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# Action Plan

Addressing the Recommendations and  
Unmet Standards in the Cayton Report

Submitted to: The Honourable Adrian Dix, M.L.A.  
Minister of Health

By: The Board of the College of Dental Surgeons of British  
Columbia in response to the Directive (Ministerial Order  
No. M135) issued under section 18.2 of the *Health  
Professions Act* R.S.B.C., 1996, c. 183

May 13, 2019





May 13, 2019

The Honourable Adrian Dix, MLA  
Minister of Health  
Parliament Buildings  
Victoria, B.C. V8V 1X4

Re: Ministerial Directive to Board of the College of Dental Surgeons of British Columbia

Dear Minister Dix,

On behalf of the College of Dental Surgeons of BC (CDSBC), we are pleased to submit the attached Action Plan for your consideration. It was developed in response to your Directive to the Board (Ministerial Order M135) under section 18.2 of the *Health Professions Act*, received on April 12, 2019, and unanimously approved by the Board on May 7, 2019.

Mr. Harry Cayton, an internationally recognized expert in professional regulation, was appointed by you to inquire into the administration and operation of CDSBC. The report (the Cayton Report) identified 21 Recommendations and 11 Unmet Standards of good regulation (Action Items) which, through the Directive, CDSBC has been ordered to meet.

CDSBC accepted the Cayton Report and its recommendations, and immediately committed to responding to the Directive within 30 days.

The Action Plan addresses the 32 Action Items and reflects our commitment to the safety of patients and the public, strong governance, transparency and accountability.

In accepting the Cayton Report and responding to the Directive, CDSBC commits to making significant changes which will regain the trust of dental patients and the public of BC through improved regulatory performance, better relationships both within and outside the organization and a change in attitudes and culture, all with a renewed focus on patient safety. We shall accomplish this through incorporation of the Action Plan into our recently developed 2019-22 Strategic Plan.

We look forward to working with the Ministry as we implement the actions outlined in the pages that follow.

Yours sincerely,

Dr. Peter Lobb  
Board President

Dr. Chris Hacker  
Registrar and CEO



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# Section 1: Summary

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This Action Plan has been developed by the staff and Board of the College of Dental Surgeons of British Columbia (CDSBC) in response to a Directive (Ministerial Order No. M135) issued by the Honourable Adrian Dix, Minister of Health, Government of British Columbia, on April 11, 2019. The Directive ([Section 3](#)) was issued in response to a report prepared for Minister Dix by Mr. Harry Cayton (“the Cayton Report”) titled “An Inquiry into the performance of the College of Dental Surgeons of British Columbia and the Health Professions Act.”

The Minister released the Cayton Report on April 11, 2019. CDSBC immediately issued a statement, accepting Mr. Cayton’s report and its recommendations, and committing to a response within 30 days ([Section 4](#)).

This Action Plan addresses all aspects of the Minister’s Directive. The Board and staff worked together to deliver the Action Plan.

A table is provided to show how the Board and staff worked together to deliver the Action Plan within 30 days ([Section 5](#)).

Before initiating work on drafting the Action Plan, the Board of CDSBC acknowledged and attested to a set of foundational guiding principles ([Section 6](#)). CDSBC’s new 2019-22 Strategic Plan also appears in that section.

An overview and timeline are presented in graphic format in [Section 7](#). It is organized around three key milestones: three, six and 12 months.

[Section 8](#) explains how the College approached the Action Plan and provides guidance for readers.

The Action Plan, which is the core piece of this submission, appears in [Section 9](#). It addresses all of the Recommendations and Unmet Standards – the 32 Action Items – as well the outcomes, the actions we will take, the barriers and known dependencies (and potential solutions), along with a detailed implementation plan.

When read together, these nine sections provide the context, the background, and the commitment that CDSBC is making to meet the Directive.

## Section 2: The Cayton Report

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In March 2018 Health Minister Adrian Dix, through his authority under Section 18.1 of the *Health Professions Act* (the "Act") ordered an inquiry into the administration and operation of the College of Dental Surgeons of BC ("CDSBC"). The Inquiry began in May 2018.

Mr. Cayton relied on many sources for the review including:

- Over 40 interviews including former and present board members and senior staff members
- Meetings and discussions with external stakeholders
- Written submissions from other regulatory colleges, from the Health Professions Review Board and the British Columbia Dental Association
- Correspondence and telephone calls with members of the public, patients, individual dentists and other interested parties
- Observation of College meetings including the Board, Governance Committee, Inquiry Committee, Nominations Committee, the Board Officers and Registrar meeting and the Senior Managers and Complaints meetings of staff
- The *Health Professions Act*, the CDSBC Board Governance Manual, the College's internal policies and procedures, its Standards and Guidance and the wealth of information available on its website
- Letters and emails concerning the College's business
- An audit of 30 complaint files
- An assessment of evidence provided by the College against the Standards of Good Regulation

The report includes 21 recommendations in the areas of Governance, Conduct and Probity, Performance of the College, and External Relationships. Mr. Cayton found that the College met 17 of 28 of the standards of good regulation relating to Registration (4/4), Standards and Guidance (2/5), Complaints and Discipline (6/10), and Governance (5/9).

Mr. Cayton submitted his report to the Minister in December 2018. The Minister accepted the report, and it was released on April 11, 2019.

The Cayton Report is available at:

<https://www2.gov.bc.ca/assets/gov/health/practitioner-pro/professional-regulation/cayton-report-college-of-dental-surgeons-2018.pdf>



## Section 3: Minister's Directive

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I, Adrian Dix, Minister of Health, further to my authority under section 18.1 of the Health Professions Act R.S.B.C. 1996 c. 183 (the "Act") appointed Mr. Harry Cayton to inquire into the administration and operation of the College of Dental Surgeons of British Columbia (the "College");

Mr. Cayton has completed his inquiry under section 18.1 of the Act and has delivered his report (the "Report"), which in Part 1, on pages 66 to 68, sets out 21 recommendations to the College to improve its functioning and operations (the "Recommendations"), and which also identifies certain Standards for Good Regulation that were not being met by the College (the "Unmet Standards");

I accept all of the Recommendations and have determined that the Unmet Standards must be addressed.

Further to my authority under section 18.2 of the Act, I issue this directive to the board of the College:

1. Within thirty (30) days of the date of this Order, the board of the College must submit to the Minister of Health its plan (the "Action Plan") to address each of the Recommendations and Unmet Standards (each being an "Action Item").
2. The Action Plan must:
  - a. include, for each Action Item, an implementation plan that details the proposed timeline and actions required to address that item;
  - b. identify any bylaws that must be amended to address an Action Item including timelines for those bylaws to be amended;
  - c. prioritize each action and identify the reason for prioritization;
  - d. identify any known dependencies on external stakeholders;
  - e. identify any known potential barriers to action;
  - f. identify any actions already taken or currently underway;
  - g. identify how the College will maintain transparency by keeping the public and key health system stakeholders informed of the College's progress in addressing the Action Items.

*Excerpt from Ministerial Order No. M135 (Appendix C)*

## Section 4: CDSBC's Statement

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### **College of Dental Surgeons of BC Begins Work Immediately on Response to Cayton Report**

April 11, 2019

Last spring Minister of Health Adrian Dix announced an inquiry into the College of Dental Surgeons of BC to be conducted by Harry Cayton, an internationally recognized expert in professional regulation.

Mr. Cayton's report contains two parts: the first addresses CDSBC's performance and the second contains his recommendations for legislative change to enhance the ability of all BC health regulators to carry out their public protection mandate, and to enhance governance, transparency and accountability.

CDSBC was briefed by Associate Deputy Minister David Byres and Mr. Cayton this morning, and received the report this afternoon. We accept the report and its recommendations.

Minister Dix has provided a clear directive and we commit to meeting his expectations to demonstrate that we are protecting the public and working on behalf of patients and the public. We will meet the deadline the Minister has set to provide an implementation plan within 30 days. Our work begins immediately.

This government review was a high priority for CDSBC's Board and staff over the past year. Mr. Cayton conducted dozens of interviews, attended board and committee meetings, and was given full access to our records. The review also involved a formal submission about how CDSBC is addressing the standards of good regulation, which is a customized list based on standards used by the Professional Standards Authority to measure the performance of health regulators in the UK.

Undergoing an external review has been a constructive experience and an opportunity to better serve the public we are here to protect. From the day Harry Cayton's review began, we have demonstrated our commitment to change, as identified in our 2019-22 Strategic Plan.

We will be reporting on our progress along the way.

Yours sincerely,



Dr. Peter Lobb  
Board President



Dr. Chris Hacker  
Registrar and CEO

## Section 5: Methodology

The Board held three meetings, one working session and participated in five opportunities to provide comment to staff for drafting the final Action Plan. The following table outlines CDSBC's actions since the release of the Cayton Report by the Minister on April 11, 2019.

### DEVELOPMENT OF THE ACTION PLAN IN 30 DAYS

Date	Task
Thursday, April 11	<p>The Minister released the Cayton Report and issued a Directive to the Board.</p> <p>CDSBC issued a public statement accepting the Cayton Report and its recommendations, and committing to meeting the Minister's expectations to demonstrate that CDSBC is protecting the public and working on behalf of patients and the public.</p>
Friday, April 12	<p>CDSBC Board met by teleconference to request and support the Registrar and staff in drafting a response to the Ministry of Health with appropriate engagement with the Board.</p>
Sunday, April 14 – Monday, April 15	<p>Staff completed development of foundational guiding principles for the Action Plan.</p> <p>Staff developed the Action Plan outline and timeline.</p>
Tuesday, April 16	<p>Board met (teleconference) to receive and discuss the proposed Action Plan outline and timeline prepared by staff.</p> <p>The Board approved the foundational guiding principles for CDSBC.</p>
Wednesday, April 17	<p>Staff developed and conducted a survey for the Board to provide initial input to Action Plan.</p>
Wednesday, April 17 – Wednesday, April 24	<p>Staff prepared draft 1 of Action Plan.</p>
Wednesday, April 24	<p>Staff distributed discussion draft of Action Plan (draft 1) to the Board.</p>
Friday, April 26	<p>Board members provided input on discussion draft of Action Plan at facilitated workshop. Discussion was focused on the key areas identified by the Board in the survey.</p>
Saturday, April 27 – Monday, May 1	<p>Staff prepared draft 2 of Action Plan.</p>
Monday, April 29	<p>Summary of facilitated session sent to the Board and used by staff to develop draft 2 of the Action Plan.</p>
Wednesday, May 1	<p>Staff sent Action Plan draft 2 to the Board.</p>

Friday, May 3 – 6	Staff revised Action Plan draft 2 including input from Board.
Monday, May 6	Staff sent Action Plan draft 3 to the Board.
Tuesday, May 7	Board met (teleconference) to approve Action Plan.
Wednesday, May 8 – Friday, May 10	Staff finalized Action Plan for submission to Minister.
Monday, May 13	President and Registrar presented Action Plan to Ministry staff.

## Section 6: A New Approach

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It is clear that CDSBC needs a new approach as to how it operates.

Before initiating work on drafting the Action Plan, the Board of CDSBC confirmed and certified a set of foundational guiding principles, which would inform a commitment to safety of patients and the public, improved governance, transparency, and accountability. This is affirmed in the newly developed 2019-22 Strategic Plan.

### **A) GUIDING PRINCIPLES**

The following guiding principles underlie CDSBC's efforts to address the Recommendations and Unmet Standards identified in the Cayton Report:

- Everything CDSBC does must clearly link to protection of patients and the public. If it does not, we will stop doing it.
- CDSBC belongs to the public of BC. Dentists do not own CDSBC.
- The Board recognizes and respects the professional staff as trusted partners in public protection.
- Leadership at the Board and committee level is shared between the public and the health professionals regulated by CDSBC – current and future.
- Transparency is our default position.
- The involvement of patients and the public in CDSBC activities is invited and expected.
- A shift in culture is required. This means asking ourselves hard questions and moving away from old ways of thinking.

A graphic version of the guiding principles is included in Appendix A.

## B) STRATEGIC PLAN

The Cayton Report confirms that the Board sets strategic objectives for the organization. During 2018, staff and the Board developed a new, comprehensive Strategic Plan for 2019-22. The Strategic Plan is the blueprint for the performance of the College, and all Action Items from the Action Plan will be folded into it.

The CDSBC's 2019-22 Strategic Plan includes the following elements:

- Vision: Public protection • Regulatory excellence • Optimal health
- Mission: The College of Dental Surgeons of BC protects the public and promotes health by regulating dentists, dental therapists and certified dental assistants. It does so by establishing, monitoring and enforcing the safe, competent and ethical practice of dentistry in B.C.
- Mandate: The College of Dental Surgeons of BC serves and protects the public, regulating dentists, dental therapists and certified dental assistants by:
  - Setting requirements for certification, registration, standards of practice and ethics
  - Establishing requirements for, and monitoring, continuous competency
  - Investigating and resolving complaints
- Values: The College of Dental Surgeons of BC demonstrates trustworthiness and promotes professional excellence by being:
  - Ethical, open and transparent
  - Fair and accountable
  - Respectful and courteous
  - Objective and evidence-informed
  - Inclusive and embracing the principles of diversity, cultural safety and humility
  - Patient-centred and engaged with the public
  - Committed to the highest level of public awareness
- Goals:
  - a) Improve the outcomes for the public through clearly stated standards of competence and conduct for dentists, dental therapists and certified dental assistants
  - b) Identify and strengthen productive relationships with stakeholders
  - c) Embrace leading regulatory practices to protect the public
  - d) Strengthen and clarify governance to support our mandate

The full Strategic Plan (Appendix B) contains a set of initiatives for each goal, along with defined outcomes and key performance indicators – and ties directly in with its annual operational plans. (For more information, go to: <https://www.cdsbc.org/about-cdsbc/strategic-plan>)

## Section 7: Overview and Timeline of the Response

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The response to the Minister's directive is presented in [Section 9](#), titled: “*Action Plan*.” It is presented as a template to quantify specific Action Items in response to each of the 21 Recommendations and 11 Unmet Standards determined in the Cayton Report.

The Action Plan, once accepted by the Minister, will become foundational to CDSBC's efforts to address the Recommendations and Unmet Standards going forward and CDSBC's accountability will be defined by the document.

The Action Plan, as presented, links each Action Item to related goals within the 2019-22 Strategic Plan. It must be noted the Strategic Plan successfully anticipates all of the necessary changes identified in the Cayton Report. The Action Plan will inform any specific changes made to Initiatives within the Strategic Plan and will link through measurable outcomes to the operational plan.

