

455th Meeting of Council

Vantage Venues, Garden Hall (16th Floor),
150 King Street West, Toronto

(and via Zoom and Livestream via YouTube)

Thursday, April 16, 2026

RCDSO STRATEGIC PLAN OVERVIEW: 2023-2025

VISION

Everyone in Ontario has access to safe, high-quality oral health care.

MISSION

We act in the public interest and are committed to excellence in regulating the dental profession in Ontario.

VALUES



ACCOUNTABLE



COLLABORATIVE



INNOVATIVE



INCLUSIVE



TRANSPARENT

PILLARS



PROFESSIONALISM

STRATEGIC PROJECTS

- College Standards
- Access to Care



STAKEHOLDER ENGAGEMENT

STRATEGIC PROJECTS

- Service Experience
- Equity, Diversity and Inclusion



EMERGING ISSUES

STRATEGIC PROJECTS

- Governance Review and Modernization
- Practice Models and Corporate Dentistry

OUR COMMITMENT

- We take an [evidence-informed approach](#) to decision making.
- We apply a [risk-based perspective](#) in regulating the profession.
- We integrate the principles of [Equity, Diversity and Inclusion](#) in all we do.



Engaging Council Members for Effective Governance

As a member of Council, I acknowledge my fiduciary duty to the College and the public interest and the statutes and rules that guide me. I am aware of my role and responsibilities, and that of the President and the Registrar. I also acknowledge that an effective governing body requires its members to fulfill behavioural expectations to each other. As a result, I will:

- Attend at least 75% of Council meetings
- Arrive so the meeting can start at the scheduled time
- Be fully prepared for Council meetings by reviewing materials in advance and considering all questions in briefing materials
- Participate by asking questions to clarify or challenge assumptions, sharing concerns and providing suggestions to meaningfully contribute to discussions and decisions
- Actively listen and engage in discussions at the Council table to promote transparency in our discussion and decisions
- Avoid distractions such as cell phones and side conversations during meetings
- Promote, welcome and value diverse perspectives in all discussions
- Be critical of issues where warranted, but not of people or their perspectives
- Be clear and concise in my contributions to topics in order to receive multiple perspectives
- Commit to Council decisions when the topic is closed and when I speak about decisions publicly
- Confine all substantive discussions to the meeting

Approved: June 16, 2022



CHECKLIST

Effective Staff-Council Relationships

As a member of **Council**, I acknowledge my duty to the College and the public interest and the statutes and rules that guide me. I am aware of my role and responsibilities and those of the President and the Registrar. I acknowledge that in order to be an effective governing body, Council and staff members will always interact with transparency and mutual respect. As a result, I will:

- Commit to a culture of community with common purpose which involves both Council knowing staff members (though we have but one employee, the Registrar & CEO) and staff members knowing Council members.
- Encourage a practice of mutual respect.
- Know that there is rigour and analysis in all materials provided to Council and Committees.
- Ask informed questions to deepen individual and broader understanding.
- Provide suggestions for clarity and to clarify assumptions.
- Deliver constructive and substantive comments about content.
- Collaborate effectively and welcome advice and suggestions.

As a member of **staff**, I acknowledge my duty to the College and the public interest and the statutes and rules that guide me. I am aware of my role and responsibilities; those of the President and the Registrar; and the decision-making powers of Council. I acknowledge that in order to be an effective governing body, Council and staff members will always interact with transparency and mutual respect. As a result, I will:

- Commit to a culture of community with common purpose which involves both Council knowing staff members (reporting through their employee, the Registrar & CEO) and staff members knowing Council members.
- Encourage a practice of mutual respect.
- Attend Council and Committee meetings, where appropriate.
- Provide clear, contextualized advice.
- Demonstrate rigour and analysis in all materials for Council and Committees.
- Identify problems early.
- Support principles of Equity, Diversity, and Inclusion through learning, openness, and respect in discussions.
- Be transparent about errors or omissions.
- Explain the wider context of regulation.
- Respond to Council direction, evaluating resources and best practices for implementation.
- Collaborate effectively and welcome advice and suggestions.

SOURCES

[Board-Trust-Toolkit-2021-ENG_2.pdf \(icd.ca\)](#)

[Board-Staff Interaction-Acceptable-FAQ.pdf \(boardsource.org\)](#)

[How to Effectively Cultivate Board Roles and Responsibilities - NonProfit PRO](#)

[The Board - Staff Relationship - Governing Good](#)

[How to Connect With Your Board of Directors | The Muse](#)

LEXICON

OF COMMONLY USED ACRONYMS

ACFD	Association of Canadian Faculties of Dentistry	CPSO	College of Physicians and Surgeons of Ontario
ACLS	Advanced Cardiac Life Support	CQI	Continuous Quality Improvement
ADA	American Dental Association	CT	Computed Tomography
ADBA	American Dental Board of Anesthesiology	DA/DV	Dentoalveolar CT (small field of view)
ADR	Alternate Dispute Resolution	DDS	Doctor of Dental Surgery
AED	Automated External Defibrillator	DEI	Diversity, Equity and Inclusion
AFK	Assessment of Fundamental Knowledge	DMD	Doctor of Medicine in Dentistry
AGRE	Advisory Group for Regulatory Excellence	DRA	Dental Regulatory Authority
AI	Artificial Intelligence	DG	Deep Sedation and General Anesthesia
AIT	Agreement on Internal Trade	DSA	Data Sharing Agreement
AODA	Accessibility for Ontarians with Disabilities Act	DSATP	Dental Specialty Assessment Training Program
APO	Association of Prosthodontists of Ontario	DSCKE	Dental Specialty Core Knowledge Examination
BLS	Basic Life Support	DQ	Data Quality
CAG	Citizen Advisory Group	EDC	External Defense Counsel
CDA	Canadian Dental Association	EDI	Equity, Diversity and Inclusion
CDAC	Commission on Dental Accreditation in Canada	EHR	Electronic Health Record
CDCP	Canadian Dental Care Plan	EIA	Equity Impact Assessment
CDHO	College of Dental Hygienists of Ontario	EP	Equivalency Program
CDO	College of Denturists of Ontario	EXEC	Executive Committee
CDPA	Canadian Dental Protective Association	FARPA	Fair Access to Regulated Professions Act
CDRAF	Canadian Dental Regulatory Authorities Federation	FIP	Facility Inspection Program
CDSPI	Canadian Dental Service Plans Inc.	FIPPA	Freedom of Information and Protection of Privacy Act
CDTO	College of Dental Technologists of Ontario	FNIHB	First Nations and Inuit Health Branch
CE	Continuing Education	FP	Facility Permit
CERP	Continuing Education Recognition Program (ADA)	GA	General Anesthesia
CF	Craniofacial CT (large field of view)	HARP	Healing Arts Radiation Protection Act
CINOT	Children in Need of Treatment	HC	Health Canada
CLEAR	Council of Licensure, Enforcement and Regulation	HCCA	Health Care Consent Act
CNO	College of Nurses of Ontario	HCP	Health Care Practitioner
COA	Certificate of Authorization	HPARB	Health Professionals Appeal and Review Board
CODE	Health Professions Procedural Code	HPC	Health Profession Corporation
COI	Conflict of Interest	HPDB	Health Personnel Database
Connect	Town hall for RCDSO's members	HPPA	Health Protection and Promotion Act
COS	Certificate of Standing	HPPC	Health Professions Procedural Code
CPD	Continuing Professional Development	HPRA	Health Professionals Regulations Act
CPMF	College Performance Measuring Framework	HPRAC	Health Professions Regulatory Advisory Council
CPR	Cardiopulmonary Resuscitation	HPRO	Health Profession Regulators of Ontario

HSIA	Health System Improvements Act	OSPHD	Ontario Society of Public Health Dentists
ICRC	Inquiries, Complaints and Reports Committee	OW	Ontario Works
ILC	Independent Legal Counsel	P1	Parenteral Conscious Sedation (1 drug)
IPAC	Infection Prevention and Control	P2	Parenteral Conscious Sedation (2 drugs)
IPC	Information Privacy Commissioner	PCRA	Professional Conduct and Regulatory Affairs
ITDAOC	Internationally Trained Dentists Association of Canada	PDCA	Plan-Do-Check-Act
J&E	Jurisprudence and Ethics	PDSA	Plan-Do-Study-Act
JDIMI	Jones Deslauriers Insurance Management Inc.	PEAK	Practice Enhancement And Knowledge
KPI	Key Performance Indicator	PEC	Practice Enhancement Consultant
KSA	Knowledge, Skills and Abilities	PET	Practice Enhancement Tool
L&L	Legal and Legislation	PHC	Pre-Hearing Conference
ML	Machine Learning	PHI	Personal Health Information
MOH	Ministry of Health	PHIPA	Personal Health Information Protection Act
MOHLTC	Ministry of Health and Long-Term Care	PHO	Public Health Ontario
MOU	Memorandum of Understanding	PHU	Public Health Unit
NCCPH	National Collaborating Centres for Public Health	PIPEDA	Personal Information Protection and Electronic Documents Act
NDAEB	National Dental Assistant Examining Board	PLP	Professional Liability Program
NDEB	National Dental Examining Board	QA	Quality Assurance
NIH	National Institutes of Health	QAC	Quality Assurance Committee
NIHB	Non-Insured Health Benefits	QI	Quality Improvement
NLP	Natural Language Processing	QP	Qualifying Program
NMS	Narcotics Monitoring System	RCDC	Royal College of Dentists of Canada
OAAG	Oral Aesthetic Advocacy Group Inc	RHPA	Regulated Health Professions Act
OADS	Ontario Association of Dental Specialists	ROI	Record of Investigation
OAo	Ontario Association of Orthodontists	SA	Sedation Authorization
OAPHD	Ontario Association of Public Health Dentistry	SATF	Sexual Abuse Task Force
OCP	Ontario College of Pharmacists	SCERP	Specified Continuing Education or Remediation Program
OCT	Ontario College of Teachers	SDM	Substitute Decision Maker
ODA	Ontario Dental Association	SIR	Self-Insured Retention
ODAA	Ontario Dental Assistants Association	SLT	Senior Leadership Team
ODHA	Ontario Dental Hygienists' Association	SME	Subject Matter Expert
ODSP	Ontario Disability Support Program	SOP	Standard Operating Procedure
OECD	Organization for Economic Co-operation and Development	SOW	Statement of Work
OFC	Office of the Fairness Commissioner	SPEC	Second Pair of Eyes Committee
OISE	Ontario Institute for Studies in Education	SPPA	Statutory Powers Procedure Act
OM	Oral Moderate sedation	SRBD	Sleep-Related Breathing Disorders
OSE	Ontario Society of Endodontists	TCL	Terms, Conditions and Limitations
OSOMR	Ontario Society of Oral and Maxillofacial Radiologists	TMD	Temporomandibular Disorders
OSOMS	Ontario Society of Oral and Maxillofacial Surgeons	UWO	Western University, London Ontario
OSP	Ontario Society of Periodontists	U of T	University of Toronto
OSPD	Ontario Society of Paediatric Dentists	WHMIS	Workplace Hazardous Materials Information System
		WSIB	Workplace Safety and Insurance Board of Ontario

Council Member Annual Conflict of Interest Declaration Form Summary Report - April 2026

In accordance with Bylaw 13, Council members are required to complete an online Annual Conflict of Interest Declaration Form. A summary report of Council member forms is appended to Council meeting packages and available to the public. Council members are required to review all meeting materials in advance to identify conflicts and have an ongoing obligation to declare conflicts as situations arise. At the beginning of each Council meeting, Council members must declare any updates to their form responses and any conflict specific to the meeting agenda.

Full name	Do you or a close family member (e.g., spouse) or close associate (e.g., business partner) stand to be affected financially by your participation in a College decision?	Please declare the following: All paid or unpaid employment (e.g., work, consultancies, contracts, paid directorships other than your dental practice (for dentists)), Ownership or other financial interest in any corporation, company, consultancy or other business related to dentistry, Provision of services to dentists (e.g., training, professional development), Any business arrangements or contracts with the College	Do you have any competing interests that you wish to declare?	Please declare any membership in other professional bodies or associations (paid or voluntary) as well as other positions which have competing interests with the College. There is no issue with belonging to a professional association. We ask that you note it here in the interests of transparency.	Do you have any personal or professional relationships that you wish to declare?	Please declare the following: Employment or position at an educational institution dentistry program.	Do you have any other conflicts that you wish to declare?	If you have further conflicts to declare, please provide details below.	I declare that the above information is true and accurate to the best of my knowledge.	Date survey completed
Osama Soliman	No	Toronto Institute for dental excellence Zimvie Stryker 3d systems KLS Straumman Zimvie Nobel Biocare	No		No		No		Yes	01/30/2026

Erin Walker	No		No	ODA Member Waterloo-Wellington Dental Society Member Stratford District Dental Society Member	No		No		Yes	01/29/2026
Ram Chopra	No		No		No		No		Yes	01/29/2026
Rod Stableforth	No		No		No		No		Yes	01/28/2026
Adal Simeone	No		No		No		No		Yes	01/28/2026
Noha Goma	No		No	I currently serve in the following voluntary roles: - President-Elect, Canadian Association for Dental Research (CADR) - Vice Chair, Research Committee, National Dental Examining Board (NDEB) of Canada -President-Elect, Behavioural, Epidemiological, and Health Services Research Group (BEHSR), International Association for Dental Research (IADR) -Member, Canadian Association for Public Health Dentistry (CAPHD)	No	I am an Associate Professor and the Associate Director for Research at Schulich Dentistry, Western University.	No		Yes	01/27/2026

Harinder Sandhu	No	NA	No	Ontario Dental Association Canadian Dental Association	No	Adjunct Professor at Western University	No		Yes	01/26/2026
Anthony Mair	No	I am a shareholder in Corus Orthodontists which is a Orthodontic Service Organization operating in Canada and United States	No	Memberships in the following professional associations: Ontario Dental Association Canadian Dental Association Ontario Association of Orthodontists Canadian Association of Orthodontists American Association of Orthodontists	Yes	Part-time Educational appointments: University of Toronto Western University	No		Yes	01/23/2026
Daniel Fortino	No		No	AAP ABP ODA OSP	Yes	Key opinion leader: zimvie, Straumann Speaker for study clubs, private education courses	No		Yes	01/19/2026

				I am a member of several professional bodies, including: Ontario Dental Association, Canadian Dental Association, Royal College of Dentists of Canada, Canadian Academy of Dental Anaesthesia, American Society of Dentist Anesthesiologists, American Dental Society of Anesthesiology, American College of Dentists, International College of Dentists, Pierre Fauchard Academy.						
Daniel Haas	No		Yes		Yes	Professor at the University of Toronto	No		Yes	01/18/2026
Brian Richard Smith	No		No		No		No		Yes	01/16/2026
Patrick Ballantyne	No		No		No		No		Yes	01/16/2026

Marc B. Trudell	No		No		Yes	<p>Commencing In 2022, the firm Colliers International has been retained by the College to assist and provide guidance to the College in matters pertaining to the current and future ownership of the property which the College owns and occupies at 6 Crescent Road, Toronto, Ontario. Colliers continues to assist the College on this matter, on an as required basis. In June 2024, Colliers acquired a majority interest in Englobe Corp., being a consulting engineering firm in which I am a shareholder and serve as Vice-President, Corporate Development. Englobe operates as a separate (at arms length) organization distinct from Colliers, and the work completed to-date by Colliers for the College has not involved Englobe or myself. More specifically, I do not benefit financially or otherwise, either directly or indirectly, as a result of Colliers being retained by, and carrying work for, the College.</p>	No		Yes	01/09/2026
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Jamie Colliver	No		No		No		Yes	Board Chair- Ontario government agency of the Ministry of Transport- Owen Sound Transportati on Corporation	Yes	01/08/2026
Antony Liscio	No		No		Yes	I hold a Real Estate License. I am Registered with the Real Estate Council of Ontario RECO. I am a Transition Consultant and Sales Representative for Henry Schein Tier Three Brokerage Ltd. My role is Dental Practice Appraisals/Valuations and Dental Practice Sales.	No		Yes	01/08/2026
JUDY WELIKOVITCH	No		Yes	Member in good standing, Law Society of Ontario Chair, Board of Directors, Geneva Centre for Autism Member, Board of Directors, Geneva Centre for Autism Foundation	No		No		Yes	01/08/2026

				Member of the Canadian Dental Association Member of the Ontario Dental Association Member of the North Bay and District Dental Society						
Peter Delean	No	Nothing to declare	No		No	Not applicable	No		Yes	01/08/2026
Nalin Bhargava	No		No		Yes	Canadian Dental Association, Onta	No		Yes	01/07/2026
Vivian Hu	No		No		No		No		Yes	01/07/2026
Nizar Ladak	No		No		No		No		Yes	01/07/2026
Deborah Wilson	No		No		No		No		Yes	01/07/2026
Eilyad Honarparvar	No		No		No		No		Yes	01/07/2026
Robyn Jennifer Somerville	No	CSIA ski instructor for Sir Sam's Ski & Ride	No	Canadian Ski Instructor's Alliance ODA member CDA member RCDSO	No		No		Yes	01/07/2026
Neil Gajjar	No		No		No		No		Yes	01/07/2026

All Council members confirmed the following:

I understand the by-laws pertaining to conflict of interest and I understand my fiduciary duty to carry out my responsibilities in a manner that serves and protects the public interest, and to maintain the trust and confidence of the public in the College's decision-making processes. As such, I must not engage in or be perceived to have engaged in any activities or in decision-making concerning any matters where I have a direct or indirect personal, professional or financial interest while performing my College duties and responsibilities, and I will be obliged to avoid and/or manage situations which involve any actual or perceived conflict of interest.

I understand that as a Council and/or Committee member I shall complete an Annual Conflict of Interest Declaration Form, and keep my Conflict of Interest Declaration Form updated by completing and re-submitting to the Registrar if any matter gives rise to a conflict throughout the year.

I understand that declaring other conflicts of interest or perceived/actual bias in respect of matters or persons that appear in Council or Committee agendas as matters arise is my ongoing obligation as a Council or Committee member and that the matters and relationships set out in this declaration are not exhaustive.

I have familiarized myself with By-law 13 which sets out more full definitions of conflict of interest and related persons and I will declare such conflicts if and when they arise in accordance with the process set by the College.

AGENDA

455th MEETING – RCDSO COUNCIL

Vantage Venues, Garden Hall (16th Floor), 150 King Street West,
Toronto, ON

Thursday, April 16, 2026 – 9:00am – 3:30pm

Item	Time	Topic and Objective(s)	Purpose	Page No.
1.	9:00 am	Call to Order & Land Acknowledgement	Discussion	
2.		Roll Call		
3.	9:05 am	President's Remarks	Discussion	
4.		Declaration of Conflict of Interest <ul style="list-style-type: none"> Conflict of Interest Declaration Forms 		8-14
5.	9:10 am	<u>Consent Agenda:</u> 5.1 Approval of Agenda 5.2 Approval of RCDSO Council Meeting Minutes, February 19, 2026 5.3 Council Evaluation Survey Results, February 19, 2026 5.4 Registrar & CEO Report 5.5 RCDSO Council Work Plan 2026 5.6 Financial Update 5.7 Policy report 5.8 Public Member Reappointment 5.9 Public Member Appointment	Approval (Motion)	17-71 72-74 75-95 96 97-100 101-105 106 107

6.	9:15 am	Registrar and CEO's Remarks	Discussion	
7.	9:35 am	Draft Standard of Practice <ul style="list-style-type: none"> • <i>Managing New Patient Requests</i> 	Decision	108-123
8.	10:20 am	Proposed By-Law Housekeeping Amendments	Decision	124-163
	10:40 am	B R E A K		
9.	11:00 am	<i>In-Camera</i> Business	Information/ Discussion	
	12:00 pm	L U N C H		
10.	1:00 pm	Consideration of Property Asset at 6 Crescent Road	Decision	164-171
11.	2:00 pm	RCDSO Strategic Plan 2023-2025	Information	172-196
12.	2:30 pm	Presentation: <ul style="list-style-type: none"> • Communications Department 	Information	
	3:00 pm	B R E A K		
13.	3:15 pm	Other Business <ul style="list-style-type: none"> • Response to Council Member Question at December 2025 Meeting Regarding Budget 2026 Topic 	Information	197-200
14.	3:30 pm	Adjournment		

1 **MINUTES OF THE 454th**
2 **MEETING OF COUNCIL**

3 **Thursday, February 19, 2026**
4

5 **Via Zoom videoconference and live streamed via YouTube**
6
7
8

9 The 454th Meeting of the Council of the Royal College of Dental Surgeons of
10 Ontario was held on Thursday, February 19, 2026, at 9:00 a.m.

11 **Attendance:**

12 **Chair**

13 Hanno Weinberger
14

15 **Council members**

16 *Elected Representatives:*

- | | |
|---------------------|-------------|
| 17 Nalin Bhargava | District 1 |
| 18 Robyn Somerville | District 2 |
| 19 Peter Delean | District 3 |
| 20 Neil Gajjar | District 4 |
| 21 Daniel Fortino | District 5 |
| 22 Harinder Sandhu | District 6 |
| 23 Erin Walker | District 7 |
| 24 Osama Soliman | District 8 |
| 25 Antony Liscio | District 9 |
| 26 Deborah Wilson | District 10 |

27 *Lieutenant- Governor- in- Council Representatives:*

- 28 Patrick Ballantyne
29 Ram Chopra
30 James Colliver
31 Vivian Hu
32 Adal Simeone
33 Brian Smith
34 Roderick Stableforth
35 Marc Trudell

40 Judith Welikovitch (arrived at 11:15 a.m.)

41

42 *University Representative:*

43 Noha Gomaa, Western University

44 Daniel Haas, University of Toronto

45

46 *Regrets:*

47 Cristina Cordeiro (resigned) Public Appointee

48 Eilyad Honarparvar District 11

49 Anthony Mair District 12

50 Nizar Ladak Public Appointee

51

52 *General Legal Counsel:*

53 Alan Bromstein

54

55 *Registrar & CEO:*

56 Daniel Faulkner

57

58

59 **1. CALL TO ORDER AND LAND ACKNOWLEDGEMENT**

60 The Chair called the meeting to order at 9:00 a.m. He welcomed Council members,
61 staff and guests to the meeting and all those watching the meeting via YouTube. He
62 offered a land acknowledgement to recognize the traditional lands of Indigenous
63 peoples in Ontario.

64

65 **2. ROLL CALL**

66 D. Faulkner conducted the roll call.

67

68 **3. PRESIDENT'S REMARKS**

69 H. Sandhu welcomed Council members, staff and observers to the Council meeting.
70 He announced the appointment of James Colliver as a member of the Discipline
71 Committee and Adal Simeone as a member of the Inquiries, Complaints and Reports
72 Committee for remainder of the term.

73

74 H. Sandhu thanked J. Colliver for his leadership of the Professional Liability Program
75 (PLP) Committee. He also expressed thanks to J. Colliver and other members of the
76 Procurement Review Group (PRG) and staff who worked on the divestment of PLP.

77

78 H. Sandhu announced and congratulated the following Council members:

- 79
- Dr. Neil Gajjar, on being awarded the American College of Dentists- Ontario

80 Section's Outstanding Service and Leadership Award.

- 81 • Dr. Dan Haas, on being awarded the American College of Dentistry's Ethics &
82 Professionalism Award.

83 H. Sandhu reviewed the agenda for the meeting. He thanked staff for the work in
84 preparing and organizing the meeting, as well as Council members for their
85 preparedness, engagement and thoughtful perspectives.

86

87 **4. DECLARATION OF CONFLICT OF INTEREST**

88 The following conflicts of interest were declared:

- 89 • J. Colliver (Consent Agenda, Motion #1)
- 90 • A. Simeone (Consent Agenda, Motion #1)

91

92 **5. CONSENT AGENDA**

93 The items in the Consent Agenda were approved and/or received for information. J.
94 Colliver and A. Simeone abstained from voting on this motion.

95

96 There were two proposed amendments to the draft minutes of the RCDSO Council
97 meeting of December 4, 2025, as follows:

98

- 99 • Line 95 to correct the spelling of Dr. Haas' name.
- 100 • Line 96 to note that Dr. Haas stated there was "the potential" for a perceived
101 conflict of interest. The proposal is to add the words "the potential".

102 There were no other amendments identified and Council made the following
103 motion with the proposed amendments to the draft minutes that were circulated.

104

105 **MOTION #1:**

106

107 **Moved by: A. Liscio**

108 **Seconded by: M. Trudell**

109

- 110 • Approval of Agenda
- 111 • Approval of RCDSO Meeting Minutes, December 4, 2025 (as amended)
- 112 • Council Evaluation Survey Results, December 4, 2025
- 113 • RCDSO Council Work Plan 2026
- 114 • Policy Report
- 115 • Confirmation of Committee Appointments

116

117

CARRIED
(Abstained: 2)

118 **6. REGISTRAR AND CEO'S REMARKS**

119 D. Faulkner reported on the following:

120

121 *1. Professional Liability Program (PLP) Divestment*

122 D. Faulkner reported that the PLP sale to Navacord closed on January 1, 2026. Data
123 is being migrated to Navacord, and IT components are now complete. There will be
124 work continuing for the final phase of the Loss Portfolio Transfer (LPT) Agreement
125 that will require an actuarial report. Council will receive more information in the
126 future.

127

128 As part of the agreement with Navacord, D. Faulkner reported that an Oversight
129 Committee has been established to meet regularly and discuss mutual issues. The
130 first meeting will be held in February.

131

132 *2. Annual Review*

133 It was reported that the annual renewal process was completed in January 2026.
134 Council was reminded that the College collected the 2026 regulatory fees and will
135 transfer the liability portion of the fees directly to Navacord. 45 dentists were
136 suspended for non-payment of the annual fee, effective February 1, 2026.

137

138 *3. As of Right Legislation*

139 D. Faulkner reported on progress made on the *As of Right* legislation. He advised
140 that this is a pathway for individuals fully licensed in other jurisdictions to move to
141 Ontario and practice for up to six months without receiving a certificate of
142 registration from the respective College.

143

144 He confirmed that on December 12, 2025, regulatory changes were made under the
145 *Dentistry Act* and came into force January 1, 2026. They were implemented for the
146 RCDSO and 15 other health professions. He added that since January 1, 2026, there
147 have been few inquiries about this pathway option, and there have been no
148 applications completed to date. Staff will closely monitor this and keep Council
149 apprised of any further developments.

150

151 *4. Projects with External Partners*

152 D. Faulkner reported on engaging with external partners on two projects that are
153 aligned with the College's vision and will produce meaningful information for the
154 profession and College. The two projects are:

- 155 (a) Working with a national group to develop acute dental pain prescribing
156 guidelines. The College's role will be to anticipate how the guideline will be

157 implemented in the future with dentists. Susan Taylor, Director, Quality
158 Assurance, will be the College's representative in this initiative. Daniel Haas
159 will participate as Chair and clinical lead, not in an official Council member
160 capacity.

161 (b) The college is finalizing a data sharing and descriptive project about
162 antibiotic use by dentists in Ontario with the Institute for Clinical Evaluative
163 Sciences (ICES).

164

165 5. *In-House Updates*

166 D. Faulkner reported that the annual staff performance management process for
167 2025 is now complete. Performance reviews are based on competencies and goals
168 and include development of goals for all staff for 2026.

169

170 RCDSO Connect has become a great success story for the College through increased
171 engagement with members. Sessions held this year include January 21 on Artificial
172 Intelligence; February 10 on Governance; February 25 on Recordkeeping. On March
173 26, the RCDSO Connect will be held in-person in Ottawa.

174

175 D. Faulkner thanked Council members for completing the monthly security
176 awareness training. He noted that there has been great compliance from Council
177 and committee members, and he encouraged them to continue to complete the
178 training vignettes on a regular basis. He advised that the training videos can be of
179 value in professional work, as well as on a personal basis.

180

181 7. **DRAFT RCDSO VISION 2035**

182 The Chair reported that the RCDSO Vision 2035, once finalized, will direct and
183 influence the development of RCDSO's next Strategic Plan. Together, these
184 documents will shape RCDSO's priorities and deliverables for the next several years.

185

186 A. Foti made a presentation and reviewed the draft Vision 2035 document. She
187 provided a recap of the Council discussion at its Retreat in June 2025, the report
188 prepared by the facilitators, The Regulators' Practice, and the concerns and
189 questions raised by Council at its meeting on December 4, 2025. She advised that
190 the feedback received at that meeting was incorporated into the revised draft
191 Vision document provided for Council's consideration.

192

193 She reported that the five key themes that emerged from the Council Retreat have
194 been simplified into three pillars of the Vision document:

195

- Healthy System-Focused
- Right-Touch Regulation

196

- 197 • Prepared Professionals.

198

199 The revisions to the draft document were reviewed, as follows:

200

201 1. An overall theme is captured in the vision. The introduction on page 1 has been

202

203 re-worded.

204

205 2. ‘Accessibility’ and the relationship to Access to Care has been clarified by adding

206 a footnote to page 1 of the document.

207

208 3. Council asked that distinct oral health challenges facing Indigenous communities

209 be represented and two additional bullet points are included on page 2, Markers

210 of Success.

211

212 4. Educational institutions are acknowledged as key partners in the work to

213 prepare professionals, and this has been added to page 3.

214

215 5. Throughout the document, language has been added to reflect the College’s

216 mandate and to ensure that the patient is at the centre of all the work that is

217 done.

218

219 6. The Vision reflects the importance of data and analytics, and A. Foti explained

220 examples added to pages 2 and 3.

221

222

223 In addition, A. Foti advised that staff reviewed the language to make it more

224 impactful and concise. She explained how the Vision document and Strategic Plan

225 will function together. The Vision document is overarching, foundational and

226 inspirational, based on ideas and concepts, and the strategic plan will contain the

227 pillars that will cover the strategic projects. There will be two five-year plans.

228

229 A. Foti reported on the next steps if the Vision document is approved:

230

231 1. Work with a designer and Communications team to develop a designed copy of

232 the Vision document, with visuals, improved layout and develop ‘taglines’ from

233 the Theme.

234

235 2. Start work on development of a Strategic Plan. It is anticipated that a draft copy

236 will be available for Council’s review in April 2026.

237

238

239

240

241

242

- 235 addition to Indigenous communities. A. Foti advised that the Access to Care
236 work is broad-based for all vulnerable populations. Staff will ensure that
237 vulnerable populations are captured in the Strategic Plan.
- 238 4. In response to a question about communicating the Vision document to the
239 profession and the public, A. Foti advised that the Communications team will
240 put a strategy in place to ensure the profession and public are made fully aware
241 of it.
- 242 5. A Council member suggested that the term ‘Accessibility’ be explained clearer
243 instead of using a footnote to describe it.
- 244 6. It was suggested that the Canadianized spelling be used for the word ‘centre’
245 instead of ‘center’.
- 246 7. A question was asked how the areas of focus and discussion from the Retreat
247 will be used in the Strategic Plan. A. Foti advised that when the Strategic Plan is
248 in draft form, it will be brought to Council for feedback, and small group
249 discussions to engage Council may be done at that time.

250
251 The voting was conducted by roll call.

252
253 **MOTION #2:**

254
255 **Moved by:** D. Haas
256 **Seconded by:** A. Liscio

257
258 **THAT Council approves the draft RCDSO Vision 2035 document.**

259 **CARRIED**
260 *(Unanimously)*

261
262 **8. PREVIEW OF THE DRAFT MANAGING NEW PATIENT REQUESTS STANDARD**

263 The Chair reported that Access to Care is a strategic project under the 2023-2025
264 Strategic Plan. It is a broad and multi-dimensional issue that necessarily involves
265 activity from many strategic partners.

266
267 The primary focus for the last phase of the project involves setting professional
268 expectations. Two documents have been developed as part of the project. The first
269 document, Foundations of Professionalism, was approved by Council in September
270 2025. The Chair reported that the Professionalism Working Group drafted the
271 second document, a new Standard of Practice on accepting patients into dental
272 practices as part of the Access to Care Strategic Project.
273

274 Dr. Erin Walker, Chair of the Working Group, gave a presentation to preview the
275 draft Standard of Practice and she provided background information on the work
276 and development of the document.

277
278 E. Walker added that the Working Group is finalizing the standard for full
279 presentation to Council and today she shared the Working Group's initial thinking
280 and provisional direction for discussion.

281
282 She emphasized that the key position the Working Group has consistently taken
283 throughout the Standard development process is that dentists are not required to
284 accept every individual as a patient, but decisions must be fair, non-discriminatory,
285 transparent and clear. If a decision is made to not accept a patient, the dentist must
286 provide rationale for the decision. Dentists are advised to provide suggestions of
287 where to obtain care, where possible.

288
289 E. Walker reviewed the RCDSO existing requirement for dentists to manage dental
290 emergencies.

291
292 The next steps will consist of the following:

- 293 1. The draft Standard will be brought to Council in April for approval for a 60-day
294 external circulation.
- 295 2. Following the circulation, the Working Group will meet to review feedback
296 received and present to Council at its December meeting for final approval.
297 Companion resources will also be prepared.

298
299 Questions/comments from Council:

- 300 1. How will this Standard be integrated with other standards? It was suggested
301 that guidance be created on how referrals should look from a general dentist to
302 a dental specialist in order to clarify if there is an emergency.

303 E. Walker responded that it is not the intention to override any of the existing
304 Standards but refers to other Standards that dentists need to know about.
305 Consideration will be given to referencing this in the Standard or the FAQ
306 document.

- 307 2. A suggestion was made to link the document directly to other College
308 Standards.

309 3. A question was asked on how to make sure the dentist of record is made aware
310 before the other treatment provider starts treatment. M. Cabrero-Gauley
311 advised that this provision is covered in the RCDSO 'Most Responsible Dentist'
312 Practice Advisory.

- 313 4. There is confusion between the referring dentist and dental specialist on what
314 treatment is required which may affect continuity of care for patients. A link

- 315 between the two documents would be helpful.
- 316 5. The options were discussed for addressing complaints relating to human rights
317 matters.
- 318 6. Is there guidance to integrate the Standards of Practice into the dental practice
319 recognizing that a dentist may not be aware of all referrals? E. Walker
320 responded that dentists have policies and procedures in place and if applied
321 consistently, this should be adequate. E. Walker advised that consideration
322 could be made to include this scenario in FAQs.
- 323 7. A question was raised regarding AI and protecting patient privacy. M. Cabrero
324 Gauley suggested that there could be a link added between the RCDSO AI
325 guidance and initiating a new patient relationship relating to the use of
326 technology.
- 327 8. There was discussion on the process of transfer of records, in response to a
328 question regarding a centralized online recordkeeping system. A centralized
329 system for dentistry is not available.
- 330 9. There was discussion on reasons why a dentist may not be able to accept a
331 patient, including reducing capacity of practice.
- 332 10. In response to a question on the legal enforceability of Standards of Practice, A.
333 Foti advised that the Standards set out expectations for the profession and they
334 are used by committees to evaluate dentists' conduct and guide decision-
335 making. Amy Block, legal counsel, added that the Standards would be admissible
336 in court proceedings. They are public documents and are intended to guide and
337 enforce expectations for dentists in the practice.
- 338 11. There was discussion on the process for implementation of Standards through
339 companion resources, circulation to the membership, webinars and the website.
340 When dentists register, they agree to abide by the RCDSO Standards and
341 guidelines.

342
343 The Chair thanked E. Walker and the Professionalism Working Group for the
344 informative presentation and Council members for their valuable feedback on the
345 Standard of Practice document.

346
347 **9. OTHER BUSINESS**

348 There was no other business discussed.

349
350 **10. DATE OF NEXT COUNCIL MEETING**

351 The next meeting of Council is scheduled for Thursday, April 16, 2026. It will be held
352 at Vantage Venues, 150 King Street West, Toronto and will be live-streamed.

353

354 **11. IN-CAMERA BUSINESS**

355 The Chair reported that Council would proceed in an *in-camera* session, then it
356 would meet for an educational session about the RCDSO’s Reconciliation Action
357 Plan that is being developed in collaboration with First People’s Group.

358

359 **MOTION #3:**

360

361 **Moved by: B. Smith**

362 **Seconded by: V. Hu**

363

364 **THAT the public be excluded from the following portion of the meeting**
365 **under clauses (b) and (e) of subsections 7(2) of the Health Professions**
366 **Procedural Code being Schedule 2 of the *Regulated Health Professions Act,***
367 **1991, in that,**

368

- 369 **1) financial or personal or other matters may be disclosed of such a**
370 **nature that the harm created by the disclosure would outweigh the**
371 **desirability of adhering to the principle that meetings be open to the**
372 **public; and**
- 373 **2) instructions will be given to or opinions received from the solicitors**
374 **for the College.**

375

CARRIED
(Unanimously)

376

377

378 **12. ADJOURNMENT**

379 H. Sandhu thanked the Chair for managing an efficient meeting, and Council
380 members for their thoughtful participation. The Chair thanked all staff for their
381 preparation for the meeting.

