BCCOHP | British Columbia College of Oral Health Professionals

BCCOHP BOARD OPEN MEETING
Thursday, December 7, 2023
11:10 a.m. – 2:30 p.m.

BCCOHP Offices
1765 West 8th Avenue, Vancouver BC
"Karen England Room", Lobby

MINUTES

The British Columbia College of Oral Health Professionals (BCCOHP or "the College") Open meeting commenced at 11:17 a.m.

In Attendance

Mr. Carl Roy, Chair
Ms. Julie Akeroyd
Ms. Elizabeth (Lise) Cavin
Ms. Pat Dooley
Ms. Marion Erickson
Dr. Alexander Hird
Ms. Cathy Larson
Ms. Rachel Ling
Ms. Michelle Nelson (until 12pm)
Mr. Amandeep Singh
Ms. Kim Trottier

Regrets

Ms. Shirley Ross

Staff in Attendance

Dr. Chris Hacker, Registrar and Chief Executive Officer (CEO)
Ms. Nancy Crosby, Manager, Board and Committee Relations
Ms. Karen Mok, Director, Professional Conduct, Competence and Fitness
Ms. Steph Nicholls, Senior Manager, Policy and Projects
Ms. Róisín O'Neill, Executive Director, Policy, Planning and People
Ms. Jennifer Roff, Director, Professional Practice
Ms. Anita Wilks, Executive Director, Strategic Engagement and Communication
Mr. Dan Zeng, Executive Director, Finance, IT and Operations

Guests

Mr. Doug Steele, COO, Decision Point Advisors

Preparation of Minutes: Ms. Sandra Moore, Raincoast Ventures Ltd.

Call to Order
Mr. Carl Roy, Chair, called the Open Board meeting to order at 11:17 a.m. and welcomed observer, Ms. Tina Moseley Denturist.

12. Consent Agenda ***(attachment)***

12a. Approval of September 7, 2023, Open Meeting Minutes
12b. BCCOHP Board Dashboard Report Q2 – July – September

In response to a question, Chair Roy confirmed that space would be made on the agenda for the next Board meeting to allow for commentary on the BCCOHP Board Dashboard Report.

RESOLUTION:
It was MOVED (Julie Akeroyd) and SECONDED (Michelle Nelson)
RESOLVED that the items on the Open Meeting Consent Agenda for the December 7, 2023, BC College of Oral Health Professionals Board meeting be approved.

CARRIED

Agenda Varied
The agenda varied to consider Items 13.a – e. concurrently.

13. Reports from Committees ***(attachments)***
13.a. Inquiry
13.b. Patient-Centred Care
13c. Quality Assurance ***(attachments)***
13d. Registration ***(attachments)***
13e. Sedation and General Anesthesia ***(attachments)***

Chair Roy referred members to the detailed Committee briefing notes, which were previously distributed, and invited commentary.

During ensuing discussion, comments and responses to questions were offered related to:

- The Inquiry Report reading like an accounting of items and the inability to gain insight on areas for potential improvement; a more detailed analysis would be helpful – more of the "why"
- Continued work on the Road Map
- The amalgamation providing an opportunity to look at risk through the provision of health care, and at risk more broadly rather than as the "owner of practice"
- How the College could be more proactive around patient safety and provide opportunities for learning, e.g. turning complaints into case studies
- Acting on what is known now, rather than waiting for the Road Map to be completed

- Issues informing the practice standards that are being worked on
- Whether a definition has been developed on who is and is not Indigenous.

14. Approval of Draft Strategic Plan *(attachments)*

Dr. Chris Hacker referred to the development of the one-year 2023 BCCOHP Strategic Plan, and the September 7, 2023, Board workshop.

Chair Roy remarked on the detailed meeting package and related video, which was previously provided to members. Board members opted to move to discussion on the draft Strategic Plan, rather than review a presentation.

