

Articulator

Volume #10 Edition 1

January 2007

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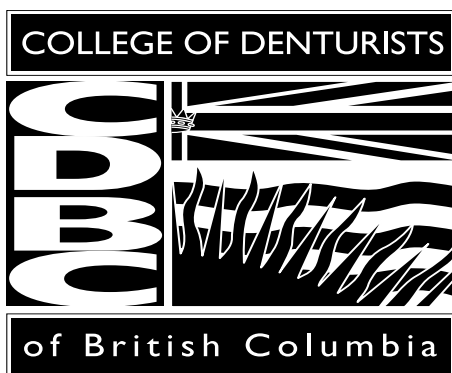
Chair's Message

As 2006 comes to a close, I can not help but reflect not only on the past year but the past 11 years for the college. My sense is that, for the most part, registrants are doing well. Complaints to the college are down and compliance with programs is high. In short, I believe that the college is in a great place, not to rest on its laurels, but to embark on a process of renewal. Here is why I believe that this is the time for action.

Although change is difficult, and more difficult for some, the best time to undertake change initiatives is when the economy is strong and registrants prosperous. The general consensus of economic prospects is that our Province is poised to be an economic engine of growth for Canada. This means increased population growth, prosperity, and opportunity. It also means that employment rates will remain high as will consumer spending. These are all positive trends for the service sector and will support continued professional growth.

The aging population is also a positive factor for the dental profession. According to Statistics Canada the percentage of the population in BC over 50 was 30.7% (Source-2001 Census data). Importantly, a further 16% of the population was in the 40 - 50 age group meaning continued growth of the percentage of the population over 50 years of age. However the 15 year tooth loss data trend from the *Oral Health Survey*, conducted by the British Columbia Dental Association, is steadily decreasing. The increasing average number of natural teeth means a decreasing

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reliance on complete dentures. It must be noted that the study, conducted by dentists in their practices, may not fully represent the rate of edentulousness as these patients are less likely to visit a dental office for continuing care. According to a denturologists association survey patients wore their dentures for an average of 18 years before replacement (Source unavailable). Another study, published in 2005 showed that 48% of persons over 65 were edentate in 1990. That rate fell to 30% for the same age group in 2003 (Source- Statistics Canada: Health Reports, Vol 17, No. 1 2005).

Not all the news is positive however. There continues to be a shift in the economic drivers of the province. The number of BC based employers has shrunk and there continues to be cost rationalization of employment benefits. This is generally reflected in the reduction or elimination of benefits such as dental coverage. The effect is the direct transfer to workers of costs for dental care for them and their families. Only time will tell what influence this has on the general dental health of the population.

It's hard to tell what it all means, but I think that it is safe to make some assumptions. There will continue to be demand for the services of denturists for the foreseeable future. This demand will shift, as it has been for a number of years, from the provision of complete dentures to a greater reliance on partial dentures. This shift means that denturists will have to have an increasing number of professional relationships with other dental professionals; and the relationship will change. Currently, denturists act as a referral source of new patients to a dentist's office. In many cases, the patient does not have a dentist but on the good word of the denturists will see a dentist. The dentist may gain the confidence of the patient and their family for examination, evaluation, restoration, ongoing hygiene, and a prescription for a partial denture. The denturist provides a valuable service to the patient, but also to the dentist. The denturist, by providing a high quality service and satisfying the

patient, builds critical trust into the professional relationship. As the demographic shifts and dentists becomes the referral source the value the denturist provides to both the patient and the dentists will be what sustains a practice.

I have had the honour and pleasure of serving as the Chair of the college board since 2001 and have served as an elected member since 1998. This will be my last term. There are many talented and passionate denturists who not only need, but must be challenged to seize the opportunity. This year's AGM and quality assurance session in Victoria was gratifying. The college had its largest turn out ever for the AGM and the following session was one of the best sessions in recent memory. It was during that session that I realized the incredible potential of many of the newer registrants in attendance and their passion for the future. The up coming election will be a pivotal one for the college. At least five individuals expressed a real interest in running for election during the session. You might not recognize their names but don't let this stop you from voting for them. For this year's election we hope to publish short nominee biographies on the college's Website and so long as the nominee has approved disclosure, the college will release telephone contact information for candidates. For me, I hope to continue to work with the college in the area of quality assurance and get back to developing those professional relationships with other dental professionals that I know I will need for the future.