382

383 There being no further business, the public meeting was adjourned at 11:25 a.m.

384

385 **MOTION #4:**

386

387 **Moved by: M. Trudell**

388 **Seconded by: J. Colliver**

389

390 **THAT the 454th meeting of RCDSO Council be adjourned.**

391

CARRIED
(Unanimously)

392

393

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402
403
404

SIGNED:

Signature of President

Signature of Recording Officer

Date

DRAFT

ACTION ITEM FOLLOW-UP: RCDSO COUNCIL

Date: February 19, 2026

ITEM	RESPONSIBILITY	ACTION	STATUS
1. Council evaluation	Angie Sherban	Send survey to Council	Sent, Feb 19, 2025
2. Minutes of December 4, 2025	Angie Sherban/ Communications	Post on website	Completed, December 08, 2025
3. RCDSO Vision	Andréa Foti/Communications	Work with a designer and Communications team to develop a designed copy of the Vision document, with visuals, improved layout and develop 'taglines' from the theme. Start work on development of strategic plan	In process In process
4. Preview of the Draft "Managing New Patient Requests" Standard of Practice	Michelle Cabrero-Gauley	Prepare draft Standard of Practice for Council's review, April 16 meeting.	Completed, April 6, 2026

RCDSO Vision 2035

Royal College of
Dental Surgeons of Ontario

February 2026



Today...

(Draft) RCDSO Vision 2035

As the regulator of dentistry in Ontario, the RCDSO anticipates a future shaped by evolving public and government expectations; variable patient access to oral healthcare; ongoing health system transformation; and rapid technological innovation.

Over the next ten years, our vision is to lead change in the health system; to address emerging risks through a right-touch regulation approach; and to prepare dental professionals to navigate change while continuing to uphold the highest standards of excellence.

In this pursuit, we, together with Ontario dentists and our system partners will keep patients at the center of everything we do.

**Page 105, Council
materials**

- Recap: Background
- Revisions to Address Council Feedback
- Discussion, Questions

Recap

Dec 2025: Council Discussion

Oct 2025: Executive Committee

Fall 2025: Develop draft Vision

June 2025: Council Retreat

March-May 2025: Interviews, Preparation,
Research

Early 2025: New ideas, new engagement



Council Retreat

Where do we want to be in ten years?



1:1 Interviews

Desktop Research

Key-note: Steven Lewis

Staff Feedback

Draft Vision 2035

(Draft) RCDSO Vision 2035

As the regulator of dentistry in Ontario, the RCDSO anticipates a future shaped by evolving public and government expectations; variable patient access to oral healthcare; ongoing health system transformation; and rapid technological innovation.

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December
Council
2025



February
Council
2026

Draft Vision 2035

LEAST DETAILED

DRAFT VISION 2035

STRATEGIC PLAN

MOST DETAILED

**STRATEGIC
PROJECTS**

Draft Vision 2035

Purpose: high-level, foundational, aspirational

What does the College want to achieve? What impact do we want to have?

- Short, succinct
- Minimal detail
- Big picture concepts, objectives

COUNCIL RETREAT: KEY THEMES

Integrate oral healthcare into primary care

Lead a system-wide discussion about the future of oral healthcare

Demonstrate progress towards access to oral healthcare

Anticipate and provide innovative solutions and leadership on emerging risks

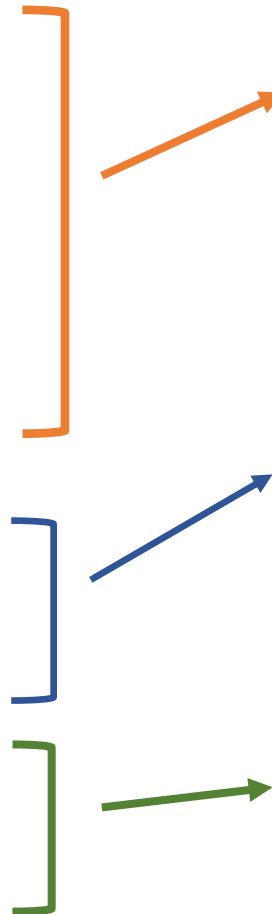
Equip and empower dentists to face new and emerging risks

VISION: PILLARS

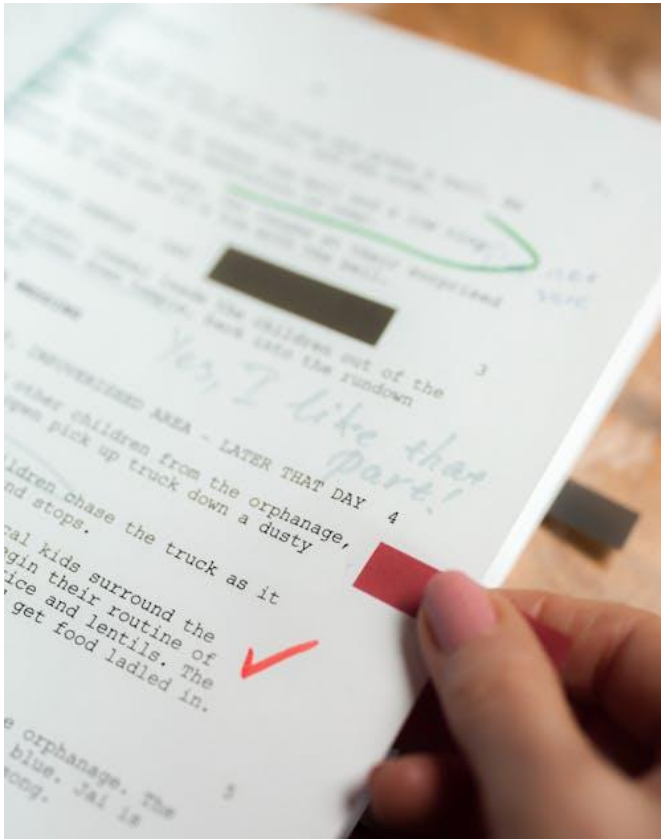
Healthy System: *Leading System-Wide Dialogue and Change*

Right-Touch Regulation : *Anticipating and Addressing Emerging Risks*

Prepared Professionals: *Equipping and Empowering Dentists*



Key Revisions: Council Feedback



Theme

Educational Partners

Accessibility definition

Data and analytics

Indigenous oral health challenges

RCDSO Mandate

Theme

Develop an overall 'theme' for the Vision

Page 1, Introduction section:

Over the next ten years, our vision is to **lead change in the health system**; to address **emerging risks through a right-touch** regulation approach; and to **prepare dental professionals** to navigate change while continuing to uphold the highest standards of excellence.'

Accessibility – definition

Clarify ‘accessibility’ and its relationship to
Access to Care

Page 1, Footnote #1 was added to explain that ‘**accessibility**’ anchors to the 1981 foundational framework from Penchansky and Thomas around **The Five A’s of Access**.

Indigenous Oral Health Challenges

Represent the distinct oral health challenges facing Indigenous populations

Page 2, Markers of Success:

- Awareness and understanding of the distinct oral health needs of **Indigenous peoples** increases amongst dentists and system partners.
- The RCDSO's **Reconciliation Action Plan** is finalized, implemented and actively guiding change.

Educational Partners

Reflect that the College will partner with educational institutions in our work around preparing professionals

Page 3:

“We will collaborate closely with a diverse network of system partners, including **educational institutions**, to ensure that our guidance and resources are timely, relevant and responsive to the evolving practice environment.”

RCDSO Mandate

Ensure the draft Vision reflects the RCDSO's
mandate

Throughout the document, we've inserted a plain language equivalent to the legal mandate:

'ensure the patient remains at the center....'

Data and Analytics

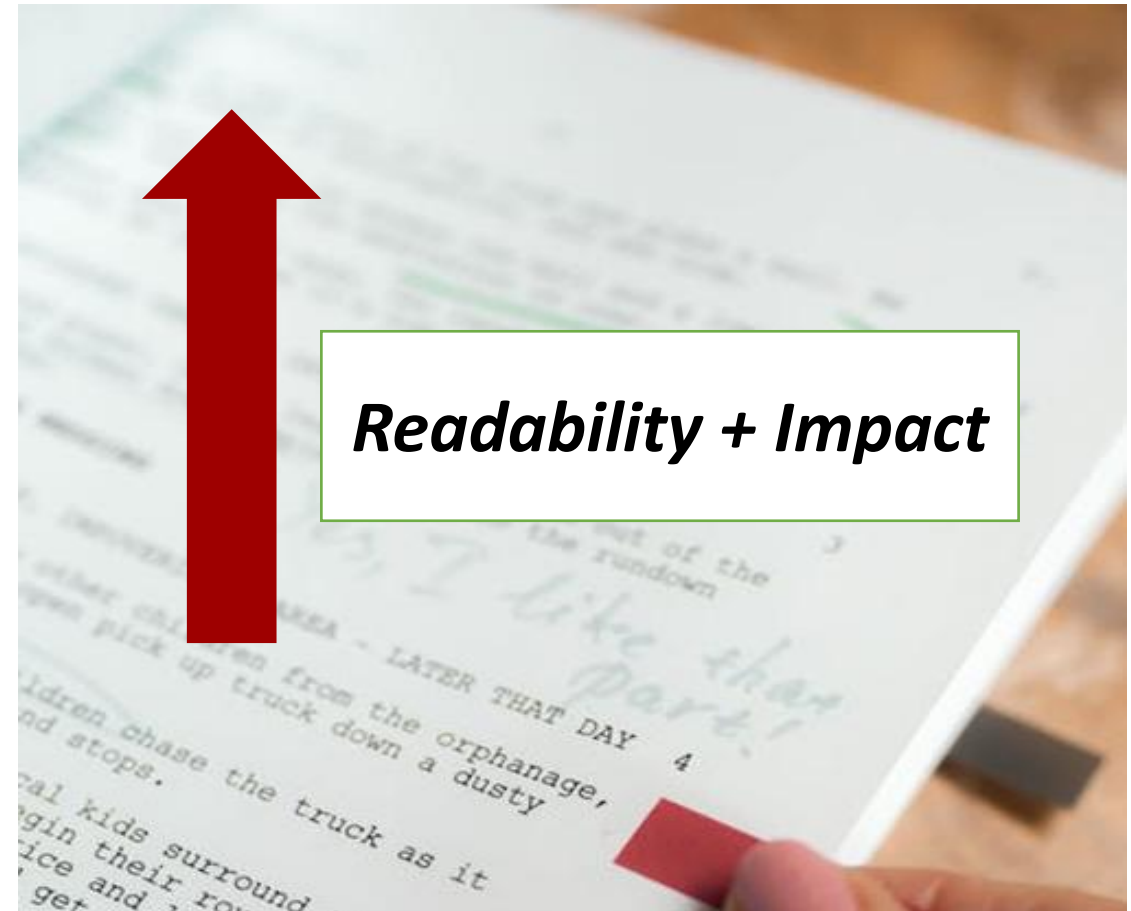
The Vision should reflect the importance of data and analytics

Two examples : bottom of page 2 and top of page 3

- The RCDSO is sought out as a **leader on regulatory data**, trends and emerging risks.
- The RCDSO applies a continuous improvement approach to regulatory work, **with change and innovation sparked by data**, internal lessons learned, and the work of regulators across sectors.

Stylistic, Editorial Revisions...

- Shorter sentences
- Impactful language
- More direct 'Markers of Success'



Next steps

Vision 2035

- Develop a 'designed' copy, with visuals, and improved layout
- Develop 'taglines' from the Theme

Strategic Plan 2026-30

- Develop Strategic Plan
- Target: April Council 2026

Decision for Council

Does Council approve the draft RCDSO Vision 2035 document?

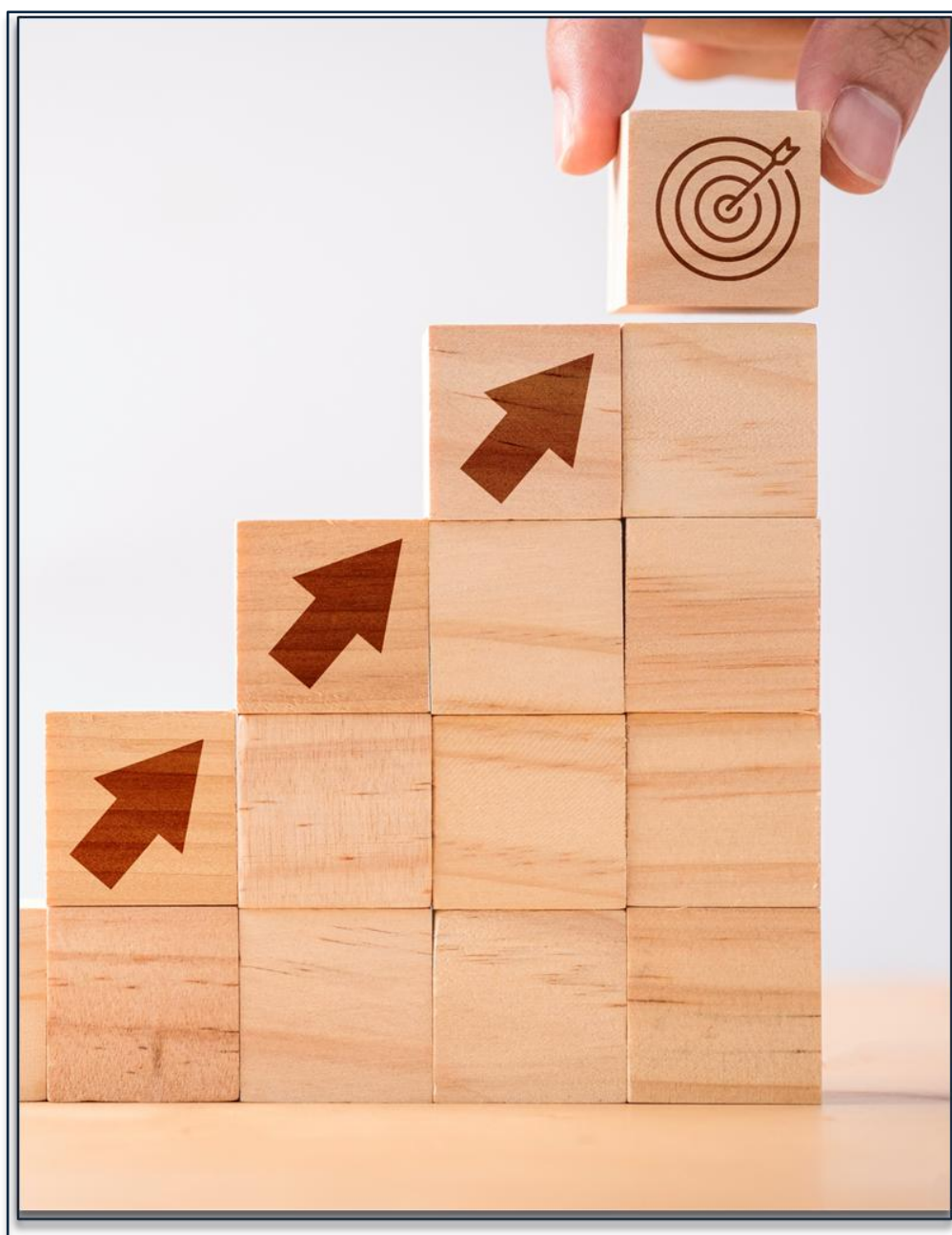


Preview of the Draft Managing New Patient Requests Standard

Council Meeting, February 19, 2026

Dr. Erin Walker, Member of Council and the Professionalism Working Group

① Background





Accepting
New Patients

Create new Standard

✓ Foundations of
Professionalism

Modernize existing Code of Ethics

WORKING



GROUP

**RCDSO
Council**

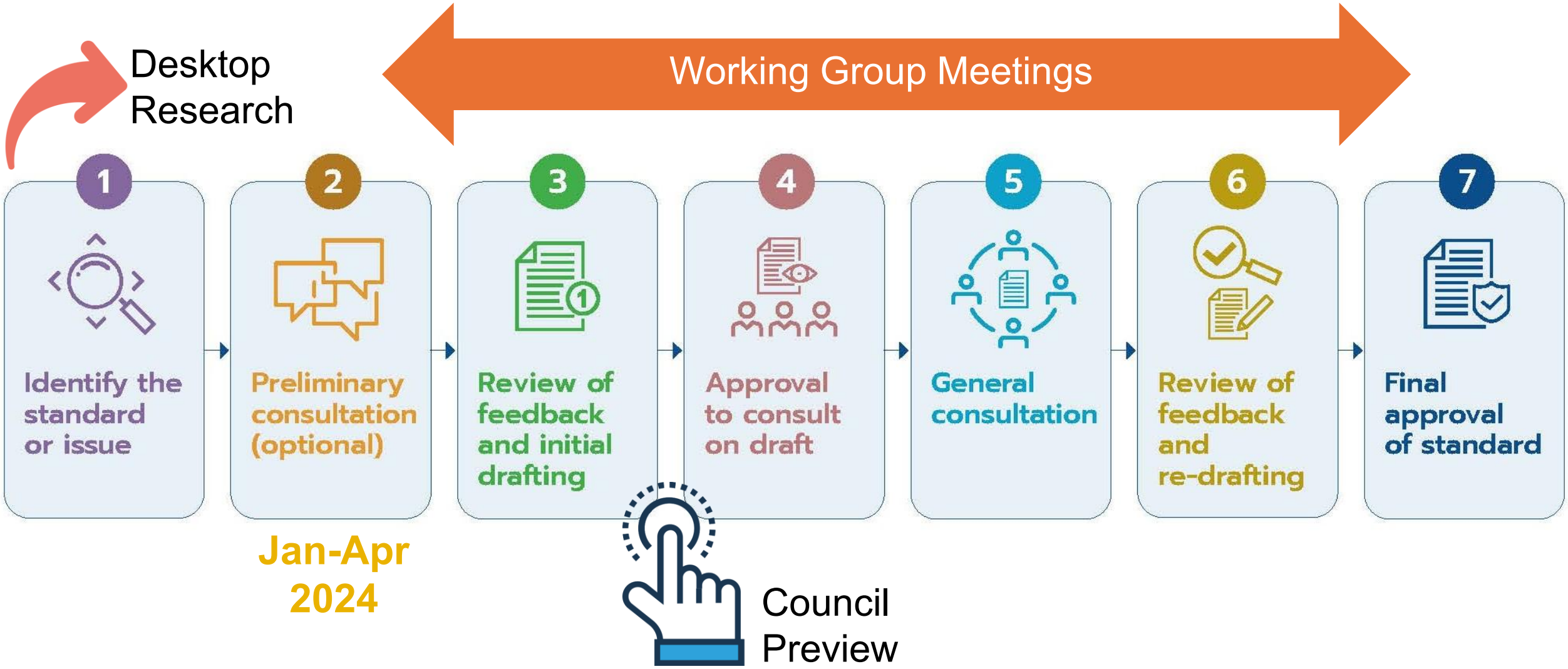
- Dr. Noha Gomaa
- Dr. Erin Walker
- Ms. Vivian Hu
- Mr. Brian Smith

**Subject-
Matter
Experts**

- Dr. Clive Friedman
- Dr. Ian McConnachie
- **Dr. Carlos Quiñonez (Chair)**

**Dental
Faculty**

- Dr. Keith Da Silva
- Dr. Sonica Singhal



2

Preview of New Draft Standard



Executive Summary

Introduction

Principles

PROVIDING INFORMATION

DENTIST DECISION-MAKING

Non-Emergencies

Dental Emergencies

Glossary

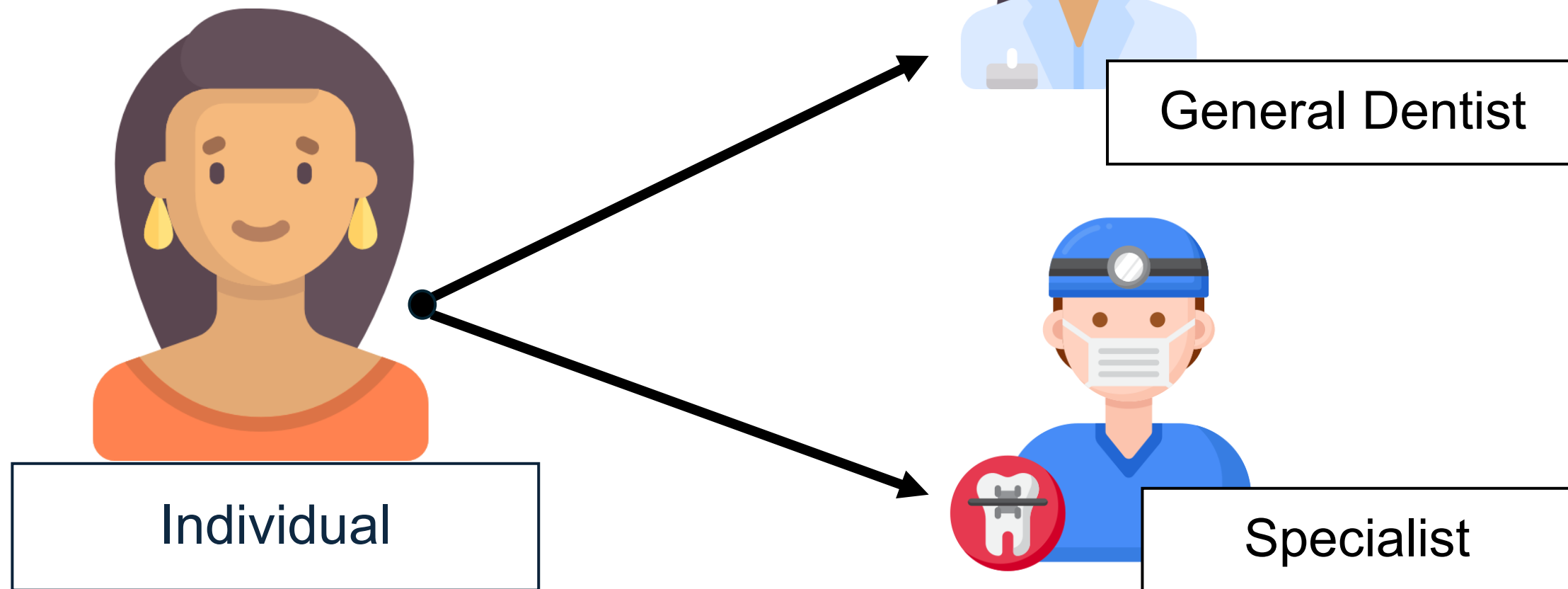
- Information re: the dentist & practice helps individuals make informed choices
- Dentists are not required to accept every individual BUT decisions must be fair, non-discriminatory, transparent & clear



- Existing obligations re: human rights & dental emergencies apply

Key
Messages

New Patient Requests



Scope



New Standard


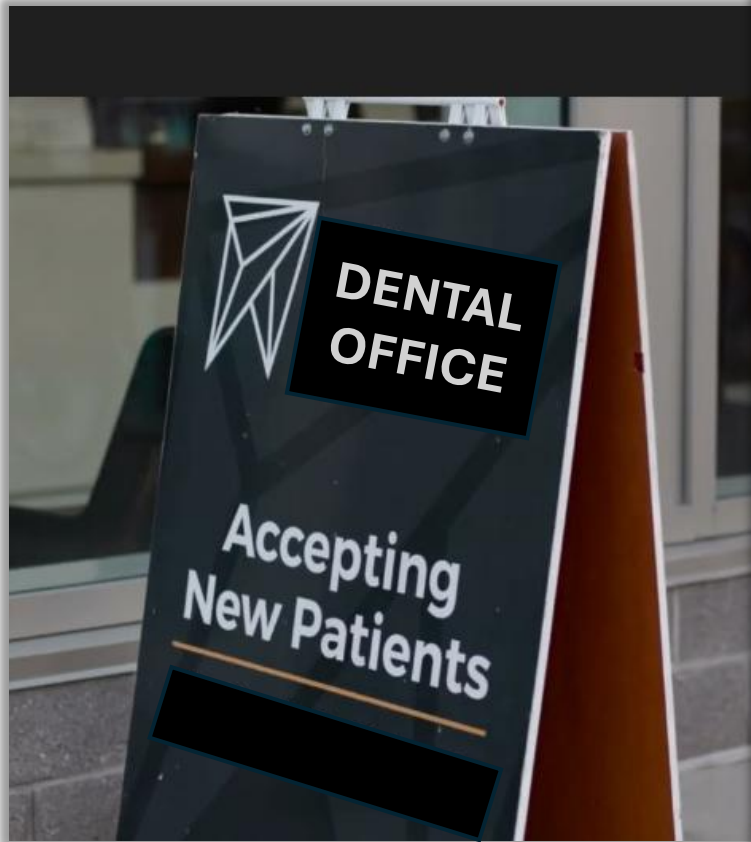
Requests from individuals /
new patients



Most Responsible Dentist
Practice Advisory

Referrals from dentists & other
health care professionals

Language



**We're Accepting
New Patients!**

Our dental team is always happy to welcome new patients. Contact us to book your first appointment!

[Book Now](#)

The complex block features a photograph of a dental office interior at the top, showing a dental chair and various equipment. Below the photo is a blue banner with white text. The text includes a bold heading, a paragraph of text, and a button labeled "Book Now".

Providing Information

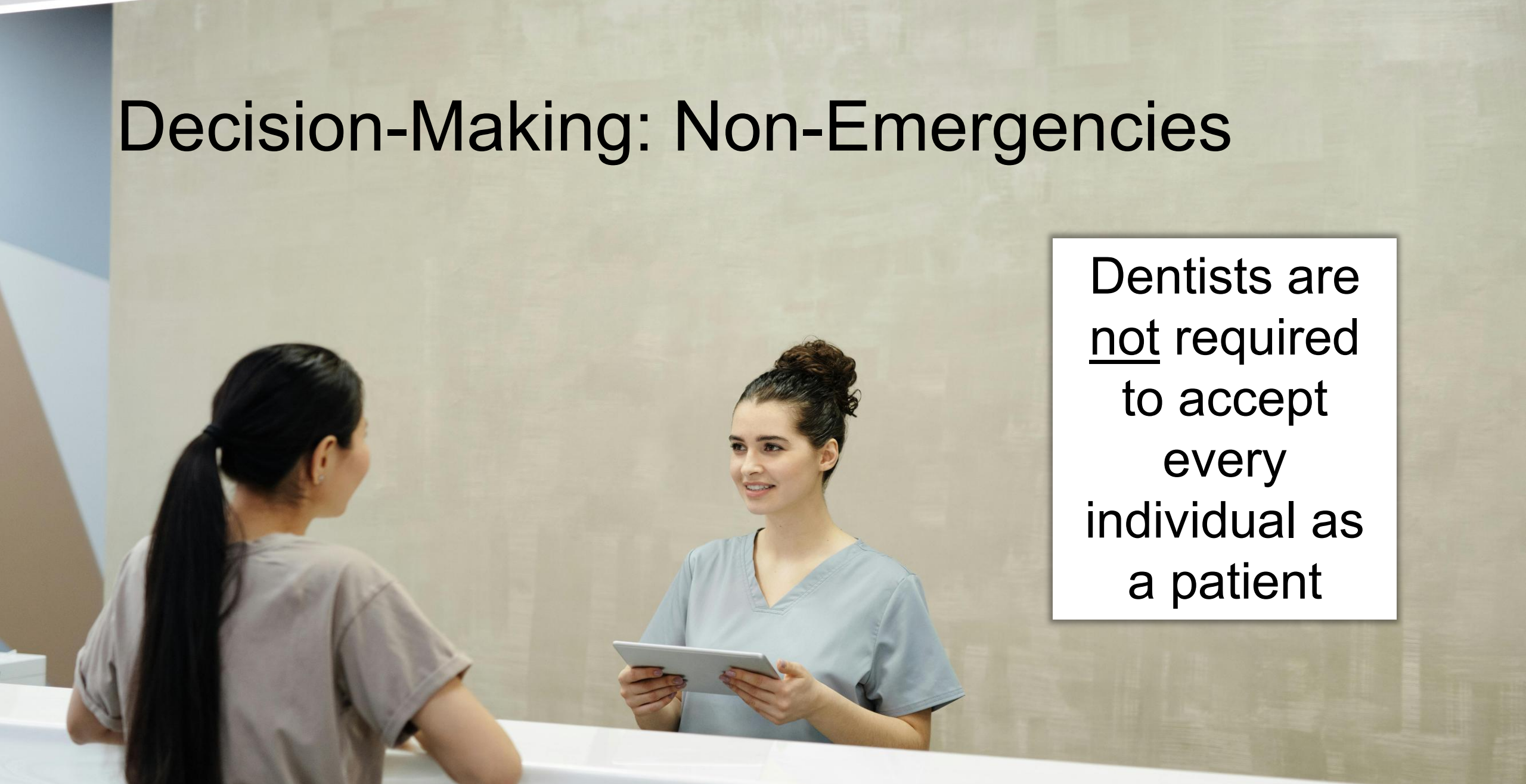


Individuals need information about the dentist / practice to support their decision-making & autonomy

Dentists are required to respond to reasonable requests for information about the dentist / practice

Decision-Making: Non-Emergencies

Dentists are not required to accept every individual as a patient



Decision-Making: Non-Emergencies

Considerations to help ensure that decisions are:



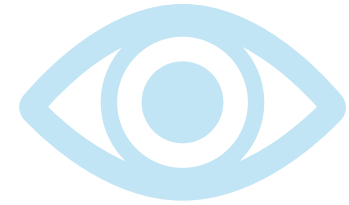
Fair



Non-Discriminatory



Transparent



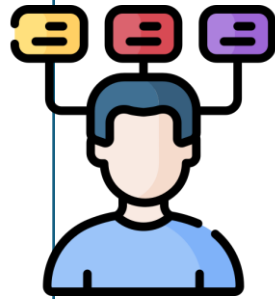
Clear

If dentists decide to accept an individual:

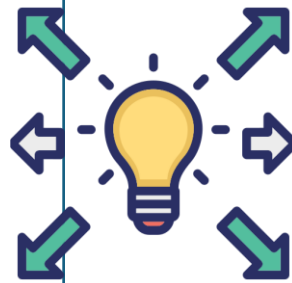
Dentists must provide services in accordance with the Ontario *Human Rights Code*



If dentists
decide not
to accept
an
individual:

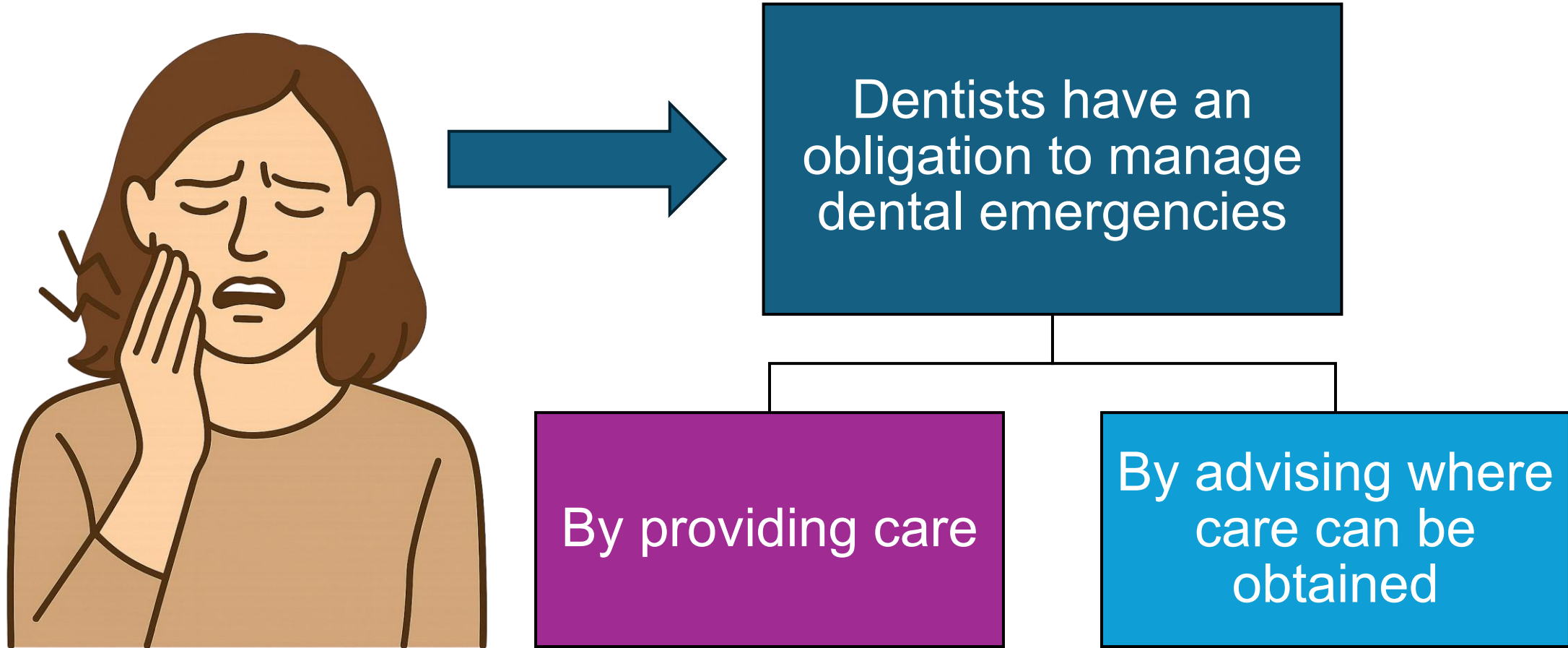


Dentists are required to provide the rationale for their decision, if asked



Dentists are advised to provide suggestions re: where to obtain care, where possible

Decision-Making: Dental Emergencies



Decision-Making: Dental Emergencies



Following the provision of emergency dental care, dentists must discuss the following topics:



If there are any outstanding treatment needs that were observed

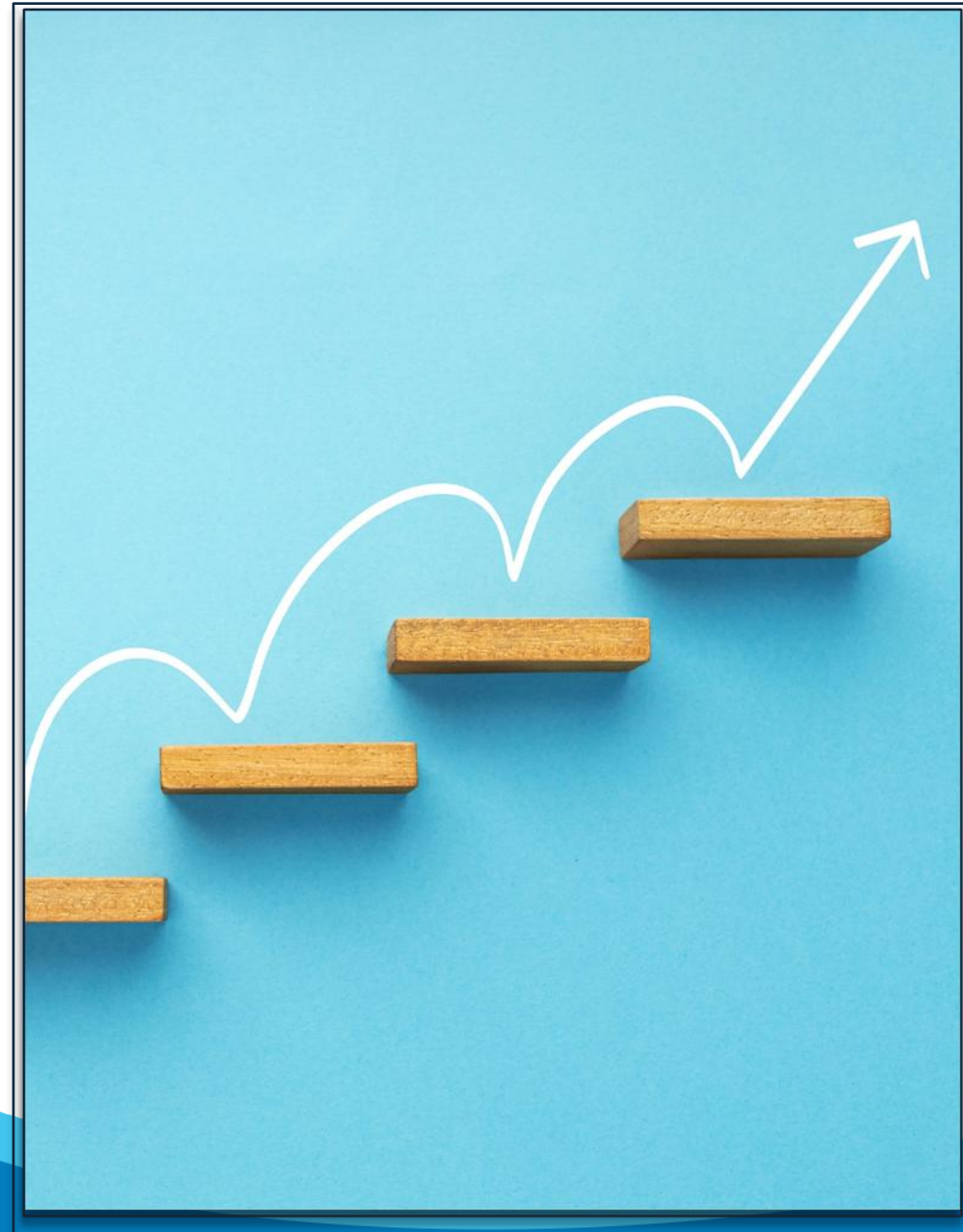


If the dentist will be providing ongoing care



How to access or transfer copies of dental records, if appropriate

③ Next Steps

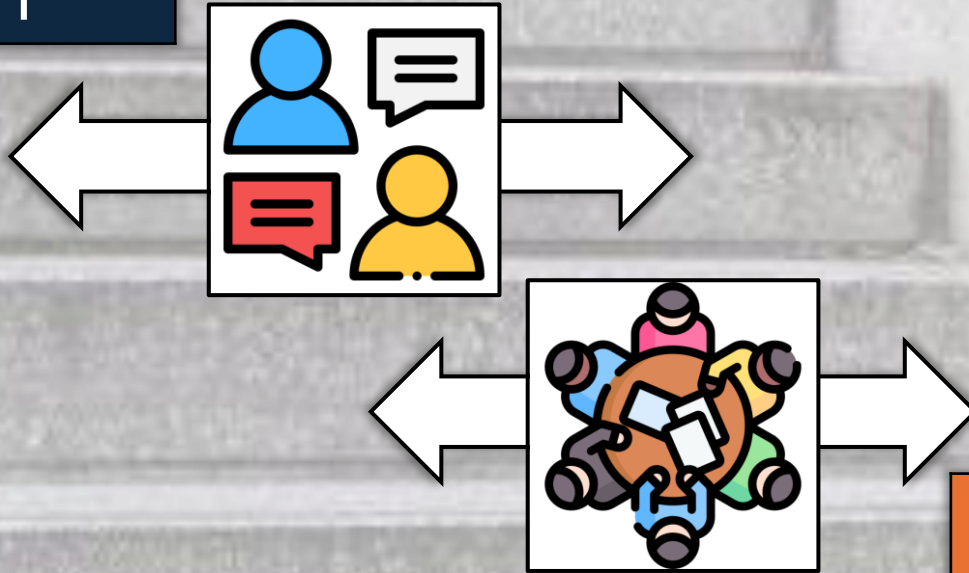


April
2026

June
2026

December
2026

Standard of
Practice
DRAFT



Standard of
Practice
FINAL

FAQs

Case Scenarios

④ Discussion



Discussion Questions

1. What aspects of the Working Group's proposed direction resonate with you, and what, if anything, gives you pause?
2. Are there any elements you feel need further clarification or refinement?
3. Is there anything you feel is missing from the Working Group's current approach that should be explored further?

