



## Highlights from the CDSBC Board Orientation and Meeting 10-11 June 2016

*This document contains the highlights of the last meeting of the CDSBC Board. It is an unofficial summary of the open portion of CDSBC Board meetings and decisions made in the in-camera portion. Official records can be found in the minutes.*

*Asterisks indicate items that were not part of the public portion of the board meeting but are included here for the purposes of communication.*

### Day 1: Board Orientation/Strategic Pre-Planning Session\*

The College held a session the day before the board meeting for current and incoming board members. The session objectives were to increase understanding of current College initiatives, hear the participants' perspectives, and begin to establish directions for the more detailed strategic planning that will take place in August.

Participants heard presentations by several CDSBC representatives:

- President David Tobias discussed key activities and board priorities
- Mr. Rick Lemon provided his perspective as a public member of the Board
- Deputy Registrar Carmel Wiseman discussed the status of complaints resolution
- Registrar/CEO Jerome Marburg gave an overview of the various types of activities CDSBC is engaged in: core (mandatory), foundational (how we support the core activities) and topical (discretionary)
- Director of Communications Anita Wilks discussed the College's approach to communications – and the challenges faced in reaching our audiences

The session also featured two guest speakers:

#### Susanna Haas Lyons, Public Engagement Specialist

Ms. Haas Lyons has been working with the College over several months to renew the policy process. The purpose of this initiative was to strengthen the College's policy development process so that it results in policy that both serves and protects the public and is attuned to the realities of professional practice.

Earlier in 2016 Ms. Haas Lyons led a policy development workshop, conducted stakeholder interviews, and co-hosted two webinars and a survey to gather input from registrants. Her presentation on 10 June addressed:

- The characteristics of good policy



- Why organizations should engage with audiences
- Types of policy decisions that require more engagement compared to those that require less
- The proposed policy development process, and the updates made as a result of feedback received
- Five phases of the CDSBC policy development process (identify, develop, discuss, publish, review)

Ms. Haas Lyons recommended that if the process was approved as presented, the College could begin immediately by standardizing the approach to policy prioritization, and increase early consultation opportunities. The next step will be to select an upcoming policy topic for robust implementation of the new process. She is providing guides to support the Board and the policy committees in implementing the new framework.

Mark MacKinnon, Executive Director

Professional Regulation and Oversight, BC Ministry of Health

Mr. MacKinnon and Ms. Melissa Murdock, Director of Policy and Projects, attended the session as representatives of the Ministry of Health, which has oversight over all regulated health professions in B.C.

Mr. MacKinnon gave an overview of government's expectations of health colleges as set out in the *Health Professions Act*, with special attention to CDSBC's public protection mandate and the duty and objects of a college as described in section 16 (1) and section (2) of the HPA. Other key points discussed:

- When considering the meaning/definition of "public interest" health colleges should refer to the objects of a college as set out in section 16 (2) of the HPA. (The list of objects includes setting standards of professional ethics amongst registrants; having transparent, objective, impartial and fair procedures for registration, complaints and discipline; and promoting collaborative relations with other health colleges.)
- In the past, the College has said that a strong and healthy profession is itself in the public interest. While it is good to have a strong profession, no health regulator should use that as a starting point – protection of the public is the overriding consideration for a health profession under the HPA.
- There is overlap among scopes of practice for some of the different health professions, and complaints about other professions' expanded scope requests are usually more about self-interest than public protection.



- The importance for health professions to understand their mandates and get their governance correct – recognizing they are not political bodies answerable to constituents but rather public protection agencies answerable to the legislation.

Mr. MacKinnon also spoke about how the formation of the BC Health Regulators group has made it much more efficient for the Ministry to interact with the health regulators, as compared to having to communicate with more than 20 separate health colleges in the past.

## Day 2: Board Meeting

### Use of Botox and Dermal Fillers by Dentists

The Board heard three presentations on this topic:

#### Dr. Brian Draper, Oral and Maxillofacial Surgeon (OMFS)

- Dr. Brian Draper spoke to his written report on the use of dermal fillers by dentists. He asked the College to address the fact that unlike in Alberta, B.C. does not have a structured standard of practice document that sets out the competencies and educational requirements for providing dermal fillers. He said that many OMFS programs do not provide training on the use of fillers, which makes it difficult to meet the College's requirements for the administration of dermal fillers, as set out in the document "Schedule 1 Drugs and Dentists Scope of Practice". Dr. Draper also suggested that the College should establish a committee that would use a collaborative process to develop standards for facial aesthetic therapies and adjunctive procedures.

