



**Dental
Association of
Prince
Edward
Island**

**Annual Report
June, 2020**

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DENTAL ASSOCIATION of P.E.I.

Annual General Meeting

Agenda

Saturday, June 6th, 2020

1. Convening of the meeting.
Introduction of New Members.
2. Approval of the Minutes of the last Annual Meeting
3. Presidential Address
4. Election of Officers – Dr. Connolly & Dr. Barrett
5. Appointment of Standing Committees and Representatives of Affiliated Organizations
6. Report of the Registrar – Dr. Maurice Coady
7. Report of the Executive Director – Dr. Brian Barrett
8. **Reports of Standing Committees**
 - a) Economics Committee Dr. Matthew Gilchrist
 - b) Continuing Education Executive
 - c) Children’s Dental Care Program Executive
 - d) Ethics & Discipline Executive
 - e) Public Spokesman Dr. Brian Barrett
 - f) Social Vacant
 - g) Mentorship Committee Dr. Heather Jones
 - h) Communications Committee Vacant
9. **Reports of Special Committees**
 - a) Dept. of Public Health Dr. Albert Adegbembo
10. **Reports of Representatives**
 - a) CDA Board of Directors Dr. Dana Coles
 - b) NDEB Dr. Alan Robinson
 - c) Hospital Services Dr. Greg Mitton
11. **Unfinished Business**
12. **New Business**
13. **Adjournment**

Dental Association of PEI
Minutes of the Annual General Meeting

June 15th, 2019

The Annual General Meeting of the Dental Association of PEI was held at Mill River Resort on Saturday, June 15th, 2019. Dr. Michael Connolly called the meeting to order. There were 37 members in attendance. Dr. Bob Sullivan, Steve Moscone and Penny Cenac did a brief presentation on CDSPI Insurance and the importance of selecting the correct insurance coverage for your practice. Dr. Connolly introduced Dr. Jim Armstrong, president Elect of the Canadian Dental Association. Dr. Armstrong spoke briefly to our members.

Item 1 – Convening of the meeting

Dr. Michael Connolly convened the meeting. He introduced new members, Dr. Magdalena Herrera, Dr. Robert Hatheway, Dr. Walter Heidary, Dr. Kyle MacPherson, Dr. Avrum Goldberg, Dr. Amy Mihaljevich, Dr. Nach Daniel.

Item 2 – Minutes of the previous annual meeting

Approval of the meeting minutes from the previous AGM.

Motion: Dr. Paul McNab

Seconded by: Dr. Colin Jack

That the minutes be approved as circulated.

Carried

Item – 3 Presidential Address

Dr. Michael Connolly thanked everyone for attending the AGM. Dr. Connolly had nothing more to add to his report. Asked to have it accepted as submitted.

Motion: Dr. Michael Connolly

Second by: Dr. Dana Coles

That the president's report be accepted as circulated.

Carried

Item-4 Election of Officers

Dr. Michael Connolly read the names of the appointees to Standing Committees, Special Committees and Representatives to Affiliated Organizations.

EXECUTIVE:

President	Dr. Mike Connolly
Vice President	Dr. Janice Stewart
Past President	Dr. Paul McNab
Members at Large	Dr. Tanya Routledge & Dr. Matt Shaffner
Executive Director	Dr. Brian Barrett

STANDING COMMITTEES

Mentorship Committee	Dr. Heather Jones
Social Committee	Vacant
Economics Committee	Dr. Matt Gilchrist – Chair
	Dr. Scott Mollins
	Dr. Nick MacLean
	Dr. Mike Connolly
	Dr. Mike Weatherbie
	Dr. Kim Soloman
Communications Committee	Vacant
CDCP	Executive
Ethics & Discipline	Executive
Public Spokesperson	President & Executive Director
Auxiliary Services	Executive
Continuing Education	Executive

REPRESENTATIVES

Dental Public Health	Dr. Albert Adegbembo
CDA Board of directors	Dr. Dana Coles
NDEB	Dr. Alan Robinson
Hospital Services	Dr. Greg Mitton

Motion: Dr. Michael Connolly

Seconded by: Dr. Brian Barrett

That the nominations be accepted as circulated.

Carried

Item 5 – Report of the Registrar

Dr. Maurice Coady thanked Dr. Ray Wenn for mentoring him during his transition. He also thanked the members for having a great year with no official complaints. Dr. Coady talked briefly about over prescribing antibiotics. He advised members that the NDEB will be doing the specialist exam possibly starting in the year 2020. Dr. Coady reminded members that if they do not renew their license on or before March 31st, they are no longer licensed to practice in PEI. In addition, they no longer have malpractice insurance. He asked members to also make sure their staff renew their license on or before March 31st.

Motion: Dr. Maurice Coady

Second By: Dr. Joanne Stewart

That the report of the Registrar be accepted as circulated.

Carried

Item 6 – Report of the Executive Director

Dr. Brian Barrett didn't have much to add to his report. He briefly reviewed the income statement and 2019/2020 budget. Dr. Barrett thanked the CDAPEI2018 committee once again for a successful convention. He advised that the Association was able to put \$150,000.00 into the Legacy Fund to use for treatment for Islanders in need of dental care who otherwise would not be able to afford the treatment. He touched briefly on the process on how to apply for the funding. Dr. Barrett advised members that the X-ray Inspections have almost been completed at all offices for 2019. He advised members that Health Canada is working on Bill 30, the Radiation Protection Safety Act. Although it hasn't been passed yet, most of the requirements have been passed. Dr. Barrett also advised members that Health Canada will most likely bring back the requirements that everyone in the office will have to wear a Dosimeter Badge. He reminded members that they will be receiving an invoice from the Dental Association for their portion of the cost associated with the inspections. Each dentist will receive credit for \$350.00 which is equivalent to two x-ray machines per office. A savings of \$350.00 per dentist.

Motion: Dr. Brian Barrett

Second By: Dr. Maurice Coady

That the report of the Executive Director be accepted as circulated.

Carried

Item 7 – Report of the Standing Committees

A) Economics Committee – Dr. Matt Gilchrist

Dr. Gilchrist didn't have much to add to his report. He advised members that PEI will be hosting the Consortium Meeting next week. BC, Saskatchewan, Nova Scotia, New Brunswick and PEI will be in attendance. He told member if they had any questions about the fee guide they could contact him directly.

Motion: Dr. Matt Gilchrist

Second by: Dr. Matt Shaffner

That the report of the Economics Committee be accepted as circulated.

