimize the damage after their comments became public, documents obtained by The Globe and Mail show. A transcript of some of the Facebook exchanges shows that the group, Class of DDS 2015 Gentlemen, had existed since at least 2011.

The controversy has cast a shadow over the graduating class. On Tuesday, dentistry regulatory bodies in Alberta and B.C. joined Ontario and Nova Scotia in announcing they would take extra steps to ensure that men from the Dalhousie class of 2015 who apply for a licence to practise are of "good character." And, in an 'open letter released on Tuesday, four women in the class reject the university's restorative justice process and say they do not want to pursue a formal complaint because that approach would not grant them anonymity.

"We have serious concerns about the impact of filing formal complaints on our chances of academic success at the Faculty of Dentistry, and believe that doing so would jeopardize our futures," the women say in the letter<sup>2</sup>. "... We feel that the University is pressuring us into this process, silencing our views, isolating us from our peers, and discouraging us from choosing to proceed formally."

The letter writers urge university president Richard Florizone to accept and investigate a formal complaint launched by four faculty members under the Student Code of Conduct.

Theoretically, restorative justice brings perpetrators and victims together to talk about the harms to the victims and find redress that recognizes those harms. Dr. Florizone has said two women who brought the misogynist posts to the attention of the university on Dec. 8 accepted that process.

More than 50 pages of Facebook posts read by The Globe provide a clear document of how the group reacted to discovering that someone had blown the whistle. Priority No. 1 was the need to manage the crisis and find out who had leaked the posts to female classmates.

One member of the group wrote: "Red Alert!!! ... We have to get rid of the evidence." Another man proposed "some kind of rapprochement with the girls ... drafting a statement on behalf of the Guys Club." A poll of possible options includes "do nothing" or "issue statement of some sort."

In December, after students complained to the university, one member of the group tells the others that many faculty are aware of the allegations. "Just a heads up. Sounds very serious. Especially given the climate across the country given this sort of stuff."

Others are concerned that members of the group showed the posts to female classmates, which meant they could no longer discuss their female colleagues openly. The posts indicate they were more concerned with finding the culprits than how the university might respond. "boys what are they going to do? .... Kick every guy out of 4th year? .... I think the bigger issue is who .. is showing the girls."

A woman's name is proposed as the person who made the first complaint to the university, but at least two men defend her: "I'd rather people hated me than more hate on [name]," one post says. Some men are rueful about the end of the group, with one writing that "the guys group has always been a place for everyone to cut loose" and describing the posts as "lockerroom talk."



The first post in the documents is from 2011. Conversations from before the group was discovered contain complaints about exam stress, faculty standards, and sexual and medical jokes that sometimes refer to female classmates by name. At one point, one person says female students are "damn honey traps" who receive more attention from instructors than male students, even though the post continues, they are not as well prepared as the male students. The post received 20 likes.

One result of the controversy is that each male student graduating from the program this year will receive extra scrutiny from provincial regulatory bodies that grant dentists licences to practise. Many of the students at Dalhousie's dentistry school are not Nova Scotia residents.

The Alberta Dental Association and College on Tuesday called on Dalhousie to provide it with the names of the students involved in the group "if and when they graduate." And the College of Dental Surgeons of British Columbia said graduates wanting to practise in the province will be required to disclose "any accusations or findings of misconduct while in academia." A joint statement from all provincial regulators is expected in the coming days.

Dalhousie on Tuesday denied a request from the Royal College of Dental Surgeons of Ontario for the names of the male students in the group over privacy concerns.

The men have been suspended from clinical activities while an academic committee considers further penalties, such as academic suspension or expulsion.

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News / Canada

## Ontario dental watchdog demands names of Dalhousie students in Facebook scandal

Royal College of Dental Surgeons, which licences new dentists, says it has "zero" tolerance for violent, sexist attitudes displayed in student posts.



SHERRI LEE

A rally at Halifax's Dalhousie University on Dec. 19 called for the expulsion of male dentistry students over misogynistic comments made online about their peers. The university has since suspended 13 students, whose names the Royal College of Dental Surgeons of Ontario is now seeking.

**By: Peter Edwards** Star Reporter, Published on Mon Jan 05 2015

Ontario's licensing agency for dentists has asked Dalhousie University for the identities of 13 students involved in making violent, anti-female comments on the Internet.

So far there hasn't been a response to the regulator's Dec. 31 letter, said Irwin Fefergrad, registrar of Royal College of Dental Surgeons of Ontario.

If the university doesn't provide a full list of names, then all students graduating this year from Dalhousie can expect a grilling if they hope to get a licence to work in Ontario, Fefergrad said.

That means Dalhousie students will be expected to provide confirmation they are not one of the 13 students, Fefergrad said.

"There's no room in the health care system for this," Fefergrad said. "Zero, zero, zero."

Fefergrad stressed that the letter was written by the full executive committee of the College, which administers licences for Ontario's 9,500 dentists.

"This is something that really caused great concern," Fefergrad said, stressing that moral fitness is essential for anyone applying for a dental licence in Ontario. "The conduct is deplorable," he said. "We have one responsibility, and that is to look after the public interest."



He stressed that universities can grant degrees in dentistry, but they cannot issue licences that make it legal to practise.

"They would have to apply to a regulatory body to get their licences," Fefergrad said.

Dalhousie announced Monday morning that it has partially suspended the 13 dental students, nearly a month after women complained about the violent anti-women comments they posted on Facebook.

"The suspension is necessary to ensure a safe and supportive environment for patients and classmates who participate in the clinics," said a statement issued by the university's president and dean of the Faculty of Dentistry.

The students were due to resume classes Jan. 12.

In an updated Q&A on its website, Dalhousie explained what the clinical suspension means:

"They will not work with the public or directly with classmates in that setting. Students in Dalhousie's DDS program are required to complete work in clinic as part of their degree requirements."

The decision was made Dec. 22, the statement said.

"This is a very complex matter and we must take the time necessary to gather information, follow a just process and to make informed decisions. Key individuals were away until Dec. 21."

As well, the university said, "all the students in question had left campus by Dec. 22," and the university wanted to make sure "students had appropriate in-person support when the suspension decision was delivered to them, including information, counselling and other support services."

The university said it first heard of "the offensive posts" on Dec. 8, from an affected student. The story was first reported to the public Dec. 15.

The university said it would hold a news conference later Monday to explain its response to the postings, which have generated widespread debate on how Dalhousie should handle the issue.

The Facebook page where the comments were posted has been taken down. According to the CBC, members of the Class of DDS Gentlemen page on Facebook voted on which woman they'd like to have "hate" sex with and joked about using chloroform on women.

In another post, a woman is shown in a bikini with a caption that says, "Bang until stress is relieved or unconscious (girl)."

"The university has made clear that there will be consequences for this offensive behaviour," its statement said.

Four professors from the Halifax university also filed a complaint over allegations that male students posted sexually hateful messages about their female colleagues on Facebook.

In response, the school has launched a [restorative justice process](#), an informal and confidential resolution procedure that includes the parties involved.

“That process is ongoing,” the statement said.

The partial suspension “will allow the Faculty of Dentistry Academic Standards Class Committee to consider the matter from the perspective of professionalism requirements,” the statement said.

“Its powers include the authority to create remediation plans where warranted and to recommend academic dismissal.”

The statement from university president Richard Florizone and dean Thomas Boran concluded: “We recognize that what has happened is not isolated to Dalhousie University. It is a complex societal issue about which our community cares deeply.

“While this will be a long, complex journey, it is a necessary one for us to lead.”

With files from Canadian Press



## **Dalhousie dental school investigates misogynistic Facebook comments**

**JANE TABER**

**HALIFAX — The Globe and Mail**

Published Tuesday, Dec. 16 2014, 7:46 PM EST

Last updated Tuesday, Dec. 16 2014, 9:39 PM EST

A group of male fourth-year Dalhousie University dentistry students who posted misogynistic comments about their female colleagues on a Facebook page, including crude jokes about sedating them for rough sex, are at risk of expulsion.

University president Richard Florizone has launched an investigation into the incident, and immediately postponed exams for the 47 fourth-year students – 26 men and 21 women – until January, not wanting any targets of the offensive posts to be sitting next to a perpetrator until he knows more.

He is considering a range of options, including expulsion, but said in an interview Tuesday that he is “really focused on gathering the information at this point.” He is also concerned about the female victims – and says he will be guided by “what is best for the women who have been harmed by this and how we can best redress that harm.”

An online petition is calling for the students, who are in their mid- to late-20s, to be expelled.

Dr. Florizone said that, in the last few days, a student had come forward to the administration with a complaint about comments on a Facebook group. As this was being investigated, screen captures of the pages with the disturbing comments leaked to the CBC, and the controversy blew up overnight Monday.

The social media group was called the Class of DDS 2015 Gentlemen. According to the CBC, some of the students voted on the female students they would like to have “hate” sex with and also talked about using chloroform to incapacitate the women.

Dr. Florizone said specific female students were named on the Facebook page. He does not know how long the Facebook page was online before it was taken down late last week, according to the CBC.

“I haven’t reviewed all the material but I have seen enough to know that it is entirely unacceptable,” he said.

For Dalhousie Student Union president Ramz Aziz, however, this is not a complete surprise. Last summer, a female dental student came to him, saying she was representing

other women in her class. She spoke to him on the condition of anonymity, fearing that she would lose her degree or be targeted for speaking out.

She complained, he said, about preferential treatment of male students and harassment – comments about their hair and clothes – by the male students.

Mr. Aziz characterized the dentistry faculty as an “old boys’ club.” He says he spoke to Dr. Florizone about this and was advised to take it to the university’s human rights office. The president confirmed he was told about this – “It was hard for me to do much about it without any specifics,” Dr. Florizone said.

Michaela Sam, chairperson of the Canadian Federation of Students – Nova Scotia, called the incident “incredibly concerning” and another example of sexism on university campuses.

Last year, there was an incident at another university in Halifax, Saint Mary’s, after first-year students were involved in a chant about non-consensual sex during an orientation event.

That university’s administration struck a task force that made a number of recommendations, including hiring more female professors and putting women in more senior leadership roles.

“We need to be talking about consent. We need to be talking about ‘no means no,’” Ms. Sam says. “We can’t just respond to these events as they happen.



bc health regulators

November 27, 2014 12:27 pm

Updated: November 27, 2014 12:44 pm

## B.C. campaign urges patients to ensure their health professional is regulated



By Yuliya Talmazan Web Producer  
Global News



Getty Images

Seeing a qualified health care professional is something many of us take for granted, but how can you ensure the physician, dentist or acupuncturist you are seeing is trustworthy?

A number of recent high profile cases involving individuals posing as health care professionals has left their former patients on the edge, worried about the possibility of exposure to life-threatening infections.



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While in most of these cases the warnings to the public came after the investigations had been launched, health regulators say there are things you can do to preempt the problem and make sure you are seeing a health professional who is certified and regulated.

The Registrar for the College of Physicians and Surgeons of BC Dr. Heidi Oetter says anyone can go to their website [www.cpsbc.ca](http://www.cpsbc.ca) and look up a physician's name, which will reveal their registration status with the college, their certification and whether there is any regulatory action against them.

Oetter says the website also lets a patient file a complaint against a registrant or an impostor. Complaints they receive range from inadequate treatment, unprofessional conduct, breached confidentiality of medical records to concerns of sexual nature.

Oetter says the College of Physicians and Surgeons of BC receives about a thousand complaints a year, and two thirds of the time, they find no grounds for intervention.

Oetter says in other cases, a physician may be required to undergo some kind of remediation or education to ensure the incident does not happen again. A practitioner may also be asked to write a letter of apology to the patient if they were rude or their conduct fell short of the mark.

"In a small number of instances, we may actually discipline the physician, which would mean that we would publicly reprimand them," says Oetter. "And there may be a requirement for limits and conditions to be imposed upon the physician's practice and they may be suspended for a period of time."

But Oetter says it may take as long as nine months to review a single complaint.

While a physician is under investigation, their record will not necessarily reflect that.

"Not unless we have taken extraordinary actions to protect the public," says Oetter. "If we take action to limit the doctor in some way while we are investigating [a complaint], then that would be available on the website as well."



Cynthia Johansen, Registrar for the College of Registered Nurses of BC, says they want people to go to their website and seek out information about their health practitioners just like they would research a new iPhone. "They are consumers of all sorts of items, including health services," she adds.

Johansen says they are trying to drive the point that if a patient is dissatisfied with the service they are getting, there is a place for them to go and there are standards they should expect.

"You take for granted to some extent that your health care professional is someone to trust. But understanding where that trust lies is that extra leap that we want people to start to make."

