

Board Highlights 25 May 2012

Infection Prevention and Control Guidelines Approved

The Board approved the [Infection Prevention and Control Guidelines](#) as submitted by the Quality Assurance Committee. **The Infection Prevention and Control Guidelines take effect immediately.**

CDSBC has been working with the College of Dental Hygienists of BC for more than two years to develop the guidelines. The Infection Control Working Group reviewed the feedback received through the consultation process and incorporated it into the document as appropriate. With a few small changes, the Quality Assurance Committee approved the document and submitted it to the Board. Dentists and CDAs will receive a hard copy in the coming weeks.

Following CDSBC's new governance practices (see "Governance," below), committees will be asked to conduct an annual review of all documents/policies they oversee. The Quality Assurance Committee will review the *Infection Prevention and Control Guidelines* as part of its mandate.

The College of Dental Hygienists of BC will submit the *Infection Prevention and Control Guidelines* to its board for approval in June 2012. The CDHBC version of the guidelines is virtually identical, with the exception of the insertion of "Hygienist" where the CDSBC version says "Dentist."

"Practice Limited To" to Be Disallowed

Dr. Ken Chow, Chair of the Ethics Committee, presented a proposal to disallow the use of the term "General Practitioner, Practice Limited to [a recognized specialty]". This wording is often confused with the formal designation of "Certified Specialist in [a recognized specialty]".

Historically, and before all specialties were recognized in B.C., the title "General Practitioner, Practice Limited to [a recognized specialty]" was provided for the use of dentists who chose to concentrate their practice in a particular discipline, and who preferred not to work outside of that discipline. Subsequently, dental specialties have been created and accredited, with certified specialists receiving formal education and training.



In contrast, a general practitioner who has limited their practice to a particular discipline may have, but is not required to have, particular skills and education in their selected field of interest. Dr. Chow outlined a number of specific concerns of the Ethics Committee in this regard, chief among them that the public cannot be expected to differentiate between these two designations.

The Board directed that, subject to the approval of government, the CDSBC Bylaws be revised so that dentists are no longer permitted or authorized to use the term “General Practitioner, Practice Limited to [a recognized specialty]”.

Should CPR Certification Be Mandatory for Renewal?

The Quality Assurance Committee has been considering whether current CPR certification should be a requirement for renewal. The Committee asked dentists and CDAs to indicate on the 2012 renewal form whether they hold current CPR certification. The results showed that 63 per cent of practising dentists say they hold a current CPR certificate, while 69 per cent of practising CDAs say they hold a current CPR certificate.

The Committee recommended to the Board that it should consider current CPR certification as a requirement for renewal in future. The Committee also recommended that the College should advise all dentists and CDAs that CPR certification may become a requirement in future, likely in 2014. The Board has not made a decision on whether CPR certification will be mandatory and will consider this issue at its meeting in September once more information is received.

Sleep Apnea

There have been concerns raised about the dentist’s role in the treatment of snoring and sleep apnea. The Quality Assurance Committee is considering the development of guidelines for sleep apnea and will bring this item forward at a future meeting of the Board.

Governance

The Board approved three items relating to the governance of CDSBC:

Board Manual



The Governance Working Group and Watson Advisors created a draft Board Manual to help Board members understand the role of the Board, Registrar, and committees in relation to CDSBC, and how the Board carries out its work. It incorporates the Board's responsibilities as set out in the three parts of the legislative framework (the *Health Professions Act*, the Regulations, and the CDSBC Bylaws).

The governance project was initiated by the Board because the College's existing governance structure was not robust enough for the organization's needs. The new Board Manual articulates the Board's responsibilities in three separate areas: regulatory, policy and organizational. It outlines the processes for the Board to oversee the performance of CDSBC as whole, and sets out policies that will enhance the functioning of the Board.

Committee Terms of Reference

- The Audit Committee becomes the Audit & Finance Committee – this Committee, with a doubled membership, will now oversee the ongoing financial affairs of the College
- A new Governance and Human Resources Committee is created – this Committee will be responsible for overseeing the CDSBC governance processes as well as recruiting individuals to serve on committees
- The Nominations Committee becomes the Awards Committee – the nominations role of this existing Committee has been moved to the Governance and Human Resources Committee

These new terms of reference will involve changes to the CDSBC Bylaws, which will be submitted to the government for approval.

