

BOARD MEETING
Saturday, February 23, 2013

The Listel Hotel
1300 Robson Street, Vancouver BC
“Impressionist Gallery”

MINUTES

The meeting commenced at 8:30 am

In Attendance

Dr. Peter Stevenson-Moore, President
Dr. David Tobias, Vice President
Dr. Erik Hutton, Treasurer
Dr. Ben Balevi
Ms. Melanie Crombie
Mr. Dan De Vita
Ms. Julie Johal
Ms. Elaine Maxwell

Ms. Sherry Messenger
Dr. Kerim Ozcan
Mr. David Pusey
Mr. Anthony Soda
Dr. Jonathan Suzuki
Dr. Jan Versendaal
Dr. David Zaparinuk

Regrets

Dr. Darren Buschel
Mr. Richard Lemon
Dr. Eli Whitney

Staff in Attendance

Mr. Jerome Marburg, Registrar & CEO
Ms. Nancy Crosby, Sr. Assistant to the Registrar
Ms. Sandra Harvey, Director of Registration & HR
Dr. Cathy McGregor, Complaints Investigator
Ms. Anita Wilks, Sr. Manager of Communications
Ms. Carmel Wiseman, Director of Professional Regulation
Mr. Dan Zeng, Sr. Manager of Finance and Administration

Invited Guests:

Dr. Ken Chow, Chair, Ethics Committee
Dr. Dave Sowden, Chair, Sedation & General Anaesthetic Services Committee
Dr. Mike Henry, Sedation & General Anaesthetic Services Committee
Dr. Jack Gerrow, Executive Director, NDEB
Dr. James Richardson, CDSBC Representative, NDEB Board
Dr. Fernanda Almeida, Sleep Apnea Expert, UBC



1. Meeting Called to Order and Welcoming Remarks
2. Consent Agenda
 - a. Approve Agenda for February 23, 2013 (*as amended*)
 - b. Approval of Board Minutes of December 8, 2012
 - c. Reports from Committees
 - d. Media Clippings

MOTION

That the items on the Consent Agenda for the February 23, 2013 Board meeting be approved, as amended.

Carried

- 2.a. Agenda
 - A new item from the Audit Committee regarding routine expense account reviews was added under Tab 16 B.
 - A new item # 24 relating to Sedation was added to the in camera portion of the meeting.

3. Business Arising from the Consent Agenda

There were no items arising from the consent agenda.

4. Minimal & Moderate Sedation Guidelines – Approve for Consultation

Dr. David Sowden (Chair) and Dr. Mike Henry of the Sedation and General Anaesthetic Services Committee presented the draft guidelines on *Minimal and Moderate Sedation Services in Dentistry (Non-Hospital Facilities)*. These guidelines have been years in the making and represent hundreds of hours of work by committee members and staff, both reviewing similar guidelines in other jurisdictions and in writing the document.

This document represents what the Committee believes are best practices for minimal and moderate sedation services. The key changes from the existing guidelines are:



- Facilities providing minimal or moderate sedation will be required to have a manual defibrillator or an AED (Automated External Defibrillator) in the office.
- Dentists providing moderate sedation will now be required to maintain certification in ACLS (Advanced Cardiac Life Support) or an appropriate equivalent.
- Dentists who have facilities where moderate sedation is administered are responsible for ensuring their facility is registered with CDSBC
- Facilities where parenteral moderate sedation is administered must pass an inspection conducted by CDSBC.
- Dentists who administer moderate sedation must complete no fewer than six hours of continuing education in the area of sedation and/or anaesthesia, during their three year continuing education cycle. Courses in Basic Life Support (BLS) do not qualify; ACLS or PALS (Pediatric Advanced Life Support) are acceptable.
- Drugs utilized in parenteral moderate sedation will be limited to the benzodiazepine class unless the dentist is approved to provide deep sedation or general anaesthesia.
- Certified Dental Assistants assisting in moderate sedation will now be required to hold current DAANCE (Dental Anaesthesia Assistant National Certification Examination) or OMAAP (Oral and Maxillofacial Surgery Anaesthesia Assistants Program) certification.
- While parenteral moderate sedation dental treatment is ongoing, a minimum of the dentist and either a Registered Nurse or a CDA with current DAANCE or OMAAP certification must be continuously present, and the third trained member of the sedation team must be immediately available.
- The Sedation and General Anaesthetic Services Committee recognizes that if adopted, the new Guidelines will impact the resources required by dental offices that offer sedation and by the College in administering them. The Committee's position is that these changes are in keeping with CDSBC's mandate of protection of the public.



MOTION:

That the Minimal and Moderate Sedation Services in Dentistry (Non Hospital Facilities) Guidelines be received as presented for publication and for consultation with relevant stakeholders.

Carried

That the Committee table final policy recommendations no later than at the Board's September 2013 meeting, and preferably at the May 2013 Board meeting.

Carried

5. Moved to *in camera* Agenda item 22
6. National Dental Examining Board of Canada (NDEB) – Presentation

Dr. Jack Gerrow, Registrar of the National Dental Examining Board (NDEB), gave a presentation on the NDEB equivalency process for internationally trained dentist graduates from non-accredited dental programs (undergraduate dental programs from universities that have not been recognized through the NDEB's approved process or through a formal reciprocal agreement with another country.)

The NDEB is an extension of the provincial dental regulators and is the organization that establishes qualifying conditions for a national standard certificate for general dentists. An NDEB certificate is one of the principal requirements for a dentist to practice in Canada.

