CDSBC College of Dental Surgeons of British Columbia

College Update

Winter 2017

Questions From a Grieving Wife

We can make a difference in the early detection of oral cancer

Raising awareness about the general dentist's role in the early detection of oral cancer is one of the priority items for the College in the upcoming year.

All patients, whether they are aware of it or not, arrive in our practices with the expectation of a thorough and complete assessment that informs a definitive diagnosis.

Accordingly, dentists have a unique opportunity to positively impact the early detection of suspicious oral lesions which may prove to be oral cancer.

Today I had a difficult conversation with a woman whose husband recently died following a diagnosis of oral cancer. She said their dentist didn't act definitively when an oral mucosal lesion that was present over a period of some years failed to heal. The patient's wife told me that when he asked their dentist about it he was told: "just keep doing what you're doing".

His wife described watching her husband of 49 years suffer as the very late and difficult treatment failed.

He became unable to talk, eat or even swallow without excruciating pain.

She said he dealt with pain, stress, and ultimately, death, with dignity and grace.

Her conclusion was this: "Negligence caused my husband's death."

It is common for patients to blame their dentists when they experience a poor treatment outcome. As complaint investigators, we know this does not necessarily mean the dentist did not meet the expected standard.

However, the question is always the same: was everything done that

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should have been done and in a timely manner?

In this case, the patient's wife wanted answers:

- Aren't dentists taught to examine the mouth to detect anything abnormal?
- Don't dentists worry if something doesn't heal?
- Aren't dentists trained to know when to refer patients if they are concerned something is wrong, or if they don't know what it might be or what they should do?

Dentists have a unique and sobering responsibility with respect to early detection. This responsibility is shared with our medical colleagues; however, their training understandably does not place the same emphasis on oral mucosal disease.

Specialists in oral medicine; oral surgery; ear, nose and throat; and head and neck surgery have particular expertise in this area and frequently examine the patient and provide a biopsy only following a referral from a general dental practitioner.

"Dentists have a unique and sobering responsibility with respect to early detection."

During the course of College investigations, medical and dental specialists have commented that they are seeing patients far too late.

General practitioners are extremely important members of a larger team, all of whom share the same commitment to early detection, resulting in early treatment and best possible outcomes.

The following suggestions are designed to help you serve the best interests of your patients in the early detection of oral cancer:

1. Never underestimate the critical importance of a careful extraoral and soft tissue examination. Expect the unexpected. Maintain the rigour and attention we were taught to bring to this during our training. Never give it up.
2. Document, document, document! Record any unusual finding with a description, appropriate measurements, and photographs.
3. Compare your clinical findings at frequent intervals and don't wait to react to troubling findings, such as progression or poor healing.
4. Think outside the box: it's not always about teeth or periodontal disease. Consider the possibility of oral mucosal diseases, including oral cancer.
5. Remember that only a biopsy provides the information necessary to establish a definitive diagnosis.
6. Refer early, particularly if you are not proficient in providing a biopsy or if there is the slightest doubt in your mind about what you are seeing. If something does not seem right, or you can't explain it to yourself or the patient, get help. Trust your gut. It's okay to tell the patient you are not sure and that another opinion is indicated.
7. Be prepared for patients to resist referrals or biopsies. Be sure the patient understands your concerns and the reasons for the management you are strongly recommending. Any refusal should be clearly documented.
8. Present your clinical findings to the patient with confidence. Emphasize the importance of establishing a definitive diagnosis.
9. Consider sharing your findings and concerns with the patient's family doctor and any other medical or dental specialists also involved in the patient's care.

Remember: all members of the larger team share a commitment to early detection, early treatment and best possible outcomes.

This article has also been published as a practice tip for registrants. Read them all at: cdsbc.org/practice-tips.

Dr. Meredith Moores was a member of the Early Detection of Oral Cancer Working Group that created the Clinical Practice Guideline for the Early Detection of Oral Cancer with the BC Cancer Agency.

For guidance about the appropriate use of oral cancer screening techniques, please refer to this guideline in the CDSBC library at cdsbc.org/library.