In closing I would like to take this opportunity to thank each and every registrant for their ongoing support. I would also like to thank all of the elected and appointed members of the college board that I have had the pleasure of working with during my tenure. Particular thanks to our staff, John and Jennifer for their endless help with the many undertakings we endeavoured. And I certainly encourage everyone to be active in your profession, whether with the association or the college.

Wishing you the best of the season.

Doug Hengel

Quality Assurance Program Developments

Have you ever considered what quality practice for a dentist really means? How do you know what the quality of your practice is? These are tough questions with elusive answers. The questions become even tougher when they are posed in the context of a health regulator required to:

'establish, monitor and enforce standards of practice to enhance the quality of practice and reduce incompetent, impaired or unethical practice amongst registrants; and to establish and maintain a continuing competency program to promote high practice standards amongst registrants.'

The government proposed amendments to the *Health Professions Act* that included aspects of Quality Assurance in 2003. The amendments resulted from recommendations of the Health Professions Council. The HPC, after conducting a review of all health legislation in BC, recommended that profession specific legislation be repealed and professional governance follow the 'umbrella' legislative model. Some of the professions, with a larger number of registrants, argued that the HPA governance methodology was flawed and would not work. Others were concerned that the existing quality assurance model was too restrictive and exposed colleges to potential liabilities. For example, if a Quality Assurance Committee was working to reduce incompetent practice with a specific registrant, and that registrant's practice harmed a patient, the college might be liable to pay damages as the college knew the registrant was not competent.

From the quality assurance perspective, the amendments address the issue of how Quality Assurance Committees could work to meet the requirements of the Act (reduce incompetent practice), and not expose the college to liability. The QA Committee could monitor program compliance, while protecting

all quality assurance records. Quality assurance records cannot be used for inquiry and discipline matters, or subpoenaed by a Court in a civil action once the new sections of the Act are brought into force. The only exception to this would be if a registrant provided false information to the QA Committee. The QA Committee may also act as a complainant, if public safety is an issue. All of this is somewhat esoteric for a profession that has, what is assumed to be, a high level of quality practice given the low number of complaints.

The college *must* have a Quality Assurance Committee and that committee *must* have a quality assurance program. This requirement is, of course, not new. This college has had a program of continuing education since 1989, and many other colleges have had programs which have been in effect much longer than ours. A 2003 research paper for the Ministry of Health listed nine different types of programs various colleges use to meet their quality assurance requirements. Of the nine, only a few are actually considered to be quality assurance programs in that they have the generally accepted components of quality assurance. This college's mandatory completion of specific continuing education hours, like virtually all similar programs, cannot be shown to enhance the quality of practice or reduce incompetent, impaired or unethical practice.

Given that we are one of the smaller colleges with limited resources, it only makes sense that we would look for an existing model to adapt profession specific purpose. Although we did not find a program that could be applied to denturism we did see models that could not be adapted for the profession.

Then there were the really expensive programs that were ultimately abandoned because they were too complex, time consuming, or difficult and ultimately rejected by registrants. Based on this information, we could recognize programs that we didn't need, couldn't do, or wouldn't be accepted. The other thing we noticed was the lack of registrant input into the development of these programs. This last item was, in fact, the easiest to address and hence, the Quality Assurance Conversations scheduled in Victoria.

In October, the college and approximately 60 registrants met for a dialogue on quality assurance. The purpose of the session was for the college to collect information from a broad range of registrants. The college wanted to know what registrants thought quality practice was, how they knew, what, if anything, they did to measure it, what their specific QA needs were, and what the college could do to best assist registrants. The small group setting allowed participants to explore issues in a safe environment and to have meaningful dialogue about professional practice. A number of trends are evident in the data collected throughout the day.

- registrants have different CE and quality practice needs at different stages in their professional lives,
- The slow rate of change limits options for registrants,
- The current program is too narrow and restrictive given the slow rate of change in denturist practice,
- The nature of independent practice and competition restricts the willingness of registrants' to form peer relationships especially in communities with a limited registrant base,
- The understanding of quality practice is limited,
- Many registrants have extensive knowledge and experience in 'specialty' areas that they are willing to share with other registrants,
- Attending lectures and courses that currently

qualify for QA hours rarely lead to learning, and

- Multi-disciplinary groups and topics currently outside of those presently accepted, provide a good opportunity for learning.

