

**BOARD MEETING**  
**Saturday, 15 September 2018**

**Terminal City Club**  
**837 West Hastings St. Vancouver, B.C.**  
**“Skidmore Room”**

**MINUTES**

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The meeting commenced at 8:30 am.

**In Attendance**

Dr. Peter Lobb, President	Ms. Barb Hambly
Dr. Patricia Hunter, Vice-President	Dr. Dustin Holben
Dr. Doug Conn, Treasurer	Mr. Oleh Ilnyckyj
Mr. Gurdeep Bains	Ms. Dorothy Jennings
Dr. Deborah Battrum	Ms. Cathy Larson
Dr. Richard Busse	Ms. Sabina Reitzik
Dr. Ken Chow	Mr. Carl Roy (by phone)
Dr. Jeff Coil	Dr. Masoud Saidi
Dr. Heather Davidson, PhD	Dr. Mark Spitz
Ms. Dianne Doyle	Mr. Neal Steinman
	Dr. Lynn Stevenson, PhD

**Regrets:**

Ms. Sabine Feulgen

**Staff in Attendance**

Dr. Chris Hacker, Acting Registrar  
Ms. Nancy Crosby, Manager of CEO's Office  
Ms. Joyce Johner, General Counsel  
Dr. Meredith Moores, Acting Director of Professional Practice  
Ms. Róisín O'Neill, Director of Registration and HR  
Ms. Leslie Riva, Sr. Manager, CDA Certification and QA  
Ms. Marife Sonico, Administrative Assistant, Registrar's Office  
Dr. Peter Stevenson-Moore, Dental Policy Advisor  
Ms. Anita Wilks, Director of Communications  
Mr. Dan Zeng, Director of Finance and Administration

**Invited Guests**

Mr. Harry Cayton, Professional Standards Authority UK



## **1. Call Meeting to Order and Welcoming Remarks**

The President, Dr. Peter Lobb, opened the meeting with the territorial acknowledgment.

Dr. Lobb welcomed everyone to the meeting and asked board members and staff to introduce themselves. He announced that Mr. Carl Roy is joining by phone while Ms. Sabine Feulgen is unable to attend.

Mr. Harry Cayton observed the meeting within his powers under the Public Inquiries Act.

## **2. Increasing Transparency at Board meetings**

The President expressed excitement for the year ahead and announced that in the interest of openness and transparency, most of the meeting will be in the open portion.

## **3. Consent Agenda**

- a. Approve Agenda for 15 September 2018 (*attachment*)
- b. Approval of Board Minutes of 16 June 2018 (*attachment*)
- c. Reports from Committees (*attachments*)

Dr. Lobb outlined the following changes to the agenda:

- Between items 4 & 5, Mr. Harry Cayton will provide a brief summary on the progress of his review.
- Item 5 will be broken down as follows:
  - a) Board Confidentiality Certification update
  - b) Conflict of Interest discussion
- Item 20 (BC Health Regulators) and 23 (Electronic storage of motions and minutes from “board only” sessions) will be taken out of In Camera and moved to the open portion.



**MOTION: Coil/Doyle**

***That the board approve the amended agenda for the 15 September 2018 board meeting.***

**Carried**

**The other items in the consent agenda was approved by consent.**

#### **4. Business Arising from the Consent Agenda**

There was no business arising from the consent agenda.

##### **Review of the College**

The President introduced Mr. Harry Cayton, who has been appointed by the government to conduct a review of the College early this year. Mr. Cayton was requested to provide a brief summary of the progress of his review.

Mr. Cayton thanked everyone for being very welcoming, open and helpful throughout his review. He explained that there are two parts in the process. One is to look into the performance of the College and make recommendations about potential reform of the framework of health regulation in BC. He noted that he is close to the end of the first part having completed the preparatory work of the governance piece. The other areas which will be included are the review on operations, external relationships and a fourth section about public protection and patient safety. The question to be asked and answered: Is the College fully committed to it's mandate to protect the public?

The second part is about the HPA and looking at what the objectives of a modern regulatory framework should be and identifying what areas of regulation are or aren't working. The final piece will be the transitional arrangements towards a changed system and updated legislation where it is deemed necessary to facilitate the regulators' ability to protect the public.

He expects his report to be complete before the end of the year. In response to a question, Mr. Cayton added that he will share an interim report mainly for fact-checking.



## 5. Board Confidentiality Certification – Update *(attachment)* and Conflict of Interest and Bias

### A. Board Confidentiality Certification – Update

Dr. Chris Hacker provided a background on the discussion that happened at the June Board meeting regarding the unauthorized disclosure of confidential information to The Globe & Mail. As part of the Board's investigation into the unauthorized disclosure, a Confidentiality Certification was distributed to board members at the meeting on the recommendation of outside counsel, Mr. David Loukidelis, QC. By signing the certificate, the past or present Board member acknowledge that they, at no time, had given confidential information to an outside source. Dr. Hacker added that there is no greater responsibility that a board member has than to maintain confidentiality.

Ms. Joyce Johner informed the Board that all 2017/18 as well as incoming 2018/19 Board members were given a copy of the Confidentiality Certification to sign. A former public Board member and the former Registrar were likewise requested to sign the certification.

### B. Conflict of Interest and Bias

The President spoke to this topic and reminded Board members of the expectation that if they are unable to make a completely free and honest assessment of a topic in the agenda, they should excuse themselves for that portion of the meeting. As best practice, he suggested that if, after receiving the board package, a Board member recognizes that there is something that they potentially have a conflict of interest, it will be disclosed immediately and that will be noted in the board minutes.

There was a suggestion to have a renewal of the declaration of interest at every board meeting. Dr. Hacker felt that this could be applied in 3 ways: a published declaration of interest, a renewal of that declaration of interest before a board meeting, and a declaration during discussion as soon as potential conflict is recognized.

Dr. Patricia Hunter reported that the Governance Committee is looking at these options and has tasked staff to develop a declaration of conflict of interest template. A board member suggested that the Governance Committee also consider having a template in the agenda as a constant reminder and affirmation.



**Action:** Staff to develop a Declaration of Conflict of Interest template to be included in the board package

## **6. Public Participation at Annual General Meeting – for discussion** *(attachment)*

Ms. Joyce Johner presented her findings on how other health regulatory authorities in the province address public participation. Dr. Hacker noted that the policy of regulatory colleges regarding public participation at meetings vary. However, in the interest of increasing transparency, the Board can provide direction in terms of the extent the public can participate during College meetings.

While the Board is generally supportive of the move to engage with the public and hear their concerns, there were some questions and different suggestions on how to do it. Dr. Lobb suggested that this topic be added to the Governance Committee meeting agenda so they can provide suggestions.

**Action:** Governance Committee to present recommendations at November Board meeting

## **7. Dental Therapist Update**

- Letter from Mr. John Mah, First Nations Health Authority *(attachment)*

At the June Board meeting, staff informed the Board about the request of FNHA to extend the tri-partite agreement between the Ministry of Health, FNHA and CDSBC that defines parameters by which dental therapists will be regulated by the CDSBC. The original agreement was intended to be time-limited with a sunset clause ending March 2019. The dental therapists had expressed concerns that the sunset clause threatens their job security. As such, the FNHA requested that the sunset clause be eliminated in the extended agreement.

Upon determining that the original tri-partite agreement could not be located, Dr. Hacker informed the board that based on conversations with Mr. Brian Westgate and Mr. Mark Mackinnon, since the regulation of the Dental Therapists is captured in amendments to the approved CDSBC Bylaws, the Ministry is comfortable that the College can continue to regulate Dental Therapists. Moreover, because there is no sunset clause in the regulations or bylaws, the only way this might change would be if either the Ministry or the CDSBC decided to seek an amendment.



Based on this, the FNHA was assured that the College nor the government has not indicated any desire to change the bylaws and that CDSBC will continue to regulate Dental Therapists without interruption.

Dr. Hacker then recommended that the motion approved at the June board meeting eliminating the sunset clause be kept as is, in the event that the original MOU is found.

As a follow-up item, Dr. Hacker informed the Board that their previous request for a presentation on what dental therapy is would require a minimum of 45 minutes. However, due to time constraints, he suggested for staff to send the Board a summary of the scope of dental therapy practice, which the Board agreed to.

## **8. Strategic Plan – Workshop Debrief and Next Steps**

Dr. Lobb gave an update on the ongoing strategic planning process. He confirmed that Board and management staff completed a draft strategic plan at the workshop prior to the Board meeting.

Dr. Hacker expressed his appreciation to Board and staff on their commitment to this important activity and was proud to announce that the corrected version is already available and was distributed to everyone at the meeting.

After providing their questions and comments on the revised plan, the Board was asked to approve the Strategic Plan in principle.

### **MOTION: Jennings/Busse**

***That the Board approve the Draft strategic plan in principle and allow the development of the Budget for 2019/20 based on the approved plan***

**Carried**

**Action:** Staff to develop 2019/20 budget

### **Stakeholder Engagement**

Because of the timelines, Dr. Hacker reminded the Board of the consensus not to do a lengthy consultation. To ensure some form of stakeholder engagement, the Board



provided various suggestions including reaching out to specific health regulators, committee chairs, the Ministry of Health, FNHA, BCDA and CDABC and some non-usual respondents. A board member expressed desire to be informed of details such as questions asked, and list of groups/people consulted.

**MOTION: Doyle/Jennings**

***That the board direct staff to publish the draft strategic plan on the website and develop a consultation process with stakeholders asking them to provide feedback by October 19, 2018***

**Carried**

**Action:** Staff to determine details of consultation process and provide the board the list of stakeholders consulted, and the questions asked

**Legal Opinion**

Regarding a Board officer's suggestion to seek legal opinion on the risks posed by the plan, a board member suggested that the College General Counsel be consulted initially. Staff can come to the Board Officers if external legal advice is necessary and only needs to come back to the Board if expense will exceed the allowable limit.

**MOTION: Steinman/Coil**

***That the board directs College General Counsel to consult with our liability insurer and address risk arising from the strategic plan***

**Carried**

**Action:** General Counsel to report back to the Board on findings

**9. Bylaw Working Group – Update**

- Bylaw 2 – College Board (*attachment*)

Staff distributed voting ballots to all board members present. Dr. Lobb explained that the voting ballots will be used for each of the four (4) motions to be voted on for this agenda item. Staff will collect the ballots and provide a tally of the votes.



The President emphasized that Bylaw 2 is a priority for the Bylaw rewrite and requires direction to enable the working group to continue with this significant work.

#### Reducing Board size

Most board members expressed support on the proposed reduction in board size noting that a smaller board is more nimble. Also, best practice leans towards smaller boards with greater public participation. A few Board members voiced out their concerns including: distribution between elected and appointed members, potential shortage in public representation in committees and the distribution between dentists and CDAs. A Board member clarified that public members on committees don't necessarily have to be board members. Dr. Lobb also explained that the Bylaw Working Group will come up with their recommendation on the distribution/breakdown.

Vote results: YES – 18, NO – 1, Abstain - 1

#### **MOTION: Coil/Holben**

***That the number of elected Board members be reduced for more efficient and effective governance.***

**Carried**

#### One CDA on the Board

There was considerable discussion regarding the proposed reduction of CDA representation on the Board from the current two (2) to one (1).

Some board members expressed their confusion regarding the motion that was originally put forward, thinking that the intention of the proposed motion is to add a CDA board member to the Bylaw Working Group. Dr. Lobb clarified that the motion is meant to confirm that there will only be one CDA as part of the reduced board size.

Since there are significantly more CDAs than dentists, there were concerns that having just one CDA on the board may disproportionately represent the certificants. On the other hand, some argue that a more important consideration is to ensure that the board has the competencies necessary to protect the public.



While elected Board members are not representing their professions at the board table but are there to protect the public, another argument raised is that CDAs have more public/patient interface and as such, their skills, experience and perspective is crucial at the board table.

A board member suggested that the President change his motion from “That the Bylaw Working Group work with one CDA elected Board member as part of its recommendation to reduce Board size.” to “There will only be one CDA as part of the reduced Board size” for clarity, if that was the intention of the motion.

The Board agreed to remove the original motion.

Vote results: YES - 12, NO – 8

**MOTION: Hunter/Spitz**

***That there will only be one CDA on the Board as part of a reduced Board size***

**Carried**

#### Number of Public Board Members

Dr. Lobb explained that the proposed motion on the number of appointed board members will give the College more flexibility. As long as the Board does not go below the required 1/3 public representation, it is considered properly constituted.

Vote results: YES – 19, NO – 1

**MOTION: Larson/Battrum**

***That the number of Appointed (public) Board members be based on a policy of “more than one third and up to fifty percent of the Board.”***

**Carried**

#### Election of Board Officers

Vote Results: YES – 12, No - 8



**MOTION: Doyle/Jennings**

***That the Board Officers are elected annually from the Board (rather than at-large from the dentist registrants) and that all Board members are eligible for election.***

**Carried**

Dr. Lobb concluded this item by thanking everyone for their candor during the discussion and for giving the Bylaw Working Group some direction.

**10. Canadian Dental Regulatory Authorities Federation (CDRAF) - Update**

Dr. Hacker provided a background about the CDRAF and the RCDC for the benefit of new Board members.

Last June, the RCDC came to the CDRAF with a services agreement on running the specialist examinations, which will be brought to the Board of DRAs for ratification. Shortly after that, the RCDC informed the CDRAF that their 2019 budget shows a potential significant deficit. RCDC is looking at ways to reduce cost, for instance, changing the oral exam process. As an immediate step to address the shortfall, the NDSE examination fees will be increased significantly.

There was a comment from a Board member that raising the fees may present obstacles in registering more specialists.

Dr. Lobb shared that the Dental Regulatory Authorities (DRAs) will each contribute towards a contingency fund proportionate to the number of dentists in each province. By February, there will be a clear direction on how to address the financial issues and help ensure that there is a viable specialist examination process in place.

**11. BC Centre for Disease Control - Update**

A study undertaken by the BC Centre for Disease Control (BCCDC) revealed that there has been an increase in dentists prescribing antibiotics. To address this issue, the BCCDC initiated a campaign aimed primarily at the public which the BCDA supported.



The BCCDC requested inclusion of the CDSBC logo on their campaign materials which the College Board didn't have sufficient time to consider. Since the College depends on BCCDC for relevant data, it is important to maintain the good relationship we have built. The College will organize a panel in March at the Pacific Dental Conference (PDC) around best practices in prescribing antibiotics and opioids which the BCCDC will help with and provide the data.

The Acting Registrar was happy to report that College's relationship with the BCCDC remains strong.

## **12. Volunteer Recognition Program** *(attachments)*

Dr. Peter Lobb introduced this item by explaining the functions of the Nominations Committee, one of which is to carry out the awards program for College volunteers. The discussion has been around whether a regulator should be recognizing its volunteers. There is consensus as to the value of recognizing volunteers. It allows us to publicly acknowledge their contributions and show that the time spent by these volunteers with the College is valued.

There have traditionally been two events that provide recognition for College volunteers: the volunteer recognition night after the November Board meeting and the awards ceremony at the PDC. The Committee is in support of continuing this tradition with some changes. They recommended to combine the two functions and to schedule it in March since most of the registrants and certificants will be in town for the PDC.

The Awards Ceremony that happens during the Pacific Dental Conference (PDC) will be renamed "College Volunteer Recognition Evening" while the reception in November will be called President's Holiday Reception and will just be a social event with no formal recognition of volunteers.

The Committee indicated their proposed changes to the awards policy:

1. Broadening the purpose of the awards program as follows: *"To recognize and show appreciation for individuals and/or groups who as volunteers have made significant contributions to support and enhance the regulation of dentistry in B.C. This may include volunteers who have served with the College of Dental Surgeons of BC or with other organizations supporting the College's mandate to serve and protect the public."*



2. Requiring committee support for Certificate of Appreciation winners.
3. Making the immediate past president ineligible to receive an award in any category.
4. Increasing the minimum amount of time after which a volunteer will be automatically considered for an award from two years to three years.
5. Renaming the Nominations Committee as the “Volunteer Recognition Committee.”

Regarding the proposed change in the name of the committee, a suggestion was put forward to keep the name the same. There is a conflict in that the Governance Manual indicates that the Governance Committee does the nominations while the bylaws specify that function to be under the Nominations Committee. As the College moves towards Board membership based on competencies, there will be a need for a Nominations Committee to play a significant role.

**MOTION: Busse/Chow**

***That the changes to the CDSBC Awards Policy as submitted by the Nominations Committee be approved***

**Carried**

### **13. Governance Committee – Update**

Dr. Patricia Hunter, Chair of the Governance Committee, provided a summary of the work that they are currently doing:

- Creation of a “Board only” portal where minutes and motions during “Board Only” In Camera sessions will be stored
- Development of a process for the appointment of Governance Committee members
- Review of the College’s Safe and Respectful Workplace policy
- Review of expense policy for volunteers
- Review of section 25 of the Governance Manual which will include the declaration of interests, including publishing bios of Board members on the website which has all their affiliations, so the public will know where their interest lies



- Discussing the development of a Patient's Bill of Rights; this is pending because BCHR is working on a similar project.

**Action:** Ms. Joyce Johner to provide an update on where BCHR is at on the Patient's Bill of Rights initiative.

#### 14. Executive Limitation Reports

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

- EL2: Treatment of Public (*attachment*)  
EL3: Registration, Certification and Monitoring (*attachment*)  
EL5: Financial Planning/Budgeting (*attachment*)  
EL6: Financial Condition and Activities (*attachment*)
- Registration, Certification & Monitoring, Quarterly Report (*attachment*)

Dr. Hunter noted that the Governance Committee has determined to assess the validity of this style of reporting as it relates to a previous governance model of risk assessment.

Responding to a query, the Acting Registrar assured the Board that there is nothing in these reports that would be a cause for concern.

#### 15. Management Report

Dr. Hacker informed the Board that an In Camera Management Report is on the board portal and assured the Board that they will be informed of anything that comes up that might be of interest. Staff continues to update as time allows. With strategic planning and the Harry Cayton review ongoing, content has been less than normal.

#### 16. Report from Acting Director of Professional Practice (*attachment*)

The Acting Director of Professional Practice gave a summary of complaint statistics and informed the Board that included in the Complaints Team Report is the Health Professions Review Board (HPRB) Annual Report. Dr. Moores noted that the HPRB



Annual Report outlines the review and adjudication process which might be of interest to the Board.

She also highlighted that staff has embarked on an in-depth analysis of the monitoring files with the preliminary work included in the Board package.

Dr. Moores responded to various questions from the board pertaining to chart reviews, health files, advertising and promotions submissions, among others.

With regards to the backlog in complaint files, a Board member asked what resources are needed to clear the backlog. Dr. Lobb informed the Board to expect an increase in budget at the November Board meeting primarily to deal with complaints.

Ms. Joyce Johner informed the board about a recent citation that was issued but not yet public. The College has been unable to locate or serve the citation on the registrant. The College held a pre-hearing management meeting with the Discipline panel about this issue and the Discipline Committee ordered substituted service including publishing a notice of the hearing on our website in advance of the four-week timeframe in the Public Notification Policy.

## **17. Radiography Designation Review** *(attachment)*

Ms. Leslie Riva outlined the issues related to the issuance of dental radiography certificates to dental assistants. As part of the College's mandate to protect the public, it is prudent that a review of the existing policies and processes be undertaken. Staff is seeking direction from the board on whether to:

- Continue recognizing the designation even for non-registrants and non-certificants
- Implement limitations in the exposure of dental radiographs as an activity that should only be undertaken by registrants and certificants

One of the concerns raised relative to limiting performance of the activity only by CDAs is access to care. On the other hand, allowing non-certificants may put the public at risk particularly if the dental assistant is not current. A Board member suggested that a policy may need to be developed to hold dentists supervising the dental assistant accountable for ensuring that they are current and competent in exposing radiographs.

After some discussion, Dr. Hacker suggested that staff will delve into this issue further and consult with a Committee if need be.



**Action:** Staff to dig deeper into the issue, consult with Committee if necessary and bring back for more specific recommendations

### **Agenda item 20 – BCHR Health Regulators – For Information**

This item was moved from In Camera to the open portion of the meeting and discussed after Item 17 – Radiography Designation Review.

Dr. Chris Hacker explained what the BCHR's role is. He summarized the key points in the MOH presentation on BCHR Regulatory Models and Practices. He then provided an overview of the Ministry's request for the BCHR to look into the transformation of professional regulation and what the future of regulation might look like.

The Acting Registrar mentioned about the Quality Assurance Program Framework developed by a BCHR working group which was intended to be a guiding document to support a consistent approach to implementing quality assurance programs in each of the colleges. He informed the board that a copy of the framework will be provided as soon as it is available.

**Action:** Staff will provide the Board and the Quality Assurance Committee with a copy of the framework as soon as the document is received.

### **Agenda item 23 – Electronic storage of motions and minutes from “board only” sessions**

This agenda item was moved from In Camera to the open portion.

Dr. Hunter informed the board that the College IT consultant will create the “Board only” portal where motions and minutes of “Board only” In camera session will be stored. The IT Consultant will train a Board member who will be in charge of uploading and accessing the confidential files. Whoever will be tasked to manage the “Board only” portal also needs to train the next person on the Board who will take on the role the following year.

**This concludes the open portion of the meeting. The meeting ended at 2:05pm.**

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



Board Meeting  
15 September 2018  
Agenda Item 3a.

