



Annual Report 2008/09

College of Dental Surgeons

of British Columbia



Regulating dentists and certified dental assistants in the public interest



Annual Report

March 1, 2008 to February 28, 2009

About the College

The College of Dental Surgeons of British Columbia registers, licenses and regulates dentists and certified dental assistants in the public interest.

Mission Statement

The College of Dental Surgeons of BC assures British Columbians of professional standards of oral health care, ethics and competence by regulating dentistry in a fair and reasonable manner.

Vision Statement

The College of Dental Surgeons of BC will be the leading health care regulatory body, promoting optimal oral health for British Columbians through excellence in dentistry and regulation based on principles of fairness, reasonableness and justice.

College of Dental Surgeons of British Columbia

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Publication Date: June 2009

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President's Report



The transition to the *Health Professions Act (HPA)* marks a new era of regulation for the College. Through this umbrella legislation, the province is standardizing the regulation of health care and providing a consistent framework for how health care is delivered to British Columbians.

While there are changes in language and governance of the College, the essence of how dentists and certified dental assistants are regulated is largely unchanged and the new legislation will not have a significant effect on their day-to-day work.

That said, there are some key differences, one of which is the requirement for continuous practice. The College Bylaws state that practising dentists must maintain 900 hours of practice over a period of three years, while practising CDAs must maintain 600 hours of practice over that time frame. We are planning to phase this in over the course of one year, so that in order to renew their registration or certification in 2010, dentists and CDAs must have undertaken some practice in the past three years. For renewal in 2011, however, the requirement will be fully implemented as written in the Bylaws.

Another change worth noting relates to certified dental assistants, and the move away from a focus on a list of "duties" to a broader principle of providing "services." I believe this is a welcome change because it gives CDAs the potential for an expanded role in the provision of oral health care, as long as they have received the necessary training and are fully competent in each skill they perform.

National collaboration

There has been much conversation among regulatory bodies in recent years about the need to work collectively and collaboratively. I feel this initiative took off in 2008, with the creation of a national consensus on issues like labour mobility and internationally trained dentists – specialists and generalists alike. I found it personally rewarding to see how well B.C. worked beside the other provinces on these coast-to-coast initiatives.

On the provincial level, the College benefits from our relationships with our professional associations – the BC Dental Association and the Certified Dental Assistants of BC – as well as the dental and CDA component societies. We are also working more closely with UBC's Faculty of Dentistry and with the CDA educators around the province.

The College is a signatory to the revised Mutual Recognition Agreement to recognize the formally achieved qualifications of Level II dental assistants from outside B.C. In January, members of the Canadian Dental Regulatory Authorities Federation (CDRAF) reached an agreement in principle that is consistent with the Agreement on Internal Trade (AIT) that will ensure labour mobility for dentists.

We will host our provincial counterparts in the Canadian Dental Regulatory Authorities Federation in October 2009.

Sirona Learning Centre

The renovation of the aging clinic at College Place was led by the Study Club Alliance of BC and their vision came to life when the Sirona Learning Centre opened its doors in early February. The College was a major contributor, with a donation of over \$250,000, in addition to a loan of \$300,000 toward the successful completion of the facility. The College recognizes the value of the Sirona Learning Centre in promoting competence in dental practice and reinforcing lifelong learning.

We have great expectations of and for this facility. Not only are its equipment and design state-of-the-art and perhaps without comparison in the region, but it has the potential to enhance the quality of care we deliver to the public.

With the transition to the *HPA*, the government appointed each of us on Council to serve as the first Board for the coming year, with elections to take place in spring 2010. It is a privilege to provide this continued leadership to the College.

It has been a pleasure to serve as College President this past year. As we close the book on the *Dentists Act* after more than a century, we can take pride that our continued financial health and the support and expertise of our Board, volunteers and staff position us well for the future.

Sincerely,



Ash Varma, DMD
College President

Registrar's Report



Looking Back

On March 6, 2008, the College marked the 100th anniversary of the self-regulation of dentistry under the *Dentists Act* and the establishment of the organization that is now known as the College of Dental Surgeons of British Columbia.

It is interesting that this past year, a great deal of time was spent in preparation for the transition to regulation of dentists and certified dental assistants to the *Health Professions Act (HPA)*. The drafting of the College Bylaws was a long journey, with the work accelerating in recent months as the official transition date of April 3, 2009, drew near. The Bylaws are the result of consultation with key stakeholder groups, College committees and Council, dental and CDA associations, dental educators, and of course, dentists and CDAs themselves. Throughout this process, we worked closely with the Ministry of Health Services to review the feedback and incorporate it as appropriate.

Two other issues we addressed in the past year were labour mobility, including working on the development of a process to assess the qualifications of internationally trained specialists and general dentists. The Trade, Investment and Labour Mobility Agreement (TILMA) is an agreement between B.C. and Alberta that allows for mobility for dentists between the two provinces. The Agreement on Internal Trade (AIT) is an agreement between all provinces that requires that a dentist with a full licence in one province can easily become registered in another. In both of these situations, a great deal of work has been done collaboratively with other jurisdictions in Canada to ensure that standards for entry to the profession are comparable across the country. Both agreements take effect later in 2009.

We also participated in a national study of dentistry by the federal Competition Bureau. The College met with our partner organizations across Canada to ensure that there was a common understanding of the questions being asked by the Competition Bureau. A report of the Competition Bureau findings is expected later in 2009.

The committee reports in the College of Dental Surgeons of BC's 2008/09 Annual Report will detail major policy achievements of the past year, and I will address two of them here.

Clinical Practice Guidelines for the Prevention of Oral Cancer in B.C.

