CDSBC | College of Dental Surgeons of British Columbia

We're All Ears: Vancouver Listening Session

25 September 2017

Participant Input Summary Report

31 October 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 college's fourth listening session, held in Vancouver, B.C. on 25 September 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 to clarify the comment's meaning and/or theme. Corrections have been made to address spelling or other errors that did not change the meaning of the comment.

SESSION AGENDA

4:00 pm	Welcome
4:15 pm	Opening discussion
4:40 pm	Five-minute presentations on three topics
5:05 pm	Group discussion based on topics
5:55 pm	Evaluation and closing
6:00 pm	Adjourn

SESSION FORMAT

Dr. Chris Hacker, CDSBC's Director of Professional Practice, facilitated the listening session. After a welcome and introductory remarks, participants discussed an opening question with the group. They recorded their individual thoughts on sticky-notes and took turns sharing some of their best ideas with the entire group.

College representatives then gave short presentations on three topics. Participants were randomly divided into groups (two per topic), each with its own discussion host(s). 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	N/A	Various	Participant input will be considered by the Board.
Decline of Public Trust (ethics)	**Dr. Don Anderson** President, CDSBC Board	**Don Anderson** (with staff dentist Dr. Meredith Moores) **Oleh Ilnyckyj** Public Board Member	Participant input will be considered by the Board and the Ethics Committee.
Bylaw Part 2 – College Board	**Rick Lemon** Public Member, CDSBC Board	**Rick Lemon** **Dr. Mike Flunkert** Board Member (with Leslie Riva, Senior Manager: CDA Certification and Quality Assurance)	Participant input will be considered by the Bylaws working group that is tasked with developing a new set of CDSBC Bylaws.
Business of dentistry and corporate structures	**Jerome Marburg** Registrar/CEO	Jerome Marburg Dr. Susan Chow Vice-President	Participant input will be considered by the Board.

The following individuals also helped to support the listening session:

- Anita Wilks, Director of Communications

WHO PARTICIPATED IN THE SESSION

The listening session was held in Vancouver, B.C. and we estimate that 31 participants attended. This was a drop-in session scheduled immediately after a well-attended Vancouver and District Dental Society continuing education event. For this reason, pre-registration was not required and, therefore, we do not have complete information on all participants. The following breakdowns are estimates.

Registration type

Two of the participants at the session were non-registrants. Because pre-registration was not required, we do not have a breakdown of the other participants' registration types.

Gender

Of the 31 participants at the session 14 were men and 17 were women. All of the five CDA participants were female, which reflects the College's CDA registrants overall (99% female).

Age

Again, because pre-registration was not required for this listening session we do not have information about the age of the participants.

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 the room. Examples of participant comments are found in the table below, organized by theme.

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
Decline of Public Trust	"Change in patients' expectations – related to internet" "Dr. Google (little bit of knowledge a bad thing)"
Patient expectations about costs/payment	Patients leave for offices which don't require co-payment Patients outright telling our staff that they will move to another office near our clinic since that office doesn't collect co-pay from insurance Unable to provide best treatment as not covered by insurance

Concerns related to new dentists	"Cost to become a dentist extreme – public doesn't know - Influx of new immigrants - Exam dentists – cheaper education, B.C. education more rigorous"
Concerns about the College	"Complaint process flawed" "Separate BCDA funding from registration – conflict of interest"
CDA concerns	"As educators we see an absence of specific supervision for CDA students" "CDAs not trained adequately in recordkeeping"

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

TOPIC 1: DECLINE OF PUBLIC TRUST

Topic overview

President Don Anderson was discouraged to read that on a list of most respected professionals, dentists are now in tenth place (*Insights West 2017 online survey of a representative national sample*). He is asking the profession to consider why this downward slide in public perception has occurred and what can be done about it.

The College hears that dentists are facing a number of pressures: more advertising, a more informed public, competition for patients, better public health / less dental decay, shortage of CDAs and associate dentist agreements.

Ethical issues are only explicitly identified in a portion of complaints, but if you dig deeper, they can be identified in some form in the majority of the complaints received by the College – most issues identified as a result of complaint investigations (informed consent, diagnosis and treatment planning, recordkeeping, etc.) contain an ethical element.

Discussion questions

- What pressures or barriers do you feel have the greatest impact in your ability to make ethical treatment decisions for your patients?
- Given its public protection mandate, what role (if any) do you see the College having in addressing these pressures or barriers?

