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CDSBC | College of Dental Surgeons of British Columbia

Board Meeting
24 June 2017
Agenda Item 3b.

BOARD MEETING
Saturday, 25 February 2017

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

MINUTES

The meeting commenced at 8:30 am

In Attendance

Dr. Don Anderson, President
Dr. Susan Chow, Vice-President
Dr. Patricia Hunter, Treasurer
Dr. Chris Callen
Dr. Doug Conn
Mr. Dan de Vita
Dr. Andrea Esteves
Dr. Michael Flunkert
Dr. Dustin Holben
Mr. Terry Hawes
Mr. Oleh Ilnyckyj
Ms. Dorothy Jennings
Ms. Sherry Messenger
Ms. Sabina Reitzik
Dr. Masoud Saidi
Dr. Mark Spitz
Mr. Neal Steinman

Regrets:

Mr. Richard Lemon

Staff in Attendance

Mr. Jerome Marburg, Registrar & CEO
Mr. Greg Cavouras, Legal Counsel
Ms. Nancy Crosby, Manager of CEO's Office
Dr. Chris Hacker, Dental Policy & Practice Advisor
Dr. Meredith Moores, Complaint Investigator
Ms. Roisin O'Neill, Director of Registration and HR
Ms. Leslie Riva, Sr. Manager, CDA Certification and QA
Ms. Natasha Tibbo, Sedation Program Coordinator
Ms. Anita Wilks, Director of Communications
Ms. Carmel Wiseman, Deputy Registrar
Mr. Dan Zeng, Director of Finance and Administration

Invited Guests

Dr. Maico Melo, Vice-Chair, Sedation & General Anaesthetics Committee
Dr. Peter Stevenson-Moore, Co-Chair, Specialty Recognition Working Group
Drs. Brian Chanpong and Daniel Haas, speaking on Specialty Recognition for Dental Anaesthesia.

1. Call Meeting to Order and Welcoming Remarks

   The President advised the Board and CEO that there will be an in-camera session prior to lunch. This change is for the Board and Registrar to discuss the governance session from the day before. The Governance workshop was facilitated by Mr. Bradley Chisholm, a Governance consultant and Mr. Mark MacKinnon, Executive Director, Professional Regulation & Oversight, Ministry of Health.

2. Consent Agenda

   a. Approve Agenda for 25 February 2017 *(attachment)*

   b. Approval of Board Minutes of 25 November 2016 *(attachment)*

   c. Reports from Committees *(attachments)*

   MOTION: Devita/Messenger

   That the items on the Consent Agenda for the 25 February 2017 Board meeting be approved.

   Carried

3. Business Arising from the Consent Agenda

   There was no business arising from the consent agenda.

4. Executive Limitation Reports *(attachment)*

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

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

***MOTION*: Hawes/Jennings**

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

Going forward, the Board will simply be receiving these reports, no motion required.

5. Confidentiality and Code of Conduct Agreements for Final Board Approval (Chow)

The Governance Committee edited these agreements to make them clearer. The policy development process has been incorporated. For Board members, one of the major changes is Item 2.5:

> *2.5 Refrain from speaking on behalf of the College or the Board unless explicitly authorized to do so by the Board, the President, or the Registrar. Board members may engage with stakeholders in accordance with the CDSBC Policy Development Process.*

For Committee members, one of the major changes is Item 2.6:

> *2.6 Refrain from speaking on behalf of the Committee, unless explicitly authorized to do so by the Committee Chair, President, or Registrar. Committee members may engage with stakeholders in accordance with the CDSBC Policy Development Process.*

***MOTION*: Saidi/Jennings**

That the Board approves the Confidentiality and Code of Conduct agreements for Board members and for Committee members as recommended by the Governance Committee

Carried

6. Sedation and GA Services Committee (Dr. Maico Melo, Vice Chair, Sedation & GA Services Committee)

- Moderate Parenteral Facilities Inspections Protocols

The Minimal and Moderate Sedation Standards and Guidelines call for facilities in which moderate parenteral sedation is administered to be inspected periodically. The

proposed inspection process for non-hospital parenteral moderate sedation facilities was created by a sub-committee of the Sedation and General Anaesthetic Services Committee, and analyzed and approved by the Sedation and General Anaesthetic Services Committee.

Dr. Melo directed the Board to the document provided for their review and approval. Dr. Melo reported that much consultation had taken place in the drafting of the document and that he is proud of the Sub-Committee for all the work that they have done.

The Board had a few questions about content and also editing/format of the document. After discussion it was agreed that the Board accept the document in principle with follow-up on two fronts:

1. Mr. Marburg would sit down with Dr. Hunter to review minor wording changes, and

2. A cleaned-up version of the document would be presented to the Board for final approval, recognizing that final layout and editorial/grammatical proofing would occur once the approved document is prepared for publication.

With that in mind, the Board resolved:

***MOTION*: Conn/Spitz**

That the Board approves in principle the proposed framework for the inspection process for non-hospital parenteral moderate sedation facilities.

Carried

7. Specialty Recognition

- Presentation by Dr. Peter Stevenson-Moore, Co-Chair, Specialty Recognition Working Group

Dr. Stevenson-Moore updated the Board on the *ad hoc* Board Working Group constituted to review possible criteria by which this College might undertake the review of any application for the recognition of a specialty, and to consider the feasibility of a College led process if the National (CDRAF) process was to prove to be no longer viable. This work began in 2014 under different leadership. The committee acquired an extensive library of information relating to the issue of

specialty recognition. Analysis of this information has been undertaken, and the project approaches completion.

Dr. Stevenson-Moore highlighted the fact that this matter is complex, and fraught with practical and political problems. If CDSBC were to choose to proceed, there would be the need for a significant investment of time and money in order in the short term to set up the required mechanisms for approval, and in the long-term there are cost and resource implications for the evaluation of new applicants to a new specialty, and the maintenance of quality assurance. Practically speaking, a shortage of examiners and resources to create psychometrically valid, high-stakes examinations is a significant barrier.

Dr. Stevenson-Moore said that at present, only the RCDSO recognizes Dental Anesthesiology as a specialty. Ontario provided that specialty recognition before there was a national process at the CDRAF table. The CDRAF administered process in 2014 led to a decision prefaced with an extensive body of work that established the criteria for specialty recognition. Given that CDRAF have denied specialty recognition of Dental Anesthesiology in 2014, there has been little appetite for other regulators to follow Ontario's initiative. However, at the time that the decision was made, there was concern that while the criteria for making a determination of the sufficiency of an application for specialty recognition were acceptable, the process/procedure in which the Anesthesiology application had been handled was flawed, to the extent that it could have influenced the outcome. It was on that basis that BC had voted against the receipt of the report from the CDRAF committee that was charged with determining the sufficiency of the dental anesthesiology application for specialty recognition. BC did not offer an opinion on the application, but were concerned that improvements of process may have resulted in a different outcome. Until a better process is utilized, we cannot know if the outcome might be different.

Significant changes have taken place at CDRAF since that vote was taken. The Governance structure of CDRAF has been revised. There is now an independent Chief Executive Officer. Also, the Board should be aware that the CDSBC decided to strike the *ad hoc* committee as a result of its discomfort with how the CDRAF process had been handled. The CDSBC position has been that if the CDRAF process were working as it should, these matters should be handled through that office. We have been informed that one of the action items on the CDRAF work plan is to fix the national specialty recognition process and that work on this is underway.

The Board was referred to the briefing note included in the Board package which contains detailed information on the presentation made by Dr. Stevenson-Moore, as well as a copy of his speaking notes attached.

Dr. Stevenson-Moore concluded his presentation by stating that he would happily continue to be involved if this would be of assistance to the Board.

- Presentation by Dr. Brian Chanpong and Dr. Daniel Haas

Dr. Chanpong, a General Dentist, is the Past-President of the American Dental Board of Anaesthesiology; Course director, Local Anaesthesia and Minimal Sedation, Faculty of Dentistry, UBC and Past Director of the American Dental Society of Anaesthesiology.

Dr. Chanpong gave a presentation to the Board requesting that the Board consider dental anaesthesia as a specialty. Dr. Chanpong presented to the CDSBC Board in 2014 on this same topic.

Drs. Chanpong and Haas gave an overview of the history of applications made both in the USA and Canada, as well as their views on how recognition of dental anaesthesia as a specialty could address issues of access to care for certain segments of population which may be under-served at present. They recognized that their comments and submissions require further discussion and consideration

Dr. Chanpong also referred the Board to the written application package/materials supplied to the Board, as well as his powerpoint presentation, a copy of which is appended.

The Board deferred policy discussion of this item until the later part of the meeting to be held *in camera*.

8. Bylaw Working Group – Terms of Reference (*attachment*)

The Board appointed this Working Group in November 2016.

The working group had their first meeting and discussed draft Terms of Reference included in the Board package for consideration, and if acceptable, approval.

***MOTION*: Jennings/Devita**

That the Board approve the Terms of Reference for the Bylaw Working Group as presented.

Carried

9. Presidents Report

   The President gave his report in the in camera session.

10. Deputy Registrar Report (Wiseman)

    Ms. Wiseman presented her report outlining statistics on complaint resolution.

11. Management Report *(attachment)*

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

This concludes the open portion of the meeting. Ended at 11:17 am

The remainder of the meeting will be held in camera, per Section 2.15 (9) of the College Bylaws under the *Health Professions Act*.

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CDSBC | College of Dental Surgeons of British Columbia

Board Meeting
25 February 2017
Agenda Item 2a.

BOARD MEETING

Saturday, 25 February 2017
8:30 a.m. – 4:00 p.m.

Terminal City Club
837 West Hastings Street, Vancouver, BC
"Presidents Room

AGENDA

A.	Description of Agenda Items	Presenters
1.	Call Meeting to Order and Welcoming Remarks	Anderson
2.	**CONSENT AGENDA**	
	a. Approve Agenda for 25 February 2017 *(attachment)* b. Approval of Board Minutes of 25 November 2016 *(attachment)* c. Reports from Committees *(attachments)* ***MOTION:*** *That the items on the Consent Agenda for the 25 February 2017 Board meeting be approved.*	Anderson
3.	Business Arising from Consent Agenda *Note: Questions, if any, arising from Consent Agenda must be forwarded to the Chair at least 3 business days prior to Board meeting*	Anderson
4.	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	Marburg

A.	Description of Agenda Items	Presenters
4. *(Cont.)*	***MOTION**:* *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*	
5.	Confidentiality and Code of Conduct Agreements for Final Board Approval *(attachments)*	Chow
6.	Sedation and GA Services Committee *(attachment)* • Moderate Parenteral Facilities Inspections Protocols ***MOTION**:* *That the Board approves the proposed framework for the inspection process for non-hospital parenteral moderate sedation facilities*	Dr. Maico Melo, Vice-Chair, Sedation Committee
7.	Specialty Recognition • Presentation by Dr. Peter Stevenson-Moore • Presentation by Drs. Brian Chanpong and Daniel Haas ***For reference material, please refer to Tab 15***	Stevenson-Moore Co-Chair, Specialty Recognition WG Chanpong/Haas
8.	Bylaw Working Group – Terms of Reference (*attachment*)	Chow/Wiseman
9.	President's Report	Anderson
10.	Deputy Registrar's Report (*attachment)*	Wiseman
11.	Management Report *(attachment)*	Marburg
This concludes the open portion of our meeting. **The remainder of the meeting will be held in camera, per Section 2.15 (9) of the College Bylaws under the *Health Professions Act*.**		

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CDSBC | College of Dental Surgeons of British Columbia

Board Meeting
25 February 2017
Agenda Item 2b.

BOARD MEETING
Friday, 25 November 2016

DRAFT

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

MINUTES

The meeting commenced at 8:35 am

In Attendance

Dr. Don Anderson, President
Dr. Susan Chow, Vice-President
Dr. Patricia Hunter, Treasurer
Dr. Chris Callen
Dr. Doug Conn
Mr. Dan de Vita
Dr. Andrea Esteves
Dr. Michael Flunkert
Dr. Dustin Holben
Ms. Julie Johal
Mr. Terry Hawes
Ms. Sherry Messenger
Ms. Sabina Reitzik
Dr. Masoud Saidi
Dr. Mark Spitz
Mr. Neal Steinman
Mr. David Pusey
Mr. Richard Lemon

Staff in Attendance

Mr. Jerome Marburg, Registrar & CEO
Mr. Greg Cavouras, Legal Counsel
Ms. Nancy Crosby, Manager of CEO's Office
Dr. Chris Hacker, Dental Policy & Practice Advisor
Ms. Roisin O'Neill, Director of Registration and HR
Ms. Leslie Riva, Sr. Manager, CDA Certification and QA
Ms. Anita Wilks, Director of Communications
Ms. Carmel Wiseman, Deputy Registrar
Mr. Dan Zeng, Director of Finance and Administration

Invited Guests

Dr. James Richardson, CDSBC Representative on NDEB Board
Ms. Dorothy Jennings, Incoming Board Member
Mr. Oleh Ilnyckyj, Incoming Board Member
Dr. Toby Bellamy, Chair, Sedation & General Anaesthetic Services Committee
Dr. Peter Stevenson-Moore, Vice-Chair, Nominations Committee

1. Call Meeting to Order and Welcoming Remarks

   The President thanked Mr. Dave Pusey and Ms. Julie Johal for their years of service on this Board as this is their last meeting.

2. Oath of Office – New Members

   Mr. Oleh Ilnyckyj and Ms. Dorothy Jennings introduced themselves before the Registrar administered the Oath of Office.

3. Consent Agenda *(attachments)*

   a. Approve Agenda for 25 November 2016 *(attachment)*
   b. Approval of Board Minutes of 24 September 2016 *(attachment)*
   c. Reports from Committees *(attachments)*

   MOTION: ***Holben/Messenger***

   That the items on the Consent Agenda for the 25 November 2016 Board meeting be approved.

   Carried

4. Business Arising from the Consent Agenda
   There was no business arising from the consent agenda.

5. a. End-Tidal Carbon Dioxide Monitoring for Moderate and Deep Sedation Services (Bellamy) - *attachments*

   Based on current guidelines set by Canadian Anaesthesiologists' Society (CAS), American Society of Anesthesiologists (ASA), American Association of Oral and Maxillofacial Surgeons (AAOMS), American Academy of Pediatric Dentistry (AAPD) and American Dental Association (ADA), the Sedation and General Anaesthetic Services Committee supports the proposed requirement for monitoring end-tidal carbon dioxide during moderate and deep sedation (Note: the current CDSBC General Anaesthetic Services Standards and Guidelines require end-tidal carbon dioxide monitoring for general anesthesia.)

