Your Mailing Address

Day – Month - 2019

The Honourable Hugh J. A. Flemming, M.L.A.

Minister of Health

HSBC Place

Floor: 5

P. O. Box 5100

Fredericton, NB

E3B 5G8

**Requirement to Amend the New Brunswick Dental Act of 1985**

Dear Minister Flemming,

(Below is some commentary that may be appropriate for your letter)

1. The purpose of this letter is to express my concern with the lack of transparency and accountability with the New Brunswick Dental Society (NBDS) in their regulation of the dentistry profession.
2. The NBDS adheres to the letter of the Act, not the spirit when conducting regulatory activities. When the Act came into effect in 1985, the internet, social media and digital communication strategies did not exist. The Act is now 34 years old, and outdated. New Brunswick societal expectations with respect to transparency and accountability have significantly evolved in the period 1985 to 2019. The NBDS approach to public transparency and accountability is to remain in 1985.
3. (Describe your specific concerns with the conduct of New Brunswick Dental Society or the Dental Act itself)
4. I request that you direct your Ministry to conduct a review of the NB Dental of Act of 1985 with the aim to introduce new "Public" legislation that amends the Act in a manner that significantly strengthens transparency and accountability of dental profession regulation. As part of the review, it should not be a foregone conclusion that the regulatory authority for dentistry continue to reside with the NBDS; the review should assess the feasibility of a provincially run agency to be the regulatory authority over dentistry, and/or to expand the mandate of the Office of the Integrity Commissioner to provide legislative oversight of provincial regulatory bodies (e.g. NBDS).
5. (Closing comments)

Yours truly,

Your Signature Block

CC:

The Honourable xxxxx, M.L.A.

(Send a Courtesy Copy of your letter to your MLA)

It would be appreciated if in your letter you refer your MLA to the website:

**www.amendnbdentalact.ca**