Carried

B) Mentorship Committee – Dr. Heather Jones

Not in attendance. No report

C) Communications Committee – Vacant - No Report

D) Continuing Education – Executive – Dr. Connolly touch on the format of the Continuing Education Courses for the AGM 2019. Members enjoyed the new format and it was decided to try the shorter sessions again in future years. It was agreed that the Association would offer the full First Aid and CPR course every year at the AGM. Dr. Connolly advised members that the Association will be offering another CE course for January 2020.

Moved by: Dr. Michael Connolly

Second by: Dr. Carolyn Palmer

That the report of the Continuing Education Committee be accepted as circulated.

Carried

E) CDCP – Executive – No Report

F) Ethics & Discipline – Executive – No Report

G) Public Spokesman – Dr. Barrett & Dr. Connolly – No report

H) Social Committee – Vacant

Item 8 – Reports of Special Committees

Dental Public Health

Dr. Albert Adegbembo advised members that they are focused on educating students through the schools to get the word out that students up to the age of 18 may be covered under the CDCP. He also advised the members that the contract for the Social Services Fee Guide is up for negotiations.

Motion: Dr. Albert Adegbembo

Second by: Dr. Pierre Brunet

***That the report from the Dental Public Health be accepted as circulated.
Carried***

Item 9 – Reports of Representatives

a) CDA Board of Directors – Dr. Dana Coles

Dr. Dana Coles had nothing more to add to her report. Jim Armstrong highlight everything she had in her report. She attended one meeting in April and will be attending another in Vancouver for the Student Federation. Dr. Coles asked that her report be accepted as submitted.

Motion: Dr. Dana Coles

Second by: Dr. Joanne Stewart

***That the report from the CDA Board of Directors be accepted as circulated.
Carried***

b) NDEB- Dr. Alan Robinson

Not in attendance. Report submitted.

Motion: Dr. Michael Connolly

Second by: Dr. Maurice Coady

c) Hospital Services – Dr. Gregory Mitton

Dr. Greg Mitton – The past six months have been challenging due to the shortage of Anesthetists at the QEH. This has been an ongoing issue and is affecting all surgeons at the hospital. One

Anesthetists in particular, the Chief and Anesthesiology, is being very difficult by cutting surgery time in half.

Motion: Dr. Greg Mitton

Second by: Dr. Joanne Stewart

***That the report from Hospital Services be accepted as circulated.
Carried***

Item 10 – Unfinished Business

- X-ray Inspection Invoices will be sent to members
- Online Webinars Policy. Dr. Maurice Coady agreed the Dental Council would look in-to the current policy. Dr. Joanne Stewart encouraged members to form their own or join a current study club
- Relationship between St. Vincent du Paul the Dr. Gerry Barrett Legacy Fund and the Community Foundation of PEI
- Application process for DAPEI funding for eligible patients
- Dr. Nick MacLean – Survey Follow-up Dental Assistants wages and poaching staff from other offices

Dr. Michael Connolly requested a Motion be put forth as to the starting wage for Dental Assistants. It was decided the committee would go back to see what could be done to address the issue.

Item 11 – New Business

- Holland College renovation to their Sterilization area and clinic as a whole
- DAPEI Donated \$10,000.00 to Holland College to help with the renovations.
- Soup Kitchen Volunteer
- Dr. Carolyn Palmer – Veterans Affairs Updates
- Social Services/Oral Surgery fee Negotiations

Item 12 – Adjournment

11:37 AM

DAPEI AGM Report of the President 2019-20

It's Thursday May 21 when I'm finally trying to write my Presidents report. Brian did tell me to get at it about 4 weeks ago,.....I did write myself a note! Good advice I should have heeded,....somehow something else got in the way.

And now it the evening before we are heading back to our office for the first time since March 16. It's hard to believe that we could leave our offices on Friday March 13 (don't say anything) expecting a usual weekend with March break plans looming and then somehow find ourselves in this mess. Two months later amidst massive world wide change , we are getting a part of our lives back.

This report is difficult to write, it's now later than I wanted to be awake tonight,...another very busy day with phone calls, meetings, emails ,...but no zoom calls today. I'm tired and want to go to bed. But , I'm happy to say that I'm working tomorrow . I'm excited to get back to work , and I really hope that all DAPEI dentist are as well. Maybe not tomorrow but soon , and at your own time and at your own pace.

We are very fortunate on PEI, we have a wonderful group of dentists. Amazing helpful caring colleagues ! I'm happy to say that I know all of you. I'm happy to say that I can call or text anyone , and have a great chat. These past two months I have in fact done that. I want to thank everyone who has answered my call or message and I appreciate all the advice and help I've been given. I hope I've lived up to your expectations and ability to show you that I care , and that I want to help strengthen our great profession one dentist at a time.

It's been a very busy year, and the time has flown by. I've enjoyed all of it , even the past two months! Ugh! I've seen some amazing efforts by you and your colleagues. I taken away some wonderful stories from my experiences with you.

Janice Stewart will be a fine President and I'm excited for her . I hope you are as kind to her as you've been to me. Brian Barrett , known to all, besides being a friend , remains my closest ally in organized dentistry. Brian is a hard working , intensely involved consummate advocate for the dental profession. We have a great executive coming forward to support Janice and Brian.

It's not appropriate to list names of those who have keep the wheels rolling on the DAPEI . I believe you know who you are , because I've told you . I have leaned on you and depended on you.

And now I thank you .

All the best getting back to work , caring for the public ,our patients, and being leaders in our practices and communities. Dentistry is challenging as a profession and as a business. The rewards of both can be immense.

Take care.

Stay safe.