#### Dr. Warren Roberts, Co-founder & Clinical Director of the Pacific Training Institute for Facial Aesthetics

- Dr. Roberts is a general dentist who provides Botox and teaches the administration of dermal fillers. He described how Health Canada designates Botox as a drug, but dermal fillers are a class 3 medical device. His position is that the College's approach to the use of dermal fillers is lacking and has led to confusion; that anatomy training as provided by his institute is essential; and that the College should set up a committee to adapt or modify Alberta's standard of Practice "Facial Aesthetic Therapies and Adjunctive Procedures in Dental Practice," which he says requires the highest training standard in the world for the administration of dermal fillers.



Dr. Samson Ng, certified specialist in oral medicine and oral and maxillofacial pathology, and Dr. Peter Lobb, President, BC Dental Association

- Dr. Ng presented on behalf of the BCDA, and in support of a recommendation by the board of the BCDA that general dentists and specialists be allowed to provide dermal fillers, provided they have taken the appropriate education and training. He defined the cosmetic and therapeutic effects of Juvederm; how the risk in administration of dermal fillers can be reduced; and given that cosmetic procedures are now a part of modern dentistry, the College should set up a cosmetic and therapeutic committee.

The Board passed a motion to strike a working group to look at dentists providing Botox and fillers for therapeutic and cosmetic purposes. In doing so, it noted that the Dentists Regulation under the *Health Professions Act* defines dentistry as “the health profession in which a person provides the services of assessment, management, treatment and prevention of diseases, disorders and condition of the orofacial complex and associated anatomical structures.”

### **Policy Development Framework**

The Board approved the [policy framework](#) as presented by Ms. Susanna Haas Lyons on 10 June (see above). The framework was adjusted slightly in response to her presentation, and has been published to the CDSBC website, along with a public-friendly version called “5 Steps of CDSBC Policy Development.” Additional support and communications materials are in development.

### **International Trade Agreements**

#### **Monica Gervais, Trade Policy and Negotiations Branch, BC Ministry of International Trade (via Skype)**

This presentation was called “The Canada-EU Comprehensive and Economic Trade Agreement: Labour Mobility Provisions.” The Trade Policy and Negotiations Branch leads B.C.’s efforts to reduce or eliminate trade and investment impediments in other markets, and advances B.C.’s interest with the federal government in international trade negotiations. Ms. Gervais discussed the labour mobility provisions of the Canada-EU Comprehensive Economic and Trade Agreement (CETA), and described how Mutual Recognition Agreements (MRAs) might affect the professions – as well as the opportunities they will present.



## **President's Report**

### **Dr. David L. Tobias**

In Dr. Tobias's final report to the Board, he acknowledged that recent months have been both busy and trying for him as president. He takes pride in the fact that the College remains strong, that it is proactive (as demonstrated most recently in the policy engagement initiative) and that the Board is open-minded. He named some of the most recent activities:

- The launch of the new course More Tough Topics in Dentistry (delivered at the Pacific Dental Conference)
- The awards ceremony that honoured some of CDSBC's outstanding volunteers
- Discussions with CDSPI about the College's position on malpractice insurance coverage for dentists
- Starting discussions with the College of Dental Hygienists and the College of Denturists on their requests for expanded scopes of practice
- Extensive conversations with the Dental Specialist Society of BC regarding concerns about how the new bylaw on advertising and promotion disallows the use of the FRCD(C) designation in promotional material
- Visits to regional dental societies to encourage two-way conversation with registrants
- Work at the national level to inform the federal government about trade labour mobility issues in dentistry
- Representing the College at the graduation of UBC Dentistry students
- Supporting a request to government from the Cancer Control Agency requesting that the HPV vaccine program be expanded to include young males

## **Management Report**

### **Jerome Marburg, Registrar/CEO**

Mr. Marburg prepared a [written report](#) about College activities since the last board meeting on behalf of the management team. He spoke to two of items within it briefly:

#### Board Election

- There were many candidates for election this year, which points to a healthy democratic process, but does require more resources to run the election and conduct the ballot count



- The legislation does not yet allow for electronic voting

#### Courses/presentations

- The College had its usual presence at the Pacific Dental Conference (involving an exhibit booth, course, and awards ceremony). The new course *More Tough Topics in Dentistry*, led by the staff dentists, will be given at the Thompson Okanagan Dental Society this fall.
- The College was a guest speaker at the BC Dental Association's New Member Course for graduates of UBC Dentistry.
- The College will be launching the online Avoiding Complaints course very soon.
- The online course for new registrants is under development and the Board will be asked to make this course a requirement for those seeking registration with CDSBC for the first time.

