CDSBC | College of Dental Surgeons of British Columbia

We're All Ears: Listening Session

Victoria Conference Centre
3 November 2016

Participant Input Summary Report

28 November 2016

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INTRODUCTION

CDSBC recently approved a policy development process that 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. More sessions will be held over the next several months.

Purpose

To strengthen the College's relationship with registrants and enhance the quality of work being done by CDSBC 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 our first listening session that took place 3 November 2016 in Victoria, B.C. 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 a complete list of participant comments recorded at the listening session on flip charts. 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.

AGENDA

6:00 pm	Welcome
6:15 pm	Opening discussion
6:40 pm	Five-minute presentations on four topics
7:15 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 the other participants 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 four topics. Participants were divided into eight 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 four topics over the course of the evening. They had 12 minutes to discuss the first topic and seven 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	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*	Greg Cavouras Jerome Marburg	Participant input will be considered by the Board.
Topic 3: Dental laboratory fees	**Dr. Peter Stevenson-Moore** *Member, Ethics Committee and Past-President*	Dr. Peter Stevenson-Moore Rick Lemon	Participant input will be shared with the Ethics Committee, and considered in upcoming engagement with these issues.
Topic 4: Emerging issues in dentistry	**Jerome Marburg** *CEO/Registrar*	Dr. Patricia Hunter Dr. Susan Chow	Participant input will be considered by the Board and relevant committees to inform College strategy.

The following individuals also helped to support the listening session:

- Dr. Dustin Holben, Board Member
- Dr. Adam Pite, Vice-Chair QA committee
- Leslie Riva, Senior Manager, CDA Certification and Quality Assurance
- Anita Wilks, Director of Communications

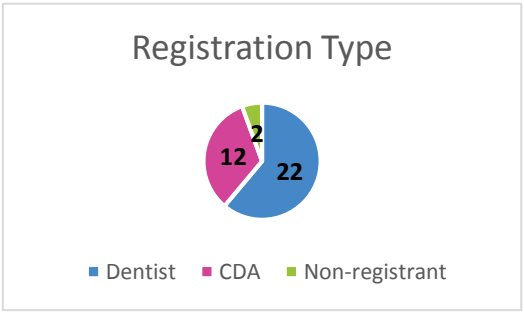
WHO PARTICIPATED IN THE SESSION

The listening session was held in Victoria, BC and 36 participants attended.

Registration type

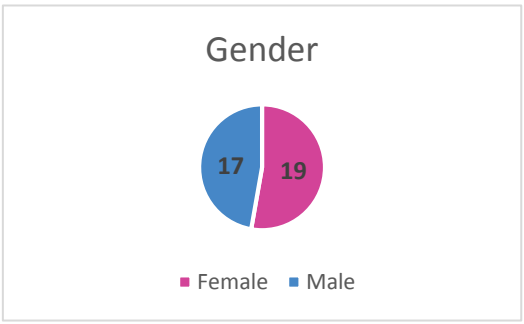
Of the 36 participants, 22 were dentists, 12 were certified dental assistants (CDAs), and 2 were non-registrants (other members of the dental team). All of the registrant participants are currently practising, with the exception of one retired dentist.

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, while at the listening session this ratio is flipped).



Gender

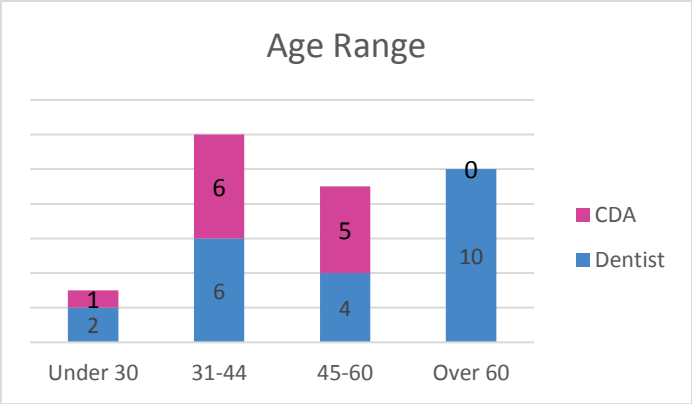
Overall, the listening session was evenly represented by both male and female registrants. All of the CDA participants were female, which reflects the College's CDA registrants overall (99% female). Among dentists at the session, males were over-represented compared to the College's registrants overall (3:1 at the session vs 2:1 overall).



Age

Participants at the listening session were generally representative of the College's registrant overall makeup, given the smaller size of the group.

Participants at the session skewed older overall, with fewer attendees in the youngest age bracket, and more attendees in the oldest bracket.



OPENING DISCUSSION

To open the listening session, participants discussed the following question, writing down their responses and sharing their ideas with the rest of their table. Responses are themed into general categories along with some examples of comments from participants in the table below.

