

College Update

Spring 2017

What the College is doing about “Corporate Dentistry”

Registrar/CEO shares his perspective

Corporatization of dentistry is a topic of discussion within the profession, and media coverage has begun to raise awareness more broadly.

I was one of the panellists at the event “Corporate Dentistry – Friend or Foe?” at the Vancouver & District Dental Society Midwinter Clinic. Based on the popularity of that event, it made sense to share the College’s perspective with all of our registrants here.



Registrar / CEO Jerome Marburg

The College receives about 250 complaints each year. Patients don’t complain about corporate dentistry per se, but we have seen statements in complaint letters that point to a lack of patient-centred care. Two examples are “They didn’t tell me I would be seeing a different dentist” or “the office refused to tell me where my regular dentist had gone.”

Critics of corporate dentistry point to production quotas, as an “evil” specific to “corporate dentists”; but this is not borne out in our complaint files. In fact, complaints about overtreatment reflect an unethical choice made by the treating dentist regardless of how the business is structured. Fortunately, we do not see a lot of cases of over-treatment. But when we do, it is as likely to occur in a “non-corporate” setting as a “corporate” one.

The good news is that the complaints we investigate are not representative of what is actually going on in the profession. The low ratio of complaints to dentists and dental procedures points to the fact that the overwhelming majority of dentists are caring, highly competent and ethical professionals who have earned the confidence and trust of their patients. They are truly caregivers who put the needs of patients ahead of their own financial concerns.

The business of dentistry

The terms “corporate dentistry” or “corporatization of dentistry” are

Inside this issue

3
4
5
6
7
7
8
10
11
12

commonly used to refer to a large multi-office practice, but these are actually misnomers. Most dentists in this province are incorporated. The College refers to “the business of dentistry and corporate structures” to more accurately reflect the concerns at play.

But remember: only dentists can practise dentistry, and only dentists can own a dental corporation. Furthermore, corporations do not provide dental treatment; dentists do. A corporate structure does not protect a dentist who fails to uphold the ethical principles of the profession.

This is reinforced in CDSBC's standards & guidelines document *Patient-Centred Care and the Business of Dentistry*. It addresses the challenges that can result from being both a business owner and healthcare provider and includes seven principles for patient-centred care. (See box below.)

“There is no place for quotas in dentistry.”

Simply put, there is no place for quotas in dentistry. Nor is there any place for limiting patients' choice in terms of materials or treatment options (including the practice of exclusive referral) or in marking up

products/services without adding value. It is also inappropriate for any form of agreement to limit a dentist's autonomy or otherwise constrain or inhibit the obligation of a professional to exercise independent judgement. Dentists should provide treatment proposals to patients based only on their oral health needs and help them come to the best decision, regardless of what is most profitable for the dental office. It's really that simple.

The tools of the College

The College's Quality Assurance program and complaints resolution process strive to ensure that dental treatment meets the expected standard of patient care. Anyone who has evidence that a dentist –

or a dental corporation – is putting the public at risk, is strongly encouraged to speak out. If this does not resolve the concern, the individual should consider submitting a written complaint to the College, which will be properly investigated.

Beyond regulating individual dental professionals, the *Health Professions Act* gives the College authority over dental corporations and the ability to impose fines, reprimand registrant shareholders, and cancel corporate permits. The College can also deny permits to corporations with shareholders, directors, or officers that were involved with a corporation whose permit was revoked.

College resources that address corporate dentistry

The College takes the position that ownership is secondary to the care provided. Under the legislation and bylaws, only dentists can practise dentistry, and each dentist is required to put the oral healthcare needs of their patients above all other considerations:

- The [Code of Ethics](#) states that the paramount responsibility of the dentist is to the health and well-being of the patient
- The new standards document *Patient-Centred Care and the Business of Dentistry* recognizes

the challenges that can result from being both a business owner and a healthcare provider, stating that: **“Professional conduct requires that the dentist puts the healthcare needs of the patient above all other considerations. Regardless of ownership structure, every registrant is obligated to ensure that this ethical principle is upheld throughout the practice.”**

- The new bylaw on advertising and promotional activities states that the public and patients must

at all times know their dentist, the owner(s) of the dental office or practice and those who derive income from the dental office or practice – and this must be clearly identified at each practice

- *Building the Dentist-Patient Relationship* This document encourages communication between dentists and patients, so that any concerns can be resolved without the need for a formal complaint

These resources can be found in the CDSBC Library at cdsbc.org/library.

