

**BOARD MEETING**  
**Friday, 26 February 2021**  
**9:30 a.m. – 12:30 p.m.**

**Virtual meeting held via Webex**

**OPEN MINUTES**

---

The Board met in-camera before the open meeting commenced at 9:30 a.m.

**In Attendance**

Mr. Carl Roy, Chair

Dr. Heather Davidson, PhD  
(Joined at 10:40am)

Ms. Dianne Doyle

Ms. Barb Hambly

Dr. Alex Hird

Ms. Cathy Larson

Dr. Mike Melo

Ms. Sabina Reitzik

Dr. Lynn Stevenson, PhD

Ms. Kim Trottier

Dr. Richard Wilczek

**Regrets**

Ms. Shirley Ross

**Staff in Attendance**

Dr. Chris Hacker, Registrar and CEO

Ms. Bethany Benoit-Kelly, Manager of Communications

Ms. Nancy Crosby, Manager of CEO's Office

Ms. Joyce Johner, General Counsel

Ms. Renee Mok, Policy Coordinator

Dr. Meredith Moores, Director of Professional Practice

Ms. Stephanie Nicholls, Business Analyst (11:50 am - 12:30 pm)

Ms. Róisín O'Neill, Director of Registration

Ms. Leslie Riva, Sr. Mgr. CDA Certification and QA

Ms. Anita Wilks, Director of Strategy and Engagement

Mr. Dan Zeng, Director of Finance and Administration

**Invited Guests**

Dr. Ben Balevi, Chair, Standards & Guidance Committee (10:30 am – 11:45 am)

Ms. Julie Guenkel, Chair, Audit & Risk Committee (10:00 am - 10:30 am)

Ms. Anita Johnson, CPA, Smythe LLP (10:00 am - 10:30 am)

Mr. Edwin Liu, Principal, Smythe LLP (10:00 am - 10:30 am)

Ms. Anne McLaughlin, Consultant (11:13 am - 12:15 pm)

Ms. Alison Osborne, Consultant (11:13 am - 12:15 pm)

Dr. David Vogt, PhD, Chair, QA Committee (10:35 am - 11:08 am)



**Preparation of Minutes:**

Ms. Kelsey Guenette, Raincoast Ventures Ltd.

**1. Call to Order and Territorial Acknowledgement**

Chair Carl Roy called the College of Dental Surgeons of British Columbia (CDSBC) Board meeting to order and acknowledged the traditional territory on which the meeting was being held. The Chair invited each Board member to reflect on the traditional territory from which they were participating from.

**2. Declarations of Interest and Register of Interests**

No declarations were offered.

**3. Approval of Open Meeting Agenda for 26 February 2021** *(proposed resolutions attached)*

**RESOLUTION:**

**It was MOVED (Doyle) and SECONDED (Larson)**

That the Open Agenda for the 26 February 2021 Board meeting be approved.

**CARRIED**

**4. Approval of Open Minutes for 20 November 2020** *(attachments)*

**RESOLUTION:**

**It was MOVED (Doyle) and SECONDED (Stevenson)**

That the minutes from the open portion of the 20 November 2020 Board meeting be approved.

**CARRIED**

**5. Consent Agenda**

**a. Reports from Committees** *(attachments)*

- Appointments
- Discipline
- HR & Remuneration
- Inquiry Committee
- Patient Relations
- Quality Assurance
- Registration Committee
- Sedation & General Anaesthesia Committee
- Standards & Guidance



**b. Financial Statements for the Period Ending December 31, 2020**

*(attachments)*

**RESOLUTION:**

**It was MOVED (Reitzik) and SECONDED (Trottier)**

That the items on the open Consent Agenda for the 26 February 2021 College of Dental Surgeons of British Columbia Board meeting be approved.

**CARRIED**

**6. Registrar's Report *(attachments)***

**a. Operational Plan**

Dr. Chris Hacker, Registrar and CEO, in reference to the "Action Plan" briefing note included in the meeting materials, reported that CDSBC staff have completed all outstanding Action Items. Pending acceptance of the resolutions from today's Board meeting, staff will move forward in developing a report on the Action Plan for submission to the Ministry of Health that will include an audit of the Action Items.

