

We're All Ears: Nelson Listening Session

28 April 2017

Participant Input Summary Report
31 May 2017

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INTRODUCTION

The College's policy development process emphasizes engagement with registrants and other stakeholders. CDSBC is building on this commitment by hosting a series of listening sessions, where registrants can learn about and engage with key topics and share their views with College representatives. The listening sessions are a province-wide opportunity to engage registrants in current policy development initiatives.

Purpose

To strengthen the College's relationship with registrants and enhance the quality of its work being done on key topics by hosting an in-person event that presents information and emphasizes registrant discussion and CDSBC listening.

About this report

This report is a summary of the college's fourth listening session, held in Nelson, B.C. on 28 April 2017. It describes the session, participants and topics; it also includes a complete list of participant input and feedback compiled during the session.

A note about participant comments

The appendices contain all participant comments recorded at the listening session. Comments representative of a theme are included in the participant input summary for each topic. Where appropriate, some comments have **text in blue** to indicate additional comments made by the discussion hosts to clarify the comment's meaning and/or theme. Corrections have been made to address spelling or other errors that did not change the meaning of the comment.

SESSION AGENDA

5:00 pm	Welcome
5:15 pm	Opening discussion
5:40 pm	Five-minute presentations on three topics
6:05 pm	Group discussion based on topics
6:55 pm	Evaluation and closing
7:00 pm	Adjourn

SESSION FORMAT

Dr. Chris Hacker, CDSBC's Director of Professional Practice, facilitated the listening session. After a welcome and introductory remarks, participants discussed an opening question with the group. They recorded their individual thoughts on sticky-notes and took turns sharing some of their best ideas with the entire group.

This session did not follow the format of previous Listening Sessions (where break-out groups rotated through three topics). Due to the smaller number of participants, the three topics presented by College representatives were discussed with the entire group.

SESSION OVERVIEW

Topic	Presenter	Discussion hosts	How participant input will be used
Opening Question		Various	Participant input will be considered by the Board.
Quality Assurance Program	Ash Varma <i>Chair, Quality Assurance Committee</i>	Ash Varma Róisín O'Neill <i>Director of Registration and HR</i>	Participant input will be considered by the QA Committee working group.
Business of dentistry and corporate structures	Greg Cavouras <i>Legal Counsel</i>	Greg Cavouras Carmel Wiseman <i>Deputy Registrar</i>	Participant input will be considered by the Board.
Sedation dentistry and public protection	Jerome Marburg <i>CEO/Registrar</i>	Jerome Marburg Dr. Chris Hacker <i>Dental Policy & Practice Advisor</i>	Participant input will be considered by the Sedation & General Anaesthetic Services Committee.

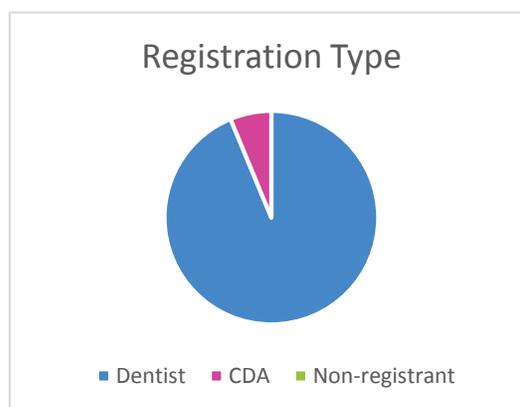
WHO PARTICIPATED IN THE SESSION

The listening session was held in Nelson, B.C. and 16 participants attended.

Registration type

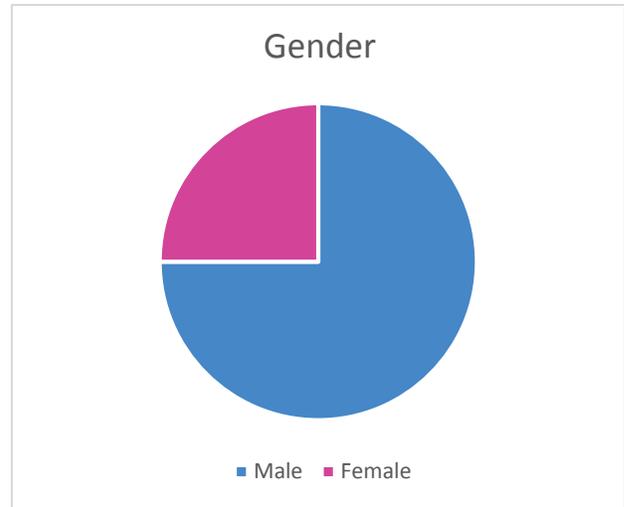
Of the 16 participants, 15 were dentists and 1 was a certified dental assistant (CDA). All of the participants hold practising status.