   All of the medications that are used to provide sedation and anesthesia will produce some degree of respiratory depression and loss of airway tone. With greater depths of sedation, greater degrees of ventilatory compromise will occur,

but it can be very difficult to predict which doses of drugs will produce clinically significant levels of compromise.

The shortcomings of pulse oximetry in respiratory monitoring can be overcome with the use of capnography, which provides a non-invasive measurement of the partial pressure of carbon dioxide from the airway during inspiration and expiration. It provides real-time information to changes in ventilation and with the use of auditory alarms, it can allow for an early response to deleterious changes. While the early equipment used to monitor carbon dioxide were bulky and reserved for patients receiving anesthesia in an operating room, newer equipment has become available for the use outside of the operating room that is both effective and relatively inexpensive with cost for a monitor at around $2,000.

Given the foregoing, Dr. Bellamy reported that the Sedation and General Anaesthetic Services Committee recommend the following:

During deep sedation, the adequacy of ventilation shall be evaluated by continual observation of qualitative clinical signs and monitoring for the presence of exhaled carbon dioxide with the use of capnography, unless precluded or invalidated by the nature of the patient, procedure or equipment.

During moderate sedation, the adequacy of ventilation shall be evaluated by continual observation of qualitative clinical signs and monitoring of ventilation by capnography (preferred) or amplified, audible pretracheal stethoscope. If an amplified, audible pretracheal stethoscope is used during moderate sedation, the audible output must be monitored by more than one sedation team member.

***MOTIONS**: Saidi/Esteves*

That the Board approves that the adequacy of ventilation during deep sedation shall be evaluated by continual observation of qualitative clinical signs and monitoring for the presence of exhaled carbon dioxide with the use of capnography, unless precluded or invalidated by the nature of the patient, procedure or equipment.

Carried

That the Board approves that the adequacy of ventilation during moderate sedation shall be evaluated by continual observation of qualitative clinical signs and monitoring of ventilation by capnography (preferred) or amplified, audible pretracheal stethoscope. If an amplified, audible pretracheal stethoscope is used during moderate sedation, the audible output must be monitored by more than one sedation team member.

Carried

That the Board approves that the Moderate and Deep Sedation Services Facilities are required to adhere to the above requirements in 6 months after these requirements are approved by the Board.

Carried

5b. Sedation & GA Services Committee Recommendations for updates to Deep and General Anaesthetic Standards/Guidelines *(attachments)*

The Sedation Committee is recommending that the Board approve the attached proposed changes to the Standards and Guidelines, identified through their ongoing monitoring of the series of Standards/Guidelines the committee is charged with reviewing/monitoring.

- Updates for Deep Sedation Standards & Guidelines *(attachment)*

  Dr. Bellamy explained the main updates being proposed by the committee as outlined in the schedule presented to the Board and attached to these minutes.

- Updates for General Anaesthetic Standards & Guidelines *(attachment)*

  Dr. Bellamy explained the main updates being proposed by the committee as outlined in the schedule presented to the Board and attached to these minutes.

  The changes relate to:

  1. Clarifying the training requirements for practitioners;
  2. Frequency of emergency drills;
  3. Updates to instructions regarding pre-treatment fasting; and
  4. Updates to armamentarium requirements for Adenosine and Amiodarone

  The requirement for continued practice of modality since time of qualification reflected in the chart for graduates of general anaesthesia programs was also extended to graduates of OMFS programs. The standards will be edited accordingly.

MOTION: Spitz/Holben
That the Board approve the proposed changes to the Standards and Guidelines for Deep Sedation and General Anaesthetic Services in non-hospital facilities as appended, with minor edits to 2-1 in each of the documents.
.

Carried

6. Executive Limitation Reports *(attachment)*

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

   EL2: Treatment of Public
   EL3: Registration, Certification and Monitoring
   EL5: Financial Planning/Budgeting
   EL6: Financial Condition and Activities
   EL8: Asset Protection
   EL9: Compensation and Benefits

   There were no questions at this time.

7. NDEB Update (Dr. James Richardson)

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

   - Background Information
   - NDEB Certification Process
   - NDEB Equivalency Process
   - 2011- 2015 Results
   - Current Context of the Profession
   - Highlights and Future Directions

   Dr. Richardson reminded the Board that he is the College representative on the NDEB Board and to feel free to ask any questions they would like to forward to the NDEB Board.

8. CDA Advisory Committee (Leslie Riva on behalf of Committee)

   - Feedback on Ortho/Prostho Module for Board consideration

     This issue was originally presented to the Board in June 2016. The CDA Advisory committee is following up the request by the Canadian Dental Assistant Regulatory Authority (CDARA) to develop a common standard across the country to the Orthodontic and Prosthodontic Modules. The Board had indicated in June that they would like to obtain feedback from stakeholders. Approximately 30

people provided feedback which was then reviewed by the Committee. The committee agreed with the feedback and approved the changes. The only issue highlighted on the document presented to the Board relates to a procedure not contemplated in CDSBC's current Bylaw:

"*Place intermediate restorative materials for temporary restoration of a tooth (using self and/or light curable material); and, adjust occlusion and/or contour of provisional restorations with hand instruments and/or slow speed rotary handpiece, prior to final check by the dentist*".

This procedure is done by CDAs in two other provinces. Those CDAs have reciprocity in BC. The committee has recommended we leave the highlighted portion in the document for the board to consider.

Ms. Riva advised that the working group recognizes that should our Bylaws be changed in the future to allow for these procedures within CDA scope of services, that there will be a need for gap training for any CDAs not already trained.

***MOTION*: Messenger/Hunter**

That the Board supports the CDA Advisory Committee recommendation to move this CDARA proposal forward

Carried

9. New Dental Assistant Program

The CDA Certification committee brought forward a request by the Pacific Health Institute looking for permission to operate a Dental Assisting program. Dr. Rowena Sooch, a CDSBC registrant, has been gathering information on behalf of the Pacific Health Institute about the process required to operate this program. A detailed memo outlining the rationale for the program was included in the Board package.

Should the program be approved by CDSBC, the graduates of Pacific Health Institute would be required to successfully complete both the written and the clinical portions of the NDAEB to be eligible to apply for certification with CDSBC. Once the program becomes accredited with CDAC only the written portion would be required.

The CDA Advisory Committee have reviewed all the information and recommend that this program be approved.

MOTION:
That the Board approve the dental assisting program being proposed by the Pacific Health Institute.

MOTION: ***Spitz/De Vita***

The CDSBC is comfortable with the school opening on the proviso that it seek CDAC accreditation.

Carried

10. Prescribing and Dispensing Drugs

- Preamble wording clarified – for final board approval

  The Board was presented the Prescribing and Dispensing Drugs Standard/Guideline in September, and approved it with a request that the front page contain a preamble on explaining the status of the document as a Standard/Guideline. The amended front page is included in the Board package. The Board expressed its approval for the document to be published with the new front page.

11. Deputy Registrar Report (Wiseman)

Ms. Wiseman presented her report outlining statistics on complaint resolution.

12. Management Report *(attachment)*

Registrar/CEO Jerome Marburg submitted a written report on behalf of the staff and management of the College, highlighting one item for Board consideration and advice, and one for further information.

- BCHR Declaration of Commitment – Cultural Competence

  As a symbol of commitment to work towards systems that incorporate concepts of Cultural Safety and Humility into our thinking and regulatory environment, and in furtherance of the recommendations made through the Truth and Reconciliation process, the Health Regulators under the *Health Professions Act* intend to sign a joint Commitment Statement. This statement is one of aspirational intent, and does not bind CDSBC to specific actions, but ties us in the long-term to take steps in how we deal with cultural awareness and health with First Nations Communities. The draft Commitment document was presented for Board

information and comment. The Registrar is seeking the Board's views on the document as well as gauging Board comfort with the Registrar signing it in the months to come.

The Board expressed support for the document and the goals outlined in the Commitment. The Board indicated its comfort with the Registrar signing the Commitment and is open to having the President sign as well should that opportunity arise.

The Registrar also highlighted for the Board the fact that the College has been reaching out to component societies over the past years to increase opportunities for engagement. The VDDS is a good example of progress being made. This year we have been invited to participate by having a booth at their annual event as well as participate in a panel discussion on corporate dentistry. In addition, Drs. Hacker and Sutton will be conducting a 3 hour interactive workshop on complaint resolution.

The President added that the College recently held a Listening Session in Victoria. The President was unable to attend but Drs. Chow and Hunter attended. The feedback he received from the VicDDS President was very positive.

13. Criteria for Correspondence to Board

The Registrar spoke to this topic which was discussed at the Governance committee the evening before the Board meeting. He explained the process endorsed by the Board in the past and currently in place. As letters come in, we respond by acknowledging receipt and forwarding it to either a Committee, the President or the Registrar, depending on the subject matter. The person submitting the letter will then get a response. The Registrar and the President together exercises judgement on which/what correspondence is forwarded to the Board and at what stage. The Board expressed its comfort with this process, noting that the Registrar and Board Officers/President will check in with each other regularly on emerging trends/issues.

This concludes the open portion of our meeting. Ended at 11:15 am

The remainder of the meeting will be held in camera, per Section 2.15 (9) of the College Bylaws under the *Health Professions Act*.

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CDSBC | College of Dental Surgeons of British Columbia

Board Meeting
25 February 2017
Agenda Item 2c.

CDSBC Committee Report to Board For Public Agenda

Committee Name
Audit Committee and Finance & Audit Committee Working Group

Submitted by
Mr. Terry Hawes, Chair

Submitted on
26 January 2017

Meeting Frequency
10 May 2016
17 October 2016
7 November 2016
9 February 2017
May 2017 (TBD)

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 previous year end results have been properly reported on, and the current year-to-date results continue to appear to be in good order.
- The Committee worked with staff to develop the Budget approved by the Board in November 2016.

Future Trends

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CDSBC | College of Dental Surgeons of British Columbia

Board Meeting
25 February 2017
Agenda Item 2c.

CDSBC Committee Report to Board

For Public Agenda

Committee Name	CDA Advisory Committee
Submitted by	Susanne Feenstra, Chair
Submitted on	25 February 2017
Meeting Frequency	This Committee met 2 February 2017
Matters Under Consideration	CDARA Orthodontic/ Prosthodontic Modules Response from Educators of BC DA programs with regard to Bylaw 8 –delegation and supervision in DA students- will be forwarded to the Bylaw Working Group
Future Trends	Bylaw review for CDAs

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Board Meeting
25 February 2017
Agenda Item 2c.

CDSBC Committee Report to Board

For Public Agenda

Committee Name	CDA Certification Committee
Submitted by	Ms. Bev Davis, Chair
Submitted on	25 February 2017
Meeting Frequency	This Committee met 30 January 2017
Matters Under Consideration	Proposed Dental Assisting Program Application for CDA Certification- illegal practice
Future Trends	Further discussion with regard to what are recognized continuous practise hours Develop policy for granting certification once the applicant has practised illegally Ten years from practice requirements

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CDSBC | College of Dental Surgeons of British Columbia

Board Meeting
25 February 2017
Agenda Item 2c.

CDSBC Committee Report to Board For Public Agenda

Committee Name Ethics Committee

Submitted by Dr. Kenneth Chow, Chair

Submitted on 27 January 2017

Meeting Frequency The Committee met or will meet on the following dates:

- 30 November 2016
- 9 January 2017 (Article 5 Working Group)
- 23 January 2017

Matters Under Consideration

- **Code of Ethics**

The Committee's Article 5 Working Group identified seven provisions of Article 5 under the old *Dentists Act* that are absent from the current Code of Ethics, or other CDSBC policies, standards or guidelines. Once the working group has completed its review, it will prepare recommendations for the Ethics Committee's review prior to presentation to the Board. The next meeting for the working group will be in March.

- **Corporate Structures**

The collection of the necessary data from registrants regarding their health profession corporations and scanning it into the CDSBC's database continues.

- **Third Party Billing – Re-billing of Lab Fees**

The Committee reviewed a draft statement regarding handling of third party billings/dental lab fees by registrants. A revision of the draft statement will be considered and reviewed at the next meeting of the Committee in April before presenting to the Board.

…/2

- **Practitioner-Patient Relationship**

The Committee will be considering elements in the BC Health Regulators' Framework that were not captured in the CDSBC Boundaries document. Material from other health professions and jurisdictions will be gathered and reviewed.

Connection to Strategic Plan

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

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Board Meeting
25 February 2017
Agenda Item 2c.

CDSBC Committee Report to Board For Public Agenda

Committee Name	Governance Committee
Submitted by	Dr. Susan Chow (Chair)
Submitted on	8 February 2017
Meeting Frequency	Since the November report, the committee met on 25 January 2017

Matters Under Consideration

Recommendation to the board for approval to adopt and implement the revised code of conduct and Confidentiality agreement for the Board and Committee

Search for Human Resources firm to recommend to the board to assist in capacity building of the board in the CEO evaluation and self assessment,, sending out the Request For Proposal

Additional appointment to Facial Esthetic working group and board committee

Board effectiveness : always looking for progressive , best practice

CEO/ Registrar succession plan; Ascertain the Board's and Governance committee's role in the process - Governance manual chapter 26

Committee Objective For 2016-2017:

This committee will strive to understand and fulfill its role, duties and responsibilities as laid out in the Governance Manual.

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CDSBC | College of Dental Surgeons of British Columbia

Board Meeting
25 February 2017
Agenda Item 2c.

CDSBC Committee Report to Board For Public Agenda

Committee Name Inquiry Committee

Submitted by Dr. Greg Card, Chair

Submitted on 31 January 2017

Meeting Frequency From 31 October 2016, the date of the last report, until 31 January 2017, the Inquiry Committee as a whole met on the following dates:

- 15 November 2016
- 17 January 2017

Inquiry Committee Panels met on the following dates:

- 24 November 2016
- 29 November 2016
- 07 December 2016
- 12 December 2016
- 13 December 2016
- 17 January 2017
- 31 January 2017

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

S. 35 proceedings for two dentists were scheduled to take place in January and February 2017. Both were resolved prior to taking place with the registrant withdrawing from practice.

Matters Under Consideration

Between 01 November 2016 and 31 January 2017, Inquiry Committee Panels had files involving 11 dentists under review; they had been referred to a Panel because the files are complex, because the registrant has asked to meet with a Panel, or the registrant is a member of either the CDSBC Board or Inquiry Committee.

Connection to Strategic Plan

The Board's strategic plan requires CDSBC to have a transparent, fair, effective and defensible complaints resolution process and procedures and to take active steps to help registrants enhance the standard of care they provide. The complaints process is designed to collect the information necessary to properly investigate and dispose of complaints. If minor concerns with a registrant's practice are noted they are given practice advice. More serious concerns are addressed by agreement with the registrant whenever possible. Such agreements are tailored to the particular concerns raised. When the complaint files are closed, the complainants receive a comprehensive letter outlining the investigative steps taken, what the investigation revealed and how CDSBC has disposed of the complaint. A complainant has the right to request the HPRB review any Inquiry Committee disposition of a complaint short of a citation.