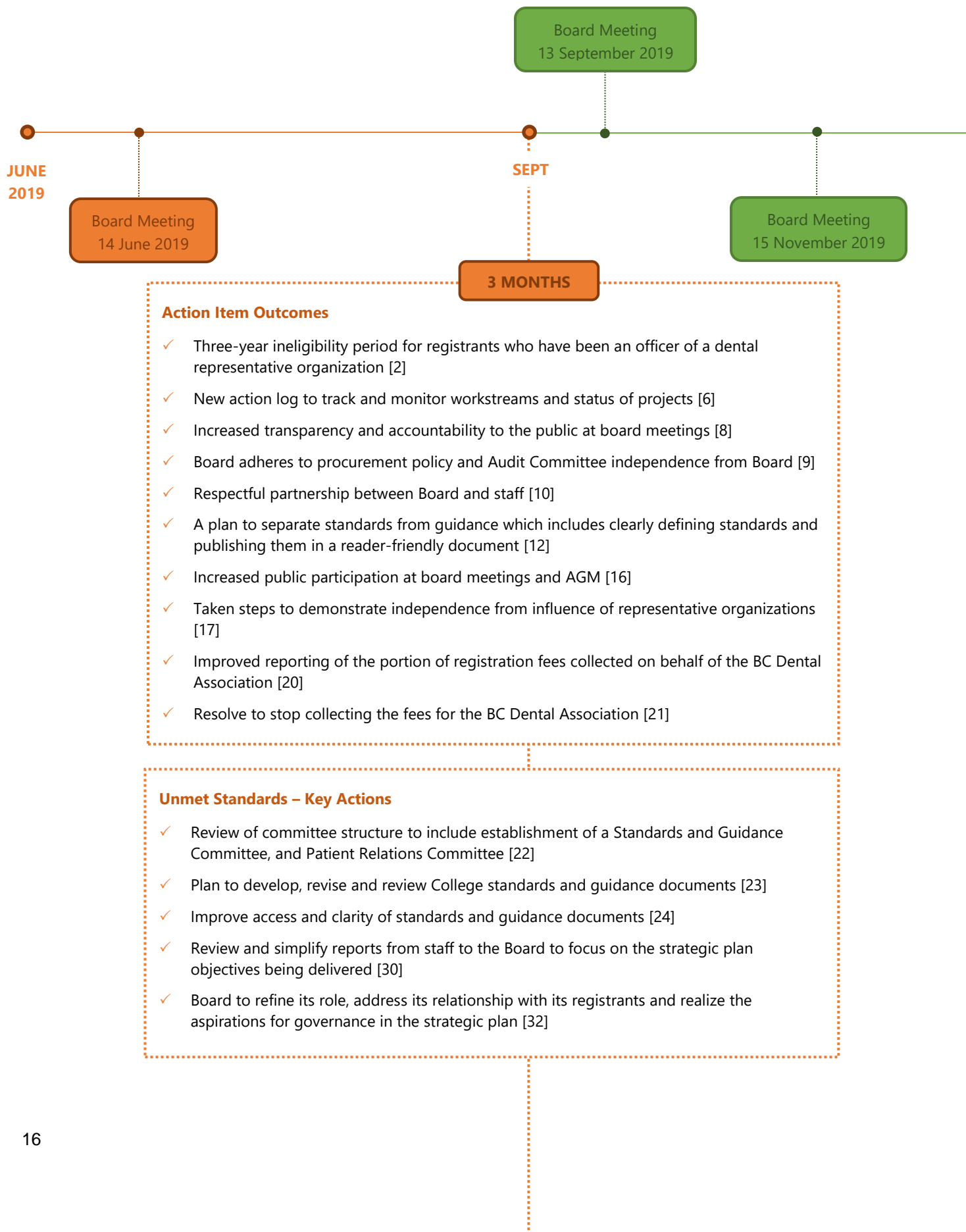
This Action Plan carries significant human resource and budget considerations. Staff will conduct a full financial assessment of the cost implications to deliver on the Action Plan. This will be considered as we incorporate the Action Plan into the 2019-22 Strategic Plan and will ultimately require adjustment of the existing operational plan to deliver on our commitment to the Minister and to the public of British Columbia.

Ongoing reporting to Ministry staff will be structured around quarterly milestones but it is anticipated there will be other meetings as necessary. The collaborative work will continue and will be predicated on reaching a point where the Minister can conclude CDSBC is protecting the public and ensuring the safe practice of its registrants.

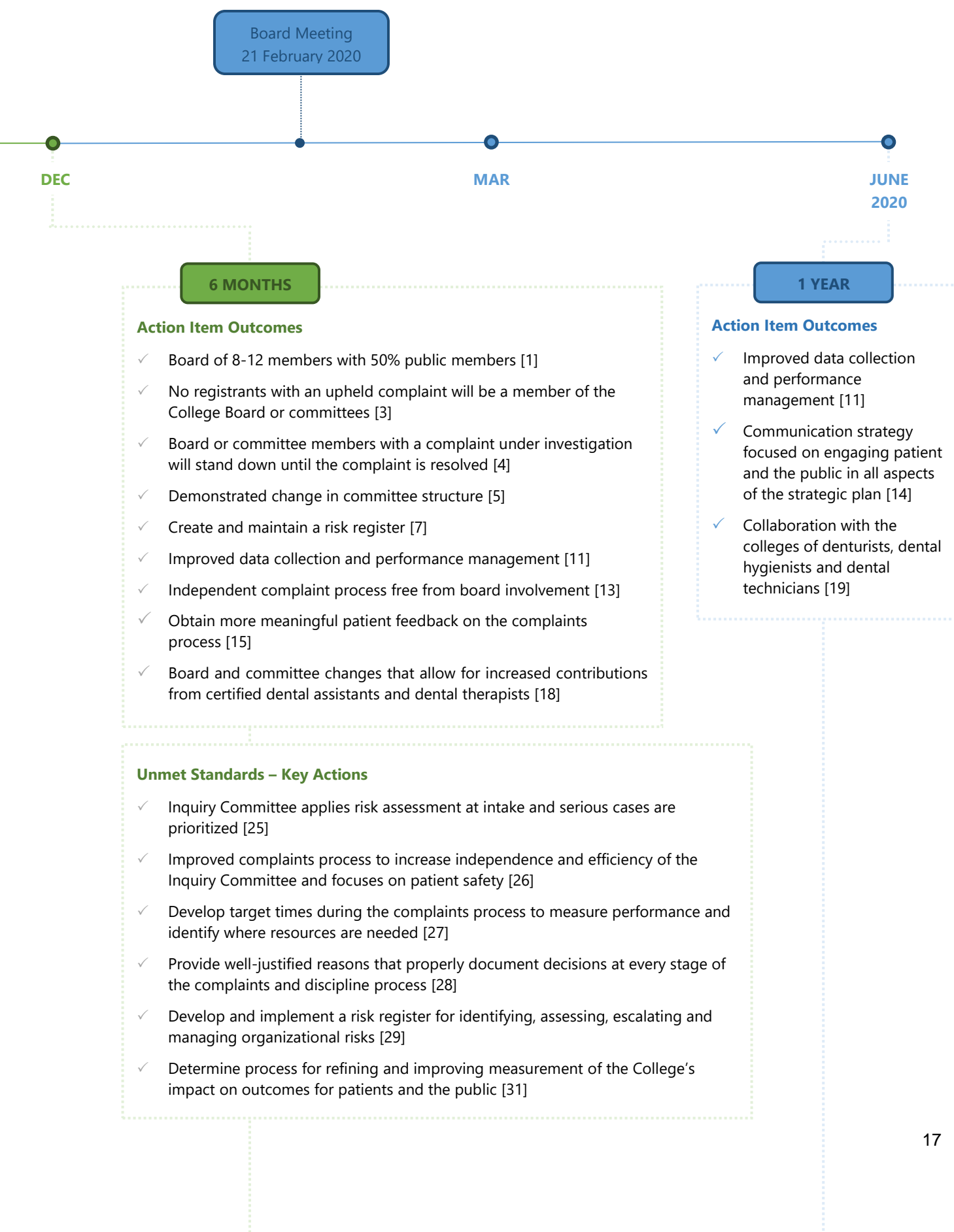
*“We will monitor progress until all recommendations have been met to ensure the protection of the public interest is well in hand. At my request, Ministry staff will work closely with the College until we are satisfied this work has been accomplished.”*

*– Minister Adrian Dix, April 11 press conference*

## ACTION PLAN TIMELINE







## Section 8: Addressing the Recommendations and Unmet Standards

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We present a comprehensive Action Plan in the following pages. We have used the following numbering:

- Action Items 1-21: the Recommendations
- Action Items 22-32: the Unmet Standards

For each Action Item, we have responded to each of the requirements in the Minister's Directive, including:

- An implementation plan detailing the proposed timeline and actions required to address that item
- Any bylaws that must be amended to address an Action Item, and timelines for those bylaws to be amended
- Any known barriers, and dependencies on external stakeholders
- Any actions already taken

There are two requirements in the Directive that apply to all Action Items and are overarching. We address both of them here:

### **1. Prioritize each action, and identify the reason for prioritization**

We have prioritized the 32 Action Items and the specific progress planned at each of three milestones. The following are colour-coded orange, green and blue in the Action Plan:

<b>Three-month milestone</b> Three months after acceptance of the Action Plan	15 Action Items
<b>Six-month milestone</b> Six months after acceptance of the Action Plan	14 Action Items
<b>12-month milestone</b> One year after acceptance of the Action Plan	3 Action Items

In order to fulfill each Action Item, prioritization has been given to the actions in the Implementation Plan where we can demonstrate progress using the milestones (3,6,12 months), and incorporating the CDBSC board meeting schedule where decisions are made and direction is given to staff.

### **2. Identify how the College will maintain transparency by keeping the public and key health system stakeholders informed of the College's progress in addressing the Action Items**

CDSBC has already demonstrated progress with respect to transparency and patient and public engagement. The Cayton Report indicates the following two Standards of Good Regulation have been met:

- The regulator engages effectively with patients and the public

- The regulator is transparent in the way it conducts and reports on its business.

Three of the seven Guiding Principles directly address communications and transparency and set the tone for how we will communicate with the public:

- The CDSBC belongs to the public of BC.
- Transparency is our default position.
- The involvement of patients and the public in CDSBC activities is invited and expected.

We will continue to enhance our communications in the following ways:

1. A focus on communications, public engagement and transparency are built into the 2019-22 Strategic Plan and all of its initiatives.
2. In keeping with the Minister's Directive, we will update the public, patients and registrants on our progress in addressing the Recommendations and Unmet Standards in this Action Plan.
3. Ongoing development and reporting out of key performance indicators to determine measured performance as to specific deliverables.
4. Through the delivery of specific Action Items in the Action Plan, including:

<b>Action Item 8</b>	<b>Recommendation</b> The Board should continue in its current trajectory of increasing transparency around as much of its business as possible to public scrutiny and being ready to be held accountable to the public whom it exists to serve. The Board should limit the number of meetings held without any staff present to those dealing with HR matters. It should always make, approve and retain formal minutes of those meetings.	<b>3-month outcome</b> The Board has demonstrated increased transparency of its decision-making processes through its meetings, minutes, and public participation.
<b>Action Item 14</b>	<b>Recommendation</b> Development of a stakeholder mapping and communications strategy to ensure that proper attention is paid to all stakeholders and in particular to engagement with patients and the public through a public engagement strategy (Cayton Report: "External Relationships").	<b>One-year outcome</b> An engagement strategy focused on patients and the public, and informed by a better understanding of the College's stakeholders, will result in better regulatory decision-making and promote credibility and accountability.
<b>Action Item 16</b>	<b>Recommendation</b> The College should continue with its plan to open part of its board meeting to questions and comments from members of the public.	<b>3-month outcome</b> The Board demonstrates a commitment to transparency and public engagement through increased public participation at

		board meetings and annual general meetings.
<b>Action Item 19</b>	<b>Recommendation</b> The CDSBC should encourage better and more regular engagement with the three other dental colleges to promote the safety of patients and public protection.	<b>One-year outcome</b> The College will promote patient oral health and safety by seeking consultation and collaboration with the colleges of denturists, dental hygienists and dental technicians (para 5.20).

### **Additional Notes:**

#### **Interpretation**

Footnotes indicate the interpretation of specific terms used by Mr. Cayton in the Recommendations and Unmet Standards. Our interpretation of these terms has been informed by clarification provided by Mr. Cayton.

#### **Formatting**

There are formatting differences between Action Items 1-21 and 22-32.

- Action Items 1-21 are prescriptive recommendations. An outcome has been developed to allow the actions to be measured.
- Action Items 22-32 are Unmet Standards and are, as such, outcomes. Given the broad nature of standards, staff have identified key actions (Actions) informed by concerns, recommendations, and observations made in the report which in turn inform the implementation plan to meet the prioritized timeline.

#### **References**

Throughout the Action Plan references have been made to specific paragraphs in the Cayton Report and to specific parts of the CDSBC Bylaws.

- References to the Cayton Report are identified in brackets with the paragraph number.  
E.g. (para 4.12)
- References to the CDSBC Bylaws are identified in square brackets.  
E.g. [Bylaw Section 2.10]

## Section 9: Action Plan

### Recommendations

Action Items 1-21 are prescriptive recommendations. An outcome has been developed to allow the actions to be measured.

### ACTION ITEM 1

That the Board continues with its plans to reduce its size, increase the representation of public members and to appoint its officers from within its membership. An induction program should be required of those dentists and CDAs wishing to stand for election before they do so. This will help ensure that those entering the Board fully understand the role that it is expected of them and how they should undertake it.

### Outcome

By December 2019, the Board will be 8-12 competent board members who understand their regulatory role, with 50% public members, and will have agreed to pursue a bylaw change to allow the chair and vice-chair to be selected from the Board.

### Actions

- Amend Bylaw Part 2 (College Board) that addresses composition of the Board, including title, number and appointment of board officers
- Determine competency and eligibility requirements for election, including content of mandatory workshop for individuals wishing to run for election
- Identify and cease activities that reinforce concept of “membership” and volunteerism in favour of activities that are directly tied to public protection and supportive of professional regulation

### Barriers and dependencies on external stakeholders

Barriers and dependencies	Solutions for consideration
Bylaw change is required.	Bylaw Amendments: <ul style="list-style-type: none"><li>• Board approves a revised Bylaw Part 2 (College Board) that addresses board size, composition, and appointment of officers (no treasurer position). Board member terms to be extended from two years to three years to encourage continuity and long-term planning (para 9.24). Bylaw to specify a competency-based Board and requirements for eligibility and diversity.</li></ul>

	<p>Immediate interim actions not requiring bylaw amendment:</p> <ul style="list-style-type: none"> <li>Strategic resignations of board members [Bylaw Section 2.11(1)] and officers [Bylaw Section 2.13] to facilitate selection of chair and vice-chair by Board and meet Board commitment to size and composition change. These seats will be left vacant.</li> </ul>
90-day consultation with stakeholders is required.	Ministry will waive mandatory 90-day consultation to facilitated expedited approval per HPA 6.2 (a)(ii).
Current board election is underway for three positions, including one board officer. There is potential for up to four new incoming dentist board members with no regulatory experience who will be expecting to fulfill a two-year term.	Strategic resignations of board members facilitate commitment to reduce board size.