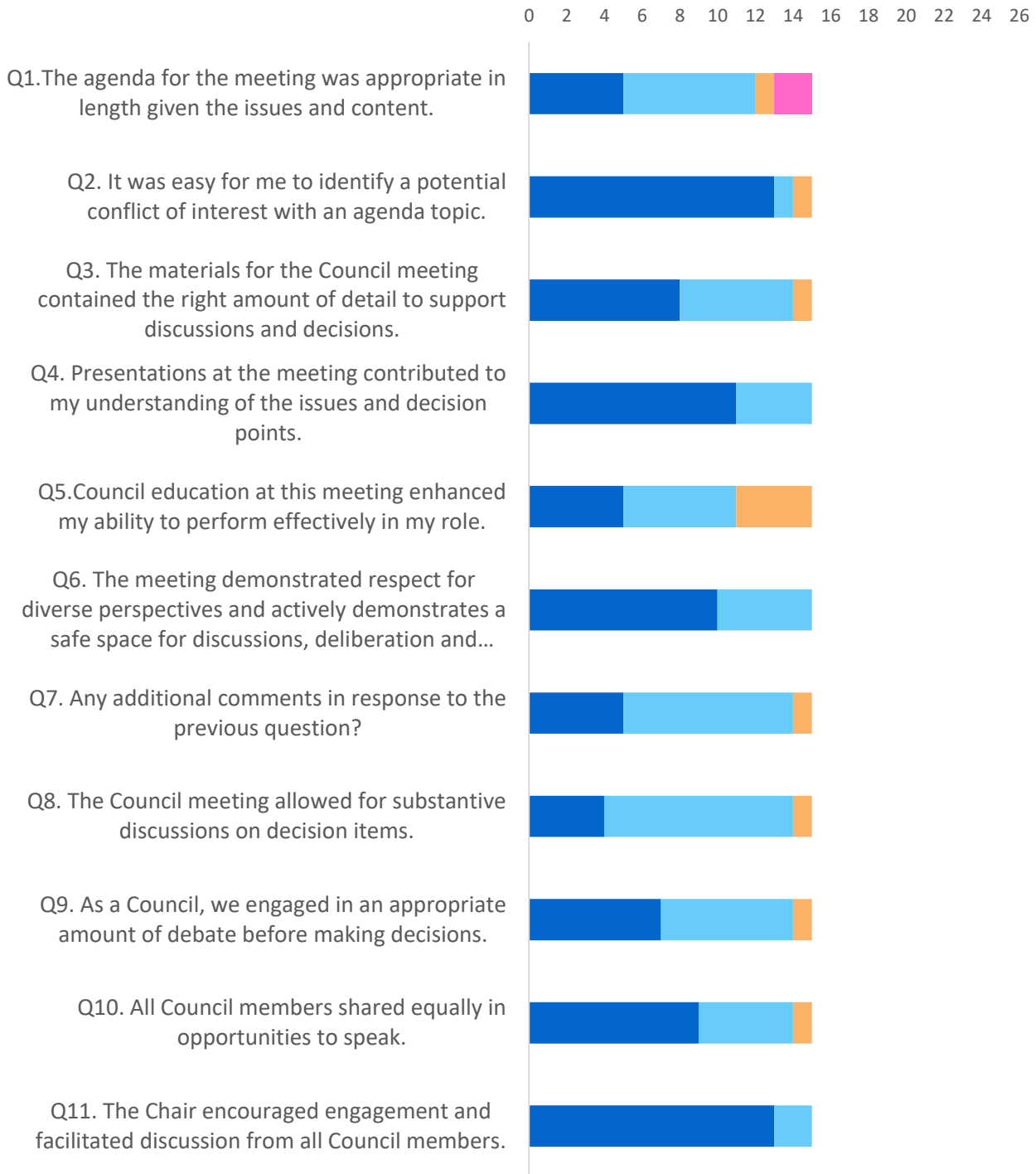
Council Meeting Evaluation Survey Report

Council Meeting: #454 February 19, 2026

Quantitative Results

■ Strongly agree
 ■ Agree
 ■ Neutral
 ■ Disagree
 ■ Strongly disagree
 ■ Prefer not to say/Don't know/Blank

**all horizontal axis represent the number of respondents*



- CONFIDENTIAL -

- not to be circulated beyond intended recipients -

Council Meeting Evaluation Survey Report

Council Meeting: #454 February 19, 2026

Qualitative Results

Q7. Additional Comments to Q6. The meeting demonstrated respect for diverse perspectives and actively demonstrates a safe space for discussions, deliberation and equitable decision-making.

- ◇ Much better in terms of explaining what we are actually voting for and how that vote will be implemented- please more of this. Great presentations. A preview of how this will apply to patients and membership when we introduce a new topic is critical .
- ◇ no comments.
- ◇ The educational session was somewhat confusing with the particular system used to collect thoughts on “sticky notes”? There were some excellent comments presented but difficult to read and led to no discussion which would have enhanced my understanding. Staff would have better insight about what the current state is and what is envisioned for the future state of reconciliation progress??
- ◇ No further responses.
- ◇ The meeting was very well organized by staff.
- ◇ Thank you.
- ◇ The Presentation and participation in the reconciliation of First Nations, Metis and Indigenous population was very informative and allowed attendees to share their perspectives.
- ◇ A well run meeting. Thank you Hanno and all the RCDSO staff for an excellent meeting.

Council Meeting Evaluation Survey Report

Council Meeting: #454 February 19, 2026

Qualitative Results

Q13. What is one thing that will improve the next Council meeting?

- ◇ A preview of each topic prior to presentation and how it relates to and effects the patient and membership if applicable.
- ◇ Time was tight this meeting. Some speakers had to hold back.
- ◇ In person is considerably better for a number of reasons.
- ◇ Hopefully we can all feel free again to participate & contribute our thoughts and comments during the Council meeting.
- ◇ Educational session could be better organized. We could have done a better job without 'mural'.
- ◇ Keep up the good work.
- ◇ There should have been more time allotted to discuss the important topic during the in-camera session
- ◇ Very well run meeting. Well organized and we accomplished everything on the agenda

Registrar & CEO Report to Council

Prepared by Daniel Faulkner

April 16, 2026

GOVERNANCE & REGULATORY LANDSCAPE

- In British Columbia, the new *Health Professions and Occupations Act* came into effect on April 1, 2026, having been introduced in 2022. This has been characterized by some as the biggest change in the regulation of health professionals ever seen in Canada. Some of the structural changes include:
 - Reduction in number of regulatory Colleges from 15 to six;
 - A superintendent to oversee all Colleges;
 - Government-appointed boards for individual Colleges with equal public and professional members; and,
 - A centralized disciplinary tribunal for all Colleges.

In a change of this magnitude, there are varying opinions about the potential impact. Some believe the changes will improve patient safety and accountability, while others caution there will be diminished quality of care, erosion of public trust and reduced transparency in decision making. Some professional associations are calling for changes to the Act believing that its implementation will reduce the number of health professionals willing to enter practice in BC. While the optimism and concerns are mostly a matter of speculation, what is known are changes to expectations for the professions governed under the Act. Penalties will be increased for those who breach professional standards, sanctions will be prescribed for those who knowingly provide false or misleading information; and there is a requirement for Colleges to approve anti-racism standards. The RCDSO will continue to monitor these changes to the Act and Colleges and their impact on the public and professions, as it can take many years to obtain a more complete understanding through experiential learning and case law.

- In December 2025, Council of the College of Psychologists and Behaviour Analysts approved changes to their entry to practice requirements that were designed to increase access to mental health treatment and harmonize qualifications across the country, including for labour mobility. The College's approval of the regulation amendments occurred after several months of consultation with the profession, the public and partners, which resulted in significant opposition to the changes by members of the profession. While the specific changes are not relevant to this brief summary, they do include recognition of international training programs, changes to academic credentials, and to the work experience and supervision of individuals hoping to become registered members of the College. The controversy continues into 2026 and is a relevant example of the complexity of creating registration fairness and consistency for internationally trained individuals and across provincial borders, while also navigating College decisions that change longstanding licensure requirements. The most recent article is linked below.

[Calls for ouster over Ontario psychologist college changes](#)

PARTNERS AND COLLABORATORS

- In June, Ontario's Fairness Commissioner, Mr. Irwin Glasberg, will address Council in person at its meeting. The Office of the Fairness Commissioner received annual report information from all Colleges on March 31. The OFC also released on February 19 its updated risk-informed compliance framework and policy for their third risk assessment cycle. Council may recall that the RCDSO was rated "Moderately low risk" in the last risk cycle. As a result, the RCDSO met frequently with the OFC and the Ministry of Health to develop and report on an action plan. A number of accomplishments were noted by the OFC since 2023. Mr. Glasberg will share information about the OFC and its current directions and hopefully also comment on the RCDSO's work to fulfill its action plan. Please note the acknowledgement the OFC has given to the RCDSO in its Annual Report 2024-25 on page 28 under the Section, "Addressing the Needs of Under-Served Communities in the Province."

[Annual Report of the Office of the Fairness Commissioner 2024–2025](#)

- In February and early April, the Navacord-RCDSO Oversight Committee met to ensure the continued smooth transition of the Professional Liability Program divestment. The PLP divestment occurred on January 1, 2026. The program is operating independently from the College, however, the RCDSO and Navacord have established the Oversight Committee to provide a forum to tackle ongoing issues and new issues arising. For example, the RCDSO is working to provide the most up-to-date information about newly registered dentists throughout the year in a form that is useful to Navacord. Navacord has also reached out to the ODA to ensure that the association and dentists have direct access to the insurance provider and can address any concerns or questions in a responsive manner.
- This coming Fall 2026, the Canadian Network of Agencies for Regulation (CNAR) will host its Annual Conference in Montreal. CNAR is Canada's largest regulatory network and educational organization and its annual conference has more than 1,000 attendees. The RCDSO continues to identify ways to showcase our programs and initiatives to other regulators. Submission abstracts have been developed by several staff with external partners to receive a coveted slot on the agenda for a presentation. This year we have focused on our use of mediation; subject matter experts to enhance committee decision-making; continuing education to advance equity, reconciliation and access to care; governance modernization; navigating complex registration applications; and data and analytics for regulators with limited resources. CNAR receives hundreds of submissions for a limited number of presentation slots, so unfortunately not all of RCDSO's proposals will likely be accepted. I will share the outcome of the process at a later date.
- On June 19-20, 2026 the President, Registrar and Deputy Registrar will attend the Canadian Oral Health Summit in Saskatoon. This year's theme is "*Advancing Interprofessional Oral Health Education, Research and Care.*" The Summit offers a unique blend of participants from the clinical, research, education, regulatory communities as well as dental system partners. It is an opportunity to hear about current initiatives and innovations and explore issues that will

challenge the training, practice, and oversight of dental providers and care. Council will be provided with highlights following the Summit.

AROUND THE COLLEGE (REGULATORY, OPERATIONS, COMMUNICATION)

- In our oversight mandate of the dental profession, the College is often involved in issues that reflect the world in which we live. Complaints and allegations against dentists – what they say to their patients, how they behave with staff or dentist colleagues, use of social media – are sometimes reflective of our environment, both nationally and internationally. As an investigative and adjudicative body, the College will rarely make statements publicly that could be seen as a formal position and could bias our processes and outcomes. The College has a professional and expert Communications Department and team, and our due diligence is rigorous and efficient. In the past three months, we have managed several high profile issues in the media and we have responded appropriately to media requests, phone calls to our advisory team, and correspondence asking for the College’s position. Most responses are decided by the Registrar and Director, Communications with other staff in advisory roles. On rare occasions, the Registrar will ask the Executive Committee for their perspective. I want to express my appreciation to all Council members who keep me informed about issues and conversations occurring within their networks and communities.
- On March 27, the Registrar and Deputy Registrar attended a one-day educational program at Rotman – University of Toronto on AI Strategy for Executives. As AI encompasses almost everything in our personal and professional lives, the College is developing risk-based approaches for all aspects of our unique organization including responsible use of AI by the profession in the practice of dentistry, College use to advance our regulatory program effectiveness and efficiency, and governance oversight. Over the course of this year and next, we will begin to look at Council’s needs as the governing body to provide appropriate strategy and risk guidance to the College and the Registrar.
- On May 7 & 8, 2026 the RCDSO will for the third consecutive year have an exhibitor’s booth at the ODA’s Annual Spring Meeting. The presence of RCDSO in 2024 and 2025 was a resounding success. IN the vast hall of exhibitors, hundreds of dentists happen upon us or seek us out, leading to an exchange of information related to the College’s programs and initiatives. We always have a rotation of staff representing all areas of the College so that questions can be answered right there. We are also pleased that this year Navacord will have a booth on the exhibitor’s floor to introduce the profession to their new malpractice insurance provider. This is an important part of the transition strategy as PLP is in the first few months of its transition from the College to Navacord.
- The College retains a third-party ethics reporting relationship with Mitrtech Ethics Hotline, allowing staff to confidentially and anonymously report an actual or perceived breach of the College’s Code of Conduct and its related policies. Mitrtech’s role is part of a comprehensive process for staff to report unethical behaviour and inappropriate conduct, and the service has been available since 2020. Staff are encouraged to make reports to their immediate supervisor, manager, Human Resources or any member of the Senior Leadership Team. When these avenues do not feel safe or secure for staff, the use of Mitrtech’s reporting service, is crucial. Staff receive annual updates on the processes and the available reporting tools. This is just one

way in which the College is creating and sustaining a psychologically safe environment for all staff.

- On March 26, several Council members and staff travelled to deliver an in-person RCDSO Connect event to dentists, oral health professionals and community members in Ottawa and surrounding area. *Foundations of Professionalism – Building Trust, Integrity, and Patient Confidence* guided our evening of content. We had over 150 participants enthusiastically exploring professionalism in every day practice, clinical decision making and the delivery of inclusive care, using the College’s recently published *Foundations of Professionalism* document as their guide. As we did in our first live event in London in 2024, we were so pleased to acknowledge three clinics that enable access to oral health care for vulnerable patients in the community: [Ottawa Mission Dental Clinic](#), [Ottawa Public Health Dental Services](#) and the [Wabano Centre for Aboriginal Health](#). Each clinic sent representatives to the event and received public recognition of their great work in the community. I want to thank everyone who attended and contributed to the successful event: Harinder Sandhu, Nalin Bhargava, Erin Walker, Nancy Di Santo, Andréa Foti, Rana Badewy, Bonnie Yu, Susan Taylor, Cameron Thompson and Michelle Cabrero-Gauley. Special thanks also to our entire Communications Department for organizing an event that exceeded most professional educational and conference experiences: Lesley Byrne, Angelo Vecillas, Amandine Viaud, Alejandra Fretes and Caitlin Regina. And of course, there are many other behind-the-scene individuals who play such an important role in the success of such events. This includes Level 3 DDS students from the Schulich School of Dentistry, Western University who developed case studies, staff dentists who helped to prepare the speakers and our Quality Department involved in organizing the continuing education credits and their distribution to dentists.

Respectfully submitted,
Daniel Faulkner, Registrar & CEO

Council Dashboard Report

Operational Highlights

Royal College of
Dental Surgeons of Ontario

April 2026

Current Metrics

Program Area	Metrics
Quality	Regulatory Requirements Dashboard, 2025
Registration	Average Application Processing Timelines, by Month Average Application Decision Timelines, by Month
FIP	Open CT Facility Permit Applications by Year of Submission, by Month Sedation Applications Processed Within Target Timeframe for 2025 Sedation Applications Processed Within Target Timeframe for 2025 *NEW*
PCRA	Total Active Cases by Number of Days

Notable Acronyms

CRM	Customer Relationship Management
CE	Continuing Education
ERP	Enterprise Resource Planning
FIP	Facility Inspection Program
HPC	Health Profession Corporation
IT	Information Technology
MRC	Member Resource Centre
PCRA	Professional Conduct and Regulatory Affairs
PET	Practice Enhancement Tool
QA	Quality Assurance
UX/UI	User Experience/User Interface

Quality | Regulatory Requirements - O. Reg. 27/10 QUALITY ASSURANCE

● On track per project plan

● No activity planned

● Minor variation, managed within department

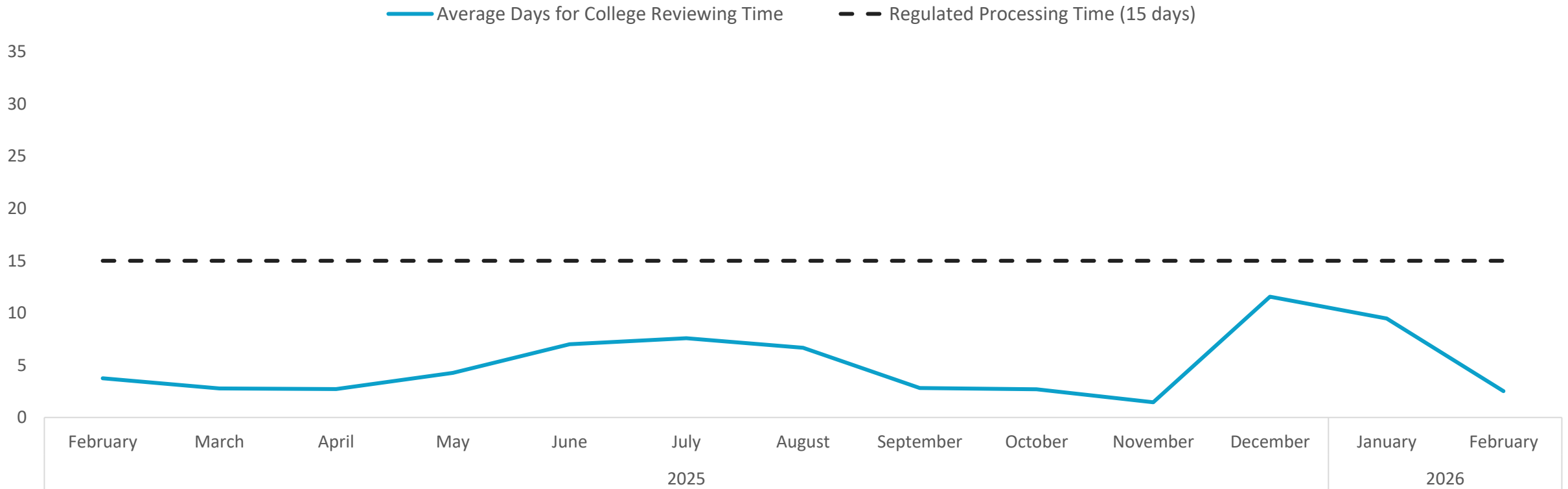
● Course correction required

Components of QA Program	Jan-Mar	Apr-Jun	Jul-Sep	Oct-Dec
Continuing Education audit results	On track per project plan			
CE - Category 1 courses: # approved	On track per project plan			
CE – RCDSO Connect – Category 1 sessions	On track per project plan			
PET administration (2025-2030)	On track per project plan			
Annual Declaration of Compliance	No activity planned			

- **CE Audits** – 96.3% those whose cycle ended in 2025 satisfied requirements or had an insignificant shortfall; Since 2023, RCDSO has audited 10,079 dentists (100%) for their CE requirements.
- **Category 1 courses approved (new and resubmitted)** – 43 courses approved in 2026; total of 236 Category 1 courses available
- **RCDSO Connect (Category 1 sessions):** Delivered three category 1 sessions to date; total of 6,027 attendees, with contributions from Quality, Communications, Policy & Standards, PAS and PCRA teams.
- **PET 2025-2030 cycle** –98.3% dentists have passed as of February 24, 2026.

Key Points

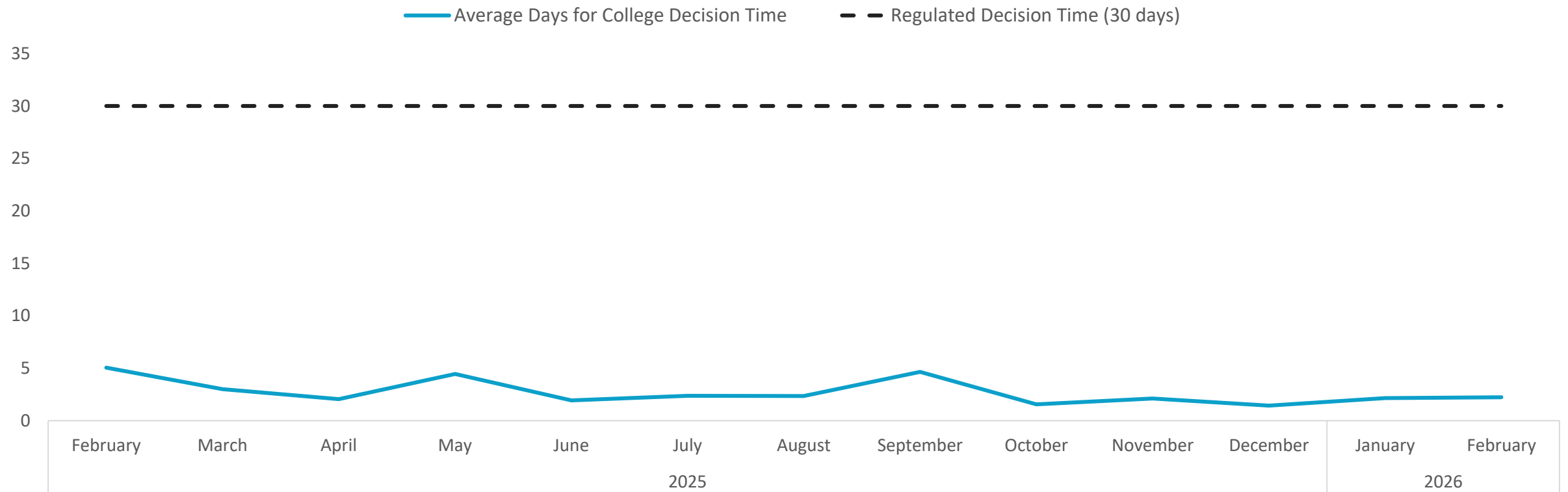
Registration | Average Application Processing Timelines, by Month



Key Points

- The Registration Department continues to meet the regulated timelines for application processing in 2025/2026.
- The [blue line](#) represents the average time (days) it takes to process an application from the time it is initially received by the College to when staff correspond with the dentist to indicate that the application is either complete, or there are outstanding requirements to be met. This timeline must be less than 15 days (dotted black line).

Registration | Average Application Decision Timelines, by Month

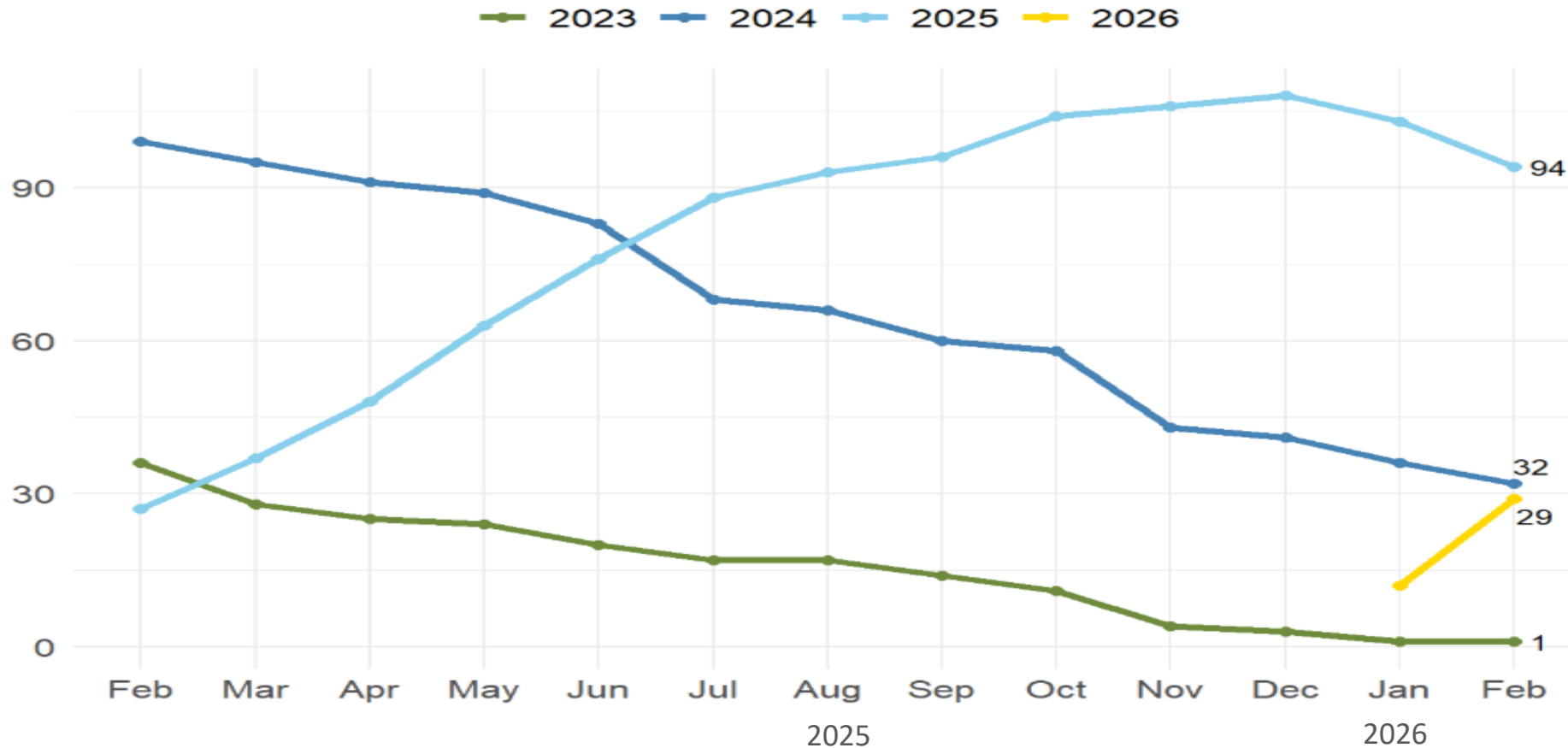


Key Points

- The Registration Department continues to meet the regulated timelines for application decisions in 2025/2026.
- The [blue line](#) represents the average time (days) it takes to make a decision on an application once it is complete, which must be less than 30 days (dotted black line).

Facilities Inspection Program (FIP) |

Open CT Facility Permit Applications by Year of Submission, by Month



Key Points

- Applications remain active until the applicant obtains Ministry approvals, installs the CBCT machine and completes training and testing. These steps must be completed by the applicant before the College can complete the facility inspection and issue the facility permit. The preliminary steps typically take the applicant over a year; the FIP Department actively encourages and supports applicants to close their applications before the 2-year mark.
- As of February 28th, only 32 applications filed in 2024 remain open. The one remaining 2023 application is on hold pending receipt of Ministry documentation.

Facilities Inspection Program (FIP) |

Sedation Applications Processed Within Target Timeframe for 2025

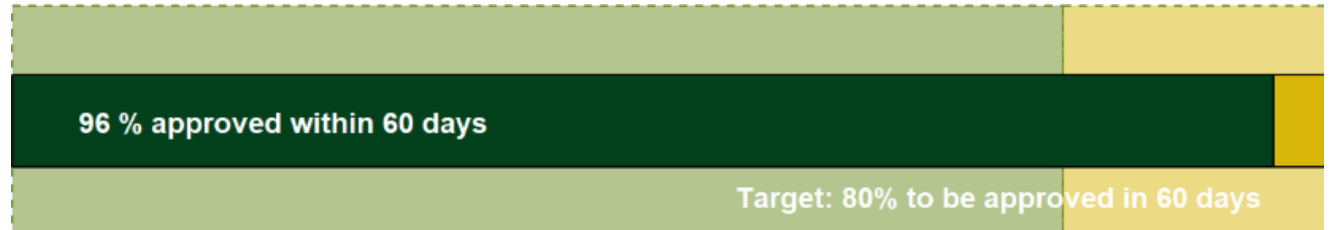
All sedation facility permit applications

Processing targets: 75% new sedation facility permit applications processed and assigned to an inspector in 45 days



All non-visiting sedation members authorizations applications

Processing target: 80% new non-visiting sedation applications processed and approved in 60 days



All visiting sedation members authorizations applications

Processing target: 80% new visiting sedation applications processed and assigned to an inspector in 60 days



Key Points

- The pale green reflects the targets for sedation application processing and the dark green represents the processing times achieved.
- The FIP Department met the target processing timelines in 2025. This data was used to set more ambitious targets for 2026.

Facilities Inspection Program (FIP) |

Sedation Applications Processed Within Target Timeframe for 2026

All sedation facility permit applications

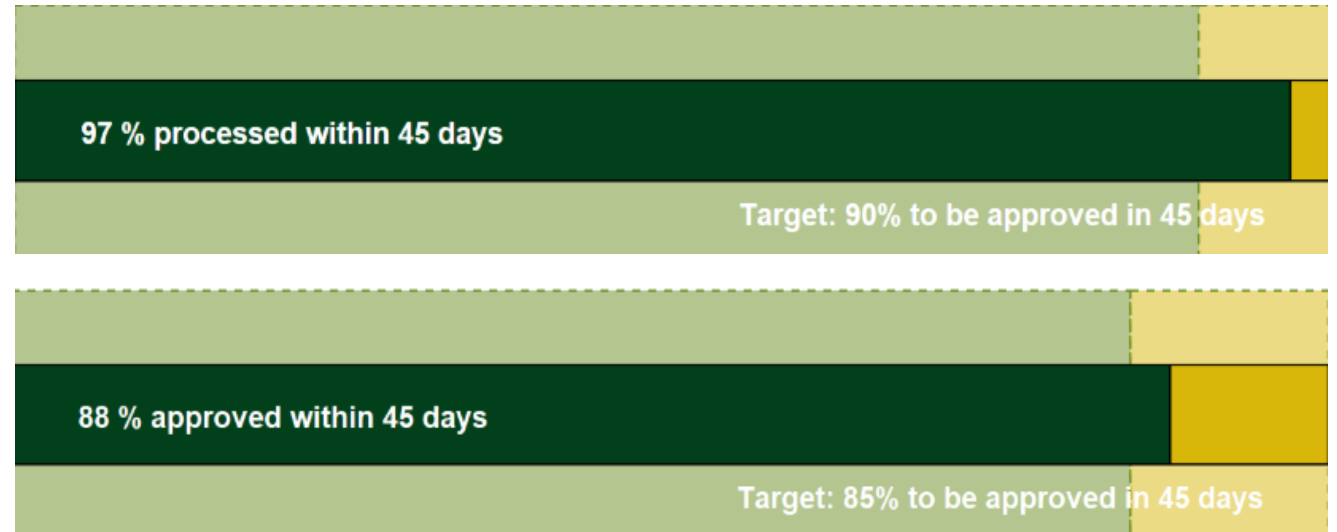
Processing targets: 90% new sedation facility permit applications processed and assigned to an inspector in 45 days

All non-visiting sedation members authorizations applications

Processing target: 85% new non-visiting sedation applications processed and approved in 45 days

All visiting sedation members authorizations applications

Processing target: 85% new visiting sedation applications processed and assigned to an inspector in 45 days



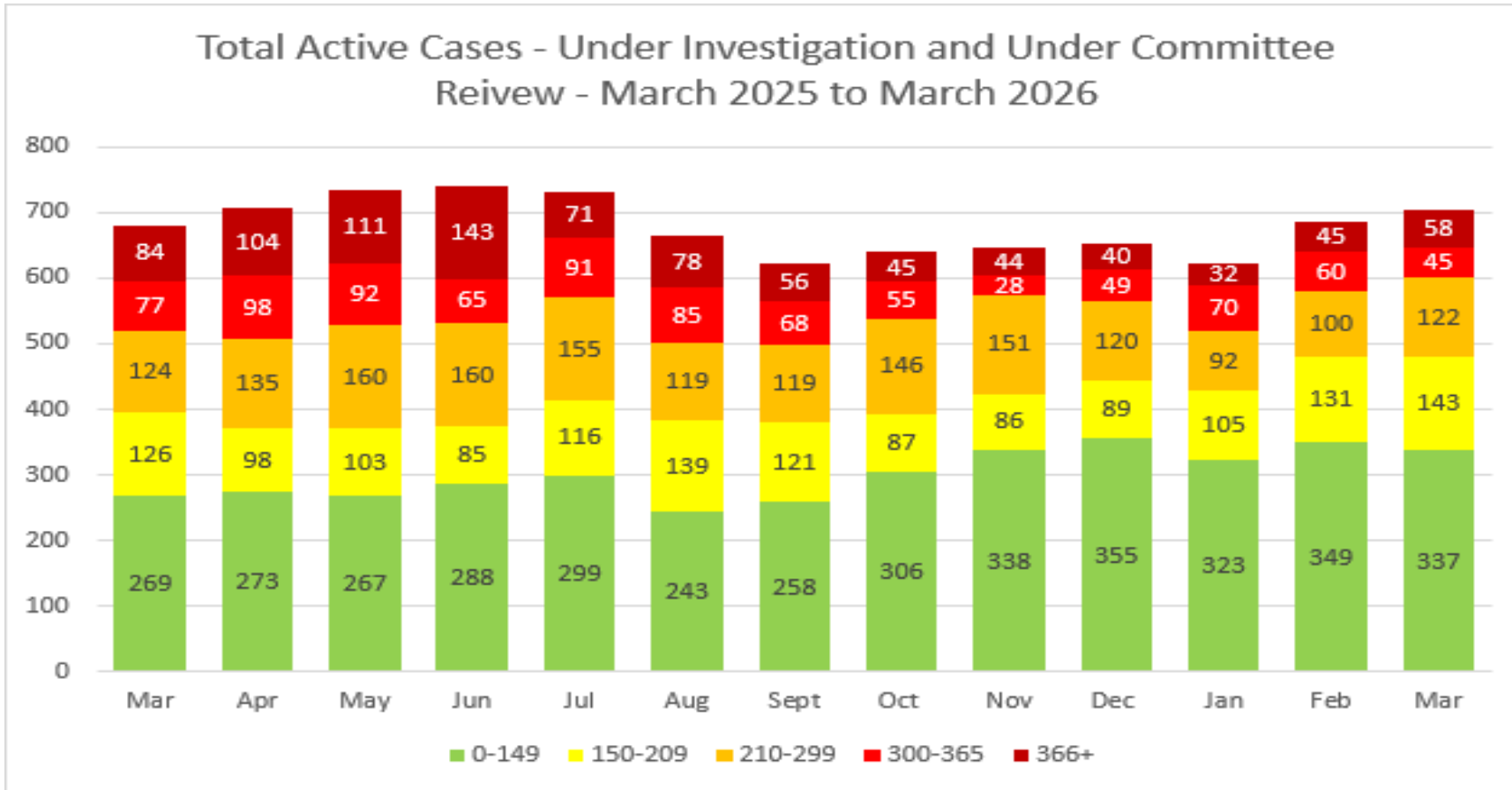
Visiting sedation authorization data are not available yet for 2026

Key Points

- The pale green reflects the targets for sedation application processing and the dark green represents the processing times achieved.
- For 2026, the FIP Department has decreased the target sedation application processing time; the Department target is to have 75-80% of applications processed in 45 days. This represents a 15-day decrease in processing times for sedation authorization applications. The Department has met targets for January and February.

