

Sentinel

A publication of the College of Dental Surgeons of British Columbia for dentists and certified dental assistants

Maintaining Public Trust



intensive investigations demanded of all complaints. CDSBC committee members devote their time unselfishly, and are committed to considering all cases in a fair and equitable manner.

Julie Johal: The CDSBC Board governs the College, placing the public interest first and foremost. In so doing, we make sure that even as the profession evolves, it maintains public confidence.

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Self-regulating health professions are governed by colleges with a mandate to act in the public interest at all times. To be successful, the colleges must maintain the public's confidence. How does CDSBC do that and what does it mean to work in the public interest? For answers, we turned to Dr. John Carpendale, Chair of the Inquiry Committee, which investigates complaints, and Ms. Julie Johal, a public member on the Inquiry Committee and CDSBC Board.

How do the CDSBC Inquiry Committee and Board work in the public interest?

John Carpendale: The Inquiry Committee is made up of public members, dentists and certified dental assistants, and is one of the busiest CDSBC committees due to the large number of complaint files and

Why do you think it is important to have members of the public on the Inquiry Committee and Board?

John Carpendale: There is sometimes a concern among complainants that CDSBC will be biased, resolving the complaint in favour of the dental practitioner. Public members on the Inquiry

CDSBC committee members devote their time unselfishly, and are committed to considering all cases in a fair and equitable manner.

– Dr. John Carpendale
Chair of the Inquiry Committee



From the President Dr. Peter Stevenson-Moore

Who Is a Good Dentist?

One of the most challenging questions that I am asked by patients is, "Can you refer me to a good dentist?" Over the years, I could look to my teachers and believe them to be "good dentists." As a practitioner, the more important question is, "How do I know that I am a good dentist?"

Self-assessment has the potential to reduce complaints, promote the public interest and help assure the public they are in good hands.

Since we often work in isolation, it is difficult to know the quality of our own work in relation to that of our peers. Is a good dentist someone who has all the latest equipment? Someone who is run off their feet with back-to-back appointments? Someone who advertises extensively in newspapers or magazines? Or is it someone who regularly attends continuing education programs, conventions or study clubs?

Perhaps it is none of the above, or more likely it is a combination?

The public and the government rely on the health colleges to act in the public interest and to protect the public from harm. Historically, our College has fulfilled this role by receiving complaints, investigating them, and – when necessary – imposing penalties that range from remedial action to suspension of a licence or removal from the register. Our system of regulation seeks to demonstrate that dentists and certified dental assistants maintain sufficient hours of practice and education so they are likely to remain competent in day-to-day practice.

Self-assessment has the potential to reduce the volume of complaints that come in to the College over time, promote the public interest, and help assure the public they are in good hands with the dentists and CDAs of this province. If the regulator loses the public trust, the government steps in and can take over the operation of a College, removing the capacity for self-regulation.

Today in the United Kingdom, bureaucrats can shut down

dental offices while they perform a routine audit. This system is financially punitive and very disruptive to patients. I would not want to see this happen in B.C. If our self-assessment measures remain effective, we may be able to minimize the inconvenience that more formal audit processes would require.

The College helps you ensure you are a good dentist or CDA by providing resources to support guidelines for practice, including self-assessment tools. In this way, our registrants can avoid behaviours that might otherwise become a cause for complaint. (Examples include the poster on Infection Prevention and Control that is included with this issue of the *Sentinel* and courses the College offers at dental conferences and online.)

Therefore, the next time you ask yourself whether you are a good dentist, we hope that you will be able to respond positively and with confidence.

Peter Stevenson-Moore is the President of CDSBC's 2012/13 Board and a prosthodontist practising in Vancouver.

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Committee help ensure that this concern remains unfounded.

Julie Johal: Public members bring a variety of attitudes and ideas to the Board table due to their distance from the profession. The public members' "outside looking in" perspective allows for a more diverse conversation.

How does a regulator like CDSBC maintain the public's trust?

John Carpendale: Through good governance. The public expects CDSBC to follow guidelines in investigating complaints, and they want to know the organization is unbiased and fair in its disposition of the complaint.

Julie Johal: CDSBC makes it a high priority to be as transparent as possible. This fosters awareness of what CDSBC does, and lets the public know where to go for further inquiries. Dissemination of information is integral to maintaining public trust.

What do you want others to know about CDSBC, or about the complaints process in particular?

John Carpendale: A common misconception by dentists and CDAs is that the inquiry process is unfairly punitive. But the process for investigating complaints has very clear parameters as dictated by the *Health Professions Act*. The focus of the Inquiry Committee and staff who support our work is remedial rather than punitive. In fact, the vast majority (over 90 per cent) of all complaints are resolved co-operatively.

