Enhancing the Wellness of Canadian Dentists
Summary Report

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Enhancing the Wellness of Canadian Dentists

A conference jointly organized by CDA and CDSPI
April 21, 2018
Ottawa, Ontario

Executive Summary

Leaders in Canadian dentistry gathered for a one-day conference in Ottawa to discuss dentist wellness: the challenges associated with achieving it, and the supports and programs in place that can promote wellness among dentists and others working in stressful environments. Here are some key points from these discussions that could influence future wellness strategies and potential next steps:

Treatment, supports and tools

- Regulatory bodies in medicine and dentistry play an important role in promoting wellness through their support of health programs. Physician Health Programs (PHPs) have evolved to cover a range of issues, but health programs developed specifically for the needs of dentists are comparatively new and less developed than PHPs in most jurisdictions.
- Promoting wellness among dentists requires specialized, high-level services and programs specific to the target audience and culture of the profession.
- The likelihood of an individual achieving wellness is optimized when supports are available at multiple levels: (1) individual level (e.g. through education, such as online resources developed for physicians that can be used anonymously, and through skill development for enhancing resilience and mitigating stress), (2) team level (e.g., when leaders model resilient behaviours and look after employees), and (3) institutional level (e.g., when workplaces adopt best practices for psychological well-being and health).
- Dentists who must withdraw from practice to undergo treatment face the challenge of keeping their practice viable in their absence and covering costs associated with treatment and income loss. B.C. dentists, for example, are supported in these challenges through the BCDA (locum placements) and CDSBC (financial assistance).

Returning to work and sustaining wellness

- Dentists returning to work after treatment for mental health or addiction issues would ideally be supported by a network of mentors, through a process that uses benchmarks drawn from existing successful programs.
- Dentists in solo practice are disadvantaged by professional isolation and lack of institutional support. For these dentists, in particular, and their family members and staff, it is crucial to provide mentorship support programs.
- Policies and other forms of support that address possible concerns about seeking mental health treatment should be further explored, such as those related to practice support, financial liabilities, and future insurability.
- Programs developed to support dentist wellness must address the needs of an increasingly diverse professional membership that can vary by gender, age, or sexual identity.
- As a profession, dentistry needs to continue the conversation about mental health at all levels, including at dental schools, and discuss possible future alliances for taking action.

Considerations for next steps

- Based on key points raised at the conference, hold discussions among key national and provincial dental associations to decide on priority issues and determine which organizations are best equipped to take the lead on various strategies to enhance dentist wellness.

- Informed by key points raised at the conference, explore how member assistance programs (MAP) can be enhanced to ensure they meet the needs of dentists (current and future)

- Hold discussions with medical organizations and the Canadian Armed Forces, with the aim of adopting services already developed by these groups to complement MAP offerings. The goal is to create an enhanced, modern and comprehensive “Dentist Wellness Program.”

Background

We all strive for wellness in our lives. But for dentists and other health care providers, wellness can be especially difficult to achieve. According to one definition, wellness "goes beyond merely the absence of distress and includes being challenged, thriving, and achieving success in various aspects of personal and professional life" (Shanafelt et al., 2005).

Dentists experience particular challenges in achieving wellness: the stress of running a practice, a professional culture that does not encourage disclosing mental health problems, and a fear of ruined careers and reputations if they reveal a mental health problem. And yet, maintaining wellness for dentists is crucial for reasons that go beyond its impact on the individual because it can affect the quality of care they provide to their patients.

On April 21, 2018, participants at a conference jointly organized by the Canadian Dental Association and CDSPI explored the issue of wellness in dentistry. *Enhancing the Wellness of Canadian Dentists* brought leaders in dentistry together to learn from experts who use different approaches to improving mental health, including an addiction medicine specialist, representatives from regulatory bodies in medicine and dentistry, a social worker leading the mental health program for the Canadian Armed Forces, and a psychiatrist who teamed up with physician health and education experts to develop an online wellness resource for physicians.

