The meeting commenced at 10:30 am

In Attendance
Dr. David Tobias, President  Ms. Julie Johal
Dr. Erik Hutton, Vice-President  Mr. Richard Lemon
Dr. Kerim Ozcan, Treasurer  Mr. Samson Lim
Dr. Ben Balevi  Ms. Elaine Maxwell
Dr. Pamela Barias  Ms. Sherry Messenger
Dr. Darren Buschel  Mr. David Pusey
Ms. Melanie Crombie  Dr. Mark Spitz
Mr. Dan De Vita  Dr. Jan Versendaal
Dr. Dustin Holben

Regrets
Dr. Eli Whitney

Staff in Attendance
Mr. Jerome Marburg, Registrar & CEO
Mr. Greg Cavouras, Staff Lawyer and Sr. Policy Analyst
Ms. Nancy Crosby, Manager of CEO’s Office
Ms. Roisin O’Neill, Director of Registration and HR
Ms. Leslie Riva, Sr. Manager, CDA Certification and QA
Mr. Adam Swetman, Administrative Assistant, Registrar’s Office
Ms. Anita Wilks, Sr. Manager of Communications
Ms. Carmel Wiseman, Deputy Registrar
Mr. Dan Zeng, Sr. Manager of Finance and Administration

Invited Guests
Dr. Ken Chow, Chair, CDSBC Ethics Committee
Dr. Peter Stevenson-Moore, CDSBC Past President
1. Meeting Called to Order and Welcoming Remarks

2. Consent Agenda
   a. Approve Agenda for 5 June 2015 (attachment)
   b. Approval of Board Minutes of 21 February 2015 (attachment)
   c. Reports from Committees (attachments)
   d. Media Clippings (attachments)

   **MOTION:**

   That the items on the Consent Agenda for the 5 June 2015 Board meeting be approved.

   **Carried**

3. Business Arising from the Consent Agenda

   There was no business arising from the consent agenda.

4. Audited Financial Statements

   A teleconference was held on 14 May 2015 to approve the year-end Audited Financial Statements. The Motion passed was as follows:

   **MOTION:**

   Moved and seconded that the Board approve the Audited Financial Statements for the fiscal year ending 28 February 2015 and authorize the President and Treasurer to sign on behalf of the Board.

   **Carried**

5. Executive Limitation Reports (attachments)

   CDSBC Governance policy requires that the CEO report regularly on matters identified by the Board through a series of Executive Limitations policies. This is one of the ways the Board discharges its oversight obligations without delving into operational issues. The CEO routinely submits these reports to the Board.
EL2: Treatment of Public
EL3: Registration, Certification and Monitoring
EL5: Financial Planning/Budgeting
EL6: Financial Condition and Activities
EL8: Asset Protection

**MOTION:**

*That the Board receives the following Monitoring Reports:*

- **EL2:** Treatment of Public
- **EL3:** Registration, Certification and Monitoring
- **EL5:** Financial Planning/Budgeting
- **EL6:** Financial Condition and Activities
- **EL8:** Asset Protection

*Carried*

6. **Minimal & Moderate Sedation – Working Group**

The Working Group concluded its work on the Standards for Minimal and Moderate Sedation Services in Dentistry (Non-Hospital Facilities), so the Board may now disband the Working Group. Any additional work done on the Standards will be referred to the Sedation Committee for consideration before going to the Board.

**MOTION:**

*That the Minimal and Moderate Sedation Working Group be disbanded effective 5 June 2015, and that any future consideration of the Standards and Guidelines be referred to the Sedation Committee*

*Carried*

7. **President’s Report**

The President began by recognizing the CDSBC Annual Awards Ceremony held in March in conjunction with the PDC, thanking all staff involved for another great event. The volunteer video was well done and is posted online for all to view.

The College is very active with speaking engagements in various communities and designing and delivering a series of courses in order to reach a larger number of registrants. The President spoke of the differences between the mandates and missions of College and the BC Dental Association.
BC members of the CDRAF Board have become increasingly more effective at moving the organization forward in a positive fashion. Dr. Tobias co-chaired a future planning committee at the CDRAF which resulted in starting the process to hire a new Executive Director for that organization. Dr. Tobias has been nominated and elected to sit on the board of CDAC.

The President asked Ms. Arlene Cearns, President of CDABC attending as an observer, if she had any comments regarding her experiences with CDSBC. Ms. Cearns said she appreciated the openness and how receptive the Board is to questions and comments, even when they come across as hostile. She added that CDABC recognizes the challenges between what the College does as a regulator and the associations in representing its members.

8. Management Report (attachment)

Registrar/CEO Jerome Marburg submitted a written report on behalf of the staff and management of the College.

**MOTION:**
*That the Board receive the management report.*

**Carried**

9. Principles of Patient Centred Care (Dr. Ken Chow) (attachment) 11:20 am

Certain attitudes or business arrangements in the practice of dentistry may be prioritizing the pursuit of profit or business efficiencies over registrants’ ethical obligation to provide advice and treatment that is in their patients’ best interests. This is sometimes referred to as “corporate dentistry” (although it is not limited to any specific ownership or management structure). It is a matter of concern.

The *Health Professions Act* (the “HPA”) regulates the ownership of health professions corporations, and the CDSBC Code of Ethics prescribes the ethical standards for the profession. However no College document explicitly addresses the inherent ethical challenges of the dual role of a dentist as a treating health professional and as a business person.

There is a need to publish standards that confirm that regardless of practice arrangement or business considerations, the patient must come first: the dentist must provide *patient-centred care.*
The Board approved the Patient Centred Care document submitted by the Ethics Committee in February 2015, to be posted for a 45 day consultation period.

Minor changes have been made as a result of that consultation, with respect to corporate structures with multiple dentists in one location. Dentists need to be reminded that if they’re part of these corporate structures they must abide by these principles. Owners must be involved and must be accountable.

The Board wishes to see the new preamble that will be part of this document.

**MOTION: Buschel/Spitz**

That the Board approves the document titled *Patient-Centred Care and the Business of Dentistry*, and directs the Registrar to publish it as a standard for the profession.

*Carried*

This concludes the open portion of our meeting. Ended at 11:00 am.

The remainder of the meeting will be held in camera, per Section 2.15 (9) of the College Bylaws under the *Health Professions Act*. 
# AGENDA

<table>
<thead>
<tr>
<th>A.</th>
<th>Description of Agenda Items</th>
<th>Presenter</th>
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</thead>
<tbody>
<tr>
<td>1.</td>
<td>Call Meeting to Order and Welcoming Remarks</td>
<td>Tobias</td>
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<tr>
<td>2.</td>
<td><strong>CONSENT AGENDA</strong></td>
<td>Tobias</td>
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<tr>
<td>a.</td>
<td>Approve Agenda for 5 June 2015 <em>(attachment)</em></td>
<td></td>
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<tr>
<td>b.</td>
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<td>c.</td>
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<td>d.</td>
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<tr>
<td><strong>MOTION:</strong></td>
<td>That the items on the Consent Agenda for the 5 June 2015 Board meeting be approved.</td>
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<tr>
<td>3.</td>
<td>Business Arising from Consent Agenda</td>
<td>Tobias</td>
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<tr>
<td>Note: Questions, if any, arising from Consent Agenda must be forwarded to the Chair at least 3 business days prior to Board meeting</td>
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<td>4.</td>
<td>Audited Financial Statements</td>
<td>Zeng/Lim</td>
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<td>5.</td>
<td>Executive Limitation Reports</td>
<td>Marburg</td>
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<tr>
<td></td>
<td>• EL2: Treatment of Public <em>(attachment)</em></td>
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<td>EL8: Asset Protection</td>
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<td>6.</td>
<td>Minimal &amp; Moderate Sedation – Working Group</td>
<td>Marburg</td>
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<tr>
<td></td>
<td><strong>MOTION:</strong> That the Minimal and Moderate Sedation Working Group be disbanded effective 5 June 2015, and that any future consideration of the Standards and Guidelines be referred to the Sedation Committee</td>
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<td>Tobias</td>
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<td>8.</td>
<td>Management Report <em>(attachment)</em></td>
<td>Marburg</td>
</tr>
<tr>
<td></td>
<td><strong>MOTION:</strong> That the Board receive the management report.</td>
<td></td>
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<td>9.</td>
<td>Principles of Patient-Centred Care <em>(attachment)</em></td>
<td>Ken Chow</td>
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<td><strong>MOTION:</strong> That the Board approve the resolution attached.</td>
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</table>

This concludes the open portion of our meeting. The remainder of the meeting will be held in camera, per Section 2.15 (9) of the College Bylaws under the Health Professions Act.
CDSBC Committee Report to Board
For Public Agenda

Committee Name
Audit Committee and Finance & Audit Committee Working Group

Submitted by
Mr. Samson Lim, Chair

Submitted on
August 22, 2015

Meeting Frequency
May 7, 2015
October 7, 2015
November 4, 2015
February 2, 2016

Matters Under Consideration

- Each committee/working group member continues to receive and review the monthly financial statements as prepared by management. From a financial perspective, the year-to-date results continue to appear to be in good order.

- Based on an AGM question about external auditor independence, the Audit Committee Chair has communicated with the external auditors to discuss the topic.

Future Trends
<table>
<thead>
<tr>
<th><strong>Committee Name</strong></th>
<th>CDA Advisory Committee</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Submitted by</strong></td>
<td>Sherry Messenger, Chair</td>
</tr>
<tr>
<td><strong>Submitted on</strong></td>
<td>12 September 2015</td>
</tr>
<tr>
<td><strong>Meeting Frequency</strong></td>
<td>This Committee met 7 July 2015.</td>
</tr>
<tr>
<td><strong>Matters Under Consideration</strong></td>
<td>Reviewed: NDAEB Domain Description, Guide to CDA Services, Non-Prescription Medication Policy, forwarded all to Board for approval</td>
</tr>
</tbody>
</table>
| **Future Trends**  | Module Updates: Orthodontic Module  
|                    | Recognition /Designation of Sedation Qualifications |
CDSBC Committee Report to Board

For Public Agenda

Committee Name: CDA Certification Committee
Submitted by: Ms. Rosie Friesen, Chair
Submitted on: 12 September 2015
Meeting Frequency: This Committee met via teleconference 26 August 2015
Matters Under Consideration: A continuous practice proposal and requests for reinstatement fee refund.
Future Trends: Further discussion with regard to what are recognized continuous practice hours.
Committee Name: Ethics Committee

Submitted by: Dr. Kenneth Chow, Chair

Submitted on: August 25, 2015

Meeting Frequency: The Committee met on the following dates:
- January 14, 2015
- May 11, 2015

Matters Under Consideration

- Advertising and Promotional Activities

The revised Bylaw 12 has now been forwarded to the Ministry of Health for approval. Provided approval is obtained, the next steps will be for the Committee to develop interpretative guidelines for these bylaws, and transition provisions for implementation.

- Corporate Structures

Collect data on corporate structures mandated for new registration renewal period (2016 – 2017). Plan to examine the different corporate structures that may be set up differently than the traditional individual dentist incorporations.

Connection to Strategic Plan

- Following the Mission statement – “in the public interest”

- Following the Mandate – “Establishes, monitors, and regulates standards of practice, guidelines for continuing practice and ethical requirements for all dentists and CDAs”
# CDSBC Committee Report to Board
## For Public Agenda

<table>
<thead>
<tr>
<th>Committee Name</th>
<th>Inquiry Committee</th>
</tr>
</thead>
<tbody>
<tr>
<td>Submitted by</td>
<td>Dr. Scott Stewart, Chair</td>
</tr>
<tr>
<td>Submitted on</td>
<td>11 August 2015</td>
</tr>
<tr>
<td>Meeting Frequency</td>
<td>From 30 April 2015, the date of the last report, until 31 July 2015, the Inquiry Committee as a whole met on the following dates:</td>
</tr>
<tr>
<td></td>
<td>• 26 May 2015</td>
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<td></td>
<td>• 30 June 2015</td>
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<tr>
<td>Inquiry Committee Panels met on the following dates:</td>
<td></td>
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<tr>
<td></td>
<td>• 1 May 2015</td>
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<td></td>
<td>• 5 May 2015</td>
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<td>• 10 May 2015</td>
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<td>• 18 May 2015</td>
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<td>• 19 May 2015</td>
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<td>• 9 June 2015</td>
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<td></td>
<td>• 9-10 July 2015</td>
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<td>• 5 August 2015</td>
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</tbody>
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In addition, a Panel of the Inquiry Committee meets weekly electronically to review and accept new complaints received and direct how each new file is to be handled (normally through investigation or early resolution).

## Matters Under Consideration

Inquiry Committee Panels have files involving ten dentists under review. Nine of those registrants have been referred to a Panel because the files are complex and the College is seeking direction on how to proceed with the investigation. Two files involve a dentist who has brought a judicial review against the College which has still not concluded.

## Connection to Strategic Plan

The Board’s strategic plan requires CDSBC to have a transparent, fair, effective and defensible complaints resolution process and procedures and to take active steps to help registrants enhance the standard of care they provide. The complaints process is designed to collect the information necessary to properly investigate and dispose of complaints. If minor concerns with a registrant’s practice are noted they are given practice...
advice. More serious concerns are addressed by agreement with the registrant whenever possible. Such agreements are tailored to the particular concerns raised. When the complaint files are closed, the complainants receive a comprehensive letter outlining the investigative steps taken, what the investigation revealed and how CDSBC has disposed of the complaint. A complainant has the right to request the HPRB review any Inquiry Committee disposition of a complaint short of a citation.