We worked with the BC Oral Cancer Prevention Program of the BC Cancer Agency to develop clinical practice guidelines for oral cancer screening. The document, *Guideline for the Early Detection of Oral Cancer in British Columbia*, was released at the 2008 Pacific Dental Conference and is intended to help dentists make informed decisions about screening for oral cancer in practice.

365-Day Rule

College Council approved the adoption of a set of principles for the development of a new model to replace the current 365-day Rule. The rule states that a patient may only be treated by a dental hygienist if they have been examined by a dentist within 365 days. The new model will address government's intent to ensure greater freedom of choice and increased access to care. The principles were jointly developed by the College and the College of Dental Hygienists in consultation with other stakeholders, including the member services associations for dentists and dental hygienists.

Complaints

The average time to resolve a complaint continued to be between six and eight months. Although there are many possible resolutions to a complaint, often the alternate dispute resolution (ADR) process leads to an agreement with the dentist or CDA for remediation and ongoing monitoring.

Agreements have included attending study clubs, taking part in customized remedial courses and other measures, including periods of monitoring, to ensure the issues regarding the standards of care and/or professional conduct of the dentist or CDA have been addressed and the public is protected over the long term. The agreements are in writing, and the registrants are always given the opportunity to take them away and review them (with legal counsel if they wish) before signing.

The past year saw a decrease in telephone calls and written complaints received by the complaints team. The number in parentheses indicates figures from the previous year.

Telephone Calls	Written Complaints
465 (648)	146 (187)

The main clinical issues mentioned by the complainants were:

- diagnosis and treatment planning
- prosthodontics – fixed
- endodontics
- surgery – odontogenic

As in past years, non-clinical issues such as patient relations, informed consent and billing were significant factors in many complaints.

New registrations: 2008/09

figures in parentheses refer to the 2007/08 year

Dentists	Certified Dental Assistants
131 (136)	496 (483)

Licences issued

figures in parentheses refer to the 2007/08 year

Dentists		
Active	Specialists	Non-Practising
2652 (2597)	330 (322)	143 (141)

Certified Dental Assistants		
Active	Limited Permits	Non-Practising
5564 (5380)	283 (344)	541 (525)

Operations

As 70 per cent owner of the College Place building, it is incumbent upon us to maintain and protect this important asset. To this end, we carried out an engineering and mechanical assessment of the building and learned that upgrades will need to be made to the building envelope in the near future. This work is essential in order to protect the structural integrity of the building for the immediate future and longer term. It is expected that work will begin on this project later in 2009.

College staff and management

By the end of the fiscal year we had made changes to the College management team to support our organizational goals. Sandra Harvey, a former Council and committee member, joined us as our Manager of CDA Regulation. Sandra oversees the certification process for the province's 6400 certified dental assistants. To assist in the timely resolution of complaints, we added two part-time dentists to our complaints team: Drs. Cathy McGregor and Garry Sutton. Our new Manager of Communications, Anita Wilks, is responsible for communications planning and programs at the College. Margot White took on a broader role as Director of Policy Development and Communications.

It's fair to say that the regulatory landscape has undergone remarkable changes in the 101 years since the College of Dental Surgeons of BC began regulating dentistry in this province. Our stakeholders – including dentists, CDAs, government, educators, other health regulators, and above all, the people of B.C. – have increasingly high expectations of what it means to be a regulator in the public interest, as well they should. It is a challenge and an honour to fill that role, and I thank the Council, committee volunteers and staff for all that they do to serve this College.



Heather MacKay
Registrar

Public Member's Report

Having served as a public representative on the Council of the College of Dental Surgeons of BC for the past seven years, I can attest to the development and maturation of the College into a leading self-regulatory body in the province of B.C. The Council functions under a clear governance model that recognizes public and professional members as having the same status. The professional members promote the understanding of technical information required for discussion and decision. The public members bring a range of experience in governance, public policy and board operations to assist Council in carrying out its mandate to regulate the practice of dentistry in the public interest in B.C.

After more than 100 years of regulation under the *Dentists Act*, the practice of dentistry has recently been brought under the *Health Professions Act (HPA)* which, in part, enshrines the continued requirement for public participation in all aspects of dental regulation. Much work has been done by staff and Council in recent years to work with government and others to bring about this transition. Current Council members have been reappointed by government under the HPA for next year as members of the newly constituted Board of the College of Dental Surgeons of BC.

To do the best job possible, all board members, registrants and public members are committed to professional growth and development. Two examples from this year are a newly developed, extensive board orientation program implemented in the fall, and a training session on the *Health Professions Act*, Regulations and Bylaws as they apply to the practice of dentistry in B.C.

It is a distinct privilege and honour to serve as a public representative on the now-Board of the College of Dental Surgeons of BC along with my public and professional colleagues who are committed to regulating the practice of dentistry to serve the public interest.



Paul Durose

Committee Reports

Accreditation Committee

The Accreditation Committee makes recommendations to Council concerning guidelines and requirements for registrants who provide general and conscious sedation anaesthetic services independent of hospitals. Committee members inspect and accredit dental offices and facilities where such services are provided.

The existing *Guidelines on General Anaesthesia in Dentistry* and on *Deep Sedation Services in Dentistry* were updated to state that a defibrillator is required but that the defibrillator is not required to be capable of synchronous cardioversion. Revised terms of reference were adopted by Council for the Minimal and Moderate Sedation Working Group to include general dentists and specialists in this Group. The Group is in the process of revising the standards and requirements for minimal and moderate sedation.

The committee agreed in principle to the concept of modified inspection of dental facilities which provide deep sedation in cases where one anaesthesia provider takes the same set of transportable equipment and medication to several dental facilities.

