Royal College of
Dental Surgeons of Ontario

458th Meeting of Council

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

(and via Zoom and Livestream via YouTube)

Thursday, September 24, 2026


RCDSO
Royal College of
Dental Surgeons of Ontario
VISION
2035
Better oral health care for every patient through system dialogue,
proportionate regulation and excellence in the practice of dentistry.

VISION 2035





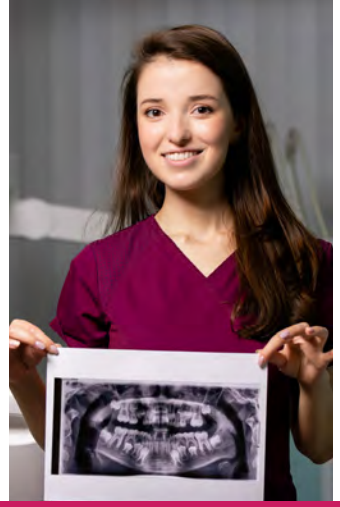




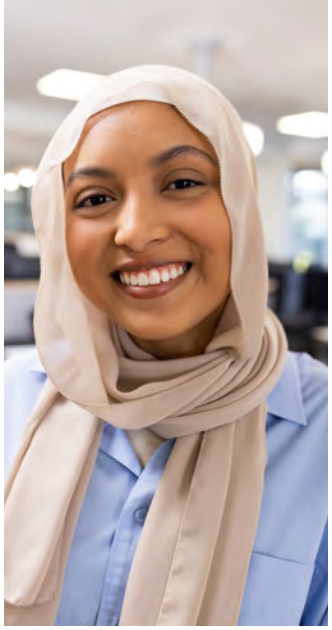
As the regulator of dentistry in Ontario, the RCDSO anticipates a future shaped by evolving public and government expectations; variable patient access to oral healthcare; ongoing health system transformation; and rapid technological innovation.

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 centre of everything we do.







1. Healthy System:
Leading System-Wide Dialogue and Change

We believe that oral health is a vital part of overall health and well being. Every Ontarian deserves accessible[1], safe, and high-quality oral health care, supported by a healthcare system that works effectively and collaboratively across all disciplines.

RCDSO will convene and inspire inclusive, forward-looking conversations about the future of oral health and the broader health system, helping shape a more coordinated, patient-centred system that better serves all Ontarians.

We will build trust among our system partners; facilitate honest dialogue; pursue innovation and foster collaboration across professions, regulators, educators and industry in order to advance system solutions and support the delivery of world-class healthcare.

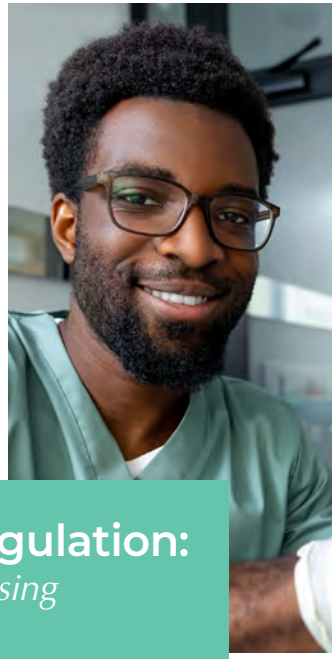
We will champion a culture of shared and collaborative responsibility across all caregivers and lead the shift toward an integrated health system where oral health is fully recognized as part of primary care. By encouraging providers to work side by side as a coordinated team, we will help drive better patient outcomes and strengthen preventive care for all Ontarians.

[1] References to "accessible care" refers to the five pillars of access: affordability, availability, accessibility, accommodation and acceptability *Penchansky, R. and Thomas, J.W. (1981). The concept of access: definition and relationship to consumer satisfaction. Med Care, 19(2): p. 127-40*

Markers of success:

- The RCDSO is recognized as a trusted leader and influential partner across the health system.
- The RCDSO is sought out by government as a key advisor on oral health and health system reform.
- There is evidence that barriers to oral health care are meaningfully reduced, particularly for underserved and disadvantaged populations.
- Preventable oral disease in Ontarians declines through improved access, prevention, and early intervention.
- The RCDSO has taken demonstrable steps to lead and facilitate discussions on health system reform and the integration of oral health within primary care.
- 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.







