

Inquiry Committee Investigations Review

By: Rebecca Chisholm
Director of Policy and Dental Hygiene Practice

The framework for the College’s complaints and investigation processes is established by the *Health Professions Act*. It assures the public, that an appropriate regulatory mechanism exists should concerns arise about the quality of care provided by a BC dental hygienist or their professional conduct. In the fall of 2017, the College of Dental Hygienists of British Columbia (CDHBC) conducted a retrospective review of the investigations undertaken by the Inquiry Committee from 2012-2017. Out of this review, the College is able to provide a summary of how investigations arise, what the most commonly investigated areas are within dental hygiene practice, and how investigations are resolved.

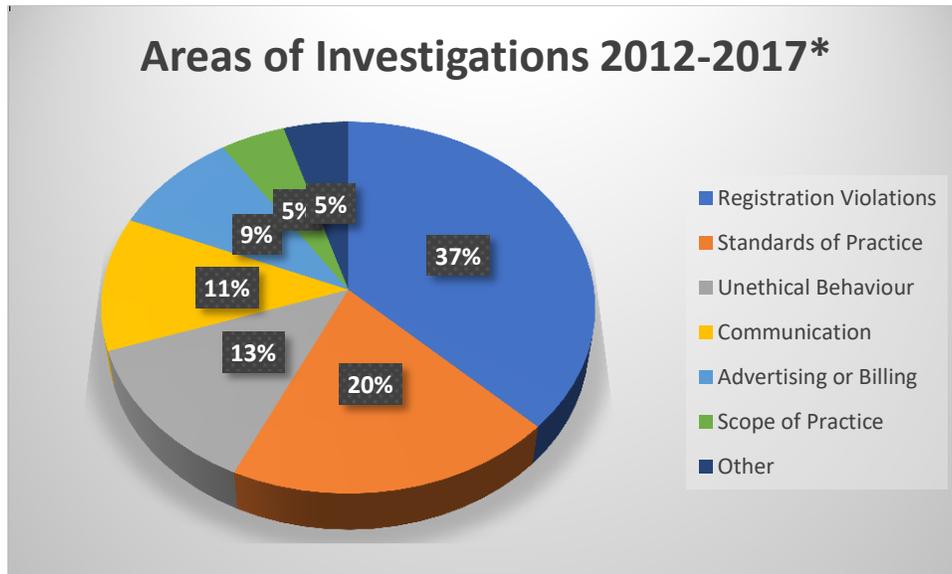
How are investigations initiated?

The table below depicts the number of investigations that took place following complaints made to the College by various sources. It also captures investigations that took place on the College’s ‘own motion’, as per s.33(4) of the *Health Professions Act*. Own motion investigations take place when credible information comes to the College’s attention that suggests a potential concern about a registrant’s registration or their practice. In looking at the table below, it is evident that the volume of investigations was substantially higher in 2014. This higher volume includes a liability insurance audit that the College undertook that year.

	2017	2016	2015	2014	2013	2012:
Total # of Investigations:	5	12	15	76 (57 from insurance audit)	14	8
Own motions:	2	10	9	66 (57 from insurance audit)	7	1
Complaints from RDH’s:	1	0	1	0	3	0
Complaints from Employers or Other Health Professionals	1	1	1	3	1	3
Complaints from the public:	1	1	4	6	3	4
Complaints from other regulators:	0	0	0	1	0	0

What are complaints and investigations most often related to?

From this investigation review, we can see a number of common themes that underscore complaints about professional misconduct and ‘own motion’ investigations. They are most commonly related to: registration violations, standards of practice, unethical behaviour, advertising or billing, and/or communication as depicted in the graph below.



*Note: This graph does **not** include the insurance audit investigations undertaken in 2014.

Registration violations are often the most frequent type of investigation undertaken by the Inquiry Committee. These cases typically involve registrants engaging in unlicensed practice. This includes failing to renew by the February 28th deadline and continuing to practice with expired registration or practicing while registered in the non-practicing registration category. Practicing without valid liability insurance is another type of registration violation that is investigated by the Inquiry Committee, however, the Streamlined Professional Renewal process that was implemented in 2017 has largely resolved these occurrences.

While registration violations tend to be the most common type of investigation, this volume only tells one side of the story for the work of the Inquiry Committee. In recent years, the College has observed that a number of complaints and allegations have dealt with increasingly serious issues. There have also been a number of investigations that span multiple issues and, therefore, are reflected in more than one category in the graph above. These more serious and complex cases typically take longer to investigate and consume more of the College’s resources.

Cases related to unethical behaviour and violations of the CDHBC Practice Standards typically fall on the more serious end of spectrum. Examples include investigations related to unethical behaviour such as breaches of client information and privacy, overbilling, insurance fraud, and prescription forgery. Investigations have also occurred when registrants have been reported to be providing services outside

the dental hygiene scope of practice. Other complex ethical circumstances that the Inquiry Committee has investigated include fitness to practice issues in light of health and/or mental health conditions.

