

Name of Former Registrant has been Redacted

*IN THE MATTER OF THE COLLEGE OF DENTAL SURGEONS
OF BRITISH COLUMBIA*

AND

MR. X (Redacted), A FORMER REGISTRANT

DECISION of the REGISTRATION COMMITTEE

Dr. Alexander Hird (Chair)
Dr. Darren Buschel (Vice-Chair)
Dr. Pamela Barias
Dr. Ben Balevi
Ms. Lynn Carter
Mr. Dan De Vita
Dr. Dustin Holben
Dr. Kerim Ozcan

Hearing Date: January 15 & 16, 2015, Vancouver, B.C.

Counsel for the CDSBC: Mr. Alastair Wade and Mr. Greg Cavouras
Counsel for the Applicant: Mr. Walter Kosteckyj
Counsel for the Registration
Committee: Ms. Catharine Herb-Kelly, Q.C.

INTRODUCTION

1. The applicant, Mr. X is 53 years old. He trained as a dentist in Ukraine and practiced dentistry there and in Hungary before immigrating to Canada in 1989. He was registered as a denturist in B.C. in 1992; it is not clear when his registration as a denturist ended. He was registered in the College of Dental Surgeons of B.C. (CDSBC) as a general dentist in 1999; his registration was cancelled in 2005.
2. Mr. X (Redacted) is seeking reinstatement as a general dentist. Section 20(2)(b) of the *Health Professions Act (HPA)* places the onus on him to satisfy the Registration

Committee on a balance of probabilities that he meets the requirements for reinstatement.

3. Mr. X has a complicated history, described below. In view of this history, which resulted in the loss of his registration in the CDSBC, he must satisfy the Committee that he has rehabilitated himself. In particular, he must establish that:
 - (a) he is of good character (Section 6.03(1)(a) of the CDSBC bylaws) and fit to practice within the meaning of section 20(2.2) of the *Health Professions Act* (the *HPA*); and
 - (b) he is competent to practice general dentistry;

PROFESSIONAL HISTORY

4. As noted, in 1992, Mr. X was registered to practice in B.C. as a dentist. In January 1996 that College issued a citation against him. In February 1996 he was suspended pending a hearing of the citation. He challenged that suspension to the British Columbia Supreme Court (BCSC) unsuccessfully. Ultimately, he was found guilty of professional misconduct in that he practiced outside the scope of dentistry by practicing dentistry on several occasions in August 1994 and March 1995. He was also found guilty of one allegation of professional incompetence. In November 1996 he agreed to a penalty that included an undertaking not to repeat the conduct, and a suspension from practice for three weeks.
5. On September 9, 1997, the College of Denturists issued another citation against Mr. X alleging that he improperly advertised dental services that were outside the scope of his practice as a dentist. This matter was resolved in October 1997 when he entered into an Agreement for Remedial Action with Consent in which he gave an undertaking not to repeat this conduct.
6. Mr. X was registered in the CDSBC on November 1, 1999. In September 2003, the CDSBC issued a citation against him alleging incompetent practice in

- respect of eleven patients. At this time, he gave an undertaking not to practice. The discipline hearing was scheduled for January 19, 2004 and was adjourned when he gave a further undertaking not to practice dentistry pending the outcome of the hearing.
7. This citation was amended to include two further allegations: that he misled the CDSBC in his initial application by not fully disclosing his discipline record with the College of Denturists; and that he failed to abide by the September 2003 undertaking not to practice dentistry. When Mr. X applied to the CDSBC, he advised that there had only been one incident of unauthorized dental practice in March 1995 when he was registered as a denturist and that this incident occurred in a dental emergency. In fact, he had engaged in the unauthorized practice of dentistry on at least three occasions after March 1995, the last of which took place in 1999. As to his failure to comply with the September 2003 undertaking not to practice dentistry, there was evidence that after he gave that undertaking he had done so continuously.
 8. On May 25, 2004, Mr. X admitted all of the charges in the amended citation and his registration was cancelled on June 4, 2004 following a hearing as to penalty. He appealed the cancellation to the BCSC which allowed the appeal and remitted the matter of penalty back to the Inquiry Committee on November 3, 2004. To date, that penalty has not been addressed.
 9. On April 14, 2005, the BCSC issued an interlocutory injunction against Mr. X restraining him from practicing dentistry. This application arose because he engaged in the practice of dentistry and held himself out as authorized to practice in February and March 2005, when he had been suspended from practice on December 16, 2004.
 10. Mr. X was found guilty of practicing dentistry while under suspension following a hearing into a citation dated May 3, 2005 and his registration was cancelled on June 22, 2005.

