CDSBC | College of Dental Surgeons of British Columbia

We're All Ears:
Surrey Listening Session

23 February 2017

Participant Input Summary Report

31 March 2017

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INTRODUCTION

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

Purpose

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

About this report

This report is a summary of the listening session held in Surrey, B.C. on 23 February 2017. It describes the session, participants and topics; it also includes a complete list of participant input and feedback compiled during the session.

A note about participant comments

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

SESSION AGENDA

6:00 pm	Welcome
6:15 pm	Opening discussion
6:40 pm	Five-minute presentations on three topics
7:05 pm	Rotate through discussion stations for each topic
7:55 pm	Evaluation and closing
8:00 pm	Adjourn

SESSION FORMAT

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

College representatives then gave short presentations on three topics. Participants broke into groups (two per topic), each with its own discussion host. The groups answered questions about each topic and recorded their discussion on flip charts. The groups rotated through all three topics over the course of the evening. They had 15 minutes to discuss the first topic and 10 minutes for each subsequent topic to build on the previous groups' ideas.

SESSION OVERVIEW

Topic	Presenter	Discussion hosts	How participant input will be used
Opening Question		Various	Participant input will be considered by the Board.
Topic 1: Quality Assurance Program	**Dr. Ash Varma** *Chair, Quality Assurance Committee*	Dr. Ash Varma Dr. Alex Hird *Member, Quality Assurance Committee*	Participant input will be considered by the QA Committee working group that is tasked with reviewing and updating the QA program.
Topic 2: Business of dentistry and corporate structures	**Greg Cavouras** *Legal Counsel*	Dr. Don Anderson *President* Dr. Patricia Hunter *Treasurer*	Participant input will be considered by the Board.
Topic 3: Sedation dentistry and public protection	**Dr. Tobin Bellamy** *Chair, Sedation & General Anaesthetic Services Committee*	Dr. Jason Chen *Member, Sedation & General Anaesthetic Services Committee* Dr. Mehdi Oonchi *Member, Sedation & General Anaesthetic Services Committee*	Participant input will be considered by the Sedation & General Anaesthetic Services Committee.

The following individuals also helped to support the listening session:

- Leslie Riva, Senior Manager, CDA Certification and Quality Assurance
- Natasha Tibbo, Sedation Program Coordinator
- Anita Wilks, Director of Communications

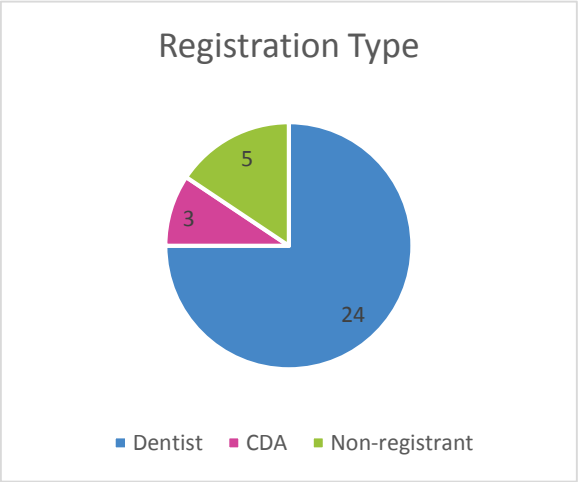
WHO PARTICIPATED IN THE SESSION

The listening session was held in Surrey, B.C. and 32 participants attended from the Fraser Valley and Vancouver districts.

Registration type

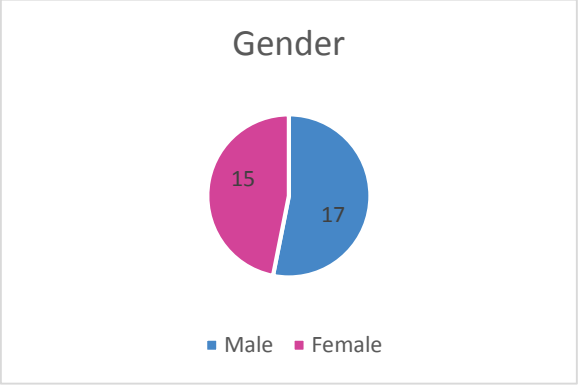
Of the 32 participants, 24 were dentists, 3 were certified dental assistants (CDAs), and 5 were non-registrants (other members of the dental team, dentists/CDAs not registered to practice in B.C., or other interested parties). All of the registrant participants hold practising status.