Statistics/Report

41 files were opened and 79 were closed between 1 May 2015 and 31 July 2015.
## CDSBC Committee Report to Board

### For Public Agenda

<table>
<thead>
<tr>
<th>Committee Name</th>
<th>Nominations Committee</th>
</tr>
</thead>
<tbody>
<tr>
<td>Submitted by</td>
<td>Dr. Peter Stevenson-Moore, Chair</td>
</tr>
<tr>
<td>Submitted on</td>
<td>26 August 2015</td>
</tr>
<tr>
<td>Meeting Frequency</td>
<td>The Committee last met on 14 August 2015 to begin the selection process of award recipients. We anticipate that there will be one more meeting (teleconference) in the 2015 calendar year – date TBD.</td>
</tr>
<tr>
<td>Matters Under Consideration</td>
<td>The Committee is in the process of administering the CDSBC Awards Policy on behalf of the Board. At the 14 August meeting, the Committee reviewed the entire list of College volunteers who are eligible for an award (2+ years of service; not a current Board or Nominations Committee member) and compiled a short list of potential candidates for awards. Further research on these candidates will be conducted by committee members and the list of recommended award winners will be submitted for Board approval at the November 2015 meeting. The Committee also identified potential recipients for the Certificate of Appreciation to be awarded by the President (with the endorsement of the Elected Officers) or Awards Committee, on behalf of the Board and College. The award winners will be honoured at an annual awards ceremony on Thursday, 17 March 2016. Board members are strongly encouraged to attend the ceremony to meet and celebrate the outstanding individuals who work so diligently on its behalf.</td>
</tr>
<tr>
<td>Future Trends</td>
<td>None.</td>
</tr>
</tbody>
</table>
CDSBC Committee Report to Board
For Public Agenda

Committee Name: Quality Assurance Committee
Submitted by: Dr. Ash Varma, Chair
Submitted on: 12 September 2015
Meeting Frequency: Has not met since last Board meeting: QA Working Group met 13 August 2015
Matters Under Consideration: The future direction of the quality assurance program.

Future Trends:
1) Competency verification processes
2) Discussion of innovative ways to obtain CE

Quality Assurance Working Group consists of:

Dr. Ben Balevi
Ms. Catherine Baranow
Mr. Paul Durose
Dr. Andrea Esteves
Dr. Ash Varma, Chair
Dr. David Vogt, PhD

Regulating dentistry in the public interest
## CDSBC Committee Report to Board
### For Public Agenda

<table>
<thead>
<tr>
<th>Committee Name</th>
<th>Quality Assurance CE Subcommittee</th>
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<tbody>
<tr>
<td>Submitted by</td>
<td>Dr. Ash Varma, Chair</td>
</tr>
<tr>
<td>Submitted on</td>
<td>September 13, 2014</td>
</tr>
<tr>
<td>Meeting Frequency</td>
<td>Has not met since last Board meeting.</td>
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</table>

### Future Trends

Regulating dentists and certified dental assistants in the public interest
# CDSBC Committee Report to Board
## For Public Agenda

<table>
<thead>
<tr>
<th>Committee Name</th>
<th>Registration Committee</th>
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<tbody>
<tr>
<td>Submitted by</td>
<td>Dr. Alexander Hird (Chair)</td>
</tr>
<tr>
<td>Submitted on</td>
<td>12 September 2015</td>
</tr>
<tr>
<td>Meeting Frequency</td>
<td>29 May 2015</td>
</tr>
</tbody>
</table>

## Matters Under Consideration
Meeting on 14 August 2015 with QA Chair and Registrar regarding alternate competency assessment pathways.

## Statistics/Report
- One request for registration from applicant with disciplinary history with CDSBC while a student: approved.
- One request for full registration from applicant with insufficient continuous practice hours: approved with limitations.

## Future Trends
As previously reported:
- New registration categories and QA requirements as part of bylaw review
- Development of competency assessment process to be coordinated at national level
CDSBC Committee Report to Board

For Public Agenda

Committee Name: Sedation and General Anaesthetic Services Committee

Submitted by: Dr. David Sowden, Chair

Submitted on: 12 September 2015

Meeting Frequency: 23 June 2015
September 2015

Matters Under Consideration

An inspection process is being developed for parenteral moderate sedation facilities. Data on facilities providing this service was collected with registration this year. A self-assessment will be sent to facilities this fall, followed by in-office inspections likely beginning next year.

A building code project is underway to outline requirements for dental facilities under the federal and provincial building codes.

Statistics/Report

Since the last Board Meeting the Committee has approved one new general anaesthesia facility. One new facility is in the inspection process. Five general anaesthesia facilities are in the tri-annual inspection process.

Four new deep sedation facilities are in the inspection process. Eight deep sedation facilities are in the tri-annual inspection process.

Annual self-assessments for 12 facilities were approved at the last meeting.

Registration of qualifications applications were reviewed from 3 dentists, two were approved.

Future Trends

The number of moderate parenteral facilities that will require inspections is approximately 160. The resources required and the process will be determined over the next several months.
Memo

TO: CDSBC Board Members
CC: Jerome Marburg, Registrar and CEO
FROM: Anita Wilks, Director of Communications
DATE: May 21, 2015
SUBJECT: Media clippings package – Feb 2015 to date

Please find enclosed media clippings gathered since the last meeting package on the topic of health regulation, and the regulation of dentistry in particular. This package includes:

Dentistry

- Ontario dentist cautioned by the Royal College of Dental Surgeons of Ontario after a child patient nearly died because of a thumb-sucking device
- Health warning about illegal dentist Valentyn Uvarov of Surrey
- Investigation into the death of Dr. Peter Khurana in Saanich
- Dalhousie dental students who participated in Facebook group permitted to graduate
- Nova Scotia government proposes changes to legislation to allow the dental board to impose restrictions (response to Dalhousie scandal)
- London Drugs launches pilot program to screen for oral cancer
- Certified specialist Dr. Mark Indrek Reichman fined and suspended after admitting to inappropriate and unprofessional behaviour
- Dentists honoured with CDBSC awards (Michael Henry and Brian Wong)

Physician regulation

- Letter in Vancouver Sun by College of Physicians and Surgeons of BC registrar Dr. Heidi Oetter
- North Van psychiatrist who admitted to unprofessional conduct and will surrender his licence
- Unauthorized practice of medicine by a woman running a dermatology clinic
- Reaction to new CPSBC requirements re: prescription of medical marijuana by physicians
Pharmacy regulation

- Ministry of Health crackdown on pharmacies that violate methadone payment and billing rules, and response from College of Pharmacists of BC
- CPBC discipline panel finding that a former pharmacist found practised incompetently (methadone dispensing)
Ontario dentist gets a warning after device designed to stop thumb sucking nearly kills a four-year-old

A dentist in North Bay, Ont., is to be cautioned by his professional watchdog after a four-year-old boy was nearly killed by a device cemented into his mouth designed to stop his thumb sucking.

The child could not eat or drink, started vomiting and could not sleep, and quickly ended up in hospital "significantly dehydrated with metabolic acidosis and altered mental status ... (and) required intravenous resuscitation and admission for failure to thrive."

According to hospital records, in addition to drooling and not eating or drinking, the patient had not been sleeping and was vomiting frequently.

Four years old is unusually young to install an intra-oral anti-sucking device, the most common of which is affixed by wire to the molars and known as the "bay rake," because it has spikes meant to poke into the thumb, spoiling it for the thumb-sucker.

The device in this case was installed by a dental hygienist, and the dentist only reviewed photographs to confirm it was put in properly.

The next day, the boy was brought in by his sister, who said the boy had been drooling and had not eaten or drank anything in more than 24 hours.
The hygienist described him as "wan and lethargic" but coherent, communicative, and not in distress.

There is some disagreement whether there was an offer to take the device out, but things quickly got worse, and by the next day in the very early morning, the boy's mother took him to the emergency room in North Bay.

"According to hospital records, in addition to drooling and not eating or drinking, the patient had not been sleeping and was vomiting frequently," according to the decision of the Health Professions Appeal and Review Board. Later that day, the hygienist was granted hospital privileges that allowed her to take the device out. The boy was discharged two days later.

Disaster was averted, but the drastic step of wiring a child's mouth to keep out his thumb illustrates the frustration and panic thumb-sucking can induce in parents.

"The biggest concern parents have is the permanent alteration of teeth and jaws," said David Zilber, president of TGuard, a company that sells a plastic sleeve for the thumb, which a cheaper and less invasive remedy that prevents the child making a seal for suction.

He compared thumb-sucking to an addiction, and as such said remedies for it are changing with the culture.

This failed appeal of an earlier decision to caution the dentist was launched by a medical doctor who, the ruling states, showed "genuine care and concern" for the welfare of the young patient. He argued the dentist was "negligent" and that a simple caution is a "grossly inadequate" remedy. Instead, he asked for a ban on this dentist installing any more anti-thumb sucking devices, but was refused.

The dentist — named only as L.E.H. because this is merely a caution, not a full finding of misconduct — will now be warned by the Royal College of Dental Surgeons of Ontario about keeping closer watch on his patients, not letting caregivers pressure him or influence his decisions, and not delegating medical decisions to staff members or parents or relying only on their observations.

He will also be told to be more "reluctant to employ anti-thumb sucking appliances for very young children" who do not understand why this is happening to them.

National Post
Unlicensed dentist Valentyin Uvarov’s patients warned by Fraser Health

Unlicensed dentist Valentyin Uvarov’s patients warned by Fraser Health

Clients of unlicensed dentist at risk of contracting HIV, hepatitis B and C, due to non-sterile equipment

CBC News Posted: May 04, 2015 11:41 AM PT Last Updated: May 04, 2015 4:46 PM PT

With officials are warning clients of a Surrey, B.C., man posing as a dentist that they may have been exposed to HIV, hepatitis B and C, or other blood-borne infections due to non-sterile equipment.

- B.C. man’s illegal dental practice shut down
- Illegal ‘bedroom dentist’ clinic in B.C. exposed

Valentyin Uvarov was allegedly providing dental treatments at 14276 62 Avenue in Surrey without a licence, according to an investigation by the College of Dental Surgeons of B.C.

“At this point, he’s under a court-ordered injunction to never do this again,” said Jerome Marburg of the college.

Uvarov has also been ordered to pay the college $10,000 by the B.C. Supreme Court.

“That doesn’t nearly cover the costs that the college and its registrants pay for the investigation and prosecution of this, but it helps,” said Marburg.

The investigation identified “concerning” practices — that may have exposed patients to diseases — such as potentially reusing anaesthetic containers, according to a release from the Fraser Health Authority.

Court documents detail 10 pages of equipment seized from Uvarov’s home by the college, including surgical instruments, root canal sealant, and dental pilers.

Uvarov claimed instruments were for his family

CBC News spoke to Valentyin Uvarov at the location of his alleged illegal practice, and he claimed he only had a few instruments to treat his family.

“Nothing happened, but I have some instruments in my house, for my family,” said Uvarov to CBC reporter Jesse Johnston.

When asked if he was treating patients in his home, Uvarov said no, and closed the door.

He gave a similar explanation to investigators, saying he was only treating friends and family, according to the College of Dental Surgeons of B.C.

However, the equipment seized from his home was consistent with a medium-sized dental practice, said the college.

Patients advised to talk to health care provider

No proper records were found, so there’s no way to know exactly who was treated and when, the college said.

The College of Dental Surgeons is urging anyone who did get dental work from Uvarov to see their health care provider.

The most important thing is you get proper care, nobody’s going to fine you or punish you if you go to somebody that isn’t licensed.”

The Fraser Health also suggests Uvarov’s past clients can call the B.C. Nurses line at 8-1-1.

Court document showing items seized from Uvarov’s home

To print the document, click the “Original Document” link to open the original PDF. At this time it is not possible to print the document with annotations,
Patients of unlicensed dentist in B.C. at risk of hepatitis, HIV

Michael Shulman, CTVNews.ca Staff
Published Monday, May 4, 2015 5:27PM EDT

Health officials are warning patients who were treated by a man posing as a dentist in Surrey, B.C., that they may have been exposed to hepatitis B and C, HIV and blood-borne infections.

An investigation by the province's College of Dental Surgeons revealed that Valentyn Uvarov was operating a dental clinic without a valid licence.

In a statement released on Monday, Fraser Health warned that people who received treatment at his clinic may have been exposed to non-sterile material.

The College of Dental Surgeons' investigation found "concerning infection prevention and control practices" at Uvarov's clinic, including the re-use of anesthetic containers.

Anyone who received treatment from Uvarov is advised to see a doctor or call the B.C. Nurses line at 811.

Two years ago, Tung Sheng Wu, who is also from B.C., was sentenced to three months in jail for defying court order to stop practising dentistry in 2003.

Wu was on the run for months, fleeing to Ontario after it was revealed that he had been treating patients without a licence in a Metro Vancouver home under unhygienic conditions.

MORE NEWS FROM CANADA

Family of man who died waiting in ER can sue, court rules

Inuk soldier says military ignored alleged sexual assault
Mexico cartel clashes worry Canadian tourists
Canadians in Mexico warned to limit movements, beware gang violence
Gov't seeking to block Omar Khadr from getting bail
Manitoba to rename August holiday in honour of Terry Fox
Health warning issued about unlicensed Surrey dentist

Fraser Health advisory warns about practice in Newton

Tom Zytaruk / Surrey Now
May 4, 2015 12:42 PM

SURREY — Anyone who received dental treatment from Valentyn Uvarov in Newton may have been exposed to serious blood-borne diseases, according to a Fraser Health advisory.

Fraser Health issued the advisory on Monday, saying Uvarov had an unlicensed dental practice at 14275-62nd Ave. in Surrey. On April 24, in B.C. Supreme Court in Vancouver, Justice Terry Schultes ordered that Uvarov be permanently restrained from providing dental treatment as long as he is not a registrant of the College of Dental Surgeons of British Columbia (CDSBC). He was also ordered to pay $10,000 to the college, toward covering the costs of its investigation.

The Fraser Health Authority's advisory said Uvarov's clients may be at risk of blood-born infections such as Hepatitis B, Hepatitis C and HIV from exposure to non-sterile materials during their treatment there.

This came to light after the CDSBC found Uvarov was providing dental treatments at this location without a license to practice dentistry and the investigation revealed the "potential re-use of anesthetic containers," the advisory said. Fraser Health believes this may pose a risk of infectious disease transmission to clients. It's not known how many patients he had, if any. "I don't believe patient records have been found," Anita Wilks, CDSBC spokeswoman, said Monday.

Fraser Health advises anyone who received dental treatments from Uvarov to contact their doctor or call 8-1-1.

Hepatitis B is a virus that attacks the liver and is the main cause of liver cancer, according to HealthLinkBC, but most adults who get it have it for a short time and then get better. As long as you have the virus, it can spread to
Health warning issued about unlicensed Surrey dentist

Hepatitis C is a virus that infects the liver and in time can lead to cirrhosis, liver cancer and liver failure.

