The College of Dental Surgeons of Saskatchewan

AGM MEETING MINUTES

2019 AGM Meeting Minutes

Date: September 14, 2019
Location: TCU Place, 35 22 St E, Saskatoon, SK S7K 0C8
Time: 1-2PM

1. **Call to order – Board Chair – Gord Gillespie**

2. **Approval of 2018 AGM Meeting Minutes**

First – Dr. Heather Torrie
Second – Dr. Louie Kriel

3. **Introduction of Guests, Management, Public Reps, Presenters and Incoming President – Dr. Hilary Stevens**

Hilary goes through vision, mission and principles:

I. Vision - Regulated Healthy Members, Enabling a Healthy Public.
II. Mission - The CDSS regulates and assists members through registration, licensing and communicating professional standards to enable the provision of safe, excellent, comprehensive patient centered oral-facial health care within a well performing oral-facial and general health care system.
III. Our Values - The following values will guide the CDSS decisions while executing its' mission. (i) Fairness (ii) Transparency (iii) Objectivity (iv) Impartiality (v) Respect (vi) Courtesy (vii) Integrity (viii) Confidentiality (ix) Excellence (x) Evidentiary Practice

- Dr. Sandy Mutchmor – Current CDA President,
- Dr. Armstrong – CDA President Elect
- Dr. Mitch Taillon – Past CDA President
- Claude Paul Bovin – CDA
- Lyle Best – CDSPI Chair
- Ed Dermit – President CDSPI
- Dr. Mike Prestie – CDA Representative that sits on the CDSS Council
- CDSS Council
    - Dr. Todd Graham – CDSS Incoming President
    - Dr. Craig Humber – CDSS President Elect
    - Dr. Dean Zimmer – CDSS Incoming Vice President
    - Council Members: Drs. Climenhaga, Dessouki, Bazylak, Saganski, Thomson, Thiessen, Krainyk and public rep Nancy Croll
- Management Team

- Dr. Bernie White – Registrar
- Jerod Orb – Executive Director
- Marion Lafreniere – of Professional Standards & Complaint Process
- Jason Korte – Director of Events & Communications
- Christie Kurtz & Tania Deforest - Administrative Assistants

- Mention Day of Giving and to participate by contacting the College. Province wide initiative to help provide no-charge dentistry to those in need and promote the idea of a dental home.

4. Management Reports - Dr. Bernie White

Bylaws have been a major event, separating regulatory and administrative bylaws. Create clarity and functionality of the bylaws. Currently being vetted through government and will be then circulated to members. The CDSS licenses and regulates the provinces dentists. We don't regulate other dental professions but strive to have strong relationships with them. Briefly discussed some of the stats in report, i.e.: permits for clinics in the province, we know exactly where, and which numbers are involved. No questions asked about the report.

Jerod Orb

Has worked for the College for 12 years. Have met a lot of people that really care about the profession. Knew little about dentistry prior to coming to the College. Special thing that we have in Self-Regulation. Report talks about Dental Assisting. Shortage in the province. Not unique to SK. The college of dentistry have started a program. It is getting better, less calls to the College. MNP Audit – went well. $80,000 deficit. We can't make money off our members to CRA. Should have 6 months of operating budget plus legal issues and lease hold improvements. Nominations for council are due September 25. No questions asked. Questions always welcome by email.

5. Statutory Committee Reports

Professional Conduct Committee – Dr. Drew Krainyk

Thanks Marion and PPC and Quality Assurance Committees. Overview of complaint process. Starts with someone submitting advertising issue or care issue.

Discipline – Dr. Hilary Stevens

This is one of the avenues when a complaint comes in. It is a public hearing by the time it gets to discipline. Panel is chosen: legal counsel, 3 council members, public rep. Recently had a hearing in 2018/2019 but as of today no legal decision has been made as it is now being appealed by Court of Queen's Bench. Thanks those that sit on the panel. No questions asked.

6. CDA President – Dr. Sandy Mutchmor

Practices in Winnipeg, Manitoba. #1 priority Future of the Profession Project. 3.5 years ago challenged the board and broke into groups to see what dentistry might look like in 20 years. Realized that a lot of things changing in demographics, disease patterns and technology. Do what they can to guide that change to provide good oral health to all in Canada.

