

# **We're All Ears: Kelowna Listening Session**

19 October 2017

## **Participant Input Summary Report**

*Published 28 November 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. Sessions will continue to be held over the coming months.

## 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 listening session held in Kelowna, B.C. on 19 October 2017 during the Thompson Okanagan Dental Society Meeting. 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

<b>6:30 pm</b>	Welcome
<b>6:45 pm</b>	Opening discussion
<b>7:00 pm</b>	Five-minute presentations on three topics
<b>7:05 pm</b>	Rotate through discussion stations for each topic
<b>8:25 pm</b>	Evaluation and closing
<b>8:30 pm</b>	Adjourn

# SESSION FORMAT

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

College representatives then gave short presentations on three topics. Each table had its own discussion host. Participants answered questions about each topic; their comments were recorded on flip charts. The discussion hosts rotated around the room over the course of the evening so that they spoke with each group.

## SESSION OVERVIEW

Topic	Presenter	Discussion hosts	How participant input will be used
<b>Opening Question</b>	<b>Dr. Chris Hacker</b>	Various	Participant input will be considered by the Board.
<b>The Decline of Public Trust</b>	<b>Dr. Don Anderson</b> <i>President, CDSBC Board</i>	<b>Dr. Don Anderson</b> (with staff dentist Dr. Meredith Moores)	Participant input will be considered by the Board and the Ethics Committee.
<b>Bylaw Part 2 – College Board</b>	<b>Dr. Mark Spitz</b> <i>Board Member</i>	<b>Dr. Mark Spitz</b> (with Leslie Riva, Senior Manager: CDA Certification and Quality Assurance)	Participant input will be considered by the Bylaws working group that is tasked with developing a new set of CDSBC Bylaws.
<b>Business of dentistry and corporate structures</b>	<b>Dr. Susan Chow</b> <i>Vice-President, CDSBC Board</i>	<b>Dr. Susan Chow</b> (with Róisín O’Neill, Director of Registration and Human Resources)	Participant input will be considered by the Board.

The following individuals also helped to support the listening session:

- Anita Wilks, Director of Communications

## WHO PARTICIPATED IN THE SESSION

The listening session was held in Kelowna, B.C. and 11 participants attended. Ten of the participants were from the Southern Interior district, and one dentist attendee was from out of province.

The group comprised ten dentists (one from out of province), one certified dental assistant (CDAs) and one non-registrant. 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).



Four of the participants were female and seven were male.

## 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 their table. 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”	<p>“Corporate dentistry and the push on associates to be fast before good”</p> <p>“Corp. dentistry a small percentage”</p>
Business/Financial Concerns	<p>“I’m concerned about dentistry going from a health care focused profession to a business (profit) first”</p> <p>“Lack of hygienists”</p> <p>“New grads pressure to bill expectations of income”</p> <p>“Reduce student debt as is crippling”</p>
Public Trust / Reputation	<p>“I’m concerned about our ‘collective’ reputation as a profession”</p> <p>“No decline in public trust”</p>
Role of college	<p>“Legal growth of influence”</p> <p>“College having TEETH [with respect to] controlling yahoos”</p> <p>“What influence does this body have on UBC [Dental] School and the student selections”</p>

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

# TOPIC 1: THE DECLINE OF PUBLIC TRUST

## Topic overview

President Don Anderson was discouraged to read that on a list of most respected professionals, dentists are now in tenth place ([Insights West 2017 online survey of a representative national sample](#)). He is asking the profession to consider why this downward slide in public perception has occurred and what can be done about it.

Dentists face pressures such as more advertising, more informed public, competition for patients, better public health / less dental decay, shortage of CDAs and associate agreements.

Ethical issues are only explicitly identified in a portion of complaints, but if you dig deeper, they can be identified in some form in the majority of the complaints received by the College – most issues identified as a result of complaint investigations (informed consent, diagnosis and treatment planning, recordkeeping, etc.) contain an ethical element.