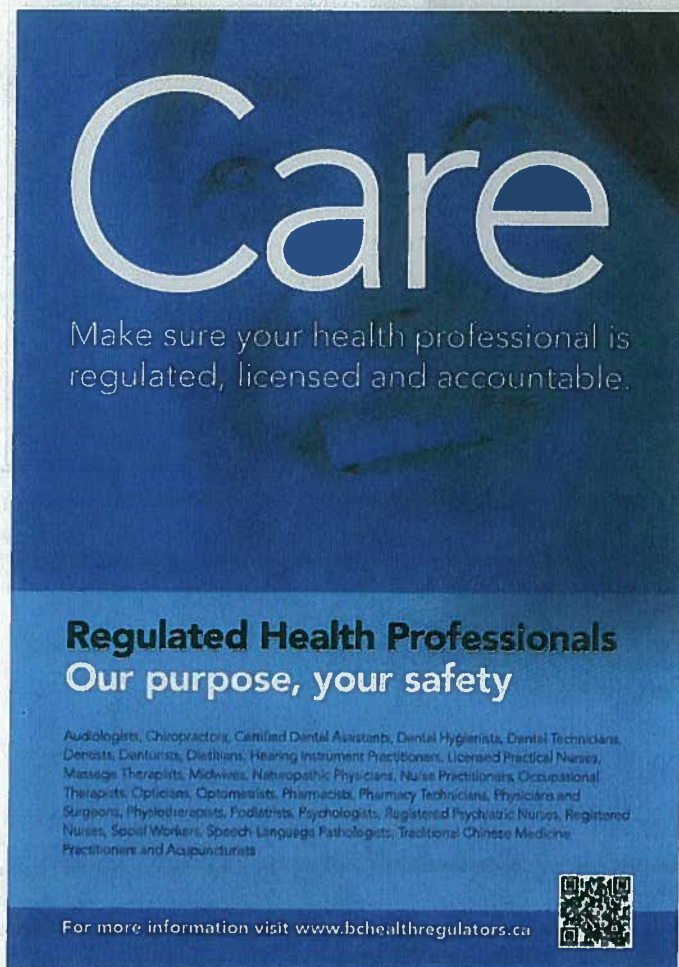
Helping British Columbians make that leap is the mandate of a new society called BC Health Regulators.

In February 2014, B.C.'s 26 regulated health professions, governed by 22 colleges, incorporated under the Society Act to become the Health Profession Regulators of B.C. Society.

Almost 100,000 health care experts in British Columbia work in positions that require a professional license, and the job of BC Health Regulators is to ensure patients can expect qualified, ethical and safe care from regulated health care providers.

They have now launched a public awareness campaign including closed captioning, social media and bus shelter ads to target people – like new immigrants – who may not necessarily be aware they have an option to learn more about their treating professional.

See below: One of BC Health Regulators ads designed to spread awareness



**Care**

Make sure your health professional is regulated, licensed and accountable.

**Regulated Health Professionals**  
**Our purpose, your safety**

Audiologists, Chiropractors, Certified Dental Assistants, Dental Hygienists, Dental Technicians, Dentists, Dietitians, Dietitians, Hearing Instrument Practitioners, Licensed Practical Nurses, Massage Therapists, Midwives, Naturopathic Physicians, Nurse Practitioners, Occupational Therapists, Opticians, Optometrists, Pharmacists, Pharmacy Technicians, Physicians and Surgeons, Physiotherapists, Podiatrists, Psychologists, Registered Psychiatric Nurses, Registered Nurses, Social Workers, Speech Language Pathologists, Traditional Chinese Medicine Practitioners and Acupuncturists

For more information visit [www.bchealthregulators.ca](http://www.bchealthregulators.ca)

#### Red flags in the system

The last few years saw a number of highly publicized cases, where individuals were either practicing illegally or negligent in their job.

In August 2013, it was made public that Burnaby resident Tung Sheng Wu, also known as David Wu, was practising dentistry without a licence, and was not properly cleaning or sterilizing his instruments. His patients were advised to get tested for Hepatitis B, Hepatitis C, and the Human immunodeficiency virus (HIV).

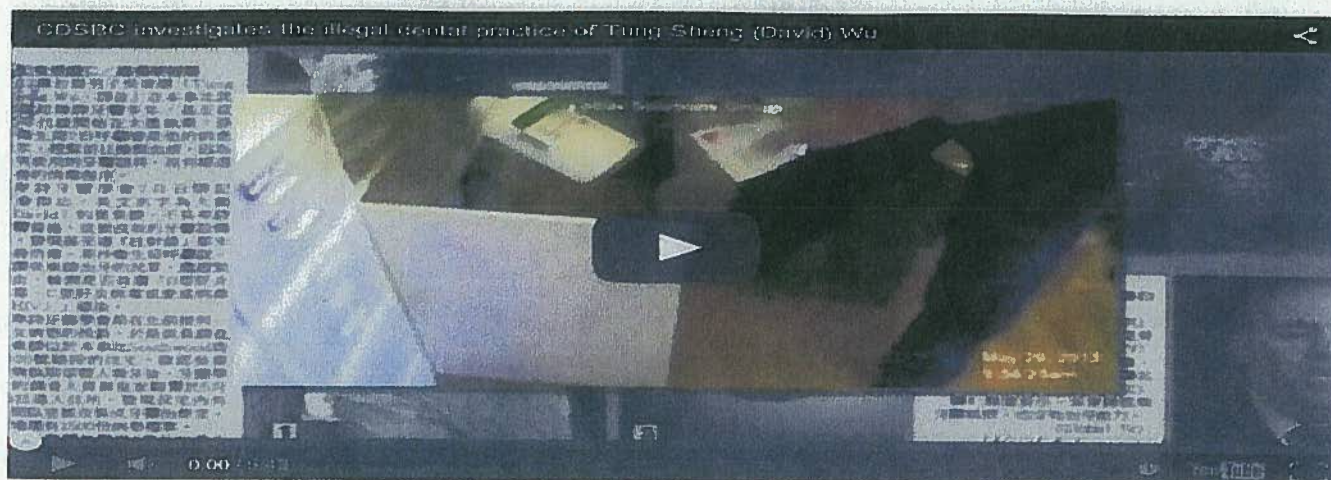
#### READ MORE: A look inside Tung Sheng (David) Wu's illegal dental clinic

Wu went into hiding, but finally turned himself into Toronto police and was given a jail sentence.

He has never been registered with the College of Dental Surgeons of B.C., but is believed to have been practising dentistry illegally in this province for many years.

**WATCH: College of Dental Surgeons of British Columbia investigates the illegal dental practice of Tung Sheng (David) Wu**





In December, two more illegal dentists were identified. Vladimir Shapoval of Coquitlam was sentenced to 45 days in jail and ordered to pay \$35,000 to the College of Dental Surgeons. Shapoval was found to be practising dentistry despite an existing injunction. In another investigation, Hua Zheng Huang of Vancouver was also found to be practicing dentistry illegally out of his house. He consented to the imposition of a permanent injunction against him.

Neither Shapoval nor Huang has ever been registered as a dentist in B.C.

In October, an investigation was launched after a six-year-old girl was possibly exposed to HIV during a routine vaccination. The girl's father says when the nurse gave his daughter the needle, it went into the child's arm and then into the nurse's hand by accident. When the nurse drew the needle back through the child's arm there was blood exchanged. The father says he was horrified to learn the nurse is HIV positive.

And in the latest case earlier this month, patients who received acupuncture services at the Acupuncture and Chinese Medicine Centre in Abbotsford were advised to be tested for Hepatitis B, C and HIV.

An investigation found Duan (Deborah) Hu did not meet infection prevention and control standards during treatments. Hu's license was suspended pending the completion of an investigation. There are seven other registrants suspended and currently under investigation as listed on the website of the College of Traditional Chinese Medicine Practitioners and Acupuncturists of BC.

#### Pro-active audits

When it comes to registered health care professionals like Duan Hu who breach control standards in their practice, what, if anything, can their College do?

In addition to licensing and complaint review, some colleges conduct pro-active audits of their registrants.

In a three-year period, the College of Physicians and Surgeons of B.C. has pro-actively assessed about 2,000 physicians out of the 12,000 currently practicing in B.C.

Oetter says they assess about five per cent of the doctors each year and plan to increase that number over the next few years.

She says some of the audits are random, but some are more focused.

"We are focusing our activities on older physicians or physicians who work in isolated practices, where they may not have the benefit of peer interaction."

The College of Registered Nurses of BC says their 300 nurse practitioners have to undergo an on-site review in their first year of practice and every five years after that.

"That's where someone actually goes into their practice environment, randomly selecting patients files, reviewing their practice and giving them feedback," says Johansen. "And if there are significant concerns about safety, the college is alerted and we take action."

For the 37,000 practicing nurses registered under their College in B.C., there is a separate, annual process that involves self-reflection and peer feedback.

She says the quality assurance programs are supposed to prevent issues, because "you are working on it constantly versus waiting for a complaint to come to the College."

▲ Report an error

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#### Editor's Picks



# TIMES COLONIST

## **Comment: Health profession moves to better transparency**

Dr. H.M. Oetter / Times Colonist

October 23, 2014 03:55 PM

We live in a world that is increasingly exposed and connected. Technology has vested us with new ways of thinking and new ways of sharing information.

Call it a Pandora's box that has been opened with far-reaching consequences. This new way forward calls for greater transparency. It reflects a growing world-wide recognition that the public has a right to know.

Public institutions, including the health professional regulatory colleges in B.C., are being called upon to be more accountable and more transparent in order to sustain public trust.

Thirty years ago, many regulatory bodies were not required to provide information about registrants to the public. Colleges chose what, when and how to communicate with registrants, government and members of the public. Patients had no choice but to trust the regulator and the health professional without being given an opportunity to ask questions, or seek information about credentials or discipline history.

In the 1990s, new legislation was enacted across Canada that specifically set out the "duty and objects" of a college to be more accountable and transparent. The Health Professions Act is the legislative framework that governs regulatory colleges in B.C. (with the exception of regulated social workers), and mandates what information must be made public by way of a register.

Much of the information contained in the register is accessible to the public via the individual colleges' websites. According to the act, a college's register must include the health professional's name, registration status, contact information, limits and conditions imposed under the act, notation of cancellation or suspension of registration, and any additional information required under the regulation of the minister of health.

Colleges are also required to publish annual reports, which contain information about their work and activities, as well as statistical information about their registration and complaints processes.

In February 2014, B.C.'s 26 regulated health professions, governed by 22 colleges, incorporated under the Society Act to become the Health Profession Regulators of B.C. Society with the mandate to collaborate on the development of common approaches to core regulatory functions; and to promote widespread awareness of the role colleges play in ensuring patient safety.

A multimedia campaign called "Our purpose, your safety" was launched to encourage the public to check the credentials and qualifications of their health professionals to ensure they are regulated and accountable to a governing body. The campaign is now in its second year. More information can be found at [bchealthregulators.ca](http://bchealthregulators.ca).



Being accessible and making information available to the public necessitates that the colleges conduct relevant evaluations and collect meaningful data that both health professionals and the public trust. Colleges have rigorous and fair processes to protect patients through effective regulation.

They include setting stringent standards for entry to independent practice, investigating complaints and administering quality assurance programs that proactively assess and educate registrants to ensure they meet high standards of practice throughout their professional lives. These processes and programs are intrinsically linked to the collection and output of data.

However, while regulators are increasingly challenged by the public and government to be more transparent and open, and to disclose more information about health professionals, this demand must always be weighed against an individual's justified rights to privacy under the law. To be sure, this new way forward requires thoughtful and measured planning.

Dr. H.M. Oetter is the registrar for the College of Physicians and Surgeons of B.C. and a member of the Health Profession Regulators of B.C. Society.

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## Opinion: Buyer beware

### Health professionals must be registered with a regulatory college

BY CYNTHIA JOHANSEN, SPECIAL TO THE VANCOUVER SUN    DECEMBER 18, 2014



The illegal activities of a man pretending to be a dentist captured the public's attention in August, 2013. A member of the public had complained to the College of Dental Surgeons of B.C. after receiving treatment from this impostor in an operatory he had in his home. This complaint triggered an aggressive investigation by CDSBC to protect people who had sought treatment from him, and incited countrywide media attention.

Dentists in B.C. must be registered with the CDSBC, the regulatory body responsible for ensuring that registrants — real dentists — have a dental degree. Health professionals, including dentists, must also adhere to codes of ethics and standards of practice, and meet other stringent requirements. Health-profession regulators investigate complaints against their registrants. The cost of these investigations and legal action taken is paid for by the regulator, not by taxpayers.

The CDSBC hired a private investigator to gather evidence and secured a court order for a search and seizure of the illegal dentist's property. They discovered this person was performing dentistry on about 1,500 people and was not properly sterilizing tools and equipment. Due to these conditions, the CDSBC worked with Fraser Health Authority to issue a public health alert asking anyone who had received treatment from him to be tested for hepatitis B and C, and HIV. As he had gone into hiding, the CDSBC offered a reward for information leading to his arrest and also applied to the Supreme Court of B.C. for a permanent injunction to stop this impostor from practising dentistry.

In another high profile case, two people working at a clinic described themselves as naturopathic physicians and were giving injections to patients. Providing the injections constituted unauthorized practice under the Health Professions Act as the people were not registered with a health professional college, in this case, the College of Naturopathic Physicians of B.C. The CNPBC investigated these people and received an agreement from them they would not call themselves, or put themselves forward as naturopathic physicians again.

Unfortunately, the two continued to mislead the public by advertising that they were naturopathic physicians. As well, they performed activities that are restricted to regulated health professionals under the HPA, putting patients at risk. The CNPBC applied to the Supreme Court of B.C. for an order to permanently stop these two from endangering the public further. The CNPBC was successful in obtaining a consent order and undertaking from the two such that they cannot use titles reserved to naturopathic doctors nor can they perform restricted activities. These are examples of how health-profession regulators work every day to protect the public from individuals who pose as regulated health professionals but who are not registered or authorized to practice. Fortunately, these situations are rare, but when they occur, they can be extremely dangerous.