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



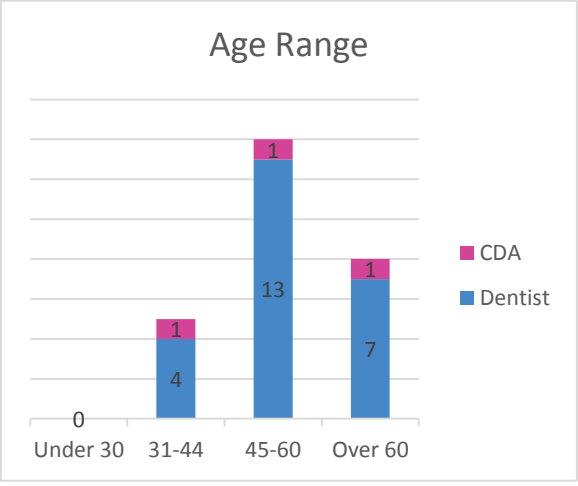
Gender

Overall, the listening session was evenly represented by both male and female registrants. All of the CDA participants were female, which reflects the College's CDA registrants overall (99% female). Dentists at the session were representative of the College's overall gender split (1/3 female, 2/3 male).



Age

Participants at the listening session were generally representative of the College's overall makeup. Participants at the session skewed older overall, with no attendees in the youngest age bracket, and more attendees in the oldest bracket.



OPENING DISCUSSION

To open the listening session, participants answered the question below, first by writing down their responses and then sharing their ideas with the rest of their table. Examples of these comments from participants are found in the table below. Comments have been themed into general categories, though there is significant interconnectedness among the first four topics.

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

Discussion question

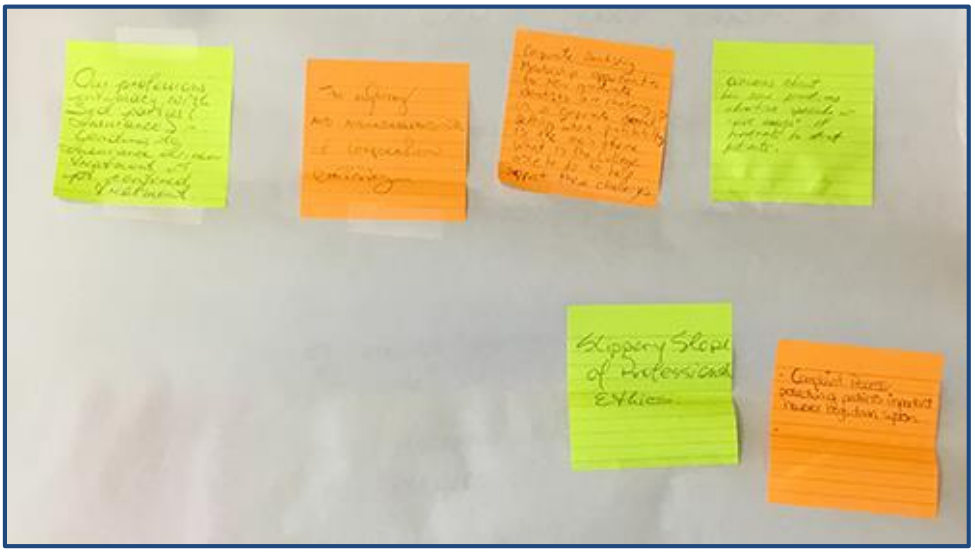
- Thinking about your own practice and what you are seeing in the profession, what would you like your regulator to know?

Participant input

General themes	What participants said
"Corporate Dentistry"	"Quotas for associates – they do exist! (target production)" "Are small practices becoming extinct (in near future) due to larger "Corp" ← Global companies taking over" "Mentorship opportunities for new graduate dentists are challenging in a 'corporate dental' setting where profitability is the main theme. What is the College able to do to help support these challenges?" "$ only driver for corporate dentistry"
Business/Financial Concerns	"Practice overheads continue to increase" "More competition with so many more dentists" "High graduate debt load and the need / pressure to produce" "I feel the patients in some offices are getting used to not paying insurance co-payment and that hinders our growth"
Reputation of the profession & ethical concerns	"Increased competition / decreased professionalism → no phone call" "Our profession's intimacy with 3rd parties (insurance) – leading to insurance driven treatment vs. patient centred treatment" "Not enough testing within recertification" (QA)
Advertising concerns	"False advertising – patient over treatment. Patient care has gone down tremendously" "Advertising – needs more control and regulation by the College"

	"Concerns about how some practices advertise specials or 'give aways' or treatments to attract patients" "Advertising cheapening the profession"
Concerns related to new dentists	"Future of dentistry – technically incompetent graduates. Solution: 1-2 year internship. Problem based learning is technically inadequate" "Number of registrants challenging exams and license vs. going to school" "New grads should have to do 2 years in hospital practice before working privately" "Not enough clinical experience in dental school training – quality of graduates poor" "Direct licensing international dental graduates have very poor skills"
Volunteer recognition	"#CE Points when dentist, CDA, and hyg. volunteer their time to provide service to the underprivileged at a recognized facility"
Complaints process	"Protecting patients is important however it bogs down system" "Why is the dentist required to respond? Rather, the complaint should be assessed for merit and then a decision made to pursue or not." "What does the College do if they encounter a situation where a specialist bad mouths the work of a general practitioner and pushes the patient to complain? Do they even make a call to the specialist?"