**Saturday, 15 September 2018**  
**8:30 a.m. – 4:30 p.m.**

**Terminal City Club**  
**837 West Hastings Street, Vancouver, BC**  
**“Skidmore Room”, Level 2**

## **AGENDA**

<b>A.</b>	<b>Description of Agenda Items</b>	<b>Presenters</b>
1.	Call Meeting to Order and Opening Remarks	Lobb
2.	Increasing Transparency at Board meetings	Lobb
<b>3.</b>	<b>CONSENT AGENDA</b>	
	a. Approve Agenda for 15 September 2018 ( <i>attachment</i> ) b. Approval of Board Minutes of 16 June 2018 ( <i>attachment</i> ) c. Reports from Committees ( <i>attachments</i> )  <b><u>MOTION:</u></b>  <i>That the items on the Consent Agenda for the 15 September 2018 Board meeting be approved.</i>	Lobb
4.	Business Arising from Consent Agenda  <i>Note: Questions, if any, arising from Consent Agenda must be forwarded to the Chair at least 3 business days prior to Board meeting</i>	Lobb
5.	Board Confidentiality Certification – Update ( <i>attachment</i> )	Hacker/Johner
6.	Public Participation at Annual General Meeting – for discussion  ( <i>attachment</i> )	Lobb/Johner



A.	Description of Agenda Items	Presenters
7.	Dental Therapist Update <ul style="list-style-type: none"> <li>Letter from Mr. John Mah, First Nations Health Authority <i>(attachment)</i></li> </ul>	Hacker
8.	Strategic Plan – Workshop Debrief and Next Steps  <b><u>MOTION:</u></b> <i>That the Board approve the Draft strategic plan for consultation and allow the development of the Budget for 2019-20 based on the approved plan</i>	Lobb/Hacker
9.	Bylaw Working Group – Update <ul style="list-style-type: none"> <li>Bylaw 2 – College Board <i>(attachment)</i></li> </ul> <b><u>MOTIONS:</u></b> <ol style="list-style-type: none"> <li>That the number of elected Board members (dentists and CDAs) be reduced for more efficient and effective governance.</li> <li>That the Bylaw Working Group work with one CDA elected Board member as part of its recommendation to reduce Board size.</li> <li>That the number of Appointed (public) Board members be based on a policy of “more than one third and up to fifty percent of the Board.”</li> <li>That the Board Officers are elected annually from the Board (rather than at-large from the dentist registrants) and that all Board members are eligible for election.</li> </ol>	Lobb
10.	Canadian Dental Regulatory Authorities Federation (CDRAF) - Update	Hacker
11.	BC Centre for Disease Control - Update	Hacker
12.	Volunteer Recognition Program <i>(attachments)</i>  <b><u>MOTION:</u></b> <i>That the changes to the CDSBC Awards Policy as submitted by the Nominations Committee be approved</i>	Lobb <i>on behalf of the Nominations (Awards) Committee</i>
13.	Governance Committee - Update	Hunter



A.	Description of Agenda Items	Presenters
14.	Executive Limitation Reports: <ul style="list-style-type: none"><li>• EL2: Treatment of Public <i>(attachment)</i></li><li>EL3: Treatment of Registrants <i>(attachment)</i></li><li>EL5: Financial Planning/Budgeting <i>(attachment)</i></li><li>EL6: Financial Condition and Activities <i>(attachment)</i></li><li>• Registration, Certification &amp; Monitoring, Quarterly Report <i>(attachment)</i></li></ul>	Hacker
15.	Management Report <i>(will be on board portal)</i>	Hacker
16.	Report from Acting Director of Professional Practice <i>(attachment)</i>	Moores
17.	Radiography Designation Review <i>(attachment)</i>	Riva
<p style="text-align: center;"><b>This concludes the open portion of our meeting.</b></p> <p style="text-align: center;"><b>The remainder of the meeting will be held in camera, per Section 2.15 (9) of the College Bylaws under the <i>Health Professions Act</i>.</b></p>		

**BOARD MEETING**  
**Saturday, 16 June 2018**

**Terminal City Club**  
**837 West Hastings St. Vancouver, B.C.**  
**“Skidmore Room”**

**MINUTES**

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The meeting commenced at 8:35 am.

**In Attendance**

Dr. Don Anderson, President	Ms. Sabine Feulgen
Dr. Susan Chow, Vice-President	Dr. Dustin Holben
Dr. Patricia Hunter, Treasurer	Mr. Oleh Ilnyckyj
Mr. Gurdeep Bains	Ms. Dorothy Jennings
Dr. Deborah Battrum	Ms. Cathy Larson
Dr. Doug Conn	Ms. Sabina Reitzik
Dr. Heather Davidson, PhD	Dr. Mark Spitz
Ms. Dianne Doyle	Mr. Neal Steinman
Dr. Michael Flunkert	Dr. Lynn Stevenson, PhD

**Regrets:**

Dr. Andrea Esteves	Ms. Barb Hambly
Mr. Carl Roy	Dr. Masoud Saidi

**Staff in Attendance**

Dr. Chris Hacker, Acting Registrar  
Ms. Nancy Crosby, Manager of CEO’s Office  
Ms. Joyce Johner, General Counsel  
Dr. Meredith Moores, Acting Director of Professional Practice  
Ms. Roisin O’Neill, Director of Registration and HR  
Ms. Leslie Riva, Sr. Manager, CDA Certification and QA  
Ms. Marife Sonico, Administrative Assistant, Registrars Office  
Dr. Peter Stevenson-Moore, Dental Policy Advisor  
Ms. Anita Wilks, Director of Communications  
Mr. Dan Zeng, Director of Finance and Administration

**Invited Guests**

Dr. Richard Busse, incoming Board	Dr. Brian Chanpong, Sedation Committee
Dr. Ken Chow, incoming Board	Dr. Peter Lobb, President-Elect
Mr. David Loukidelis QC, External Counsel	



## 1. Call Meeting to Order and Welcoming Remarks

The President called the meeting to order and welcomed the newly appointed public Board members.

He acknowledged the board members whose terms are ending. Dr. Anderson recognized Dr. Michael Flunkert and Dr. Andrea Esteves for their contributions, and thanked Dr. Susan Chow for all her work as Board Vice President and Chair of the Governance Committee.

He also recognized College staff especially Dr. Chris Hacker, Ms. Nancy Crosby and Ms. Anita Wilks. He shared that he is very pleased with the amazing President-Registrar relationship that he and Dr. Hacker have developed over a short period of time and lauded Dr. Hacker's strong work ethic.

## 2. Consent Agenda

- a. Approve Agenda for 16 June 2018 (*attachment*)
- b. Approval of Board Minutes of 24 February 2018 (*attachment*)
- c. Reports from Committees (*attachments*)

### **MOTION: Conn/Jennings**

***That the items on the Consent Agenda for the 16 June 2018 Board meeting be approved.***

**Carried**

## 3. Business Arising from the Consent Agenda

There was no business arising from the consent agenda.

## 4. Audited Financial Statements

For purposes of record keeping, a Board vote was held on 15 May 2018 via video conference to approve the Audited Financial Statements. The Motion passed was as follows:

### **MOTION: Conn/Flunkert**

***Moved and seconded that the Board approve the Audited Financial Statements for the fiscal year ending 28 February 2018 and authorize the President and Treasurer to sign on behalf of the Board.***



An additional electronic vote was held on 22 May 2018 to include a disclosure note on the Audited Financial Statements. The motion passed was as follows:

**MOTION:**

***That the Board approve the Audited Financial Statements as amended.***

## **5. Executive Limitation Reports**

CDSBC Governance policy requires that the CEO report regularly on matters identified by the Board through a series of Executive Limitation 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 (*attachment*)
- EL3: Treatment of Registrants/Registration, Certification and Monitoring (*attachment*)
- EL5: Financial Planning/Budgeting (*attachment*)
- EL6: Financial Condition and Activities (*attachment*)
- EL8: Asset Protection (*attachment*)

Dr. Chris Hacker explained that these reports inform the CEO what the Board will not tolerate while providing some flexibility to the CEO as to get to the ends, based on the Carver model. He noted that this style of reporting will be assessed to see how it can be further improved.

## **6. Patient Centred Care and the Business of Dentistry (*attachments*)**

An updated document entitled *Patient Centred Care and the Business of Dentistry* originally created in 2015 to contain elements of Article 5 was presented. The document demonstrates CDSBC's commitment to promote and enhance ethical behaviour and understanding among registrants. The document is classified as a Standard and Guideline for registrants and has been amended to keep it current with the rapidly changing social and technological landscape.

On behalf of the Ethics Committee, Dr. Peter Stevenson-Moore requested Board approval of the amended document.

A comment was raised with regards to items 8 and 10 of the Standards and Guidelines. It was recommended to use the word "must" instead of "will" for items that



are considered as standards since it is obligatory for registrants to abide by it. Three instances were amended.

***MOTION: Flunkert/Jennings***

***That the updated document entitled “Patient Centred Care and the Business of Dentistry” be approved for publication as amended***

**Carried**

**7. Dental Therapists - Update**

Dr. Hacker spoke on how the Dental Therapists came to be regulated by the College in 2014 when the responsibility for the delivery of First Nations health care was transferred to the First Nations Health Authority (FNHA). CDSBC was asked to regulate B.C. dental therapists, a function previously performed by Health Canada. The agreement was intended to be time limited with a sunset clause ending March 2019.

Dr. Peter Stevenson-Moore provided additional information about the role of Dental Therapists. Due to their geographic location, many First Nations communities experience access to care barriers that are bridged by dental therapists who provide much-needed oral healthcare services in many of these communities.

There was considerable discussion about some issues including:

- a decreasing number of dental therapists to cover the whole First Nations population
- absence of education and training programs for dentals therapists

While the Board recognizes that this is a public interest issue, the Board asked staff to look into this and come back to the Board with more information and recommendations how the College can help ensure that First Nations communities' oral health care needs will continue to be served. This is consistent with the College's commitment to cultural safety and humility.

FNHA confirmed that they plan to continue employing dental therapists and as such, would like to extend the agreement, this time eliminating the sunset clause.



**MOTION: Ilnyckyj/Larson**

***That the Board agree to renew the agreement with the Ministry of Health and the First Nations Health Authority and remove the sunset clause***

**Carried**

**8. CDA Task Force – “*The Future of the Profession*”**

Dr. Hacker shared that CDRAF had been approached by the CDA for comment on the work of a national task force regarding the future of the profession. It was determined by CDRAF that, while the document is well written and exhaustive, its vision statements and recommendations fall largely outside the legislated mandates for DRAs across the country.

Where the statements comment on the patient/dentist interface, all of the member Colleges of CDRAF have existing legislation, bylaws, standards, guidelines and other documents that cover any concerns raised & expectations expressed.

CDRAF congratulated CDA on an excellent project but respectfully declined to comment.

Following her attendance at the Canadian Dental Association AGM, Dr. Patricia Hunter reported on some key take-aways, apart from the document on the future of the profession:

- At the Round Table Symposium on “Implementing Practical Strategies for Helping Victims of Family Violence”, a tutorial for Dentists will provide training on recognizing and responding safely to family violence and will be made available on the “ProjectVEGA” website.
- The session on “Wellness of Canadian Dentists” focused on how to support dentists with addiction and other serious conditions that compromises the provision of safe oral health care. She noted that CDSBC’s Dr. Cathy McGregor did a presentation on behalf of the College.

**9. Reports from Acting Director of Professional Practice *(attachment)***

Dr. Meredith Moores, Acting Director of Professional Practice, presented her report summarizing complaint statistics. She noted that while the College may have successfully minimized common complaints through our intensified information



campaign as well as courses related to recordkeeping and informed consent, the numbers now show an increase in more complex files being referred to discipline.

Dr. Moores explained the College's complaints process including remediation and monitoring, and mentioned that if a patient does not agree with the result of the investigation, the complainant may go to the Health Professions Review Board (HPRB).

Recognizing the increase in the number of active files and the length of time before a file is closed, Dr. Moores provided an update on the additional staff recruitment being undertaken to help address this.

#### **10. Management Report** *(attachment)*

Acting Registrar Dr. Chris Hacker submitted a written report on behalf of the management of the College. The Board confirmed that these reports can be issued quarterly.

**This concludes the open portion of the meeting. The meeting ended at 9:55am.**

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

Board Meeting  
15 September 2018  
Agenda Item 3c.

## CDSBC Committee Report to Board For Public Agenda

**Committee Name** Audit Committee and Finance & Audit Working Group

**Submitted by** Mr. Gurdeep Bains, Chair

**Submitted on** August 28, 2018

**Meeting Frequency** May 8, 2018  
October 17, 2018  
November 1, 2018  
January 29, 2019

**Matters Under Consideration:** This Committee/Working Group has not met since the last report.

The Committee/Working Group continues to review the expense claims of the Registrar and Board members at each meeting.

**Committee/Working Group Objective For 2018-2019:**

The process for determining the Budget for 2019/2020 has commenced. Once a Strategic Plan has been determined and approved by the Board, staff will develop the Draft 1 Budget for the Committee's review on October 17, after which there will be a review of Draft 2 on November 1, and then recommendation to the November Board for approval, the proposed Budget for 2019/2020.

Continue to work with the Bylaws Working Group on the Bylaws revision project with respect to financial oversight and the Audit and Finance committees.

Review and update the Executive Limitations reports relating to accounting and finance.

Consider the appointment of an auditor for the 2018/19 fiscal year.

**Progress and Timeline to Completion:**

Within the 2018/19 fiscal year.



**Challenges to Timeline:** The Bylaws Working Group is currently focusing on other areas of the bylaws.

**Work in Progress:** None.



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15 September 2018  
Agenda Item 3c.

## CDSBC Committee Report to Board For Public Agenda

**Committee Name** CDA Advisory Committee

**Submitted by** Ms. Wendy Forrieter, Chair

**Submitted on** 15 September 2018

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

**Matters Under Consideration** CDA Bylaw review

**Statistics/Report**

**Future Trends**

**Progress and Timeline to Completion:**



Board Meeting  
15 September 2018  
Agenda Item 3c.

## CDSBC Committee Report to Board For Public Agenda

**Committee Name** CDA Certification Committee

**Submitted by** Ms. Bev Davis, Chair

**Submitted on** 15 September 2018

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

**Matters Under Consideration** CDA Bylaw review

**Statistics/Report**

**Future Trends**

**Progress and Timeline to Completion:**



Board Meeting  
September 15, 2018  
Agenda Item 3c.

## CDSBC Committee Report to Board For Public Agenda

**Committee Name:** Ethics Committee  
**Submitted by:** Dr. Reza Nouri, Chair  
**Submitted on:** August 29, 2018  
**Meeting Frequency:** May 16, 2018  
October 24, 2018

**Matters Under  
Consideration:**

### **Ethics Committee: Bylaws Review**

The Committee continues to await further instructions from the Bylaws Working Group on its earlier recommendations with respect to title and terms of reference.

### **Dental Corporations and Share Structures**

As reported to the June Board, the Committee had been apprised of some ongoing issues regarding the collection of share structures as it pertains to the current online annual renewal process, which process does not prevent dentists from renewing their registration if they do not answer the dental corporation questions and/or provide all the share structures of their corporation(s). Further refinement of that process remains to be undertaken and limits the Committee's continued review of the data collection of share structures.

Practice ownership and considerations of who benefits from the practice of dentistry is not, in the opinion of the Committee, as amenable to legislative control as some might wish us to believe. The Committee is not aware of complaints from either the profession or the public of price fixing or unreasonable pricing for dental procedures. While the structure of health care delivery has changed significantly over the last 50 years, the importance of the patient dentist relationship has not. Further improvement of the content and effectiveness of the documents "Patient-Centred Care and the Business of Dentistry" and "Bylaw 12 Interpretive Guidelines" will ensure that these remain relevant and impactful.



**Committee Objective  
For 2018-2019:**

Ensure that the documents that this committee oversees should remain the focus of the Committee's activity.

Review of the corporate shares and structures of dental practices.

**Progress and Timeline  
to Completion:**

12 - 14 months

**Challenges to  
Timeline:**

Request Board/Management review of the priority for collection of data regarding the share structure of dental practices/corporations.

Board Meeting  
15 September 2018  
Agenda Item 3c.

## CDSBC Committee Report to Board For Public Agenda

<b>Committee Name</b>	Governance Committee
<b>Submitted by</b>	Dr. Patricia Hunter, Chair
<b>Submitted on</b>	September 2018
<b>Meeting Frequency</b>	The next scheduled meeting is on September 6 <sup>th</sup>
<b>Matters Under Consideration</b>	Registrar/CEO evaluation – continuing to establish the process CDSBC Policy on Safe & Respectful Workplace Declarations of Interest Review of Expense Policy Governance Manual Amendment of Registrar involvement in selection and evaluation of public Board members Review of Executive Limitation Reports

## CDSBC Committee Report to Board For Public Agenda

<b>Committee Name</b>	Inquiry Committee
<b>Submitted by</b>	Dr. Greg Card, Chair
<b>Submitted on</b>	20 August 2018
<b>Meeting Frequency</b>	<p>From 01 May 2018, the date of the last report, until 31 July 2018, the Inquiry Committee as a whole met on the following dates:</p> <ul style="list-style-type: none"><li>• 22 May 2018</li><li>• 03 July 2018</li></ul> <p>Inquiry Committee Panels met on the following dates:</p> <ul style="list-style-type: none"><li>• 03 May 2018</li><li>• 14 May 2018</li><li>• 11 June 2018</li><li>• 13 June 2018</li><li>• 19 June 2018</li><li>• 12 July 2018</li><li>• 31 July 2018</li></ul> <p>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).</p>
<b>Matters Under Consideration</b>	<p>Between 01 May 2018 and 31 July 2018, Inquiry Committee Panels received information and gave directions regarding files involving 27 dentists and 1 certified dental assistant under review. The files had been referred to a Panel because they were complex; the registrant has asked to meet with a Panel; the registrant is a member of or related to a member of the CDSBC Board, Committee, or staff; or for consideration of proposals from registrants regarding complaint dispositions.</p>
<b>Statistics/Report</b>	<p>71 files were opened and 35 files were closed between 01 May 2018 and 31 July 2018.</p>



### **Future Trends**

It appears that the number and complexity of complaints received over the past two years has increased. This has resulted in the number of complaints received being greater than those files closed. Two new part-time complaint investigators have recently been appointed inspectors by the Inquiry Committee which we anticipate will continue to reduce the extended time it can take to reach a consensus resolution and direct the file closed.

Board Meeting  
15 September 2018  
Agenda Item 3c.

## CDSBC Committee Report to Board For Public Agenda

<b>Committee Name</b>	Nominations Committee
<b>Submitted by</b>	Dr. Don Anderson, Chair
<b>Submitted on</b>	29 August 2018
<b>Meeting Frequency</b>	The Committee met in person on 15 August 2018

### Matters Under Consideration

#### **Role and Purpose of Committee**

The Committee recognizes that its name is not consistent with its name and role as set out in the Governance Manual (the Awards Committee). In light of the discrepancy between the Governance Manual and the CDSBC Bylaws, the committee has been considering its role and the value of the College's awards program. The committee confirmed its support for the continuation of a College awards program.

The committee will be seeking a name change to better reflect its role: "Volunteer Recognition Committee." Included in this meeting package are recommended changes to the current CDSBC Awards Policy. The primary change is to expand the purpose of the awards program to recognize those who volunteer for organizations that support the College's mandate to serve and protect the public – in addition to College volunteers.

The committee takes the position that all formal recognition of volunteers should take place at a formal ceremony during the Pacific Dental Conference. The holiday event to which volunteers are invited will revert back to the name "President's Holiday Reception" and will not include speeches or presentations. The awards ceremony will be renamed "College Volunteer Recognition Evening."

<b>Statistics/Report</b>	N/A
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**Future Trends**

None

**Progress and  
Timeline to  
Completion:**

*The awards program operates on an annual cycle, leading up to the awards presentation each March.*



Board Meeting  
15 September 2018  
Agenda Item 3c.

## CDSBC Committee Report to Board For Public Agenda

**Committee Name** Quality Assurance CE Subcommittee

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

**Submitted on** 15 September 2018

**Meeting Frequency** Has not met since last Board meeting.

**Matters Under Consideration**

**Connection to Strategic Plan**

**Future Trends**



Board Meeting  
15 September 2018  
Agenda Item 3c.

## CDSBC Committee Report to Board For Public Agenda

<b>Committee Name</b>	Quality Assurance Committee
<b>Submitted by</b>	Dr. Ash Varma, Chair
<b>Submitted on</b>	15 September 2018
<b>Meeting Frequency</b>	The QA Committee has not met since the last Board meeting. The QA Working Group met 13 July and 7 September 2018.
<b>Matters Under Consideration</b>	Matters discussed at the 13 July and 7 September QA WG meeting: included improving presentations for the remaining engagement sessions with registrants and preparing for the official consultation period.
<b>Statistics/Report</b>	n/a
<b>Future Trends</b>	n/a

### Progress and Timeline to Completion:

Final draft program will be sent to the Board for consideration for the February 2019 meeting

Quality Assurance Working Group consists of:

Mr. Paul Durose  
Dr. Alex Hird  
Dr. Andrea Esteves  
Ms. Shelley Melissa, CDA  
Dr. Ash Varma, Chair  
Dr. David Vogt

## CDSBC Committee Report to Board For Public Agenda

<b>Committee Name</b>	Registration Committee
<b>Submitted by</b>	Dr. Alexander Hird (Chair)
<b>Submitted on</b>	15 September 2018
<b>Meeting Frequency</b>	19 June 2018
<b>Matters Under Consideration</b>	The registration application/questionnaire is being reviewed to improve clarity.
<b>Statistics/Report</b>	<p>One request for full registration from applicant who is the subject of a formal complaint in another Canadian jurisdiction which has not been completed. Initially denied; this complaint since been resolved with no further action and the applicant has had their application approved.</p> <p>One request for full registration from applicant, previously denied, who is the subject of a formal complaint in another Canadian jurisdiction which has not been completed. It was determined that the initial decision stands.</p> <p>One request for full registration from applicant with insufficient continuous practice hours: denied. Required to successfully complete the NDEB three part assessment process &amp; NDEB two part certification process.</p>
<b>Future Trends</b>	
<b>Progress and Timeline to Completion</b>	

## CDSBC Committee Report to Board For Public Agenda

<b>Committee Name</b>	Sedation and General Anaesthetic Services Committee
<b>Submitted by</b>	Dr. Tobin Bellamy, Chair
<b>Submitted on</b>	August 27, 2018
<b>Meeting Frequency</b>	4-5 times per year Last Meeting: 25 June 2018  Next Meeting: 17 September 2018

### Matters Under Consideration

As we require CPR-HCP to be retrained every two years, the Committee has recommended to the Quality Assurance Team to accept two CPR courses within an education cycle.

It is unclear as to whether or not the University of Alberta's sedation program for certified dental assistants is the equivalent of DAANCE/CDAAC certification. Consideration is being made for someone to travel to Alberta to audit and assess the program in 2019/2020.

An alternative or complimentary course criteria to ACLS and PALS is being investigated.

Revisions to the Deep Sedation and General Anesthesia Standards & Guidelines continue.

### Statistics/Report

Since the last Board Meeting, the Committee has approved the tri-annual inspection of two deep sedation facilities. VIAG reinstated their service with one deep sedation facility.

Annual self-assessments are sent to a rota of the Committee for approval. Fourteen have been approved and eight have been reviewed and pending for rectifications since the last Board meeting. Annual self-assessments for eleven facilities are underway.

Six Registration of Qualifications applications were received. Two were approved, one was not approved, and two are awaiting for approval in the next Committee Meeting.