Need to define Oral Health. Gathered a variety of people/professions. The definition is lengthy. Accepted the FDI definition. Developed a task force of 25 people, dentists, other health professionals, students, allied organizations and came up with 28 recommendations and then narrowed down to 12 priorities recommendations to achieve in 2-4yrs. 6 are inward facing and 6 are outwards like access to care. First of 6 inward priorities was the definition of oral health and then second was a basket of services/essential oral healthcare for all Canadians. These are principles that guide and determine the basket of services as we go through different life stages. 4 groups that we are broken down into are: Practice

1. Practice Success Task Force – products and services that we provide to help keep your practices going, i.e.: Secure Send, Itrans
2. Promotion of Care – is the advocacy piece, importance of oral health care
3. Delivery of Care
4. Life-long Learning – mentoring programs, continuing education

These 4 groups have been brought together and they are going to have an implementation plan prepared when we meet at our board meeting in a couple of weeks. The great thing about this program is the uptake with people outside of organized dentistry that are asking how they can be involved with it. Would like to add that Dr. Mike Prestie is a part of the Delivery of Care task force and helped out on prioritize the principles of essential oral healthcare and access to care.

Another priority is access to care with persons with special oral healthcare needs. CDA creating advocacy groups to provide enhanced access to vulnerable populations, i.e.: cognitive disorders. CDA has created a page on their website with high quality information that will help in treating patients with cognitive disorders. Developed best practice in dealing with these patient groups. Developing resources for patients in the Autism spectrum. When to treat, not to treat and when to refer.

CDA also created a short guide to inform discussions between dentists and hospital administrators who wish to consider integrated dentistry for patients that require general anaesthesia. This will be useful in providing in hospital treatment for those with intellectual and cognitive disabilities. Sometimes only viable option for care. The guide launched this August includes a checklist. Can find it on CDA website, search Hospital Guide. Would like to acknowledge the work of Dr. Maureen Lefebvre for all her work on access to care.

Direct to Consumer Dentistry. Posted a public service announcement on the website emphasizing the importance of having a qualified dentist involved in accessing and coming up with a treatment plan. Were then hit with a cease and assist letter from this company. They took down from web site to go over to make sure it wasn't signalling out any one company and has since reposted. MB Association was sued by one of these direct to consumer dentistry companies for reminding the MB Members that if an assistant is doing an impression a dentist needs to be present according to the act in MB. Dr. Mutchmor doesn't understand how they can sue a regulator of regulating. CDA is poised to help Manitoba in any way they can with this lawsuit. Thanks Hilary, Jerod and CDSS Members. Invites everyone to next CDA Convention in Winnipeg in April.

7. CDSPI Chair – Lyle Best

Something we should all keep our mind on is malpractice suits, they are becoming more litigious nature staring to mirror the USA, had a 28MM suit in Edmonton just lately. 3MM you are coverd for and for an extra $300 you are covered for 25MM.

8. CDSPI President – Ed Dermit

We are not for profit organization. No shareholders no one receives any dividends, if we generate a surplus, it has to go back has benefits to our clients. An example of this is that they have lowered insurance premiums 7 out of the last 11 years. Second example basic term life insurance we issued 4MM in refunds to dentists that have this insurance. In terms of the business, 17 different insurance products. Investment arm manage about 1 Billion, 30MM in Saskatchewan. How do we give back to the community, i.e.: MAP, free anonymous program for dentists and their families. What to hear from dentists and how they can do better for you.

9. Q&A

1. Curious if there are any geographic patterns with the increase in claims?
   A. Pretty much the same across Canada. Big claims in the larger centers. Big claims are GAs or conscious sedation but most GAs

Ed Dermit – if you think you may be a part of malpractice claim, be sure not to settle it on your own. If you pay out to a patient directly, CDSPI can't help after that. Let CDSPI know. Your premiums do not go up if you have a claim against you. Everyone pays the same. Best for the insurance company and the lawyers to work on your behalf to settle.

10. Dr. Hillary Stevens - Announcements

Dr. White will be retiring spring/summer 2020. Dr. Todd Graham will be the new President, Dr. Craig Humber – President Elect and Dr. Dean Zimmer – Vice President.

The College of Dental Surgeons of Saskatchewan

AGM MEETING MINUTES

2019 Member Meeting Minutes

Date: September 14, 2019
Location: TCU Place, 35 22 St E, Saskatoon, SK S7K 0C8
Time: 2-2:30PM

Gord Gillespie – Board Chair
Questions to start off:

1. I have recently become aware that some offices are charging patients a fee for biopsies over and above that covered by SaskHealth. This is concerning for me, what if patients decline or put off the biopsy for financial reasons, I understand there are fees in collecting and mailing the specimen. Is it possible that SaskHealth has not kept up with these costs, is it possible that these offices are being greedy? Is this a service we agree to provide at a loss for the greater good. I am concerned with the impediments to a swift diagnosis. Does the College have anything to say about this?