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



TOPIC 1: QUALITY ASSURANCE PROGRAM

Topic overview

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

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

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

Discussion question

- What do you think are the best ways to maintain and improve clinical skills and dental knowledge?

Participant input

Participants offered feedback on the current system of CE and suggested ways in which they might grow their dental knowledge and skills. Participants also had a particular focus on new graduates / new registrants.

General themes	What participants said
Support for existing continuing education modes, with a preference for hands-on and group mentoring/support	"Hands on – radiographs/impressions – CDA specific – learn by doing" "To be in a mentorship (increase hours)" "Study clubs: case studies – peers – interactive" "More CE hours (increase from 90)"
Opportunities for improvement	"Early intervention" "Scrutiny → higher quality" "CDAs – feedback from dentists Dentists – feedback from? (peers)" "Online programs – further developed for those not in lower mainland – BCDA"

	"Teaching – ops – good way to learn by teaching"

New Registrants / New Grads	"Post-graduation internship
	- Immersion in an education environment
	  ○ University
	  ○ Limitation/Restriction of practise"
	
	"Change graduation competencies
	- Requirements standards → quantify"
	
	"Initial entry QA requirements"
	
	"Regulating more strictly entry requirements for new registrants vs. "checking" existing dentists. Foreign graduates."
	
	"There should be more requirements from new grad students"

Mixed opinions on Continuing Practice Hours	"CPH → not a good measure" "Some measure of practice hours" "Maintain active practice (increase hours)"

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

TOPIC 2: BUSINESS OF DENTISTRY AND CORPORATE STRUCTURES

Topic overview

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

Discussion questions

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

Participant input

Participants discussed several aspects of "corporate dentistry", including anecdotal feedback, and provided potential solutions to the concerns they raised. One lengthy "firsthand account" is found in **Appendix C**.

General themes	What participants said
Financial needs of the business taking priority over patient care	"Cash flow pressure affects patient care" "Corporate dentistry USA – preferred provider status is a big concern" "% profit looks good to business oriented person" "Unfair competitive advantage bully smaller practices, which affects patient care" "Not collecting co-payment [practices die in Surey if co-payments are collected by small practice]" "Negative stigma with corps/'bad publicity' impact on public. Solo practitioners may not be able to compete with corps. for practice purchases - less cash and financial resources. Corps overpaying for practices."
Autonomy and staff concerns	"Pressure to only refer to in-house specialists" "Huge restrictive covenants" "Quotas exist – office managers increased pressure" "Also quotas for retiring dentists who have sold to keep production of presale values"
Ownership/structure solutions	"Impress on individual dentists' their responsibilities to patient and quality care" "Can CDSBC limit # of practices someone owns?"
Ethical concerns	"It is not a matter of structure it has to do with the ethics (and expertise of practitioners) of the person/dentist running the practice • i.e. their capability to perform the procedures and their willingness to refer" "More effort on ethical training → mandatory CE credits more promotion of ethics courses"

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

TOPIC 3: SEDATION DENTISTRY AND PUBLIC PROTECTION

Topic overview

The Sedation & General Anaesthetic Services Committee's work is a necessary and continual process of reviewing and modifying guidelines to ensure they are consistent with, or exceed, best practice recommendations, and that they are based on current medical/dental literature. In 2016,

the Sedation Committee made several changes to the standards and guidelines for minimal and moderate sedation, deep sedation, and general anaesthesia, to better protect the public. Also in 2016, a moratorium was placed on new applications to register credentials to provide moderate pediatric sedation for dentists who have learned the modality in a short-course format. Against the backdrop of these changes and some tragic incidents where patients were seriously harmed, the Sedation Committee wants to hear from registrants about the further changes they think need to be made to further enhance protection of the public.

Discussion question

- What additional changes should CDSBC make to the requirements for dental sedation to further protect the public?

Participant input

Participants were generally focused on the public protection aspect of the question. As this is an area of dentistry that not everyone was equally experienced in, there were some questions posed of the discussion hosts (not listed below). This may support the general theme below regarding the need for more communication.

General themes	What participants said
Changes to the standards & guidelines	"Multiple oral sedation drugs in past. Now unable to meet the current standards." "Guidelines min-mod very strict. DDS resistant. Over regulation can hurt office /patient access." "The guideline is too safe for minimal sedation"
Sedation roles within/outside of the dental team	"Operator model – anesthetist" "Fully qualified medical anesthesiologist" "Having a responsible person come to the office to escort the sedated patient"
Need for more clarity / communications	"Clear definition between mild and moderate" "Patients are confused about sedation / the 'levels'– important to have good communication. Patients think they will be "out" and won't need freezing when undergoing moderate or IV sedation. There is a need to inform patients that minimal and moderation sedation are conscious sedation and it is different than deep or general anesthesia."

