

Board Meeting
25 February 2017
Agenda Item 2b.

BOARD MEETING
Friday, 25 November 2016

The Terminal City Club
837 West Hastings St., Vancouver BC
“Presidents Room”

MINUTES

The meeting commenced at 8:35 am

In Attendance

Dr. Don Anderson, President	Ms. Julie Johal
Dr. Susan Chow, Vice-President	Mr. Terry Hawes
Dr. Patricia Hunter, Treasurer	Ms. Sherry Messenger
Dr. Chris Callen	Ms. Sabina Reitzik
Dr. Doug Conn	Dr. Masoud Saidi
Mr. Dan de Vita	Dr. Mark Spitz
Dr. Andrea Esteves	Mr. Neal Steinman
Dr. Michael Flunkert	Mr. David Pusey
Dr. Dustin Holben	Mr. Richard Lemon

Staff in Attendance

Mr. Jerome Marburg, Registrar & CEO
Mr. Greg Cavouras, Legal Counsel
Ms. Nancy Crosby, Manager of CEO's Office
Dr. Chris Hacker, Dental Policy & Practice Advisor
Ms. Roisin O'Neill, Director of Registration and HR
Ms. Leslie Riva, Sr. Manager, CDA Certification and QA
Ms. Anita Wilks, Director of Communications
Ms. Carmel Wiseman, Deputy Registrar
Mr. Dan Zeng, Director of Finance and Administration

Invited Guests

Dr. James Richardson, CDSBC Representative on NDEB Board
Ms. Dorothy Jennings, Incoming Board Member
Mr. Oleh Ilnyckyj, Incoming Board Member
Dr. Toby Bellamy, Chair, Sedation & General Anaesthetic Services Committee
Dr. Peter Stevenson-Moore, Vice-Chair, Nominations Committee



1. Call Meeting to Order and Welcoming Remarks

The President thanked Mr. Dave Pusey and Ms. Julie Johal for their years of service on this Board as this is their last meeting.

2. Oath of Office – New Members

Mr. Oleh Ilnyckyj and Ms. Dorothy Jennings introduced themselves before the Registrar administered the Oath of Office.

3. Consent Agenda (*attachments*)

- a. Approve Agenda for 25 November 2016 (*attachment*)
- b. Approval of Board Minutes of 24 September 2016 (*attachment*)
- c. Reports from Committees (*attachments*)

MOTION: Holben/Messenger

That the items on the Consent Agenda for the 25 November 2016 Board meeting be approved.

Carried

4. Business Arising from the Consent Agenda

There was no business arising from the consent agenda.

5. a. End-Tidal Carbon Dioxide Monitoring for Moderate and Deep Sedation Services (Bellamy) - *attachments*

Based on current guidelines set by Canadian Anaesthesiologists' Society (CAS), American Society of Anesthesiologists (ASA), American Association of Oral and Maxillofacial Surgeons (AAOMS), American Academy of Pediatric Dentistry (AAPD) and American Dental Association (ADA), the Sedation and General Anaesthetic Services Committee supports the proposed requirement for monitoring end-tidal carbon dioxide during moderate and deep sedation (Note: the current CDSBC General Anaesthetic Services Standards and Guidelines require end-tidal carbon dioxide monitoring for general anesthesia.)

All of the medications that are used to provide sedation and anesthesia will produce some degree of respiratory depression and loss of airway tone. With greater depths of sedation, greater degrees of ventilatory compromise will occur,



but it can be very difficult to predict which doses of drugs will produce clinically significant levels of compromise.

The shortcomings of pulse oximetry in respiratory monitoring can be overcome with the use of capnography, which provides a non-invasive measurement of the partial pressure of carbon dioxide from the airway during inspiration and expiration. It provides real-time information to changes in ventilation and with the use of auditory alarms, it can allow for an early response to deleterious changes. While the early equipment used to monitor carbon dioxide were bulky and reserved for patients receiving anesthesia in an operating room, newer equipment has become available for the use outside of the operating room that is both effective and relatively inexpensive with cost for a monitor at around \$2,000.

