

President's Column

NEW GOVERNANCE MODEL GOOD FOR ALL



Dr. Tom Breneman

March 28 and 29, 2003, were historic dates in CDA's ongoing evolution. When Board of Governors chair Dr. Nick Mancini accepted a motion for adjournment, it meant that this was the Board's final meeting, following the formal approval of a revised governance framework for the Association.

What does this mean for dentistry in general and CDA in particular? For several years, we have sought more input and discussion on current and emerging topics of interest to dentistry. The changes to our governance framework will allow CDA to be even better informed and more responsive to its members.

How will the new system work? On September 5–6, 2003, CDA will hold its first meetings under the newly approved framework. The General Assembly format will include voting representatives from provincial dental associations, dental students, the Canadian Forces Dental Services, national dental specialty organizations

and academic dentistry, as well as non-voting members and observers. This group is tasked with big-picture, directional policy issues, approving bylaws and changes in dues, selecting auditors and electing the Board's chair, vice-president and members.

On the second day, the Strategic Forum will include all participants of the General Assembly and invited oral health care and dentistry-related representatives, allowing for very broad-based input. Attendees are encouraged to discuss emerging issues that will impact on the oral health of Canadians.

The Board of Directors is elected by the General Assembly. The duties of Board members include identifying and managing strategic issues, approving general policy, recommending strategic direction and preparing agendas for the General Assembly, acting as CDA's official spokespersons, developing and maintaining an accountability system, and overseeing the Association's finances.

The Board of Directors will be responsible to the General Assembly for activities it undertakes in achieving CDA's Strategic Plan. As such, the Board will need to reexamine the current committee structure and the way we accomplish our tasks. The goal will be to have a system of standing committees and task forces to achieve results in as efficient, timely and effective manner as possible. This process of examination, dialogue, planning and implementation will take several months to complete.

The presidents of the provincial dental associations held a breakfast meeting before the recent Board meeting to discuss their major concerns. At the top of their list of worries is the shortage of dental hygienists and the inability to meet current demand for their services. This was such an overriding issue that it was subsequently

discussed at an in-camera session of the Board of Governors. CDA has already been involved with this issue in a number of ways. We recently had the pleasure of co-hosting with the Association of Dental Surgeons of British Columbia a forum on the oral hygiene shortage, which resulted in some initial investigation of the problem. Key messages were developed as well. CDA is now involved in Human Resources Development Canada's oral health sector study, which will add some solid data to the realities we find in practice, as we attempt to add staff in our offices. This study will allow us to predict the numbers of trained individuals required in the years ahead, including dentists, dental hygienists, dental assistants, denturists and lab technicians; it will also allow our universities and colleges to plan and ensure adequate trained professionals to meet the oral health needs of Canadians.

Just before the final Board of Governors meeting, we participated in an interactive session, which will help set the stage for the examination of different practice models. We are currently trained in and comfortable with one very successful private practice model of delivering dental care that has evolved over many years. This team approach is cost-effective and efficient, serving our patients very well. But there are segments of our population who are unable to access oral health care, for both physical and financial reasons. We need to be aware of alternate models for delivery of care to allow for appropriate treatment in a manner complementary to our current models.

These kind of proactive discussions of issues will be enhanced by CDA's new governance model.

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