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

EVALUATION AND NEXT STEPS

Registrants were asked to complete an evaluation form at the end of the session. Overall, registrants indicated that they had adequate opportunities to express their views and learn from each other. Comments supported the format of the event, though some would have liked more time for discussion. Other comments focused on making sure that there is follow-up on these sessions that reports out on the solutions identified.

Survey responses

General themes	What participants said
What worked well	"Openness. Willing to listen." "The station rounds were effective at providing an opportunity to share ideas." "It was very interesting listening to the other dentists at the stations. There was much common thought."
What could be improved	"It's a good idea to send the topics in advance so that people can think and prepare their ideas." "More time for discussion groups." "Identify specific topics of concern and provide 3 hour session devoted to identify issues and potential solutions."

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

What happens next?

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

The College will continue to host more listening sessions throughout the province in 2017. Upcoming listening session dates are posted to the events page of the College website.

APPENDICES

- Appendix A – Opening discussion
- Appendix B – Topic 1: Quality Assurance Program
- Appendix C – Topic 2: Business of dentistry and corporate structures
- Appendix D – Topic 3: Sedation dentistry and public protection
- Appendix E – Speaker Bios
- Appendix F – Participant evaluations

Appendix A: Opening discussion

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

- As a CDA, I am happy with how we are regulated.
- As a CDA, I am happy that we have the 60-day rule. Therefore, we have more independence on providing care to the patients.
- Fee guide – regular / ministry
- Insurance companies are dictating % coverage and dentist accepting coverage and not copay
- Sedation – 150 cases in 3 years for single drug is unreasonable. → Alberta and dual drug immediately. If you miss it, retake tabs & costs!! Full committee meeting for accreditation
- Are small practices becoming extinct (in near future) due to larger "Corp" ← Global companies taking over
- Increased competition / decreased professional → no phone call
- Too many dentists?
- Quotas for associates – they do exist! (target producton)
- Botox – fillers – rationale?!?

- Communication difficulties between patients and doctor
- OMFS Dentist access to hospital
- Scope of G.P. Discouraged to practice to your full potential.
- [illegible comment re: minimal and moderate sedation]

- What does the College do if they encounter a situation where a specialist bad mouths the work of a general practitioner and pushes the patient to complain? Do they even make a call to the specialist?
- I don't know enough about (understand) corporate dentistry
- Issues affected dentistry, corporatization, access to care, affordability and how they will affect the autonomy of our profession.
- I don't like corporate dentistry advertising to the public, specifically with pricing e.g. implant for $1999!
- I feel the patients in some offices are getting used to not paying insurance co-payment and that hinders our growth
- Number of registrants challenging exams and license vs. going to school
- Practice overheads continue to increase
- More competition with so many more dentists
- Internet savvy patients
- Reg - # clinics?
- Advertising – radio etc.
- Structure – education DDS
- Public not protected – what college can do? Advertise – etc.
- #CE Points when dentist, CDA, and hyg. volunteer their time to service to recognized facility

- What can be done about dentists that do not follow the "best practice code"
- New grads should have to do 2 years in hospital practise before working privately
- False advertising – patient over treatment. Patient care has gone down tremendously
- At what point does advertising cross the line? E.g. massive billboard at peace arch border crossing?
- High graduate debt load and the need / pressure to produce
- Not enough clinical experience in dental school training – quality of graduates poor
- Direct licensing international dental graduates have very poor skills
- Advertising – needs more control and regulation by the College

- Future of dentistry – technically incompetent graduates. Solution: 1-2 year internship. Problem based learning is technically inadequate

- Our profession's intimacy with 3rd parties (insurance) – leading to insurance driven treatment vs. patient centred treatment
- The mystery and misunderstandings of corporate dentistry
- Corporate dentistry mentorship opportunities for new graduate dentists are challenging in a "corporate dental" setting where profitability is the main theme. What is the College able to do to help support these challenges?
- Concerns about how some practices advertise specials or "give aways" or treatments to attract patients
- Slippery slope of professional ethics
- Complaint process – protecting patients important however bogs down system

- How is the College protecting the public vs. profit driven practices?
- False advertising
- Patient overtreatment patient care has tremendously gone down.
- Having a really hard time finding good quality dentist
    - Money is their main focus
- Not enough testing within recertification
- Complaints process
    - Why is the dentist required to respond rather, the complaint should be assessed for merit and then a decision made to pursue or not.
- Volunteer credits for professionals when dentist, CDA, hygienist gives service to underprivileged
- Slippery slope of professional ethics
    - 3rd party intimacy
    - $ only driver for corporate dentistry
    - Advertising cheapening the profession
    - Litigious society & complaint process

Appendix B: Quality Assurance Program

Discussion question: What do you think are the best ways to maintain and improve clinical skills and dental knowledge?