Keynote Presentation

Dr. Paul Farnan, MD, Addiction Medicine Specialist

Qualities and vulnerabilities of health care providers. Competitive, compulsive, perfectionists: the characteristic traits of health care providers can be vulnerabilities when it comes to looking after their own health. Most health care providers work in a culture that doesn't encourage disclosing when you are physically or mentally unwell. Although relatively rare, suicide remains a significant risk for physicians. Health care providers worry that seeking help for a mental health problem will have a negative impact on their career, increase the risk of being hospitalized or losing their license, or require disclosure of a psychiatric diagnosis to regulatory bodies and insurance companies.

Early intervention to prevent impairment. Impairment, defined as "a dentist's inability to perform essential job functions because of chemical dependency on drugs or alcohol or mental illness (and ageing)" is a key concern of regulators. Health care providers who struggle with an untreated addiction or other mental health problem can see their work performance continually decline until patient safety is compromised, at which point intervention becomes unavoidable. Health care providers identify strongly with their work. Typically, for those with unaddressed addiction or mental illness their professional lives appear to be maintained while often the reality is that other aspect of their lives, including their family life, social relationships, and financial situation, go downhill.

Physician Health Programs (PHPs): Regulatory bodies balance their duty to protect the public and their responsibility to help physicians by generally supporting the activities of Physician Health Programs (PHPs). Different models of PHPs exist, although historically they started with a focus on treating addictions. Over the years, the scope of problems covered by PHPs has expanded to include a range of

issues, including depression, disruptive behaviour, wellness and coaching. PHPs vary across the country in the levels of association that they have with regulatory bodies. The PHP approach aims to engage the physician experiencing difficulties with their mental health or a substance use disorder, before the regulator needs to become involved. Ideally, either the individual or a colleague first identifies the problem and contacts their PHP. Unfortunately, self-diagnosis is not likely and self-referral for treatment is rare. Intervention by colleagues or the PHP may be required to prevent the ill physician from harming a patient or risking their career. PHP participants usually have access to specialized assessment, customized treatment with peers, and high quality supervisory monitoring aimed at long-term remission of their condition, with the goal of returning to practice and long-term recovery.

Substance abuse & dependence. Alcohol is the substance most frequently abused by physicians and dentists, followed by prescription drugs (e.g., opiates and benzodiazepines). To evaluate whether someone you know has a potential substance use disorder without having a formal addiction medicine assessment, consider the 3Cs: (1) Control: Are there times when the person demonstrates loss of control over how they drink, once they have started to drink alcohol? (2) Consequences: Do they continue to drink despite negative consequences, and (3) Compulsiveness: Is there a compulsiveness to their behaviour where their drug of choice takes on a new salience in their lives? Substance related problems are often not recognized in physicians and dentists; health professionals resist detection because their problems can look like depression and anxiety, and they deny, rationalize and minimize the problem. In addition, co-dependence and enabling by colleagues and staff can lead to problems being covered up.

Treatment for dentists. Most dentists don't do well in a regular outpatient programs for treating addiction or mental illness. They often need to be treated in specific, specialized programs that "understand their egos" and are able to "respectfully and carefully unpackage that." Treatment providers need to appreciate that abstinent remission of symptoms is the goal for a dentist who will return to highly responsible work duties. Recovery capital, defined as "the breadth and depth of internal and external resources that can be drawn upon to initiate and sustain recovery" is an important factor contributing to a dentist's successful recovery. Factors contributing to relapse include denial, poor treatment, inability to accept feedback, and social or professional isolation. Most substance-dependent dentists can achieve remission and successfully return to practice if they follow through with specialized treatment recommendations.

Culture change. The culture of medicine is slowly changing. Health care policies have been driven by the "Triple Aim" goals, which focus on (1) enhancing the patient experience, (2) improving population health, and (3) reducing costs. But increasingly, there is a focus on "Quadruple Aim" objectives, because health administrators are starting to appreciate the additional goal of preserving well-being in the health care workforce. This expanded approach recognizes that the quality of the practitioner's health influences the care they provide, and therefore patient outcomes. In addition, addressing mental and emotional health of providers requires more than personal resilience: no matter how resilient a person is, they will eventually become unwell if they work in a sick or toxic environment.

Panel Presentations: The actions of regulatory authorities

Dr. Peter Prendergast, MD, Medical Advisor at the College of Physicians and Surgeons of Ontario

Physician Health Program (PHP) model. The College of Physicians and Surgeons of Ontario generally relies on a well-developed PHP for managing physician health. If a physician with an addiction or mental health problem is enrolled in the PHP, the College does not need to get involved unless the PHP identifies concerns about imminent risk to the public.