Opioid Information Package for Prescribers

In response to the public health emergency from opioid overdoses and deaths, the federal government has created a Joint Statement of Action to Address the Opioid Crisis.

Health-related agencies across the country are being asked to take action to improve prevention, treatment and harm reduction associated with problematic use of opioids. The ***Canadian Guideline for Safe and Effective Use of Opioids in the Management of Non-Cancer Pain*** was updated this year to include current research and new evidence. It is intended to assist and guide practice decisions, and challenges clinicians to re-evaluate their prescribing practices.

We are distributing an information package with hard copies of the following resources to dentists together with this newsletter (all documents are also available online):

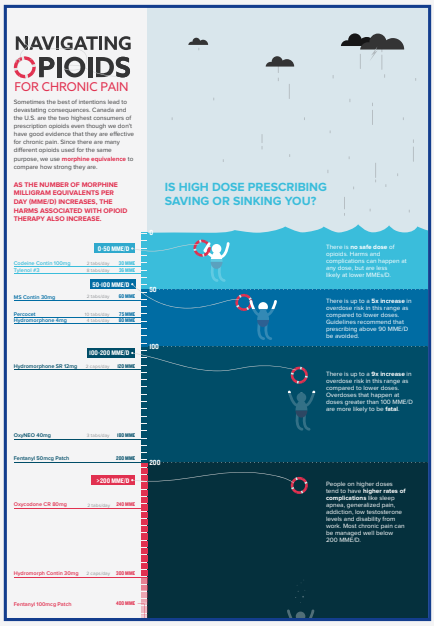
Summary of recommendations from the *Canadian Guideline for Safe and Effective Use of Opioids in the Management of Chronic Non-Cancer Pain* (2017)

cfpc.ca/uploadedFiles/CPD/Opioid%20poster_CFP_ENG.pdf

CDSBC's Standards & Guidelines: *Prescribing and Dispensing Drugs*

cdsbc.org/practice-resources/professional-practice/standards-and-guidelines/prescribing-and-dispensing-drugs

Navigating Opioids for Chronic Pain (for prescribers)



cpd.utoronto.ca/opioidprescribing/wp-content/plugins/safe-opioids-infographic/files/navigating-opioids-web.pdf

Five Questions to Ask About Your Medications (for patients)

ismp-canada.org/download/MedRec/5questions/MedSafetyposter-CDSBC-EN.pdf

Introducing the 2017/18 Board

1. **Dr. Don Anderson**, President
2. **Dr. Susan K. Chow,** Vice-President
3. **Dr. Patricia Hunter,** Treasurer
4. **Dr. Deborah Battrum,** Dentist Member (District 3: Southern Interior)
5. **Dr. Doug Conn,** Certified Specialist Member
6. **Dr. Andrea Esteves,** UBC Faculty of Dentistry Member
7. **Dr. Michael Flunkert,** Dentist Member (District 4: Vancouver)
8. **Mr. Terry Hawes,** Public Member
9. **Dr. Dustin Holben,** Dentist Member (District 5: Vancouver Island)
10. **Mr. Oleh Ilnyckyj,** Public Member
11. **Ms. Dorothy Jennings,** Public Member
12. **Ms. Cathy Larson,** Certified Dental Assistant Member
13. **Ms. Sabina Reitzik,** Certified Dental Assistant Member
14. **Dr. Masoud Saidi,** Dentist Member (District 1: Fraser Valley)
15. **Dr. Mark Spitz,** Dentist Member (District 2: North)
16. **Mr. Neal Steinman,** Public Member
17. **& 18.** Public Members (to be announced)

Public Board Members Rick Lemon and Dan De Vita served from 2008-17. Their replacements will be announced soon.

Learn more about CDSBC's Board at cdsbc.org/cdsbc-board.

Good Governance and Potential Changes to Bylaw Part 2 (Board Composition)

"People are intimidated by governance, but all it really means is how we as a group make decisions together." – Governance expert Bradley Chisholm

The College's bylaws provide the framework for how the College will carry out its legislated mandate of public protection.

The bylaws affect how the College operates at every level, beginning with the Board itself.

The College is just one of many health colleges in discussions with the Ministry of Health about its bylaws, and about best practices in regulatory governance.