Julie Johal: I wish the public knew how thoroughly we investigate and discuss issues before coming to a decision. Every complaint is investigated by a Complaint Investigator, acting under the direction of the Inquiry Committee. By publishing the nature of complaints received, and the outcomes of investigations, CDSBC promotes transparency and inspires public confidence.

CDSBC makes it a high priority to be as transparent as possible.

– Ms. Julie Johal, public member
Inquiry Committee and CDSBC Board

John Carpendale has served CDSBC since 1994 and has been Chair of the Inquiry Committee since 2009. He is a clinical assistant professor at UBC Faculty of Dentistry, a prosthodontic consultant at the BC Cancer Agency and maintains a private prosthodontic practice in Vancouver. He also mentors study groups in Vancouver and on Vancouver Island.

Julie Johal joined the CDSBC Board in 2010. In addition to her Board duties, she serves on the College's Inquiry and Quality Assurance Committees. She is a lawyer practising primarily in the areas of insurance defence, personal injury and civil litigation at the firm of McQuarrie Hunter LLP.



Chair of the Inquiry Committee Dr. John Carpendale, right, and Audit Committee Chair Mr. Tony Soda at a meeting of CDSBC Committee Chairs



From the Registrar/CEO Jerome Marburg

What Does It Mean to Be a Professional?

I recently stood in front of about 50 new dentistry students during their orientation week. Knowing that UBC Dentistry will teach them the skills required to be a dentist, I explained what it means to be a professional. Simply put, self-regulated professions are required to put the public interest ahead of their own.

Only those who meet the qualifications and are registered with this College have the privilege to call themselves dentists in this province. They are allowed to use the doctor title, and to earn an income by practising a specific set of restricted activities, all of which carry a risk of public harm if performed incompetently, unethically or unprofessionally.

In return for these powerful privileges, dentists have an obligation to meet the exacting standards for entry to the profession, stay current through continuing education/practice, abide by standards

set by the profession, and must at all times act ethically and honourably. While there are other valid expressions of public interest that influence our actions as professionals and as the regulator, none have currency in the market without a demonstrated commitment to competency and ethical conduct.

Our ability to remain true to the public interest will determine to what extent we are able to maintain and enhance the privilege of exclusive practice and self-regulation.

I asked the students (and ask you) to think about what would happen if there were no gatekeeper to the profession, and the quality and price of dentistry were left solely up to the market forces of supply and demand. It took them seconds

to conclude that those with deep pockets would buy high quality dental services, while those in financial need would end up with a cheap, low quality version.

Surely this is not something we could or should tolerate in Canada. That is why the profession is regulated and why the government gives CDSBC the mandate to regulate dentistry in the public interest: to set “the bar” and to take action if dentists or certified dental assistants fall below it. In my view, Canada and B.C. have one of the best models of professional regulation in the world.

As a regulator, and as practitioners, our ability to remain true to the public interest will determine to what extent we are able to maintain and enhance the privilege of exclusive practice and self-regulation. In my short tenure as Registrar/CEO, I am happy to report that the Board, committee and staff commitment to the public interest is beyond reproach!

Obligations for Dentists Accepting Assignment

Your office accepts assignment (i.e. submits invoices for dental treatment to the patient's dental plan requesting payment be made directly to your office). A patient needs a root canal, and comments that he thinks his plan should cover it. However, when your office submits the bill to his insurer, you learn the patient has used up a large portion of his limit and will have to pay out-of-pocket for the rest. The patient is unhappy and complains to CDSBC. What went wrong?

Though it may appear this issue is strictly between the patient and the insurance company, it is not **unless you make it very clear to patients that your office is not going to deal with insurance companies.**

It is important to assist patients in understanding the details of their dental plan. The dental office cannot renege on this responsibility by having a signature on file that it is the patient's responsibility to understand their plan. Even for offices that don't accept assignment, it is still good practice to assist patients to understand the limits of their coverage if they have any questions, as it will reduce the likelihood of complaints.

Obtaining informed consent from patients is an ongoing process of communication. It doesn't stop when the patient signs a generic "consent to treatment and acknowledgement of responsibility for payment" form at their first appointment. **Each treatment embarked upon needs to be understood and consented to by the patient. This must**

include the estimated cost of the treatment.

Most patients want to know what portion, if any, will be covered by their dental insurer and for what portion they are responsible. Where there is no pre-determination, the dentist must provide an estimate of the total cost and let the patient know there is no way of determining what portion the dental plan will contribute.