Professional Conduct and Regulatory Affairs (PCRA)

Total Active Cases By Number of Days



Key Points

- We continue to manage timelines, despite normal fluctuations in active case file numbers.
- Less than 15% of all active case files are over 300 days.

Retired Metrics

- Current metrics reported to Council highlight key initiatives departments prioritize to monitor progress and measure success
- Once the departmental objectives are accomplished and reported to Council, the metrics are removed, clearing space for reporting on new initiatives
 - These metrics are often continued to be monitored internally for operational purposes
- For reference, a list of previously reported (retired) metrics along with their duration are found on the following slide
- Following this are a historical account celebrating **Key Accomplishments** stemming from these **Retired Metrics**



Program Area	Retired Metrics	Duration on Council Dashboard Report															
		2021				2022				2023				2024			
		Quarters				Quarters				Quarters				Quarters			
		1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4

PCRA	Number of Open Casefiles by Month, 2021-2023*			●	●	●	●	●	●	●	●	●	●	●				
	Open Casefiles by Year the Case Commenced, rolling 12-Months*	●	●	●	●	●	●	●	●	●	●	●	●	●				
IT	The Bridge Journey (2019-2021) *																	
	The Bridge Journey (2021-2022)*									●	●	●						
	The Bridge Journey (2023 Q1 & Q2)*												●					
	The Bridge Journey (2023 Q3)*													●				
	IT Projects and Initiatives Summary, 2023													●				
FIP	Completed & Remaining Backlog of Provisional CT Facility Permits, by Month*											●	●	●				
Quality	Development Milestones for New ePortfolio Platform*											●	●	●	●			
	PET – New Question Development 2023, 2024											●	●	●	●	●	●	●

First Council Dashboard Report (September 2021)

*Retired Metrics associated with Key Accomplishments (see next slides)

Key Accomplishments of Retired Metrics

Objectives

With an increasing number of new, open and backlog of casefiles, PCRA undertook dramatic process, information audit and strategic changes with the goal of reducing the number of active casefiles.



Metrics

1. Number of Open Casefiles by Month, 2021-2023
2. Open Casefiles by Year the Case Commenced, rolling 12-Months

Accomplishments

Over a 2½ year period, the PCRA team decreased the number of open casefiles by 55%. This can be attributed to a combination of factors including increasing the number of ICRC panel meetings per year, adding additional cases to review during each panel meeting, investigation process changes, data quality cleanup within the CRM (the Bridge) and auditing information of active casefiles.

PCRA

Reducing the number of Open Casefiles and backlog of older Casefiles

Key Accomplishments of Retired Metrics

Objectives

The Bridge metrics were developed to monitor the progress towards technical and program-oriented milestones.



Metrics

1. The Bridge Journey (2019-2021)
2. The Bridge Journey (2021-2022)
3. The Bridge Journey (2023 Q1 & Q2)
4. The Bridge Journey (2023 Q3)



Accomplishments

The Bridge was successfully launched in 2020 along with major and minor releases throughout 2021-2023. This key accomplishment was a major financial and operational success for the College that unified access to information across departments and teams.

**Information
Technology**

Developing and Releasing an entirely new CRM platform ("the Bridge") to modernize College Information Systems

Key Accomplishments of Retired Metrics

Objectives

The FIP Department was tasked with converting older Provisional CT Facility Permits to Annual Permits to improve application processing timelines.



Metrics

1. Completed & Remaining Backlog of Provisional CT Facility Permits, by Month



Accomplishments

In under a year (9 months), the FIP Department were successful in converting all Provisional CT Facility Permits to Annual Permits. This was well-ahead of the projected timeline of 12 months.

FIP

Eliminating the backlog of older Provisional CT Facility Permits

Key Accomplishments of Retired Metrics

Objectives

Quality partnered with the IT Department to improve Dentists' ability to submit, record and track their CE credits with the overarching goal to help them abide by their Quality Assurance requirements.



Metrics

1. Development Milestones for New ePortfolio Platform

Accomplishments

Over the course of 12 months, the Quality and IT Departments developed a revolutionary new system for Dentists to manage their CE credits and transitioning from small sample random audits to automated audits for 100% of current cycle registrants. Additionally, the feedback received from community Dentists was an invaluable source of information that helped refine the development process.

Quality

Modernizing the ePortfolio Platform to improve Dentists' interactions with submitting, recording and tracking their Continuing Education (CE) credits

Key Accomplishments of Retired Metrics

Objectives

Establish a rigorous process to review PET questions and regular cycle for planned reviews.



Metrics

1. Milestones for PET New Question development



Accomplishments

1. Development and implementation of a rigorous process to develop new PET questions, including:
 - Statistical analysis and selection of current questions
 - Development of blueprint
 - Training and coaching of Writing Group
 - Review Group recommendations
2. Random assignment of questions proportionate to blueprint areas
3. Identification of regular (5 year) review cycle with 4 competencies/year

Quality

Practice Enhancement Tool (PET) New Question Development 2023, 2024

COUNCIL BRIEFING NOTE

TOPIC: Financial Update

FOR INFORMATION

April 16, 2026 Meeting

ISSUE: **Draft 2025 Financial Results:** To ensure Council receives regular updates on the College's financial position.

PUBLIC INTEREST:

- This matter relates to the College financial position and maintaining fiscal responsibility to support the public interest by putting patients first and fulfilling legislative obligations.

BACKGROUND:

- Staff regularly report to the Finance, Audit & Risk (FAR) Committee with respect to the College's financial performance.
- FAR provides oversight on financial results throughout the year.
- At year-end FAR reviews the audited financial statements with the external auditor and management, which are subsequently brought to Council for approval.

ANALYSIS:

2025 Fiscal Year

- Attached in Appendix A are the unaudited and draft Statement of Financial Position and Statement of Operations at December 31, 2025.
- These results are unaudited and draft, as the year-end audit has not yet been completed.
- Due to the PLP divestment, the statement of financial position differs from the prior year. As part of the transition to a new service provider, the College collected annual fees on behalf of the provider, resulting in temporarily higher cash balances and corresponding changes in accounts payable and deferred revenue. At year-end, the College held \$17.0 million in cash and accounts payable related to this transition, alongside a \$10.5 million year-over-year decrease in deferred revenue.
- Additional elements of the divestment transaction will be recognized in 2026, including the dissolution of the PLP Reserve upon finalization of the 2025 claims risk transfer.
- Preliminary year-end results indicate a surplus of \$4.1 million for 2025. This is a \$1.7 million improvement on the surplus budget of \$2.4 million.
- Revenue exceeded budget by \$3.4 million, primarily due to large investment gains. The stock market posted strong gains, and interest rates were higher than expected, resulting in

investment revenue exceeding budget by over \$2.8 million. Registration and annual dues have exceeded budget by \$326 thousand, mostly attributed to the Sedation, CT and HPC programs exceeding expected enrollments.

- Expenses were over budget by \$1.7 million, including the PLP Loss Provision. Excluding PLP Loss Provision, expenses were under budget \$257 thousand.
- The PLP loss provision of \$9.4 million reflects the year-over-year change in the accrued claims liability, together with \$5.6 million incurred for ongoing case development.
- The Operating Reserve met the minimum target outlined by CPMF and our Reserve Policy of at least 25% of expenses and is currently at \$7.5 million. The minimum target is revised annually based on the audited results.
- Further details will be available when the audited financial statements are presented to Council in June.

NEXT STEPS:

- The external audit commenced March 23, 2026
- The draft audited financial statements will be presented to FAR on April 28, 2026
- The audited statements will be presented to Council in June for approval

DECISION FOR COUNCIL:

None at this time.

CONTACT:

Jeffrey Gullberg, jgullberg@rcdso.org

Kelly Tripp, ktripp@rcdso.org

Attachment:

Appendix A: Statement of Financial Position at December 31, 2025, ***draft and unaudited***
Statement of Operations at December 31, 2025, ***draft and unaudited***

Statement of Financial Position

as at December 31

DRAFT and UNAUDITED

	2025	2024
Assets	\$	\$
	30,030,520	19,949,368
Short-term investments	39,090	4,168,613
Accounts receivable	890,048	899,261
Prepaid expenses	1,320,987	1,049,015
	<u>32,280,645</u>	<u>26,066,257</u>
Long-term investments	79,131,384	69,914,289
Pension plan assets	36,800	-
Capital assets	7,969,389	9,133,119
Total Assets	<u><u>119,418,217</u></u>	<u><u>105,113,666</u></u>
Liabilities		
Accounts payable & accrued liabilities	19,843,749	2,693,231
Deferred revenue	27,094,376	37,698,586
Accrued claims liability	28,656,171	24,773,967
Post-retirement benefit plan liability	4,093,100	3,955,300
	<u>79,687,396</u>	<u>69,173,684</u>
Net Assets		
PLP Reserve	22,522,275	22,522,275
Operating Reserve	7,521,121	3,521,121
Unrestricted	9,687,425	9,896,586
	<u>39,730,821</u>	<u>35,939,982</u>
Total Liabilities and Net Assets	<u><u>119,418,217</u></u>	<u><u>105,113,666</u></u>

Draft and Unaudited

Statement of Operations

For the Twelve Months Ending December 31, 2025

DRAFT and UNAUDITED

	Year to Date (YTD)	Annual Budget	% of Budget Used	Prior Year (PY)
	\$	\$		\$
Revenue				
Registration and annual fees	42,106,523	41,780,350	101%	39,687,349
Investment income	4,949,256	2,099,855	236%	4,388,378
Professional liability program recoveries	353,514	235,000	150%	306,018
Professional conduct recoveries	376,550	305,000	123%	297,850
Other income	187,746	180,625	104%	292,849
TOTAL REVENUES	47,973,589	44,600,830	108%	44,972,445
Expenses				
Staffing costs	21,659,263	21,804,943	99%	21,124,489
Professional liability program provision	9,452,069	7,500,000	126%	4,311,236
Consulting and professional fees	4,520,112	4,020,119	112%	2,694,458
Telecommunications and technology	2,162,673	2,333,575	93%	2,090,253
Amortization	1,695,763	1,683,500	101%	1,682,914
Operations and facilities	569,717	637,905	89%	526,687
Administration	1,317,173	1,552,689	85%	1,364,478
Council and committees	1,174,830	1,303,468	90%	971,208
Insurance and brokerage	725,589	742,480	98%	704,012
Faculty payments and fees	619,862	623,160	99%	567,201
TOTAL EXPENSES	43,897,050	42,201,839	104%	36,036,938
Excess (deficiency) of revenue over expenses	4,076,539	2,398,991		8,935,506

Draft and Unaudited

COUNCIL BRIEFING NOTE

TOPIC: Policy Report

FOR INFORMATION

April 2026

ISSUE:

- As part of the policy team's regular reporting, Council is provided with an update on recent policy-related activities and upcoming work.
- This report does not represent the entirety of the policy team's portfolio and does not duplicate information presented to Council elsewhere (for example, as part of the Strategic Dashboard or in a stand-alone briefing note).
- This report is presented for information.

PUBLIC INTEREST:

- Providing Council with regular updates on policy work ensures that Council is informed of important developments and activities, encourages Council to ask questions and seek additional information, and supports Council in making informed decisions.

1. Standards Update

- Since Council's last meeting, the policy team has continued its work to review and update RCDSO's high-priority Standards of Practice.
- Council is invited to refer to the Council Dashboard Report included in the meeting materials for an overview of the status of active Standard reviews.
- While this report does not provide a comprehensive update on all active Standard reviews, highlights related to current Working Group activity are outlined below for interest:
 - Since Council's last meeting, two new Working Groups have been established to support work related to the Standards of Practice [Use of Sedation and General Anesthesia in Dental Practice](#) and [Dental CT Scanners](#). These working groups are

comprised of subject matters experts from among College staff, Council, and external contributors. Council will receive further updates as these Standards reviews progress.

- In addition, RCDSO's Standing Policy Working Group (SPWG)¹ has met to engage in discussion and provide subject matter expertise and advice. Discussion topics included a review of the revised draft Standard of Practice *Managing Conflicts and Ending the Dentist-Patient Relationship*, and issues related to dental CT scanners.
- Council will continue to receive updates on active policy work through future Policy Reports and related briefing materials, and is invited to direct any questions to the Manager of Standards and Strategy, Cameron Thompson.

2. Update: Knowledge Translation Activities and Registrant Engagement Tactics

- As Council is aware, the policy team is focused not only on developing effective guidance for registrants in the form of Standards of Practice and other resources, but is also taking proactive steps to ensure that registrants are aware of – and supported in – implementing the College's guidance when it comes into effect.
- Over the past several years, the policy team has been intentional in developing strategies and building partnerships that enhance registrant engagement, support effective knowledge translation, and build trust with the profession.
- Collectively, these efforts help to ensure that registrants clearly understand College expectations, comply with Standards of Practice, and uphold patient care and safety. This work is ongoing and collaborative, involving close coordination with other RCDSO departments, including Communications and Quality.
- The three highlights below capture some of these activities and tactics. This is not an exhaustive list, and is shared for Council's interest.

Additional Public Consultation: Managing Conflicts and Ending the Dentist-Patient Relationship

- As Council has heard, public consultation is a core component of the [Standards Review and Development process](#), and is undertaken whenever an existing document is revised or a new Standard of Practice is developed. Consultation serves not only as a means of gathering feedback, but also an important mechanism to engage registrants and other interested parties, build trust, and demonstrate transparency.
- Public consultation is usually undertaken at two stages:
 - a **preliminary consultation** is undertaken to solicit feedback on an existing RCDSO document prior to initiating revisions, and
 - a **general consultation** is undertaken to solicit feedback on a new or revised draft document prior to final approval by Council.

¹ As a reminder, the membership of the Working Group includes: Dr. Antony Liscio (Co-Chair), Dr. Deborah Wilson (Co-Chair), Dr. Harinder Sandhu, Dr. Anthony Mair, Dr. Osama Soliman, Dr. Nalin Bhargava, Dr. Nancy Di Santo, Nizar Ladak, Patti Latimer (external public member), and Sharon Rogers (external public member).

- In February 2026, the policy team took the unusual step of undertaking a third round of public consultation for a specific strategic purpose:
 - Following Council approval, a revised draft Standard of Practice, *Managing Conflicts and Ending the Dentist-Patient Relationship*, was released for public consultation in fall 2025.
 - As anticipated, the consultation generated a high volume of feedback reflecting a range of views; however, one section of the draft (relating to circumstances in which a dentist *may* or *may not* end the dentist-patient relationship) was not understood as intended. This misunderstanding resulted in a significant volume of concerned and critical feedback near the close of the consultation.
 - While these issues could have been addressed through clarifying revisions without further consultation, an opportunity was identified by the SPWG to demonstrate responsiveness and build goodwill by re-releasing a revised draft for additional comment, with changes clearly highlighted. This approach was supported by the Quality Assurance Committee (QAC), and the revised draft Standard was released for a third round of consultation in February 2026, accompanied by communications highlighting this unusual step.
 - Feedback on the revised draft was notably more positive, with respondents, including the Ontario Dental Association (ODA), acknowledging changes made in response to earlier feedback.
- While this kind of additional consultation will not be an ongoing part of the policy team's consultation strategy, this approach was well received, and it had the intended effect of demonstrating our good faith commitment to addressing consultation feedback.

Engagement and Knowledge Translation through RCDSO Connect

- As Council is aware, [RCDSO Connect virtual and in-person events](#) provide accessible, high-quality learning opportunities for registrants, and support dentists in staying current, meeting regulatory requirements, and strengthening professionalism.
- These events are highly collaborative, reflecting the efforts of Communications, Policy and Quality teams.
- Due to their quality and the opportunity to earn Category 1 CE credits in areas of strategic importance, RCDSO Connect events are consistently well attended and represent an effective opportunity for registrant engagement and knowledge translation related to Standards and policy work.
- By highlighting Standards and other policy work at RCDSO Connect events, the College is capitalizing on an opportunity to highlight new and revised expectations, clarify how guidance can be applied in practice, respond to questions submitted directly by registrants, and enhance trust in our process.
- In recent months, several RCDSO Connect sessions have focused on Standards and related policy content, including:

- a session dedicated to RCDSO's new [AI in Dentistry guidance](#);
 - a sessions dedicated to RCDSO's existing [Dental Recordkeeping Guidelines](#); and
 - two sessions focused on professionalism, access to care, and the RCDSO's new [Foundations of Professionalism](#) document (including an in-person event in Ottawa).
- These sessions have set new benchmarks for attendance, and feedback on both the sessions and their content has been highly positive.
 - As an important follow-up to RCDSO Connect sessions, registrants are also encouraged to continue their learning via the RCDSO's [Learning in Action](#) toolkits.
 - This approach was introduced through the QAC in 2025 and focuses on adoption of Standards in areas of strategic priority.
 - Toolkits build upon content present in the RCDSO Connect session, and involve follow-up activities like reading Standards of Practice; researching articles and scoping reviews; discussing key areas with the dentist's team; and identifying actions the dentist will take to implement changes in their practice.
 - Completion of each activity within the toolkit is recognized by one point in Category 2, to a maximum of 5 points per topic. This represents another opportunity to drive awareness of Standards of Practice and other policy-related content, reinforce key messages and areas for implementation, and encourage spread of information within clinical teams.
 - Looking ahead, additional RCDSO Connect sessions related to policy content are planned, including virtual sessions on dental professionalism and Infection Prevention and Control. Council members are welcome to attend and are also encouraged to review recordings of past sessions, which are [available online](#) and co-located with an evolving menu of [Professional Practice Resources](#) released by the Quality team.

Additional Resource Development

- As Council has heard, the policy team regularly develops supplementary resources, educational materials, and other supporting documents to accompany new and revised Standards of Practice.
- These resources support registrant understanding of new and updated requirements, incorporate the patient perspective through patient-facing materials, and promote compliance.
- Resources are developed in a range of formats, including [FAQs](#), [checklists](#), [patient-facing resources](#), articles, and [case scenarios](#), and are often developed as part of a collaborative effort with other College staff, including Quality and Communications, and external partners (e.g., dental faculties).
- These materials can be deployed in multiple ways, including publication on the College's [Standards webpage](#) (or through [topic-specific webpages](#)), through integration into RCDSO Connect events or other CE activities, and through inclusion in the Learning in Action toolkits referenced above.

- As a recent example, case scenarios were developed to illustrate practical, real-world professionalism issues ahead of the in-person RCDSO Connect session in Ottawa. Case scenarios formed the basis for small group discussions at the event, and can now be repurposed as part of future continuing education activities, on the RCDSO website, or in other functions.
- Overall, resource development to accompany Standards of Practice is a key tactic for reinforcing the College's expectations of registrants, and for integrating and amplifying shared objectives across College departments.

DECISION FOR COUNCIL:

- This briefing note is for information.

CONTACT:

- Cameron Thompson, Manager, Standards & Strategy: cthompson@rcdso.org

Attachments:

None



Ontario

**Executive Council of Ontario
Order in Council**

**Conseil exécutif de l'Ontario
Décret**

On the recommendation of the undersigned, the Lieutenant Governor of Ontario, by and with the advice and concurrence of the Executive Council of Ontario, orders that:

Sur la recommandation de la personne soussignée, le lieutenant-gouverneur de l'Ontario, sur l'avis et avec le consentement du Conseil exécutif de l'Ontario, décrète ce qui suit :

PURSUANT TO clause 6(1)(b) of the *Dentistry Act, 1991*, **Ram Chopra** of Mississauga be reappointed as a part-time member of the Council of the Royal College of Dental Surgeons of Ontario to serve at the pleasure of the Lieutenant Governor in Council for a period not exceeding three years, effective February 22, 2026 or the date this Order in Council is made, whichever is later.

EN VERTU DE l'alinéa 6 (1) b) de la *Loi de 1991 sur les dentistes*, **Ram Chopra** de Mississauga est reconduit au poste de membre à temps partiel du Conseil de l'Ordre royal des chirurgiens-dentistes de l'Ontario pour exercer son mandat à titre amovible à la discrétion du lieutenant-gouverneur en conseil, pour une période maximale de trois ans, à compter du dernier en date du 22 février 2026 et du jour de la prise du présent décret.

Recommended: Minister of Health
Recommandé par : La ministre de la Santé

Concurred: Chair of Cabinet
Appuyé par : La présidence du Conseil des ministres

Approved and Ordered: FEB 26 2026
Approuvé et décrété le :

**Administrator of the Government
L'administrateur du gouvernement**

O.C. | Décret : 286 / 2026



Ontario

**Executive Council of Ontario
Order in Council**

**Conseil exécutif de l'Ontario
Décret**

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PURSUANT TO clause 6(1)(b) of the *Dentistry Act, 1991*, **Stephen Bird** of Perth be appointed as a part-time member of the Council of the Royal College of Dental Surgeons of Ontario to serve at the pleasure of the Lieutenant Governor in Council for a period not exceeding three years, effective the date this Order in Council is made.

EN VERTU DE l'alinéa 6 (1) b) de la *Loi de 1991 sur les dentistes*, **Stephen Bird** de Perth est nommé au poste de membre à temps partiel du Conseil de l'Ordre royal des chirurgiens-dentistes de l'Ontario pour exercer son mandat à titre amovible à la discrétion du lieutenant-gouverneur en conseil, pour une période maximale de trois ans à compter du jour de la prise du présent décret.

Recommended: Minister of Health
Recommandé par : La ministre de la Santé

Concurred: Chair of Cabinet
Appuyé par : La présidence du Conseil des ministres

Approved and Ordered:
Approuvé et décrété le : APR 02 2026

**Administrator of the Government
L'administrateur du gouvernement**

COUNCIL BRIEFING NOTE

TOPIC: Managing New Patient Requests: Draft Standard for External Consultation

FOR DECISION

April 2026

ISSUE:

- In accordance with Council's direction, a new Standard of Practice on accepting patients into dental practices has been developed as part of the Access to Care Strategic Project.
- Council is asked for feedback on the draft *Managing New Patient Requests* Standard of Practice and whether it can be released for external consultation.

PUBLIC INTEREST:

- To ensure decisions align with the public interest, the new draft Standard of Practice outlines dentists' legal, professional, and ethical obligations regarding new patient requests.
- The draft Standard is being developed as part of the Access to Care Strategic Project and can help increase access to oral health care by supporting fair, non-discriminatory, transparent, and clear decision-making regarding new patient requests. Improving access to oral health care has a direct connection to the RCDSO's mandate and will support patients' and society's overall health and wellbeing.

BACKGROUND:

- Improving access to oral health care is a priority for the RCDSO and the focus of a strategic project under the [2023-25 Strategic Plan](#).
- Council provided direction regarding the project's areas of focus and the primary focus for the last phase of the strategic project was to develop two new College documents regarding professionalism and accepting patients into dental practices.
- The development of these two new College documents is being supported by a Working Group¹. As a first step, the Working Group met in April and May 2024 to consider desktop research regarding

¹ Chaired by Dr. Carlos Quiñonez, and comprised of Council members (Dr. Erin Walker, Dr. Noha Gomaa, Mr. Brian Smith, and Ms. Vivian Hu), faculty representatives (Dr. Sonica Singhal and Dr. Keith Da Silva), and subject matter experts (Dr. Clive Friedman and Dr. Ian McConnachie).

professionalism and accepting patients into dental practices.² The Working Group's focus at this stage was developing the College's new *Foundations of Professionalism* document.³

- The Working Group resumed discussions regarding accepting patients in January 2025 with seven dedicated meetings taking place in 2025-2026. As part of these meetings, the Working Group considered the following information and feedback, which supported the development of a draft Standard of Practice:
 - an overview of dentists' key legal duties under fiduciary and human rights law;
 - [feedback](#) obtained from the profession, public, [Citizen Advisory Group](#), and other interested parties via the external consultation held in Q1 2024;
 - [feedback](#) obtained from attendees at the [Alliance for Healthier Communities Conference](#) and RCDSO Connect event in June 2024; and
 - [results of a public poll](#) conducted by an external research firm in Q4 2024 that asked questions regarding access to care, professionalism, and accepting patients into dental practices.

CURRENT STATUS:

1) Overview of New Draft Standard

- Based on the research, analysis, and discussion described above, a new draft Standard has been developed by the Working Group entitled *Managing New Patient Requests (Appendix A)*.
- The draft Standard sets out dentists' legal, professional, and ethical obligations when managing new patient requests in either of two situations: non-emergency or emergency.
- An overview of the key features of the draft Standard, along with the Working Group's rationale, is set out below.

Language

- The draft Standard uses the term 'accept' to describe when an individual and dentist have mutually decided to establish a dentist-patient relationship.

Working Group's Rationale:

- After considering several language options,⁴ 'accept' was identified as the clearest and most direct term to use. While there was initial concern that the term could imply a unilateral decision by the dentist, defining 'accept' in the Glossary as a mutual decision between the individual and dentist sufficiently addresses this issue.
- This terminology reflects current practice, as evident by the number of signs in the community that state if a dentist or practice is 'accepting new patients'.

² This included literature and jurisdictional reviews (key findings were reported to Council in [September 2024](#)) and a review of RCDSO Inquiries, Complaints, and Discipline information and data.

³ Council approved [Foundations of Professionalism](#) at its September 2025 meeting.

⁴ For example, 'care for', 'take on', and 'establish a dentist-patient relationship'.

- This is also consistent with the language other health regulators use.⁵

Scope

- The draft Standard applies to all dentists and outlines the requirements for responding to new patient requests made directly by individuals, in both emergency and non-emergency situations.

Working Group's Rationale:

- The draft Standard applies to all dentists because individuals may approach general dentists and certain specialists (e.g., orthodontists) to request care.
- The draft Standard is limited to situations where individuals seeking care contact dentists (or their office staff) directly, as distinct professional and ethical considerations arise in these circumstances. The draft Standard does not apply to referrals from other health care professionals, which are addressed in the RCDSO's [Most Responsible Dentist Practice Advisory](#).
- The draft Standard addresses both non-emergency and emergency situations because dentists' obligations differ in each context.

Providing Information

- This section of the draft Standard outlines dentists' obligations to provide information that helps individuals decide whether the dentist and practice is right for them.
- It sets out requirements for dentists to ensure that individuals receive a response to reasonable requests for information regarding the dentist and/or practice (e.g., the scope of services offered, the registration class of the dentist[s] at the practice, the practice's policies and procedures), and that the information communicated is clear, true, accurate, and complies with existing requirements (e.g., advertising, accessibility, accommodation) (see Provisions 1-3 in the draft Standard).
- It also requires dentists to ensure that office staff communicate information in accordance with the Standard when doing so on the dentist's behalf (see Provision 4).

Working Group's Rationale:

- Providing individuals with relevant information about the dentist and practice supports informed decision-making about where and from whom they receive care. This promotes patient autonomy, a key bioethical principle set out in the RCDSO's [Foundations of Professionalism](#) document.
- The draft Standard highlights dentists' legal obligations with respect to accessibility⁶ and the duty to accommodate⁷ when communicating information about services. Although these legal

⁵ Many regulators use the term 'accept', but do not have stand-alone Standards or Policies on this topic. Examples of regulators that use the term 'accept' include:

- Canadian Dental Regulators: [College of Dental Surgeons of Alberta](#), [College of Dental Surgeons of Saskatchewan](#), [Manitoba Dental Association](#), and [Newfoundland & Labrador Dental Board](#).
- Ontario Health Regulators: [College of Chiropractors of Ontario](#), [College of Dental Hygienists of Ontario](#), [College of Homeopaths of Ontario](#), [College of Naturopaths of Ontario](#), [College of Optometrists of Ontario](#), [College of Physicians and Surgeons of Ontario](#), and [College of Physiotherapists of Ontario](#).
- Canadian Medical Regulators: [College of Physicians and Surgeons of British Columbia](#), and [College of Physicians and Surgeons of Nova Scotia](#).
- International Dental Regulator: [Dental Council of Ireland](#).

⁶ [Accessibility for Ontarians with Disabilities Act, 2005, S.O. 2005, c. 11.](#)

⁷ [Ontario Human Rights Code, R.S.O. 1990, c. H.19.](#)

obligations have been in place for some time, they may be unfamiliar to some dentists so the draft Standard includes links to external resources to support dentists' understanding and implementation.

- Dentists remain ultimately responsible for how information is communicated, regardless of who provides it (e.g., office staff) or the method used.

Dentist Decision-Making

- This section of the draft Standard sets out dentists' obligations for managing new patient requests to become a patient or to receive emergency dental care. It is divided into two subsections: non-emergencies and dental emergencies.

Non-Emergencies

- The draft Standard clarifies that in non-emergency situations, dentists are not required to accept every individual requesting to become a patient.
- The draft Standard states that dentists must ensure that decisions regarding who to accept as a patient are fair, transparent, and supported by a clear rationale. It also sets out requirements for how to make these decisions, including:
 - considering whether the dentist has the ability and capacity to accept the individual;
 - preventing bias and prejudice from having a negative influence on decisions; and
 - making decisions that are free from discrimination to ensure compliance with the dentist's legal obligations under the Ontario [Human Rights Code](#) (see Provisions 5-6).
- The draft Standard highlights the relevant legal requirements under the Ontario [Human Rights Code](#) that dentists must comply with if they decide to accept an individual as a patient (see Provision 7).
- The draft Standard also addresses circumstances where dentists decide not to accept an individual as a patient and requires that dentists communicate their rationale for the decision if asked,⁸ and advises dentists to suggest where oral health care can be obtained, where possible (see Provision 8).

Working Group's Rationale:

- Dentists may have valid reasons for not accepting an individual as a patient, including reasons related to their scope of practice or the capacity of the practice. However, the draft Standard sets out considerations to help ensure that these decisions are fair, non-discriminatory, transparent, and clear.
- The draft Standard highlights the long-standing legal obligations under the Ontario [Human Rights Code](#) that apply to all health care professionals, including dentists, when providing services. Although these legal obligations have been in place for decades, they may be unfamiliar to some dentists. The draft Standard includes links to external resources to support understanding and implementation.
- Dentists are required to provide the rationale for their decision not to accept an individual as a patient, if asked. This promotes transparency and supports fairness in decision-making. As time passes, it may become difficult for dentists to recall retroactively their rationale for deciding not to accept a patient. While there is no requirement to document decisions not to accept patients, it will be helpful for dentists to remember their rationale if there is a complaint (e.g., to the

⁸ By the individual or the RCDSO.

RCDSO or Human Rights Tribunal of Ontario). Dentists retain the flexibility to determine what approach will work best for them.

- Dentists are advised to help individuals look for oral health care to reduce barriers and support access to care. However, the draft Standard does not require dentists to actually find another oral health care professional who would be willing to accept the individual as a new patient. This approach strikes a balance between helping individuals access care and ensuring that dentists are not burdened with unreasonable obligations.

Dental Emergencies

- The draft Standard reminds dentists of their existing obligation to manage⁹ dental emergencies (see Provision 9).
- The draft Standard sets out the following topics that dentists must discuss with individuals who were not existing patients following the provision of emergency dental care:
 - if there are any outstanding treatment needs that were observed during the dental emergency;
 - if the individual wishes to receive ongoing care and if the dentist will be accepting the individual as a patient to provide that care; and
 - how copies of dental records concerning the dental emergency can be accessed or transferred, if appropriate (see Provision 10).

Working Group's Rationale:

- The draft Standard reflects the RCDSO's existing requirement for dentists to manage dental emergencies as set out in the [Professional responsibilities for managing dental emergencies](#) article published in February/March 2015.
- For individuals who were not existing patients, the dentist-patient relationship naturally ends once the dental emergency has been resolved.
- The draft Standard sets out requirements for dentists following the provision of emergency dental care to help support continuity of care.

2) Council and Quality Assurance Committee Feedback

- Council and the Quality Assurance Committee (QAC) reviewed the draft Standard at different stages of development and provided feedback accordingly.
- At its February 2026 meeting, Council previewed the key content the Working Group was contemplating for the new draft Standard. Overall, Council was very supportive of the proposed approach. Council did not review the actual draft Standard at that time, as the draft is being presented to Council for the first time at its April 2026 meeting.
- At its March 2026 meeting, QAC reviewed the draft Standard and approved forwarding it to Council for consideration to release it for external consultation. Overall, QAC was also very supportive.
- While Council's and QAC's feedback was thoughtful and constructive, reflecting careful consideration of both the policy intent and how the draft Standard would be implemented, their feedback did not result in immediate changes to the draft Standard. Many of the issues raised had already been carefully

⁹ Managing the dental emergency could include the provision of emergency dental care or advising where emergency dental care can be obtained.

considered and addressed by the Working Group during drafting, and the remaining feedback did not point to substantive gaps; rather, it primarily related to clarification, implementation, or contextual guidance.

- The Working Group will consider all Council and QAC feedback alongside feedback received through the external consultation and will then determine the most appropriate way to address it post-consultation. This may include addressing it through revisions to the draft Standard and/or through the development of companion resources. This approach is intended to ensure a comprehensive and coordinated response to all feedback received.
- Key themes raised in Council's and QAC's feedback are summarized in the table below.

Feedback	Response
<ul style="list-style-type: none"> ○ Alignment with existing College documents: Council requested clarity on how the draft Standard intersects with existing College documents, including (as examples): the Most Responsible Dentist Practice Advisory, Dental Recordkeeping Guidelines, and Artificial Intelligence in Dentistry Guidance. 	<ul style="list-style-type: none"> ○ The draft Standard already includes relevant references and links to existing College documents. ○ Further clarification will be addressed in the companion resources that will accompany the final Standard when approved. ○ In particular, the Working Group can clarify that in some circumstances, both the draft Standard and Most Responsible Dentist Practice Advisory may apply.
<ul style="list-style-type: none"> ○ Application across practice models: Council suggested clarifying that the draft Standard applies to all dental practices (e.g., corporate dental practices¹⁰), particularly in practices where a dentist may not have control over decisions regarding accepting patients, such as in a dental service organization (DSO). 	<ul style="list-style-type: none"> ○ The draft Standard applies to all dentists, in all practice settings. ○ Additional guidance on how obligations apply across different practice models will be provided through companion resources. ○ This aligns with the College's separate strategic project and report on practice models and corporate dentistry, which includes plans to publish an article by the end of 2026 for dentists working in environments where they may not have complete autonomy (including when accepting patients).
<ul style="list-style-type: none"> ○ Dentist accountability and use of office staff: Council suggested clarifying that dentists remain accountable for communications and decisions made on their behalf by office staff. 	<ul style="list-style-type: none"> ○ The draft Standard already addresses this (see Provision 4 regarding dentists' obligations when office staff communicate information on the dentist's behalf). ○ The Working Group will consider whether further clarification is needed following the consultation, particularly in circumstances where the dentist is not directly making the decision to accept an individual as a patient.
<ul style="list-style-type: none"> ○ Supporting individuals' decision-making: QAC suggested expanding the examples of information individuals may wish to know when deciding whether to 	<ul style="list-style-type: none"> ○ The draft intentionally includes a non-exhaustive list of examples. ○ Additional examples can be addressed in companion resources following the consultation.

¹⁰ A corporate dental practice is owned, aligned, or partnered with a corporation (also known as a dental service organization or 'DSO') that generally provides centralized support for the business and operational elements of the dental practices.

Feedback	Response
become a patient (e.g., practice ownership or structure).	
<ul style="list-style-type: none"> ○ Scope and application of dentists' obligations: QAC raised questions regarding: <ul style="list-style-type: none"> – when an individual becomes a patient and therefore obligations (e.g., record keeping, ending a dentist-patient relationship) apply; – whether dentists should document the rationale for declining to accept a patient; and – how existing legal obligations under the Ontario <i>Human Rights Code</i> apply to practice policies that decline to accept public programs. 	<ul style="list-style-type: none"> ○ The draft Standard reflects policy decisions made by the Working Group during development, including decisions to: <ul style="list-style-type: none"> – not specify a precise point at which an individual becomes a patient; – not impose documentation requirements; and – not specify how the Ontario <i>Human Rights Code</i> applies to public programs. ○ Additional feedback is anticipated through the consultation, which will inform whether the Working Group's approach should be revisited post-consultation.

- Council also provided feedback on topics that were outside of the scope of the draft Standard, but will nonetheless be addressed in companion resources and considered as part of the review and/or development of other relevant College guidance. These topics relate to issues with referrals and coordinating care across multiple providers, such as:
 - situations where the referring dentist does not provide sufficient information about the patient;
 - circumstances where a patient requires comprehensive care beyond a specialist's scope of practice;
 - determining who is the "dentist of record" and what their responsibilities are; and
 - whether dentists providing a second opinion should notify the dentist who provided the first opinion to support continuity of care.

CONSIDERATIONS:

- We anticipate that the new draft Standard of Practice may generate considerable interest and commentary not only within the profession, but also from the public, patient advocacy groups, and other system partners who work to support access to care.
- To prepare for this, the policy and communications teams have developed a communications strategy that includes communicating key messages to interested parties. These messages will help explain why the RCDSO is developing the draft Standard, how it was developed, and what the draft requires – and does not require – while also emphasizing the positive and supportive step this Standard represents for patients and the public in alignment with the College's public interest mandate.