Statistics/Report

46 files were opened and 43 were closed between 01 November 2016 and 31 January 2017.

CDSBC College of Dental Surgeons of British Columbia

Board Meeting
25 February 2017
Agenda Item 2c.

CDSBC Committee Report to Board

For Public Agenda

Committee Name	Nominations Committee
Submitted by	Dr. David Tobias, Chair
Submitted on	8 February 2017
Meeting Frequency	The Committee met on 15 September 2016. A teleconference is scheduled for 27 February to go over the details of the awards ceremony.
Matters Under Consideration	The Committee is in the process of administering the CDSBC awards program on behalf of the Board. The Board approved the list of recommended award winners submitted by the Committee at the November 2016 meeting. Ten award winners will be honoured at the annual awards ceremony on Thursday, 9 March 2017 at the Fairmont Waterfront Hotel Vancouver. The planning of the Awards Ceremony is well underway and Board members are encouraged to attend to meet and celebrate the outstanding individuals who work so diligently on its behalf.
Future Trends	None.

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CDSBC | College of Dental Surgeons of British Columbia

Board Meeting
25 February 2017
Agenda Item 2c.

CDSBC Committee Report to Board For Public Agenda

Committee Name	Quality Assurance Committee
Submitted by	Dr. Ash Varma, Chair
Submitted on	25 February 2017
Meeting Frequency	QA Working Group met 19 January 2017 – details outlined in the Management Report
Matters Under Consideration	CE Proposal Presentation– Peer Review Update from the QA Working Group
Future Trends	Discussion of direction of QA Assurance Program

Quality Assurance Working Group consists of:

Mr. Paul Durose
Dr. Alex Hird
Dr. Andrea Esteves
Dr. Ash Varma, Chair
Dr. David Vogt

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Board Meeting
25 February 2017
Agenda Item 2c.

CDSBC Committee Report to Board For Public Agenda

Committee Name	Quality Assurance CE Subcommittee
Submitted by	Dr. Ash Varma, Chair
Submitted on	25 February 2017
Meeting Frequency	Has not met since last Board meeting.
Matters Under Consideration	
Connection to Strategic Plan	This Committee continues to improve professionalism and practice standards of dentists, dental therapists and CDAs.
Future Trends	

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Board Meeting
25 February 2017
Agenda Item 2c.

CDSBC Committee Report to Board For Public Agenda

Committee Name	Registration Committee
Submitted by	Dr. Alexander Hird (Chair)
Submitted on	25 February 2017
Meeting Frequency	30 November 2016
Matters Under Consideration	Communication is ongoing with QA Working Group regarding potential changes to QA program.
Statistics/Report	One request for full registration from applicant with over 38 years of practice in Ontario and Alberta. He has an unresolved complaint file with the Alberta Dental Association & College (ADA&C): approved with provision that registrant provide a new Certificate of Standing from the ADA&C once the investigation has been completed and closed. Further to CDSBC receiving this new certificate, if there is any decision by the ADA&C other than "no further action" the committee will be consulted.
Future Trends	Pending College by-law review will affect registration requirements and categories.

CDSBC College of Dental Surgeons of British Columbia

CDSBC Committee Report to Board
For Public Agenda

Committee Name	Sedation and General Anaesthetic Services Committee
Submitted by	Dr. Tobin Bellamy, Chair
Submitted on	25 February 2017
Meeting Frequency	27 February 2017 10 April 2017 19 June 2017

Matters Under Consideration

The framework of the inspection process for Non-Hospital Moderate Sedation Facilities was created by a subcommittee and will be presented to the Board in February of 2017.

A subcommittee on Pediatric Sedation is working on developing a separate document that addresses pediatric moderate sedation.

A subcommittee on Deep Sedation and General Anaesthesia is working on the revision of the Deep Sedation and General Anaesthetic Services Standards and Guidelines.

Statistics/Report

Since the last Board Meeting, the Committee has approved the initial inspection of one deep sedation facilitiy and the tri-annual inspection of nine deep sedation facilities. Three new deep sedation facilities are in the inspection process. Five deep sedation facilities are in the tri-annual inspection process.

The tri-annual inspection of three general anaesthesia facilities were approved. Two new general anaesthesia facilities are in the inspection process.

Annual self-assessments are sent to a rota of the Committee for approval. Ten self-assessments have been approved since the last Board meeting.

Registration of qualifications applications from four dentists were reviewed and approved.

Future Trends

The process for inspection of moderate sedation facilities is being finalized. The recruitment of inspectors for moderate sedation facilities will commence in early 2017.

POLICY EL 2: TREATMENT OF THE PUBLIC

Due Date: Quarterly - November 2016, December 2016, January 2017

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

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

Policy		Response/Report
1	**Use forms that elicit information for which there is no clear necessity.**	**Forms collect only the information required.**
2	**Use methods of collecting, reviewing, transmitting, or storing information that fail to protect against improper access to the material elicited.**	**CDSBC has secure document storage facilities for all hard copies. Confidential shredding is used throughout the office for destruction of documents with sensitive information when those documents are slated for destruction. Electronic files are protected by industry standard firewalls and end-point security hardware and software.**
3	**Fail to operate facilities with appropriate accessibility and privacy.**	**CDSBC offices are accessible to those who require access. Premises are alarmed and monitored. Keypad security is maintained for main office and Suite 103 entry. Private offices and meeting spaces are available and used when required to maintain privacy.**

POLICY EL 2: TREATMENT OF THE PUBLIC

Due Date: Quarterly - November 2016, December 2016, January 2017

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

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

Policy		Response/Report
4	**Fail to establish with members of the public a clear understanding of what may be expected and what may not be expected from the College, including the processes it employs in adjudicating public complaints.**	**Registrar reports compliance. Details are included in complaints and discipline reports tabled at the Board meeting by the Deputy Registrar.** **The CDSBC website contains helpful information about complaints, including a designated "news feed" on the homepage, a complaints form, and a detailed description of the complaints process.** **Members of the public who contact the College about how to make a complaint or about the complaint process are provided with information promptly. Work is underway to develop and implement an "online" complaint process to help people resolve potential complaints themselves and to lodge a complaint otherwise.** **Beginning March 2016, complainants and registrants about whom a complaint has been made are asked to complete an exit survey upon the closure of the file. This is a one-year pilot project.**
5	**Fail to adjudicate complaints as expeditiously as possible.**	**We have made significant progress in this area. The rate of complaints has slowed and more complaint files have been closed than opened so far this fiscal year. However in recent months, we have opened slightly more than we have closed. We are closely monitoring this situation.**
6	**Fail to deal with public inquiries as expeditiously as possible.**	**All inquiries from the public are dealt with as expeditiously as possible. The Director of Communications, in consultation with the Registrar/CEO, responds to media inquiries as quickly as possible.**

POLICY EL 2: TREATMENT OF THE PUBLIC

Due Date: Quarterly - November 2016, December 2016, January 2017

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

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

Policy		Response/Report
7	**Fail to employ alternate dispute resolution where appropriate.**	**CDSBC resolves approximately 90% of all complaints through alternative dispute resolution. CDSBC has deployed resources to place more emphasis on early resolution through appropriate dispute resolution techniques. With the reduction in the backlog of complaints, staff dentists are trying to resolve complaints quickly after a formal complaint is received if the matter is susceptible to early resolution.**

Respectfully Submitted By:

Jerome M. Marburg
Registrar and CEO

Date: 10 February 2017

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. Changes to renewal process for the 2017/18 year: registrants are not required to input dental corporation information but the system displays the information that they had inputted the previous two years; asking them to confirm accuracy; inform College about changes; and three questions added relating to personal data needed for the new criminal record check upload process.**
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 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. Access to College offices is through coded door lock. We are now filing all new applications for registration and certification electronically and storing the paper version on-site for one year. All of our active registrant files have been scanned and saved electronically.**

POLICY EL 3: TREATMENT OF REGISTRANTS

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

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

	Policy	Response/Report
3	**Fail to register applicants as expeditiously as possible.**	**Application process generally is completed within 2-3 weeks unless extenuating circumstances present. We are in late stages of developing an online registration/application process which will further streamline the application process. This project was delayed until early 2017 given other IT priorities. Note: Effective the new fiscal year (1 March 2017) we are moving to a new program to process Criminal Record Checks (CRC). CDSBC will now send the CRC application on our registrants' behalf. We will collect 1/5 of the CRC application fee annually to cover the payments which will be made to the Ministry for processing each CRC.**
4	**Fail to establish with registrants a clear understanding of what may be expected and what may not be expected from the College, including the processes it employs in adjudication of public complaints.**	**The College communicates its expectations for registrants in a variety of ways, such as publications (electronic and print), through courses and presentations. Our newest course, More Tough Topics (about informed consent and other topics that can lead to complaints) will be launched as an online course in Spring 2017. Planning is also underway for a joint course with the BCDA for new registrants. We are developing an online "complaint" process through which persons contemplating making a complaint are led through a series of steps before a complaint letter is generated. Those steps seek to guide the person to resolving a concern before it becomes a complaint.**
5	**Fail to adjudicate complaints as expeditiously as possible.**	**The backlog of complaints has been eliminated. The College continues to close more complaint files than it opens (from 1 March 2016 to 31 January 2017, the College opened 155 new complaints and closed 188) with the result that the inventory has been significantly reduced. Beginning March 2016, registrants who are the subject of a complaint are invited to complete an exit survey upon the closure of the complaint. This is a one-year pilot project, the results of which will be used to improve the complaints process.**

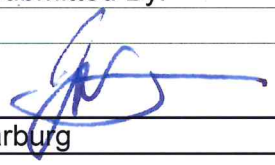
POLICY EL 3: TREATMENT OF REGISTRANTS

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
6	**Fail to employ alternative dispute resolution where appropriate.**	**The Complaints team seeks to negotiate solutions at the Inquiry Committee's direction when possible on files where concerns have been identified.**
7	**Fail to respond to registrants' inquiries as expeditiously as possible.**	**All inquiries, whether from registrants or members of the public, are responded to promptly. When a prompt response is not possible, persons are informed of this fact and when a response may be expected.**
8	**Fail to develop a College communication strategy.**	**Communications materials support the strategic plan and makes use of new communications tools where appropriate. Although most communication with registrants is electronic, the College uses other methods when warranted. In support of the new policy development framework, we are hosting a series of "listening sessions" with registrants and stakeholders. To improve transparency, we are adding a forum to the website to share comments from registrants and the public in response to public consultations. The College is responsive to trends or issues as they arise.**
9	**Propose registration fees to the Board without a clear rationale.**	**All registration fees are tied to budget and budgeting process over which the Board has oversight and through which the Board and Audit/Finance Committee are consulted. The annual report includes a detailed graphic breakdown to illustrate how registrant fees are allocated to the various functions.**

Respectfully Submitted By:



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CDSBC | College of Dental Surgeons of British Columbia

Quarterly Report

Registration and Certification

1 November 2016 – 31 January 2017

Prepared for the Board

Overview

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

The following represents a statistical breakdown of the activity in these areas for the period 1 November 2016 – 31 January 2017 inclusive.

Where available, the previous year's statistics for the same period (1 November 2015 – 31 January 2016) 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, 3354 have their three-year cycle ending 31 December 2016.

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

DENTIST STATISTICS		
Practising Dentists - 3523		
NEW REGISTRATIONS		
	1 Nov 2016 – 31 Jan 2017	1 Nov 2015 - 31 Jan 2016
Full Registrations issued (includes Specialists)	16	11
Restricted to Specialty Registrations issued	0	1
Academic Registrations issued	0	0
Limited Registrations issued:		
• Armed services or government	1	1
• Education	0	0
• Post-graduate	1	0
• Research	0	0
• Student practitioner	0	0
• Volunteer	0	0
Temporary Registrations issued	18	20
Non-practising Registrations issued	2	2
GENERAL		
Transfers from Non-practising to Practising	5	7
Transfers from Practising to Non-practising	10	10
Lapsed	0	0
Reinstated	3	1
Resigned/Retired	16	19
Retired (annual $50 fee)	0	0
Deceased	1	4

CDA STATISTICS		
Practising CDAs - 6031		
NEW CERTIFICATIONS		
	1 Nov 2016 – 31 Jan 2017	1 Nov 2015 - 31 Jan 2016
Practising Certifications issued	39	34
Temporary Certifications issued	10	8
Temporary-Provisional Certifications issued	0	0
Limited Certifications issued	2	0
Non-practising Certifications issued	0	0
GENERAL		
Transfers from Non-practising to Practising	15	20
Transfers from Temporary to Practising	22	7
Transfers from Temporary-Provisional to Practising	0	0
Transfers from Limited to Practising	0	0
Lapsed	10	8
Reinstated	20	17
Resigned/Retired	14	14
Retired (annual $25 fee)	0	0
Deceased	0	0

Module designations granted

Orthodontic Module – 9 (0)
Prosthodontic Module – 1 (2)
Dental Radiography Module – 9 (11)

CDA Assessments

Initiated assessments:

- 18 (15)

Certification issued as a result of assessment:

- 14 (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:

	Policy	Response/Report
4	**Fail to provide opportunities for professional development.**	**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.**
5	**Fail to involve staff in decision-making relating to their particular responsibilities.**	**Changes in position responsibilites 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.**
6	**Fail to acquaint staff with all Board and College rules and policies relevant to their employ.**	**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 Health Professions Act, 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.**
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.**

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**

Respectfully Submitted By:

Jerome M. Marburg
Registrar and CEO

Date: 10 FEBRUARY 2017.

POLICY EL 6: FINANCIAL CONDITIONS AND ACTIVITIES

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

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

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

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

POLICY EL 6: FINANCIAL CONDITIONS AND ACTIVITIES

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

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

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

	Policy	Response/Report
5	**Authorize the payment of any item that was included in the approved operating or capital budget in an amount that will exceed the approved budget for that category by more than $50,000.**	**Registrar/CEO reports compliance. Staff updated the Board at both the September and November 2016 Board meeting, that the expenses in the Internally Restricted IT Fund will likely exceed $50k due to a few demmed necessary IT projects. At the November Board, the Board approved and authorized staff to spend up to $60k in excess of what was budgeted in the Internally Restricted IT Fund.**
6	**Fail to obtain authorization from Board before committing the College to any operating or capital expenditure not included in the approved operating or capital budget that exceeds $25,000 or that creates or increases a cash flow deficiency for the current fiscal year.**	**Registrar/CEO reports compliance.**
7	**Fail to settle payroll and debts in a timely manner.**	**Registrar/CEO reports compliance. All payroll obligations are being met.**

POLICY EL 6: FINANCIAL CONDITIONS AND ACTIVITIES

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

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

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

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

Respectfully Submitted By:

Jerome M. Marburg
Registrar and CEO

Date: 1 February 2017.