HIV, or the Human Immunodeficiency Virus, attacks the immune system.

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Vancouver Island man killed wife, set fire to home, family says

Julie Khurana suffered serious domestic abuse over the course of her relationship with her husband, said her brother-in-law, Kelly Tarpley.

BY KATIE DEROsa, TIMES COLONIST  APRIL 29, 2015

Police and fire crews investigate the scene of a house fire at 4904 Cordova Bay Rd.
Photograph by: ADRIAN LAM, Times Colonist

The family of the woman found dead inside their home in the Cordova Bay area of Saanich last week said a coroner's report confirmed Julie Khurana was killed by her husband, Peter Vinoo Khurana, who then set fire to the home before hanging himself.

Julie Khurana suffered serious domestic abuse over the course of her relationship with her husband, said her brother-in-law, Kelly Tarpley. He said Julie often called police to the Saanich home when Peter Khurana was violent, but he would be back in the house by the next day.

Tarpley and his wife, Kathy, live in Palm Springs, Florida. He said his wife communicated with her sister via email every day.

After March 30, the emails from Julie stopped.

Kathy couldn't reach Julie by phone and after three weeks, the couple became so concerned they considered contacting police.
It was too late. They got a call from the U.S. consulate informing them Julie was the suspected victim in a murder-suicide.

Saanich police and fire departments were called to the home at 4904 Cordova Bay Rd. at 3:27 a.m. on April 21 after someone saw smoke billowing out.

Once firefighters had put out the blaze, two bodies were found inside. One dog was rescued and another dog was found dead in the home.

The Vancouver Island Integrated Major Crime Unit launched an investigation but has released little information.

Julie's body was so badly damaged from blunt-force trauma to the head and face, and the subsequent fire, it took the B.C. Coroners Service almost a week to identify her, Tarpley was told.

Julie had talked with her sister and brother-in-law about leaving the abusive relationship, but didn't want to leave their two dogs and didn't have enough money to support herself, Tarpley said. "He beat her up so many times, I lost count," he said.

"I've done everything short of coming up there and dragging her out of the house.

"He's been escorted out of the house five or six times in the last five or six months."

Saanich police would not confirm how many times they were called to the home before April 21.

Julie Khurana had few friends in Victoria and rarely socialized with neighbours, Tarpley said.

"She was like a hermit in that house," he said. "Peter didn't let her have any friends because he would lose his control."

Tarpley said he hopes Julie's story will serve as a cautionary tale to women suffering from domestic abuse. "The only thing I can hope for is it might keep some other woman from being killed," he said.

Peter Khurana was born in India in 1956. He and his mother moved to Switzerland, where he met his first wife, Irene Khurana. The couple moved to Canada and Peter Khurana bought the Cordova Bay Road home in 1998.

Irene Khurana told the Times Colonist last week that her ex-husband had a violent temper and she tried to get a restraining order against him in 2004. The couple divorced in 2006.

Peter Khurana met Julie online through a stock-trading website and she left her home in Louisville, Kentucky, to be with him in Victoria around 2007.

At one point, the couple moved to Mackenzie, a town about 180 kilometres north of Prince George, where Peter Khurana ran a dental practice.

It was there that he was charged with assault causing bodily harm against Julie in December 2013,
Peter Khurana pleaded guilty to the lesser offence of assault. He was sentenced to one day in jail and one year of probation.

He was released on conditions that included avoiding alcohol or drugs and attending counselling. He was not allowed to contact Julie, but the couple continued to live together back in Victoria.

In January 2014, he was charged with breaching those conditions and sentenced to another day in jail.

Parm Kroad, deputy director of the Victoria Women's Transition House, said women thinking of leaving an abusive relationship can call the 24-hour crisis line at 250-385-6611.

"We can provide a safety plan, tips they need to prepare in advance to leave," Kroad said, such as having a suitcase ready or money stashed away to take a cab.

Kroad said it's up to the woman to decide whether to report the abuse to police, but transition house staff can connect women with legal, financial and housing support services or counselling.

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DALHOUSIE DENTISTRY CLASS REFLECTS ON FACEBOOK SCANDAL AFTER RESTORATIVE JUSTICE

In a report released today, school says students can graduate if they meet clinical standards

CBC News Posted: May 22, 2015 7:46 AM AT Last Updated: May 22, 2015 1:21 PM AT

All four parties who took part in a restorative justice program after a Facebook scandal rocked the faculty of dentistry at Dalhousie University in Halifax say they’re satisfied with the outcome, according to a letter sent to CBC.

Fourth-year students in the dentistry school discussed issues of misogyny and sexual harassment during a restorative justice process after a private Facebook group known as the Class of 2015 DDS Gentleman’s Club was made public.

- **Dalhousie dentistry Facebook members can graduate if clinical requirements met**

CBC News obtained screen shots of the group’s sexually explicit posts in December.

"We learned that saying sorry is too easy. Being sorry, we have come to see, is much harder." - Members of the Class of 2015 DDS Gentleman's Club

In one post, members were polled and asked, "Who would you hate f-k?" They were given two names to vote on.

The CBC's Information Morning received a copy of the letter from the parties who took part in that process:

- The men who posted to Facebook.
- Some of the women of the class.
- University faculty and administration.
- Community participants.

**A final report released by the school** on Friday said the students have met the professionalism standards required to graduate.

Dalhousie president Richard Florizone said at a news conference that he doesn't yet know exactly how many of the 13 men will walk across the stage at the graduation ceremony. He said the members won't have to add their names to the convocation guide.

In total, 29 (14 women and 15 men) of the 38 people in the core fourth-year dentistry class took part in the restorative justice program.
"We did not create these issues, but we have come to understand our parts in perpetuating and tolerating them within our relationships and community," reads the letter. "Having endured such a public fracturing of our class community and many of our personal relationships, our focus throughout the process has not been to return to normal but to create a new 'normal' for the future."

FROM THE MEN:

The men in the Facebook group say they are thankful for participating in the restorative justice program.

"We learned that saying sorry is too easy. Being sorry, we have come to see, is much harder," reads their section of the letter.

The DDS men said they won't reveal their names,

"The truth is, none of the Facebook group members are innocent but nor are we monsters."

They also wrote to their future patients: "We deeply regret if this has made even one person more reluctant or afraid to access the oral health care they need and deserve."

FROM THE WOMEN:

The women in the class wrote that they want to graduate alongside their male classmates, and never wanted to see the 13 expelled.

The women said they knew about the group, but didn't think they were the targets until it became news.

"We are a part of a generation in which inappropriate sexualization is more common and widespread than ever before and we have become used to this."

They write that they accept their classmates' apologies.

"More than that, though, we have seen the men learn why they are sorry and what that requires of them," they wrote.

Read the statement:

TWELVE MALE DENTISTRY STUDENTS WILL GRADUATE, DALHOUSIE SAYS
SIMONA CHIOSE EDUCA TION REPORTER
The Globe and Mail
Published Friday, May 22 2015, 9:28 AM EDT
Last updated Friday, May 22 2015, 10:50 AM EDT

Twelve of 13 male dentistry students at Dalhousie University who made misogynistic comments in a Facebook group have met the professionalism standards required to graduate, the university announced Friday.

The decision was released in a 66-page report on the restorative justice process that began after the comments made by male students in Dalhousie's dentistry faculty became public this winter.

The status of the 13th dentistry student, Ryan Millet, who blew the whistle on the group but did not participate in restorative justice, is uncertain at this time.

Twenty-nine students in the graduating class of 46 have been involved in restorative justice discussions since January.

For the first time, the report reveals that part of the process has been an investigation into the activities of the Class of DDS 2015 Gentlemen, and that one of the facilitators of restorative justice was a "trained and experienced investigator."

The investigation concluded that the misogynistic comments were not the "tip of the iceberg" and that they were taken out of context, the report states.

The university says in the report that the comments made by students in the Facebook group are not unique to the dentistry faculty or to Dalhousie.

In the university's case, the group started as a way to deal with the stress of a "competitive climate" in the dentistry program. Within the faculty, sexist and racist behaviour was sometimes "perceived to be inadequately dealt with," the report adds.

The men did not have to admit guilt to be part of the restorative justice discussions, and the process did not seek to establish which of them was more involved than others. Participating was key to the students meeting professionalism requirements essential to graduating, however.

Throughout the report, Dalhousie defended its decision to use restorative justice — a process in which victims and perpetrators come together to talk about the harms caused. Four women released a statement in January rejecting restorative justice and asking the university to launch a formal investigation under the student code of conduct, an approach the university turned down.

Holding such an intensive process while under media scrutiny was very difficult, the report says. Since shortly after the controversy became news, the university has rarely responded to questions from the media submitted to senior administrators.
Students were harmed by the constant stream of news and opinion on campus and off that was sparked by the comments, the report says.

"Both male and female members of the dentistry class reported increased stress due to public debate that was at times aggressive, intrusive and erroneous. Female participants ultimately felt compelled to ask the Dalhousie Student Union, among others, to stop speaking for them without ever speaking to them, while male participants received threats of harm to them and their families via social media."

The report states that it was prepared "on behalf of the participants" by senior administrative staff at the university.

In a 13-page statement this week, the women involved in restorative justice said they were never looking to have their male classmates "expelled as 13 angry men who understood no more than they did the day the posts were uncovered."

Fifty pages of the Facebook group’s discussion reviewed by The Globe and Mail showed that comments were made over a number of years. Some members appeared to be more active than others, an impression the university’s Friday report says is incorrect.

The university will be discussing the report later this morning. A report from an independent task force chaired by University of Ottawa professor Constance Backhouse is expected by the end of June.
N.S. proposes licensing changes for dentists in wake of Dalhousie scandal

HALIFAX — The Canadian Press
Published Wednesday, Apr. 15 2015, 3:52 PM EDT
Last updated Wednesday, Apr. 15 2015, 5:15 PM EDT

The Facebook scandal at Dalhousie University has prompted legislation that would allow Nova Scotia's regulatory body for dentists to set restrictions and conditions before granting licences, the province's health minister said Wednesday.

The changes are at the request of the Provincial Dental Board of Nova Scotia following the controversy involving Dalhousie University's dentistry school, Health Minister Leo Glavine said.

Glavine said current legislation only allows the board to grant or deny a full licence.

"They wanted to have the ability as it is in other jurisdictions to be able to place restrictions on new entrants to the profession," Glavine said.

The conditions could range from practising under supervision for a period of time to taking additional ethics courses.

Glavine said the legislation will be enacted immediately once its passed, which he said he expects will happen this spring.

Dalhousie University suspended 13 fourth-year male dentistry students earlier this year for being members of a Facebook page that contained sexually violent content about their female classmates. The suspensions were lifted last month.
Oral cancer screening to be available at some B.C. pharmacies
Pilot project will bring in dentists for initial examinations

BY PAMELA FAYERMAN, VANCOUVER SUN APRIL 6, 2015

B.C. dentists are collaborating with certain pharmacies to offer free, oral cancer screening clinics starting next week.

In a pilot program, various London Drugs locations will have dentists on site to check customers for oral cancers or other suspicious abnormalities, inspecting inside the mouth with a device called a VELscope (Visually Enhanced Lesion Scope).

The technology, which can help detect cancers and pre-cancerous anomalies inside the mouth, was developed at the BC Cancer Agency and is sold (for $2,750) to dental offices through a company called LED Medical Diagnostics.

John Tse, London Drugs vice-president, said in an interview that if the pilot program is popular, it may be expanded across the country. London Drugs is paying dentists an undisclosed amount to offer the screening examinations. Customers will receive an evaluation that will state one of two outcomes — either nothing unusual was detected or an atypical (abnormal) area was seen that requires further evaluation. In the case of the latter, customers will be advised to go to their regular dentist or they may be referred to a specialist.

Dr. Samson Ng, a dentist who has five years of postgraduate training in oral medicine and pathology, has been involved in the development of prevention programs in B.C. He said the VELscope, which emits distinctive light when malignant or pre-malignant cells are present, is not a substitute for a physical or visual examinations; it’s a supplementary tool. (Ng is occasionally paid as a consultant by the company that makes the device.)

"VELscope is not a diagnostic tool on its own, it is meant to be used to enhance visual acuity," he said.

Ng, a clinical assistant professor at the University of B.C., said modern dentistry is changing as more practitioners realize their roles are about more than fixing teeth, but many people are still not getting adequate, routine assessments that include oral cancer screening, he said.

Diagnosing cancer in the earliest stage is important because treatment can be less invasive and survival odds are better,
There are about 850 VELscope devices being used in B.C. but that only represents about 20 per cent of all dental offices. Dr. Eitan Prisman, a surgeon at Vancouver General Hospital who operates on patients with oral cancer, said he thinks the use of the technology is boosting the number of patients being diagnosed at earlier stages. "It is yet to be determined, however, if it is a good screening tool in the general population. We might get too many false positives. But the device has definitely raised awareness about the importance of looking into the oral cavity.

"In surgery, we've got a study going on in which we are using the VELscope to determine whether it gives us better accuracy for margins (the amount of tissue removed around the tumour)."

About 500 B.C. residents are diagnosed each year with oral cancer. Smokers, those who chew tobacco and those who drink alcohol, are at higher risk of developing such cancers. Having human papilloma virus (HPV) — a common, sexually transmitted infection — is an additional risk factor. The HPV virus also causes cervical, anal and vaginal cancers and is believed to be a conduit for transferring infections.

These are some of the signs and symptoms of oral cancer:

- A sore, swelling or ulcer in the mouth that doesn't go away.
- A lump in the neck that lasts more than two weeks.
- A white or red patch in the mouth.
- Persistent earache or sore throat or nasal congestion.
- Pain in the mouth, jaw or ear without obvious cause.
- Voice changes or hoarseness lasting longer than two weeks.
- Difficulties swallowing.
- Blood appearing in the saliva or phlegm for more than a few days.

To book an appointment for screenings on specific dates, contact these stores in person or by phone:

- April 14 London Drugs in Kerrisdale
Vancouver dentist fined, suspended for touching, hugging patient

Vancouver, BC, Canada / (CKNW AM) AM980
Shelby Thom
April 02, 2015 01:28 am

A Vancouver dentist will be suspended, and fined $30,000 after admitting to sexually inappropriate behavior towards a female patient three years ago.