2. Right-Touch Regulation:
Anticipating & Addressing Emerging Risks

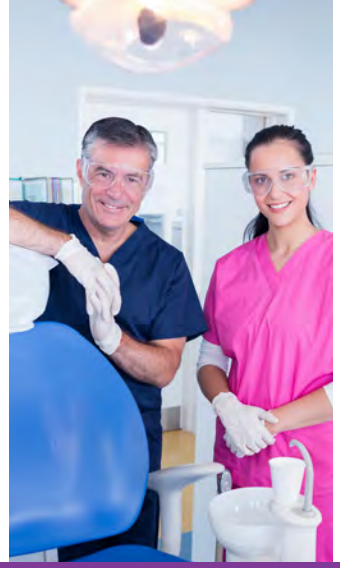
An era of rapid change requires the execution of smart, Right-touch regulation. RCDSO will continue to engage in a regulatory approach that is agile, intelligent and responsive to a rapidly evolving environment. We will anticipate and prevent risks, embrace change, and design interventions that are proportional, effective, and that achieve positive regulatory outcomes. We will cultivate a culture of curiosity, innovation, and continuous improvement, ensuring that our regulatory practices remain resilient, forward thinking and impactful.

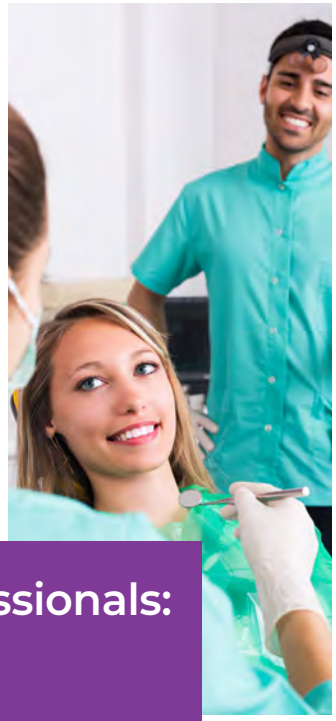
We will leverage data and analytics, and system partnerships to support proactive evidence-based decision making and meaningful measurement of our impact in order to drive sustainable and transformative regulatory excellence.

Markers of success:

- RCDSO standards and resources are widely adopted by others and set the benchmark for regulatory excellence.
- 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.
- The RCDSO demonstrates clear, measurable regulatory impact through effective regulatory programs and interventions.









3. Prepared Professionals:
Equipping and Empowering Dentists

Excellence in oral health care requires dentists to adapt and respond to change while remaining steadfast in their commitments to professionalism and ethics and clinical excellence.

RCDSO will be recognized as a trusted partner and an essential resource for dentists. 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. Through this shared work, we will help dentists uphold public trust and ensure patients remain at the centre of everything they do.

Markers of success:

- The RCDSO is recognized as a trusted, influential, and valued partner in supporting excellence and professionalism in dental practice.
- Registrants report feeling confident, prepared, and well supported to navigate emerging challenges in their practice.
- The RCDSO sees a decrease in ethics or professionalism related complaints.



RCDSO | Royal College of Dental Surgeons of Ontario

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Toll Free: 1-800-565-4591

rcdso.org

CHECKLIST

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

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

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Council Member Annual Conflict of Interest Declaration Form Summary Report - September 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*
Stephen Bird	No		No		No		No		Yes	4/18/2026

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 Gomaa	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

Daniel Haas	No		Yes	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.	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	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.	No		Yes	01/09/2026

Jamie Colliver	No		No		No		Yes	Board Chair-Ontario government agency of the Ministry of Transport-Owen Sound Transportation 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

Peter Delean	No	Nothing to declare	No	Member of the Canadian Dental Association Member of the Ontario Dental Association Member of the North Bay and District Dental Society	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	Member of Ontario Dental Association	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	Member, Academy of General Dentistry Member, Ontario Dental Association Member, Canadian Dental Association Member, North Indian Medical and Dental Council Member, South Asian Dental Association Member, Halton Peel Dental Society Fellow, Pierre Fauchard Academy Fellow, Academy of Dentistry International Fellow, International College of Dentists Fellow, American College of Dentists	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.