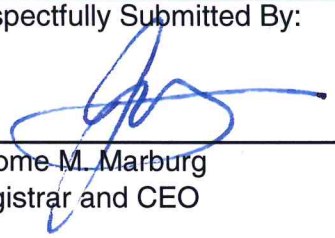
POLICY EL 7: EMERGENCY REGISTRAR SUCCESSION

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. While the Deputy Registrar has indicated a desire to retire in the upcoming fiscal year, she will phase out of her office over the months to come. Another experienced staff person will be identified over time and reported to the Board.

Respectfully Submitted By:



Jerome M. Marburg
Registrar and CEO

Date: 7-Feb-17

CDSBC Board Member Conduct Agreement

The College's fundamental duties are to serve and protect the public, and to exercise its powers and discharge its responsibilities in the public interest.

By agreeing to serve on the Board, each Board member provides a valuable service to the citizens of British Columbia and the dental profession. The Board is very well-served by individuals who are leaders in their communities and who come together to collaboratively lead the College in the public interest.

As stewards of the public trust, the Board aspires to maintain the confidence of the public, the government, and the dental profession in the College's ability to fulfill its important statutory responsibilities.

The College can only deliver on its mandate through the diligence, commitment, and integrity of its Board. This agreement sets out the conduct of Board members required in service of the College's objectives.

1. Compliance with prescribed requirements

Board members must:

1.1 Exercise all powers and discharge all responsibilities in the public interest above all other considerations.

1.2 Have a working knowledge of the *Health Professions Act* and the Oath of Office thereunder, the applicable Regulations, the CDSBC Bylaws, the CDSBC Governance Manual, and the CDSBC Policy Development Process, and act in compliance with the letter and spirit of these documents.

1.3 Respect and abide by any validly-passed resolution or policy of the Board.

DRAFT

2. Duties to the Board/College

Board members must:

2.1 Act at all times in the public interest, and not as a delegate or representative of any constituency, organization, or interest group.

2.2 Perform their duties in good faith to the best of their abilities.

2.3 At all times conduct themselves in a way that protects the College's reputation, and in particular, act with fairness, honesty, and integrity.

2.4 Support all decisions of the Board once made, even if they do not personally agree with the decision.

2.5 Refrain from speaking on behalf of the College or the Board unless explicitly authorized to do so by the Board, the President, or the Registrar. Board members may engage with stakeholders in accordance with the CDSBC Policy Development Process.

2.6 Make no attempt to exercise undue influence over other Board members.

2.7 Review all material for which they are responsible and attend all meetings prepared to contribute to the discussion.

2.8 Respond promptly to all communication received from the Board or the College.

2.9 Interact in a courteous, respectful, and non-discriminatory manner.

DRAFT

3. Avoidance of bias/conflict of interest

Board members must:

3.1 Approach all discussions and decisions fairly and objectively with an open mind.

3.2 Fully and promptly inform the Board if a situation exists or arises in which the Board member has a bias or could reasonably be perceived to have a bias that prevents them from carrying out their duties in a fair and objective manner.

3.3 Fully and promptly inform the Board of any circumstance that is a real or reasonably perceived conflict of interest that could benefit or be seen to benefit the Board member's personal finances, business dealings, family, friends, or organizations with which the Board Member is associated.

3.4 Refrain from any participation in the discussion, consideration, or decision of any matter towards which the Board member has an actual or reasonably perceived bias or conflict of interest.

4. Duty of confidentiality

4.1 Board members must maintain strict confidentiality of confidential information regarding the Board or the College, its registrants, staff, and committees including:

a. Personnel information;

b. Personal information of a registrant;

c. Complaints/discipline information;

d. Legal issues;

e. Information related to the College's finances;

DRAFT

f. Internal communication;

g. Correspondence received by the College or Board where the sender has a reasonable expectation of privacy;

h. Internal discussions or deliberations;

i. Policy discussions or decisions that have not been publicly communicated;

j. Any other information related to matters that have been or will be discussed in-camera.

4.2 Board members must take all reasonable steps to safeguard confidential materials in their possession, and must promptly notify the Registrar if they believe that confidential materials that were in their possession or control have been lost or otherwise compromised.

4.3 Board members may only disclose information that is or was confidential in the following circumstances:

a. As explicitly authorized by the Board;

b. After the information has been publicly communicated by the College on its website, through the CDSBC Policy Development Process, or by other official means;

c. In accordance with the *Health Professions Act*, the *Freedom of Information and Protection of Privacy Act*, or other enactment; and/or

d. As otherwise required by law.

4.4 Upon the end of their term of office, Board members must return any confidential materials remaining in their possession to the College or arrange for those materials to be destroyed.

4.5 The duty of confidentiality applies both during and after the Board member's term of office.

DRAFT

4.6 Notwithstanding any term of this agreement, the College remains entitled to any remedy otherwise available at law for a breach of confidentiality.

The undersigned hereby agrees that they have read, understood, and agreed to the Code of Conduct above:

_____

Name

_____ _____

Date Signature

DRAFT

CDSBC Committee Member Conduct Agreement

The College's fundamental duties are to serve and protect the public, and to exercise its powers and discharge its responsibilities in the public interest.

The College's Committees act in service to the College Board in performing statutory or delegated policy, regulatory, and advisory functions.

By agreeing to serve on a Committee, each Committee member provides a valuable service to the citizens of British Columbia and the dental profession. The effective work of Committees is vitally important in maintaining the College's reputation for integrity and the confidence of the public, the government, and the dental profession in its ability to fulfill its statutory responsibilities.

The Board depends on the diligence, commitment, and integrity of Committee members to allow the College to deliver on its mandate. This agreement sets out the conduct of Committee members required in service of the College's objectives.

1. Compliance with prescribed requirements

Committee members must:

1.1 Exercise all powers and discharge all responsibilities in the public interest above all other considerations.

1.2 Have a working knowledge of the *Health Professions Act,* the applicable Regulations, the CDSBC Bylaws, the CDSBC Governance Manual, and the CDSBC Policy Development Process, and act in compliance with the letter and spirit of these documents.

1.3 Respect and abide by any validly-passed resolution or policy of the College Board.

2. Duties to the Board/College

Committee members must:

2.1 Act at all times in the public interest, and not as a delegate or representative of any constituency, organization, or interest group.

2.2 Perform their duties in good faith to the best of their abilities.

2.3 At all times conduct themselves in a way that protects the College's reputation, and in particular, act with fairness, honesty, and integrity.

2.4 Follow and support all decisions of the Committee once made, even if they do not personally agree with the decision.

2.5 Refrain from speaking on behalf of the College, unless explicitly authorized to do so by the President or Registrar.

2.6 Refrain from speaking on behalf of the Committee, unless explicitly authorized to do so by the Committee Chair, President, or Registrar. Committee members may engage with stakeholders in accordance with the CDSBC Policy Development Process.

2.7 Make no attempt to exercise undue influence over other Committee members.

2.8 Review all material for which they are responsible and attend all meetings prepared to contribute to the discussion.

DRAFT

2.9 Respond promptly to all communication received from the Committee or the College.

2.10 Interact in a courteous, respectful, and non-discriminatory manner.

3. Avoidance of bias/conflict of interest

Committee members must:

3.1 Approach all discussions and decisions fairly and objectively with an open mind.

3.2 Fully and promptly inform the Committee Chair if a situation exists or arises in which the Committee member has a bias or could reasonably be perceived to have a bias that prevents them from carrying out their duties in a fair and objective manner.

3.3 Fully and promptly inform the Committee Chair of any circumstance that is a real or reasonably perceived conflict of interest that could benefit or be seen to benefit the Committee member's personal finances, business dealings, family, friends, or organizations with which the Committee member is associated.

3.4 Refrain from any participation in the discussion, consideration, or decision of any matter towards which the Committee member has an actual or reasonably perceived bias or conflict of interest.

4. Duty of confidentiality

4.1 Committee members must maintain strict confidentiality of confidential information regarding the Committee or the College, its registrants, staff, and Board including:

a. Personnel information;

DRAFT

b. Personal information of a registrant;

c. Complaints/discipline information;

d. Legal issues;

e. Information related to the College's finances;

f. Internal communication;

g. Correspondence received by the College, where the sender has a reasonable expectation of privacy;

h. Internal Committee discussions or deliberations; and

i. Policy discussions or decisions that have not been publicly communicated.

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c. In accordance with the *Health Professions Act*, the *Freedom of Information and Protection of Privacy Act*, or other enactment; and/or

d. As otherwise required by law.

4.4 Upon the end of their term on the Committee, Committee members must return any confidential materials remaining in their possession to the College or arrange for those materials to be destroyed.

DRAFT

4.5 The duty of confidentiality shall apply both during and after the Committee member's term on the Committee.

4.6 Notwithstanding any term of this agreement, the College remains entitled to any remedy otherwise available at law for a breach of confidentiality.

The undersigned hereby agrees that they have read, understood, and agreed to the Code of Conduct above:

_____

Name

_____ _____

Date Signature

DRAFT

CDSBC | College of Dental Surgeons of British Columbia

TAB 6

Sedation and GA Services Committee
Dr. Maico Melo, Vice Chair, Sedation & GA Services Committee

- Moderate Parenteral Facilities Inspections Protocols

  The version submitted for this Board meeting was a draft document that was subsequently updated. A final version was approved at the 24 June 2017 Board meeting and will be published after undergoing copy editing. Anticipated publication is August 2017.

College of Dental Surgeons of British Columbia

Bylaw Working Group

Terms of Reference

Objects

1. The objects of the Bylaw Working Group (the "BWG") of the College of Dental Surgeons of British Columbia are

   (a) to review the College Bylaws, and

   (b) consequent on that review, to recommend to the College Board

      (i) a revised version of the Bylaws which promotes clear, accurate and concise description of the College's governance structure and regulatory processes, and

      (ii) for particular parts or sections of those new Bylaws, what consultation may be appropriate in accordance with the College's Policy Development Process.

Composition

2. The BWG is appointed by the College Board and consists of up to 6 members.

3. All members of the BWG must be registrants, public members or certified dental assistants.

4. A majority the members of the BWG should also be members of the College Board.

5. If possible, the members of the BWG should have experience in the College's present governance structure and familiarity with the *Health Professions Act* (the "HPA") and associated legislation.

Term of Membership

6. Although, each member of the BWG is appointed for a term of one year, the Board may remove a member from the BWG at any time and appoint a new member in his or her place.

7. If a member of the BWG completes a one-year term, he or she may be reappointed by the Board.

8. A member may resign from the BWG at any time on providing written notice to the Board.

Meetings

9. The BWG should meet with sufficient frequency to ensure timely fulfillment of its objects.

10. The BWG may meet using any combination of members attending in person or by way of electronic media that permits effective communication.

Quorum

11. Quorum for a meeting of the BWG is a majority of the members.

BWG Chair

12. The Board must designate one member of the BWG to serve as chair.

13. In addition to presiding at BWG meetings, the Chair will

    (a) work with College staff to schedule and coordinate meetings, including ensuring that all BWG members receive

        (i) reasonable notice of each meeting, and

        (ii) timely delivery of all information to be considered at a meeting, and

    (b) report regularly to the Board regarding the work of the BWG.

14. The Chair may resign that positon at any time on providing written notice to the Board.

Revision Process

<u>Identifying Priorities and Objectives</u>

15. The BWG will

    (a) in consultation with College staff and Drafting Counsel, determine the order in which the parts or sections of the Bylaws should be revised,

    (b) in consultation with College staff and the committees who work with particular parts of sections of the Bylaws, identify the objectives for revision of those parts or sections, and

    (c) where it deems appropriate, recommend to the Board consultation in accordance with the Policy Development Process on the objectives for revision of particular parts or sections of the Bylaws.

16. Following on the determination that a part or section of the Bylaws is to be revised and the identification of the objectives for that revision, the BWG will instruct Drafting Counsel to prepare a draft revision of the part or section for its review.

Review and Consideration of Draft Revisions

17. Upon receipt of a draft revision from Drafting Counsel, the BWG will review the draft revision and may

    (a) accept it for presentation to the Board,

    (b) consult with College staff and Drafting Counsel to discuss any issues arising,

    (c) consult further with College staff and committees on their work with the part or section of the Bylaws that is under revision, or

    (d) reconsider its identification of the objectives to be attained in revising that part or section of the Bylaws, and instruct Drafting Counsel to prepare a new draft revision based on modified objectives.

Recommendations to the Board

18. Upon accepting a draft revision of a part or section of the Bylaws for presentation to the Board, the BWG will forward the draft revision to the Board with its written recommendation to the Board on

    (a) consultation in accordance with the Policy Development Process, or

    (b) approval of the revision without consultation.

19. The BWG may consult with College staff and Drafting Counsel on the preparation of its written recommendation to the Board.

Consultation recommendations

20. Where the BWG recommends consultation to the Board under paragraphs 15(c) or 18(a), it will also make recommendations on the appropriate scope for that consultation.

Approved by _____: [date]

CDSBC | College of Dental Surgeons of British Columbia

Board Meeting
25 February 2017
Agenda Item 10.

Complaints Team Report

01 November 2016 – 31 January 2017

Overview

As at 31 January 2017, the Complaints Team was handling **176** active files. The Chart at Tab A captures the breakdown by age of the open complaint files as of that date.

In this reporting period the number of files older than a year has increased. This is partly due to 13 files involving the same registrant (all over a year and most over 2) that are being dealt with by a single Panel. The following table compares the number of files that are over one year of age:

31 January 2017	**51** files
31 October 2016	**40** files
29 February 2016	**55** files
28 February 2015	**111** files

The number of files two years or older has also increased slightly for this report. The following table compares files over two years of age:

31 January 2017	**11** files
31 October 2016	**8** files
29 February 2016	**10** files
28 February 2015	**17** files

The Chart at Tab A indicates the average file age of the open files is 273 days. The following table compares the average file age of open files:

31 January 2017	**273** days
31 October 2016	**268** days
29 February 2016	**254** days
28 February 2015	**323** days

The increase in the file ages is being closely monitored. It may be necessary to add resources to ensure a new backlog does not develop.

Telephone Calls

Between 01 November 2016 and 31 January 2017, the complaints support staff received:

- 92 calls from members of the public inquiring about making a complaint regarding their dentist;
- 12 calls from dentists and dental office staff regarding complaint issues;
- 64 calls from registrants and complainants regarding their open files; and
- 45 miscellaneous inquiries.

