

# **We're All Ears: Prince George Listening Session**

15 November 2017

## **Participant Input Summary Report**

*Published 12 January 2018*

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## INTRODUCTION

The College's policy development process emphasizes engagement with registrants and other stakeholders. We are 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 in 2018.

### 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 Prince George, B.C. on 15 November 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 after the fact 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 (SCHEDULED)

<b>6:00 pm</b>	Welcome
<b>6:15 pm</b>	Opening discussion
<b>6:30 pm</b>	Five-minute presentations on three topics
<b>6:45 pm</b>	Rotate through discussion stations for each topic
<b>7:55 pm</b>	Evaluation and closing
<b>8:00 pm</b>	Adjourn

*A snowstorm resulting in flight delays meant that the actual session start and end time were later than the scheduled agenda, above. The flight difficulties also resulted in a smaller group of CDSBC representatives (one discussion host and one staff member were unable to attend.)*

## SESSION FORMAT

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 gave short presentations on three topics. Each table had its own discussion. Participants answered questions about each topic. The discussion hosts rotated around the room over the course of the evening so that they spoke with each group.

## SESSION OVERVIEW

Topic	Presenter and discussion hosts	How participant input will be used
<b>Opening Question</b>	<b>Dr. Chris Hacker</b> with Dr. Anderson, Dr. Lobb and Mr. Marburg	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>	Participant input will be considered by the Board and the Ethics Committee.
<b>Bylaw Part 2 (College Board)</b>	<b>Dr. Peter Lobb</b> <i>Bylaws Working Group</i>	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>Jerome Marburg</b> <i>Registrar/CEO</i>	Participant input will be considered by the Board.

## WHO PARTICIPATED IN THE SESSION

The listening session was held in Prince George, B.C. and 20 participants attended. Five of the participants were female and 15 were male.

The majority of participants were dentists. 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).

## 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. A selection of participant comments are found in the table below, organized by theme.

The purpose of this opening 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>"BCDA and CDSBC allowing corporate dentistry to take over and it feels like nothing is being done to step or slow its progressive take over. Once it's here, we won't be able to get rid of it!"</p> <p>"Dental service corporation – produce income for profit"</p> <p>"Multiple practices - How many can be owned? Suggestion: Owner must work 30 hrs in each practice owned per year"</p> <p>"What are the rules governing multiple practices? i.e. if an individual owns four practices what is the expectation?"</p> <p>"Every practice owner has to work 300 hours in each practice they own."</p> <p>"Decrease of professionalism with corporate dentistry and tacky advertising – why is the College not cracking down on advertising rules?"</p>

New Dentists	<p>“Debt load of new dentists.”</p> <p>“Business education prior to graduation. This is a business as well as a health profession.”</p> <p>“New grads need mentorship to ease the transition into practice.”</p> <p>“New grads are terrified to do dentistry, thinking that patients will sue them, misconception that the College is against us.”</p> <p>“Clinical skills of new grads.”</p>
Insurance Concerns	<p>“Insurance – more information on insurance.”</p> <p>“...patients think it’s our fault when something doesn’t get paid or limits are met.”</p> <p>“Lack of coverage compromises care.”</p> <p>“Insurance driven treatment → lack of coverage compromises care.”</p> <p>“Patients only want treatment that insurance pays for.”</p>
Financial Concerns / Cost of Practice	<p>“How can I afford a dental practice?”</p> <p>“The business of dentistry costs money and patients unaware.”</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, a 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 a review of complaint investigations shows that the majority contain an ethical element.

### Discussion questions

- 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).

### Participant comments from flip charts:

- Spend time building trust and value for patient.
- Patient competition using ethical behaviour.
- Patients think of dentists as shysters.
- Create value for patients by education and establishing relationships.

### Additional participant comments on this topic from evaluation form:

- Disappointing.
- The good thing is that patients have greater chances to be seen by dentists in a timely manner. However they may not hook up with an ethical dentist. Such is the dilemma of more dentists.
- Seems to be penalty for unethical advertising.
- Unfortunately will probably continue to decline.
- Competition and debt is driving this.
- Canadian Association of Orthodontists not helping! This needs to be addressed by our College.