Participant input

Participants offered feedback on the pressures dentists face and the barriers to ethical practice, and suggested ways that the College could play a role in alleviating those factors. The group identified advertising to be a significant problem and were interested in exploring patient expectations and competition for patients (as well as other topics).

General themes	What participants said
Advertising	"Advertising should be restricted and controlled" "Advertising and promotions devalue the profession" "Making offices/dentists accountable for misleading advertising claims"
Patient expectations and requests	"Patients ask to match fees" "Patients demanding or asking for no co-payment" "Patients are looking for dentists they can trust. Strategies?"
Competition for patients	"Too many dentists for number of patients" "Decrease of new patient flow" "Lack of patient loyalty"

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

TOPIC 2: BYLAW PART 2 (COLLEGE BOARD)

Topic overview

The Bylaws Working Group is overseeing the development of a new set of CDSBC Bylaws. Bylaw Part 2 (College Board) is the roadmap for the board and is a priority amendment requiring consultation with the profession. CDSBC's current board structure is different from recognized best governance practices. The issues for consideration include board size, board composition, board officers, terms of office, and succession planning.

A board workshop on governance and potential changes to Bylaw Part 2 was held in fall 2017 to facilitate discussion and give the Bylaws Working Group direction on how to move forward with Bylaw Part 2.

Discussion questions

- What changes to Bylaw 2 would make the College Board function better?

Participant input

Participants discussed board elections, composition, terms, succession, and board activities. They provided potential changes to address the challenges in each category.

They also provided potential solutions such as having a smaller board, implementing a succession plan ladder and outlined some key board activities that would improve the function of the Board.

General themes	What participants said
Elections	"electronic voting" "works well as it is"
Size/composition	"Board size is too big" "one year transition is too short"
Terms and succession	"succession occurs – good for mentoring and preparation within the Board" "2-year terms for board officers (and 3 years board experience before running for officer" "succession plan ladder – good head hunting needed for board and committees"

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

TOPIC 3: 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, 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
Concerns	"Dentists do not like the business side of the dental office" "Brand name does not equate to quality" "High turnover of dentists related to production/billing expectations" "Third-party labs: new owner has set up a lab and demanded everyone buy from it"
Solutions	"Can (the practice of confidentiality agreements) be stopped? Enforcement?" "Educate dentists. Educate the public" "CDSBC statement on billing and third-party labs"

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

EVALUATION AND NEXT STEPS

20 Participants completed an evaluation form at the end of the session.

- 95% agree that they had an opportunity to express their views (75% strongly agree / 20% somewhat agree / 5% somewhat disagree)
- 100% agree there was adequate opportunity for participants to exchange views and learn from each other (85% strongly agree / 15% somewhat agree)
- 95% agree that CDSBC demonstrated a commitment to listening (90% strongly agree / 5% somewhat agree / 5% somewhat disagree)

Comments supported the format of the event, though some would have liked more time for discussion.

Survey responses

General themes	What participants said
What worked well	"Facilitators were great to let each participant speak or include others who are a bit shy. Facilitators were tactful and professional to keep on track." "Small group discussions - this provided an opportunity for more in-depth discussions. It is interesting to listen to the opinions of different participants in the group." "Both CDA and dentist concerns were discussed, however, time wasn't enough to discuss more." "Breakout groups gave everyone the opportunity to be heard more."

What could be improved	"Maybe more time. 3 topics is ambitious. Each topic can take a fair amount of time to brainstorm." "Need more young dentists 'under 40' crowd. Need to get them out to these sessions" "What would be nice to know is how the CDSBC will take some of these opinions and implement these?"

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

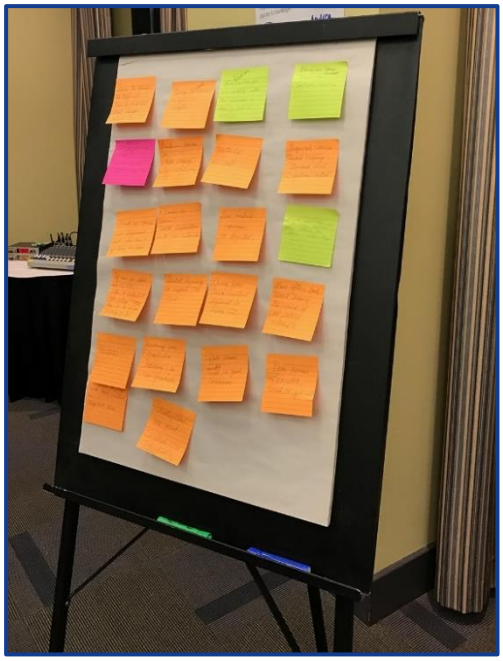
What happens next?

