



The College of
Dental Surgeons
of Saskatchewan

Improving Oral Health Services for Saskatchewan People

**A Brief Prepared by the College of Dental Surgeons of
Saskatchewan**

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1. Oral Health is Critical to Population Health

“Oral health is part of total health and essential to the quality of life”.¹

“Oral health is integral to general health. You cannot be healthy without oral health.”²

From the World Health Organization to the Surgeon-General of the United States, numerous research studies and landmark reports have shown that oral health is integral to a population’s overall health. Over many years, research has established associations between chronic oral infections and heart and lung disease, stroke and low-birth-weight, premature births. Research has also shown connections between periodontal disease and diabetes.

In short, oral health and general health should no longer be treated as separate entities. Oral health is a critical component of a society’s overall health. In spite of this well-proven interconnection, oral health remains isolated outside the traditional health care system in Saskatchewan.

2. Oral Health - The Forgotten Health Care Service

While health care remains the number one public policy priority for the Government of Saskatchewan, and the number one target for public expenditure, dentistry often is the forgotten component of overall health care. That is evident throughout the provincial government’s policies, programs and spending decisions.

Even though annual tuition at the University of Saskatchewan College of Dentistry is nearly *three times* the tuition charged at the College of Medicine (\$32,000 a year versus \$11,036) the Government of Saskatchewan offers no Return of Service Bursaries to Saskatchewan dental students, while students from a number of other health care fields (physicians, nurses, dental therapists and many others) qualify for a variety of bursaries to help offset their tuition costs, in exchange for commitments to practice in Saskatchewan.

While the Government of Saskatchewan’s recent \$6 Million Saskatchewan Health Workforce Employee Retention Program offers incentives to various health care providers to either come to Saskatchewan from elsewhere or move to harder to recruit areas of the province, no money is available under this program for dentists or dental specialists.

While the Government of Saskatchewan has committed \$250 Million to the Academic Health Sciences Building at the University of Saskatchewan, there is no money included in this commitment for upgrading or expanding the College of Dentistry. Further, announced plans for new publicly-funded Surgical Centres do not yet include oral surgery capacity, which could assist in reducing the long waiting lists for many dental patients and taking pressure off hospital operating rooms.

¹ World Health Organization, “Global Oral Health Program Objectives”

² Executive Summary, “Oral Health in America: A Report of the Surgeon General” (2000)

While the College of Medicine at the University of Saskatchewan receives provincial government funding to provide graduating physicians with more than one-hundred residency positions (specialized training opportunities) at Saskatchewan hospitals and clinics, the College of Dentistry receives provincial funding for only two such positions.

The College of Dental Surgeons of Saskatchewan firmly believes that oral health is critical to population health, and that oral health services must be recognized as a key contributor to the overall health of our population, both in terms of health care planning, design and funding.

3. Recruitment and Retention of Dental Professionals

Saskatchewan has a Shortage of Dental Professionals

Oral health is agreed to be an important part of maintaining a person's overall physical well-being, but a shortage of dental professionals means more and more Saskatchewan people are being forced to go without adequate access to these important health services.

The World Health Organization (WHO) reports that among industrialized nations the ideal ratio of dentists to population is 1:1200. However, Saskatchewan today has a ratio of 1 dentist for every 2,632 people. That means Saskatchewan dentists are serving a patient load **more than double** the suggested norm among industrialized countries.

At the end of 2006, Saskatchewan had **380** licensed dentists and dental specialists.³ That represents 38 licensed dentists for every 100,000 Saskatchewan residents, well below the Canadian average and the *second lowest* number of dental professionals per 100,000 people among all the Canadian provinces. Only Newfoundland and Labrador has a smaller number of dental professionals per one-hundred thousand population.⁴

This is not a new trend. Over the past decade, the total number of dental professionals practicing in Saskatchewan has increased by only **11%** (37), a rate of growth that will not overcome the severe shortage of oral health care providers in this province.