Regulated health professionals not only want to act in the best interests of the public, they must act in the best interests of the public as required by law. In British Columbia, the law that governs regulated health professionals is called the Health Professions Act. Protection from unauthorized practice is a priority for every regulated health profession, including physicians, nurses, physiotherapists, pharmacists and all of 26 health professions regulated by the act. Regulation itself makes sure the public's best interest is always served.

Each of these regulated health professions has a website at which the public can conduct a search through an online directory to confirm that the practitioner they want to seek treatment from is registered with their respective health profession regulator. For a full list of all health profession regulators in the province [www.bchealthregulators.ca](http://www.bchealthregulators.ca)

*Cynthia Johansen is registrar and CEO of the College of Registered Nurses of B.C. and co-chair of the Health Profession Regulators of B.C. Society, which comprises 26 health profession regulatory colleges form the Health Profession Regulators of B.C., with the goal to increase public awareness of the college and health professional's role in public safety and quality assurance.*

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# HPRBC Public Awareness Campaign

Image of the *Punjabi Link*, which ran the translated submission on Jan. 17, 2015.





29 Jan 2015

# Dentist fights 22 malpractice complaint

CHARLIE FIDELMAN

POSTMEDIA NEWS

MONTREAL — It was not a pretty sight — teeth ground down to stumps. It shocked a patient in a Montreal dentist's clinic. The patient had felt with her tongue that something was wrong but only discovered the extent of the damage when she saw her mouth in a mirror.

She's one of many angry clients (they cannot be named because of court-ordered publication bans) who have complained to the Quebec Order of Dentists about pricey, shoddy and painful work allegedly done by dentist Pascal Terjanian.

It's one of 22 cases in the Terjanian affair languishing in a legal quagmire since 2006.

Four new charges were filed against Terjanian since 2010.

Terjanian is a menace to public health, says the provincial professional order of dentists, which wants him banned from practising as a dentist immediately.

He is accused of billing fraud, from faking a patient's signature on an insurance claim to overcharging and claiming fees for services not rendered or completed. He contravened his code of ethics by allegedly having sex with a patient. There are charges of intimidation of patients and other dentists who have criticized his work, buying excessive quantities of prescription painkillers, and doing sub-standard dental work, plus performing unnecessary, wrong or improper treatments.

But while the list is long — and he has been found guilty and fined in some cases — Terjanian continues to practise out of three clinics. The disciplinary board of the professional order says a dysfunctional legal system prevents them from protecting the public against dentists like Terjanian. Terjanian is in a class of his own, said Pierre Lafleur, the professional order's



PIERRE OBENDRAUF/POSTMEDIA NEWS

**Dr. Pascal Terjanian is a menace to public health, says the Quebec professional order of dentists, which wants him banned from practising as a dentist immediately.**

deputy syndic, or investigator.

In 2013, Terjanian lost his right to practise for 30 months when the board suspended his licence for refusing to co-operate with investigators. The ban, however, was lifted in March 2014 while he appeals the verdict, which means he can practise.

Terjanian has blocked every attempt to investigate him by refusing to answer questions or hand over proper documentation, Lafleur said, which he has to do as specified by the legally-binding, professional code of dentists.

Court documents show Terjanian has many excuses for not producing originals. In December and January, several hearings on sanctions and fines for malpractice had to be cancelled or postponed because Terjanian parted ways with his lawyer.

For his part, Terjanian claims he is being persecuted.

The disciplinary board has "a personal vendetta" against him, Terjanian told Postmedia News this week. It started in 1995 when a patient questioned his work and Terjanian says he sent her to the board himself to set the record straight.

"But they were only interested in my revenues," he said. "I was making too much money."

If investigators believed that he is such a threat to public safety, they should have raided his clinics and taken the files by force, he said. The board could have seized the documents by force, agreed Judge Jacques Paquet in his ruling when he lifted the 30-month suspension accorded a year earlier.

Terjanian also says the board has come up with complaints that were not from his former patients.

When asked whether he believes that all the charges against him are fabrications, Terjanian replied, "No, not all."

He conceded overcharging, perhaps doing a root canal that didn't need to be done, and having sex with the mother of a patient. All investigations stem from his own patients' complaints, Lafleur said.

"When patients complain, we are under the legal obligation to investigate but he has blocked us every step of the way," Lafleur said, from not co-operating to using legal measures that take months and years to spiral

**“When patients complain, we are under the legal obligation to investigate but he has blocked us every step of the way.”**

**PIERRE LAFLEUR**  
INVESTIGATOR FOR  
QUEBEC ORDER OF DENTISTS

through the courts.

Terjanian has appealed charges, guilty verdicts; sanctions to the Professional Tribunal, Quebec Superior Court, Quebec Court of Appeal, and, in one case, all the way to the Supreme Court of Canada.

Canada's top court refused to hear his case on original patient records, which it dismissed in May 2010, with costs assigned to Terjanian. The dismissal upheld the Quebec Court of Appeal ruling that Terjanian could not interpret section 1 of the Professional Code as wished — he had to provide originals not copies.

Terjanian has failed to produce the documents needed in several of the cases pending, said prosecutor Pierre Sicot. Although the law says investigators can seize documents by force, investigators rely on cooperation, he added.

But Terjanian says he cannot produce what he doesn't have. What he can produce are witnesses, like secretaries from his clinic who mailed files on his behalf, using registered mail which was a mistake, he conceded since there's no proof with registered mail or courier services. And then the board went and lost his files, he said.

In February, the Order went back to Quebec Superior Court to demand Terjanian's suspension of 30 months be upheld.



## Kamloops dental surgeon will have to wait for disciplinary ruling

Vancouver, BC, Canada / (CKNW AM) AM980

Marcella Bernardo

January 28, 2015 07:42 pm



The disciplinary hearing of a dental surgeon from Kamloops has wrapped up, but it could be a while before we get the outcome.

Doctor Bobby Rishiraj is accused of professional misconduct for failing to properly care for a patient who suffered a heart attack while under deep sedation in November 2012.

The 18-year old—who was having her wisdom teeth

removed—now has permanent brain damage.

The doctor admits he was not certified to administer the drug Propofol.

A panel with the BC College of Dental Surgeons is reviewing testimony from this week's hearing in Vancouver and a written decision is pending.

... If there's a negative finding, submissions will be made to determine an appropriate penalty.

Rishiraj is also being sued by the patient's family.

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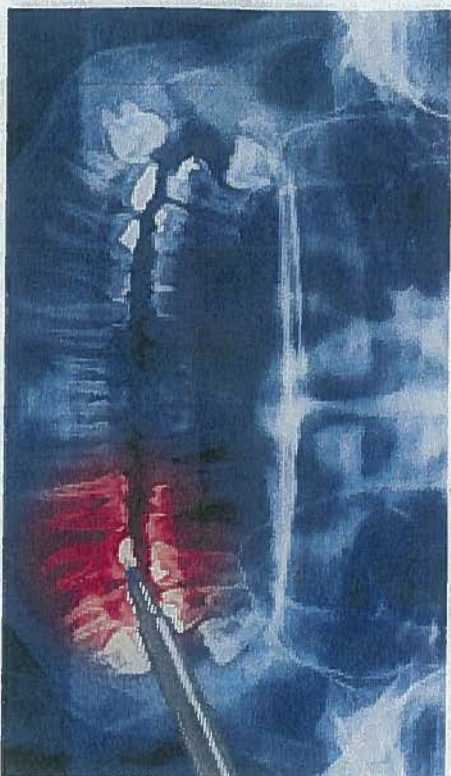


# Emergency Dental Kits Now in Hospitals

Vancouver, BC, Canada / (CKNW AM) AM980

Ria Renouf

January 15, 2015 09:24 pm



Fraser Health says they're continuing to work towards concrete emergency care in the event a tooth-related emergency takes place.

Last year Royal Columbian Hospital said they couldn't help a seven year old boy who lost seven teeth in a shopping trip accident, and his father wanted answers.

Tasleem Juma with Fraser Health Authority agrees previous approaches weren't working.

"The procedures to deal with dental emergencies, across all emergency departments, were not consistent and now they are. Our emergency departments across the region now have emergency kits and consistent treatment is available for all our patients."

These kits have gauze and a tooth preserving solution.

Juma says Fraser Health is in talks with the College of Dental Surgeons to develop plans to have dentists on-call at hospitals - but it may take a while before that happens.



# Pharmacy errors: How often do they happen? Nobody knows

**A CBC Marketplace investigation finds that while mistakes can be serious, hardly anyone is tracking them**

By Megan Griffith-Greene / Marketplace, CBC News Posted: Jan 21, 2015 5:00 AM ET  
Last Updated: Jan 21, 2015 5:00 AM ET

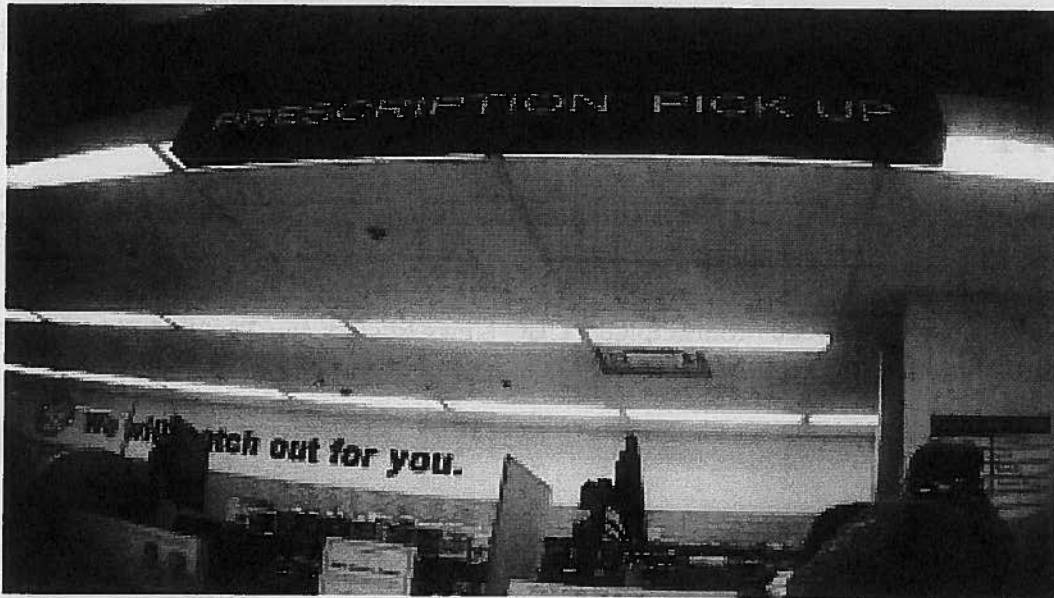


Nova Scotia's error reporting system found 75,000 pharmacy errors in three years, including "near misses," where an error was made, but caught before it reached a patient. (CBC)

If a pharmacist gives you the wrong drug or dose, it can be dangerous or even deadly. But how often does it happen in Canada? A CBC News/*Marketplace* investigation reveals that nobody knows.

While close to 38,000 pharmacists dispense more than half a billion prescriptions in Canada every year, there is no national tracking system, and little mandatory reporting, for pharmacists who make mistakes.

"We're doing a lot of good things, but there are still a lot of patients that suffer harm. And so it's definitely an issue that we need to give more resources and attention to," Neil MacKinnon, a Canadian pharmacy error researcher and dean of the school of pharmacy at the University of Cincinnati, told *Marketplace* co-host Erica Johnson.



Some pharmacists have come forward say that corporate targets can affect patient care, as they feel under pressure to meet business targets. "It's every pharmacist's worst nightmare." (CBC)

In a months-long investigation that was the largest of its kind in Canada, *Marketplace* looked at pharmacy errors across the country.

The *Marketplace* investigation, *Dispensing Danger*, airs Friday, January 23 at 8 p.m. (8:30 p.m. NT) on CBC Television and online.

Follow *Marketplace*'s continuing coverage of this investigation all week on [cbcnews.ca](http://cbcnews.ca).

## More serious errors emerge

When Sandra Tkaczuk of Baltimore, Ont., filled her prescription for anxiety medication last February, the pharmacist dispensed the wrong dose. She was supposed to receive one-mg pills of clonazepam; the pills she was given were only 0.5 mg.

"It escapes me how this can happen," Tkaczuk says.

"I went to emergency twice because I thought I was having a heart attack," she says. "It just feels like thunder in your chest. And you can't control it."

After the error, Tkaczuk says her mental health deteriorated. "I just couldn't control my emotions and my anger," she says.





"It escapes me how this can happen," says Sandra Tkaczuk, who was given the wrong dose for her anxiety medication at a pharmacy last year. (CBC)

"I isolated myself in the back bedroom and stayed there for months."

She no longer trusts pharmacists, and she checks all her prescriptions. She also started a Facebook page to warn others that serious errors can happen.

Since news of the *Marketplace* investigation first aired, dozens of people have come forward with their stories of pharmacy errors, saying they were dispensed the wrong drug or the wrong dose, or that drug interactions were never discussed.

One woman wrote to *Marketplace* saying her pharmacist never told her that an anti-seizure medication would interfere with the oral contraceptive she was taking. She became pregnant.

Another viewer wrote about his experience when a pharmacy gave him a blood-pressure medication instead of the anti-inflammatory drug his doctor had prescribed.

His condition worsened, he wrote. In pain and unable to work, he lost his job.