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

The next listening session will be held in Kelowna on 19 October. Additional sessions will be scheduled for the new year; these will be promoted and details posted to the events page of the College website.

APPENDICES

- Appendix A – Opening discussion
- Appendix B – Topic 1: Decline of public trust
- Appendix C – Topic 2: Bylaw Part 2 – College Board
- Appendix D – Topic 3: The business of dentistry and corporate structures
- Appendix E – Speaker Bios
- Appendix F – Registrant 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?

Participant responses:

- Unable to provide best treatment as not covered by insurance
- Compliance by all
- As educators we see an absence of specific supervision for CDA students (Add specifics to bylaw on this)
- Additional mandatory course or other exam before getting license
- Patients leave for offices which don't require co-payment
- Patients outright telling our staff that they will move to another office near our clinic since that office doesn't collect co-pay from insurance
- Who checks on infection control guidelines for international students?
- Is this issue for the College
- Change in patients' expectations – related to internet
- Dr. Google (little bit of knowledge a bad thing)
- CDAs not trained adequately in recordkeeping
- Complaint process flawed
- College wants to ensure patients complaints less like to complain HPRB
- Cost to become a dentist extreme – public doesn't know
- Influx of new immigrants
- Exam dentists – cheaper education, B.C. education more rigorous
- Separate BCDA funding from registration – conflict of interest.

Appendix B: Decline of public trust

Discussion hosts: Dr. Don Anderson with Dr. Meredith Moores, Oleh Ilnyckyj

Discussion questions:

- What pressures or barriers do you feel have the greatest impact in your ability to make ethical treatment decisions for your patients?
- Given its public protection mandate, what role (if any) do you see the College having in addressing these pressures or barriers?

Participant responses (from flipcharts):

Pressures / barriers to ethical practice:

- Competition for patient → advertising
- Extreme competition
- Financial issues could be a barrier
- Lost patients due to others offering 2 for 1 services (collusion)
- Desperate for patients → willing to lose co-pay (loss leader) - Role of College: Talk to dental groups involved in not accepting co-payments to let them know it's not ethical
- Patients ask to match fees
- Undercuting fees – advertising it
- Oversupply of dentists in big cities – survival mentality
- Co-payment, patient wants it waived / competition with those who do it
- Competition – major differences in treatment plans
- Not being able to offer the best and most suitable treatment because it is not covered by the patient's insurance
- For recent dental grads massive cost of education and cost of practice purchases causes massive debt (role of College: Deeper investigation of corporate dentistry / reviewing associate contracts with corporate dentistry especially production expectations
- Production lines and amount of patients for CDAs (role of College: Production expectations affect CDAs
- Patients' inability to pay causes limiting of options (role of College: Patient education re: obligation to all options)
- Role of College: Greater protection of dentists in corporate dentistry
- Production
- Cost of service/overhead
- Too many dentists for # of patients (role of College: control of # of incoming dentists)
- Lack of patient loyalty
- Internet/Google (role of College: Pact on misleading information)
- Financial burden
- Patients demanding or asking no co-payment (role of College: Identify this as fraud
- Decrease of ethics in profession (role of College: Regular compulsory CE)
- Misleading advertising (role of College: Reassess advertising bylaw to address misleading)
- Dentists overdiagnosing

Role of College:

- Increase fee and hire more staff
- Random calls from College staff to check if co-payments are being collected
- Undercover patients to investigate practices

Role of College re: Complaints:

- Preach to dentists to earn and value respect
- Co-partners in education
- Student professionalism and ethics association

    - Big in US
    - Trying to bring to Canada American College of Dentists movement in US
  - Greater College involvement with UBC

- Advertising restrictions not strong enough
- Agressive treatment plans of new dentists
- Solution: More staff needed to check advertising

Problem	Solution
• Running the business part of dentistry takes a big toll out of and sometimes dampens practice of dentistry • Commercialization of dentistry as a profession • Lack of faith of patients	• Advertising should be restricted and controlled
• Advertising rules not being followed, not enforced	• Hire personnel to vett signs, website, etc.
• Decrease of new patient flow (impact of advertising from corporate dentistry or a single general dentist)	• Limit # of new dentists in lower mainland • Incentive for new grads to go rural
• Unprofessional advertising by dentists	• More balance / restrictions of advertising
• Complaints about aggressive treatment plans by the younger or newer dentists	• Reporting to the College of what we think is aggressive treatment