11. On December 7, 2005 the BCSC issued a permanent injunction restraining him from practicing dentistry in B.C. and found him guilty of contempt of the Order granted on April 14, 2005. He was sentenced to fifteen days of incarceration.
12. In November 2005, Mr. X applied for registration as a dentist in Australia, but his application was denied. The Committee reviewed a letter he submitted to the Australian Dental Council dated September 13, 2005. This letter was misleading about his professional history. For example, he did not provide information about his history as a denturist, the criminal charges or the BCSC injunction against him. While he alluded to some professional problems, he wrote “my ability to practice dentistry was not criticized”. This was a false statement, because he had admitted to the allegations of incompetence described elsewhere in this decision.
13. He moved to Brazil and has been practicing dentistry there since 2008.

CRIMINAL RECORD

14. On May 22, 2007, Mr. X was convicted of four counts of sexual assault that occurred between November 2000 and June 2003: *R. v. [X] (Redacted)*. These charges involved four of his adult female patients all of whom were subjected to improper sexual touching by him while he was treating them. In one case, Mr. X rested his hands on his patient’s breasts when she came in for dental treatment on ten occasions.
15. Mr. X testified at his criminal trial. He denied the offences “categorically”. The Trial Judge said the following at paragraph 37:

I did not believe Dr. [X] in his denials of the alleged offences, and his denials did not leave me with a reasonable doubt as to his guilt. I found that he tailored his evidence to protect himself.

16. On August 27, 2007 the Court imposed a conditional sentence for 12 months with several conditions, including requirements for counseling. He participated in a treatment program for sex offenders operated by the Forensic Psychiatric Services Commission (FPSC). He also attended drug and alcohol rehabilitation. The Committee reviewed reports from the FPSC and his probation officer.

17. In a Midterm Report dated February 11, 2007, Mr. X's attendance in 8 group therapy sessions was discussed. It was noted that his performance was adequate, but:

[he] seems bored and listless in sessions. We often observe him closing his eyes for prolonged periods and once or twice he actually may have fallen asleep.

Other disheartening aspects of Mr. X's performance in group include him occasionally making sexist comments that devalue the experience of women, or ongoing "joking" that he is missing hockey games when attending some groups. The latter typically plays out as Mr. X checking in at the start of group, and then concluding by commenting that the local hockey team is playing and he very much hoped that group would end as soon as possible.

18. The Closing Summary from his probation officer noted that although he attended and completed the program, he was:

...extremely resistant to attend the Sex Offender Treatment Program as he categorically denied his sex offending behavior.

19. In the Discharge Summary dated March 12, 2008 it was noted:

Mr. X clearly viewed himself as the victim in his offending situation. Despite all of the presented material in the program he could not come to understand how it could be possible for his victims to feel uncomfortable by his actions as a dentist or perceive themselves as victimized by him....Throughout the entire program we never actually moved Mr. X beyond this stance. Perhaps the best that can be said is that through his participation in the current program he became sensitized to the prevalence of sexually abusive/assaultive behavior in the community, risk

factors associated with sexual offending and strategies to manage risk for sexual recidivism. As noted earlier, Mr. X could be expected to retain this information and apply it to himself in a highly concrete fashion simply out of self-interest. He easily acknowledged that persons who serve in a professional fashion must be held to a higher standard of avoiding behaviors that could reasonably be abusive or traumatic to clients. Combined with this was a very strong motivation to be reinstated with his professional college...

