

Sentinel

A publication of the College of Dental Surgeons of British Columbia for dentists and certified dental assistants

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Governance Leads to Better Patient Care

CDSBC is in the midst of a project to enhance its governance (for details, see page 2). Governance expert Liz Watson of Watson Advisors and two of CDSBC's Complaint Investigators, Drs. Chris Hacker and Cathy McGregor, provide their insights into why governance matters both in the dental office and at the College.



Dr. Chris Hacker and Dr. Cathy McGregor discuss how governance applies to the dental office.

What does governance mean?

Cathy McGregor: Governance is how we run the practice. It refers to all the clinical standards, policies and practices in the office. It covers everything from office protocols, such as how the staff is expected to interact with patients, to obtaining and recording informed consent. Having an office manual that is regularly updated helps promote governance.

Liz Watson: With a regulatory body such as CDSBC, the Board is responsible for

ensuring that the organization's statutory mandate – regulation of the practice in the public interest – is carried out effectively and efficiently on behalf of all stakeholders.

Why does governance matter?

Chris Hacker: If you think of governance as office protocols and policies, it is easy to see that without it, many serious outcomes could result. As an example, complications arising from in-office medical emergencies could have catastrophic results.

continued on page 3



President's Report Dr. Bob Coles

Good Governance Makes Good Sense

Good governance is the cornerstone of any well-functioning organization. Good governance includes clearly articulated roles and responsibilities for all parties at CDSBC – the Board and individual Board members, the Elected Officers, Registrar and College staff.

The organization has evolved since I joined the Council in 1986 – it had to. To meet the requirements of tighter government legislation, the demands of a more informed public and the needs of a profession facing more hurdles each day, CDSBC became more sophisticated. In doing so, we found that our existing governance policies were holding us back.

Some tasks were obviously the Board's responsibility and others clearly fell on the shoulders of the staff. Where we were tripping up was in the middle. How much information should Board members receive to make policy decisions? What are the responsibilities and authorities of the Elected Officers? Does the Registrar lead or simply facilitate policy decision-making? Now we have those answers.

CDSBC has limited resources: manpower, finances and time. Better governance keeps the Board focused on the critical issues, leaving the day-to-day running of the organization to highly capable staff. This also gives staff clear direction and allows them to function effectively, without being bogged down by micromanagement.

The College performs better when it is governed well.

The public also benefits when our governance is improved. Accountability and transparency are enhanced, leading to improved trust in the profession. We only need look to the experiences of some of our fellow regulatory colleges in B.C. to see the result when transparency is lost. Good governance promotes fairness and impartiality in all our processes – from registration and certification, all the way to complaint investigation and discipline.

Improved governance will see the College function more efficiently and help contain costs. The Board can better monitor organizational performance. Risks are more easily identified and managed. Financial oversight is streamlined. And as a result, the College performs better when it is governed well.

If reworking our governance sounds like a lot of work, it is. However, we are already starting to reap the benefits of improved functioning. This past year, the College came through the audit process with flying colours – no surprise, yet all the more sweet given the more robust audit process carried out by the Audit Committee.

I am proud to have been President and Chair of the Board when the College undertook this critical review, and know it will serve the organization, public and profession for many years to come. Working with an engaged Board and our dedicated staff, my presidency has been a most rewarding experience. I highly recommend it!

continued from front cover

A recent case before the College arose when a new employee's lack of understanding of the existing office protocol exposed a patient with a documented sensitivity to latex. A lack of checks and balances in the existing protocol was to blame.

Cathy McGregor: Another example is informed consent. We have seen cases where the dentist insists that they outlined all the treatment options but the patient disagrees. If the dental records are poor, it will be hard for a dentist to prove they obtained informed consent. Protocols for obtaining and documenting informed consent will make the office run more smoothly and reduce the likelihood of complaints.

Liz Watson: Good governance helps organizations perform better by facilitating good decision-making and making sure the organization is achieving its objectives.

Protocols regarding informed consent will make the office run more smoothly and reduce the likelihood of complaints.

– Dr. Cathy McGregor, Complaint Investigator

Can you think of an example where lack of governance resulted in problems?