## Implementation Plan

Timeline	How we will do this
<b>Current</b> Already undertaken or underway	<p>At the request of the Governance Committee current board members have provided a self-assessment of skills and experience as measured against current competencies set out in Governance Manual.</p> <p>Staff compiled research on board size of dental regulators and other health regulators.</p>
<b>June 2019</b> Board Meeting	<p>Board requests staff to work with the Board to determine interim action compliant with existing bylaws to reduce board size, increase public representation, and determination of a selection process for chair and vice-chair positions.</p> <p>Board requests staff to determine:</p> <ul style="list-style-type: none"> <li>Effective nominations process for professionals standing for election to the Board, including required competencies and skills.</li> <li>Competency and eligibility requirements for election, including purpose and content of mandatory workshop for individuals wishing to run for election. <ul style="list-style-type: none"> <li>All elected board members are elected at large based on specific competencies and diversity, including age.</li> <li>Elected board member positions will be available to dentists, dental therapists and CDAs.</li> </ul> </li> </ul> <p>Board resolves to identify and cease activities that reinforce concept of “membership” and volunteerism in favour of activities that are directly tied to public protection and support professional regulation (para 3.3 and 9.18), such as:</p> <ul style="list-style-type: none"> <li>Review current remuneration (expense) policy (para 9.28)</li> <li>Remove “volunteer” from all formal communications</li> </ul>

	<ul style="list-style-type: none"> <li>Discontinue annual volunteer recognition/awards ceremony (para 9.18)</li> </ul> <p>Board requests staff to engage outside expertise to work with Board and staff to draft amendments to Bylaw Part 2 (College Board).</p>
<b>September 2019</b> Board Meeting	<p>Registrar and senior staff will make submission to Board on:</p> <ul style="list-style-type: none"> <li>Interim actions compliant with existing bylaws to reduce board size, increase public representation, and determination of a selection process for chair and vice-chair positions</li> <li>Proposal for effective nominations process</li> </ul> <p>for discussion and approval.</p> <p>Consider a submission to the Ministry requesting that the three public member positions that will expire in November and December 2019 not be filled.</p>
<b>December 2019</b> Six-month milestone	<p>The Board will be 8-12 competent board members who understand their role, with 50% public members and will have pursued a bylaw change to allow the chair and vice-chair selected from the Board.</p> <p>Establishment of eligibility process, competency assessment and induction process in place for the 2020 Board Election.</p>

### **CDSBC's 2019-22 Strategic Plan**

This Action Item will become a new initiative in the Strategic Plan under Goal 4.

- Goal 4: Strengthen and clarify governance to support our mandate

## ACTION ITEM 2

That no one who has held an officer position<sup>1</sup> in the British Columbia Dental Association (BCDA) or any other representative organization for dentists should be allowed to stand for election until at least three years has passed since they held that office.

### Outcome

The Board has demonstrated a successful separation of professional influence by invoking a three-year ineligibility period from the time registrants have held a board officer position or a committee chair position with a representative organization until they stand for election to the College Board.

### Actions

- Amend Bylaw Part 2 (College Board) to add a three-year ineligibility period from the time registrants have held a board officer position or committee chair position with a representative organization until they stand for election to the College Board.
- Update nomination materials to reflect new eligibility requirements for nomination to the Board.

### Barriers and dependencies on external stakeholders

Barriers and dependencies	Solutions for consideration
Bylaws are currently silent on this.	Board approves an addition to Bylaw Part 2 (College Board) that: <ul style="list-style-type: none"><li>• Any person who currently serves, or has served within the previous three years, as a board officer or a committee chair of any provincial or national dental representative organization for registrants or CDAs are ineligible to stand for election to the College Board.</li><li>• No College board member may simultaneously serve on the Board or committee of a provincial or national representative organization for registrants (para 3.34)</li></ul>
90-day consultation with stakeholders is required.	Ministry will waive mandatory 90-day consultation to facilitate expedited approval, per HPA 6.2 (a) (ii)

<sup>1</sup> Officer position in the BC Dental Association is interpreted as board officers and committee chairs.



## Implementation Plan

Timeline	How we will do this
<b>Current</b> Already undertaken or underway	A declaration of interest form has been created and board members have been asked to complete it.
<b>June 2019</b> Board meeting	<p>Board resolves to implement new eligibility requirement that promotes regulatory independence and a separation from professional influence through a minimum three-year ineligibility period from the time registrants have held a board officer position or a committee chair position with a dental representative organization until they stand for election to the College Board.</p> <p>Board requests staff to engage outside expertise to work with Board and staff to draft addition to Bylaw Part 2 (College Board) regarding:</p> <ol style="list-style-type: none"> <li>1) Any person who currently serves, or has served within the previous three years, as a board officer or a committee chair of any provincial or national dental representative organization for registrants or CDAs are ineligible to stand for election to the College Board.</li> <li>2) No College board member may simultaneously serve on the board or committee of a provincial or national dental representative organization for registrants. (s.3.34)</li> </ol>
<b>September 2019</b> Three-month milestone	<p>Eligibility requirements, reflecting this Action Item, to be updated for the 2020 Board Election.</p> <p>For the 2020 Election:</p> <ul style="list-style-type: none"> <li>• Nomination materials to include the eligibility requirements.</li> <li>• Candidates will complete a Declaration of Interest form.</li> </ul>

## CDSBC's 2019-22 Strategic Plan

This Action Item falls under:

- Goal 4: Strengthen and clarify governance to support our mandate

We will update this part of the Strategic Plan to reflect the new eligibility requirements for nomination to – and to serve on – the Board and committees. Action items 2-4 will become outcomes.

## ACTION ITEM 3

That no dentist<sup>2</sup> about whom a complaint is under investigation should stand for election or be appointed to a committee<sup>3</sup> until the complaint has been resolved in their favour. No dentist against whom a complaint has been upheld<sup>4</sup> should be a member of the Board or any committee of the College.

### Outcome

The Board's credibility has been enhanced through its demonstrated commitment to and support of patient safety by implementing new eligibility requirements pertaining to registrants who have an open complaint and who have had a complaint upheld.

### Actions

- Amend Bylaw Part 2 (College Board) and Bylaw Part 4 (College Committees) to address the impact of an open or upheld complaint on a registrant's ability to stand for election, be acclaimed to the Board, be appointed to a committee, sit on the Board, and sit on a committee.

### Barriers and dependencies on external stakeholders

Barriers and dependencies	Solutions for consideration
Require addition to Bylaw Part 2 (College Board) and Bylaw Part 4 (College Committees).  Bylaw Part 2 (College Board) is silent on the impact of an open or upheld complaint on a registrant's ability to stand for election, be acclaimed to the Board, be appointed to a committee, sit on the Board, and sit on a committee.	Bylaw amendments: <ul style="list-style-type: none"><li>Board approves a revised Bylaw 2 (College Board) that addresses the impact of an open or upheld complaint on a registrant's ability to stand for election, be acclaimed to the Board, be appointed to a committee, sit on the Board, and sit on a committee.</li></ul>
90-day consultation with stakeholders is required.	Ministry will waive mandatory 90-day consultation to facilitate expedited approval, per HPA 6.2 (a) (ii)

### Implementation Plan

Timeline	How we will do this
<b>Current</b> Already undertaken or underway	Committee candidate list and current committee and board lists are being screened for open complaints and previous upheld complaints.  Current committee memberships have been extended while new committee structure and requirements are determined.

<sup>2</sup> *Dentist* is interpreted as all registrants, including dentists, dental therapists, and certified dental assistants.

<sup>3</sup> *Committee* is interpreted as including committees, subcommittees, task forces, advisory committees and working groups.

<sup>4</sup> *Upheld* refers to any regulatory action taken by the College to sanction a registrant. A sanction is interpreted as any voluntary or mandatory remediation, limitation or condition.

<p><b>June 2019</b> Board meeting</p>	<p>Board resolves to create new eligibility requirement, that no registrant about whom a complaint is under investigation can:</p> <ul style="list-style-type: none"> <li>• stand for election</li> <li>• be acclaimed to the Board</li> <li>• be appointed to a committee</li> </ul> <p>until the complaint has been resolved in their favour.</p> <p>Board resolves to create new eligibility requirement, that no registrant against whom a complaint has been “upheld” can:</p> <ul style="list-style-type: none"> <li>• stand for election</li> <li>• be acclaimed to the Board</li> <li>• be appointed to a committee</li> <li>• be a member of the Board</li> <li>• be on a committee of the College.</li> </ul> <p>Board requests staff to engage outside expertise to work with Board and staff to draft amendments to Bylaw Part 2 (College Board) and Bylaw Part 4 (College Committees).</p>
<p><b>September 2019</b> Board meeting</p>	<p>Eligibility requirements to be updated for the 2020 Board Election.</p>
<p><b>December 2019</b> Six-month milestone</p>	<p>Bylaw Part 2 (College Board) and Bylaw Part 4 (College Committees) have been amended.</p> <p>No dentist against whom a complaint has been upheld is a member of the Board or any committee of the College.</p> <p>For the 2020 Election:</p> <ul style="list-style-type: none"> <li>• Nomination materials to include the eligibility requirements.</li> </ul>

## CDSBC’s 2019-22 Strategic Plan

This Action Item falls under:

- Goal 4: Strengthen and clarify governance to support our mandate

We will update this part of the Strategic Plan to reflect the new eligibility requirements for nomination to – and to serve on – the Board and committees. Action Items 2-4 will become outcomes.

## ACTION ITEM 4

Any dentist who is a member of the Board or a committee of the College who has a complaint under investigation<sup>5</sup> should stand down<sup>6</sup> until the complaint is resolved.

### Outcome

The Board enhances the credibility of the College as a public interest regulator by implementing a new requirement that Board or committee members will stand down from the Board or committee if they have an open complaint.

### Actions

- Amend Bylaw Part 2 (College Board) and Bylaw Part 4 (College Committees) that addresses the impact of an open complaint on a registrant's ability to sit on the Board, and sit on a committee.

### Barriers and dependencies on external stakeholders

Barriers and dependencies	Solutions for consideration
Require addition to Bylaw Part 2 (College Board) and Part 4 (College Committees).  Bylaw Part 2 (College Board) and Part 4 (College Committees) is silent on the impact of an open complaint on a registrant's ability to sit on the Board, and sit on a committee.	Bylaw amendments <ul style="list-style-type: none"><li>• Board approves a revised Bylaw Part 2 (College Board) and Bylaw 4 (College Committees) that addresses the impact of an open complaint on a registrant's ability to sit on the Board, and sit on a committee.</li></ul>
	Immediate interim actions not requiring bylaw amendment: <ul style="list-style-type: none"><li>• Any individuals on committees who have open complaint will be advised of this recommendation and asked to comply.</li><li>• Staff to determine process to inform Board and committees of change in complaint status of members.</li></ul>
90-day consultation with stakeholders is required.	Ministry will waive mandatory 90-day consultation to facilitate expedited approval, per HPA 6.2 (a) (ii)

<sup>5</sup> *Complaint under investigation* is interpreted as a complaint that has been accepted by the Inquiry Committee for investigation.

<sup>6</sup> *Stand down* is interpreted as the registrant being recused from the Board or committee participation, not removed or resigned. Should the complaint be upheld, the registrant will be removed from the Board or committee.

## Implementation Plan

Timeline	How we will do this
<b>Current</b> Already undertaken or underway	Determining if any current board members or committee members have open complaints
<b>June 2019</b> Board meeting	<p>Board resolves that any dentist who is a member of the Board or a committee of the College who has an open complaint under investigation should stand down until the complaint is resolved.</p> <p>Any individuals on Committees who have open complaint will be advised of this recommendation and asked to comply.</p> <p>Staff to determine process to inform Board and committees of change in complaint status of members.</p> <p>Board requests staff to engage outside expertise to work with Board and staff to draft amendments to Bylaw Part 2 (College Board) and Bylaw Part 4 (College Committees).</p>
<b>December 2019</b> Board Meeting	No registrant who is the subject of a complaint under investigation is a member of the Board and committee.

## CDSBC's 2019-22 Strategic Plan

This Action Item falls under:

- Goal 4: Strengthen and clarify governance to support our mandate

We will update this part of the Strategic Plan to reflect the new eligibility requirements for nomination to – and to serve on – the Board and committees. Action Items 2-4 will become outcomes.

## ACTION ITEM 5

That the Board should review its committee structure and the number of committees it has with the aim of reducing them and making the College's decision-making more stream-lined and effective. The Governance Committee should be abolished. A new Standards & Guidance Committee should be created out of the Ethics Committee and taking on certain functions of the Quality Assurance Committee which should focus its work on Continuing Professional Development. The College should decide if a Remuneration Committee to deal with confidential HR matters requiring oversight of the Board should be created.

### Outcome

Demonstrated change in committee structure with respect to determining the right committees with the right composition (including more public representation).