In addition, it should be noted that rural, northern and remote communities within Saskatchewan have even less access to dental care services. **77%** of all dentists and dental specialists licensed in Saskatchewan are resident in our four largest cities: Regina, Saskatoon, Prince Albert and Moose Jaw. By contrast, only **13%** of Saskatchewan dentists and dental specialists are resident in rural or northern communities.⁵

³ College of Dental Surgeons of Saskatchewan, Summary of Registered Dentists (2006)

⁴ Canadian Institute for Health Information, "Number of Health Personnel in Selected Professions"

⁵ College of Dental Surgeons of Saskatchewan, Residence of Licensed Practitioners (July 2007)

A recent study of the availability of dental care in Saskatchewan by the College of Dentistry at the University of Saskatchewan found similar trends.⁶ For example, the study shows that residents of Saskatchewan's three northern health regions (Athabasca Health Authority, Keewatin Yatthe Health Authority, and Mamawetan Churchill River Health Authority) have one resident dentist to serve a population of more than 35,400 people. The Heartland Regional Health Authority, which serves West-Central Saskatchewan communities such as Rosetown, Kindersley and Biggar, has 1 dentist for every 11,031 residents of the region.

Saskatchewan Losing Dental Graduates

This shortage of dental professionals has been made even more severe by the fact Saskatchewan has been unable to keep its young and talented graduating dentists from leaving the province. From 1996 to 2006, 268 people graduated from the College of Dentistry at the University of Saskatchewan, but only **90** of these graduates (33.6%) have chosen to practice here at home. 178 graduates (66.4%) have left the province to practice elsewhere.⁷

This exodus of young and highly-skilled dentists represents both a health care and a financial loss for Saskatchewan. The exodus of talented young dentists to other provinces and the United States not only leads to longer waiting lists for dental services, it costs Saskatchewan taxpayers millions of dollars in lost investment in higher education. It also means lost jobs and squandered economic opportunities.

Saskatchewan Facing a Dental Profession Retirement Bubble

Contributing to the growing shortage of dental professionals is the simple fact that more and more of the existing workforce is coming to retirement age.

42% of Saskatchewan's current dentists and dental specialists are fifty years of age or older. As these highly experienced oral health providers retire from active practice over the next ten to fifteen years, Saskatchewan residents will be faced with a growing shortage of oral health services.

Saskatchewan Missing out on Foreign-Trained Dentists

Some estimates are that Canada could increase its dental professional workforce by hundreds, perhaps thousands if it would speed up the qualification and registration process for foreign-trained dentists and dental specialists who have come to Canada to live. The Canadian Dental Regulatory Authorities Federation (CDRAF), which brings together provincial dental association registrars and Presidents, has been working on a coordinated national plan that would see the training and skill levels of foreign-trained dental professionals assessed at Canada's dental colleges, where they could also receive gap training if required, and then be recommended for national certification exams.

⁶ "A Geographic Representation of the Distribution of Dental Care Available in the Province of Saskatchewan", University of Saskatchewan College of Dentistry (2006)

⁷ College of Dental Surgeons of Saskatchewan, Summary of Dentists and Specialists (2006)

Dental colleges across Canada are anxious to welcome these foreign-trained recruits. However, the College of Dentistry at the University of Saskatchewan currently does not have the physical or financial resources to train a large number of these special students.

In fact, Saskatchewan Health has even rejected a request from the College of Dental Surgeons of Saskatchewan to help fund its participation in the development of the national strategy. As a result, most of these foreign-trained dentists and dental specialists will be trained, examined and registered to practice in other provinces.

Saskatchewan Failing to Recruit and Retain Dental Specialists

At the end of 2006, Saskatchewan had only forty-one dental specialists working across the province. That is actually **five fewer specialists** than were practicing in Saskatchewan **ten years ago!** A ratio of one dental specialist for every 24,390 Saskatchewan citizens explains why the province has some of the longest dental surgery waiting lists in the country, and why the few specialists we have are severely overloaded and constantly in crisis mode. Why has Saskatchewan failed to recruit and retain more dental specialists if the oral health needs of the population are so great?

To begin with, when Saskatchewan dental specialists are providing their patients with medically-based services covered by Medicare, they operate under a Government of Saskatchewan Fee Schedule that on average is nearly 40% lower than the fees offered in Alberta, our main competitor for dental specialists. How can Saskatchewan expect to recruit and retain dental specialists when our main competition for these specialists pays nearly **40% more** to conduct the same procedures?

Further, the Government of Saskatchewan refuses to treat dental specialists as they do other health care specialists. For example, plastic surgeons receive on-call stipends from Saskatchewan Health and its Regional Health Authorities, because they are expected to be available to deal with emergency facial lacerations, fractures and other medical emergencies. However, oral and maxillofacial surgeons who are often called upon to deal with similar emergencies are not. Why are these dental specialists not treated equally for equal work?