## 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 question

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

### Participant input

Participants discussed considerations regarding the CDSBC Board structure.

### Participant comments from flip charts:

*No notes were captured from this discussion. The discussion host, Dr. Lobb, summarized the conversation as follows:*

- The current Board size is working fine, but merit could be seen in a smaller Board size – most OK with 15 and some with 12 – one dentist was a “firm 9” – to be more efficient and allow more inclusive participation around the board table. Several remarked that if the Board was to be smaller and more efficient, presumably there would be cost savings that would help reduce licence fees (the reward of downsizing).
- Participants were very vocal that a smaller Board include regional representation as their fear is the “North” (and others outside the major metropolitan areas) would be shut out otherwise from the Board. This was a strong concern of all participants.
- All felt the “executive officers” should be dentists.
- There was no significant opposition to a “succession plan” where the Board elected the Chair and Vice-Chair as long as these “leader positions” were limited to dentist Board members.
- There was no support for a “merit selection” of Board members, preferring the current “election model.”

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

- Keep dentists voting for Board members and officers. Keep dentist as President.
- Hard NINE (9-member board)!
- I think board should have 15 board members but it should or must be ruled by dentists to look forward for the profession.

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

**Participant comments (from flip charts):**

*No notes were captured from this discussion*

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

- I wish there was more clarification of what corporate dentistry is. There seems to be a misconception and a very wide gap in understanding. The rules appear to be very vague.
- This is still a huge concern for me - I still don't feel enough is being done to prevent corporate takeover.
- Transparency - do patients know it is owned by some 'suit'? How can we decrease risk of "production goals" leading to unethical dentistry?
- There must be [guide](#) or guides to protect the hard working dentist.
- Patients don't like seeing a different dentist at each visit.

## 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	“Honest and interactive discussion” “Small group discussions very productive” “Discussing issues that have decreased public trust” “Table discussions”
What could be improved	“A more open mind to differing opinions. There seemed to be a major push back from the College when opinions were presented that differed from theirs.” “More structure. We got off topic a lot.” “Still wanted more time.” “Email or send info prior to meeting about issues so dentists arrive with ideas.”

See [Appendix C](#) 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](#).

This was the final listening session of 2017. 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 – Speaker bios
- Appendix C – 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?

### Participant comments (from flip charts):

- Our receptionists have become specialists in **insurance** and still patients think it's our fault when something doesn't get paid or limits are met.
- Wish that it was like a cash card with declining amount.
- Insurance driven amount.
- Lack of coverage compromises care.
- How can I afford a dental practice?
- Cost of dentistry? – cost of education getting out of debt.
- BCDA and CDSBC allowing corporate dentistry to take over and it feels like nothing being done to step or slow its progressive take over. Once it's here, we won't be able to get rid of it!
- High cost of education combined with increasing saturation of dentist = decreasing available patients for new grads = super high stress of balancing finances and now raising taxes = ☹️ and low fee guide for everything we are responsible.
- Insurance sending letters to confirm no **treatment**. Making doc looking like theft.
- Debt load of new dentists.
- Justify filling replacement by mercury scare.
- Business education prior to **graduation**. This is a business as well as a health profession.
- If there are so many graduating **dentists** with high debt how can the dentists buy our practices so we can retire. This may mean that we should just “run” the practice (even without us being present). If we don't open it up to corporate.
- New grads need mentorship to ease the transition into practice.
- Even with mentoring I feel most graduates think the principal dentist will be there always, but the principal dentist is too busy to mentor that way.
- Informed consent.
- Dementia patients.
- Is it immoral/against ethics to “reward” patients for referrals?
- Over treatment – too many dentists.
- Financial pressures.
- Dental service corporation – produce income for profit.
- 5<sup>th</sup> year – skill level of grads or associateship.
- New grads are terrified to do dentistry, thinking that patients will sue them, misconception that the College is against us.
- What would be benefits/disadvantages of combining all dental disciplines?
- Size of boards – what happens when people don't show up. Does this happen?
- Are you aware of practice management courses that plan booking of # of courses?
- I want more education on-line for dentures!
- Too many dentists; thus increasing competition for same pool of patients.
- Insurance – more information on insurance.
- Decrease of professionalism with corporate dentistry and tacky advertising – why is the College not cracking down on advertising rules?
- Insurance-driven treatment → lack of coverage compromises care.
- Insurance:
  - o Patients only want treatment that insurance pays for
  - o Cheating insurance companies by patient demands
  - o Warranty claims for patients tend to make the repair more extensive for cost recovery
  - o The business of dentistry costs money and patients unaware
- College controls licensure therefore xxx number of dentists entering field and competition and creative billing.
- Creative billing quality → licensure
- Multiple practices How many can be owned?

