

## Prepare Your Practice for Compliance

Bylaw Part 12 on Advertising and Promotional Activities  
Being Enforced as of 1 March



**Bylaw Part 12 contributes to public protection by requiring that all promotional activities are clear, verifiable, understandable, and not misleading, incomplete or deceptive.**

The College receives scores of submissions each year outlining concerns about how dentists are

advertising to the public.

Starting 1 March 2018, submissions about non-compliance that are received by the College are being handled as complaints via the College's complaints process. The revised Bylaw Part 12 provides the standard against which complaints about advertising and promotional activities will be assessed by the Inquiry Committee.

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If you have not already done so, you must review all of your advertising and promotional material to ensure that it complies with the requirements set out in Bylaw Part 12. To assist in compliance, the document *Bylaw 12 Interpretive Guidelines: Advertising and Promotional Activities* has been updated to reflect the revised bylaw.

### Where it applies

Bylaw Part 12 applies to all communications or materials that dentists produce or authorize that are intended (or can be reasonably inferred that they are intended) to attract patients or to encourage the pursuit of dental services. Keep

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in mind that as dentists, you are responsible for any promotional activities relating to you, your services, or your practice.

For example, Bylaw Part 12 applies to print advertising, office signage, radio or television advertising, websites, internet advertising, and other advertising and promotional vehicles. It includes business cards and stationery used for promotional purposes. It does not apply to personal communication, such as letters to colleagues or other professional correspondence not intended for patients or the public and which do not have the effect of promoting oneself or services provided.

### Common problems in advertising

The three most common areas of non-compliance we see are:

- problematic reference to a specialty,
- inducements (incentives), and
- testimonials.

Examples of each category can be found below and to the right.

The information provided here is a summary only. To ensure your advertising and promotional activities are compliant with Bylaw Part 12, please refer to [cdsbc.org/bylaw-12](http://cdsbc.org/bylaw-12) for both the bylaw itself as well as the newly updated (February 2018)

*Bylaw 12 Interpretive Guidelines: Advertising and Promotional Activities.*



[cdsbc.org/cdsbcpubliclibrary/Bylaw-12-Interpretive-Guidelines.pdf](http://cdsbc.org/cdsbcpubliclibrary/Bylaw-12-Interpretive-Guidelines.pdf)

### Examples of reference to specialty following the dentist's name that are not permitted under Bylaw Part 12:

- Dr. Firstname Lastname, Certified IV Sedation Dentist  
*Sedation can be listed among the services provided and qualification in the appropriate area*
- Dr. Firstname Lastname, Implant, Cosmetic and General Dentist  
*Implant and Cosmetic are not recognized specialties*

### Reference to a specialty

Dentists are free to list the services that they provide; however, dentists may not describe an area of treatment in a way that suggests it is a recognized specialty if it is not. Dentists may not imply that they are a specialist if they are not registered with CDSBC as either a certified specialist or certified specialist restricted to specialty.

## Inducements

The vast majority of submissions the College receives are about inducement in advertising. Inducements provide an incentive to the public to seek or obtain procedures that may not be required or appropriate. Treatment offered and delivered to a patient should be based on a reasoned diagnosis and an appropriate individual treatment plan including documented informed consent.

Inducements related to specific treatment modalities infer a need before a diagnosis has been provided, often before the patient has even been seen in the office.

Dentists may not advertise free or discounted goods and services, or offer rewards that promote a particular treatment.

## A note about prescription drugs (e.g. Botox®)

Health Canada does not allow direct-to-consumer advertising beyond name, price and quantity. Advertising the therapeutic benefits, perceived or actual, of prescription drugs to the general public is not permitted.

*Food and Drug Regulations, Section C.01.044*

### Examples of inducements not permitted under Bylaw Part 12:

- Free cleaning and X-rays with every new patient exam
- Free implant consultation

## Testimonials

Because testimonials usually provide an unqualified assessment of a procedure or service, the reader cannot know the circumstances or assess the reliability of the information presented. As well, testimonials are inherently unverifiable and, as such, are not permitted.

### Examples of testimonials (not permitted under Bylaw Part 12):

*"Dr. [name] is the best dentist in [city]....All the work that has been done so far is superb."*

*"Definitely not your standard dentist"*

## A Better Quality Assurance Program

The College Board has approved a proposal for an improved quality assurance (QA) program for registrants, and directed that we engage with stakeholders over the coming months.

This is the first College policy to have fully adopted the engagement policy framework and we are pleased to share highlights of the work that has been completed by the QA Program Working Group.

### Why quality assurance?

Every health regulator in B.C. is required to establish and maintain a continuing competency (quality assurance) program to promote high practice standards amongst registrants. The College's current QA program has two elements: continuous practice requirements

and continuing education requirements.