The College can take action on matters of quality of care and ownership – and we do both.

Recent initiatives

The College is taking steps to better address issues related to the business of dentistry. The first was to increase our information gathering about dental practice ownership as part of the renewal process. Having this data will help us better assess issues and lead to better decisions.

Patients have the right to know who owns the dental practice and who is providing their care. We increased transparency through the advertising and promotional activities bylaw (Bylaw 12), requiring that the names of the dentist, the owner(s) of the dental office or practice and those who derive income from the dental office or practice must be clearly identified at each practice.

We are also reviewing the CDSBC Bylaws to ensure that additional items we can address are being addressed, which could include annual reporting for corporations and/or other oversight mechanisms. We will consult with the profession, government and other stakeholders as these ideas unfold further.

The bottom line for the profession is less about whether a dental practice is owned by a single dentist or a group of dentists, and more about

us collectively ensuring that every registrant provides patient-centred care that puts the healthcare needs of the patient above all other concerns – including the financial interest of the dentist or dental corporation.

I am proud of our registrants for doing the right things for the right reasons. Of all of the resources available to the College to tackle this, the most valuable continues to be the overwhelming majority of conscientious and ethical dentists practising this most honourable profession.



Jerome Marburg, Registrar/CEO

Prescribing and Dispensing Drugs Standard & Guideline

The old policy statement on prescribing and dispensing drugs has been revised and republished as part of the standards and guidelines series.



The Prescribing and Dispensing Drugs Policy was published in 2005. Since that time, there have been changes in federal and provincial legislation and regulation that were not reflected in the policy.

The policy has recently been updated based on these changes and was approved by the Board and published in February 2017. A full list of changes from the previous policy are available at cdsbc.org/prescribing-and-dispensing-drugs.

CDSBC is committed to the safe and effective use of prescription medications and this new document clearly identifies the requirements for prescribing and dispensing drugs by dentists.

From Pain to Wellness: Opioids and Beyond

Addiction medicine, dental pharmacology, and practitioner wellness program expertise will come together for a timely panel discussion on the dental profession's role in responding to the current public health crisis. Practitioners can be patients too, and the panel will also discuss how CDSBC guides impaired registrants in their return to practice.

Thursday, 9 March 2017

Vancouver Convention Centre
8:30 am – 11:00 am

Presenters:

- Dr. Mark Donaldson
Dental pharmacology expert
- Dr. Paul Farnan
Addiction medicine specialist
- Dr. Cathy McGregor
CDSBC wellness program head

Join us at the Pacific Dental Conference

Learn more about the presenters & register for these sessions at pdconf.com

Appropriate Antibiotic and Analgesic Prescribing in Dentistry

Thursday, 9 March 2017

Vancouver Convention Centre
1:30 pm – 4:00 pm

Presenter:

- Dr. Mark Donaldson
Dental pharmacology expert

We're All Ears at the Listening Sessions

College uses small-group discussions to engage with registrants and stakeholders



Dr. Patricia Hunter, CDSBC Treasurer, led a discussion group at the Victoria Listening Session.

In keeping with the new policy development process, the College is increasing early consultation with registrants on key topics that relate to the profession.

We held our first listening session in Victoria last November. Participants discussed four topics: how to improve the Quality Assurance program, corporate dentistry, dental laboratory fees and emerging issues in dentistry. The full report from this session is available at cdsbc.org/listening-sessions

The listening sessions are facilitated by Dr. Chris Hacker, CDSBC's dental policy and practice advisor, with participation from board and committee members, and senior staff.

The discussion topics will change over time; participants in Surrey were asked about sedation, quality

assurance, and corporate dentistry. All participant feedback will be captured and shared with the relevant committee and/or the Board.