- Suggestion: Owner must work 30 hrs in each practice owned per year
- Vancouver dentists are not the peers of PG dentists due to access to specialists
- Sedation:
  - Minimal regs overbearing
  - Patients don't want to pay fee guide for sedation and so go to lower cost provider
  - Is BP/PO2 Ok for ½ hour vs. 15 minutes
- Concern over creative treatment plan.
- Need more new grads willing to learn how to do dentures.
- Creative treatment planning...aggressive.
- Minimal sedations requirements overbearing.
- Patients don't want to pay fee guide.
- There is many of drs doing sedation for much less thus reduce or patients move.
- BP+ PO2/1/2 hour sufficient vs. 15 min.
- What are the rules governing multiple practices? ie. if an individual owns 4 practices what is the expectation?
- If you are to be judged by your peers, Vancouver dentists are NOT our peers.
- Every practice owner has to work 300 hours in each practice they own.
- Corporate concerns:
  - Quotas
  - Foreign trained numbers increase → increased treatment  
→ increased bad decisions
- Clinical skills of new grads.
- Production drives decision making.
- New dentist is told what to do → treatment plan given to them and no questioning.

## Appendix B: 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.

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

### **Dr. Peter Lobb**

*Member, Bylaws Working Group*

Dr. Peter Lobb, a University of Alberta graduate, served in the Royal Canadian Dental Corp for 10 years. He has practised general dentistry in Victoria since 1981, is the Regional Practice Leader for Oral Oncology and Dentistry at the Vancouver Island Cancer Centre. He is past president of the CDSBC, the BC Dental Association, and the Victoria & District Dental Society. He has served almost 20 years on the boards of CDSBC and BCDA, on many committees, on the board of the Canadian Dental Regulatory Authorities Federation and with the Canadian Dental Association.