### Future Trends

The inspection of moderate IV sedation practices should begin shortly.

A draft version of the revised Deep Sedation and General Anesthesia Standards & Guidelines should be available by the end of the year.



Board Meeting  
15 September 2018  
Agenda Item 5.

## Memo

TO: CDSBC Board  
FROM: Joyce Johner, General Counsel and Dr. Chris Hacker, Registrar  
DATE: August 28, 2018  
SUBJECT: **Confidentiality Certification Update**

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At the board meeting on 16 June 2018 David Loukidelis QC, an expert in privacy and the former privacy commissioner, provided a presentation on the appropriate use of email, confidentiality and the disclosure of information. The board specifically considered the recent unauthorized disclosure of confidential information to The Globe & Mail newspaper.

At the AGM in June 2018 and as part of the board discussion on 16 June 2018, the board considered it prudent to initiate internal inquiries into what might have happened. As part of its investigation into how the information was disclosed, a document entitled Confidentiality Certification was distributed to each board member.

On behalf of the board, staff was asked to provide this document to absent board members, former and incoming board members and the former College registrar.

All 2017/18 Board members were provided a copy of the confidentiality certification to sign as well as incoming Board members for 2018/19. The former public Board member, as well as former Registrar Mr. Jerome Marburg were also requested to sign the confidentiality certification.

Staff will provide an update to board and seek further direction on any next steps.



Board Meeting  
15 September 2018  
Agenda Item 6.

## Memo

TO: CDSBC Board  
FROM: Joyce Johner, Legal Counsel  
DATE: 30 August 2018  
SUBJECT: **Public Participation**

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### Issue

At the board meeting on 16 June 2018, I was asked to provide guidance on whether the public should be able to participate in board meetings including the Annual General Meeting (AGM).

### Current Practice

The current practice is set out on our website under Board Meeting and in the rules of order for the AGM. The website says:

#### Observing a Board Meeting

All observers will be asked to sign in. Participation in discussions during the meeting is limited to Board members, the Registrar/CEO, and College staff who may be present at the invitation of the Board.

Observers do not have an opportunity to address the Board. Should you have any questions, please wait until a scheduled break to bring them forward to either the President or the Registrar/CEO.

We ask all observers to respect the format of this business meeting and to refrain from speaking to other observers or participants while the meeting is in progress.

Confidential agenda items will be discussed during the in camera (closed session) of the board meeting. Observers are not permitted in the *in camera* session.



The rules of order for the College's AGM state, "In accordance with the bylaws, only dentists who are of full, restricted to specialty, academic, academic grand-parented registration, dental therapists, and certified dental assistants are entitled to participate in the meeting."

In fact, our bylaws do not limit public participation at board meetings. The bylaws stipulate direction on notice to the public and that the meetings are open to the public.

Bylaw 2.15(4) says that in calling a meeting of the board, the president must provide reasonable notice of the meeting to all board members, registrants and the public. Bylaw 2.15(8) requires the meetings of the board to be open to registrants and the public but also provides for some discussions to be board only such as financial or complaints matters (see 2.15(9)).

Bylaw 3.16(6) states that general meetings of the college are open to the public. The college must provide reasonable notice of the general meeting to the public. Such notice can be provided by posting a notice on the college website. In addition, the bylaws contemplate providing notice to the public of the general nature of the business to be conducted at the meeting as well as of any resolutions proposed by the board or registrants.

Although the bylaws are not specific as to whether the public can participate, there is significant direction regarding notice requirements and open meetings. From a contextual approach, it would seem that allowing public participation is consistent with the bylaws. At the very least, it would appear the bylaws are silent on public participation and, at most, limiting participation would be contrary to them.

### **Other Health Regulators**

A review of the other health colleges finds that some colleges allow public participation and others do not.

#### **1. Public not allowed to participate**

The College of Physicians and Surgeons (CPSBC) and College of Chiropractors do not allow the public to participate but have policies about observers. The CPSBC's website says:

*Portions of board meetings are open to the public. Public wishing to attend one of the open portions of the board meetings must contact the College to reserve a*



*seat. Reservations can be made by speaking with a College services representative at 604-733-7758 or 1-800-461-3008 (toll free in BC). For security purposes, photo identification is required and all bags will be checked. Please note that the use of cameras and recording equipment is strictly prohibited. Guests should read the Observer Policy for Members of the Public Attending Open Meetings.*

The CPSBC policy states that reporters, the public and registrants are welcome to attend open meetings or hearings as observers and as such are not participants and must remain quiet throughout the proceedings. Any inappropriate conduct may result in the observer being asked to leave.

The College of Chiropractors has a policy for guests attending meetings. Guests include registrants and members of the public.

Guests attending meetings do not have speaking privileges unless they have been advised of such privileges in advance of the meeting (e.g. resource personnel, invited presenters) or, at the meeting in response to due process, provided with speaking privileges.

## **2. Public allowed to participate**

Three colleges have policies that allow observers to participate.

The College of Speech and Hearing Health Professionals of BC has information on their website:

### Board Meetings are Open to the Public

*Anyone wishing to attend a meeting to make a presentation to the Board must provide notice and submit their presentation in writing to the Registrar at least two weeks prior to the board meeting to ensure the presentation is included in the Board package. A total of 20 minutes will be permitted per matter and each speaker has a maximum of five minutes to present.*

The College of Dietitians of BC has information in their policy manual about public participation that limits the amount of time each speaker is allowed and provides the board some discretion about limiting the participation.



The College of Dental Technicians produces a brochure about their meetings which includes a clear protocol for participation including advance notice and a time limit:

*You are welcome to attend and observe at any Board meeting. If there is a particular issue you would like the Board to consider, you may also make a scheduled presentation to the Board. In order to assist observers and ensure consistent, fair and reasonable access to these meetings, the Board has established the following protocol*

...

The Professional Standards Association in the UK says that boards should welcome public attendance at their meetings and create conditions in which members of the public feel comfortable and able to ask questions at an appropriate time. This must be seen as a routine part of business and a standing item on board agendas.

### **Next Steps**

Staff require further direction from the board on changing our process so that the public are able to participate and ask questions at an appropriate time in the board meetings and general meetings.



July 24, 2018

Mr. John Mah  
Vice President, Health Benefits  
First Nations Health Authority  
#401 - 100 Park Royal South  
West Vancouver, BC  
V7T 1A2

Dear John,

It was a pleasure getting reacquainted at our meeting of 18 July 2018. I write further both to our discussion that day as well, belatedly, to your correspondence of 12 March 2018 addressed to Mr. Jerome Marburg, the Registrar of the College of Dental Surgeons of BC (CDSBC) at the time, and Mr. Mark MacKinnon, Executive Director, Professional Regulation and Oversight at the Ministry of Health.

Your letter references a tri-partite agreement memorandum signed collectively by the Ministry of Health, the First Nations Health Authority (FNHA) and CDSBC in 2014 that defines the parameters by which dental therapists working for FNHA would be regulated by CDSBC.

You go on to explain that the Memorandum of Understanding (MOU) contained a sunset clause that would result in the agreement expiring on 1 March 2019 unless there was a mutual agreement amongst the parties to remove it. You indicate that, ideally, an agreement without a term end date would be preferable to avoid the need for future renewal.

Finally, you have stated that the uncertainty created by the potential for the agreement to collapse has led to difficulties in recruiting new Dental Therapists to come to BC as well as affecting the overall morale of those already practicing here.

As I had mentioned at our most recent meeting at CDSBC, while the College would be open to changing the language in the agreement to facilitate the ongoing regulation of Dental Therapists and the Board has moved to support this, we continue to be embarrassed by our inability, over the last few months, to locate the actual document. To



that end, we have reached out to the Ministry as well as FNHA however no one appears able to find it.

Further conversation with Mr. Brian Westgate and Mr. Mark Mackinnon indicates that, while neither were involved with the Ministry at the time the MOU was ratified, they question the authority of the document as the regulation of Dental Therapists is captured in amendments to CDSBC Bylaws deposited with and approved by the Ministry of Health in late 2013 and early 2014. As such, the Ministry is comfortable that CDSBC can continue to regulate Dental Therapists as per the initial intentions of the process determined in 2014 through the regulations and the bylaws.

As there is no sunset clause in the regulations or bylaws, the only way this might change would be if either the Ministry or CDSBC decided to seek an amendment. I can assure you that, at this time, neither the College nor government has indicated any desire to do so.

I hope this reassurance that CDSBC will continue to regulate Dental Therapists without interruption comes as good news and, again, I apologize for the upset and inconvenience that our inability to find the original MOU has caused. Should that document surface at some point in the future, it can be determined at the time whether it needs to be addressed.

Please don't hesitate to be in touch if you have any questions or concerns and I'm already looking forward to our meeting in August.

Sincerely,

Dr. Chris Hacker  
Acting Registrar

cc. Mr. Mark MacKinnon  
Mr. Brian Westgate  
Ms. Carol Yakiwchuk



## Memo

TO: CDSBC Board  
FROM: Bylaws Working Group (BWG)  
DATE: 27 August 2018  
SUBJECT: **Bylaw 2 – College Board**

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The review and amendment of the College Bylaws has been a strategic priority for several years. In 2017, the Board created a Bylaws Working Group (BWG) which has regularly brought updates and proposals to the Board without any specific decisions being made.

In an effort to make some progress, the Board is being asked to consider four motions regarding Bylaw 2 at the 15 September Board meeting. The results of these motions will be used to draft an amended Bylaw 2 for the Board's consideration. The BWG recognizes that Bylaw 2 is fundamental to developing a number of other bylaws, which is why it is bringing this matter to the Board once again.

The following principles were used in 2006 to create the current Bylaw 2:

- Except for public members who are appointed by the Ministry of Health, the Board will be elected (*Health Professions Act* requirement).
- The majority of the Board will be dentists.
- There will be one-third public members. (The HPA requires a minimum of one third and up to fifty percent.)
- A President, Vice-President and Treasurer will be elected annually from the dentists-at-large. The President will chair all meetings and be one of the two official spokespersons for the College (the other being the Registrar).
- There will be a board size of 18 with 10 dentists, 2 certified dental assistants and 6 public members.

Many of these principles are no longer considered best practice and the Board agreed Bylaw 2 requires significant change. The BWG considered postponing work on this Bylaw until after the Harry Cayton review and decisions from the Ministry of Health. However, both the Ministry and Mr. Cayton have indicated the College should continue to work as



usual. They have advised the Board to continue to exercise its duties and to make progressive decisions which show it understands its public interest mandate and is working towards fulfilling these responsibilities. Bylaw Part 2 is a priority for the Bylaw rewrite and requires decisive direction before the working group can move forward on this important initiative.

With this in mind, the BWG is sending these materials to you ahead of the September board meeting package so you have time to prepare for the discussions on this complex issue. The BWG will use the motions if approved to draft an amended Bylaw 2 when it meets on 4 October 2018.

**The four motions to be put forward for the Board's consideration at the September meeting are as follows:**

1. That the number of elected Board members (dentists and CDAs) be reduced for more efficient and effective governance.\*
2. That the Bylaw Working Group work with one CDA elected Board member as part of its recommendation to reduce Board size.
3. That the number of Appointed (public) Board members be based on a policy of "more than one third and up to fifty percent of the Board."
4. That the Board Officers are elected annually from the Board (rather than at-large from the dentist registrants) and that all Board members are eligible for election.

*\*The BWG hopes to bring a finalized recommendation regarding board size and composition for the Board's consideration at the 30 November Board meeting.*

The goal of these motions is to make amendments to the Board size resulting in fewer elected dentists and CDAs, and more publically appointed members.



## **Additional Board Input on Bylaw 2**

Following decisions on the four motions, it would also help the BWG if the Board provided any comments regarding the following recommendations originally submitted to the Board in the tabled memo on 24 February 2018, and based on previous discussions and a Board survey in January 2018:

- Elected Board member terms – Elected Board members would be elected for a two-year term and be eligible for re-election for a total of four consecutive terms. There would be a one-year cooling-off period before they are eligible to run for election again.
- Board Chair and Vice-Chair terms – The Chair and Vice-Chair would be elected for a one-year term and be eligible for re-election for a total of three consecutive terms. The Vice-Chair would not automatically become the Chair.
- Eligibility to run for election – Registrants who serve on the boards of the British Columbia Dental Association, Canadian Dental Association, Certified Dental Assistants of British Columbia, or Certified Dental Assisting Association would have a one-year cooling-off period before they are eligible to be elected to serve on the CDSBC Board.

**Note:** In this case, registrants would effectively be ineligible for close to two years because of the timeframe between term end dates and the College election. For example, if the registrant's current board term ends in June 2019, they would not be eligible by the close of nominations in March 2020 for the May 2020 election. They would only be eligible to run for the 2021 election and if successful would begin their term in July 2021.

- Dentist Board officer – Further consideration could be given to a provision in which at least one of the Board Officers (e.g. Chair or Vice-Chair) be a dentist member.

Attached to this memo are resources and background information to help the Board prepare for the 15 September meeting.

- Summary of the BWG work on Bylaw 2
- Resources

Thank you for continuing this Bylaw 2 “journey” with the BWG and taking the time to prepare yourself for the discussions and decisions to be made on 15 September.

## Bylaw 2 – Revisions

### Prior to the Bylaws Working Group

In 2013, the Governance Committee completed a review of Bylaw Part 2 and identified two issues for the Board's consideration: the electoral process for elected table officers (President, Vice-President and Treasurer), and the current role of the past-presidents. The committee proposed an automatic executive succession model for table officers.

In 2015, the Governance Committee added eligibility requirements to their proposed succession model, which included a 3-year cooling-off period for individuals on the Board of an advocacy organization. The Board approved the proposal at the November 2015 Board meeting and it was published for consultation. In the beginning of 2016, the Board tabled the proposed amendments to Bylaw 2 because of strong negative feedback from registrants coupled with the Board moving towards a new policy development process based on stakeholder engagement.

### Bylaws Working Group

In 2017, the Board created the BWG to oversee the development of a new set of bylaws for the College. The group began work on several parts of the bylaws, but focused on Bylaw 2 (College Board) because it is fundamental to the development of other parts of the bylaws.

Below is an outline of the BWG's review of Bylaw Part 2 and the Board's decisions to date:

- June 2017 The BWG submitted a memo to the Board requesting direction on Bylaw Part 2, specifically: board officers, size, composition and terms of office. At the board meeting, the Board did not reach a consensus and requested a workshop to discuss this topic. (memo attached)
- Sept 2017 The BWG organized the September Board Workshop on Bylaw Part 2. The workshop was facilitated by Mr. Bradley Chisholm, a governance consultant, and included a presentation from the Ministry of Health, and a presentation by the Ontario Nursing College about their new governance structure. There were exercises and discussions to help the Board make informed decisions. The Board came to some decisions, but were still divided regarding leadership, composition and terms. (workshop summary attached)
- Nov 2017 The BWG developed a memo for the November board meeting. It covered the decisions made during the workshop and asked the board for direction on leadership titles and eligibility, and board size. The memo was well received, but there was still confusion and a lack of consensus. There was a suggestion for the BWG to send a survey to the Board for clarity.
- Feb 2018 The BWG sent a survey to the Board with options for Bylaw Part 2. It then developed a proposal for the February board meeting based on the workshop and survey results. The proposal was presented to the Board, however the Board tabled the motion and sent it back to the working group. It suggested that the BWG get advice from the Ministry of Health before resubmitting the proposal.

Current

The BWG spoke with the Ministry of Health and have reconsidered some of the proposed amendments from the previous board submission. In order to make progress on this bylaw, the group would like the Board to approve four motions which will help the BWG develop an amended Bylaw 2. These motions reflect previous decisions made by the Board and advice from the Ministry of Health.

## Bylaw 2 – Resources

The following resources are included in the Board portal for reference. Most of these resources have already been provided to the previous Board. They are included as a refresher for existing board members and as background information for new members.

1. BWG Memo to the Board (24 June 2017)
2. Board Workshop Materials re: Bylaw Part 2 (22 September 2017)
3. BWG Memo to the Board (24 November 2017)
4. Board survey results (January 2018)
5. BWG Memo to the Board (24 February 2018)

### **MATERIALS FROM THE 22 SEPTEMBER BOARD WORKSHOP**

6. CDSBC Research: Composition of Other Health Colleges (PDF)
7. Australian Institute of Company Directors. (2013). Principle 2: Board Composition. In *Good Governance Principles and Guidance for Not-for-Profit Organizations*. Sydney, AU: Author
8. College of Nurses of Ontario. (2017) *Final Report: A Vision for the Future*. Toronto, ON: Author
9. Matthews, Bruce. (2017). *Board Governance: Many perspectives, one interest*. Retrieved from the Council on Licensure, Enforcement and Regulation's website: <https://www.clearhq.org/page-1860456>
10. Steinecke, Richard. (2003). Will the real public interest please stand up? *Grey Areas*, 65. Retrieved from: [www.sml-law.com](http://www.sml-law.com)

### **NEW RESOURCE**

11. Leblanc, Richard and Lindsay, Hugh. (2010). Questions Directors of Not-For-Profit Organizations Should Ask About Board Recruitment, Development and Assessment. *Chartered Professional Accountants Canada's 20 Question Series*. Toronto, ON.



Board Meeting  
15 September 2018  
Agenda Item 12.

## Memo

TO: CDSBC Board

CC: Dr. Chris Hacker, Acting Registrar

FROM: Dr. Don Anderson, Chair, Nominations Committee

DATE: August 29, 2018

SUBJECT: **Volunteer Recognition Program and Proposed Changes to the Awards Policy**

---

Over the past year, the Nominations Committee has been reviewing its role and purpose in response to three things:

- The misalignment between the Governance Manual and the Bylaws, with respect to the name and role of this committee
- The request for feedback from the Bylaws Working Group about proposed bylaw changes to committee structure and terms of reference
- Questions about whether the College should continue to have an awards program.

### Committee Position

The Committee is strongly supportive of the College having a formal volunteer recognition program to celebrate the many individuals who work on behalf of the College in support of its mandate to protect the public – and to encourage others to join the College's volunteer network.

It is commonly understood that the College could not do its work without our many committees, working groups and board members, and it is essential to publicly honour their achievements. Not only does the awards program celebrate the individual volunteer, it allows them (and us) to be public about the nature of their contributions that would otherwise stay hidden. The awards ceremony is a forum that allows the awards winners to show friends, family, staff and registrants that the time spent at the College has meaning and is valued.

Because we announce the winners broadly and invite all registrants to the ceremony, it also encourages people to congratulate their colleagues, and may inspire others to become volunteers themselves.



At the Nominations Committee meeting of 15 August 2018, the Committee approved a motion in support of continuing with a form of the awards program.

The Committee also discussed the relative merits of the volunteer recognition evening that takes place during the holidays and the awards ceremony held in March. The Committee agreed that the holiday event should be known as the President's Holiday Reception and that it should simply be an informal seasonal social cocktail party; it will not include formal recognition of either volunteers or staff. The awards ceremony that takes place during the Pacific Dental Conference will be renamed: "College Volunteer Recognition Evening." The presentation of the past president's pin will take place during this evening and not at the holiday event.

### **Proposed Changes to Awards Policy**

The Committee is also proposing a number of changes to the awards policy, which we use to oversee the awards program. There is a redlined version and a clean version attached to this memo.

The main changes are:

1. Broadening the purpose of the awards program as follows: *"To recognize and show appreciation for individuals and/or groups who as volunteers have made significant contributions to support and enhance the regulation of dentistry in B.C. This may include volunteers who have served with the College of Dental Surgeons of BC or with other organizations supporting the College's mandate to serve and protect the public."*
2. Requiring committee support for Certificate of Appreciation winners.
3. Making the immediate past president ineligible to receive an award in any category.
4. Increasing the minimum amount of time after which a volunteer will be automatically considered for an award from two years to three years.
5. Renaming the Nominations Committee as the "Volunteer Recognition Committee."



**The Nominations Committee recommends the following motion:**

**That the changes to the CDSBC Awards Policy as submitted by the Nominations Committee be approved.**

## Proposed Changes to CDSBC Awards Policy

### A. Program Purpose

To recognize and show appreciation for individuals and/or groups who as volunteers have made significant contributions to support and enhance the regulation of dentistry in BC. This may include volunteers who have served with the College of Dental Surgeons of BC or with other organizations supporting the College's mandate to serve and protect the public.

### B. Categories and Criteria

#### ***Certificate of Appreciation***

- The President with the support of the Volunteer Recognition Committee may award Certificates of Appreciation
- No limit to the number of certificates granted in any given year

#### ***Award of Merit***

- To recognize significant contributions to the College of Dental Surgeons of British Columbia or other organizations supporting the College mandate
- Must involve contribution beyond basic participation
- Generally, up to 10 awards may be granted in any given year

#### ***Distinguished Service Award***

- To recognize outstanding and broad contributions to the College of Dental Surgeons of British Columbia or other organizations supporting the College mandate over an extended period of time
- Generally, up to three awards may be presented in any given year

#### ***Honoured Member Award***

- Awarded to individuals who have made remarkable, broad-based contributions to the College of Dental Surgeons of British Columbia and dentistry over a sustained period of time
- This award may be for service that is provincial, national or international
- Generally, only a single award may be bestowed in any given year



**C. Eligibility**

- Members of the CDSBC Board and CDSBC Volunteer Recognition Committee are not eligible for the duration of their term of office
- CDSBC employees are not eligible
- Nominees must be in good standing
- Individuals should not receive more than one award per year (group awards are exempt)
- Awards are not required to be progressive; each category has its own criteria and it is not necessary to receive “prerequisite” awards

**D. Nomination and Application Process**

- A formal application must be filled out to be eligible for consideration
  - Must include biographical or background information about the nominee reflecting their contribution
- Nominations will be considered by the Volunteer Recognition Committee as long as the nomination form is received before deadline
- Volunteer Recognition Committee members may nominate individuals, but must follow the formal nomination process
- Each year, CDSBC Board Chair and committee chairs will be invited to nominate board members, committee members, working group members and others, to determine a long list of potential nominees based on the awards criteria
- The names of all board, committee and working group members who have served CDSBC for a minimum of three years will be forwarded to the Volunteer Recognition Committee for consideration

**E. Role of Volunteer Recognition Committee**

- The Volunteer Recognition Committee is responsible for overseeing the volunteer recognition program, including encouraging nominations and seeking worthy volunteers for college awards
- Review CDSBC awards program and recommend to the Board any appropriate changes
- Receive and review nominations, and recommend award recipients to the Board
- Volunteer Recognition Committee members may propose nominations as appropriate
- Volunteer Recognition Committee follows a formalized, prescribed process to evaluate nominations
- Ensure liaison with the British Columbia Dental Association and Certified Dental Assistants of BC to avoid duplication of awards each year
- Participates in annual awards ceremony.