These events are free, but you must pre-register. Please note that listening sessions are not eligible for CE credits. Read more at cdsbc.org/listening-sessions

Upcoming Listening Sessions

If you want to have input on key activities and policy initiatives, join us at one of our upcoming listening sessions.

Nanaimo

Tuesday, 28 March

6-8pm (Light meal served at 5:30)
Vancouver Island Conference Centre,
(Dodd Narrows room), 101 Gordon
Street, Nanaimo

Nelson

Friday, 28 April

5-7pm (Light meal served at 4:30)
Prestige Lakeside Resort &
Convention Centre, (Monashee/Selkirk
room), 701 Lakeside Dr., Nelson

Are You Receiving Our Monthly eNewsletter?



If not, you may need to update your contact information. As a registrant, it is your professional responsibility to ensure CDSBC has your current address, phone number and email address.

Log in to your account to update your contact information at cdsbc.org/contact-info

Hear directly from the President through his blog



President Don Anderson provides his perspective on College activities through his blog. He recently covered two topics that the Board has identified as high priorities:

- **Priorities in Sedation:** Dr. Anderson outlines changes in sedation made to better protect the public.
- **“Raising the Bottom” for those struggling with addiction:** Dr. Anderson shares some key findings on addiction and provides an update on College developments related to wellness.

Follow Dr. Anderson’s blog on the CDSBC website:
cdsbc.org/presidents-blog

Enhancing the Quality Assurance Program

Public and government expectations of health profession colleges are higher than ever before and include the assumption that robust quality assurance (QA) programs are developed and maintained to ensure the public is well-served by competent healthcare professionals.

QA programs are put in place to establish a commitment to life-long learning and continuous improvement so registrants stay current in a changing healthcare environment and provide the best possible level of care in their chosen area of practice.

The thinking around building competence within the profession has evolved in the many years since CDSBC’s QA program was established. The Board is aware of this and has directed the QA Committee to establish a working group to work on a revised QA program.

The Board, while not prescribing any specific elements, has asked the group to research and develop a comprehensive plan that would:

- promote career-long learning, and hands-on learning
- encourage collaborative discourse amongst colleagues
- improve treatment outcomes for patients.

We recognize that this will be a challenging initiative that will require a high level of engagement with registrants and stakeholders.

In keeping with the College’s new policy development process, which

includes ongoing communication and consultation with registrants, the working group will be engaging with registrants through each stage of the process.

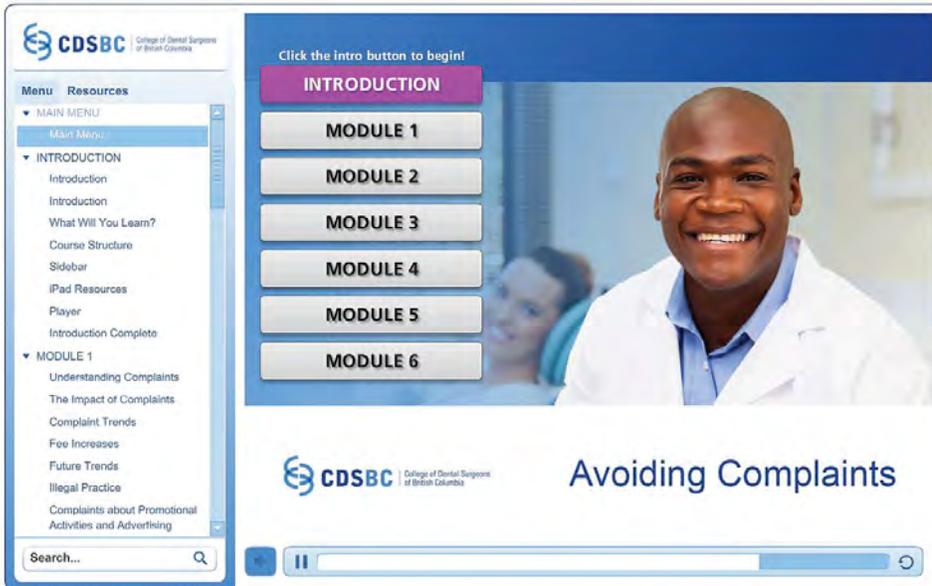
Currently, we are in the second phase of the policy development process. The working group has conducted research and is now doing an initial consultation with registrants before drafting a new program.