After reviewing the session feedback we are now in a good position to chart the ongoing development of the quality assurance program. The college's Standards of Practice require fine tuning so that they can be used for both continuing competence and quality assurance. In conjunction with the standards, the QA program needs to have the planning, control, and improvement functions incorporated. In listening to and learning from registrants, the program has to be adaptable to the different practice needs of individual registrants. This includes the opportunity for registrants with years of experience and compliance and little room for further quality improvement to act as mentors and professional leaders. Finally, the compliance or measurement function must not be an onerous task.

The biggest hurdle facing the college is misinformation and misconception. Each registrant is best suited to determine what their individual needs are. The Quality Assurance Committee needs to provide a framework and some tools to assist registrants in determining what their needs are. This activity might be as simple as taking a few minutes to define, in your own mind, what quality practice is, how your own practice relates to your idea of a quality practice and identifying the areas of practice, if any, that might need to be addressed. Another registrant might survey patients to determine levels of satisfaction or areas of concern. Reporting could be accomplished through a form similar to the CE course approval form. Congratulations, you have just completed the planning phase.

The control phase of quality assurance begins once areas are defined as potentially benefiting from a quality review. Individual registrants could review procedures and processes with an eye to improving the quality of the product, service, or outcome. It is

in this stage that the standards may be used or registrants may develop their own benchmarks. The standards or benchmarks are then used to determine whether the activities result in an improvement in quality. An example of this might be tracking the number of adjustments over the period of a week, on a particular service, before and after a process or procedure is changed. Most registrants will implement a process or procedure that results in an improvement in quality. Congratulations, you have just completed both the control and implementation phases. Reporting could be accomplished through a check box on a renewal form.

The QA process is an iterative one, even for registrants who have high performing quality practices. Whereas those registrants may choose other QA activities, such as professional practice groups, CE courses or study clubs, they will automatically incorporate ideas, processes and procedures that increase the quality into their practice.

A common misconception is that the college will be surveying patients. There is no truth to this. The college does not have any intention of surveying registrants' patients. The college may develop tools for registrants to survey their patients but, even if a registrant used such a tool, the college would not want or require actual patient data. It is far more likely that the college would develop easy to use, time efficient tools for registrants to use as quality assurance.

Over the next months the college will be working with a consultant to address the standards of practice. We will also begin to look for a person to fill the role as a practice or quality assurance advisor. Although the government has not yet enacted the proposed quality assurance sections there is every reason to believe that these sections will be brought into force. Please contact the office if you have any questions or if you wish to participate in this process.

Legislation and Profession Regulation

The Ministry of Health operates a website dedicated to legislation and professional regulation. The website is a veritable treasure-trove of information from the *Health Professions Council* reports to regulations for all health college's in BC and proposed amendments to legislation, regulations, and bylaws. The site is at <<http://www.healthservices.gov.bc.ca/leg/index.html>>

In the last while there have been some important developments that all registrants should be aware of. On November 21, 2006 the Government posted notice that the 90 day consultation period for the regulations for Chiropractors, Dentists, Medical Practitioners, and Pharmacists had begun. Copies of the proposed regulations are available from the website. Denturists may be particularly interested in the *Dentist Regulation*.

The College of Dental Surgeons has also submitted the initial draft of their bylaws for the 90 day consultation period. This document is available from the College of Dental Surgeon's Website <<http://cdsbc.org/>>. This college welcomes the opportunity to review the dentist's proposed bylaws and may submit comments to the ministry. Individuals are also encouraged to review the substance of the proposed bylaws and comment to the ministry or College of Dental Surgeons.

Also of note is the proposed reserved actions regulation. This regulation stems from work of the Health Professions Council. Similar to draft regulations and proposed bylaws, the public has a 90 day period to submit comments to the ministry.

Visit our Website!

Over the past few months, the College has been updating our web site.

Check it out at www.cd.bc.ca !