During discussion, comments and responses to questions were offered related to:

- Issues around people claiming to be Indigenous when they are not, and a process to determine who is or is not Indigenous
- Ceasing the use of business or capitalistic practices in the provision of culturally safe care
- Evaluating culturally safe care and the evaluation process itself
- Issues surrounding rural and remote services
- Culturally safe care as an emerging field, and room needed for "outside the box" thinking and a different evaluation process
- The importance of finding the correct resources to assist the College with moving forward in a correct and appropriate way
- Grounding the College's work in terms of the concept of emotional, spiritual, mental, and physical
- The connection to mind, body, and spirit, which is lost in western medicine
- A culture in medicine that could shift to Indigenous Ways of Knowing
- Appreciation to staff who worked on the Strategic Plan and captured the feedback
- Confirmation that the Patient-Centred Care Committee had input into the Cultural Safety and Humility project
- Language used under the Strategic Focus section, and fixing the wording to align more with the initiatives, and refining it more in the experiential level
- Using anti-racism and anti-Indigenous racism terminology more
- Shifting the understanding of systemic issues; the system perpetrates anti-Indigenous racism
- The importance of keeping anti-racism language in the document, but having equity also be a focus
- Suggestion that if a new education program is initiated, it should also look at addressing anti-racism
- That if the College's vision is re-imagining one's own health care, there are ways it can address inequity within its scope
- Possible constraints in future discussions with what the new statute will speak to

- Responsibility to ensure the competency of registrants and suggestion to tie in the Quality Assurance program
- Uncertainty of what "health equity" means and need for further discussion
- An example of a Truth and Reconciliation Award presented at graduation at the University of Northern British Columbia, for Indigenous or non-Indigenous people who have demonstrated great strides towards truth and reconciliation.

RESOLUTION:
It was MOVED (Marion Erickson) and SECONDED (Alexander Hird)
RESOLVED that the BCCOHP Board approve the BCCOHP Strategic Plan 2024-2027 as presented.

CARRIED

Health Break
Chair Roy informed of his absence from the meeting between approximately 1:00 – 1:30 p.m. The meeting recessed at 12:00 p.m., during which Board members had an opportunity to tour the BCCOHP office. The meeting reconvened at 1:00 p.m.

15. BCCOHP Office Tour
This item was considered during the Health Break.

16. Risk Workshop – Identifying and Assessment (1:00 pm – 2:30 pm)

Mr. Doug Steele, Principal Co-founder, Decision Point Advisors, referred to a presentation titled, "Risk Management", and highlighted:

- Overview of the presentation
- Enterprise Risk Management (ERM) definition: planning, organizing, leading, and controlling the activities of an organization to minimize risk on its strategic goals, capital, and earnings
- ERM is not a policing role; it is an enabling role, allowing an organization to achieve its goals
- ERM provides:
  - A framework and methodology
  - Common lexicon of risk terminology
  - Standardized processes
  - Developing and prioritizing a risk register
- ERM will not eliminate risk; it manages risk and recognizes risk as a process
- Main components of ERM:
  - Determine corporate objectives
  - Risk identification
  - Risk measurement (assessment of likelihood versus impact)
  - Assessing the impact (assessment of likelihood versus size of loss)
  - Select risk management method
  - Mitigate, Avoid, Transfer, Accept, Share

- Inherent Risk: what could arise from the risk (prior to reviewing an organization's controls)
- Residual Risk: what the risk is after contemplating the effect of the organizations policies or controls on it
- Review of BCCOHP's ERM Governance Structure; risk management is not the sole responsibility of one individual but rather occurs and is supported at all organizational levels
- Overview of Roles and Responsibilities related to the Governance Structure
- Key Definitions:
    - Risk capacity: how much risk an organization is willing or able to take on (e.g. the capital of an organization)
    - Risk appetite: the aggregate level and type of risk that an institution is willing and has capacity for
    - Risk tolerance: quantitative and qualitative expression of the maximum risk allowed by the risk appetite
    - Risk limits: the translation of the risk tolerances into day-to-day practical boundaries to operations
- Depiction of simplified Risk Register:
    - Risk is broken into categories, such as financial, human capital, operational, regulatory, reputation, safety, strategy, or technology
    - Risks are inter-related and can affect more than one category
- An organization can get carried away with an illusion of precision; likelihood and Impact are estimates and meant to be thought of in order of magnitude and relative to each other
- ERM benefits
- Impact scale examples (1-Insignificant to 5-Catastrophic): consistency is needed when measuring impact and probability
- Risk score matrix: the risk score is the likelihood of the risk multiplied by its impact
- Assessment of risk exposure: the risk probability multiplied by its impact
- Risk categories examples, including public protection, regulatory, reputation, human capital, financial, operational, technology, strategy.