Cathy McGregor: It is very important to have a clear agreement when an associate dentist joins a practice – otherwise confusion and disagreement can result. There should be a contract that spells out the responsibilities of the principal dentist and the associate, as well as how the associate will be compensated. We recently saw a situation where an associate left



Good governance starts at the board table.

L-R: Acting Registrar Ms. Carmel Wiseman, President Dr. Bob Coles, Vice-President Dr. Peter Stevenson-Moore and Treasurer Dr. David Tobias

a practice prematurely because there was no agreement to provide guidance when issues arose.

Liz Watson: Media have reported many spectacular governance failures where company executives have engaged in unethical behaviour seemingly without adequate oversight by the board. And there are many examples of failures in smaller organizations. In the worst case scenarios, money is wasted, laws are broken and the organization fails to achieve its mission.

Who is responsible for governance?

Chris Hacker: In dental offices, dentists are the final authority and are ultimately responsible for not only their own actions, but the actions of their staff as well. Governance includes clear roles for all members of the dental team so that everyone knows their responsibilities, and what they can and cannot do. Another way to think about this is, "What are the office protocols?" If they are unclear,

misdelegation can arise. In another recent complaint, a receptionist refused to allow a patient to speak to the dentist and then proceeded to provide inexperienced and inappropriate advice. Needless to say, this is not good governance.

Liz Watson: In an organization like CDSBC, ensuring good governance is the responsibility of the Board. Effective governance requires clear roles and responsibilities, alignment on mission, vision and strategies, a constructive relationship between the board and staff, and clear decision-making processes in relation to the board's key functions.

For an example of how poor governance can lead to a complaint, see Complaint Summary No. 2 on page 7.

Strategic Planning: An Interview with Incoming President Dr. Peter Stevenson-Moore



Incoming President Dr. Peter Stevenson-Moore chairs the working group that led the development of CDSBC's strategic plan. Here he provides his perspective on the value of a strategic plan and what he learned through this process.

Q: Why did the College need a strategic plan?

A: Our priorities have changed since the last plan was developed, and the people at CDSBC change over time. The strategic plan provides the framework for College activities and decision-making, and assists the organization to adapt to a changing environment.

Q: Who was involved in creating the plan?

A: The plan was built with the guidance of an experienced facilitator, and input from the College's key partners, including representatives from the BC Dental Association, Certified Dental Assistants of BC, UBC Faculty of Dentistry, CDSBC Committee Chairs, and senior staff. It was essential to include organizations that are external to the College to assess how their perspective of the organization aligned with our own.

Q: What parts of CDSBC's strategic plan remain to be developed?

A: We now must write the strategies and objectives that will underpin all the College's activities. I am excited that our incoming Registrar, Jerome Marburg (see page 7), has very strong credentials in strategic planning for regulatory bodies – experience that he will apply to CDSBC's strategic planning. This work is critical for the Board to prioritize and communicate the overall direction of the College to the committees and to staff.

Q: How will you know if the College is delivering on its strategic plan?

A: The strategic plan will allow us to answer questions such as: Are we performing to the standard we set for ourselves? Are we achieving

our objectives – and do we have the staff in place to accomplish them? Is our budget adequate to address the tasks we set for ourselves? Without a strategic plan, the College would have nothing to

The strategic plan provides the framework for College activities and decision-making, and assists the organization to adapt to a changing environment.

measure itself against, and those questions would go unanswered.

Q: What have you learned about the College as a result of the strategic planning process?

A: We have a tendency to focus primarily on the regulatory environment in this province. I believe CDSBC needs to be aware of trends in regulation on both a national and international level, so that we can better anticipate changing expectations of government, the public, and the profession. This will also allow the College to avoid problems that other regulators have experienced, or to consider solutions that have been identified by others.

CDSBC Strategic Plan

Mission

The College of Dental Surgeons of BC regulates dentists and certified dental assistants in the public interest. It does so by establishing, monitoring, and enforcing the competent and ethical practice of dentistry in a fair and transparent manner.

Vision

The College of Dental Surgeons of BC is a leading healthcare regulator, promoting and supporting optimal health through excellence in dentistry.