The CDSBC also met during the year with the College of Physicians and Surgeons of BC to discuss issues that impact both colleges with respect to the provision of anaesthesia in dental facilities.

This past year, the committee inspected 12 dental facilities offering deep sedation and general anaesthetic services. There are currently 15 fully authorized dental facilities in B.C. offering general anaesthetic services and 12 offering deep sedation services.

Audit

This committee assists Council in its oversight of financial reporting and other disclosures of the College. The committee also reviews and reports on the adequacy of internal controls. At the direction of Council from the 2008 annual general meeting, the Audit Committee was tasked with the appointment of the independent auditing firm used to issue the

annual financial statement. The Committee issued a Request for Proposal, interviewed six firms and selected KPMG.

Certified Dental Assistant (CDA) Advisory

The Committee addresses CDA regulatory issues, provides updates to Council and liaises with the Certified Dental Assistants of British Columbia (CDABC), the member service organization.

The Committee and Council were actively involved with clarification of the 60-day Rule and clinical supervision for CDA educational programs operating in B.C. at the request of the Commission on Dental Accreditation of Canada. The previously passed rules continue to stand and this was communicated with all stakeholders in CDA education.

Council previously approved *Requirement for Proof of Upgrading*, which was developed by the Committee in anticipation of new skills being added to the list of CDA duties. This document outlined how practising CDAs would receive upgrading or education in order to practise new skills. This has since been rescinded by Council to allow for broader training modalities that CDAs can access, and now include in-office education provided by a dentist.

The Prosthodontic Module Working Group continued to amend the module and reported back to the CDA Advisory Committee with regular status updates.

There were numerous changes in committee membership with the expiry of Kathy Boyd's term as chair in September and the appointment of Sandra Harvey in that role. Because Sandra joined the College in June as the Manager of CDA Regulation, she was subsequently replaced as chair by Leslie Riva. Lane Shupe agreed to continue on Council to fulfil the remainder of Sandra's term.

CDA Examination Committee

The CDA Examination Committee reviews and assesses programs and credentials of graduates from dental assisting, dental, dental hygiene and dental therapy programs from outside B.C. who are applying for registration

as CDAs. This is done through recommendations from the Qualifications Review Subcommittee (QRS).

The CDA Examination Committee did not meet during the fiscal year.

The QRS had previously determined that CDSBC needed to establish Orthodontic Module guidelines to evaluate applicants from other provinces with existing orthodontic training. A consultant was hired to work on this project, who then conducted a survey to review and assess post-graduate orthodontic training for CDAs.

As both this committee and subcommittee have been disbanded under the *Health Professions Act*, this project will be forwarded to the CDA Advisory Committee for further action.

Election and Awards

The Election and Awards Committee has a dual mandate: to ensure that all elected College Council positions are filled following the close of nominations, and to solicit nominees and select deserving candidates to receive College awards.

The Committee revised the process for nomination and selection of award candidates this year based on more objective criteria. The award categories were revised by maintaining the Honoured Member and Distinguished Services awards and amalgamating the Award of Merit (formerly Certificate of Merit) with past recipients of the Certificate of Appreciation as the third category.

The Committee established a President's Certificate of Appreciation to be utilized to extend appreciation on behalf of the College to individuals who make contributions to the College that do not qualify for one of the three College awards.

The following individuals were chosen to receive College awards on March 5, 2009 at a reception held during the Pacific Dental Conference:

Honoured Member Award

Dr. John Fraser

Distinguished Service Award

Ms. Kathy Boyd
Ms. Lynn Carter
Dr. David Kennedy
Dr. Peter Lobb*
Dr. Bill McNiece

Award of Merit

Ms. Maureen Leech
Dr. Bernie Legatto
Dr. Ed O'Brien
Mr. Bill Phillips
Dr. Miriam Rosin
Mr. Clayton Shultz
Dr. Michele Williams

*as determined by CDSBC Council. Dr. Lobb was also presented with the Past President's plaque and pin.

Ethics

The role of this committee is to review the Code of Ethics and Promotional Activities contained in the Rules under the *Dentists Act*. It communicates with dentists concerning advertising and promotions that do not fall within the Rules, and makes recommendations to Council when appropriate.

The Committee reviewed promotional activity submitted by concerned individuals. The Working Group continued to review and revise the Code of Ethics and advertising guidelines.

Inquiry

The Committee formally investigates the conduct of any current or former registrant when the investigation of a complaint identifies a serious problem or when the complaint cannot be resolved through mediation or by a peer review committee. An inquiry is similar to a court proceeding and more formal than meetings of the Professional Conduct or Practice Standards Committees.

No inquiries were initiated or held in this fiscal year.

Practice Standards

The role of this committee is to consider complaints for which an appropriate response might reasonably include a recommendation for the registrant under review to take corrective or

remedial action. It carries out the powers, functions and duties delegated to it under Article 16A of the Rules under the *Dentists Act*.

The Committee reviewed one complaint during the fiscal year.

Professional Conduct

This is a peer review committee that reviews complaints that are not considered appropriate for the Practice Standards Committee. It carries out the powers, functions and duties delegated to it under Article 16B of the Rules under the *Dentists Act*.

As of February 29, 2009, the Committee had 12 files under review. Of these complaints, 11 were regarding one dentist.

Quality Assurance

The Quality Assurance Committee (QAC) promotes, reviews and recommends programs designed to establish and maintain standards of knowledge, skills and attitudes of registrants necessary for the delivery of competent oral health care. They develop and recommend policies to the Council concerning guidelines for continuing education requirements.