20. Despite his lack of insight, upon completion of the program, the Discharge Summary states that he was at low risk of repeating the behavior:

It seems reasonable to conclude that as a result of being detected and sanctioned for sexual offending and attending the current program Mr. X will manage risk for sexual recidivism in the Low range over the long-term. Denial of sexual offending in itself is considered unrelated to risk for sexual recidivism.....Based on all available information Mr. X's sexual acting out occurred solely within the context of his professional duties as a dentist, and somewhat within the context of the termination of his first marriage. He now has a second wife and soon is expecting another child. Thus a primary sexual outlet is in place where one was missing around the time of sexual offending.

COMPETENCE AS A DENTIST

21. As noted above, Mr. X admitted to several allegations of incompetent practice in general dentistry in May 2004. A hearing was held to determine penalty.
22. The Inquiry Committee reviewed evidence from several dentists who assessed his practice. It summarized their conclusions as follows:

The conclusions of these assessments were that the practice of general dentistry undertaken by Dr. X was unequivocally below the standard expected of a dentist in the province of British Columbia. The recommendations of Dr. Schmidt were that [he] be required to fully withdraw

from practice at that time. The inadequacies demonstrated by Dr. X included:

1. Improper record keeping with respect to his patients;
2. Incomplete diagnosis and treatment plan formulation and execution;
3. Inadequate assessment of periodontal disease, occlusal conditions, and patients' complaints of pain; and
4. Specific instances of gross incompetence which left several patients immediately in worse condition than prior to treatment, and
5. Extreme amounts of treatment rendered on patients with little or no assessment as to their true dental needs.

23. One of the complainants was examined by Dr. Cheevers, Chief of Forensic Odontology for B.C. at the time. He assessed the restorations provided by Mr. X to this patient as follows:

I can categorically state that the standard of care and quality of restorations that I reviewed on this patient do not by any standard meet acceptable levels in this Province, in fact, it is possibly the most substandard dentistry I have ever reviewed in my professional life as both a Forensic Odontologist and a general practitioner having practiced on three continents.

24. Dr. Cheever's views were shared by two of the assessors, one of whom wrote:

I am so concerned at what I believe is gross incompetence on the part of Dr. X, I take the unusual step of recommending he be required to cease restorative treatment of implants until he has completed major remedial education satisfactory to the Registrar.

25. The quality of his orthodontic work was described as:

...the simple orthodontic work she observed...was adequately performed. However...his orthodontic treatments were generally ineffective, and [his] orthodontic diagnosis, treatment planning and orthodontic treatments

did not meet currently accepted professional standards.
...Dr. X did not yet have the skill level required to continue
to provide orthodontic care.

MR X'S CASE FOR REINSTATEMENT

26. Mr. X's position is that he presented convincing evidence establishing that he has rehabilitated himself personally and professionally. He is now of good character and is fit to practice as a general registrant of the CDSBC. He has practiced in Brazil for many years without professional or criminal problems and has undertaken a significant program of education. He has remarried, has 2 children with his second wife, is a regular churchgoer and is financially stable. He has a stable relationship with the children from his first marriage. He says that he complied with all of the requirements of his conditional sentence which included counseling, and received further counseling in 2011-2012. As a consequence of this counseling and the stability in his life, there is no risk that he will sexually assault his patients in future. He says that he has learned his lesson, been punished enough and will comply with all requirements of the CDSBC.
27. He submitted a certificate from the Judiciary Power of the Federal Justice of the 4th Region dated May 4, 2013 confirming that he does not have a criminal record in Brazil. In further support of his submission that there is no risk he will offend again, Mr. X relies on his successful completion of the review required under the *Criminal Records Review Act*. This means that he is not regarded as at risk of harming children or vulnerable adults as defined in that *Act*.
28. Mr. X submitted a report dated May 19, 2012 prepared by a psychologist, Dr. Douglas Adams. He argues that this report confirms that he is not at risk of sexually offending again. He says that his professional issues with the CDSBC and the conduct giving rise to the criminal charges were caused by the difficult circumstances he was coping with at that time, including a hurtful separation and divorce from his wife of thirteen years, the death of his father and financial