"I've lost my career of 30 years and have been placed on a disability pension, and although I'm trying hard to get better I don't know if I'll ever get my right leg back," he wrote.

"May no one have to go through this."

For its investigation, *Marketplace* took hidden cameras into 50 pharmacies in nine cities to document whether pharmacists follow important protocols and catch potentially dangerous drug interactions.

The testers asked for a Schedule 2 drug, which doesn't require a prescription but is kept behind the counter because pharmacists are supposed to counsel people who ask for it, according to guidelines set by various Colleges of Pharmacists across the country.

More than half of the pharmacies tested failed to provide any counselling. None provided warnings or flagged possible interactions with other medications.

## Pharmacists believe system is safe

While pharmacy errors happen across the country, only Nova Scotia has made tracking tools mandatory. Saskatchewan is running a pilot project involving a limited number of pharmacies. Prince Edward Island began a pilot project, only to abandon it after a year.

Jane Farnham, chair of the Canadian Pharmacists Association, says there's little reason for people to be concerned.

"We have, to my knowledge and to my belief, one of the safest medication systems in the world," she says.

While there's no national system that collects data on pharmacy errors, she says, "we're moving in a direction of much more voluntary reporting."



"We have, to my knowledge and to my belief, one of the safest medication systems in the world," says Jane Farnham, chair of the Canadian Pharmacists Association. (CBC)

In Nova Scotia, where pharmacies are required to have error-reporting tools in place, there have been 75,000 medication errors reported in the last three years, according to the provincial regulatory college. These errors include "near misses," where errors were caught before the drug was dispensed, but are documented to help avoid future problems.

MacKinnon, who helped create the Nova Scotia system, says fear may be a factor in other provinces' reluctance to embrace reporting programs.

"An ongoing theme in health care has been fear related to errors and safety, and that's really, unfortunately, the dark history of health care," says MacKinnon.

"How do we try to create a system that you're not scared for your job in reporting errors?"

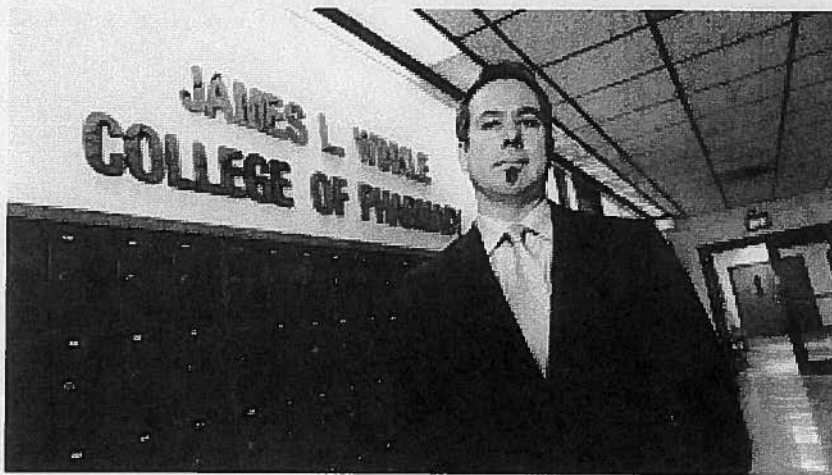


## Up to provinces to establish system

The Institute for Safe Medication Practices Canada, an independent non-profit, has been working toward a national tracking and mandatory reporting system for pharmacies to increase patient safety.

"With national reporting, over time, we can see trends, and more openly talk about errors," says Certina Ho, project lead at the institute.

"It's up to provincial regulatory boards to push that forward; it's up to them to make it a priority," Ho says.



"An ongoing theme in health care has been fear related to errors and safety, and that's really, unfortunately, the dark history of health care," says Neil MacKinnon, who researches pharmacy errors. (CBC)

Common mistakes, according to the institute, include substituting drugs that sound or look the same or misreading handwritten prescriptions.

Often these errors are caught, but when they're not, the results can be devastating.



## **North Shore psychiatrist loses licence for unprofessional conduct**

By Pamela Fayerman, **Vancouver Sun** January 6, 2015 8:00 AM

A psychiatrist who was formerly the head of adult community mental health services on the North Shore and a long-standing clinician at Lion's Gate Hospital, will have to shut down his medical practice after admitting to hugging one patient and going into business with another.

Dr. Paul Eric Termansen has admitted to unprofessional conduct and has been given until July 31 by the College of Physicians and Surgeons to wrap up his practice. He has also promised to never work as a psychiatrist again, as of the July date.

Although three female patients had complained of receiving hugs and kisses from Termansen and hearing comments of a sexual nature from him, Termansen admitted to only one case and the College did not pursue or attempt to prove the other cases through a disciplinary hearing.

"It is inappropriate to enter into a joint business venture with a patient ... and it's never OK to hug a patient, and this is particularly true for psychiatrists, even if it is intended as a gesture of support," said Dr. Heidi Oetter, registrar of the College of Physicians and Surgeons of B.C.

Oetter declined to disclose what kind of business Termansen had invested in with one of his patients, but it was ultimately unsuccessful and the patient who had lost money was threatening to sue the psychiatrist, who is in his 80s.

Last summer, the College had imposed conditions on Termansen's practice, such that chaperones had to be present during sessions with female patients. As well, there is signage alerting patients to such conditions in his reception area and in treatment rooms.

Termansen had privileges at Lion's Gate Hospital until last summer when he abruptly resigned, after the College first issued a citation and gave notice of a pending disciplinary hearing.

Until recently, Termansen was an outspoken advocate for mental health services.

In 2013, he was a designated spokesman for nine psychiatrists who were protesting cuts to the mental health budget by Vancouver Coastal Health.

Sun health Issues [reporterpfayerman@vancouversun.com](mailto:reporterpfayerman@vancouversun.com)



## Daphne Bramham: Bright smiles and the true spirit of Christmas

Dentists donate their time to help Metro Vancouver kids in need

BY DAPHNE BRAMHAM, VANCOUVER SUN COLUMNIST DECEMBER 18, 2014

true



Dr. Gordon Wong and Stephanie Stone work on patient for free in Richmond on December 18, 2014.

"All I want for Christmas is my two front teeth" is one of those seasonal songs that's so overplayed it's become a cliché.

But it was a reality for one Vancouver high school boy who knocked his teeth out after falling down a slide five years ago.

On Thursday, the 17-year-old's wish came true in a special rush delivery at the hands of three dentists and their assistants in Santa hats.

"It hurt a lot," he said after it was all but done, after blood and pain seeped through the anesthetic and



brought tears to his eyes.

He was one of 10 students from Spectrum Learning Centre who received dental care as a gift from the three dentists: Allan Woo, his daughter, Danielle, and Allan's cousin, Gordon Wong.

But it's the boy's story that resonates most strongly with the spirit of the season because it's not only about giving and getting. It's a story about redemption.

For the past four years, Allan, his wife Lynn and their business partner Peter Young have donated \$90,000 to The Vancouver Sun's Adopt-A-School program.

But they want to do more than just give money.

This year, they heard about Spectrum Learning Centre through Adopt-A-School.

Spectrum is an alternative high school where kids come from all corners of Vancouver. Some are homeless or living on their own on youth agreements with the government.

Others have hard-working but poor parents. Still others know too well the devastation of addictions.

The boy was booked in for an appointment for Friday at 10 a.m.

But the appointment time came and went. No patient.

"You have to expect disappointments when you do this kind of thing," says Young. "But you've got to give these kids a chance to redeem themselves."

The teen had gone to work. He fishes with a friend's father and hadn't made it back in time.

Frustrated, but unwilling to give up on the boy, Young and the Woos regrouped.

They decided to do a whole group at once. Danielle Woo agreed to give up her day off. Allan's cousin promised to leave his Surrey practice for the day to work alongside Allan and Danielle at Centro Dental in Richmond.

So, in an empty classroom in Spectrum, Allan screened kids. He didn't have instruments with him, so he used plastic knives as tongue depressors and borrowed a flashlight from the secretary to peer into their mouths.

And because this is the real world filled with bizarre coincidences, the secretary who provided the flashlight is Anne Lee Kwen. Her husband, Victor Lee Kwen, owns Vetech Dental Laboratory, the Richmond company that Woo has worked with for more than 20 years.

When she told Victor what the Woos were doing, he volunteered as well.

But what to do with the truant patient?

Young worked out a contract with the young man to make up for the missed appointment. He is going to do 30 hours of volunteer work at a local church, helping kids from kindergarten to Grade 3 with their



homework.

But, Young joked, "If you don't do (the volunteer work), I want my teeth back. I will hold you accountable' ... We shook hands on it."

The teen also wrote a letter to Woo.

"I affected others by me not showing up. You could have given the spot to someone else ... I made the school look bad cause I made a promise and didn't stick with it ... I'm sorry. I feel terrible."

He probably felt terrible at times on Thursday as well and wished he were anywhere but in the dentist's chair.

For close to an hour, Danielle and an assistant cleaned up the teeth shards and did prep work for the new teeth. Later, her dad finished up so Danielle could go home to her two toddlers.

But it was worth it. The young man's smile is beautiful.

It took nearly three hours for all the kids to be seen.

One girl had her tooth pulled because she'd had an abscess, followed by a root canal and a temporary crown. But, with three kids to support, her mom could only afford the \$900 for the root canal and a temporary crown, which disintegrated a few months ago.

Another girl had a root canal after nearly seven months of constant pain despite an earlier visit to the hospital emergency room to have her abscessed tooth drained.

Her mother has no money for dental care. So, the 16-year-old has been babysitting, saving her money and hoping to earn the \$1,700 it costs for a root canal and a proper crown.

At least three teeth were pulled. One guy showed me the evidence in a small, plastic box. A girl showed me her X-ray, proud that she hadn't needed any work.

"Everybody gets cavities. But if you have the money, you get it fixed. If you don't have the money, you can't afford a small fix and you end up with big problems," says Allan.

These kids are the faces behind more than a decade of B.C. having one of the highest child poverty rates in Canada.

"I look at these kids and just can't imagine the position that their parents are in," says Danielle. "There are so many other pressing needs, like buying food for dinner, paying the rent. Compared with that, not having front teeth probably doesn't seem like a big deal."

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## Regular inspections for acupuncturists 'not feasible,' regulator says

By Abbotsford News

Published: **November 26, 2014 11:00 AM**

Updated: **November 26, 2014 09:509 AM**

Regular inspections for acupuncturists are "not feasible," according to the registrar of the organization that oversees the practice in British Columbia.

The Fraser Health Authority (FHA) is still trying to contact more than 1,000 people who may have received treatment from Duan (Deborah) Hu at the Acupuncture and Chinese Medicine Centre on McCallum Road over the course of nearly a decade of operation.

The centre was closed earlier this month after a joint investigation by FHA and the College of Traditional Chinese Medicine Practitioners and Acupuncturists of British Columbia (CTCMA) revealed several problems, including irregularly changed sheets, poor record keeping, a lack of a regular cleaning schedule and the improper storage of needles. Those needles were stored in open receptacles and had expired in 2006. Investigators could not confirm new needles were being used.

The investigation was prompted by a "community complaint," according to FHA medical health officer Dr. Michelle Murti.

The clinic has been practising at its current location since 2005, and FHA has urged all patients to get tested for HIV and Hepatitis B and C. Because of poor record keeping, Fraser Health cannot be sure of the exact number of patients affected.

The Health Professions Act gives the CTCMA the power to regulate acupuncturists and traditional Chinese medicine (TCM) practitioners.

Those practicing in B.C. must pass written and practical exams and participate continuing education.

But unlike in Ontario, where acupuncture is classified as a "personal service" (alongside tattooing, body piercing, electrolysis, and pedicures) and subject to regular inspections, in British Columbia the public is tasked with the duty of reporting any problems.

CTCMA registrar Mary Watterson said the college is diligent about following up on any complaints, but doesn't have the ability to regularly inspect the 1,600 practitioners it oversees.

"It's not feasible resource-wise," she said. "There are limits to what you can do."

In B.C., acupuncture and TCM is classified as a health profession, alongside a range of other health occupations, including dental hygiene, denturism, nursing, psychology. All are self-regulated by colleges trusted with ensuring health standards are followed.

"I don't know of any of the health professions that do regular inspections of all their members," Watterson said.

She said community reporting of problems has proved to be an effective way to ensure standards are upheld and retain the public's trust.

"All the professions have problems," she said, pointing to a dentist found to be practicing without a licence. "We're here to promote safe and effective treatment ... If a member of the public has a concern, then we look into it."

Asked about the regulation that governs acupuncturists, a health ministry spokesperson provided a written statement that said the ministry "supports the role of the colleges in ensuring public safety and delivering high quality services, and recent cases have shown that the colleges are acting appropriately to protect and serve the public."





While Hu had been practising for more than a decade, beginning in 2001 with a clinic on Montrose Street, Watterson said the college had received no information regarding insufficient health practices prior to the complaint that triggered the recent investigation.

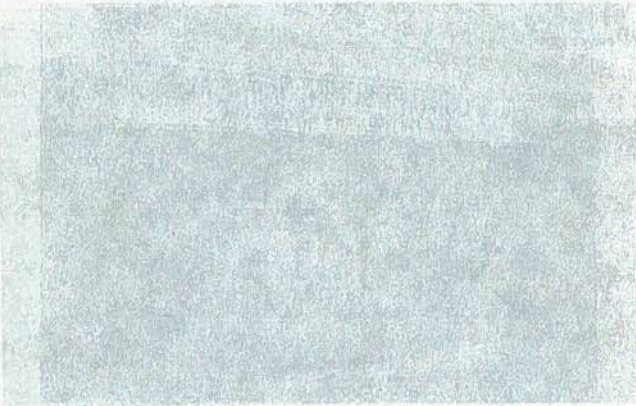
"Those things happen and when they do it behooves us to do due diligence and act swiftly and responsibly and effectively to resolve the issues."