Long-standing Complaints

There are many reasons a file may take an extended period of time to resolve, including:

- difficulty in obtaining reports and records;
- multiple patients involved;
- complexity of the issues;
- the registrant's health;
- staff resources available;
- the involvement of legal counsel; and
- legal proceedings.

Complaints Received

Between 01 November 2016 and 31 January 2017, the College opened 46 complaints.

The Chart at Tab B includes the number of complaint files opened and closed by month for this fiscal year to 31 January 2017.

The Chart at Tab C includes files opened by month so far this fiscal year over last fiscal year.

Of the 46 complaints received between 01 November 2016 and 31 January 2017, 24 (85%) were from patients or family members of a patient.

Closed Complaints

The Complaints Team continues to target the older files in the system.

The Chart at Tab D sets out the age of files on closing between 01 November 2016 and 31 January 2017. The College closed 43 files during that period and 27 files were closed in under a year. There was no regular Inquiry Committee meeting in December with the result that fewer files than normal were closed in that three month period.

The majority of files are closed because the allegations are unsubstantiated or can be resolved by agreement. The most common treatment issues found on closing are:

- patient relations (24%)
- diagnosis and treatment planning (20%)
- endodontics (7%)

Complaints to the Ombudsperson

The Ombudsperson for the Province of British Columbia accepts complaints regarding professional associations and regulators, including the College of Dental Surgeons.

Between 01 November 2016 and 31 January 2017, there were 2 requests for assistance and/or referral and no complaints for investigation.

CDSBC College of Dental Surgeons of British Columbia

MANAGEMENT REPORT

Board Meeting - Public

25 February 2017

Renewals

Annual renewal opened online on 12 January 2017. Notices regarding annual renewal and the 2017/18 fees went out in the mail on that same date. This year, there were a couple of changes to the renewal forms: registrants are not required to input dental incorporation information but the system displays the information that they had inputted the previous two years, then asks them to confirm accuracy or inform of changes; and a section was added with questions relating to personal data needed for the new criminal record check upload process.

The process is going well and the statistics show that we are at about the same progress rate as this time last year (at time of writing this). A reminder email will be sent out on or about 14 February to registrants who have not yet completed their renewal.

Vancouver & District Dental Society Panel on Corporate Dentistry – 2 December

Jerome Marburg addresses the audience at the Midwinter Clinic panel discussion.

Registrar Jerome Marburg was one of eight panelists at an early-morning discussion called "Corporate Dentistry – Friend or Foe?" held at the Fairmont Hotel Vancouver. Hosted by the Vancouver & District Dental Society, this event was immensely popular, with attendees from within and outside the province travelling to attend it. The room quickly filled to capacity, requiring a second "overflow" room with a video link to the panel. The other panelists were: Dr. Amin Shivji, *(123 Dentist);* Graham Rosenberg *(dentalcorp,);* Dr. George Christodoulou *(Altima*

Healthcare); Leslie Carrafiello *(Smiles First Corp.);* Nadean Burkett *(My Practice Matters,);* Timothy A. Brown *(ROI Corp); and* Dr. Robert Staschuk *(BCDA President).*

Victoria Listening Session – Participant Report

A summary of the first CDSBC Listening Session was included with the November board meeting package. The formal participant report was shared with participants and published to the website on 28 November, and is included as an addendum to this management report. Several more sessions are planned for this year. Already booked are: Surrey (23 February), Nanaimo (28 March), and Nelson (28 April).

Print Newsletter "College Update"

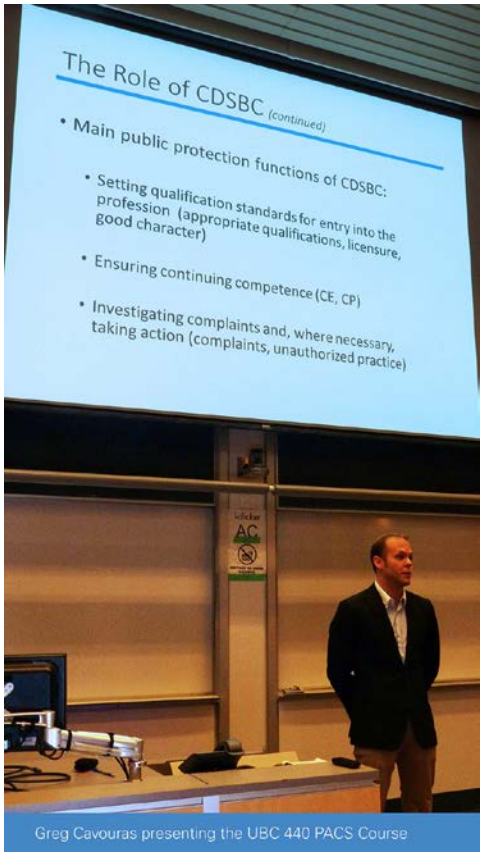
The majority of College communications are digital (monthly e-newsletter, topic-specific email "blasts," website, social media). At the same time, we continue to make use of print communications in some instances, such as for renewal, AGM announcements, and in advance of the Pacific Dental Conference. The print newsletter "College Update" in production now includes the following items:

- What the College is doing about corporate dentistry (a follow up to Jerome Marburg's panel presentation at the Vancouver & District Midwinter Clinic, above)
- Revised standards & guidelines document on prescribing and dispensing drugs
- Listening Sessions – description and upcoming dates
- Initiative to improve the quality assurance program (and an invitation to participate)
- Discipline notices
- Board election notice
- Listing of College resources that address corporate dentistry
- Promo of two CDSBC sessions at the Pacific Dental Conference
- Promo of Dr. Anderson's President's Blog
- Announcement of new online course "Avoiding Complaints"
- Strategic Plan – the Board's priorities and a timeline of the planning process
- Reminder to registrants to update their contact information
- Reminder of practice expectations for dental emergencies and dismissing a patient

- Listing of recent practice resources for registrants, including standards & guidelines
- College calendar of events

UBC Dentistry – Professionalism and Community Service lectures

The College continues its involvement as a guest lecturer as part of this module for fourth-year dentistry students:



Greg Cavouras presenting the UBC 440 PACS Course

- In January, we co-presented a session with the BC Dental Association called, "***CDSBC, BCDA, and the Courts: What's the difference?"*** CDSBC staff lawyer Greg Cavouras, and BCDA co-member services director Dr. Patti-Anne Jones cover who is responsible for each of public protection, dentist advocacy, and malpractice claims.

- In February, Jerome Marburg, CEO/Registrar and Carmel Wiseman, Deputy Registrar, presented ***"The Privilege of Self-Regulation."*** This session addresses topics such as the obligations of a regulated dental professional in B.C., how dentistry is regulated under the *Health Professions Act*, and the requirement for practitioners to maintain continuing competence.

- In March, staff dentists Dr. Garry Sutton and Dr. Meredith Moores will present a session on informed consent. A lack of informed consent is a regular theme in complaints received by the College; our presenters use real examples to highlight the need to obtain – and document – the patient's informed consent.

CDAC Site Visits

Senior staff are busy preparing to be surveyors /representatives of the regulatory authority for upcoming CDAC site visits. Dr. Cathy McGregor and Róisín O'Neill will be

participating at UBC. Leslie Riva will be participating at three dental assisting programs. Site visits happen every seven years for public programs and every five years for the private programs. Numerous hours are spent in preparation through reading documentation and providing preliminary reports. Two to three days are spent on site meeting with faculty and students, after which the surveyors prepare a final report for CDAC. While there is a lot of extra work involved for the staff that participate, it is recognized to be a very important process and is considered time well spent.

Chair/Vice Chair Luncheon

The annual Chair and Vice Chair luncheon was held on 20 January 2017. This annual event was started by the Registrar some years ago. Its purpose is to enable the chairs of each of the committees to meet together to update each other on activities of their respective committees, share ideas, and to hear from the Registrar and Board President about ongoing strategic plan initiatives and areas of focus from the Board.

Board President Dr. Don Anderson welcomed the group and provided opening remarks. The Registrar then gave a presentation on the current operational/strategic plan. Next, each Chair or Vice Chair give a short presentation on the ongoing work of their respective committees. A healthy and vibrant conversation followed in which ideas and perspectives were shared.

Discipline Committee Training Session – 27 January

The College conducted a very successful and well-received training session for the Discipline Committee at the Terminal City Club 27 January 2017. Discipline Committee members must complete a training session before they can sit on a discipline committee hearing panel. The two lawyers who act as independent counsel for hearing panels, Catharine Herb-Kelly QC and David Martin, presented on a number of administrative law principles and practical tips. This was followed by the Committee members participating as mock hearing panelists in a number of hearing scenarios, with staff providing academy-award worthy performances as, variously, lawyers for the College, the respondent and the media, court reporter, patient-witness and complaint investigator.

Complaint Summaries

The *Health Professions Act* sets out the basic requirements for when Health Professions Colleges are obliged to publish information about disposition of complaints, and hearings of discipline matters. Essentially we are mandated to publish details, including the name of the registrant, were a matter has gone to hearing on the discipline side (other than if

the registrant is absolved of the charges in the citation) or where a complaint has been resolved short of the hearing and that complaint is considered a “serious matter” as defined in the legislation. The legislation does not provide much guidance beyond this point as to when and how publication of resolved complaint files should occur; although public expectation in this area is high.

The Health Regulators, working through the auspices of the Health Regulators of BC group, has developed a common framework for publication. Under that framework CDSBC publishes anonymized summaries for complaint files resolved through either a letter agreement or memorandum of understanding and agreement with the registrant. The first batch of summaries for the 2012/13 fiscal year were published some time ago on the website. They can be found at the following link: https://www.cdsbc.org/Documents/Complaint-Summaries-2012-13.pdf

A survey of these summaries will give you some idea as to the amount of time and effort it takes to generate a short summary that is easy for dentists and the public to understand, from case reports that are often complex and run to many pages. College staff have been diligently working away at this project. We are happy to report that we will shortly be publishing the case summaries for the 2013/14 fiscal year encompassing 95 individual summaries as well as the case summaries for the 2014/15 fiscal year encompassing 142 individual summaries.

Sedation Communications

The College’s December e-newsletter communicated several items related to sedation decided at the 25 November 2016 Board meeting, including: notice of the moratorium re: short-course format for pediatric moderate sedation; changes to require capnography for deep sedation patients, and capnography and/or pre-tracheal stethoscope monitoring for moderate sedation patients; and updates to standards & guidelines for deep sedation and GA Services in non-hospital facilities.

Dr. Anderson authored a blog post about all the sedation-related changes; this was distributed to registrants in the January e-newsletter.

In February an email will be sent to owners of deep and GA facilities to ask about their concerns and find out what other changes they might suggest that would better protect the public.

President Don Anderson and Sedation Committee Chair Dr. Tobin Bellamy

The topic of sedation has been added to the agenda for the February Listening Session. This will include a short presentation by Dr. Toby Bellamy, Sedation Committee Chair, followed by small group discussion about what changes participants feel should be made to any of the College's sedation standards & guidelines in order to promote the safety of the public.

Tough Topics Online

We are in the final, final stages of testing for the "More Tough Topics" course. Currently it is being tested in house with the expectation in the very near future, it will be sent to both the Board and the Quality Assurance Committee for feedback.

CDSBC | College of Dental Surgeons of British Columbia

We're All Ears: Listening Session

Victoria Conference Centre
3 November 2016

Participant Input Summary Report

28 November 2016

Table of Contents

INTRODUCTION

CDSBC recently approved a policy development process that emphasizes engagement with registrants and other stakeholders. CDSBC is building on this commitment by hosting a series of listening sessions, where registrants can learn about and engage with key topics and share their views with College representatives. The listening sessions are a province-wide opportunity to engage registrants in current policy development initiatives. More sessions will be held over the next several months.

Purpose

To strengthen the College's relationship with registrants and enhance the quality of work being done by CDSBC on key topics, by hosting an in-person event that presents information and emphasizes registrant discussion and CDSBC listening.

About this report

This report is a summary of our first listening session that took place 3 November 2016 in Victoria, B.C. It describes the session, participants and topics; it also includes a complete list of participant input and feedback compiled during the session.

A note about participant comments

The appendices contain a complete list of participant comments recorded at the listening session on flip charts. Comments representative of a theme are included in the participant input summary for each topic. Where appropriate, some comments have text in blue to indicate additional comments made by the discussion hosts for the purpose of clarifying the comment's meaning and/or for theming purposes. Corrections have been made to address spelling or other errors that did not change the meaning of the comment.

AGENDA

6:00 pm	Welcome
6:15 pm	Opening discussion
6:40 pm	Five-minute presentations on four topics
7:15 pm	Rotate through discussion stations for each topic
7:55 pm	Evaluation and closing
8:00 pm	Adjourn

SESSION FORMAT

Dr. Chris Hacker, CDSBC's Dental Policy & Practice Advisor, facilitated the listening session. After a welcome and introductory remarks, participants discussed an opening question with the other participants at their tables. They recorded their individual thoughts on sticky-notes and each table took turns sharing some of their best ideas with the entire group.

College representatives then gave short presentations on four topics. Participants were divided into eight groups (two per topic), each with its own discussion host. The groups answered questions about each topic and recorded their discussion on flip charts. The groups rotated through all four topics over the course of the evening. They had 12 minutes to discuss the first topic and seven minutes for each subsequent topic to build on the previous groups' ideas.

SESSION OVERVIEW

Topic	Presenter	Discussion hosts*	How participant input will be used
Opening Question		Various	Participant input will be considered by the Board.
Topic 1: Quality Assurance Program	**Dr. Ash Varma** *Chair, Quality Assurance Committee*	Dr. Ash Varma Dr. Alex Hird	Participant input will be considered by the QA Committee working group that is tasked with reviewing and updating the QA program.
Topic 2: Business of dentistry and corporate structures	**Greg Cavouras** *Legal Counsel*	Greg Cavouras Jerome Marburg	Participant input will be considered by the Board.
Topic 3: Dental laboratory fees	**Dr. Peter Stevenson-Moore** *Member, Ethics Committee and Past-President*	Dr. Peter Stevenson-Moore Rick Lemon	Participant input will be shared with the Ethics Committee, and considered in upcoming engagement with these issues.
Topic 4: Emerging issues in dentistry	**Jerome Marburg** *CEO/Registrar*	Dr. Patricia Hunter Dr. Susan Chow	Participant input will be considered by the Board and relevant committees to inform College strategy.

