



**REPORT TO THE  
CANADIAN DENTAL ASSOCIATION ~ ANNUAL GENERAL MEETING  
APRIL 21, 2017**

The Canadian Association of Hospital Dentists (CAHD) is pleased to present our first annual report to the CDA Annual General Meeting.

CAHD was incorporated as a non-profit organization in late 2014 and held its first annual general meeting in Vancouver in May, 2015 at which time the vision, mission, objectives and Bylaws were approved and the first Board and officers elected.

As the national voice of Canadian hospital-affiliated dentists, the mission of CAHD is to:

- promote the highest standards of evidence-based oral health care,
- advance dental education in academic health sciences centres,
- encourage collaborative research, and
- advocate for access to care for Canadians with complex needs who require dental care in hospital settings.

Membership is open to all Canadian dentists, dental students and dental residents. The following is the composition of the current Board of Directors:

Board of Directors 2016 -17			
Name	Location	Region	Position
Dr. Chris Lee	Halifax	Atlantic Region	
Dr. Mel Schwartz	Montreal	Quebec	Vice President
Dr. Susan Sutherland	Toronto	Ontario	President
Dr. Chris Cottick	Winnipeg	Prairie Region	
Dr. Eduardo Kalaydjian	Calgary	Alberta/NU/NWT	Secretary Treasurer
Dr. Debbie Fonseca	Vancouver	BC/Yukon	

**Meetings**

The annual meetings of CAHD are evolving to meet the unique needs of our members. Our first meeting in 2015 was primarily a business meeting to launch the organization. We did, however, have a guest speaker, an internationally renowned infectious disease specialist, who assisted CAHD in the establishment of one of our key strategic priorities – Antimicrobial Stewardship. In

2016, the scientific portion of the meeting was expanded to include a keynote speaker and an interprofessional panel presentation on the importance and development of registries and databases in hospital clinical practice and research. Resident research abstracts were introduced at that meeting, with oral presentations given by OMFS, perio and general practice residents from UToronto, McGill and Dalhousie. This year our meeting is in Montreal on April 28. There will be a full day of presentations on medically complex and special needs patients, antimicrobial stewardship and evidence based guidelines in oral oncology, as well as a resident abstract session.

### **Issues over the past year**

#### **1. Enhancement of the GPR Selection Process**

On behalf of our members, CAHD investigated and implemented participation in the National Match Service (NMS) for the selection of General Practice Residents. We partnered with the Match Committee of the Special Care in Dentistry Association (SCDA), to be represented on the NMS Steering Committee.

Thirteen of the fourteen accredited Canadian GPR Programs have joined the Match. A recent survey of the participating GPR Programs indicated that all but one program was satisfied or very satisfied with the new process.

#### **2. Website Development**

The website [cahd-acdh.ca](http://cahd-acdh.ca) was launched in April 2016. This is our most visible outreach to the profession and the public – the interface that articulates the vision and mission of CAHD.

The next step is the creation of a members-only side of the site. The members side will provide premium content in the form of specialized knowledge for members, a forum for interaction to enhance clinical practice, teaching, research, administration and dental leadership in Canadian hospitals and it will allow members to maintain their membership accounts. We are currently doing a needs assessment of our members to assist in the design and content.

#### **3. Leadership in Antimicrobial Stewardship (AMS)**

This was identified as a strategic priority at our first AGM in 2015. Since that time, we have developed pages on the website related to AMS, participated as a stakeholder in the [HealthCareCAN](http://HealthCareCAN) Action Roundtable to develop a National Antimicrobial Stewardship Action Plan for Canadians and made presentations at the ODA ASM in May with two infectious disease physician colleagues. We will be presenting again this year as part of the ODA Oral Health Strategy. We are currently working with the Endodontic Graduate Program at the University of Toronto to develop guidance for physicians and dentists in the appropriate use of antibiotics for

patients with pain and/or infection of endodontic origin. We continue to seek collaborative opportunities to work with other groups to promote evidence informed antibiotic use by dentists.

### **Current challenges**

The challenges facing CAHD are the same as those facing any new organization, namely how to provide value to existing members, how to attract new members and how to obtain non dues revenues to help us achieve our goals and commitments to our members and the public.

Significant challenges that continue to affect hospital dentistry include maintaining relevance and presence in our fiscally challenged health care system; recruiting and retaining top clinicians into academic hospital careers; and, caring for increasing numbers of increasingly complex patients with decreasing resources in the face of less capacity and/or willingness to treat in the community.

Dentistry is often an outlier in hospitals and not well understood by the medically dominated leadership model. As a result hospital dental departments are constantly under threat of closure and dental clinics are increasingly under resourced.

CAHD offers our members a forum for interaction and tools to meet these challenges; provides education to the profession and the public on hospital-based dentistry; is available as a resource to stakeholders on hospital dentistry issues; and, will develop national positions and policies which are of importance to the collective of Canadian hospital-affiliated dentists in the promotion of optimal oral health.

### **Emerging issues**

The two most pressing emerging problems are the relative lack of publicly funded dental programs and two crises related to prescription drugs – namely antibiotic resistance and opioid overuse.

Many patients with the greatest need in the most vulnerable circumstances cannot access needed care. Visits to emergency departments for non-traumatic dental problems is ever-increasing. Physicians, under pressure in overcrowded emergency departments and unable to treat the presenting dental problem, often resort to a prescription for an antibiotic and an opioid, fuelling both antibiotic resistance and the opioid crisis. Hospital dentists see patients with severe unmet dental needs in life threatening circumstances and the inability to pay for treatment.

The second emerging issue includes two matters related to prescription drugs: antibiotic stewardship and opioid overuse. Hospital dentists have access to a wide range of interprofessional resources and people. We believe that we can leverage these resources into knowledge translation activities to inform and educate dentists and the public about wise choices for pain control and prevention and treatment of odontogenic infections.

We look forward to meeting with our colleagues and engaging in dialogue at the CDA AGM on April 21.

Respectfully submitted,

A handwritten signature in black ink, appearing to read "Susan Sutherland", written in a cursive style.

Susan Sutherland  
President, CAHD