## Discussion question

- What pressures or barriers do you feel have the greatest impact in your ability to make ethical treatment decisions for your patients?
- Given its public protection mandate, what role (if any) do you see the College having in addressing these pressures or barriers?

## Participant input

Participants offered feedback on the pressures dentists face and the barriers to ethical practice, and suggested ways that the College could play a role in alleviating those factors. The participants were interested in exploring public perception and competition for patients (as well as other topics).

General themes	What participants said
Public Perception	“Society 20 years ago was more trusting of all professions” “Dentists are perceived as money grabbers” “Perception that student selection is based on academics”
Competition and Business Concerns	“Relationship marketing has been replaced by commodity marketing” “Dentistry becomes a commodity – not a service/dentist population ratio” “Economics drives competition – surplus of dentists – survival of business” “Corporate advertising changes behaviours – redirecting patients”

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

## TOPIC 2: BYLAW PART 2 – COLLEGE BOARD

### Topic overview

The Bylaws Working Group is overseeing the development of a new set of CDSBC Bylaws. Bylaw Part 2 – College Board is the roadmap for the board and is a priority amendment requiring consultation with the profession. CDSBC’s current board structure is different from recognized best governance practices. The issues for consideration include board size, board composition, board officers, terms of office, and succession planning.

A board workshop on governance and potential changes to Bylaw Part 2 was held in fall 2017 to facilitate discussion and give the Bylaws Working Group direction on how to move forward with Bylaw Part 2.

### Discussion questions

- What changes, if any, would make the College Board function better?

### Participant input

Participants discussed problems with and considerations regarding the current Board structure.

General themes	What participants said
Have you identified any problems with the structure of the College Board?	“Not familiar with and not concerned (too busy in practice)” “Streamline – nimble (make more)” “Balance needed between elected and staggered placement of new members”
Considerations	“Why do we need a specialist?” “No educator needed on Board – they can make presentations” “No treasurer/keep treasurer” “Need to reflect the rural areas” “Make Board smaller and have more advisory groups” “Older, younger practitioners on Board for different perspectives” “Use BCDA model for succession plan?”

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

# TOPIC 3: 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 a dentist 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 question

- 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 anecdotal feedback, and provided potential solutions to the concerns they raised.

General themes	What participants said
Associates	<p>“Rights of the associate? (when doing work that they did not diagnose/plan)”</p> <p>“Associate contracts – more standard?”</p> <p>“Young associates who have to pay off debt but only want to work 3 days/wk may be only high end stuff – who is doing the other?”</p> <p>“Speak to the associates (w/out the owners) to hear all the issues and possible ideas for solutions”</p>
Corporations / profits	<p>“Corporations paying very well – Sole practitioners who are selling their practice will likely sell to corporations (to get more \$)”</p> <p>“Based on net profit (a.k.a. “quota” – more unethical to call it this)”</p> <p>“Corp able to get discount on start up (volume)”</p> <p>“Dental clinics going the way of pharmacists → will be all big corps.”</p>

CDSBC Role	<p>“Informing the public”</p> <p>“Promote guidelines around standard contracts for associates to educate and guide dentists way from the unethical production quota”</p> <p>“Residency process for graduate dentists (internship/mentorship)”</p> <p>“Mentorship”</p>
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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. All respondents strongly agreed that the College demonstrated a commitment to listening. Comments supported the format of the event.

### Survey responses

General themes	What participants said
What worked well	<p>“Round table small groups nice size”</p> <p>“Table discussions”</p>
What could be improved	<p>“Need to check the pulse on a regular level”</p> <p>“Larger number of members for table discussions”</p>

See [Appendix F](#) for all of the registrant evaluations.

### What happens next?

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

The next listening session will be held in the new year. Once scheduled, the 2018 sessions will be promoted and details posted to the [events page of the College website](#).