The Committee reviewed four requests for continuing education credit appeals and reviewed the Pacific Dental Conference course program to determine which courses would be eligible for credit.

The Continuing Competency Working Group met several times during the year to further define the program components for an enhanced Quality Assurance program for dentists and CDAs. The College also worked with Dr. Glenn Regehr, a recognized expert in continuing competence for health care professionals, to host a workshop for members of the QAC and the elected officers of the College.

The Committee has also been working on new and innovative modalities for dentists and CDAs to achieve improved levels of clinical practice and patient care as they engage in lifelong learning opportunities.

The QA Committee launched the first *Clinical Practice Guideline for the Early Detection of Oral Cancer in British Columbia* at the Pacific Dental Conference. Developed by the BC Oral Cancer Prevention program of the BC Cancer Agency with the endorsement of the CDSBC, the *Guideline* provides dentists with recommendations about the appropriate use of oral cancer screening techniques in adults.

The College's original *Clinical Practice Guidelines* document was removed from circulation and the College is researching a new approach to identify, review and develop clinical practice resources for dentists and CDAs. It is working with the Centre for Effective Practice in Toronto to create a draft framework for this purpose.

Registration

The Registration Committee reviews registration and licensure requirements, applications for registration with unique circumstances, appeals for reinstatement to the Register and appeals for annual licensure late payment penalties. The Committee met once during the fiscal year about the following matters:

- a dentist's request for registration and licensure
- a dentist's request for a prorated refund of their license fee
- late payment penalty appeals from four CDAs based on the recommendations of the CDA Licensure Subcommittee

Deceased Registrants

It is with regret that the College reports the following deaths:

Dr. William Jarvie Aitken
Dr. John Edward Balmer
Dr. Frederick William Banford
Dr. Carlos Humberto Carrillo
Dr. Ronald George Dickson
Ms. Marina Carmen Fry
Dr. William George Hetherington
Dr. Arnold Haviland Lane
Dr. George C.S. Ng
Ms. Mette Elisabeth Vickery

Council 2008/09

The College is governed by an 18-member Council that includes 10 dentists, two certified dental assistants and six public members appointed by the provincial government.

Elected Officers

Dr. Ash Varma, President
Dr. Bob Coles, Vice-President
Dr. Peter Stevenson-Moore, Treasurer

Dentists

Dr. Susan Chow
Dr. Karl Denk
Dr. Lonny Legault
Dr. Michael MacEntee
Dr. Bob McDougall
Dr. Jonathan Suzuki
Dr. Chiku Verma

Certified Dental Assistants

Ms. Leslie Riva
Ms. Lane Shupe

Public Members

Ms. Leona Ashcroft
Mr. Victor Bowman
Mr. Dan De Vita
Mr. Paul Durose
Ms. Deborah Folka
Mr. Richard Lemon



Back row, L – R: Mr. Victor Bowman, Dr. Bob McDougall, Dr. Jonathan Suzuki, Dr. Chiku Verma

Middle row, L – R: Dr. Susan Chow, Mr. Richard Lemon, Mr. Dan De Vita, Dr. Karl Denk, Mr. Paul Durose, Ms. Leslie Riva, Ms. Lane Shupe

Front row, L – R: Ms. Deborah Folka, Dr. Peter Stevenson-Moore, Ms. Heather MacKay, Dr. Ash Varma, Dr. Bob Coles, Dr. Michael MacEntee

Missing: Ms. Leona Ashcroft, Dr. Lonny Legault

Staff 2008/09

Rochelle Blaak
Communications Coordinator

Janice Campbell
Sirona Learning Centre Coordinator
(since Jan/09)

Nancy Crosby
Senior Assistant to Registrar (since Feb/09)

Karen England
Operations Coordinator (since June /08)

Myra Golab
Licensing Coordinator, Dentists (until Jan/09)

Karl Gray
Information Support System Technician

Sandra Harvey
Manager of CDA Regulation & Operations
(since June/08)

Elmira Jasarevic
Complaint Officer

Janet Khong
Meeting Coordinator

Betty Larsen
Director of Operations

Heather MacKay
Registrar

Cathy McGregor
Complaint Investigator (since Feb/09)

Elizabeth Milne
Licensing Coordinator, CDAs (L-Z)

Debbie Minton
Receptionist

Joanne Norgaard
Complaint Officer

Tory Norgren
Freedom of Information Coordinator

Diana Nuss
Dentist Registration Coordinator

Alex Penner
Deputy Registrar

Lena Ross
Communications Coordinator (since Feb/09)

Kiran Sangha
Administrative Assistant/Complaints
(April - May/08)

Anne Scales
Continuing Education Coordinator

Linda Spouler
Executive Assistant (until Dec/08)

Garry Sutton
Complaint Investigator (since Feb/09)

Karen Walker
Licensing Coordinator, CDAs (A-K)

Margot White
Director of Policy Development &
Communications

Betty Wiebe
Accounting Coordinator

Anita Wilks
Manager of Communications (since Jan/09)

Committees

Accreditation

Dr. Michael Henry, Chair
Dr. David Sowden, Vice-Chair
Dr. Martin Aidelbaum
Dr. Tobin Bellamy
Dr. Peter Chan
Dr. Brian Chanpong
Dr. Gerald Goresky
Dr. James Kim
Dr. John McGaw
Mr. Gordon McConnell
Ms. Heather MacKay, Registrar
Ms. Janet Khong,
Committee Administrative Assistant

Audit

Mr. Mehmud Karmali, Chair
Dr. Bob McDougall
Dr. Robert Rosenstock
Ms. Karen England,
Committee Administrative Assistant

