

Jerod Orb, CDSS CEO Report

June 2021

The structure and mandate of Provincial Dental Regulatory Authorities and Voluntary Provincial Dental Associations continue to evolve across Canada. The College of Dental Surgeons of British Columbia are well into their inclusion of a **government mandated** 'Super College' as a result of the findings of CDSBC Cayton Report.

The Alberta Association and College is well underway of its **government mandated** separation of regulatory and advocacy functions. Bill 46 was passed in the Alberta Legislature December 2020 which gives an 18 month (max) timeframe for the creation of an independent Alberta Dental College and an independent Alberta Dental Association.

Legislative Background

- **On December 9, 2020 Bill 46: The Health Statutes Amendment Act, 2020 (No. 2) was passed by the Legislative Assembly with exceptions.**
- **At the February 11, 2021 meeting, the Council of the Alberta Dental Association and College moved and passed the following motions:**
- **COUNCIL MOTION – That the Alberta Dental Association and College move to a single mandated College role as required by Bill 46.**
- **COUNCIL MOTION – That Council moves to accept the name *College of Dental Surgeons of Alberta* as the new name of the Alberta Dental Regulatory Authority.**
- **COUNCIL MOTION – That the Alberta Dental Association and College move to support the development and growth of an independent dental Association.**

The Manitoba Dental Association has **had a formal request (2015?) from the MB Ministry of Health to separate advocacy and regulatory functions.** It has been delayed as priorities of the Manitoba Government (change in Government, fell off the agenda) have changed but is still on the books (off the agenda, but still being watched by the MB Health Ministry). As we move further East in Canada, most jurisdictions have had both independent organizations for some time.

The Membership/Regulatory Review Committee, Chaired by Dr. Krainyk, was struck and has met, he will provide a report to council in order to communicate the early findings.

At the CDSPI AGM in May, a revised version of the **CDSPI Legal Expense Policy was discussed**, and its eventual inclusion in Malpractice Coverage (2022?). When this coverage is added, all Canadian Dentists will have \$25,000 legal coverage in disputes with a regulatory authority, audits, provincial gov't, etc.

The **College register has almost doubled during my 13 years here.** We are dealing with record numbers of international applicants that all need to be scrutinized at the same standard as Ontario, Quebec, etc. **We have no provincial testing (no exams (ethics) for new registrants)** and other regulatory markers are not in place (ie your current CE/Conf program, as excellent as it is, may be a loser in court, not focused on regulation, \$ and involvement of Corporate Dentistry, Dental Corp, etc. I have concerns that we don't

even have a full compliment of government appointed board members (while simultaneously adding more dentists, I get why, but it's a liability in court since regulatory bodies are evolving into a 50/50 split and may soon be the standard, I dunno). I could argue that decisions made without a full regulatory board could leave you vulnerable **in court** (specifically glaring that it's a public rep).

I guess my overall message is, we do not want Saskatchewan to become the lowest point of entry for Dentists, domestic or international, they both are equivalent in importance. You need a provincial exam of some kind for all new applicants and a criminal record check or a vulnerable sector check. This would be one of our priorities in public protection, in my mind. Once an individual is licensed by any Canadian Dental Regulatory Authority, there are **national portability requirements** imposed on us by the Federal Government, international free trade agreements that allow that individual to be easily portable to any jurisdiction in Canada, US, UK, etc.

Quebec has had agreements with France that basically allow flawless portability between the 2 jurisdictions. However, having 'flawless' portability does not mean that this agreement is at the same national Canadian standard. It is not. Essentially, once a Dentist from France enters Quebec (under a provincial/international agreement that totally ignores the Canadian Standard, but is most likely legal under PQ provincial law.), they are portable across Canada, even though they do not meet same criteria as the rest of Canada. It's boring and complicated, but you get the drift. But the fulfillment of Duty then comes down to the CDSS as the provincial regulatory authority to fill the holes that others have left unfilled. Basically governments like to say 'This is what we're doing, it's up to you (the regulators) to figure out' how you satisfy these international trade agreements, interprovincial agreements, heck, even left up to you to figure out how to deal with someone that enters Canada at a lower level of scrutiny because of another province's agreement with another country. However, as you have this authority, only you say who gets to practice in Saskatchewan, understanding that the nuances and complexities of these international and interprovincial agreements are some of the pillars within your Licensing and Registration 'Matrix'.