Examination Information

Opportunities

The registration committee requires registrants in the Active Full class to act as examiners during the upcoming clinical examination. A number of opportunities exist:

1. Exam Coordinator (No. of positions 1) – coordinates and oversees the operation of the complete denture portion of the clinical exams. This position and compensation are based on a contract. There are minor time commitments prior to and after the exam. The major time commitment is attending the examination site for three days during the exam. Preference will be given to registrants who have experience with the current examination process.
2. Examiners (No. of Positions 3) – participates as a member of the exam team, scoring in accordance with the examination criteria. There is a three-day time commitment. Clinical examiners are compensated in accordance with the exam per diem rate of \$400 per day and receive direct QA credits.
3. OSCE Station Developers – The registration committee seeks Active Full registrants to develop OSCE stations. Compensation not yet determined.
4. OSCE Examiners (No. of Positions 10) – participates in scoring the OSCE. This is a $\frac{3}{4}$ day time commitment and examiners are compensated at \$250 and will receive direct QA credits.

For more information contact the college office at: (604) 515-0533 or e-team@cd.bc.ca

Theory Exam

The board and staff of the college would like to congratulate those students who passed the theory exam in February. Three students wrote and passed this exam. Congratulations!

The college will be holding their next theory examination in February 2007. All candidates must be approved by the registration committee before they are eligible to challenge this exam.

Clinical Exam

The college will be holding this year's clinical examination in July at the University of British Columbia. Candidates will be notified as soon as dates are formalized.

Student Registration

Students are strongly encouraged to register with the College well in advance of completing any educational programming to ensure that they receive important notices and general mailings. The fee is only \$50 (+GST). Call Jenn in the office for more information.

Prescription Requirement

Just a reminder, each and every dentist is required to have a signed prescription from a dentist in order to fabricate partial dentures or dentures over implants. This is mandatory under section 4 (c) of the Denturists Regulation. Failure to comply with this requirement will result in disciplinary action.

Notice of Election

Pursuant to sections 5,6 and 7 of the college's bylaw, notice is hereby given of the call for nominations and election of officers to the board of the college. Any active registrant may be nominated and run for office.

Nominations open on January 1, 2007 and shall remain open until Tuesday January 30, 2007.

Any active registrant may nominate up to four (4) active registrants by mailing the letter of nomination along with a letter of consent signed by the nomi-

nee. In the letter of consent, the nominee must declare that they will observe the provisions of the Health Professions Act, the Denturist Regulation, and the bylaws.

There are two elected offices open for this election.

Ballots will be mailed on or before February 13, 2007 and will be counted by the returning officer if received on or before Friday March 9, 2007.

The term of office begins on April 1, 2007 and runs for a period of three (3) years.

Expectations

Those registrants elected to the board are expected to attend all meetings of the board and act as a member on one or more committees. Members might anticipate board and board related activities taking at least one day per month. The board generally meets on Fridays at the New Westminster office. Committee work is often done via teleconference however, depending on the nature of the business Committees may be require in- person meetings. The board operates on a policy governance model as do committees to the extent that the Act allows. While the activities of the college vary widely, the

next period is expected to be busier than usual with bylaw amendments, continued quality assurance program development, and internship and clinical examination review.

Those considering joining the board of the college need to appreciate that it is the duty of the college at all times to serve and protect the public and that the college must exercise its powers and discharge its responsibilities in the public interest.

Any registrant considering running for election is invited to contact the office to further discuss the role of elected members and expectations.

Departures

The members of the board and staff of the college wish to extend thanks and appreciation to the elected members whose terms are coming to an end. Doug Hengel has been a member of the Board for three terms. During that time, Doug has acted in numerous capacities, most recently as Chair of the Board and

Executive Committee. Richard Rittaller has been a member of the Board for one term. We will miss Richard's strong advocacy and participation in strategic planning, quality initiatives, and disciplinary proceedings. We wish all the best to Doug and Richard.



Time is running out.....

Are you still advertising with a 'Doing Business As' name? Have you incorporated but not yet registered your corporate name with the college and received a Health Professions' Corporation Permit?

If the answer is yes to either of those questions, I'd like to remind you of section 78 (5) of the college bylaws, which states:

In any and all advertising the name of the registrant and, where applicable, the name of an approved health profession corporation must be clearly evident.