The purpose of this question was to allow the participants to share some general concerns with early on in the session, and to allow items to be raised that may not fall within the four 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

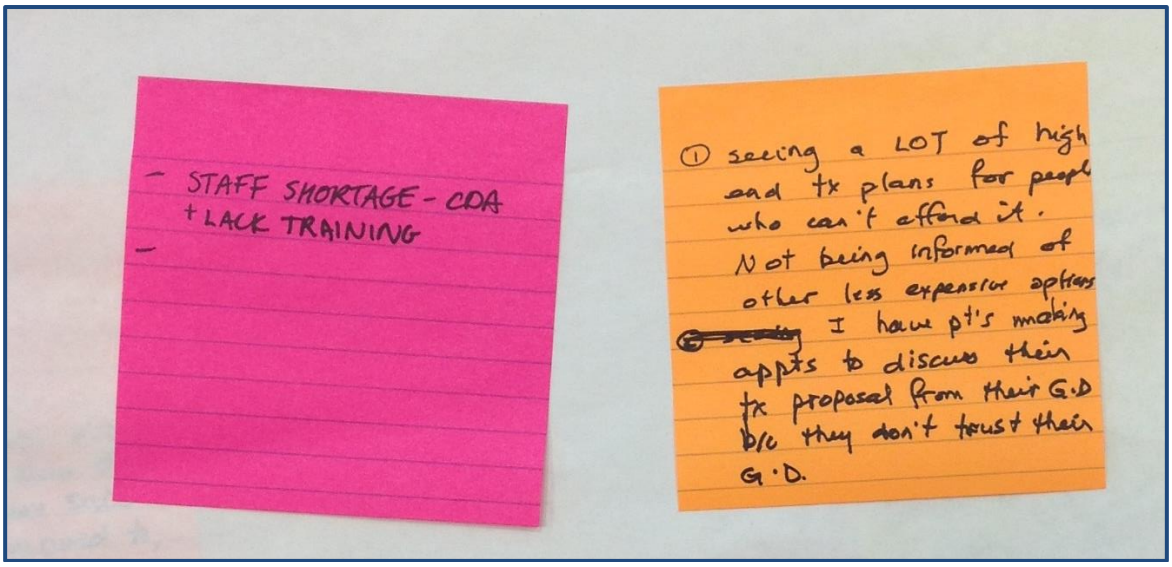
- Thinking about your own practice and what you are seeing in the profession, what would you like your regulator to know?

Participant input

General themes	What participants said
CDA capacity challenges	"Difficulty in obtaining CDAs in rural setting" "Staff shortage – CDAs lack training" "New CDA grads not as competent as they should be…" "There are not enough CE courses (for CDAs) around unless you go to a bigger city or have to be registered under DDS to go"
"Corporate Dentistry"	"How do we / a patient know a practice is corporate? How does an individual practice compete?" "Corporate dentistry and patient-centred practice in my experience are mutually exclusive concepts" "Dental practice management companies that don't know enough about dentistry / Practice (often dentist) managers either have business or dental training not both"
The reputation of the profession	"I am worried about the reputation of our profession (as a medical/health profession) against the corporate dentistry and cosmetic practices (i.e. Botox, fillers, etc.)" "Unethical advertising / advertising violations are a key threat to collegiality / public respect. I feel the College should be more proactive re: advertising enforcement" "Less collegiality amongst members of the profession. Particularly new graduates. Is ethics being taught at school? Should our regulator be educating the membership more?" "Seeing a lot of high end treatment plans for people who can't afford it. Not being informed of other less expensive options. I have patients making appointments to discuss their treatment proposal

	from their General Dentist because they don't trust their General Dentists"
Concerns related to clinical treatment / standards & guidelines	"Clarification of infection control policy regulations" "Sedation guidelines as is are too restrictive in the area of moderate sedation, especially in regards to use of 2 medications. This relates more to the adult patient." "Quality of Dentistry for First Nations dental treatment. No follow up / quality of dentistry"
Concerns related to new dentists	"New dentists and debt load" "New dentist in a very saturated market" "Legal advice or education at the student level may be required / Liaison / mentor I have noticed that young dentists seem to be signing contracts with unreasonably restrictive covenants which would not be defensible in court"

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 its 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 questions

- What are your thoughts about the current system of Continuing Education?
- What else might help you grow dental knowledge and skills?
- (Optional) What might be a better way than continuing practice hours to demonstrate that you are current in your practice skills?

Participant input

Participants discussed both main questions, offering feedback on the current system of CE and suggestions on how they might grow their dental knowledge and skills. Continuing practice hours were also discussed, but conversation focused more on continued learning.

General themes	What participants said
Opportunities/inadequacies exist within the current program but a one-size-fits-all solution won't work	"Poor quality courses" "CE should make you better." "Mandatory CE some courses should be required" "Geographic locations (challenges)" "Sometimes confusing when it comes to selecting categories for credit" "CE ok as is" "Hands on not good for all learning types. Have flexibility in how you get CE"
Support for hands-on and group mentoring/support	"Mentorship - want more opportunities" "Hands on is good

	○ Hours more valuable ○ Limited options for CDAs”
Concerns specific to CDAs learning options	“CE for CDAs good → hard to find subject / variety” “CDA CE Requirements should be rigourous” “CDA possible hands on courses ○ rubber dam application ○ provisional restorations ○ sealants ○ impression making ○ radiography”
Opportunities for the future	“Expanded opportunities – online” “Online forum – for feedback and learning” “More podcasts”
Continuing Practice Hours seem arbitrary	“Inflexible – does not account for changing career models” “Nothing a College can do to verify reporting – Quality of Continuing Practice Hours varies. Continuing Practice Hours are meaningless.” “Bare minimum (CDA)”

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.