Board Meeting  
15 September 2018  
Agenda Item 12.

## Proposed Changes to CDSBC Awards Policy

### A. Program Purpose

~~To recognize individuals and/or groups for their contributions to CDSBC~~

- To recognize and show appreciation for individuals and/or groups who as volunteers have made significant contributions to support and enhance the regulation of dentistry in BC. This may include volunteers who have served with the College of Dental Surgeons of BC or with other organizations supporting the College's mandate to serve and protect the public.

### B. Categories and Criteria

#### ***Certificate of Appreciation***

- The President ~~(with the endorsement of the Elected Officers) or Awards Committee~~ with the support of the Volunteer Recognition Committee may award Certificates of Appreciation
- No limit to the number of certificates granted in any given year
- ~~Awards may be presented throughout the year and are not included in the CDSBC formal awards ceremony presentations~~
- ~~The President must formally report awards given in this category to the Awards Committee on an annual basis~~

#### ***Award of Merit***

- To recognize significant contributions to ~~CDSBC the College of Dental Surgeons of British Columbia~~ or other organizations supporting the College mandate
- Must involve contribution beyond basic participation
- Generally, up to 10 awards may be granted in any given year

#### ***Distinguished Service Award***

- To recognize outstanding and broad contributions to ~~CDSBC the College of Dental Surgeons of British Columbia~~ or other organizations supporting the College mandate over an extended period of time
- Generally, up to three awards may be presented in any given year

#### ***Honoured Member Award***

- Awarded to individuals who have made remarkable, broad-based contributions to ~~CDSBC the College of Dental Surgeons of British Columbia~~ and dentistry over a sustained period of time, ~~having significant impact on CDSBC~~



- This award may be for service that is provincial, national or international ~~in nature that affected CDSBC~~
- Generally, only a single award may be bestowed in any given year

### C. Eligibility

- Members of the CDSBC Board and CDSBC ~~Awards Committee Volunteer Recognition Committee~~ are not eligible for the duration of their term of office
- ~~Ordinarily,~~ CDSBC employees are not eligible ~~for the duration of their employment~~
- ~~Nominees do not need to be registrants or certificants of CDSBC~~
- ~~Nominated dentists or certified dental assistants~~ Nominees must be in good standing
- Individuals should not receive more than one award per year (group awards are exempt)
- Awards are not required to be progressive; each category has its own criteria and it is not necessary to receive “prerequisite” awards
- ~~An award in any category may be awarded to the immediate past president of CDSBC~~

### D. Nomination and Application Process

- A formal application must be filled out to be eligible for consideration
  - ~~Should~~ **Must** include biographical or background information about the nominee reflecting their contribution ~~to CDSBC~~
- Nominations will be considered by the ~~Awards Committee~~ Volunteer Recognition Committee as long as the nomination form is received before deadline
- ~~Awards Committee~~ Volunteer Recognition Committee members may nominate individuals, but must follow the formal nomination process
- Each year, ~~Awards Committee will contact the~~ CDSBC Board Chair and committee chairs, ~~providing them with a copy of the awards criteria and inviting them will be invited~~ to nominate board members, committee members, working group members and others, to determine a long list of potential nominees ~~based on the awards criteria~~
- The names of all board, committee and working group members who have served CDSBC ~~for at least two years for a minimum of three years~~ will be forwarded to the ~~Volunteer Recognition~~ Committee for consideration

### E. Role of ~~Awards Committee~~ Volunteer Recognition Committee

- The Volunteer Recognition Committee is responsible for overseeing the volunteer recognition program, including encouraging nominations and seeking worthy volunteers for college awards
- Review CDSBC awards program and recommend to the Board any appropriate changes



- Receive and review nominations, and recommend award recipients to the Board
- ~~Awards Committee~~ Volunteer Recognition Committee members may propose nominations as appropriate
- ~~Awards Committee~~ Volunteer Recognition Committee follows a formalized, prescribed process to evaluate nominations
- Ensure liaison with ~~BCDA~~ British Columbia Dental Association and ~~CDABC~~ Certified Dental Assistants of BC to avoid duplication of awards each year
- Participates in annual awards ceremony

## POLICY EL 2: TREATMENT OF THE PUBLIC

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 only to staff 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

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

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

Policy		Response/Report
4	Fail to establish with members of the public a clear understanding of what may be expected and what may not be expected from the College, including the processes it employs in adjudicating public complaints.	<p><b>Acting Registrar reports compliance. Details are included in complaints and discipline reports tabled at the Board meeting by the Acting Director of Professional Practice.</b></p> <p><b>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. A new public-friendly BC Health Regulators video that explains how health colleges investigate complaints has been added to the site.</b></p> <p><b>Members of the public who contact the College about how to make a complaint or about the complaint process are provided with information promptly. In 2018 we added an online complaint submission form to the website, so complainants can now submit a complaint entirely online. The new form provides clarity to complainants about what information we need from them when they submit a complaint.</b></p> <p><b>We are now in the third year of an exit survey that asks complainants and registrants about their experience with the complaint process.</b></p>
5	Fail to adjudicate complaints as expeditiously as possible.	<b>In the past year the volume and complexity of new complaints have started to rise resulting in an increase in the ratio of open to closed files.</b>

## POLICY EL 2: TREATMENT OF THE PUBLIC

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

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

Policy		Response/Report
6	Fail to deal with public inquiries as expeditiously as possible.	All inquiries from the public are dealt with as expeditiously as possible. The Director of Communications, in consultation with the Acting Registrar, responds to media inquiries as quickly as possible.
7	Fail to employ alternate dispute resolution where appropriate.	CDSBC resolves approximately 95% of all complaints through consensual dispute resolution. In a few cases an early resolution is possible following an initial contact with the complainant. These complaints can be managed more quickly as a result.

Respectfully Submitted By:



Dr. Chris N. Hacker  
Acting Registrar

Date: 25. Aug 2018

### 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.
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 the database is restricted to only those persons requiring access. Physical files are kept in locked cabinets wherever personal or sensitive information is present. Registrant files are kept electronically, storing the paper version on-site for one year.
3	Fail to register applicants as expeditiously as possible.	Application process generally is completed within 2-3 weeks unless extenuating circumstances present. An online registration/application process was launched in March 2018 for General Dentists and CDAs (temporary and practicing).
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. We continue to add to our suite of course offerings; work continues on development of a joint course with the BCDA for new registrants which is scheduled for a late 2018 launch. There are now 450 anonymous summaries complaint files in which the registrant was asked to take action to improve their practice on the website.

### 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
5	Fail to adjudicate complaints as expeditiously as possible.	The College is currently opening more files than we are closing due to complexity of files, and limited human resources. We are in the third year of an exit survey pilot project for registrants and complainants. The results will be used to improve the complaints process and a summary of the results for the first year has been communicated to registrants.
6	Fail to employ alternative dispute resolution where appropriate.	The Complaints team facilitates remediation directed by the Inquiry Committee 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 advised 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 policy development framework, we hosted a series of "listening sessions" with registrants and stakeholders, with all participant feedback published to the website. 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.

**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
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 graphic illustration about fees and expenses that is provided in the annual report has been significantly enhanced in the 2017/18 annual report.

Respectfully Submitted By:



Dr. Chris Hacker  
Acting Registrar

Date: 24 August 2018.

**POLICY EL 5: FINANCIAL PLANNING/BUDGETING**

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

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

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

Policy		Response/Report
1	Risks the organization incurring those situations or conditions described as unacceptable in the Board's policy Financial Condition and Activities.	Acting Registrar reports compliance per EL 6 report.
2	Fails to include credible projection of revenues and expenses, separation of capital and operational items, cash flow, and disclosure of planning assumptions.	Monthly financial statements, forecast, and Budget are evidence of compliance.
3	Fail to maintain a contingency reserve.	Acting Registrar reports compliance per EL 6 report, and as evidenced in financial statements.

Respectfully Submitted By:



Chris Hacker  
Acting Registrar

Date: Aug. 28. 2018.

## POLICY EL 6: FINANCIAL CONDITIONS AND ACTIVITIES

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

With respect to ongoing financial condition and activities, the Acting 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 notes to the variances or verbally at the Board meeting.

## POLICY EL 6: FINANCIAL CONDITIONS AND ACTIVITIES

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

With respect to ongoing financial condition and activities, the Acting 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.	Acting Registrar reports compliance.
6 Fail to obtain authorization from Board before committing the College to any operating or capital expenditure not included in the approved operating or capital budget that exceeds \$25,000 or that creates or increases a cash flow deficiency for the current fiscal year.	Acting Registrar reports compliance.
7 Fail to settle payroll and debts in a timely manner.	Acting Registrar reports compliance. All payroll obligations are being met.

## POLICY EL 6: FINANCIAL CONDITIONS AND ACTIVITIES

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

With respect to ongoing financial condition and activities, the Acting 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.	Acting Registrar reports compliance.
9	Acquire, further encumber or dispose of real property.	Acting Registrar reports compliance.
10	Fail to aggressively pursue receivables after a reasonable grace period.	All receivables are recovered in a timely manner. CDSBC continues to have one outstanding debt owed to it arising from Discipline case cost/disbursements and fine. While we continue to pursue collections, the financial situation of the former registrant may make collection difficult.

Respectfully Submitted By:



Chris Hacker  
Acting Registrar

Date:

Aug. 28. 2018

# Quarterly Report

## Registration and Certification

1 May 2018 – 31 July 2018

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 May 2018 – 31 July 2018 inclusive.

Where available, the previous year's statistics for the same period (1 May 2017 – 31 July 2017) are provided in brackets.

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

Continuing education credit submissions are received electronically and by mail and applied to each registrant's Transcript of Continuing Education. Of the more than 10,000 registrants, 3724 have their three-year cycle ending 31 December 2018.

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



<b>DENTIST STATISTICS</b>		
Practising Dentists - 3681		
<b>NEW REGISTRATIONS</b>		
	1 May 2018 – 31 July 2018	1 May 2017 - 31 July 2017
Full Registrations issued (includes Specialists)	81	81
Restricted to Specialty Registrations issued	0	0
Academic Registrations issued	0	0
Limited Registrations issued:		
• Armed services or government	4	5
• Education	0	0
• Post-graduate	6	8
• Research	0	0
• Student practitioner	37	39
• Volunteer	0	0
Temporary Registrations issued	4	8
Non-practising Registrations issued	1	0
<b>GENERAL</b>		
Transfers from Non-practising to Practising	5	4
Transfers from Practising to Non-practising	2	1
Lapsed	0	0
Reinstated	1	1
Resigned/Retired	8	6
Deceased	2	4



<b>CDA STATISTICS</b>		
Practising CDAs - 5997		
<b>NEW CERTIFICATIONS</b>		
	1 May 2018 – 31 July 2018	1 May 2017 - 31 July 2017
Practising Certifications issued	23	30
Temporary Certifications issued	178	175
Temporary-Provisional Certifications issued	0	0
Limited Certifications issued	0	5
Non-practising Certifications issued	0	0
<b>GENERAL</b>		
Transfers from Non-practising to Practising	10	8
Transfers from Temporary to Practising	2	8
Transfers from Temporary-Provisional to Practising	1	5
Transfers from Limited to Practising	0	0
Lapsed	4	7
Reinstated	11	8
Resigned/Retired	1	1
Deceased	0	2

## Module designations granted

Orthodontic Module – 42 (50)

Prosthodontic Module – 2 (5)

Dental Radiography Module 14 (16)

## CDA Assessments

Initiated assessments:

- 11 (19)

Certification issued as a result of assessment:

- 13 (15)

# **Complaints Team Report**

## **01 May 2018 – 31 July 2018**



## Overview

As at 31 July 2018, the Complaints Team was handling **267** active files. The Chart at Tab A captures the breakdown by age of the open complaint files as of that date.

For this reporting period the following table compares the number of files that are over one year of age:

31 December 2017	<b>57 files</b>
30 April 2018	<b>64 files</b>
31 July 2018	<b>80 files</b>

The following table compares files over two years of age:

31 December 2017	<b>4 files</b>
30 April 2018	<b>5 files</b>
31 July 2018	<b>9 files</b>

The Chart at Tab A indicates the average file age of the open files is **278** days. The following table compares the average file age of open files:

31 December 2017	<b>257 days</b>
30 April 2018	<b>283 days</b>
31 July 2018	<b>278 days</b>

## Telephone Calls

Between 01 May 2018 and 31 July 2018, the complaints support staff received:

100 calls from members of the public inquiring about making a complaint regarding their dentist;

- 18 calls from dentists and dental office staff regarding complaint issues;
- 29 calls from registrants and complainants regarding their open files; and
- 32 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 May 2018 and 31 July 2018, the College opened 72 complaints. In the same three-month period in the previous fiscal year, the College opened 52 complaints.

The Chart at Tab B includes the number of complaint files opened and closed by month for 01 May 2018 to 31 July 2018.

The Chart at Tab C includes files opened by month so far this fiscal year over last fiscal year. 100 files were opened from 01 March 2018 to 31 July 2018, compared to 77 files this time last fiscal year.

Of the 72 complaints received between 01 May 2018 and 31 July 2018, 28 (38%) 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 May 2018 and 31 July 2018. The College closed 35 files during that period. 18 files were closed in under a year. Between 01 May 2017 and 31 July 2017, the College closed 41 files, 27 of which were closed in under a year.



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

- diagnosis and treatment planning(18%)
- informed consent (14%)
- Patient relations (11%)

### **Complaints to the Ombudsperson**

The Ombudsperson for the Province of British Columbia accepts complaints/inquiries regarding professional associations and regulators, including CDSBC.

Between 01 April 2018 and 30 June 2018, there was 1 complaint which the Ombudsperson concluded did not require investigation.

### **Monitoring Files**

Monitoring files consist of confidential health files and files opened to track compliance, completion and assessment of consensual remedial agreements.

The assessment of these agreements is determined through chart reviews initiated at pre-determined intervals after successful completion of the remedial education.

The increase in complaint file closures and the number of closing issues over the last 2-3 years, has resulted in an expected and significant increase in the number of monitoring files opened.

College staff have embarked on an in-depth analysis of the existing monitoring files. The following Tab E represents the preliminary work that has been done and are being presented for the first time. It is hoped that the reporting will become more in depth as the sophistication of the analysis increases.

Two part-time staff dentists have been hired over the past year to work exclusively on conducting monitoring file chart reviews and reducing the backlog.

### **Health Professions Review Board**

Under the Health Professions Act (HPA), a complainant or respondent may write to the Health Professions Review Board (HPRB) for a review regarding the timeliness of an investigation.



After a complaint is closed, a complainant can apply for a review of the adequacy of the investigation and/or the reasonableness of the decision.

For the period 1 May 2018 to 31 July 2018, the College received no new delayed investigation applications. There are no current delayed investigation applications at this time.

For the period 1 May 2018 to 31 July 2018, the College received four new disposition review applications. Two were received outside of the 30 day time limit. In both cases the complainant has asked for time extensions, which are presently before the HPRB for consideration. There are currently six open disposition applications in total.

Of the six open disposition applications, we are awaiting the HPRB's decision on time extension requests on three of them, including the two referenced in the preceding paragraph. In each case, the College has taken no position with respect to the time extension request. We are awaiting the HPRB's final decision on one other case. In all other cases, the investigation records have been provided to the HPRB and we are awaiting further direction.

Six disposition review applications were closed during the same time period. Five were closed on the basis the College's investigation was adequate and the disposition reasonable. The HPRB's decision on the sixth file raises a concern about the adequacy of the investigation, noting a number of key complaints that do not appear to be addressed in either the investigation or in the disposition letter provided to the complainant. Accordingly, the HPRB has directed this matter be referred back to the Inquiry Committee for further investigation. The HPRB's file, however, is now closed.

Out of a total of 143 disposition review applications received since the College came under the HPA in 2009, there are currently six active applications.

We note that in June 2016, the HPRB amended its practice directive regarding mediation and stated its long-held preference that mediation be attempted in the majority of reviews. We expected that the majority of reviews would proceed in this fashion going forward; however, none of the current applications have been directed into the mediation stream and most have been directed into the Stage 1 review stream requiring only the Complainant to make written submissions.

HPRB matters are managed by our general counsel, Joyce Johner, and complaints paralegal, Julie Boyce.

The chart at Tab B indicates the number of applications taken to the HPRB by month for the relevant period. The chart includes the applications for the timeliness reviews as well as the applications for review of the Inquiry Committee's disposition of a complaint. It should be noted, however, that the chart only indicates those files where the HPRB has acknowledged receipt of the new applications – it does not include applications which have been submitted but for which the HPRB has not yet notified us.

A copy of the HPRB's annual report is attached at Tab F.

**TAB A**

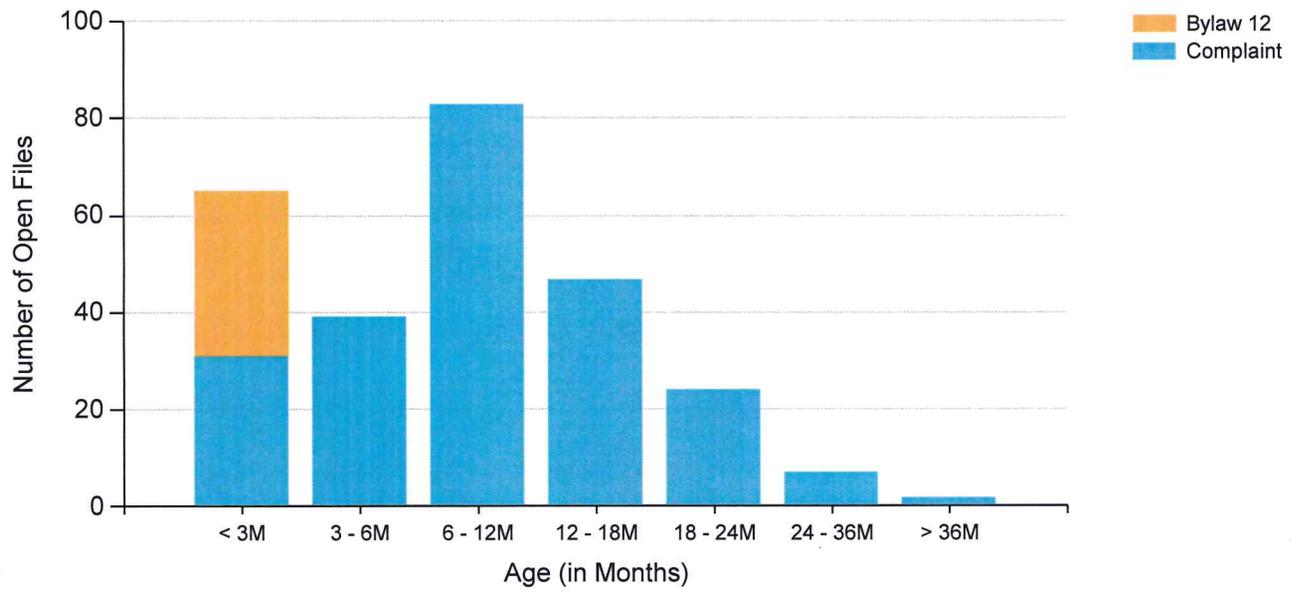
# Open Files Aging Report

As of July 31, 2018

Average File Age (days): 279

<u>Age</u>	<u>File #</u>	<u>Opened</u>	<u>Days</u>	<u>Dentist/CDA</u>	<u>Complainant</u>	<u>Investigator</u>	<u>Type</u>	<u>Count</u>
< 3M								65
3 - 6M								39
6 - 12M								83
12 - 18M								47
18 - 24M								24
24 - 36M								7
> 36M								2
<b>Total</b>								<b>267</b>