Mandate

The College of Dental Surgeons of BC:

- establishes entry to practice, registration and certification requirements
- establishes, monitors, and regulates standards of practice, guidelines for continuing practice and ethical requirements for all dentists and certified dental assistants
- establishes and administers processes for the management of complaints and discipline

Goals

- 1 Fulfill regulatory responsibilities in a fair, transparent and effective manner
- 2 Continue to improve professionalism and practice standards of dentists and certified dental assistants
- 3 Identify and promote collaborative and productive relationships with key organizations and stakeholders
- 4 Maintain a commitment to organizational excellence

Values

The College of Dental Surgeons of BC is trusted because:

- we act ethically, fairly and with integrity
- we are communicative and transparent
- we are objective and impartial
- we are accountable

Objectives

Objectives and strategies will be developed after the new Registrar is in place.



The Board developed the strategic plan over a series of months.
L-R: Public Member Ms. Julie Johal and Dr. Jonathan Suzuki



Acting Registrar's Report Carmel Wiseman

Our Values Guide Our Decision-Making

As part of the strategic planning process, the CDSBC Board approved an updated mission, mandate, vision, values and goals for the organization. Although all elements of the strategic plan are important, the part that means the most to me, both personally and professionally, is the values.

CDSBC's values guide our actions, decisions and policies. They provide our audiences with a basis from which to question our decisions; they form a lens through which our actions and policies can be assessed.

CDSBC's values were identified at a session the College held with our key partners in February 2011. I had only been with the organization for a few months, so I was quite interested in learning about my new community. All the values proposed struck a chord with me and I left the room pleased to know the organization I had recently joined subscribed to values I had long endorsed.

The newly identified values found broad support, and the Board agreed they should be adopted by CDSBC.

The way an organization implements its values speaks volumes about the way it conducts its business.

The College of Dental Surgeons of BC is trusted because:

- we act ethically, fairly and with integrity
- we are communicative and transparent
- we are objective and impartial
- we are accountable

These values are crucial in assessing our current activities, but they should also guide our future pursuits. They apply to

the entire organization: to Board and committee members, management and staff. They guide all the work the College does, whether it is developing a new guideline for practice, investigating a complaint, or reporting on the organization's progress. In my role as Acting Registrar, my work is informed and strengthened by these values every day.

The way an organization implements its values speaks volumes about the way it conducts its business. If we undertake an activity that seems inconsistent with our values, this should be brought to our attention. There may be a good reason for the approach or policy adopted – such as another competing value – and our task is to strike the right balance between the two. However, asking the question is never out of line. As our values state: "we are accountable."

Meet Our New Registrar: Jerome Marburg



The Board of the College of Dental Surgeons of BC is pleased to announce the appointment of Jerome Marburg as Registrar and Chief Executive Officer. In this role, Jerome will direct all administrative and operational matters of CDSBC, including the regulatory and policy responsibilities as set out in the *Health Professions Act*, Regulations and Bylaws.

Jerome has extensive experience as a regulator, executive manager, and general counsel for professional regulatory bodies. He joins CDSBC from the Architectural Institute of British Columbia, where he held the position of Deputy Executive Director & General Counsel.

Jerome has a strong background in board governance, policy analysis

and practical business administration. He has a track record of building and developing effective teams, recognizing that the most important asset of any regulatory body is the people who work in the public interest. Jerome looks forward to building on the already strong foundations established at CDSBC.

Born and raised in South Africa, Jerome immigrated to northern Alberta as a teenager. He obtained his undergraduate degree in classical history from the University of Alberta, his law degree from Dalhousie University, and his MBA from Simon Fraser University. Jerome lives on the North Shore, where he is an active and enthusiastic supporter of his son's educational, hockey and soccer pursuits.

Complaint Summaries

Complaint No. 1

The College was contacted by a pharmacist who was concerned about a dentist's unusual prescriptions. The pharmacist believed that the person who had received the prescriptions was the dentist's romantic partner. The College obtained the dentist's prescription profile for a two-year period and noted that the dentist was issuing repeat prescriptions for Zopiclone and Prozac to the same person.

The dentist was advised it was outside his scope of practice to prescribe the drugs in question and also advised that he should only be issuing prescriptions to patients. The dentist signed a letter of understanding acknowledging that he could not diagnose depression and sleeping issues and that he is aware that he is not permitted to

have a sexual relationship with a patient. While the Inquiry Committee directed that the particular file be closed on the basis of the dentist's acknowledgements, the Committee asked that this matter be included in the *Sentinel* as important educational information for dentists.