Duty to report. In Ontario, the Ontario Medical Association runs the PHP, and is not obligated to report physicians enrolled in the PHP to the College unless there is a situation involving imminent risk to patients. Additionally, all physicians must report a colleague who is impaired to the extent that they represent a risk to the public. The College also receives reports of impaired physicians from staff, patients, pharmacies, police and public health units. Following a complaint, the College conducts a Health Inquiry, which involves accessing a physician's medical records and arranging for independent examinations. If a physician refuses assessment and treatment, they may be referred to a Fitness to Practice Hearing, which could result in the loss of their license. However, if they opt to join the PHP, it is likely that they will recover and return to practice.

Dr. Cathy McGregor, BSc, DMD; Program Head, Health and Directed Education Program, College of Dental Surgeons of British Columbia (CDSBC)

CDSBC health program. The CDSBC established a confidential health program in 2013. When CDSBC receives a report about an impaired dentist, its staff members communicate with the dentist about their concerns. The dentist keeps their practicing licence but is asked to voluntarily withdraw from practice and be assessed by a physician with addictions medicine expertise. Should a substance use disorder be diagnosed, treatment often involves residential rehabilitative treatment; dentists in B.C. are commonly sent to facilities in Ontario. Until the dentist returns to practice, the dentist's malpractice insurance is stopped. The dentist signs an agreement with a monitoring service and can return to practice with a physician's approval.

Keeping the practice viable. Once a dentist has withdrawn from practice, the British Columbia Dental Association (BCDA) helps them keep their practice viable by getting locums in place. Financial considerations are significant; dentists face costs for an independent medical evaluation, treatment and monitoring, and suffer income loss. For certified dental assistants, costs associated with seeking treatment can be a significant barrier. CDSBC has a wellness fund to provide some financial assistance.

Dr. Martin Gillis, DDS, MAEd, Registrar for the Provincial Dental Board of Nova Scotia

Challenges in smaller jurisdictions. In Nova Scotia, there are 550 dentists—a relatively low number compared to larger provinces. The Provincial Dental Board of Nova Scotia does not receive reports about dentists with addiction problems frequently, so it is not as clear what strategies and resources are available to navigate these issues. In solo practices in smaller communities, it would be very difficult for the practice to continue if the dentist had to voluntarily withdraw from practice for treatment.

Complaints process. The Board received a complaint from the provincial prescription monitoring program about a dentist suspected of improper prescribing practises. An investigation found that the dentist was self-prescribing controlled drugs. The dentist signed a voluntary agreement to stop practising and enrolled in a treatment program; however, finding appropriate treatment can be a challenge in Nova Scotia compared to other jurisdictions. Once the individual had completed treatment, there was a 2-year monitoring period anddental practice review to ensure the dentist was delivering appropriate patient care.

Return to work: highlights from breakout groups

For dentists, the process of returning to work after treatment for mental health or addiction problems can be extremely challenging. Breakout groups discussed various aspects of the return to work process and presented their ideas, outlined below.

What can a return to work process look like?

Gradual. Accommodating a return to work takes effort, cost and time for any business. It should be a gradual process, with monitoring and feedback. Consideration should be given to modifying the work environment before a return to work. This includes the possibility of moving the individual into a new work setting to minimize exposure to potential triggers, if this is feasible and beneficial for the individual's situation.

Coordinated. The broader dental workforce, including dental hygienists, dental assistants, office staff and colleagues, should be engaged in supporting the dentist's return to work.

Supported. There should be an emphasis on follow-up care for dentists returning to work, including meeting regularly with their physician and connecting with a support network of other dentists who have faced similar issues.

Benchmarked. Benchmarks for a successful return-to-work process can be developed based on what others have done in existing successful programs.

Flexible. There should be some flexibility in how the licensing bodies address the issue of licensing requirements, if a dentist returning to work after completing treatment for an addiction or mental health issue does not have their required CE and continuing practice hours.

What supports or programs are helpful?