We have had a QA program in place for decades, and in that time the thinking about what is most effective in terms of building and maintaining competency among healthcare practitioners has evolved. Regulators within and outside Canada use different tools and we have spent two years researching the various options and gathering input from registrants, other regulatory bodies and the public about the best ways to ensure competence.

### What we heard

The general themes from the stakeholder consultation are as follows:

- desire for different options for proving competency
- recognition that individuals have different learning methods

- recognition that individuals have different circumstances that contribute to how they collect their continuing education credits
- comments about quality, accessibility, and availability of courses.

As part of the early consultation phase of this project, we have asked registrants and the public to consider/evaluate a wide variety of quality assurance tools. These include current elements (continuous practice and continuing education) as well as additional elements used by other regulators that are not part of the College's current program.

These include:

- self-assessments
- peer review
- peer practice visits
- examinations



- mandatory courses
- participatory learning (e.g. study clubs)
- audits of quality assurance submissions

### Guiding principles

Ten principles guided the development of the revised program:

1. Be in the public interest – aligned with the *Health Professions Act* and CDSBC's mandate
2. Improve registrants' dental knowledge, competency and skills
3. Encourage career-long learning
4. Encourage accountability and professionalism of registrants
5. Include and encourage opportunities for professional engagement and collaboration
6. Promote improved patient outcomes
7. Be objective, credible and manageable
8. Be inclusive and fairly applied to all registrants
9. Be evidence-based
10. Be feasible and cost effective for both registrants and CDSBC

### Next steps

More information about the proposed program will be coming soon, along with a schedule of upcoming opportunities for you, as registrants,

to participate. Because the draft program is not simply a document, but an entire program with various elements, the consultation will involve face-to-face and online presentations with opportunities for feedback. We encourage your participation as the changes in the QA program will affect you. The first consultation was at the Pacific Dental Conference in March 2018, with other opportunities to be announced at [cdsbc.org/events](http://cdsbc.org/events).

### Board Welcomes Announcement by Minister of Health

The Board welcomes the appointment of five new public members by the Minister of Health as announced on 8 March 2018.

The Board will also participate fully in the review being conducted by Harry Cayton of the U.K.'s Professional Standards Authority. Mr. Cayton and the Professional Standards Authority are experts in regulation, and their reviews help regulators identify strengths and where improvements can be made.

The Board is confident that CDSBC is continuing to carry out its legislated mandate of protecting the public and overseeing the conduct and competence of its registrants.

## Consultation Update

### Statement on Third-Party Billing

The feedback gathered during the public consultation on CDSBC's draft position statement on third-party billing in fall 2017 was overwhelmingly in support of the draft position statement.

The statement prohibits the addition of a mark-up where there is no value added to the work done by the laboratory. Repackaging is not seen to be a value-added activity.

Without exception, the feedback was positive. Respondents felt that it is unacceptable and unethical to charge a handling fee; that inflating fees is unfair to patients, third-party payers and colleagues; and that fines or suspensions for those found to be doing so would be appropriate.

At the February meeting, the Board directed that the draft statement on third-party billing be edited into the existing document entitled *Patient-Centred Care and the Business of Dentistry*. Registrants will be advised when the revised document becomes available.

Read more at: [cdsbc.org/consultations](http://cdsbc.org/consultations)

## How are Complaints Resolved?

*“A father complained that he was denied emergency care for his daughter because of his outstanding balance owing to the previous owner of the practice.”*

*“A patient complained that the dentist replaced a fractured amalgam filling with a composite filling without informing her of the difference in costs and without offering alternatives.”*

*“A patient complained that the dentist extracted the wrong tooth and when she contacted the office to complain and request a refund, both the office manager and the dentist did not communicate professionally.”*

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There are now five years' worth of complaint summaries published on CDSBC's website.

They include every complaint that resulted in some action being taken by the registrant to improve their practice.

A review of the complaint summaries may help you avoid being the subject of a complaint by learning what people complain about and how the College addresses the concerns raised.

When complaints are closed, the issues arising from the investigation process are tracked. The vast majority of issues identified in complaints are of a clinical nature. The most commonly seen clinical issues in 2016/17 were (in descending order): recordkeeping, informed consent, specific clinical care\*, and diagnosis and treatment planning.

The following anonymized complaint was published as File #7 in the 2016/17 Complaint Summaries.

Read them all at: [cdsbc.org/complaint-summaries](http://cdsbc.org/complaint-summaries)

### Complaint

A patient complained that several fillings placed by the dentist seven years earlier appeared to be slowly deteriorating.