Royal College of
Dental Surgeons of Ontario

AGENDA

458th MEETING – RCDSO COUNCIL

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

Thursday, September 24, 2026 – 10:30 am – 4:00 pm

Item	Time	Topic and Objective(s)	Purpose	Page No.
1.	10:30 am	Call to Order & Land Acknowledgement	Discussion	
2.		Roll Call		
3.	10:35 am	President's Remarks	Discussion	
4.		Declaration of Conflict of Interest • Conflict of Interest Declaration Forms		13-22
5.	10:55 am	Consent Agenda: 5.1 Approval of Agenda 5.2 Approval of RCDSO Council Meeting Minutes, June 18, 2026 5.3 Approval of RCDSO Special Council Meeting Minutes, July 23, 2026 5.4 Council Evaluation Survey Results, June 18, 2026 5.5 Registrar & CEO Report 5.6 RCDSO Council Work Plan 2026 5.7 Financial Report – Aug 31, 2026 5.8 Policy report	Approval (Motion)	25-203 204-211 212-214 215-248 249 250-256 257-261

		5.9 Amended Competencies for the Registration Committee		262-264
6.	11:00 am	Registrar and CEO's Remarks	Discussion	
7.	11:20 am	Standard of Practice: Implants - Update	Information	265-269
8.	11:50 am	By-Law 18 – Fee Amendments	Decision	270-283
	12:15 pm	**L U N C H**		
9.	1:15 pm	Financial Reserves Policy	Decision	284-292
10.	1:35 pm	Work Experience Project Concept for Internationally Trained Dentists	Discussion	283-297
11.	2:00 pm	Proposed Amendments to the Operational Policy of the Governance Committee: Committee Appointments	Decision	298-307
12.	2:15 pm	RCDSO Reconciliation Action Plan	Information	308-322
	2:30 pm	**B R E A K**		
13.	2:45 pm	Risk Management – Playbook to Support Crisis Management	Information	
14.	3:15 pm	Other Business		
15.		<u>Date of Next Council Meeting:</u> • Thursday, October 22, 2026 *(Virtual)*		
16.	3:30 pm	*In-Camera* Business		
17.	4:00 pm	Adjournment		

MINUTES OF THE 456th MEETING OF COUNCIL

Thursday, June 18, 2026

Vantage Venues, Garden Hall, 150 King St. W., Toronto, ON and via Zoom videoconference

DRAFT

The 456th Meeting of the Council of the Royal College of Dental Surgeons of Ontario was held on Thursday, June 18, 2026, at 9:00 a.m.

Attendance:

Chair
Hanno Weinberger

Council members

Elected Representatives:

*Nalin Bhargava	District 1
*Robyn Somerville	District 2
Peter Delean	District 3
Neil Gajjar	District 4
Daniel Fortino	District 5
Harinder Sandhu	District 6
Erin Walker	District 7
Osama Soliman	District 8
Antony Liscio	District 9
Deborah Wilson	District 10
Eilyad Honarparvar	District 11
Anthony Mair	District 12

University Representatives:
Daniel Haas, University of Toronto

Lieutenant- Governor- in- Council Representatives:
Patrick Ballantyne

*Stephen Bird
Ram Chopra
James Colliver
Vivian Hu
Nizar Ladak
*Brian Smith
Adal Simeone
*Roderick Stableforth
Marc Trudell
Judith Welikovitch

*Attended meeting virtually.

Regrets:
Noha Gomaa, Western University

General Legal Counsel:
Alan Bromstein

Registrar & CEO:
Daniel Faulkner

1. CALL TO ORDER AND LAND ACKNOWLEDGEMENT

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

2. ROLL CALL

D. Faulkner conducted the roll call.

3. PRESIDENT'S REMARKS

H. Sandhu welcomed Council members, guests and staff to the Council meeting. He congratulated the following Council members:

- N. Gomaa received the Schulich Award of Excellence in Research Innovation.
- D. Haas was recognized with an honorary degree from Schulich for his work in dental anesthesiology and pharmacology which has transformed dentistry in Canada and worldwide.

DRAFT

He also congratulated the College's General Legal Counsel, Alan Bromstein, who celebrated providing counsel to RCDSO Council for 50 years.

H. Sandhu provided brief updates on the following:

- The 2023-2025 Strategic Plan was completed, and he thanked staff for their accomplishments.
- The College's 10-year Vision document is posted on the College website.
- A draft Strategic Plan for 2026-2030 will be presented for Council's review and direction to obtain feedback through external consultation.
- Audited financial statements for 2025 will be presented for approval.
- A regular update on risk management will be presented.
- The Standard of Practice, "Managing Conflicts and Ending Dentist Patient Relationships", will be presented for approval.
- The Call for Applications for the next College election will begin in August and voting will begin in November. An RCDSO Connect in August will cover and provide information on the new election process.
- There will be three external speakers during the meeting from Satori Consulting, Office of the Fairness Commissioner and First Peoples Group.