## APPENDICES

- [Appendix A – Opening discussion](#)
- [Appendix B – Topic 1: The decline of public trust](#)
- [Appendix C – Topic 2: Bylaw Part 2 – College Board](#)
- [Appendix D – Topic 3: The business of dentistry and corporate structures](#)
- [Appendix E – Speaker Bios](#)
- [Appendix F – Registrant Evaluations](#)



## 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?

- Lack of hygienists
- New grads pressure to bill expectations of income
- More schools
- Reduce student debt as is crippling
- Audit on bell curve or outside of bell curve bottom 10% and top 10%
- Educate new grads to accept a lower standard of financial expectation
  
- No decline in public trust
- Cont. work regulation
- Corp. dentistry a small percentage
  
- Informed consent
- Low income clients
- RCT \$600 or Extraction \$100
- Income / finances dictate treatment performed
  
- Are we trustworthy?
- Factors
  
- Insurance-driven dentistry
- Internet research
- Economy?
  
- Outside influences
- Equip/sundries supply co's.
  
- Retired dentists are not interested in CE to continue to pull perio involved teeth?
- This is College of Dental Surgeons - not College of Dental Lawyers. More dentists in College. Fewer lawyers.
- Where are the young dentists tonight?
- I operate a NFP clinic. I am finding it very difficult attracting dental professionals to volunteer or work for wage in the office. What does it take for a dentist to volunteer or give service (Hour for hour. CE to a limit.)
- Where are the young guys? Old boys club?
- Legal growth of influence
- About trust...
- As a member for 15 years I note, across Canada,
  1. There is not standard of care in composite resin, unlike amalgam.
  2. The array of materials concepts and processes is staggering
  3. The regulators of this process disarray – faculties, manufacturers, provincial bodies – have backed away from trying to achieve consensus in an enormously evolving field
  4. How do we establish a standard of care in this? A standard of performance in this area.
  5. How do we ensure we have earned the public trust?
  
- Most of us are too busy making a living
- What influence does this body have on UBC [Dental] School and the student selections
- Corporate dentistry and the push on associates to be fast before good
- I'm concerned about our "collective" reputation as a profession
- Ethics

- I'm concerned about dentistry going from a health care focused profession to a business (profit) first
- "Corporate" or not – I'm noticing it!
- College having TEETH [with respect to] controlling yahoos
- Ethics is the base for successful practice and long term enjoyment

## Appendix B: The decline of public trust

**Discussion question:** What pressures or barriers do you feel have the greatest impact on your ability to make ethical treatment decisions for your patients? Given its public protection mandate, what role (if any) do you see the College having in addressing these pressures or barriers?

**Discussion hosts:** Dr. Don Anderson with Dr. Meredith Moores

- Society 20 years ago was more trusting of all professions
- Dentists are perceived as money grabbers
- Confusion over insurance coverage at front desk. Insurance coverage rules are changing.
  - o Not about services provided
  - o Not about quality of care
- Educate public re: their responsibility [with respect to] their dental plan
- Longevity of composites not being taught, no consistency in technique
- No consistency [with respect to] standard taught particularly art composites
- Economics drives competition – surplus of dentists – survival of business
- Corporate advertising changes behaviours – redirecting patients
- Dentistry becomes a commodity – not a service/ dentist population ratio
- Lack of willingness to collect co-payment
  - o Solution: go into community BCDA/College and speak to issue, particularly ethnic groups
- Externship – 3<sup>rd</sup> year/no oversight from UBC
- Ethical problem – students poorly trained/lack of appropriate training before graduation
- Quality control from UBC lacking
- [inappropriate comment removed]
- 91.55 average across all faculties for students entering UBC
- Dentists no longer talk to patients
- Relationship marketing has been replaced by commodity marketing
- Perception that student selection is based on academics
- Level of proficiency below which you cannot drop
- Part of something bigger than you, obligations it group mentorship programs

### **Additional participant comments on this topic (from evaluation form):**

“I think the profession needs a massive paradigm shift in order to deserve the public trust. We're operating based on an obsolete model and our "treatments" are misguided and make patients worse instead of better.”