NEXT STEPS:

- If approved by Council, the draft Standard will be posted on the RCDSO's [Public Consultation](#) webpage and circulated to all interested parties as per the policy team's usual consultation process.¹¹
 - After the external consultation concludes, the Working Group will consider all feedback together, including feedback previously provided by Council and QAC, any substantive feedback provided by Council in April 2026, and feedback received through the external consultation.
 - The Working Group will provide Council with an overview of the feedback received and proposed revisions to the draft Standard for QAC's and Council's consideration at a future meeting.
-

DECISION FOR COUNCIL:

- Does Council have any feedback on the draft *Managing New Patient Requests* Standard of Practice?
 - Does Council approve the release of the draft *Managing New Patient Requests* Standard of Practice for external consultation?
 - The motion before Council is as follows:
 - THAT Council approves the release of the draft *Managing New Patient Requests* Standard of Practice, as set out in Appendix A of the resources, for external consultation.
-

CONTACTS:

Michelle Cabrero Gauley, Senior Policy Analyst: mgauley@rcdso.org

Andréa Foti, Deputy Registrar, Privacy Officer: afoti@rcdso.org

Cameron Thompson, Manager, Standards and Strategy: cthompson@rcdso.org

Attachment:

Appendix A: Draft *Managing New Patient Requests* Standard

¹¹ The consultation will be active for a minimum of 60 days and will be supported by targeted reminders. Feedback will principally be solicited via a custom consultation survey asking respondents targeted questions about the draft.

Managing New Patient Requests

Approved by Council – Month and Year
Effective Date: TBD
Related Resources: TBD

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Executive Summary

This Standard of Practice sets out dentists’ legal, professional, and ethical obligations when managing new patient requests in either of two situations: when an individual requests to become a patient or when they need care on an emergency basis.

The obligations set out in this Standard help ensure that dentists make decisions regarding new patient requests that are fair, non-discriminatory, transparent, and clear.

This Standard of Practice applies to all dentists, including general dentists and specialists,¹ and addresses both non-emergency² and emergency situations. This Standard does not apply to referrals from other dentists or health care professionals which are addressed in the RCDSO’s [Most Responsible Dentist](#) Practice Advisory.

This Standard of Practice is supported by companion resources, including FAQs and Case Scenarios, which provide supplementary information and guidance.

*Note: **bolded terms** are defined. To view the definitions, refer to the Glossary at the end of the Standard.*

¹ In this Standard, dentist(s) refers to both general dentists and specialists unless otherwise specified.
² For example, routine, preventative, restorative, or comprehensive care.

36 Introduction

37

38 Individuals³ often contact dental practices to inquire about non-emergency and emergency
39 dental care. These initial interactions usually start as general inquiries related to topics like the
40 dentist's availability, the services offered by the practice, and the cost of treatment, among
41 others. In some cases, following the initial interaction, the individual may then request to
42 become a patient of the dentist or to receive emergency dental care.

43

44 In non-emergency situations, there are multiple factors for dentists to consider when
45 determining whether to accept an individual as a new patient. For example, dentists may have
46 limited ability or capacity to provide appropriate and timely care; however, a decision to not
47 accept a patient may have a significant impact on the individual's oral health and overall health.
48 Please note that requests for care in emergency situations are different, and dentists have an
49 obligation to manage **dental emergencies**.⁴

50

51 This Standard is organized into two main sections.

- 52 • The first section (**Providing Information**) outlines dentists' obligations to provide
53 information that helps individuals decide whether the dentist and practice is right for
54 them.
- 55 • The second section (**Dentist Decision-Making**) sets out dentists' obligations for
56 managing new patient requests to become a patient or to receive emergency dental
57 care. It is divided into two subsections: non-emergencies and dental emergencies.

58

59 Principles

60

61 The following principles are derived from RCDSO's [Foundations of Professionalism](#) document⁵
62 and form the basis for the requirements set out in this Standard.

63

- 64 1. Dentists promote fair and equitable access to healthcare for all.
- 65
- 66 2. The provision of clear, true, and accurate information is essential when individuals are
67 deciding where to receive care.

68

³ In this Standard, individual(s) or patient(s) refers to the individual seeking/receiving care or their substitute decision-maker(s), if applicable.

⁴ Existing obligations are set out in the RCDSO's [Professional responsibilities for managing dental emergencies](#) article published in February/March 2015. Dentists' obligations with respect to existing patients can be found in [Professional Misconduct, O. Reg. 853/93](#), enacted under the [Dentistry Act, 1991, S.O. 1991, c. 24](#). Section 2, paragraph 18 states: Failing to make arrangements for emergency dental services for the member's patients or to advise a patient how to obtain emergency dental services is an act of professional misconduct.

⁵ The [Foundations of Professionalism](#) document articulates the core principles and duties of the profession and this serves as the foundation for all RCDSO [Standards of Practice, Guidelines, and Advisories](#).

69 3. Dentists provide services and make administrative decisions in practice that are free from
70 conflicts of interest,⁶ **prejudice**, and **discrimination**.

71

72 **Providing Information**

73

74 The goal of providing information is to support the individual’s autonomy and decision-making
75 about where to receive care. The type of information and level of detail that is necessary to
76 communicate will likely vary from individual to individual depending on their specific
77 circumstances and where they are in the process of becoming a new patient. Typically, dental
78 practices provide more detailed and specific information as the individual moves closer to
79 becoming a new patient.

80

81 Dentists' obligations for how and what information to provide are as follows:

82

83 1. Dentists must ensure that individuals receive a response to reasonable requests for
84 information regarding the dentist and/or practice. This may include, but is not limited to,
85 information regarding:

- 86 a. the scope of services offered by the practice (e.g., limited, comprehensive,
87 specialty);
- 88 b. the registration class of the dentist(s) at the practice (e.g., general, specialty,
89 academic license[s] issued by RCDSO);⁷ and
- 90 c. the practice’s policies and procedures (e.g., how appointments are scheduled and
91 cancelled, how and when payments are made).⁸

92

93 2. Dentists must ensure that the information communicated about themselves and/or the
94 practice:

- 95 a. is clear, true, and accurate;

⁶ For more information, see the RCDSO’s [Conflict of Interest](#) Guidelines and Section 5 (3) and (4) of [Ontario Regulation 853/93](#) made under the *Dentistry Act, 1991*.

⁷ The RCDSO issues several classes of certificates of registration, commonly referred to as licenses. These licenses authorize different forms of dental practice and there are specific rules for how dentists can represent themselves to the public. For example, dentists with a general license may practice general dentistry. Dentists with a general license may not imply that they practice a specialty unless they hold a specialty license. Dentists with a specialty license have completed an approved dental specialty program and obtained specialty certification. A specialty license authorizes them to practice only within the specialty for which they are registered. Dentists who have a specialty license may describe themselves using the protected specialty titles. For more information on how dentists can represent themselves to the public, see the RCDSO’s [Use of qualifications, titles, and designations](#) article.

⁸ See the FAQs (*to be developed at a future date*) for additional examples of information individuals may want to know about the dentist and/or practice, as well as relevant RCDSO [Standards of Practice, Guidelines, and Advisories](#).

- 96 b. complies with the requirements set out in the RCDSO’s [Professional Advertising](#)
97 Practice Advisory and the [Professional Misconduct](#) regulation⁹, regardless of how
98 the information is being communicated;¹⁰ and
99 c. complies with **accessibility** requirements set out in law.¹¹
100
- 101 3. When communicating information, dentists must comply with their legal **duty to**
102 **accommodate** under the Ontario *Human Rights Code*:¹²
103 a. when an individual makes their needs known; and
104 b. up to the point of undue hardship,¹³ as set out in the Ontario *Human Rights Code*.
105 The duty to accommodate is established in law and not created or imposed by the RCDSO.
106 More information about this legal duty and the limit of ‘undue hardship’ can be found in
107 resources published by Ontario human rights bodies.¹⁴
108
- 109 4. Dentists must ensure that the information is communicated in accordance with the
110 Standard, regardless of who provides it (e.g., office staff) or how it is shared.
111 a. If office staff communicate information on the dentist’s behalf, dentists are advised
112 to ensure that office staff receive appropriate training to communicate in
113 accordance with the Standard.
114

115 Dentist Decision-Making

116 117 **NON-EMERGENCIES**

118
119 In non-emergency situations, dentists are not required to accept every individual requesting to
120 become a patient. However, dentists are subject to a number of legal, professional, and ethical
121 obligations that apply when deciding whether or not to accept an individual as a patient. They
122 are as follows:
123

- 124 5. Dentists must ensure that decisions regarding who to accept as a patient are fair,
125 transparent, and supported by a clear rationale.¹⁵

⁹ Section 2 paragraphs 40, 41, 45, 60, 61, and Sections 8, 9 of [Professional Misconduct, O. Reg. 853/93](#), enacted under the [Dentistry Act, 1991, S.O. 1991, c. 24](#).

¹⁰ Orally and/or in writing.

¹¹ [Accessibility for Ontarians with Disabilities Act, 2005 \(AODA\)](#). For example, practice websites are AODA compliant. See the FAQs (*to be developed at a future date*) for more information about accessibility.

¹² Ontario [Human Rights Code, R.S.O. 1990, c. H.19](#).

¹³ Limits to the duty to accommodate include undue hardship (based on excessive cost or health and safety issues) or significant interference with the rights of others.

¹⁴ For more information, see the following resources:

- Human Rights Legal Support Centre: [Understanding the Duty to Accommodate](#)
- Ontario Human Rights Commission: [Disability and human rights brochure](#)
- Ontario Human Rights Commission: [Policy on ableism and discrimination based on disability](#)

¹⁵ For example, based on scope of practice, practice capacity. See the FAQs (*to be developed at a future date*) for more information.

- 126
127 6. When making decisions regarding whether or not to accept an individual as a patient,
128 dentists must:
- 129 a. consider whether they have the ability and capacity to do so and refer out any
130 elements of care that are outside their scope of practice¹⁶, in accordance with the
131 RCDSO's [Most Responsible Dentist](#) Practice Advisory;
 - 132 b. consider whether any **bias** or **prejudice** might influence their decision-making and
133 take reasonable steps to prevent it from having a negative influence on their
134 decision; and
 - 135 c. ensure that their decision aligns with their legal obligations under the Ontario
136 *Human Rights Code* to provide dental services free from discrimination.^{17, 18}
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- 138 7. If dentists decide to accept an individual as a patient, they must comply with their legal
139 duties under the Ontario *Human Rights Code* to ensure that the patient receives equal
140 opportunities with respect to services. For example, this may include, but is not limited to:
- 141 a. ensuring that practice policies and procedures do not disadvantage patients based
142 on **protected grounds**; and
 - 143 b. when a patient makes their needs known, ensuring that dentists comply with their
144 duty to accommodate under the Ontario *Human Rights Code*, up to the point of
145 undue hardship¹⁹.
- 146 More information about this legal duty and the limit of 'undue hardship' can be
147 found in resources published by Ontario human rights bodies.²⁰
- 148
- 149 8. If dentists decide not to accept an individual as a patient, dentists:
- 150 a. must communicate their rationale for the decision if asked by the individual or by
151 the RCDSO; and
 - 152 b. are advised, where possible, to provide the individual with suggestions regarding
153 where they can obtain oral health care.²¹

¹⁶ Some dentists may limit the scope of their practice to specific areas of focus (e.g., cosmetic, implants, orthodontics) or patient populations (e.g., pediatric, geriatric). The following factors impact a dentist's scope of practice: their competence, comfort level, and preferences, and the terms and conditions of their practice certificate and any associated practice restrictions.

¹⁷ If dentists are unsure about whether their decision aligns with their legal obligations under the *Ontario Human Rights Code*, they may want to seek independent legal advice.

¹⁸ See Part 1-Freedom from Discrimination in the Ontario Human Rights Commission's [Guide to your rights and responsibilities under the Human Rights Code](#).

¹⁹ Limits to the duty to accommodate include undue hardship (based on excessive cost or health and safety issues) or significant interference with the rights of others.

²⁰ For more information, see the following resources:

- Human Rights Legal Support Centre: [Understanding the Duty to Accommodate](#)
- Ontario Human Rights Commission: [Disability and human rights brochure](#)
- Ontario Human Rights Commission: [Policy on ableism and discrimination based on disability](#)

²¹ For example, this may include, but is not limited to: suggesting a local dental practice, suggesting that individuals ask their friends and family for recommendations, and directing individuals to use online search tools (e.g.,

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DENTAL EMERGENCIES

Dentists have an obligation to manage dental emergencies for all individuals seeking care. Dentists’ obligations are as follows:

9. When individuals present with a dental emergency, dentists must either provide emergency dental care or direct individuals to where such care can be obtained.^{22, 23}
10. When dentists provide emergency dental care directly to an individual who was not an existing patient, they must discuss the following topics after care is delivered:
 - a. if there are any outstanding treatment needs that were observed during the dental emergency;
 - b. if the individual wishes to receive ongoing care and if the dentist will be accepting the individual as a patient to provide that care; and
 - c. how copies of dental records concerning the dental emergency can be accessed or transferred,²⁴ if appropriate.
11. When making decisions about whether or not to accept the individual into the practice in Provision 10b, dentists must comply with the general requirements for decision-making set out in the subsection above on non-emergencies.

While the dental emergency is being managed, the individual would be considered a patient. Once the dental emergency is resolved, the dentist-patient relationship²⁵ naturally ends for people who were not existing patients and the dentist who provided emergency dental care does not automatically become responsible for ongoing care needs.

Glossary

Accept or Accepting: In this Standard of Practice, the terms ‘accept’ or ‘accepting’ have a very specific meaning. They refer to the mutual decision to establish a dentist-patient relationship.

RCDSO’s [Low-cost and specialized clinics](#) search tool, RCDSO’s [Find a dentist](#) search tool, Ontario Dental Association’s [Find an ODA Dentist](#) search tool).

²² Dentists’ obligations with respect to managing dental emergencies for existing patients can be found in [Professional Misconduct, O. Reg. 853/93](#), enacted under the [Dentistry Act, 1991, S.O. 1991, c. 24](#). Section 2, paragraph 18 states: Failing to make arrangements for emergency dental services for the member’s patients or to advise a patient how to obtain emergency dental services is an act of professional misconduct.

²³ This provision does not apply to an existing patient who has been dismissed from a practice and returns to request emergency dental care. For more information, see the RCDSO’s Managing Conflicts and Ending the Dentist-Patient Relationship Standard of Practice and related FAQs.

²⁴ For more information, see the RCDSO’s [Release and Transfer of Patient Records](#) Practice Advisory.

²⁵ In this Standard, “dentist-patient relationship” refers to the treating relationship that is established between a dentist and their patient. It does not address other relationships that may be established between a dentist and a patient, such a personal, familial, or employment relationship.

185 Once that decision is made, the individual becomes a patient and the dentist assumes
186 responsibility for providing ongoing care to the patient until that dentist-patient relationship is
187 formally ended²⁶.

188

189 **Accessibility:** In this Standard of Practice, we are using the term ‘accessibility’ to refer to the
190 degree to which people can access a device, service, or environment without barriers.
191 Accessibility is also a process – it is the proactive identification, removal or reduction, and
192 prevention of barriers for all people, including those living with disabilities.²⁷ The [Accessibility
193 for Ontarians with Disabilities Act, 2005](#)²⁸ sets out a process for developing and enforcing
194 accessibility standards that government, businesses, non-profits, and public sector
195 organizations must follow to become more accessible.²⁹ See the Government of Ontario’s
196 [Accessibility Standards Checklist](#), which is a self-assessment tool that identifies the
197 requirements that apply.

198

199 **Bias:** An inclination to think something or someone is better or preferred, usually in a way
200 considered to be unfair. Bias can be explicit (or conscious) or implicit (or unconscious). Bias
201 inhibits impartial judgement, thought, or analysis. Biases (particularly implicit or unconscious)
202 are built into and perpetuated by societal systems and structures through socialization and may
203 conflict with our declared beliefs and how we see ourselves.

204

205 **Dental Emergencies:** See the RCDSO’s [FAQs](#) for the definition.

206

207 **Discrimination:** Is defined in case law³⁰ as when a distinction is made according to which some
208 benefit is withheld or burden assigned to an individual or group of individuals on the basis of a
209 personal characteristic that is irrelevant to the distinction which was made.³¹ Discrimination
210 exists where a discriminatory practice occurs on the basis of a protected ground for which no
211 valid justification has been made. Discrimination is also defined by the Canadian Human Rights
212 Commission.³²

213

214 **Duty to Accommodate:** The duty to accommodate under the Ontario [Human Rights
215 Code](#) requires service providers and employers to make reasonable adjustments to policies,
216 rules, requirements and/or the built environment to ensure that people with *Code*-related

²⁶ For more information, see the RCDSO’s Managing Conflicts and Ending the Dentist-Patient Relationship Standard of Practice.

²⁷ Adapted from: [College of Physicians and Surgeons of Ontario. \(ND\). Equity, Diversity and Inclusion Glossary.](#)

²⁸ [Accessibility for Ontarians with Disabilities Act, 2005, S.O. 2005, c. 11.](#)

²⁹ Adapted from: [Government of Ontario. \(2024\). About accessibility laws.](#)

³⁰ Case law refers to judge-made law, or common law: law that is created through judicial decisions.

³¹ Most human rights legislation does not include a formal definition of discrimination. The definition included in this document is from the judgement of McIntyre J. in *Law Society of British Columbia v. Andrews*, [1989] S.C.J. No. 6.

³² [Canadian Human Rights Commission. \(2025\). About discrimination.](#)

217 needs have equal opportunities, access, and benefits.³³ Common grounds for accommodation
218 requests are disability, creed, family status, gender identity, gender expression, and sex.³⁴

219
220 The nature of the accommodation both requested and required will vary according to each
221 individual's unique needs, and these needs must be considered, assessed, and accommodated
222 individually.³⁵ Some general examples of accommodation may include, but are not limited to:

- 223 • permitting a service dog to accompany a patient into the dental office;
- 224 • using interpreters or other aides to overcome communication barriers;
- 225 • designing areas (e.g. reception, hallways) to be navigable by wheelchair-dependent
226 patients;
- 227 • ensuring signage and forms reflect diverse family configurations (e.g., families with two
228 mothers or fathers, foster parents, guardians, caretakers of seniors); and
- 229 • using forms that reflect the diversity of patients' gender identities and expression.

230
231 **Prejudice:** Preconceived judgement, opinion, or attitude directed toward certain people based
232 on their membership in a particular group. It is a set of attitudes, which supports, causes, or
233 justifies discrimination. Prejudice is a tendency to rely on stereotypes or assumptions.³⁶

234
235 **Protected Grounds:** The Ontario [Human Rights Code](#) prohibits actions that discriminate against
236 people based on protected grounds in protected social areas (including goods, services, and
237 facilities). The protected grounds for services are as follows: citizenship, race, place of origin,
238 ethnic origin, colour, ancestry, disability, age, creed, sex/pregnancy, family status, marital
239 status, sexual orientation, gender identity, and gender expression.³⁷

³³ Adapted from: [Ontario Human Rights Commission. \(ND\). Policy statement on the duty to accommodate under the Ontario Human Rights Code.](#)

³⁴ Adapted from: [Ontario Human Rights Commission. \(2013\). A policy primer: Guide to developing human rights policies and procedures.](#)

³⁵ [Human Rights Legal Support Centre. \(2021\). Understanding the Duty to Accommodate.](#)

³⁶ Rouse, L., Booker, K., Stermer, S.P. (2011). Prejudice. In: Goldstein, S., Naglieri, J.A. (eds) Encyclopedia of Child Behavior and Development. Springer.

COUNCIL BRIEFING NOTE

TOPIC: By-law Housekeeping Amendments FOR DECISION

April 2026

ISSUE:

- This briefing note provides context to support Council's review of the Governance Committee's proposed by-law housekeeping amendments at its April 16, 2026 meeting.
- The proposed housekeeping amendments to the RCDSO By-laws address:
 - The sunset of the Professional Liability Program (PLP) Committee;
 - Adoption of the Code of Ethics entitled Foundations of Professionalism; and
 - Correcting historical typographical errors.
- The appendices include the proposed by-law amendments and the corresponding clean as amended articles for Council's approval.
- Council will be asked to approve the proposed by-law amendments at the meeting.

PUBLIC INTEREST:

- Good governance is the foundation for effective regulation, accountability, and sustained public trust and confidence. Updating by-laws - even through routine housekeeping - reinforces transparency and prioritizes clarity.
- Accurate, current by-laws signal the College's ongoing commitment to good governance and protection of the public interest.

BACKGROUND:

- In September 2025, Council approved the Foundations of Professionalism to replace the College's Code of Ethics. Articles 11 and 28 of the by-laws require amendment to accurately reflect the rescission of the former Code of Ethics and adoption of the Code of Ethics, now entitled "Foundations of Professionalism."
- With the divestment of the PLP, the College no longer runs or operates a PLP Program. Navacord assumed ownership of the PLP on January 1, 2026. The PLP Committee completed its mandate and ceased operations in December 2025. Accordingly, references to the PLP Committee should now be removed.

CURRENT STATUS:

- In March 2026, the Governance Committee reviewed the Compendium of Proposed By-law Housekeeping Amendments (Appendix A), together with Appendix B, and recommended the

proposed by-law amendments be brought to Council for consideration and approval at the April 16, 2026 Council meeting.

- Appendix A is attached for Council's review and includes proposed amendments to:
 - Remove all references to the PLP Committee;
 - Delete the former Code of Ethics and adopt the Code of Ethics entitled "Foundations of Professionalism"; and
 - Correct typographical errors.
- The Compendium illustrates the proposed changes by comparing the current and amended By-law provisions, accompanied by explanatory notes. Appendix B provides the corresponding clean, amended articles for Council's consideration and approval.
- These by-law amendments do not require external circulation.

ANALYSIS:

1. Sunsetting the PLP Committee

- The College no longer administers the PLP program. The PLP Committee's mandate has concluded. Retaining references within the By-laws risks confusion and may suggest outdated or unclear governance structures.
- Removing these references confirms the Committee's dissolution, eliminates ambiguity regarding authority or oversight, and ensures the College's governance framework remains current, coherent, and fit for purpose.

2. Adoption of the Code of Ethics entitled "Foundations of Professionalism"

- In September 2025, Council approved replacing the former Code of Ethics with the *Foundations of Professionalism*.
- To reflect this decision, the proposed amendments entail rescinding the former Code of Ethics and replacing it with the College's "Foundations of Professionalism." The proposed amendments refer to the Code of Ethics in its new form and by its new name and continue its status in the By-law.

3. Typographical Corrections

- In reviewing the By-laws as part of governance modernization in December 2025, staff identified minor typographical errors in articles that were **not** being amended as part of the December 2025 Council motion. The proposed amendments before Council in these materials include correcting these minor typographical errors.
- These minor corrections are part of routine by-law maintenance. Addressing them supports clarity, accuracy, and good governance practice.

NEXT STEPS:

- Subject to Council's approval of the proposed by-law amendments at its April 16, 2026 meeting, staff will update the College's by-laws webpage.

- Further to the Governance Committee's recommendation, additional housekeeping changes will be brought to a subsequent Council meeting in early 2027, after electoral changes are operationalized in the next election. Anticipated changes include removing any remaining references in the By-laws to electoral districts.

DECISION FOR THE GOVERNANCE COMMITTEE:

- This briefing note is for Council's decision.
- Council will be asked to consider and approve the draft By-law amendments, as outlined in Appendices A and B, at the April 16, 2026 Council meeting.
- Specifically, Council will be asked to approve the following resolution:

"Amend the By-law articles set out in Column A, in the manner as set out in Column A of Appendix B, with the clean as amended Articles appearing in the form set out in Column B of Appendix B."

CONTACT:

Lara Thacker, Governance Specialist: lthacker@rcdso.org

Dan Faulkner, Registrar and CEO: dfaulkner@rcdso.org

ATTACHMENTS

Appendix A: Compendium of Proposed By-law Housekeeping Amendments

Appendix B: Amended and Clean as Amended Articles

COMPENDIUM OF PROPOSED HOUSEKEEPING AMENDMENTS TO BY-LAWS

BY-LAW AS OF MARCH 30, 2026	PROPOSED DRAFT	DESCRIPTION / EXPLANATION
4 COMMITTEES OF THE COLLEGE		
<p>4.3.1 Composition</p> <p>The Inquiries, Complaints and Reports Committee shall be composed of the following members:</p> <ul style="list-style-type: none"> a. at least eight (8) members of the College who are either elected or selected members of Council, or non-Council committee members; and b. at least one (1) public member of Council. c. up to four (4) subject matter experts who meet the competencies specified by the Governance Committee. 	<p>4.3.1 Composition</p> <p>The Inquiries, Complaints and Reports Committee shall be composed of the following members:</p> <ul style="list-style-type: none"> a. at least eight (8) members of the College who are either elected or selected members of Council, or non-Council committee members; and b. at least one (1) public member of Council; <u>and</u> c. up to four (4) subject matter experts who meet the competencies specified by the Governance Committee. 	<ul style="list-style-type: none"> • Typographical error
<p>4.11.1 Composition</p> <p>The Finance, Audit and Risk Committee shall be composed of the following members:</p> <ul style="list-style-type: none"> a. the President; b. two (2) members of Council who are member of the College; c. two (2) public member of Council; d. two (2) non-Council committee members. 	<p>4.11.1 Composition</p> <p>The Finance, Audit and Risk Committee shall be composed of the following members:</p> <ul style="list-style-type: none"> a. the President; b. two (2) members of Council who are members of the College; c. two (2) public members<u>s</u> of Council; <u>and</u> d. two (2) non-Council committee members. 	<ul style="list-style-type: none"> • Typographical error

BY-LAW AS OF MARCH 30, 2026	PROPOSED DRAFT	DESCRIPTION / EXPLANATION
<p>4.13 Professional Liability Program Committee</p> <p>4.13.1 Composition</p> <p>The Professional Liability Program Committee shall be composed of the following members:</p> <ul style="list-style-type: none"> a. one (1) public member of Council, who shall act as chair of the committee; and b. five (5) non-Council committee members. <p>4.13.2 Limitation on chair</p> <p>The chair of the Professional Liability Program Committee shall not be a member of any statutory committee of the College.</p> <p>4.13.3 Terms of reference</p> <p>The Professional Liability Program Committee shall study and make recommendations to Council or the Executive Committee on the following matters:</p> <ul style="list-style-type: none"> a. the policies and practices of the Professional Liability Program; and b. such other matters as may be assigned by Council or the Executive 	<p>4.13 Professional Liability Program Committee <u>Revoked</u></p> <p>4.13.1 Composition</p> <p>The Professional Liability Program Committee shall be composed of the following members:</p> <ul style="list-style-type: none"> e. one (1) public member of Council, who shall act as chair of the committee; and d. five (5) non-Council committee members. <p>4.13.2 Limitation on chair</p> <p>The chair of the Professional Liability Program Committee shall not be a member of any statutory committee of the College.</p> <p>4.13.3 Terms of reference</p> <p>The Professional Liability Program Committee shall study and make recommendations to Council or the Executive Committee on the following matters:</p> <ul style="list-style-type: none"> e. the policies and practices of the Professional Liability Program; and d. such other matters as may be assigned by Council or the Executive Committee. <p>4.13.4 Approval of claims</p>	<ul style="list-style-type: none"> • The PLP Committee is no longer required as the RCDSO has divested PLP

BY-LAW AS OF MARCH 30, 2026	PROPOSED DRAFT	DESCRIPTION / EXPLANATION
<p>Committee.</p> <p>4.13.4 Approval of claims</p> <p>The Professional Liability Program Committee shall consider and may approve all claims expenditures for sums in excess of the limit authorized for the individual responsible for managing the claims administered through the Professional Liability Program.</p> <p>4.13.5 Report to Council</p> <p>The Professional Liability Program Committee shall report to Council at least once per year.</p>	<p>The Professional Liability Program Committee shall consider and may approve all claims expenditures for sums in excess of the limit authorized for the individual responsible for managing the claims administered through the Professional Liability Program.</p> <p>4.13.5 Report to Council</p> <p>The Professional Liability Program Committee shall report to Council at least once per year.</p>	
5 COMMITTEE PROCEDURE		
<p>5.2.5 Standing committees</p> <p>The following are the standing committees of the College:</p> <ul style="list-style-type: none"> a. [Revoked] (September 15, 2022 effective January 19, 2023) b. [Revoked] (September 21, 2023) <ul style="list-style-type: none"> i. [Revoked] (September 21, 2023) c. Finance, Audit and Risk Committee d. [Revoked] (September 21, 2023) e. Professional Liability Program 	<p>5.2.5 Standing committees</p> <p>The following are the standing committees of the College:</p> <ul style="list-style-type: none"> a. [Revoked] (September 15, 2022 effective January 19, 2023) b. [Revoked] (September 21, 2023) <ul style="list-style-type: none"> i. [Revoked] (September 21, 2023) c. Finance, Audit and Risk Committee d. [Revoked] (September 21, 2023) e. Professional Liability Program 	<ul style="list-style-type: none"> • The PLP Committee is no longer required (see above)

BY-LAW AS OF MARCH 30, 2026	PROPOSED DRAFT	DESCRIPTION / EXPLANATION
<p>Committee</p> <p>f. Sedation and General Anaesthesia Committee</p> <p>g. Dental CT Scanner Committee</p> <p>h. [Revoked] (November 18, 2021)</p> <p>i. [Revoked] (October 24, 2024)</p> <p>j. Governance Committee</p>	<p>Committee Revoked</p> <p>f. Sedation and General Anaesthesia Committee</p> <p>g. Dental CT Scanner Committee</p> <p>h. [Revoked] (November 18, 2021)</p> <p>i. [Revoked] (October 24, 2024)</p> <p>j. Governance Committee</p>	
<p>9A ELIGIBILITY</p>		
<p>9A.2.1 Eligibility for non-Council committee members</p> <p>A member of the College is eligible for appointment as a non-Council committee member provided that the member satisfies all of the following conditions on the eligibility date:</p> <p>***</p> <p>q. where a member has served as a non-Council committee member for six (6) consecutive years on one or more committees, other than the Professional Liability Program Committee, or at least one (1) year has expired since the member last served as a non-Council committee member.</p>	<p>9A.2.1 Eligibility for non-Council committee members</p> <p>A member of the College is eligible for appointment as a non-Council committee member provided that the member satisfies all of the following conditions on the eligibility date:</p> <p>***</p> <p>q. where a member has served as a non-Council committee member for six (6) consecutive years on one or more committees, other than the Professional Liability Program Committee, or at least one (1) year has expired since the member last served as a non-Council committee member.</p>	<ul style="list-style-type: none"> • The PLP Committee is no longer required.

BY-LAW AS OF MARCH 30, 2026	PROPOSED DRAFT	DESCRIPTION / EXPLANATION
<p>9A.7.1 Members not on the Professional Liability Program Committee</p> <p>Subject to article 9A.7.3, the term of office of a non-Council member of a committee other than the Professional Liability Program Committee commences on the date of his or her appointment and terminates after Council has completed its appointments for that committee at the first regular Council meeting following the next general election</p>	<p>9A.7.1 <u>Non-Council</u> members not on the Professional Liability Program Committee</p> <p>Subject to article 9A.7.3, the term of office of a non-Council member of a committee other than the Professional Liability Program Committee commences on the date of his or her appointment and terminates after Council has completed its appointments for that committee at the first regular Council meeting following the next general election.</p>	<ul style="list-style-type: none"> Reference to PLP Committee removed
<p>9A.7.2 Members on the Professional Liability Program Committee</p> <p>Subject to article 9A.7.3, the term of office of a non-Council member of the Professional Liability Program Committee commences on the date of his or her appointment and terminates after Council has completed its appointments for that committee at the first regular Council meeting in the third calendar year after the date of appointment.</p>	<p>9A.7.2 Members on the Professional Liability Program Committee <u>Revoked</u></p> <p>Subject to article 9A.7.3, the term of office of a non-Council member of the Professional Liability Program Committee commences on the date of his or her appointment and terminates after Council has completed its appointments for that committee at the first regular Council meeting in the third calendar year after the date of appointment.</p>	<ul style="list-style-type: none"> Reference to PLP Committee removed
<p>9B SUBJECT MATTER EXPERTS</p>		
<p>9B.2.1 Members not on the Professional Liability Program Committee</p> <p>Subject to article 9B.2.3, the term of office of a subject matter expert of a committee other than the Professional Liability Program Committee commences on the date of his or her appointment and terminates after Council has completed its appointments for that</p>	<p>9B.2.1 <u>Subject matter expert</u> members not on the Professional Liability Program Committee</p> <p>Subject to article 9B.2.3, the term of office of a subject matter expert of a committee other than the Professional Liability Program Committee commences on the date of his or her appointment and terminates after Council</p>	<ul style="list-style-type: none"> Reference to PLP Committee removed

BY-LAW AS OF MARCH 30, 2026	PROPOSED DRAFT	DESCRIPTION / EXPLANATION
committee at the first regular Council meeting following the next general election.	has completed its appointments for that committee at the first regular Council meeting following the next general election.	
<p>9B.2.2 Members on the Professional Liability Program Committee</p> <p>Subject to article 9B.2.3, the term of office of a subject matter expert of the Professional Liability Program Committee commences on the date of his or her appointment and terminates after Council has completed its appointments for that committee at the first regular Council meeting in the third calendar year after the date of appointment</p>	<p>9B.2.2 Members on the Professional Liability Program Committee Revoked</p> <p>Subject to article 9B.2.3, the term of office of a subject matter expert of the Professional Liability Program Committee commences on the date of his or her appointment and terminates after Council has completed its appointments for that committee at the first regular Council meeting in the third calendar year after the date of appointment</p>	<ul style="list-style-type: none"> Reference to PLP Committee removed
<p>9B.2.6 Automatic termination if Council member</p> <p>The appointment of a subject matter expert automatically terminates if the individual becomes a member of Council.</p>	<p>9B.2.6 Automatic termination <u>if of</u> Council member</p> <p>The appointment of a subject matter expert automatically terminates if the individual becomes a member of Council.</p>	<ul style="list-style-type: none"> Typographical error
<p>11 CODE OF ETHICS</p>		
<p>11.1 General</p> <p>11.1.1 Council to adopt Code of Ethics</p> <p>Council shall adopt a Code of Ethics for</p>	<p>11.1 General</p> <p>11.1.1 Council to adopt Code of Ethics</p> <p>Council shall adopt a Code of Ethics <u>entitled</u> <u>“Foundations of Professionalism”</u> for</p>	<ul style="list-style-type: none"> Council adopted the Foundations of Professionalism replacing the earlier version of the Code of Ethics

BY-LAW AS OF MARCH 30, 2026	PROPOSED DRAFT	DESCRIPTION / EXPLANATION
<p>members of the College.</p> <p><i>For ease of reference, a copy of the Code of Ethics adopted by Council is attached as appendix 28.4 to these by-laws.</i></p>	<p>members of the College.</p> <p><i>For ease of reference, a copy of the Code of Ethics entitled “Foundations of Professionalism” adopted by Council is attached as appendix 28.4 to these by-laws.</i></p>	
15 DISQUALIFICATIONS, CODE OF CONDUCT		
<p>15.4.1 Registrar to notify Executive Committee</p> <p>Where a member of Council who provided a statement under article 15.2.1 directs that the decision to appoint an adjudication committee should be made by the Executive Committee, the Registrar shall bring the matter forward at the next scheduled meeting of the Executive Committee.</p>	<p>15.4.1 Registrar to notify Executive Committee</p> <p>Where a member of Council who provided a statement under article 15.2.1 directs that the decision to appoint an adjudication committee should be made by the Executive Committee, the Registrar shall bring the matter forward at the next scheduled meeting of the Executive Committee.</p>	<ul style="list-style-type: none"> • Space inserted between after “article 15.2.1”
<p>15.6.3 Executive committee may approve</p> <p>Where a resolution under article 15.6.1 is acceptable to the adjudication committee and the member of Council who is alleged to have breached the code of conduct, but not to the member of Council who provided the written statement under article 15.2.1, the Executive Committee may approve the resolution.</p>	<p>15.6.3 Executive committee may approve</p> <p>Where a resolution under article 15.6.1 is acceptable to the adjudication committee and the member of Council who is alleged to have breached the code of conduct, but not to the member of Council who provided the written statement under article 15.2.1, the Executive Committee may approve the resolution.</p>	<ul style="list-style-type: none"> • Space inserted between after “article 15.6.1”

BY-LAW AS OF MARCH 30, 2026	PROPOSED DRAFT	DESCRIPTION / EXPLANATION
<p>15.9.4 Action by Council</p> <p>Where the Executive Committee delivers a report under article 15.9.1 regarding a member of Council, Council may take any of the following actions:</p> <ul style="list-style-type: none">a. demand an apology from the member in a form acceptable to Council;b. subject to article 9.6 (Conditions for resignation), demand the immediate written resignation of the member.	<p>15.9.4 Action by Council</p> <p>Where the Executive Committee delivers a report under article 15.9.1 regarding a member of Council, Council may take any of the following actions:</p> <ul style="list-style-type: none">a. demand an apology from the member in a form acceptable to Council;b. subject to article <u>15.9.6</u> (Conditions for resignation), demand the immediate written resignation of the member.	<ul style="list-style-type: none">• Typographical error
<p>15.11.1 Two-thirds votes required</p> <p>A two-thirds vote of the members of Council is required to take any of the following actions:</p> <ul style="list-style-type: none">a. take action under article 9.4;b. suspend a member under article 9.5; orc. disqualify a member of Council under article 9.7.	<p>15.11.1 Two-thirds votes required</p> <p>A two-thirds vote of the members of Council is required to take any of the following actions:</p> <ul style="list-style-type: none">a. take action under article <u>15.9.4</u>;b. suspend a member under article <u>15.9.5</u>; orc. disqualify a member of Council under article <u>15.9.7</u>.	<ul style="list-style-type: none">• Typographical error

BY-LAW AS OF MARCH 30, 2026	PROPOSED DRAFT	DESCRIPTION / EXPLANATION
<p>15.11.2 Opportunity for submissions</p> <p>Council shall provide an opportunity for a member of Council who is the subject of a matter to address Council prior to taking any of the following actions:</p> <ul style="list-style-type: none"> a. take action under article 9.4; b. suspend a member of Council under article 9.5; c. disqualify a member of Council under article 9.7; 	<p>15.11.2 Opportunity for submissions</p> <p>Council shall provide an opportunity for a member of Council who is the subject of a matter to address Council prior to taking any of the following actions:</p> <ul style="list-style-type: none"> a. take action under article <u>15.9.4</u>; b. suspend a member of Council under article <u>15.9.5</u>; c. disqualify a member of Council under article <u>15.9.7</u>. 	<ul style="list-style-type: none"> • Typographical error
17 HEALTH PROFESSION CORPORATIONS		
<p>17.1.1 Issuance by Registrar</p> <p>The Registrar shall issue a certificate of authorization on behalf of the College to an applicant health profession corporation where the Registrar is satisfied that all of the following conditions are met:</p> <p>***</p> <ul style="list-style-type: none"> g. the corporation has submitted a statutory declaration of a director of the corporation, executed not more than fifteen (15) days prior to the submission of the application, that certifies that 	<p>17.1.1 Issuance by Registrar</p> <p>The Registrar shall issue a certificate of authorization on behalf of the College to an applicant health profession corporation where the Registrar is satisfied that all of the following conditions are met:</p> <p>***</p> <ul style="list-style-type: none"> g. the corporation has submitted a statutory declaration of a director of the corporation, executed not more than fifteen (15) days prior to the submission of the application, that certifies that 	<ul style="list-style-type: none"> • Misnumbering in subsection (g)

BY-LAW AS OF MARCH 30, 2026	PROPOSED DRAFT	DESCRIPTION / EXPLANATION
<p>iii. the corporation was in compliance with section 3.2 of the <i>Business Corporations Act</i> as of the date of the declaration,</p> <p>iv. the corporation does not carry on and does not plan to carry on any business that is not the practice of dentistry or activities related to or ancillary to the practice of dentistry,</p> <p>v. there has been no change in the status of the corporation since the date of the certificate of status submitted as part of the application, and</p> <p>vi. the information contained in the application is complete and accurate as of the date of the declaration;</p> <p>***</p>	<p><u>i.</u> the corporation was in compliance with section 3.2 of the <i>Business Corporations Act</i> as of the date of the declaration,</p> <p><u>ii.</u> the corporation does not carry on and does not plan to carry on any business that is not the practice of dentistry or activities related to or ancillary to the practice of dentistry,</p> <p><u>iii.</u> there has been no change in the status of the corporation since the date of the certificate of status submitted as part of the application, and</p> <p><u>iv.</u> the information contained in the application is complete and accurate as of the date of the declaration;</p> <p>***</p>	
<p>28.4 Code of Ethics</p> <p>For ease of reference, the following Code of Ethics was adopted by Council under article 11.1.1 (Council to adopt Code of Ethics)</p> <p>[Code of Ethics]</p>	<p>28.4 Code of Ethics</p> <p>For ease of reference, the following Code of Ethics, <u>entitled “Foundations of Professionalism”</u> was adopted by Council under article 11.1.1 (Council to adopt Code of Ethics).</p> <p><u>[insert Foundations for Professionalism]</u></p>	<ul style="list-style-type: none"> • See change above re Article 11.1

BY LAW AMENDMENTS - HOUSEKEEPING

COLUMN A PROPOSED AMENDMENT-	COLUMN B CLEAN AS AMENDED
<p>4.3.1 Composition</p> <p>The Inquiries, Complaints and Reports Committee shall be composed of the following members:</p> <ul style="list-style-type: none"> a. at least eight (8) members of the College who are either elected or selected members of Council, or non-Council committee members; and b. at least one (1) public member of Council; and c. up to four (4) subject matter experts who meet the competencies specified by the Governance Committee. 	<p>4.3.1 Composition</p> <p>The Inquiries, Complaints and Reports Committee shall be composed of the following members:</p> <ul style="list-style-type: none"> a. at least eight (8) members of the College who are either elected or selected members of Council, or non-Council committee members; b. at least one (1) public member of Council; and c. up to four (4) subject matter experts who meet the competencies specified by the Governance Committee.
<p>4.11.1 Composition</p> <p>The Finance, Audit and Risk Committee shall be composed of the following members:</p> <ul style="list-style-type: none"> a. the President; b. two (2) members of Council who are members of the College; c. two (2) public members of Council; and d. two (2) non-Council committee members. 	<p>4.11.1 Composition</p> <p>The Finance, Audit and Risk Committee shall be composed of the following members:</p> <ul style="list-style-type: none"> a. the President; b. two (2) members of Council who are members of the College; c. two (2) public members of Council; and d. two (2) non-Council committee members.