A further sign that dentistry in general and dental specialists in particular are overlooked by Saskatchewan Health is that **not a single dollar** of the Government of Saskatchewan's \$6 Million *Health Workforce Employee Retention Program* has been dedicated to dentistry. Saskatchewan has what many perceive to be a crisis in access to oral health services, but the government's own program appears to ignore this crisis.

Finally, dental specialists are highly trained and skilled health care providers, but they can only maintain these skills and update their training if they are able to practice in advanced facilities that provide access to modern treatment methods and technologies. The College of Dentistry at the University of Saskatchewan does not receive the financial resources to be able to offer many specialists access to the latest technologies and treatment methods. Additionally, dental specialists are not yet a key component of Saskatchewan's major new health care infrastructure projects, whether it's the Academic Health Sciences Centre in Saskatoon or the new Surgical Centres planned for Regina and Saskatoon.

Rising Student Debt Contributes To Exodus

One of the reasons for the exodus of dental professionals from Saskatchewan is the rising debt load of dental graduates. Eight years ago the University of Saskatchewan introduced a significantly higher tuition fee structure for dental students. Dental students at the University of Saskatchewan College of Dentistry pay tuition of **\$32,000 a year**, one of the highest tuition rates in all of Canada (*\$38,670 a year when various equipment and student fees are included*).

A recent study of the debt loads of dentistry graduates shows that nearly half of all graduates (**49%**) have debts exceeding \$100,000 upon graduation. 14% of all dentistry graduates actually have student debt loads that exceed \$200,000.⁸

The survey shows that this huge debt load forces graduates to move to provinces with higher populations and higher dental fee guides in order to make the money required to repay their huge student loans. The level of dental student debt means graduates will be much less capable of attending graduate school, working in public health, buying a practice or choosing an academic career.

Surprisingly, Saskatchewan offers **no return of service bursaries** to Saskatchewan dentistry students, which would help them reduce this unfathomable student debt load in exchange for setting up practice in Saskatchewan.

The top fifteen academically ranked Saskatchewan residents each year at the College of Dentistry receive a scholarship of \$18,000 toward their tuition, but this scholarship is funded *internally* by the College of Dentistry and **not** by the Government of Saskatchewan. All other health profession training programs at the University of Saskatchewan, SIAST and First Nations University of Canada have some form of provincial government bursary program tied to return of service. Because the Saskatchewan Scholarship is offered by the College of Dentistry it cannot be tied to any return of service agreement, and many dental students feel it discriminates against not only non-Saskatchewan residents, but also Saskatchewan residents outside of the top fifteen academic performers. Non-qualifying students are very aware that their tuition fees are subsidizing these scholarships, and believe strongly that the College of Dentistry should not be subsidizing tuition fees at the expense of infrastructure and educational programming.

Therefore, the College of Dentistry will be eliminating the Saskatchewan Scholarship starting in academic year 2008/2009. Existing students will continue to receive the scholarship until graduation. Year 1 students in 2008/2009 will not receive it and all students will pay the same tuition (\$32,000 per year plus the cost of equipment and student fees).

The College of Dentistry is the only college directly subsidizing the education of Saskatchewan students. The funding comes from the College's operating budget with no additional funding from the Province or the University. The College of Dentistry will reinvest the scholarship money (\$1,080,000 per year) into infrastructure, technology and new programs to improve the quality of education for all students.

⁸ "The Effect of Dental Student Indebtedness on Post-Graduation Career Choices", College of Dentistry, University of Saskatchewan (2006)

It is important to note that while the average cost of dental school tuition and associated fees is more than \$38,000 a year, the maximum federal/provincial student loan ceiling is \$60,000 for a dental student's total program. This means that dental students are forced to arrange additional loans and/or lines of credit from financial institutions to cover their costs, and many will have to start *paying interest on these loans while still in school*.

Finally, it should, be noted that while Student Bursaries are not available to Saskatchewan Dental Students from the Government of Saskatchewan, bursary assistance is made available to a large number of students in other health care occupations. Students enrolled in everything from Audiology to Respiratory Therapy are eligible to apply for Student Bursaries of \$2,000 to \$7,000 per year to assist with their training. Dental Therapists are the only group related to the dental field eligible for such student bursaries.⁹

In addition, the special incentives provided to various health care providers to encourage them to relocate to Saskatchewan or to relocate within the province to rural, remote or hard to service areas are not available to dentists or other dental professionals.