"Jerome Marburg with the College of Dental Surgeons of BC says Dr. Mark Indrek-Reichman admits to making inappropriate comments about a woman’s tattoos, piercings, and breasts.

"He also admits to having touched the patient's ribs below the breasts for a non-clinical purpose. And on, several occasions he admitted he came into contact with the patient's hands as it rested on the arm of the dental chair, in a manner that she reasonably perceived as sexual. Finally he admits that following treatment, he hugged the patient."

He will be suspended this summer for four months.

After that, he isn't allowed to be alone with patients. He must have a chaperon.
Longtime Richmond dentist’s career celebrated

RICHMOND NEWS
APRIL 1, 2015 09:37 AM

Long time Richmond dentist Brian Wong was honoured with an Award of Merit at the College of Dental Surgeons of B.C.’s annual awards ceremony held March 5 in Vancouver.

The award recognizes Wong’s significant contributions to the college.

Wong, who has practised in Richmond for 35 years, has been a volunteer since he joined the college’s ethics committee in 2007.

He took over the position of vice-chair in 2013, and continues to give his time to the college’s active committee.
CADET 'BREAK'
Port Coquitlam army cadets Rahul Kumar, Emerson Lazo and Azaly Addam spent a week at Vernon Cadet Training Centre during spring break in an attempt to earn one of five positions on the army cadet parachute course, held each summer in Trenton, Ont. Major Ken Prince oversaw the training that included long days of push ups, chin ups, route marches with full packs, log carries and leadership tests. Meanwhile, Air cadet Sgt. Lucas Morisette of Port Moody, who is with 754 Phoenix Squadron air cadets, was gliding over the skies of Comox during spring break last month as part of a training program.

SHOP LOCAL

Coquitlam's Austin Heights BIA has been awarded $2,000 to recognize its work in the Yellow Pages' Shop the Neighbourhood campaign. During the drive, shoppers were encouraged to take advantage of exclusive and local deals on a Nov. 24, 2014, event. Executive director Erin Davidson hand-delivered more than 200 Shop The Neighbourhood kits to local businesses.

SMILES

Coquitlam oral surgeon Michael Henry was honoured at the College of Dental Surgeons of BC annual awards ceremony last month. Henry — along with Geoff Grant, Mark Spurr, David Sowden and Bruce Ward — won the special group award, which recognizes volunteer work on a project.

XROADS CONNECTION

More than 200 Port Coquitlam residents who signed on with the Telus Fibre Optic Community Program dialed in $5,300 for the Crossroads Hospice Society. The non-profit group was picked to partner with the program that allowed residents to vote for a charity and get a $25 bonus from the company. Crossroads Janice Hansen thanked Telus Communications staff Curtis Rowe and Lisa Kabatoff for the donation.

jwarren@tricitynews.com
LETTER OF THE DAY

Doctor competency is key

International candidates must complete assessment to qualify

Re: How to remedy family doctor shortage in B.C., Letters, May 8

The College of Physicians and Surgeons of B.C. is aware of the concerns regarding the shortage of family physicians in the province. This issue is very complex and unfortunately, there is no simple solution. Part of that solution is the recruitment of international medical graduates (IMGs). The college's role in the recruitment process is to ensure IMGs meet educational and competency requirements before they are granted registration and licensure. Those requirements are strict to ensure IMGs meet the high standards expected of family physicians. We look to the College of Family Physicians of Canada (CFPC) to determine substantial equivalency in training requirements.

Physicians who have completed their CFPC-recognized postgraduate medical training in family medicine from the United States, United Kingdom, Ireland and Australia can be eligible for registration and licensure in the provisional class under sponsorship and supervision. To advance to the full unrestricted class of registration, an IMG must satisfy a number of requirements, including Canadian qualifying exams — just like Canadian medical graduates.

Physicians who have completed their postgraduate training in family medicine outside of Canada, United States, United Kingdom, Ireland and Australia may be eligible to participate in the province's new Practice Readiness Assessment Program, which involves a competency assessment.

The program was launched this year and requires candidates to complete an 18-hour comprehensive practice readiness and orientation process. Those successful candidates will receive a certificate of competency and be eligible to apply for registration and licensure in B.C. The program is expected to double the number of family physicians in B.C.

The college is proud of its robust standards and requirements for IMGs to help ensure they can safely enter the practice of family medicine.

HEIDI M. OETTER
Registrar, College of Physicians and Surgeons of British Columbia

from a campfire, which was extinguished by a fireboat.

While cycling by Lumbermen's Arch about a decade ago, I noticed two men chopping wood. I followed them into the park and saw them entering a campsite with open fires. I was terrified that under the right conditions, a campfire-originated blaze could burn Stanley Park to the ground in hours. I reported my concerns to two mounted Vancouver city police officers. One officer said, "They have to live somewhere." I then phoned the chairwoman of the Vancouver park board, the fire chief and the police chief.

All responses were "tactful."

Suspected they viewed it as a "politically sensitive" issue. The potential disaster can be avoided if officials take the necessary steps.

E.P. CUMMINGS
Surrey

Include name, address and daytime number. Maximum length: 200 words. Email: sunletters@vancouversun.com
Doctor's legacy tarnished amid patient complaints
North Shore psychiatrist admits to unprofessional conduct

BY PAMELA FAYERMAN, VANCOUVER SUN FEBRUARY 8, 2015

Terri Howie stands outside Joy Hair Salon in North Vancouver, which she had envisioned as a social enterprise that would plow profits into bipolar and other mental health causes. The business now has a new owner.

Photograph by: Wayne Leidenfrost, Vancouver Sun

He’s been a psychiatrist for nearly 50 years, a former leader at Lion’s Gate Hospital, pioneer in suicide education and bipolar treatment, and a strong advocate for mental health patients and causes.

So Dr. Paul Eric Termansen’s recent fall from grace was shocking and abrupt. His noteworthy legacy and reputation has been tarnished. The North Shore doctor who has been working into his 80s will now retire July 31, a date he gave the College of Physicians and Surgeons of B.C. after admitting to unprofessional conduct by hugging a female patient and engaging in an inappropriate business relationship with another.

Through a consent agreement announced by the College last month, Termansen will resign this summer and surrender his licence to practise. The College has agreed that other allegations dating back to 2011 remain unproven but kept its condition imposed last year that a chaperon is present while Termansen consults female patients.

College spokeswoman Susan Prins said the regulatory body takes a zero tolerance position on
inappropriate physical contact between doctors and patients, as it does on business interactions that put doctors in a conflict of interest position.

"It is inappropriate to enter into a joint business venture with a patient ... and it's never OK to hug a patient, and this is particularly true for psychiatrists, even if it is intended as a gesture of support," Dr. Heidi Gether, registrar of the College of Physicians and Surgeons, told The Vancouver Sun at the time the issue first came to light last month.

Terri Howie, a bipolar patient treated by Termansen from 2009 to 2013, gave the College stacks of information about her business dealings with her former psychiatrist. The business was a new salon, Joy Hair Studio, opened at North Vancouver's Lonsdale Quay in September 2013; it was named after Howie's mother.

But the endeavour brought nothing but anguish for Howie and Termansen, who should never have been in a business venture, according to the College.

Howie said in an interview with The Sun that she first pitched the salon to Termansen and the registered non-profit he founded in 2010 — Pacific Bipolar Foundation — as a social enterprise.

Under her proposal, all profits would go to the foundation and other mental health causes. Salon customers who were on disability with mental health problems would receive deep discounts. "Mainstream" clients would offset services for "marginalized" clients. The salon was also intended as an after-hours meeting place for mental health groups.

"The name and the concept were based on the concept of a giant hug," Howie said.

Although Howie fully credits Termansen for properly diagnosing and treating her effectively for a disorder marked by manic and depressive mood swings that had torn her world apart, the professional relationship changed soon after the salon opened. That's when she says Termansen began accusing her of mismanaging the salon. (It's still open but under different ownership and management since last spring.)

Termansen said he gave the salon business a $50,000 startup grant from the Pacific Bipolar Foundation. Another donor gave an additional $20,000; Termansen said the board and donors were in full agreement with such "loans." In his email response to questions from The Sun, he said he also invested his own money.

"A few months after the opening of the social enterprise, Ms. Howie's venture was in danger of bankruptcy. I personally invested monies to save the venture and then had the opportunity to examine its financial status ..."

Termansen said Howie complained to the College only after their business connection began to turn sour. He maintains her complaint was purely vindictive. In his email to The Sun, Termansen said:

"Before my investigation ... Ms Howie never complained about any form of alleged 'inappropriate behaviour.'"
For her part, Howie told The Sun in an interview that Termansen's approach to her became hostile and condescending after the salon opened and she spurned Termansen's demands to do more and more marketing work for the non-profit foundation.

"None of the business accounting issues were discussed with me prior ... He locked me out because I didn't want to work for his foundation full time ... It wasn't until after he locked me out that any accounting issues arose ..." she said.

Soon after the conflicts began, lawyers representing Howie and Termansen exchanged numerous letters with both sides alleging misconduct. The letters, obtained by The Sun from Howie, show that Howie first complained to Vancouver Coastal Health (VCH) about Termansen a few months after the salon opened.

Termansen's lawyer, David Ashton, told Howie in a letter that she had defamed Termansen in her complaint to VCH and demanded she withdraw it. The Howie complaint was turned over to the College at the beginning of last year.

Howie said that during her 20-year marketing career, she had done high-level work for McDonald's, Nintendo, Blockbuster, HMV, Future Shop and Best Buy. While she was happy to volunteer for the bipolar foundation's website, her true passion, she said, was the salon, which she envisioned as a social enterprise that would plow profits into bipolar and other mental health causes.

When she was at one of the lowest points in her life in 2010, a haircut improved her self-image and she wanted to extend the same benefit to other low-income mental health patients.

"The next thing I knew, (Termansen) was saying, 'Why don't we just (start the salon) together?'' she said.

"I approached my bipolar group, headed by Dr. Termansen, in May 2012 with my business plan," she said, adding that Termansen then suggested it be presented to the Pacific Bipolar Foundation board, of which he is founder, president and chairman.

On June 15, 2013 when the B.C. Corporate Registry listed the salon as a new business, Howie was named as sole proprietor. When the North Shore News published a story about the opening of the new salon, there was no mention of Termansen but it did note that startup costs were "made possible thanks to a $50,000 grant from the Pacific Bipolar Foundation and Howie's personal fundraising efforts."

Howie said she never thought at the time about the wisdom and ethics of a business relationship with her doctor but she did realize she'd have to get her care transferred to a new psychiatrist, which she did soon after the salon opened.

"I just thought my doctor was trying to help me out," she said, noting that Termansen also provided her with the use of a leased Mercedes-Benz Smart car, which she has returned.

"I was beholden to him. He was like my overlord."
“Everything aside, the doctor went into business with a patient. No contracts, agreements or understandings. Because he saved my life, he was God.”

Howie told the College that Termansen had taken her to numerous restaurants, all of which she detailed in her complaint. She alleged inappropriate behaviour on his part during such social interactions.

Although two other female, former patients of Termansen alleged they received hugs and kisses from him, he admitted — through a consent agreement — to only one case of hugging and the College did not pursue or attempt to prove the others through a disciplinary hearing.

The College, in a press release, stated: “It is agreed that the balance of the allegations remain unproven.”

Terry Robertson, Termansen’s lawyer who was provided to him through the Canadian Medical Protective Association, which helps doctors embroiled in civil or criminal cases, said while three female patients went to the College, Termansen denies his hugs were sexual in nature or motivation.

Rather, they were meant as a type of old-fashioned style of consolation for distraught patients, Robertson said.

“He has consistently denied these allegations of sexual impropriety. And remember, just because someone says something, doesn’t make it fact,” Robertson said.

The hair salon is another matter, Robertson said. While the intentions may have been good — to help mental health patients and the foundation — the fallout should serve as a reminder to all doctors to avoid business deals with patients because of their fiduciary duties. “So thou shalt not enter into business arrangements with patients. There’s a trust relationship there.”

Robertson said Termansen regrets contributing funds to the hair salon and “still shakes his head in wonder.”

In response to questions from The Sun about what he has learned from the experience and what advice he would give other doctors, Termansen said:

“I learned more about whom to trust. I would say (to other doctors) ‘Don’t expect gratitude for what you do for others.’ In the field of mental health, you have to be motivated by the opportunity to help people and nothing more.”

Asked if he thought his age had anything to do with the events late in his distinguished career, he said:

“I don’t know that I can blame my poor judgment regarding Ms. Howie on my age.”

Termansen and his volunteer board members are concerned about the effect this story will have on the bipolar foundation. He pleaded in an email with The Sun to not “bring the Foundation into my own personal, adverse publicity.”
"If the Foundation is the recipient of my negative publicity, I have reason to believe that it will not survive and people will be denied support services (such as group therapy) that are of great benefit to their stability and recovery."

According to the most recent (2013) Canada Revenue Agency filings, the foundation had total assets of $437,000 and lists its activities as investments in mental health conferences, research funding and "a grant to a hair salon providing employment opportunities to persons suffering from bipolar disorders."

Martin Addison, executive director of the Mood Disorder Association of B.C., listed as a "partner" of the Pacific Bipolar Foundation on its website, said when he first started work at the association 18 months ago, he was told by various people in the mental health field that Termansen was a "good guy, someone important to know, someone who cares deeply about mental health."

It wasn't until a few months ago that, during a conference call between leaders at various mental health organizations, someone mentioned that Termansen's case was before the College.

"It's obviously a traumatic situation for him, for his patients and the foundation. It's bad for the mental health community at large because it shines a bad spotlight," he said, adding to this reporter: "But I understand you have to do your job."

Addison said he finds it astonishing that Termansen and the bipolar foundation got involved in a patient's business venture.

"My board would never let me even entertain the discussion," he said.

Kristen Pring-Mill, executive director (since November 2013) of the Pacific Bipolar Foundation, said she was shocked to "hear of the College's response to the situation.

"I have only ever known Dr. Termansen to be a compassionate psychiatrist with decades of expertise and a mission to provide support for those coping with bipolar disorder."