### Actions

- Amend Bylaw Part 4 (College Committees) to address committee structure and composition
- Restructure committees to meet the recommendations and to be compliant with the *Health Professions Act*

### Barriers and dependencies on external stakeholders

Barriers and dependencies	Solutions for consideration
Bylaw change is required.	Bylaw amendment: <ul style="list-style-type: none"> <li>• Board approves amended Bylaw Part 4 (College Committees) that addresses committee structure and composition.</li> </ul>
90-day consultation with stakeholders is required.	Ministry will waive mandatory 90-day consultation to facilitate expedited approval, per HPA 6.2 (a) (ii)

### Implementation Plan

Timeline	How we will do this
<b>Current</b> Already undertaken or underway	Governance Committee has recommended that the Board extend all committee terms expiring in June 2019 for another six months or until such time as new structure and number of committees has been determined.
<b>June 2019</b> Board meeting	<p>Board to approve an extension on all committee terms expiring in June 2019 for another year.</p> <p>Staff to consider terminology change from "policy" to "standards and guidance" and move discussion to Board at June board meeting</p> <p>Board to request staff to work with the Board to recommend a process for a governance review.</p>

	<p>Board will direct staff to review and recommend revised ideal committee and working group structure to determine right committees, right composition, including:</p> <ul style="list-style-type: none"> <li>• Core statutory committees: including Registration, Quality Assurance, Inquiry, Discipline, and Patient Relations Committee to seek to prevent professional misconduct of a sexual nature</li> <li>• Creation of Standards and Guidance Committee; terms of reference to included: increase ongoing collaboration on standards and guidance documents with other dental colleges.</li> <li>• Role and composition of Nominations Committee, i.e. consideration of expanded role to populate board and committees, removal of awards program oversight, and 50% public members</li> <li>• Need for board HR committee</li> <li>• Recommendations regarding each of board HR committee and/or Governance Committee – including authority and name</li> <li>• Determination of future of Bylaws Working Group in light of Action Item 1 and immediate need for bylaw redrafting.</li> </ul> <p>Board requests staff to engage outside expertise to work with the Board and staff to draft amended Bylaw Part 4 (College Committees).</p>
<b>September 2019</b> Board meeting	<p>Registrar and senior staff to report back to the Board on:</p> <ul style="list-style-type: none"> <li>• Proposed process for a governance review for discussion and approval</li> <li>• Recommended committee re-structure</li> <li>• Proposed Bylaw Part 4 (College Committees) amendments</li> </ul> <p>for discussion and approval.</p> <p>Nominations Committee is populated by the Board.</p>
<b>November 2019</b> Board meeting	<p>Senior staff will submit progress report on changes to committee structure.</p> <p>Nominations Committee recommends committee appointments to Board for approval and consideration of renewal dates.</p>
<b>December 2019</b> Six-month milestone	<p>We will have demonstrated change in committee structure with respect to determining right committees, right composition (including more public representation).</p>

## **CDSBC's 2019-22 Strategic Plan**

This Action Item falls under:

- Goal 1: Improve outcomes for the public through clearly stated standards of competence and conduct for dentists, dental therapists and certified dental assistants

Initiative 1: Developing and maintaining patient-centred standards and guidance that are clear, consistent, enforceable and up-to-date

Initiative 2: Establishing effective and timely board review and oversight of standards and guidance



## ACTION ITEM 6

The Board officers, the Registrar and College staff should be more assiduous at monitoring progress on workstreams and recording the implementation of decisions. The introduction of an action log attached to the minutes of a meeting would enable Board members and staff to keep track of decisions and outstanding actions.

### Outcome

Board decisions are recorded and tracked so that everyone – Board, staff and the public – are kept up to date about the College's progress in promoting patient safety and public protection.

### Actions

- Revise our current storage of motions to include tracking of decisions made by the Board
- Develop a process to track actions and monitor workstreams arising from board meetings, to include:
  - an action log attached to the board minutes
  - a standing item on the board agenda informed by the action log to track outstanding actions
  - a monitoring report staff will submit to Board to support progress on strategic plan
  - implementing action log for committees

### Barriers and dependencies on external stakeholders

None

### Implementation Plan

Timeline	How we will do this
<b>June 2019</b> Board meeting	Implement the action log at the June 2019 board meeting <ul style="list-style-type: none"><li>• Staff will ensure an action log template will be attached to the draft minutes of each board meeting to track decisions made, actions outstanding and identify individual(s) responsible.</li><li>• Staff will ensure that a standing item is included on the board agenda informed by the action log to track outstanding actions.</li><li>• Staff will ensure a new agenda item for board meetings for Action Items from the previous meeting's minutes.</li></ul>
<b>September 2019</b> Three-month milestone	Develop a monitoring report to submit to the Board quarterly to track status of projects.  Action item tracking implemented with committees

## **CDSBC's 2019-22 Strategic Plan**

This Action Item falls under:

- Goal 4: Strengthen and clarify governance to support our mandate

## ACTION ITEM 7

The College should create a risk register which should be maintained by the senior staff and monitored by the Audit Committee and reported to the Board.

### Outcome

The College has a process in place to identify, assess, escalate and manage organizational risks. The Board and the Audit Committee are satisfied that they are being provided with the right information to provide oversight of legal, financial and reputational risks.

### Actions

- Replace the current executive limitation reports with a formal risk register that is developed by staff, overseen by the Audit Committee and reported to the Board

### Barriers and dependencies on external stakeholders

Barriers and dependencies	Solutions for consideration
A potential lack of expertise on the Audit Committee in dealing with a risk registry.	Competency determination of existing members and provision of training and outside expertise if necessary.

### Implementation Plan

Timeline	How we will do this
<b>Current</b> Already undertaken or underway	In April, senior staff attended a presentation from the College of Physicians and Surgeons of BC about that college's risk register.  In January, senior staff participated in a webinar on Risk Oversight put on by the Chartered Professional Accountants of Canada.
<b>June 2019</b> Board meeting	Board to resolve to discontinue executive limitation reports in favor of formal risk register.  Board requests staff to: <ul style="list-style-type: none"><li>• Consider the terms of reference and composition of the Audit Committee</li><li>• Develop process for identifying, assessing, escalating and managing organizational risks to the risk register</li></ul>
<b>November 2019</b> Board meeting	Board approves the new risk register which can be assessed periodically by management, the Audit Committee and the Board.
<b>December 2019</b> Six-month milestone	The College will have a risk register that identifies, assesses, escalates and manages the College's organizational risk and this will be in place for the February 2020 Board meeting.

## **CDSBC's 2019-22 Strategic Plan**

This Action Item falls under:

- Goal 3: Embrace leading regulatory practices to protect the public  
Initiative 3: Increasing organizational capacity to anticipate and respond to external forces and future challenges with agility, resilience and openness

## ACTION ITEM 8

The Board should continue in its current trajectory of increasing transparency around as much of its business as possible to public scrutiny and being ready to be held accountable to the public whom it exists to serve. The Board should limit the number of meetings held without any staff present to those dealing with HR matters. It should always make, approve and retain formal minutes of those meetings.

### Outcome

The Board has demonstrated increased transparency of its decision-making processes through its meetings, minutes, and public participation.

### Actions

Promote public engagement and provide public access to board meetings and materials through:

- Implementation of public Q+A session at board meetings and at AGM
- Transparent voting
- Development of criteria for which agenda items should be discussed at in-camera meetings
- Appropriate staffing at all board meetings
- Publishing the date and minutes of all board meetings, including in person, virtual meetings and emergency meetings where the public has not been notified
- Any minutes of emergency meetings will be approved at the next public board meeting

### Barriers and dependencies on external stakeholders

None

### Implementation Plan

Timeline	Actions
<b>Current</b> Already undertaken or underway	Creation of a declaration of interest form for board, committee and staff members  Creation of a policy for public and registrant participation at board meetings and AGM
<b>May 2019</b>	Staff will have received declarations of interest forms from Board, committee and senior staff.
<b>June 2019</b> Board meeting	Board package will include the register of interests created from the declaration of interest forms.  Board requests staff to publish on the CDSBC website the register of interests.

	<p>Board to have a standing item on agenda to invite public questions or comments at board meetings and the AGM.</p> <p>Staff to update Board on:</p> <ul style="list-style-type: none"> <li>• The criteria for items to be included in the in-camera portion defined by CDSBC Bylaws and Freedom of Information requirements</li> <li>• Changes to the briefing note template including adding a rationale if the issue goes on the in-camera agenda</li> </ul> <p>Board to resolve to:</p> <ul style="list-style-type: none"> <li>• Have open and transparent voting through show of hands; ballots will not be used. (para 3.51)</li> <li>• Have appropriate staff attend all meetings of the Board; meetings held without any staff present will be limited to those dealing with HR matters with possible exceptions to be determined at the discretion of the President and/or the Registrar</li> <li>• Ensure minutes are taken for all meetings including board only meetings.</li> </ul>
<b>September 2019</b> Three-month milestone	The Board will have increased transparency around as much of its business as possible and be accountable to the public.
<b>September 2019</b> Board meeting	Staff to report back to the Board on determination of which documents should be available on the website for public viewing for discussion and approval.

## CDSBC's 2019-22 Strategic Plan

Transparency is one of the values stated in the 2019-22 Strategic Plan.

## ACTION ITEM 9

The College should renew its commitment to proper procurement policies and should conduct its legal contracts through its General Counsel and not through individual Board officers. It should consider introducing an internal audit function to support the Audit Committee. Board officers should not attend the Audit Committee except when invited to do so. In reviewing its committee structure the Board should consider if there is any value in continuing with the Finance and Audit Working Group.

### Outcome

The Board has demonstrated adherence to the College's procurement policy, has implemented an internal audit function and is committed to the independence of the Audit Committee.

### Actions

- Renew commitment and adherence, by the Board, to the College's procurement policies
- Procure outside financial auditor to support the Audit Committee
- Commit to independence of the Audit Committee from Board influence
- Determine need for the Finance and Audit Working Group

### Barriers and dependencies on external stakeholders

Barriers and dependencies	Solutions for consideration
Bylaw change is required.	Bylaw amendment: <ul style="list-style-type: none"><li>• Board approves a revised Bylaw Part 4 (College Committees) that changes the composition of the Audit Committee so that no board members will be part of the committee.</li></ul>
90-day consultation with stakeholders is required.	Ministry will waive mandatory 90-day consultation to facilitate expedited approval, per HPA 6.2 (a) (ii)
Currently board members sit on the Audit Committee.	If bylaw change occurs, the current board members sitting on the Audit Committee would be removed.  Resolve that the Audit and Finance Working Group no longer attend meetings of the Audit Committee.

### Implementation Plan

Timeline	How we will do this
<b>Current</b> Already undertaken or underway	The College's financial policy includes a procurement policy.

<b>June 2019</b> Board meeting	<p>Board resolves to re-commit to adherence to its own financial policies and procedures in relation to the procurement of legal advice.</p> <p>Board requests staff to:</p> <ul style="list-style-type: none"> <li>• commission independent internal audit advice to the Audit Committee from an accountancy firm contracted for that purpose</li> <li>• engage outside expertise to work with Board and staff to draft amendments to Bylaw Part 4 (College Committees) to remove requirement for board member participation in committee</li> <li>• re-evaluate the practicality and relevance of the Finance and Audit Working Group</li> </ul> <p>Board officers resolve to not attend the meetings of the Audit Committee unless invited to do so (para 3.60).</p>
<b>September 2019</b> Three-month milestone	<p>The Board will have demonstrated adherence to the College's procurement policy, have implemented an internal audit function, committed to the independence of the Audit Committee.</p>
<b>September 2019</b> Board meeting	<p>Board resolves to:</p> <ul style="list-style-type: none"> <li>• Confirm commission of independent external auditor</li> <li>• Dissolve the Finance and Audit Working Group</li> </ul>

## CDSBC's 2019-22 Strategic Plan

This Action Item falls under:

- Goal 4: Strengthen and clarify governance to support our mandate
- Initiative 2: Developing guidelines and procedures to sustain effective relationships within and between Board and staff



## ACTION ITEM 10

The Board must recalibrate its relationship with its expert staff team. The Board must stop seeing itself as the College and recognize that its role is to govern the College and oversee its performance but that the College is run and managed by its professional staff. The Board and staff need to form a constructive and respectful partnership. Despite good intentions on all sides this is far from being achieved.

### Outcome

The Board has demonstrated a commitment to a culture change in which staff expertise is acknowledged and respected. The Board has demonstrated an enhanced understanding of the roles of board members and professional staff.

### Actions

- Determine process for and conduct a governance review
- Implement process to support culture change
- Promote trust by including senior staff participation in Board discussions and evaluation of Board effectiveness

### Barriers and dependencies on external stakeholders

None

### Implementation Plan

Timeline	How we will do this
<b>Current</b> Already undertaken or underway	<p>Board has committed to culture change through approving the foundational Guiding Principles as noted in this Action Plan: "A shift in culture is required. This means asking ourselves hard questions and moving away from old ways of thinking."</p> <p>New Safe and Respectful Workplace Policy has been accepted and will be implemented in 2019.</p> <p>Identification of need for creating a greater focus on the organization's people and culture. In process of developing a role and dedicated resource to advise on leading culture practices and provide expertise and support for recruitment, productivity and performance.</p>
<b>June 2019</b> Board meeting	<p>Board requests staff to recommend a process for:</p> <ul style="list-style-type: none"><li>• a governance review</li><li>• embarking on a culture change to address the concerns identified in the report</li></ul>

	<p>Hold a Board/staff workshop to identify good principles of governance including implementing best practices, and responsibilities of each of Board and staff member.</p> <ul style="list-style-type: none"> <li>• Clarify roles and relationship between Board and staff</li> <li>• Clarify the best role for senior staff participation at board meetings.</li> <li>• Agree upon evaluation process and tools that could reinforce mutual trust</li> <li>• Agree upon the appropriate communication mechanisms between staff and the Board</li> </ul>
<b>September 2019</b> Three-month milestone	<p>Improvements in the staff and Board relationships are demonstrated.</p> <p>Committed to hiring a designated senior management position to focus on people, culture and other human resource functions.</p>

## CDSBC's 2019-22 Strategic Plan

This Action Item falls under:

- Goal 4: Strengthen and clarify governance to support our mandate

## ACTION ITEM 11

The College significantly improves its internal data collection and performance management so that it knows how it is performing against its own procedures and can demonstrate that it is effective in all areas of its work.

### Outcome

The College has demonstrated improvements in the way it collects and uses data to inform its performance and effectiveness in protection of patients and the public.

### Actions

- Identify, through a needs assessment in the area of data collection and performance management, what data we generate in performing our operational processes, what data we need to evaluate those processes and where the gaps are
- Ensure that the College has the capacity and expertise to analyze and report on performance data in a meaningful way
- Review and simplify data reports to ensure that strategic objectives are being delivered, that the organization's resources are sufficient and effectively deployed, and determine whether performance is improving or declining

### Barriers and dependencies on external stakeholders

None

### Implementation Plan

Timeline	How we will do this
<b>Current</b> Already undertaken or underway	Currently compiling data on complaints process.  Amended renewal form to include additional questions related to cultural safety and humility, and to collect information regarding sedation providers and facilities.  Amended not-for-profit corporations' annual terms and conditions form to capture more data.
<b>September 2019</b> Three-month milestone	Staff to initiate needs assessment through engagement with a business analyst. <ul style="list-style-type: none"><li>• Reassess what data is required to reach desired outcomes and operational efficiencies</li><li>• Determine data sources within the organization and cross-departmental communication to contribute to input (i.e. Complaints data to be used to help guide the development of standards and guidance documents and in the Quality Assurance program)</li></ul>

<b>December 2019</b> Six-month milestone	Completion of needs assessment and determination of data sources required for measuring the College's performance and linking to the Strategic Plan's KPIs.
<b>June 2020</b> 12-month milestone	Data collection complete to establish Strategic Plan KPI baselines.  The College will have significantly improved its data collection and use.