“We need to improve our profession continuously to eliminate systemically where we are or seem to be untrustworthy.”

## Appendix C: Bylaw Part 2 – College Board

**Discussion question:** What changes would make the College Board function better?

**Discussion host:** Dr. Mark Spitz with Leslie Riva

- No idea how the Board functions
- Can we run it with 12 board members – smaller could be more efficient, cost less
- Why do we need a specialist?
- No educator needed on Board – they can make presentations
- No treasurer/keep treasurer
- Elect regional representative – appointed president/vice-president
- Use BCDA model for succession plan?
  
- More dentists input
- Keep electing Board members
- Need to reflect the rural areas
- Make Board smaller and have more advisory groups
- Older, younger practitioners on Board for different perspectives

Have you identified any problems with the structure of the College Board?

- Not familiar with and not concerned (too busy in practice)
- Streamline – nimble (make more)
- Balance needed between elected and staggered placement of new members

**Additional participant comments on this topic (from evaluation form):**

“Sociology 101 - 7 people constitute the maximum effective face to face group size”

## Appendix D: 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 host: Dr. Susan Chow with Róisín O'Neill

- Corporations paying very well – Sole practitioners who are selling their practice will likely sell to corporations (to get more \$)
- Based on net profit (a.k.a. “quota” – more unethical to call it this)
- Corp able to get discount on start up (volume)
- Discount on dental supplies + equip.
- Patient transfer from clinic bought/taken over by corp. – they leave and go to a smaller dental clinic (don't like dealing with different dentist each time)
- Charge more for hygiene
- Patient rights violated when work is done by different dentist (than the one who does the diagnosis/plan)?
- Rights of the associate? In same case
- Generational gap – millennials don't have the same respect of the older generation dentists as there used to be (What could we do?)
- Speak to the associates (w/out the owners) to hear all the issues and possible ideas for solutions
- Associate contracts – more standard?
- Young associates who have to pay off debt but only want to work 3 days/wk may be only high end stuff – who is doing the other?
- What about Ministry? (*Refers to dental work that is covered by government subsidies – patients on social assistance*)
  
- Different culture
- Required to sign contract based on production
- Marketing better, under spread
- Can buy supplies cheaper
- Gift cards etc. for new patients (advertising)
- Dental clinics going the way of pharmacists → will be all big corps.
  
- What could CDSBC do?
- Informing the public
- Promote guidelines around standard contracts for associates to educate and guide dentists way from the unethical production “quota”
- Residency process for graduate dentists (internship/mentorship)
- Mentorship

## Appendix E: Speaker Biographies

### **Dr. Don Anderson**

*President, CDSBC Board*

Don received his dental degree from UBC in 1974. He is a former chair of the College's Professional Review\*, Inquiry\*, and Discipline committees. For the last six years he has practised in Burnaby, focusing exclusively on implant dentistry. Don mentors study clubs in B.C. and Alberta on surgical and prosthetic implant dentistry.

### **Dr. Mark Spitz**

*Member, CDSBC Board*

Mark received his dental degree from University of Alberta and has practised general dentistry in Dawson Creek for over 20 years. He served on the Board (Council) from 1998-2005 and returned to the Board in 2014.