Grants of up to \$15,000 are available to Physicians and other health care providers willing to sign a Return of Service Agreement when they relocate to these hard to service areas of the province. Physicians who relocate from outside Saskatchewan are eligible for a relocation grant of \$5,000.¹⁰

None of these encouragements are available to dentists even though in many rural, remote and hard to serve areas there are fewer dentists per capita than other health care providers.

Saskatchewan Dental Fee Guide Contributes to Exodus

One reason young dentists are leaving the province is that the fees in the College of Dental Surgeons of Saskatchewan Fee Guide are the **lowest in Canada**. A recent study conducted by *R.K. House and Associates* on behalf of the College found that the average fee charged for the top 37 most common dental procedures is \$56.58 in Saskatchewan, 4% lower than Manitoba, 7.1% lower than British Columbia, 15.3% below Alberta's rates and 18.5% below Ontario's fees for the same procedures. Dental graduates facing huge student debt loads will naturally go where they can receive higher compensation for their work in order to pay down their debts as quickly as possible.

Another key reason young dentists are leaving Saskatchewan in high numbers is that the Government of Saskatchewan does not provide adequate dental health care coverage for individuals and families covered by the *Supplementary Health Program* and the *Family Health Benefits Program*. The *Supplementary Health Program* provides dental care services to more than forty-thousand Saskatchewan residents, largely Saskatchewan Assistance Plan recipients and low-income seniors who are resident in special care homes or hospitals. The *Family Health Benefits Program* provides more than twenty-one thousand low-income Saskatchewan families with dental services for their children.

⁹ Government of Saskatchewan, Saskatchewan Health Website, Bursaries for 2007–2008

¹⁰ "Information for Applicants", Saskatchewan Health Website (2007)

While young dentists work to establish their practices in Saskatchewan, patients covered by these two government programs will often constitute a significant portion of their patient load. However, the Government of Saskatchewan refuses to pay the fees set out in the College of Dental Surgeons' Fee Guide for procedures completed under these two programs. Currently, the government pays about 80 per cent of the normal fee for most dental services, and in some cases, as little as **53%** of the Fee Guide rate.

How can young dentists, struggling to establish their practice while paying down huge student debts, be expected to provide dental services at a 20 per cent discount from what is already the lowest fee guide in all of Canada? Is it any wonder that so many Saskatchewan dental graduates are moving to provinces where they can receive greater compensation for similar work?

College Of Dentistry Overlooked

The College of Dentistry at the University of Saskatchewan currently does not have the teaching and clinical infrastructure to increase enrollment as a means to overcome the looming crisis in the availability of dental services. With respect to physical space, there is no ability to increase enrolment due to limitations in pre-clinical and simulation labs. There is no physical capacity beyond 28 Year 1 and Year 2 students. There is also limited space for expansion of the Year 3 and Year 4 main clinic to facilitate increased enrolment. The College of Dentistry cannot even implement a foreign-trained dental graduate qualifying program, due to lack of space.

The College differs from all other health care training institutions in that its students receive clinical training almost exclusively in-house rather than in associated hospitals and clinics. This is necessitated by the unique and specialized clinical infrastructure required to deliver clinical dental care that does not lend itself well to generic health care settings. The dental clinic building is the College's *teaching hospital* and the lynchpin of dental education. The current clinic is over thirty years old and although the practice of dentistry has changed significantly over this period, the clinic has not been upgraded. A much-needed clinical computer system would improve patient quality of care and increase administrative and financial efficiency. The College has not had sufficient financial resources available to invest in new diagnostic imaging technologies, such as digital radiology and cone beam computed tomography, which are rapidly becoming the standard throughout the developed world. There is no proper general anesthesia suite at the College, which could reduce the pressure on Royal University Hospital's Operating Rooms by enabling oral surgery and pediatric dentistry to be done on-site at the College of Dentistry.

The Government of Saskatchewan has committed \$250 Million to the *Academic Health Sciences* Building Project at the University of Saskatchewan, but to this point the project provides **no new space for Dentistry** outside of the occasional use of lecture/meeting rooms.

With respect to faculty, the College of Dentistry cannot offer competitive salaries to compete in the recruitment and retention of dental professionals who choose to pursue academic careers. Academic salaries offered to new faculty at the College are approximately \$80,000 per year or about half the amount these dental professionals could earn during their first year of private practice in provinces such as Alberta or British Columbia.