Awards Policy

The CDSBC Awards policy has been updated so that all award categories now require involvement with the College. The policy was also updated to improve the nominations process and to clarify language. Beginning with the 2013 awards, all CDSBC volunteers will be considered on an annual basis and Committee Chairs will be invited to consider their members and to submit nominations as appropriate.

Dentists and CDAs will continue to be invited to submit nominations for CDSBC awards.



Strategic Planning: Core Mandate

The Board approved a Core Mandate for CDSBC, as presented by the Strategic Planning Working Group:

CDSBC:

1. establishes entry to practice, certification and registration requirements;
2. establishes, monitors, and regulates standards of practice, guidelines for continuing practice and ethical requirements for all dentists and CDAs
3. establishes and administers processes for the management of complaints and discipline.

As part of the development of a new strategic plan for CDSBC, the Board had previously approved the [vision, mission, values and goals](#) for the organization. The final step will be the development of strategic objectives after the incoming Registrar is in place.

RCDSO Presentation on Spousal Treatment

The Board briefly discussed a proposal to Ontario's Health Profession Regulatory Advisory Council from the Royal College of Dental Surgeons of Ontario (RCDSO) about that province's automatic penalty of a five-year suspension for any dentist who commits sexual abuse – including treatment of a spouse. RCDSO President Dr. Peter Trainor requested that the automatic five-year licence revocation be lifted and that specified allegations of professional misconduct be referred instead to the RCDSO Discipline Committee. Dr. Trainor also suggested that healthcare practitioners be allowed to treat their spouses or partners.

CDRAF Update

The Board previously expressed a desire to ensure BC representation on the executive committee of the Canadian Dental Regulatory Authorities Federation (CDRAF). The CDRAF is the national forum and collective voice of provincial and territorial dental regulatory authorities.

Each province or territory may appoint directors to the CDRAF board, with the number of appointees dependent upon the number of dentists in that jurisdiction. B.C. is entitled to appoint two voting directors.

The Board decided that each year the two B.C. director positions would be filled by the current CDSBC President and one general appointment (someone who



has a strong connection to the Board, i.e. a current or recent Board member). The Board appointed outgoing President Dr. Bob Coles and President-Elect Dr. Peter Stevenson-Moore to fill these positions.

President's Update

Dr. Bob Coles addressed three topics:

Videoconferencing for Board meetings

The Board is interested in technology options that would facilitate remote meetings and information sharing for CDSBC, the Board and its committees. The College's IT consultants advised that videoconferencing is not a viable solution for large group meetings, although it can work well when only one or two members of a group need to connect via video link. Given this limited application and the considerable costs involved, Dr. Coles advised that the College will not pursue this initiative at this time.

Patient Relations Workshop Preparation

The CDSBC Board will hold a Patient Relations workshop in September, led by experts on the topics of ethics, sexual misconduct, and professionalism. The workshop will be used to provide the Board with additional clarity and direction about Patient Relations and help to shape policy in this regard.

One of the leaders of the workshop, Dr. Maureen Piercey, will contact CDSBC Board members in the coming weeks to gather information that will be used to assist in planning the workshop.

Stakeholder Correspondence

The Ministry of Health recently approved the creation of a new registration category for dental hygienists who will be exempt from the 365-day Rule. (The rule states that a patient must have been examined by a dentist in the previous 365 days in order for a hygienist to provide dental hygiene services.) Although CDSBC was involved in the consultation process, the Ministry of Health failed to notify the College in advance of its decision to move ahead with the change. The Ministry contacted the President to apologize for this oversight.



The President also discussed his concern about a newsletter article published by the College of Dental Hygienists of BC, which addressed the topic of oral cancer screening. The article discussed the role of the dental hygienist in oral cancer screening but failed to mention the dentist's role in examining the patient and making the appropriate referral.

Acting Registrar's Update

Carmel Wiseman reported on CDSBC's accomplishments since she was appointed Acting Registrar in late November 2011. Her focus has been to improve the processes and mechanisms by which the College moves forward on the priorities set by the Board. She advised that in the past six months, there have been 38 committee and working group meetings. This compares to 25 meetings in the 11-month period between January 1 and November 30.