Discussion host: Dr. Ash Varma

- Study club membership
- Attending courses (Quality)
- Hands on – radiographs/impressions – CDA specific – learn by doing
- Increased frequency
- To be in a mentorship (increase hours)
- Maintain active practice (increase hours)
- CDAs – feedback from dentists
- Dentists – feedback from? (peers)
- Volunteering – CE hours – clinical practice
- Study clubs
    - case studies – peers – interactive
- Online programs – further developed for those not in lower mainland – BCDA
- Teaching – ops – good way to learn by teaching
- Mentorships
- More CE hours (increase from 90)
- Study clubs

Discussion host: Dr. Alex Hird

- Post-graduation internship
    - Immersion in an education environment
        - University
        - Limitation/Restriction of practice
- Change graduation competencies
    - Requirements standards → quantify
- Early intervention
- Initial entry QA requirements
- CPH → not a good measure
- Group / peer review and learning – register groups
- Scrutiny → higher quality
- Inspection problem / auditing
- ? Yes / No - mandatory topics / hours
- Hands-on
- Online group / dental town-ish
- Good as is.
- Need more study clubs – hands on
- CPH /CEH not a measure
- Recognized accreditation/s qualifications
    - Create accreditation pathways for contemporary areas of practice
    - "Diplomates" / "fellows"
- Hands-on →
- Case review
- Some measure of practice hours

Appendix C: Business of dentistry and corporate structures

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

Discussion host: Dr. Don Anderson

- Cash flow pressure affects patient care
- Largely anecdotal (lower reputation)
    - From dental suppliers
    - Affects their profit margins
    - Patients
- Patient care – patient well being
- Loss of autonomy – i.e. self-regulation
- ? Open Contracts
- Training in dental schools
- Interests of the corporation and insurance companies vs. dentist and patient
- Corporate dentistry USA – preferred provider status is a big concern
- Another concern is when the principals of the larger corporation clinics get older and want to sell (80 offices) who can purchase them? I believe dental insurance companies step up quickly this is an American model. Ownership needs to be 51% or more by the DDS at the clinic not 5 % owned by the shareholders.

One dentist's firsthand experience:

- Many unoccupied hours: no follow through with own diagnosis
- If don't agree to provide other dentists treatment plan → fired
- Loss of patient/dentist rapport
- Lots of dentist turnover
- Decreased comprehensive treatment plans
- Fired for being too conservative
- Office manager problems
- Unfair competitive advantage bully smaller practices, whichs affects patient care
- All five dental offices in one area owned by 1 corporation
- Leads to financial and psychological stress and bad decision making which affects patient care.
- Not collecting co-payment [practices die in Surey if co-payments are collected by small practice]
- Inconsistent patient care
- Corporate make-up of treatment bills
- Pressure to only refer to in-house specialists

Discussion host: Dr. Patricia Hunter

- It is not a matter of structure it has to do with the ethics (and expertise of practitioners) of the person/dentist running the practice
    - i.e. their capability to perform the procedures and their willingness to refer
- Why corporate dentistry:
    - Quotas → money
    - % profit looks good to business oriented person
    - Fill a need for new grads and international grads → offering positions
- Problems:
    - Huge restrictive covenants
    - Quotas exist – office managers increased pressure
    - Also quotas for retiring dentists who have sold to keep production of presale values
- College:
    - Impress on individual dentists' their responsibilities to patient and quality care
    - Can CDSBC limit # of practices someone owns?
    - Lack of information because no one wants to talk
    - Watch and wait – people will eventually come forward
    - More effort on ethical training → mandatory CE credits more promotion of ethics courses

Appendix D: Sedation dentistry and public protection

Discussion question: What additional changes should CDSBC make to the requirements for dental sedation to further protect the public?

Discussion host: Dr. Jason Chen

- Clear definition between mild and moderate
- guideline – zero pre-med before office arrival
    - Impact on patient anxiety pre-arrival / arrival to office
- Control of associate practising sedation
- Risk increases with level of sedation
- Guidelines cannot protect someone who decides to go rogue
- Multiple oral sedation drugs in past
    - Now unable to meet the current standards

- Guidelines min-mod very strict
    - DDS resistant
    - Over regulation can hurt office /patient access
- If dentist doesn't follow rules needs to have "repercussions"?
- Done in hospital facility
- Operator model – anesthetist
- Fully qualified medical anesthesiologist
- Qualification / training
- Proper equipment / proper inspection

Discussion host: Dr. Mehdi Oonchi

- Having a responsible person come to the office to escort the sedated patient
- Patients are confused about sedation / the "levels"– important to have good communication
- Patients think they will be "out" and won't need freezing when undergoing moderate or IV sedation.
- There is a need to inform patients that minimal and moderation sedation are conscious sedation and it is different than deep or general anesthesia
- Questions:
    - Are there updates on minimal sedation guidelines?
    - Can dentists prescribe oral sedation medications for nervous patients the night before treatment?
    - Can a dentist replace a sedation certified staff for administration of IV sedation?
    - If they don't have ride – how should we dismiss a sedated patient?
    - What types of CPR are appropriate for minimal and moderate sedation team members?
    - In mild oral sedation should we continuously monitor the patient using a Pulse Oximeter?