General themes	What participants said
Financial needs of the business taking priority over patient care	"Creating 'wants' rather than treating dental needs" "Overtreatment - No justification (evidence) for proposed treatment" "Quotas (hearing about anecdotally)" "Big corps are squeezing 'costs' by reducing staff and driving down wages"
Autonomy and staff concerns	"Dental loss of professional autonomy • Procedures/materials/referral specialists being determined by manager/principal" "CDAs / Hygienists / Receptionists are incentive driven • Bonuses for meeting • If earn X this month, everyone gets a bonus • Certain targets" "Staff issues • Unfair treatment of associate dentists and staff by managers/principals • Loss of continuity due to high staff turnover and reliance on temporary staff"

Ownership/structure solutions	"Can we limit the number of practices a dentist can own?" "Can we mandate owner must practice in their "owned" office? i.e. must do general dentistry at least X% of time in practice" "Need to ensure Accountability of non-dentist managers"
Ethical concerns	"Address 'quotas' of any sort as an ethical issue → speak to it in code of ethics / articles" "Need to reinforce ethical conduct and accountability of clinicians • Increased education/involvement w/ students"

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

TOPIC 3: DENTAL LABORATORY FEES

Topic overview

The College was recently asked to investigate a complaint regarding dental laboratory fees that had ethical considerations. The Inquiry Committee asked the Board for direction, which in turn tasked the Ethics Committee with considering a framework for dental lab fees. There are a number of considerations, including lab ownership, third-party vs. in-house labs, discounts/incentives, and the blending or averaging of lab costs. The College wants to hear from registrants about their experiences in this area to gain further insight.

Discussion questions

- What are your concerns, if any, about how some offices are charging the patient for laboratory fees?
- What are the models you have seen?
- What else should CDSBC consider on this topic?

Participant input

Participants engaged with the questions by sharing some anecdotes and discussing a few of the models they have seen. Participants were largely unaware of these kinds of issues with dental laboratory fees.

General themes	What participants said
Lack of awareness of issue	"Not known if widespread" "Are we fishing for a problem?" "Require more information/specifics"
Competition issues	"Look into implications of response of competition" "Large managed group practice dictates to associates where lab work is done – not acceptable – should be the associate practitioner's choice as to where work is sent, with the opportunity to consider local recommendations. Potential for conflict of interest if the owner also owns the laboratory." "Outsourcing for cheaper fee?"
Estimate/billing models (particular lack of support for "averaging" lab costs)	"Wide variety of costs depending on material size of restoration" "Estimates - How best to handle cost variation when estimating? • Lump sum – clinic and lab not separated in estimate • Separate items – clinic and lab • Add % to cover warranty? o A cost variation"

	"Lab fees should be passed to patient and not averaged" "Discounts on bulk amounts or gift cards pass along to patient or insurer"
Ethics / conflict of interest / transparency / informed consent concerns	"Dentists inflating lab cost" "Must be communicated to patient" "Questionable ethics?"
General feedback	"Some labs encourage use of cheaper materials to new dentists – be careful" "Tendency to rely on / trust labs"

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

TOPIC 4: EMERGING ISSUES IN DENTISTRY

Topic overview

The bulk of the College's time and resources are spent on items required by legislation. The Board has set its priority items (outside of those core activities) for the year ahead. Dentistry is constantly changing, and the Board would like to hear from registrants about the issues that it is likely to need to prepare for in the future to fulfill its mandate to protect the public.

Discussion question

Thinking ahead to five years from now, what emerging issues do you want the College to be aware of to meet its mandate of public protection?

Participant input

General themes	What participants said
Effects of "corporatized practice"	"Financial pressures (Over treatment/overcharging)" "Corportization → public is the real loser" "Convince government it's in public interest that dentist must own dental practise"
Ethical concerns	"Stress on ethics • Financial • Cultural • Professional • corporate structure"
Access & quality of care concerns	"Access to care – where do people go who don't have the resources" "Quality of care for indigenous population – should be equal to everyone else" "5 years → even more dentists. Have a plan to give incentive to new dentists in rural areas"
Patient focus	"Patient's lack of voice" "Patient expectations" "College support in educating patients about dental plans"
Increased competition	"Too many dentists (BC is a desirable place to live)" "Labour mobility → more foreign trained dentists" "Advertising: enforcement of bylaws / be more proactive about searching out people not following the bylaws"

See **Appendix E** 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 liked the opportunity to have guided small group discussions with their peers and a few commented that session could have been longer and suggested more Q&A time with the entire group or a debriefing at the end.

Survey responses

General themes	What participants said
What worked well	"Working in small groups!" "Keeping discussion focused, not moving it to get off topic - could have gone on all night without good control/leadership. Thx!" "Less formal."
What could be improved	"Need more time to discuss /add/create.- perhaps pre-session email of this is what's happening and think of more things?" "Need more time for summary of all the different group ideas. Looking forward to the written summary." "More Q&A time - addressing the entire crowd."

See **Appendix G** 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 first listening session was a success and the College will continue this listening exercise by hosting more sessions throughout the province in 2017. Upcoming listening session dates will be posted to the events page of the College website.