Asked why the foundation would contribute donor funds to the salon, she said it was because it was a social enterprise — a business meant to "employ and serve people with lived experience of mental health conditions, to spread awareness about the difficulties of bipolar disorder and the services that can help, to provide a venue for support programs, and to generate funds that could help with the work that we do in the community."

The aim of the business was aligned with the mission of the foundation, she said, noting one donor earmarked a $20,000 donation. Asked if she thought other donors would object to contributions being used this way, she said:

"The decision to contribute foundation funds to this charitable cause (for startup costs) was made by our board of directors in response to a proposal presented by the salon's creator," she said, referring to Howie.

Pring-Mill said there's "an informal understanding" with the new owner that it will continue as a social
enterprise. The foundation and other community organizations will receive donations "as the salon's profits allow."

As to the impact on the foundation of Termansen's disciplinary citation and disposition, she said:

"The foundation will continue to provide one-on-one peer support for people with bipolar disorder, support groups for youth and adults, research into innovative treatments, and education for families, professionals, and the public.

"We're upfront about the basic facts of Dr. Termansen's current situation when asked by clients. Otherwise, we intend to move forward with plans to make our programs and educational resources more widely available, as services specific to bipolar disorder are very hard to come by in British Columbia."

Sun Health Issues Reporter

pfaverman@vancouversun.com

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Click here to report a typo or visit vancouversun.com/typo.

Is there more to this story? We'd like to hear from you about this or any other stories you think we should know about. CLICK HERE or go to vancouversun.com/moretothestory

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Clinic told to stop offering cosmetic fillers and Botox

Owner falsely claiming to be a doctor, watchdog says

ERIN ELLIS
VANCOUVER SUN

A medical school grad running a skin rejuvenation clinic in Vancouver's West End says the governing body for doctors in B.C. should investigate people who harm others rather than going after her.

The College of Physicians and Surgeons of B.C. announced Friday that Anita Fofe, of Dermix Institute of Aesthetic Medicine on Davie Street, is prohibited from injecting cosmetic fillers and Botox.

This is the first time that we've had an individual who was not a doctor, calling themselves a doctor, and doing this unauthorized work," said college registrar Dr. Heidi Getter. "If you go to see someone who is not licensed — who knows what you're getting? You expose yourself to the potential for harm."

The college began investigating Fofe in 2012 and obtained permission from B.C. Supreme Court in January to search her business. Investigators then seized injectable cosmetic products including Dysport — similar to Botox — for treating wrinkles and Restylane, containing hyaluronic acid to plump out lines on the face.

"The College also seized documents which confirmed her unauthorized use of reserved titles, such as 'doctor' and 'surgeon," " it said in a news release. But in a telephone interview Friday, Fofe said she's upset with the college's characterization of her credentials.

"I finished medical school. I did a surgical residency in Seattle. I was licensed as a doctor in Washington state until 2012, when I moved back to Canada," said Fofe, originally from Calgary.

"You would think the college would spend their time investigating situations where the public is at risk rather than going after someone they know is qualified," Getter said.

The College of Physicians and Surgeons of B.C. noted there is no evidence of any public health risk from Dermix.

Fofe has stopped offering any injectable treatments — which she says was a small part of her business — and agrees that only doctors, dentists, nurses and licensed practical nurses are allowed to administer injectable cosmetic treatments in B.C.

Anita Fofe says she finished medical school in the U.S. and was licensed as a doctor in Washington state until 2012.

Nurses must be under the supervision of a doctor.

In a case unrelated to Fofe, Health Canada earlier this month seized a case of unmarked glass vials from Art Nails Ltd. on Helmcken Street in downtown Vancouver. The store owner said the product was Botox.

Health Canada warns that unauthorized versions of such medications can be dangerous. Getter said the college is looking into the case of the nail salon, but isn't aware of a substantial underground industry for injectables.

The crackdown on unlicensed practitioners in B.C. is part of a drive by health professionals to tell residents — in 10 languages — that not only doctors and dentists, but also midwives, physiotherapists and naturopathic doctors must all be licensed.

As for Fofe and the Dermix Institute, she says she won't renew her lease at the end of April and is closing the business.
Rules tighten for doctors who prescribe medical marijuana

By Vernon Morning Star
Published: May 07, 2015 04:00 PM
Updated: May 07, 2015 04:394 PM

Doctors who prescribe medical marijuana to their patients are being directed by their regulatory body to follow a new professional standard that may reduce legal access to the drug.

The standard approved May 1st by the B.C. College of Physicians and Surgeons sets out detailed requirements doctors should follow if they authorize a patient to receive pot from a federally licensed commercial producer.

Except in rare cases, it says, patients under age 25 shouldn't get pot at all, nor should those with psychosis or substance abuse disorders, cardiovascular or respiratory illnesses, or those who are pregnant or breastfeeding.

And medical marijuana should only be prescribed with the consent of a doctor who has an ongoing "treating relationship" with the patient.

Doctors of B.C. president Dr. Bill Cavers said he hopes that condition weeds out speedy pot authorizations from physicians who specialize in them, sometimes online via Skype.

"I don't think it's appropriate for a person to walk into a clinic for the first time ever and then walk out with a doctor's signature with no follow-up or ongoing therapeutic relationship," he said. "Any physician providing a signature or access to marijuana for medical usage should know their patients."
Cavers acknowledged approval will be "more difficult" for would-be medical pot users who don't have a family doctor, but he said some walk-in clinics do offer ongoing care for patients.

He said he supports the new standard.

"There need to be guidelines otherwise it's a free-for-all with a substance that we know has had some deleterious effects in some people."

Cavers said the federal government has put added responsibility on doctors by requiring an authorization that amounts to a prescription for pot instead of the old system of merely confirming a patient had an eligible condition.

He said most B.C. doctors don't want to prescribe pot without much more evidence of its benefits and how it can be safely and effectively used – as with any other pharmaceutical.

"It is the responsibility of Health Canada, I think, to come in and actually clarify this," Cavers said. "Physicians are crying out for more investigation to find out whether marijuana is an effective substance and, if so, for what conditions, at what dosage and for what duration. We need all those answers to do a good job for our patients."

Pot-prescribing doctors who violate the new rules could be investigated by the college if a complaint is lodged and potentially face discipline.

Doctors are supposed to document that conventional medicine hasn't worked, that they discussed the risks of pot with a patient and assessed them for potential addiction.

A doctor who can't demonstrate they complied with the professional standard might also be denied insurance if a patient they prescribe pot gets ill and sues.

"It's unclear what the changes may mean for the rapidly sprouting pot dispensaries that have varying rules on who they will sell cannabis."

"Some dispensaries will sell to anybody who walks in with no paperwork at all," said pro-cannabis crusader Dana Larsen.

Others – including the one he operates – are stricter and require some form of physician approval, he said.

Municipal regulations planned by Vancouver and potentially other cities may tighten those practices, he said.

Larsen said the college's standard may spur willing doctors to refuse to issue a formal authorization for cannabis from a licensed producer – which copies the paperwork to Health Canada – but instead provide a note to take to a dispensary.

"When a doctor signs our paperwork nobody sees that but us and the doctor and the patient," Larsen said.

"If anything this could push some doctors to be more likely to prescribe for dispensaries and less likely to prescribe for licensed producers."

The college's new standard also bars doctors from charging for patients for a cannabis authorization, or for any other associated services.

Find this article at:
No family doctor? No problem.
The BC College of Physicians and Surgeons insists, people without family doctors can still access medical marijuana.

The regulatory body for doctors released a new set of standards for prescribing medical pot.

Doctors prescribing must now either be, or have the approval of, a patient's primary physician.

But what happens when a person doesn't have a family doctor, but relies on walk-in clinics?

College Registrar Dr. Heidi Oetter says seeing a doctor at the same clinic several times would count.

"If a patient goes back there two and three times, that looks like a long term relationship... it has certainly established a patient-physician relationship."

The new rules also mean doctors can no longer prescribe medical pot to anyone under 25.

There are exceptions, for patients with HIV/AIDS, those who experience seizures, or during palliative care.

CKNW's Simi Sara spoke to reporter Shelby Thom about what the new rules mean.

Lack of consultation with doctors
Meanwhile, The College admits it did not fully consult doctors and patients before issuing a new policy.

Oetter says the board and the working members of the committee looking at the issue were the only ones consulted.

"We did not go through a formal external consultation, but really relied on what is considered best practice."

Oetter says the College will investigate complaints.

Doctors could be disciplined for not complying with the new rules.
A former pharmacist in Vancouver's Downtown Eastside, whose mishandling of methadone prescriptions put heroin addicts at risk, has lost a bid for professional reinstatement.

In February 2010, a disciplinary panel of the College of Pharmacists of B.C. found that from September to November 2008, Manijeh Farbeh had practised incompetently at AYC Pharmacy.

Photograph by: File Photo, PNG

A former pharmacist in Vancouver’s Downtown Eastside, whose mishandling of methadone prescriptions put heroin addicts at risk, has lost a bid for professional reinstatement.

In February 2010, a disciplinary panel of the College of Pharmacists of B.C. found that from September to November 2008, Manijeh Farbeh had practised incompetently at AYC Pharmacy.

She eventually admitted that she had failed to witness or supervise patient ingestion of methadone as required, failed to check methadone doses for correct volumes and failed to use appropriately-sized measuring devices when dispensing methadone.

From December 2005 to November 2008, she unsafely stored methadone powder and allowed a non-pharmacist to carry out the professional functions of a pharmacist without direct supervision.

Failing to scrupulously follow the methadone dispensing processes exposed patients to “serious risks,” the panel concluded.
The panel cancelled Farbeh's registration and required her to pay $35,000 in costs before being eligible to apply for reinstatement.

The case has taken a protracted journey through the courts, as she appealed the panel decision to the B.C. Supreme Court in a bid to get her job back. The court made some changes and sent the case back for reconsideration. A panel reaffirmed the penalties.

Meanwhile the college had appealed the court ruling to the B.C. Court of Appeal. Another panel hearing was held in March 2014 and the registration cancellation was upheld, but the cost penalty was reduced to $30,000.

Farbeh again appealed the panel's decision to the B.C. Supreme Court, seeking to set aside the cancellation and in its place impose a reprimand, limits or conditions on her practice and the imposition of $10,000 in costs.

She claimed the college could have imposed less severe sanctions that would have adequately protected the public. The college responded by saying she'd had numerous warnings of the deficiencies and did not correct the shortcomings.

She also claimed that a suspension would have sent an adequate message to the profession and argued that other more serious cases did not result in a cancellation.

But in his ruling released Friday, B.C. Supreme Court Justice Brian Joyce noted that the college disciplinary panel had considered all of those factors and had found her case presented many substandard practices.

She claimed that the fact she was working in the Downtown Eastside should result in a less severe sanction, but the judge noted that the panel strongly believed that residents in the troubled neighbourhood were entitled to the same standard of practice as everyone.

The panel said that because of their complex health and socio-economic status, patients on the Downtown Eastside actually require increased vigilance from pharmacists.

"The penalty decision shows that the panel did consider the petitioner's personal circumstances, along with the other factors that it had to consider, and came to the conclusion that cancellation of the petitioner's certificate was necessary," said the judge in dismissing the appeal.

"In my opinion, this decision is justifiable, transparent and intelligible and falls within the range of possible acceptable outcomes."

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HEALTH

Ottawa to fund prescription-drug abuse monitoring

Proposed national program would target people who go to multiple doctors and pharmacies to obtain opioids, Health Minister says

CARLY WEEKS HAMILTON

The federal government announced Friday plans to create a national system for monitoring the scope of prescription drug abuse in Canada.

Health Minister Rona Ambrose said the government will give the Canadian Institute for Health Information nearly $4.3-million over five years to develop a coordinated national monitoring and surveillance program.

“We need better data to deal with this issue in an appropriate way,” Ms. Ambrose said.

The move comes as Canada continues to struggle with growing rates of prescription drug misuse and addiction. Opioids, including powerful narcotic painkillers such as fentanyl, oxycodone and morphine, are among the most commonly abused prescription drugs. Reports show that Canada has the second highest rate of prescription opioid consumption in the world and estimates suggest more than 1,000 Canadians die each year after taking the drugs.

Like heroin, prescription opioids can cause some people to feel intense pleasure or euphoria. Even if people don’t feel “high” bodies can quickly become dependent on them. Tolerance to the drug can develop quickly, necessitating ever-greater doses, which can depress the respiratory system and increase the risk of death.

Several provinces, including Ontario and Nova Scotia, have created prescription monitoring programs that flag individuals who visit multiple doctors or pharmacies to get more opioids. The funding will help CIHI work with provinces to enhance data collection and analysis and create a national report on surveillance.

But such programs don’t address the root of the problem, which is how so many people get narcotic drugs used to treat chronic pain. Opioids were once given only to patients in severe pain, such as those dying of cancer or recovering from surgery. When OxyContin - a slow-release pill that could deliver painkilling ingredients over the course of a day rather than just a few hours - came on the market in the 1990s, however, it triggered an epidemic of abuse.

Promotional campaigns convinced many doctors it was a good option for chronic pain.

Two decades later, opioids are still seen as go-to treatments for chronic pain, even though mounting evidence questions their effectiveness. A U.S. National Institutes of Health panel issued a report in January saying there have been no long-term studies proving the effectiveness of opioids to treat chronic pain and called for more research.

Mr. Ambrose was in Hamilton attending the Prescribing Practices Forum, a meeting of regulators, physicians and government policy-makers to tackle the problem of prescription drug abuse.

At the meeting, she announced funding for other projects, including an update to national opioid prescribing guidelines and an educational program for physicians, pharmacists and nurse practitioners.

Ms. Ambrose’s office also corrected a news report that suggested the federal government is about to halt the sale of generic oxycodone. A spokesman for the minister said there are no plans to reverse its decision to allow
Methadone: Pharmacies must disclose ownership details, past regulatory problems

“We needed a better system to assure ourselves that everyone enrolled in providing PharmaCare services was doing so in the right manner — so we have created new regulations and we have found a few dozen pharmacies that at this point, we have given notice to that we are not going to list them as providers. They have three weeks to make their case and have that decision reversed.”

Methadone and associated fees accounted for nearly $44 million of PharmaCare expenses last year, making the drug the second-biggest cost for the plan, according to the provincial review of the program.