The following individuals also helped to support the listening session:

- Dr. Dustin Holben, Board Member
- Dr. Adam Pite, Vice-Chair QA committee
- Leslie Riva, Senior Manager, CDA Certification and Quality Assurance
- Anita Wilks, Director of Communications

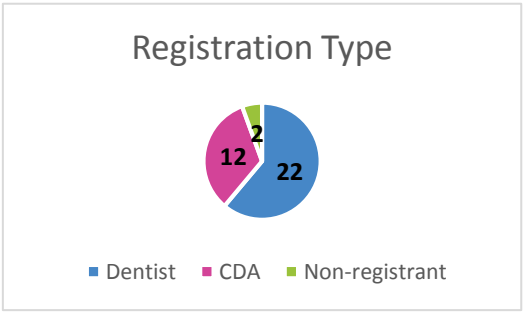
WHO PARTICIPATED IN THE SESSION

The listening session was held in Victoria, BC and 36 participants attended.

Registration type

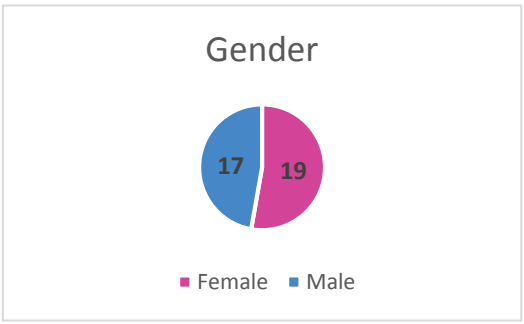
Of the 36 participants, 22 were dentists, 12 were certified dental assistants (CDAs), and 2 were non-registrants (other members of the dental team). All of the registrant participants are currently practising, with the exception of one retired dentist.

The ratio of dentists to CDAs at the listening session is not representative of the actual makeup of the College's registrants (there are almost twice as many CDAs as dentists, while at the listening session this ratio is flipped).



Gender

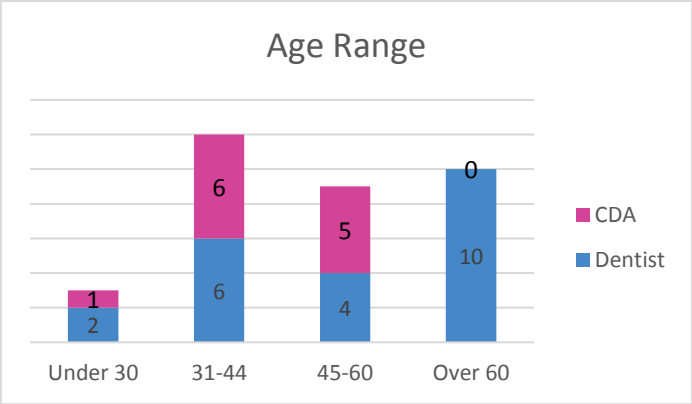
Overall, the listening session was evenly represented by both male and female registrants. All of the CDA participants were female, which reflects the College's CDA registrants overall (99% female). Among dentists at the session, males were over-represented compared to the College's registrants overall (3:1 at the session vs 2:1 overall).



Age

Participants at the listening session were generally representative of the College's registrant overall makeup, given the smaller size of the group.

Participants at the session skewed older overall, with fewer attendees in the youngest age bracket, and more attendees in the oldest bracket.



OPENING DISCUSSION

To open the listening session, participants discussed the following question, writing down their responses and sharing their ideas with the rest of their table. Responses are themed into general categories along with some examples of comments from participants in the table below.

The purpose of this question was to allow the participants to share some general concerns with early on in the session, and to allow items to be raised that may not fall within the four discussion topics on the agenda. We designed this question to give attendees the opportunity to be heard on the issues that matter to them, without limiting their responses by way of the session's structure.

Discussion question

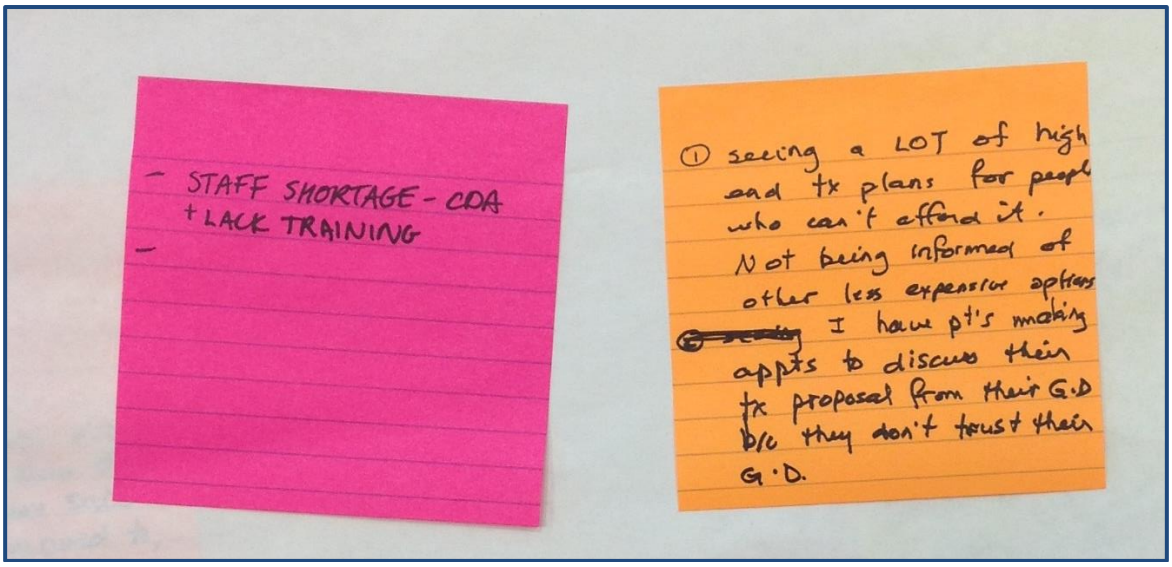
- Thinking about your own practice and what you are seeing in the profession, what would you like your regulator to know?

Participant input

General themes	What participants said
CDA capacity challenges	"Difficulty in obtaining CDAs in rural setting" "Staff shortage – CDAs lack training" "New CDA grads not as competent as they should be…" "There are not enough CE courses (for CDAs) around unless you go to a bigger city or have to be registered under DDS to go"
"Corporate Dentistry"	"How do we / a patient know a practice is corporate? How does an individual practice compete?" "Corporate dentistry and patient-centred practice in my experience are mutually exclusive concepts" "Dental practice management companies that don't know enough about dentistry / Practice (often dentist) managers either have business or dental training not both"
The reputation of the profession	"I am worried about the reputation of our profession (as a medical/health profession) against the corporate dentistry and cosmetic practices (i.e. Botox, fillers, etc.)" "Unethical advertising / advertising violations are a key threat to collegiality / public respect. I feel the College should be more proactive re: advertising enforcement" "Less collegiality amongst members of the profession. Particularly new graduates. Is ethics being taught at school? Should our regulator be educating the membership more?" "Seeing a lot of high end treatment plans for people who can't afford it. Not being informed of other less expensive options. I have patients making appointments to discuss their treatment proposal

	from their General Dentist because they don't trust their General Dentists"
Concerns related to clinical treatment / standards & guidelines	"Clarification of infection control policy regulations" "Sedation guidelines as is are too restrictive in the area of moderate sedation, especially in regards to use of 2 medications. This relates more to the adult patient." "Quality of Dentistry for First Nations dental treatment. No follow up / quality of dentistry"
Concerns related to new dentists	"New dentists and debt load" "New dentist in a very saturated market" "Legal advice or education at the student level may be required / Liaison / mentor I have noticed that young dentists seem to be signing contracts with unreasonably restrictive covenants which would not be defensible in court"

See **Appendix A** for a full list of participants' answers to the opening discussion question.



TOPIC 1: QUALITY ASSURANCE PROGRAM

Topic overview

The College Board has directed the Quality Assurance (QA) Committee to establish a working group to begin the process of enhancing its QA Program. The working group will research and develop a comprehensive plan that will:

- promote career-long hands-on learning.
- encourage collaborative discourse amongst colleagues.
- improve treatment outcomes for patients.

This initiative will require a high level of engagement with registrants and stakeholders, with a particular focus on two main topics: continuing education (CE) requirements and continuing practice hours.

Discussion questions

- What are your thoughts about the current system of Continuing Education?
- What else might help you grow dental knowledge and skills?
- (Optional) What might be a better way than continuing practice hours to demonstrate that you are current in your practice skills?

Participant input

Participants discussed both main questions, offering feedback on the current system of CE and suggestions on how they might grow their dental knowledge and skills. Continuing practice hours were also discussed, but conversation focused more on continued learning.

General themes	What participants said
Opportunities/inadequacies exist within the current program but a one-size-fits-all solution won't work	"Poor quality courses" "CE should make you better." "Mandatory CE some courses should be required" "Geographic locations (challenges)" "Sometimes confusing when it comes to selecting categories for credit" "CE ok as is" "Hands on not good for all learning types. Have flexibility in how you get CE"
Support for hands-on and group mentoring/support	"Mentorship - want more opportunities" "Hands on is good

	○ Hours more valuable ○ Limited options for CDAs”
Concerns specific to CDAs learning options	“CE for CDAs good → hard to find subject / variety” “CDA CE Requirements should be rigourous” “CDA possible hands on courses ○ rubber dam application ○ provisional restorations ○ sealants ○ impression making ○ radiography”
Opportunities for the future	“Expanded opportunities – online” “Online forum – for feedback and learning” “More podcasts”
Continuing Practice Hours seem arbitrary	“Inflexible – does not account for changing career models” “Nothing a College can do to verify reporting – Quality of Continuing Practice Hours varies. Continuing Practice Hours are meaningless.” “Bare minimum (CDA)”

See **Appendix B** for a full list of participants’ comments.

TOPIC 2: BUSINESS OF DENTISTRY AND CORPORATE STRUCTURES

Topic overview

The "corporatization" of dentistry, as an ownership structure, continues to be a topic creating a lot of discussion within the profession. Subject to the ownership rules and accountability, the College is primarily concerned with patient care and not corporate structures, but does recognize that there are inherent challenges for dentists as both a business person and a healthcare professional. The College has tools addressing both quality of care and ownership to ensure that appropriate care is being delivered by the appropriate people. The College wants to hear from registrants about what problems/challenges they see, so that any gaps in the tools that we do have can be identified and addressed.

Discussion questions

- What aspects of corporate dentistry are affecting patient-dentist interactions, and how do you know this?
- What could CDSBC do to address these challenges?

Participant input

Participants discussed several aspects of "corporate dentistry", including anecdotal feedback, and provided potential solutions to the concerns they raised.

General themes	What participants said
Financial needs of the business taking priority over patient care	"Creating 'wants' rather than treating dental needs" "Overtreatment - No justification (evidence) for proposed treatment" "Quotas (hearing about anecdotally)" "Big corps are squeezing 'costs' by reducing staff and driving down wages"
Autonomy and staff concerns	"Dental loss of professional autonomy • Procedures/materials/referral specialists being determined by manager/principal" "CDAs / Hygienists / Receptionists are incentive driven • Bonuses for meeting • If earn X this month, everyone gets a bonus • Certain targets" "Staff issues • Unfair treatment of associate dentists and staff by managers/principals • Loss of continuity due to high staff turnover and reliance on temporary staff"

Ownership/structure solutions	"Can we limit the number of practices a dentist can own?" "Can we mandate owner must practice in their "owned" office? i.e. must do general dentistry at least X% of time in practice" "Need to ensure Accountability of non-dentist managers"
Ethical concerns	"Address 'quotas' of any sort as an ethical issue → speak to it in code of ethics / articles" "Need to reinforce ethical conduct and accountability of clinicians • Increased education/involvement w/ students"

See **Appendix C** for a full list of participants' comments.

TOPIC 3: DENTAL LABORATORY FEES

Topic overview

The College was recently asked to investigate a complaint regarding dental laboratory fees that had ethical considerations. The Inquiry Committee asked the Board for direction, which in turn tasked the Ethics Committee with considering a framework for dental lab fees. There are a number of considerations, including lab ownership, third-party vs. in-house labs, discounts/incentives, and the blending or averaging of lab costs. The College wants to hear from registrants about their experiences in this area to gain further insight.

Discussion questions

- What are your concerns, if any, about how some offices are charging the patient for laboratory fees?
- What are the models you have seen?
- What else should CDSBC be consider on this topics?

Participant input

Participants engaged with the questions by sharing some anecdotes and discussing a few of the models they have seen. Participants were largely unaware of these kinds of issues with dental laboratory fees.

General themes	What participants said
Lack of awareness of issue	"Not known if widespread" "Are we fishing for a problem?" "Require more information/specifics"
Competition issues	"Look into implications of response of competition" "Large managed group practice dictates to associates where lab work is done – not acceptable – should be the associate practitioner's choice as to where work is sent, with the opportunity to consider local recommendations. Potential for conflict of interest if the owner also owns the laboratory." "Outsourcing for cheaper fee?"
Estimate/billing models (particular lack of support for "averaging" lab costs)	"Wide variety of costs depending on material size of restoration" "Estimates - How best to handle cost variation when estimating? • Lump sum – clinic and lab not separated in estimate • Separate items – clinic and lab • Add % to cover warranty? ○ A cost variation"

	"Lab fees should be passed to patient and not averaged" "Discounts on bulk amounts or gift cards pass along to patient or insurer"
Ethics / conflict of interest / transparency / informed consent concerns	"Dentists inflating lab cost" "Must be communicated to patient" "Questionable ethics?"
General feedback	"Some labs encourage use of cheaper materials to new dentists – be careful" "Tendency to rely on / trust labs"

See **Appendix D** for a full list of participants' comments.

TOPIC 4: EMERGING ISSUES IN DENTISTRY

Topic overview

The bulk of the College's time and resources are spent on items required by legislation. The Board has set its priority items (outside of those core activities) for the year ahead. Dentistry is constantly changing, and the Board would like to hear from registrants about the issues that it is likely to need to prepare for in the future to fulfill its mandate to protect the public.

Discussion question

Thinking ahead to five years from now, what emerging issues do you want the College to be aware of to meet its mandate of public protection?

Participant input

General themes	What participants said
Effects of "corporatized practice"	"Financial pressures (Over treatment/overcharging)" "Corportization → public is the real loser" "Convince government it's in public interest that dentist must own dental practise"
Ethical concerns	"Stress on ethics • Financial • Cultural • Professional • corporate structure"
Access & quality of care concerns	"Access to care – where do people go who don't have the resources" "Quality of care for indigenous population – should be equal to everyone else" "5 years → even more dentists. Have a plan to give incentive to new dentists in rural areas"
Patient focus	"Patient's lack of voice" "Patient expectations" "College support in educating patients about dental plans"
Increased competition	"Too many dentists (BC is a desirable place to live)" "Labour mobility → more foreign trained dentists" "Advertising: enforcement of bylaws / be more proactive about searching out people not following the bylaws"

See **Appendix E** for a full list of participants' comments.