### Investigation

The patient told CDSBC Investigators that she was not informed that composite (white) fillings would not last as long as amalgam fillings and questioned whether the dentist used them because they were more expensive. The patient also said that there was an unreasonable delay in the office transferring her records to her new dentist.

The dentist told CDSBC Investigators, and the records confirmed, that the fillings were replaced because

of cavities under the old, leaking amalgam fillings. The dentist said that he did not have a discussion with the patient about material alternatives and the risks and benefits of each. The dentist noted that she does not use amalgam in her office and that the patient wanted the amalgam fillings replaced with a more aesthetic material. This was not included in the chart and CDSBC Investigators found other recordkeeping concerns such as no medical history, no periodontal assessment, and no reference to any informed consent discussions with the patient. They also noted billing discrepancies in the procedure codes used to cover the costs of replacing the fillings.

CDSBC Investigators told the patient that the wear on the fillings was normal given the passage of time and the potential of parafunctional habits (grinding, clenching, fingernail biting, etc.).

### Resolution

The Inquiry Committee noted that the recordkeeping, informed consent and billing discrepancies were already being addressed through the dentist's participation in an educational program arising out of another complaint and directed the file be closed without further action.

\*Includes surgery (odontogenic and orthognathic), operative, orthodontics, endodontics, prosthodontics (removable & fixed), periodontics, implants (surgery & prosthodontics)

## Public Notification

### **Dr. Doochul Shin** *Coquitlam, B.C.*

Dr. Doochul Shin has signed a memorandum of agreement and understanding (MAU) acknowledging concerns that his professionalism and ethical behaviour in the context of dentist/staff boundaries were not in keeping with the standards expected in B.C.

This has resulted in a condition being placed on his practice that he will not be alone with any female employee in a clinical setting without a second employee being present and will not take any female employee into his private office unless accompanied by another employee.

The MAU requires Dr. Shin to agree to take an ethics course, receive psychological counselling at his own expense, a reprimand, a two-month suspension, and a fine.

### **Dr. Suzanne E. Cziraki** *Vancouver, B.C. (formerly Cranbrook)*

Dr. Suzanne Cziraki is a certified specialist in Orthodontics and Dentofacial Orthopedics. Dr. Cziraki has admitted to professional misconduct with respect to a number of patients in that:

- She failed to accurately diagnose the presenting conditions, provide all

reasonable treatment options, and develop appropriate treatment plans.

- She failed to appropriately manage patients.
- She provided unnecessary or inappropriate treatment.
- She unduly extended the length of treatment and/or increased the complexity of treatment.
- Under her supervision, her office submitted insurance claims for treatments that either were not indicated and/or not provided, or should not have been billed separately from the orthodontic treatment.

A panel of the Inquiry Committee received and considered Dr. Cziraki's proposal and ordered a reprimand, a fine, payment towards the cost of CDSBC's investigation, an educational program (which includes mentoring), and patient chart reviews.

### **Dr. Karim A. Lalani** *West Vancouver / Vancouver / Surrey / New Westminster, B.C.*

Dr. Karim Lalani has admitted to professional misconduct with respect to a number of patients in that:

- He provided treatment that was unnecessary and/or inappropriate and/or not supported by a diagnosis.

- He provided treatment that fell below the College's expected standard.
- He failed to provide patients with all reasonable treatment options, including comprehensive estimates of the proposed treatment plans.
- He failed to maintain adequate records in accordance with the College's expected standard for recordkeeping.
- He submitted insurance claims for treatment when such treatment was unnecessary, not indicated, and/or where the documented treatment did not meet the criteria for payment.

A panel of the Inquiry Committee received and considered Dr. Lalani's proposal and ordered a reprimand, a six-month suspension (1 April to 30 September 2018), a fine, payment towards the cost of CDSBC's investigation, an educational program (which includes mentoring), and a two-year period of monitoring, including patient chart reviews.

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*To read the full publication notices, visit [cdsbc.org/discipline-notice](https://cdsbc.org/discipline-notice)*

## College Calendar

**17 May 2018**

**Election for two positions on the Board:**

- **UBC Faculty of Dentistry**
- **Certified Dental Assistant**

Ballots close 4:30 pm

**15 June 2018**

**Annual General Meeting**

8:30 am

SFU Harbour Centre, Joseph &  
Rosalie Segal Centre, Room #1420  
515 West Hastings Street  
Vancouver, B.C.

**16 June 2018**

**Board Meeting**

8:30 am

Terminal City Club  
Skidmore Room  
837 West Hastings Street  
Vancouver, B.C.

### Are you receiving our monthly Contact News Bulletin?



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 [edsbc.org/contact-info](http://edsbc.org/contact-info).



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