  - Advertising and promotions devalue the profession
    - The difference between the DSS who qualifies via challenging the National Dental Examining Board and one who takes the 2 year qualifier
    - Other dentist should not be critical of other dentists work unless obviously very substandard and recently done
    - Advertising and promotions
      - Kickbacks
      - Gift cards
      - Rewards
      - Comm criticizing our practice
      - Health practices trust at stake
    - The push to maximize billing on a daily, weekly, monthly basis
    - Dentists relation to College:
      - Trust issue
      - Dentist is guilty until proven innocent
      - Credibility of chair
      - Complain - it can be very obvious lie and totally non secure
    - Aesthetics – where do you start?
    - What is in a patient's heart?

  - More transition of patients from practice to practice decrease loyalty
  - Push to maximize billings
  - Criticism within the profession. Never criticize a person until you've walked in their shoes
  - Dentist-College Relations:
    - Perception - guilty until proven innocent

    - DDS/DMD vs. challenges of NDEB

- The College admin has been asleep at the switch
- The history of how this has come about → false advertising or misleading
- Making offices/dentists accountable for misleading advertising claims
- RCDC designations should mean something and be usable
- Inexperienced practitioners pushed to perform too complex treatment in order to make $
    - Foreign dentists regulations - the exam contents
    - Advertising: Indicating one is superior than others / price war
- When a dentist faces a complaint, charts are reviewed and every problem is identified, scope of practice → Not the issue raised, becomes the focus, if you are going to be sandbagged by the process why cooperate? No matter what I write in the chart, it seems it will always be deficient according to the bulletin. How does one comply?
- Patients are looking for dentists that they can trust. Strategies?
- False or misleading advertising online e.g. Biological dentist?

Additional participant comments on this topic (from evaluation form):

- Reported and restriction of advertising.
- 2 Discuss the dilution of ethics contributed by foreign trained DD S achieving NDEB. 1. Qualifying course vs. 2. Challenging the NDEB
- The responsibility should fall squarely on the dentists to regain trust
- Initial appointment -- taking time -- listen to the patient -- gain their confidence and trust.
- Due to volume of patients, some patients feel like they did not get the full attention of some dental providers.
- Talk about the structure of complaints process. ie. complaints committee and inquiry should not be in cahoots with one another. CDSBC & BCDA should be separated - major conflict of interest.
- Vastly different treatment plans presented by different dentists to the same patient could erode trust.
- Media - constant barrage of inadequacies by different dentists' treatment plans implying that dentists are out to fleece the general public.
- Rests on individual dentists to regain trust.

Appendix C: Bylaw Part 2 – College Board

Discussion hosts: Rick Lemon, Dr. Mike Flunkert with Leslie Riva

Discussion question: What changes would make the College Board function better?

Participant comments:

Elections
- President elect vice president
- Board should elect board officers
- Count ballots outside of the firm (CDSBC)
- Electronic voting
    - CE credit required to vote
- Anonymous selection
- Continue with elections of Board Members
- Some like current system with succession plan and no treasurer
- like election process
- Works well as it is
- Reduce fee to vote (Increase voter turnout by offering a discount on the renewal fee)

Composition
- Board Size is too big
- Committee level – why specialist position on board? Why UBC designated seat?
- Composition = one year transition *is* too short
- Orientation to potential board and committees is required
- "mentoring process"
- Make it smaller: Separate CDAs and Dentists from Board or reduce *the* number of CDAs and Dentists on the Board
- Objectivity – higher turnover
- One specialist on the Board
- President/chair needs to be a dentist

Terms and succession
- 2 x 3-year terms
- Succession occurs – good for mentoring and preparation within the Board
- Mechanism to be able to remove Board member
- 2-year terms for board officers (and 3 years board experience before running for officer)
- 2-3 year term for continuity
- Succession plan ladder – good head hunting needed for board and committees

Board activities
- Get the Board more involved in requirements (education i.e. infection control)
- Improve on early warning signals so discussions end up on the agenda earlier
- Recognize change and adapt faster

Additional participant comments on this topic (from evaluation form):
None

Appendix D: 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. Susan Chow

Aspect	Evidence	Solution
• We don't know what we don't know • Relationship - Non-existent - Lack continuity • Dentists do not like the business side of dental office • Debts • Brand name does not equate to quality • Insurance company	• Collect evidence • Confidentialty agreement • Get a contract • Contractual obligation	• Can (the practice of confidentiality agreements) be stopped? Enforcement? • Owner need to be identified - should this be complaint driven? • Educate dentists. Educate the public • Not allow "Non-Disclosure agreement" – New Bylaw