### **CDSBC's 2019-22 Strategic Plan**

This Action Item falls under:

- Goal 3: Embrace leading regulatory practices to protect the public  
Initiative 1: Using data and risk assessments to enhance regulatory effectiveness

## ACTION ITEM 12

I strongly recommend that the College sorts out and codifies its documents to assist both dentist and patients. Standards should be gathered together into a single document, perhaps called 'Standards for Good Dental Practice'. These should be clearly mandatory. Similarly, all guidance should be gathered into one place or publication. What 'policies' are is completely unclear and why some things are policies but not guidance or information I do not understand. I suggest the word 'policies' is reserved for internal College 'policies and procedures'.

### Outcome

The College clearly articulates what a patient can expect from their dentist, and dentists understand exactly what is expected of them. The College will separate standards from guidance, clearly defining the standards (para 4.56). Registrants understand the standards of good dental practice as a complete requirement.

### Actions

- Conduct an inventory of all standards and guidance documents, and supporting material
- Reorganize content so that all standards contained in College documents are listed in one place for the public and registrants to access
- Replace the term "policy" in favour of standards and guidance as it relates to practice documents

### Barriers and dependencies on external stakeholders

None

### Implementation Plan

Timeline	How we will do this
<b>Current</b> Already undertaken or underway	The College has a policy coordinator who will assist with these initiatives. The College has done a preliminary review of documents, timeline for review and associated committees.
<b>June 2019</b> Board meeting	Board requests staff to: <ul style="list-style-type: none"><li>• Review existing document suite and re-classify/re-label e.g. "Standards" (mandatory), "Guidance" (recommended as good practice), supporting documents (such as information sheets) and policy documents (reserved for internal policies and procedures)</li><li>• Determine process and format for identifying standards and guidance documents</li><li>• Index document suite</li><li>• Review and re-classify existing sedation documents</li></ul>

<b>September 2019</b> Three-month milestone	A plan to separate standards from guidance will be underway. This will include clearly defining standards and publishing them into reader-friendly document
<b>September 2019</b> Board meeting	Registrar and senior staff will present progress on to the Board.

### **CDSBC's 2019-22 Strategic Plan**

This Action Item falls under:

- Goal 1: Improve outcomes for the public through clearly stated standards of competence and conduct for registrants

## ACTION ITEM 13

The board should remove itself from involvement in the complaints process and should not attempt to influence or interfere in complaints in any way.

### Outcome

The Board resolves to promote an independent complaint process free from any involvement of board members. This will protect against a perceived or actual risk that the interests of the College may influence decision-making.

### Actions

- Update the CDSBC Board Member Conduct Agreement to capture expectations regarding the autonomy of the complaints process from undue influence from the Board
- Update Bylaw Part 2 (College Board) and Bylaw Part 4 (College Committees) to disallow board member involvement in inquiry and discipline proceedings, and all regulatory committees

### Barriers and dependencies on external stakeholders

Barriers and dependencies	Solutions for consideration
Bylaw change is required.	Bylaw amendments: <ul style="list-style-type: none"><li>• Board approves a revised Bylaw Part 4 (College Committees) to remove current requirement for board members to participate on inquiry, and discipline committees</li><li>• Board approves a revised Bylaw Part 2 (College Board) to remove the clause that allows the president as ex-officio member of all committees</li></ul>
	Immediate interim actions not requiring bylaw amendment: <ul style="list-style-type: none"><li>• Assessment of inquiry and discipline committee memberships and strategic resignations of any identified board members</li></ul>
90-day consultation with stakeholders is required.	Ministry will waive mandatory 90-day consultation to facilitate expedited approval, per HPA 6.2 (a) (ii)

## Implementation Plan

Timeline	How we will do this
<b>Current</b> Already undertaken or underway	Identification of two board members who are on the Inquiry Committee. A dentist board member who is on the Inquiry Committee has offered to resign from Committee.
<b>June 2019</b> Board meeting	<ul style="list-style-type: none"> <li>Board requests staff to engage outside expertise to work with Board and staff to draft amendments to Bylaw Part 2 (College Board) and Bylaw Part 4 (College Committees). <ul style="list-style-type: none"> <li>To include consideration regarding limiting Discipline and Inquiry Committee members from membership on other committees</li> </ul> </li> <li>Board resolves that no elected board members will be a member of the Inquiry Committee or Discipline Committee until bylaw change is enacted. <ul style="list-style-type: none"> <li>Board will accept any immediate resignations of elected board members from these committees identified for the 2019/20 year.</li> </ul> </li> <li>Board to consider and recognize the authority of the Board Member Conduct Agreement as independent of the Governance Manual (see para 2.27) and consider an addition that specifically targets the inappropriateness of any involvement in the complaints process or in attempting to influence or interfere in complaints in any way.</li> <li>Board members resolve to direct all inquiries regarding complaints to staff.</li> <li>Board requests staff to remove any board member access to Inquiry and Discipline meeting material (complaint files, meeting minutes, etc.).</li> </ul>
<b>September 2019</b> Board meeting	Board approves draft Bylaw Part 2 (College Board) and Bylaw Part 4 (College Committees) for deposition with Ministry.

## CDSBC's 2019-22 Strategic Plan

This Action Item will be added as an initiative about regulatory independence under:

- Goal 3: Embrace leading regulatory practices to protect the public



## ACTION ITEM 14

As part of its new Strategic Plan the College should develop a stakeholder mapping and communications strategy to ensure that proper attention is paid to all its stakeholders and in particular to engagement with patients and the public through a public engagement strategy.

### Outcome

An engagement strategy focused on patients and the public, and informed by a better understanding of the College's stakeholders, will result in better regulatory decision-making and promote credibility and accountability.

### Actions

- Deliver on the outcomes identified in the 2019-22 Strategic Plan as defined in Goal 2: Identify and strengthen productive relationships with stakeholders, namely:
  - Increasing our understanding of the diversity of our registrants and other stakeholders
  - Initiating collaboration with and input from stakeholders
- Actively engage the public and patients in decision-making while being mindful of equity and diversity
- Assess our stakeholder relationships and develop a strategy that encompasses our partners (such as educators and other regulators), students, the professionals we regulate, patients and the public
  - Existing communications practices, such as presentations at conferences and dental meetings, will be incorporated, and gaps addressed
- Collaborate with, and act as a resource to, other health regulators about the College's experience in meeting the standards of good regulation and delivering on this Action Plan

### Barriers and dependencies on external stakeholders

Barriers and dependencies	Solutions for consideration
This will depend on active engagement by stakeholders.	<ul style="list-style-type: none"><li>• Collaborate with other health regulators on public engagement activities.</li><li>• Invite public input and make it as easy as possible</li><li>• Create or update policies and practices to encourage public input and participation</li><li>• Promote cultural change at the Board and committee levels</li></ul>
Historic reluctance of board and committee members to engage patients and the public.	

## Implementation Plan

Timeline	How we will do this
<b>Current</b> Already undertaken or underway	<p>The College tracks the number of people attending open board meetings and AGM; number of public responding to invitations to comment on public consultation; number of consultations.</p> <p>The College launched an online public consultation forum to collect and share feedback received during consultations. (This is modelled on the College of Physicians and Surgeons of BC consultation forum.)</p> <p>College is participating and co-funding new BC Health Regulators initiative to create a public advisory group</p>
<b>September 2019</b> Three-month milestone	<p>Appropriately staff the communications and engagement functions of the College in order to meet the priorities as laid out in our strategic plan and this Action Plan.</p> <p>Ongoing Collaboration with the four dental colleges on communications/stakeholder engagement.</p> <p>Begin stakeholder mapping exercise with a focus on patient and public audiences.</p>
<b>December 2019</b> Six-month milestone	<p>Stakeholder mapping underway.</p>
<b>June 2020</b> 12-month milestone	<p>Engagement strategy will be fully integrated with all aspects of the strategic plan and will include stakeholder mapping.</p>

## CDSBC's 2019-22 Strategic Plan

This Action Item falls under:

- Goal 2: Identify and strengthen productive relationships with stakeholders

## ACTION ITEM 15

The College should work to improve the reach and response rate of its annual complaints survey<sup>7</sup>. It should consider how it could use the patients who contact it as a resource for learning and engagement

### Outcome

The College will obtain more meaningful patient feedback on the complaints process.

### Actions

- Re-evaluate what information the College needs to collect to inform process improvements that would enhance the patient experience
- Consider and develop new opportunities to collect input from complainants at the start and mid-way through the complaint process, as well as when the complaint file is closed
- Take advantage of existing opportunities to collect and document feedback from the public, i.e. calls and correspondence received by the complaints team
- Review and enhance survey tool that is used when a complaint is closed

### Barriers and dependencies on external stakeholders

Barriers and dependencies	Solutions for consideration
Lack of stakeholder engagement	Determination of reasons for lack of stakeholder engagement

### Implementation Plan

Timeline	How we will do this
<b>Current</b> Already undertaken or underway	During investigation complaint investigators are encouraging complainants to participate in the complaints survey.
<b>September 2019</b> Three-month milestone	Staff to initiate determination of what information is needed to improve the complaints process experience for patients and the public and establish how we will collect the information.  Staff to initiate determination of what information is needed to engage stakeholders.
<b>December 2019</b> Six-month milestone	Staff will have determined what information is needed and how we will collect it through the development of new evaluation tools and/or enhancements of existing tools and avenues of communication.

<sup>7</sup> Annual complaints survey is interpreted as the complaints survey

## **CDSBC's 2019-22 Strategic Plan**

This Action Item falls under:

- Goal 2: Identify and strengthen productive relationships with stakeholders
- Goal 3: Embrace leading regulatory practices to protect the public

## ACTION ITEM 16

The College should continue with its plan to open part of its Board meeting to questions and comments from members of the public.

### Outcome

The Board demonstrates a commitment to transparency and public engagement through increased public participation at board meetings and annual general meetings.

### Actions

- Finalize the policy for public and registrant participation at board and annual general meetings. This policy welcomes public participation at board meetings and the AGM, and endeavors to create an environment in which members of the public feel comfortable and are able to ask relevant questions at an appropriate time.
- Implement the Public and Registrant Participation at CDSBC Board Meetings and Annual General Meetings policy
  - A public Question and Answer (Q&A) session will be a standing item on board meeting agendas, and at AGMs the public will be able to participate with questions or comments

### Barriers and dependencies on external stakeholders

None

### Implementation Plan

Timeline	How we will do this
<b>Current</b> Already undertaken or underway	Governance Committee and Board approval of final policy: "Public and Registrant Participation at CDSBC Board Meetings and Annual General Meetings."  Staff will finish work on how the policy will be implemented.  Promotion of AGM and board meeting to include invitation for public and registrant involvement.
<b>June 2019</b> Board meeting	Implementation of new policy takes place at AGM and Board meeting

### CDSBC's 2019-22 Strategic Plan

This Action Item falls under:

- Goal 2: Identify and strengthen productive relationships with stakeholders

## ACTION ITEM 17

The College should aim to build a different relationship with its dentist registrants; one of both mutual respect and distance. Its thorough approach to consultation should aid this over time.

### Outcome

The College has clarified its singular role as a regulator working in the public interest, and has taken steps to demonstrate its independence from professional influence of representative organizations. This will be reinforced through engagement and communication with registrants and the public.

### Actions

- Continued efforts to engage registrants to enhance their understanding of regulation
- Recalibrate the College's relationship with the BC Dental Association and other representative organizations

### Barriers and dependencies on external stakeholders

Barriers and dependencies	Solutions for consideration
Any regulator needs the consent and acceptance of those it regulates.	To educate and consult with registrants to build consent and acceptance.
The system of elections for board members allows partial control by the registrants (para 5.14).	This barrier cannot be removed completely until the <i>Health Professions Act</i> is changed.
There is not currently a competency-based approach for populating the Board and committees.	Implementing competency-based eligibility requirements will help to improve understanding of regulatory process by registrants.
Financial and personal connections to the BC Dental Association and other dental organizations (para 5.14)	Ongoing efforts to create financial and personal distance from representative organizations, including the publication of a register of interests for board and committee members

### Implementation Plan

Timeline	How we will do this
<b>Current</b> Already undertaken or underway	Revising the annual report format; replacing traditional messages directed at registrants with the new guiding principles for the Action Plan.  Staff in process of changing our relationship with BCDA staff towards a formalized structure for communications and engagement.

<p>We have formally renewed our efforts to engage with smaller groups of dentists who meet regularly. This has been welcomed and has generated further requests for presentations by the College.</p> <p>2018/19 Annual Report will provide more clarity about the portion of registration fees are paid to the BC Dental Association (see Action Item 20).</p>	
<p><b>June 2019</b> Board meeting</p>	<p>Board to request staff to determine effective nominations process, competency and eligibility requirements and identify and cease activities that reinforce concept of membership and volunteerism (see Action Item 1).</p> <p>Board to implement eligibility requirements to promote regulatory independence (see Action Item 2).</p> <p>Board to resolve to stop collecting fees for BC Dental Association (see Action Item 21).</p> <p>Continued efforts regarding outreach to engage dentist registrants</p>
<p><b>September 2019</b> Three-month milestone</p>	<p>Demonstrated steps to separate from influence of representative organizations, whose mandates are not aligned with the College's regulatory function</p>

## CDSBC's 2019-22 Strategic Plan

This Action Item falls under:

- Goal 2: Identify and strengthen productive relationships with stakeholders

## ACTION ITEM 18

The College should commit greater time, respect and interest to both CDAs and Dental Therapists

### Outcome

The College will promote team-based care and better outcomes for patients through Board and committee changes that allow for increased contributions of CDAs and dental therapists.