Dr. Michael Connolly

President, DAPEI

Nominating Committee Report 2020

EXECUTIVE

President	Janice Stewart
Vice President	Matt Shaffner
Past President	Michael Connolly
Members at Large	Tanya Routledge
	Todd Rix
Executive Director	Brian Barrett

STANDING COMMITTEES

Covid 19 Task Force	Michael Connolly – Chair Joanne Stewart Jordan D'Eon
Mentorship Committee	Heather Jones
Economics	Matt Gilchrist – Chair Scott Mollins Nick MacLean Janice Stewart Mike Weatherbie Kim Soloman
Communication Committee	Matt Shaffner – Chair Colin Jack
CDCP	Executive
Ethics & Discipline	Executive
Public Spokespersons	President & Executive Director
Auxiliary Services	Executive
Continuing Education	Executive

REPRESENTATIVES

Dental Public Health	Albert Adegbembo
CDA Board of Directors	Dana Coles
NDEB	Alan Robinson
Hospital Services	Greg Mitton

REGISTRAR'S REPORT

APRIL 1, 2019 to MARCH 31, 2020

Licensed Dentists				
	Proposed 2020-21	Actual 2019-2020	Actual 2018-2019	Actual 2016-2017
Private Practice	73	72	75	80
CDCP	3	3	3	3
Consultants	7	7	6	1
Total:	83	82	84	84
Life Members	2	2	2	2

Changes in Registration

New Registrants: Dr. Sheldon Goldberg, Dr. Andrew Thompson, Dr. Milie Grewal, Dr. Reza Arjmandi.

Life Members: Dr. Ray Wenn & Dr. Brian Barrett

Did not renew license for 2020-2021: Dr. Christos Papadopoulos, Dr. Brett Ayliffe, Dr. Rory McLean, Dr. Jamie Hodgson

Specialists Registered in PEI

Oral Surgeons: Dr. Sam Habbi, Dr. Greg Mitton, Dr. Matt Shaffner, Dr. Darcy MacLellan, Dr. Nach Daniel

Orthodontics: Dr. Stuart Matheson, Dr. John McManaman, Dr. Avrum Goldberg, Dr. Robert Hatheway, Dr. Andrew Thompson

Periodontics: Dr. Edmond Ghiabi

Endodontics: Dr. Brent Leinen

Dental Public Health: Dr. Albert Adegbembo

Prosthodontics: Dr. Jack Gerrow

Pedodontics: Dr. Magdalena Herrera

Licensed Dental Hygienists: 107 [Proposed: 115]

Licensed Dental Assistants: 177 [Proposed: 185]

****Due to the Covid-19 shutdown, we have had a number of assistants that did not renew their license by March 31st/20. With correspondence from them, they do intend to renew when they are re-hired.****

Report of the Registrar:

This has been a difficult year for the dental profession on P.E.I. with our closures for the corona virus pandemic. Thank you to all members for maintaining their professionalism during these trying times. A big thank you has to go to Dr. Brian Barrett and Dr. Mike Connolly who worked tirelessly every day and on weekends to develop guidelines and protocols for us to follow. Also thanks to Dr. Richard Holden and the CDA for developing a Return to Practice document that our association could adopt. More thanks are extended to Dr. Jordan d'Eon and Dr. Joanne Stewart for their work in evaluating and accessing PPE for our members.

This year our Council did not have a formal meeting although there were private conversations. Hopefully, when physical distancing measures relax, we will have a formal round table discussion.

Radiation inspections were completed again this year by Dr. Grant McNevin with no incidences or major problems.

The Council has received several informal inquiries into the standard of care we provide our patients. These were resolved with assurances over the phone; however, two written complaints were also received. Decisions on these complaints have been forwarded to the members and they are considered closed.

I must reiterate that communication with your patient and documentation of your treatments are essential in avoiding an unpleasant outcome to any complaint.

The DCPEI will require a new member this year as Dr. Dana Coles has moved on to represent us at the CDA Board of Governors. Please be open to serving on your Council or Association executive if called upon.

I again encourage everyone to go online to the Council webpage: www.dcpei.ca and read our regulatory bylaws. Please follow the protocols as directed by the DAPEI for Return to Work and stay safe and healthy.

Dr. Maurice Coady,
Registrar, DCPEI

Report of Executive Director

Dental Association of PEI

June 2020

This time last year we were still celebrating the success of CDAPEI 2018 held in August here on PEI. It was a crowning achievement of the year both from an operational and financial success and put our Legacy fund on a stable platform that will be in place forever. Then – in Wuhan China, a place I had never even heard of before – it all started and changed our lives immeasurably for now and probably in some ways forever.

This has been the most disruptive year in my lifetime for the world and Canada and never has our profession been so traumatized and our members been so damaged both financially and psychologically. That said we have done our best to rise to the occasion and through Dr. Connolly's leadership are working through the mire in an attempt to get back to some semblance of normalcy. This is a slow process measuring the risks versus returns all the while doing our best to mitigate science and government oversight and a real feeling of a need to keep everyone, you and your patients safe from this terrible disease. Many will question some of the restrictions and again – decisions made with no way to judge the success other than no further people positive for the virus and no one dead. I guess the no one dead is a huge deal in the big picture because I for one could not live with the thought that something we did or did not do caused the death of one person on PEI. Who would you pick to be the one or even two that we would let go to get those teeth cleaned again? Your great Aunt maybe – not really a close relative, but you can see my point. This is going to change practice and life for the next year and even then a lot will depend on continual testing and the development of an effective vaccine. Somewhere down the road we may be able to throw all this PPE stuff away and go back to what we all have considered effective infection control guidelines that were just that until March 13, 2020. Until then – help and support each other in all you do and the Association will do the best we can to be there when needed for all our members.

I had to remind myself that technically this report covers the year ending March 31, 2020 – only 2 weeks into the pandemic response that has affected us all so much since. Some of the meetings held prior to that date as well as many of the initiatives we were working on do not seem so important as they did at the time so I may only give them passing mention.

I attended with Dr. Coady the meeting of Secretary / Registrars in New Orleans. Much was discussed relevant to our profession and the operation of the Association and Council. The sharing of knowledge from across the country is invaluable – and little did we know in December 2019 what the new year would hold. Many of the relationships strengthened at meetings such as this would prove invaluable as we all made our way through the protocols and problems of the pandemic.

CDA activities were taking up a lot of our attention in terms of the final drafting of the MOU that outlines the working and governance relationship between CDA and the Corporate members. This was finally agreed to after over 6 different drafts in April and we will see a reduction in the fee we have to pay to belong to our National Organization that we hopefully can pass on to you.