When, not if, some professional conduct/discipline cases go to the Supreme Court of Canada, Human Rights Commission (which **both have happened** during my time at the CDSS) this is the standard your regulatory authority has to meet. Basically, there is no higher level. I'm sorry to be so frank, but that's what our experience, the law and the case law has 'proven'. If we have an incident (not if, but when) we need to have a team of regulators to serve the regulatory mandate, the aim is public protection, if someone dies under the care of a Dentist (again, not if, but when), your regulations will be put to the test and investigated. We have had some **very close calls** on this front, some just as bad as Alberta. This is the work we have been doing for the members at the Government level. We always try to have a direct line to the Minister of Health, I can't in good conscience promote advocacy programs in public while we have discussions directly with the Minister on regulatory matters, I don't think it's a wise practice.

This isn't to garner sympathy, but you do need to be aware as a board as an exercise in risk management, over the years CDSS administrators have received **death threats**, been called to court to testify '**against**' the CDSS, named in other **legal proceedings, Human Rights Commission cases**, I've also been the first point of contact at times and personally tried to 'talk down' or direct members(s) away from **self-harm**, sometimes successfully, and sometimes not. The list goes on and I can talk about this at length. I, along with most people that have worked here, have been concerned with their personal safety numerous times. So you can imagine my disappointment when I hear from members (a small number, but still) that we aren't doing anything. Or we're not 'standing up' for them. Everyone is

entitled to their opinion, but we take the responsibilities under the DDA very seriously, so we have not been outwardly vocal about our advocacy work. I get it, I've largely just kept my mouth shut and put my head down and tried to keep moving forward.

On finance, I've been the push behind having the Audit done earlier, separating Audit and Finance Committee but never had the HR available to me to make that happen nor was it ever my sole decision to make. (*Lack of HR capacity mentioned in various reports over the years, as recently as our April 2021 meeting*) The current process satisfies the requirement under the Dental Disciplines Act 1997. However, from an administrative standpoint, it's a nightmare. But again, my suggestion under the Audit Policy would be to have a timeline set, sure would be helpful for us. Audited statements **have never** been presented at spring council in April, not even in a draft format (Although that would be my **first suggested item for the policy**, but that is totally dependent on adopting the policy as we now have the HR.) Furthermore, moving the AGM to Spring (ie maybe a more **appropriate time** for governance reasons imo, not just finance), would also be another way to ensure that the Audit starts in January/February (**as it should**) regardless of who's on council, running the administration, etc.

I have been providing up to date 4-Year Comparative Income statements between audits (And I even gone as far to include the audited numbers in 3 of the 4 years for your information, with the 4th year being the real-time income statement, every year, multiple times per year), bi-annually and then quarterly for council for the past 10 years, at least. Historically, the audit has started in May/June over summer in anticipation for the Statements to be passed at the AGM in Fall. Questions and comments historically discussed over the summer with the finance committee (ie executive), then statements finalized in time for the AGM. We've never had the HR capacity and the timing of the AGM allowed it be completed within our HR budget and our staff dedicated to Finance/Audit HR had more time (ie. me).