**b. COVID-19 Update**

Dr. Hacker provided an update on COVID-19 related measures and noted that work would continue remotely with in-office hours as necessary.

It was noted that Provincial Health Officer, Bonnie Henry, issued a Public Health Order expanding the number of health professions able to administer a COVID-19 vaccine, including dentists, as the province prepares for widespread mass vaccinations beginning in April 2021. At this time, there is no reason to believe vaccinations would take place within private dental offices.

Discussion ensued on the following:

- Dental therapy's role in vaccination clinics in rural First Nation's communities
- Priority list for vaccinations: does not include dentists.

**c. Engagement Update**

Dr. Hacker provided an update on engagement and noted that external engagement with stakeholders has adapted and continued during the pandemic. After an engagement session with the Victoria and District Dental Society, a survey generated 50 responses within 24 hours; the main concerns were around amalgamation and modernization.



Anita Wilks, Director of Strategy and Engagement, highlighted a stakeholder mapping project identified in the Cayton report as well as the creation of a style and tone of voice guide that would promote a consistent experience. Both projects would be used to develop a communications strategy later this year.

Ms. Wilks also highlighted collaboration with Pivotal Research, which was commissioned to hold an online panel with dental patients to provide their personal dental experiences. Research was also completed on amalgamation through small group consultations to form a survey to assist amalgamation communications.

In response to a question, it was noted that there was no CDSBC presence required at the Pacific Dental Conference as engagement pieces can be managed daily. In efforts to be transparent with the public, CDSBC is pulling back from profession-centric work as well.

Discussion ensued on the following:

- Efforts to collect reports specific to patients' dental experiences
- Diversity of the research groups.

## **7. Expense Policy Revision** (*attachments*)

Ms. Julie Guenkel, Chair, Audit & Risk Committee, referenced the "Audit and Risk Committee – Expense Policy Revision" briefing note included in the meeting materials, and reported that the Audit & Risk and HR & Remuneration committees have endorsed both revised draft policies, and that the Audit & Risk Committee now recommends the Draft Board, Committee and Working Group Remuneration & Expense Policy and the Draft Registrar/CEO Expense Policy, to the Board for approval. The HR & Remuneration Committee stipulated that the Board consider a consistent benchmark that is defensible for business class travel for the revised Draft Registrar/CEO Expense Policy, which was provided.

The Audit & Risk Committee worked with our external auditors who completed the benchmarking and analysis.

Discussion ensued regarding companies that were used for comparison in development of a defensible benchmark. Anita Johnson, Smythe LLP, attested to the integrity of the analysis.



**RESOLUTION:**

**It was MOVED (Wilczek) and SECONDED (Reitzik)**

Resolved that, on the recommendation of the Audit & Risk Committee, the Board approves the revised Board, Committee and Working Group Remuneration & Expense Policy.

Resolved that, on the recommendation of the Audit & Risk Committee, the Board approves the Registrar/CEO Expense Policy.

**CARRIED**

**8. Quality Assurance Committee (*attachment*)**

**8.1 Improved QA Program**

Dr. David Vogt, Chair, QA Committee, in reference to the “Improved QA Program” briefing note included in the meeting materials, reported on essential concepts and components of the new QA program. The Board was informed that improvements to the existing QA program are critical to aligning with emerging expectations and impending shifts in oral healthcare in BC.

During discussion, comments were offered on continuous practice hours requirements and restricted activities.

**RESOLUTION:**

**It was MOVED (Hird) and SECONDED (Trottier)**

The Board resolves to approve the proposed improvements to the Quality Assurance Program.

**CARRIED**

**8.2 Joint QA Working Group**

Dr. David Vogt, Chair, QA Working Group, in reference to the “Joint QA Working Group” briefing note included in the meeting materials, reported that the QA Committee would like to form a Joint QA Working Group in order to engage with other health professions to research and compare existing oral health and other health professions’ QA programs relative to the definition of a prospective shared QA strategy. It would also develop components and operational feasibility of a shared QA program that would better measure outcomes.