Reduced financial liabilities. Dentists would benefit from programs that recognize the financial stressors associated with seeking care (e.g., costs for treatment and monitoring) and returning to work. Financial counselling services would be helpful, and perhaps long-term disability plans could have an overrider for addiction so that funds are coming in when the dentist is undergoing treatment and not at their practice.

Clear expectations. Monitoring programs should clearly identify expected goals so the dentist is fully informed and aware of the program's expectations.

Mentorship support. Encouraging connectedness, through a mentorship program, mutual support group, or health professional accountability group, would ensure that dentists can rely on a trusted relationship with at least one friend who has successfully endured similar difficulties. A life-long support system would ensure that a dentist returning to work would not feel alone and can always turn to a "kindred spirit" for help. Support systems should also be in place for family members and staff.

Locum protocols. While the dentist is going through rehab, a locum protocol would help keep the practice viable.

Corporate models. Some of the large corporate models of dentistry provide services or some type of program for associates/dentists returning to work, although it's unclear what is specifically offered and if it is effective. The corporate model of dentistry also allows other dentists to fill in if a colleague has to leave the practice for addiction or mental health issues.

What policies are helpful in assisting dentists' return to work?

Privacy policy. Developing a policy on ensuring that dentists' privacy would be maintained is essential, particularly for dentists who work in smaller jurisdictions.

A broad range of policies for all phases of rehabilitation. The different phases of dealing with an addiction or mental health problem (e.g., work stoppage, rehabilitation, preparing to re-enter practice, practising) require different policies/supports. Policies related to practice support, income support, and insurance could be targeted to specific phases of rehabilitation.

Policy related to future insurability. A policy is needed to address and protect the future insurability of the practitioner for short- or long-term disability once they have undergone rehabilitation for an addiction or mental health problem.

Policy to protect against employee complaints. The private practice delivery model is probably one of the greatest factors influencing a practitioner's decision to seek help, because of all the stressors involved in running the practice. A policy could address how to protect practitioners from employee complaints if an employee is adversely affected by the practitioner's absence from the practice.

What type of monitoring is helpful?

Structured and collaborative. Involve and inform the supporting dental team, because coworkers and staff could be involved in the monitoring process once the practice is re-established. It would also be important for practitioners to know how to self-monitor in a structured way.

Rigorous. Random, 2- to 5-year, compulsory monitoring with a defined end date. This is not just biological monitoring, but also behavioural monitoring to help detect problems or pre-relapse behaviours before larger problems develop.

What do we need to keep in mind if we look at this through a gender lens?

Gender matters. Research shows there are some qualitative differences with respect to the realities of practice ownership for males and females and their experiences within. In returning to work, women report challenges with how staff perceive their authority, which they believe would not be present for

men. A female returning to work in a group practice who is struggling to balance family responsibilities might have more support from staff and colleagues, compared to a male in similar situation.

Age matters. Females are affected differently by age when it comes to alcohol abuse: older females are more resistant to treatment and are more prone to relapse compared to younger females. Young, single-mothers who are in a rehabilitation treatment program face additional stressors associated with the burden of caregiving responsibilities, compared to a young man or father.

Inclusion matters. Dentistry is a male-oriented profession, in terms of how success is recognized and how practices are run. People who are in gender flux, transgendered, or in same-sex relationships could have a harder time coming out in the dental community, which puts them at risk for mental health issues. The dental profession has to broaden its perspective and consider how all of its populations can be supported.

Return to practice alternatives

Best practices. Review best practices in return to work and establish basic requirements, focusing on the importance of structure, the different experiences of associates versus principals, and the value of mentorship and peer support.

Institutional advantages. A weakness in the dental profession is that most practitioners work in individual dental practices, which creates challenges compared to those who work in institutional settings. Larger group practices might be more conducive to a phased-in approach to returning to work.

Locum support. The provincial dental regulator or association could organize locums to support the practice; however, inherent conflicts of interest in dealing with these locums would need to be assessed. Insurance companies could create a pool of local dentists to provide support, with communications to protect/support both patients and dentists.

Risks. What are the risks to dentists in returning to work? Consideration should be given to physical limitations that the dentist might have developed in association with their mental health problems.

Opportunities. In urban areas, there are opportunities to work at a university as a clinical instructor, in school clinics, public health screenings, and in consulting work. There are also opportunities to practise in northern First Nations reserves.