### **Jerome Marburg**

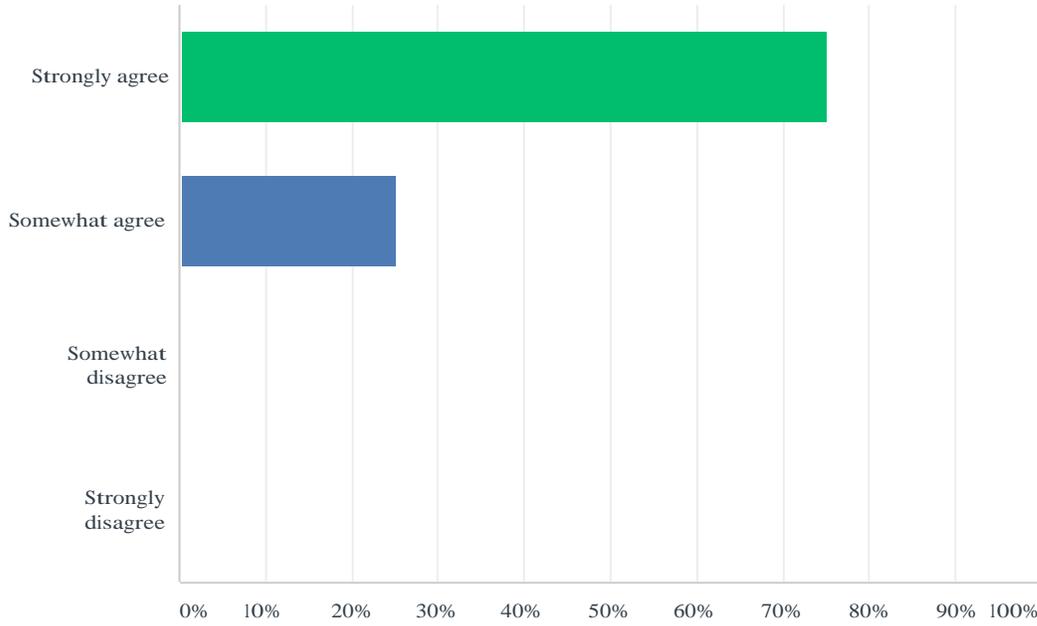
*Registrar/CEO*

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.

Appendix C: Participant evaluations

Q1 I had adequate opportunities to express my views.

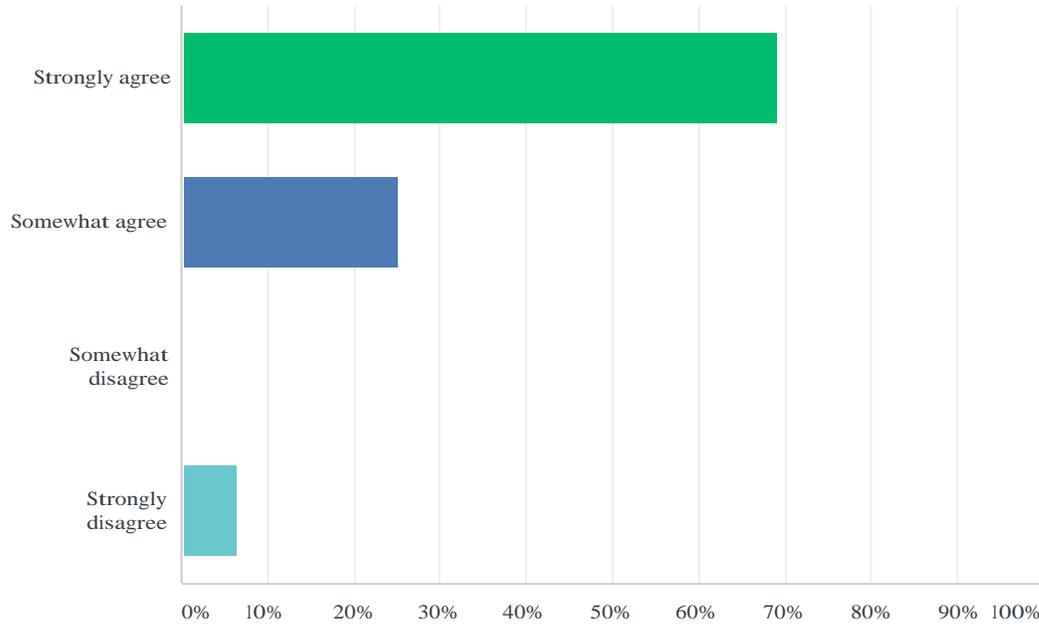
Answered: 16 Skipped: 0



ANSWER CHOICES	RESPONSES	
Strongly agree	75.00%	12
Somewhat agree	25.00%	4
Somewhat disagree	0.00%	0
Strongly disagree	0.00%	0
<b>TOTAL</b>		<b>16</b>