The current CDSBC bylaws were put in place in 2009, and some of them are confusing and inconsistent. For this reason, the Board created the Bylaws Working Group to review the bylaws and recommend changes that will promote good governance.

The first bylaw under review is Bylaw Part 2 (College Board), which sets out the size and composition of the Board, as well as board officers, term lengths and succession planning.

Current Board

The current CDSBC Board consists of 18 members, made up of:

- 10 dentists
- 2 certified dental assistants
- 6 public members

Issues for consideration

The Board structure outlined prior is different from recognized best governance practices.

The questions being explored are:

- **Size:** What is the right size for the College Board? There is a trend towards smaller boards but the requirement for a minimum of 1/3 public members will not change.
- **Board composition:** How do you ensure the right mix of skills and expertise to create an effective board, including governance, financial acumen, knowledge of the profession, and human resources?
- **Board officers:** The trend is to have a board chair and a board vice-chair rather than three board officers. Is the role of treasurer still necessary when the College has an Audit and Finance Committee that is chaired by a professional accountant? And what is the best way to select the president/chair?
- **Terms of office:** Which is more effective: longer terms of 2-4 years to allow board members to gain meaningful experience, or shorter terms that allow the board to be refreshed more often? Which would help promote skilled people to serve leadership roles at the board level?
- **Succession planning:** Would a succession ladder (where the registrants elect the person who will automatically become president/chair) be preferable in terms of providing the necessary training and experience required by the leader of the board?

None of these questions have easy answers, and there are arguments for and against changing the current Bylaw Part 2.

This was a topic at the fall 2017 listening sessions in Vancouver, Kelowna and Prince George, which asked participants to respond to the question: "What changes (if any) to Bylaw Part 2 would make the College Board function better?"

The next step for the Bylaws Working Group will be to recommend options to the Board, followed by further consultation with registrants, stakeholders, other health regulators and government.

Advertising and Promotional Activities

Revised CDSBC Bylaw Part 12 in effect 27 November 2017

The Board has approved changes to Bylaw Part 12, which deals with advertising and promotional activities by registrants.

The Board accepted the recommendation of the Ethics Committee, which considered all of the feedback received during the consultation period this past spring.

In summary, the Board has approved a revised Bylaw Part 12 that is more inclusive than the current bylaw in terms of how dentists may refer to their university degrees, titles, designations, and qualifications in advertising and promotional activities.

Under the revised bylaw, dentists may list – after their names and whether they are a general dentist or a certified specialist – any additional degrees or designations, beginning with the university degree(s) accepted by CDSBC for registration as a general dentist or certified specialist. All of this must be in unabbreviated form, and include the year in which it was granted, the jurisdiction and the name of the granting institution.

In requiring the information provided to be complete and descriptive, these changes protect the public by limiting confusion about professional titles in dentistry. The public also benefits from the presentation of more information about their dentist's professional background.

"The Board has approved a revised Bylaw Part 12 that is more inclusive than the current bylaw in terms of how dentists may refer to their university degrees, titles, designations, and qualifications in advertising and promotional activities."

The revised Bylaw Part 12 was filed with the Ministry of Health on 28 September and came into effect on 27 November.

Guidance to assist in compliance with the revised bylaw will be provided in the coming months.

Read the revised Bylaw Part 12 at cdsbc.org/bylaws.

Dr. Chris Hacker Appointed Deputy Registrar

The College is pleased to announce that Director of Professional Practice Dr. Chris Hacker has had "Deputy Registrar" added to his title.

Chris first joined the College as a complaint investigator in 2011, and later took on the role of Policy & Practice Advisor. When Deputy Registrar Carmel Wiseman moved into a policy role earlier this year, Chris took over as Director of Professional Practice, overseeing the complaints team.

Chris believes that a regulator is only as effective as its understanding of the profession that it is regulating, and is pleased to apply his many years of general dental practice to the complexities of his role.

"CDSBC's mandate is to protect the public. We will be most effective in doing so when we are aware of the realities that our registrants face in their daily practice," he says.