<p style="text-align: center;">COLUMN A PROPOSED AMENDMENT-</p>	<p style="text-align: center;">COLUMN B CLEAN AS AMENDED</p>
<p>4.13 Professional Liability Program Committee</p> <p>4.13.1 Composition</p> <p>The Professional Liability Program Committee shall be composed of the following members:</p> <p style="padding-left: 40px;">a. —one (1) public member of Council, who shall act as chair of the committee; and</p> <p style="padding-left: 40px;">b. —five (5) non-Council committee members.</p> <p>4.13.2 Limitation on chair</p> <p>The chair of the Professional Liability Program Committee shall not be a member of any statutory committee of the College.</p> <p>4.13.3 Terms of reference</p> <p>The Professional Liability Program Committee shall study and make recommendations to Council or the Executive Committee on the following matters:</p> <p style="padding-left: 40px;">a. —the policies and practices of the Professional Liability Program; and</p> <p style="padding-left: 40px;">b. —such other matters as may be assigned by Council or the Executive Committee.</p> <p>4.13.4 Approval of claims</p> <p>The Professional Liability Program Committee shall consider and may approve all claims expenditures for sums in excess of the</p>	<p>4.13 [Revoked] (date the by-law is passed)</p>

<p style="text-align: center;">COLUMN A PROPOSED AMENDMENT-</p>	<p style="text-align: center;">COLUMN B CLEAN AS AMENDED</p>
<p>limit authorized for the individual responsible for managing the claims administered through the Professional Liability Program.</p> <p>4.13.5 Report to Council</p> <p>The Professional Liability Program Committee shall report to Council at least once per year. [Revoked]</p>	
<p>5.2.5 Standing committees</p> <p>The following are the standing committees of the College:</p> <ul style="list-style-type: none"> a. [Revoked] (September 15, 2022 effective January 19, 2023) b. [Revoked] (September 21, 2023) <ul style="list-style-type: none"> i. b1. [Revoked] (September 21, 2023) c. Finance, Audit and Risk Committee d. [Revoked] (September 21, 2023) e. Professional Liability Program Committee [Revoked] f. Sedation and General Anaesthesia Committee g. Dental CT Scanner Committee h. [Revoked] (November 18, 2021) i. [Revoked] (October 24, 2024) j. Governance Committee 	<p>5.2.5 Standing committees</p> <p>The following are the standing committees of the College:</p> <ul style="list-style-type: none"> a. [Revoked] (September 15, 2022 effective January 19, 2023) b. [Revoked] (September 21, 2023) <ul style="list-style-type: none"> i. b1. [Revoked] (September 21, 2023) c. Finance, Audit and Risk Committee d. [Revoked] (September 21, 2023) e. [Revoked] (date the by-law is passed) f. Sedation and General Anaesthesia Committee g. Dental CT Scanner Committee h. [Revoked] (November 18, 2021) i. [Revoked] (October 24, 2024) j. Governance Committee
<p>9A.2.1 Eligibility for non-Council committee members</p>	<p>9A.2.1 Eligibility for non-Council committee members</p>

<p style="text-align: center;">COLUMN A PROPOSED AMENDMENT-</p>	<p style="text-align: center;">COLUMN B CLEAN AS AMENDED</p>
<p>A member of the College is eligible for appointment as a non-Council committee member provided that the member satisfies all of the following conditions on the eligibility date:</p> <ul style="list-style-type: none"> a. the member has filed a completed application in the form approved by the Registrar; b. the member is not ineligible for election or selection as a member of Council under articles 6.3.1.1 (Not to exceed three (3) consecutive terms - elected) or 6.3.1.2 (Not to exceed three (3) consecutive terms - selected); c. the member is not in default of any fees, fines, or other amounts owed to the College; d. the member is not in default of completing and submitting any form prescribed by the regulations or required by the by-laws; e. the member is not the subject of any disciplinary or incapacity proceeding in Ontario or any similar proceeding in any other jurisdiction relating to dentistry or any other profession; <ul style="list-style-type: none"> e.01 the member is not the subject of a Registrar's investigation under clause 75(1)(a) or subsection 75(2) of the Code; e.02 the member is not the subject of an incapacity inquiry under section 57 or 58 of the Code; 	<p>A member of the College is eligible for appointment as a non-Council committee member provided that the member satisfies all of the following conditions on the eligibility date:</p> <ul style="list-style-type: none"> a. the member has filed a completed application in the form approved by the Registrar; b. the member is not ineligible for election or selection as a member of Council under articles 6.3.1.1 (Not to exceed three (3) consecutive terms - elected) or 6.3.1.2 (Not to exceed three (3) consecutive terms - selected); c. the member is not in default of any fees, fines, or other amounts owed to the College; d. the member is not in default of completing and submitting any form prescribed by the regulations or required by the by-laws; e. the member is not the subject of any disciplinary or incapacity proceeding in Ontario or any similar proceeding in any other jurisdiction relating to dentistry or any other profession; <ul style="list-style-type: none"> e.01 the member is not the subject of a Registrar's investigation under clause 75(1)(a) or subsection 75(2) of the Code; e.02 the member is not the subject of an incapacity inquiry under section 57 or 58 of the Code;

<p style="text-align: center;">COLUMN A PROPOSED AMENDMENT-</p>	<p style="text-align: center;">COLUMN B CLEAN AS AMENDED</p>
<p>e.1 the member has not been ordered to attend to receive a caution from a panel of the Inquiries, Complaints and Reports Committee, or been required to complete a specified continuing education or remediation program by a panel of Inquiries, Complaints and Reports Committee, in connection with the maintaining of professional boundaries;</p> <p>e.2 the member is not currently the subject of an interim order made by a panel of the Inquiries, Complaints and Reports Committee;</p> <p>f. the member’s certificate of registration is not subject to a term, condition, or limitation, other than one applicable to all members holding that class of certificate;</p> <p>g. the member is not and has not been for the previous three (3) years, in any position of responsibility with any organization, association, or group whose mandate in any way conflicts with the College’s mandate to regulate dentists in the public interest, including but not limited to any national, international, or provincial dental association or organization, including a specialty association or organization, or other similar national or provincial association or organization, other than one to which the member has been appointed by Council or the Executive Committee or whose appointment has been approved by Council or the Executive Committee;</p>	<p>e.1 the member has not been ordered to attend to receive a caution from a panel of the Inquiries, Complaints and Reports Committee, or been required to complete a specified continuing education or remediation program by a panel of Inquiries, Complaints and Reports Committee, in connection with the maintaining of professional boundaries;</p> <p>e.2 the member is not currently the subject of an interim order made by a panel of the Inquiries, Complaints and Reports Committee;</p> <p>f. the member’s certificate of registration is not subject to a term, condition, or limitation, other than one applicable to all members holding that class of certificate;</p> <p>g. the member is not and has not been for the previous three (3) years, in any position of responsibility with any organization, association, or group whose mandate in any way conflicts with the College’s mandate to regulate dentists in the public interest, including but not limited to any national, international, or provincial dental association or organization, including a specialty association or organization, or other similar national or provincial association or organization, other than one to which the member has been appointed by Council or the Executive Committee or whose appointment has been approved by Council or the Executive Committee;</p>

<p style="text-align: center;">COLUMN A PROPOSED AMENDMENT-</p>	<p style="text-align: center;">COLUMN B CLEAN AS AMENDED</p>
<p>h. the member is not a salaried employee of the College or has not been a salaried employee of the College during the previous six (6) years;</p> <p>i. the member is not ineligible as a result of article 6.3.1.6 (Cooling off period - elected Council members) or 6.3.1.7 (Cooling off period - selected Council members);</p> <p>j. the member is not the subject of a charge under the Criminal Code (Canada) or the Controlled Drugs and Substances Act (Canada);</p> <p>k. the member is not the subject of an order by the Fitness to Practise Committee or any similar committee in any jurisdiction relating to dentistry or any other profession;</p> <p>l. the member has not been disqualified by Council from serving as a member of Council as a result of a breach of by-law 12 (CODE OF CONDUCT) or by-law 13 (CONFLICTS OF INTEREST);</p> <p>m. the member is not a party to a legal proceeding against the College;</p> <p>n. the member is not a dental consultant to a third party dental benefits provider or has not been a dental consultant to a third party dental benefits provider during the previous three (3) years;</p> <p>o. the member has met all requirements relating to College quality assurance programs, including without limitation any mandatory continuing education requirement, and if</p>	<p>h. the member is not a salaried employee of the College or has not been a salaried employee of the College during the previous six (6) years;</p> <p>i. the member is not ineligible as a result of article 6.3.1.6 (Cooling off period - elected Council members) or 6.3.1.7 (Cooling off period - selected Council members);</p> <p>j. the member is not the subject of a charge under the Criminal Code (Canada) or the Controlled Drugs and Substances Act (Canada);</p> <p>k. the member is not the subject of an order by the Fitness to Practise Committee or any similar committee in any jurisdiction relating to dentistry or any other profession;</p> <p>l. the member has not been disqualified by Council from serving as a member of Council as a result of a breach of by-law 12 (CODE OF CONDUCT) or by-law 13 (CONFLICTS OF INTEREST);</p> <p>m. the member is not a party to a legal proceeding against the College;</p> <p>n. the member is not a dental consultant to a third party dental benefits provider or has not been a dental consultant to a third party dental benefits provider during the previous three (3) years;</p> <p>o. the member has met all requirements relating to College quality assurance programs, including without limitation any mandatory continuing education requirement, and if</p>

<p style="text-align: center;">COLUMN A PROPOSED AMENDMENT-</p>	<p style="text-align: center;">COLUMN B CLEAN AS AMENDED</p>
<p>the member has been selected to complete it, successful completion of the Practice Enhancement Tool;</p> <p>p. the member has successfully completed the College’s current training program relating to the duties, obligations and expectations of Council and committee members; and,</p> <p>q. where a member has served as a non-Council committee member for six (6) consecutive years on one or more committees, other than the Professional Liability Program Committee, or two (2) consecutive terms on the Professional Liability Program Committee; or at least one (1) year has expired since the member last served as a non-Council committee member.</p>	<p>the member has been selected to complete it, successful completion of the Practice Enhancement Tool;</p> <p>p. the member has successfully completed the College’s current training program relating to the duties, obligations and expectations of Council and committee members; and,</p> <p>q. where a member has served as a non-Council committee member for six (6) consecutive years on one or more committees, at least one (1) year has expired since the member last served as a non-Council committee member.</p>
<p>9A.7.1 <u>Non-Council</u> members not on the Professional Liability Program Committee</p> <p>Subject to article 9A.7.3, the term of office of a non-Council member of a committee other than the Professional Liability Program Committee commences on the date of his or her appointment and terminates after Council has completed its appointments for that committee at the first regular Council meeting following the next general election.</p>	<p>9A.7.1 Non-Council members</p> <p>Subject to article 9A.7.3, the term of office of a non-Council member of a committee commences on the date of his or her appointment and terminates after Council has completed its appointments for that committee at the first regular Council meeting following the next general election.</p>
<p>9A.7.2 Members on the Professional Liability Program Committee</p> <p>Subject to article 9A.7.3, the term of office of a non-Council member of the Professional Liability Program Committee commences on the date of his or her appointment and terminates after Council has completed its appointments for that committee</p>	<p>9A.7.2 [Revoked] (date)</p>

COLUMN A PROPOSED AMENDMENT-	COLUMN B CLEAN AS AMENDED
<p>at the first regular Council meeting in the third calendar year after the date of appointment. [Revoked]</p>	
<p>9B.2.1 <u>Subject matter expert</u> members not on the Professional Liability Program Committee</p> <p>Subject to article 9B.2.3, the term of office of a subject matter expert of a committee other than the Professional Liability Program Committee commences on the date of his or her appointment and terminates after Council has completed its appointments for that committee at the first regular Council meeting following the next general election.</p>	<p>9B.2.1 Subject matter expert members</p> <p>Subject to article 9B.2.3, the term of office of a subject matter expert of a committee commences on the date of his or her appointment and terminates after Council has completed its appointments for that committee at the first regular Council meeting following the next general election.</p>
<p>9B.2.2 Members on the Professional Liability Program Committee</p> <p>Subject to article 9B.2.3, the term of office of a subject matter expert of the Professional Liability Program Committee commences on the date of his or her appointment and terminates after Council has completed its appointments for that committee at the first regular Council meeting in the third calendar year after the date of appointment. [Revoked]</p>	<p>9B.2.2 [Revoked] (date)</p>
<p>9B.2.6 Automatic termination <u>if of</u> Council member</p> <p>The appointment of a subject matter expert automatically terminates if the individual becomes a member of Council.</p>	<p>9B.2.6 Automatic termination of Council member</p> <p>The appointment of a subject matter expert automatically terminates if the individual becomes a member of Council.</p>

<p style="text-align: center;">COLUMN A PROPOSED AMENDMENT-</p>	<p style="text-align: center;">COLUMN B CLEAN AS AMENDED</p>
<p>11.1.1 Council to adopt Code of Ethics</p> <p>Council shall adopt a Code of Ethics <u>entitled “Foundations of Professionalism”</u> for members of the College.</p> <p><i>For ease of reference, a copy of the <u>Code of Ethics entitled “Foundations of Professionalism”</u> adopted by Council is attached as appendix 28.4 to these by-laws.</i></p>	<p>11.1.1 Council to adopt Code of Ethics</p> <p>Council shall adopt a Code of Ethics entitled “Foundations of Professionalism” for members of the College.</p> <p><i>For ease of reference, a copy of the <u>Code of Ethics</u> entitled “Foundations of Professionalism” adopted by Council is attached as appendix 28.4 to these by-laws.</i></p>
<p>15.4.1 Registrar to notify Executive Committee</p> <p>Where a member of Council who provided a statement under article 15.2.1 directs that the decision to appoint an adjudication committee should be made by the Executive Committee, the Registrar shall bring the matter forward at the next scheduled meeting of the Executive Committee.</p>	<p>15.4.1 Registrar to notify Executive Committee</p> <p>Where a member of Council who provided a statement under article 15.2.1 directs that the decision to appoint an adjudication committee should be made by the Executive Committee, the Registrar shall bring the matter forward at the next scheduled meeting of the Executive Committee.</p>
<p>15.6.3 Executive committee may approve</p> <p>Where a resolution under article 15.6.1 is acceptable to the adjudication committee and the member of Council who is alleged to have breached the code of conduct, but not to the member of Council who provided the written statement under article 15.2.1, the Executive Committee may approve the resolution.</p>	<p>15.6.3 Executive committee may approve</p> <p>Where a resolution under article 15.6.1 is acceptable to the adjudication committee and the member of Council who is alleged to have breached the code of conduct, but not to the member of Council who provided the written statement under article 15.2.1, the Executive Committee may approve the resolution.</p>
<p>15.9.4 Action by Council</p> <p>Where the Executive Committee delivers a report under article 15.9.1 regarding a member of Council, Council may take any of the following actions:</p>	<p>15.9.4 Action by Council</p> <p>Where the Executive Committee delivers a report under article 15.9.1 regarding a member of Council, Council may take any of the following actions:</p>

<p style="text-align: center;">COLUMN A PROPOSED AMENDMENT-</p>	<p style="text-align: center;">COLUMN B CLEAN AS AMENDED</p>
<p>a. demand an apology from the member in a form acceptable to Council;</p> <p>b. subject to article <u>15.9.6</u> (Conditions for resignation), demand the immediate written resignation of the member.</p>	<p>a. demand an apology from the member in a form acceptable to Council;</p> <p>b. subject to article 15.9.6 (Conditions for resignation), demand the immediate written resignation of the member.</p>
<p>15.11.1 Two-thirds votes required</p> <p>A two-thirds vote of the members of Council is required to take any of the following actions:</p> <p>a. take action under article <u>15.9.4</u>;</p> <p>b. suspend a member under article <u>15.9.5</u>; or</p> <p>c. disqualify a member of Council under article <u>15.9.7</u>.</p>	<p>15.11.1 Two-thirds votes required</p> <p>A two-thirds vote of the members of Council is required to take any of the following actions:</p> <p>a. take action under article 15.9.4;</p> <p>b. suspend a member under article 15.9.5; or</p> <p>c. disqualify a member of Council under article 15.9.7.</p>
<p>15.11.2 Opportunity for submissions</p> <p>Council shall provide an opportunity for a member of Council who is the subject of a matter to address Council prior to taking any of the following actions:</p> <p>a. take action under article <u>15.9.4</u>;</p> <p>b. suspend a member of Council under article <u>15.9.5</u>;</p> <p>c. disqualify a member of Council under article <u>15.9.7</u>;</p>	<p>15.11.2 Opportunity for submissions</p> <p>Council shall provide an opportunity for a member of Council who is the subject of a matter to address Council prior to taking any of the following actions:</p> <p>a. take action under article 15.9.4;</p> <p>b. suspend a member of Council under article 15.9.5;</p> <p>c. disqualify a member of Council under article 15.9.7.</p>

<p style="text-align: center;">COLUMN A PROPOSED AMENDMENT-</p>	<p style="text-align: center;">COLUMN B CLEAN AS AMENDED</p>
<p>17.1.1 Issuance by Registrar</p> <p>The Registrar shall issue a certificate of authorization on behalf of the College to an applicant health profession corporation where the Registrar is satisfied that all of the following conditions are met:</p> <ul style="list-style-type: none"> a. the corporation has submitted an application in the form approved by Council; b. the corporation has paid all applicable fees for the issuance of the certificate; c. the corporation meets all of the eligibility requirements set out in the regulations passed pursuant to the RHPA; d. the corporation has submitted the certificate of status of the corporation issued by the Ministry of Consumer and Business Services not more than thirty (30) days prior to the submission of the application showing that the corporation is active; e. the corporation has submitted the original, or a certified or notarized copy of, the certificate of incorporation of the corporation; f. the corporation has submitted the original, or a certified or notarized copy of, every certificate of the corporation that 	<p>17.1.1 Issuance by Registrar</p> <p>The Registrar shall issue a certificate of authorization on behalf of the College to an applicant health profession corporation where the Registrar is satisfied that all of the following conditions are met:</p> <ul style="list-style-type: none"> a. the corporation has submitted an application in the form approved by Council; b. the corporation has paid all applicable fees for the issuance of the certificate; c. the corporation meets all of the eligibility requirements set out in the regulations passed pursuant to the RHPA; d. the corporation has submitted the certificate of status of the corporation issued by the Ministry of Consumer and Business Services not more than thirty (30) days prior to the submission of the application showing that the corporation is active; e. the corporation has submitted the original, or a certified or notarized copy of, the certificate of incorporation of the corporation; f. the corporation has submitted the original, or a certified or notarized copy of, every certificate of the corporation that

<p style="text-align: center;">COLUMN A PROPOSED AMENDMENT-</p>	<p style="text-align: center;">COLUMN B CLEAN AS AMENDED</p>
<p>has been endorsed under the <i>Business Corporations Act</i> as of the day that the application was submitted;</p> <p>g. the corporation has submitted a statutory declaration of a director of the corporation, executed not more than fifteen (15) days prior to the submission of the application, that certifies that</p> <p style="padding-left: 40px;"><u>i.</u> the corporation was in compliance with section 3.2 of the <i>Business Corporations Act</i> as of the date of the declaration,</p> <p style="padding-left: 40px;"><u>ii.</u> the corporation does not carry on and does not plan to carry on any business that is not the practice of dentistry or activities related to or ancillary to the practice of dentistry,</p> <p style="padding-left: 40px;"><u>iii.</u> there has been no change in the status of the corporation since the date of the certificate of status submitted as part of the application, and</p> <p style="padding-left: 40px;"><u>iv.</u> the information contained in the application is complete and accurate as of the date of the declaration;</p> <p>h. the corporation has submitted the name of each person who is a shareholder of the corporation as of the date of application, and, where a shareholder is a member of the College, the shareholder's business address, business telephone number, and registration number with the</p>	<p>has been endorsed under the <i>Business Corporations Act</i> as of the day that the application was submitted;</p> <p>g. the corporation has submitted a statutory declaration of a director of the corporation, executed not more than fifteen (15) days prior to the submission of the application, that certifies that</p> <p style="padding-left: 40px;">i. the corporation was in compliance with section 3.2 of the <i>Business Corporations Act</i> as of the date of the declaration,</p> <p style="padding-left: 40px;">ii. the corporation does not carry on and does not plan to carry on any business that is not the practice of dentistry or activities related to or ancillary to the practice of dentistry,</p> <p style="padding-left: 40px;">iii. there has been no change in the status of the corporation since the date of the certificate of status submitted as part of the application, and</p> <p style="padding-left: 40px;">iv. the information contained in the application is complete and accurate as of the date of the declaration.</p> <p>h. the corporation has submitted the name of each person who is a shareholder of the corporation as of the date of application, and, where a shareholder is a member of the College, the shareholder's business address, business telephone number, and registration number with the</p>

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<p>College as of the date of application;</p> <p>i. the corporation has submitted the names of the directors and officers of the corporation as of the date of application;</p> <p>j. the corporation has submitted the address of each premise at which the corporation carries on activities as of the date of application.</p>	<p>College as of the date of application;</p> <p>i. the corporation has submitted the names of the directors and officers of the corporation as of the date of application;</p> <p>j. the corporation has submitted the address of each premise at which the corporation carries on activities as of the date of application.</p>
<p>28.4 Code of Ethics</p> <p>For ease of reference, the following Code of Ethics, <u>entitled “<i>Foundations of Professionalism</i>”</u> was adopted by Council under article 11.1.1 (Council to adopt Code of Ethics).</p> <p>[insert Foundations for Professionalism]</p> <p><u>PREAMBLE</u> The dental profession holds a special place of trust within society. As a result, society extends opportunities and privileges to the profession that are not available to the public at large. In return, the profession makes a commitment that its members will adhere to high standards of clinical expertise and ethical conduct. The ethical behaviour of dentists is one of the most important factors in the promotion of quality dental care and recognition of dentists as professionals. Continued public trust in the dental profession and in the principle of profession led self-regulation is dependent on the commitment of individual dentists to high standards of ethical conduct.</p>	<p>28.4 Code of Ethics</p> <p>For ease of reference, the following Code of Ethics, entitled “<i>Foundations of Professionalism</i>” was adopted by Council under article 11.1.1 (Council to adopt Code of Ethics).</p> <p>Foundations of Professionalism</p> <p>Contents</p> <p>Overview 14 Professionalism in Practice 15 Principles & Duties 16 <i>PATIENT AUTONOMY</i> 17 <i>BENEFICENCE</i> 18 <i>NONMALEFICENCE</i> 19 <i>JUSTICE</i> 21 Glossary 23</p> <p><i>Foundations of Professionalism</i> reflects the individual and collective commitments to professionalism that dentists uphold throughout their careers. This document articulates the core</p>

COLUMN A PROPOSED AMENDMENT-	COLUMN B CLEAN AS AMENDED
<p>Ethical behaviour is the foundation of the public's continuing trust in the effectiveness of self-regulation.</p> <p><u>PRINCIPLES</u></p> <p>The following are the primary ethical principles for the practice of dentistry; they are based on the core ethical values of integrity, fairness, beneficence, compassion and respect for patient autonomy:</p> <ul style="list-style-type: none"> • The paramount responsibility of a dentist is to the health and well-being of patients. • Be truthful, obey the law, and provide care with respect for human rights and dignity and without discrimination. • Commit to the highest level of professionalism by maintaining current competency. • Respect the right of patients to be cared for by the dentist of their choice. • Provide timely and competent care that is consistent with the standards of the profession. • Provide unbiased explanation of options with associated risks and costs, and obtain consent before proceeding with investigations or treatment. • Recognize limitations and refer patients to others more qualified when appropriate. • Make the well-being of patients the primary consideration when making referrals to other health-care workers. • Never overstate or embellish qualifications, including advertising or speech, that could mislead a reasonable person. • Maintain a safe and healthy office environment for both patients and staff. 	<p>principles and duties that dentists exemplify in managing and supporting the oral health care needs of individuals and communities, and in promoting and advocating for the health and wellbeing of patients and society.</p> <p><i>Foundations of Professionalism</i> replaces the <i>Code of Ethics</i> and serves as a foundation for all Royal College of Dental Surgeons of Ontario (RCDSO) Standards of Practice, Guidelines, and Advisories and related resources that inform dentists' conduct, such as Frequently Asked Questions and news articles.</p> <p><i>Note: bolded terms are defined. To view the definitions, refer to the Glossary at the end of the print version.</i></p> <p>Approved by RCDSO Council and in effect October 2, 2025.</p> <p>Overview</p> <p>Dentists are expected to practice in accordance with the core principles and duties set out in this document, which are organized by the following bioethical principles¹:</p> <ul style="list-style-type: none"> • Patient Autonomy <i>Respecting patient choices</i>

¹ Beauchamp, T.L. & Childress, J.F. (2019). *Principles of Biomedical Ethics* (8th ed). Oxford University Press.

<p style="text-align: center;">COLUMN A PROPOSED AMENDMENT-</p>	<p style="text-align: center;">COLUMN B CLEAN AS AMENDED</p>
<ul style="list-style-type: none"> ● Accept responsibility for the care provided by authorized dental personnel. ● Only provide compromised or unconventional treatment with full disclosure and consent of patients. ● Only make evaluative remarks about the work of others after making reasonable efforts to understand the prior treatment history of patients. ● Maintain appropriate and dignified boundaries in the patient/dentist relationship. ● Protect the confidentiality of the personal and health information of patients. <p><u>CORE VALUES</u></p> <p>The following core values represent a guide for ethical behaviour for members of the College and are the foundation from which the ethical principles for the practice of dentistry are derived.</p> <ul style="list-style-type: none"> ● AUTONOMY <ul style="list-style-type: none"> ○ Understanding and respecting patients’ rights to make informed decisions based on personal values and beliefs. ● BENEFICENCE <ul style="list-style-type: none"> ○ Maximizing benefits and minimizing harm for the welfare of the patient. ● COMPASSION <ul style="list-style-type: none"> ○ Acting with sympathy and kindness to all patients in alleviating their concerns and pain. ● FAIRNESS <ul style="list-style-type: none"> ○ Treating all individuals, patients, colleagues and third parties in a just and equitable manner. ● INTEGRITY <ul style="list-style-type: none"> ○ Being truthful, behaving with honour and decency and upholding professional standards. 	<ul style="list-style-type: none"> ● Beneficence <i>Doing Good</i> ● Nonmaleficence <i>Doing no harm</i> ● Justice <i>Being Fair</i> <p>Professionalism in Practice</p> <p>As health care professionals, dentists’ primary objective is to maintain or improve the oral health of individuals and communities, while upholding the trust of patients and society.</p> <p>Continued trust in the dental profession is dependent on dentists’ individual and collective commitment to a high standard of professionalism. This commitment begins with entry into dental school and continues through education, training, and becoming a regulated health care professional. It extends throughout one’s career in the profession, right through to retirement.</p> <p>One of the most important components of professionalism is to <i>prioritize the wellbeing of patients and society</i>. Dentists demonstrate this commitment by consistently placing patients’ best interests first and actively promoting and advocating for the health and wellbeing of all.</p> <p><i>Key fiduciary duties</i></p>

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	<p>The obligation to put patients’ interests first is rooted in fiduciary law, which governs the special legal and ethical relationship between dentists (fiduciaries) and their patients (beneficiaries). Key fiduciary duties include, but are not limited to:</p> <ul style="list-style-type: none"> • Acting in patients’ best interests • Acting with integrity, loyalty, honesty, trustworthiness, and the utmost good faith • Avoiding conflicts of interest • Protecting patient confidentiality • Providing access to patient records <p>Principles & Duties</p> <p>The principles and duties of professionalism described in this document:</p> <ul style="list-style-type: none"> • Build on the core components of professionalism, including the prioritization of patient and societal wellbeing and adherence to fiduciary duties. • Reflect dentists’ broad responsibilities to patients, society, the profession, and themselves.² • Represent what patients, society, and dentists consider important.

² These broad responsibilities are set out in the Canadian Dental Association’s [Principles of Ethics](#).

<p style="text-align: center;">COLUMN A PROPOSED AMENDMENT-</p>	<p style="text-align: center;">COLUMN B CLEAN AS AMENDED</p>
	<ul style="list-style-type: none"> • Serve as a framework for dentists’ individual and collective conduct. • Help dentists navigate clinical and professional practice and the ethical complexities that are certain to arise. • Support dentists in maintaining the highest possible level of confidence and trust with respect to patients and society. <p>The RCDSO believes it is important to clearly articulate the principles and duties of the profession.</p> <p>This helps dentists, patients, and the public understand the high standard of professionalism that is expected of and demonstrated by dentists.</p> <p>The principles and duties are not listed in any order of priority. They are all important, yet some may carry greater relevance depending on the specific circumstance. Dentists will need to rely on their professional judgement to determine which principles and duties are most applicable, and how best to apply them.</p> <p><i>PATIENT AUTONOMY</i> <i>Respecting patient choices</i> Patients have a right to self-determination, including the right to make their own decisions about their health care, and to privacy and confidentiality of their personal health information. These rights need to be acknowledged and respected by health care professionals.</p>

COLUMN A PROPOSED AMENDMENT-	COLUMN B CLEAN AS AMENDED
	<ol style="list-style-type: none"> 1. Dentists respect patient autonomy by: <ol style="list-style-type: none"> a. Being fully present, focused, and responsive during interactions with patients. b. Providing clear and accurate information in a manner that the patient understands. c. Encouraging active collaboration and shared decision-making with patients, or, when authorized, with their substitute decision-maker, family, or caregiver. d. Obtaining consent for treatment in accordance with legal and professional obligations.³ e. Providing patient-centered care that upholds the standards of practice of the profession.
	<p><i>BENEFICENCE</i> <i>Doing good</i> Health care professionals actively serve and benefit patients and society. They also do good by maintaining and enhancing the health and wellbeing of patients and society, recognizing the interconnectedness between both.</p>
	<ol style="list-style-type: none"> 2. Dentists demonstrate beneficence by: <ol style="list-style-type: none"> a. Acting, first and foremost, for the benefit of patients and in service to their health and wellbeing.

³ [Health Care Consent Act, 1996, S.O. 1996, c. 2, Sched. A](#) and RCDSO's Standard of Practice on [Consent to Treatment](#). This would include providing information about the nature of the treatment, the treatment's expected benefits, the treatment's material risks and material side effects, alternative courses of action, and the likely consequences of not receiving the treatment.

COLUMN A PROPOSED AMENDMENT-	COLUMN B CLEAN AS AMENDED
	<p>b. Creating a safe environment and treating others with kindness, compassion, and respect.⁴</p> <p>c. Collaborating and communicating effectively within professional relationships and facilitating continuity of care, including:</p> <ul style="list-style-type: none"> i) supporting patients throughout the entire treating relationship; ii) coordinating care with patients' other health care professionals, as necessary; and iii) providing emergency care or advising where it can be obtained. <p>d. Leading or participating in initiatives that address the oral health and oral health care needs of individuals, communities, and society.</p> <p>e. Being open, receptive, and committed to understanding emerging issues to advance the health and wellbeing of all.</p> <p>NONMALEFICENCE <i>Doing no harm</i> Health care professionals do no harm to patients and society and protect them from harm.</p> <p>3. Dentists demonstrate nonmaleficence by:</p>

⁴ For more information, see the RCDSO's Standard of Practice on [Prevention of Boundary Violations and Sexual Abuse](#) and [Infection Prevention and Control](#).