We want to hear your input on CDSBC’s QA Program. Below are ways to join the conversation:

- **Attend a listening session:** The QA Program is one of the topics being discussed at the upcoming listening sessions. (See page 5.)
- **Visit us at the Pacific Dental Conference (booth 329)** to speak with members of the QA working group.
- **Sign up for a webinar:** The working group will be hosting webinars to hear from registrants. Stay tuned for more information.
- **Check the website:** Updates on the new QA program and consultation opportunities will be available at cdsbc.org/qa-program

Avoiding Complaints Online Course

Using communications and dental records to build professionalism and safeguard your practice



Eligible for 3 CE self-study credits

This interactive online course covers techniques to prevent complaints, what to do if you get a complaint, and how a patient's perception can differ sharply from your own. It will also challenge you to apply what you've learned to realistic scenarios.

To take this course or another CDSBC online course, visit cdsbc.org/courses.

Discipline Notices

Dr. Mi-Hye Kim Ide

North Vancouver, B.C.

Dr. Ide has admitted to professional misconduct including providing Botox contrary to published standards of practice, providing dermal fillers to patients, and submitting falsified bills to dental insurers. Dr. Ide has signed a consent agreement and cannot apply for reinstatement before March 2018.

Dr. Rokshana Chherawala

Coquitlam, Burnaby and Pitt Meadows, B.C.

Dr. Chherawala has admitted to professional misconduct, including billing for unnecessary treatment

and treatment other than that which was provided, improper delegation, providing substandard treatment and dental records. She has signed a consent agreement, which includes a one-month suspension and a fine.

Anonymous Dentist

The investigation of a complaint made by an insurance company against a dentist raised serious ethical concerns and identified a pattern of inappropriate billing. The dentist made admissions and paid \$200,000 to the insurer for overbilled amounts. The dentist is currently not practising.

Dr. Mansour G. Foomani

Victoria, B.C.

Concerns with Dr. Foomani's understanding of dentist/patient boundaries has resulted in limitations being placed on his practice. He has signed an agreement that will require him to successfully complete a multi-day ethics course; and not see any patients without a College-approved staff person in attendance at all times. Office signage advising of this condition on his practice must be in place.

To read the full discipline notices, visit cdsbc.org/discipline-notices.

What We Are Working On

The College's mandate to protect the public is set out in the *Health Professions Act*. The primary ways we do that are through the core functions of registration, quality assurance and complaint investigation.

Beyond that, the Board sets strategic priorities annually. The key priorities for 2016/17 are in various stages of development, and several of them are discussion topics at our listening sessions (indicated by *).

Sedation*

Through the Sedation Committee, the Board has:

- Required capnography (end-tidal CO₂) monitoring for deep and moderate sedation
- Continued review of deep sedation/GA standards and guidelines
- Created a subcommittee to review requirements for and improve safety of pediatric sedation
- Placed a one-year moratorium for dentists trained in a short-course format to apply to register for pediatric moderate sedation (none have been admitted so far)
- Expanded the membership of the Sedation Committee

Practitioner wellness

CDSBC's practitioner wellness program assists registrants who are facing health and wellness issues that could affect their ability to provide safe patient care. All wellness concerns are treated confidentially. Health files are not treated as discipline matters.

Recent initiatives include:

- A CDSBC/BC Dental Association (BCDA) board workshop to discuss reducing the barriers for registrants seeking treatment
- Establishing a practitioner wellness fund
- Sponsoring two wellness-related courses at the 2017 Pacific Dental Conference

CDSBC Bylaws

Staff and CDSBC's legal counsel have begun their preliminary analysis to address concerns with the CDSBC Bylaws. It is now clear that a rewrite is required and the Board has formed a working group to help guide the development and consultation process for proposed changes.

Quality Assurance*

A working group of the Quality Assurance Committee will be making recommendations on how to enhance the current program. This project will roll out over a number of years and will involve a high level of engagement with registrants and stakeholders.