The ratio of dentists to CDAs at the listening session is not representative of the actual makeup of the College's registrants (there are almost twice as many CDAs as dentists).



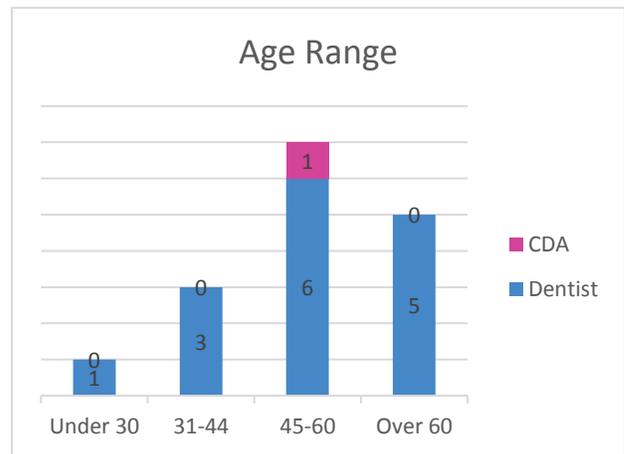
Gender

Overall, the listening session was representative of the College registrants. The single CDA participant was female, which reflects the College's CDA registrants overall (99% female). Dentists at the session strayed from the College's overall gender split (1/3 female, 2/3 male) with a higher representation of males.



Age

Participants at the listening session were generally representative of the College's overall registrant makeup.



OPENING DISCUSSION

To open the listening session, participants answered the question below, first by writing down their responses and then sharing their ideas with the rest of the room. Examples of participant comments are found in the table below, organized by theme.

The purpose of this question was to allow the participants to share some general concerns early on in the session, and to allow items to be raised that may not fall within the three discussion topics on the agenda. We designed this question to give attendees the opportunity to be heard on the issues that matter to them, without limiting their responses by way of the session’s structure.

Discussion question

- Thinking about your own practice and what you are seeing in the profession, what would you like your regulator to know?

Participant input

General themes	What participants said
“Corporate Dentistry”	“Corporate dentistry and potential for forcing over treatment by associates” “Problems/challenges facing dentistry: saturation of the dental market, increasing competition driving down quality of care and patient confidence, research in this area?”
Concerns related to Quality Assurance	“Evidence must support any rule or regulation” “Implementing a more effective Quality Assurance program. I suggest mandating study clubs for all registrants, minimum 4 days per year”
Public protection, access to care	“How/who do we as dentists, seeing overtreatment and poor quality coming from an office, convey that information and how is it handled (anonymously?)” “Patients often have issues accessing care, often due to financial circumstances”

See [Appendix A](#) for a full list of participants’ answers to the opening discussion question.

TOPIC 1: QUALITY ASSURANCE PROGRAM

Topic overview

The College Board has directed the Quality Assurance (QA) Committee to establish a working group to begin the process of enhancing CDSBC's QA Program. The working group will research and develop a comprehensive plan that will:

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

This initiative will require a high level of engagement with registrants and stakeholders, with a particular focus on two main topics: continuing education (CE) requirements and continuing practice hours.

Discussion question

- What do you think are the best ways to maintain and improve clinical skills and dental knowledge?

Participant input

Participants offered feedback on challenges within the current system of CE and suggested ways in which they might grow their dental knowledge and skills. The group identified course accessibility to be an overarching barrier and were interested in exploring peer review, mandatory subject areas, and hands-on learning (as well as other topics).

General themes	What participants said
Accessibility	"CDA – path back to practice, look at making easier and more accessible" "Refresher course for CDAs is only available at VCC"
Mandatory courses and study club	"Current system – we are self-selecting subject areas for CE – missing out on other important areas" "Implementing a more effective Quality Assurance program, I suggest mandating study clubs with a minimum of 4 days per year"
Peer reviews as part of QA	"Study clubs (peer review)" "Peer to peer (individual basis)"

See [Appendix B](#) for a full list of participants' comments.