Examples of serious investigations related to the CDHBC Practice Standards have included dental hygiene care being provided when consent has been revoked (e.g. long-term care settings), and breaches in radiography safety and infection control. Cases have also been investigated about the quality of care being provided by registrants and their standards of practice. In these cases, multiple gaps in the Assessment, Diagnosis, Planning, Implementation, and Evaluation (ADPIE) process of care and the CDHBC Practice Standards have been identified, including periodontal assessments not being completed (or documented), substandard debridement, and/or a lack of oral hygiene instruction. Some cases have also included concerns about “supervised neglect” where clients have been seen for ongoing assessments and debridement, and show signs of disease, but have not been informed of their condition or its progression.

Lastly, the Inquiry Committee has also investigated complaints that are directly related to registrants’ written and verbal communications. These primarily stem from former clients or their substitute decision makers (e.g. in cases of incapacity). However, even in cases where the direct focus of a complaint is not a registrant’s communication itself, investigations have noted that elements of a registrant’s communication have contributed to a complaint being submitted to the College.

How do investigations get resolved?

Following an investigation, there are a number of paths forward that the Inquiry Committee can take. The options available to the Inquiry Committee can be summarized into three broad categories:

1. In instances where the Inquiry Committee concludes that the registrant’s conduct or competence was satisfactory, the case is dismissed with no further action.
2. If the committee believes that the registrant’s conduct or competence was not satisfactory, then the Inquiry Committee can:
 - a. issue a warning letter to the registrant, and/or
 - b. seek an undertaking and consent order that may contain a number of measures, such as:
 - a commitment not to repeat the conduct;
 - a requirement to take specified remedial educational courses;
 - restrictions that are placed on the registrant’s practice if that is needed for public protection; or,
 - any further actions or measures that the Inquiry Committee determines is appropriate to resolve the case and ensure public protection.
3. If the committee believes that the registrant’s conduct or competence represents a more serious issue or potential breach to public safety, the committee can direct the Registrar to issue a Citation for Discipline Hearing.

The most common method to resolve cases where the Inquiry Committee believes there has been incompetent, impaired or unethical conduct is through consent orders. Some examples of the types of terms that have been established in consent orders include: writing an apology to a complainant, writing a reflective essay, taking specific courses, working with an approved mentor or a dental hygiene educator to enhance clinical skills, or undergoing future random chart audits or onsite inspections, to verify remediation or compliance for a specified length of time. The terms of a consent order can also include public notification of the investigation and outcome on the College’s website, as well as payment of tariffs to cover a portion of the cost of the investigation (as per [Schedule ‘G’ of the CDHBC Bylaws](#)).

If it is not felt that the measures that are available to the Inquiry Committee will be adequate to resolve a particular case, then the Inquiry Committee can direct the Registrar to issue a citation for a hearing before a panel of the Discipline Committee. In the majority of cases, complaints and investigations have been resolved without escalation to the Discipline Committee. However, the College’s first discipline hearing took place in 2017, following an investigation that began in 2016. A summary of that hearing is available [here](#). A citation for a discipline hearing was also previously issued in 2015 for a separate case that originated in 2014**. However, that case was subsequently resolved by a consent order before the hearing took place and the citation was cancelled.

The table below captures the resolution of investigations by the Inquiry Committee for the 2012-2017 cases, according to the year that the case originated in. It is worth noting that the information presented for the 2017 cases is not yet complete because three cases were still in progress as of December 31st. These cases have been carried forward to 2018 with the method of resolution still to be determined.

Methods of Resolution:	2017 Cases	2016 Cases	2015 Cases	2014 Cases	2013 Cases	2012 Cases
Dismissed, no further action		1	4	20	2	3
Warning Letter				12	2	1
Undertaking not to repeat conduct				23	6	
Consent Order	2	9	11	21	4	4
Citation for Discipline Hearing	0 to date	1 (2 cases from 2016 combined for one registrant’s discipline hearing citation)	0	1 (**case subsequently resolved by consent order and hearing citation cancelled)	0	0

The College remains committed to processes that are fair, objective and transparent for all parties involved. In considering options to resolve investigations the initial goal of the Inquiry Committee is to attempt to partner with the registrant in working towards a path forward. As long as the registrant is

cooperative and responsive, the committee can maintain a focus on appropriate remediation and interventions to support safe and ethical practice.

Unfortunately, at times some registrants are not cooperative. This is not only unconstructive, but actually violates their professional responsibilities under the *Health Professions Act*. When these situations arise, the Inquiry Committee is left to draw upon some of the more punitive tools that the *Act* provides for. However, it is vital that complaints related to professional misconduct be investigated and addressed in an appropriate manner in order to uphold the public's trust and confidence in the College and in the profession. Ultimately the investigations that are undertaken by the College, along with the work of the Inquiry Committee, are one of the most fundamental pillars supporting the College's mandate of public protection.