COLUMN A PROPOSED AMENDMENT-	COLUMN B CLEAN AS AMENDED
	<ul style="list-style-type: none"> a. Complying with legal, professional, and ethical obligations set out in law and by the RCDSO.^{5,6} b. Being truthful and providing accurate information about themselves (e.g., education, qualifications, competence) and/or their practice.⁷ c. Being accountable and taking responsibility for their actions or inactions, decisions, judgement, and competence. d. Maintaining competence, recognizing limitations, and referring patients to other health care professionals, when necessary.⁸ e. Ensuring patients’ best interests remain paramount, including when: <ul style="list-style-type: none"> i) identifying, preventing, and managing conflicts of interest,⁹ and ii) making administrative and clinical decisions (e.g., regarding practice policies and procedures, the selection and use of dental products, materials, devices, or services).

⁵ This includes an obligation to participate in the regulation of the profession.

⁶ For clarity, dentists are ultimately responsible for meeting their legal, professional, and ethical obligations regardless of whether they assign tasks to staff or other health care professionals, or work with an organization or other party in the course of practicing dentistry.

⁷ For example, the information must not be false, misleading, fraudulent, deceptive, ambiguous or confusing. For more information, see the RCDSO’s Practice Advisory on [Professional Advertising](#) and Section 2 paragraphs 40, 41, 45, 60, 61, and sections 8, 9 of [Professional Misconduct, O. Reg. 853/93](#), enacted under the [Dentistry Act, 1991, S.O. 1991, c. 24](#).

⁸ For more information, see the RCDSO’s [Quality Assurance](#) webpage and Practice Advisory on [Most Responsible Dentist](#). The Practice Advisory on Most Responsible Dentists includes requirements for referrals.

⁹ This includes ensuring that business interests and practices do not influence professional judgement. For more information, see the RCDSO’s Guidelines on [Conflict of Interest](#) and Section 2 paragraph 38 and section 5 of [Professional Misconduct, O. Reg. 853/93](#), enacted under the [Dentistry Act, 1991, S.O. 1991, c. 24](#).

COLUMN A PROPOSED AMENDMENT-	COLUMN B CLEAN AS AMENDED
	<p>f. Maintaining appropriate and dignified boundaries in professional relationships.¹⁰</p> <p>g. Being collegial and maintaining objectivity when communicating about services provided by other health care professionals.</p> <p>h. Using technology in a responsible and ethical manner.¹¹</p> <p>i. Addressing harm and misconduct, including:</p> <ul style="list-style-type: none"> i) disclosing harm resulting from their actions or inactions, decisions, judgement, or competence, to the appropriate person or authority; ii) making mandatory reports as required by law; ¹² and iii) where a mandatory report is not required, raising concerns about inappropriate, unprofessional, or otherwise concerning behaviour of staff or colleagues directly with the person, or if needed, with the relevant leadership or authority. <p>j. Balancing personal and professional priorities to maintain dentists' own health and wellbeing.</p>
	<p>JUSTICE <i>Being fair</i> Health care professionals treat all people fairly and equitably.</p>
	<p>4. Dentists demonstrate justice by:</p>

¹⁰ For more information, see the RCDSO's Standard of Practice on [Prevention of Boundary Violations and Sexual Abuse](#).

¹¹ For clarity, this provision applies to all technologies, including, but not limited to those that the RCDSO has set out expectations or guidance on (e.g., [Dental CT Scanners](#), [Virtual Care](#), Artificial Intelligence).

¹² For more information, see the RCDSO's [Mandatory Reporting](#) webpage.

COLUMN A PROPOSED AMENDMENT-	COLUMN B CLEAN AS AMENDED
	<ul style="list-style-type: none"> a. Complying with legal obligations with respect to human rights and accessibility.¹³ This includes providing services and making administrative decisions in practice that are free from prejudice and discrimination, in accordance with the Ontario Human Rights Code, which prohibits discrimination based on protected grounds.¹⁴ b. Promoting fair and equitable access to oral health care for all. c. Seeking to recognize bias and taking reasonable steps to prevent it from negatively influencing professional relationships and patient care. d. Recognizing differences in power that exist in professional relationships with patients, staff, colleagues, or other health care professionals, and exploring ways to support or empower the other person. e. Recognizing the unique opportunities and barriers each person experiences and taking reasonable steps to provide appropriate support. f. Promoting health and preventing oral disease by understanding and taking reasonable steps to address the determinants of health (e.g., by participating in initiatives to reduce health inequities that are driven by the determinants of health).¹⁵

¹³ Ontario [Human Rights Code](#) and [Accessibility for Ontarians with Disabilities Act, 2005 \(AODA\)](#). For more information, see [Working Together: The Code and the AODA](#) by the Ontario Human Rights Commission and Policies and Guidelines on the Ontario Human Rights Commission [webpage](#).

¹⁴For more information, see the Ontario Human Rights Commission’s [Guide to your rights and responsibilities under the Human Rights Code](#).

¹⁵ This may include, but is not limited to: offering financial accommodations (e.g., payment plans), participating in government programs, volunteering, doing outreach, participating in or supporting innovative care models (e.g., mobile or community clinics), and pursuing relevant education or training (e.g., cultural safety, trauma and violence-informed care).

COLUMN A PROPOSED AMENDMENT-	COLUMN B CLEAN AS AMENDED
	<p>Glossary</p> <p>Bias: An inclination to think something or someone is better or preferred, usually in a way considered to be unfair. Bias can be explicit (or conscious) or implicit (or unconscious). Bias inhibits impartial judgement, thought, or analysis. Biases (particularly implicit or unconscious) are built into and perpetuated by societal systems and structures through socialization and may conflict with our declared beliefs and how we see ourselves.</p> <p>Determinants of health: A broad range of personal, social, economic, commercial, political, and environmental factors that influence individual and population health. These include both modifiable and non-modifiable factors.</p> <p>Discrimination: Is defined in case law¹⁶ as when a distinction is made according to which some benefit is withheld or burden assigned to an individual or group of individuals on the basis of a personal characteristic that is irrelevant to the distinction which was made.¹⁷ Discrimination exists where a discriminatory practice occurs on the basis of a prohibited ground¹⁸ for which no</p>

¹⁶ Case law refers to judge-made law, or common law: law that is created through judicial decisions.

¹⁷ Most human rights legislation does not include a formal definition of discrimination. The definition included in this document is from the judgement of McIntyre J. in *Law Society of British Columbia v. Andrews*, [1989] S.C.J. No. 6.

¹⁸ The grounds in the Ontario [Human Rights Code](#) are: citizenship, race, place of origin, ethnic origin, colour, ancestry, disability, age, creed, sex/pregnancy, family status, marital status, sexual orientation, gender identity, and gender expression.

COLUMN A PROPOSED AMENDMENT-	COLUMN B CLEAN AS AMENDED
	<p>valid justification has been made. Discrimination is also defined by the Canadian Human Rights Commission.¹⁹</p> <p>Duties: Positive actions that dentists are expected to take in fulfilling their role as a regulated health care professional. These actions are informed by the legal, professional, and ethical obligations of the profession set out in law and by the RCDSO.</p> <p>Fiduciary law: A specific area of law through which key duties are assigned to fiduciaries (i.e., dentists) and owed to beneficiaries (i.e., patients). Fiduciaries have these duties due to the nature of the relationship with beneficiaries, namely that the fiduciary is in a position of power and has the unilateral ability to act and impact the beneficiary’s interests. The specific duties fiduciaries have include, but are not limited to:</p> <ul style="list-style-type: none"> • Acting in beneficiaries’ best interests • Acting with integrity, loyalty, honesty, and trustworthiness • Avoiding conflicts of interest • Not acting in self-interest/profit • Protecting patient confidentiality • Providing access to patient records • Disclosing error, misconduct, and whistleblowing • Acting with the utmost good faith

¹⁹ [Canadian Human Rights Commission. \(2025\). About discrimination.](#)

COLUMN A PROPOSED AMENDMENT-	COLUMN B CLEAN AS AMENDED
	<p>Harm: Any negative impact or damage that patients experience including physical, psychological, emotional, social, or financial.</p> <p>Health inequities: Systematic differences in health-related exposures and outcomes among different population groups that are unnecessary, avoidable, unfair, unjust, and can be addressed through policy intervention.²⁰</p> <p>Patient-centered care: Care that acknowledges, respects, and is responsive to a patient’s preferences, values, beliefs, goals, and economic circumstances. This approach supports the role of patients making informed and active decisions regarding their care, rather than being passive recipients.²¹</p> <p>Prejudice: Preconceived judgement, opinion or attitude directed toward certain people based on their membership in a particular group. It is a set of attitudes, which supports, causes, or justifies discrimination. Prejudice is a tendency to rely on stereotypes or assumptions.²²</p>

²⁰ Adapted from [Whitehead, M. \(1992\). The concepts and principles of equity and health. *International Journal of Health Services*, 22\(3\), 429-445.](#)

²¹ Adapted from [Grover, S., Fitzpatrick, A., Azim, F.T., Ariza-Vega, P., Bellwood, P., Burns, J., Burton, E., Fleig, L., Clemson, L., Hoppmann, C.A., Madden, K.M., Price, M., Langford, D., Ashe, M.C. \(2022\). Defining and implementing patient-centered care: An umbrella review. *Patient Educ Couns.*, 105\(7\), 1679-1688.](#)

²² Rouse, L., Booker, K., Stermer, S.P. (2011). Prejudice. In: Goldstein, S., Naglieri, J.A. (eds) *Encyclopedia of Child Behavior and Development*. Springer.

COLUMN A PROPOSED AMENDMENT-	COLUMN B CLEAN AS AMENDED
	<p>Principles: Fundamental truths or propositions that serve as the foundation for a system of values or behaviours. They are often universal, objective, and used to guide actions and judgements in a consistent manner.</p> <p>Professionalism: The conduct, aims, and qualities that characterize a profession. It involves a commitment to mastering a complex body of knowledge and skills in the service of others. For health care professionals, it includes commitments to ethical practice, clinical competence, cultural humility, integrity, morality, altruism, and the promotion of the public good. Members of a profession are accountable both to those they serve and to society at large.²³</p> <p>Professional relationships: Relationships between dentists and patients, staff, colleagues, or other health care professionals that are developed through the practice of dentistry.</p> <p>Protected grounds: The Ontario Human Rights Code prohibits actions that discriminate against people based on protected grounds in protected social areas (including goods, services, and</p>

²³ Adapted from [Cruess, S. R., Johnston, S., & Cruess, R. L. \(2004\). "Profession": A Working Definition for Medical Educators. *Teaching and Learning in Medicine, 16\(1\), 74–76.*](#)

COLUMN A PROPOSED AMENDMENT-	COLUMN B CLEAN AS AMENDED
	facilities). The protected grounds for services are as follows: citizenship, race, place of origin, ethnic origin, colour, ancestry, disability, age, creed, sex/pregnancy, family status, marital status, sexual orientation, gender identity, and gender expression. ²⁴

²⁴ Adapted from: [Ontario Human Rights Commission. \(2013\). *Guide to your rights and responsibilities under the Human Rights Code.*](#)

COUNCIL BRIEFING NOTE

TOPIC: College Workspace Planning

FOR DECISION

April 16, 2026

ISSUE: To provide a directional decision for a long-term real estate solution.

PUBLIC INTEREST:

- This matter serves the public interest by ensuring the College remains fiscally responsible and regularly assesses all assets of the organization, including real estate holdings. The College has adopted a flexible workplace strategy, providing tools for staff to conduct their work both in-office and in a remote environment. The Finance, Audit and Risk Committee (FAR) is leading the review in consideration of our long-term work environment needs and how the property/building at 6 Crescent Road or alternative premises will support those needs.

BACKGROUND:

History

- The College has owned at least a portion of the premises at 6 Crescent Road since 1991. At that time, the College became the majority owner of the premises and purchased the remaining portion in 2011 to serve staff requirements.
- As the staff population grew, analysis around renovating the space at 6 Crescent began in 2014. There was an understanding that the facilities needed to be modernized to capture several benefits including creating a sense of community and enhancing collaboration opportunities. The plan was to renovate the entire building, including the exterior wrap.
- The majority of the second floor was renovated in 2016 but various pressures halted further progress and then the pandemic hit in 2020. The building was closed and everyone was moved to a remote work environment immediately.
- As lockdowns eased and some staff began to return to the office, the College took the opportunity to investigate alternative ways to work. The College ultimately decided on a hybrid model to allow staff greater flexibility of where they do their work and productivity has remained high.
- The existing hybrid model can be described in the following way:
 - There is no requirement for staff to be in the office on set days of the week or a certain number of days per week;

- Management reserves the right to require purpose-driven in-person meetings, such as mandatory all-staff town hall meetings, leadership networks, or individual unit/team meetings;
- Management also organizes a variety of purpose-driven events several times a month that serve to draw numbers of staff to the office, such as guest presentations on equity, diversity and inclusion, benefits and pension discussions and more.
- The model described above is regularly reviewed to ensure that staff continue to meet performance objectives and measures; that it builds our culture and promotes effective cross-College communication and collaboration. This hybrid model has been running well since enacted with an ongoing need to evaluate and course correct. The College has invested in advanced technology to ensure hybrid meetings run efficiently. The ability for staff to still meet and engage with colleagues in person remains important to relationship and team building.

The Objective

- The way College staff work evolves appropriately over time and the College requires office space which reflects and supports our culture; maps to how staff can be most productive; and is agile and adaptable in the long term to be responsive to a changing environment.
- Office premises that are designed to support both remote and on-site staff, Committees and Council is our goal for the long term. FAR's analysis (presented below) suggests that our current space design must be modernized, whether we leave or remain at 6 Crescent.
- To prepare for a modernized workplace design, staff commissioned the Colliers Workplace Advisory practice to prepare a workplace strategy playbook in 2022, which was updated in January 2026.
- This document identifies important principles in space design and a 'playbook' of how we could best organize our space to achieve our goals, regardless of where the College is located.
- While not specifically referenced in the decision criteria, the needs assessment is strongly linked to the College's recently approved strategic vision. In our pursuit of relevant system partners and changes, as well as our focus on innovation and proportionate regulation, the design and location of space are relevant considerations.

CURRENT STATUS:

FAR Committee Activity

- Over the past three years, FAR considered ongoing and future capital costs to maintain an aging building infrastructure, and this has led to in-depth discussions on multiple real estate and office space options to ensure our premises map to our work environment and achieves the benefits identified above.

- Three main options were identified by FAR, since “Do Nothing” was discounted as a viable option. Each option comes with risks and considerations which have been assessed.
 1. Renovate the building and stay at 6 Crescent
 2. Re-zone the property to enhance the value in a sale to a developer
 3. Sell the building and find alternative premises
- To better understand the implications of each option, FAR commissioned several expert reports including a Development Feasibility Study¹ and a Planning Opinion Letter & Massing Analysis², useful for internal analysis and for marketing discussions with developers.
- Environmental and geotechnical assessments³ were completed in 2025 and reported no issues. Soil and ground water quality and load bearing capacity were assessed as positive for development.
- A property condition assessment⁴ was received in March 2026 and the results confirmed that the building is well maintained and in good condition. The assessment is based on a visual inspection of the premises only. In-depth reviews of the adequacy of systems, including electrical and mechanical, would require a more detailed review by experts in those fields.
- Following a thorough review of the reports commissioned, the pros and cons of each option, and consultation with Colliers, the Committee has concluded that selling the building and transitioning the workspace to leased office space is the preferred path forward. Renovating 6 Crescent is a viable option, however the cost of doing so, based on estimates in 2014 and additional estimates in 2023, may prove to be prohibitive.
- The analysis above and options considered have been socialized with Council in closed sessions in 2024, 2025 and 2026. This included an opportunity to participate in a drop-in Q&A with consultants from Colliers in 2026.

Assessing the Strategic Value of Real Estate Asset

- What factors should be considered for the options of keeping or disposing of 6 Crescent? These factors are important considerations for both how we work now and what changes might take place over the next 20 – 30 years, and what options offer the most agility and opportunity to adapt quickly.

¹ Colliers report May 5, 2023 – to inform decision-making regarding the potential redevelopment at 6 Crescent Road

² Bousfield report February 22, 2024 – to analyze the optimal and realistic form of intensification of 6 Crescent

³ EXP Phase 2 report March 10, 2025 - a detailed investigation carried out when a Phase 1 ESA identifies potential subsurface contamination, involving subsurface testing to confirm and delineate the presence of hazardous substances or petroleum products.

EXP Geo-technical assessment March 21, 2025 - involves analyzing soil, rock, groundwater, and other subsurface conditions to assess suitability for construction or a development project. The report provides essential data and recommendations that guide engineers, architects, and builders in designing safe and stable structures.

⁴ Ben Engineering Property condition assessment March 11, 2026 – The purpose of the assessment is to provide an evaluation of the general condition of the property, based on a visual inspection.

1. Will keeping or selling change the nature of the business?

- Under both scenarios, the College's space design must be modernized and upgraded to provide an appropriate working environment for staff, Council and committees.
- Keeping 6 Crescent:
 - the value will be to the College only (not a third party now or likely in the future who will view the building as a tear-down development investment)
 - capital costs for repairs and maintenance will increase in years to come due to the age of the building⁵
 - renovations will likely require 2-5 years to be completed with possible costs for transition space)
 - we will continue to work under an inefficient floorplate at 6 Crescent with five floors, a central staircase across 3 floors and the entranceway 2 floors away from reception
 - renovations deemed necessary will require funding through potentially increased fees, and/or stretched out over multiple years and increasing disruption
- Selling the property:
 - the College will continue to effectively carry out its regulatory mandate
 - sale of 6 Crescent will inject funds to support the strategic advancement and regulatory innovation and infrastructure programs and initiatives of the College
 - will enable new space to be sourced and retained with a clean slate for creating the physical design
 - can be done in a fairly short time period (1 – 2 years)

2. Why is selling the building in the best interest of the College now?

- Frees up non-liquid capital to fund key strategic initiatives, regulatory programs and innovation.
- Supports the financial health of the College for many years to come; keeping dentists' fees relatively stable.
- Owning a building and undertaking repairs and maintenance is not a core business
 - Leasing gives more control over the longer term of our space
 - Retaining 6 Crescent will likely see a continued appreciation of value, and the College will defer a sale decision to the future with all of the same considerations to be addressed at a later date
- In future, the policy environment or circumstances may change to a more negative situation from the current favorability to residential development on public transit access points.

⁵ Capital expenditures planned for 2027 -28 include replacement of the back-up boiler, elevator control modernization, replace obsolete pneumatic control system, and install EV chargers in garage. The roof is 20 years old and will eventually need to be replaced at a high cost.

Criteria

- In conjunction with the analysis above, management developed criteria to aid with decision-making between options. There are nine areas of importance, and we have measured these against FAR's recommendation and other options. The preferred option of selling the building scores high on each of the criteria listed below.



Financial Aspects

- The existing infrastructure of the building is aging, with many building systems and components approaching or exceeding their useful life, resulting in increasing capital repairs, higher upkeep costs, and operational inefficiencies. Capital expenditures average approximately \$400,000 per year.
- Management is also determining the operating current costs that would be avoided if the College moved. These foregone costs would be a net offset to any lease cost, as noted below. An assessment of the future operational staff needs in leased space would also need to be undertaken.
- The Colliers Workplace Playbook recommended a 40% reduction in square footage, at roughly 18,500 square feet (down from the current 35,000 sq feet at 6 Crescent). A reduction in our footprint at a new site would give us agility to move up or down in needed space over time as the environment, workplace needs and management decisions change. It is important to note that FAR and management are considering these options with a long-term horizon (20 + years) and adaptable solutions to address inevitable changes over time.
- Colliers noted that \$65-\$70 per square foot is a reasonable figure to develop lease estimates. Based on the Workplace Strategy Playbook, our lease cost is estimated at \$1.2 - \$1.3 million plus tax.
- This would mostly be offset on a cash basis, by avoiding the following costs estimates, which are conservative:

	<u>(\$000's)</u>
Annual facility operating costs	500
Average facility capital costs	400
Council meetings & training	100
All-employee meetings, building insurance	<u>30</u>
	\$1,030

- Estimated costs associated with a move to a new facility would include:

	<u>(\$000's)</u>
Tenant improvements/furniture	3,700 (based on \$200/sq ft)
Broker commission	310
Professional fees (legal, design)	200
Moving costs	<u>50</u>
	\$4,260

Tenant improvements can reach up to \$300 per square foot, depending on the quality and amenities built into office space. It is expected that a landlord would fund a significant portion of the tenant improvements.

- Costs to renovate the existing facility would be extensive – in 2014 costs were estimated at more than \$10 million, and costs have escalated over the past 12 years. It would include the renovation and furniture costs for a larger space, demolition costs and a complete restructuring of the electrical, HVAC and mechanical systems. Work to the exterior was estimated in 2014 at an additional \$1.5 - \$2 million.
- While these costs represent fairly reliable estimates, more specific dollar amounts can be obtained by pursuing a proposed direction (see below). This will provide Council with further information to make an informed final decision.

Use of Surplus Funds

- There is an expectation that a sale of the building, if approved, will yield a significant purchase price.
- The College has received external legal, audit and tax advice. In the event of a sale of 6 Crescent, staff will update and revise in 2026, the College's Reserve Policy for consideration by FAR linked to our objectives.
- It is important to note that external advice has been clear that the proceeds of the sale cannot be used to subsidize or benefit dentists, and specifically, cannot be used to provide a rebate amount to individual dentists.

Broker of Record

- FAR determined that a real estate broker is required to help generate the financial analysis and market data that is important when making a decision and FAR agreed to the process of finding a broker.
- FAR recommended a Request for Proposal (RFP) or invitation to quote process be run with the purpose of finding a real estate advisor to help us prepare analysis to support a decision for Council, and to undertake the work, depending on the approved decision.

Getting several quotes for a project of this size is best practice and FAR wanted to demonstrate appropriate due diligence and transparency for this process. The Committee directed that FAR Chair, Mr. Trudell, considering his expertise in this area, work with management to review bids and proposals.

- The College invited several large full-service firms to submit proposals.
- The invitation noted that the evaluation would consider the total fee, fee structure, sales strategy, and any terms and conditions. All respondents were large firms that would lead a comprehensive marketing and sales strategy and there were no terms or conditions of note in the proposals. All firms confirmed they would fund all marketing costs associated with a sale.
- The remaining key determinant was the fee, which was a differentiator. One firm had a more competitive quote than the other respondents.
- Proposals were reviewed by Marc Trudell (FAR Chair), Dan Faulkner (Registrar & CEO) and Jeffrey Gullberg (CFO). Based on the responses, the recommendation is to appoint Colliers Macauley Nichols Inc. (“Colliers”) to manage both the sale and lease process, if that is the direction Council decides upon.
- We have had a long-standing and positive working relationship with Colliers, and they have provided reliable analysis, market intelligence and strategic advice to staff and the FAR Committee.

Agreements

- Legal counsel and the CFO have reviewed the agreements and are satisfied that the Letter of Representation provides adequate protection in the case of a transaction or if no transaction occurs. The Listing Agreement relates to the sale of the property and no commission is due without a Council approved deal.

A. Letter of Representation – lease/purchase transaction

- The relevant terms related to protection for the College are listed below:
 - RCDSO and Colliers shall each have the ability to terminate the Letter of Engagement for convenience upon not less than thirty (30) days’ prior written notice to the other party.
 - The agreement does not create any obligations regarding commission for any purchase or lease transaction; arrangements regarding such matters shall be separately documented in an agreement to which the parties mutually agree.
 - The Letter does not authorize Colliers to bind RCDSO legally towards any third party and/or to enter into any contract on RCDSO’s behalf without the prior express written approval of RCDSO.

B. Exclusive Sale Listing Agreement – sale transaction

- Adequate protection will be provided in the agreement:
 - Any commission shall be payable only upon the closing of a sale, exchange, or transfer of the Property.

- Any other broker involved (e.g. broker of the purchaser) will be compensated by the commission received by Colliers.

CONSIDERATIONS:

- Colliers' initial market research suggested favourable leasing opportunities in the near term. By the end of 2026, the market is expected to tighten as employers reclaim space, arguing for early action on leasing to secure quality space and economics.
- Environmental/geotechnical reliance letters may lapse after 18 months. We will need to plan for updated studies if timelines extend.

NEXT STEPS:

- The next steps are dependent on Council's direction
- Execute Colliers engagement documents.
- Prepare reserves framework options for FAR consideration during 2026 Reserves Policy review.
- Commence the process with Colliers and FAR.

MOTIONS FOR COUNCIL:

- FAR recommended three motions for Council to consider:
 1. THAT Council approves Colliers Macauley Nichols Inc. as the College's real estate broker of record to conduct a leasing inquiry process with the understanding that the engagement shall not obligate the College to enter into a lease or cause the College to incur any fees or other commitments.
 2. THAT Council directs staff to proceed with a formal exploration of the sale of the property municipally known as 6 Crescent Road, in the City of Toronto, Ontario.
 3. THAT Council approves Colliers Macauley Nichols Inc. as the College's real estate broker of record for the potential sale of the property municipally known as 6 Crescent Road, Toronto, Ontario, with the understanding that the engagement shall not involve the payment of any fees by the College unless and until a sale is approved by Council.

CONTACT:

Marc Trudell, Chair, FAR Committee

Jeffrey Gullberg, jgullberg@rcdso.org

Dan Faulkner, dfaulkner@rcdso.org

Strategic Plan 2023-25

Report to Council

FOR INFORMATION

April 2026

This is the Final Report to Council on projects arising from the College's Strategic Plan 2023-25.

BACKGROUND:

- Council approved the College's 2023-25 [Strategic Plan](#) (attached as **Appendix A**) in September 2022.
- The 2023-25 Strategic Plan was deliberately drafted to be a high-level document that describes the strategic direction of the RCDSO over three years.
- The 2023-25 Strategic Plan is grounded by three Pillars, together with their corresponding objective. They were as follows:



PROFESSIONALISM

RCDSO promotes a culture of professionalism in dentistry that supports access to quality care, serves the public interest and upholds the public trust.



STAKEHOLDER ENGAGEMENT

RCDSO engages with the public, the profession and system partners to advance patient-centered oral health care and regulatory excellence.



EMERGING ISSUES

RCDSO anticipates and responds proactively to emerging issues and trends that may impact the public interest.

- These strategic objectives have been advanced through six comprehensive Strategic Projects, each of which is located under one of the strategic pillars.
- Based on the RCDSO's experience under the 2020-23 Strategic Plan, we focused on a smaller number of strategic projects that will achieve broader, aspirational change and transformation.

- This approach allowed the RCDSO to take a more rigorous approach towards each project and strike a better balance between strategic work and the ongoing work of the College that is not captured in the Strategic Plan.
- The six Strategic Projects were:

1. College Standards

2. Access to Care

3. Service Experience

4. Equity, Diversity & Inclusion

5. Governance Review &
Modernization

6. Practice Models &
Corporate Dentistry


- The Strategic Projects spanned the three years of the Strategic Plan. The projects were deliberately chosen to focus on externally facing issues and developments, not on College operations¹.
- Throughout the duration of the Strategic Plan, Council has been kept apprised of the College's progress on these projects through two tools:
 1. This Report, which provides Council with a summary of projects and a status report containing highlights of ongoing projects.
 2. A Council Dashboard Report-Strategic Projects, which charts the impact of specific projects through metrics.

2023-25 Strategic Projects: 2025 Achievements


- In each of the six Strategic Projects, significant progress has been made over the duration of the 2023-25 Strategic Plan.
- A full report, highlighting progress and achievements over the entire three years of the Strategic Plan, will be published later this year.
- The chart below captures achievements from the final year of the Strategic Plan: 2025.

¹ Updates on key operational projects and initiatives are provided to Council through a separate report: Council Dashboard Report: Operational Initiatives. This Dashboard Report supplements the Registrar/CEO's Report to Council, provided to Council quarterly.


1. STRATEGIC PROJECT: COLLEGE STANDARDS

STRATEGIC PILLAR & OBJECTIVE	PROJECT DESCRIPTION	2025 ACHIEVEMENTS
 <p>PROFESSIONALISM</p> <p>RCDSO promotes a culture of professionalism in dentistry that supports the provision of quality care, serves the public interest and upholds the public trust.</p>	<p>Project Sponsor: <i>Andréa Foti</i> Project Manager: <i>Cameron Thompson</i></p> <p><i>College Standards will be modernized and updated on a regular basis to ensure currency.</i></p>	<ul style="list-style-type: none"> • Progress on reviewing and updating RCDSO’s high-priority Standards of Practice continued throughout 2025. • Over the course of the year, the Policy team brought a number of major policy initiatives to conclusion at Council following RCDSO’s comprehensive new review and development process. This included new Standards of Practice on a variety of topics, including <i>Consent and Prevention of Boundary Violations and Sexual Abuse</i>; the introduction of a new guidance document on <i>Artificial Intelligence in Dentistry</i>; and RCDSO’s new <i>Foundations of Professionalism</i> (which replaces the former Code of Ethics). • In addition, new Standards work was initiated, and multiple public consultations were launched. • In support of this work, RCDSO’s Standing Policy Working Group met eight times to review and provide feedback on active policy projects, and the Policy team continued to engage in proactive, strategic knowledge translation through activities like RCDSO Connect events, conferences (including a panel session at CNAR 2025), and a significant website refresh. • Regular updates were also provided to Council throughout the year via the Policy Report and the Council Dashboard Report.


2. STRATEGIC PROJECT: ACCESS TO CARE

STRATEGIC PILLAR & OBJECTIVE	PROJECT DESCRIPTION	2025 ACHIEVEMENTS
 <p>RCDSO promotes a culture of professionalism in dentistry that supports the provision of quality care, serves the public interest and upholds the public trust.</p>	<p>Project Sponsor: <i>Andréa Foti</i> Project Manager: <i>Michelle Cabrero Gauley</i></p> <p><i>Building on initiatives under the 2020-23 Strategic Plan, this project will focus on professionalism and advancing equitable access to oral health care in Ontario.</i></p>	<ul style="list-style-type: none"> • A Working Group supported the development of a new draft document to replace the RCDSO's Code of Ethics. A broad, external consultation on the draft document was held from March-May 2025, and Council approved Foundations of Professionalism as a final document of the College in September 2025. Companion resources (FAQs, Dentist Checklist, Patient Resource) were also published. • The Working Group also developed a new draft Standard of Practice on accepting patients into dental practices, which will be presented to Council in early 2026. • The RCDSO hosted three access to care webinars that drew a combined attendance of more than 4,600 dentists. Topics included: the RCDSO's new Foundations of Professionalism document, planning safe dental care for patients living with disabilities, and the role of dentists in gender-based and intimate partner violence. • The RCDSO's Quality Assurance Committee recognized the Canadian Society for Disability and Oral Health and the Indigenous Primary Health Care Council as approved sponsors for continuing education.

3. STRATEGIC PROJECT: SERVICE EXPERIENCE


STRATEGIC PILLAR & OBJECTIVE	PROJECT DESCRIPTION	2025 ACHIEVEMENTS
<div data-bbox="126 363 407 625">  <p>STAKEHOLDER ENGAGEMENT</p> <p>RCDSO enhances collaboration and engagement with the public, the profession and system partners to advance patient-centered oral health care and regulatory excellence.</p> </div>	<p>Project Sponsor: Lesley Byrne Project Manager: Michelle Tremblay</p> <p><i>This project focuses on the opportunities that will transform RCDSO processes, systems and corporate culture as it relates to enhancing service experience and user experience.</i></p>	<ul style="list-style-type: none"> • RCDSO advanced its flexible work culture and service excellence by co-designing and launching the ‘Thriving in a Flexible Work Culture’ framework and convening focus groups in November 2025 to reflect on and revisit the framework one year after its introduction. The report from this work indicates that a highly collaborative, service-minded, productive, and aligned team. • The importance of providing accessible French-language materials is well recognized and embedded within our communications practices. Significant translation work took place in 2025, marking a great accomplishment toward both the public and dentists having greater access to French resources. • The College continues to demonstrate compliance with AODA through completion of AODA training by staff, Council, Committees, and Inspectors, and integration of accessibility training into staff onboarding. • Staff continue to modernize tools and use data insights to improve user experience and drive service improvements for everyone who contacts the College, and the combined efforts of the Registration and Service teams supported a successful and seamless Annual Renewal Period in 2025.

4. STRATEGIC PROJECT: EQUITY, DIVERSITY & INCLUSION

STRATEGIC PILLAR & OBJECTIVE	PROJECT DESCRIPTION	2025 ACHIEVEMENTS
<div data-bbox="126 1709 407 1971">  <p>STAKEHOLDER ENGAGEMENT</p> <p>RCDSO enhances collaboration and engagement with the public, the profession and system partners to advance patient-centered oral health care and regulatory excellence.</p> </div>	<p>Project Sponsor: Lesley Byrne Project Manager: Michelle Tremblay</p> <p><i>This project intends to demonstrate the RCDSO’s firm commitment towards becoming an equity-</i></p>	<ul style="list-style-type: none"> • In June 2025, RCDSO staff partnered with Health Professions Regulators Ontario (HPRO) to co-plan the first HPRO EDI Network Conference. EDI leads from all 26 health regulatory Colleges attended a full day of learning and collaboration. Elder Abuse Prevention Ontario delivered a thought-provoking session on ageism and its implications for regulatory standards and practice. The day concluded with a panel


STRATEGIC PILLAR & OBJECTIVE	PROJECT DESCRIPTION	2025 ACHIEVEMENTS
	<p><i>focused, diverse and inclusive employer and actively leading by example to impact change in dental regulation.</i></p>	<p>discussion on the future of EDI in health regulation featuring Dr. Tony Debono (Registrar & Executive Director, College of Psychologists of Ontario, Dr. Wendy Cukier (Academic Director of The Diversity Institute at Toronto Metropolitan University (TMU), and Preeya Singh (Director, Professional Conduct & General Counsel, CASLPO). Next steps include developing shared initiatives to strengthen collaboration and resource-sharing across all Colleges.</p> <ul style="list-style-type: none"> • All staff were invited to complete professional development on the Equity Sequence™ assessment tool. After several months of e-module learning, we concluded the training with a facilitated session by Tidal Equality, in June 2025. We also extended this opportunity to colleagues from the College of Dental Hygienists of Ontario. The Equity Sequence™ is supporting our team in integrating equity considerations into decision-making, process design, and service delivery. • In September 2025, the RCDSO launched work on its Reconciliation Action Plan (RAP) in partnership with First Peoples Group (FPG), an Indigenous-led and owned organization. This project will engage participants both internally and externally to develop an impactful, measurable strategy informed by the priorities of Indigenous communities in Ontario. The RAP will be available in the summer of 2026. • All internal College policies have been reviewed with an equity lens by our staff-lead IDEA Committee, and a required cultural competency module was launched to support our efforts to become a more inclusive employer.

5. STRATEGIC PROJECT: GOVERNANCE REVIEW & MODERNIZATION

STRATEGIC PILLAR & OBJECTIVE	PROJECT DESCRIPTION	2025 ACHIEVEMENTS
<div data-bbox="126 382 412 646" style="border: 1px solid black; padding: 5px;">  <p style="text-align: center; color: #e67e22; font-weight: bold;">EMERGING ISSUES</p> <hr style="border-top: 1px dashed #ccc;"/> <p style="font-size: 0.8em; color: #7f7f7f;">RCDSO anticipates and responds proactively to emerging issues and trends that may impact the public interest.</p> </div>	<p>Project Sponsor: Dan Faulkner Project Manager: Lara Thacker</p> <p><i>This project will analyze emerging governance changes in Ontario and beyond, and implement governance proposals for RCDSO, including the implementation of reforms proposed by the Ministry of Health.</i></p>	<ul style="list-style-type: none"> • In 2025, Council approved the Governance Committee’s operational design recommendations supporting the three modernization concepts endorsed in 2024, including an updated Competency and Diversity Profile, enhancements to the candidate assessment process, and revised terms, term limits, a cooling-off period, and staggered terms. A September Council educational session clarified governance modernization drivers, key decisions, timelines, and assessment sequencing. In December, Council approved by-laws giving effect to the reforms, marking a sector-leading transformation that enables province-wide elections, strengthens public-interest accountability, improves competency and diversity, enhances continuity, and positions RCDSO as a governance leader for the 2026 election. • A comprehensive Council orientation and education program was delivered over 2025, featuring high-impact sessions by Sir Harry Cayton on the public interest, Navigator on issue management and crisis response, and Dr. Lori Haskell on trauma-informed care, along with a customized facilitative chair training workshop that strengthened public-interest–focused dialogue, accountability, and effective Council–staff relations. • 2025 also saw the College launch its Council Performance Evaluation process, engaging Satori Consulting Ltd. to deliver a third-party meeting observation and public observation through the Citizens Advisory Group—bringing public perspectives forward and strengthening transparency. In support of this work, evaluation rubrics were developed which align with the updated Competency &

STRATEGIC PILLAR & OBJECTIVE	PROJECT DESCRIPTION	2025 ACHIEVEMENTS
		Diversity Profile. 2026 activities will include surveys and a final recommendations report with facilitated action planning.