- stresses. His position is that these stressors no longer exist and he has taken counselling so that he is “now fully equipped to deal with such issues”.
29. In Brazil, Mr. X has been a member of the Regional Council of Odontology of Parana (Parana Council) since 2008. He is registered in two specialties: maxillofacial radiology and medical imaging; and oral disease. The certificates from the Parana Council confirm that he is in good standing, has paid his fees and there is no record of “his involvement in any process of an ethical nature.”
 30. While in Brazil, Mr. X has worked hard to further his education. In 2013 he obtained a Master of Science in Biomedical Engineering. His dissertation was entitled “[redacted].”
 31. He is obtaining a PhD in a post-graduate program in oral medicine. He is studying infections in mechanically ventilated patients.
 32. He submitted various materials relating to his education in Brazil, some of which have not been translated into English and therefore can not be taken into account. He says that he is now a “far more skilled dentist than he was nearly 10 years ago.”
 33. Mr. X submitted letters of reference from one of his professors and a colleague. Both complimented him on his good work ethic and general good character.
 34. He called two character witnesses at the hearing. One of them, Dr. S is a family physician in British Columbia who has known Mr. X for 17 years, although he has not seen him often since he moved to Brazil. He wrote a brief letter of support and testified before the Committee. He knew about some of Mr. X’s problems, and blamed them on bad judgment due to the problems in his marriage, his sick parents and financial pressure. In his opinion, Mr. X has changed and is not the person he was when he had his troubles.
 35. He also submitted a letter of support from Dr. B, a dentist in British Columbia. He testified that he has known Mr. X since 1992 and had general knowledge about his

problems with the CDSBC. He believes that Mr. X is trying to redeem himself, has taken responsibility for his past and has been humbled by it. He is impressed by his continued studies in dentistry. He was asked whether he would have Mr. X work under supervision in his office if there was room. He said that he would.

THE CDSBC's POSITION

36. The CDSBC's position may be succinctly summarized: it adamantly opposes Mr. X's reinstatement. It says that the evidence is not sufficiently compelling to establish that there has been a lasting change of character and governability if he is given another chance or that he is now a competent dentist.

DECISION

37. The overriding obligation of the CDSBC is to protect the public: Section 16 *HPA*. It must assess whether there is risk to the public should he be reinstated. In order to assess this risk the Committee must evaluate the evidence to determine whether Mr. X is rehabilitated.

38. The Committee is mindful of the decision in *McKee v. The College of Psychologists of British Columbia* 1994 CanLii 1404 (BCCA). Although it was not a reinstatement case, its comments regarding the role of a professional regulator are of general application:

The emphasis must clearly be upon the protection of the public interest, and to that end, an assessment of the degree of risk, if any, in permitting a practitioner to hold himself out as legally authorized to practice his profession. The steps necessary to protect the public, and the risk that an individual may represent if permitted to practice, are matters that the professional's peers are better able to assess than a person untrained in the particular professional art or science.

39. The Committee reviewed all of the cases presented by counsel for the CDSBC. In the end, this application turns on its own facts. However, the decision in *Re Gayman* contains a helpful summary of the relevant considerations (paragraph 23):

- (a) a college regulates a profession in the public interest;
- (b) public confidence in a profession is more important than the fortunes of any one member;
- (c) the ability to practice a profession is not a right but a privilege;
- (d) once the privilege is lost it is hard to regain;
- (e) the privilege may be regained despite the egregious nature of conduct that gave rise to its loss, provided “sufficiently compelling evidence of rehabilitation is presented. This is hard to do.”
- (f) The privilege may be regained where it was committed due to a psychiatric or medical disorder that is very unlikely to recur because it has been successfully treated or in a case where the applicant “has established genuine and enduring rehabilitation” – independent corroborating evidence is required to establish that the rehabilitation is genuine and enduring;
- (g) Reinstatement must not be detrimental to the integrity and standing of the college or contrary to the public interest.

Emphasis added

40. For the reasons which follow, the Committee has decided to deny Mr. X’s application for reinstatement. It has carefully reviewed all of the evidence and has concluded that it does not establish on a balance of probabilities that Mr. X is now of good character and fit to be a registrant, or that he is competent to practice general dentistry.