Appendix E: Speaker Biographies

Dr. Ash Varma
Chair, Quality Assurance Committee

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

Greg Cavouras
Legal Counsel

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

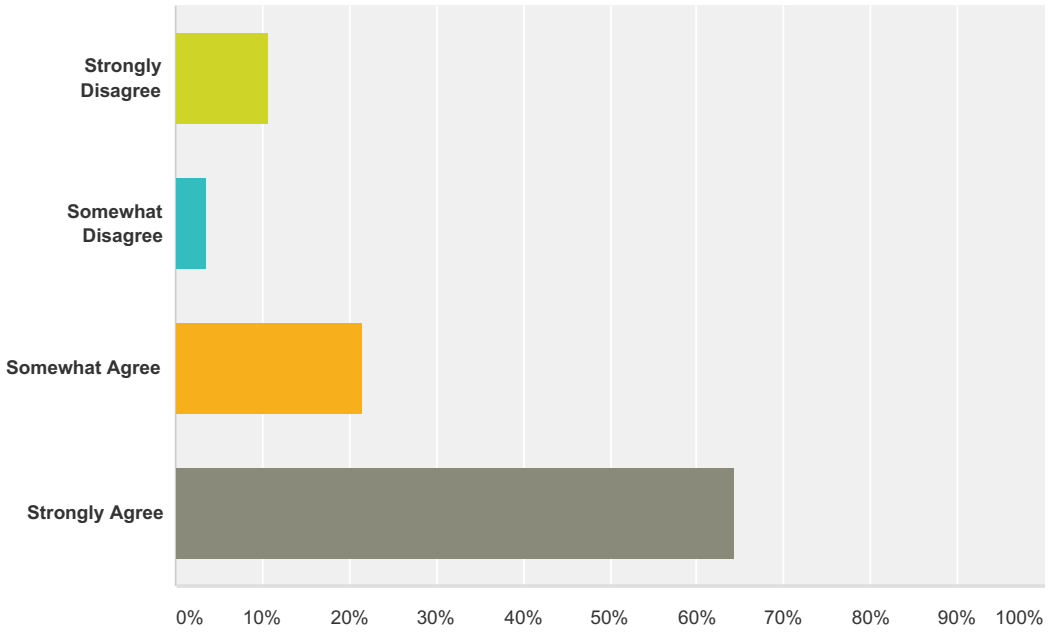
Dr. Tobin Bellamy
Chair, Sedation & General Anaesthetic Services Committee

Tobin has volunteered with the College since 2005. He served on the Accreditation Committee before serving on Sedation & General Anaesthetic Services Committee, of which he is currently the chair. He is a specialist in Oral and Maxillofacial Surgery and practices in Coquitlam.

Appendix F: Participant Evaluations

Q1 I had adequate opportunities to express my views.