#### Ministry of Health Presentation

Building on the 10 June presentation by representatives from the Ministry of Health, Mr. Marburg advised that government expects the health professions to work together to resolve issues around scopes of practice, and that there is an expectation that the number of health colleges (more than 20) will be reduced over time through amalgamation.

#### **Oath of Office for New Board Members**

Under the *Health Professions Act*, the board members of all of BC's health colleges must take an oath of office prescribed by the Minister of Health. Seven new board members took their oath of office in advance of the start of their term on 1 July 2016: Dr. Don Anderson (President); Dr. Susan Chow (Vice President); Dr. Douglas W. Conn (Certified Specialist); Dr. Andrea Esteves (UBC Dentistry); Dr. Michael Flunkert (Vancouver); Ms. Sabina Reitzik (Certified Dental Assistant); Dr. Masoud Saidi (Fraser Valley). Dr. Patricia Hunter (Treasurer) was not present and will take the oath of office at the September board meeting.

#### **Possible Common Approach to Orthodontic and Prosthodontic Modules for CDAs\***

Ms. Leslie Riva, Senior Manager of CDA Certification and Quality Assurance, shared an update from the Canadian Dental Assistant Regulatory Authority (CDARA) regarding the orthodontic and prosthodontics modules for CDAs. A CDARA working group identified that there is variation between provinces for both the training programs and the services that CDAs with these modules are allowed to perform. This is negatively affecting portability and causes confusion for all.



CDARA has requested that the provincial regulators for certified dental assistants develop a common approach to both the education and the restricted activities within these modules. A truly common approach would see an expansion of services that B.C. CDAs with these modules could perform. This would involve contacting registrants and stakeholders for their input on the two aspects of this initiative: a possible expansion of services, and the necessary education/training requirements.

### **Interpretive Guidelines for Advertising and Promotion Dr. Ken Chow, Chair, Ethics Committee**

Dr. Chow gave an overview of the process involved in revising Bylaw 12 – Advertising and Promotional Activities. The Ethics Committee sought to ensure that the public would not be misled by dental advertising, and that they landed on the balance between registrants’ freedom of speech and the College’s mandate to protect the public.

To support registrants in complying with Bylaw 12, the Committee submitted a set of interpretive guidelines on advertising and promotional guidelines for approval by the Board. This document provides context and assists with the interpretation of some sections of Bylaw 12.

As part of the discussion, Dr. Chow made two key points:

- Certified specialists who are fellows of the Royal College of Dentists of Canada are not prevented from using that designation in correspondence with peers/professionals; it is only disallowed in communications directed at the public
- While dentists may provide free or discounted services at any time, it is not permissible to advertise free services because they are frequently tied to other services that patients may be required to get as part of the “free” offer and which may be unnecessary. (Dr. Chow gave the example of free services tied to treatment plans that cost \$3,000 - \$4,000.)

Registrar/CEO Jerome Marburg reminded the Board that the College has long been asked to adjudicate disputes about advertising between dentists and that it takes significant resources to do so. The advertising and promotion bylaw was revised to make it simpler, clearer and easier to enforce.

The Board approved the interpretive guidelines document as submitted by the Ethics Committee. This document is now being prepared for distribution. The Board also approved a motion that registrants be advised that full compliance is expected by 1 January 2017.



## **College Reputation**

Members of the Board raised concerns about the College's reputation in the wake of the Board election and the communications that were distributed by a slate of individuals seeking election. Whereas the College used to have a very strong reputation and was known for doing good work, Board members felt that election-related email correspondence and the slate's website content have damaged the College's reputation. It was noted that some of the comments made the previous day by the representatives from the Ministry of Health indicate that it is critical the Board understands and acts on its sole mandate under the *Health Professions Act* to serve and protect the public.

Board members assured the newly elected Board members that much has changed in the way the College is governed and run from in the past and that the current CDSBC Board functions very well, and at a high level of transparency and accountability.