### Actions

- Change the nomenclature to be able to use a single term – registrant – to refer to all three types of health professionals we regulate. (We currently use that term when possible, but it is not technically correct.)
- Encourage the participation of dental therapists in College activities, including development of standards
- Incorporate the CDA experience and knowledge into all College activities, including committee participation and within operations to promote a collaborative, team-based approach
- Incorporate CDAs and dental therapists in expert working groups
- Promote participation of CDAs and dental therapists in decision-making roles by moving to competency requirements for board members

### Barriers and dependencies on external stakeholders

Barriers and dependencies	Solutions for consideration
Under the bylaws and informed by the <i>Health Professions Act</i> , CDAs are certified non-registrants and not registrants. Where the term “registrant” defines eligibility, it necessarily excludes CDAs.	<p>Seek legislative change so that CDAs will become registrants rather than “certified non-registrants”</p> <p>Immediate interim actions not requiring legislative change:</p> <ul style="list-style-type: none"><li>• Staff research required to determine history of disparate titles of registrants and certified dental assistants to determine if this is underpinned by legislation, and what options are available for a more inclusive title, i.e. to make “registrants” applicable to all three types of professionals we regulate.</li></ul>

### Implementation Plan

Timeline	How we will do this
<b>Current</b> Already undertaken or underway	<p>Review of radiography designation is underway.</p> <p>Staff have initiated determination that all College communications are inclusive of the communications needs of CDAs and DTs.</p>



Work has begun on defining CDA and dental therapist role on dental team within orientation program for board and committee members.	
<b>June 2019</b> Board meeting	Board to request staff to undertake: <ul style="list-style-type: none"> <li>• To address the implications and limitations of nomenclature change to a single term – registrant – to refer to all three types of health professionals we regulate.</li> <li>• Assessment of activities where participation of CDAs and dental therapists is lacking, and to recommend opportunities to profoundly increase their participation. <ul style="list-style-type: none"> <li>○ This will include re-assessment of CDA and dental therapist participation on all committees, at all levels, including chair.</li> </ul> </li> </ul> <p>Define a formal role for CDA board member to address the audience and provide a place on the agenda at AGM</p>
<b>November 2019</b> Board meeting	<p>Staff to report back with assessment regarding legislative and non-legislative solutions re: nomenclature for Board approval.</p> <p>Staff to report back on assessment of activities to profoundly increase dental therapist and CDA participation for Board approval.</p>
<b>December 2019</b> Six-month milestone	The College has devoted greater time, respect and interest to both CDAs and dental therapists that allow for their increased contribution to all regulatory activities.

## CDSBC's 2019-22 Strategic Plan

This Action Item falls under:

- Goal 2: Identify and strengthen productive relationships with stakeholders

## ACTION ITEM 19

The CDSBC should encourage better and more regular engagement with the three other dental colleges to promote the safety of patients and public protection.

### Outcome

The College will promote patient oral health and safety by seeking consultation and collaboration with the colleges of denturists, dental hygienists and dental technicians (para 5.20).

### Actions

- Actively promote collaborative relationships with the other dental colleges through ongoing engagement, including:
  - The scheduling of regular meetings among the dental colleges to discuss shared issues and problems and to work towards the oral health and well-being of patients
  - The exploration of informal shared services where possible, including registration, aspects of complaints investigation, and standards and guidance development

### Barriers and dependencies on external stakeholders

Barriers and dependencies	Solutions for consideration
Success will depend on willingness of all four dental colleges to move beyond individual institutional culture in pursuit of shared services and possible amalgamation.	Ongoing, effective communication with registrants, boards and staff of the four dental colleges.

### Implementation Plan

Timeline	How we will do this
<b>Current</b> Already undertaken or underway	<p>There has been indirect collaboration with the other dental colleges through the BC Health Regulators submission to the Ministry about the future of health regulation.</p> <p>Meetings have been initiated with the registrars of the three other dental regulators: College of Dental Hygienists, College of Denturists and College of Dental Technicians.</p> <p>There has been preliminary discussion and agreement between CDSBC and CDHBC as to how to develop more effective engagement between the two colleges going forward, particularly around standards, guidance and policy development.</p> <p>CDSBC has an ongoing relationship and regular communication with the registrar of the College of Dental Technicians, who participated at a meeting of the Ethics Committee in March.</p> <p>Preliminary discussions with College of Denturists are planned.</p>

<b>September 2019</b> Three-month milestone	Hold initial meetings with each of the three other dental colleges, as well as group meetings of all four colleges, to discuss joint initiatives focused on the promotion of oral health and well-being of dental patients.
<b>December 2019</b> Six-month milestone	Request to present at board meetings of other dental colleges at least annually  Representatives of all dental colleges to attend individual college workshops to share experiences and learnings about effective regulatory practices.
<b>June 2020</b> 12-month milestone	The College will have consulted and collaborated with the other dental colleges to promote patient oral health and safety (para 5.20).

### **CDSBC's 2019-22 Strategic Plan**

This Action Item falls under:

- Goal 2: Identify and strengthen productive relationships with stakeholders

## ACTION ITEM 20

When collecting fees the College should inform dentists more clearly what part of the fee goes to the College and what part to the Association. The College should also report that the Association pays it a sum of money for that collection and how much that is. The Annual Report of the College should show more clearly how much each dentist pays to the College and to the Association. The College should implement this recommendation with immediate effect

### Outcome

The College will immediately improve its reporting regarding the portion of the College registration fees paid to the BC Dental Association. The College will also publish the fee that the BC Dental Association pays the College for the collection of those fees.

### Actions

- Provide clear information about the fee breakdown on the website and in the annual report
- Review and enhance the way fees are presented in the annual report to be clear that whether or not a dentist is a member of the BC Dental Association, a fee equivalent to that amount is collected, provided the Board and the BC Dental Association execute a written agreement

### Barriers and dependencies on external stakeholders

None

### Implementation Plan

Timeline	How we will do this
<b>Current</b> Already undertaken or underway	Clearer communication about registration/renewal fees already planned for inclusion in the 2018/19 annual report.
<b>June 2019</b>	<p>Publish on website and newsletter the fee breakdown that is currently only provided to dentists in hard copy renewal packages. This will include that membership in the BC Dental Association is not mandatory for registration with the College; however, a fee equivalent to the BC Dental Association membership fee is required.</p> <p>The annual report to include individual registration and renewal fee breakdown in addition to aggregate amounts collected.</p>
<b>September 2019</b> Three-month milestone	<p>Will have completed necessary changes to communications to deliver on this Action Item.</p> <p>Renewal fee package and annual report to include notice of fee paid by BCDA to College for collection of its fees.</p>

## **CDSBC's 2019-22 Strategic Plan**

This Action Item falls under:

- Goal 2: Identify and strengthen productive relationships with stakeholders

## ACTION ITEM 21

The College should resolve to stop collecting fees for the BC Dental Association. It should do so in a phased manner as the purpose is not to damage the Association but to strengthen the regulatory independence of the College. I suggest a transition period of no more than three years for the two organizations to separate.

### Outcome

The Board will demonstrate a commitment to regulatory independence by resolving to discontinue the collection of fees for the BC Dental Association.

### Actions

- Board will immediately resolve that within three years, the College will discontinue collection of a fee from registrants that is equivalent to the membership fee of the BC Dental Association membership fee, as Bylaw Section 3.10 (2) provides the authority to do so.
- Remove Bylaw Section 3.10 that provides authority for the College to collect funds as an agent for an association, defined as the Canadian Dental Association or the BC Dental Association

### Barriers and dependencies on external stakeholders

Barriers and dependencies	Solutions for consideration
Impact of cessation of fee collection on BCDA	We will consider the impact on the BCDA of discontinuing the collection of fees; this will inform our timeline.

### Implementation Plan

Timeline	How we will do this
<b>June 2019</b> Board meeting	<p>Board will immediately resolve that within three years, the College will discontinue collection of a fee from registrants that is equivalent to the BC Dental Association membership fee, as Bylaw Section 3.10 (2) provides the authority to do so.</p> <p>Board to resolve that once the College has stopped collecting the BCDA fees, it will pursue removal of Bylaw Section 3.10 that provides authority for the College to collect funds as an agent for an association, defined as the Canadian Dental Association or the BC Dental Association.</p> <p>Board to request staff to recommend timing of this change to the Board, including consultation with BCDA.</p>
<b>September 2019</b> Three-month milestone	Board to approve strategy for discontinuation of fee collection, including end date.

## **CDSBC's 2019-22 Strategic Plan**

This Action Item will be added as an initiative about regulatory independence under:

- Goal 3: Embrace leading regulatory practices to protect the public.

## Unmet Standards

Action Items 22-32 are Unmet Standards and are, as such, outcomes. Given the broad nature of standards, staff have identified key actions (Actions) informed by concerns, recommendations, and observations made in the report which in turn inform the implementation plan to meet the prioritized timeline.

### ACTION ITEM 22

Standards of Practice and professional ethics reflect up-to-date practice and legislation. They prioritize patient safety and patient-centred care.

#### Actions

- Review of committee structure to include a Standards and Guidance Committee mandated to develop, maintain and review standards of practice and professional ethics that reflect up-to-date practice and legislation (see Action Item 5)
- Review of committee structure to include a Patient Relations Committee (see Action Item 5)
- Provide clarity to registrants and the public about what is a standard and what is guidance
- Initiate a process to re-codify documents to clarify which are standards, and which are guidance

#### Barriers and dependencies on external stakeholders

Barriers and dependencies	Solutions for consideration
Revision to Bylaw Part 4 (College Committees) is needed to allow for Ethics Committee to become the Standards and Guidance Committee and for establishment of a Patient Relations Committee.	Bylaw amendments: <ul style="list-style-type: none"><li>• Board approves a revised Bylaw Part 4 (College Committees) to allow for Ethics Committee to become the Standards and Guidance Committee and for establishment of a Patient Relations Committee.</li></ul>
90-day consultation with stakeholders is required.	Ministry will waive mandatory 90-day consultation to facilitate expedited approval, per HPA 6.2 (a) (ii)

#### Implementation Plan

Timeline	How we will do this
<b>Current</b> Already undertaken or underway	Developing an online course focused on ethical and professional issues.
<b>June 2019</b> Board meeting	Board requests staff to: <ul style="list-style-type: none"><li>• Review committee structure to include a Standards and Guidance Committee mandated to develop, maintain and review standards of</li></ul>



	<p>practice and professional ethics that reflect up-to-date practice and legislation (see Action Item 5).</p> <ul style="list-style-type: none"> <li>• Review committee structure to include a Patient Relations Committee (see Action Item 5).</li> <li>• Initiate review of existing standards to re-codify and clarify which are standards (mandatory) and which are guidance (recommended)</li> <li>• Review any work underway on the development of standards and guidance documents, and determine application to patient safety and patient-centred care.</li> </ul> <p>Staff to initiate a communications strategy to support this.</p>
<b>September 2019</b> Three-month milestone	Participate in work being initiated by the BC Health Regulators on a common code of ethics
<b>September 2019</b> Board meeting	Staff to report back on the standards and guidance work that is underway and not related to patient safety. The Board will request that work on these standards and guidelines be suspended until its relation to patient safety is confirmed.

## CDSBC's 2019-22 Strategic Plan

This Action Item falls under:

- Goal 1: Improve outcomes for the public through clearly stated standards of competence and conduct for dentists, dental therapists and certified dental assistants
- Initiative 1: Developing and maintaining patient-centred standards and guidance that are clear, consistent, enforceable and up-to-date

## ACTION ITEM 23

The regulator has an effective process for development and revision of standards and guidance, the regulator takes account of stakeholders' views and experiences, external events, developments in provincial, national and international regulation, and best practice and learning from other areas of its work.

### Actions

- Establish a plan to deliver an accountable, managed process for the development, revision and review of all College standards and guidance documents. Plan will include:
  - A systematic and accountable program for identifying new topics
  - A regular, consistent process of revision of existing documents
  - Identification by the Board of topics requiring new standards
  - Increase internal communications, e.g. quality assurance and complaints functions
- Establish staff support for this process

### Barriers and dependencies on external stakeholders

Barriers and dependencies	Solutions for consideration
Revision to Bylaw Part 4 (College Committees) is needed to allow for Ethics Committee to become the Standards and Guidance Committee and for establishment of a Patient Relations Committee.	Bylaw amendments: <ul style="list-style-type: none"><li>• Board approves a revised Bylaw Part 4 (College Committees) to allow for Ethics Committee to become the Standards and Guidance Committee and for establishment of a Patient Relations Committee.</li></ul>
	Immediate interim actions not requiring bylaw amendment: <ul style="list-style-type: none"><li>• Before bylaw change, communication is needed amongst Quality Assurance, Sedation and General Anaesthetic Services, and Ethics committees, and professional staff with respect to prioritization and coordination of ongoing standard and guidance development.</li></ul>
90-day consultation with stakeholders is required.	Ministry will waive mandatory 90-day consultation to facilitate expedited approval, per HPA 6.2 (a) (ii)

## Implementation Plan

Timeline	How we will do this
<b>Current</b> Already undertaken or underway	<p>Registrar has had preliminary discussions with College of Dental Hygienists about shared initiatives.</p> <p>The College has a policy coordinator who will assist with these initiatives.</p> <p>The College has done a preliminary review of documents, timeline for review and associated committee.</p>
<b>June 2019</b> Board meeting	<p>Board to request staff consider best practices in the area of development of standards:</p> <ul style="list-style-type: none"> <li>• Hold workshop for senior staff on policy development led by expert</li> <li>• Collaboration with other dental colleges with shared scope</li> <li>• Consideration of public and stakeholder engagement and input on standards development including stakeholder mapping (Action Item 14)</li> </ul>
<b>September 2019</b> Three-month milestone	Development of comprehensive plan to overhaul standards and guidance including committee restructuring and staff resources.
<b>September 2019</b> Board meeting	Staff to report back to Board regarding development of comprehensive plan to overhaul standards and guidance including committee restructuring and staff resources.

## CDSBC's 2019-22 Strategic Plan

This Action Item falls under:

- Goal 1: Improve outcomes for the public through clearly stated standards of competence and conduct  
Initiative 2: Establishing effectively and timely board review and oversight of standards and guidance
- Goal 2: Identify and strengthen productive relationships with stakeholders

## ACTION ITEM 24

The standards and guidance are published in accessible formats. Registrants, potential registrants, educators, patients and members of the public are able to find the standards and guidance published by the regulator and can find out about the action that can be taken if the standards and guidance are not followed.

### Actions

- Address inconsistencies of style, taxonomy and formatting in the College's standards and guidance documents with a clear focus on defining what is a standard and what is guidance
- Initiate change to the College's public facing resources to improve access and clarity of our standards and guidance

### Barriers and dependencies on external stakeholders

None

### Implementation Plan

Timeline	How we will do this
<b>Current</b> Already undertaken or underway	Development of a mandatory course for new registrants that will define the College's expectations of registrants and their accountability to their patients. Completion expected by December 2019.
<b>June 2019</b> Board meeting	Board requests staff to develop a plan to simplify and improve access and clarity for public around our standard and guidance documents, including: <ul style="list-style-type: none"><li>• Addressing inconsistencies of style, taxonomy and formatting.</li><li>• Staff will develop a style guide including a plain-language principle for all official communications.</li></ul>
<b>September 2019</b> Three-month milestone	Staff will have developed a plan to simplify access and improve clarity around our standards and guidance documents.
<b>September 2019</b> Board meeting	Staff to report back to the Board on their plan to simplify access and improve clarity around our standards and guidance documents.