Launched in 2001, B.C.'s methadone maintenance program was designed to make methadone more accessible to addicts in all parts of the province. While that goal was largely met, the program has become more expensive and a windfall for some pharmacies that cater almost exclusively to methadone patients.

The pharmacy warnings are related to new enrolment regulations enacted last year, that requires all pharmacies in the province to re-enrol with PharmaCare by June 1. As part of that process, pharmacies must disclose ownership details and past regulatory problems. Previously, the province says, it could be difficult to deny or cancel enrolment of a pharmacy that had broken the rules. The B.C. College of Pharmacists is the regulatory body for the profession and has taken some steps to rein in problem operators. In one case, the college in 2010 cancelled a pharmacist’s registration and fined her $35,000 after finding a number of problems at a Downtown Eastside pharmacy, including unsafe storage of methadone. The pharmacist appealed that decision and the matter wound up in court.

Laura Shaver, a spokeswoman for the B.C. Association of People on Methadone, is seen outside a pharmacy that supplies patients with methadone in Vancouver's Downtown Eastside in 2013. RALF GERSTAK FOR THE GLOBE AND MAIL.

The college said it would monitor any changes resulting from the letters.

"Patients are the College's top priority," spokesman Mykie Ludvigsen said in an email. "While we are not privy to the details surrounding this decision by the Ministry, we will be taking active steps to ensure that patients are supported in the event their care is impacted."

Pharmacies are known to offer cash, bus passes and other inducements to attract methadone clients, said Laura Shaver, a spokeswoman for the B.C. Association of People on Methadone.

Such incentives can be helpful for people who are poor, including many who live in the Downtown Eastside, but a bigger problem is bullying and intimidation of methadone clients at some pharmacies, she said.

Mr. Lake said any potential closures would not result in patients not being able to get methadone services.

"We don't want to leave vulnerable people without access to the medication they need," Mr. Lake said. "And I looked at the map in all cases of pharmacies that received a warning letter there are pharmacies in very close proximity that can provide those services."
Methadone fees help spark pharmacy crackdown in B.C.

WENDY STUECK VANCOUVER
JUSTINE HUNTER VICTORIA

British Columbia is cracking down on dozens of pharmacies in Vancouver, sending them warning letters that they will not be allowed to do business because of billing infractions and other problems, including some related to methadone.

The crackdown follows a provincial review—completed in January and reported this week in The Globe and Mail—that found B.C. offers the most generous compensation scheme in Canada for dispensing methadone and is one of only three jurisdictions to pay pharmacists a "witnessed ingestion" fee. (The others are Saskatchewan and the federal Non-Insured Health Benefits program.)

Those fees mean a single methadone patient can generate about $5,500 a year in pharmacy fees and helped the No. 1 pharmacy for methadone claims, located in Vancouver's Downtown Eastside, bill PharmaCare for $1.1-million worth of methadone claims last year, with $985,000 consisting of fees, the review states.

The pharmacies were sent warnings from the province, beginning May 1; they have 21 days to appeal. Forty-six pharmacies, all in the Lower Mainland, are involved. The ministry said the infractions involve some or all of these concerns: billing issues, problematic record-keeping; submitting false information as part of the enrolment application.

"We are talking about taxpayers' money and PharmaCare," B.C. Health Minister Terry Lake said this week in Victoria about the warning letters, which he confirmed had been sent out, in response to inquiries from The Globe and Mail.

Methadone, Page 6
Watchdog can’t discipline pharmacies

The College of Pharmacists of B.C. says methadone billing and payments issues fall under the jurisdiction of the Ministry of Health.

ANDREA WOO VANCOUVER JUSTINE HUNTER VICTORIA

The regulatory body for B.C.’s pharmacists says there is little it can do about pharmacies that violate billing rules and other instructions, nearly four dozen of which the province put on notice this week.

The Globe and Mail reported this week that British Columbia offers the most generous compensation scheme in Canada for dispensing methadone. A host of fees, such as a “witnessed ingestion fee,” means a single methadone patient can generate about $6,500 a year in pharmacy fees. The No. 1 pharmacy for methadone claims, located in Vancouver's Downtown Eastside, billed PharmaCare for $1.2 million in methadone claims last year, with $868,000 consisting of fees.

But the College of Pharmacists of B.C., which licenses and regulates pharmacists and pharmacy technicians, says it cannot take disciplinary action against those problem pharmacies because issues of billing and payments fall under the jurisdiction of the Ministry of Health.

What [the college deals with] is standards around professional conduct,” spokesman Mykle Ludvigsen said in an interview on Thursday.

“Having said that, we will be very interested in learning if there is anything to come out of the government's crackdown from our perspective as well.”

At the heart of the issue is the fact that some pharmacies are targeting vulnerable populations by cutting almost exclusively to methadone patients. Patients have reported being paid money or given items such as bus passes and coupons for fast-food restaurants, to go to a certain pharmacy, which in turn receives thousands of dollars a year in PharmaCare payments.

The college has made efforts to regulate such pharmacies, briefly having banned locations from offering loyalty rewards points and other incentives on drug purchases.

Methadone: ‘We have to have information so these regulations give us another tool’

Methadone: ‘We have to have information so these regulations give us another tool’

However, B.C. Supreme Court Justice Christopher Nixon found the rules to be too broad, saying in a judgment that they are “harsh to the public interest in obtaining pharmacy services and prescriptions at the lowest price.”

The college is appealing.

Mr. Ludvigsen said he could not comment on any continuing investigations. When asked for figures on the college’s past disciplinary issues, B.C. Health Minister Terry Lake said there were “times where that was the central issue of the action.”

As part of a government crackdown announced this week, pharmacies will be required to re-enroll with PharmaCare to charge the plan for medications and dispensing fees. As part of that process, they will have to disclose previous regulatory problems and ownership details.

Mr. Lake defended the cost of the program, saying it is a small number of pharmacies that have been abusing it.

“Having said that, it’s important that pharmacists and physicians involved in the methadone program ensure that the right person is getting the medication,” he said. “We know there is a responsibility to make sure everyone is following legitimate rules.”

Mr. Lake defended the cost of the program, saying it is a small number of pharmacies that have been abusing it.

“Having said that, it’s important that we have rules and regulations in place and enforced to ensure the people taking advantage of vulnerable people and taking advantage of B.C. taxpayers.”

The 10 pharmacies put on notice this week have three weeks to respond and make their case. The new regulations come into
POLICY EL 2: TREATMENT OF THE PUBLIC

**Due Date:** Quarterly - May, Sep, Dec, Feb

With respect to interactions with the public, the Registrar shall not cause or allow conditions, procedures, or decisions which are unfair, unreasonable or disrespectful.

Further, without limiting the scope of the foregoing by this enumeration, he or she shall not:

<table>
<thead>
<tr>
<th>Policy</th>
<th>Response/Report</th>
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<tbody>
<tr>
<td>1. <strong>Use forms that elicit information for which there is no clear necessity.</strong></td>
<td>Forms collect only the information required. In furtherance of our goals of organizational excellence, one of the tasks identified in the strategic plan is to review documentation, processes and procedures. That review is underway.</td>
</tr>
<tr>
<td>2. <strong>Use methods of collecting, reviewing, transmitting, or storing information that fail to protect against improper access to the material elicited.</strong></td>
<td>CDSBC has secure document storage facilities for all hard copies. Confidential shredding is used throughout the office for destruction of documents with sensitive information when those documents are slated for destruction. Electronic files are protected by industry standard firewalls and end-point security hardware and software.</td>
</tr>
<tr>
<td>3. <strong>Fail to operate facilities with appropriate accessibility and privacy.</strong></td>
<td>CDSBC offices are accessible to any who need/desire access. Premises are alarmed and monitored. Private offices and meeting spaces are available and used when indicated.</td>
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POLICY EL 2: TREATMENT OF THE PUBLIC

Due Date: Quarterly - May, Sep, Dec, Feb

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<td>4</td>
<td>Registrar reports compliance. Details are included in complaints and discipline reports tabled at the Board meeting by the Deputy Registrar. The CDSBC website contains information about complaints and the process. The website is in the process of undergoing substantive update / redesign to better meet this and other key objectives. The publication policy is being implemented. A report of complaints closed for 2012 / 2013 has been posted on the website and the 2013/2014 report should be posted soon. Members of the public who contact the College about how to make a complaint or about the complaint process are provided with information promptly. The College responds to issues of public concern: most recently we published a statement about our role in protecting the public with respect to alleged misconduct by dental students at Dalhousie. The 2014/2015 annual report contains enhanced complaints information, including a new visual flow chart that explains how complaints are resolved, and four complaints stories that illustrate how the College resolves complaints.</td>
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<td>5</td>
<td>Fail to adjudicate complaints as expeditiously as possible. We are making progress in this area. The number of complaints is generally on the rise and the complexity of complaints has increased. The College has hired additional staff, and has undertaken a business process review to identify efficiencies and maximize performance.</td>
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POLICY EL 2: TREATMENT OF THE PUBLIC

Due Date: Quarterly - May, Sep, Dec, Feb

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<td>6</td>
<td>All inquiries from the public are dealt with as expeditiously as possible. The Director of Communications, in consultation with the Registrar/CEO, responds to media inquiries as quickly as possible.</td>
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<td>7</td>
<td>CDSBC resolves approximately 90% of all complaints through alternative dispute resolution. CDSBC has deployed resources to place more emphasis on early resolution through appropriate dispute resolution techniques. Specifically, one staff dentist has taken the role of Early Resolution Officer and will attempt to answer questions and resolve concerns before they become formal complaints or quickly after a formal complaint is received if the matter is susceptible to early resolution.</td>
</tr>
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Respectfully Submitted By:

Jerome M. Marburg
Registrar and CEO

Date: 21 Jan 2015
### POLICY EL 3: TREATMENT OF REGISTRANTS

With respect to interactions with registrants, the Registrar shall not cause or allow conditions, procedures, or decisions which are unfair, unreasonable or disrespectful.

Further, without limiting the scope of the foregoing by this enumeration, he or she shall not:

<table>
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<th>Policy</th>
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<tr>
<td>1 Use forms that elicit information for which there is no clear necessity.</td>
<td>Forms (both paper and electronic) collect only relevant/statutory information needed for registration. Personal assurance of registration staff and review of Registrar/CEO are evidence of compliance. The 2015/16 online renewal process was updated to include questions regarding ownership of dental corporations - this information will be voluntary for the 2015/16 renewal year, but will be required for 2016/17. Other information being requested of registrants for this renewal are 1) confirmation that all contact information that CDSBC requires is provided and maintained by the registrants, and 2) dentists are being asked if they speak any additional languages. This information on languages being spoken by a dentist is being collected as a courtesy to the public and will be provided within the online Dentist Look-up when the new website goes live. Recommend adding: in the aftermath of the Dalhousie scandal, we now require applicants to confirm whether they have been the subject of academic misconduct during their dentistry training.</td>
</tr>
<tr>
<td>2 Use methods of collecting, reviewing, transmitting, or storing information that fail to protect against improper access to the material elicited.</td>
<td>CDSBC database is secured with password protection and is located on internal servers behind firewall and industry standard end-point protection. Access to said database is restricted to only those persons requiring access for their job functions. Physical files are kept in locked cabinets wherever personal or sensitive information is present. Disposition of paper documents done by confidential shredding.</td>
</tr>
<tr>
<td>3 Fail to register applicants as expeditiously as possible.</td>
<td>Application process generally is completed within 2-3 weeks unless extenuating circumstances present. Following the process mapping exercises conducted during the summer months, modifications are being made to further streamline the application process.</td>
</tr>
</tbody>
</table>
# POLICY EL 3: TREATMENT OF REGISTRANTS

With respect to interactions with registrants, the Registrar shall not cause or allow conditions, procedures, or decisions which are unfair, unreasonable or disrespectful.

Further, without limiting the scope of the foregoing by this enumeration, he or she shall not:

<table>
<thead>
<tr>
<th>Policy</th>
<th>Response/Report</th>
</tr>
</thead>
<tbody>
<tr>
<td>4</td>
<td>The new jurisprudence course has been delivered in Kelowna, Vancouver, the Fraser Valley, Nanaimo and Courtenay. The new course, and other competing priorities, has resulted in the online Avoiding Complaints course being delayed to the next fiscal year. About 980 registrants have now completed the popular Dental Recordkeeping course which was launched in December 2013. CDSBC has published three documents for public consultation since the Feb. 2015 board meeting: Advertising and Promotion Bylaws, Patient-Centred Care and the Business of Dentistry, and Dental Radiography. Staff are currently revising/developing content for the new website. This will include expanded information and forms for complaints aimed at both registrants and complainants. The College presented at BCDA’s annual New Member Course in May 2015, and the two organizations are in discussions to develop a two-day course for new dentists for launch in 2016.</td>
</tr>
<tr>
<td>5</td>
<td>There is a backlog of complaints. The Complaints team continues to target backlogged files. For the first two months of the fiscal year, the College closed 9 complaint files more than it opened with the result that the inventory is also being reduced.</td>
</tr>
<tr>
<td>6</td>
<td>The Complaints team seeks to negotiate solutions when possible on files where concerns have been identified. One of the College staff dentists has been identified as an Early Resolution Officer tasked with resolving complaints at the intake stage wherever possible. The overwhelming majority of complaints are resolved through ADR routes.</td>
</tr>
<tr>
<td>7</td>
<td>All inquiries, whether from registrants or members of the public, are responded to promptly. When a prompt response is not possible, persons are informed of this fact and when a response may be expected.</td>
</tr>
</tbody>
</table>
## Policy EL 3: Treatment of Registrants

With respect to interactions with registrants, the Registrar shall not cause or allow conditions, procedures, or decisions which are unfair, unreasonable or disrespectful.