Chris is a regular presenter for the College, and has helped to develop and deliver several courses and lectures at dental component societies and for UBC Dentistry students. He is also the lead facilitator of the College's listening sessions taking place around the province.

"CDSBC's mandate is to protect the public. We will be most effective in doing so when we are aware of the realities that our registrants face in their daily practice"

Chris practised general dentistry for over 35 years. He serves as an examiner for the National Dental Examining Board, and was a founding member of the Study Club Alliance of BC.

He is a member of the American Academy of Gold Foil Operators, the Academy of RV Tucker Study Clubs, the American College of Dentists and the Pierre Fauchard Academy.

Capnography Reminder

Approved by the College Board in 2016, capnography is now required for deep sedation patients, and capnography and/or pre-tracheal stethoscope monitoring for moderate sedation patients.

Refresh your memory on capnography requirements by reading CDSBC's deep and minimal/moderate sedation standards and guidelines at cdsbc.org/sedation.

President's Blog

President Don Anderson provides his perspective on College activities through his blog.

Two recent posts:

The decline of public trust
Dr. Anderson was discouraged to read that on a list of most respected professionals, dentists are now in tenth place. He asks "why the downward slide in public perception and what can we do about it?"

"I remember 40 years ago we used to be in second place. While there are some bad apples in every profession, the vast majority are unfailing professionals."

Are the College's Bylaws "old school?"
Dr. Anderson discusses the Board's decision to set up a board self-evaluation process in light of the College's upcoming Bylaw rewrite.

"When we compare ourselves to the best practices among regulators in other jurisdictions, Bylaw Part 2 (College Board) that outlines board composition, size and election process appears "old school." While there is nothing wrong with "old school," it behooves us to look into what changes could make the Board function better."

Follow his blog at:
cdsbc.org/president's-blog.

Is the College in Favour, Opposed or Indifferent to Corporate Dentistry?

This was one of the questions asked of Registrar/CEO Jerome Marburg at the hugely popular panel discussion "Corporate Dentistry – Friend or Foe?" at last year's Vancouver & District Dental Society Midwinter Clinic.

Here is what Jerome told the crowd:

"What we are in support of is that registrants provide patient-centred care. What we are opposed to is anything that gets in the way of that. That can be an unethical choice by a sole practitioner, or by a dentist who works in a large, multi-office practice...

We have concerns over what we are hearing out there. Things such as production quotas…overtreatment and dictating treatment plans, clawbacks in purchase agreements if you don't meet certain requirements for production, phantom labs, associates being obliged to carry out treatment plans of other dentists without question or without applying their own judgment, practitioners providing incentives, bonus or rewards to CDAs or hygienists to push certain products or treatments, limiting referrals to in-house or other specific specialists, and an office manager…running the show or making treatment decisions. None of these activities are appropriate and none are unique to a corporate ownership structure.

The bottom line is patients must receive appropriate treatment options. That means all range of treatment options – whether you provide them in your clinic or not – and they need to make a choice based on full, free and informed consent."

To hear more from Jerome and the other panellists, watch the full video: vdds.com/corporation-dentistry-video.

Is your CE up to Date?

Eligible credits earned by the 31 December deadline will be applied to your transcript in time for renewal

Registrants whose continuing education (CE) cycle ends on 31 December 2017 and who have not yet met the minimum requirements for renewal next year still have time.

Submit your CE credits by email, mail or online at cdsbc.org/login.

The College offers a variety of relevant online courses such as *More Tough Topics in Dentistry*, which can help you earn CE credits before the 31 December deadline.

New Online CE Course: More Tough Topics in Dentistry

This course offers guidance for all members of the dental team to help prevent problems before they begin, and solutions for what to do if/when things do go wrong.

It includes four modules:

- Informed consent
- Interpersonal difficulties
- Billing
- Wellness

Our full suite of online courses is available at cdsbc.org/courses.

San'yas Indigenous Cultural Safety Training Program

Systemic racism and discrimination towards First Nations people continues to be a major problem in many contemporary health care settings. Inappropriate treatment and barriers to accessing care are a result of systemic racism, which includes personal biases and unintentional stereotyping.