   Answer – Dr. Todd Graham

   It is couple tiered. As we all know, factual coding is important. This is a biopsy code is procedure plus L. So, if you are submitting for a biopsy for a patient you can charge the procedure code and the code is linked to the CDSS fee, you can charge whatever you want. The fee that is attached to the lab is specific to the lab sending the package processing it. There is no diagnostic fee associated with it, this is paid by SaskHealth. So, if you are increasing your lab to cushion the fee, that is fraudulent. For the service, cutting the piece of tissue out – you are good. If you refer to a specialist. They submit to MCIB, so it is covered by SaskHealth. Patients need to understand that if they see you for the biopsy there is a fee charged. If they see a specialist, it is covered by SaskHealth.

   Any other questions?

   Is there any other specialist that we can refer too? Specialist, like periodontists can bill to MCIB, many don't because it is a lower fee.

   Dr. Craig Humber – Every oral surgery practice has a protocol that anything that is urgent needs to be seen within 7 days. Usually facilitate within the first 24-48hrs. Know that periodontists can apply for MCIB coverage, don't know if which one are and aren't. You would have to ask your local specialist.

2. What are the roles and functions and relationships of the CDSS as it pertains to the UofS College of Dentistry? Its relationship to the dental community, its community strategies and the changes affecting them. As national and international corporations expand and gain a foothold in Saskatchewan, it is conceivable that council members that are employed at, associated with or partners in practices owned by a corporation. This could create a potential conflict of interest situation as these members

relate to independently owned practices visa vee professional business, competitive practices, advertisement practices.

Answer - Dr. Hilary Stevens

You may not be aware the COD has a number of committees and in the terms of references for those committees are that a CDSS Member sit on some of those committees. Generally, it is our Registrar or Executive Director. For example, admissions committees, executive committee, faculty council committee, curriculum review committee, endowment fund, Undergraduate Education committee. So the CDSS is aware of what is going on – on those committees based on our requirement to sit on those committees. CDSS is also involved in student licensing and policy so all students are also members of the CDSS therefore we have the ability to regulate them. The Registrar and Executive Director do teach COD lectures. We collaborate on membership programs, we do have a CDSS Member on the UofS Senate, Dr. Lanigan is our Member on that committee. We do collaborate with the Ministry of Health and the COD on certain public health strategies.

Nationally the CDSS participates on regulatory organizations ACFD, CDA there is a lot of collaboration nationally from a regulatory perspective.

Second question of council & conflict of interest. Council has been particularly active in this area the last couple of years. Notice that Gord our chair is here and we have leaned on him significantly to help us with good governance practices. We do have other governance professionals that guide us with governance policies including we do have a conflict of interest policy for the CDSS, we are reminded regularly of our fiduciary responsibilities like duty of care, duty of obedience , duty of loyalty, so yes there will be times where there is conflict of interest and we must make council aware through our policies. We do have means for providing disclosure, recusing members when appropriate. We have made some significant strides in being ahead of the curve in that regard.

OTHER QUESTIONS:

1. **Dr. Gale Blischak** – news has come to our attention, that there are class sizes in the upper 30s and more foreign trained dentists are entering into the upper years and students are sharing patients. Is there enough of a patient pool in Saskatoon to support all the dental students? Are my concerns warranted?

Answer – Dr. Hilary Stevens - your concerns are probably warranted. It is not a surprise even nationally that the number of dentists has grown exponentially. Majority of that is out of our control. That is a federal government issue. Us as the CDDS through those committees can have input on those numbers but we are not in the position to tell the COD how many dentists they can graduate, we can regulate them, but we can't cap them. It is a valid concern and a trend amongst the profession. The CDSS is

aware of it and we work with national partners to address that, CDA Enviro Scan on is a big trend is manpower.

2. **Dr. Floyd Pachula – Rolling CE Cycle**, seemed like it was put on the back burner and is currently the 3-year cycle, doesn't know what the transition is, can you let us know? I don't know if anyone knows what we are supposed to be doing.

Second, question has there been an update for the social services fee guide as there hasn't been an update for many years.

Question 1 Answer - Dr. Thomson – postponed to the start of 2020 as we may have been remiss in not giving members enough prep time leading up to the rolling cycle.