Murti, with Fraser Health, said Hu has been "very compliant" in working with the health authority to develop proper health practices. Once a re-inspection is completed, FHA will lift its closure order.

Hu will remain suspended from the CTCMA until she completes six steps, including completion of a safety course and providing documentation that her clinic is properly disposing of needles and other waste.

**Find this article at:**

<http://www.abbynews.com/news/283984231.html>





## Cowichan Valley physiotherapist found guilty of sexually assaulting eight women

BY THE CANADIAN PRESS NOVEMBER 25, 2014

true



The Goddess of Justice oversees the Vancouver Law Courts.

Photograph by: Mark van Manen, Vancouver Sun files

DUNCAN, B.C. — A physiotherapist from central Vancouver Island's Cowichan Valley has been convicted of sexually assaulting eight women.

Campbell Crichton was initially charged with five counts of sexual assault in March 2011, but more complainants came forward after police called for potential victims to contact them.

By March 2013, Crichton faced 23 counts.

He won a brief pause in the court action because he successfully argued he was poor, had no lawyer and would not receive a fair trial.

The verdict against him was delivered Tuesday in B.C. Supreme Court in Duncan.

A date for a sentencing hearing is expected to be set in early January.

(CKAY)

# **Nigel Painter, a Prince Albert MD, admits to sexual relationship**

## **Doctor's licence pulled for at least 1 year by College of Physicians and Surgeons of Saskatchewan**

CBC News Posted: Nov 24, 2014 1:44 PM CT Last Updated: Nov 24, 2014 5:05 PM CT

A Prince Albert doctor who had sex with a female patient has lost his licence to practice medicine for at least one year.

Dr. Nigel Painter initially tried to cover up the relationship. The relationship first came to light in the midst of another case of doctor-patient sex in Prince Albert, Sask., that of Dr. Johannes Kriel, said Bryan Salte, legal counsel for the College of Physicians and Surgeons of Saskatchewan.

"We were then contacted by individuals who expressed concern that Dr. Painter had engaged in similar misconduct," Salte said. "And then we began our investigation."

## **Doctor drafted patient's letter of denial**

The patient was in the midst of a breakup and Painter had been counselling her, the college found.

The woman initially denied being sexually involved with Painter, Salte recounted.

"She and Dr. Painter together prepared a response in which she wrote to the college indicating that there had been no sexual relationship," Salte continued, explaining Painter drafted the letter, which the patient rewrote and sent to the college.

The college then went directly to Painter, "and Dr. Painter admitted the relationship," Salte said. He said eventually the patient did provide the college with additional information, including how the letter came to be written.

*'Very often the patient is vulnerable'- Bryan Salte, College of Physicians and Surgeons*

It's a strict rule for doctors that when it comes to sexual relationships, patients are off limits. Cases are rare, but they do occur, said Salte, who recalls three in the past five years in Saskatchewan.

Salte said according to literature on the subject, a variety of factors can lead a doctor to cross the line.

"They think of [the patient they become sexually involved with] as being different than the normal, for whatever the reason happens to be," he explained. The doctor may also be under a lot of stress, may have trouble at home, or lack social outlets because work dominates his or her life.

## **Up to doctor to enforce boundaries**

"Very often the patient is vulnerable, and sometimes even initiates the contact," Salte said. But he said it's up to the doctor to recognize and enforce the professional boundary.

"Patients will approach physicians and provide them with a lot of information that they would never provide to somebody else," he said. "They will provide that with the expectation it's going to be used to assist them."

When the professional relationship turns sexual and possibly romantic "with some patients at least, the effects can be devastating, can last years and decades," Salte said.

Painter won't be able to get his licence back for at least one year, and only after he completes counselling and undergoes an assessment, satisfying the college that he is unlikely to reoffend.

Painter was also club physician to the Prince Albert Raiders hockey team.



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Photos (1)

Vancouver Sun  
NOV 21, 2014



**Tung Sheng (David) Wu is shown in a B.C. College of Dental Surgeons handout photo. Wu, a B.C. man accused of practising dentistry without a licence while working in unsanitary conditions, has been sentenced to three months in jail for contempt of court.**

Websites run by 26 regulated health professions in B.C. should be the first place people look when choosing a doctor, dentist, psychiatrist or registered massage therapist, says a spokesperson for an umbrella group covering the sector.

"Our concern is making sure that the public knows there are standards. And if those standards aren't being met, there's a place they can come to complain," says Cynthia Johansen, registrar of the College of Registered Nurses of B.C. and co-chair of the Health Profession Regulators of B.C. Society.

These "colleges" ensure health professionals, from chiropractors to dental hygienists to physiotherapists, have graduated from a recognized school, completed criminal record checks and kept their skills and knowledge up to date. They must also carry liability insurance in case they are sued by a patient or client.

The Health Profession Regulators of B.C. recently launched a public-relations campaign to explain what they do, prompted by stories about a number of unlicensed dentists in the news this year including Tung Sheng (David) Wu in Burnaby, Hua Zheng Huang in Vancouver and Vladimir Shapoval in Coquitlam.

"We are always concerned about what's referred to as 'unauthorized practice,'" Johansen said Friday. "They may harm the public, holding themselves out to be something that they're not and suggesting to the public that they can offer safe services. It's very difficult for us to take action with an unauthorized practitioner."

"People have met standards when they are a registrant of a college and, having met that standard, there is trust that the individual will be able to treat someone safely. And if something does go wrong, patients have a place to come and action can be taken."

Yet Johansen concedes that these professional organizations do not regularly monitor the work of their members and rely on complaints from patients or employers to alert them to possible wrongdoing.



Disciplinary action is public information and each college lists past rulings and citations for upcoming hearings.

The College of Dental Surgeons of B.C., for instance, is now considering the case of Dr. Bob Rishiraj of Kamloops, who is accused of improperly administering deep sedation, which resulted in permanent brain damage to an 18-year-old patient. He continues to practise as hearings are set to resume in January.

All professional colleges are now working to standardize their websites so that information on disciplinary actions is easy to find, says Johansen.

Links can be found [here](#).

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health records

November 10, 2014 3:48 pm

## Dentist's patient information found scattered on Toronto street



By Marianne Dimain Reporter

TORONTO – Ontario's acting privacy commissioner is concerned after documents containing personal patient information were recently found scattered across a Toronto neighbourhood.

Dozens of papers with patient names, addresses, phone numbers and social insurance numbers were found near Leslie Street and Sheppard Avenue on Saturday, not far from North York General Hospital.

Hospital staff ruled out any connection to its patients, but information printed on some of the documents indicated they may have come from more than one doctor's office in the GTA.

Ontario's Privacy Commission says such a breach of privacy should never happen.

"It's critical to realize that disposal does not mean putting them in the garbage, putting them in the recycling bin," said Brian Beamish, the acting commissioner for the Office of the Information and Privacy Commissioner of Ontario.

"Disposal means secure shredding in a manner that they can't be reconstructed."

One of the offices linked to the documents was that of dentist Doctor Howard Libstug in Maple, Ontario.

He did not want to comment on camera but said in a statement:

"It is to my great dismay that some personal information of two of my patients has been found improperly disposed of. We are currently investigating exactly how this information was not shredded, and further, how it was transported from our locked garbage facilities to a bin that was open to the public."

Libstug's office employs Clarkes Property Services to clean and dispose its trash. But even with a third party cleaner, the privacy commission said, the doctor would be held accountable.

"It is the health professional who is ultimately responsible for how these records are disposed of," said Beamish. "That's why it's critical that there's an understanding with a third party provider like a cleaning company in terms of how the records will be securely destroyed."





Especially since personal information could be easy prey for identity thieves. Lawyer Lonny Rosen from Rosen Sunshine says patients could sue their doctors if there is a breach of confidentiality and privacy that leads to damages.

"There's a tort called intrusion upon seclusion and that is another way in which people can sue if their personal health information has been accessed inappropriately," said Rosen. "But that is still subject to a determination by the Ontario court of appeal."

Rosen adds the health information custodian has an obligation under the legislation to disclose to the patients whose health information was accessed inappropriately. Global News reached out to a patient listed on one of the documents but they did not want to comment. City crews have since cleaned up the mess. Global News will continue to follow this story.

 Report an error



## Marianne Dimain

### Reporter

Marianne Dimain is a reporter with Global News in Toronto.

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### **TAB 2.e. – Committee Membership**

#### **Sedation and General Anaesthetic Services Committee**

Dr. James Kim, an anaesthesiologist in Vancouver, has agreed to temporarily serve on this committee until an anaesthesiologist has been confirmed. Dr. Kim served on this committee from November 18, 2008 to September 1, 2012.

The Board is being asked to approve the temporary appointment of Dr. Kim to the Sedation and General Anaesthetic Services Committee. Dr. Kim has been endorsed by the Chair of the Sedation Committee and his CV is attached for your information.



## **CDSBC Expense Policy**

- I. Preamble
- II. Honorariums
  - A. Discipline Committee and Inquiry Committee
  - B. Travel Time
  - C. Cancellation Policy
- III. Expenses
  - A. Principles
  - B. Travel
    - 1. Air
    - 2. Personal Vehicle
    - 3. Rental Vehicle
    - 4. Taxis
    - 5. Parking
  - C. Insurance
  - D. Accommodation
  - E. Meals
  - F. Telephone
  - G. Incidentals
  - H. Not Paid
  - I. Expenses for Social Functions
- IV. Purchased Services

**Revision noted on page 3**



## **I. Preamble**

Board and Committee members contribute to CDSBC by providing service, leadership and expertise, which enable CDSBC to fulfill its mandate.

The contributions made and the work performed by CDSBC Board and Committee members allows those individuals to serve the public of British Columbia and contribute to the dental profession.

The expense policy is not intended to provide members with an income outside their regular endeavours, but is meant to reimburse expenses and provide monetary support for expenses beyond expected altruism.

## **II. Honorariums**

In recognition for time and services provided to CDSBC matters, Board and Committee members will receive honorariums, if claimed, in accordance with the principles of this Expense Policy.

1. Elected officers will only receive an annual honorarium.
2. Each committee member (Board, committees, working groups, etc.) is entitled to the same compensation as each other committee member, in accordance with this policy.
3. Committee members are eligible to receive a daily honorarium (in the circumstances listed below) as recognition for time and services provided to CDSBC matters and as determined by the Board.
4. Honorariums will be paid to those who participate in committee meetings and who make a claim. Claims must be submitted with original receipts and within 60 days of meeting, or will not be reimbursed.
5. The Board will review CDSBC honorariums at least every three years.
6. Every effort will be made to schedule committee meetings after regular working hours.
7. When submitting for reimbursement of expenses, Board and Committee members are asked to recognize the principle that the work they perform on behalf of CDSBC is a means for individuals to serve the public of British Columbia and give to the dental profession; therefore, Board and Committee members are expected to ensure their claims are fair and reasonable.
8. Registrants who are Board and Committee members may only submit for hourly or daily honorariums when their work on behalf of the College takes them away from their usual professional time. The fees established are not meant to reimburse the Board or Committee member for his/her usual income, but they are designed to provide some monetary support when their volunteer duties demand that they leave or be absent from their usual work hours.





The President will receive an annual honorarium of \$75,000 (effective July 1, 2010). Other Elected Officers will receive an honorarium of \$30,000. Future reviews should ensure that the honorariums for CDSBC Elected Officers are consistent with honorariums paid to Elected Officers of the BC Dental Association.

All others may receive a daily honorarium of \$500 for a full day; \$250 for half a day (four hours); or \$50 per hour to a maximum of the daily rate.

Persons requested by the President or Board to represent CDSBC at meetings of other organizations may claim honorariums in accordance with this policy. Any monies received from the other organization because of the person's attendance will be subtracted from the honorariums to which the person would be entitled under this policy.

#### **A. Discipline Committee**

All members of a hearing panel are entitled to claim an honorarium for each day served sitting at a hearing, or deliberating as a panel. Honorariums will be paid as follows:

- i) 1 to 3 consecutive days honorariums X 1
- ii) 4<sup>th</sup> and subsequent consecutive days honorariums X 2

#### **B. Travel Time**

Travel time does not normally qualify for honorariums. Exceptions may be submitted to CDSBC for review.

#### **C. Cancellation Policy**

Where a person is requested to attend a matter pertaining to CDSBC business for which the person would be entitled to honorariums according to this policy and that matter is cancelled without sufficient notice, that person shall be entitled to request and receive the honorariums which would have been payable but for the cancellation, provided:

1. the person would have earned income on the day for which the honorariums is requested; and
2. the person made a reasonable attempt to mitigate against the loss of that income for that day but was unable to do so.

If that person is able to partially mitigate loss of income, the request for honorariums will be prorated accordingly.

Expenses will be paid that cannot be avoided due to the lack of notice.

## **II. Expenses**

### **A. Principles**

1. To be eligible for reimbursement, expenses must be necessary, reasonable and justifiable. Claims must be accompanied by original, itemized receipts.