The Provincial Health Services Authority has developed a facilitated online training program designed to increase knowledge, enhance self-awareness, and strengthen the skills of those who work both directly and indirectly with Aboriginal people.

The San'yas Indigenous Cultural Safety Training Program is available for both clinical and non-clinical professionals.

At the June meeting, the CDSBC Board approved a motion for Board Members to take this training program.

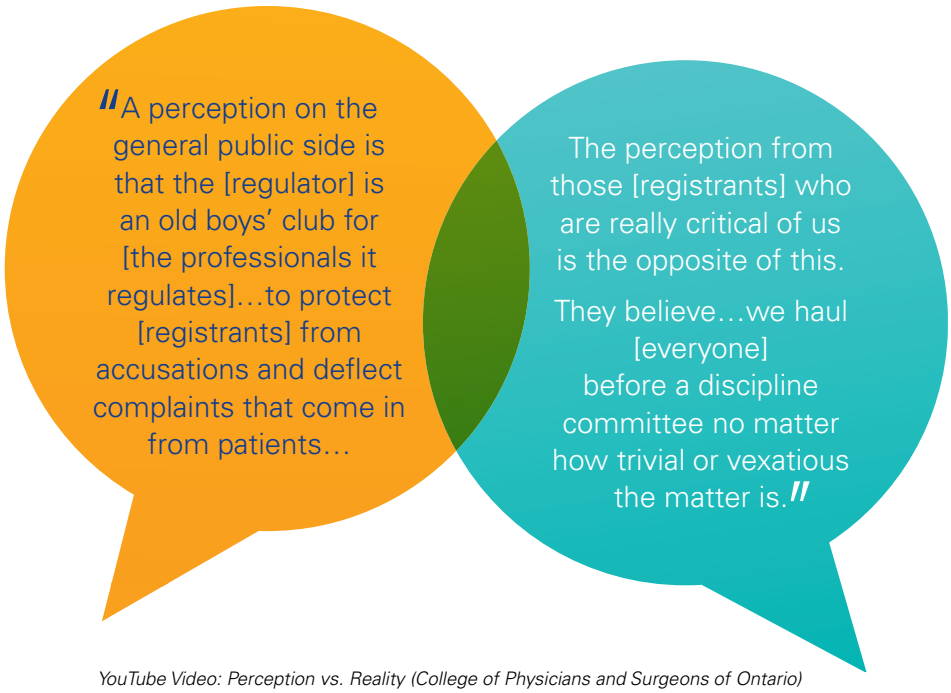
Learn more about the San'yas Indigenous Cultural Safety Training Program at sanyas.ca.

On 1 March, 23 health professions regulators in B.C. became the first in Canada to pledge their commitment to making our health system more culturally safe and effective for First Nations and Aboriginal peoples.

The College is a signatory to the Declaration of Commitment that is based on the principles of cultural safety and humility. This includes promoting the value of cultural safety training to the professionals we regulate.

Complaints Process Exit Surveys

One of the core mandates of any health regulator is to investigate and resolve complaints against its registrants. This is central to our legislated duty to protect the public.



YouTube Video: Perception vs. Reality (College of Physicians and Surgeons of Ontario)

The College strives to deliver a complaints process that is thorough, fair and timely.

In 2016, we began using an exit survey for registrants and complainants to help in evaluating our complaints process.

When a complaint file is closed, both the registrant and the complainant receive an invitation to provide their feedback on the complaint process.

Because of the nature of any complaints process, it is likely that one of the two parties will be dissatisfied with the outcome.

The purpose of the survey is to evaluate a participant's experience of the process rather than their satisfaction with the outcome of their complaint.

The surveys are administered by an external research company, Pivotal Research. While the response rate is small (11.2%), Pivotal advises that it is typical for these types of studies.

Read the detailed public report on the results at cdsbc.org/exit-surveys.

Here are some highlights that emerged from both the registrant and complainant surveys.

What registrants said

- The majority of registrant respondents agreed that the complaints process is conducted fairly, courteously and thoroughly.
- They were more likely to disagree that their complaint was resolved in a timely manner. (Note: timeliness of complaint resolution continues to be a priority for the College.)
- They agreed that the College's communication was easy to understand and the College kept them informed about developments in the complaints process.
- All registrants agreed or strongly agreed that they were treated with respect.
- Their expectations of the process matched the outcomes for the most part. As such, they were likely to be satisfied with the process.

