

**BOARD MEETING**  
**Friday, 24 September 2021**  
**12:20 p.m. – 1:40 p.m.**

**Virtual meeting held via Webex**

**MINUTES**

---

The open meeting commenced at 12:20 p.m.

**In Attendance**

Mr. Carl Roy, Chair

Dr. Heather Davidson, PhD

Ms. Dianne Doyle

Ms. Barb Hambly

Dr. Alex Hird

Ms. Cathy Larson

Dr. Adam Lyle

Ms. Sabina Reitzik

Ms. Shirley Ross

Dr. Lynn Stevenson, PhD

Ms. Kim Trottier

Dr. Richard Wilczek

**Staff in Attendance**

Dr. Chris Hacker, Registrar and CEO

Ms. Shelley Ball, Legal Counsel

Ms. Bethany Benoit-Kelly, Senior Manager, Communications

Ms. Nancy Crosby, Manager, Board and Committee Relations

Ms. Joyce Johner, General Counsel

Ms. Karen Mok, Director of Professional Regulation

Dr. Meredith Moores, Director of Professional Practice

Ms. Stephanie Nicholls, Data Management and Performance Insights Lead

Ms. Róisín O'Neill, Director, Policy, Projects and Performance

Ms. Leslie Riva, Acting Director, Registration

Ms. Anita Wilks, Director of Strategy and Engagement

Mr. Dan Zeng, Director, Finance, HR, IT and Operations

**Preparation of Minutes:**

Ms. Kelsey Guenette, Raincoast Ventures Ltd.

**9. Public Questions or Comments (*Action Item 8*)**

There were no questions received.



## 10. Consent Agenda

a. Approval of 11 June 2021 Open Minutes (*minutes and action log attached*)

b. Reports from Committees

- *Appointments*
- *Audit and Risk*
- *Discipline*
- *Human Resources and Remuneration*
- *Inquiry*
- *Patient Relations*
- *Quality Assurance*
- *Registration*
- *Sedation and General Anaesthesia (Assessments)*
- *Standards and Guidance*

c. Financial Statements for the Period Ending July 31, 2021

(*attachments*)

**RESOLUTION:**

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

That the items on the open Consent Agenda for the 24 September 2021 CDSBC Board meeting be approved with the removal of the following Reports from Committees: Discipline, Inquiry, and Sedation and General Anesthesia (Assessments).

**CARRIED**

During discussion on the Inquiry Committee Report, the following comments were offered:

- The program for Health Monitoring Files may need to be scrutinized for conflicts of interest as it relates to the College's priorities
- There have been times where care was delayed as only certain physicians or treatment centres could be used, which affected patients' health
- An assessment is required of the program's effectiveness for the individuals monitored and whether it efficiently serves the purpose of protecting the public
- CDSBC does not make determinations to what is required for registrants with substance dependence but seeks independent medical evaluation



- The College strives to have registrants monitored by a company that is not associated with any specific physician
- There is significant evidence that accountability for sustained abstinence is what keeps people safe
- Monitoring feels cumbersome to the registrant because they are accountable for five years and must undergo biological testing
- in the event of a positive test result, the College seeks secondary testing for confirmation and adjustments to the monitoring plan may be made
- The College does not determine what is recommended in terms of treatment, but monthly reports received from providers are in-depth and based on factual analysis, biological testing, history, etc.
- If a report is received from the medical monitoring company of critical non-compliance, the College must react and may ask a medical provider to become involved
- There are specific treatment facilities that provide treatment for professionals with substance dependence needs like psychological counselling, anger management counselling, etc.
- CDSBC is confident that it is aligned with best practices, acknowledges that there is no perfect system, and continues to modify its approach as needed
- Medical monitoring and accountability for an extended period equate to success in the overwhelming number of cases.

***Action:** It was requested that CDSBC staff discuss the medical monitoring program and consider conflicts of interest, tailoring the program to the needs of the individual and follow-ups for individuals in the program.*

In response to questions regarding the Discipline Committee Report, the following comments were offered:

- 50% of complaints investigated by the College are closed with no action
- When dealing with potential bias, the investigative team is transparent about any conflicts they may have, which would recuse them from the file
- If bias is suspected at the committee level, the complaint is sent to the Inquiry Committee in an unidentified form.

During discussion on the Sedation and General Anesthesia (Assessments) Committee Report, concerns were raised that assessments for sedation support for moderate sedation require only a registered nurse. The nurse conducting the



assessment should have experience working in the field with a specific designation.

**RESOLUTION:**

**It was MOVED (Ross) and SECONDED (Hambly)**

That the Discipline, Inquiry, and Sedation and General Anesthesia (Assessments) Committee Reports be approved.

**CARRIED**

**12. Action Plan – Final Report to the Ministry**

*(attachments: BN to the Board, letter to MoH, summary)*

Dr. Chris Hacker, Registrar and CEO, informed that a letter was sent to the Minister of Health reporting on the completion of the Action Plan with a table summarizing the plan's outcomes. The letter highlighted CDSBC's accomplishments through the implementation of the Action Plan. It demonstrated how it had put CDSBC in an optimal position to move forward with modernization and create a single oral health professions regulator.

In response to questions, the following comments were provided:

- CDSBC is continuing to work on communication with registrants on the work done through the Action Plan
- The measurement of registrants' perception of delivering quality care will be a focus in the Board Dashboard.

During discussion, it was noted that the College's involvement with the profession is decreasing; new and appropriate ways to engage need to be found.

**13. Board Dashboard Update** *(attachments: Board Dashboard, 21Q2 Dashboard V2)*

Ms. Stephanie Nicholls, Data Management and Performance Insights Lead, reviewed a presentation titled, "Board Dashboard Report: Performance" and highlighted:

- Overall, regulatory performance is assessed as "Good"
- Complaints, Monitoring, and Sedation have positive changes in process and additional resources
- Registration has seen flat growth in CDA and Dentist registration
- Across regulatory functions, the current focus is on the completion of the



CRM/BI project, due to finish over the next month

- The primary focus is on amalgamation, and projects have been reviewed and prioritized as part of the Interim Operational Plan process
- Strategic Risk Register reporting is complete
- The Registrant Risk Matrix is pushed back until amalgamation as part of the project prioritization process
- The first Voice of Patient study was conducted in May 2021, with 2000 respondents across BC; the second was conducted in August/September 2021 and will be reported in the next quarter
- Key Performance Indicators (KPIs) of public engagement have been prioritized
- The Interim Operational Plan focused on using the Voice of Patient study to support communication, primarily to registrants, rather than the direct public communication; communication of information to the public and registrants will occur via the CDSBC website and as part of a webinar series to registrants
- Patient Satisfaction Actions include:
  - Informed consent as a KPI, regular tracking, and incorporation into Complaint Research
  - Right Touch Regulation, awareness program for registrants, new college formation
  - Enhanced post-complaint categorization, included in complaint reporting, shared with public/registrant reporting.

Discussion ensued on the following:

- Determining the appropriate intersection with the Dentistry Association to increase registrant participation
- Obtaining good data sources that allow the College to access the important stage of action and improvement.

**This concludes the open portion of the meeting – 1:40 p.m.**

**Staff departed the meeting, while the Board briefly met in-camera.**