6. STRATEGIC PROJECT: PRACTICE MODELS & CORPORATE DENTISTRY

STRATEGIC PILLAR & OBJECTIVE	PROJECT DESCRIPTION	2025 ACHIEVEMENTS
 <p>RCDSO anticipates and responds proactively to emerging issues and trends that may impact the public interest.</p>	<p>Project Sponsors: Dan Faulkner & Andréa Foti Project Manager: Deni Ogunrinde</p> <p><i>This project will analyze various dental practice models, including corporate ownership models, and the implication on quality of care and dental regulation.</i></p>	<ul style="list-style-type: none"> In March 2025, Council was presented with options to address issues and harness opportunities related to dental practice models, and Council provided its feedback on those options. In September 2025, Council approved the RCDSO to proceed with a refined suite of options, as set out in a Report on Practice Models and Corporate Dentistry, which together, represent a comprehensive and strategic response to matters concerning dental practice models. To close the year, a public-facing Summary Report was released which highlights core work and accomplishments coming out of the strategic project. Staff committed to reporting back to Council on implementation activities and to seek Council direction as needed.

METRICS

- Project Managers have worked closely with Eric de Sa, RCDSO’s Data Scientist, to develop key performance indicators (KPIs) for each strategic project.
- With the support of Helen Qu, Data and Reporting Analyst, these KPIs are incorporated into the Council Dashboard Report-Strategic Projects, attached as **Appendix B**. This version of the Council Dashboard Report marks the final report under the 2023-25 Strategic Plan.

CONSIDERATIONS:

- This Report highlights the accomplishments made in the six Strategic Projects over 2025, the final year of the 2023-25 Strategic Plan.

- At Council's meeting in April, senior staff will share broader reflections and achievements that have been realized over the entirety of the 2023-25 Strategic Plan.
 - Later in 2026, with the support of our Communications team, we will develop a comprehensive report on the 2023-25 Strategic Plan with highlights of key accomplishments and progress made across all projects. That Report will be public-facing and available on the RCDSO's website.
 - Work is underway to develop the 2026-30 Strategic Plan. We anticipate that we will bring a draft Strategic Plan to Council at its June 2026 meeting.
-

CONTACT:

Dan Faulkner, Registrar & CEO: dfaulkner@rcdso.org

Andréa Foti, Deputy Registrar & Privacy Officer, afoti@rcsdo.org

Attachments:

Appendix A: Strategic Plan, 2023-25

Appendix B: Council Dashboard Report -Strategic Projects

RCDSO STRATEGIC PLAN: 2023-2025

VISION

Everyone in Ontario has access to safe, high-quality oral health care.

MISSION

We act in the public interest and are committed to excellence in regulating the dental profession in Ontario.

PILLARS



PROFESSIONALISM



STAKEHOLDER ENGAGEMENT



EMERGING ISSUES

VALUES



ACCOUNTABLE



COLLABORATIVE



INNOVATIVE



INCLUSIVE



TRANSPARENT

OBJECTIVES

These objectives provide additional focus to the work of the College for the next three years. Objectives are anchored to a strategic pillar and define where we would like to be. The bullet points outline our areas of focus for developing strategies that will help us get there.

Our Commitment

- We take an [evidence-informed approach](#) to decision making.
- We apply a [risk-based perspective](#) in regulating the profession.
- We integrate the principles of [Equity, Diversity and Inclusion](#) in all we do.



PROFESSIONALISM

RCDSO promotes a culture of professionalism in dentistry that supports access to quality care, serves the public interest and upholds the public trust.

Areas of focus include:

- Access to care
- Practice models & quality of care
- Standards of Practice and Resources
- Continuing Professional Development



STAKEHOLDER ENGAGEMENT

RCDSO engages with the public, the profession and system partners to advance patient-centered oral health care and regulatory excellence.

Areas of focus include:

- Enhancing engagement with:
- The public & the profession
 - Oral Health Regulatory Colleges in Ontario & partner organizations
 - Faculties of Dentistry
 - Government
 - RCDSO staff



EMERGING ISSUES

RCDSO anticipates and responds proactively to emerging issues and trends that may impact the public interest.

Areas of focus include:

- Emergency preparedness
- Government/political environment
- COVID-19 and post-pandemic recovery
- Technology (e.g., artificial intelligence and teledentistry)
- Governance
- Environment & sustainability

Council Dashboard Report

Strategic Projects
2023-2025 Final Report

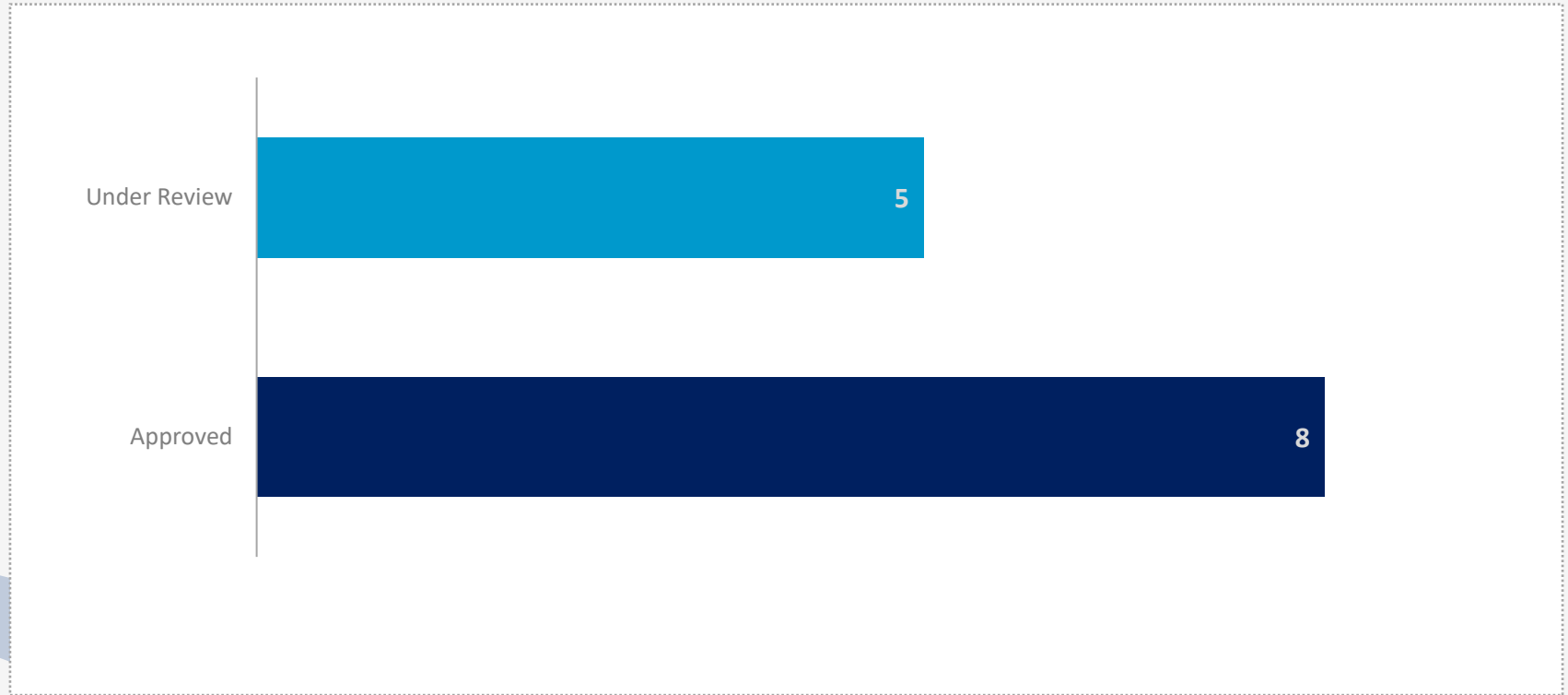
Royal College of
Dental Surgeons of Ontario

April 2026

Overview

Strategic Project	Key Performance Indicators (KPIs)
College Standards	Number of college standards under review and approved Progress of standards through each phase of the standards review and development process
Access to Care	Progress on professional expectations area of focus Progress on information sharing and education area of focus
Service Experience	Number of key resources for the public and the profession that support the Active Offer of French language by 2025 Number of initiatives/projects underway towards improving service experience
Equity, Diversity and Inclusion (EDI)	Progress towards reviewing internal policies with an EDI lens Overall number of participants who have attended EDI learning opportunities from the RCDSO
Governance and Modernization	Progress on orientation and training that enhance Council mandate: Number of Council education sessions completed to date Council members who Agreed or Strongly Agreed on post-meeting evaluation survey Progress towards establishing a new Governance Committee
Practice Models and Corporate Dentistry	Progress towards developing a Report with options to promote and assure quality of care across dental practice models

College Standards | Number of college standards under review and approved







College Standards |

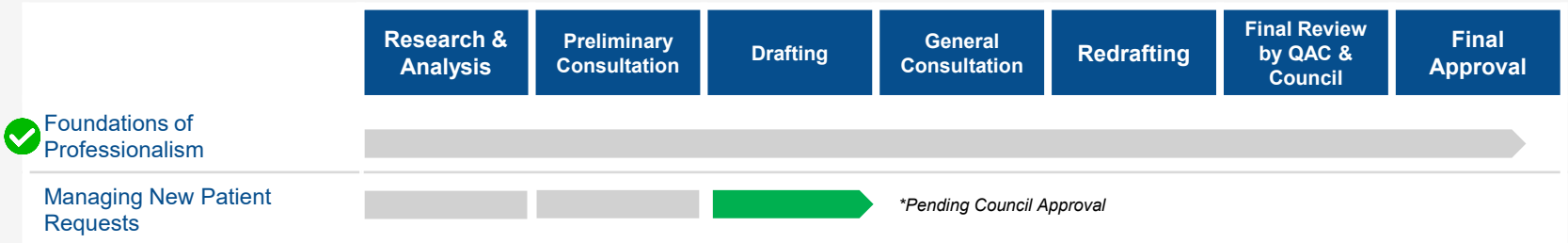
Progress of standards through each phase of the standards review and development Process

New Phase Since Last Reported
 Current Active Phase
 Completed Phase
 Final Approval

	Research & Analysis	Preliminary Consultation	Drafting	General Consultation	Redrafting	Final Review by QAC & Council	Final Approval
✔ Virtual Care							
✔ COVID-19: Guidance for In-Person Care							Rescinded
✔ Diagnosis & Management of Temporomandibular Disorder							
✔ Consent to Treatment							
✔ Foundations of Professionalism							
Managing New Patient Requests				<i>*Pending Council Approval</i>			
Maintaining a Professional Dentist-Patient Relationship							
Implant Dentistry							
✔ Artificial Intelligence in Dentistry							
✔ Prevention of Boundary Violations and Sexual Abuse							
Use of Sedation and General Anesthesia in Dental Practice							
Dental CT Scanners							
✔ Requesting Magnetic Resonance Imaging & Referring to Physician Specialists by Oral and Maxillofacial Surgeons							Rescinded

Access to Care | Progress on professional expectations area of focus

 New Phase Since Last Reported  Current Active Phase  Completed Phase  Final Approval



Access to Care

Progress on information sharing and education area of focus



Active



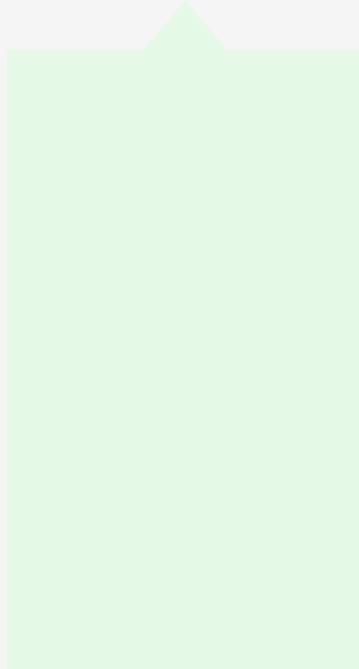
Retired

To Be Started

In Progress

Review

Complete



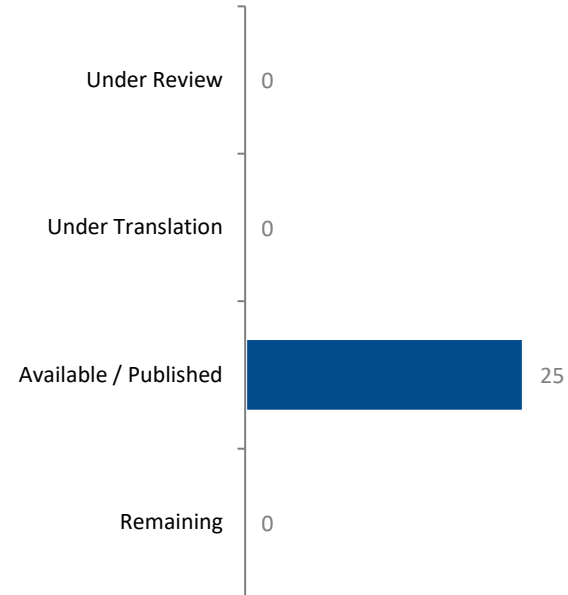
- ✓ Update Access to Care on RCDSO Website
- ✓ Update Low-Cost and Specialized Dental Clinic Directory for Patients
- ✓ Plan RCDSO Connect session on Access to Care (NOV 2023)
- ✓ CE: Plan enhancements to CE content and points framework for Access to Care-related activities (PHASE 1)
- ✓ Conference Series on Access to Care
- ✓ Plan RCDSO Connect session on Access to Care (June 2024)
- ✓ CE: Proposal to Expand Approved Sponsors re: Access to Care (PHASE 2)

Service Experience |

Number of key resources for the public and the profession that support the Active Offer of French language by 2025

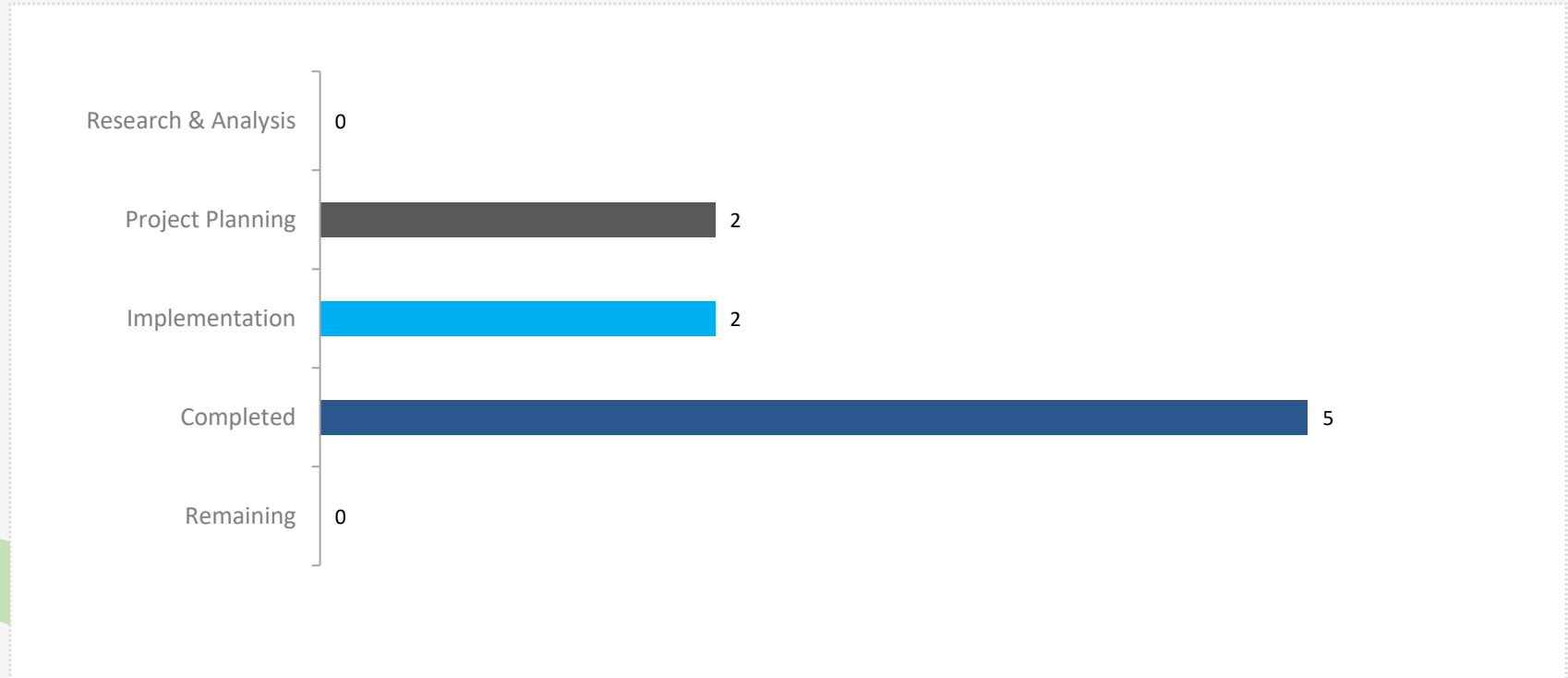
French Language Translated Material (Published to date):

- | | |
|---|--|
| 1. Amalgam Waste Disposal | 14. Medical History Form |
| 2. 2022 Annual Report | 15. PLP Intake Form |
| 3. College By-laws (using translation program) | 16. PLP Website |
| 4. Complaints Brochure | 17. Release and transfer of patient records |
| 5. Complaints Intake Form | 18. Sexual Abuse Support Information Brochure |
| 6. 2022 CPMF Summary | 19. Sexual Abuse Therapy Funding Forms |
| 7. Dental Office Policy and Procedure Manual Template | 20. Staff resources in Communications, PRCA (Intake), Practice Advisory Services and PLP |
| 8. Encrypted (Secure) Email Guide | 21. Strategic Plan 2020-2023 |
| 9. Fair Registration Practices Report | 22. Strategic Plan 2023-2025 |
| 10. French interpretation services on demand | |
| 11. French Phone Greetings | |
| 12. French Phone Queue | |
| 13. Maintaining a professional patient-dentist relationship | |



Service Experience |

Number of initiatives/projects underway towards improving service experience



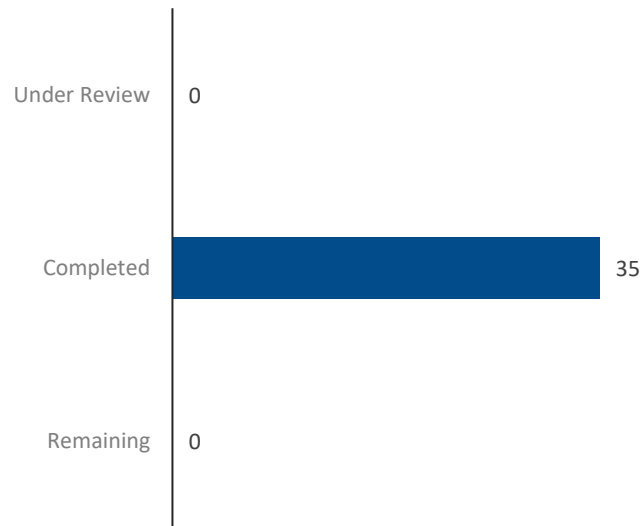
Equity, Diversity and Inclusion (EDI) |

Progress towards reviewing internal policies with an EDI lens

Internal Policies Completed (to date):

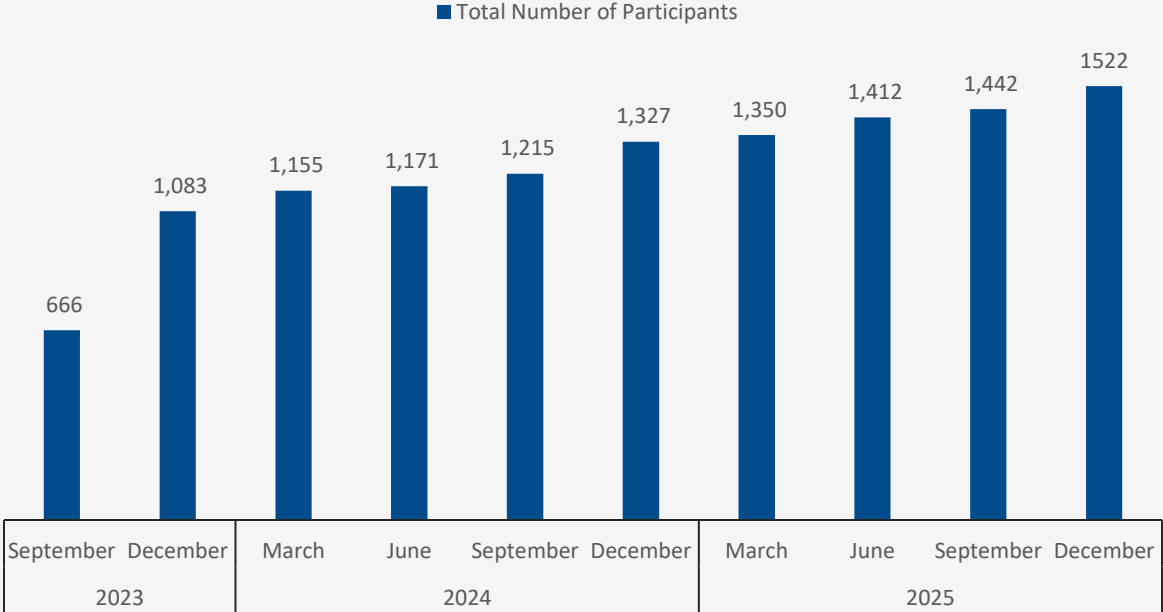
- | | |
|---|---------------------------------------|
| 1. A smoke Free and Vapour Free College | 21. Non-Medical Leave of Absence |
| 2. Accessibility Policy | 22. Overtime and Time in Lieu |
| 3. Alternative Work Arrangements | 23. Pathways to Resolution |
| 4. Code of Conduct | 24. Pregnancy and Parental Leave |
| 5. Compassionate Leave | 25. Professional Dues and Membership |
| 6. Contagious Illness | 26. Recruitment and Retention |
| 7. Disconnecting from work | 27. Scents and Sensibility |
| 8. Dressing for a flexible work environment | 28. Self Funded Leave |
| 9. Electronic Monitoring | 29. Service Standards |
| 10. Fair Hiring | 30. Staff Development |
| 11. Flexible Work Location | 31. Staff Social Events |
| 12. Health Related Absences | 32. Third Party Gifts |
| 13. Hours of work | 33. Vacation |
| 14. Human Rights | 34. Wellness Days |
| 15. Individualized Emergency Response Plan | 35. Workplace Violence and Harassment |
| 16. Information Security and Acceptable Use | |
| 17. Integrated Standard | |
| 18. Internal Social Media | |
| 19. Language Services | |
| 20. Multi-Year Accessibility Plan | |

NOTE: Salary Administration Policy is currently under review by HR and was no longer ready for review. This was removed from the list dropping the denominator to 35



Equity, Diversity and Inclusion (EDI) |

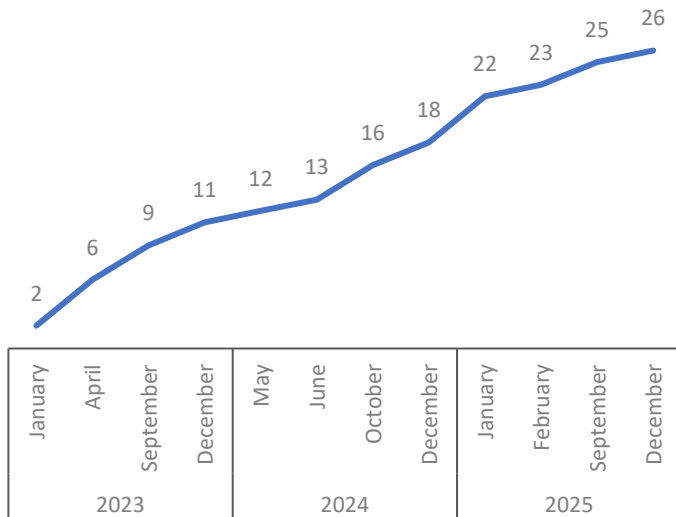
Overall number of participants who have attended EDI learning opportunities from the RCDSO



Governance Review and Modernization

Progress on orientation and training that enhance Council mandate: Number of Council education sessions completed to date

Cumulative number of Council education sessions completed to date



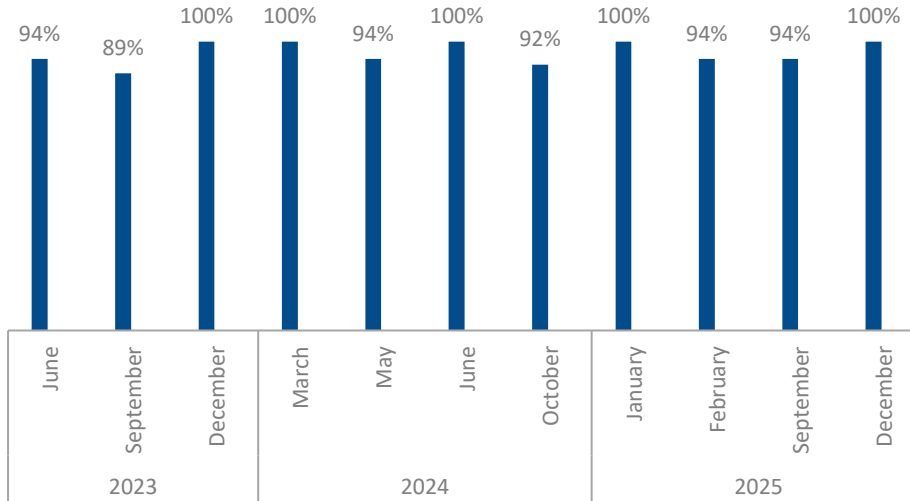
Sessions completed in 2025:

1. Navigator: Issue Management, Crisis Response, and Reputation Recovery
2. Harry Cayton: The Publics' Interests
3. Panel Discussion on Council and Registrar Roles and Responsibilities
4. Rebecca Durcan: Conflict of Interest
5. Facilitation First: Facilitative Chair Workshop
6. Heather Watts and Bob Watts, First Peoples Group: Reconciliation Action Plan
7. Governance Modernization
8. Dr. Lori Haskell: Trauma-informed care

Governance Review and Modernization

Progress on orientation and training that enhance Council mandate: Council members who Agreed or Strongly Agreed on post-meeting evaluation survey

Percent of Council members who **Agreed** or **Strongly Agreed** that “Council education at this meeting enhanced my ability to perform effectively in my role”



December 2025

- **Dr. Lori Haskell: Trauma-informed care**
100% of Council members agreed or strongly agreed that “Council education at this meeting enhanced my ability to perform effectively in my role.”

Governance Review and Modernization

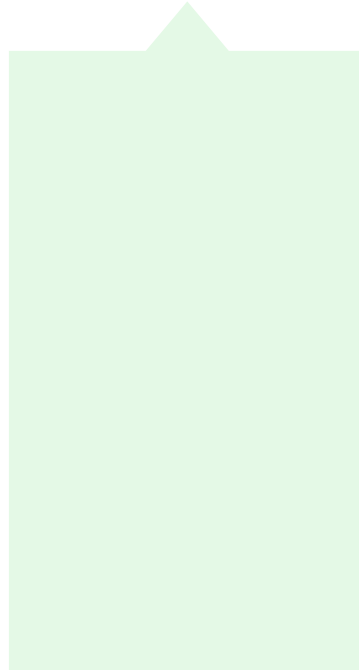
Progress towards establishing a new Governance Committee

To Be Started

In Progress

Reviewed by Governance Committee

Approved by Council



Governance Committee work plan developed and monitored

Enhance EDI on Council and Committees

New Governance Committee established and operational

Bylaw amendments (Set 1) developed for election and selection process

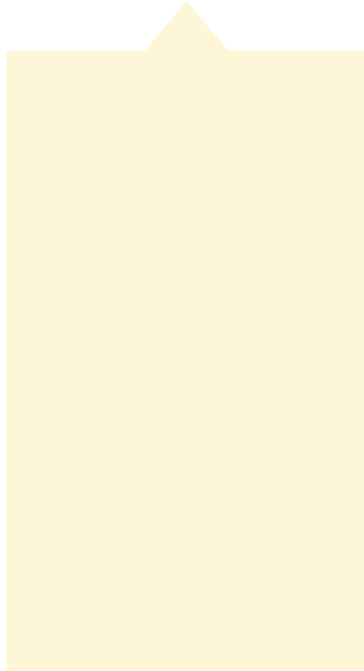
Monitor gaps between RCDSO Governance changes and Government's Vision for Reform

Develop system for performance evaluation

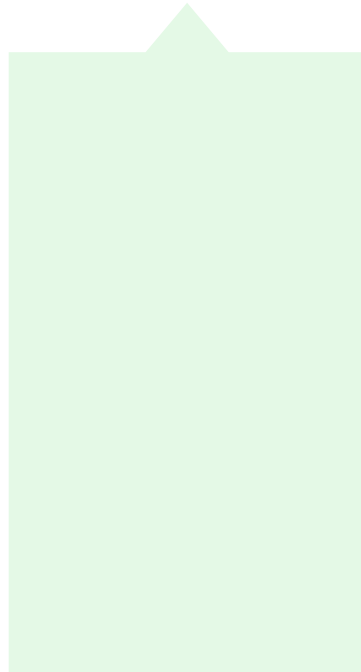
Practice Models and Corporate Dentistry

Progress towards developing a Report on dental practice models, including corporate practice models

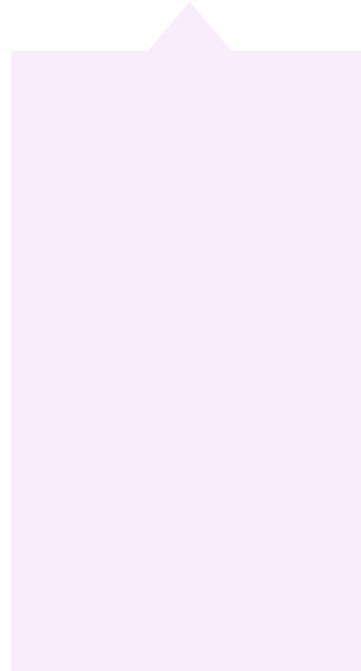
● To Be Started



● In Progress



● Review



● Complete

- RCDSO Research Summary
- Literature Review Summary
- Jurisdictional Review Summary
- List of Practice Models
- Consultation Survey Summary
- Data Analysis Summary
- Research Summary: Issues
- Research Summary: Opportunities
- Report

MEMO

TO: Council

FROM: Jeff Gullberg, CFO & Kelly Tripp, Director, Finance

DATE: February 4, 2026

Subject: PLP Divestment Budget Impacts in response to a question from Council Meeting on December 4, 2025.

Overview

During the budget discussion at the December 2025 meeting, a question was asked about the PLP financial trending. This memo provides a response to the question from a council member as follows: "It would seem to show that the PLP was declaring a minor profit at a rate of \$1K per member on the order of about a \$1M. I find the slide showing the change in the 2026 budget from the 2025 budget for PLP which demonstrates a reduction in the budget for revenue of \$12.2M and expense reduction of \$10.9M. The slide was found to be a bit confusing or misdirecting because it would appear the costs of the program was supported by the regular fees and costing more than \$1K attributed to it."

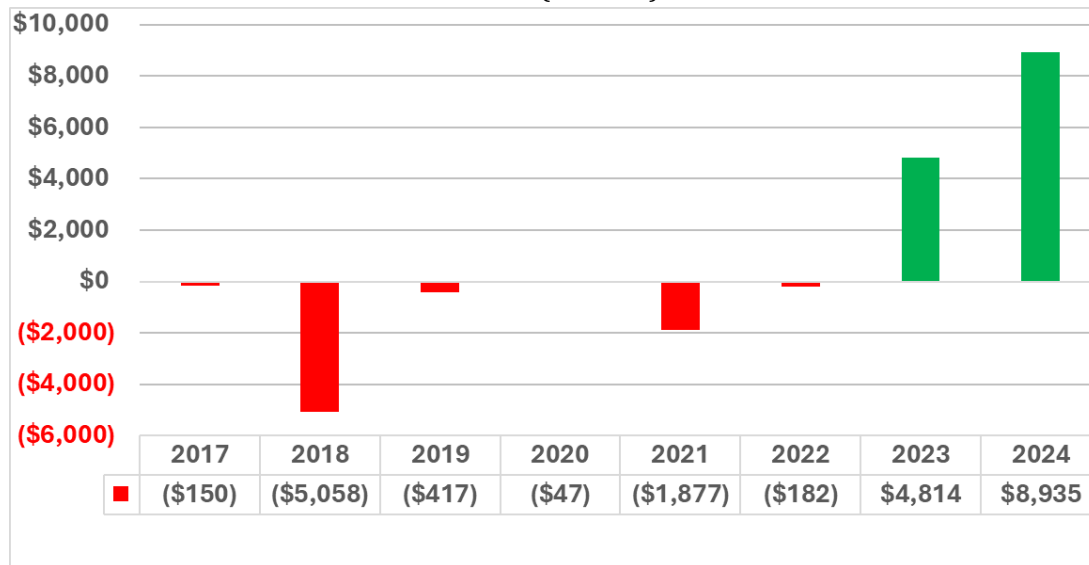
Executive Summary

This memo responds to the member's question regarding apparent inconsistencies between the PLP programs reported per-member profitability and the significant year-over-year budget reductions shown in the 2026 budget which reflected the program post divestment. In response, we want to clarify the distinction between budgeted and actual results, noting that PLP costs are inherently volatile, including indirect and untracked support costs (which are not in our financial analyses for PLP), and often emerge unevenly over time due to actuarial and claim-related factors. While some single-year results suggested modest surpluses, cumulative experience from 2017 to 2024 shows the program was underfunded by approximately \$10.6 million, driven by increasing claim sizes, class action exposure, and delayed trend recognition. Capital adequacy assessments further identified insufficient reserves and a material risk of fund deficiency, leading Council to de-risk through divestment.

Answer During the Meeting

The volatility of the program and other indirect costs are two attributes were captured in the slide. In addition, other costs are not specifically tracked to PLP, but the College has over the years needed to support the program, and deficits were driven by the underfunding of PLP as evidenced below.

RCDSO Financial Performance 2017-2024 (in 000's)



In response to the recurring deficits, Council approved a considerable fee increase of \$485 for the 2023 year resulting in a surplus. Considerations to increase the fee were:

- PLP costs had increased over the years driving several years of deficits.
- HR, IT, Finance and Operations teams all support PLP, but those costs are not allocated to the PLP budget, nor are the building’s occupancy costs, so the overall program costs would have been higher if these expenses had been attributed.
- The regulatory side was not being adequately funded and therefore at risk, and registrants were asked to pay more for their malpractice coverage.
- The resulting shortfalls also did not allow the College to make progress funding the Operating Reserve, a CPMF requirement.

Distinction Between Budget to Actual

Year-over-year changes in the budget reflect revisions to planning assumptions and resource allocation, whereas year-over-year changes in actual results reflect the way costs emerge operationally. These two views serve different purposes and therefore do not necessarily move in parallel. The presentation that prompted this question compared budgeted amounts only; it did not report on actual performance for those years.

Budget-to-budget comparisons are based on planned spending. Actual expenditures can diverge from plan due to timing differences, vacancies, one-time items, or operational variability. This variability is especially relevant to the PLP program, which is inherently volatile and influenced by actuarial assessments that affect the loss provision.

Because budgets typically assume a steady cost pattern while actual expenses develop unevenly over the year, even modest adjustments in the annual budget can correspond with materially different year-over-year actual spending. Budget comparisons therefore provide insight into planning decisions, while actual results offer the most accurate view of cost

development. Both perspectives are important, but alignment between the two should not be expected.

Cumulative Impact of PLP Program

Another important consideration when looking at PLP is that it takes time for trends to emerge. Typical time horizons to develop meaningful trends can take three to five or more years of experience are generally required before a trend in case development can be considered reliable, especially for severity, settlement values, etc. This is why the budget for the loss provision was not automatically adjusted following a single year of higher than anticipated outcomes. Once the trend was becoming clearer, the budget was adjusted (2023), and fees also had to be adjusted to ensure the program could be adequately funded, while trying to maintain a balanced budget.

The cumulative impact of the program has been presented to Council at various times when fees increase and decision to divest the program was being brought forward. Most recently, the RCDSO Connect on November 26, 2025, featured the PLP Divestment. The Loss Provision was underfunded (actuals exceeded budget) from 2017 to 2024 by a total of \$10.6 million due to:

- Class action lawsuits
- Average claim size increasing
- Increased budget starting in 2022 to better reflect the historical trends and actuarial analysis

Fiscal Year	Loss Provision Actual	Loss Provision Budget	Over / (Under) Funded Budget
2024	4,311	7,000	2,689
2023	7,404	8,000	596
2022	4,141	5,500	1,359
2021	8,604	3,553	(5,051)
2020	5,955	3,047	(2,908)
2019	5,456	3,018	(2,438)
2018	8,216	3,117	(5,099)
2017	<u>2,947</u>	<u>3,200</u>	<u>253</u>
	47,034	36,435	(10,599)

Restricted Reserves

The PLP program is unique from other programs at the College. The volatility in the program and the nature of malpractice requires restricted reserves for unforeseen outcomes. The capital adequacy assessment for the PLP reserve fund was completed in July 2023. The object was to determine if the \$22.5M reserve was adequate under the current risk profile and insurance structure. The key findings were that the current reserve was insufficient for catastrophic events and had a 29% probability of fund deficiency over 15 years without additional capital. The recommendation was to have a minimum reserve of \$29.2M but \$41.4M was the actual recommended reserve.

Given the volatility of the program year over year and the recommendation to increase the minimum reserve, Council decided to de-risk through divestment of the program.