"The majority of registrant respondents agreed that the complaints process is conducted fairly, courteously and thoroughly."

What complainants said

- In general, complainants agreed with how we conducted the complaint investigation and communicated throughout the process.
- When the outcome of the complaint matched their expectations, they were likely to display higher satisfaction with the process.
- Those whose complaints were dismissed were more likely to disagree with the process than those whose complaints resulted in the registrant taking some action to improve their practice.
- 70% said they would recommend that someone make a complaint to CDSBC if they had a concern about a registrant.

Exit surveys extended

The complaint process exit survey was developed as a one-year pilot project and has been extended for a second year.

Public Notification

Dr. Steven Krieger
Surrey, B.C.

Dr. Krieger has made admissions and proposed a resolution which was approved by the Inquiry Committee. A discipline hearing had been scheduled but was cancelled when the proposal was approved.

The Inquiry Committee ordered a reprimand, a fine, a minimum one-year withdrawal from practice, and a multi-step remediation program and examination process to be successfully completed if he intends to return to practice. Once the remediation program and exam process is completed, he may return to practice subject to limits and conditions.

Dr. Young Hee Lee
Surrey, B.C.

Dr. Lee has signed an agreement acknowledging CDSBC's serious concerns regarding ethics, billing and recordkeeping, as well as continuing concerns with diagnosis and treatment planning, periodontal diagnosis, fixed prosthodontics and radiographic interpretation.

The agreement includes a two-month suspension, a fine, course work (recordkeeping, billing, tough topics, radiographic interpretation and ethics), mentorship, and a chart review.

Dr. Davepal S. Dhillon
Victoria, B.C.

Dr. Dhillon has admitted that he failed to comply with a Memorandum of Agreement and Understanding, and failed to respond to requests for information and inquiries from the College.

A discipline hearing had been scheduled but was cancelled when Dr. Dhillon made admissions and signed an agreement, which includes a reprimand, a suspension, a fine, payment towards CDSBC's investigation costs, and completion of an ethics course.

Dr. Allen M. Shen
Coquitlam, B.C.

Dr. Shen has admitted to ethical concerns and inappropriate billing, as well as serious concerns about his recordkeeping and radiographic interpretation.

He has signed an agreement, which includes a one-month suspension, a fine, course work (recordkeeping and a multi-day ethics course), monitoring and inspection.

To read the full publication notices, visit cdsbc.org/discipline-notices.

College Calendar

Mid-January 2018

Annual Renewal Opens
Watch for your renewal package in the mail in mid-January or go to: cdsbc.org/annual-renewal

Deadline to renew is 1 March 2018

24 February 2018

Board Meeting
8:30 am

Marriott Hotel
1128 West Hastings St.
Vancouver

To attend as an observer, RSVP by 15 February to ncrosby@cdsbc.org

8 March 2018

Awards Ceremony
6-7:30 pm

Fairmont Waterfront Hotel
Mackenzie Room
Vancouver

RSVP to events@cdsbc.org if you wish to attend.

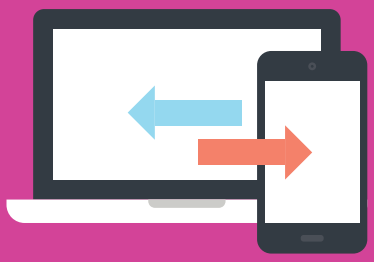
9 March 2018

Preserving Public Trust
at the Pacific Dental Conference
8:30-11 am

Vancouver Convention Centre
1055 Canada Place, Vancouver

Register at: pdconf.com

Are you receiving our monthly eNewsletter?



If not, you may need to update your contact information. As a registrant, it is your professional responsibility to ensure CDSBC has your current address, phone number and email address.

Log in to your account to update your contact information at cdsbc.org/contact-info.

To view and register for upcoming CDSBC events visit: cdsbc.org/events

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Included with this issue: Opioid information package (dentists only)