(a) A registrant must not use any other name other than those of active registrants within a practice or a name approved by the committee for a corporation.

The college is looking for those registrants who have still not brought their advertising into compliance with the bylaws. In fairness to those registrants who have complied with the advertising bylaws, the college will begin referring any registrants whose advertising is in contravention of the bylaws to the inquiry committee for investigation. Don't let time run out on you!

If you have any questions, please contact Jenn at the college office!

~ THANK YOU ~

I would like to sincerely thank those Registrants and board members for their support in the 2006 Weekend to End Breast Cancer. Your generous donations are very much appreciated and I could not have done it with out you! Overall, I was able to raise \$2,927.16.

The *Weekend* was an amazing experience filled with emotion, friendships, commitment and strength. Sixty kilometres is a long way to walk! However, with good friends, great weather, a lot of water, and a beautiful city like Vancouver, it was easy to have a good time. And in the end, with 6 blisters, heat rash, mild sun stroke and 15 hours of walking, our team crossed the finish line together.

In total there were 2,105 participants and we were able to raise just over \$5.5 million dollars. The money you helped raise will benefit the BC Cancer Foundation, a leader in the fight against breast cancer.

Thank you
Jennifer Roff

Are you moving?

If you are moving, planning to move, or have already moved, it is essential to remember to inform the college office of *any* changes in your contact information. It is important that registrants receive correspondence from the college. Please note that all requests must be made in writing. You can email, fax, or use regular mail to advise us of the change.

Jennifer Roff

Quality Assurance Practice Consultant

Job Posting

The College of Denturists is inviting qualified, interested individuals to submit an application for a new position with the college. The Quality Assurance Practice Consultant will play a substantive role in developing and leading the college's new quality assurance program. This position is being created in response to proposed amendments to the *Health Professions Act* and to make the college's quality assurance program more relevant to registrants.

The ideal candidate will have:

- ◆ Extensive clinical practice experience (preferably in the dental environment),
- ◆ Knowledge or quality assurance program design and implementation experience,
- ◆ Broad understanding of service related industry,
- ◆ Strong organizational skills, and
- ◆ The ability to work in a complex and changing environment with demanding individuals.

The individual must be technology savvy and self motivated. A university degree or equivalent experience is preferred. This position is well suited to a dentist or other dental/medical professionals.

This position is a part-time contract position with the college.

If you are interested in pursuing this opportunity please send your application letter and resume to executive.secretary@cd.bc.ca

Applications will only be accepted via email. Please ensure that any attachments are in Microsoft Word format.

**



**Happy
New Year!**

*Wishing you all
the best for the
New Year*

** Source: <http://canada.kidsdomain.com/holiday/newyear/clip.html>

Letter of Consent and Declaration of Nominee

Denturists have been granted the privilege of self-regulation. With this privilege come certain obligations. The *Health Professions Act* establishes the duty and responsibility of the board as follows:

It is the duty of a college at all times to serve and protect the public, and to exercise its powers and discharge its responsibilities under all enactments in the public interest.

It is the responsibility of the board to govern, control and administer the affairs of the College in accordance with the *Health Professions Act*, the regulations, and the bylaws.

In agreeing to let my name stand for election to the Board of the College, I agree to the following:

- To observe and uphold all provisions of the *Health Professions Act*, the Denturists Regulation, and the Bylaws of the College.
- To uphold the duty of the College to act in the best interests of the public at all times.
- To abide by the procedures related to the election and conduct of the election

The College Board has established a Conflict of Interest Policy (please refer to the policy section of the Handbook for Registrants or http://www.cd.bc.ca/section11_F.pdf). If elected to the Board of the College, I agree to be bound by the terms of the policy and will sign the conflict of interest statement.

Signed this _____ day of _____, 2007 .

Signature

Print Name

The Articulator is the newsletter of the College of Denturists of British Columbia. It is meant to provide information to registrants, members of the public, and other organizations. In the event of a disagreement between information in this newsletter and the *Health Professions Act*, Denturist Regulation, bylaws, or policies of the college, the wording of the *Act*, regulation, bylaws and policies take precedence. Letters and articles are welcome. The college reserves the right to edit submissions for length or refuse to publish any letter or article. Copyright January 2007.

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