TOPIC 2: BUSINESS OF DENTISTRY AND CORPORATE STRUCTURES

Topic overview

The “corporatization” of dentistry, as an ownership structure, continues to be a topic creating a lot of discussion within the profession. Subject to the ownership rules and accountability, the College is primarily concerned with patient care, but does recognize that there are inherent challenges for dentists as both a business person and a healthcare professional. The College has tools addressing both quality of care and ownership to ensure that appropriate care is being delivered by the appropriate people. The College wants to hear from registrants about what problems/challenges they see, so that any gaps in the tools that we do have can be identified and addressed.

Discussion questions

- What aspects of corporate dentistry are affecting patient-dentist interactions, and how do you know this?
- What could CDSBC do to address these challenges?

Participant input

Participants discussed several aspects of “corporate dentistry” including multi-office clinics and corporate dictation. They also provided potential solutions such producing evidence of quotas to the College for further action, and identifying control to be with the individual dentist. Some of these answers built upon comments from the initial discussion (see [Appendix A](#) for these comments).

General themes	What participants said
Concerns	“Chain dental clinics” “Corporation dictates type of restoration” “Saturation of the dental market, increasing competition driving down quality of care and patient confidence. Is there research in this area?”
Solutions	“Quotas – inform registrants that they can provide evidence on quotas and then the college can act. At the moment we have no evidence of quotas” “Control is with the dentists making ethical decisions and educating dentists”

See [Appendix C](#) for a full list of participants’ comments.

TOPIC 3: SEDATION DENTISTRY AND PUBLIC PROTECTION

Topic overview

The Sedation & General Anaesthetic Services Committee's work includes reviewing and modifying CDSBC's sedation regulations to ensure they are consistent with, or exceed, best practice recommendations, and that they are based on current medical/dental literature. In 2016, the Sedation Committee made several changes to the standards and guidelines for minimal and moderate sedation, deep sedation, and general anaesthesia, to better protect the public. Also in 2016, the College placed a one-year moratorium on new applications to register credentials to provide moderate pediatric sedation for dentists who have learned the modality in a short-course format. Against the backdrop of these changes and some tragic incidents where patients were seriously harmed, the College wants to know what further changes registrants think are needed.

Discussion question

- What additional changes should CDSBC make to the requirements for dental sedation to further protect the public?

Participant input

Participants had questions about uncertain areas of current sedation practice. They also noted accessibility issues for the Kootenay Region, and the makeup of the Sedation Committee.

General themes	What participants said
Access	<ul style="list-style-type: none">- Inspection of N₂O (nitrous oxide) equipment not available in the Kootenays (shortage of biomedical technicians)
Questions about current requirement	<ul style="list-style-type: none">- Is there any liability issue with service >1 year<ul style="list-style-type: none">• Is it necessary?- Is there requirement for continuing Advanced Cardiovascular Life Support (ACLS)?
Rationale for policy changes	<ul style="list-style-type: none">- Evidence must support any rule or regulation

See [Appendix D](#) for a full list of participants' comments.

EVALUATION AND NEXT STEPS

Registrants were asked to complete an evaluation form at the end of the session. Overall, registrants indicated that they had adequate opportunities to express their views and learn from each other. They also felt the College demonstrated a commitment to listening.

Due to the low number of responses (2), these findings are not representative of the entire group.

What happens next?

This report will be shared with the Board and relevant committees for their consideration as outlined in the [session overview](#).

Additional sessions will be scheduled for the fall; these will be promoted and details posted to the [events page of the College website](#).

APPENDICES

- [Appendix A – Opening discussion](#)
- [Appendix B – Topic 1: Quality Assurance Program](#)
- [Appendix C – Topic 2: Business of dentistry and corporate structures](#)
- [Appendix D – Topic 3: Sedation dentistry and public protection](#)
- [Appendix E – Speaker Bios](#)



Appendix A: Opening discussion

Discussion question: Thinking about your own practice and what you are seeing in the profession, what would you like your regulator to know?