## **CDSBC's 2019-22 Strategic Plan**

This Action Item falls under:

- Goal 1: Improve outcomes for the public through clearly stated standards of competence and conduct

Initiative 1: Developing and maintaining patient-centred standards and guidance that are clear, consistent, enforceable and up to date

## ACTION ITEM 25

All complaints are reviewed and risk assessed on receipt and serious cases are prioritized

### Actions

- Inquiry Committee to implement the application of a risk assessment framework at intake to determine prioritization of direction for investigation.
- Reassess the intake process to consider the complaints team applying the risk assessment tool to expedite receipt of the complaint by the Inquiry Committee in cases of higher risk complaints
- Continuous review and improvement of the risk assessment framework to ensure a wider range of matters are considered at the Inquiry Committee's initial triage and that it is focused on immediate risk of harm to patients from the continued practice of the registrant

### Barriers and dependencies on external stakeholders

Barriers and dependencies	Solutions for consideration
Lack of professional training of Inquiry Committee	Increased professional training of Inquiry Committee members
Implications of time and resources	Increase the size of the Inquiry Committee

### Implementation Plan

Timeline	How we will do this
<b>Current</b> Already undertaken or underway	Upcoming training for Inquiry Committee regarding Right-Touch thinking scheduled in June 2019.  Risk assessment reviewed upon receipt of patient records.
<b>May 2019</b>	Continued development and discussion regarding risk assessment framework at intake
<b>November 2019</b> Board meeting	Staff to update the Board on changes to the complaints process in keeping with this Action Item.
<b>December 2019</b> Six-month milestone	The Inquiry Committee will have determined a finalized Risk Assessment Framework as it applies to review and risk assessment on receipt of the complaint and subsequent prioritization of the investigation.

### CDSBC's 2019-22 Strategic Plan

This Action Item falls under:

- Goal 3: Embrace leading regulatory practices to protect the public  
  
Initiative 1: Using data and risk assessment to enhance regulatory effectiveness

## ACTION ITEM 26

The complaints process is transparent, fair, proportionate and focused on public protection.

### Actions

- Increase independence of the Inquiry Committee in making its own decisions
- Initiate change to monitoring program to increase robustness and consistency
- Review and determine areas to improve data collection on effectiveness of remedial approach to resolving complaints
- Initiate development of a remedy to address the busyness of the Inquiry Committee that is preventing it from giving all complaints a thorough and objective assessment
- Amend Bylaw Part 4 (College Committees) to address committee structure and composition to remove requirement for a board member to be on the Inquiry Committee

### Barriers and dependencies on external stakeholders

Barriers and dependencies	Solutions for consideration
Bylaw change is required as Bylaw Part 4 (College Committees) currently requires a public board member to be on the Inquiry Committee.	Bylaw amendment to remove requirement for a public board member to serve on the Inquiry Committee, and to disallow any board member from serving on the committee.
Currently the bylaw is silent on elected board member participation on the Inquiry Committee.	Board approves amended Bylaw Part 4 (College Committees) that addresses committee structure and composition.
	Inquiry Committee could accept the resignation of the elected board member who is on the Inquiry Committee.
Bylaw change is required.	Board approves a revised Bylaw Part 2 (College Board) to remove the clause that allows the president as ex-officio member of all committees
90-day consultation with stakeholders is required.	Ministry will waive mandatory 90-day consultation to facilitate expedited approval, per HPA 6.2 (a) (ii)
Monitoring is currently separate from complaints.	Staff to initiate internal organizational review to capture the monitoring process within complaints.

### Implementation Plan

Timeline	How we will do this
Current	There are currently two board members (one public, one dentist) on the Inquiry Committee. The dentist board member has offered to resign from the committee.

Already undertaken or underway	Monitoring works collaboratively with complaints team on matters. Staff reports to Board include data on the effectiveness of remedial action within the monitoring program.
<b>June 2019</b> Board meeting	Board requests staff to engage outside expertise to work with the Board and staff to draft amendments to Bylaw Part 4 (College Committees).  Board requests staff to review process to minimize staff influence, increase Inquiry Committee efficiency and data collection regarding the effectiveness of the remedial approach.  Staff to initiate internal organizational review to consider moving the monitoring function into the complaints department.
<b>November 2019</b> Board meeting	Staff to update the Board on changes to the complaints process in keeping with this Action Item.
<b>December 2019</b> Six-month milestone	The College will have initiated process for clearer, timely, independent complaints process that focuses on patient safety.

## CDSBC's 2019-22 Strategic Plan

This Action Item falls under:

- Goal 3: Embrace leading regulatory practices to protect the public



## ACTION ITEM 27

Complaints are dealt with as quickly as possible, taking into account the complexity and type of case and the conduct of all individuals involved. Delays do not result in harm or potential harm to patients.

### Actions

- Develop indicative target times for each stage of the complaints process to allow the College to measure its own performance and to identify where resources are needed or where performance is improving or getting worse
- Continued discussions regarding increased resources as and where needed

### Barriers and dependencies on external stakeholders

None

### Implementation Plan

Timeline	How we will do this
<b>Current</b> Already undertaken or underway	Staff have developed a risk assessment framework. The College is improving capacity of its Complaints staff by increasing complaints staff and office space.
<b>June 2019</b>	Initiate development of indicative target times for each stage of the complaints process and determine what data is needed to measure performance and identify staffing needs  Continued risk assessment framework development.
<b>November 2019</b> Board meeting	Staff to update the Board on changes to the complaints process in keeping with this Action Item.
<b>December 2019</b> Six-month milestone	The College will have applied indicative target times and identified areas of increased resource need.

### CDSBC's 2019-22 Strategic Plan

This Action Item falls under:

- Goal 3: Embrace leading regulatory practices to protect the public

## ACTION ITEM 28

All decisions at every stage of the process are well reasoned, consistent, protect the public and maintain confidence in the profession.

### Actions

- All levels of the complaints and discipline process including the weekly complaints team and the Inquiry Committee meetings will provide minutes that properly document reasons for decisions.
- The memos to the Inquiry Committee will contain reasons for any recommendations.
- All Discipline decisions will contain reasons, including Inquiry Committee orders resolving a citation.

### Barriers and dependencies on external stakeholders

None

### Implementation Plan

Timeline	How we will do this
<b>Current</b> Already undertaken or underway	Minute taking has been adjusted to include the reasons for decisions being made.
<b>June 2019</b>	Weekly complaints meeting minutes will record reasons and decisions.  Memos to the Inquiry Committee will provide reasons for the recommendation being provided.  Inquiry Committee directions will have reasons for the directions recorded.  Public report of decisions will provide reasons.
<b>November 2019</b> Board meeting	Staff to update the Board on changes to the complaints process in keeping with this Action Item.
<b>December 2019</b> Six-month milestone	Reasons for decisions at every stage of the complaints and discipline process will be documented in the minutes or public reports.

### CDSBC's 2019-22 Strategic Plan

This Action Item falls under:

- Goal 3: Embrace leading regulatory practices to protect the public

## ACTION ITEM 29

The regulator has an effective process for identifying, assessing, escalating and managing organizational risks, and this is communicated and reviewed on a regular basis by the senior staff and the Board.

### Actions

- Develop and implement a formal risk register which can be assessed periodically by management, the Audit Committee and the Board
- Develop process for identifying, assessing, escalating and managing organizational risks to the risk register
- Discontinue use of executive limitation reports to the Board

### Barriers and dependencies on external stakeholders

None

### Implementation Plan

Timeline	How we will do this
<b>Current</b> Already undertaken or underway	In January, senior staff participated in a webinar on Risk Oversight put on by the Chartered Professional Accountants of Canada.  In April, senior staff attended a presentation by the College of Physicians and Surgeons of BC about that college's risk register.
<b>June 2019</b> Board meeting	Discontinue use of executive limitation reports to the Board and replace with reporting document to allow for reporting progress of strategic plan and KPIs (para 4.157)  Board to request staff to develop a risk registry which will allow regular monitoring and identification of risks for reporting to the Audit Committee and Board. <ul style="list-style-type: none"> <li>• Risks will be categorized, e.g. legal, financial, operational/strategic and reputational.</li> <li>• Determine monitoring process and schedule.</li> </ul> Build risk register monitoring into Audit Committee terms of reference and add as standing agenda item for each Audit Committee meeting.
<b>September 2019</b> Three-month milestone	Staff to report back with a risk registry for approval by Board, regularly monitor and identify risks, bringing them to the Audit Committee and Board.  Senior management team to create departmental risk registers and report out at quarterly meetings, including new risks and risks that have come off the register.

<b>December 2019</b> Six-month milestone	Risk register will be used to identify, assess and manage organizational risk.  Risk register will be reviewed quarterly by the Board and the Audit Committee, or as necessary.
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## CDSBC's 2019-22 Strategic Plan

This Action Item falls under:

- Goal 3: Embrace leading regulatory practices to protect the public
- Goal 4: Strengthen and clarify governance to support our mandate

## ACTION ITEM 30

The Board has effective oversight of the work of the senior staff and effective reporting to measure performance.

### Actions

- Review and simplify reports from the staff to the Board to ensure the Board knows that its strategic objectives are being delivered, that the organization's resources are sufficient and effectively deployed, and whether performance is improving or declining.
- Include KPIs and develop a corporate risk register (see Action Item 7).
- Discontinue the executive limitation reports

### Barriers and dependencies on external stakeholders

Barriers and dependencies	Solutions for consideration
Board currently receives quarterly executive limitation reports, which are a bureaucratic and time-consuming process for managing a perceived risk that the Registrar might exceed their authority (para 4.123).	Discontinue the executive limitation reports and replace with a new monitoring tool.

### Implementation Plan

Timeline	How we will do this
<b>Current</b> Already undertaken or underway	The 2019-22 Strategic Plan has KPIs that were developed with the expertise of an evaluation consultant.  Reporting of progress on strategic plan will include the continued development of key performance indicators (KPIs) and regular reporting against them.
<b>September 2019</b> Three-month milestone	Senior staff to provide accurate and appropriate metrics in a monitoring document to submit to the Board to track progress on strategic plan and KPIs.

### CDSBC's 2019-22 Strategic Plan

This Action Item falls under:

- Goal 3: Embrace leading regulatory practices to protect the public
- Goal 4: Strengthen and clarify governance to support our mandate

## ACTION ITEM 31

The regulator's performance and outcomes for patients and the public are used by the Board when reviewing the strategic objectives of the organization.

### Actions

- Determine a process, using the strategic plan as a framework, for refining and improving measurement of the College's impact on outcomes for patients and the public. Going forward, this will be incorporated into the College's strategic planning process
- Build understanding of the College's impact on outcomes for patients and the public through the development of a process to collect information on how the College's activities impact:
  - public safety and health outcomes
  - patient satisfaction with quality of care received
  - public and patient trust in the College

### Barriers and dependencies on external stakeholders

None

### Implementation Plan

Timeline	How we will do this
<b>Current</b> Already undertaken or underway	KPIs have been established under Strategic Plan, Goal 1 and more measures will be added.
<b>June 2019</b> Board meeting	Board requests staff to initiate development of a process to consistently collect information about patients and the public as part of the College's strategic planning and development of standards and guidance.
<b>December 2019</b> Six-month milestone	Staff will have developed a process to consider and incorporate information collected regarding the College's impact on public safety and health outcomes.  These measures will be incorporated into operations and strategy.

### CDSBC's 2019-22 Strategic Plan

This Action Item falls under:

- Goal 1: Improve outcomes for the public through clearly stated standards of competence and conduct for dentists, dental therapists and certified dental assistants.

## ACTION ITEM 32

The Board works cooperatively, with an appropriate understanding of its role as a governing body and members' individual responsibilities.

### Actions

- The Board will renew its commitment to refining its role, reforming its committees, and to addressing its relationship with its registrants and their representative body, and realizing the aspirations for governance in the Strategic Plan.
- The Board will take steps to rebuild trust among its members.

### Barriers and dependencies on external stakeholders

Barriers and dependencies	Solutions for consideration
There will be turnover on the Board when the 2018/19 term ends on June 30. Some of the incoming elected board members will have no history with the Board and will need to build an understanding of regulatory governance.	Orientation program for incoming board members will be enhanced.
Size of Board and frequency of teleconferences are barriers to engagement and efficient decision-making.	Board will be more effective and consensus-based decision-making will be more easily achieved when reduced in size.
The Board struggles with effective engagement of all members.	Renewed focus and enthusiasm from the Board is anticipated following the Minister's acceptance of the Action Plan.

### Implementation Plan

Timeline	How we will do this
<b>Current</b> Already undertaken or underway	Board members complete self-assessments after meetings.
<b>June 2019</b> Board meeting	<p>Board workshop on governance will address board effectiveness and agreement by board members on steps they will take to deliver on this Action Plan.</p> <p>The workshop will address better governance through consensus building and focus on regulatory responsibilities.</p> <p>The Board will commit to focusing on its core responsibilities:</p> <ul style="list-style-type: none"> <li>• Ensuring the College complies with its mandate and the law</li> <li>• Setting strategy and monitoring performance</li> <li>• Holding the registrar and chief executive to account for delivery</li> </ul>

**September 2019**  
Three-month  
milestone

The Board will have renewed its commitment to aspirational governance and have taken steps towards building trust.