Dr. Gerrow described the challenges faced by the NDEB in evaluating dental programs in different parts of the world. He described how the NDEB's process for evaluating internationally trained dentists has changed in recent years, in part because of trade agreements that promote labour mobility between provinces.

Dr. Gerrow shared some of his experiences of reviewing dental programs in other countries, and gave an explanation of the NDEB equivalency process to become certified as a dentist in Canada. He reported that of 3,892 applicants who have gone through the process since inception, 2,891 were successful.

The Board thanked Dr. Gerrow for his stellar work with the NDEB over the past 20 years, recognizing the leadership role he and NDEB have assumed on the world stage.



7. Sleep Apnea Guidelines – Approve for Consultation (Dr. Almeida)

These guidelines were submitted to the Board through the Quality Assurance Committee and presented to the Board by the lead author, Dr. Fernanda Almeida of UBC Dentistry.

The guideline is very accessible at 8 pages. It defines and clarifies the role of the dentist in the treatment of obstructive sleep apnea with oral appliances.

A key point in the Sleep Apnea Guideline is that it is not the dentist's role to screen for sleep apnea, and that patients who complain of snoring should be referred to an appropriately qualified physician so sleep apnea can be ruled out.

MOTION:

That the Board accept the Draft guidelines on Sleep Apnea for publication to the profession and for consultation.

Carried

That the Quality Assurance Committee report back with final recommendations no later than the September Board meeting.

Carried

8. Advertising and Promotion Workshop – Follow Up

The College receives a significant amount of correspondence from dentists about the advertising practices of other dentists. The current process is for staff to follow up on problem advertising to encourage compliance with CDSBC's *Guidelines for Promotional Activities*. Concerns about advertising have been dealt with outside of the formal complaints process. The staff time required to address these concerns – which are frequently anonymous – is no longer sustainable.

To address this issue, CDSBC held a Board workshop on February 22 on the topic of promotional activity and advertising by dentists. The workshop was led by Oleh Ilnyckyj and his team from Miller Thomson Vancouver, and attended by the CDSBC Board, the Ethics Committee, senior CDSBC staff, and representatives from the British Columbia Dental Association.

This is an area of interest for dentists as well as the public. Advertising standards have evolved and so is the way the College is responding to them. As a follow up



from the workshop, the College plans to clarify its Bylaws and guidance documentation and will continue to collaborate with the British Columbia Dental Association to provide guidance to dentists on this topic. In the meantime, the College is changing the way it responds to concerns about advertising by dentists as follows:

- Anyone who wants the College to take action in response to advertising by a dentist must submit a formal, signed complaint. As with all other complaints, the respondent will receive a copy of the complaint.
- The College will no longer respond to anonymous concerns about advertising by dentists.
- The College will investigate all complaints about advertising, with priority being given to advertising that is false, inaccurate, unverifiable, reasonably capable of misleading the public, or contrary to the best interests of the public. These are the same principles that will be applied when the College updates its Bylaws on advertising and promotion.

9. Governance Working Group

The Governance Working Group was established to support CDSBC's new governance process. It provides oversight of the College, and is responsible for recommending approaches that support good governance, as well as policies relating to human resources. The Governance Working Group will become the Governance Committee after the Bylaws are updated.

Dr. David Tobias, Governance Chair, gave a summary on the Governance Working Groups' first meeting which was held on February 21. Each member of the Working Group will have a particular role, do the research and provide the material for the Board to discuss and consider.

The composition of the Working Group was updated to include five members: the Vice-President, the Treasurer, at least one public member of the Board, and two additional Board members. Current members of the Governance Working Group are Dr. David Tobias (Chair), Dr. Erik Hutton, Ms. Melanie Crombie, Mr. Rick Lemon and Dr. Kerim Ozcan.



MOTION:

That the Board approve a change in the Governance Manual, Governance Committee Terms of Reference, to add the Treasurer to the Governance Committee.

Carried

10. Update to Schedule F – Fees

The Board approved CDSBC's fee schedule for the 2013/14 year. The certification fee for non-practising certified dental assistants was reduced from \$65 to \$60 to reflect 50 per cent of the cost of a full year of certification.

MOTION:

That the Board approve Schedule F as amended

Carried

11. Executive Limitation Reports

EL2: Treatment of Public (*attachment*)

EL3: Registration, Certification and Monitoring (*attachment*)

EL4: Treatment of Staff (*attachment*)

EL5: Financial Planning/Budgeting (*attachment*)

EL6: Financial Condition and Activities (*attachment*)

EL7: Emergency Registrar Succession (*attachment*)

There were no questions arising out of these reports.

One task the Governance Committee will review are these EL reports to determine if they are providing the right type of information.



MOTION:

That the Board receives the following Monitoring Reports:

EL2: Treatment of Public

EL3: Registration, Certification and Monitoring

EL4: Treatment of Staff

EL5: Financial Planning/Budgeting

EL6: Financial Condition and Activities

EL7: Emergency Registrar Succession

Carried

12. Registrar's Report

The Registrar Jerome Marburg submitted a detailed written report to the Board with updates on various CDSBC activities. These include the launch of online renewal for dentists and CDAs, training for the Discipline Committee, a planned upgrade to the College website, and an update on the course that the College is preparing to help registrants reduce the likelihood of receiving a complaint.

THE OPEN MEETING CONCLUDED AT: 1:15 pm

The balance of the meeting proceeded in camera pursuant to Bylaw 2.15(9) of the College Bylaws under the *Health Professions Act*.