Incoming President Dr. Don Anderson explained that his perception of the College's operations had changed dramatically since the election and acknowledged that the politicking was not appropriate. He extended an apology to the Board for circulating incorrect information during the campaign, information that he reported was provided to him by multiple individuals apparently unfamiliar with the running of the College. Dr. Anderson agreed to close the election website that very day and to make a written public statement correcting misinformation circulated during the campaign. He advised the Board that the perspective of those outside the College is not the same as for those inside it, and that he looks forward to being able to report to the registrants and the public that the College is indeed running very well.

## **Sedation Committee Activities\***

### Updates to Standards for Minimal & Moderate Sedation

The College published the revised document *Minimal & Moderate Sedation Services in Dentistry (Non-Hospital Facilities)* in 2014. Dr. Toby Bellamy, Chair of the Sedation and General Anaesthetic Services Committee, presented a list of changes/updates on behalf of the Committee. Most are for clarification purposes only.

The Board approved the changes as presented by Dr. Bellamy. The document is now with staff to make the updates and for publication and distribution.

Dr. Bellamy had been asked by the Board to research literature on safety of the sedation team model employed in dentistry for deep sedation in which the anesthetist dentist, supported by a team of at least two other trained assistants, also performs the surgical



procedure. Dr. Bellamy presented a literature review which indicated that the procedure remained a safe one, with a morbidity or mortality rate somewhere in the order of 1 in 300,000. These studies do not include pediatric sedation cases – known to be notably more difficult and complex. Board member Dr. Ben Balevi, an advocate and educator on the evidence-based approach, analyzed the literature and concurred with Dr. Bellamy that the sedation team approach has a high safety margin for adult patients.

#### Proposed Consultation re: Sedation for Children

The Board approved the creation of a sub-committee of the Sedation and General Anaesthetic Services Committee to investigate and produce recommendations for sedation of pediatric patients.

#### **Working Group for Bylaw Rewrite\***

The College has been operating under its current set of bylaws since 2009. In that time, staff have observed significant issues with the bylaws, including sections that are confusing, inconsistent, or inaccurate, and that some important concepts are absent. A possible bylaw overhaul has been discussed since at least the 2014 strategic plan, and some preliminary work has been done. However, the bylaw overhaul has been delayed because of other competing priorities identified by the Board, and due to updating the policy development process. In the meantime, particular sections of the bylaws have been brought forward for amendments.

Staff asked that the Board consider appointing a working group to provide support through the revision and drafting process. The Board passed a motion to do so. The Board asked that this be a priority item, and asked that experienced board and committee members be included on the working group, with public members making up one third of the membership.

#### **Discontinuing Approval of Trade Names by CDSBC\***

Staff requested direction from the Board about the College's role with respect to trade names for dental practices. Any time a dentist or dental practice uses a name that is not their registered legal name, they are using a trade name. The College's jurisdiction includes the ability to regulate trade names, which are a form of advertising and are addressed in Part 12.15 of Bylaw 12 – Advertising and Promotional Activities. The College's role is to ensure compliance with Bylaw 12 (for registrants seeking a trade name) and to ensure that the public is not misled into believing a non-registrant is practicing dentistry when the word dentist or its derivatives are used by non-registrants.



The College does not have jurisdiction to adjudicate copyright or trademark type disputes but is often called upon to do so by registrants who do not wish the College to approve a new practice name that is similar to their own practice name. This puts the College in an impossible position of attempting to adjudicate something that is the purview of the courts, not the College.

The Board approved the following:

- The current practice of approving trade names for dental practices will be discontinued
- When a request for consent is received from the BC Corporate Registry, the College will provide consent based on two criteria: whether the applicant is a registrant and entitled to use any dentistry-related words in the trade name; and that the trade name does not contravene Bylaw 12 – Advertising and Promotional Activities

A more detailed description of the problem and changes to College procedures will be published on the website for consultation and comment for 45 days before taking effect.

#### **Patient Relations Bylaw Amendment Approved\***

The Board approved the amendment to the CDSBC Bylaw 13.03 (5) on Patient Relations. The [amended bylaw](#) means that spousal treatment is not included in the definition of “professional misconduct of a sexual nature.”

The amended bylaw reads as follows: *“It is not professional misconduct of a sexual nature to provide dental services to one’s spouse; rather, that is a matter of professional ethics involving (a) patient autonomy; (b) free, full and informed consent by the patient; and (c) objectivity of care on the part of the practitioner.”*

The text above was posted for public consultation for three months, with minimal feedback received. Following the board meeting, the College submitted the amended bylaw to the Ministry of Health, which has already accepted it for filing. It will come into force on 19 August 2016.