2. Expenses must be itemized, claimed on CDSBC's "Expense Claim Form" and be submitted to CDSBC within sixty (60) days of the event.
3. The Registrar, assisted by CDSBC staff, will administer the Expense Policy ensuring claims are fair, reasonable and consistent with this policy.
4. The Governance Committee will review the policy annually and make recommendations for any changes to the Board.
5. The Governance Committee will monitor the administration of the policy on behalf of the Board
6. If an expense claim is rejected by the Registrar, the claim can be appealed to the Governance Committee which has the authority to grant extraordinary claims not inconsistent with this policy.

The President and Elected Officers are entitled to make claims for reasonable expenses incurred on CDSBC business in the same manner as other Board or Committee members.

#### **B. Travel**

Travel should be by the most appropriate means in the circumstances and after regular working hours.

Comparisons should be made between the cost of air travel and the cost of ground transportation plus fees when travel is required during normal business hours. CDSBC will reimburse for the lesser of the two.

1. Air  
Except for short journeys, where the use of a motor vehicle is more economical, economy air travel is the standard. Discount fares, requiring reservations to be made in advance, should be used where possible. For long trips, excursion rates shall be used where possible. If staying overnight on Saturday means that the reduction in airfare will exceed extra hotel and meal costs, doing so is encouraged. The CDSBC administrative assistant for each committee shall assist in scheduling travel.

On flights involving more than four hours of travel, and particularly with more than one leg in the flight, the Elected Officers, Registrar and those approved by the Executive may book Executive Class seats, when travelling on CDSBC business.

2. Personal Vehicle  
Mileage will be paid at a rate established in accordance with relevant section(s) of the *Income Tax Regulations* issued from time to time by Canada Revenue Agency. Mileage claims shall not exceed the cost of economy airfare plus ground transportation for the distance involved.





3. Rental Vehicle

A rental vehicle may be used if it is more cost effective than other transportation alternatives. If staying with family or friends, a vehicle may be rented if the cost of renting the vehicle is less than the cost of staying at a hotel. When renting a vehicle, one must obtain the rental company's collision protection, unless otherwise insured.

4. Taxis

Reimbursement will be paid for travel to and from airports, hotel, residence and meetings. If a person chooses to stay at a hotel other than the one recommended by CDSBC (where rooms are available), that person will not be reimbursed for taxis to and from their hotel to the meeting if the costs of the hotel room and taxis are more than the room rate at the recommended hotel.

5. Parking

As required for personal or rental vehicle.

**C. Insurance**

All persons traveling on authorized CDSBC business have life insurance coverage supplied by CDSBC to the amount of \$250,000.00.

**D. Accommodation**

Meeting participants are expected to stay at the hotel recommended by CDSBC, or may stay at a hotel that offers an equivalent or lower room rate. Hotel accommodation will be reimbursed for those who cannot arrive and/or depart on the day of the meeting. Hotel accommodation shall not be reimbursed where the person resides within fifty (50) kilometers of the place of attendance or meeting, unless that person is required to attend on two or more consecutive days.

**E. Meals**

CDSBC shall reimburse monies actually spent for meals, bar service (if any) with meals and gratuities, subject to the following maximums:

Breakfast	\$30.00 (including tax and gratuities)
Lunch	\$35.00 (including tax and gratuities)
Dinner	\$55.00 (including tax and gratuities)

CDSBC shall not pay for any other bar bills.

If meals are pre-booked and provided to the group as a whole, any meals eaten elsewhere will not be reimbursed.

**F. Telephone**

CDSBC shall reimburse the cost of local and long distance telephone charges for CDSBC business.



CDSBC will reimburse the cost of brief long distance telephone charges to a person's family or place of employment where an overnight stay is involved (billed as incidentals – see below).

#### **G. Incidental Expenses**

Incidental expenses including gratuities, personal phone calls, etc., to a maximum of \$10.00 per day, may be made without receipts, but with explanation, when incurred on CDSBC business.

#### **H. Not Paid**

Expenses for such things as movies, health club fees, sports fees, laundry, alcoholic beverages (except in conjunction with a meal), mini-bar, or charges for family members or guests are not eligible for reimbursement.

#### **I. Expenses for Social Functions**

Expenses relating to attendance at social events are not reimbursable unless specifically approved by the Board. It would be reasonable that the President and Registrar, as the official spokespersons for CDSBC, may have to attend some functions on behalf of CDSBC and may be required to attend with their significant other. Reimbursement for such expenses shall be determined on a case-by-case basis.

### **IV. Purchased Services**

In addition to regular employed staff, from time to time CDSBC purchases services from individuals who are either employed or work as independent contractors. CDSBC Expense Policy does not apply when CDSBC is purchasing services. Such individuals are paid at a rate appropriate for the services required and as determined by the Registrar.

Examples of this include:

- Sedation and General Anaesthetic Services Committee Inspectors
- Expert Witnesses
- Complaint Reviewers
- Remedial Enhancement Assessors
- Private Investigators

In addition, witnesses required to testify at a hearing receive witness fees as determined by statute.



## STANDARDS & GUIDELINES

### Dental Radiography

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

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

Radiographs cannot be exposed without a prescription.

Since the dentist is responsible for everything within the field of view; radiographs must be interpreted by a dentist or referred to an oral and maxillofacial radiologist or radiologist when indicated.

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

- [Safety Code 30 \(Health Canada\)](#)
- [B.C. Centre for Disease Control \(BCCDC\) Dental X-Ray Facts](#)
- [Sedentexct \(European Commission on Radiation Protection\)](#)

#### Guiding principles:

1. After confirming there are no recent/adequate radiographs available, a dentist may prescribe radiographs based on a clinical examination to develop a diagnosis and form a treatment plan.
2. The justification for taking dental radiographs must be determined by a need to obtain specific information not available from other sources. Taking radiographs on request by third parties for administrative purposes only, is not recommended.
3. Operators must be reminded to select a technique or method that will permit the production of radiographs or images of an acceptable diagnostic quality with minimum exposure of the patient to radiation.
4. The dentist must ensure those exposing patients to radiation are fully competent and capable of producing diagnostic quality radiographs.
5. The decision to repeat radiographs should not be based on ideal technical requirements, but rather on a lack of required diagnostic information.
6. Appropriate shielding should always be used when exposing patients to radiation.

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

## CDSBC Policy Submission to Board

### Submitted by

Quality Assurance Committee Chair

### Submitted on

February 20, 2015

### Issue

Restructuring of Continuing Education Credits

### Authority

CDSBC Bylaws

### Analysis

The Quality Assurance Committee recommends an increase to the self-study limit for continuing education and Dental Medical Emergencies categories. The Committee discussed the fact that the concepts of Quality Assurance/CE and competency are continually evolving and that the QAC will need to turn their attention to this in the future. In the interim it was proposed that the self-study limits be increased to better reflect the online CE opportunities currently available.

Current CPR is required for all dentists providing moderate and deep sedation. It is also a requirement for CDAs assisting with this procedure. The Committee felt that as this was a mandatory requirement that it was appropriate to increase the maximum allowable limits in this category.

### Connection to Strategic Plan

None

### Timing

January 1, 2015

### Impact on Resources

Staff will need to update the Continuing Education Requirement Document

### Recommendations

That the limit on self-study learning for dentists be increased to 70/90, CDAs to 28/36 and Dental Therapists to 58/75.

That the limit for Dental/Medical Emergencies be increased to 12 credits (from 7) for CDAs and to 24 (from 22).

### Minority view

None



## CDSBC Policy Submission to Board

### Submitted by

Dr. Kenneth Chow, on behalf of the Ethics Committee  
Jerome Marburg, Registrar & CEO  
Greg Cavouras, Staff Lawyer & Senior Policy Analyst

### Submitted on

February 20, 2015

### Issue

Certain attitudes or business arrangements in the practice of dentistry may be prioritizing the pursuit of profit or business efficiencies over registrants' ethical obligation to provide advice and treatment that is in their patients' best interests.

This is sometimes referred to as "corporate dentistry" (although it is not limited to any specific ownership or management structure). It is a matter of concern for the public and the profession.

The *Health Professions Act* (the "HPA") regulates the ownership of health professions corporations, and the CDSBC Code of Ethics prescribes the ethical standards for the profession. However no College document explicitly addresses the inherent ethical challenges of the dual role of a dentist as a treating health professional and as a business person.

There is a need to publish ethical standards that confirm that, regardless of practice arrangement or business considerations, the patient must come first: the dentist must provide *patient-centred care*.

### Authority

The HPA permits a college board to establish ethical or practice standards for the profession.

Generally a college acts through its bylaws. Section 19(1)(k) of the HPA contemplates that the board may make bylaws that "establish standards, limits or conditions for the practice of the designated health profession by registrants". Section 19(1)(l) contemplates that the Board may make bylaws that "establish standards of professional ethics for registrants".

However, there are some things that a board is empowered to do which do not *require* a bylaw. Section 19(1.1) of the HPA exempts the act of establishing standards for the practice of the profession (s. 19(1)(k)) and standards of professional ethics (s. 19(1)(l)) from the mandatory bylaw process, which requires a prescribed consultation period and ministerial approval.

Therefore, the Board has the authority to publish ethical or practice standards for the profession that it considers necessary or advisable, and may do so through the enactment of a bylaw or otherwise.



## Analysis

A number of factors may influence dentists to prioritize profit or business interests over the best interests of their patients. These factors, and the ways they manifest themselves, are complex - but the underlying obligation is simple: dentists must provide appropriate advice and treatment that is not influenced by business considerations. This is patient-centred care.

Certain attitudes and ownership or management structures may be seen to compromise patient-centred care. The College's Ethics Committee was tasked with developing a reasoned and principled response to this problem.

Early in 2014 a task force of the Committee was appointed. The task force began meeting and communicating regularly. In March 2014, the task force developed a brainstorming matrix that listed all of its concerns and some possible solutions. The matrix was initially titled "*Corporatization and the Business of Dentistry*". It was more than 10 pages long.

Over the next six months, the Committee reviewed a great deal of material and had many vigorous discussions. The name of the matrix was eventually changed to "*Patient-Centred Care and the Business of Dentistry*", to reflect the fact that problematic attitudes and practices can arise in any practice arrangement, not only in the stereotypical "corporate" context.

The matrix was synthesized into eight draft principles, which were presented at the September 2014 workshop on Patient-Centred Care. This early draft was well-received, and the workshop, which featured a wide range of different viewpoints, produced very useful feedback. The Committee was directed to continue working on the draft principles.

The Committee carefully considered all feedback received throughout the process, and edited and re-drafted extensively.

The Committee is very proud to now present to the Board for its consideration a final draft of the *Principles of Patient-Centred Care and the Business of Dentistry* (the "Principles").

Some of the considerations that informed the Committee's process in arriving at these principles are as follows:

- They must be drafted broadly to apply to all practice arrangements.
- They must be consistent with the College's mandate and existing authority; they are intended to supplement, not subsume, the HPA and the Code of Ethics.
- They must be aimed at legitimate public protection concerns. They must not be arbitrary. To that end, the patient's perspective is included.
- They must reinforce owners' and managers' accountability for the conduct of their practices.



- They are not intended to create freestanding “rights” for patients to pursue against registrants; rather, they articulate the conduct expected of registrants by the regulator in the public interest.
- They must reinforce registrants’ autonomy, and provide a tool for unempowered registrants to resist business arrangements or practices that are inconsistent with their ethical obligations.
- They may evolve over time to respond to legislative changes or changes in the profession.

The Principles are intended to become a standard for the profession. Once finalized and approved, they will be accompanied by introductory and explanatory communications, to be developed by the Registrar and College staff.

The Principles will not solve every problem associated with “corporate” dentistry. They will, however, encourage patient-centred care in British Columbia, and assist with enforcement when that standard is not being met.

### Connection to Strategic Plan

The issue of patient-centred care (formerly “corporate practice”) is priority 2(g) in the CDSBC Strategic Plan. The Principles respond directly to this issue. More generally, the Principles exemplify CDSBC’s stated commitment to take active steps to promote and enhance ethical behaviour and understanding among registrants.

### Timing

As earlier noted, the Board is able to publish standards without enacting a bylaw. Therefore, the process for consultation and implementation is discretionary.

Given the importance of the issue of patient-centred care and the value of engagement with stakeholders, a period of consultation is advisable.

We recommend that the Board approve the Principles in principle and direct the College to publish them for a 45-day consultation period. Once the consultation period has closed, all submissions received will be reviewed and analyzed.

Pending the results of the consultation, the Principles will be brought forward at the next scheduled Board meeting for final approval and publication as a standard for the profession.

### Impact on Resources

No direct financial cost. Staff time required to develop communications, receive and review any feedback provided during the consultation period, and prepare a final submission to the Board.





### **Recommendations**

It is recommended that the Board approve the resolution attached.

### **Attachments**

*Principles of Patient-Centred Care and the Business of Dentistry*  
Proposed resolution of the Board

**RESOLUTION OF THE BOARD OF THE COLLEGE OF DENTAL SURGEONS OF  
BRITISH COLUMBIA, MADE THE 20<sup>th</sup> DAY OF FEBRUARY, 2015, AT  
VANCOUVER, BRITISH COLUMBIA**

**WHEREAS:**

1. Pro-actively addressing patient-centred care and the business of dentistry is a priority in the College's Strategic Plan, and doing so is consistent with the College's mandate to act in the public interest;
2. The College's Ethics Committee, after extensive research and analysis, has recommended that the Board approve its document titled the *Principles of Patient Centred-Care and the Business of Dentistry* (the "Principles") as a standard for the profession; and
3. Though not required to do so, the Board considers it advisable to distribute the Principles for public consultation prior to confirming them as a standard for the profession;

RESOLVED THAT the Board approves the Principles in principle, and directs the College to publish the document for a consultation period of 45 days. Pending the results of the consultation period, the Principles will be brought forward to the Board for final consideration as a standard for the profession.