EVALUATION AND NEXT STEPS

Registrants were asked to complete an evaluation form at the end of the session. Overall, registrants liked the opportunity to have guided small group discussions with their peers and a few commented that session could have been longer and suggested more Q&A time with the entire group or a debriefing at the end.

Survey responses

General themes	What participants said
What worked well	"Working in small groups!" "Keeping discussion focused, not moving it to get off topic - could have gone on all night without good control/leadership. Thx!" "Less formal."
What could be improved	"Need more time to discuss /add/create.- perhaps pre-session email of this is what's happening and think of more things?" "Need more time for summary of all the different group ideas. Looking forward to the written summary." "More Q&A time - addressing the entire crowd."

See **Appendix G** for all of the registrant evaluations.

What happens next?

This report will be shared with the Board and relevant committees for their consideration as outlined in the session overview.

The first listening session was a success and the College will continue this listening exercise by hosting more sessions throughout the province in 2017. Upcoming listening session dates will be posted to the events page of the College website.

APPENDICES

Appendix A: Opening discussion

Opening Question: Thinking about your own practice and what you are seeing in the profession, what would you like your regulator to know?

- Training – DAs / CDAs – wants to do his own training
- Difficulty in obtaining CDAs in rural setting
- Less collegiality amongst members of the profession. Particularly new graduates. Is ethics being taught at school? Should our regulator be educating the membership more?
- Respect for dentist and professional judgement
- Regulatory decisions cost money in dental practices and effect access to care
- Lack of ethics
- Overuse of aggressive billing

- I worry about large corporate dentistry
- Staff shortage – CDAs lack training
- Seeing a lot of high end treatment plans for people who can't afford it. Not being informed of other less expensive options. I have patients making appointments to discuss their treatment proposal from their General Dentist because they don't trust their General Dentists
- Seeing a lot more patients that need treatment finished because practitioner got a lot over their head. They end up losing a patient forever. The patient likely would have preferred to have a good experience in a specialist's office than go back to general dentist for good exp.
- Quality of dentistry for First Nations dental treatment. No follow up / quality of dentistry / overbilling
- Value of additional modules for CDAs
- Clarification of infection control policy regulations
- Unethical advertising / advertising violations are a key threat to collegiality / public respect. I feel the College should be more proactive re: advertising enforcement

Transparency / Communication

- (1) Maximum of 2 consecutive terms in executive
- (2) More details on discipline matters, names, etc. Transparency

Improvement /OPP

- Mentorship program

Promotion / Reputation of Profession

- Integrity and cheapening the profession
- Advertising
    - Out of control
    - Disregard for other members
    - Misrepresentation and manipulation
        - Advertising flyers

Alignment with other Health Professions

- More support between college and medical profession
    - Regarding pre-antibiotics

- Hygiene registration → Dentist/CDA

- I am worried about the reputation of our profession (as a medical/health profession) against the corporate dentistry and cosmetic practices (i.e. Botox, fillers, etc.)
- Scope of practice for CDA staff

- QA
- CDA shortage
- New dentists and debt load
- New dentist in a very saturated market
- Ethical suggestions regarding child oral health negligence
- New grade not up to snuff / not as willing to learn – not same work ethic
- When providers move offices, previous office won't say where said provider has moved to and patients upset
- Clarity on upcoming promotional activity changes
- New CDA grads not as competent as they should be … attitudes / Dentists need to know their CDAs need a break
- Dental practice management companies that don't know enough about dentistry / Practice (often dentist) managers either have business or dental training not both
- New CDA grads don't seem to know everything they should and poor work ethic
- Private Hygiene Clinics not following 365 Rule
- Corporate dentistry and patient-centred practice in my experience are mutually exclusive concepts
- How do we / a patient know a practice is corporate? How does an individual practice compete?
- Legal advice or education at the student level may be required / Liaison / mentor I have noticed that young dentists seem to be signing contracts with unreasonably restrictive covenants which would not be defensible in court
- Patient to be informed when a private practice has been purchased by a management company / what this means to them
- Why can't CDAs give patient NSAIDS once DDS has instructed dosage?
- There are not enough CE courses around unless you go to a bigger city or have to be registered under DDS to go
- Associate dentist contractually

- College as part of its mandate to protect the public need to impress on the government the need to provide better coverage for patients with disabilities, especially the patients with mental issues
- Need more input in regards to the 900 hrs. rule as it pertains to female dentists who take leave for pregnancy or a dentist who is undergoing treatment for a serious disease (i.e. cancer)
- Sedation guidelines as is are too restrictive in the area of moderate sedation, especially in regards to use of 2 medications. This relates more to the adult patient.

Appendix B: Quality Assurance Program

Discussion host: Dr. Ash Varma

Continuing Education

- Poor quality courses
- Not enough good ones
- Good as is
- More CE for CDA: (hours)
- CE should make you better
- Mandatory CE some courses should be required
    - CPR
    - Recordkeeping
    - Others?
- Sometimes confusing when it comes to selecting categories for credit
    - All the time for some
- Not enough time to get CE
- Expanded opportunities
    - Online
- Like current system
- Online forum – for feedback and learning
- Not enough specifics for CDAs
- How to access learning opportunities
- Put on website
- How to find courses
- Geographic locations (challenges)
- Mentorship want more opportunities
- More podcasts
- Study clubs
- CDA possible hands on courses
    - rubber dam application
    - provisional restorations
    - sealants
    - impression making
    - radiography

Continuing Practice Hours

- CP has value
- Can get rusty if not
- bare minimum (CDA)

Discussion host: Dr. Alex Hird

Continuing Education

- Okay now
- Limits on subject/category ok
- CE ok as is.
- Hands on not good for all learning types
    - Have flexibility in how you get CE
- Encourage business development
    - Healthy practices / profession for public good
- CE for CDAs good → hard to find subject / variety
- CDAs need to be more included in different subjects

- Needs of CDAS need to be considered
- CDA CE Requirements should be rigourous
- Some don't like recertification for CDAs
- Peer evaluation
    - Who is doing it
    - Colleagues
- Increase practice management hours
    - Local Norms?
    - Affects cost of care
- Currently easy to pass
- Hands on is good
    - Hours more valuable
    - Limited options for CDAs
- Current quality of treatment inadequate
    - Increase education
- Mentorship
- Categorize CE courses by subject
- Clusters of practitioners to call upon

Continuing Practice Hours

- CPH
    - inflexible
    - Does not account for changing career models
- Nothing a College can do to verify reporting
    - Quality of CPHs varies
    - CPH meaningless

Appendix C: Business of dentistry and corporate structures

Discussion host: Jerome Marburg

1. Overtreatment
    - No justification (evidence) for proposed treatment
2. Is stage of career affecting treatment planning
    - Young or too idealistic
    - More experienced = more conservative
    - Some say exactly the opposite. Young dentists not over treating. Older dentists are.
3. Quotas (hearing about anecdotally)
4. Philosophy driven by certain CE institutes and organizations – Creating "wants" rather than treating dental needs
5.
    a) How do/can new dentists compete with established practices
    b) Big corporations are buying practices at a premium – driving price up for others
6. CDAs / Hygienists / Receptionists are incentive driven
    - Bonuses for meeting certain targets
        - E.g. If earn X this month, everyone gets a bonus
7. Big corps are squeezing "costs" by reducing staff, driving down wages
8. Who is the patient's dentist
    - Continuity of care
    - Dental staff turn-over due to #7 squeeze

Solutions:

- Can we mandate owner must practice in their "owned" office?
    - Must do general dentistry at least X% of time in practice you own
- Can we limit the number of practices a dentist can own?
- How can we get people affected by corporate dentistry practices to speak out / share their experiences?
    - Dentists
    - Staff
    - Patients
- Model clauses in:
    - Practise / sale agreement (earning quota in sales agreement)
    - Associate
    - Employment
- Address "quotas" of any sort as an ethical issue → speak to it in code of ethics / articles

Discussion host: Greg Cavouras

- $ Business taking priority over patient care
    - Quotas
    - Focus on maximizing revenue instead of what is best for the patient
- Dentist loss of professional autonomy
    - Procedures/materials/referral specialists being determined by manager/principle
- Staff issues
    - Unfair treatment of associate dentists and staff by managers/principles
    - Loss of continuity due to high staff turnover and reliance on temporary staff
- Need to ensure Accountability of non-dentist managers
    - Concern that College rules don't apply to corporate practices
- Inadequate/incomplete information for patients about ownership and who is responsible for treatment
- Need to Reinforce ethical conduct and accountability of clinicians
    - Increased education/involvement w/ students

Appendix D: Dental laboratory fees

Discussion host: Rick Lemon

- Running fees through secondary labs for a fee (Must have informed consent)
    - Where is lab? / Out of country?
- Not known if widespread
- No clarification to patients about extra fees
- Is there a breakdown on fee guide for this?
- Not supportive of averaging
- Require more information / specifics
- Some labs encourage use of cheaper material to new dentists – be careful
- Tendency to rely on / trust labs
- Is it a "policing lab issue"
- Are we fishing for a problem?
- Must be communicated to patient
- Dentists inflating lab cost
- Need to clarify lab fees
- Wide variety of costs depending on material size of restoration
- Discounts on bulk amounts or gift cards pass along to patient or insurer
- Questionable ethics?

Discussion host: Dr. Peter Stevenson-Moore

Anecdotes:

- Out-sourcing
    - Received new lab slip
    - Work of lesser quality than local techs – now shut down relationship with China
    - Open pack – smell is wrong – don't feel right
- Associate gets benefit for using Cerec
    - Deceased compensation to associate
- Large managed group practice dictates to associates where lab work is done – not acceptable – should be the associate practitioner's choice as to where work is sent, with the opportunity to consider local recommendations. Potential for conflict of interest if the owner also owns the laboratory.
- Lab fees should be passed to patient and not averaged
- Quote should provide cost to patient
- Charge the actual cost
- Look into implications of response of competition
- Estimates - How best to handle cost variation when estimating?
    - Lump sum – clinic and lab not separated in estimate
    - Separate items – clinic and lab
    - Add % to cover warranty?
        - A cost variation
- Outsourcing for cheaper fee?

Appendix E: Emerging issues in dentistry

Discussion host: Susan Chow

1. Too many dentists
    - B.C. is a desirable place to live
2. Financial pressure
    - over treatment
    - over charging
3. Patient's lack of voice
4. Who is advocating for old + young patients?
5. Ethics
6. Re-certification → ? → valid
7. Education →
8. 5 years → even more dentists. Have a plan to give incentive to new dentists in rural areas
9. Monitor → surprise visits
10. Business of dentistry mentorships to new dentists
11. Corportization → public is the real loser
12. Labor mobility → more foreign trained dentists
13. Computer technology
14. Access to care for the disabled: medically compromised

Discussion host: Patricia Hunter

1. Increased number of dentists and decreased ratio of Patient/Dentist
2. Stress on ethics
    - Financial
    - Cultural
    - Professional
    - Corporate structure / Culture
3. How do you do corporate dentistry so it's done well
    a) non-practising dentist not allowed to own
    b) need to be major practising dentist in each dental practice they own
    c) managers – know dentistry and business (formal training)
    d) don't allow quotas

* Each dentist should have control over their treatment plan and maintain own "patient family"

4. Pay licensing fee based on income – and/or the number of (complaints – with legitimate issue) a dentist has had against them, i.e. based on how much time they take up in the "inquiry system" so the "frequent fliers" would pay more.
    - this might result in dentists paying off patients to avoid complaints
5. Advertising
    - Enforcement of bylaws
    - Be more proactive about searching out people not following bylaws
6. Release newest guidelines on antibiotic pre-med
7. Patient expectations
8. College support in educating patients about dental plans
9. Access to care – where do people go who don't have the resources
10. Quality of care for indigenous population – should be equal to everyone else
11. Convince government it's in public interest that dentist must own dental practise

Appendix F: Speaker Biographies

Dr. Ash Varma
Chair, Quality Assurance Committee

Ash has been a volunteer with the College since 1989. He has served on many committees, and chairs the QA committee and the CE subcommittee. He served as both President and Vice-President of the College Board. Prior to that, he was the Upper Island board member for several years. Ash practises in Powell River.

Greg Cavouras
Legal Counsel

Greg is Legal Counsel for the College. He acts for the College in a wide range of legal proceedings, including discipline cases, unauthorized practice and complaints review before the Health Professions Review Board. Prior to joining the College, Greg was a litigator for a leading national law firm.

Dr. Peter Stevenson-Moore
Member, Ethics Committee and Past-President

Peter is a long-time volunteer with the College. He has chaired several committees and served the Board as President, Vice-President and Treasurer – and prior to that was the Certified Specialist board member. Peter is currently the Vice-Chair of the Nominations Committee and member of the Ethics Committee. He practises prosthodontics in Vancouver.

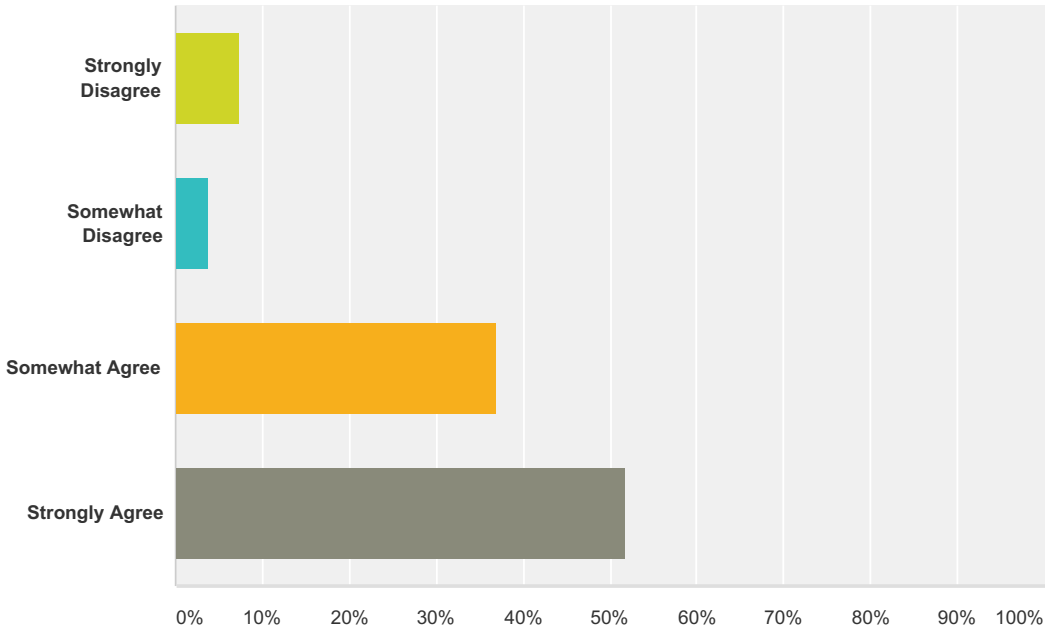
Jerome Marburg
CEO/Registrar

Jerome is the College's Registrar and CEO. He directs all administrative and operation matters, including the regulatory and policy responsibilities set out in the *Health Professions Act*, regulations and CDSBC Bylaws. Jerome has extensive experience as a regulator, executive manager and general counsel for professional regulatory bodies, with a strong background in board governance, policy analysis and practical business administration.