APPENDICES

Appendix A: Opening discussion

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

- Training – DAs / CDAs – wants to do his own training
- Difficulty in obtaining CDAs in rural setting
- Less collegiality amongst members of the profession. Particularly new graduates. Is ethics being taught at school? Should our regulator be educating the membership more?
- Respect for dentist and professional judgement
- Regulatory decisions cost money in dental practices and effect access to care
- Lack of ethics
- Overuse of aggressive billing

- I worry about large corporate dentistry
- Staff shortage – CDAs lack training
- Seeing a lot of high end treatment plans for people who can't afford it. Not being informed of other less expensive options. I have patients making appointments to discuss their treatment proposal from their General Dentist because they don't trust their General Dentists
- Seeing a lot more patients that need treatment finished because practitioner got a lot over their head. They end up losing a patient forever. The patient likely would have preferred to have a good experience in a specialist's office than go back to general dentist for good exp.
- Quality of dentistry for First Nations dental treatment. No follow up / quality of dentistry / overbilling
- Value of additional modules for CDAs
- Clarification of infection control policy regulations
- Unethical advertising / advertising violations are a key threat to collegiality / public respect. I feel the College should be more proactive re: advertising enforcement

Transparency / Communication

- (1) Maximum of 2 consecutive terms in executive
- (2) More details on discipline matters, names, etc. Transparency

Improvement /OPP

- Mentorship program

Promotion / Reputation of Profession

- Integrity and cheapening the profession
- Advertising
    - Out of control
    - Disregard for other members
    - Misrepresentation and manipulation
        - Advertising flyers

Alignment with other Health Professions

- More support between college and medical profession
    - Regarding pre-antibiotics

- Hygiene registration → Dentist/CDA

- I am worried about the reputation of our profession (as a medical/health profession) against the corporate dentistry and cosmetic practices (i.e. Botox, fillers, etc.)
- Scope of practice for CDA staff

- QA
- CDA shortage
- New dentists and debt load
- New dentist in a very saturated market
- Ethical suggestions regarding child oral health negligence
- New grade not up to snuff / not as willing to learn – not same work ethic
- When providers move offices, previous office won't say where said provider has moved to and patients upset
- Clarity on upcoming promotional activity changes
- New CDA grads not as competent as they should be … attitudes / Dentists need to know their CDAs need a break
- Dental practice management companies that don't know enough about dentistry / Practice (often dentist) managers either have business or dental training not both
- New CDA grads don't seem to know everything they should and poor work ethic
- Private Hygiene Clinics not following 365 Rule
- Corporate dentistry and patient-centred practice in my experience are mutually exclusive concepts
- How do we / a patient know a practice is corporate? How does an individual practice compete?
- Legal advice or education at the student level may be required / Liaison / mentor I have noticed that young dentists seem to be signing contracts with unreasonably restrictive covenants which would not be defensible in court
- Patient to be informed when a private practice has been purchased by a management company / what this means to them
- Why can't CDAs give patient NSAIDS once DDS has instructed dosage?
- There are not enough CE courses around unless you go to a bigger city or have to be registered under DDS to go
- Associate dentist contractually

- College as part of its mandate to protect the public need to impress on the government the need to provide better coverage for patients with disabilities, especially the patients with mental issues
- Need more input in regards to the 900 hrs. rule as it pertains to female dentists who take leave for pregnancy or a dentist who is undergoing treatment for a serious disease (i.e. cancer)
- Sedation guidelines as is are too restrictive in the area of moderate sedation, especially in regards to use of 2 medications. This relates more to the adult patient.

Appendix B: Quality Assurance Program

Discussion host: Dr. Ash Varma

Continuing Education

- Poor quality courses
- Not enough good ones
- Good as is
- More CE for CDA: (hours)
- CE should make you better
- Mandatory CE some courses should be required
    - CPR
    - Recordkeeping
    - Others?
- Sometimes confusing when it comes to selecting categories for credit
    - All the time for some
- Not enough time to get CE
- Expanded opportunities
    - Online
- Like current system
- Online forum – for feedback and learning
- Not enough specifics for CDAs
- How to access learning opportunities
- Put on website
- How to find courses
- Geographic locations (challenges)
- Mentorship want more opportunities
- More podcasts
- Study clubs
- CDA possible hands on courses
    - rubber dam application
    - provisional restorations
    - sealants
    - impression making
    - radiography

Continuing Practice Hours

- CP has value
- Can get rusty if not
- bare minimum (CDA)

Discussion host: Dr. Alex Hird

Continuing Education

- Okay now
- Limits on subject/category ok
- CE ok as is.
- Hands on not good for all learning types
    - Have flexibility in how you get CE
- Encourage business development
    - Healthy practices / profession for public good
- CE for CDAs good → hard to find subject / variety
- CDAs need to be more included in different subjects

- Needs of CDAS need to be considered
- CDA CE Requirements should be rigourous
- Some don't like recertification for CDAs
- Peer evaluation
    - Who is doing it
    - Colleagues
- Increase practice management hours
    - Local Norms?
    - Affects cost of care
- Currently easy to pass
- Hands on is good
    - Hours more valuable
    - Limited options for CDAs
- Current quality of treatment inadequate
    - Increase education
- Mentorship
- Categorize CE courses by subject
- Clusters of practitioners to call upon

Continuing Practice Hours

- CPH
    - inflexible
    - Does not account for changing career models
- Nothing a College can do to verify reporting
    - Quality of CPHs varies
    - CPH meaningless

Appendix C: Business of dentistry and corporate structures

Discussion host: Jerome Marburg

1. Overtreatment
    - No justification (evidence) for proposed treatment
2. Is stage of career affecting treatment planning
    - Young or too idealistic
    - More experienced = more conservative
    - Some say exactly the opposite. Young dentists not over treating. Older dentists are.
3. Quotas (hearing about anecdotally)
4. Philosophy driven by certain CE institutes and organizations – Creating "wants" rather than treating dental needs
5.
    a) How do/can new dentists compete with established practices
    b) Big corporations are buying practices at a premium – driving price up for others
6. CDAs / Hygienists / Receptionists are incentive driven
    - Bonuses for meeting certain targets
        - E.g. If earn X this month, everyone gets a bonus
7. Big corps are squeezing "costs" by reducing staff, driving down wages
8. Who is the patient's dentist
    - Continuity of care
    - Dental staff turn-over due to #7 squeeze