Discussion host: Jerome Marburg

Aspect	Evidence	Solution
Not experiencing this directly but hearing from States/Canada. Corporate structure not the issue - corporate thinking in all forms of business	Huge marketing budgets Billing targets to sustain revenue expectations	
Not limited to "corporate owned" but seeing in some offices high turnover of dentist related to production / billling expectations	Anecdotal Reported by colleagues	Make a complaint to CDSBC but need evidence for this
There is so much variance in treatment planning with acceptable range that it makes it dificult to get evidence of a bad actor	Referrals in and second opinions	More informed patients
Is it ethical to accept volume rebates from suppliers e.g. invisalign, gold/silver	Market evident • Rule against representing volume recognition as quality of service • Should not influence consent and choices presented to patients	Should Registrar get involved in this? Double-edged sword Are savings passed on to patients? Is it used to compete unfairly?

Third-party labs: New owner has set up lab and demanded everyone buy from it. Isn't actually a lab. It's a front.	Practitioner has it happening in their office	CDSBC statement on billing and third-party labs
Associate agreements with confidentiality clauses and penalty if (associate) makes a complaint to regulator	Ancedotal to BCDA	CDSBC published a bulletin on this – such clauses are illegal/ unenforceable. CDSBC working w/ BCDA to develop standard form clauses for associate agreements and purchase/sale

Additional participant comments on this topic (from evaluation form):

- Have anonymous whistle blowing as it applies to Associate/Principle Relationship causing associates to feel pressured ethically in those practices.
- More pressure from our professional organization to the government to stop the increase in the corporate tax.
- Production (quota) is so high to reach. If the dentist needs to work a lot, CDAs also feel the stress on meeting the production. We do not feel that we are getting paid enough.
- Dangerous - why aren't CDSBC doing anything? Young dentists are super worried. Being blacklisted, can't pay debts if corporations pass on their names.
- Is there a bylaw requiring clinics to publicly post what each dentist's role is in the practice? Who is the owner? Part owner? Associates with no share of the business? Salaried employee?

Appendix E: Speaker biographies

Dr. Don Anderson
President, CDSBC Board
Don received his dental degree from UBC in 1974. He is a former chair of the College's Professional Review*, Inquiry*, and Discipline committees. For the last six years he has practised in Burnaby, focusing exclusively on implant dentistry. Don mentors study clubs in B.C. and Alberta on surgical and prosthetic implant dentistry.

* indicates service on a committee under the *Dentists Act.*

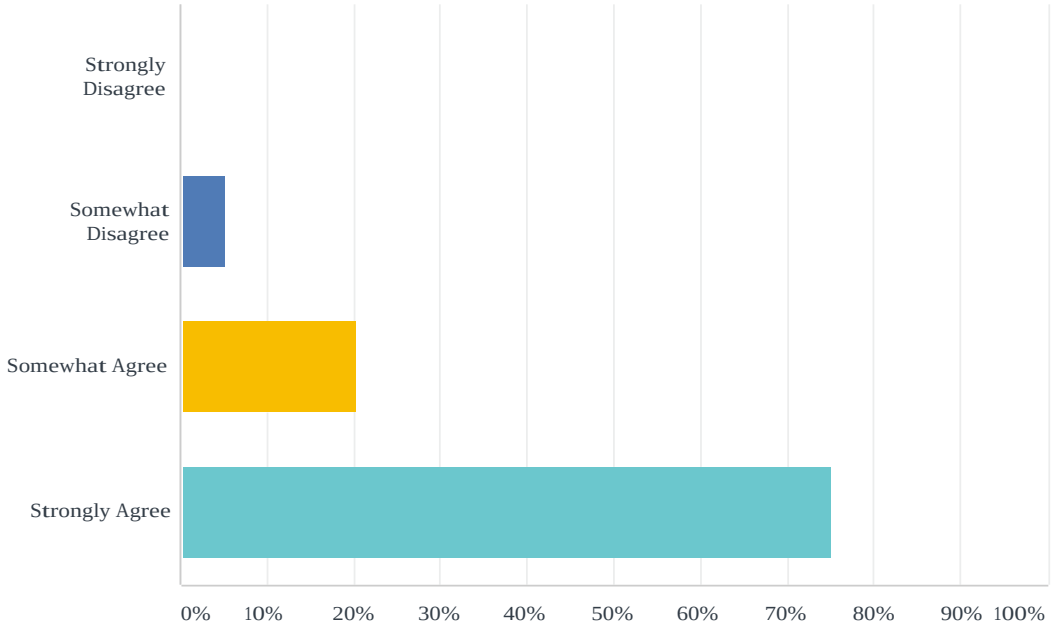
Rick Lemon
Public Member, CDSBC Board
Rick served on the Board from 2008-17 and is chair of the Bylaws Working Group. He has served on several College committees, including Ethics, Inquiry and Governance. Rick has many years of experience in the tourism/hospitality industry, and is currently the Principal at Tourism Management Services.