The vast majority of dental specialists in Saskatchewan are full-time or part-time faculty at the College of Dentistry. The lack of clinical infrastructure and technology not only harms the quality of care for patients, but makes it more difficult to recruit new specialist faculty. Most of the current faculty will retire within ten years and recruiting new faculty will be very difficult. College of Medicine professors receive an academic salary plus a practice component making their income competitive with GP's and specialists outside of the university. Nothing similar exists for the dental faculty.

Without new financial support for an increased teaching complement, and renewal of clinical and teaching space, the College's ability to effectively train dentists will continue to be seriously hampered. What is badly needed is a reassessment of the financial situation at the College of Dentistry, including a long-term infrastructure and technology plan, a new approach to student fees, a strategy to improve the recruitment of future faculty, and a commitment to improve the quality of the dental education being delivered at this important facility.

4. Better Serving Saskatchewan's Most Vulnerable

The American Surgeon General, in a landmark report on the state of oral health in that nation, referred to the level of oral disease affecting America's most vulnerable citizens as a "*silent epidemic*" that required a national call to action.¹¹ Saskatchewan's most vulnerable populations deserve no less.

80% of dental disease is experienced by the 20% of the population who face the greatest barriers to receiving high quality oral health services where and when they need them. The elderly, families living in poverty, those with physical or intellectual challenges, and people living in rural or remote communities, all face significant barriers to receiving adequate dental health services.

Equally troubling, there is no existing baseline data on the oral health status and treatment needs of Saskatchewan residents. A provincially-funded oral health survey would quantify and qualify existing oral disease levels, and determine treatment needs for vulnerable populations and high risk groups. Even absent this baseline data, it is clear that dental health services to a number of vulnerable populations in Saskatchewan are currently less than satisfactory.

Saskatchewan has Two-Tier Dental Care

Let's begin with children living in poverty. When the Government of Saskatchewan introduced the *Family Health Benefits Program* in 1998, dentists were enthused, hoping this would finally extend critical early childhood dental care to the children of all low-income families. In concept, the plan was visionary. In practice, however, it has a number of serious shortcomings. The Government of Saskatchewan has arbitrarily and unilaterally decided that it will pay only a portion of the normal fee for dental services delivered to children under the *Family Health Benefits Program* - often 20 per cent or more below the published College of Dental Surgeons' Fee Guide. Further, patients under the plan are denied the option to choose alternative dental care, which might better suit their long-term health needs.

¹¹ Executive Summary, "Oral Health in America: A Report of the Surgeon General" (2000)

In short, the plan has introduced two-tiered dental care in Saskatchewan - one level of dental health services for those who can afford to pay and another level of service for children whose families cannot afford to pay. Ultimately, the College of Dental Surgeons of Saskatchewan believes the Government of Saskatchewan should pay no less than 90% of the published fee for all procedures delivered under the *Family Health Benefits Program* and the *Supplementary Health Program*. This approach has been adopted in Manitoba and has worked well in that province.

Saskatchewan Provides Poor Service to Seniors

What about dental health services for Seniors? Oral disorders impact many aspects of psychological and social well-being. The effects of oral disorders on quality of life include pain, poor oral and facial esthetics, impairments to eating, chewing, and speaking, and a decreased desire for social interaction. Loss of oral function may limit food choices and detract from the pleasure of eating. Oral problems such as dental decay, periodontal disease, xerostomia (most likely medication induced) and loss of teeth lead seniors to restrict social contact, thus compromising their quality of life.

Many older adults, whose quality of life may already be diminished, are also suffering unnecessarily from untreated oral diseases.

Good oral health care is particularly important to seniors as health issues in this group are numerous, complex and interrelated. Currently, very few resources exist in Saskatchewan for seniors who need or want dental care, especially for those who are living in poverty, homebound, dealing with multiple systemic health problems or who are residents of long term care facilities.

To date, most residents requiring dental care are expected to attend a dentist's private office. Without a plan in place to address these gaps in services, oral health care needs will continue to go unmet, and the problem will only get bigger as projected numbers in this population segment increase.

As of January 1st, 2005 there were 8,514 residents living in 158 licensed long term care homes in Saskatchewan. This number is expected to increase by over 20% in the next ten years.