CDA Advisory

Ms. Leslie Riva, Chair
Ms. Nadine Bunting, Vice-Chair
Ms. Kim Burroughs
Mr. Dan De Vita
Ms. Suzanne Feenstra
Ms. Judy Laird (until September 2008)
Ms. Maureen Leech (until September 2008)
Dr. Peter Lobb (until September 2008)
Dr. Bill McNiece
Ms. Brenda Sherwood (until September 2008)
Ms. Lane Shupe (until June 2008)
Ms. Pat Taylor
Dr. Ash Varma
Ms. Sandra Harvey,
Manager of CDA Regulation
Ms. Karen Walker,
Committee Administrative Assistant

CDA Examination

Ms. Michele Rosko, Chair
Ms. Joanne Brodersen
Ms. Maureen Chaddock
Dr. Heather Chisholm
Mr. Robbie Moore
Ms. Sandra Harvey
Manager of CDA Regulation
Ms. Karen England,
Committee Administrative Assistant

Election and Awards

Dr. Peter Lobb, Chair
Ms. Leona Ashcroft
Dr. Jim Brass
Dr. Myrna Halpenny
Ms. Marlane Paquin
Dr. Robert Rosenstock
Dr. Ash Varma
Ms. Margot White,
Director of Policy Development & Communications
Ms. Rochelle Blaak,
Communications Coordinator

Ethics

Dr. Mel Sawyer, Chair
Dr. Rand Barker
Dr. Ken Chow
Dr. Leetty Huang
Dr. Gail Landsberger
Mr. Richard Lemon
Dr. Bob McDougall
Mr. Bill Phillips
Ms. Lane Shupe
Dr. Brian Wong
Ms. Heather MacKay, Registrar
Ms. Janet Khong,
Committee Administrative Assistant

Committees continued

Inquiry

Dr. Don Anderson, Chair
Dr. David Jones, Vice-Chair
Mr. Gordon Adams
Ms. Linda Bartz
Ms. Pam Beatty
Dr. Peter Bradley
Mr. Stanley Brygadyr
Ms. Nadine Bunting
Dr. Josephine Chung
Dr. Arnold Dey
Dr. Chris Hacker
Dr. Myrna Halpenny
Dr. Erik Hutton
Dr. Robert Leung
Ms. Linda Spouler,
Committee Administrative Assistant

Practice Standards

Dr. John Carpendale, Chair
Dr. Bob Coles, Vice-Chair
Ms. Leona Ashcroft
Dr. Larry Cheevers
Mr. Paul Durose
Dr. Lonny Legault
Ms. Marlane Paquin
Ms. Kathy Pitt
Ms. Leslie Riva
Dr. Arnold Steinbart
Dr. Anthony Strelzow
Dr. Mel Tracey
Ms. Anne Tritt
Ms. Heather MacKay, *Registrar*
Ms. Elmira Jasarevic,
Committee Administrative Assistant

Professional Conduct

Dr. John Gercsak, Chair
Ms. Nadine Bunting
Dr. Greg Card
Dr. Theresa Chiang
Dr. Susan Chow
Ms. Rochelle Feniak
Ms. Cia Harms
Mr. Robbie Moore
Mr. Bill Phillips
Dr. Mike Racich
Dr. Andrew Shannon

Dr. Scott Stewart
Dr. Jonathan Suzuki
Ms. Lynn Willard
Ms. Heather MacKay, *Registrar*
Ms. Elmira Jasarevic,
Committee Administrative Assistant

Quality Assurance

Dr. David Tobias, Chair
Dr. Chiku Verma
Ms. Daphne Crowther
Dr. Karl Denk
Mr. Paul Durose
Ms. Deborah Folka
Dr. Bill Liang
Dr. Elaine Maxwell
Dr. John Nasedkin
Ms. Sylvia Stephens
Dr. David Vogt
Dr. Jim Yenaneji
Ms. Heather MacKay, *Registrar*
Ms. Linda Spouler,
Committee Administrative Assistant

Registration

Dr. Bruce Blasberg, Chair
Mr. Victor Bowman
Ms. Lynn Carter
Ms. Elli Cox
Dr. Warren Ennis
Dr. Alex Hird
Dr. Richard Jackson
Dr. Sandra Maduke
Dr. Jonathon Suzuki
Ms. Heather MacKay, *Registrar*
Ms. Linda Spouler,
Committee Administrative Assistant

Consolidated Financial Statements of

**COLLEGE OF DENTAL
SURGEONS OF BRITISH
COLUMBIA**

Year ended February 28, 2009



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AUDITORS' REPORT

To the Members of College of Dental Surgeons of British Columbia

We have audited the consolidated statement of financial position of the College of Dental Surgeons of British Columbia (the "College") as at February 28, 2009 and the consolidated statements of operations, changes in net assets and cash flows for the year then ended. These financial statements are the responsibility of the College's management. Our responsibility is to express an opinion on these financial statements based on our audit.

We conducted our audit in accordance with Canadian generally accepted auditing standards. Those standards require that we plan and perform an audit to obtain reasonable assurance whether the financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation.

In our opinion, these consolidated financial statements present fairly, in all material respects, the financial position of the College as at February 28, 2009 and the results of its operations and its cash flows for the year then ended in accordance with Canadian generally accepted accounting principles.

The prior year comparative figures have been audited by another firm of Chartered Accountants.