Jerome Marburg
CEO/Registrar
Jerome directs all administrative and operational matters at the College, 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 F: Registrant evaluations

Q1 I had adequate opportunities to express my views.

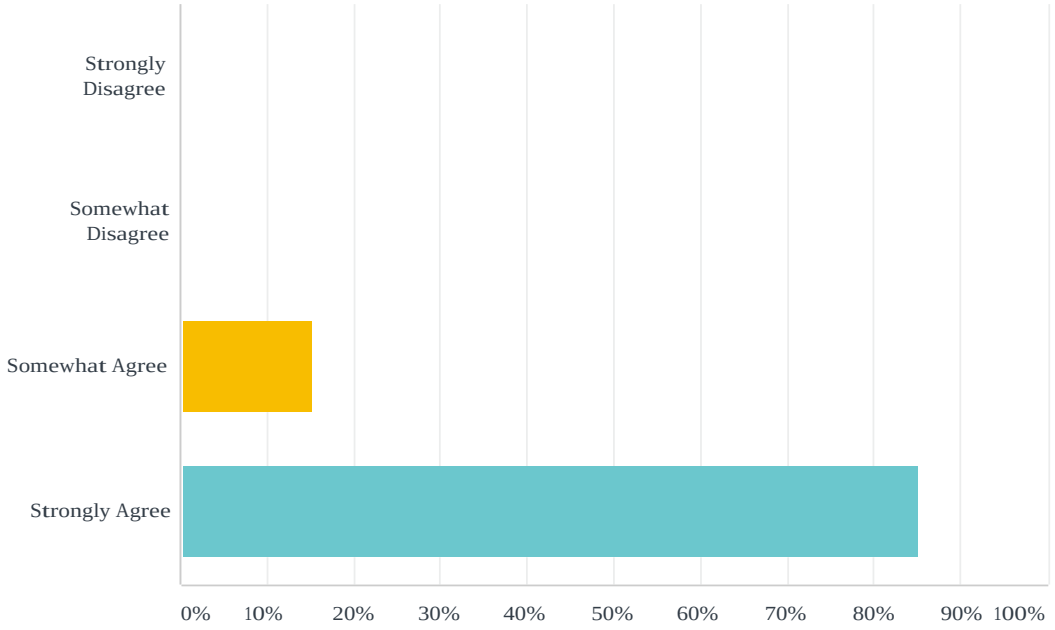
Answered: 20 Skipped: 1



ANSWER CHOICES	RESPONSES	
Strongly Disagree	0.00%	0
Somewhat Disagree	5.00%	1
Somewhat Agree	20.00%	4
Strongly Agree	75.00%	15
TOTAL		20