Further, without limiting the scope of the foregoing by this enumeration, he or she shall not:

<table>
<thead>
<tr>
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</tr>
</thead>
</table>
| 8      | **Fail to develop a College communication strategy.** | Communications materials support the strategic plan. The College is continuing to develop and deliver workshops around the province and online, the new website is well underway, The 2014/15 annual report features enhanced complaints information, and we will be revisiting our formal communications channels to ensure that registrants are receiving our content at multiple touchpoints. For example, we do not rely solely on email for "need to know" information; registrants receive notices such as renewal deadlines and new standards & guidelines documents by mail). Although most communication with registrants is electronic, the College uses other methods when warranted. For example, the President and Registrar presented at meetings of the Chinese Canadian Dental Society of BC in Jan. and Prince George & District Dental Society in Feb. The College is responsive to trends or issues as they arise: we distributed a memo to all registrants from the President on behalf of the Board in May 2015 and will be hosting an information session for registrants to address questions and concerns that have been raised. The College continues its participation as a co-sponsor of the Health Professions Regulators of BC public awareness campaign "our purpose, your safety."
| 9      | **Propose registration fees to the Board without a clear rationale.** | All registration fees are tied to budget and budgeting process over which the Board has oversight and through which the Board and Audit/Finance Committee are consulted. We provide a detailed graphic breakdown to illustrate how registrant fees are allocated to the various functions. |
POLICY EL 3: TREATMENT OF REGISTRANTS

With respect to interactions with registrants, the Registrar shall not cause or allow conditions, procedures, or decisions which are unfair, unreasonable or disrespectful.

Further, without limiting the scope of the foregoing by this enumeration, he or she shall not:

<table>
<thead>
<tr>
<th>Policy</th>
<th>Response/Report</th>
</tr>
</thead>
<tbody>
<tr>
<td>Respectfully Submitted By:</td>
<td></td>
</tr>
</tbody>
</table>

Date: May 20, 2015

Jerome M. Marburg
Registrar and CEO
Quarterly Report

Registration and Certification

1 February 2015 – 30 April 2015

Prepared for the Board
Overview

The Registration/Certification Team, consisting of the Director of Registration & HR, the Manager, Continuing Education and CDA Certification and three support staff, are responsible for all aspects of registration of dentists and certification of certified dental assistants. It is also responsible for the CDA Certification Committee, CDA Advisory Committee, Registration Committee, Quality Assurance Committee and the Quality Assurance CE Subcommittee.

The following represents a statistical breakdown of the activity in these areas for the period 1 February 2015 – 30 April 2015 inclusive.

Where available, the previous year’s statistics for the same period (1 February 2014 – 30 April 2014) are provided in brackets.

Continuing Education
Dentists & Certified Dental Assistants

Continuing education credit submissions are received electronically, by mail and fax and applied to each registrant’s Transcript of Continuing Education. Of the more than 10,000 registrants, 3761 have their three-year cycle ending 31 December 2015.

In late August or early September, transcripts are mailed to all registrants with unfulfilled cycles ending that year.
<table>
<thead>
<tr>
<th>DENTIST STATISTICS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Practising Dentists - 3330</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Full Registrations issued (includes Specialists)</td>
<td>39</td>
<td>24</td>
</tr>
<tr>
<td>Restricted to Specialty Registrations issued</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Academic Registrations issued</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Limited Registrations issued:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Armed services or government</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>• Education</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>• Post-graduate</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>• Research</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>• Student practitioner</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>• Volunteer</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Temporary Registrations issued</td>
<td>9</td>
<td>16</td>
</tr>
<tr>
<td>Non-practising Registrations issued</td>
<td>0</td>
<td>1</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>GENERAL</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Transfers from Non-practising to Practising</td>
<td>7</td>
</tr>
<tr>
<td>Transfers from Practising to Non-practising</td>
<td>33</td>
</tr>
<tr>
<td>Lapsed</td>
<td>39</td>
</tr>
<tr>
<td>Reinstated</td>
<td>8</td>
</tr>
<tr>
<td>Resigned/Retired</td>
<td>63</td>
</tr>
<tr>
<td>Retired (annual $50 fee)</td>
<td>31</td>
</tr>
<tr>
<td>Deceased</td>
<td>3</td>
</tr>
</tbody>
</table>
## CDA STATISTICS

Practising CDAs - 5568

### NEW CERTIFICATIONS

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Practising Certifications issued</td>
<td>52</td>
<td>37</td>
</tr>
<tr>
<td>Temporary Certifications issued</td>
<td>17</td>
<td>11</td>
</tr>
<tr>
<td>Temporary-Provisional Certifications issued</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Limited Certifications issued</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Non-practising Certifications issued</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

### GENERAL

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Transfers from Non-practising to Practising</td>
<td>28</td>
<td>40</td>
</tr>
<tr>
<td>Transfers from Temporary to Practising</td>
<td>7</td>
<td>5</td>
</tr>
<tr>
<td>Transfers from Temporary-Provisional to Practising</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Transfers from Limited to Practising</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Lapsed</td>
<td>472</td>
<td>443</td>
</tr>
<tr>
<td>Reinstated</td>
<td>214</td>
<td>210</td>
</tr>
<tr>
<td>Resigned/Retired</td>
<td>94</td>
<td>86</td>
</tr>
<tr>
<td>Retired (annual $25 fee)</td>
<td>25</td>
<td>7</td>
</tr>
<tr>
<td>Deceased</td>
<td>0</td>
<td>1</td>
</tr>
</tbody>
</table>

### Module designations granted

- Orthodontic Module – 15 (15)
- Prosthodontic Module – 4 (2)
- Dental Radiography Module – 20 (9)

### CDA Assessments

- Initiated assessments:
  - 12 (18)

- Certification issued as a result of assessment:
  - 6 (18)
POLICY EL 5: FINANCIAL PLANNING/BUDGETING

Due Date: Quarterly - Jun, Sep, Dec, Feb

Financial planning for any fiscal year shall not deviate materially from the Board's End priorities, risk fiscal jeopardy, or fail to be derived from a business plan.

Further, without limiting the scope of the foregoing by this enumeration, the Registrar shall not plan in a manner that:

<table>
<thead>
<tr>
<th>Policy</th>
<th>Response/Report</th>
</tr>
</thead>
<tbody>
<tr>
<td>1  Risks the organization incurring those situations or conditions described as unacceptable in the Board's policy Financial Condition and Activities.</td>
<td>Registrar/CEO reports compliance per EL 6 report.</td>
</tr>
<tr>
<td>2  Fails to include credible projection of revenues and expenses, separation of capital and operational items, cash flow, and disclosure of planning assumptions.</td>
<td>Monthly financial statement, forecast, and Budget are evidence of compliance.</td>
</tr>
<tr>
<td>3  Fails to maintain a contingency reserve.</td>
<td>Registrar/CEO reports compliance per EL 6 report. However, as noted in budget submission, the CRF is currently short of targeted three months' operational expenses. The CRF is being rebuilt from expected efficiency gains from reserve fund activities. After the June proposed Fund Transfer, the fund will reach the targeted fund balance.</td>
</tr>
</tbody>
</table>

Respectfully Submitted By:

Jerome M. Marburg
Registrar and CEO

Date: 20 May 2015
POLICY EL 6: FINANCIAL CONDITIONS AND ACTIVITIES
Due Date: Quarterly - Jun, Sep, Dec, Feb

With respect to ongoing financial condition and activities, the Registrar shall not cause or allow the development of fiscal jeopardy or a material deviation of actual expenditures from Board priorities established in Ends policies.

Further, without limiting the scope of the foregoing by this enumeration, he or she shall not:

<table>
<thead>
<tr>
<th>Policy</th>
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</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Expend more funds than have been received in the fiscal year to date unless the debt guideline (see 2 below) is met. CDSBC does not debt finance. Financial statements reported monthly show that expenditures do not exceed revenues.</td>
</tr>
<tr>
<td>2</td>
<td>Indebt the organization in an amount greater than 5% of the annual revenue. CDSBC does not debt finance.</td>
</tr>
<tr>
<td>3</td>
<td>Use any contingency reserves except as authorized by an extraordinary motion of the full Board. No transfers are undertaken without a Board motion. No contingency reserves have been utilized since last report.</td>
</tr>
<tr>
<td>4</td>
<td>Fail to report to Board at the earliest opportunity the amount by which any item in the approved operating or capital budget is forecasted to exceed the budget for a category. Monthly financial statements are reviewed with the Board Officers and variances are discussed. Monthly financial statements are also shared with the Audit Committee and Finance &amp; Audit Working Group, and the latest financial statements are received at each Audit Committee and Finance &amp; Audit Working Group meeting. Financial statements are tabled at each Board meeting showing performance against budget.</td>
</tr>
</tbody>
</table>
POLICY EL 6: FINANCIAL CONDITIONS AND ACTIVITIES

Due Date: Quarterly - Jun, Sep, Dec, Feb

With respect to ongoing financial condition and activities, the Registrar shall not cause or allow the development of fiscal jeopardy or a material deviation of actual expenditures from Board priorities established in Ends policies.

Further, without limiting the scope of the foregoing by this enumeration, he or she shall not:

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<thead>
<tr>
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</tr>
</thead>
</table>
| 5      | Registrar/CEO reports compliance.  
Authorize the payment of any item that was included in the approved operating or capital budget in an amount that will exceed the approved budget for that category by more than $50,000. |  |
| 6      | Registrar/CEO reports compliance.  
Fail to obtain authorization from Board before committing the College to any operating or capital expenditure not included in the approved operating or capital budget that exceeds $25,000 or that creates or increases a cash flow deficiency for the current fiscal year. |  |
| 7      | Registrar/CEO reports compliance. All payroll obligations are being met.  
Fail to settle payroll and debts in a timely manner. |  |
POLICY EL 6: FINANCIAL CONDITIONS AND ACTIVITIES

Due Date: Quarterly - Jun, Sep, Dec, Feb

With respect to ongoing financial condition and activities, the Registrar shall not cause or allow the development of fiscal jeopardy or a material deviation of actual expenditures from Board priorities established in Ends policies.

Further, without limiting the scope of the foregoing by this enumeration, he or she shall not:

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<thead>
<tr>
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</tr>
</thead>
<tbody>
<tr>
<td>8</td>
<td>Allow tax payments or other government ordered payments or filings to be overdue or inaccurately filed. Registrar/CEO reports compliance.</td>
</tr>
<tr>
<td>9</td>
<td>Acquire, further encumber or dispose of real property. Registrar/CEO reports compliance.</td>
</tr>
<tr>
<td>10</td>
<td>Fail to aggressively pursue receivables after a reasonable grace period. All receivables are recovered in a timely manner.</td>
</tr>
</tbody>
</table>

Respectfully Submitted By:

[Signature]

Jerome M. Marburg
Registrar and CEO

Date: 20 May 2015
**POLICY EL 8: ASSET PROTECTION**

**Audit Committee:** Annually - April

The Registrar shall not allow the College's assets to be unprotected, inadequately maintained or unnecessarily risked.

Further, without limiting the scope of the foregoing by this enumeration, he or she shall not:

<table>
<thead>
<tr>
<th>Policy</th>
<th>Response/Report</th>
</tr>
</thead>
</table>
| 1      | **Fail to insure against theft and casualty losses to at least 80% replacement value and against liability losses to Board members, staff and the organization itself in an amount greater than the average for comparable organizations.** | Registrar/CEO reports compliance. Following is a general summary of the main policies in place. In addition, all CI's carry required CDSPI insurance.

Theft - The property policy protects against theft (property coverage is on a replacement cost basis). There is also crime coverage in place that would cover against theft as well. The distinction between the two: the crime policy is designed to cover against theft of money (currency, cheques, money orders etc.) and securities.

Casualty - the commercial general liability policy protects the Board, staff (including volunteers) and the organization from liability arising from bodily injury or property damage to a third party.

The commercial general liability policy protects against liabilities arising out of bodily injury and property damage. There is also the non-profit organization liability policy that protects the liabilities of the Board, staff (including volunteers) and the organization itself. This is more commonly referred to as the Directors and Officers policy and offers protection for the following:

- **Directors and Officers Liability:** Covers liabilities arising out of the activities of governing the organization.
- **Employment Practices Liability:** Covers liabilities from employment related claims (wrongful dismissal, sexual harassment, failure to promote, etc.).
- **Professional Liability:** covers negligent act, negligent error or negligent omission committed or alleged to have been committed by the insured in the performance of Professional Services (regulatory activities). |

| 2      | **Subject property and equipment to improper wear and tear or insufficient maintenance.** | All equipment is on appropriate maintenance schedules. Staff are made aware of proper use and care expectations. |
**POLICY EL 8: ASSET PROTECTION**

**Audit Committee:** Annually - April

The Registrar shall not allow the College's assets to be unprotected, inadequately maintained or unnecessarily risked.

Further, without limiting the scope of the foregoing by this enumeration, he or she shall not:

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</tr>
</thead>
<tbody>
<tr>
<td>3</td>
<td>Unnecessarily expose the organization, its Board or staff to claims of liability. Registrar/CEO reports compliance.</td>
</tr>
<tr>
<td>4</td>
<td>Make any purchases or award any contract: (a) wherein normally prudent protection has not been given against conflict of interest; (b) of over $25,000 without having obtained comparative prices and quality. Orders shall not be split to avoid these criteria. Registrar/CEO reports compliance. All contracts over $5000 require multiple competitive bids. Best value bid is chosen.</td>
</tr>
<tr>
<td>5</td>
<td>Fail to take reasonable steps to protect intellectual property, information and files from loss or significant damage. CDSBC secures all physical files. All electronic files are routinely backed up, with historical tape backups spanning multiple years held off-site. Critical files and configuration parameters are backed up and stored off-site as well. IT systems have built-in redundancies and daily local backups to disk.</td>
</tr>
<tr>
<td>6</td>
<td>Fail to implement the auditor's recommendations with respect to financial internal controls. Registrar/CEO reports compliance.</td>
</tr>
</tbody>
</table>
POLICY EL 8: ASSET PROTECTION

The Registrar shall not allow the College's assets to be unprotected, inadequately maintained or unnecessarily risked.

Further, without limiting the scope of the foregoing by this enumeration, he or she shall not:

<table>
<thead>
<tr>
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</tr>
</thead>
<tbody>
<tr>
<td>7</td>
<td>All cheques are signed in compliance with this policy.</td>
</tr>
</tbody>
</table>

Fail to ensure the following cheque signing authorities: A) two signatures for cheques up to $25,000 from the following: President, Vice-President, Treasurer, Registrar, Deputy Registrar, Director of Registration and HR, Director of Communications. B) two signatures for: (i) cheques over $25,000 of an unbudgeted item - one from each of the following two groups: i) President, Vice-President or Treasurer; ii) Registrar, Deputy Registrar, Director of Registration and HR, or Director of Communications; (ii) cheques over $25,000 of a budgeted item - two signatures from the following: President, Vice-President, Treasurer, Registrar, Deputy Registrar, Director of Registration and HR, or Director of Communications. With the exceptions that: ii) The Registrar, Deputy Registrar, Director of Registration and HR, or Director of Communications, shall not act as a signing officer for an expense that they have approved. iii) No individual shall be a signing officer for a cheque of which they are the payee.
POLICY EL 8: ASSET PROTECTION

Audit Committee: Annually - April

The Registrar shall not allow the College's assets to be unprotected, inadequately maintained or unnecessarily risked.