### Open Complaint Files

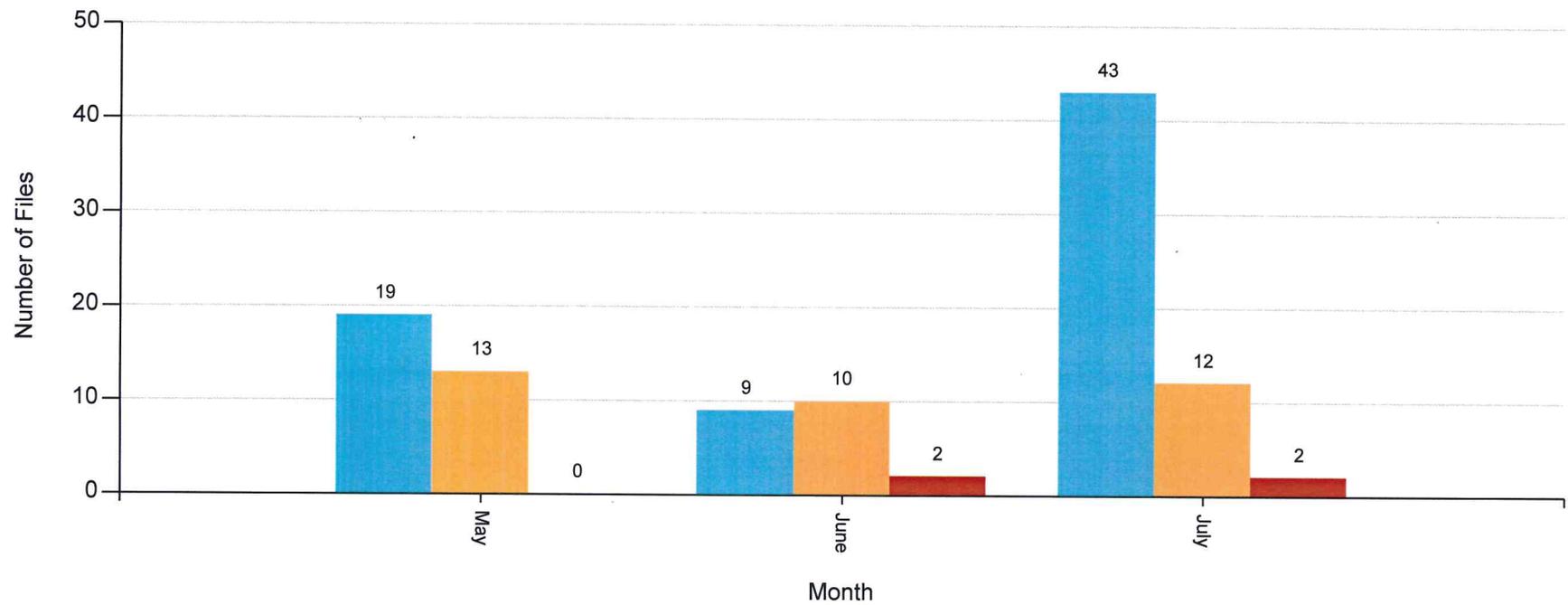


**TAB B**

## File Breakdown By Month

01-May-2018 to 31-Jul-2018

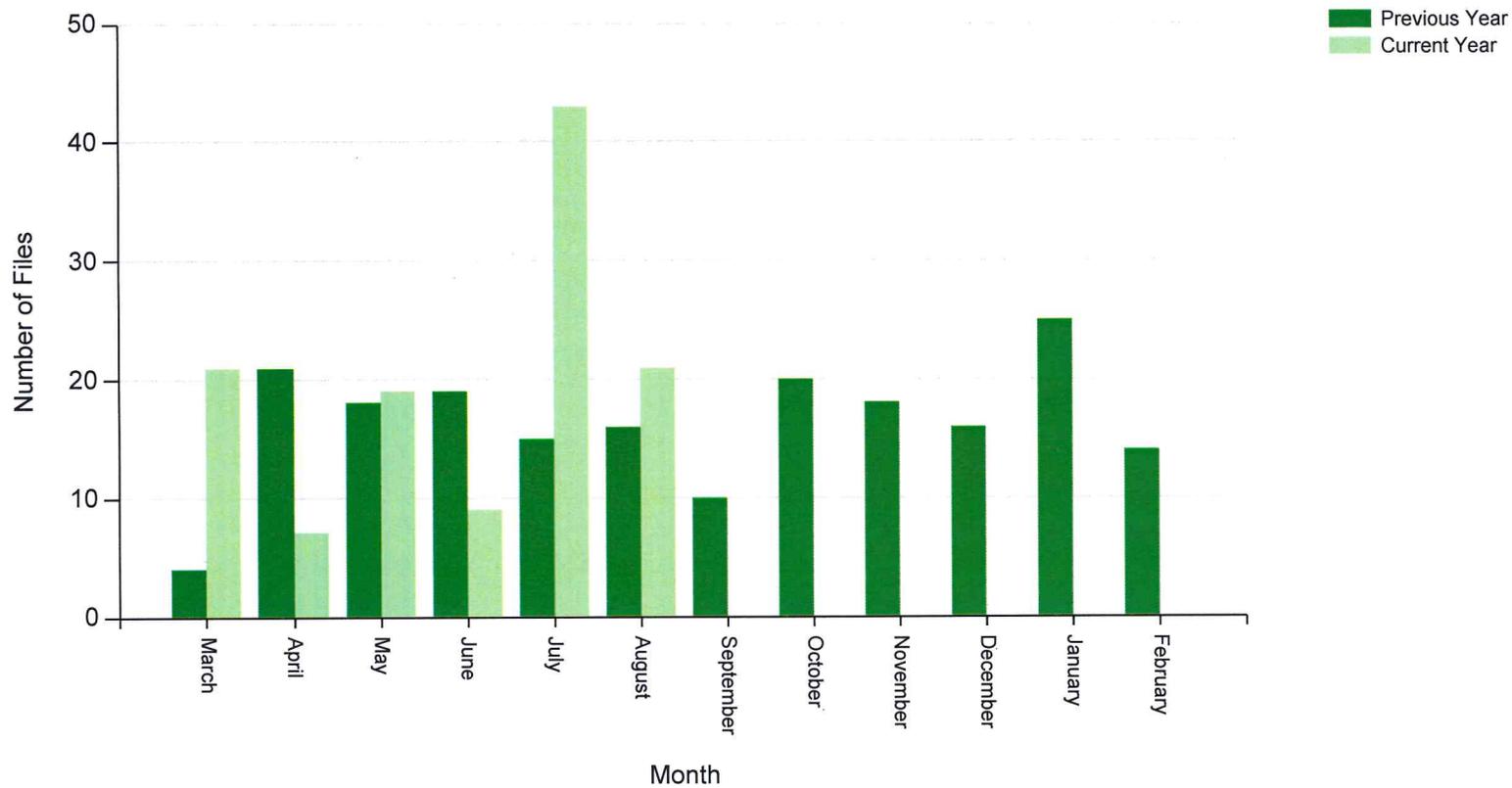
Opened - 71  
Closed - 35  
HPRB Disposition - 4



**TAB C**

# Opened Files By Month

## Current Year to Previous Year Comparison



**TAB D**

# Age of Files on Closing

Files Closed between 01-May-2018 and 31-Jul-2018

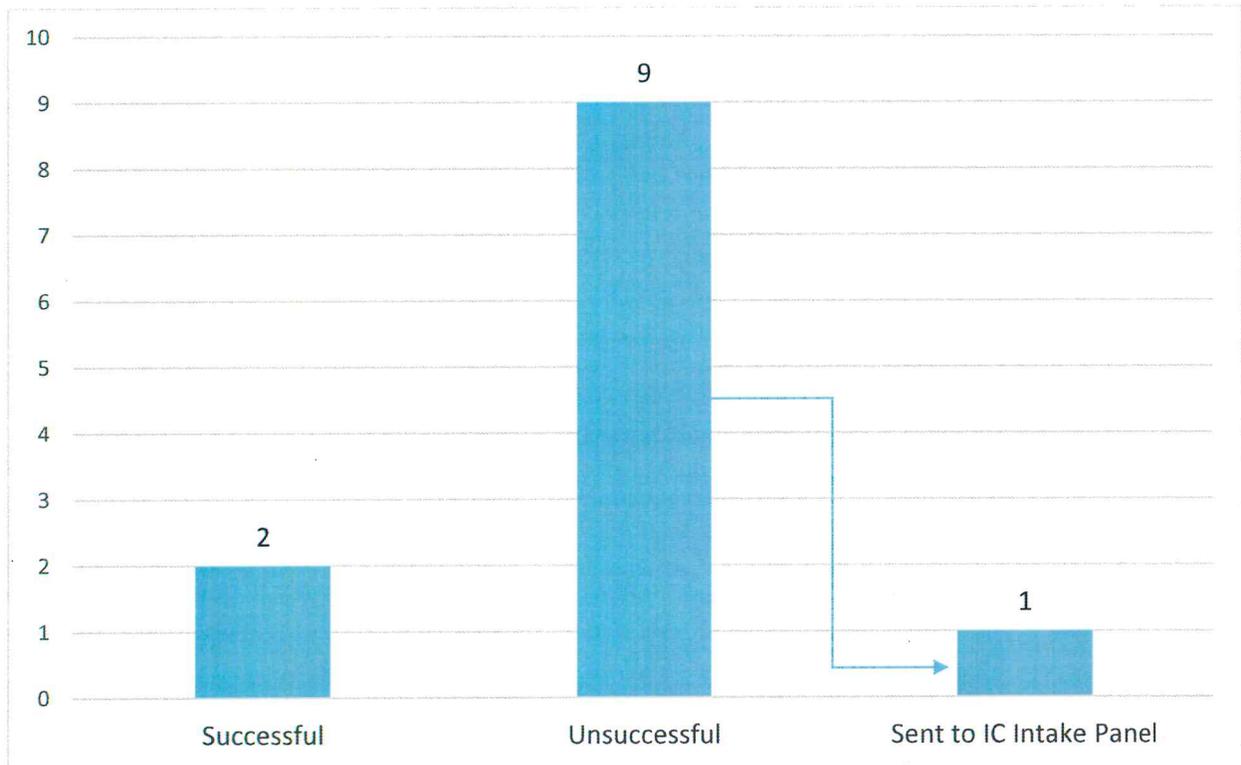
<b>Age of Files (Days)</b>	<b>Number of Files</b>
0 - 90	6
91 - 225	7
226 - 365	5
365+	17

# **TAB E**

## Monitoring Report 2018

### Chart Review Outcomes for May – July 2018

Within the May – July 2018 period, 2 chart reviews were deemed successful, 9 were deemed unsuccessful with 1 of those sent to an Intake Panel.



### Unsuccessful Chart Reviews – Status

7 of the 9 unsuccessful chart reviews were asked to provide the College with a written response to the concerns identified in the review. 4 of those 7 were also asked to attend a meeting at the College to discuss the results of the review in more detail. In the majority of cases the decision is to proceed to the next scheduled chart review.

1 chart review required minor clarification for treatment provided to 1 patient. The likely outcome is that a satisfactory explanation will lead to file closure.

1 chart review was referred to the Inquiry Committee for direction on 14 August 2018.  
Outcome – Panel to be appointment to discuss failure to complete MAU requirements.

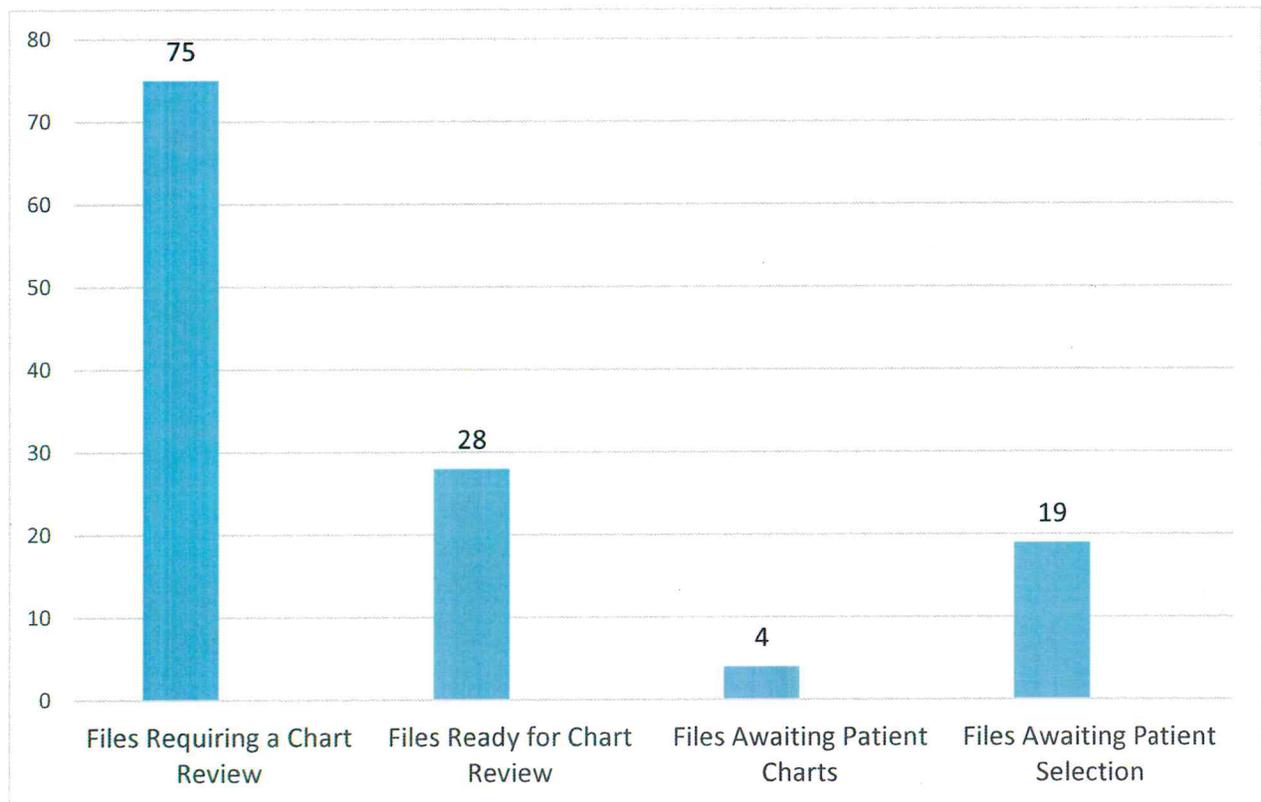
The remaining 2 files, Registrant was provided with the results of the chart review and advised that the College would be proceeding to the next chart review under the terms of the MAU.

1 revealed serious concerns and the Inquiry Committee Intake Panel was asked to consider opening a new complaint file to investigate the matter.

Figures are to date (24 August 2018)

**Current Chart Review – Status**

There are currently 126 monitoring files that have a requirement for a chart review under the terms of the MAU. 28 files are ready for the chart review to be conducted. There are 19 files which have insurance remittance summary statements or explanation of benefits (EOBs) received and are awaiting patient selection. There are 4 files awaiting the Patient Charts already requested from the Registrant.



**Files Ready for Chart Review – Status**

The records for 4 out of the 28 files were received in 2016.

- The chart review for 2 of these files is currently being conducted.
- The chart review for 1 of these files was postponed in consideration of the Registrant’s personal circumstances. The review process will recommence September 2018.
- The fourth file is next in line for review.

Of the remaining 24 files, the records for the oldest file were received August 2017.

**Files Awaiting Patient Selection – Status**

For the oldest file awaiting patient selection, the information was received February 2017.

### **Appointing a Mentor**

Currently, Dr. Brian Wong, in conjunction with the Complaint Investigator, identifies potentially suitable Mentors for files requiring case reviews or Mentorships. This can be a time consuming process for the following reasons:

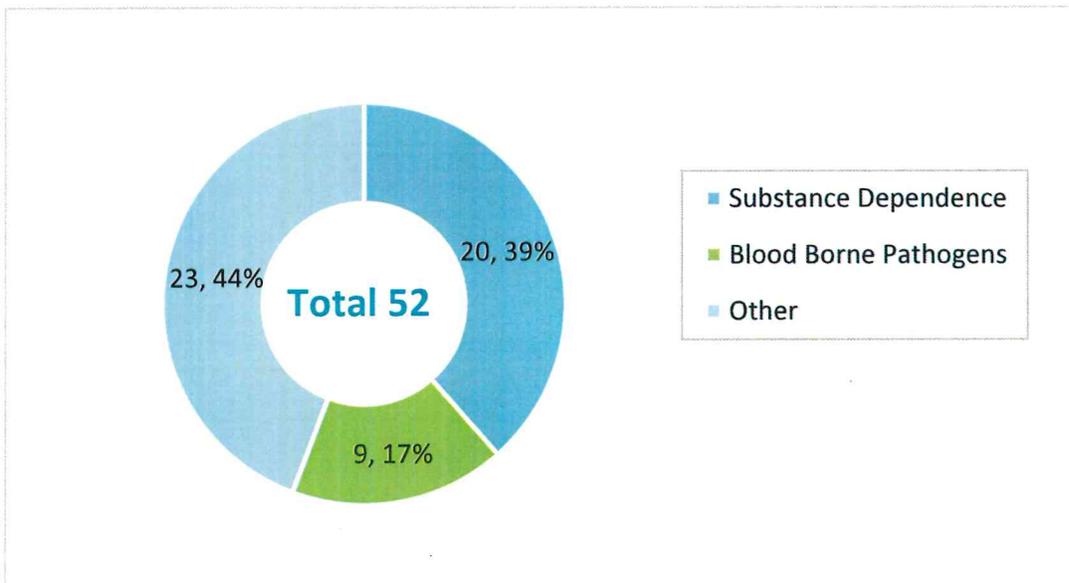
- Mentor availability due to time, location etc.
- Mentor suitability / compatibility with regards to the Registrant
- Mentor experience / specialty

# Health Report 2018

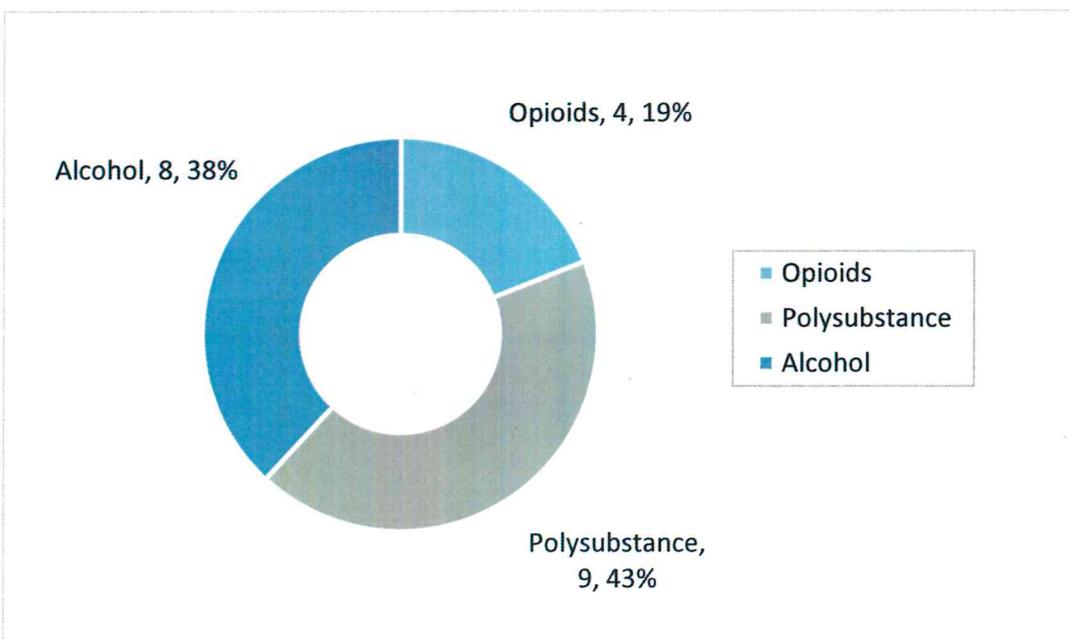
	2018*	2017	2016	2015	2014	2013
Open	7	12	11	8	6	3
Closed	7	3	2	6	2	5

\*up to and including 24 August 2018

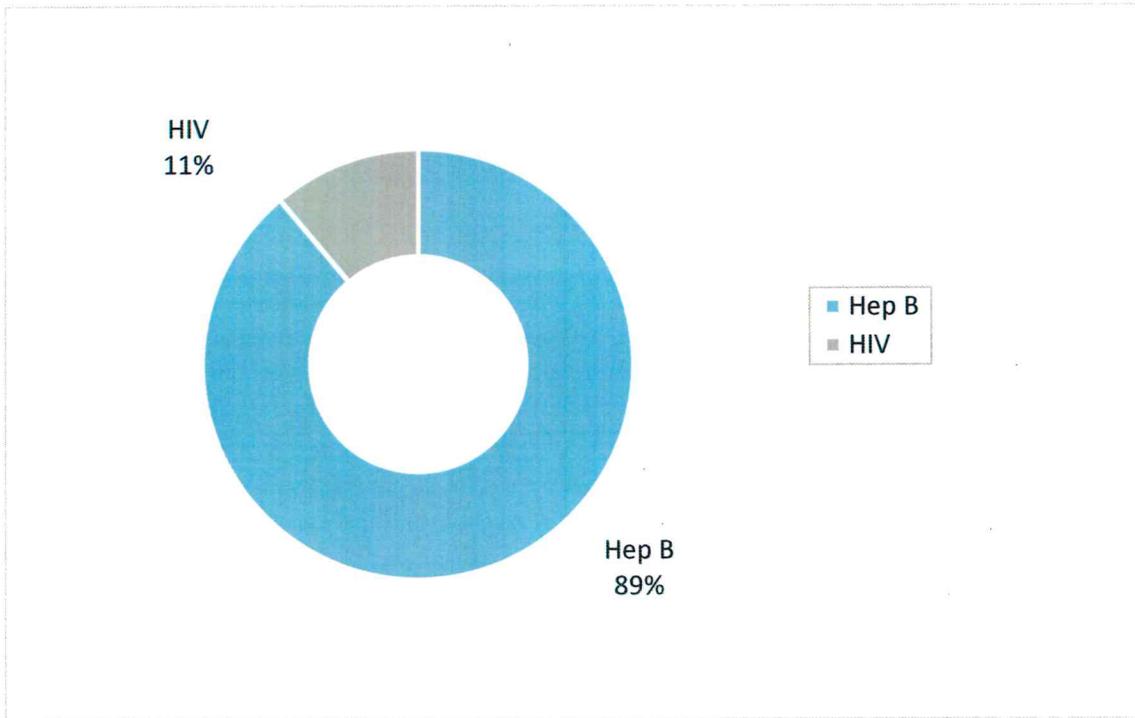
## Breakdown of Current Health Files



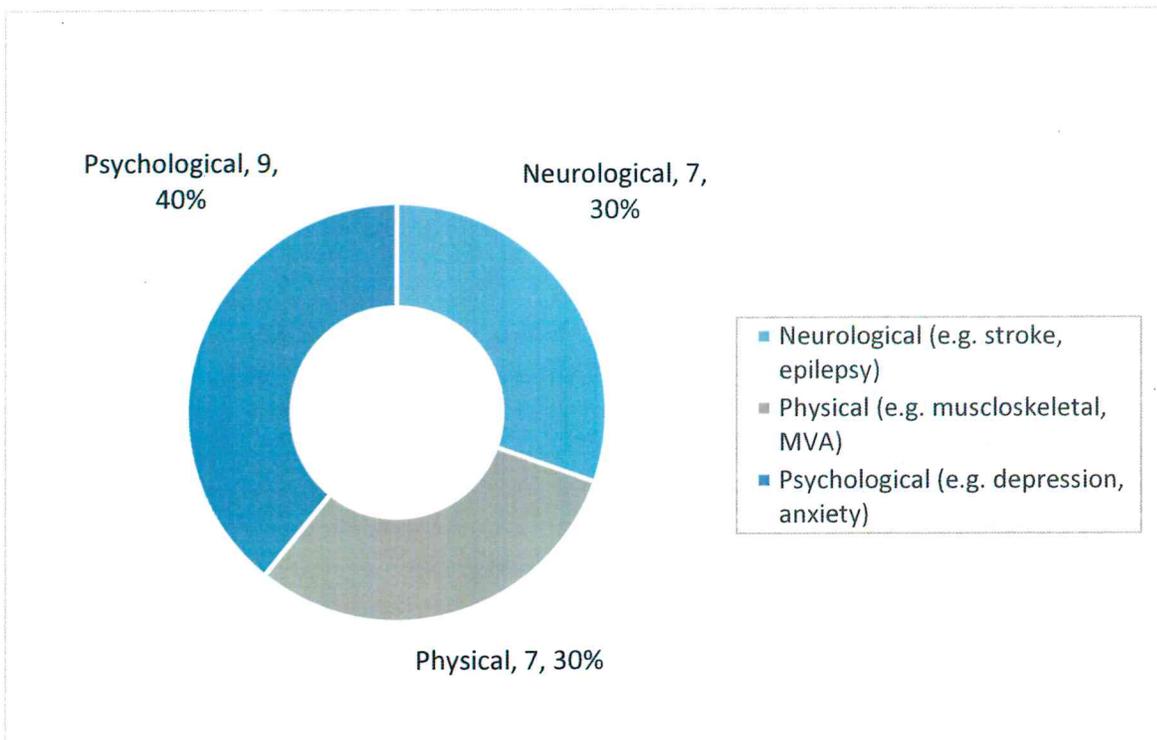
## Breakdown of Substance Dependence Category



**Breakdown of Blood Borne Pathogens Category**



**Breakdown of 'Other' Category**



**TAB F**



# HEALTH PROFESSIONS REVIEW BOARD

## *2017 Annual Report*

***Covering the reporting period from  
January 1 – December 31, 2017***

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## Health Professions Review Board

Suite 900, 747 Fort Street  
Victoria British Columbia  
Telephone: 250 953-4956  
Toll Free: 1-888-953-4986 (within BC)  
Facsimile: 250 953-3195  
Mailing Address:  
PO 9429 STN PROV GOVT  
Victoria BC V8W 9V1  
Website: [www.hprb.gov.bc.ca](http://www.hprb.gov.bc.ca)  
Email: [hprbinfo@gov.bc.ca](mailto:hprbinfo@gov.bc.ca)

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July 31, 2018

The Honourable David Eby  
Minister of Attorney General  
Room 232, Parliament Buildings  
Victoria, British Columbia  
V8V 1X4

Dear Minister Eby:

Re: **Health Professions Review Board Annual Report**

On behalf of the Health Professions Review Board, it is my pleasure to respectfully submit the Annual Report of the Health Professions Review Board for the period January 1, 2017 to December 31, 2017.