Given the foregoing, Dr. Bellamy reported that the Sedation and General Anaesthetic Services Committee recommend the following:

During deep sedation, the adequacy of ventilation shall be evaluated by continual observation of qualitative clinical signs and monitoring for the presence of exhaled carbon dioxide with the use of capnography, unless precluded or invalidated by the nature of the patient, procedure or equipment.

During moderate sedation, the adequacy of ventilation shall be evaluated by continual observation of qualitative clinical signs and monitoring of ventilation by capnography (preferred) or amplified, audible pretracheal stethoscope. If an amplified, audible pretracheal stethoscope is used during moderate sedation, the audible output must be monitored by more than one sedation team member.

MOTIONS: Saidi/Esteves

That the Board approves that the adequacy of ventilation during deep sedation shall be evaluated by continual observation of qualitative clinical signs and monitoring for the presence of exhaled carbon dioxide with the use of capnography, unless precluded or invalidated by the nature of the patient, procedure or equipment.

Carried

That the Board approves that the adequacy of ventilation during moderate sedation shall be evaluated by continual observation of qualitative clinical signs and monitoring of ventilation by capnography (preferred) or amplified, audible pretracheal stethoscope. If an amplified, audible pretracheal stethoscope is used during moderate sedation, the audible output must be monitored by more than one sedation team member.

Carried



That the Board approves that the Moderate and Deep Sedation Services Facilities are required to adhere to the above requirements in 6 months after these requirements are approved by the Board.

Carried

- 5b. Sedation & GA Services Committee Recommendations for updates to Deep and General Anaesthetic Standards/Guidelines (*attachments*)

The Sedation Committee is recommending that the Board approve the attached proposed changes to the Standards and Guidelines, identified through their ongoing monitoring of the series of Standards/Guidelines the committee is charged with reviewing/monitoring.

- Updates for Deep Sedation Standards & Guidelines (*attachment*)

Dr. Bellamy explained the main updates being proposed by the committee as outlined in the schedule presented to the Board and attached to these minutes.

- Updates for General Anaesthetic Standards & Guidelines (*attachment*)

Dr. Bellamy explained the main updates being proposed by the committee as outlined in the schedule presented to the Board and attached to these minutes.

The changes relate to:

1. Clarifying the training requirements for practitioners;
2. Frequency of emergency drills;
3. Updates to instructions regarding pre-treatment fasting; and
4. Updates to armamentarium requirements for Adenosine and Amiodarone

The requirement for continued practice of modality since time of qualification reflected in the chart for graduates of general anaesthesia programs was also extended to graduates of OMFS programs. The standards will be edited accordingly.

MOTION: Spitz/Holben

That the Board approve the proposed changes to the Standards and Guidelines for Deep Sedation and General Anaesthetic Services in non-hospital facilities as appended, with minor edits to 2-1 in each of the documents.

Carried



6. Executive Limitation Reports (*attachment*)

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

EL9: Compensation and Benefits

There were no questions at this time.

7. NDEB Update (Dr. James Richardson)

Dr. Richardson is the CDSBC representative on the NDEB Board. He gave an update on NDEB activities over the past year, including:

- Background Information
- NDEB Certification Process
- NDEB Equivalency Process
- 2011- 2015 Results
- Current Context of the Profession
- Highlights and Future Directions

Dr. Richardson reminded the Board that he is the College representative on the NDEB Board and to feel free to ask any questions they would like to forward to the NDEB Board.

8. CDA Advisory Committee (Leslie Riva on behalf of Committee)

- Feedback on Ortho/Prosthodontic Module for Board consideration

This issue was originally presented to the Board in June 2016. The CDA Advisory committee is following up the request by the Canadian Dental Assistant Regulatory Authority (CDARA) to develop a common standard across the country to the Orthodontic and Prosthodontic Modules. The Board had indicated in June that they would like to obtain feedback from stakeholders. Approximately 30



people provided feedback which was then reviewed by the Committee. The committee agreed with the feedback and approved the changes. The only issue highlighted on the document presented to the Board relates to a procedure not contemplated in CDSBC's current Bylaw:

“Place intermediate restorative materials for temporary restoration of a tooth (using self and/or light curable material); and, adjust occlusion and/or contour of provisional restorations with hand instruments and/or slow speed rotary handpiece, prior to final check by the dentist”.