Road to Mental Readiness, Canadian Forces

Kim Guest, MSW, RSW; Team Lead, Road to Mental Readiness Team

Enhancing resilience and performance in stressful situations. The Canadian Armed Forces “Road to Mental Readiness Program” helps Canadian Forces (CAF) members and their families recognize mental illness earlier and seek help. Although the experiences of CAF members may not equate to those in a dental practice, we all face similar stressors (e.g., finances, relationship breakdowns, and problems at work) and respond to, and mitigate, stress in the same way.

A 2002 partnership with Statistics Canada found that 84–96% of military members who screened positive for a mental illness didn’t recognize they had a problem or a need for service. The CAF program

was created to better mentally prepare people for the psychological stress and strain they experience throughout their careers.

Mental health is not an all-or-nothing state. The program views resilience as a skill that can be enhanced with practical information and tools for managing stress. Recruits are provided with information about taking care of themselves and watching out for their friends. Individuals in leadership positions are provided with information about watching out for the well-being of the employees who report to them. Mental health exists on a continuum: healthy well-being, temporary distress, persistent functional impairment, and severe functional impairment or mental illness. Recognizing this spectrum of mental health can encourage patients to seek help early on.

Four skills to mitigate stress. In 2010, the U.S. Navy Seals focused on strategies for improving an individual's ability to perform and withstand high levels of stress, which were coined The Big Four: (1) tactical or diaphragmatic breathing, (2) goal setting, (3) visualization, and (4) positive self-talk. The CF program used the Navy Seals program as a foundation to create The Big Four Plus, which captures additional strategies, such as mindfulness and progressive muscle relaxation.

Performance and well-being as a cycle. The well-being cycle involves preparation, performance, and recovery. Preparation is knowing what the upcoming stressors are going to be, and what needs to be done to mitigate the stress. Performance is using these mitigating skills in the performance domain. Recovery is about bouncing back and maintaining health through active behaviours in the four pillars of health: physical, mental, social and spiritual. However, it takes time and effort to change old patterns of unhealthy coping and new patterns of behaviour must be practiced. As an example, search online for "Smarter Everyday Backwards Bicycle" to watch a video that shows how hard it is to change learned behaviours.

Leadership and the tipping theory. When a small number of highly credible individuals exhibit resilient behaviours, they can tip an entire culture, as others replicate the resilient characteristics they observe. The tipping theory considers that when key leadership personnel have the ability to demonstrate resilient behaviours, they serve as a catalyst to tip the organization into a culture of resilience. The question is, could the opposite also be true: when leaders do not exhibit resilient behaviours, can they tip an entire organization away from health and wellness? Leadership must learn and practice resilient behaviour to not only care for themselves but to mentor and model these behaviours for their employees.

ePhysicianHealth.com, University of Ottawa

Dr. Derek Puddester, MD, Med, FRCPC, PCC; Associate Professor, Department Psychiatry, University of Ottawa

It's ok to be average. A needs assessment among University of Ottawa students, residents, faculty members and support staff in the faculty of medicine indicated there was interest in an online learning resource to help physicians and physicians-in-training develop resilience in their personal and professional lives. ePhysicianHealth.com was developed by leading physician health and eLearning experts to provide evidence-based information and user-friendly tools for self-help and collegial support. The tools available on the site are free and can be used anonymously.

ePhysicianHealth.com content. The website links to bilingual modules on topics such as weight, nutrition and fitness; substance use disorders; depression burnout and suicide; anxiety; resilience; boundaries; and disruptive behaviour in health care teams. All modules include resources, websites, personal stories and videos. *Carpe Diem, Resilient Physician Communities*, a 22-minute documentary on resilience and medicine, is also available on the website.

Outcomes and influence. All the medical schools in Canada and many PHPs have embedded ePhysicianHealth.com on their websites and make it part of the curriculum. Accreditation bodies started to take a serious look at health and wellness issues for doctors, and now undergraduate, post-graduate, and hospital accreditation standards consider health and wellness of providers and students. The website has been used in over 100 countries by hundreds of thousands of users. Some of the most commonly accessed parts on the site are about how to help a physician colleague who is suicidal, and how to help someone with an addiction.