CDSBC is working with the BCDA to develop an online course for new registrants/members. The course will cover professional regulation, applicable legislation, professional standards and ethics upon entry to the profession.

Governance

Good governance is about the systems, processes and practices an organization puts in place to make good decisions. Led by the Governance Committee, the College's governance function will be enhanced by:

- Ensuring the Board Governance Manual is up to date
- Improving committee member recruiting, particularly for public members
- Revising the confidentiality agreements to promote greater transparency
- Reviewing the process for periodic Board self-evaluation and Registrar/CEO evaluation
- Governance was the subject of the February 2017 board workshop.

Corporatization of dentistry*

The College is looking at whether the expansion of large corporate-style practices – and financial pressures within the dental sector – could impact the quality of care.

See the article on the cover of this issue for more on CDSBC's patient-centred care approach.

Ethics: Dental labs and Article 5*

The Board has directed the Ethics Committee to consider dental offices' charges for laboratory fees, and the potential ethical questions that might arise from certain third-party billing protocols.

A working group of the Ethics Committee has also identified several provisions under the old Code of Ethics (known as Article 5) that are not captured in any of CDSBC's current requirements for registrants. The Committee is developing recommendations for the Board.

Advanced practice — Competency requirements

The College is considering whether additional training should be required for certain areas of practice. We are:

- Creating a Facial Aesthetics Working Group to review CDSBC's position on the provision of Botox and dermal fillers by dentists, and whether any changes should be made to scope of practice and training requirements
- Looking into whether there should be more direction to the profession regarding implants
- Monitoring the conversation about dental treatment for patients with developmental disabilities (e.g. access to care and training requirements for practitioners)

How we got here: the strategic planning process

June 2016: Existing and incoming board members met to begin the strategic planning process

Aug. 2016: Board Officers and senior staff built on the June meeting to create a list of priorities for Board consideration

Sept. 2016: The Board ranked its top priorities

Nov. 2016: The strategic planning priorities were published in a letter to registrants

Stay Current in Your Practice: Review the Latest CDSBC Resources



Standards & Guidelines

- **Boundaries in the Practitioner-Patient Relationship**

This guideline considers the question of when it is appropriate to enter into a practitioner-patient relationship and sets out the ethical obligation of registrants to ensure the treatment is appropriate.

- **Dispensing of Non-Prescription Medication by Certified Dental Assistants**

This document outlines when dentists are allowed to delegate and supervise CDAs in the dispensing of medication.

- **Prescribing and Dispensing Drugs**

The purpose of this standard is to assist registrants in dispensing and prescribing drugs to ensure the safe and effective use of prescription medication.



Information Sheets

- **Proper Use of the VELscope®**

This information sheet provides clarity to registrants and the public regarding the use of VELscope screening to identify potential oral mucosal diseases, including oral cancer.

- **Policy Development Process**

This information sheet details CDSBC's policy development process.



Course

- **Avoiding Complaints Online Course**

This interactive online course teaches you techniques for avoiding complaints, what to do if you get a complaint, and how patients' perspectives may differ from your own.



Other

- **Practice Tips**

CDSBC staff dentists share their tips and observations to help you improve your everyday practice, hone your professional judgment, and deal with some of the unique challenges that practitioners face.

- **Complaints and Discipline Process – Interactive Infographic**

This interactive webpage takes you through each step of the complaint and discipline process.



These resources can be found on the CDSBC website, cdsbc.org.

Do You Know These Expectations for Practice?

Recordkeeping, informed consent and patient communications are the most common themes in complaints closed by the College. Beyond that, there are other areas that can result in complaints if not handled properly. Here are two scenarios, with a reminder of CDSBC's expectations for each.

Dentists' obligations in dental emergencies

Dr. Lee performed dental surgery on a teenage patient on a Thursday, removing all four of her wisdom teeth. On Saturday, the patient experienced uncontrolled bleeding and pain. Her mother called the dentist's office, which was closed. The office voicemail message directed her to contact the local emergency department in the event of a dental emergency. From the College's perspective, is this a problem?*

Unless your office has a specific arrangement with the local hospital emergency room, the situation described above is not acceptable. All dentists are legally and professionally obligated to respond – or to ensure another dentist is available to respond – to a dental emergency.