Chartered Accountants

Burnaby, Canada

April 8, 2009

COLLEGE OF DENTAL SURGEONS OF BRITISH COLUMBIA

Consolidated Statement of Financial Position

February 28, 2009, with comparative figures for 2008

	2009	2008
Assets		
Current assets:		
Cash	\$ 5,464,146	\$ 4,368,111
Short-term investments (note 3)	3,387,579	3,050,000
Accounts receivable	102,791	140,695
Prepaid expenses	77,765	72,532
	<u>9,032,281</u>	<u>7,631,338</u>
Loan receivable	300,000	-
Capital assets (note 4)	2,962,449	3,057,059
	<u>\$ 12,294,730</u>	<u>\$ 10,688,397</u>

Liabilities and Net Assets

Current liabilities:		
Accounts payable and accrued liabilities	\$ 433,453	\$ 445,288
Deferred revenue	4,319,450	3,357,689
Current portion of obligation under capital lease (note 5)	28,888	32,572
	<u>4,781,791</u>	<u>3,835,549</u>
Obligations under capital lease (note 5)	45,888	75,056
Net assets:		
Cumulative unrestricted surplus from operations	2,655,824	1,515,149
Net assets invested in capital assets	2,887,673	2,949,431
Reserve for fines revenue	50	50
Internally restricted reserves (note 6)	1,923,504	2,313,162
	<u>7,467,051</u>	<u>6,777,792</u>
	<u>\$ 12,294,730</u>	<u>\$ 10,688,397</u>

See accompanying notes to consolidated financial statements.

On behalf of the Board:

_____ President

_____ Treasurer

COLLEGE OF DENTAL SURGEONS OF BRITISH COLUMBIA

Consolidated Statement of Operations

Year ended February 28, 2009, with comparative figures for 2008

	2009	2008
Revenue:		
Licence fees and permits	\$ 8,238,615	\$ 8,345,108
Registration fees	351,699	373,450
General revenues	115,935	184,657
Interest and miscellaneous	224,750	267,480
Rental revenues	503,973	454,219
	<u>9,434,972</u>	<u>9,624,914</u>
Grant to British Columbia Dental Association	4,631,578	4,356,107
	<u>4,803,394</u>	<u>5,268,807</u>
Expenses:		
General and administrative (schedule)	646,451	638,580
Amortization	155,702	148,588
Building occupancy costs	315,156	347,861
Legal fees and related costs	75,253	126,379
Meetings and travel	353,153	262,983
Committees	121,806	151,050
Salaries and benefits	1,887,612	1,711,445
Consulting fees	136,926	70,604
	<u>3,692,059</u>	<u>3,457,490</u>
Excess of revenue over expenses for operations	1,111,335	1,811,317
Project expenses (note 6):		
Information Technology	117,851	-
Health Professions Act transition	20,894	-
College Place Dental Clinic Redevelopment	250,000	-
Internationally Trained Dental Specialist Process	33,331	-
	<u>422,076</u>	<u>-</u>
Excess of revenue over expenses	<u>\$ 689,259</u>	<u>\$ 1,811,317</u>

See accompanying notes to consolidated financial statements.

COLLEGE OF DENTAL SURGEONS OF BRITISH COLUMBIA

Consolidated Statement of Changes in Net Assets

Year ended February 28, 2009, with comparative figures for 2008

	Cumulative unrestricted surplus from operations	Invested in capital assets	Reserve for fines revenues	Internally restricted reserves (note 6)	2009 Total	2008 Total
Balance, beginning of year	\$ 1,515,149	\$ 2,949,431	\$ 50	\$ 2,313,162	\$ 6,777,792	\$ 4,966,475
Excess (deficiency) of revenue over expenses	844,961	(155,702)	-	-	689,259	1,811,317
Transfers:						
For capital asset purchases	(61,092)	61,092	-	-	-	-
For capital lease repayment	(32,852)	32,852	-	-	-	-
Expenses funded from internally restricted reserves (note 6)	422,076	-	-	(422,076)	-	-
Interest allocated to internally restricted reserves (note 6)	(32,418)	-	-	32,418	-	-
Net change for the year	1,140,675	(61,758)	-	(389,658)	689,259	1,811,317
Balance, end of year	\$ 2,655,824	\$ 2,887,673	\$ 50	\$ 1,923,504	\$ 7,467,051	\$ 6,777,792

See accompanying notes to consolidated financial statements.

COLLEGE OF DENTAL SURGEONS OF BRITISH COLUMBIA

Consolidated Statement of Cash Flows

Year ended February 28, 2009, with comparative figures for 2008

	2009	2008
Cash provided by (used in):		
Operations:		
Excess of revenue over expenses	\$ 689,259	\$ 1,811,317
Amortization of capital assets, an item not involving cash	155,702	148,588
Change in non-cash operating working capital:		
Increase in accounts receivable	(262,096)	(96,043)
Decrease (increase) in prepaid expenses	(5,233)	44,451
Decrease in accounts payable and accrued liabilities	(11,835)	(121,081)
Increase (decrease) in deferred revenue	961,761	(369,607)
	<u>1,527,558</u>	<u>1,417,625</u>
Financing:		
Net decrease in short-term investments	(337,579)	1,450,000
Refinance of capital lease	-	40,566
Repayment of capital lease	(32,852)	(26,520)
	<u>(370,431)</u>	<u>1,464,046</u>
Investments:		
Purchase of capital assets	(61,092)	(180,796)
Increase in cash	1,096,035	2,700,875
Cash, beginning of year	4,368,111	1,667,236
Cash, end of year	<u>\$ 5,464,146</u>	<u>\$ 4,368,111</u>

See accompanying notes to consolidated financial statements.

COLLEGE OF DENTAL SURGEONS OF BRITISH COLUMBIA

Notes to Consolidated Financial Statements

Year ended February 28, 2009

1. College mandate:

The mandate of the College is to protect the public interest in matters relating to dentistry and to administer the Dentists' Act.