The year ended still without any agreement between government over the oral surgical fee schedule, social services fees and hospital rotations and operating room access. I will state now that the feelings of generosity in continuing to subsidize these programs to save money for Islanders and the government is growing less all the time. Considering the expectations and assistance for dentists on PEI during the Covid-19 disaster I personally do not feel we owe them very much. We voluntarily supplied our PPE to government at the beginning and now we are about to open the chances of getting any in return at any price is nil. They developed a renew the Island protocol that left us in a so called “Emergency” stage for two months. Then they suggested an “urgent” phase beginning in mid June and all with very little consultation with leaders of the Association. Finally, when these phases were moved ahead so did we with re-writing of protocols and procedures allowed. I do hope that the members remember that the operating protocols with PPE’s are to protect you from contracting Covid-19. Very little of the infection control procedures other than disinfection and distancing are done to protect the patients. Government has never commented on our getting back to work anymore than any other business, distancing and screening being the two most important aspects. After over 40 years of dealing with the bureaucrats I have never felt so disrespected and disenfranchised by government and the Medical profession as I do now. Their perception of what we do and the costs we must pay to do so is terrible and incomprehensible considering all that we try to do to keep them informed.

It was noted in one government report that because family physicians “whose income has been or will be impacted by either the need to self-isolate or the move to essential services. It is in recognition that they are independent medical service providers and required to pay overhead expenses to keep their practices open.”

It meant that their salaries would be topped up to last years amounts. Not many offering to do the same for us, and I guess it is the same with any other section of society trying to be treated with respect – at some point you simply demand it and won't put up with being taken for granted.

Mr. Grant MacNevin, who was contracted by the association to perform radiographic equipment safety inspections will continue to do so in order to make sure we are onside with Federal Regulations for X-radiation producing machines and protection of the public and operators.

Unfortunately, we have seen that the process of the increase in dues and billings for additional equipment over the 2 units covered for each dentist under the program is inherently unfair to dentists not working in the provinces, government dentists and associates. Getting a credit for inspections of x-ray equipment you do not have is not much use. We will continue to operate the inspection program but will reduce the dues for all members and will bill each owner/operator of the practice for all inspections done. I would like to thank the members for being available at different times and allowing Grant to offer his services when it would cause minimal disruption to your daily office schedules. It is an unfortunate truth that government regulation of many activities in our practices from infection control to waste disposal add considerable costs to the operation of a dental clinic. The Association is always looking for ways to help reduce these costs and to remove the headaches from trying to comply on your own.

As many of you may be aware the initiative with the Soup Kitchen and Holland college were also victims of the virus and we hope that as soon as possible we can once again get back to supporting both these worthy causes. DAPEI donated 10 thousand dollars to provide an immediate re-vamp of their sterilization area and equipment. In addition, we were in the midst of attempting to coordinate the creation of a "Free Dental Day" using their facilities, staff and students – together with dentists. This would be a great way to give back to the community and the needy of PEI while expanding that side of the student's education. It could be available one day a week for the school year if 20 dentists could give 2 days of their time.

I want to thank Dr. Connolly and all other volunteers for their hard work this year on many different files for the betterment of all dentists on PEI. Mike has performed a yeomans task and has set the bar terrifically high in terms of commitment and time spent. I do believe he actually enjoyed it all and continuing as the Chair of the Covid 19 task force should keep him busy.

I sincerely hope that at some time you all agree to take on a position within the organization and can guarantee you will find it both rewarding and something to give you a different perspective on

your profession. To be involved with like- minded dentists from all over Canada passionate about their chosen activities and dedication to oral health of Canadians can have a profound effect on your own perspective on the work that we do. It has been transforming for many volunteers and changed their entire attitude towards their daily work and those they treat.

In closing I wish to thank the members for allowing me another year of serving you and the profession I love and thanks to Marsha and Rebecca for all their hard work and efforts behind the scenes.

Dr. Brian Barrett

Executive Director, DAPEI

Dental Association of PEI					
Budget		Actual	Budget	Actual	
2020-2021	REVENUE	2019-2020	2019-2020	2018-2019	Dues 2021
\$ 246,500.00	Annual Dues	\$203,282.22	\$ 195,000.00	\$ 192,188.12	\$ 2,500.00
\$ 17,000.00	Fee Guide	\$15,823.38	\$ 18,000.00	\$ 17,220.00	
\$ 6,000.00	CDSPI/ Sponsorship	\$12,000.00	\$ 6,000.00	\$ 8,907.89	
\$ 7,000.00	Con Ed	\$7,000.00	\$ 19,500.00	\$ 17,968.46	
\$ -	Annual Meeting	\$25,904.19	\$ 25,000.00	\$ 3,790.00	
\$ 40,000.00	Radiation Inspection	\$12,874.70	\$ 10,075.00		
\$ -	CDAPEI reimbursment		\$ 13,300.00	\$ 36,187.77	
	Misc. Income	\$14,892.13			
\$ 70,000.00	NON-Dues	\$88,494.40	\$ 91,875.00	\$ 84,074.12	
\$ 316,500.00	TOTAL	\$291,776.62	\$ 286,875.00	\$ 276,262.24	
	EXPENSES				
\$ 42,000.00	CDA Member	\$50,686.25	\$ 52,000.00	\$ 51,304.38	
\$ 36,000.00	Fee Guide Consortium	\$57,127.86	\$ 50,000.00	\$ 52,777.73	
\$ 6,000.00	PEI AGM / Quarterly meet	\$37,886.58	\$ 36,000.00	\$ 25,411.05	
\$ 5,000.00	Con Ed	\$12,218.71	\$ 12,000.00	\$ 8,978.79	
\$ 45,000.00	Radiation Inspections/Sha	\$34,580.46	\$ 34,000.00	\$ 6,419.16	
\$ 8,500.00	CDA & CDSPI Meetings	\$35,249.01	\$ 22,000.00	\$ 20,122.48	
\$ 142,500.00	Direct Member Benefits	\$227,748.87	\$ 184,000.00	\$ 165,013.59	
	Support Services				
\$ 4,000.00	Pres/ CEO Biannual	\$12,660.01	\$ 13,000.00	\$ 12,392.65	
\$ 45,000.00	Executive Director	\$45,000.02	\$ 45,000.00	\$ 45,000.00	
\$ 5,000.00	Dental Awareness Program	\$10,413.69	\$ 8,000.00	\$ 7,786.76	hc
\$ 18,000.00	Office Expenses	\$17,615.89	\$ 18,000.00	\$ 22,303.64	
\$ 18,000.00	Office Salaries	\$19,171.74	\$ 19,000.00	\$ 20,623.20	
	Service Charges				
\$ 4,000.00	Misc		\$ 4,000.00	\$ 3,093.77	
	Holland College / CDAPEI	\$10,000.00	\$ 10,000.00		
\$ 236,500.00		\$342,610.22	\$ 301,000.00	\$ 276,213.61	
\$ 80,000.00	YTD Surplus / (Deficit)	-\$50,833.60	-\$ 14,125.00	\$ 48.63	
\$ 15,090.03		-\$64,909.97	-\$ 14,076.37		

Economics Report, AGM 2020

I am writing this report just as I got off a very informative and eye-opening economics Zoom call with Mike Connolly, Brian Barrett, and Jim Armstrong.