- Treatment focus **is moving** away from dentistry **i.e.** Snoring and Botox. **It is** outside the scope of **practice** (misleading to the public)
- Evidence must support any rule or regulation
- Corporate dentistry and potential for forcing over treatment of associates
- Open doorway for entry of foreign dentists **has** potential for causing over saturation and over treatment
- **There is** no evidence **for** Continued practice hours
- I have concerns about the Smile Care Club which is promoting DIY orthodontics at home in the USA which I feel has potential for some significant problems especially unmonitored and unscreened
- How far will advertising go? I see large billboards in **the USA that are** very cheap looking
- Problems/challenges facing dentistry: saturation of the dental market, increasing competition driving down quality of care and patient confidence. **Is there** research in this area?
- In dental regulation can/has the College considered removing 'assignment' thereby encouraging patients to 'own' their coverage and possibly ease other problems e.g. time front desk spend
- How/who do we as dentists, seeing overtreatment **and** poor quality coming from an office, how do we convey that information **and** how is it handled (anonymously?)
- CE for volunteers not making money - can't afford – many years of practice
- Patients have issues accessing care often due to financial circumstances
- Some registration requirement cannot be met
- Implementing a more effective Quality Assurance program. I suggest mandating study clubs for all registrants, minimum 4 days per year
- Materials on internet
- Foreign trained
- Scope and practice
- Advertising
- Scope & Dr. Botox
- QA mandate Study Club **and** include specialization?
- CP volunteer don't think there's evidence of it (*illegible writing*)
- EE (excavate and evaluate) for volume (*illegible writing*)
- Hands on study club should be required as QA

Appendix B: Quality Assurance Program

Discussion question: What do you think are the best ways to maintain and improve clinical skills and dental knowledge?

Discussion hosts: Ash Varma, Róisín O'Neill

- Hands-on learning
- Distance learning for CDA refresher course
- Study clubs (peer review)
- Current system – as we are self-selecting subject areas for CE – we are missing out on other important areas and find skill set CE difficulties
- Peer to peer (individual basis)
- Could we have CE recognized as Continuous Practice hours?
- CDA – path back to practice, look at making this process easier and more accessible
 - Refresher course for CDAs is only available at VCC
- CE should include fundamental skill sets otherwise registrants self-select skills they already know/share philosophy with.

Appendix C: Business of dentistry and corporate structures

Discussion questions: What aspects of corporate dentistry are affecting patient-dentist interactions, and how do you know this? What could CDSBC do to address these challenges?

Discussion hosts: Greg Cavouras, Carmel Wiseman

- Chain dental clinics
- Quotas – inform registrants that they can provide evidence on quotas and then the college can act. At the moment we have no evidence of quotas
- Sliding pay scale (if you make ___ you will be paid ____)
- Corporation dictates the type of restoration
- Control is with the dentists making ethical decision and educating dentists

Appendix D: Sedation dentistry and public protection

Discussion question: What additional changes should CDSBC make to the requirements for dental sedation to further protect the public?

Discussion host: Jerome Marburg, Dr. Chris Hacker

- What are exceptions in deep sedation to capnography
- Is there a requirement for continuing ACLS?
- Inspection of N₂O equipment is not available in the Kootenays (shortage of biomedical technicians/) access
- Is there any liability issue with service > 1 year
 - Is it necessary?
- Oral surgeons driving agenda
- Is there evidence of requirement for the 3 month mock trial – same concerns for Nitrous Oxide.
- Makeup of sedation committee

Appendix E: Speaker Biographies

Dr. Ash Varma

Chair, Quality Assurance Committee

Ash has been a volunteer with the College since 1989. He has served on many committees, and chairs the QA committee and the CE subcommittee. He served as both President and Vice-President of the College Board. Prior to that, he was the Upper Island board member for several years. Ash practises in Powell River.

Greg Cavouras

Legal Counsel

Greg is Legal Counsel for the College. He acts for the College in a wide range of legal proceedings, including discipline cases, unauthorized practice and complaints review before the Health Professions Review Board. Prior to joining the College, Greg was a litigator for a leading national law firm.

Jerome Marburg

CEO/Registrar

Jerome directs all administrative and operational matters at the College, including the regulatory and policy responsibilities set out in the *Health Professions Act*, regulations and CDSBC Bylaws. Jerome has extensive experience as a regulator, executive manager and general counsel for professional regulatory bodies, with a strong background in board governance, policy analysis and practical business administration.