Panel Discussion: Lessons learned from creating wellness resources

A panel discussion with Dr. Paul Farnan, Ms. Kim Guest, and Dr. Derek Puddester centred on lessons learned from creating wellness resources. Here are some highlights from the discussions.

Context. People need information at different transition and development points in their career and stage of life, so information should be contextualized to the individual's circumstances.

Higher level services. Be careful about where investments are made. Less expensive options like Employee Assistance Programs (EAP) are available but health care providers who are severely ill get a negative message when they get a textbook or pamphlet in the mail after they've reached out for help; unfortunately that's often what is provided in an EAP. Health care providers need a high level of skilled intervention and an experienced, compassionate reception when they reach out for help.

Institutional support. Organizations need mature, leadership-driven discussions about the systems issues that affect our health. Promoting health and well-being for people requires that multiple levels be addressed: it's important for individuals to have skills to take care of themselves, it's important for leaders to understand how to shield and protect the mental health of their employees; and it's important for institutions to adopt some of the environmental or systemic recommendations around psychological well-being and health in the workplace.

Target audience. To be accepted and relevant within the culture of dentistry, programs for promoting wellness have to be built within the culture of the profession. Focus on the people that the programs are trying to serve, and how their needs and challenges might be the same and different than those of colleagues in the medical community.

Dentist wellness: highlights from breakout groups

Breakout groups discussed what it will take to promote and sustain dentist wellness. Some of their ideas are outlined below.

Personal. Avoid living in isolation; foster social, family, and professional connections. A program that provides 24-7 confidential access to a mentor (virtually or in-person) would accommodate individual needs related to practice, family or individual issues. How to handle stress and anxiety should be taught in schools, from childhood to university, and into professional life.

Practice. Take continuing education courses as a team so all staff can discuss these issues together. Remember that leadership can tip an organization towards resilience. Incorporate discussions about wellness into team meetings, and delegate related activities to team members.

Systems. Consider how board members, committees, and volunteers are supported at the association level. Systems should be designed to reduce the stigma around mental health problems. Consider the insurance implications with respect to treatment for addiction; could practice interruption coverage alleviate economic concerns about the cost of addictions treatment? What are the implications for malpractice insurance?

What will it take? Wellness starts with dentists and the leadership they provide in their practices. It also requires respected champions of the cause and buy-in from employees and colleagues. Wellness initiatives should also recognize the specific needs of dental students and the dentists who license in Canada every year who are not educated in Canadian dental programs.

Who do we need for this to be successful? We need dental schools to be involved in educating students about wellness and a paradigm change in how dental schools are run; the profession has a history of a stressful student experience**.** We need to consider possible partnerships and provision of services at the provincial level. We need to create some sort of structured forum where we can have discussions about what dentists would like in a wellness program and how off-the-shelf programs can be improved.

Complex problems require multiple interventions with multiple players, coordinated as much as possible. Create alliances and take action. For example, maintain a standing item on the agenda about dental wellness and discuss possible alliances, possibly with physicians, organizations like the Mental Health Commission of Canada and HealthCareCAN, within provinces, across provinces, and with other dental organizations.

Outcomes

At the conclusion of the Enhancing the Wellness of Canadian Dentists conference, participants:

- Gained a common understanding of what wellness means for dentists in Canada.
- Learned about existing resources and gaps to support the wellness of dentists in Canada.
- Developed a better understanding of possible wellness strategies, the stakeholders to consider, and potential areas of collaboration.

Considerations for next steps

- Based on key points raised at the conference, hold discussions among key national and provincial dental associations to decide on priority issues and determine which organizations are best equipped to take the lead on various strategies to enhance dentist wellness.
- Informed by key points raised at the conference, explore how member assistance programs (MAP) can be enhanced to ensure they meet the needs of dentists (current and future)
- Hold discussions with medical organizations and the Canadian Armed Forces, with the aim of adopting services already developed by these groups to complement MAP offerings. The goal is to create an enhanced, modern and comprehensive “Dentist Wellness Program.”