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

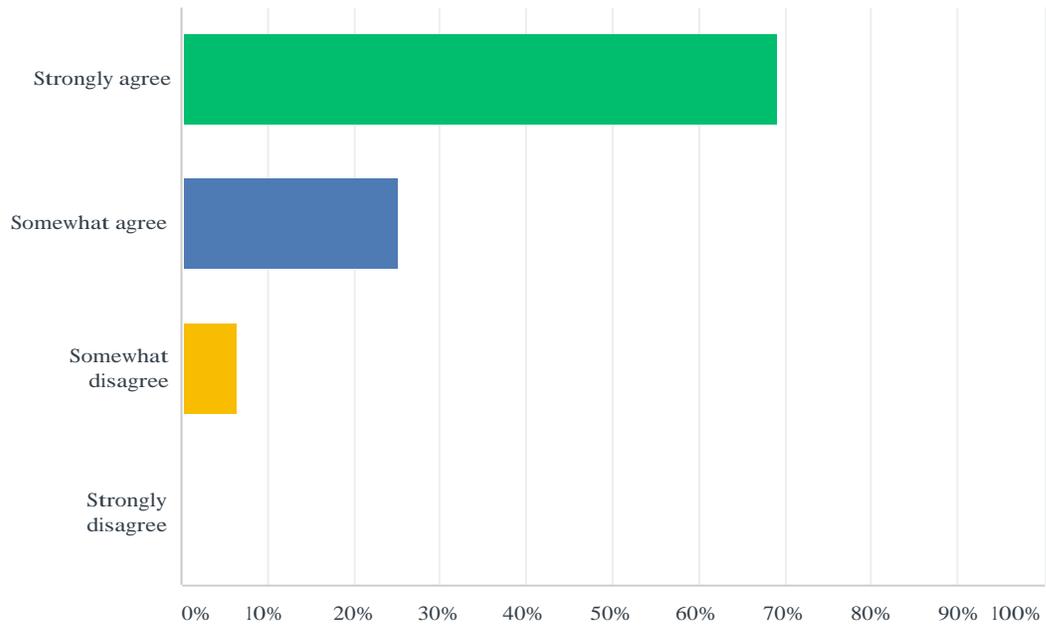
Answered: 16 Skipped: 0



ANSWER CHOICES	RESPONSES	
Strongly agree	68.75%	11
Somewhat agree	25.00%	4
Somewhat disagree	0.00%	0
Strongly disagree	6.25%	1
<b>TOTAL</b>		<b>16</b>

## Q3 CDSBC demonstrated a commitment to listening.

Answered: 16 Skipped: 0



ANSWER CHOICES	RESPONSES	
Strongly agree	68.75%	11
Somewhat agree	25.00%	4
Somewhat disagree	6.25%	1
Strongly disagree	0.00%	0
<b>TOTAL</b>		<b>16</b>

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

Answered: 6 Skipped: 10

#	RESPONSES	DATE
1	Disappointing.	11/17/2017 10:12 AM
2	The good thing is that patients have greater chances to be seen by dentists in a timely manner, however they may not hook up with an ethical dentist. Such is the dilemma of more dentists.	11/17/2017 10:06 AM
3	Seems to be penalty for unethical advertising.	11/17/2017 10:00 AM
4	Unfortunately will probably continue to decline.	11/17/2017 9:59 AM
5	Competition and debt is driving this.	11/17/2017 9:57 AM
6	Canadian Association of Orthodontists not helping! This needs to be addressed by our College.	11/17/2017 9:55 AM

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

Answered: 3 Skipped: 13

#	RESPONSES	DATE
1	Keep dentists voting for Board members and officers. Keep dentist as President.	11/17/2017 9:57 AM
2	Hard NINE!	11/17/2017 9:55 AM
3	I think board should have 15 board members but it should or must be ruled by dentists to look forward for the profession.	11/17/2017 9:51 AM

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

Answered: 5 Skipped: 11

#	RESPONSES	DATE
1	I wish there was more clarification of what corporate dentistry is. There seemed to be a misconception and a very wide gap in understanding. The rules appear to be very vague.	11/17/2017 10:24 AM
2	This is still a huge concern for me - I still don't feel enough is being done to prevent corporate take - over.	11/17/2017 10:14 AM
3	Transparency - do patients know it is owned by some "suit". How can we decrease risk of "production goals" leading to unethical dentistry.	11/17/2017 10:12 AM
4	There must be guided or guides to protect the hard working dentist.	11/17/2017 9:51 AM
5	Patients don't like seeing a different dentist at each visit.	11/17/2017 9:48 AM