Dental offices can either have the patient contact their insurer to confirm limits and coverage, or contact the insurer on the patient's behalf (the patient's consent to release the information may be required).

It is important to assist patients in understanding the details of their dental plan. The dental office cannot renege on this responsibility by having a signature on file that it is the patient's responsibility to understand their plan.

Be aware that some insurance companies will not give out information about policy limits/coverage to dental offices. In this case, the office must either inform the patient that they cannot provide an estimate of the patient's share of costs and ask the patient to contact their dental insurer, or may refuse assignment for those dental insurance policies.

Dentists who accept assignment should:

- 1 Provide an accurate description of treatment and associated costs.
- 2 Tell patients that only the dental insurer can confirm the amount, if any, the patient will be required to pay and that payment issues are ultimately between them and their dental insurer.
- 3 Ask the patient to find out the limits and conditions of their plan, and inform the dental office accordingly, or get patient consent and contact the dental insurer on the patient's behalf to obtain this information.
- 4 Submit the claim to the insurance company and invoice the patient for any co-payment. Note that some insurance companies will provide real-time assessment of claims through CDANet/ ITRANS.
- 5 Document everything clearly.

COMPLAINT SUMMARIES

Complaint No. 1: Discuss Products and Materials with Patients

Complaint

A patient complained that he was misled by his dentist with respect to the type of crowns he would receive following implant surgery. The patient expected the dentist to use a specific product after the dentist gave him literature on branded products explaining the implant process.

Background

The dentist maintained he had given the patient a product brochure to assist him in understanding the process, but had not promised to use that product and had always intended to fabricate the crowns in his own lab. The dentist acknowledged a misunderstanding had occurred and confirmed that once he was aware of the patient's objection, he used the crown system the patient was expecting.

Response

The College's investigation indicated that the treatment plan and consent forms did not refer to any particular brand name products. However, it was agreed that the dentist should communicate with the patient about the type of dental materials or products to be used – especially in cases where extensive restorative work is being done. Informed consent requires that patients be advised of what the proposed treatment options are, and this should include a discussion of the materials or products to be used. The College observes that patients are increasingly aware of and interested in their treatment plans and the products that will be used in their care.

Complaint No. 2: Collecting Co-Payments is Not Optional

Complaint

An insurer reported that a dentist was not collecting insurance co-payments from a number of patients who were all covered by the insurer. The insurer said the patients confirmed the dental office had agreed to provide dental services without collecting the patient's share of the cost. This was also confirmed by the dentist's receptionist, who handled financial matters within the office.

Background

The dentist admitted that due to his own lack of attention, the office had not been collecting co-payments for a number of new patients. He stated that his receptionist did not know it was mandatory to collect co-payments

and that the dentist was unaware this was not being done until he received a complaint. The dentist issued bills to the patients in an attempt to recover the funds, and also contacted the insurer indicating he was willing to pay for any unrecovered funds.

Response

The dentist acknowledged that it is not appropriate for his office to bill an insurer without also billing the patient for their portion of the treatment. This complaint illustrates the importance of dentists and their staff being properly educated on insurance policies. As well, it illustrates why it is critical for dentists to be involved in billing, because an inadequate discussion of treatment costs means patients are not providing informed consent.

IN BRIEF

Critical Incident Reports

Cases resulting in the need for patient resuscitation, emergency transfer, referral and/or admittance to hospital, or death, must be reported to CDSBC's Registrar by phone immediately. Phone calls must be followed by submitting a Critical Incident Report to the Registrar's office. This report is essential as it provides immediate and accurate information for all concerned parties. Dentists can request a copy of a Critical Incident Report by calling CDSBC at 604-736-3621 or by visiting www.cdsbc.org/critical-incident-report.

Is Your Contact Information Current?

You have a professional responsibility to ensure CDSBC has your current mailing address, phone number and email address or fax number. There are four ways to change your contact information: online, by email, phone or fax. Please see page 8 for CDSBC's contact information.

Please note that CDSBC will require up-to-date contact information to process online renewals.

Next Board Meeting December 8

The next public CDSBC Board meeting will be held on Saturday, December 8. For more information, visit www.cdsbc.org. *Board Highlights* from the September 15 Board meeting are available at www.cdsbc.org/board-highlights.

CDAs in Practice: The Public Gets First Priority



Leslie Riva
Manager
CE and CDA Certification

This issue of the *Sentinel* addresses what it means to work in the public interest. The maintenance of competency is in the public interest; so too is the requirement to put the interests of the patient above all else.