Complaint No. 2

A patient complained that she had not been informed about the cost of treatment prior to the dentist providing it. The dentist responded that he did not discuss the cost of treatment with patients as he was an associate in the office and the front desk staff was responsible for providing the patients with estimates. The associate indicated that he was discouraged from providing estimates and also discouraged from providing patients with all treatment options because the

principal dentist did not provide some of the alternatives that might be available.

The College advised the dentist that it is his responsibility to ensure that he obtains informed consent from the patient. This includes ensuring that the patient is aware of the costs of the proposed treatment. He was also advised that it was his obligation to tell the patient about all treatment options even if the office didn't provide a particular option. The College recommended that the associate discuss this matter with the principal dentist. The principal dentist was receptive to taking steps to ensure that proper office systems and policies were in place to allow all the dentists in the office to fulfill their professional responsibilities.

CDSBC Welcomes New Board Members



Dr. Ben Balevi

Ben graduated from McGill University in 1987 and completed a dental residency at St. Michael's Hospital in Toronto. He

also has an engineering degree from McGill and a Master of Science in evidence-based healthcare/clinical epidemiology from the University of Oxford. Ben practised in Ontario for several years before establishing a practice in Vancouver.

Ben has held an academic post at the University of Toronto's School of Dentistry, supervised dental residents at the Huroma Regional Centre and has taught at UBC since 2004.

In addition to working full time at his general dentistry practice, he remains active in research and publishes frequently.



Dr. Jan Versendaal

Jan's education includes a Bachelor of Science in zoology and a Doctor of Dental

Surgery from the University of Alberta.

Since graduating in 1985, Jan has practised in Red Deer and Jasper, Alberta, in Inuvik, Northwest Territories, and in Valemount, British Columbia. In 1987, he opened an office in Pitt Meadows and has been practising there ever since.

Jan was president of the Fraser Valley Dental Society from 2004 to 2006 and a British Columbia Dental Association board member from 2006 to 2010.

CDSBC's 2012/13 Board Members

Elected Officers

President: Dr. Peter Stevenson-Moore

Vice-President: Dr. David Tobias

Treasurer: Dr. Erik Hutton

Dentists

Dr. Ben Balevi

Dr. Darren Buschel

Dr. Kerim Ozcan

Dr. Jonathan Suzuki

Dr. Jan Versendaal

Dr. Eli Whitney

Dr. David Zamarinuk

Certified Dental Assistants

Ms. Elaine Maxwell

Ms. Sherry Messenger

Public Members

Ms. Melanie Crombie

Mr. Dan De Vita

Ms. Julie Johal

Mr. Richard Lemon

Mr. David Pusey

Mr. Anthony Soda

CPR Certificate Update

The Quality Assurance Committee has been considering whether current CPR certification should be a requirement for renewal. The Committee asked dentists and certified dental assistants to indicate on the 2012 renewal form whether they hold current CPR certification. The results showed that 63 per cent of practising dentists say they hold a current CPR certificate, while 69 per cent of practising CDAs say they hold a current CPR certificate.

The Committee recommended to the Board that it should consider current CPR certification as a requirement for renewal in the future (likely 2014) and that the College advise all dentists and CDAs of this recommendation. The Board has not made a decision on whether CPR certification will be mandatory and will consider this issue at an upcoming meeting once more information is received.



“Practice Limited To [a Recognized Specialty]” to Be Disallowed

The CDSBC Bylaws will be revised so that dentists are no longer permitted or authorized to use the term “General Practitioner, Practice Limited to [a recognized specialty].” This wording is often confused with the formal designation of “Certified Specialist in [a recognized specialty].”

Historically, and before all specialties were recognized in B.C., the title “General Practitioner, Practice Limited to [a recognized specialty]” was provided

for the use of dentists who chose to concentrate their practice in a particular discipline, and who preferred not to work outside of that discipline. Subsequently, dental specialties have been created and accredited, with certified specialists receiving formal education and training.

In contrast, general practitioners who have limited their practice to a particular discipline may have, but are not required to have, particular skills and education in their selected field of interest.