This is an interesting report to write, and it's hard to know exactly where to start, which direction to go, and where to end. As we are all well aware, there is a lot of uncertainty in the profession right now, so if my report lacks a good flow, it is because my brain is going every which way!

Brian circulated a great document about operating cost reduction, and I would advise everyone to read that closely. With all the uncertainty around the Covid crisis, there is no better time than now to reduce some of the variable overhead costs we have.

Historically, PEI has been the envy of the Consortium provinces. For the past number of years, practices on PEI were very busy, and we always had the luxury to work more and in turn make more net income. Even with an inefficient practice, this was possible. With uncertain times ahead, moving towards a more efficient practice model will make a lot of sense. Successful practices will probably be more dentist driven, rather than auxiliary driven. With the new PPE and proper donning and doffing, jumping room to room to do quick checks, adjustments, treatments, etc., will probably not be possible. We may see dentists start doing a bit of hygiene, and other "typically auxiliary" services in their own chair in an effort to get as much done in an appointment block as possible.

We are almost certainly going to see a drop in gross revenue, and in turn, a drop in net incomes for all dentists across Canada. We don't know what our patient flow will be in the months to years ahead, but we are pretty certain that it won't be how it was pre-Covid. In Saskatchewan, who

were the first group of dentists to re-open, were run off their feet for the first week dealing with all the emergent care that built up over the months they were off. Once this backlog was dealt with, they have been pretty quiet. Regular recall/hygiene bookings are down 70%. We don't know if we will see this, but it's certainly possible. The reasons why demand is down aren't fully known – possible that people aren't wanting to spend the money due to the volatile times, or they are worried to venture out in public for elective things. Canada has seen a drop in per-person disposable income. Dentistry is considered a “superior” good and is paid for in discretionary spending. These are the goods that take the biggest hit during a recession.

The saying “a dollar saved is a dollar earned” is especially relevant to us at the moment. Increasing your efficiency, you can actually see a drop in gross revenues, and have no effect on net income. Even in a very efficient office with a 50% overhead, for every dollar they produce, only fifty cents goes to their bottom line. Alternatively, you can look at the fact that with a 50% overhead, a 1% reduction in gross revenue will result in a 2% reduction to the bottom line. If that same office saves a dollar, that full dollar goes to their bottom line.

The following table shows the percentage of revenue of various expenses, and where we might have the ability to cut costs.

	Most Inefficient	Average	Efficient	Most Efficient
C.E.	1.3%	1.2%	1.1%	0.8%
Advertising	2.1%	1.5%	1.3%	1.2%
Accounting / Office Supplies	9.9%	8.1%	7.1%	6.7%
Dental Supplies	8.8%	7.9%	7.3%	6.6%
Wages	38.5%	32.0%	28.6%	25.6%

The good news is that on PEI we aren't necessarily in the same boat as the rest of Canada. We have a unique situation and are probably more protected. PEI has relatively high percentages of government employees and other stable jobs with dental benefits. In addition to this, PEI has lower fixed cost overheads relative to urban areas or other provinces, and maybe most importantly, we have a much higher patient to doctor ratio than many provinces, which should hopefully by default keep us fairly busy.

To change topics a bit, I have been asked a lot of questions over the past few months regarding teledentistry codes, as well as codes for additional PPE costs. I will briefly address these now.

Teledentistry Services: As we all might know, the CDA did an immediate and temporary fix for the Covid crisis to allow things to move as quickly as possible. This route was far from ideal, and not the typical way in which a code is balloted and accepted through the USC&LS committee. The code they modified the descriptor for to make a "teledentistry code" wasn't discussed broadly with the insurance companies, and later we found out that some carries don't cover it. It would have been nice if there was more time available to research from the beginning. I have joined a sub-group on the USC&LS committee to get a proper section of codes done for teledentistry.

PPE Costs/Codes: There is behind the scenes work going on right now to decide which is the best avenue to take here. Do we change the descriptor of an existing code that is never used to make an additional PPE code, do we introduce a new code, or do we up the whole fee guide by a certain percentage to help cover additional costs/idle time waiting for rooms to air out, etc. There are ongoing discussions with CLHIA in regard to the best way for insured patients to claim the reimbursement of the cost of the added PPE required as a result of the COVID-19 pandemic. We have not been able to get a final answer on the option that would be easiest for a majority of their members to implement, but have received indications that the introduction of a new code to capture a fee that covered the cost of the added PPE is the option that would be preferred.

It is important to note that there is going to be an increased cost of providing dental services, but this is mostly an upfront cost. If you get re-usable gowns, face shields, etc., then as time goes on and the more we use the gear, the less cost per patient. There are definitely two schools of thought on whether charging a patient more during this pandemic is the right thing to do. With individuals' finances down, and layoffs/job insecurities, it may not be the wisest time to start raising prices. As mentioned earlier, dentistry is a superior good, and purchased with discretionary spending, so upping the fees might result in way less demand for our services. If there is an increased cost introduced, or a new code, it would be up to the individual dentist to decide if they want to charge or not - it's a Fee Guide. Also important to remember, with respect to insurance fraud, is that it is wrong to treat uninsured and insured patients differently. To charge increased fees to only those patients with insurance or not collecting the co-pays for an additional code would be wrong.

On a final note, our annual in-person consortium meeting scheduled in Saskatchewan for June has been moved to a Zoom format. I am sure that the topics mentioned above will be well discussed!

Dr. Matthew Gilchrist

Economics Committee Chair

CDA BOARD OF DIRECTORS REPORT JUNE 2020 DAPEI MEETING

The CDA Annual General Meeting (AGM) provides the CDA Board of Directors with the opportunity to present its Annual Report, CDA's year-end financial results and fee rate recommendation for the coming year. These meetings also allow attendees to receive reports from other national dental organizations. As a result of the COVID-19 pandemic, CDA could not provide its traditional in-person gathering of the dental community in April. The meetings were held using Zoom videoconference. During these meetings, Dr. Richard Holden was confirmed as CDA President-Elect. Congratulations Richard!