With the many changes in dentistry today, certified dental assistants have the opportunity to provide new skills and services. But what about the CDA who has *not* maintained

currency in certain skills and is asked to perform them once again? Is it in the public interest to do so?

The College expects that before any service is performed by a CDA, both the dentist and the CDA must determine if it is permitted under the *Health Professions Act* and the CDSBC Bylaws – and that the CDA has the requisite knowledge, skill and competency to perform this task safely and in accordance with the standards of practice. Practising certification requires using and growing your skills and knowledge as a CDA to maintain competency. You need to ask yourself, “Is it appropriate to perform a service on a patient just because I can?”

Here are two examples:

- A dentist asks a CDA to remove a suture, even though the CDA hasn’t done this recently. Having

the dentist, or another more experienced CDA, mentor the CDA to a level of agreed-upon competency is in the patient’s best interest.

- Another CDA, who has an administrative role in the office, is asked to provide patient care. However, she has not performed clinical skills in a number of years. Having provided a dental service once or twice, or years ago, does not equal current knowledge and competency.

As a CDA, you must do what is best for your patients in all circumstances. This is how we can protect the public and help the dental profession preserve the public’s trust.

CDSBC 2012/13 Board of Directors



Back row (L-R): Mr. Richard Lemon, Dr. David Zamarinuk, Dr. Ben Balevi, Dr. Eli Whitney, Dr. Jan Versendaal, Dr. Darren Buschel, Dr. Jonathan Suzuki, Mr. Anthony Soda, Mr. David Pusey

Front row (L-R):

Dr. Kerim Ozcan, Ms. Elaine Maxwell, Dr. David Tobias (Vice-President), Dr. Peter Stevenson-Moore (President), Mr. Jerome Marburg (Registrar/CEO), Ms. Melanie Crombie, Ms. Sherry Messenger

Missing: Mr. Dan De Vita, Dr. Erik Hutton (Treasurer), Ms. Julie Johal

Online Renewal Begins January 2013

IMPORTANT – Hard copy renewal forms will not be available after 2013

The College is moving to an online renewal system in 2013. Dentists and certified dental assistants will be able to submit renewal information and make payment online through www.cdsbc.org/onlinerenewal.

Those who prefer a printed form can complete the PDF-fillable renewal form on the CDSBC website, print, sign and submit a scanned copy by email, or mail the printed copy to the College.

If you need assistance, email dentistrenewal@cdsbc.org or cdarenewal@cdsbc.org. If you do not have access to the Internet, call the College at 604-736-3621. Note that beginning in 2014, you will need Internet access to complete your renewal.

How to Prepare

Don't wait until March 1 to prepare for a successful online renewal. To begin the process, you will need:

- your registration/certification number;
- your password (you can reset it with your registration/certification number and birthdate); and
- a current email address on file with CDSBC.

You must also have met all of the following requirements for renewal:

- continuing education (CE) (if your CE cycle ends on December 31, 2012);
- continuous practice (900 hours for dentists over the previous three years; 600 hours for CDAs); and
- criminal record check (if required).

You are not permitted to renew your registration/certification if you do not meet these requirements.

Online Renewal in Five Steps

1 Log in to www.cdsbc.org
You will need to enter your registration/certification number and password to log in. Then follow the prompts to the online renewal section.

2 Confirm that you meet the renewal criteria
This includes continuing education, continuous practice and criminal record check (if applicable).

3 Complete your renewal
Depending upon your registration/certification category, you will be asked a series of questions. It should take under five minutes to complete this process. After you have provided all necessary information, there will be an opportunity to view the entire form and make changes prior to final submission.

4 Provide payment
After all the steps are complete, you will be brought to the payment screen. Acceptable forms of payment for online renewal are:

- credit card (VISA, Mastercard)
- debit card (Interac)

If you want to pay your renewal fee by cheque or money order, you can print a payment summary sheet and mail it to the College. Cash payments are only accepted at CDSBC's office at 500 – 1765 West 8th Avenue in Vancouver (8:00 – 4:30 pm, Monday to Friday).

5 Print your receipt and registration/certification card

Regulating dentists and certified dental assistants in the public interest

The *Sentinel* is published by:

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Readers' questions, comments and content suggestions for the *Sentinel* are welcome and may be forwarded to the Editor, c/o the College.

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The *Sentinel* and other communications circulated by the College are the primary sources of information about regulation for dentists and certified dental assistants in B.C.

Registrants are responsible for reading these publications to ensure they are aware of current standards, policies and guidelines.