This report is submitted as required by Section 50.65(1) of the *Health Professions Act*.

We remain committed to fulfilling the important mandate entrusted to the Review Board to ensure the highest levels of accountability and transparency in BC's health professions.

Yours truly,

David Hobbs, Chair  
Health Professions Review Board

Enclosure

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## Message from the Chair

In 2017, its ninth year of operation, the Review Board remained committed to its vision:

*To promote transparent, objective, impartial and fair administrative processes and decision-making by the regulated health professions in British Columbia that protects the public interest and engenders public confidence in the provincial health care system.*

Announced at the end of 2017 was a significant change for the Review Board: The retirement of Tom English Q.C., Chair of the Health Professions Review Board since it was first established in 2009, and Michael Skinner, Executive Director of the Review Board Office since 2010.

As the new Chair, working with Executive Director Evon Soong, I assume leadership of a stable, mature organization and a team of superlatively qualified members whose rich and varied experience is evident in the high quality of Review Board decisions. I go back to first principles: Ultimately, the Review Board contributes to better health care in British Columbia. How do we achieve this? By issuing decisions that are thoughtful, fair and well-reasoned. Our position, at arm's length from government and from health regulatory bodies, gives us a unique perspective. It allows us to identify inconsistencies in a college's approach from, for example, one registration decision to another. We use this perspective to assist health regulators in their work to serve and protect the public.

It is not simply our position vis a vis the colleges that informs our work. In Decision No. 2017-HPA-021-022 the Review Board stated:

*I am mandated to determine whether the disposition that the Inquiry Committee arrived at was reasonable in the circumstances. Of course, in assessing reasonableness, the Review Board is not in the same position as a generalist court which often has no "field sensitivity to the imperatives and nuances of the legislative scheme."<sup>1</sup> The Review Board is itself a specialized and expert tribunal, whose very purpose is to review health college dispositions, and exercises reasonableness review in light of that specialization and expertise...*

As a specialized and expert tribunal, the Review Board's job is not always to criticize colleges or registrants but also, where warranted, to commend them when they get it right. We note that the number of applications for review of the decisions of the College of Physicians and Surgeons, one of the province's largest health regulators, has dropped year over year for the past 2 years. This is likely an indication that the College has been better able to satisfy complainants and applicants in their inquiry and registration processes.

Numbers cannot, of course, tell the whole story. On the other side of the equation, the Review Board has one complainant responsible for over 20 applications for review with the *Health Professions Act* (the "Act") providing limited authority to manage this. As a creature of statute that derives its authority solely from the Act, the Review Board is uniquely qualified to identify areas for possible legislative reform, such as the need for provisions to address such situations.

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<sup>1</sup> *Edmonton (City) v. Edmonton East (Capilano) Shopping Centres Ltd.* 2016 SCC 47 at para. [33].

Another is the issue of the registrar's jurisdiction when a complaint is disposed of under ss. 32(3)(c) – as containing allegations that, if admitted or proven, would constitute a matter, other than a serious matter, subject to investigation by the inquiry committee under section 33(4). The legislature has set out a test which makes the registrar's jurisdiction turn on whether, if the allegations in the complaint were admitted or proven at a discipline hearing, the remedy would “ordinarily” be a reprimand or a fine (in which case the registrar has jurisdiction), as opposed to practice conditions, a suspension or cancellation of registration (in which case only the inquiry committee has jurisdiction). As this is a test in which anticipated disciplinary remedies are supposed to be ascertained by the registrar at the very beginning of a screening function, it is very difficult for the Review Board to access an objective standard by which to apply it. This is an area that cries out for legislative reform.

## **Reasons**

In March 2018, on judicial review, the BC Supreme Court confirmed a decision of the Review Board, saying:

*Here, HPRB Decision upholding the reasonableness of the Inquiry Committee's decision indicates how it arrived at its conclusions, and the HPRB expressed its reasoning in an intelligible way which allows a reader to understand the foundation for the conclusions therein.<sup>2</sup>*

The importance of adequate reasons, in Review Board as well as college registration decisions and inquiry committee dispositions, cannot be overstated. In this regard, the Review Board encourages colleges to avoid conclusory statements and strive to provide thorough analysis and justification to help complainants and applicants understand the foundation for their conclusions. Well justified decisions, and minutes that properly document these decisions, are a key element of the proper administration of justice.

## **Two-stage review process**

The Review Board process must be procedurally fair. Reviews of Inquiry Committee decisions, for example, involve three parties: the complainant, the college, and the registrant. As the principles of procedural fairness require that all three parties be afforded the opportunity to respond to each other's points, procedure can become cumbersome.

2017 is the third year since the Review Board began using a two-stage process to help simplify and streamline reviews. At Stage 1, the member assesses whether the application can be fairly reviewed on the merits without the need for submissions from the college and registrant. The member then either confirms the disposition of the inquiry committee (there will be no need for a Stage 2 hearing), or moves the application to Stage 2. The Review Board then requests submissions from the college and registrant to reply to the Complainant's concerns, often providing specific questions in order to probe the college in a measured and analytical way. The Review Board gives the complainant an opportunity to respond to their submissions, and conducts its review based on the expanded materials. In 2017, 70% of complaint disposition reviews and 50% of registration reviews were concluded at Stage 1. This represents a significant saving in time and effort for complainants, colleges, and registrants as well as the Review Board itself.

---

<sup>2</sup> Sanders v. College of Physicians and Surgeons of British Columbia, 2018 BCSC 441

The College of Physicians and Surgeons comments:

*Procedural changes such as the development of a two-stage hearing process demonstrate the HPRB's commitment to making the review process efficient and accessible and the College is ever mindful of the same values. Over the years the number of reviews of College dispositions changes, but what we have observed as always increasing is the precision of legal analysis and procedural fairness of the HPRB which are not only appreciated by applicants but also by this College as we incorporate recommendations and directions flowing from HPRB decisions.*

### **The Future of Health Regulation**

Health regulation in British Columbia is seeing a move toward consolidation of related professions under a single regulatory umbrella. The new BC College of Nursing Professionals will officially launch on September 4, 2018 and will regulate all nurses in BC: Licensed Practical Nurses, Nurse Practitioners, Registered Nurses and Registered Psychiatric Nurses. While this is a significant shift for the nursing professions, the role of the Review Board vis a vis this new college will be the same as it is for all other colleges established under the Act. Complainants will still be able to apply for review of the decisions of the new college as they do now for the four colleges it will subsume. The Review Board will monitor with interest the new college's inquiry and registration processes.

### **Thank you**

In closing, I would like to recognize the Review Board members, our peerless legal counsel Frank Falzon, Q.C., the staff of the Environmental Appeal Board which provides financial and administrative support, and the hardworking team at the Victoria office for their work on behalf of the Review Board.



David Hobbs, Chair  
Health Professions Review Board

## About the Review Board

On March 16, 2009, the Health Professions Review Board (the “Review Board”) opened its doors and began receiving applications for review, making British Columbia the second province, after Ontario, to establish an independent health professions review body.

The Review Board is an independent quasi-judicial administrative tribunal created by the *Health Professions Act*, R.S.B.C. 1996, c. 183, as amended, (the “Act”) that provides oversight of the regulated health professions of British Columbia. As such, the Review Board is an innovative and integral component of the complex health professions regulatory system in British Columbia. It is a highly specialized administrative tribunal, with a specific mandate and purpose, designed to address a few carefully defined subjects outlined in the Act. The Review Board's decisions are not subject to appeal and can only be challenged in court (on limited grounds) by judicial review.

The Review Board is responsible for conducting complaint and registration reviews of certain decisions of the colleges of the 22 self-regulating health professions in British Columbia. The 22 health professions designated under the Act and whose decisions are subject to review by the Review Board are listed below:

- Chiropractors
- Dental Hygienists
- Dental Surgeons
- Dental Technicians
- Denturists
- Dietitians
- Massage Therapists
- Midwives
- Naturopathic Physicians
- Nurses (Licensed Practical)
- Nurses (Registered)
- Nurses (Registered Psychiatric)
- Occupational Therapists
- Opticians
- Optometrists
- Pharmacists
- Physical Therapists
- Physicians and Surgeons
- Podiatrists
- Psychologists
- Speech and Hearing Professionals
- Traditional Chinese Medicine Practitioners and Acupuncturists

## The Mandate of the Review Board

Through its reviews, early resolution processes and hearings, the Review Board monitors the activities of the colleges' complaint inquiry committees and registration committees, in order to ensure they fulfill their duties in the public interest and as mandated by legislation. The Review Board provides a neutral forum for members of the public as well as for health professionals to resolve issues or seek review of the colleges' decisions.

The Review Board's mandate is found in s.50.53 of the Act. Under this section the Review Board has the following two types of specific powers and duties:

1. On request to:

- review certain registration decisions of the designated health professions colleges;
- review the timeliness of college inquiry committee complaint dispositions or investigations; and
- review certain dispositions by the inquiry committee of complaints made by a member of the public against a health professional.

The Review Board has potentially broad remedial powers after conducting a review in an individual case. In the case of registration and complaint decisions it can either:

- confirm the decision under review;
- send the matter back to the registration or inquiry committee for reconsideration with directions; or
- direct the relevant committee of the college to make another decision it could have made.

In cases where a review has been requested of the college's failure to complete an investigation within the time limits provided in the Act, the Review Board can either send the matter back to the inquiry committee of the college, with directions and a new deadline, to complete the investigation and dispose of the complaint, or the Review Board can take over the investigation itself, exercise all the inquiry committee's powers, and dispose of the matter.

2. On its own initiative the Review Board may:

- develop and publish guidelines and recommendations to assist colleges to develop registration, inquiry and discipline procedures that are transparent, objective, impartial and fair.

This particular power of the Review Board allows for preventive action to be taken, recognizing that while the review function of deciding individual requests for review is important, it may not have the same positive systemic impact as a more proactive authority to assist colleges, in a non-binding process, to develop procedures for registration, inquiries and discipline that are, in the words of the Act, transparent, objective, impartial, and fair.

Further information about the Review Board's powers and responsibilities is available from the Review Board office or the website: <http://www.hprb.gov.bc.ca>

## Review Board Members

Unlike the colleges, the Review Board is a tribunal consisting exclusively of members appointed by the Lieutenant Governor in Council. This is required by the Act to ensure that the Review Board can perform its adjudicative functions independently, at arm's-length from the colleges and government. This is reinforced by Section 50.51(3) of the Act which states that Review Board members may not be registrants in any of the designated colleges or government employees.

The Review Board consists of a part-time Chair and a number of part-time members. The Act does not specify a minimum or maximum number of members required. The members of the Review Board, drawn from across the Province, are highly qualified citizens from various occupational fields who share a history of community service. These members apply their respective expertise and adjudication skills to hear and decide requests for review in a fair, impartial and efficient manner. In addition to adjudicating matters that proceed to a hearing, members also conduct mediations and participate on committees to develop policy, guidelines and recommendations.

During the present reporting period the Review Board consisted of the following members:

### Tribunal Members as of December 31, 2017

Member	Profession	From
J. Thomas English, Q.C. (Chair)	Lawyer	Vancouver
Michael J.B. Alexandor	Business Exec./Mediator (Ret.)	Vancouver
Kent Ashby	Lawyer	Victoria
Karima Bawa	Business Executive	Vancouver
Lorianna Bennett	Lawyer/Mediator	Kamloops
Shannon Bentley	Lawyer/Advocate	Bowen Island
Fazal Bhimji	Mediator	Delta
Lorne Borgal	Business Executive	Vancouver
D. Marilyn Clark	Consultant/Business Executive	Sorrento
Douglas S. Cochran	Lawyer (Ret)	Vancouver
William Cottick	Lawyer	Victoria
Brenda Edwards	Lawyer	Victoria
Leigh Harrison	Lawyer (Ret)	Rossland
David A. Hobbs	Lawyer	North Vancouver
Roy Kahle	Lawyer (Ret)	Kamloops
Robert J. Kucheran	Lawyer	Vancouver
Victoria (Vicki) Kuhl	Consultant/Mediator/Nursing	Victoria
Sandra K. McCallum	Lawyer (Ret)	Victoria
Robert McDowell	Project Director	Vancouver
John O'Fee, Q.C.	Lawyer/CEO	Kamloops
John M. Orr, Q.C.	Lawyer	Victoria
Herbert S. Silber, Q.C.	Lawyer	Vancouver
Donald A. Silversides, Q.C.	Lawyer	Prince Rupert
Kent Woodruff	Lawyer/Mediator	Kamloops
Deborah Zutter	Mediator	West Vancouver

## The Review Board Office

The administrative support functions of the Review Board are consolidated with the Environmental Appeal Board/Forest Appeals Commission (EAB/FAC) offices, which also provide administrative services to a number of other tribunals.

The Review Board staff complement currently consists of the following positions:

- Executive Director
- 3 Case Managers
- 1 Intake and Administration Officer
- 1 Administrative Assistant
- Finance, Administration and Website Support (provided by EAB/FAC)

The Review Board may be contacted at:

Health Professions Review Board  
Suite 900 - 747 Fort Street  
Victoria, BC V8W 3E9

Telephone: 250-953-4956  
Toll-free number: 1-888-953-4986  
Facsimile: 250-953-3195

**Website Address:** [www.hprb.gov.bc.ca](http://www.hprb.gov.bc.ca)

### **Mailing Address:**

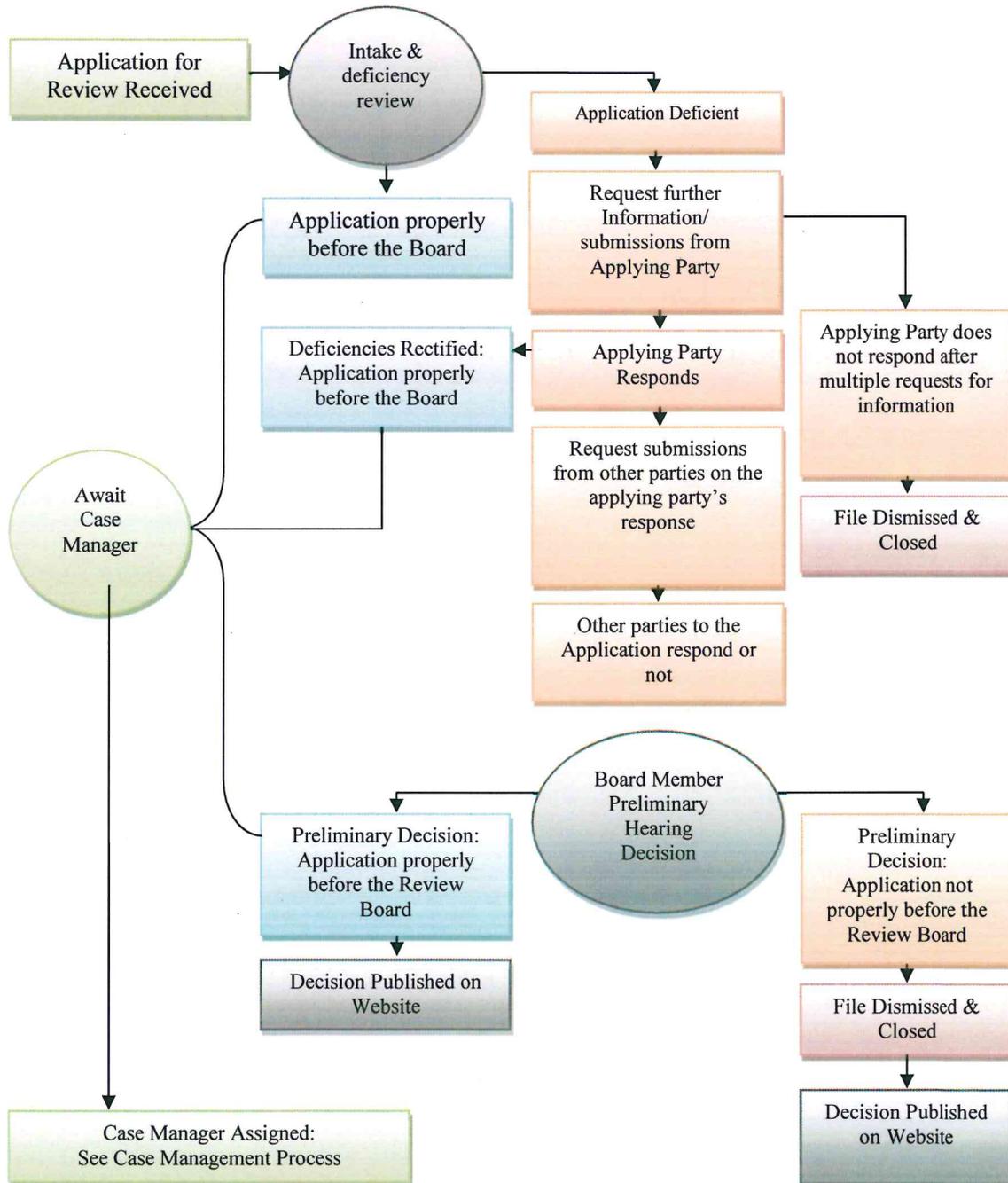
Health Professions Review Board  
PO Box 9429 STN PROV GOVT  
Victoria, BC V8W 9V1

## The Review Process and Activity

The following is a visual overview of the review process. For more detailed information, a copy of the Review Board's *Rules of Practice and Procedure* and other information can be accessed at the Review Board website or obtained from the Review Board Office.

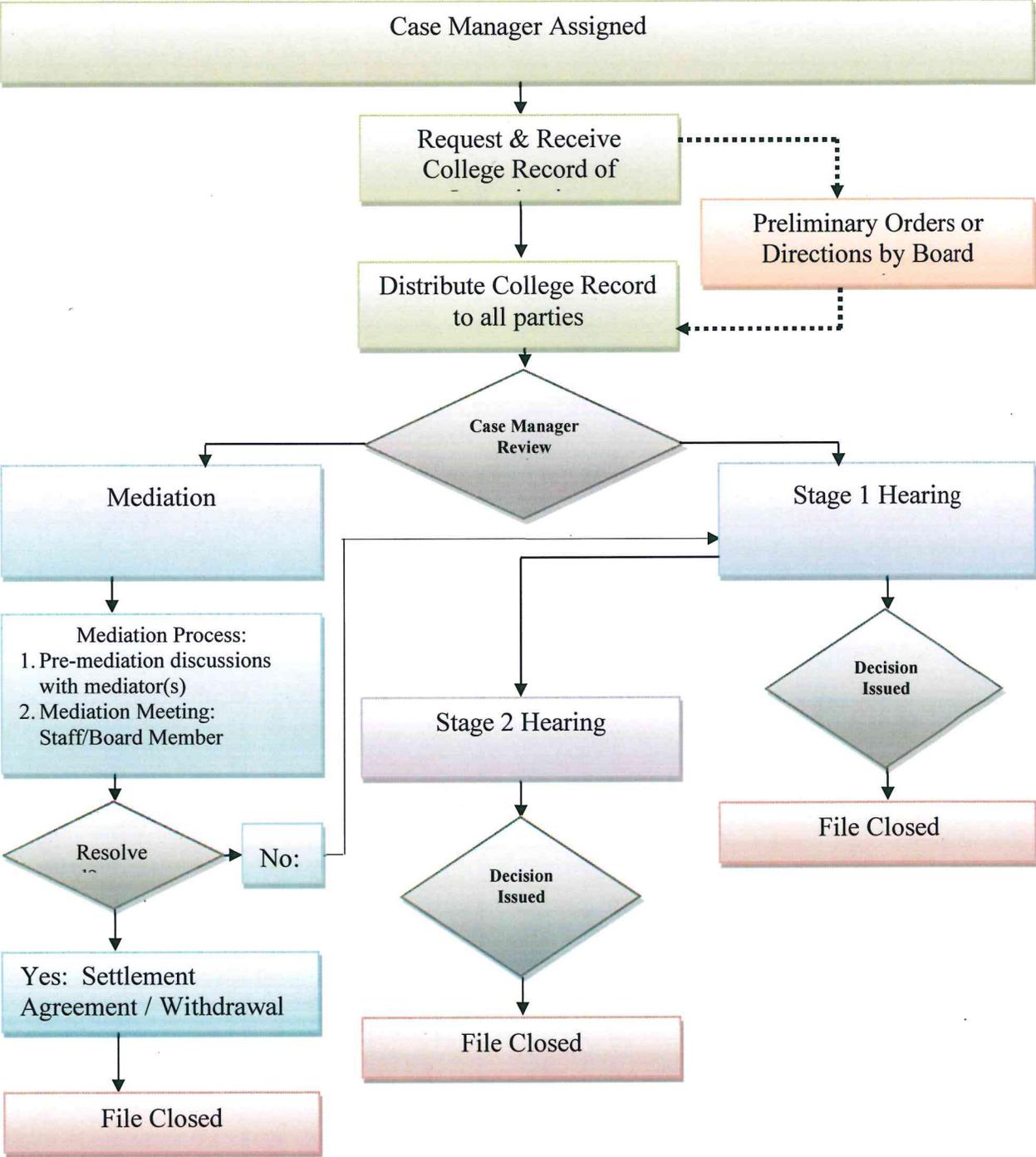
Few applicants who submit applications for review to the HPRB have had any exposure to administrative law or process. For that reason intake staff assist applicants to go through the steps necessary to "perfect" an application so that it meets the requirements of the *Health Professions Act* and the Rules of the Review Board. The chart below illustrates how Review Board staff do that.