CERTIFIED A TRUE COPY

Jerome Marburg  
Registrar and CEO

# Principles of Patient-Centred Care and the Business of Dentistry

## Dentists' Obligations and Responsibilities

1. Dentists must exercise independent judgment to provide advice and treatment that promotes the patient's oral health and that is in the patient's best interest. Advice offered and treatment provided must be based on the clinical needs of the patient - independent of business interests of the dentist or any third party.
2. Practice owners and managers must recognize and put in place protocols and procedures to ensure that patients' interests are not subordinated to business considerations.
3. Any dentist with an ownership interest in a practice is accountable for the activities of the practice including compliance with College requirements.
4. Dentists must treat colleagues and patients fairly in all financial dealings.
5. Only the treating dentist may diagnose, prepare a treatment plan, and treat the patient, or oversee treatment if appropriately delegated. Regardless of practice arrangements, third parties must not prescribe or direct treatment for a patient, or otherwise compromise the treating dentist's autonomy.
6. Dentists must ensure that informed consent discussions set out the risks, benefits, and costs of all reasonable treatment options for the patient, including the option of no treatment.
7. Dentists may only deliver treatment they are competent to provide and that they believe is appropriate to the individual patient's need, regardless of who diagnosed and prepared the treatment plan.

## The Patient's Perspective

The patient's health and quality of care come before the business interests of the dentist or any third party.

The patient can expect that every owner of a dental practice is accountable for the activities of the practice.

The patient must be treated fairly in all financial dealings.

The patient must receive a diagnosis and treatment plan arrived at in consultation with their treating dentist based on their individual needs, free from influence by third parties.

The patient must be informed of all reasonable treatment options available to them including no treatment. The patient must receive only the treatment for which they have provided informed consent.

The patient must only receive treatment that is appropriate for their needs, delivered by a dentist who is competent to provide that treatment.



## CDSBC Policy Submission to Board

### Submitted by

Board Officers and Staff

### Submitted on

20 February, 2015

### Issue

Publication of “Building the Dentist/Patient Relationship” pamphlet.

### Authority

Health Professions Act, general provisions.

### Analysis

Much work has been done by the College over the past years to educate registrants and others on the common causes of complaints and ways to avoid complaints. The College has undertaken a series of workshops along with online courses, publications in electronic media and annual reports and presentations to a range of dental societies and allied organizations. The College has also undertaken analysis and policy work in areas of advertising and promotion, patient relations, and corporatization, to name but a few of the more prominent areas of attention.

A common theme that arises throughout all of this work is the realization that “if only there were some succinct information available to both patients and practitioners” to many of the misconceptions and misunderstandings that underlie all too many complaints which dissipate. Drawing on that thought and the realization that communicating the underlying key behind so many complaints, work was undertaken to provide a brief and hopefully impactful set of statements that could guide the building and maintenance of a successful doctor/patient relationship.

The attached document is intended as a supplement to many of the other more formal pronouncements from the College. The intention is that the documents would be published as a pamphlet which dentists could display in their practices and hand out to patients. It provides some of the key obligations and roles that each of the dentist and the patient can expect of each other. With a better common understanding of what can be expected from each party, it is hoped that communication between dentists and patients will be improved and concerns that could mature into a complaint can be resolved quickly and amicably between the doctor and the patient.

### Connection to Strategic Plan

The proposed publication supports a number of strategic planning objectives around communication and reduction of complaint numbers.

**Timing**

At discretion of the Board and staff. Requires small amount of lead time for printing.

**Impact on Resources**

Negligible-printing and distribution costs within budget parameters.

**Recommendations**

That the Board consider the content of the proposed pamphlet, provide any comments or suggested improvements, and if deemed acceptable, approve the content for publication and distribution.

**Attachments**

Building the Dentist/Patient Relationship - Pamphlet.

# Building the Dentist/Patient Relationship

## To provide you with professional care, I will

- Stay current in my field of practice
- Provide a safe office and clinical environment for your oral health care
- Always put your health interests first
- Tell you what I see and think and explain all of your options
- Tell you up front what the expected costs of treatment are and the expected outcomes
- Listen to your questions and answer them
- Let you choose your course of treatment
- Treat only your dental needs and wants for which you have provided informed consent
- Maintain and safeguard your medical/dental records and charts and provide you a copy upon request
- Consult and work collaboratively with other health care providers to look after your oral health care needs
- Be available during and after treatment to provide ongoing and/or emergency care and to answer any questions you have
- Respect the trust and confidentiality central to our doctor/patient relationship
- Respect your right to seek a second opinion

## What you can do to optimize your oral health

- Give me an accurate, truthful, and complete medical and dental history
- Tell me your concerns
- Show up for your appointments (tell me in advance if you need to reschedule)
- Allow me the opportunity to help you
- Be an active participant in maintaining your oral health care
- Raise any questions or concerns about your care
- Work with me to ensure I always maintain your trust and confidence
- Treat me and my staff with courtesy and respect



## **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:

<b>Policy</b>		<b>Response/Report</b>
<b>1</b>	<b>Use forms that elicit information for which there is no clear necessity.</b>	<b>Forms collect only the information required. In furtherance of our goals of organizational excellence, one of the tasks identified in the strategic plan is to review documentation, processes and procedures. That review is underway.</b>
<b>2</b>	<b>Use methods of collecting, reviewing, transmitting, or storing information that fail to protect against improper access to the material elicited.</b>	<b>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.</b>
<b>3</b>	<b>Fail to operate facilities with appropriate accessibility and privacy.</b>	<b>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.</b>

## POLICY EL 2: TREATMENT OF THE PUBLIC

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

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

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

Policy		Response/Report
4	Fail to establish with members of the public a clear understanding of what may be expected and what may not be expected from the College, including the processes it employs in adjudicating public complaints.	<p>Registrar reports compliance. Details are included in complaints and discipline reports tabled at the Board meeting by the Deputy Registrar.</p> <p>The CDSBC website contains information about complaints and the process. The website is in the process of undergoing substantive update / redesign to better meet this and other key objectives.</p> <p>The publication policy is being implemented. A report of complaints closed for 2012 / 2013 has been posted on the website and the 2013/2014 report should be posted soon.</p> <p>Members of the public who contact the College about how to make a complaint or about the complaint process are provided with information promptly. The College responds to issues of public concern: most recently we published a statement about our role in protecting the public with respect to alleged misconduct by dental students at Dalhousie.</p> <p>The annual report contains information about the complaints process, issues found at the resolution of complaints, and the disposition of complaints -- all provided in a graphic format to make the information as accessible as possible.</p>
5	Fail to adjudicate complaints as expeditiously as possible.	<p>We continue to face challenges in this area. The number of complaints is generally on the rise and the complexity of complaints has increased. The College has hired additional staff, and has undertaken a business process review to identify efficiencies and maximize performance.</p>



## 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
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:

5 FEBRUARY 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 2015/16 online renewal process has been updated to include questions regarding ownership of dental corporations - this information will be voluntary for the 2015/16 renewal year, but will be required for 2016/17. Other information being requested of registrants for this renewal are 1) confirmation that all contact information that CDSBC requires is provided and maintained by the registrants, and 2) dentists are being asked if they speak any additional languages. This information on languages being spoken by a dentist 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.
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.
3	Fail to register applicants as expeditiously as possible.	Application process generally is completed within 2-3 weeks unless extenuating circumstances present. Following the process mapping exercises conducted during the summer months, modifications are being made to further streamline the application process.

### 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 new jurisprudence course was launched at TODS in October 2014 and will be delivered at multiple locations this year, including at the Pacific Dental Conference . The new course, and other competing priorities, has resulted in the online Avoiding Complaints course being delayed to the next fiscal year. About 730* registrants have now completed the popular Dental Recordkeeping course which was launched in December 2013. CDSBC published two sets of Standards & Guidelines in recent months, posted a third for public consultation, and will be publishing a fourth imminently. Staff are currently revising/developing content for the new website. This will include expanded information and forms for complaints aimed at both registrants and complainants. The College expects to have an enhanced role at the BCDA's annual New Member Course in spring 2015, and the two organizations are in discussions to develop a two-day course for new dentists for launch in 2016. (*Note there was problem with the reporting tool, so this figure is lower than previously reported.)
5	Fail to adjudicate complaints as expeditiously as possible.	There is a backlog of complaints. The Complaints team continues to target backlogged files.
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. One of the College staff dentists has been identified as an Early Resolution Officer tasked with resolving complaints at the intake stage wherever possible. The overwhelming majority of complaints are resolved through ADR routes.



## POLICY EL 3: TREATMENT OF REGISTRANTS

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

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

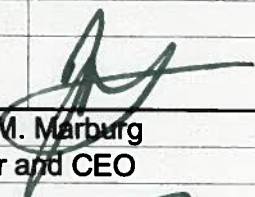
Policy		Response/Report
7	Fail to respond to registrants' inquiries as expeditiously as possible.	All inquiries, whether from registrants or members of the public, are responded to promptly. When a prompt response is not possible, persons are informed of this fact and when a response may be expected.
8	Fail to develop a College communication strategy.	CDSBC communications materials support the strategic plan. The College is continuing to develop and deliver workshops around the province and online, the new CDSBC website is well underway, the 2013/14 annual report was our most comprehensive, and we will be revisiting our formal communications channels to ensure that registrants are receiving our content at multiple touchpoints. The College has also engaged in proactive communications with the public by participation in the Health Professions Regulators of BC public awareness campaign "our purpose, your safety."
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. Beginning with the 2013/14 annual report, we are providing a detailed graphic breakdown to illustrate how registrant fees are allocated to the various functions.



### POLICY EL 3: TREATMENT OF REGISTRANTS

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

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

Policy	Response/Report
Respectfully Submitted By:	
	
Jerome M. Marburg Registrar and CEO	
Date: 28 January 2015	

# Quarterly Report

## Registration and Certification

November 1, 2014 – January 31, 2015

Prepared for the Board



## **Overview**

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

The following represents a statistical breakdown of the activity in these areas for the period November 1, 2014 – January 31, 2015 inclusive.

Where available, the previous year's statistics for the same period (November 1, 2013 – January 31, 2014) are provided in brackets.

## **Continuing Education Dentists & Certified Dental Assistants**

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

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





<b>DENTIST STATISTICS</b>		
Practising Dentists - 3375		
<b>NEW REGISTRATIONS</b>		
	Nov 1, 2014 – Jan 31, 2015	Nov 1, 2013 - Jan 31, 2014
Full Registrations issued (includes Specialists)	17	13
Restricted to Specialty Registrations issued	0	1
Academic Registrations issued	0	0
Limited Registrations issued:		
• Armed services or government	0	0
• Education	0	0
• Post-graduate	0	0
• Research	0	0
• Student practitioner	0	0
• Volunteer	0	0
Temporary Registrations issued	7	5
Non-practising Registrations issued	0	0
<b>GENERAL</b>		
Transfers from Non-practising to Practising	2	2
Transfers from Practising to Non-practising	8	5
Lapsed Registration	7	5
Reinstated	1	4
Resigned/Retired	7	17
Retired Registrants (annual \$50 fee)	0	0
Deceased	3	6



<b>CDA STATISTICS</b>		
Practising CDAs - 5901		
<b>NEW CERTIFICATIONS</b>		
	Nov 1, 2014 – Jan 31, 2015	Nov 1, 2013 - Jan 31, 2014
Practising Certifications issued	29	33
Temporary Certifications issued	5	9
Temporary-Provisional Certifications issued	0	0
Limited Certifications issued	0	1
Non-practising Certifications issued	0	0
<b>GENERAL</b>		
Transfers from Non-practising to Practising	15	20
Transfers from Temporary to Practising	3	12
Transfers from Temporary-Provisional to Practising	0	4
Transfers from Limited to Practising	0	0
Lapsed Registration	3	4
Reinstated	16	12
Resigned/Retired	1	2
Retired Registrants (annual \$25 fee)	0	0
Deceased	0	1

## Module designations granted

Orthodontic Module – 0 (0)

Prosthodontic Module – 0 (0)

Dental Radiography Module – 24 (19)

## CDA Assessments

Initiated assessments:

- 18 (14)

Certification issued as a result of assessment:

- 8 (6)

## POLICY EL 4: TREATMENT OF STAFF

**Due Date:** Annually - End February

With respect to the treatment of staff, the Registrar may not cause or allow unfair or disrespectful treatment or unsafe working conditions.