CHARACTER AND FITNESS TO PRACTICE

(i) *Is Mr. X Governable?*

41. Mr. X’s professional history is fraught with events that speak to his lack of trustworthiness and willingness to defy his professional colleges. Between 1996

- and 2005 there are numerous examples. He was suspended twice by the College of Denturists and entered into two agreements in which he agreed not to practice dentistry or advertise his services as a dentist. He failed to comply with the legislated limits on his practice as a denturist.
42. This tendency to defy the College of Denturists continued as a registrant of the CDSBC. Mr. X entered into agreements not to practice dentistry several of which he breached. Ultimately, the CDSBC obtained an interim injunction restraining him from practicing dentistry, which he defied. When he breached that order by practicing dentistry, the Court imposed a permanent injunction and incarcerated him for 15 days.
43. In his first application to the CDSBC, Mr. X was untruthful about the number of incidents for which he had been disciplined while he was a denturist. Therefore, he gained registration in the CDSBC, in part based on untruthful information. This pattern continued when he applied to the Australian Dental Council as discussed above.
44. Even his recent applications for reinstatement to the CDSBC are problematic. Mr. X submitted two applications in both of which he provided incorrect information. In the application dated April 18, 2012 he answered “no” to the following 3 questions:
- (a) Does your past conduct demonstrate any pattern of incompetency or untrustworthiness that would make registration contrary to the public interest?
 - (b) Have you ever voluntarily surrendered your licence/ registration?
 - (c) Have you ever practiced as a dentist without a licence/ registration?
45. It is difficult to reconcile Mr. X’s answers to these questions, when he had voluntarily entered into agreements not to practice with two Colleges on more than

- one occasion; had admitted incompetency and been severely sanctioned by the BCSC.
46. In the application dated March 21, 2014, Mr. X again provided incorrect information to the CDSBC. He said that he had not been denied registration as a dental healthcare provider in another jurisdiction, when he had been denied registration in Australia. Again, he answered “no” to the three questions referred to in paragraph 44.
 47. In the hearing, Mr. X said that he did not intend to be untruthful in these applications and his counsel tried to take some of the blame since he assisted in their preparation. However, Mr. X signed the Attestation Statements declaring that the information he had provided was “complete and accurate in every respect”, when it was not.
 48. Although he has a “clean record” in Brazil, the Committee does not find this reassuring. Mr. X told the Committee that he was not required to disclose his prior professional record when he applied to practice dentistry there. It was not provided with any evidence to show whether the regulatory body in Brazil is empowered in the same way as the CDSBC to regulate its members. Therefore it is unable to attribute much weight to the material provided from Brazil. Although he submitted several letters of support from his Brazilian community, there is no indication that these individuals knew anything about his criminal conviction and professional misconduct history in B.C.
 49. Mr. X attributes his problematic history as a dentist in B.C. to several personal problems including the end of his first marriage, financial pressures and the death of his father. According to one witness, the marriage breakdown occurred approximately between 2000 and 2002.
 50. These stresses do not explain his misconduct while a registrant of the College of Denturists during the 1990’s, his untruthful application to the CDSBC in 1999, his

- untruthful application to the Australian Dental Council in 2005 or his failure to comply with the Order of Injunction in 2005.
51. He did not provide an explanation for his misconduct as a denturist or why he breached the consent agreements with the colleges or the Order of Injunction. Although he says that he will now comply with the regulatory system, he has not provided meaningful, independent evidence to show what he has done to rehabilitate himself regarding these character traits and that he can be relied upon to be truthful and compliant with the CDSBC's regulation.
 52. The Committee considered the evidence of the character witnesses Dr. S and Dr. B. Their testimony is not convincing given that under cross examination it was apparent that neither of them knew the full extent of Mr. X's history in B.C.
 53. As a consequence, the Committee is not satisfied that Mr. X is now governable.

(ii) Is Mr. X likely to sexually offend again?

54. As noted earlier in this decision, Mr. X argues that his problems with the criminal system and the CDSBC were the result of a stressful period in his life when his marriage was falling apart, his parents were sick and he had significant financial pressures. He says that because of his counseling, if he faced a stressful situation again, he would be able to cope.
55. The Committee reviewed the information from Mr. X's probation officer and the other counselors who dealt with him in connection with his criminal sentence. It is noted that their conclusion seemed to be that he was at low risk to sexually offend again because he would be motivated by self interest – he wanted to be reinstated in his profession and would not want to risk that status once regained. However, Mr. X did not impress his probation officer or the counselors because he never admitted his responsibility for the sexual offences and was a less than enthusiastic participant in the counseling sessions.