### Intake Administrator: Intake Process



The Chart below illustrates the steps in the process for managing a case from assignment of a case manager through to resolution, either by way of a mediated settlement or a decision of a Review Board member following a hearing.

**Case Manager: Case Management Process**



## Mediation Activity

As with so many aspects of health care, technology is impacting mediations. Mediation courses are now offered in mediation, and mediations can take place virtually using video-conferencing platforms. Mediations are an important aspect of the Review Board's work, and are pursued by the Review Board whenever there is the possibility of a satisfactory outcome for all parties.

In past years we have presented extremely brief snapshots of mediated outcomes to provide what we referred to as "a flavour of what has been achieved in the resolution of health practices disputes." This is because of the clear requirement that such resolutions be absolutely confidential – no information can be included that would enable identification of the parties.

Nonetheless, within that requirement for absolute confidentiality we can provide glimpses into both processes and outcomes for 2017:

- A Complainant filed an application for review in which she alleged that the Inquiry Committee of the College had made errors in their disposition letter concerning their reference to certain facts. The Inquiry Committee had concluded the complaint without regulatory criticism of the Registrant. After a Review Board initiated mediation the parties reached a settlement agreement which resulted in an amended Inquiry Committee disposition letter where some of the disputed facts were corrected while still maintaining the original conclusion of no regulatory criticism towards the Registrant.
- An Applicant filed an application for review of a decision of a Registration Committee of the College in which she was denied registration. The Review Board facilitated a mediation between the College and the Applicant which resulted in a settlement agreement where it was agreed that the Applicant would be provided with a further opportunity to present additional information and the matter would be reconsidered by the Registration Committee and a new decision issued.

## Applications for Reconsideration by Colleges

At various stages of the Review Board process, on a number of files, the Review Board has received requests from colleges to refer a matter back to their Inquiry Committees or Registration Committees so that the Committee can further investigate, consider new information not previously considered, and then render a new decision. The Review Board has granted these requests, noting that there is no benefit to the parties nor is it in the public interest for the Review Board to require the parties to proceed with a hearing on a matter pending a possible college reconsideration. This process does not prejudice to the complainant or applicant, as they are free to apply for a review of the new college decision in due course. This constructive feedback loop is an example of one of the benefits of Review Board review.

## The Adjudication Process

As the Review Board's Rules indicate, mediation may not be appropriate for every case. Mediation may be inappropriate where, for example, an application identifies a broad systemic problem, where a dispute raises an issue of law, policy or interpretation that needs to be determined on the record, where an applicant is proceeding with a vexatious application, or where there are allegations of abuse of power. Each of these situations can raise special concerns that require adjudication and determination within the Review Board's formal decision-making process.

In other cases, even though the parties have entered into mediation in a sincere effort to resolve the issues on the application for review, the application may remain unresolved and must therefore be decided by the Review Board's adjudication (hearing) process.

The Review Board process, which finds its authority in Part 4.2 of the *Health Professions Act* (the "Act" or "HPA") and in the provisions of the *Administrative Tribunals Act* ("ATA"), is codified in the Review Board's *Rules of Practice and Procedure*. These Rules provide for the efficient adjudication of questions arising at the beginning of a Review Board proceeding, such as:

- Does the Review Board have jurisdiction (legal authority) to hear this particular complaint?
- Is this complaint clearly without merit? (i.e., is it frivolous, vexatious, or trivial)
- Was the complaint not filed in time, and should an extension of time for filing be granted?
- Should certain confidential or sensitive third party information in a health college record of investigation be withheld from an applicant?

A formal review before the Review Board is conducted as a "review on the record", subject to any additional information or evidence that was not part of the record that the Review Board accepts as reasonably required for a full and fair disclosure of all matters related to the issues under review. Hearings at the Review Board are primarily conducted in writing using the previously mentioned 2 Stage process. They can however also be conducted in person (an oral hearing) or by using an electronic format such as video or teleconferencing or by any combination of these formats. Reviews conducted by way of an oral hearing are generally open to the public, unless the Review Board orders otherwise.

If a written hearing is held, the Review Board will provide directions regarding the process and timeframe for the parties to provide their evidence, arguments and submissions to the Review Board in writing. An oral hearing gives the parties an opportunity to present their information, evidence and submissions to the Review Board in person.

The chair of the Review Board will designate one or more members of the Review Board to sit as a Panel for each individual hearing. A member of the Review Board who conducts a mediation will not be designated to conduct a hearing of the matter unless all parties consent. Further, in order to ensure that there is no conflict of interest or reasonable apprehension of bias, a board member who has previously been a registrant of a college or served on a college's board of directors will usually not sit on a panel designated to conduct a hearing in any case involving that particular college, unless all parties consent.

After a written or oral review hearing, the Review Board will issue a written decision and will deliver a copy to each party and post it to the website.

## Key Decisions

A selection of significant decisions issued in 2017 is summarized below.

Registration reviews typically examine whether the Registration Committee's decision was reasonable and in compliance with the Act. In contrast, Inquiry Committee dispositions are examined on the basis of two statutory review criteria:

1. Was the investigation adequate?
2. Was the disposition (reasoning, conclusion and outcome) reasonable?

### 1. PRELIMINARY AND INTERIM DECISIONS

#### Application for Extension of Time

##### **Decision No. 2017-HPA-086(a) re: The College of Physicians and Surgeons of British Columbia**

Section 42 Administrative Tribunals Act application by College to withhold certain information from disclosure to Complainant. Complainant alleged the Registrant fraudulently billed the Medical Services Plan ("MSP"). The Complainant is a non-practicing urologist and in support of his allegations he provided a description of improper billing and quality of care concerns relating to four patients that he had co-cared for with the Registrant when they practiced together. Two distinctly separate issues arise from the s. 42 Application. The first deals with the redaction of personal medical information of the patients named by the Complainant, while the second deals with the redaction of the Registrant's response to the allegations of improper or fraudulent MSP billings. The Review Board Panel Chair concluded that the adverse consequences to the administration of justice in disclosing the records in question far outweigh the interests of the Complainant in the disclosure of the medical records. The Panel Chair ordered that those patient documents contained in the Record not be disclosed to the Complainant. However, the Review Board did not accede to the College's request for non-disclosure of such records that did not relate to any personal or confidential medical records of the patients.

December 7, 2017 (Posted December 22, 2017)

#### **Application for a stay of a Registration Committee decision (granted)**

##### **2017-HPA-107(a) re: The College of Physicians and Surgeons of British Columbia**

Applicant's preliminary application for a stay of a Registration Committee (RC) decision – granted. The College provided notification to the Applicant of the RC's decision that his registration and licensure would be cancelled effective August 23, 2017. The Applicant applied to the Review Board for a stay of the RC's decision pending the determination of the merits of the Application for Review. The Applicant is a UK trained psychiatrist who practiced as a general adult psychiatrist in the UK and New Zealand. He commenced practice in BC in a significantly underserved area of need where he is the only general adult psychiatrist seeing outpatients from three communities and the surrounding area. Section 50.62 of the Act provides that commencement of a review does not operate as a stay or suspend the decision under review

“unless the Review Board orders otherwise.” The Review Board granted the stay of the RC’s decision, and in arriving at this conclusion, the Panel set out the 3-part test to be met in stay applications: 1) there is a “serious issue” to be tried; 2) the Applicant would suffer irreparable harm if the stay was not granted; and 3) balance of convenience (which of the parties would suffer greater harm from granting or refusal of the stay).

August 21, 2017 (Posted September 11, 2017)

### **Application for a stay of a Registration Committee decision (denied)**

#### **2017-HPA-046(a) re: The College of Physicians and Surgeons of British Columbia**

Preliminary application for a stay of a registration committee decision - Denied. The Applicant was notified his registration and licensure under the General/Family class of registration would be canceled effective May 22, 2017. The Applicant filed an application for review of the decision and included an application under s.50.62 of the Act for a stay of the decision pending a hearing on the substantive issues. The Review Board considered the stay application on an expedited basis. The Panel Chair considered the 3-part test to be met in stay applications: 1) is there a “serious issue” to be tried? 2) Will the Applicant suffer irreparable harm if the stay is not granted; and 3) balance of convenience - which of the parties would suffer greater harm from the granting or refusal of the stay. The Applicant met the first test however was not able to satisfy the Panel Chair that he would suffer irreparable harm. Although empathising with the Applicant’s circumstances the Panel Chair was not satisfied that a refusal to grant the stay would so adversely affect the Applicant’s interests that the harm could not be remedied if the eventual decision on the merits is different than the decision being reviewed. The evidence showed that the Applicant was previously granted provisional registration and licensure with conditions attached. He did not meet those conditions in the time permitted, or during the extended period of time as permitted by the Registration Committee. If the Applicant’s registration and licensure are cancelled prior to the hearing of his Application for Review, he will be in the same position he is in today. The Panel Chair also found that the balance of convenience and the interests of justice favour denying the stay as the Applicant did not provide evidence that he or his patients will suffer irreparable harm if the stay is not granted.

May 5, 2017 (Posted May 19, 2017)

## **2. Noteworthy 2017 final IC decision summaries**

#### **2016-HPA-198(b) re: The College of Physicians and Surgeons of British Columbia**

Stage 1 hearing of an application for review of a complaint Inquiry Committee (IC) disposition under s. 50.6 HPA – Disposition confirmed. Complainant alleged conflict of interest amounting to “financial abuse of a vulnerable adult” when Registrant, a long-time family physician to Complainant and her family, including her mother, entered into agreement to purchase Complainant’s mother’s home in name of his mother. In course of transaction, Registrant sought legal advice and chose to withdraw from transaction, stating he had become too close to family; after meeting with family members separately he transferred their care to other physicians. In investigating complaint, College Inquiry Committee (IC) took Registrant’s withdrawal into account, and disposed of complaint by way of concluding interview with Registrar’s Staff and undertaking from Registrant to attend College Professional Boundaries in Physician-Patient Relationship course. Investigation included a Geriatric Mental Health Assessment of Complainant’s mother, for whom Registrant had made determination regarding the mother’s capacity to manage finances,

which was a component of Complainant's allegation of conflict of interest. IC critical of Registrant's conduct, while accepting Registrant's acknowledgement of wrong-doing and his "... commitment to undertake remedial steps to manage his doctor-patient relationships in the future..." along with undertaking to attend course. Investigation found to be adequate, and disposition reasonable.

November 8, 2017 (Posted November 24, 2017)

#### **2017-HPA-064(a) re: The College of Registered Nurses of British Columbia**

Stage 2 hearing of an application for review of a complaint Inquiry Committee (IC) disposition under s. 50.6 HPA – Disposition confirmed. Complainant, professor at a school of nursing, complained to college about Registrant's use of RN title in conjunction with a private service marketed by the Registrant known as Therapeutic Touch (TT). A Regulatory Practice Consultant with the College wrote the Complainant and advised him that the College considered therapeutic touch to be an accepted nursing intervention. Complainant was not satisfied with this response, as a result of which the Registrar investigated the complaint, and the Inquiry Committee (IC) accepted the Registrar's recommendation, which then became a deemed disposition by the IC pursuant to HPA s. 32(5). Review Board found investigation to be adequate and proportional to the seriousness of the complaint; key information was obtained to enable the IC to understand the nature of the complaint and the actions of the Registrant. Disposition found to be reasonable; College interpretation of the applicable practice standards was that therapeutic touch is an accepted and recognized nursing intervention, notwithstanding Complainant's views about complementary and alternative health care services and a nurse's ability to provide those services. It is not the role of the Inquiry Committee (or the Registrar) to enter in an academic debate as to the strengths or weaknesses of a particular nursing intervention. In confirming the IC's disposition, Review Board adjudicator noted the Complainant's submissions had been filed by him using his academic title on university letterhead, although the complaint was apparently based on his own personal view and there was no evidence that he was authorized to complain on behalf of the university.

November 8, 2017 (Posted November 24, 2017)

#### **2017-HPA-074(a) re: The College of Physicians and Surgeons of British Columbia**

Stage 1 hearing of an application for review of a complaint Inquiry Committee (IC) disposition under s. 50.6 HPA – Disposition confirmed. The Complainant complained to the College about the Registrant physician's conduct and the decision to dismiss her as a patient at her practice. The Registrant referred the Complainant to the local mental health clinic where she was diagnosed by a psychiatrist as having delusional disorder, which was considered to be less responsive to treatment. The Complainant requested that the Registrant correct her "misdiagnosis," and remediate "human rights violations." After investigation the IC confirmed that based on the medical clinical reports and the Registrant's response to concerns, the care provided by the Registrant was "reasonable, appropriate, and in keeping with the expected standards." The Review Board found the investigation of the IC to be adequate. The Review Board supported the IC's conclusion of not being critical of the Registrant for dismissing the Complainant from her clinic. It was noted that a productive patient doctor relationship requires a foundation of trust and mutual respect which was lacking. The Review Board determined that the disposition was reasonable in that it fell within the range of possible, acceptable outcomes.

December 12, 2017 (Posted January 5, 2018)

### **2016-HPA-198(b) re: The College of Physicians and Surgeons of British Columbia**

Stage 1 hearing of an application for review of a complaint Inquiry Committee (IC) disposition under s. 50.6 HPA – Disposition confirmed. Complainant alleged conflict of interest amounting to “financial abuse of a vulnerable adult” when Registrant, a long-time family physician to Complainant and her family, including her mother, entered into agreement to purchase Complainant’s mother’s home in name of his mother. In course of transaction, Registrant sought legal advice and chose to withdraw from transaction, stating he had become too close to family; after meeting with family members separately he transferred their care to other physicians. In investigating complaint, College Inquiry Committee (IC) took Registrant’s withdrawal into account, and disposed of complaint by way of concluding interview with Registrar’s Staff and undertaking from Registrant to attend College Professional Boundaries in Physician-Patient Relationship course. Investigation included a Geriatric Mental Health Assessment of Complainant’s mother, for whom Registrant had made determination regarding the mother’s capacity to manage finances, which was a component of Complainant’s allegation of conflict of interest. IC critical of Registrant’s conduct, while accepting Registrant’s acknowledgement of wrong-doing and his “...commitment to undertake remedial steps to manage his doctor-patient relationships in the future...”, along with undertaking to attend course. Investigation found to be adequate, and disposition reasonable.

November 8, 2017 (Posted November 24, 2017)

### **2017-HPA-064(a) re: The College of Registered Nurses of British Columbia**

Stage 2 hearing of an application for review of a complaint Inquiry Committee (IC) disposition under s. 50.6 HPA – Disposition confirmed. Complainant, professor at a school of nursing, complained to college about Registrant’s use of RN title in conjunction with a private service marketed by the Registrant known as Therapeutic Touch (TT). A Regulatory Practice Consultant with the College wrote the Complainant and advised him that the College considered therapeutic touch to be an accepted nursing intervention. Complainant was not satisfied with this response, as a result of which the Registrar investigated the complaint, and the Inquiry Committee (IC) accepted the Registrar’s recommendation, which then became a deemed disposition by the IC pursuant to HPA s. 32(5). Review Board found investigation to be adequate and proportional to the seriousness of the complaint; key information was obtained to enable the IC to understand the nature of the complaint and the actions of the Registrant. Disposition found to be reasonable; College interpretation of the applicable practice standards was that therapeutic touch is an accepted and recognized nursing intervention, notwithstanding Complainant’s views about complementary and alternative health care services and a nurse’s ability to provide those services. It is not the role of the Inquiry Committee (or the Registrar) to enter in an academic debate as to the strengths or weaknesses of a particular nursing intervention. In confirming the IC’s disposition, Review Board adjudicator noted the Complainant’s submissions had been filed by him using his academic title on university letterhead, although the complaint was apparently based on his own personal view and there was no evidence that he was authorized to complain on behalf of the university.

November 8, 2017 (Posted November 24, 2017)

### **2017-HPA-036(a) re: The College of Naturopathic Physicians of British Columbia**

Stage 1 hearing of an application for review of a complaint Inquiry Committee (IC) disposition

under s. 50.6 HPA – Disposition confirmed. Stage 1 review of a complaint against Registrant for failing to recognize and treat complainant's wife's mental condition. IC found no evidence to support Complainant's allegations of professional misconduct against Registrant. Complainant and wife sought naturopathic methods of treating wife's several undiagnosed medical issues. Complainant believed that Registrant counseled Complainant's wife to leave Complainant, did not properly diagnose mental illness and advised wife to cease taking certain medications. Review Board held that investigation conducted by inspector appointed by IC was adequate, notwithstanding that Review Board is not at liberty to share patient records with Complainant without consent of patient (wife). Disposition found to be within range of acceptable and rational solutions; Review Board cannot step into shoes of IC. While Complainant struggles with potential loss of his spouse while lacking informed knowledge of treatment provided by Registrant, only patient (wife) can provide consent for access to such information.

October 2, 2017 (Posted October 20, 2017)

### **2015-HPA-226(b) re: The College of Physicians and Surgeons of British Columbia**

Stage 2 hearing of an application for review of an inquiry committee (IC) disposition under s.50.6 HPA – matter remitted back to IC with directions. Review application brought by son of deceased patient with complex medical care issues who died as result of drug interactions while under care of Registrant who was her family physician. In course of investigation (and reopening of investigation) of complaint, Inquiry Committee (IC) retained an expert who opined that although Registrant consulted an online medical database for determining appropriate dosage of a gout drug (due to concerns about deceased's chronic renal failure) he did not consult available reference materials that would have revealed the "well described risk" of interaction between the gout drug (commonly prescribed) and one of deceased's other medications (not commonly prescribed). Expert report set out minimum physician training and practice standards for prescribing drugs, including the consulting of appropriate references, and confirmed that while Registrant had consulted an appropriate reference, he had not made correct inquiries. IC issued two dispositions, the latter reflecting additional inquiries and acquisition of the expert report. IC took a remedial approach, criticizing Registrant for error in clinical judgment and acknowledging that Registrant had amended his practice (including taking coursework) to take steps to minimize prospects of repeat occurrences. Registrant's reform steps included the following statement: "When prescribing a new medication or adding to existing, I now use the online medication data base to confirm dosing and to screen for major interactions, when time allows." Review Board Stage 2 Review hearing notice asked a number of questions of the IC focused on public protection (HPA, s. 16) and standards of practice. Review Board adjudicator found that while investigation was adequate, IC disposition accepting a remedial practice structure based on review of reference materials "when time allows" was not reasonable. Adjudicator directed IC to require Registrant to reform his practice to acceptable standards on unqualified basis without a "when time allows" exception. IC was also directed to issue a citation against Registrant in event Registrant refused to accept this requirement.

Additional observations by adjudicator: adverse drug interaction reports should be required by law in order to increase chances of prevention of such occurrences in future, consistent with previous suggestion in Review Board decision 2014-HPA-106(a); 2014-HPA-107(a); 2014-HPA-108(a). Also, the College's Board, in the public interest, should consider taking steps to set appropriate professional standards and guidelines on this subject for the education of the profession.

September 26, 2017 (Released October 13, 2017)

**2016-HPA-080(b); 2016-HPA-081(b) re: The College of Physicians and Surgeons of British Columbia  
(Group File No. 2016-HPA-G07)**

Stage 2 hearing of an application for review of a complaint Inquiry Committee (IC) disposition under s. 50.6 HPA – Matter remitted back to IC for reconsideration. Stage 2 hearing of a review of a Registrar's disposition of a complaint of inadequate care involving two registrants between 2010 and 2014. Complainant submitted that Registrant 1 (family physician) and Registrant 2 (occasional locum for Registrant 1) failed to order MRI in a timely manner in response to Complainant's concerns about upper body pain following an accident, and misdiagnosed colorectal cancer as hemorrhoidal disease (in spite of having performed several rectal examinations), resulting in late surgical removal of complainant's rectum. Complainant felt that Registrants placed undue emphasis on her weight and did not perform adequate diagnostic testing, and that the response to her request for a copy of her medical records was both late and incomplete. Registrar's disposition (deemed to be an Inquiry Committee disposition per HPA s. 32(5)) was deemed unreasonable as it failed to address key issues of complaint against Registrant 1, including management of complainant's chronic myofascial pain, disclosure of medical records, response to third-party request for medical information, and management of Complainant on rectal cancer issue. Matter remitted to Inquiry Committee (IC) under HPA s. 50.6(8)(c) for reconsideration and issuance of new disposition regarding Registrant 1, with note that Registrar's office may issue new disposition under s. 32(3) if it believes conclusion remains warranted, or may refer the matter to the IC for issuance of the new disposition.

September 25, 2017 (Posted October 13, 2017)

**2017-HPA-021(a); 2017-HPA-022(a) re: The College of Physicians and Surgeons of British Columbia  
(Group File No. 2017-HPA-G01)**

Stage 2 hearing of an application for review of a complaint Inquiry Committee (IC) disposition under s. 50.6 HPA – Direction for the IC to make a disposition that could have been made. The Complainant complained to the College about the two Registrant physicians alleging that they both had conducted themselves in a way that amounted to a breach of the College's ethical standards regarding conflict of interest and, additionally, that Registrant 2 had performed a medical examination without informed consent. The IC disposed of the matter without regulatory criticism of the Registrants. After a hearing the Review Board issued its first Decision which referred the matter back to the IC with the direction that it issue a new disposition. After taking the matter back the IC then issued another disposition which then led to this second application for review of the reconsidered IC disposition. The Complainant alleged that this disposition was also unreasonable as it had done basically the same thing which the Review Board Panel clearly stated was insufficient. The Review Board found that the reconsidered disposition in this case unreasonably failed to protect the public interest. Having determined that the Registrants failed to comply with the minimum standards of the College so as to warrant regulatory criticism, and having no indication from the Registrants acknowledging that they did anything wrong, the IC's mere expression of its own "expectation," with no request for a meaningful response and commitment from the Registrants to change their conduct, was disproportionately insufficient to protect the public interest. Pursuant to s. 50.6 (8)(b) of the Act the Review Board considered it appropriate in this case to direct the IC to make a disposition that could have been made by the IC, rather than remit this matter to the IC for "reconsideration," and a potential third application for review to this Review Board. The Review Board further directed that the IC consider issuing a

citation if the Registrants declined to provide the requested undertaking.