Again, under my direction as CEO, once Ben is up and running to full capacity, he will take this over and will work directly with the Finance Committee on preparing budgets, helping with policy development/review, and whatever else you want in the finance policy. In the meantime, we will be drafting separate audit and finance policies (I know the Board has been working on the committee structure TOR, but could benefit from the eyes of an accountant) for council review and ultimate adoption as these two areas need to be independent from each other. I can talk at great length about all of this as I have a lot of experience. So, as I've always said, if you have questions, just ask. I'm at the office every day, feel free to drop by or call. We even have a new coffee machine! 😊

Given the situation with the global pandemic, and our 3rd Registrar in 18 months, we continue to provide guidance in satisfying the DDA and Bylaws. Our staff have done an incredible job and getting it done. We have a mix of remote and on-site staff that have not missed a step in licensing, registration, managing public complaints, assessing competency requirements, and still trying to be there for members, but just not in a way that jeopardizes your regulatory mandate. Throw in an inundation of internationally trained dentists coming to Saskatchewan (all with different types of qualifications, academic credentials, cultural sensitivities, etc) we are far busier than I would like. I like to compare it to playing spring hockey in the old arena in my hometown of Cupar, SK (Home of 4 time Hart Trophy Winner Eddie Shore...only behind Mr. Hockey and the Great One). We are playing on sticky natural ice so its a 'dump and chase' style which isn't always pretty, but it does wins hockey games (but the style was also responsible for Eddie's 978 stiches, nose broken 14 times, and his jaw 5, so it's not without some pain).

I'd be remiss if I did not mention that we have been in contact portrait artist Ms. Shiffman (she is actually former SK Oral Surgeon, Jack Shiffman's, daughter). She is willing undertake the project and will

be meeting with Bernie, Jamie and I this Friday to discuss further (I can tell you, he is elated.). When things settle down a bit (if they ever do), we will host a portrait unveiling and Bernie can say a few words. We're on it, but if there are other ideas, please send them our way.

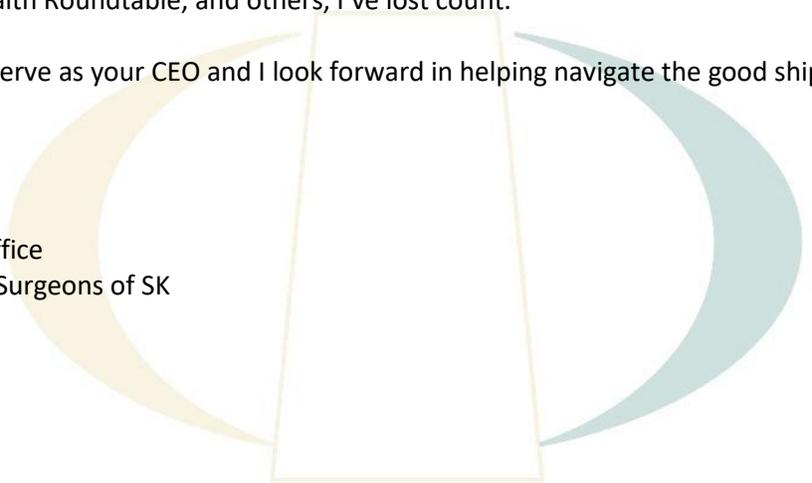
I'd also like to mention our outgoing Registrar, Mitch Taillon. Mitch is missed as he was a wonderful addition to the organization, but I know he is there if we need to bounce something off him as a good friend of the CDSS, but want to respect his wishes for a quiet retirement and I'm sure he'll be more than busy making wonderful memories with his grandkids.

Dr. Uswak has hit the ground running. We've known each other for a long time and are enjoying the sharing and transferring of knowledge in our work. He has represented the CDSS on many occasions over the years, specifically in areas where public health, academia and regulation intersect. Dr. Uswak has also worked with us on CDA Working Groups in the areas of Access to Care, Seniors Oral Health, Canadian Oral Health Roundtable, and others, I've lost count.

It's a privilege to serve as your CEO and I look forward in helping navigate the good ship CDSS.

Respectfully,

Jerod Orb
Chief Executive Office
College of Dental Surgeons of SK



The College of
Dental Surgeons
of Saskatchewan