During the AGM, it was announced that there has been agreement in principle on a renewed Memorandum of Understanding (MOU) for a 10-year term between CDA and the Corporate Members (CM), pending ratification as required by their respective Boards.

During the Board meetings, it was determined that the work of the National Dental Care Strategy will be paused until such time as CDA can assess the political, social and economic impact of the COVID-19 pandemic. Considering the COVID-19 situation, the Board confirmed the temporary suspension of the work on the future of the profession initiative except for those areas that directly impact the COVID-19 pandemic.

Two new evolving groups have been implemented:

1. CDA Return to Practice Task Force

- The Task Force will assess how the COVID-19 situation is evolving nationally and look at ways that dentists and their teams can get back to work safely and productively.
- This will be a national Task Force co-chaired by Dr. Jim Armstrong and Dr. Aaron Burry with one representative from each Corporate Member (to be appointed by the CM) Mr. Geoff Valentine, CDA Associate Director, Practice Support, will serve as the lead staff resource person with support from Mr. Dean Smith, CDA Manager, Information Technology.

Objectives:

1. To identify and analyze the practice management, communications, economic and business-related issues and challenges that are facing dentistry in Canada as a result of the COVID-19 pandemic.
2. Consult a broad range of information sources including science-based information provided by the CDA Infection Control Enhancement Working Group, approaches to return to practice in other countries and jurisdictions, and other sources.
3. To develop and assess the potential scenarios for dental practice that are associated with the gradual lifting of restrictions by Government as Canada transitions through the COVID-19 pandemic leading to a complete "return to practice".
4. To identify opportunities to address logistical issues and challenges facing the dental profession as Canada transitions through the COVID-19 pandemic.

5. To assist in the development of resources by CDA and the Corporate Members to aid member dentists in their return to practice.
6. To identify and recommend areas of technical support, research, partnerships or collective action that will guide the dental profession in implementing appropriate 'return to practice' measures for Canadian dentists.
7. To recommend position statements and policies for consideration by CDA and the Corporate Members to assist in advocacy efforts directed towards governments, regulators and other stakeholders, including for newly required PPEs and other infection control enhancement technologies.

2. CDA 'Infection Control Enhancement' Working Group

- This will be a small WG that will collect and assess information on infection protection and control to support return to practice. It is through this WG that information from external research projects will come to CDA and Corporate Members. This WG will also provide updates and reports to the CDA 'Return to Practice' Task Force.
- The WG will be chaired by Dr. Aaron Burry and the members will be Dr. Jim Armstrong, Dr. Richard Holden and Col Jean-Pierre Picard with Dr. Benoit Soucy as the lead staff resource with support from Mr. Costa Papadopoulos, Manager, Health Policy and Information.

Objectives:

1. To identify the critical infection control issues that impact on the 'return to practice' of the dental profession in Canada.
2. To identify and assess best available science related to infection protection and control.
3. To identify knowledge gaps and promote research to provide the missing information.
4. To examine emerging science and science-based advice related to aerosols in dental offices from sources both within and outside Canada.
5. To foster practical thinking about future standards of infection protection and control in the dental office.
6. To propose innovative infection control technologies to support and accelerate the 'return to practice' of the dental profession in Canada.
7. To promote appropriate infection protection and control measures for dental practices in Canada.

During the Covid-19 pandemic crisis, the CDA has worked diligently to keep the Corporate Members informed. A Return-to Office Manual was written and distributed to the CM. Staff at CDA tirelessly work to provide information for members such as assisting during Zoom meetings, webinars, publication of interviews with various experts on Oasis, CDA help desk to assist members navigate the federal funding programs and publishing weekly Covid-19 updates.

The CDA Board has met weekly during this crisis and Board members have been observers during the weekly presidents and CEO meetings held every Tuesday afternoon. With many Zoom meetings and the additional flood of emails, both Richard and I have increased our screen times greatly during the last number of weeks as members of the CDA Board of Directors.

Respectfully submitted,

Dr. Dana Coles

Report to the Dental Council of Prince Edward Island

June 2020



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Introduction

The National Dental Examining Board of Canada (NDEB) was established by an Act of Parliament in 1952. The Act makes the NDEB responsible for the establishment of qualifying conditions for a national standard of dental competence for general practitioners, for establishing and maintaining an examination facility to test for this national standard of dental competence, and for issuing certificates to dentists who successfully meet this national standard.

The following report highlights the NDEB's key activities relating to the certification of dentists in Canada.

Governance

Board Members

The NDEB Board is comprised of one representative from each provincial Dental Regulatory Authority, and two representatives from the Commission on Dental Accreditation. There is also a public representative appointed to the Board as a non-voting member. During the 2019 Annual Meeting, the NDEB appointed Ms. Jan Sheppard Kutcher of Nova Scotia as the new Public Representative. Ms. Sheppard Kutcher is the NDEB's fourth public representative.

Dennis Fuchs, President	Saskatchewan
James Richardson, Vice President/Treasurer	British Columbia
Doug Mackey, Past President	Nova Scotia
Mintoo Basahti	Alberta
Amarjit Singh Rihal	Manitoba
Ron Yarascavitch	Ontario
Stefan Haas-Jean	Québec
Andrew Rowe	New Brunswick
Alan Robinson	Prince Edward Island
Sneha Abhyankar	Newfoundland
Nancy Auyeung	CDAC Representative
Martin Gillis	CDAC Representative
Jan Sheppard Kutcher	Public Representative

Table 1

Business Continuity

The COVID-19 pandemic has had a significant impact on the NDEB's operations. In March, all NDEB staff began working remotely. While, as an organization we are fortunate to have the ability to work from home, some areas of NDEB operations needed to be suspended. With universities around the world closing and no staff in the office to process incoming mail, we have suspended applications to the Equivalency Process, Certification Process, and DSCKE. Applications for the 2020 NDSE opened in April; however, registration for the examination remains closed.

The NDEB cancelled all examinations scheduled to run the end of March, May and June. This includes the Assessment of Clinical Skills and the National Dental Specialty Examination. With the COVID-19 situation changing rapidly, we continue to assess the feasibility of holding other examinations scheduled to take place later in the summer and early fall. The NDEB hopes to reschedule the examinations it cancelled; however, it is not possible to reschedule the ACS; therefore, all examinees registered for the June ACS have been transferred to the December 2020 session.

All meetings and workshops scheduled in March through June have been cancelled or are being held virtually. The virtual meetings are allowing the NDEB to continue operations such as results processing, development workshops, and standing committee meetings.