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

Policy		Response/Report
1	Operate without written personnel rules which: (a) clarify rules for staff and (b) provide for effective handling of grievances including the opportunity for alternative dispute resolution.	All CDSBC staff members are provided with an Employee Handbook which is revised/updated as needed to comply with statutory requirements and any operational changes that are made. New employees participate in an orientation session to ensure that they are aware of policies and procedures.
2	Prevent any staff member from expressing non-disruptive dissent.	Monthly staff meetings are held at CDSBC with support staff acting as the rotating chairs. All employees contribute to the monthly meeting agenda and have the opportunity to address the group. Managers also meet with their teams regularly to address any specific work related issues. The Strategic Plan identifies the ongoing goal of the College as a learning and growing organization. The Registrar and senior management are charged/empowered to model and encourage behaviours which encourage staff to be curious about why and how things are done and to bring creative solutions to the table. The Registrar meets with every staff member at least once per year to explore areas of organizational strengths and opportunities.
3	Fail to conduct regular staff developmental discussions.	Management meets with staff on an ongoing basis to discuss work related issues and opportunities. A component of each employee's performance planning is personal and professional development. Explicit dollars for this have been identified in the budget.



## **POLICY EL 4: TREATMENT OF STAFF**

**Due Date:** Annually - End February

With respect to the treatment of staff, the Registrar may not cause or allow unfair or disrespectful treatment or unsafe working conditions.

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

<b>Policy</b>		<b>Response/Report</b>
<b>4</b>	<b>Fail to provide opportunities for professional development.</b>	An annual training allowance is included in the budget reviewed and approved by the Board. Management meets and works with staff to encourage enrollment in courses that benefit them in their work. Specific training is provided to staff to enhance their efficiency in working with software used at the College (Outlook, WORD, Excel, Powerpoint). Staff is requested to provide feedback on the courses attended that may be beneficial for other team members.
<b>5</b>	<b>Fail to involve staff in decision-making relating to their particular responsibilities.</b>	Changes in position responsibilities are discussed with staff and job descriptions are approved by both management and the staff member. Performance planning documentation includes organization design components. Department/Team meetings are held on a regular basis to discuss all aspects of individual and team responsibilities, including problem solving and improvements to existing processes.
<b>6</b>	<b>Fail to acquaint staff with all Board and College rules and policies relevant to their employ.</b>	All new staff members participate in an in-depth orientation covering who and what the College is and does and under what legislation it operates. They are also provided with the Employee Handbook and copies of the <i>Health Professions Act</i> , the Regulations, and the CDSBC Bylaws. At the staff meeting following each Board meeting the CEO/Registrar informs all staff of the issues discussed at the meeting and any actions required by staff to support the Board in its decisions.

## POLICY EL 4: TREATMENT OF STAFF

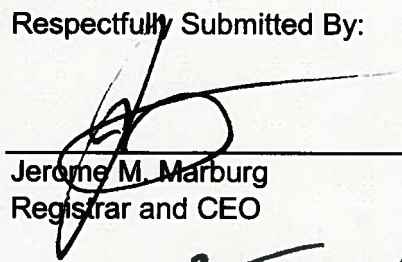
**Due Date:** Annually - End February

With respect to the treatment of staff, the Registrar may not cause or allow unfair or disrespectful treatment or unsafe working conditions.

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

Policy		Response/Report
7	Fail to seek to continuously improve the College's organizational culture.	Team building functions are held to foster improved working relationships. In addition to that, team lunches are held periodically for staff to promote team interaction. CDSBC provides two events each year to allow staff to socialize outside the office environment. Management have been charged and empowered by the Registrar to model an open, collaborative, learning and growing organizational culture, and they are held accountable for this.

Respectfully Submitted By:

  
Jerome M. Marburg  
Registrar and CEO

Date:

30 Jan 2015



## POLICY EL 5: FINANCIAL PLANNING/BUDGETING

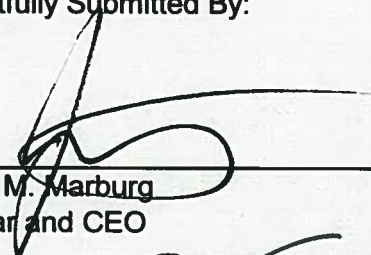
**Due Date:** Quarterly - May, Sep, Dec, Feb

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	<b>Risks the organization incurring those situations or conditions described as unacceptable in the Board's policy Financial Condition and Activities.</b>	Registrar/CEO reports compliance per EL 6 report.
2	<b>Fails to include credible projection of revenues and expenses, separation of capital and operational items, cash flow, and disclosure of planning assumptions.</b>	Monthly financial statement, forecast, and Budget are evidence of compliance.
3	<b>Fails to maintain a contingency reserve.</b>	Registrar/CEO reports compliance per EL 6 report. However, as noted in budget submission, the CRF is short of targeted three months operational expenses. The CRF will be rebuilt over time from expected efficiency gains from reserve fund activities.

Respectfully Submitted By:

  
Jerome M. Marburg  
Registrar and CEO

Date:

30 Jan 2015



## POLICY EL 6: FINANCIAL CONDITIONS AND ACTIVITIES

**Due Date:** Quarterly - May, 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 - May, 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 - May, 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:

30 Jan 2015



## **POLICY EL 7: EMERGENCY REGISTRAR SUCCESSION**

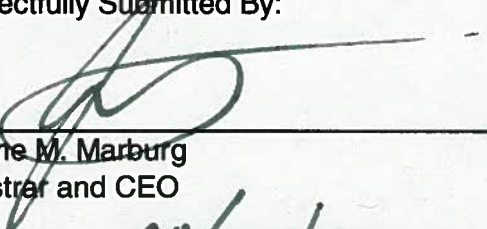
**Due Date:** Annually - End February

In order to protect the Board from sudden loss of Registrar services, the Registrar shall not have fewer than one other staff executive familiar with Board and Registrar issues and processes.

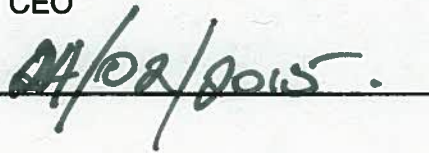
The Senior Management team meets weekly to discuss a range of management issues. As such all are informed of College Matters.

In addition, the Deputy Registrar, having acted as interim CEO, is fully aware of Board and Registrar issues and processes and meets with the Registrar frequently as a sounding board and confidante. Should the Registrar not be able to act, the Deputy Registrar is fully equipped and authorized to act.

Respectfully Submitted By:

  
\_\_\_\_\_  
Jerome M. Marburg  
Registrar and CEO

Date:

  
\_\_\_\_\_  
04/02/2015.

## **MANAGEMENT REPORT**

### **BOARD MEETING - Public**

**February 20, 2015**

#### **Annual Registration Renewal**

This year marks the third in which the CDSBC has implemented online renewal. Thus far, the system seems to be working well with only minimal technological glitches which have been rectified. As of the date of writing this update (5 February) a total of 2,164 registrants had either renewed or were in the renewal process. Of that total 2,161 have renewed through electronic means. Of those numbers 897 are dentists (out of total 3,545) and 1,109 are CDAs (out of a total of 6,417). In cash terms this represents some \$3.2 million of revenue realized — of which slightly more than one half will be remitted to the BCDA.

#### **CDSBC statement on allegations of misconduct at Dalhousie University**

The reports of serious misconduct among some of the male fourth-year dentistry students at Dalhousie University became the topic of significant public and media attention. While the story initially broke in December, the ongoing developments and controversy meant that it became the lead story in the national news over a period of days. The College felt that it was important to make its position clear, and on January 8 published a statement from President David Tobias and Registrar/CEO Jerome Marburg (attached).

The number of inquiries/comments from the media and the public suggest that there is a greater understanding of the role of provincial regulators as the gatekeepers to the profession of dentistry – as well as the high ethical standards that must be met to ensure public trust in dentistry as a whole.

#### **Presentation – Corporate Dentistry Chinese Canadian Dental Society (January 21, 2015)**

The College was one of three panelists on the topic of “Corporatization – What does it mean for our profession?” hosted by the Chinese Canadian Dental Society. The other panelists were the British Columbia Dental Association and Nadean Burkett from My Practice Matters. CDSBC President Dr. David Tobias and Registrar/CEO Jerome Marburg presented to an audience of about 110. They were joined by Dr. Ken Chow, who



chairs the Ethics Committee, which is helping to develop the College's response to the issue of corporate dentistry and its impact on patient care.

This was the first time that the College has presented on the topic of corporate dentistry, which we know is a topic of great interest to the profession. Dr. Tobias and Mr. Marburg used this opportunity to explain that the College is approaching this issue in two ways: by reinforcing and articulating dentists' ethical obligations, and by assessing the ownership structure of the dental corporations themselves.

It has been a number of years since the College last presented to the Chinese Canadian Dental Society, and we wish to thank the CCDSBC Board, and Dr. Ben Kang in particular, for the invitation.

**Presentation – “Avoiding Complaints”  
Vancouver District Dental Society (January 23, 2015)**

Registrar/CEO Jerome Marburg and Complaint Investigator Dr. Chris Hacker delivered the course *Avoiding Complaints: Using records and communication to build professionalism and safeguard your practice* to an audience of about 60 at Dental Team Day, hosted by the Vancouver and District Dental Society (VDDS). We have delivered this course at several locations around the province in 2013/14 and this was the last date on our schedule. We intend to develop the course into an online format so it is available to all registrants.

Many thanks to VDDS Executive Director Gerri Randall for including this course on the roster of continuing education opportunities.

**BCDA Not-for-Profit Workshop (February 6, 2015)**

Each year the BCDA hosts an information day for Not for Profit Dental Clinics. The February 6 session proved to be an informative and enlightening day. CDSBC was asked to present on the requirements for “registration” with and annual reporting to the College. Given the requirement in the Act and Bylaws for health professions corporations to be owned by registrants, NFP clinics technically operate outside the parameters of the legislation and bylaws. As a matter of public policy – the good works that they do should be encouraged. For that reason, if the clinics commit to meeting a list of conditions imposed by the CDSBC and report compliance annually, we do not take enforcement action otherwise available under the legislation. The list of conditions include ensuring only qualified and licensed registrants provide dental services, insurance, CE, infection





control, record keeping, and radiography inspection meets current standards, and that the NFP clinic is in fact NFP.

### **“Conversation with the College”**

#### **Prince George and District Dental Society (February 11, 2015)**

CDSBC President Dr. David Tobias, Treasurer Dr. Kerim Ozcan, and Registrar/CEO Jerome Marburg are scheduled to meet with the members of the Prince George and District Dental Society on February 11. They will be addressing a variety of topics of interest to its members, and will use the opportunity to hear about any challenges and concerns faced by dentists in the north. The College’s board member from District 2 (North), Dr. Mark Spitz, will also be in attendance.

### **Presentations on ethics, professionalism and regulation**

#### **UBC Dentistry**

The College and the British Columbia Dental Association are guest presenters in the fourth-year dentistry “Professionalism and Community Service” (PACS) module. There are six 50-minute presentations in this series; the College leads two and co-presents one with the British Columbia Dental Association.

#### “BCDA, CDSBC, and the courts: who does what?” (January 14, 2015)

Greg Cavouras of CDSBC and Dr. Patti-Anne Jones of the BCDA delivered a joint presentation that addressed the roles of each organization, and included a discussion of the College’s regulatory mandate and its complaints and discipline process. The session was well-attended and well-received.

#### “The privilege of self-regulation” (February 10, 2015)

In this presentation, Registrar/CEO Jerome Marburg and Deputy Registrar Carmel Wiseman explain: what it means to be a professional; how dentistry is regulated under the *Health Professions Act*; and address the requirements for continuing competence for dentists in BC.

#### “Professionalism in practice” (March 13, 2015)

This lecture, which is delivered by staff dentists, addresses what it means to be a professional; the delivery of patient-centred care, and requirements for competence and conduct by registrants.



## **IT – Sharepoint Rollout**

We are pleased to announce that design and testing are now substantially complete and roll out into the live environment will progress in the weeks to follow. We remain largely on track and on budget

## **Drs. Myrna Halpenny, Don MacFarlane, Tim Gould – BCDA Senior Practitioner Re: Volunteering and CP/CE Requirements**

Drs Halpenny, MacFarlane and Gould, representing the Senior Practitioner Task Force (BCDA) met with the registrar to explore ways retiring or recently retired dentists could be encouraged to consider volunteering at not for profit clinics or to otherwise improve access to care through `Limited – Volunteer` registration. The meeting was a very collaborative and friendly one, with much goodwill on all sides. During next year`s (and following) annual registration renewal cycle, we will consider programming the system to ask the registrant whether they would consider Limited Volunteer registration and volunteering opportunities whenever a registrant indicates they wish to resign or retire.

We also discussed clarifying misconceptions about CE (required) and CP (not required) obligations which attach to the limited volunteer registration category. We pointed out that given the fact limited registration was designed for one year increments rather than continuous use over successive years, the CP requirement was not considered necessary. However, the fact that registrants are using this category for more than one year total increments, some sort of CP requirement may be necessary. More discussion will follow – particularly in light of the bylaw re-writing project underway.

## **Holiday events**

### President's Holiday Reception (November 28, 2014)

All members of the College's Board, committees, and staff were invited to this holiday celebration at the Sutton Place in Vancouver. CDSBC President David Tobias presented the Past-President's pin to Dr. Peter Stevenson-Moore in recognition of his two terms as College President. The event was especially well-attended this year.



### Vancouver and District Dental Society – Mid-Winter Clinic (December 12, 2014)

The Vancouver and District Dental Society holds a lecture program and trade show every December. President David Tobias and Registrar/CEO Jerome Marburg attended the networking lunch on behalf of the College.

### College staff holiday can drive for food bank



College staff organized a contest to see which team could raise the most donations to the Greater Vancouver Food Bank. In total, staff donated \$1,425 and over 515 food and personal items.