Appendix 1: Conference Invitees

Alberta Dental Association & College

Dr. Gurminder (Mintoo) Basahti
Dr. Randall Croutze
Dr. Pauline Harrison
Dr. Bob Huff
Dr. Anthony (Tony) Odenbach

Association of Canadian Faculties of Dentistry

Dr. Andrea Esteves
Dr. Steven Patterson

British Columbia Dental Association

Dr. Raymon Grewal
Ms. Jocelyn Johnston
Dr. James Singer
Dr. Kin-Kong Wan

Canadian Association of Hospital Dentists

Dr. Susan Sutherland

Canadian Dental Association

Ms. Tricia Abe
Dr. Joel Antel
Dr. Jim Armstrong
Dr. Linda Blakey
Mr. Claude Paul Boivin
Dr. Aaron Burry
Dr. Heather Carr
Mr. Kevin Desjardins
Dr. Barry Dolman
Dr. Tobin Doty
Ms. Kindha Gorman
Ms. Chiraz Guessaier
Dr. Richard Holden
Dr. Larry Levin
Dr. Alexander (Sandy) Mutchmor
Mr. Joel Neal
Dr. John O'Keefe
Dr. Mike Prestie
Dr. Benoit Soucy
Ms. Suzanne Sutton
Dr. Michel (Mitch) Taillon
Ms. Linda Teteruck
Dr. Lynn Tomkins

Mr. Geoff Valentine
Dr. Daniel Violette
Dr. Bruce Ward

Canadian Dental Specialties Association

Dr. Paul Andrews
Dr. Frank Hohn
Dr. Jean-Pierre Picard
Dr. Carlos Quiñonez
Dr. Grahame Usher

CDSPI

Mrs. Susan Armstrong
Mr. Lyle Best
Mr. Ed Dermit
Dr. Jeff Williams

College of Dental Surgeons of British Columbia

Dr. Cathryn McGregor

College of Dental Surgeons of Saskatchewan

Dr. Todd Graham
Dr. Craig Humber
Dr. Drew Krainyk
Dr. Louie Kriel
Mr. Jerod Orb
Dr. Hilary Stevens
Dr. Derek Thiessen
Dr. Wes Thomson
Dr. Bernie White
Dr. Dean Zimmer

Dental Association of Prince Edward Island

Dr. Brian Barrett
Dr. Michael Connolly
Dr. Paul McNab

Dental Council of Prince Edward Island

Dr. Ray Wenn

Federation of Canadian Dentistry Student Associations

Ms. Julie Delcorde
Ms. Natalie Pollock
Mr. David Wu

Manitoba Dental Association
Dr. David Goerz
Dr. Patricia Ling
Mr. Rafi Mohammed
Dr. Cory Sul

New Brunswick Dental Society
Dr. Joy Carmichael
Ms. Lia Daborn
Mr. Dan Leger
Dr. Suzanne Drapeau-McNally
Dr. Robert Hatheway

Newfoundland and Labrador Dental Association
Dr. Robert Cochran
Dr. Paul Hurley
Mr. Anthony Patey

Northwest Territories & Nunavut Dental Association
Dr. Viktor Dorokhine
Dr. James Tennant

Nova Scotia Dental Association
Dr. Nada Haidar
Dr. Erin Hennessy
Mr. Steve Jennex

Ontario Dental Association
Mr. Frank Bevilacqua
Dr. Kim Hansen
Dr. Janet Leith
Dr. David Stevenson
Dr. LouAnn Visconti

Ordre des dentistes du Québec
Dr. Stéphane Monette

Provincial Dental Board of Nova Scotia
Dr. Martin Gillis
Dr. Kevin Walsh

Royal Canadian Dental Corps
Lt.-Col. Martin Brochu
Col. Dwayne Lemon
Lt.-Col. Jodi Shaw

University of Ottawa

Dr. Ivy Bourgeault

Yukon Dental Association

Dr. Colin Nash

Appendix 2: Resources

- A Well Dentist Provides Care Well: Hidden Disabilities and Other Challenges. A PDF of Dr. Paul Farnan's keynote presentation at the dentist wellness conference on April 21, 2018, can be found here: www.cda-adc.ca/_files/cohr/PaulFarnanCOHR.PDF.

- ePhysicianHealth.com. A PDF of Dr. Derek Puddester's presentation at the dentist wellness conference on April 21, 2018, can be found here: www.cda-adc.ca/_files/cohr/DerekPuddesterCOHR.PDF