The Ethics Committee outlined a number of specific concerns in this regard, chief among them that the public could become confused by this terminology, and recommended that it is in the public interest to disallow the terminology. The CDSBC Board directed that, subject to the approval of government, the term “General Practitioner, Practice Limited to [a recognized specialty]” be disallowed.

CDSBC 2013 Awards and Call for Nominations

Dentists and certified dental assistants are invited to submit nominations for CDSBC awards, and a form is available at www.cdsbc.org/awards. The deadline is October 5.

The CDSBC awards policy has been updated so that all award categories now require involvement with the College. Beginning with the 2013 awards, all CDSBC volunteers will be considered on an annual basis, and Committee Chairs will be invited to

consider their members and submit nominations as appropriate.

The College honours recently deceased dentists and CDAs by reading their names aloud at the CDSBC awards ceremony on March 7, 2013. If you know of a dentist or CDA who has passed away in the last year, please let us know by sending an email to awards@cdsbc.org or by calling Lena Ross, Communications Officer, at 604-736-3621.

UBC’s Dr. Ersilia Coccaro Wins CDSBC Gold Medal



President-Elect Dr. Peter Stevenson-Moore presented Dr. Ersilia Coccaro with the CDSBC Gold Medal at the UBC Faculty of Dentistry graduation luncheon on May 29. The medal is awarded to the graduating student with the most outstanding record in their course of study.

New Infection Prevention and Control Guidelines in Effect

CDSBC's *Infection Prevention and Control Guidelines* were distributed to dentists and certified dental assistants with this issue of the *Sentinel* and are available at www.cdsbc.org/infection-prevention-and-control-guidelines.

The words "must" and "should" are used throughout the document:

- "Must" indicates the minimum standards that are mandatory for dental offices in B.C.
- "Should" indicates a recommendation that is not mandatory.

Below are some of the key mandatory and recommended practices as outlined in the Guidelines.



"Musts" include:

- Weekly spore testing using either an in-office system (available through dental suppliers) or by submitting the indicator to a testing facility;
- Review and documentation of the daily operation of every sterilizer in a log book noting either "operating as required," or noting any malfunctions and follow-up action taken;
- External chemical indicators used on every package of instruments being sterilized;
- Exposure management protocol in place in case of exposure to blood-borne pathogens;
- Gloves to be worn when contact with mucous membranes, non-intact skin and body fluid is anticipated and are not to be washed and re-used, or used on more than one patient; and
- Sterilization of dental handpieces and other intraoral devices that are attached to air or waterlines after each patient use.

"Shoulds" include:

- Gloves, protective eyewear and masks should be task- and patient-specific with the gloves and masks discarded immediately after use;
- When using a liquid chemical germicide, regular testing using liquid germicide test strips should be done to confirm potency of the agent is sufficient to achieve sterilization;

It is the practice owner's responsibility to ensure staff are adequately trained in infection prevention and control procedures, and that the necessary supplies and equipment are available, fully operational, up-to-date and routinely monitored for efficacy.

- Eating and drinking only in designated areas;
- Uniforms and scrubs worn during patient care procedures should not be worn outside the dental office; and
- Devices that contact mucous membranes and are attached to the air or water lines of the dental unit should be activated to discharge air and water for a minimum of 20-30 seconds after each patient use.

CDSBC is developing additional resources to assist dentists and their staff to assess their compliance with the new Guidelines. These resources are in development and will be released later in 2012. For more information, please call CDSBC at 604-736-3621.

IN BRIEF

Patient Relations – Board Workshop

The CDSBC Board will hold a patient relations workshop in September, led by experts on the topics of ethics, sexual misconduct, and professionalism. The workshop will be used to provide the Board with additional clarity and direction about patient relations and help to shape policy in this regard.

Criminal Record Check from A to Z

All current and new registrants of CDSBC must undergo a criminal record re-check every five years as required by government. All dentists and certified dental assistants who have not undergone a criminal record check for CDSBC in the past four years are due. These dentists and CDAs will receive an information package from CDSBC in September and must complete the re-check to be eligible for registration/certification in 2013. The Consent to a Criminal Record Check form is also available online at www.cdsbc.org/criminal_record_check.