Responses to the following survey questions Board members had answered through an online survey were shared onscreen:

- Avoid risk of any sort?
- Seek options to transfer risk to others?
- Offset the potential impact of risk?
- Address all foreseeable risk?
- What do you believe is the overall risk-taking ability of the BCCOHP?
- What do you believe the primary goal of risk management in the BCCOHP should be?
- What do you foresee are the main challenges?
- Which categories are the most important and relevant?

- Rate the risk categories.
- Rate the threats from most threatening to least.
- What is most important when considering influencing factors that contribute to risk.
- In financial terms, what do you consider to be a “moderate” financial loss for the BCCOHP?
- When considering the likelihood of an undesirable event occurring, what timeframe should we be focusing on?
- When considering the impact of an undesirable event occurring, which best describes a “moderate” level of impact?
- How well do you think the strategic goals are defined in the organization?
- How would you describe the organization’s culture?

Board members and staff were led through an online SLIDO exercise, where they responded to the following questions:

What is the likelihood of BCCOHP being unable to attract and hire competent staff?
Almost Certain – 7%
Likely – 20%
Possible – 47%
Unlikely – 20%
Rare – 0%

What is the impact if the BCCOHP cannot attract and hire competent staff?
Catastrophic – 13%
Major – 67%
Moderate – 7%
Minor – 13%
Insignificant – 0%

What is the likelihood of the BCCOHP not retaining staff?
Almost certain – 7%
Likely – 25%
Possible- 56%
Unlikely – 13%
Rare – 0%

What is the impact if the BCCOHP cannot retain staff?
Catastrophic – 13%
Major – 80%
Moderate – 7%
Minor – 0%
Insignificant – 0%

What is the likelihood that the BCCOHP will have unproductive staff?
Almost Certain – 7%
Likely – 20%
Possible – 33%
Unlikely – 33%
Rare – 7%

What would be the impact if the BCCOHP has unproductive staff?
Catastrophic – 0%
Major – 73%
Moderate – 20%
Minor – 7%
Insignificant – 0%.

During and following the presentation, comments and responses to questions were offered related to:

- Dr. Chris Hacker being the current Risk Champion
- Clarification that there is a vetting process to identify the risk rating impacts when the risk register is completed
- Risk appetite translating into risk tolerance, in which metrics are identified (e.g. attrition rates, financial metrics)
- Confirmation that thresholds can be built into the register
- A "Risk Watch List", which lists risks that are trending upwards and where items on that list are discussed at the management level
- Development of a Risk Policy, which could include the different levels of response needed, based on the severity of the risk and the impact
- Examples of contractual opportunities to divest of risk, including outsourcing or insurance and contractual language
- Definition of offsetting risk (remediation or mitigation versus insurance)
- Whether environmental or climate threats should be included in the risk assessment, e.g. increased significant weather events impact the ability for people to come into work, and cause shifts in the organization
- Sustainability becoming more common in showing up on risk registers:
    - Sometimes there is a link to reputation, and to human capital, from a recruiting perspective, i.e. people want to work for an organization that has diversity and equity in the workforce, etc.
- Option to have a watch list as well as a risk register, of items that might be emerging risks but are not yet ready to be included on the risk register, and are looked at based on their speed of onset, forewarning, etc.
- Statement that the term "outliers" comes from an imperialistic background; "We are on the land, and so cannot be an outlier"

- The definition of moderate financial loss depending on the risk appetite and risk capacity of the organization:
  - The need to consider what the risk potential is, when considering what a "moderate" financial loss might be
- Clarification that as people get more comfortable and familiar to the approach to risk management, one can get closer to consensus
- Acknowledgement that to continuously improve and innovate, an organization must have a risk appetite built in; if an organization does not want to do anything, then it will not improve
- That having solid risk management practices is an enabler to an organization being innovative
- Suggestion to engage the voice of staff.

Mr. Doug Steele noted that next steps would include building out the risk register and rating the risks. For the Board, next steps would include identifying the organization's risk appetite. It was noted that the Board can build some consensus from a governance perspective with an overall risk appetite statement, and then for each risk category, identify a sub-risk appetite statement.

Chair Roy extended appreciation to BCCOHP staff for the preparation of the meeting materials and to Mr. Doug Steele for the presentation and discussion.

The BCCOHP Open Meeting concluded at 2:34 p.m. The Board moved into an In-Camera session.