**Professional Conduct Committee Report to the CDSS Council (January 2023)**

The Professional Conduct Committee (PCC) continues to operate under the mandate of the Dental Disciplines Act.

The Professional Conduct Committee is a Statutory Committee required under the Dental Disciplines Act (The Act) Section 28(1), stating each association shall establish a Professional Conduct Committee. In addition, as required under The Act Section 15 (2) (f) (i) each association can make bylaws to prescribe procedures for the review, investigation and disposition of complaints by the PCC or the mediation of complaints alleging that a member is guilty of professional misconduct or professional incompetence.

The Professional Conduct Committee has implemented the changes in the updated Dental Disciplines Act, specifically Section 29.

The PCC includes Registrants of the CDSS as well as a member of the public. The PCC has recently added three additional CDSS registrants to the committee. This will help with the case workload and also helping to ensure that the required quorum is met in cases where a recusal is necessary. Lisa Cassidy has been phenomenal as she has taken on the role of Coordinator of Professional Standards and Complaint Process. Dr. Dean Zimmer in his role as Acting Registrar is also involved with the PCC and he has been a valuable resource as the PCC is always aiming to continually evaluate and improve its processes.

The PCC continues to work closely with the Advertising Review Committee as well as the Quality Assurance Committee. The PCC relies on the expertise and analysis of both of these committees to aid in its decision making.

The PCC investigates and provides a written report on all complaints that are forwarded to it by the Registrar of the College of Dental Surgeons of Saskatchewan. On completion of its investigation, the PCC may do one or more of the following:

(a) make a written report to the discipline committee recommending that the discipline committee hear and determine the formal complaint set out in the written report;

(b) make a written report to the discipline committee recommending that no further action be taken with respect to the matter under investigation;

(c) refer the complaint to mediation, if the professional conduct committee decides that the complaint is of concern only to the complainant and the investigated member, both of whom agree to mediation;

(d) require the investigated member to appear before the professional conduct committee, or a panel of the committee, to be cautioned;

(e) require the investigated member to complete a specified continuing education or remediation program;

(f) accept the voluntary surrender of the investigated member’s registration or licence;

(g) accept an undertaking from the investigated member that provides for one or more of the following:

(i) assessment of the investigated member’s capacity or fitness to practise in the profession;

(ii) counselling or treatment of the investigated member;

(iii) monitoring or supervision of the investigated member’s practice;

(iv) completion by the investigated member of a specified course of studies by way of remedial training;

(v) placing conditions on the investigated member’s right to practise in the profession;

(h) take any other action that the professional conduct committee considers appropriate that is not inconsistent with or contrary to this Act or the bylaws.

As of November 30, 2023, the PCC had received 63 complaints. 54 involved clinical care and 9 involved Advertising. To date, the PCC have completed 28 cases that arose in 2023 and 23 cases from 2022 investigations. In total, 51 cases have completed their investigation in 2023 and been dealt with according to the DDA.

The one area that the PCC is seeking direction from CDSS Council is with respect to mediation committee as outlined in Section 29 (c) of the Dental Disciplines Act. Is the CDSS Council interested in taking steps to use this aspect of Section 29? If so, is this a committee that the Council would like to form either on an interim or ad hoc basis or would council prefer that the PCC form an ad hoc committee as needed? Alternatively, the PCC is not currently using any form of mediation as it is only one of the options available in Section 29 and we can continue this way. I would be happy to discuss this further along with Dr. Zimmer if council would like.

Thank you to all the members of the PCC who dedicate enormous amounts of their time, experience, and knowledge to help ensure that this vital role of the CDSS is executed.

Respectfully submitted,

Dr. Drew Krainyk, Chair