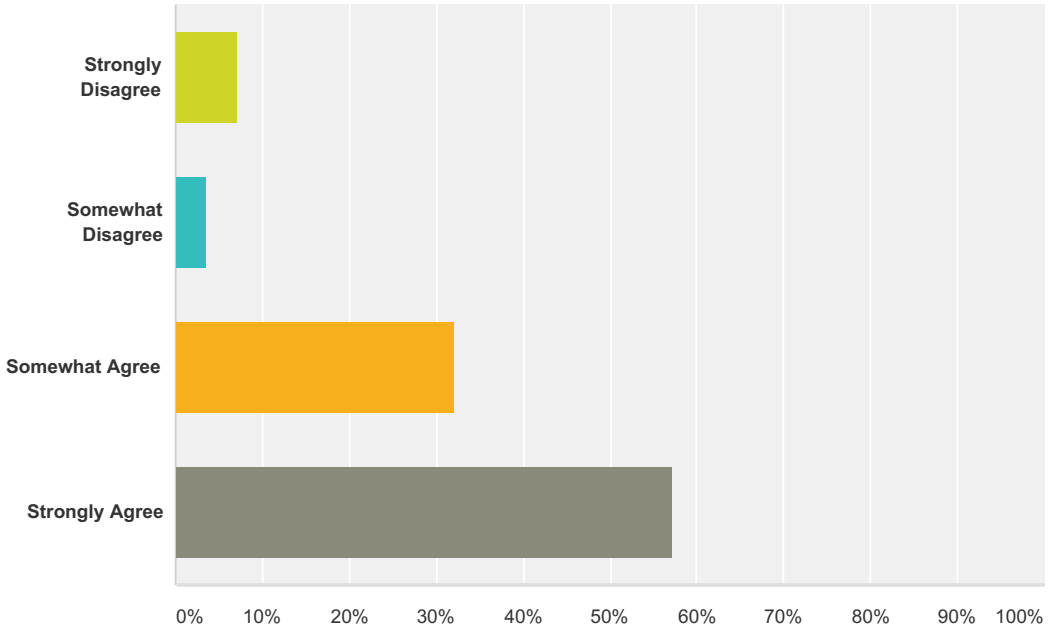
Answered: 28 Skipped: 0



Answer Choices	Responses	
Strongly Disagree	**10.71%**	3
Somewhat Disagree	**3.57%**	1
Somewhat Agree	**21.43%**	6
Strongly Agree	**64.29%**	18
Total		**28**

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

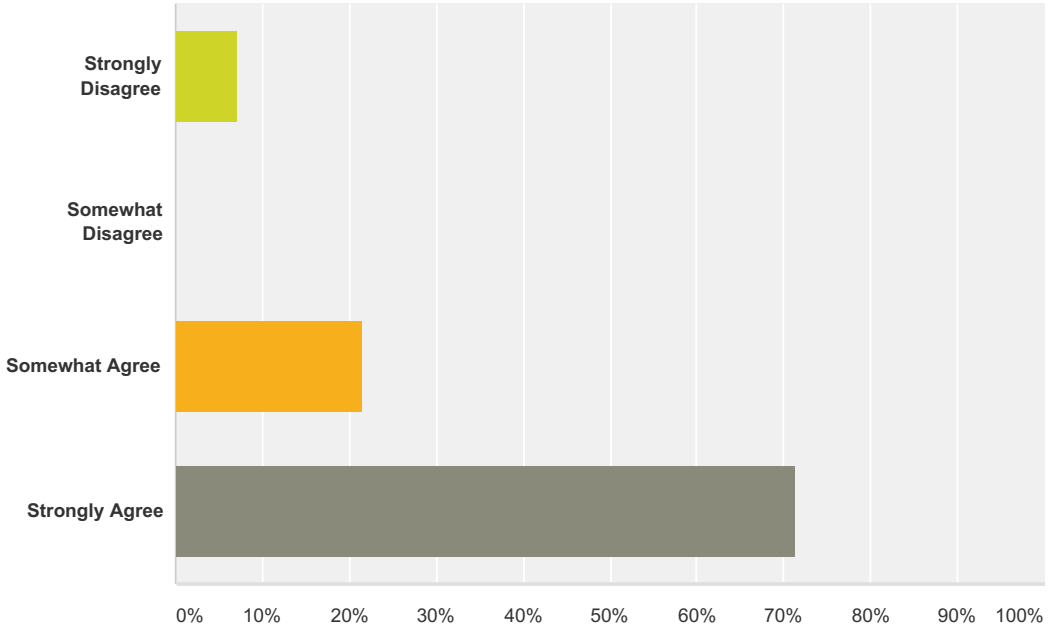
Answered: 28 Skipped: 0



Answer Choices	Responses	
Strongly Disagree	**7.14%**	2
Somewhat Disagree	**3.57%**	1
Somewhat Agree	**32.14%**	9
Strongly Agree	**57.14%**	16
Total		**28**

Q3 CDSBC demonstrated a commitment to listening.

Answered: 28 Skipped: 0



Answer Choices	Responses	
Strongly Disagree	**7.14%**	2
Somewhat Disagree	**0.00%**	0
Somewhat Agree	**21.43%**	6
Strongly Agree	**71.43%**	20
Total		**28**

Q4 Additional comments on the Quality Assurance Program review?

Answered: 5 Skipped: 23

#	Responses	Date
1	Significantly need to improve for CDAs - perhaps more advocacy with CDABC	3/2/2017 9:35 AM
2	Ample opportunity to exchange information.	3/2/2017 9:32 AM
3	Regulating more strictly entry requirements for new registrants vs. "checking" existing dentists. Foreign graduates	3/1/2017 4:23 PM
4	There should be more requirements from New Grad students.	3/1/2017 4:11 PM
5	Covered well at station.	3/1/2017 4:08 PM

Q5 Additional comments on Business of dentistry and corporate structures?

Answered: 4 Skipped: 24

#	Responses	Date
1	Negative stigma with corps/"bad publicity" impact on public. Solo practitioners may not be able to compete with corps. for practice purchases - less cash and financial resources. Corps overpaying for practices.	3/2/2017 9:35 AM
2	Business models as they evolve will affect care of patients so can't separate both.	3/1/2017 4:23 PM
3	Very good dialogue. could become a huge problem. Keep talking!	3/1/2017 4:21 PM
4	Covered well at station.	3/1/2017 4:08 PM

Q6 Additional comments on Sedation Dentistry?