### **Dr. Susan Chow**

*Vice President, CDSBC Board*

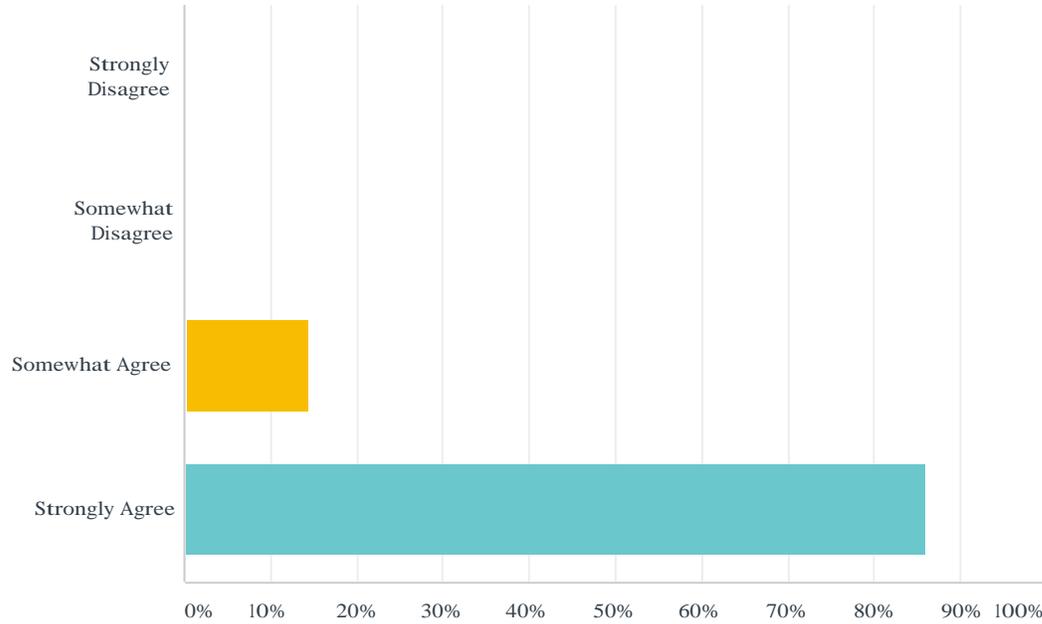
Susan earned her dental degree from UBC in 1972 and practises as a general dentist in the Point Grey area of Vancouver. She is a former CDSBC board member (2004-10) and served on the Professional Conduct Committee\* (2003-09).

\* indicates service on a committee under the *Dentists Act*.

Appendix F: Participant Evaluations

Q1 I had adequate opportunities to express my views.