Solutions:

- Can we mandate owner must practice in their "owned" office?
    - Must do general dentistry at least X% of time in practice you own
- Can we limit the number of practices a dentist can own?
- How can we get people affected by corporate dentistry practices to speak out / share their experiences?
    - Dentists
    - Staff
    - Patients
- Model clauses in:
    - Practise / sale agreement (earning quota in sales agreement)
    - Associate
    - Employment
- Address "quotas" of any sort as an ethical issue → speak to it in code of ethics / articles

Discussion host: Greg Cavouras

- $ Business taking priority over patient care
    - Quotas
    - Focus on maximizing revenue instead of what is best for the patient
- Dentist loss of professional autonomy
    - Procedures/materials/referral specialists being determined by manager/principle
- Staff issues
    - Unfair treatment of associate dentists and staff by managers/principles
    - Loss of continuity due to high staff turnover and reliance on temporary staff
- Need to ensure Accountability of non-dentist managers
    - Concern that College rules don't apply to corporate practices
- Inadequate/incomplete information for patients about ownership and who is responsible for treatment
- Need to Reinforce ethical conduct and accountability of clinicians
    - Increased education/involvement w/ students

Appendix D: Dental laboratory fees

Discussion host: Rick Lemon

- Running fees through secondary labs for a fee (Must have informed consent)
    - Where is lab? / Out of country?
- Not known if widespread
- No clarification to patients about extra fees
- Is there a breakdown on fee guide for this?
- Not supportive of averaging
- Require more information / specifics
- Some labs encourage use of cheaper material to new dentists – be careful
- Tendency to rely on / trust labs
- Is it a "policing lab issue"
- Are we fishing for a problem?
- Must be communicated to patient
- Dentists inflating lab cost
- Need to clarify lab fees
- Wide variety of costs depending on material size of restoration
- Discounts on bulk amounts or gift cards pass along to patient or insurer
- Questionable ethics?

Discussion host: Dr. Peter Stevenson-Moore

Anecdotes:

- Out-sourcing
    - Received new lab slip
    - Work of lesser quality than local techs – now shut down relationship with China
    - Open pack – smell is wrong – don't feel right
- Associate gets benefit for using Cerec
    - Deceased compensation to associate
- Large managed group practice dictates to associates where lab work is done – not acceptable – should be the associate practitioner's choice as to where work is sent, with the opportunity to consider local recommendations. Potential for conflict of interest if the owner also owns the laboratory.
- Lab fees should be passed to patient and not averaged
- Quote should provide cost to patient
- Charge the actual cost
- Look into implications of response of competition
- Estimates - How best to handle cost variation when estimating?
    - Lump sum – clinic and lab not separated in estimate
    - Separate items – clinic and lab
    - Add % to cover warranty?
        - A cost variation
- Outsourcing for cheaper fee?

Appendix E: Emerging issues in dentistry

Discussion host: Susan Chow

1. Too many dentists
    - B.C. is a desirable place to live
2. Financial pressure
    - over treatment
    - over charging
3. Patient's lack of voice
4. Who is advocating for old + young patients?
5. Ethics
6. Re-certification → ? → valid
7. Education →
8. 5 years → even more dentists. Have a plan to give incentive to new dentists in rural areas
9. Monitor → surprise visits
10. Business of dentistry mentorships to new dentists
11. Corportization → public is the real loser
12. Labor mobility → more foreign trained dentists
13. Computer technology
14. Access to care for the disabled: medically compromised

Discussion host: Patricia Hunter

1. Increased number of dentists and decreased ratio of Patient/Dentist
2. Stress on ethics
    - Financial
    - Cultural
    - Professional
    - Corporate structure / Culture
3. How do you do corporate dentistry so it's done well
    a) non-practising dentist not allowed to own
    b) need to be major practising dentist in each dental practice they own
    c) managers – know dentistry and business (formal training)
    d) don't allow quotas

* Each dentist should have control over their treatment plan and maintain own "patient family"

4. Pay licensing fee based on income – and/or the number of (complaints – with legitimate issue) a dentist has had against them, i.e. based on how much time they take up in the "inquiry system" so the "frequent fliers" would pay more.
    - this might result in dentists paying off patients to avoid complaints
5. Advertising
    - Enforcement of bylaws
    - Be more proactive about searching out people not following bylaws
6. Release newest guidelines on antibiotic pre-med
7. Patient expectations
8. College support in educating patients about dental plans
9. Access to care – where do people go who don't have the resources
10. Quality of care for indigenous population – should be equal to everyone else
11. Convince government it's in public interest that dentist must own dental practise

Appendix F: 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 QA 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 is Legal Counsel for the College. He 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. Peter Stevenson-Moore
Member, Ethics Committee and Past-President

Peter is a long-time volunteer with the College. He has chaired several committees and served the Board as President, Vice-President and Treasurer – and prior to that was the Certified Specialist board member. Peter is currently the Vice-Chair of the Nominations Committee and member of the Ethics Committee. He practises prosthodontics in Vancouver.