During discussion, comments were offered on:

- Appropriate timing for a joint working group



- Who should be amongst the members of the working group (i.e. Nurses' College, outside experts).

**RESOLUTION:**

**It was MOVED (Doyle) and SECONDED (Wilczek)**

The Board resolves to direct the Appointments Committee to appoint a Joint Quality Assurance Working Group (JQAWG).

**CARRIED**

**9. Standards & Guidance Committee** (*attachments*)

**9.1 IPAC Standards Working Group**

Dr. Ben Balevi, Chair, Standards and Guidance Committee, referenced the “Establishing an Infection Prevention and Control Standards Working Group” briefing note included in the meeting materials, and noted it is necessary to develop new clinical standards and guidance for Infection Prevention and Control (IPAC) due to:

- Risk to patients with regard to transmission of infectious diseases in dental offices
- The COVID-19 Response Working Group’s terms are over and there needs to be a working group considering the COVID-19 response plan
- The existing IPAC document template is dated and there are separated documents with regard to blood-borne pathogens and COVID-19, which could be incorporated into the standards.

During discussion, comments were offered regarding coordination with other regulators.

**RESOLUTION:**

**It was MOVED (Hird) and SECONDED (Reitzik)**

The Board resolves to direct the Appointments Committee to establish an expert working group to develop the standards and guidance for Infection Prevention and Control.

**CARRIED**

**9.2 Sedation & GA Working Group**

Dr. Ben Balevi, Chair, Standards and Guidance Committee, referenced the “Establishing a Sedation and GA Standards Working Group” briefing note included in the meeting materials, and noted that it is necessary to develop new clinical standards and guidance for Sedation and General Anaesthesia due to:



- Sedation and GA as an activity is associated with high risk to patients and the public
- There are currently three separate standards documents for minimal and moderate sedation, deep sedation and GA, with overlapping content that should be consolidated into a single standard document
- Standards that have not been reviewed since 2019
- Standards that do not take into consideration other jurisdictions (e.g. the College of Physicians and Surgeons of British Columbia).

During discussion, comments were offered on:

- Composition of the committee: ensuring balanced representation on the working group to include sedation providers in the mild to moderate sectors, e.g. a general dentist or pediatric dentist
- Business conflicts of interest between medical anaesthesiologists and oral surgeons.

**RESOLUTION:**

**It was MOVED (Wilczek) and SECONDED (Reitzik)**

The Board resolves to direct the Appointments Committee to establish an expert working group to develop the standards and guidance for Sedation and General Anaesthesia.

**DEFEATED**

**Amended Resolution:**

**RESOLUTION:**

**It was MOVED (Wilczek) and SECONDED (Reitzik)**

The Board resolves to direct the Appointments Committee to establish an expert working group to develop the standards and guidance for Sedation and General Anaesthesia with amended terms of reference in committee composition to include sedation providers in the mild to moderate sectors.

**CARRIED**

**10. Stakeholder Mapping Project (*attachment*)**

Consultants for the BC Health Regulators Group, Anne McLaughlin and Alison Osborne, referenced the “Stakeholder Mapping Presentation in Support of the Action Plan” briefing note included in the meeting materials, and provided an outline of CDSBC’s stakeholder landscape.



Next steps include developing a communications/engagement strategy as well as a CDSBC voice and style guide to be completed in April 2021.

During discussion, comments were offered regarding:

- Categorization of direct/indirect stakeholders
- Engagement with the British Columbia Dental Association
- Patient engagement.

#### **11. Data-Centric Line of Sight – Draft Dashboards** (*attachment*)

Ms. Stephanie Nicholls, Staff Business Analyst, provided an update on the CDSBC Board Dashboard and highlighted:

- The CDSBC Dashboard is a new reporting tool developed in response to the Cayton Report
- Development of the design, key metrics and input for all College functions
- Approximately 50% of the metrics can be populated now with a further 25% available next quarter; new metrics will be confirmed as part of the CDSBC Business Intelligence Program.

#### **12. Public Questions or Comments**

There were no public questions.

#### **13. New Business – Open Session**

No new business was discussed.

**This concludes the open portion of the meeting – 12:30 p.m.**