Communications

As part of the NDEB's strategic initiatives, we continue to investigate and implement new tools for communication with stakeholders. In March 2020, the NDEB launched a [Facebook](#) page. The objectives of the Facebook page are to increase stakeholder satisfaction and positive brand perception; monitor and listen to stakeholder comments; help identify issues and potential areas for improvement; drive traffic to the NDEB website; and provide a forum for exchange of information about NDEB programs.

The NDEB website remains the primary source of information for examinees, and we continue to revise content. A new page, COVID-19 Update, has been added to answer frequently asked questions about operations impacted by the pandemic. Looking further ahead, the NDEB has engaged a third-party to develop a new website for the organization. The new website design will incorporate feedback the NDEB has received regarding user experience, help integrate the NDSE into the NDEB's portfolio, and be developed on a platform that will allow the NDEB to manage and track changes more easily.

Financials

The cancellations of examinations in 2020 due to COVID-19 and the suspension of applications will have a financial impact on the NDEB. The NDEB Board approved the 2020-2021 budget during the Interim meeting in May. A fee schedule for the 2021 examinations was also approved by the Board in May. No changes to fees for the coming year were proposed.

By-laws

The By-laws Committee continues to work closely with NDEB legal counsel to ensure the By-laws are appropriate for the NDEB's governance and operations. In May 2020, the NDEB Board approved revised By-laws to be in effect May 31, 2020.

Legal

The NDEB continues to face legal challenges from participants who have failed examinations in the Equivalency Process. To date, the NDEB has received six favourable outcomes from judicial reviews. In addition, two applications for judicial review have been withdrawn by applicants at various stages.

Since the decisions have been rendered, two participants have appealed the decision of the Courts. In both cases, the Court of Appeals have denied the submission. In addition to judicial reviews, the NDEB dedicates time to deal with copyright and trademark infringement by organizations suggesting association with the NDEB.

Examinations and Assessments

Standard Setting

The NDEB recognizes the requirement to perform periodic reviews of the minimum passing score on its examinations.

In March 2019, the NDEB held a standard setting workshop for the Assessment of Clinical Skills (ACS). The workshop was facilitated by Chad Buckendahl of ACS Ventures. A series of recommendations were generated from the workshop for consideration by the Examinations Committee, Research Committee and Board.

In 2019, Yardstick Assessment Strategies, a consulting group with relevant expertise in psychometrics, was contracted to conduct two standard setting exercises for the Assessment of Clinical Judgement (ACJ). As a result of the technical issues faced during the May 2019 ACJ, the passing standards adopted for the May 2019 administration could not be used going forward. Therefore, the Board approved a new passing standard in January 2020 based on the results of the second standard setting exercise that followed the November 2019 administration of the ACJ.

Recommended Examiners

The NDEB maintains a list of examiners recommended by the provincial Dental Regulatory Authorities, Canadian Faculties of Dentistry, RCDC, and the Dental Council of New Zealand. Examiners may be asked to participate in question develop or selection workshops, the administration and/or evaluation of the ACS, or to work as a content expert and assist in the construction of examination questions.

The following is a summary of activities in which examiners recommended by DCPEI have participated.

Name	Activity
Judson, William	Appeals Committee Meeting
Moore, Cheryl	ACS Evaluation Session Workshop
Robinson, Alan	ACS Evaluation Session Workshop ACS Standard Setting Workshop Annual Meeting Board Video Conference Interim Board Meeting Virtual OSCE Selection Workshop

Table 2

Going Digital

The NDEB’s transition to electronic delivery has not been without its challenges. Following the successful delivery of the Dental Specialty Core Knowledge electronically in September 2018, the NDEB moved ahead with its transition plan and administered the May 2019 Assessment of Clinical Judgement (ACJ) electronically at Prometric test centres across the country and in select international locations.

Due to circumstances beyond the NDEB’s control, there were several technical issues during the administration which resulted in difficulties accessing the examination. The NDEB worked closely with its third-party providers to identify the issues and was presented with mitigating strategies to prevent these technical issues from happening in the future. During the November 2019 ACJ, examinees once again experienced some connectivity issues. While the issues were limited to two event centres in the GTA, some examinees were prevented from taking the examination or experienced significant delays.

Despite the technical issues experienced with delivering the ACJ electronically, the NDEB still believes that transitioning to electronic delivery is the right solution to maintain security of the examinations, provide higher quality images for diagnostic purposes, and improve access.

Virtual OSCE

In 2022, the NDEB will run its first Virtual OSCE for the certification of general dentists in Canada. The Virtual OSCE will replace the existing Written Examination and OSCE. The Virtual OSCE will be administered electronically. The NDEB intended to administer the first Virtual OSCE in March 2021; however, as a result of technical difficulties experienced during two administrations of the ACJ, the NDEB has determined that it will postpone the launch of the Virtual OSCE until March 2022.

Credential Verification

The NDEB establishes and maintains credential verification standards for the Certification Process, Equivalency Process, Dental Specialty Core Knowledge Examination and, starting in 2020, the National Dental Specialty Examination (NDSE).

The NDEB continues to see an increase in applications to both the Certification Process and Equivalency Process. As a result, credential verification processing times have been significantly increased. Individuals submitting incorrect documentation slows down credential verification

significantly. To assist applicants in navigating the Equivalency Process application process successfully, the NDEB created a video on how to apply with a focus on correct document formats. The video is available on the NDEB website and on the NDEB’s YouTube channel.

In November 2019, the NDEB suspended applications to the Equivalency Process for a period of approximately three months. During this time, the NDEB revised the criteria for required documents to include more details on each requirement and focused on processing completed applications received prior to November.

Equivalency Process applicants by year	
2010	1378
2011	1289
2012	1223
2013	1116
2014	1018
2015	1086
2016	1167
2017	1556
2018	1876
2019*	1827

* Up to November 17, 2019

Table 3

While applications to the Equivalency Process have been suspended due to COVID-19, credential verification continues for applications that were received by the NDEB prior to the office closure on March 16.

Certification Process

To receive NDEB certification, an individual must be a graduate of a dental program and successfully complete the Written Examination and Objective Structured Clinical Examination (OSCE). Obtaining NDEB certification means that an individual has demonstrated that they meet the competencies required of a beginning dental practitioner in Canada. The Dental Regulatory Authorities (DRAs) in Canada rely on the NDEB certificate as evidence that a potential licensee has met the national standard. The March 2020 Written Examination and Objective Structured Clinical Examination (OSCE) took place on March 7-8, 2020, just before the start of the pandemic and the results were released in May 2020. As NDEB staff continues to work remotely,

the production of physical certificates is not possible; however, certification will still occur when all requirements are met. DRAs can access individual certification information by logging in to the national register available through the NDEB website.