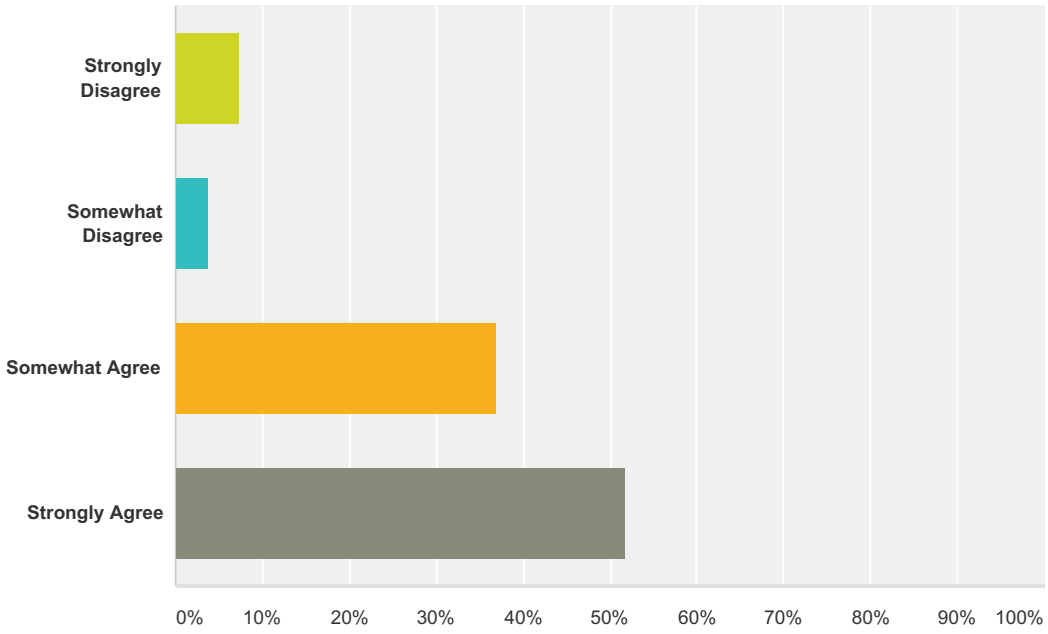
Jerome Marburg
CEO/Registrar

Jerome is the College's Registrar and CEO. He directs all administrative and operation matters, including the regulatory and policy responsibilities set out in the *Health Professions Act*, regulations and CDSBC Bylaws. Jerome has extensive experience as a regulator, executive manager and general counsel for professional regulatory bodies, with a strong background in board governance, policy analysis and practical business administration.

Appendix G: Participant evaluations

Q1 I had adequate opportunities to express my views.

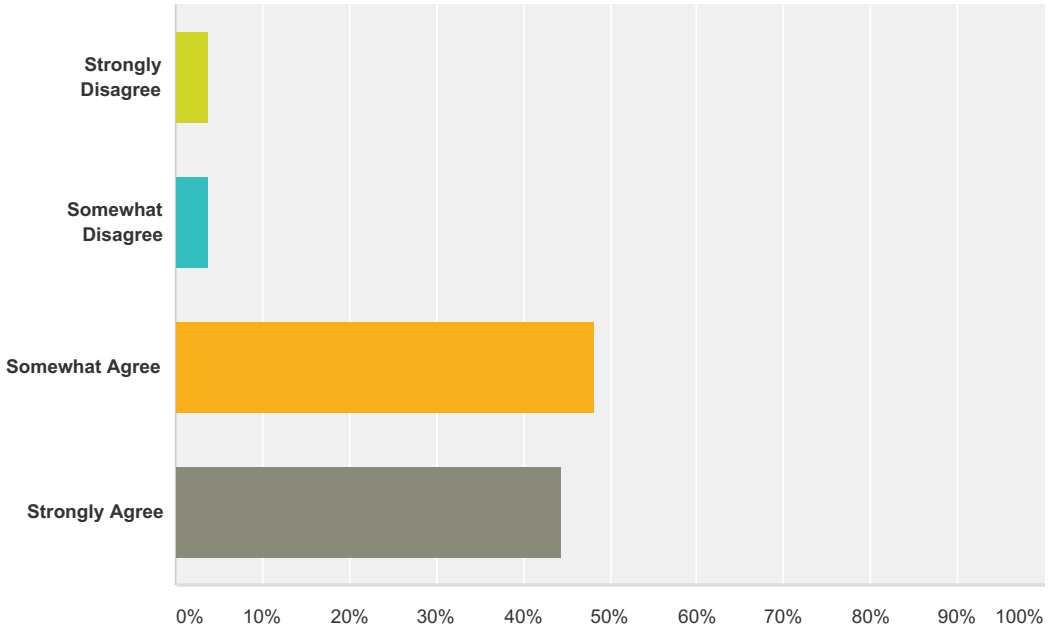
Answered: 27 Skipped: 0



Answer Choices	Responses	
Strongly Disagree	**7.41%**	2
Somewhat Disagree	**3.70%**	1
Somewhat Agree	**37.04%**	10
Strongly Agree	**51.85%**	14
Total		**27**