Saskatchewan is far behind many other provinces when it comes to setting objectives for dental care and legislating the provision of oral health services in long term care homes. Establishing detailed oral care regulations is vital to creating minimum guidelines and standards for these long term care homes.

College of Dentistry Can Serve Those in Need

The Government of Saskatchewan has also failed to provide the human and financial resources to provide high quality dental health services at the College of Dentistry in Saskatoon, which serves a number of vulnerable populations in the province.

The Department of Dentistry located at Royal University Hospital in Saskatoon is a unique program offering a wide range of dental services to vulnerable people in Saskatchewan. The department's mission is to provide dental care to residents who require dental services in a hospital setting. Dentists trained to manage patients with a myriad of medical and physical problems will be the norm as more will be demanded of the profession.

The dental department residency training program is unique in that it trains dentists to meet these challenges. The Department of Dentistry serves the following target populations:

- Seniors (in particular, residents of extended care homes)
- Children (in particular, First Nations children, and children from low-income households as well as children with age-related and/or behavior management issues)
- Special Needs Patients (both children and adults with physical and/or cognitive impairment, such as Down's Syndrome and Autism)
- Medically Compromised Patients (both children and adults with Bleeding Disorders, Infectious Diseases, metabolic disorders)
- Head and Neck Oncology Patients (both children and adults who require dental treatment prior to the start of their radiation treatment)

The Department of Dentistry is the major referral center for special needs children and adults that require a general anesthetic to receive their dental care. However, the present clinic space is antiquated and is badly in need of both expansion and renovations to bring it up to the minimum for Occupational Health and Safety standards. For example, the clinic space has no accessibility for patients in wheelchairs. The approximate wait for services for special needs children and adults is **three years**. The list continues to grow since this is the only location where these individuals can receive their dental care. Children and special needs patients wait **12 months** and **36 months** respectively for dental treatment under general anesthesia at Royal University Hospital.

Providers caring for this group typically receive a lower level of compensation since these patients are covered under provincial payment plans. These plans have limitations on procedures, and frequency limits. These patients also require more time to book and coordinate their care - this generally represents time and responsibilities that are unpaid. Clinicians must often leave their private offices in order to attend to these patients in hospital. They are forced to incur overhead costs in their private offices if they choose to provide care for these patients in hospital.

In addition, Saskatchewan Health supports only two dental residency positions at the College of Dentistry. These positions allow graduating dental students the opportunity to train for a specialty, and they are a critical factor in determining the number of patients that can be served by the College. By contrast, Saskatchewan Health provides financial support for one hundred and ten residency positions through the College of Medicine. These physicians are able to train for specialties at hospitals and clinics across the province.

5. Recommendations for Action

The College of Dental Surgeons of Saskatchewan believes there are positive, practical solutions to each of these identified problems and hereby respectfully proposes a number of recommendations to improve access to and the affordability of dental health services for all Saskatchewan people.

The College of Dental Surgeons is determined to keep young and talented dentists at home in Saskatchewan, building their families, careers and futures here - where they belong. That will ensure continuity of quality dental care for the people of Saskatchewan.

The College of Dental Surgeons is determined to work with the Government of Saskatchewan in building a competitive and vibrant dental care sector capable of meeting the dental needs of Saskatchewan patients and averting yet another health-care crisis.

Recommendations to Recruit and Retain Dental Professionals

1. Introduce a *Dental Student Provincial Bursary Program*, with a return of service contract. A Government of Saskatchewan Bursary Program will reduce the debt load of Saskatchewan dental students; encourage more graduates to establish their practice in Saskatchewan; and place dentistry on an equal footing with other health professions that already have similar bursary programs (such as Medicine, Nursing and Dental Therapy). A government bursary will also allow the College of Dentistry to redirect the \$1 million a year it currently spends on the Saskatchewan Scholarship Program to infrastructure and improved programming for all dental students
2. Introduce a *Saskatchewan Student Loan Forgiveness Program* under which any Saskatchewan graduate would have 10% of their outstanding student loan balance forgiven for each year they remain resident in Saskatchewan, for a maximum of five years or fifty per cent forgiveness. Such a program would give all graduates, including dental grads, an important reason to remain here at home to establish their careers
3. Introduce a *Student Mentorship Program* linking dentistry students at the College of Dentistry in Saskatoon with dentists practicing within Saskatchewan. Provincial government support for such a program could pay immediate dividends for taxpayers as dentistry students would have increased opportunities to consult and work with dental professionals in the province, while allowing more established dentists the opportunity to consider succession plans
4. A commitment from the Government of Saskatchewan that dental specialists be treated on an equal footing with other medical specialists in terms of fees, retention and recruitment programs as well as professional recognition
5. A commitment from the Government of Saskatchewan to include dentistry, especially dental specialists, under the terms of the *Health Workforce Employee Retention Program*, thereby providing recruitment and retention payments to dentists and dental specialists who are in such critically short supply in the province