Appendix G: Participant evaluations

Q1 I had adequate opportunities to express my views.

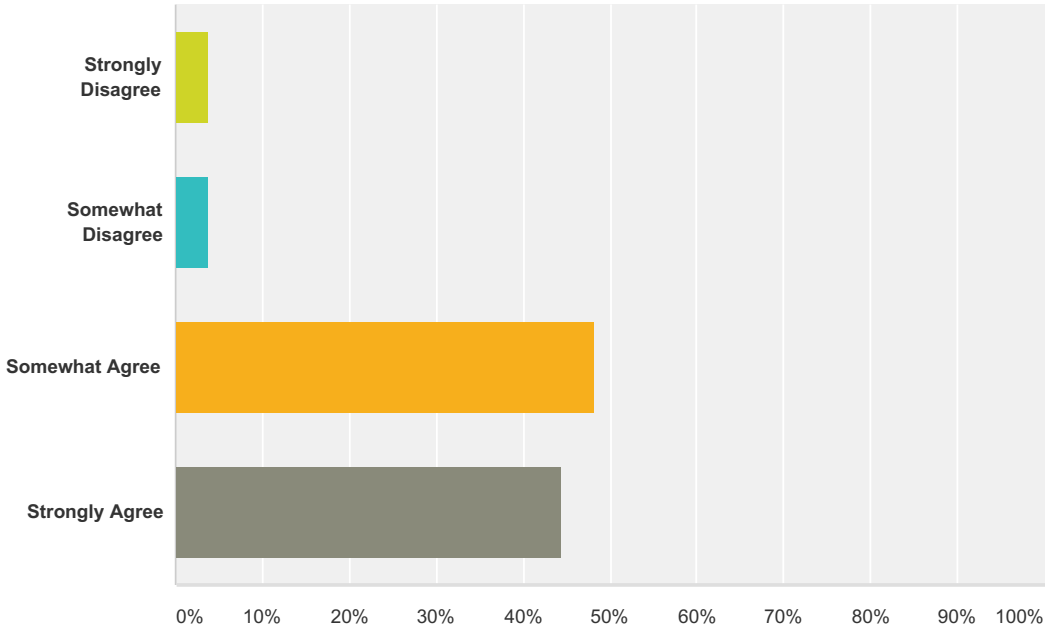
Answered: 27 Skipped: 0



Answer Choices	Responses	
Strongly Disagree	**7.41%**	2
Somewhat Disagree	**3.70%**	1
Somewhat Agree	**37.04%**	10
Strongly Agree	**51.85%**	14
Total		**27**

Q2 There was adequate opportunity for participants to exchange views and learn from each other.

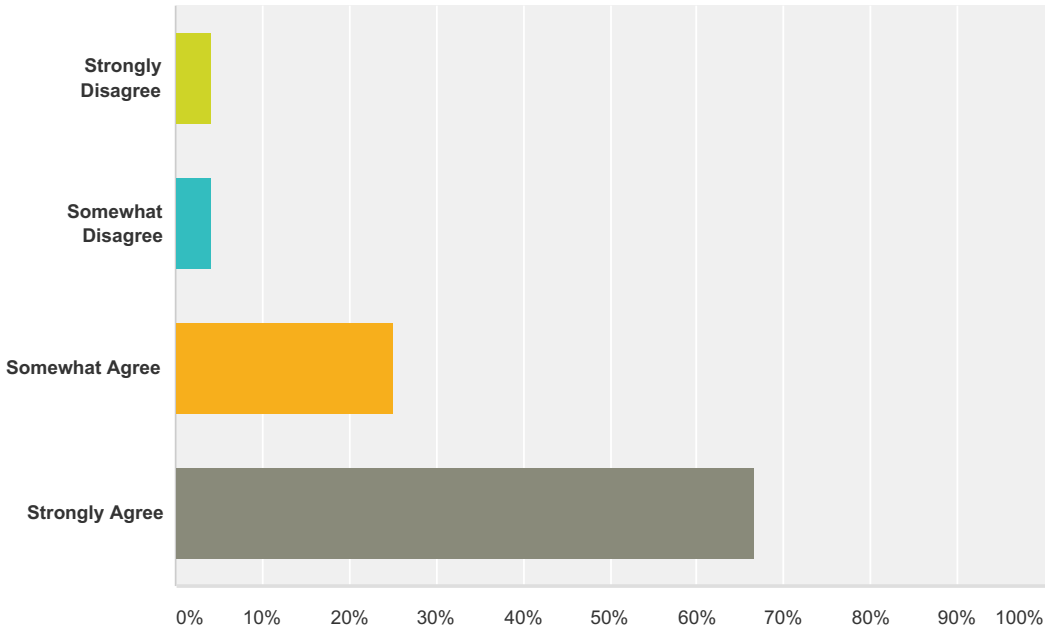
Answered: 27 Skipped: 0



Answer Choices	Responses	
Strongly Disagree	**3.70%**	1
Somewhat Disagree	**3.70%**	1
Somewhat Agree	**48.15%**	13
Strongly Agree	**44.44%**	12
Total		**27**

Q3 CDSBC demonstrated a commitment to listening.

Answered: 24 Skipped: 3



Answer Choices	Responses	
Strongly Disagree	**4.17%**	1
Somewhat Disagree	**4.17%**	1
Somewhat Agree	**25.00%**	6
Strongly Agree	**66.67%**	16
Total		**24**

Q4 Additional comments on the Quality Assurance Program review?

Answered: 10 Skipped: 17

#	Responses	Date
1	Support programs for CDAs - safe.	11/4/2016 11:00 AM
2	Seemed to mute discussion and control the outcome!	11/4/2016 10:59 AM
3	How do patients know what good dentistry looks like? How do patients know what makes a good dentist? ie. skills just not personable and charming.	11/4/2016 10:55 AM
4	Thank you for trying but I don't think the College can ever really assure quality.	11/4/2016 10:54 AM
5	Need more hands on learning opportunities.	11/4/2016 10:46 AM
6	Emphasis on multifaceted approach.	11/4/2016 10:45 AM
7	Antibiotic overuse. Informed consent - Pt. need to be given their options. Competency within office specialties - ortho, implants.	11/4/2016 10:28 AM
8	Could be more effective of more time allowed perhaps a one day event. A positive start to be receptive to the registrants.	11/4/2016 10:26 AM
9	Everything comes back to "ethics"	11/4/2016 10:18 AM
10	It's difficult to address or achieve anything with such chopped up time slots for each zone.	11/4/2016 10:07 AM

Q5 Additional comments on Business of dentistry and corporate structures?

Answered: 6 Skipped: 21

#	Responses	Date
1	Got to share all my thoughts.	11/4/2016 10:54 AM
2	Need more control over this type of practice and evacuation of ethical practices.	11/4/2016 10:46 AM
3	Crystalise the issues by creating structure to control/regulate.	11/4/2016 10:45 AM
4	$ is the focus. Large corporations. Corporatization is the mechanism for $. Symptoms: Compromised ethics. Advertising. Poor patient tereatment	11/4/2016 10:37 AM
5	Are owners of dental corp etc. licensed to practise in the province of their clinics?	11/4/2016 10:21 AM
6	Everything comes back to "ethics"	11/4/2016 10:18 AM

Q6 Additional comments on Dental laboratory fees?

Answered: 8 Skipped: 19

#	Responses	Date
1	Didn't know there was an issue.	11/4/2016 10:57 AM
2	Didn't know this was a problem.	11/4/2016 10:54 AM
3	This is not a problem?? Why we talk about?	11/4/2016 10:51 AM
4	Interesting to know.	11/4/2016 10:48 AM
5	Perhaps survey and put out a cost recommendation/range like the fee guide.	11/4/2016 10:45 AM
6	If the patient is clear on costs, I don't see an issue.	11/4/2016 10:37 AM
7	What! I didn't know there was a problem. Maybe address on a case by case basis?	11/4/2016 10:23 AM
8	Ethics	11/4/2016 10:18 AM

Q7 Additional comments on Emerging issues in dentistry?

Answered: 5 Skipped: 22

#	Responses	Date
1	Tighter regulations for CDA programs (schools).	11/4/2016 10:54 AM
2	Pt. care vs. $$. What's more important now.	11/4/2016 10:51 AM
3	Access to care.	11/4/2016 10:37 AM
4	Accreditation of foreign dentists --> too may dentists.	11/4/2016 10:21 AM
5	Ethics	11/4/2016 10:18 AM

Q8 What worked well at the Listening Session?

Answered: 20 Skipped: 7

#	Responses	Date
1	Group discussion and way groups were established.	11/4/2016 11:07 AM
2	Many concerns brought to light.	11/4/2016 11:05 AM
3	For me - conversing with my peers.	11/4/2016 11:00 AM
4	Very disorganised.	11/4/2016 10:59 AM
5	Hearing the different concerns from the different team members.	11/4/2016 10:57 AM
6	Everything!	11/4/2016 10:55 AM
7	Group discussion	11/4/2016 10:54 AM
8	Being in groups and discussing different topics and taking the time to discuss.	11/4/2016 10:51 AM
9	Some ability to express opinion.	11/4/2016 10:49 AM
10	Adjudicators - fabulous	11/4/2016 10:48 AM
11	Small groups.	11/4/2016 10:46 AM
12	Short guided discussions.	11/4/2016 10:45 AM
13	Keeping discussion focused, not moving it to get off topic - could have gone on all night without good control/leadership. Thx!	11/4/2016 10:39 AM
14	More structured, less individual opportunity to talk about "real" concerns or individual concerns.	11/4/2016 10:33 AM
15	Working in small groups!	11/4/2016 10:28 AM
16	Breaking into smaller groups with a board member to discuss large issues.	11/4/2016 10:23 AM
17	Multiple ideas and approaches - brainstormed.	11/4/2016 10:21 AM
18	Good interaction	11/4/2016 10:18 AM
19	Dentists should have more say (a vote) in any financial or budgetary issues.	11/4/2016 10:07 AM
20	Less formal.	11/4/2016 10:02 AM

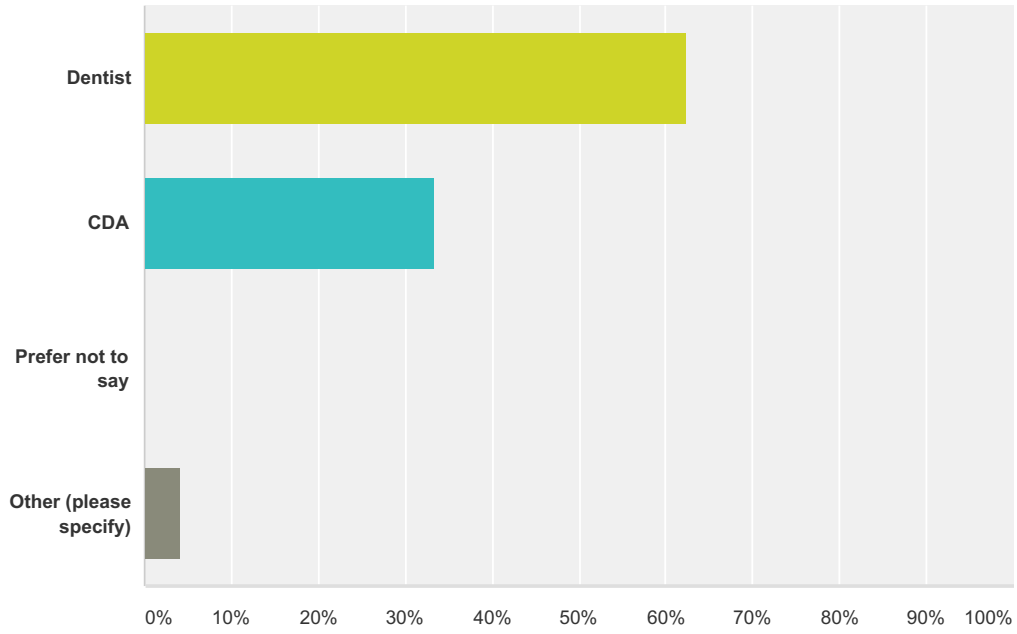
Q9 What could have been improved about the Listening Session?

Answered: 18 Skipped: 9

#	Responses	Date
1	Possibly a larger discussion? I was satisfied with the length of time for discussion but some wanted more.	11/4/2016 11:07 AM
2	Debriefing session: all present participating-->open discussion.	11/4/2016 11:05 AM
3	Time allowance.	11/4/2016 11:00 AM
4	Q&A.	11/4/2016 10:59 AM
5	Time length: too many topics and speakers and discussion forums for 2 hour session. Felt rushed.	11/4/2016 10:57 AM
6	Perhaps a little longer.	11/4/2016 10:55 AM
7	Could have been wine.	11/4/2016 10:54 AM
8	More time. The session was not long enough. And some wine please. :)	11/4/2016 10:51 AM
9	Ask each participant for their opinion.	11/4/2016 10:49 AM
10	"Merry" go round!	11/4/2016 10:48 AM
11	Slightly longer sessions. Use a bell or ringer. Designate numbers to people beforehand. (There was a bit of confusion).	11/4/2016 10:45 AM
12	More Q&A time - addressing the entire crowd.	11/4/2016 10:29 AM
13	Nothing.	11/4/2016 10:28 AM
14	Too many issues in a short time. Maybe break into two sessions.	11/4/2016 10:23 AM
15	Need more time for summary of all the different group ideas. Looking forward to the written summary.	11/4/2016 10:21 AM
16	Would have been good to have a few more local people here participating - maybe next time.	11/4/2016 10:18 AM
17	Longer session.	11/4/2016 10:07 AM
18	Need more time to discuss /add/create.- perhaps pre-session email of this is what's happening and think of more things?	11/4/2016 10:04 AM

Q10 To which of the following groups do you belong?

Answered: 24 Skipped: 3



Answer Choices	Responses	
Dentist	**62.50%**	15
CDA	**33.33%**	8
Prefer not to say	**0.00%**	0
Other (please specify)	**4.17%**	1
Total		**24**

#	Other (please specify)	Date
1	no response	11/4/2016 10:05 AM


1
2
3
CDSBC