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

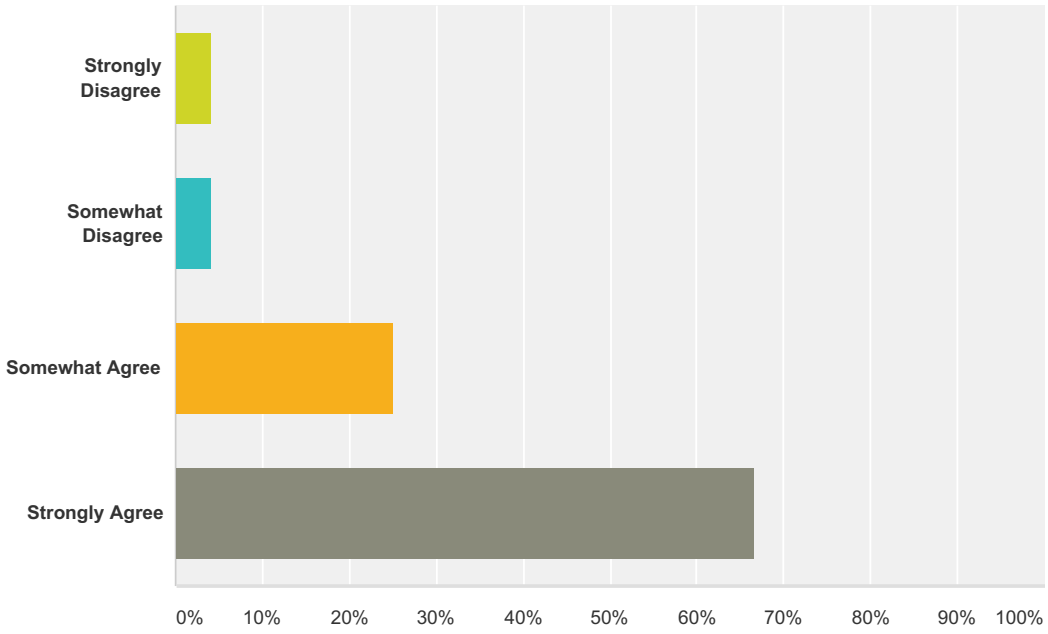
Answered: 27 Skipped: 0



Answer Choices	Responses	
Strongly Disagree	**3.70%**	1
Somewhat Disagree	**3.70%**	1
Somewhat Agree	**48.15%**	13
Strongly Agree	**44.44%**	12
Total		**27**

Q3 CDSBC demonstrated a commitment to listening.

Answered: 24 Skipped: 3



Answer Choices	Responses	
Strongly Disagree	**4.17%**	1
Somewhat Disagree	**4.17%**	1
Somewhat Agree	**25.00%**	6
Strongly Agree	**66.67%**	16
Total		**24**

Q4 Additional comments on the Quality Assurance Program review?

Answered: 10 Skipped: 17

#	Responses	Date
1	Support programs for CDAs - safe.	11/4/2016 11:00 AM
2	Seemed to mute discussion and control the outcome!	11/4/2016 10:59 AM
3	How do patients know what good dentistry looks like? How do patients know what makes a good dentist? ie. skills just not personable and charming.	11/4/2016 10:55 AM
4	Thank you for trying but I don't think the College can ever really assure quality.	11/4/2016 10:54 AM
5	Need more hands on learning opportunities.	11/4/2016 10:46 AM
6	Emphasis on multifaceted approach.	11/4/2016 10:45 AM
7	Antibiotic overuse. Informed consent - Pt. need to be given their options. Competency within office specialties - ortho, implants.	11/4/2016 10:28 AM
8	Could be more effective of more time allowed perhaps a one day event. A positive start to be receptive to the registrants.	11/4/2016 10:26 AM
9	Everything comes back to "ethics"	11/4/2016 10:18 AM
10	It's difficult to address or achieve anything with such chopped up time slots for each zone.	11/4/2016 10:07 AM

Q5 Additional comments on Business of dentistry and corporate structures?

Answered: 6 Skipped: 21

#	Responses	Date
1	Got to share all my thoughts.	11/4/2016 10:54 AM
2	Need more control over this type of practice and evacuation of ethical practices.	11/4/2016 10:46 AM
3	Crystalise the issues by creating structure to control/regulate.	11/4/2016 10:45 AM
4	$ is the focus. Large corporations. Corporatization is the mechanism for $. Symptoms: Compromised ethics. Advertising. Poor patient tereatment	11/4/2016 10:37 AM
5	Are owners of dental corp etc. licensed to practise in the province of their clinics?	11/4/2016 10:21 AM
6	Everything comes back to "ethics"	11/4/2016 10:18 AM

Q6 Additional comments on Dental laboratory fees?

Answered: 8 Skipped: 19

#	Responses	Date
1	Didn't know there was an issue.	11/4/2016 10:57 AM
2	Didn't know this was a problem.	11/4/2016 10:54 AM
3	This is not a problem?? Why we talk about?	11/4/2016 10:51 AM
4	Interesting to know.	11/4/2016 10:48 AM
5	Perhaps survey and put out a cost recommendation/range like the fee guide.	11/4/2016 10:45 AM
6	If the patient is clear on costs, I don't see an issue.	11/4/2016 10:37 AM
7	What! I didn't know there was a problem. Maybe address on a case by case basis?	11/4/2016 10:23 AM
8	Ethics	11/4/2016 10:18 AM

Q7 Additional comments on Emerging issues in dentistry?

Answered: 5 Skipped: 22

#	Responses	Date
1	Tighter regulations for CDA programs (schools).	11/4/2016 10:54 AM
2	Pt. care vs. $$. What's more important now.	11/4/2016 10:51 AM
3	Access to care.	11/4/2016 10:37 AM
4	Accreditation of foreign dentists --> too may dentists.	11/4/2016 10:21 AM
5	Ethics	11/4/2016 10:18 AM

Q8 What worked well at the Listening Session?