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

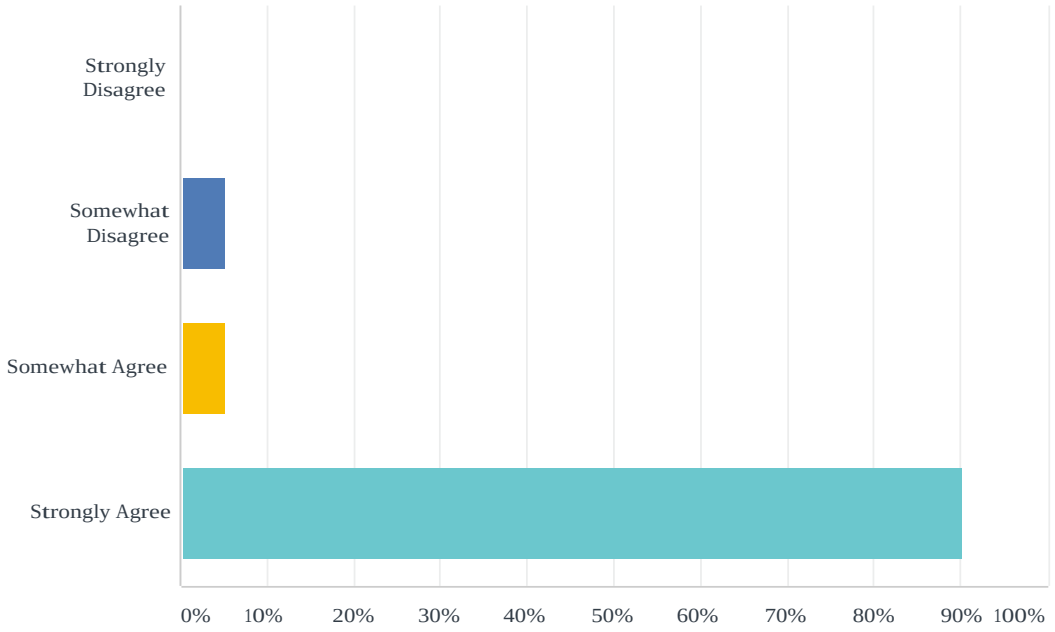
Answered: 20 Skipped: 1



ANSWER CHOICES	RESPONSES	
Strongly Disagree	0.00%	0
Somewhat Disagree	0.00%	0
Somewhat Agree	15.00%	3
Strongly Agree	85.00%	17
TOTAL		20

Q3 CDSBC demonstrated a commitment to listening.

Answered: 20 Skipped: 1



ANSWER CHOICES	RESPONSES	
Strongly Disagree	0.00%	0
Somewhat Disagree	5.00%	1
Somewhat Agree	5.00%	1
Strongly Agree	90.00%	18
TOTAL		20

Q4 Additional comments on the decline of public trust?

Answered: 9 Skipped: 12

#	RESPONSES	DATE
1	Reported and restriction of advertising.	9/29/2017 3:39 PM
2	Discuss the dilution of ethics contributed by foreign trained DD S achieving NDEB. 1. Qualifying course vs. 2. Challenging the NDEB	9/29/2017 3:37 PM
3	The responsibility should fall squarely on hte dentists to regain trust	9/29/2017 3:23 PM
4	Initial appointment - taking time - listen to the patient - gain their confidence and trust.	9/29/2017 3:22 PM
5	Due to volume of patients, some patients feel like they did not get the full attention of some dental providers.	9/28/2017 3:10 PM
6	Talk about the structure of complaints process. ie. complaints committee and inquiry should not be in cahoots with one another. CDSBC & BCDA should be separated - major conflict of interest.	9/28/2017 3:01 PM
7	Vastly different treatment plans presented by different dentists to the same patient could erode trust.	9/28/2017 2:55 PM
8	Media - constant barrage of inadequacies by different dentists' treatment plans implying that dentists are out to fleece the general public.	9/28/2017 2:41 PM
9	Rests on individual dentists to regain trust.	9/28/2017 2:31 PM

Q5 Additional comments on bylaw part 2- college board?

Answered: 0 Skipped: 21

#	RESPONSES	DATE
	There are no responses.	

Q6 Additional comments on business of dentistry and corporate structures?

Answered: 5 Skipped: 16

#	RESPONSES	DATE
1	Have anonymous whistle blowing as it applies to Associate/Principle Relationship causing associates to feel pressured ethically in those practices.	9/29/2017 3:37 PM
2	More pressure from our professional organization to the government to stop the increase in the corporate tax.	9/29/2017 3:25 PM
3	Production (quota) is so high to reach. If the dentist needs to work a lot, CDAs also feel the stress on meeting the production.We do not feel that we are getting paid enough.	9/28/2017 3:10 PM
4	Dangerous - why aren't CDSBC doing anything? Young dentists are super worried. Being black listed, can't pay debts if corporations pass on their names.	9/28/2017 3:01 PM
5	Is there a by law requiring clinics to publicly post what each dentist's role is in the practice? Who is the owner? Part owner? Associates with no share of the business? Salaried employee?	9/28/2017 2:55 PM

Q7 What worked well at the Listening Session?