Answered: 2 Skipped: 26

#	Responses	Date
1	Do not do this for a reason. GA hospital only with Anesthetist	3/1/2017 4:21 PM
2	The guideline is too safe for minimal sedation	3/1/2017 4:11 PM

Q7 What worked well at the Listening Session?

Answered: 12 Skipped: 16

#	Responses	Date
1	Format.	3/2/2017 9:35 AM
2	One to one sessions with College staff.	3/2/2017 9:32 AM
3	Large group input. Well organized.	3/2/2017 9:30 AM
4	Well done.	3/2/2017 9:28 AM
5	Most.	3/1/2017 4:23 PM
6	College reaching out to the membership on important issues.I felt the door was open.	3/1/2017 4:21 PM
7	Openness. Willing to listen	3/1/2017 4:19 PM
8	More dentists and CDAs attended the course. Worked well to meet other professionals and hear them.	3/1/2017 4:17 PM
9	The station rounds effective with providing opportunity to share ideas.	3/1/2017 4:16 PM
10	Discussion on hearing others views.	3/1/2017 4:15 PM
11	Understood the responsibility of the dentist and also the obligation of the College towards the public.	3/1/2017 4:13 PM
12	Was very interesting listening to the other dentists at the stations. Much common thought.	3/1/2017 4:08 PM

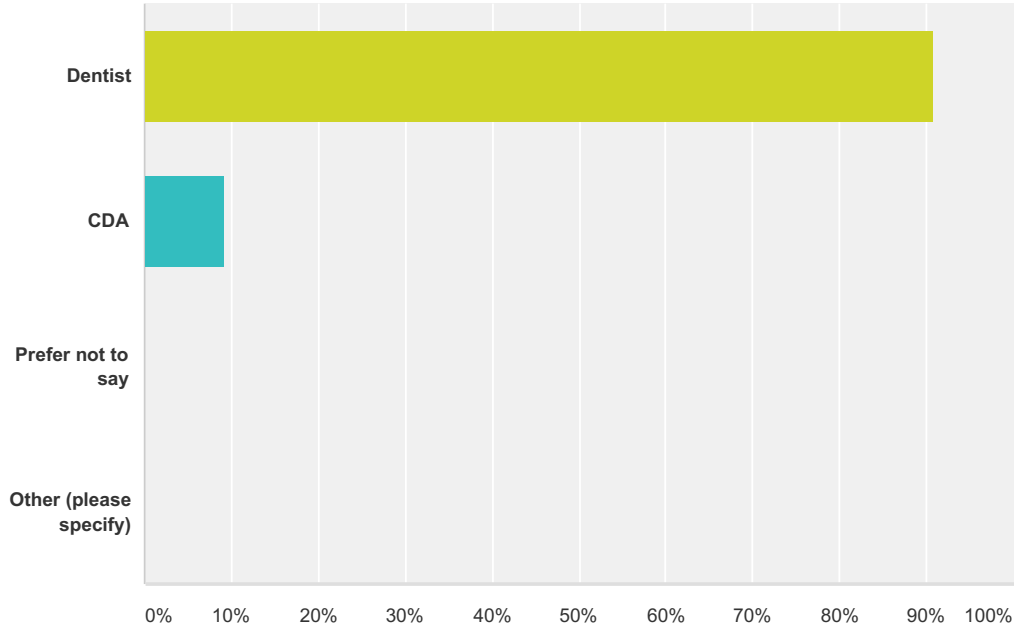
Q8 What could have been improved about the Listening Session?

Answered: 9 Skipped: 19

#	Responses	Date
1	Identify specific topics of concern and provide 3 hour session devoted to identify issues and potential solutions.	3/2/2017 9:37 AM
2	Nothing. I liked it.	3/1/2017 4:21 PM
3	Provide a follow up - email/message that speaks to possible solutions or direction form these sessions.	3/1/2017 4:19 PM
4	More time please.	3/1/2017 4:15 PM
5	It's a good idea to send the topics in advance so that people can think and prepare their ideas.	3/1/2017 4:14 PM
6	Probably some more time.	3/1/2017 4:13 PM
7	Aware of issues in dental community.	3/1/2017 4:08 PM
8	I think it was well played out indeed!	3/1/2017 4:08 PM
9	More time discussion groups.	3/1/2017 4:05 PM

Q9 To which of the following groups do you belong?

Answered: 22 Skipped: 6



Answer Choices	Responses	
Dentist	**90.91%**	20
CDA	**9.09%**	2
Prefer not to say	**0.00%**	0
Other (please specify)	**0.00%**	0
Total		**22**

#	Other (please specify)	Date
	There are no responses.