Further, without limiting the scope of the foregoing by this enumeration, he or she shall not:

<table>
<thead>
<tr>
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</tr>
</thead>
<tbody>
<tr>
<td>8 Invest or hold operating capital in insecure instruments or bonds of less than AA rating at any time, or in non interest-bearing accounts except where necessary to facilitate ease in operational transactions.</td>
<td>Registrar/CEO reports compliance.</td>
</tr>
<tr>
<td>9 Fail to establish appropriate procedures governing the confidentiality, disclosure, safekeeping and eventual disposition of all records over which the Board has jurisdiction.</td>
<td>CDSBC is embarking on an electronic records management project which includes an updated set of file plans and records retention and disposal policies and procedures. All current records are retained and secured/backed up as per statements above.</td>
</tr>
<tr>
<td>10 Fail to protect title and ownership of the College building and equipment.</td>
<td>Registrar/CEO reports compliance.</td>
</tr>
</tbody>
</table>

Respectfully Submitted By:

[Signature]

Jerome M. Martin
Registrar and CEO

Date: 20 May 2015
Engagement

The College continues to place a high priority on engagement with both students and registrants. Below are the key activities since the last board meeting:

Roadshows/Courses

We are continuing to deliver our jurisprudence course, “Trust me, I’m a dental professional: dentistry, ethics, law and the media,” to locations around the province. Audiences respond well to the speaker combination of one dentist and one lawyer. We presented the course four times this spring:

Vancouver: 6 March 2015
- Registrar/CEO Jerome Marburg and Dr. Chris Hacker delivered the course to an audience of 200 at the Pacific Dental Conference.
Surrey: 10 April 2015
• Jerome Marburg and Chris Hacker delivered this course to an audience of about 40 as part of a meeting of the Fraser Valley Dental Society. President Tobias attended on behalf of the Board.

Nanaimo: 23 April 2015
• This event was hosted, organized and promoted by the College and took place at the Vancouver Island Convention Centre. Participants registered through the College’s website, and also received a meal as part of their registration fee. Deputy Registrar Carmel Wiseman and Chris Hacker presented to an audience of about 60 dentists, certified dental assistants, and dental office staff. Special thanks to the Nanaimo and District Dental Society for assisting us by promoting this event with their members.

Courtenay: 24 April 2015
• Carmel Wiseman and Chris Hacker delivered this course to an audience of about 100 as part of a meeting of the Upper Island and District Dental Society. We are grateful to Executive Director Mary Wilson for her guidance in planning this event.

UBC Professionalism and Community Service (PACS) Curriculum
College representatives led two sessions as part of UBC Dentistry’s PACS curriculum:

Professionalism in Practice: 13 March 2015
• This is one in a series of six presentations delivered to the fourth-year students by the BDCA and CDSBC. It was led by Complaint Investigators Dr. Chris Hacker and Dr. Meredith Moores.

Medio-Legal Importance of Dental Recordkeeping: 18 March 2015
Dr. Garry Sutton, Dr. Alex Penner and Staff Lawyer Greg Cavouras spent an afternoon teaching the first year dentistry students about the value of dental records, how to record informed consent, and the importance of protecting patient confidentiality. In the first part of the afternoon, they led a presentation, followed by two hours of rotating 20-minute tutorials that were led by the CDSBC reps and Director of Students Dr. David Sweet.

Below is a comment received from Dr. Sweet during the planning of this presentation:
“I received some recent feedback from the Year 2 class that recognized this session was coming up again for their Year 1 colleagues. They mentioned to me their recollection from last year about how good the lecture and tutorial sessions were, and that they still remember many of the examples from the College reps that were used to illustrate the importance of dental recordkeeping. So it truly seems that we are making an impact with this session.”

Welcome luncheon for International Dental Degree Completion Program (IDDCP) Students: 18 May 2015

President David Tobias and Registrar Jerome Marburg hosted an informal lunch event to welcome the seven IDDCP students at UBC Dentistry. These are students who have obtained a general dental degree from a non-accredited university, and who are completing the third and fourth years of dental school at UBC in order to practise in Canada.

The objectives of the lunch event are to explain the role of a dental regulator, outline the steps required for them to gain competence and registration, and build understanding of the College as a resource to help student dentists enhance their professionalism.

Pacific Dental Conference: 5-6 March 2015

CDSBC welcomed many visitors to our booth on the exhibit floor of the Pacific Dental Conference.

The College attended yet another highly successful edition of the Pacific Dental Conference. The conference was attended by 12,500 dental professionals.
The College’s participation was three fold:

- **Course**: We presented our new course, “Trust me, I’m a dental professional”: Dentistry, ethics, law and the media” (see above). Overall feedback about the course was very positive.
- **Booth**: As in past years, registrants had the opportunity to speak to complaint investigators, senior staff and elected officers at the College’s booth on the exhibition floor.
- **Awards ceremony**: This year the team’s duties also included coordinating the production of a volunteer awareness video (more information provided below).

**Awards Ceremony**: 5 March 2015

Approximately 130 guests were on hand to help the College celebrate the 2015 award recipients. The event, which is hosted by the Nominations Committee, was held in the Crystal Pavilion at the Pan Pacific Hotel. We deliberately promoted the event more heavily than in past years, and this work paid off: we were honoured to have a larger audience than usual, which included representatives from the BCDA and the Canadian Dental Association. Also in attendance were several registrars from our fellow health colleges. It was a special evening for the recipients and their families.
Volunteer Video

Board and management have expressed a desire to raise awareness and interest in volunteering with the College. In response to this, the communications team worked with Ballistic Arts to produce a video capturing what it's like to be on a committee, working group or the Board. In it, volunteers share their experiences and explain why they volunteer and why they think others should do the same.

The video is being featured on the CDSBC home page, as well as on the College’s YouTube channel. Our thanks go to the volunteers who participated in the filming of the video. You can view the video at www.cdsbc.org/volunteering.

New Member Course: 5 May 2015

The College was again a guest speaker at the British Columbia Dental Association’s New Member Course. The focus of our presentation was on registration, specifically to ensure that new grads understand the process for initial registration and the forms and information they are required to provide. The speakers were Jerome Marburg, Director of Registration & HR Roisin O’Neill, and Dentist Registration Officer Karen Walker.

DARA Meeting

On 22 April 2015, we attended the Dental Assistant Regulatory Authorities (DARA) meeting held in Ottawa in conjunction with the CDRAF meeting and the annual meeting for the CDA. The registrar attended along with Ms. Leslie Riva of our office. Ms. Riva not only looks after most CDA related matters in the office, but is about to assume the role of President for the NDAEB.

The meetings were, as usual, cooperative and cordial – looking at ways to improve harmonization of accreditation, certification and recognition/mobility for dental assistants.

College of New Caledonia (CNC) (attachment)

At the 13 March 2015 Program Advisory Meeting, it was announced that pending approval from the CNC Board the dental assisting/dental hygiene programs would be suspended based on budget cuts. This announcement resulted in an outpouring of support from the Prince George community and dental communities across the province. The CDSBC Executive sent a letter of support for both programs to the CNC Board.
The CNC Board has recently decided to continue with the dental assisting program and will accept students in the fall 2015 intake. There is no decision to date for the dental hygiene program.

**Discipline Committee Training**

As part of CDSBC commitment to ensuring all committees are trained and resourced and to ensure continuity and consistency in decision making, we conducted another in our series of training sessions for Discipline Committee members. The training session was held on 27 February 2015. The session was particularly well received by the Discipline Committee members who took part in and witnessed a number of role playing scenarios and hands on activities.

**Meeting with Trade and Labour Mobility Directorate**

The Registrar met with the Executive Director and staff with the Ministry of International Trade, and the Senior Manager of the International Trade Policy Unit (BC Provincial Government) to discuss implications and work needed to be done given that Canada and the EU have signed the Canada EU Trade Agreement (CETA). Work is being done on this file through a “Commission” established under CDRAF – on which CDSBC is a member. The CDRAF Commission has had some difficulty finding out relevant information on CETA. The meeting with BC Ministry folks was most helpful and provided a renewal of contacts the Registrar has worked with on trade and labour mobility files in the past. Our contacts have provided valuable information and insight and welcome working with us.
CDSBC Policy Submission to Board

Submitted by
Dr. Kenneth Chow, on behalf of the Ethics Committee
Jerome Marburg, Registrar & CEO
Greg Cavouras, Staff Lawyer & Senior Policy Analyst

Submitted on
5 June 2015

Issue
Approval and enactment of the CDSBC standards document titled Patient-Centred Care and the Business of Dentistry.

Authority
The HPA permits a college board to establish ethical or practice standards for the profession.

Generally a college acts through its bylaws. Section 19(1)(k) of the HPA contemplates that the board may make bylaws that “establish standards, limits or conditions for the practice of the designated health profession by registrants”. Section 19(1)(l) contemplates that the Board may make bylaws that “establish standards of professional ethics for registrants”.

However, there are some things that a board is empowered to do which do not require a bylaw. Section 19(1.1) of the HPA exempts the act of establishing standards for the practice of the profession (s. 19(1)(k)) and standards of professional ethics (s. 19(1)(l)) from the mandatory bylaw process, which requires a prescribed consultation period and ministerial approval.

Therefore, the Board has the authority to publish ethical or practice standards for the profession that it considers necessary or advisable, and may do so through the enactment of a bylaw or otherwise. In this case we are not proposing a bylaw.

Analysis
On 21 February 2015, the Board approved in principle the document titled Principles of Patient-Centred Care and the Business of Dentistry (the “PCCBD Document”). The Board directed that the PCCBD Document be distributed for public consultation for 45 days.

The consultation yielded 16 written responses. The feedback received was constructive and very positive.

On 13 May 2015, the Ethics Committee met and reviewed the feedback.
The Ethics Committee considered all of the feedback received, directed some minor wording revisions, and unanimously resolved to recommend a final version of the PCCBD Document to the Board for approval and implementation as a standard for the profession.

A red-lined version of the changes from the document approved in principle is attached for the Board’s review.

Upon approval, the PCCBD Document will be published as part of the College’s Standards & Guidelines series, in conjunction with explanatory communications to be developed by the Registrar and College staff.

**Connection to Strategic Plan**

The issue of patient-centred care (formerly “corporate practice”) is priority 2(g) in the CDSBC Strategic Plan. The PCCBD Document responds directly to this issue. More generally, the PCCBD Document exemplifies CDSBC’s stated commitment to take active steps to promote and enhance ethical behaviour and understanding among registrants.

**Timing**

The PCCBD Document has been through a public consultation period and upon approval can immediately be published as a standard for the profession. If approved, it is anticipated that the accompanying communications can be developed shortly and the PCCBD Document can be published in final form by 1 July 2015.

**Impact on Resources**

No direct financial cost. Staff time required to develop explanatory communications and publish.

**Recommendations**

It is recommended that the Board approve the resolution attached.

**Attachments**

Red-lined version of *Patient-Centred Care and the Business of Dentistry*
Proposed resolution of the Board with final version attached
### Dentists’ Obligations and Responsibilities

1. Dentists must exercise **unbiased independent judgment** to provide advice and treatment which promotes the patient’s oral health and that is in the patient’s best interest. Advice offered and treatment provided must be based on the **best available scientific evidence and the clinical needs of the patient** - independent of the business interests of the dentist or any third party.  

2. Practice owners and managers must recognize and put in place protocols and procedures to ensure that patients’ interests are not subordinated to business considerations.  

3. Any dentist with an ownership interest in a practice is accountable for the activities of the practice, including compliance with **College requirements**. The patient can expect that every owner of a dental practice is accountable for the activities of the practice.  

4. Dentists must treat colleagues and patients fairly in all financial dealings. The patient must be treated fairly in all financial dealings.  

5. Only the treating dentist may diagnose, prepare a treatment plan, and treat the patient, or oversee treatment if appropriately delegated. Regardless of practice arrangements, third parties must not prescribe or direct treatment for a patient, or otherwise compromise the treating dentist’s autonomy. The patient must receive a diagnosis and treatment plan arrived at in consultation with their treating dentist based on their individual needs, free from influence by third parties.  

6. Dentists must ensure that informed consent discussions set out the risks, benefits, and costs of all reasonable treatment options for the patient, including the option of no treatment. **If the treatment options include treatment that is of a type or complexity that is outside of the dentist’s practice, a referral to an appropriate colleague must be offered.** The patient must be informed of all reasonable treatment options available to them including no treatment. The patient must receive only the treatment for which they have provided informed consent.  

7. Dentists may only deliver treatment they are competent to provide and that they believe is appropriate to the individual patient’s needs, regardless of who diagnosed and prepared the treatment plan. The patient must only receive treatment that is appropriate for their needs, delivered by a dentist who is competent to provide that treatment.
RESOLUTION OF THE BOARD OF THE COLLEGE OF DENTAL SURGEONS OF
BRITISH COLUMBIA, MADE THE 5th DAY OF JUNE, 2015, AT
VANCOUVER, BRITISH COLUMBIA

WHEREAS:

1. Pro-actively addressing patient-centred care and the business of dentistry is a priority in the College’s Strategic Plan, and doing so is consistent with the College’s mandate to act in the public interest;

2. The College’s Ethics Committee, after extensive research and analysis, and following a period of public consultation, has recommended that the Board approve its document titled Patient-Centred Care and the Business of Dentistry as a standard for the profession; and

RESOLVED THAT, pursuant to its authority under the Health Professions Act, the Board approves the attached document titled Patient-Centred Care and the Business of Dentistry, and directs the Registrar to publish it as a standard for the profession.

CERTIFIED A TRUE COPY

Jerome Marburg
Registrar and CEO
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