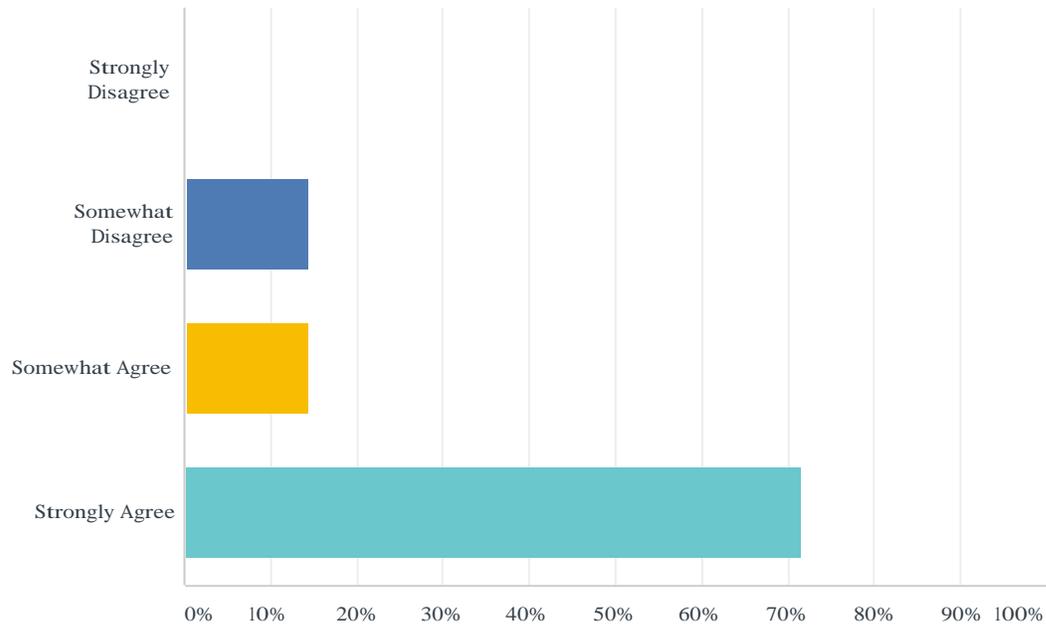
Answered: 7 Skipped: 0



ANSWER CHOICES	RESPONSES	
Strongly Disagree	0.00%	0
Somewhat Disagree	0.00%	0
Somewhat Agree	14.29%	1
Strongly Agree	85.71%	6
<b>TOTAL</b>		<b>7</b>

## Q2 There was adequate opportunity for participants to exchange views and learn from each other.

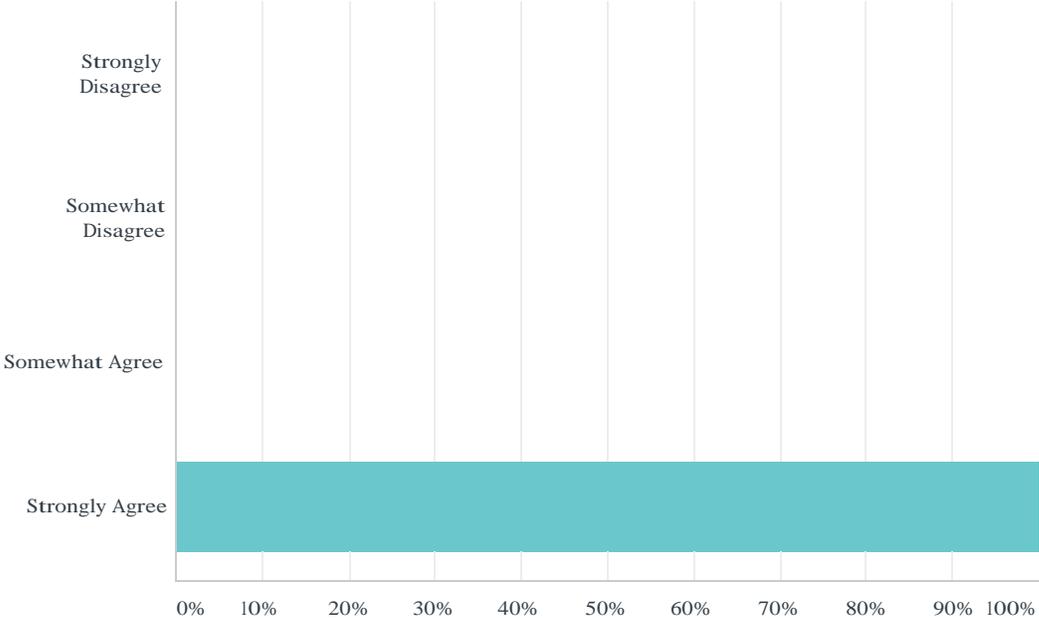
Answered: 7 Skipped: 0



ANSWER CHOICES	RESPONSES	
Strongly Disagree	0.00%	0
Somewhat Disagree	14.29%	1
Somewhat Agree	14.29%	1
Strongly Agree	71.43%	5
<b>TOTAL</b>		<b>7</b>

### Q3 CDSBC demonstrated a commitment to listening.

Answered: 7 Skipped: 0



ANSWER CHOICES	RESPONSES	
Strongly Disagree	0.00%	0
Somewhat Disagree	0.00%	0
Somewhat Agree	0.00%	0
Strongly Agree	100.00%	7
TOTAL		7

## Q4 Additional comments on the decline of public trust?

Answered: 4 Skipped: 3

#	RESPONSES	DATE
1	We need to improve our profession continuously to eliminate systemically where we are or seem to be untrustworthy.	10/26/2017 4:12 PM
2	Very good start for listening rather than dictating as in the old days.	10/26/2017 4:07 PM
3	I think the profession needs a massive paradigm shift in order to deserve the public trust. We're operating based on an obsolete model and our "treatments" are misguided and make patients worse instead of better.	10/26/2017 4:05 PM
4	Like Granpa said" Those kids are going to ruin it all!"	10/26/2017 4:02 PM