This procedure is done by CDAs in two other provinces. Those CDAs have reciprocity in BC. The committee has recommended we leave the highlighted portion in the document for the board to consider.

Ms. Riva advised that the working group recognizes that should our Bylaws be changed in the future to allow for these procedures within CDA scope of services, that there will be a need for gap training for any CDAs not already trained.

MOTION: Messenger/Hunter

That the Board supports the CDA Advisory Committee recommendation to move this CDARA proposal forward

Carried

9. New Dental Assistant Program

The CDA Certification committee brought forward a request by the Pacific Health Institute looking for permission to operate a Dental Assisting program. Dr. Rowena Sooch, a CDSBC registrant, has been gathering information on behalf of the Pacific Health Institute about the process required to operate this program. A detailed memo outlining the rationale for the program was included in the Board package.

Should the program be approved by CDSBC, the graduates of Pacific Health Institute would be required to successfully complete both the written and the clinical portions of the NDAEB to be eligible to apply for certification with CDSBC. Once the program becomes accredited with CDAC only the written portion would be required.

The CDA Certification Committee have reviewed all the information and recommend that this program be approved.



MOTION:

That the Board approve the dental assisting program being proposed by the Pacific Health Institute.

MOTION: Spitz/De Vita

The CDSBC is comfortable with the school opening on the proviso that it seek CDAC accreditation.

Carried

10. Prescribing and Dispensing Drugs

- Preamble wording clarified – for final board approval

The Board was presented the Prescribing and Dispensing Drugs Standard/Guideline in September, and approved it with a request that the front page contain a preamble on explaining the status of the document as a Standard/Guideline. The amended front page is included in the Board package. The Board expressed its approval for the document to be published with the new front page.

11. Deputy Registrar Report (Wiseman)

Ms. Wiseman presented her report outlining statistics on complaint resolution.

12. Management Report (*attachment*)

Registrar/CEO Jerome Marburg submitted a written report on behalf of the staff and management of the College, highlighting one item for Board consideration and advice, and one for further information.

- BCHR Declaration of Commitment – Cultural Competence

As a symbol of commitment to work towards systems that incorporate concepts of Cultural Safety and Humility into our thinking and regulatory environment, and in furtherance of the recommendations made through the Truth and Reconciliation process, the Health Regulators under the *Health Professions Act* intend to sign a joint Commitment Statement. This statement is one of aspirational intent, and does not bind CDSBC to specific actions, but ties us in the long-term to take steps in how we deal with cultural awareness and health with First Nations Communities. The draft Commitment document was presented for Board



information and comment. The Registrar is seeking the Board's views on the document as well as gauging Board comfort with the Registrar signing it in the months to come.

The Board expressed support for the document and the goals outlined in the Commitment. The Board indicated its comfort with the Registrar signing the Commitment and is open to having the President sign as well should that opportunity arise.

The Registrar also highlighted for the Board the fact that the College has been reaching out to component societies over the past years to increase opportunities for engagement. The VDDS is a good example of progress being made. This year we have been invited to participate by having a booth at their annual event as well as participate in a panel discussion on corporate dentistry. In addition, Drs. Hacker and Sutton will be conducting a 3 hour interactive workshop on complaint resolution.

The President added that the College recently held a Listening Session in Victoria. The President was unable to attend but Drs. Chow and Hunter attended. The feedback he received from the VicDDS President was very positive.

13. Criteria for Correspondence to Board

The Registrar spoke to this topic which was discussed at the Governance committee the evening before the Board meeting. He explained the process endorsed by the Board in the past and currently in place. As letters come in, we respond by acknowledging receipt and forwarding it to either a Committee, the President or the Registrar, depending on the subject matter. The person submitting the letter will then get a response. The Registrar and the President together exercises judgement on which/what correspondence is forwarded to the Board and at what stage. The Board expressed its comfort with this process, noting that the Registrar and Board Officers/President will check in with each other regularly on emerging trends/issues.

This concludes the open portion of our meeting. Ended at 11:15 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*.