Historical pass rates for the Written Examination and OSCE can be found in the following table.

Historical Pass Rates – Certification Process				
	Written		OSCE	
	# of candidates	% pass	# of candidates	% pass
2017	1363	88	1295	96
2018	1373	84	1279	97
2019	1295	87	1231	94
2020*	802	85	784	93

Table 4

* March 2020 only

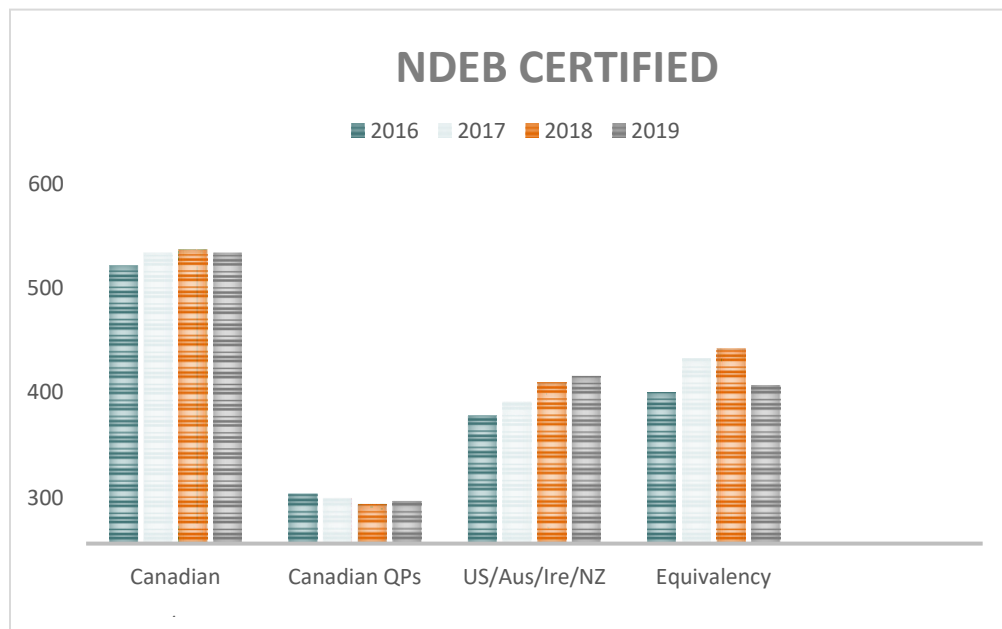


Table 5

Equivalency Process

Graduates of non-accredited dental programs who want to be certified as general dentists in Canada must successfully complete the NDEB Equivalency Process or an accredited Qualifying/Degree Completion Program prior to being eligible for participation in the Certification Process. The Equivalency Process includes three examinations, the Assessment of Fundamental Knowledge (AFK), Assessment of Clinical Judgement (ACJ), and Assessment of Clinical Skills (ACS).

Historical Pass Rates - Equivalency Process						
	AFK		ACS		ACJ	
	# of participants	% pass	# of participants	% pass	# of participants	% pass
2017	1384	46	812	39	836	35
2018	1585	49	693	36	943	44
2019	1684	45	747	35	978	37
*2020	744	44	-	-	-	-

Table 6

**February 2020 only*

Dental Specialty Core Knowledge Examination

In July 2012, the NDEB entered into an agreement with CDRAF to administer the DSCKE, the examination for non-accredited dental specialist seeking entry into a Dental Specialty Assessment and Training Program (DSATP) at a Canadian university. The most recent DSCKE was successfully administered in February 2020 to 13 examinees at Prometric centres across Canada.

Due to the low number of participants, the DSCKE has run at a loss since the NDEB assumed responsibility for administration. The NDEB has been uncomfortable raising the DSCKE examination fee because the DSCKE is an admission test and available positions in DSATPs are limited. The 2019 increase in the cost of the application and registration fee for the DSCKE is of concern for the NDEB. The NDEB is continuing to investigate viable alternatives to the DSCKE.

DSCKE Results			
	Examinees	Range	Mean
Feb 2019	6	71-82	75.76

Sept 2019	10	83-89	77.64
Feb 2020	13	60-91	82

Table 7

National Dental Specialty Examination

The NDEB continues to work with the Royal College of Dentists of Canada (RCDC) to transition responsibility for the National Dental Specialty Examination (NDSE) under NDEB governance.

The NDEB’s original plan was to deliver the NDSE electronically across North America in September 2020. However, after hearing many valid concerns from students expecting to participate in the 2020 NDSE, the NDEB determined that by changing the delivery method of the examination to paper and leveraging resources provided by RCDC, it could deliver the examination in June 2020. The restrictions on gathering size and closures of facilities across the country as a result of COVID-19 required the NDEB to cancel the June 2020 NDSE. Arrangements are currently underway to administer the examination in September 2020.

All NDEB examination fees are approved by the Board and established on a cost recovery basis. The fees for the NDSE were established and approved by the Board in October 2019. In 2020, the application fee for the NDSE will be \$450. The application fee has been aligned with the application fee for graduates of accredited programs. This fee will be payable one-time. Individuals who take the NDSE more than once will not be required to reapply to the NDSE.

The 2020 NDSE fee will be \$7000. When determining the fee for an examination, the NDEB considers the costs associated with creating fair, valid and reliable examinations, as well as delivering and scoring the examinations. Administering the NDSE requires the resources to create, deliver, and score examinations in 11 different specialties. The examination fee is higher for specialty examinations than for general dentistry examinations because the number of candidates for the NDSE is small and there are 11 different examinations. As the NDEB does not receive funding from external sources, it must set the fees so that each examination is self-sustaining, and one examination is not supporting the delivery of another.

When the NDEB assumed responsibility for the NDSE, it also determined that the development process should align as much as possible with that of the other examinations it offers; therefore, examiners who develop and grade the NDSE are compensated for their time and this is reflected in the fees.

In January 2020, the NDEB Board approved the 2020 NDSE Protocol. The Protocol is available on the NDEB website. In addition, examinees can find examination blueprints, information on examination format, and reference and resource material for each specialty on the website.