56. The most recent evidence about Mr. X's sexual rehabilitation is contained in the report from Dr. Adams. Mr. X attended Dr. Adams on the advice of his counsel in connection with this reinstatement application. His report was focused on the likelihood of Mr. X sexually assaulting again.
57. The result of psychological testing performed at Dr. Adams' request in 2011 suggested that Mr. X was a defensive individual who minimizes problems, projects blame onto others and tries to present himself in a good light. Similar tendencies were described in the reports referred to in paragraphs 17 – 20 and 55.
58. Dr. Adams met with him in 2011 and again in 2012. Following the first set of interviews in 2011, he suggested that Mr. X would benefit from further sessions to:
- come to a deeper and more genuine disclosure, enabling him to face the problems fully and to better prepare for preventing such problems in the future.
59. Mr. X attended the second set of interviews. The psychological tests were not repeated after this set of interviews concluded. However, Dr. Adams wrote:
- [Mr. X's] defensiveness dropped away and the defensive, denying, and avoiding stance represented in his profiles on the above measures was not in evidence any longer.
60. Dr. Adams wrote that Mr. X:
- appears to feel considerable remorse and regret, and to intend and want to genuinely and honestly do better, and not to repeat his past mistakes.
61. Dr. Adams' conclusion as to Mr. X's risk of re-offending was:
- ...Dr. X's risk for re-offending is much reduced, and he is estimated to be a low risk to reoffend. I would thus see little risk for him resuming his dental practice in British Columbia.
- I recommend that Dr. X engage in ongoing psychotherapy as he becomes re-involved with dentistry in British Columbia. One focus suggested is training in professional

boundaries.....Another focus is on a deeper exploration of his wrongdoings so that his insight and prevention planning can become even more enhanced and reliable and infallible.

With the further counseling suggested above, his risk of acting out similarly will remain much reduced, and can be managed with no further problems expected in his professional career....

I suggest he be supervised in his practice at first, so that he can demonstrate (or learn) proper techniques in all his dental procedures, and so that he can demonstrate (or learn) appropriate doctor-patient boundaries....

62. Dr. Adams' statement that Mr. X is at low risk to reoffend can not be read in isolation from his recommendation that he undertake further counseling, so that this risk "will remain much reduced". He says this counseling is required so that Mr. X may demonstrate or learn about professional boundaries. It is noteworthy that Mr. X has not followed Dr. Adams' advice in this regard.
63. According to the decision in *re Gayman*, it is incumbent upon an applicant for reinstatement to provide evidence of "genuine and enduring" rehabilitation. The passages quoted from Dr. Adams' report reveal his doubts about whether Mr. X has learned about professional boundaries through his counseling. Further, his rehabilitation can not be said to be enduring if further counseling is required so that the risk of offending again remains reduced.
64. In light of the foregoing and given that Mr. X has not undertaken the counseling recommended by Dr. Adams the Committee is not satisfied that he has rehabilitated himself, and may be reinstated without risk to his adult female patients.
65. Mr. X's counsel made several points in connection with this issue that the Committee will respond to. He asked the Committee to take into account the nature of his client's sexual offences, which he described as "on the lower range of such offenses and principally involved the touching of breasts without consent". With

- respect, the Committee does not accept that this is a mitigating factor. Mr. X's sexual misconduct was serious given that he abused his position of trust. Further, the incidents were not isolated events in that they involved four patients and occurred many times over a period of three years.
66. Mr. X's counsel emphasized that his assessment pursuant to the *Criminal Records Review Act* was successful. He pointed out that it was a thorough and rigorous assessment. Mr. X's success in this process, while commendable, is not particularly meaningful because the assessment is limited to determining whether there is risk to children and vulnerable adults as defined in the legislation. It does not address the issue before this Committee.
67. Counsel also suggested that the Committee should be influenced by the fact that Tysoe J. rejected the Crown's requests that Mr. X be registered as a sex offender and that he be prohibited from practicing dentistry. The legislature has empowered the CDSBC to determine whether Mr. X ought to be reinstated. The issues under consideration in this application are broader than those before Tysoe J.
68. Finally Mr. X's counsel suggested that his "punishment" has gone on long enough. The Committee considered this argument and has concluded it is not a valid consideration in the absence of reliable evidence of enduring rehabilitation.
69. In summary, the Committee is not satisfied that Mr. X is at low risk to offend again. The Committee is of the view that the public will lose confidence in the CDSBC and its integrity will be harmed if it reinstates Mr. X in these circumstances. He has not established that he is "fit to practice" within the meaning of section 20(2.2) of the *HPA*.