## Q5 Additional comments on bylaw part 2 - college board?

Answered: 1 Skipped: 6

#

### RESPONSES

### DATE

Sociology 101 - 7 people constitute the maximum effective face to face group size \_\_\_\_\_

10/26/2017 4:12PM

## Q6 Additional comments on business of dentistry and corporate structures?

Answered: 0 Skipped: 7

#	RESPONSES	DATE
	There are no responses.	

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## Q7 What worked well at the Listening Session?

Answered: 4 Skipped: 3

#	RESPONSES	DATE
1	Everything	10/26/2017 4:19 PM
2	Round table small groups nice size	10/26/2017 4:12 PM
3	Manners of time listening	10/26/2017 4:07 PM
4	Table discussions	10/26/2017 4:03 PM

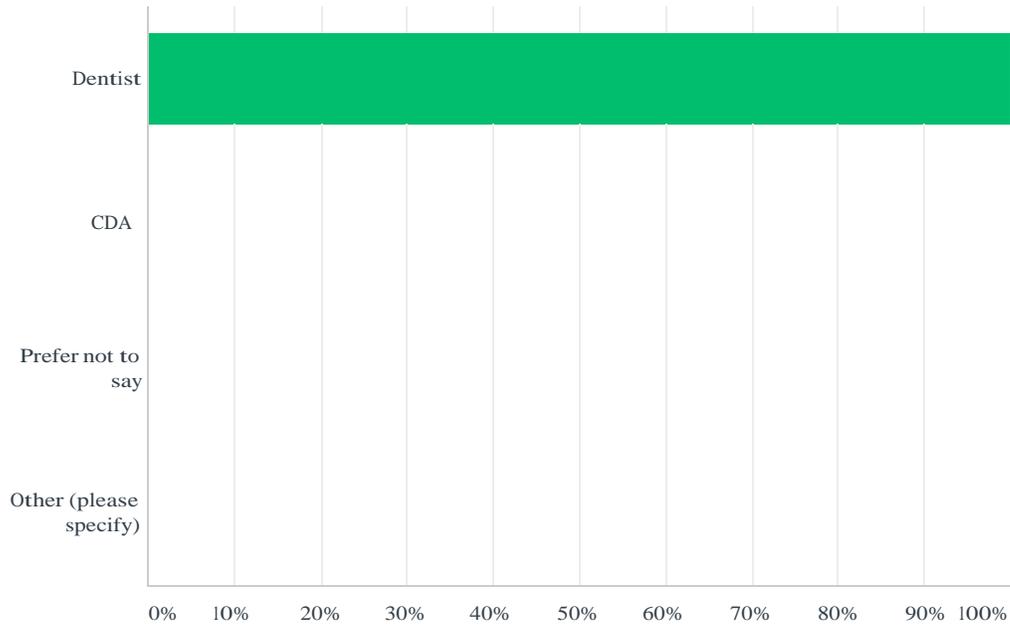
## Q8 What could have been improved about the Listening Session?

Answered: 4 Skipped: 3

#	RESPONSES	DATE
1	It was all well done.	10/26/2017 4:19 PM
2	Bit too noisy to be heard	10/26/2017 4:12 PM
3	Need to check the pulse on a regular level.	10/26/2017 4:07 PM
4	Larger number of members for table discussions	10/26/2017 4:03 PM

## Q9 To which of the following groups do you belong?

Answered: 7 Skipped: 0



ANSWER CHOICES	RESPONSES
Dentist	100.00% 7
CDA	0.00% 0
Prefer not to say	0.00% 0
Other (please specify)	0.00%
<b>Total</b>	<b>7</b>

#	OTHER (PLEASE SPECIFY)	DATE
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There are no responses.