Answered: 13 Skipped: 8

#	RESPONSES	DATE
1	I thought it was very well organised.	9/29/2017 3:37 PM
2	Open discussion.	9/29/2017 3:25 PM
3	Small groups and visual aids.	9/29/2017 3:23 PM
4	Ideas put forward.	9/29/2017 3:22 PM
5	Groups and feedback stimulate discussion.	9/29/2017 3:20 PM
6	Facilitators were great to let each participant speak or include others who are a bit shy. Facilitators were tactful and professional to keep on track.	9/29/2017 3:18 PM
7	Small group discussions - this provided an opportunity for more in-depth discussions. It is interesting to listen to the opinions of different participants in the group.	9/29/2017 3:13 PM
8	Both CDAs and dentists concerns were discussed, however, time wasn't enough to discuss more.	9/28/2017 3:10 PM
9	Break out groups gave everyone the opportunity to be heard more.	9/28/2017 3:05 PM
10	Are you all really listening?	9/28/2017 3:01 PM
11	Small group discussions with reports.	9/28/2017 2:55 PM
12	Boards gave individuals a chance to speak.	9/28/2017 2:43 PM
13	Smaller groups allowed everyone to give their point of view.	9/28/2017 2:41 PM

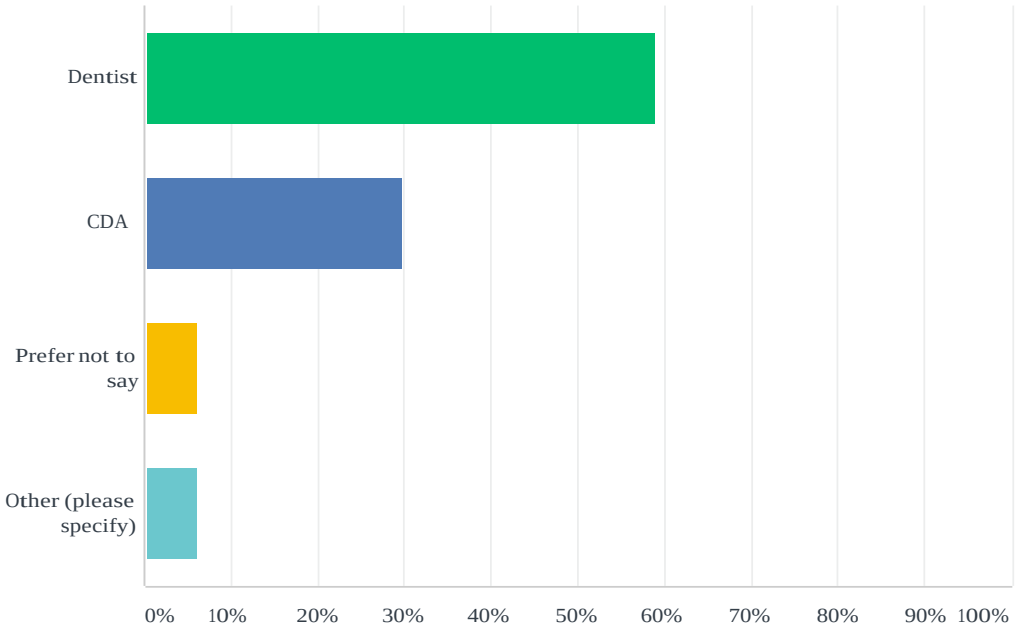
Q8 What could have been improved about the Listening Session?

Answered: 11 Skipped: 10

#	RESPONSES	DATE
1	I would like to get started earlier.	9/29/2017 3:37 PM
2	More sessions.	9/29/2017 3:25 PM
3	Worked well in the time frame allotted.	9/29/2017 3:22 PM
4	Maybe more time. 3 topics is ambitious. Each topic can take a fair amount of time to brainstorm.	9/29/2017 3:18 PM
5	Time allotment. It seems like 2 hours are not sufficient. Perhaps, schedule this session for 3 hours so that the participants can plan ahead and not need to leave before the session is over.	9/29/2017 3:13 PM
6	More time for the discussions/brain storming.	9/28/2017 3:10 PM
7	Given the time constraint, I suggest cutting the discussion topic to two. by the time I got to the third topic, it was mostly non-productive grumbling. Encourage more CDA participation.	9/28/2017 3:05 PM
8	Are our suggestions being taken seriously?	9/28/2017 3:01 PM
9	People talking over each other, hard to get your word in. Who brings all this input back to CDSBC and how will it be used to guide policy?	9/28/2017 2:55 PM
10	Need more young dentists "under 40" crowd. Need to get them out to these sessions.	9/28/2017 2:43 PM
11	What would be nice to know is how the CDSBC will take some of these opinions and implement these?	9/28/2017 2:41 PM

Q9 To which of the following groups do you belong?

Answered: 17 Skipped: 4



ANSWER CHOICES	RESPONSES	
Dentist	58.82%	10
CDA	29.41%	5
Prefer not to say	5.88%	1
Other (please specify)	5.88%	1

TOTAL

17

#	OTHER (PLEASE SPECIFY)	DATE
1	Retired and instructor licence.	9/28/2017 2:43 PM