September 14, 2017 (Posted October 3, 2017)

**2016-HPA-209(b); 2016-HPA-210(b) re: The College of Physicians and Surgeons of British Columbia**

Stage 2 hearing of applications for review of two registration committee (RC) decisions under 50.54 HPA – decisions confirmed. Application for review of two registration committee (RC) decisions, filed by two internationally-trained applicant physicians (husband and wife) practising in British Columbia under provisional registration and licensure granted by the College in the General/Family Practice Class. Issue on review was decision by RC declining further extension of time limit for the passing of key certification examinations (Medical Council of Canada, College of Family Physicians of Canada) required for the award of full registration. RC had previously granted extensions of time for obtaining certifications based on “extenuating circumstances” (defined as to excuse; mitigate; make excuses for) that included significant health issues and the death of a family member, in addition to adjusting timelines for compliance due to the “de-harmonization” of the administration of the certification examinations. Panel found that the actual language of the bylaw is “exceptional circumstances” meaning unusual or not typical, and beyond the applicants’ control. Panel also found that the RC gave full consideration to the submission of extenuating circumstances by the applicants in their request for a further extension, were aware that the applicants had each sat and failed a required examination four times, and that the applicants faced ongoing issues with balancing professional responsibilities and family needs with the demands of exam preparation. The RC’s ultimate decision to grant no further extensions, and to set a final deadline after which registration would be cancelled, was unfortunate for the applicants but not unreasonable. Additional observations by the Panel: the Panel, while confirming the decision of the RC, noted its concern that it had observed a deeply troubling pattern involving many applications for review by foreign trained physicians. These applicants faced broadly similar circumstances of attempting to pass certain exams within a stipulated period while working long hours in a foreign culture with overwhelming patient loads, family needs and financial demands. The Panel noted that the College has a duty both to serve and protect the public, and asked whether the College might “play more of an interventionist role working with the physician between the time of arrival in the under-served community and the deadline for meeting requirements of ongoing registration.” The Panel also queried “how the RC is serving the public by letting physicians practice with large patient loads for many years without passing the requisite exam, only to then determine that the same physician is not qualified to provide the services based on not passing an exam?” The Panel closed by noting “[t]here must be a better way and the Panel encourages the College to work with interested stakeholders to find it both for these Applicants and others.”

September 15, 2017 (Posted October 3, 2017)

Copies of these decisions are available on the Review Board website.

## Judicial Reviews of Review Board Decisions

Just as the Review Board was created to ensure that College decision-making is accountable, the Review Board is accountable for its decisions in British Columbia Supreme Court, in a process known as judicial review. Where a Review Board decision is challenged on judicial review, the court considers whether the Review Board's substantive decision was patently unreasonable, and whether its process was fair and impartial.

### 1. Judicial Decisions Since Last Annual Report

This decision was issued in March, 2018, but has been included in this report for currency, and because of its significance.

#### *Sanders v. Health Professions Review Board, 2018 BCSC 441*

Thomas Sanders, the Complainant, sought judicial review from a Review Board decision confirming an Inquiry Committee disposition at Stage 1. The case arose out of end of life care for Mr. Sanders' mother. A key allegation Mr. Sanders made to the Inquiry Committee, the Review Board and the Court was that the Registrant, a hospital physician, administered analgesic pain management to his mother without his consent as her representative under a Representation Agreement. The Patient Care Quality Review Board agreed that there had been a clear breach of the *Health Care Consent Act (HCCA)* and no one argued to the contrary on judicial review.

The Registrant's position, which the Inquiry Committee accepted - and which the Review Board found reasonable - was that despite a breach of the *HCCA* - there was no professional misconduct where, as here, the Registrant relied on advice from Risk Management at the hospital that the Act authorized the Registrant to override Mr. Sanders' wishes, and where the Registrant otherwise acted in the best interests of the mother (who was in agony).

The Petitioner argued that the Review Board decision was patently unreasonable for two reasons. First, the Review Board failed to find that a breach of the *HCCA* was necessarily a professional standards problem, and pointed to other Review Board decisions which held that compliance with the *HCCA* is a significant professional standards issue. Second, the Review Board Decision was insufficiently transparent because it did not specifically speak to this argument despite acknowledging that it was the key argument of the Petitioner.

The Court held that the Review Board's decision was not patently unreasonable, either in its finding that the investigation was adequate, or in its finding that the disposition was reasonable.

With regard to the adequacy of the investigation, the Court held that it was not patently unreasonable for the Review Board to find that the Inquiry Committee could rely on the medical reviewer's summary of clinical records. Nor was it patently unreasonable to focus the review on whether the Registrant should have obtained informed consent, given that this was a professional standards issue, and the Registrant obtained professional advice. The Court held that the Review Board made a "reasonable assessment of the adequacy of the Inquiry Committee investigation".

With regard to the reasonableness of the disposition, the Court held that the Review Board's decision was also not patently unreasonable. The Court held that the Review Board undertook a "detailed review of the underlying record", "specifically acknowledged the petitioner's position before the HPRB", was reviewing "the whole picture", which was "more nuanced" than the narrow question of whether the registrant obtained informed consent, and concerned professional

conduct, not fine interpretations of law. The Court also noted that “the question of whether the petitioner’s consent was improperly overridden is not so clear”.

## 2. Petitions Discontinued

### **College of Physical Therapists of British Columbia v. Health Professions Review Board (Petition filed April 13, 2016)**

Summary: The College of Physical Therapists applied for judicial review of Review Board Decision No. 2015-HPA-121(a). The Petition alleged that the Review Board exceeded its mandate by posing issues not raised by the complainant, unreasonably admitted evidence and made unreasonable findings that the College’s investigation was inadequate and its disposition as unreasonable.

Status: Petition discontinued.

## 3. Petitions Outstanding

### **TM v. Health Professions Review Board (Petition filed June 20, 2012)**

Petition commenced by a complainant to set aside *Decision No. 2012-HPA-004(a); 2012 HPA-005(a)*

Summary: The Review Board Decision under judicial review held that special circumstances did not exist to grant an extension of time to file the application for review.

Status: Following the filing of the Petition, the Review Board determined that the application for review had in fact been filed in time. The Review Board therefore continued with the application for review and on September 9, 2014, rendered its final decision: Decision No. 2012-HPA-G16. The Petitioner has taken no steps on the Petition since the issuance of the September 2014 decision.

### **Ouimet v. Health Professions Review Board (Amended Petition filed December 24, 2013)**

Summary: Petition commenced by a complainant from Review Board decision *Decision No. 2012-HPA-080(a)* dismissing an application to set aside a decision of the College of Dental Surgeons. The complaint alleged that the Registrant provided substandard advice regarding certain dental issues. The College dismissed the complaint, finding that the Registrant had not engaged in substandard practice. The Review Board held that the College’s investigation was adequate and its disposition was reasonable.

Status: Court filings have been completed. No date has been set for the hearing of the Petition.

### **Lohr v. Health Professions Review Board (Petition filed June 29, 2015)**

Summary: The Petitioner applied for registration to the College of Chiropractors. The Petitioner applied to the Review Board for a review of the College’s registration decision. In *Decision No. 2015-HPA-202(a)*, the Review Board held that it had no jurisdiction to conduct a review a decision as the college registration committee’s refusal to register the applicant was made under s. 20(2.1) of the Act, which sets out a class of decisions outside the Review Board’s jurisdiction to review. The Petition alleges procedural unfairness.

Status: Court filings have been completed. No date has been set for the hearing of the Petition.

**College of Physicians and Surgeons of British Columbia v. Health Professions Review Board (Petition filed September 29, 2015)**

Summary: The College of Physicians and Surgeons applies for judicial review of Review Board *Decision No. 2015-HPA-006(a)*, which held that the College failed to conduct an adequate investigation and ordered that the new disposition be issued by the Inquiry Committee rather than the Registrar. The Petition alleges that the Review Board failed to recognize that the College cannot compel third parties to provide it with evidence, failed to reasonably apply the “adequacy of the investigation” test and exceeded its role in requiring the Inquiry Committee to issue the new disposition.

Status: Petition argued April 18-20, 2017, February 1-2, 2018 in British Columbia Supreme Court.

**Millman v. Health Professions Review Board (Petition filed October 16, 2015)**

Summary: Petition commenced by a complainant from a Review Board Decision dismissing an application for review from a college complaint disposition: *Decision No. 2012-HPA-116(b)*. The Petition alleges procedural unfairness.

Status: Court filings have been completed. No date has been set for the hearing of the Petition.

**Battie v. College of Physicians and Surgeons and Health Professions Review Board, Petition filed May 4, 2016**

Summary: Petition challenges Review Board *Decision No. 2015-HPA-122(a) - 125(a)*. The Review Board, at Stage 1, dismissed an application for review from a registrar’s disposition dismissing a complaint about the management of a fracture by four registrants.

Status: No date has been set for the hearing of the Petition.

**College of Dental Surgeons v. Health Professions Review Board, Petition filed October 20, 2016**

Summary: Petition challenges Review Board *Decision No. 2015-HPA-214(a)*, which concluded that it was unreasonable for the Inquiry Committee to issue the same remedial disposition on two cases it considered on the same day, where it had been critical of the registrant.

Status: The Petition has not yet been set for hearing.

**4. Petitions filed**

**College of Physicians and Surgeons v. Health Professions Review Board: Petition filed January 20, 2017**

Summary: Petition challenges Review Board *Decision No. 2016-HPA-G06*, which held that an investigation was inadequate, and the disposition was unreasonable, because the Inquiry

Committee failed to address a registrant's care in relation to a college guideline setting out its expectations of the relationship between a primary care physician and consultant physician.

Status: Petition not yet been set for hearing.

**College of Physicians and Surgeons v. Health Professions Review Board, Petition filed January 27, 2017**

Summary: Petition challenges Review Board *Decision No. 2016-HPA-112(a)*, which concluded that a disposition was unreasonable because it failed to take the registrant's past discipline history into account.

Status: Petition not yet set for hearing.

**LeClerc v. Health Professions Review Board, Petition filed September 11, 2017**

Petition commenced by a complainant to set aside Review Board *Decision 2017-HPA-031(a)*. The petition alleged failure to provide adequate reasons.

Status: Petition not yet set for hearing.

Links to judicial review decisions pertaining to Review Board matters are provided on the Review Board website.

## Notices of Delay and Notices of Suspension

Upon receipt of an application from a party, the Health Professions Review Board has the authority to review the issue of a delayed investigation - that is, the failure of a College to dispose of a complaint within the time required by s. 50.55 of the *Health Professions Act* and the corresponding *Health Professions General Regulation* that sets out “prescribed times” for compliance (necessary to interpret s. 50.55 of the Act). This is specific to complaint files, which are files before the Inquiry Committee.

If the College took all of the time allotted to it under the legislation to complete an investigation, it should be completed within 255 days from the date the Registrar is notified of the complaint or the date the college commences an investigation where it has done so on its own initiative. If by this time the investigation has not yet been completed by the College, a right of review to the Review Board arises with respect to that delayed investigation.

During the time allotted to the College under the legislation, the College is required to issue the following delayed investigation notices to the parties:

- (1) after 150 days have elapsed,
- (2) again after 240 days, (providing a new date of expected disposition) i.e.: a notice of delay
  - (a) copied to the Review Board
- (3) and a final notice after no more than 285 days, i.e.: a notice of suspension
  - (a) copied to the Review Board
  - (b) this final notice triggers the 30 day time limit to request a review into the timeliness of the Colleges investigation, to the Review Board

The Review Board has provided guidance for this process on our website in the following Memorandum, found online:

- Applying the Prescribed Time Periods:  
[http://www.hprb.gov.bc.ca/process/prescribed\\_time.pdf](http://www.hprb.gov.bc.ca/process/prescribed_time.pdf)

### Legislation Links for Reference:

- Health Professions General Regulations: section 7: Prescribed periods — disposition of complaints and investigations:  
[http://www.bclaws.ca/EPLibraries/bclaws\\_new/document/ID/freeside/17\\_275\\_2008#section7](http://www.bclaws.ca/EPLibraries/bclaws_new/document/ID/freeside/17_275_2008#section7)
- *Health Professions Act*: section 50.55: Timeliness of inquiry committee investigations: [http://www.bclaws.ca/EPLibraries/bclaws\\_new/document/ID/freeside/00\\_96183\\_01#section50.55](http://www.bclaws.ca/EPLibraries/bclaws_new/document/ID/freeside/00_96183_01#section50.55)
- *Health Professions Act*: section 50.57: Review — delayed investigation:  
[http://www.bclaws.ca/EPLibraries/bclaws\\_new/document/ID/freeside/00\\_96183\\_01#section50.57](http://www.bclaws.ca/EPLibraries/bclaws_new/document/ID/freeside/00_96183_01#section50.57)

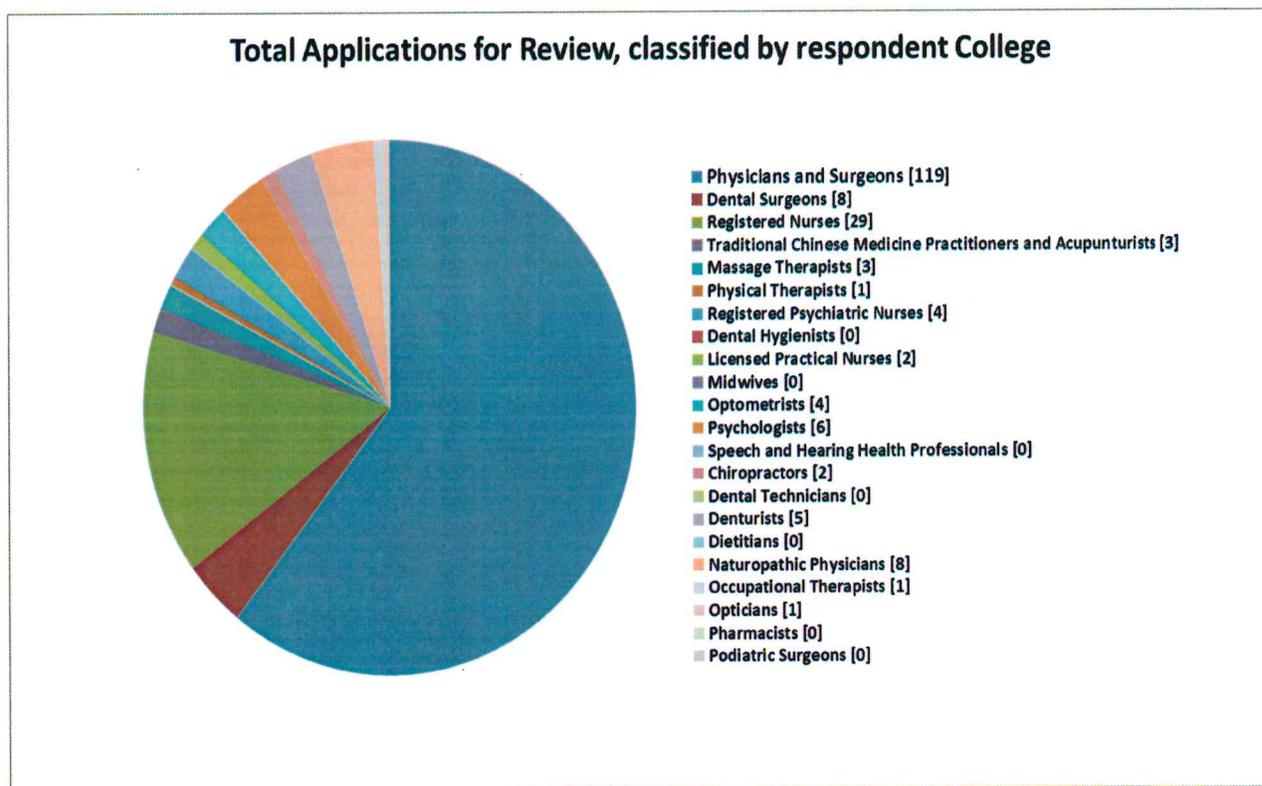
## Review Activity Statistics

For the reporting period from January 1, 2017 – December 31, 2017

**Figure 1: Number of Applications, by type and month**

Month	Complaint Dispositions	Delayed Investigations	Registration Decisions	Total Number of Applications	%
January	7	4	2	13	7
February	7	2	1	10	5
March	9	2	3	14	7.5
April	6	3	4	13	7
May	8	0	4	12	6
June	13	1	3	17	9
July	19	1	3	23	11.5
August	7	6	3	16	8
September	11	0	6	17	9
October	2	0	5	7	3
November	19	0	5	24	12
December	29	1	0	30	15
<b>Total</b>	<b>137</b>	<b>20</b>	<b>39</b>	<b>196</b>	
% of Total Applications					100

**Figure 2: Total Applications for Review, classified by respondent College**



**Figure 3: Applications for Review, by college and type**

Respondent College	Complaint Dispositions	Delayed Investigations	Registration Decisions	Total Number of Applications	%
Chiropractors	2			2	1
Dental Hygienists					0
Dental Surgeons	6	2		8	4
Dental Technicians					0
Denturists	5			5	2.5
Dietitians					0
Massage Therapists		2	1	3	2
Midwives					0
Naturopathic Physicians	1	7		8	4
Licensed Practical Nurses			2	2	1
Registered Nurses	19	2	8	29	14
Registered Psychiatric Nurses	4			4	2
Occupational Therapists	1			1	.5
Opticians	1			1	.5
Optometrists	4			4	2
Pharmacists					0
Physicians and Surgeons	89	5	25	119	61
Physical Therapists	1			1	.5
Podiatric Surgeons					0
Psychologists	4	2		6	3
Speech and Hearing Professionals					0
Traditional Chinese Medicine Practitioners and Acupuncturists	2		1	3	2
<b>Total</b>	<b>139</b>	<b>20</b>	<b>37</b>	<b>196</b>	
<b>% of Total Applications</b>	<b>71%</b>	<b>10%</b>	<b>19%</b>		<b>100%</b>

**Figure 4: Applications for Review – by status**

Applications for Review	Number
Number of applications open at January 1, 2017 (Case Management in Progress)	124
Number of applications for review received in 2017	196
Applications closed in 2017	139
Number of applications open at December 31, 2017 (Case Management in Progress)	181

## Financial Performance

### 2017/18 Year Expenditures

This reporting period covers the 2017 year of operation for the Review Board.

Following is a table showing the expenditures made by the Review Board during its 2017/18 fiscal year.

### **Health Professions Review Board**

Operating Costs - April 1, 2017 – March 31, 2018

Salary & Benefits	\$ 547,895
Operating Costs	\$ 929,108
Other Expenses	\$ 0
Total Operating Expenses	\$ 1,477,003

### Shared Services Administrative Support Model

Administrative support for the Health Professions Review Board is provided by the office of the Environmental Appeal Board and the Forest Appeals Commission.

This shared services approach takes advantage of synergy and keep costs to a minimum. This has been done to assist government in achieving economic and program delivery efficiencies allowing greater access to resources while, at the same time, reducing administration and operational costs.

In addition to the Health Professions Review Board, the office for the Environmental Appeal Board and the Forest Appeals Commission provides administrative support to five other appeal tribunals.



Board Meeting  
15 September 2018  
Agenda Item 17.

TO: CDSBC Board  
FROM: Leslie Riva, Senior Manager: CDA Certification and Quality Assurance  
DATE: 28 August 2018  
SUBJECT: **Dental Radiography Certificate**

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### Background

CDSBC Bylaw Part 8 *Delegation and Supervision*, contemplates the scope of practice of dental auxiliaries with respect to Restricted Activities captured in the *Dentists Regulation*.

Under S. 8.05, dental assistants who have not pursued any formal, accredited training or certification, are permitted to provide a limited number of services for patients under the supervision and authorization of a dentist.

S. 8.05 (e) allows a dental assistant to expose dental radiographs (X-rays) following authorization and supervision by a dentist, if that person has successfully completed a recognized Dental Radiography Module through an accredited educational program (Vancouver Community College or CDI Burnaby).

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

Since 1994, approximately 1300 people have received the Dental Radiography Certificate following a submission of an application form and a nominal fee.

### Issues:

In the interest of protecting the public, a thoughtful review of the provision of this designation or certification by CDSBC is long overdue.

Current issues and concerns:

- The radiography designation, currently, is a one-time application and registration with no expiry date.
- The recipients of the designation are not registrants or certificants of CDSBC. There is no authority for a requirement to maintain current knowledge, skills and competency or continuous practice reporting relating to the exposure of dental radiographs. This lack of authority and oversight regarding the ongoing



competency and continuous practice of persons holding the radiography designation is a significant concern with respect to risk to both patients and co-workers.

- No current policy or requirements exist as to re-certification of persons who hold the designation should they report a return to clinical care after a prolonged absence.
- No current authority exists to require ongoing education with respect to changing technologies (eg. CBCT) that require increased knowledge and understanding.
- The certificate holder is not obligated to update contact information and, as such, CDSBC does not have knowledge of how many of these certificate holders are currently exposing radiographs.

#### Discussion:

The exposure of dental radiographs is a restricted activity under the *Dentists Regulation* (and captured as such in the CDSBC Bylaws). In the interest of protecting the public, the Board is asked to consider whether CDSBC should continue providing this designation to unregulated persons or whether this service should only be provided by those who are regulated by CDSBC.

If the Board determines that the exposure of dental radiographs should only be undertaken by registrants and certificants of CDSBC, next steps may include:

- Amending current CDSBC Bylaws to capture these changes;
- Consideration for those who presently hold the designation; and
- Consultation with the public, registrants, certificants and other stakeholders.

If the desire of the Board is to continue recognising the designation next steps may include:

- Confirming that currently recognised dental radiography modules continue to meet CDSBC requirements;
- Consideration given to restructuring the registration process to allow implementation of ongoing annual renewal with a built-in expiry to issued certificates;



- Consideration of a process for determining competency with respect to changing technology;
- Implementation of authority to determine requirements for Continuing Education and Continuous Practice on a cycle similar to other CDSBC registrants and certificants;
- Alignment with CDSBC Bylaws through the current review by the Bylaw Working Group;
- Updating policy as it relates to storing this information in CDSBC's database; and
- Consultation with the public, registrants, certificants and other stakeholders.

#### Next steps

Staff is looking for direction from the Board on next steps.

Respectfully submitted.

Leslie Riva  
Senior Manager: CDA Certification and Quality Assurance