Answered: 20 Skipped: 7

#	Responses	Date
1	Group discussion and way groups were established.	11/4/2016 11:07 AM
2	Many concerns brought to light.	11/4/2016 11:05 AM
3	For me - conversing with my peers.	11/4/2016 11:00 AM
4	Very disorganised.	11/4/2016 10:59 AM
5	Hearing the different concerns from the different team members.	11/4/2016 10:57 AM
6	Everything!	11/4/2016 10:55 AM
7	Group discussion	11/4/2016 10:54 AM
8	Being in groups and discussing different topics and taking the time to discuss.	11/4/2016 10:51 AM
9	Some ability to express opinion.	11/4/2016 10:49 AM
10	Adjudicators - fabulous	11/4/2016 10:48 AM
11	Small groups.	11/4/2016 10:46 AM
12	Short guided discussions.	11/4/2016 10:45 AM
13	Keeping discussion focused, not moving it to get off topic - could have gone on all night without good control/leadership. Thx!	11/4/2016 10:39 AM
14	More structured, less individual opportunity to talk about "real" concerns or individual concerns.	11/4/2016 10:33 AM
15	Working in small groups!	11/4/2016 10:28 AM
16	Breaking into smaller groups with a board member to discuss large issues.	11/4/2016 10:23 AM
17	Multiple ideas and approaches - brainstormed.	11/4/2016 10:21 AM
18	Good interaction	11/4/2016 10:18 AM
19	Dentists should have more say (a vote) in any financial or budgetary issues.	11/4/2016 10:07 AM
20	Less formal.	11/4/2016 10:02 AM

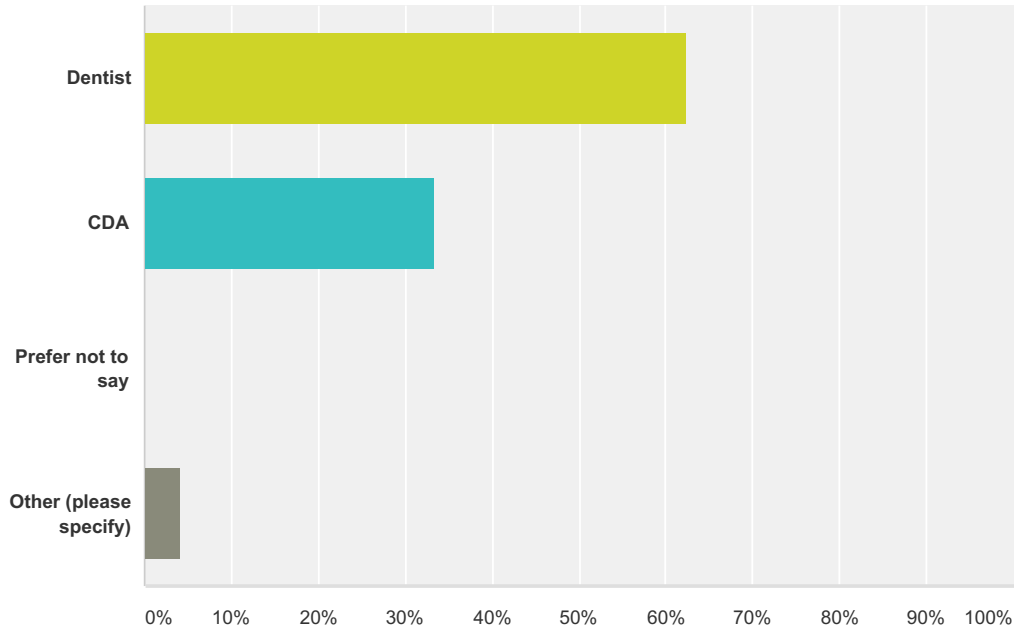
Q9 What could have been improved about the Listening Session?

Answered: 18 Skipped: 9

#	Responses	Date
1	Possibly a larger discussion? I was satisfied with the length of time for discussion but some wanted more.	11/4/2016 11:07 AM
2	Debriefing session: all present participating-->open discussion.	11/4/2016 11:05 AM
3	Time allowance.	11/4/2016 11:00 AM
4	Q&A.	11/4/2016 10:59 AM
5	Time length: too many topics and speakers and discussion forums for 2 hour session. Felt rushed.	11/4/2016 10:57 AM
6	Perhaps a little longer.	11/4/2016 10:55 AM
7	Could have been wine.	11/4/2016 10:54 AM
8	More time. The session was not long enough. And some wine please. :)	11/4/2016 10:51 AM
9	Ask each participant for their opinion.	11/4/2016 10:49 AM
10	"Merry" go round!	11/4/2016 10:48 AM
11	Slightly longer sessions. Use a bell or ringer. Designate numbers to people beforehand. (There was a bit of confusion).	11/4/2016 10:45 AM
12	More Q&A time - addressing the entire crowd.	11/4/2016 10:29 AM
13	Nothing.	11/4/2016 10:28 AM
14	Too many issues in a short time. Maybe break into two sessions.	11/4/2016 10:23 AM
15	Need more time for summary of all the different group ideas. Looking forward to the written summary.	11/4/2016 10:21 AM
16	Would have been good to have a few more local people here participating - maybe next time.	11/4/2016 10:18 AM
17	Longer session.	11/4/2016 10:07 AM
18	Need more time to discuss /add/create.- perhaps pre-session email of this is what's happening and think of more things?	11/4/2016 10:04 AM

Q10 To which of the following groups do you belong?

Answered: 24 Skipped: 3



Answer Choices	Responses	
Dentist	**62.50%**	15
CDA	**33.33%**	8
Prefer not to say	**0.00%**	0
Other (please specify)	**4.17%**	1
Total		**24**

#	Other (please specify)	Date
1	no response	11/4/2016 10:05 AM


1
2
3
CDSBC