Jason Korte – postponing or allowing for more time for members to get caught up and prepare for this was published last year that it would be January 1, 2020 and it has been in every newsletter since, so it has been in the last 3 issues of the newsletter at this point, it shouldn't be a mystery to anyone at this point. And there is even an example on how to calculate it so, checkout your newsletter.

Question 1 -Part II - Social Service Fee Guide – Dr. Graham – 2 concerns that we are working with family health benefits, social services, back at the negotiating table and have met with them twice over the last 6 months and with their dental liaison twice as well so I think we are making some progress. The strategy of the CDSS is to help these plans spend the money they have. We all know money is tight for these plans to be remunerated sufficiently it would be a hike in fees or a payouts the government is not willing to do that, so we are sitting down trim the fat of some of these plans so that you can get a reasonable fee for procedures.

Plug for IMPACT, one of the ways that we negotiate with these 3rd Parties is with information, the more info we collect, the more stats we have the more accurate our fee guide, the more accurate our discussions are with these plans. Fill out the staff wages, the frequency surveys, you get a letter from IMPACT please fill it out, they are valuable.

MORE QUESTIONS

1. **Dr. Jeff Livingstone** – Is the CDSS concerned with the direction the COD has taken. I know you said it is fairly regulated but as a long-term member of the CDSS and a proud graduate of the COD, talking to some colleagues this weekend and hear that 7-11 students failed the NDEB Exams our GPR program is a bit of mess. Does council have direction for the COD? Concerned that with graduating more students that they are acquiring the skills to pass the NDEB Exams. A couple of years back we were asked to bring in students to mentor, I am not sure if I feel safe doing that as

we not sure they are getting the education. I have concern of the quality our students are getting at the COD, when a quarter of the class are failing.

Answer – Dr. Hilary Stevens – We can regulate, give guidance but at the end of the day we don't get to tell the COD what to do when it comes to education. This is where working with those national associations comes in such as accreditation – CDRAF. It is on our radar and we talk to the COD to collaborate with them. It will come more through the accreditation part.

Dr. Bernie White – President Hillary framed it properly. There are controls on the COD the same with are with the other universities that graduate dentists in Canada. We have our accreditation process. CDRAF is very involved in that and all of the partners that are engaged in dentistry are involved in accreditation. CDSS can't tell them how to run their school and we meet with them regularly – twice a month. We can't tell them how many students they can graduate. Concerns from members are well taken.

Gord Gillespie – Any other questions?

Ken Sutherland – I left the COD for reasons I will not get into, but I do have concerns that the clinical program is on a significant downward trend. I did what I could while I was there but left as I couldn't associate with what was going on there anymore. There is reason or our profession to be concerned with about the clinical program and I will leave it at that.

Dr. Hilary Stevens want to take the opportunity to say that the college does rely on council members, multiple committees and the great management team we have to function. Thanks to the council members that take considerable amount of time away from their families to serve the profession. Huge thanks to all committee members. Without you the College wouldn't function the way it does and lastly thank the membership for the opportunity to serve on council and service this great profession as president. Very grateful and thankful for the opportunity.

Dr. Hillary Stevens calls on Dr. Graham incoming President.

Dr. Graham - following in the footsteps of Dr. Stevens will be difficulty. She has spent numerous hours and has been invaluable to the council. Senior council initiated and accomplished multiple regulatory, membership services, including the modernization of standards, formulation and design of a dental department within the health region. The CDSS council will continue to develop and finalize sedation guidelines, modulation guidelines and implant standards. Your council will continue to strengthen our position with the government as the primary care provider and leader of dental care in Saskatchewan while still maintain the importance of the united oral health care team. The CDSS will continue to educate members on factual coding and best practice recording so we can keep the dental profession insulated from unnecessary 3rd party audits. The CDSS will continue to educate members on the

importance of comprehensive dental healthcare and educating patients on the internal workings of 3rd party insurance plans. I cannot stress the importance of making sure your patients understand the contract they sign with their insurance carrier is between them and their carrier and we are simply the providers of treatment. This is ultimately important the insurance industry gaining control over our profession. We will continue to adapt to change in the continuing environment as we use modern and sound governance principles.

Would like to bring up Dr. Louie Kriel past president to thank for all her sacrifice and hard work on council.

Call on Dr. Drew Krainyk – We understand the concerns made about the COD. We understand that it is not fair for members to have to approach the COD but the CDSS is more that will to compile those concerns. Jerod will take on phone calls or emails to take in your concerns. Like Dr. White eluded to there are a couple of meetings a month with the COD. Those can be brought forward.

Gord Gillespie – thanks for attending the convention and the AGM. Close of meeting.