COMPETENCY TO PRACTICE GENERAL DENTISTRY

70. While the Committee is impressed by Mr. X's hard work and dedication to furthering his education, it is unable to conclude that his studies have corrected the problems identified in his general dentistry practice by the CDSBC and described earlier in this decision.
71. He has become a specialist in Brazil in two fields: maxillofacial radiology and medical imaging and oral medicine. He submitted transcripts listing the courses he took to obtain these designations and the marks he achieved.
72. While the named specialties are not defined and do not match Canadian designations exactly, they would be primarily diagnostic and therapeutic/non-surgical specialties dealing with a limited scope of dental medicine. General dentistry deals with a wider scope and more common craniofacial conditions and routinely involves surgical and restorative/reconstructive interventions. Most of the courses were not relevant or had limited application to the full scope of general dentistry practice and would not have addressed Mr. X's substandard practice issues.
73. There are documents from the Ministry of Education confirming enrollment in a "Graduate Program in Biomedical Engineering", and that he "carried out academic scientific research work in cadavers" producing a paper entitled "[redacted]" for which he was granted his Master's degree. This subject matter is not relevant to the clinical practice of general dentistry.
74. Mr. X submitted a binder of documents marked as Exhibit 4 in the hearing. The documents at Tab 9 were numerous and described as "Various documents regarding Dr. X's PhD program at the Federal University of Parana, Brazil and other education records from Brazil". The documents at Tab 10 were described as "Various education and police documents from September 2013". These documents were not translated into English and in some cases were illegible so they were not helpful to the Committee. According to his counsel, Mr. X's PhD studies

- are in oral infections. While his effort to obtain a PhD is impressive, again, study in the field of oral infections does not respond to the specific competency issues Mr. X had in his general dentistry practice in B.C.
75. After the hearing concluded, with the consent of counsel for the CDSBC, Mr. X submitted a brief untranslated document from Brazil dated March 14, 2015. As a matter of common sense this document appears to list four courses that he has taken. However, the course content is not provided, it is unknown when he took them, whether they addressed the practice problems identified by the CDSBC, or how he performed in them. Therefore the Committee did not find this untranslated document of assistance.
76. In view of the foregoing, Mr. X has failed to establish that he has improved his general practice standards and is now competent to be reinstated to practice general dentistry in B.C.

CONCLUSION

77. Mr. X has not satisfied the Committee that he is of good character and fit to practice. There is no evidence to show that he has addressed his tendencies to defy authority or be deceitful to achieve his objectives. He further has not established that he understands sexual boundaries or can be trusted not to sexually offend again. Finally, he has not satisfied the Committee that he has addressed
- the competency issues identified by the CDSBC assessors so that he can safely practice general dentistry.
78. Section 20(2.1) of the HPA authorizes the Committee to impose conditions on reinstatement. The Committee has considered whether Mr. X's issues could be addressed by conditions. For example, it has considered whether he could be reinstated with a period of supervised practice. Another possibility is to impose a condition requiring the presence of a chaperone when treating female patients.

79. The Committee has decided that conditions are not appropriate and would not serve to protect the public. The practice deficiencies identified are too profound to be addressed by supervised practice. In view of the Committee's conclusion that Mr. X has not established that he is now a governable individual, conditions are not an option, because of the high risk that he would ignore them.

By the Registration Committee

"Dr. Alexander Hird"

Dr. Alexander Hird

Date

"Dr. Darren Bushchel"

Dr. Darren Buschel

Date

"Dr. Pamela Barias"

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Date

"Dr. Ben Balevi"

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"Ms. Lynn Carter"

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"Mr. Dan De Vita"

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