## Q7 What worked well at the Listening Session?

Answered: 10 Skipped: 6

#	RESPONSES	DATE
1	The individual listening groups.	11/17/2017 10:24 AM
2	Interactive format.	11/17/2017 10:18 AM
3	Honest and interactive discussion.	11/17/2017 10:17 AM
4	Smaller session.	11/17/2017 10:14 AM
5	Small tables discussions.	11/17/2017 10:12 AM
6	Thanks for putting out the effort to come up here.	11/17/2017 9:58 AM
7	Small group discussions very productive.	11/17/2017 9:55 AM
8	Small round table discussions.	11/17/2017 9:52 AM
9	Listening all points of view.	11/17/2017 9:51 AM
10	Discussing issues that have decreased public trust.	11/17/2017 9:48 AM

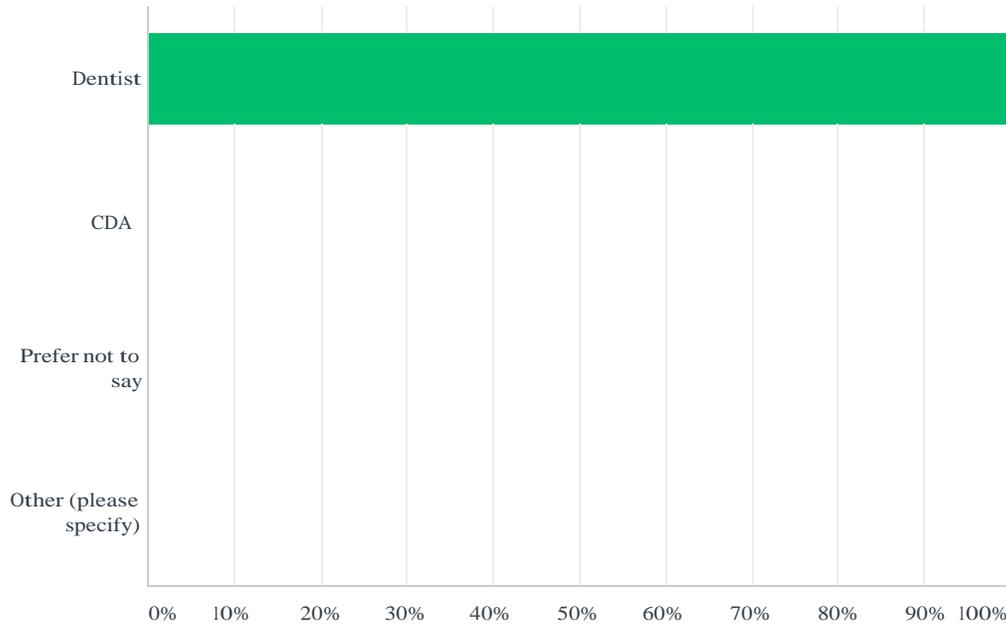
## Q8 What could have been improved about the Listening Session?

Answered: 9 Skipped: 7

#	RESPONSES	DATE
1	A more open mind to differing opinions. There seemed to be a major push back from the College when opinions were presented that differed from theirs. Specifically [name removed].	11/17/2017 10:24 AM
2	More structure. We got off topic a lot.	11/17/2017 10:17 AM
3	More beer. :)	11/17/2017 10:14 AM
4	Better than just a presentation.	11/17/2017 10:12 AM
5	Great idea to ask first then act later.	11/17/2017 9:58 AM
6	Email or send info prior to meeting about issues so dentists arrive with ideas.	11/17/2017 9:57 AM
7	Start on time and stick to schedule. This was not possible this time due to weather/flights. Too bad.	11/17/2017 9:55 AM
8	Still wanted more time.	11/17/2017 9:52 AM
9	I think it's healthy to have more sessions like this now!	11/17/2017 9:51 AM

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

Answered: 15 Skipped: 1



ANSWER CHOICES	RESPONSES
Dentist	100.00% 15
CDA	0.00% 0
Prefer not to say	0.00% 0
Other (please specify)	0.00% 0
<b>TOTAL</b>	

15

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

100.00%

7

0.00%

0

0.00%

0

0.00%