2. Significant accounting policies:

The College is a non-profit organization established under the Dentists' Act of 1900 and is not subject to income taxation.

These financial statements have been prepared in accordance with Canadian generally accepted accounting principles for not-for-profit organizations and include the following significant accounting policies.

(a) Capital assets:

Capital assets are recorded at historical cost. Amortization is provided over the assets' estimated useful lives at the following rates:

Assets	Basis	Rate
Leasehold improvements	Declining balance	10%
Office furniture and equipment	Declining balance	10%
Dental equipment	Declining balance	10%
Computer and office equipment	Declining balance	20%
Building	Declining balance	5%
Tenants' improvements	Straight line basis over term of lease	
Assets under capital lease	Declining balance	20%

(b) College Place Joint Venture:

The College accounts for its 70% interest in College Place Joint Venture (the "Joint Venture") using the proportionate consolidation method. Under this method, 70% of the Joint Venture's assets, liabilities, revenues and expenses are included in these financial statements.

(c) Leases:

The College records leases that transfer substantially all the risks and benefits of ownership to the College as capital leases. The related equipment is capitalized at its fair market value at the time of acquisition and is amortized at the same rates as purchased equipment. An obligation is also recorded, for the present value of future lease payments, which is reduced as lease payments are made after accounting for the inherent interest portion.

Lease payments for leases that are not capital in nature are expensed.

COLLEGE OF DENTAL SURGEONS OF BRITISH COLUMBIA

Notes to Consolidated Financial Statements (continued)

Year ended February 28, 2009

2. Significant accounting policies (continued):

(d) Use of estimates:

The preparation of financial statements requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the year. Significant areas requiring management estimates include valuation of accounts receivable. Actual results could differ from management estimates.

(e) Net assets:

The College segregates its net assets into the following categories:

Invested in capital assets - represents cumulative amounts spent on capital assets net of amounts amortized less any outstanding debt used to finance capital assets additions. The balance in this account is not available for spending unless the College were to sell its capital assets.

Reserve for fines revenues - represents payments received from inquiry fines. Its disposition is limited to contribution to charity, outreach programs and educational institutions providing services to the public.

Internally restricted reserves - represent funds set aside for future projects determined by the College's Council.

Cumulative surplus from operations - represents the cumulative excess of revenues over expenses since inception net of amounts recorded in the above categories.

(f) Revenue recognition:

Licence fees and permits are recognized as revenue in the year to which they relate. Deferred revenue represents such amounts received in advance of the year to which they relate.

Registration fees are recognized as revenue when received.

General revenues include incorporation fees and rental of facilities. Incorporation fees are recognized as revenue when payment is received. The College receives lease revenue through its 70% interest in the Joint Venture. Revenue from rental of facilities is recognized on an accrual basis when the services are provided and collection is reasonably assured.

COLLEGE OF DENTAL SURGEONS OF BRITISH COLUMBIA

Notes to Consolidated Financial Statements (continued)

Year ended February 28, 2009

2. Significant accounting policies (continued):

(g) Financial instruments:

The College accounts for its financial instruments in accordance with the Canadian Institute of Chartered Accountants ("CICA") Handbook Section 3855, *Financial Instruments – Recognition and Measurement*, and CICA Section 3861, *Financial Instruments – Disclosure and Presentation*, and CICA Section 3865, *Hedges*.

Under these standards, all financial assets and liabilities are classified into one of the following five categories: held for trading, held-to-maturity, loans and receivables, available-for-sale financial assets or other financial liabilities. All financial instruments are included on the balance sheet and initially measured at fair market value. Subsequent measurement and recognition of changes in fair value of financial instruments depend on their initial classification. Held for trading financial investments are measured at fair value and all gains and losses are included in net income in the period in which they arise. Available-for-sale financial instruments are measured at fair value with revaluation gains and losses included in fund balance. Loans and receivables, held-to-maturity financial investments and other financial liabilities are measured at amortized cost using the effective interest rate method.

The College does not hold any financial derivatives as at February 28, 2009.

The College classifies its cash and short-term investments as held for trading and measures them at fair value. Accounts receivable are classified as loans and receivables and recorded at amortized cost which approximates fair value. The loan receivable is classified as held to maturity and recorded at amortized cost. Financial liabilities include accounts payable and accrued liabilities and obligations under capital lease, and are classified as other liabilities and recorded at amortized cost which approximates fair value.

3. Short-term investments:

Short-term investments comprise guaranteed investment certificates held at one chartered bank. The investments earn interest at 2.85% and bank prime rate less 3.00% (2008 - 2.00%) per annum and mature within one year.

COLLEGE OF DENTAL SURGEONS OF BRITISH COLUMBIA

Notes to Consolidated Financial Statements (continued)

Year ended February 28, 2009

4. Capital assets:

	Cost	Accumulated depreciation	2009 Net book value	2008 Net book value
Land	\$ 1,223,550	\$ -	\$ 1,223,550	\$ 1,223,550
Leasehold improvements	1,106,994	920,770	186,224	203,214
Office furniture and equipment	723,899	546,844	177,055	140,453
Dental equipment	-	-	-	2,751
Computer and office equipment	512,947	343,065	169,882	211,431
Building	2,757,341	1,662,086	1,095,255	1,152,900
Tenants' improvements	382,432	382,432	-	-
	6,707,163	3,855,197	2,851,966	2,934,299
Assets under capital lease	140,901	30,418	110,483	122,760
	\$ 6,848,064	\$ 3,885,615	\$ 2,962,449	\$ 3,057,059

Net assets invested in capital assets are calculated as follows:

	2009	2008
Capital assets, net of accumulated amortization	\$ 2,962,449	\$ 3,057,059
Amounts funded by capital lease	(74,776)	(107,628)
	\$ 2,887,673	\$ 2,949,431

Change in net assets invested in capital assets is calculated as follows:

	2009	2008
Deficiency of revenue over expenses from continuing operations:		
Amortization of capital assets	\$ (155,702)	\$ (148,588)
Net change in invested in capital assets:		
Purchase of capital assets	\$ 61,092	\$ 180,796
Repayment of capital lease obligations	32,852	26,520
	\$ 93,944	\$ 207,316

COLLEGE OF DENTAL SURGEONS OF BRITISH COLUMBIA

Notes to Consolidated Financial Statements (continued)

Year ended February 28, 2009

5. Obligations under capital lease:

Future payments required under capital lease are as follows:

	2009	2008
2009	\$ 36,138	\$ 32,572
2010	19,663	35,850
2011	19,663	22,361
2012	14,748	19,663
2013	-	19,663
Total minimum lease payments	90,212	130,109
Less amount representing interest at 9.50% per annum	15,436	22,481
Present value of minimum capital lease payments	74,776	107,628
Current portion of obligations under capital lease	28,888	32,572
	\$ 45,888	\$ 75,056

6. Internally restricted reserve:

- (a) The contingency reserve was established in 2007 for the purpose of meeting unanticipated or unbudgeted expenses that are consistent with the objects of the College under Section 4 of the Dentist Act (Section 16 of the Health Professions Act, after the College is designated under the Act) effective April 3, 2009. Use of these funds requires approval from two-thirds of the College's Council. Interest is allocated to the reserve at the rate earned on the College's investments.
- (b) In 2008 the Council set up additional internally restricted reserves for the following purposes:

Information technology reserve	\$ 500,000
Health Professions Act transition reserve	250,000
College Place Dental Clinic redevelopment reserve	250,000
Internally Trained Dental Specialist Process reserve	280,000

COLLEGE OF DENTAL SURGEONS OF BRITISH COLUMBIA

Notes to Consolidated Financial Statements (continued)

Year ended February 28, 2009

6 Internally restricted reserve (continued):

(c) Internally restricted reserves are comprised of:

	March 1, 2008	Expenses	Interest	February 28, 2009
Contingency reserve	\$ 1,033,162	\$ -	\$ 32,418	\$ 1,065,580
Information technology reserve	500,000	(117,851)	-	382,149
Health Professions Act transition reserve	250,000	(20,894)	-	229,106
College Place Dental Clinic redevelopment reserve	250,000	(250,000)	-	-
Internally Trained Dental Specialist Process reserve	280,000	(33,331)	-	246,669
	<u>\$ 2,313,162</u>	<u>\$ (422,076)</u>	<u>\$ 32,418</u>	<u>\$ 1,923,504</u>

7. Joint Venture accounting:

The Joint Venture was formed to own and operate the property situated at 1765 West 8th Avenue. The title to this property is held in trust by 1765 West 8th Avenue Holdings Ltd. for the Joint Venture. The Joint Venture provides premises for the College and the other 30% participant in the Joint Venture, the College of Pharmacists of British Columbia. The Joint Venture also rents space in the building to other third parties.

The College accounts for its 70% interest in the Joint Venture using the proportionate consolidation method. Under this method, the College records 70% of the assets, liabilities, revenues and expenses of the Joint Venture as if they were transacted directly by the College. Transactions between the College and the Joint Venture are eliminated.

The following summarizes the financial position and results of the Joint Venture.

	2009		2008	
	Entire amount	College's 70%	Entire amount	College's 70%
Land and building	\$ 3,312,579	\$ 2,318,805	\$ 3,394,929	\$ 2,376,450
Other assets	310,890	217,623	277,487	194,241
Liabilities	(334,240)	(233,968)	(299,427)	(209,599)
	<u>\$ 3,289,229</u>	<u>\$ 2,302,460</u>	<u>\$ 3,372,989</u>	<u>\$ 2,361,092</u>

COLLEGE OF DENTAL SURGEONS OF BRITISH COLUMBIA

Notes to Consolidated Financial Statements (continued)

Year ended February 28, 2009

7. Joint Venture accounting (continued):

	2009		2008	
	Entire amount	College's 70%	Entire amount	College's 70%
Rental revenues from other parties	\$ 815,496	\$ 570,847	\$ 764,697	\$ 535,288
Rental revenue from the College	223,738	156,617	270,230	189,161
Amortization expense	(87,624)	(61,337)	(95,730)	(67,011)
Other expenses	(450,223)	(315,156)	(496,944)	(347,861)
Net income for the year	\$ 501,387	\$ 350,971	\$ 442,253	\$ 309,577

8. Benefit plan:

The College contributes 7% of its employees' gross earnings to self-managed RRSP accounts. Total contributions for the year ended February 28, 2009 were \$104,184 (2008 - \$89,990).

9. Comparative figures:

Certain of the comparative figures have been reclassified to conform with the financial statement presentation adopted in the current year.

COLLEGE OF DENTAL SURGEONS OF BRITISH COLUMBIA

Consolidated Schedule of General and Administrative Expenses

Year ended February 28, 2009, with comparative figures for 2008

	2009	2008
Equipment repairs and maintenance	\$ 42,014	\$ 15,179
Management consulting	86,543	44,950
Miscellaneous	144,707	153,887
Office	222,652	205,478
Printing and publications	118,236	188,762
Professional fees	32,299	30,324
	<u>\$ 646,451</u>	<u>\$ 638,580</u>