6. A commitment from the Government of Saskatchewan to increase administrative efficiency by adopting the *Universal Dental Code* and a standardized *Electronic Billing Model*. Saskatchewan remains the only province in Canada that creates its own categories of dental services, with special fees, rather than using the Universal Dental Code. This has increased the red tape and paperwork required of dentists, resulting in confusion with private health insurance plans, and robbing time from critical patient care. Similarly, while Saskatchewan is finally considering electronic billing, there is a danger the province will try to develop its own system rather than adopting an existing standardized system. That would be an administrative nightmare. Saskatchewan's electronic billing system needs to be tied in with existing programs across Canada, such as the Canadian Dental Association Net, already used in a number of provinces
7. A commitment from the Government of Saskatchewan to a major investment in the *renewal* and *expansion* of the College of Dentistry at the University of Saskatchewan over the next five years. Such an investment in infrastructure and technology could increase College enrollment, improve the quality of the educational programs offered, and increase the quantity and quality of dental services offered to the community

Recommendations to Better Serve Vulnerable Populations

1. A commitment from the Government of Saskatchewan that it will pay no less than *90%* of the established College of Dental Surgeons of Saskatchewan Fee Guide for services and procedures delivered under government programs such as the *Supplementary Health Program* and the *Family Health Benefits Program*. Such a commitment would end the two-tiered dental care now suffered by some of Saskatchewan's most vulnerable populations
2. A commitment from the Government of Saskatchewan to fund a Pilot Project that will conduct a *Needs Assessment* of the oral health and treatment needs of Saskatchewan Seniors, resident in long-term care facilities. The College of Dentistry and the College of Dental Surgeons of Saskatchewan have proposed two pilot projects, one in Regina and one in Saskatoon, which will conduct the needs assessment and provide dental health services through on-site clinics at long-term care facilities
3. A commitment from the Government of Saskatchewan to long-term funding for the expansion of the *Residency Program* at the College of Dentistry, with residency positions located in Saskatoon, Regina and the North. The current residency program is among the smallest in Canada with only two positions funded. Expanding the post-graduate, one-year dental residency program could significantly increase the dental outreach capacity for community-based settings in inner city and rural/remote locations, and increase service to vulnerable populations
4. Implement a *Foreign Dentist Qualifying Program* at the College of Dentistry to enable a minimum of five new Canadians who are foreign-trained dentists to complete a two-year course of study culminating with a dental degree. This program could aid recruitment and retention of dentists in Saskatchewan. However, the program requires additional clinical space to accommodate a minimum of five students annually

5. Ensure that the College of Dental Surgeons of Saskatchewan and the College of Dentistry are fully involved in the planning and design of the *Academic Health Sciences Centre* in Saskatoon and the new *Surgical Centres* being proposed for Regina and Saskatoon. All such facilities can become important new opportunities to provide additional oral health services to Saskatchewan's most vulnerable citizens
6. Introduce *Dental Assisting* and *Dental Hygiene Programs* at the College of Dentistry in Saskatoon to address the shortage of Dental Assistants and Dental Hygienists in Saskatoon and province-wide. The only training site currently is at the SIAST Wascana Campus in Regina, which has multi-year waiting lists
7. A commitment from the Government of Saskatchewan to a joint effort with the College of Dental Surgeons, the College of Dentistry and the University of Saskatchewan to develop a *new remuneration model for dental faculty* that will include a clinical salary component to increase faculty recruitment and retention
8. Introduce a *College of Dentistry Chair in Community Oral Health*. Dental Public Health (Community Oral Health) is a specialty branch of dentistry that focuses on population-based oral health needs. As dentists treat the needs of individual patients, Dental Public Health (Community Oral Health) focuses on the population as the patient. The Chair would be responsible for developing innovative new strategies to enable all residents to achieve optimum oral health and would focus research on vulnerable populations