Providing Minimal and Moderate Sedation in Dental Offices

Dentists providing patients with a single, oral, sedative drug and/or nitrous oxide/oxygen during treatment do not need to register with CDSBC. This is considered to be an entry-level competency that is usually gained in dental school.

However, to provide moderate sedation (multiple oral sedatives, with or without nitrous oxide/oxygen, and/or one or more parenteral drugs) dentists must take a sedation course that meets the criteria set out in the College's *Minimal and Moderate Sedation Services in Dentistry Guidelines*. It is the responsibility of the dentist to ensure that the outlined criteria have been met. After successful completion of an appropriate course, it is the dentist's responsibility to register their qualifications with CDSBC.

Dentists employing any modality of minimal and moderate sedation must be familiar with the content of the Guidelines, be appropriately trained, and govern their professional practices accordingly.

For more information: www.cdsbc.org/sedation_services.

Reminder: Warning from Health Canada about Drug Advertising

Health Canada does not allow healthcare providers to use their websites to promote the use of prescription drugs, including Botox®. In Canada, the practice known as direct-to-consumer advertising of drugs is forbidden. Health Canada sent warnings to regulatory bodies across the country in 2011 after receiving complaints about physicians directly promoting prescription drugs such as Botox® to consumers online. Dentists are reminded that this restriction applies to them, and they are expected to refrain from any mention of the provision of a prescription medication in a manner that could be construed as advertising.

Radiographs Must Be Dated

During the course of a complaint investigation, CDSBC may request that a dentist submit relevant patient radiographs. If your office receives this type of request, please ensure that all radiographs submitted to the College are clearly labeled with the patient's name and the date the radiograph was taken.

If the radiographs are not clearly labeled, the College will return them, thereby delaying the investigation process.

Is Your Contact Information Current?

You have a professional responsibility to ensure CDSBC has your current address, phone number and email address or fax number. There are four ways to change your contact information: online, by email, phone or fax. Please see page 12 for contact information.

CDSBC will never ask registrants to update contact information or profile information via email. If you receive an email requesting that you update your CDSBC profile or confirm your password, delete it.

CDAs in Practice: The Role of the CDA in Infection Prevention and Control



Leslie Riva
CDA Services and Continuing
Education Coordinator

This issue of the *Sentinel* addresses governance, a concept that applies equally to the dental office as it does to CDSBC. An example of good governance in the dental office is ensuring all staff members are familiar with the principles and standards within CDSBC's *Infection Prevention and Control Guidelines* (see page 10).

The *Infection Prevention and Control Guidelines* are intended to provide all dental health care professionals with the appropriate knowledge to implement necessary infection prevention and

control measures in a safe and effective manner. The Guidelines are based on science, common sense and professional judgment. By reading and understanding these concepts, dentists and certified dental assistants can strive to provide consistent, dependable infection control for their patients, as well as protect themselves.

While dentists have the obligation to maintain the standards of practice for all their employees, CDAs can be proactive by reading the Guidelines and working with the dentist to:

- schedule a staff meeting to review the Guidelines;
- re-evaluate office procedures and policies;
- update the office manual; and
- decide who in the office will manage the infection prevention and control program.

In addition to the principles set out in the Guidelines, the public has high expectations when it comes to their safety, and it is up to CDAs as well as dentists to ensure they are being met.

Website Enhancements

Online Renewal

The College is investigating an online renewal option for the 2013/14 renewal period. To take advantage of online renewal, dentists and certified dental assistants must ensure the College has their current contact information, including an email address.

Online Directory

CDSBC will not be publishing a printed or CD-version of the 2012/13 Directory of Dentists. Instead, the College plans to focus its resources on improving the online Directory, available at www.cdsbc.org. Those who require a printed copy may order one by contacting CDSBC at 604-736-3621.

Regulating dentists and certified dental assistants in the public interest

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Readers' questions, comments and content suggestions for the *Sentinel* are welcome and may be forwarded to the Editor, c/o the College.

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The *Sentinel* and other communications circulated by the College are the primary sources of information about regulation for dentists and certified dental assistants in B.C.

Registrants are responsible for reading these publications to ensure they are aware of current standards, policies and guidelines.