### **CDSBC's 2019-22 Strategic Plan**

This Action Item falls under:

- Goal 4: Strengthen and clarify governance to support our mandate



# Appendices

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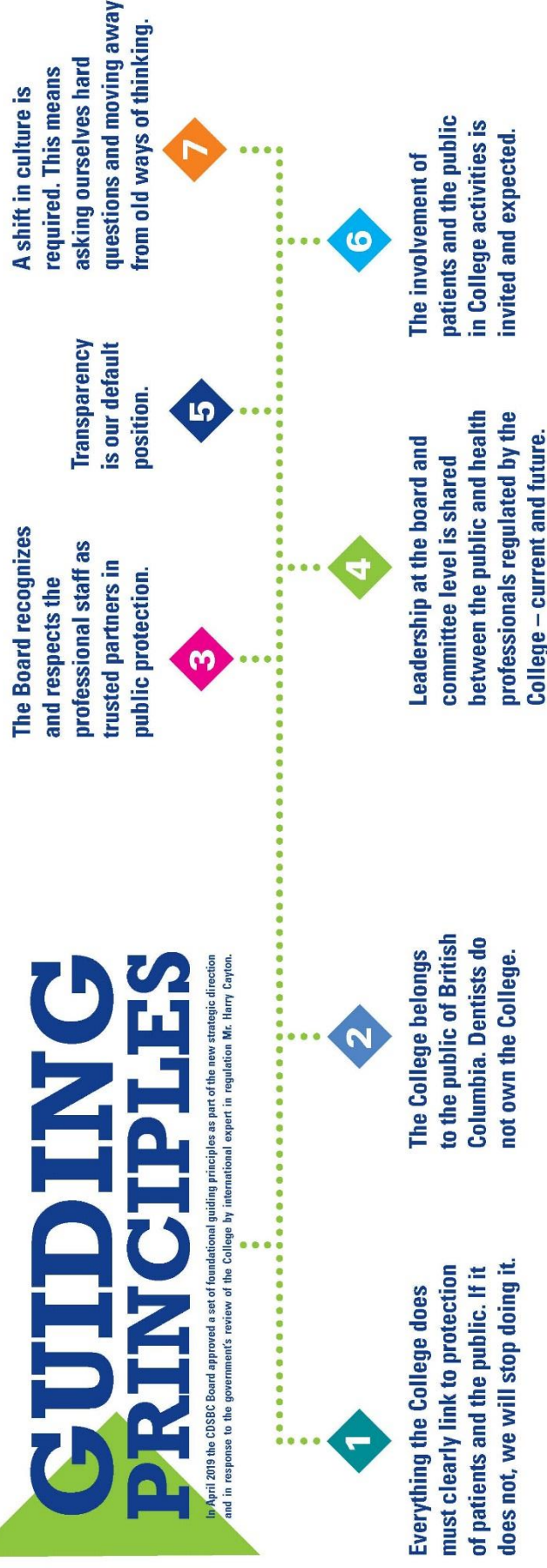
Appendix A – Guiding Principles

Appendix B – 2019-22 CDSBC Strategic Plan

Appendix C – Order of the Minister of Health – Ministerial Order No. M135

# GUIDING PRINCIPLES

In April 2019 the CDSBC Board approved a set of foundational guiding principles as part of the new strategic direction and in response to the government's review of the College by international expert in regulation Mr. Harry Cayton.



# Full 2019-22 Strategic Plan

**(Including outcomes and key performance indicators)**

Our Vision
Public protection • Regulatory excellence • Optimal health
Our Mission
The College of Dental Surgeons of BC protects the public and promotes health by regulating dentists, dental therapists and certified dental assistants. It does so by establishing, monitoring and enforcing the safe, competent and ethical practice of dentistry in B.C.
Our Mandate
<p>The College of Dental Surgeons of BC serves and protects the public, regulating dentists, dental therapists, and certified dental assistants by:</p> <ul style="list-style-type: none"><li>• Setting requirements for certification, registration, standards of practice and ethics</li><li>• Establishing requirements for, and monitoring, continuous competency</li><li>• Investigating and resolving complaints</li></ul>
Our Values
<p>The College of Dental Surgeons of BC demonstrates trustworthiness and promotes professional excellence by being:</p> <ul style="list-style-type: none"><li>• Ethical, open and transparent</li><li>• Fair and accountable</li><li>• Respectful and courteous</li><li>• Objective and evidence-informed</li><li>• Inclusive and embracing the principles of diversity, cultural safety and humility</li><li>• Patient-centred and engaged with the public</li><li>• Committed to the highest level of public awareness</li></ul>
Our Goals
<p>Goal 1: Improve outcomes for the public through clearly stated standards of competence and conduct for dentists, dental therapists and certified dental assistants</p> <p>Goal 2: Identify and strengthen productive relationships with stakeholders</p> <p>Goal 3: Embrace leading regulatory practices to protect the public</p> <p>Goal 4: Strengthen and clarify governance to support our mandate</p>

Our Goals and Initiatives

Goal 1: Improve outcomes for the public through clearly stated standards of competence and conduct for dentists, dental therapists and certified dental assistants

Initiatives	Outcomes	Key Performance Indicators
<p><u>We will do this by:</u></p> <ul style="list-style-type: none"><li>developing and maintaining patient-centred standards and guidance that are clear, consistent, enforceable and up-to-date</li><li>establishing effective and timely board review and oversight of standards and guidance</li></ul>	<ul style="list-style-type: none"><li>more up-to-date and improved standards of competence and conduct</li><li>more effective communication of standards and guidance to registrants</li><li>increased understanding of standards and conduct expectations by registrants</li><li>less ambiguity and easier enforceability of standards</li><li>increased compliance with standards and guidance</li><li>improved competence and conduct on the part of registrants</li><li>increased self-reporting of health issues by registrants</li><li>reduced number of complaints, including high-risk complaints</li><li>greater public protection</li><li>improved health outcomes for the public</li></ul>	<ul style="list-style-type: none"><li>% of standards and guidance documents<ul style="list-style-type: none"><li>reviewed annually by relevant committee [Target: 100%]</li><li>updated at least every two years [Target 50%]</li></ul></li><li>% of all communication content related to standards and guidance</li><li>% of usage/uptake by communication channel</li><li># of complaints <u>received</u> annually, by:<ul style="list-style-type: none"><li>concern identified (e.g. patient relations, billing, etc.)</li><li>type (e.g. high vs. low risk, competency vs. conduct, etc.)</li></ul></li><li># of complaints <u>closed</u> annually, by:<ul style="list-style-type: none"><li>actual issue</li><li>type (e.g. high vs. low risk, competency vs. conduct, etc.)</li><li>disposition (resolution)</li></ul></li><li># of health files</li><li># of independent medical assessments requested</li><li>% of registrants agreeing to physician-directed health agreements</li></ul>

## Goal 2: Identify and strengthen productive relationships with stakeholders

<i>Initiatives</i>	<i>Outcomes</i>	<i>Key Performance Indicators</i>
<p><u>We will do this by:</u></p> <ul style="list-style-type: none"> <li>• sharing information and consulting broadly with the public and other stakeholders</li> <li>• actively engaging the public and patients in decision making while being mindful of equity and diversity</li> <li>• ensuring that we provide relevant and timely information that the public needs to make informed decisions about their health care</li> <li>• communicating and collaborating effectively with key organizations and stakeholders</li> </ul>	<ul style="list-style-type: none"> <li>• increased understanding of the diversity of our registrants and other stakeholders</li> <li>• more effective modes of communication with all registrants and stakeholders</li> <li>• increased collaboration with stakeholders</li> <li>• greater input from stakeholders into board and staff decision-making</li> <li>• increased representation from Indigenous and other diverse stakeholder groups on the Board, committees, and working groups</li> <li>• more information provided to the public, including public register and information on the complaints process</li> <li>• improved accessibility for stakeholders to the public register and information about registrants</li> <li>• increased public awareness of: <ul style="list-style-type: none"> <li>- the standards</li> <li>- how complaints are addressed</li> <li>- what they can expect from their dental team</li> </ul> </li> <li>• increased identification of unlawful practice</li> <li>• increased information sharing with the media re: disciplinary matters</li> <li>• greater organizational transparency</li> <li>• more informed decision-making on the part of the public about their health care</li> </ul>	<ul style="list-style-type: none"> <li>• % breakdown of diversity of registrants <ul style="list-style-type: none"> <li>- age, gender, ethnicity, disability, etc.</li> </ul> </li> <li>• # of stakeholder consultations and information sessions on the standards held, by type of stakeholder group</li> <li>• # of stakeholders attending consultations and info sessions, by type including: <ul style="list-style-type: none"> <li>- open board meetings and the AGM</li> </ul> </li> <li>• # of public/stakeholders responding to invitations to comment on consultation and the complaints process</li> <li>• % of stakeholders indicating satisfaction with the consultation process</li> <li>• # and % of Indigenous and other diverse stakeholder groups on the board, committees, and working groups</li> <li>• % of registrants, staff, board and committee members completing the San'yas Indigenous Cultural Competency Training Program by 2022</li> <li>• # of communication activities, by type</li> <li>• % of usage/uptake by communication channel</li> <li>• # of phone and email enquiries from the public and registrants regarding the complaints process</li> <li>• # of website visitors to: <ul style="list-style-type: none"> <li>- public register</li> <li>- information video</li> <li>- standards and guidance documents</li> </ul> </li> <li>• % of stakeholders surveyed indicating the public register is accessible</li> <li>• # of published decisions/resolutions: <ul style="list-style-type: none"> <li>- distributed to the media</li> <li>- actually published</li> </ul> </li> </ul>

Goal 3: Embrace leading regulatory practices to protect the public		
Initiatives	Outcomes	Key Performance Indicators
<p><u>We will do this by:</u></p> <ul style="list-style-type: none"> <li>• using data and risk assessment to enhance regulatory effectiveness</li> <li>• using leading regulatory practices, such as the principles of right-touch regulation<sup>1</sup>, to guide strategic decision-making and improve processes</li> <li>• increasing organizational capacity to anticipate and respond to external forces and future challenges with agility, resilience and openness</li> <li>• updating and implementing a comprehensive mandatory quality assurance program so that the public is well-served by safe health professionals</li> </ul>	<ul style="list-style-type: none"> <li>• improved identification and management of risks to the public</li> <li>• more risk-based decision-making</li> <li>• improved protection of data and compliance with legislated requirements</li> <li>• more efficient prioritization and processing of complaints:               <ul style="list-style-type: none"> <li>- quicker identification of high-risk complaints</li> <li>- improved Inquiry Committee decision-making</li> <li>- faster resolution of complaints</li> <li>- greater proportionality between complaint resolutions and level of risk</li> </ul> </li> <li>• greater engagement of registrants in career-long learning</li> <li>• greater accountability and professionalism</li> <li>• continuing competency of registrants</li> <li>• increased public safety</li> </ul>	<ul style="list-style-type: none"> <li>• % of low/moderate risk complaints resolved within 120 days</li> <li>• % of high-risk complaints:               <ul style="list-style-type: none"> <li>- investigation initiated within 5 days</li> <li>- risk mitigated within 5 days</li> <li>- sent to discipline</li> </ul> </li> <li>• time from direction of citation to issuing of citation</li> <li>• % of registrants not complying with regulatory directive</li> <li>• % of registrants indicating satisfaction with Quality Assurance Program</li> <li>• # and % of registrants not compliant with Quality Assurance Programs by deadline               <ul style="list-style-type: none"> <li>- by program (CPH, CPD)</li> <li>- by reasons why</li> <li>- by registrant</li> </ul> </li> </ul>

<sup>1</sup> Professional Standards Authority, (2015). Right-touch regulation. Available at: [www.professionalstandards.org.uk/what-we-do/improving-regulation/right-touch-regulation](http://www.professionalstandards.org.uk/what-we-do/improving-regulation/right-touch-regulation)

Goal 4: Strengthen and clarify governance to support our mandate		
Initiatives	Outcomes	Key Performance Indicators
<p><u>We will do this by:</u></p> <ul style="list-style-type: none"> <li>Initiating a governance review to improve our governance model and identifying and responding to gaps and opportunities</li> <li>Developing guidelines and procedures to sustain effective relationships within and between board and staff</li> <li>Providing support for board and staff to be knowledgeable and competent in all matters of professional regulation and good governance</li> <li>Developing and implementing an annual board workplan</li> </ul>	<ul style="list-style-type: none"> <li>improved committee volunteer recruitment</li> <li>broadier diversity of skills on board (per skills matrix)</li> <li>increased understanding of board/committee/staff roles, expectations, and College functions</li> <li>increased board and committee member participation in meetings</li> <li>improved efficiency of board and committee meetings</li> <li>appropriate oversight of the work of the Registrar/CEO</li> <li>a shared vision and improved cooperation between board/committees and staff</li> </ul>	<ul style="list-style-type: none"> <li># of board and committee training events, including BCHR board training, San'yas cultural training</li> <li>% of board members completing annual self-assessment exercise</li> <li>% of committees and working groups with clear terms of reference and reporting mechanisms</li> <li>% of board members reporting increased skills, improved efficiency and effectiveness</li> <li>% of board and staff reporting improved cooperation and relations</li> </ul>



**PROVINCE OF BRITISH COLUMBIA**  
**ORDER OF THE MINISTER OF HEALTH**

*Health Professions Act*

Ministerial Order No.    M135

I, Adrian Dix, Minister of Health, hereby issue the attached directive to the board of the College of Dental Surgeons of British Columbia.

April 9, 2019  
Date

  
Minister of [name of Ministry]

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*(This part is for administrative purposes only and is not part of the Order.)*

**Authority under which Order is made:**

Act and section:    Health Professions Act, s. 18.2

Other: \_\_\_\_\_

**PROVINCE OF BRITISH COLUMBIA**

*In the Matter of an Inquiry under section 18.1 of the*

*Health Professions Act R.S.B.C. 1996, c. 183*

I, Adrian Dix, Minister of Health, further to my authority under section 18.1 of the *Health Professions Act* R.S.B.C. 1996 c. 183 (the “**Act**”) appointed Mr. Harry Cayton to inquire into the administration and operation of the College of Dental Surgeons of British Columbia (the “**College**”);

Mr. Cayton has completed his inquiry under section 18.1 of the Act and has delivered his report (the “**Report**”), which in Part 1, on pages 66 to 68, sets out 21 recommendations to the College to improve its functioning and operations (the “**Recommendations**”), and which also identifies certain *Standards for Good Regulation* that were not being met by the College (the “**Unmet Standards**”);

I accept all of the Recommendations and have determined that the Unmet Standards must be addressed. Further to my authority under section 18.2 of the Act, I issue this directive to the board of the College:

1. Within thirty (30) days of the date of this Order, the board of the College must submit to the Minister of Health its plan (the “**Action Plan**”) to address each of the Recommendations and Unmet Standards (each being an “**Action Item**”).
2. The Action Plan must:
  - a. include, for each Action Item, an implementation plan that details the proposed timeline and actions required to address that item;
  - b. identify any bylaws that must be amended to address an Action Item including timelines for those bylaws to be amended;
  - c. prioritize each action and identify the reason for prioritization;
  - d. identify any known dependencies on external stakeholders;
  - e. identify any known potential barriers to action;
  - f. identify any actions already taken or currently underway;

- g. identify how the College will maintain transparency by keeping the public and key health system stakeholders informed of the College's progress in addressing the Action Items.

3. Nothing in this Order limits the Minister of Health from, at any time:

- a. amending or repealing this Order,
- b. issuing another directive to the board of the College under section 18.2 of the Act,
- c. requiring the College to amend, repeal or make a bylaw under subsections 19(4) and (5) of the Act, or
- d. exercising any other authority under the Act or otherwise.