“All dentists are legally and professionally obligated to respond – or to ensure another dentist is available to respond – to a dental emergency.”

This obligation exists during and after regular business hours, and exists whether or not the person is a patient of record.

Note that where the dentist determines that it is appropriate to do so, patient problems can be handled over the phone with in-office follow-up as necessary. After proper consultation, referral to the emergency ward may be appropriate.

For more information, including the definition of a dental emergency, see the Dental Emergencies Resource Package at cdsbc.org/library. This joint publication by the College and the BC Dental Association also includes a suggested voicemail script for the dental office's after-hours voicemail, tips for running an on-call group, and helpful information about HealthLink BC. There is also a patient version that explains what to expect after dental surgery.

Dismissing a patient the right way

Dr. Green feels she is unable to meet the needs of a patient who is relatively new to the practice. His accusatory comments and questions make it clear that he doesn't trust or respect her. In addition, his repeated calls to the dental office are putting her staff on edge and leading to a negative atmosphere. How should Dr. Green proceed?*

When the dentist-patient relationship breaks down and cannot be repaired, dismissing a patient may be the best option for both parties. If the dentist decides to dismiss the patient, s/he must ensure the patient's oral health is not jeopardized. The key requirements are:

- Any dental procedures already started must be finished
- The dismissal must be done in writing, and it must include an offer to provide emergency care for 60 days
- The dentist should offer to provide the patient with a copy of their chart or to send a copy to the new dentist
- The dentist should provide the names of other local dentists who may be better qualified to handle the patient's needs and/or the BC Dental Association referral service phone number

For more information, see the information sheet “Dismissing a Patient – Practical and Ethical Concerns” in the CDSBC library at cdsbc.org/library.

**not the dentist's real name*

College Calendar

9 March 2017

**From Pain to Wellness:
Opioids and Beyond**
at the Pacific Dental Conference
8:30 - 11:00 am

Vancouver Convention Centre
1055 Canada Place, Vancouver

Register at: pdconf.com

9 March 2017

**Appropriate Antibiotic and
Analgesic Prescribing in Dentistry**
at the Pacific Dental Conference
1:30 - 4:00 pm

Vancouver Convention Centre
1055 Canada Place, Vancouver

Register at: pdconf.com

9 March 2017

CDSBC Awards Ceremony
6:00 - 7:30 pm

Fairmont Waterfront Hotel
Mackenzie Ballroom, Vancouver

RSVP to awards@cdsbc.org
if you wish to attend.

16 March 2017

**Close of Nominations
for Board Election**
4:30 pm

CDSBC must receive completed
nomination packages for the Board
election by 4:30 pm on March 16.

cdsbc.org/election

28 March 2017

Nanaimo Listening Session
6:00 - 8:00 pm

Vancouver Island Conference
Centre, 101 Gordon Street,
Nanaimo

Free event. Not eligible for CE.
Register at: cdsbc.org/events

28 April 2017

Nelson Listening Session
5:00 - 7:00 pm

Prestige Lakeside Resort &
Convention Centre, 701 Lakeside
Drive, Nelson

Free event. Not eligible for CE.
Register at: cdsbc.org/events

18 May 2017

Board Election Day
5:00 pm

Election packages will be mailed
by 13 April 2017. Ballots must be
received by the Registrar no later
than **4:30 pm** on 18 May.

cdsbc.org/election

23 June 2017

Annual General Meeting
8:30 - 9:30 am

SFU Harbour Centre, Segal Centre,
Room 1420, 515 W. Hastings St.,
Vancouver

If you wish to attend, please RSVP
to events@cdsbc.org by 16 June.

24 June 2017

Board Meeting
8:30 am

Hyatt Regency Hotel, "Grouse
Room," 655 Burrard St., Vancouver

To attend as an observer, RSVP to
ncrosby@cdsbc.org by 16 June.

To view and register for upcoming CDSBC events visit: cdsbc.org/events