H. Sandhu thanked Council members, the Registrar, and staff for their continued efforts to ensure protection of the public interest.

4. DECLARATION OF CONFLICT OF INTEREST

S. Bird declared a conflict of Interest for item 5.8, "Appointment of Public Member to ICR Committee".

5. CONSENT AGENDA

The items in the Consent Agenda were approved and/or received for information. K. Tripp noted a minor error in the Financial Report on page 184, that has now been corrected.

MOTION #1:

Moved by: **A. Liscio**
Seconded by: **V. Hu**

1. **Approval of Agenda**
2. **Approval of RCDSO Council Meeting Minutes, April 16, 2026**
3. **Council Evaluation Survey Results, April 16, 2026**

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4. **Registrar & CEO Report**
5. **RCDSO Council Work Plan 2026**
6. **Financial Update (amended)**
7. **Policy report**
8. **Appointment of Public member to ICR Committee**
9. **Council Meeting Dates 2027**
10. **Committee Reports:**
    - **Discipline Committee**
    - **Executive Committee**
    - **Finance, Audit & Risk Committee**
    - **Fitness to Practise Committee**
    - **Governance Committee**
    - **Inquiries, Complaints & Reports Committee**
    - **Patient Relations Committee**
    - **Quality Assurance Committee**
    - **Registration Committee**

CARRIED

(Unanimously)

6. REGISTRAR AND CEO'S REMARKS

D. Faulkner reported on the work achieved to-date, and encouraged Council members to complete evaluation surveys to help staff improve and enhance effectiveness of Council meetings.

He reported on the following highlights from his written report with a presentation (**APPENDIX A**):

1. *Corporate Dashboard Report*

The Corporate Dashboard Report provided high level metrics of operational issues. The areas covered are Professional Conduct and Regulatory Affairs, Quality, Facility Inspection Program and Registration where risk is identified. It was reported that the metrics are positive and work is being done to continually improve each program.

2. *RCDSO Vision 2035*

Following much consultation and discussion, the RCDSO Vision 2025 document is finalized and will be included in future Council resources for information. This document will ground the next five-year strategic plan, and the second five-year strategic plan iteration in 2031.

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3. *Equity, Diversity and Inclusion (EDI)*

D. Faulkner reported that as part of the College's ongoing commitment to EDI, Equity Sequence Training was held for members of the Registration, Patient Relations and Quality Assurance Committees on May 6, 2026. The purpose of the training was for committees to discuss how to embed fairness and equity into their decision-making process.

4. *Ontario Dental Association (ODA)*

(a) Annual Spring Meeting (ASM)

D. Faulkner reported on the booth that the College managed at the ODA ASM on May 7 and 8, 2026. The booth was set up as "Café RCDSO", a novel idea that provided information to the profession on the College's resources and services, as well as staff who welcomed visitors to the booth. He added that over 500 guests, comprised of dentists and other oral health professionals, attended the booth throughout the event.

(b) RCDSO and *Ontario Dental Association (ODA) Executive Meeting*

It was reported that the Registrar, President and Vice-President attended a meeting with the ODA Executive on April 29, 2026. It was an opportunity to discuss issues of mutual interest.

(c) *ODA General Council Meeting*

The President addressed the ODA General Council at its meeting May 22. His messaging related to strategic vision, governance changes and IPAC was well received.

5. *RCDSO Connect*

These events have been very successful to inform the membership, and they continue to exceed expectations. D. Faulkner reported on two recent RCDSO Connect events on April 22 and May 20. On June 24, the second part of a two-part series on Infection Prevention and Control (IPAC) and the Dental Office will be held. He added that the IPAC sessions include collaboration with the Ministry of Health and Public Health Ontario and are very well-received by the profession.

6. *CNAR 2026*

D. Faulkner reported that three submissions from the RCDSO have been accepted for CNAR 2026 being held in Montreal in October. He congratulated the staff who will be participating in panel discussions on these topics: Susan Taylor, Michelle

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Cabrero Gauley, Lara Thacker and Dayna Simon.

7. *Governance-Related Issues*

(a) HPRO and Red-Tape Legislative Submission

D. Faulkner reported that the Health Profession Regulators of Ontario (HPRO) will make a submission on the composition of Discipline Committee panels to a future Red Tape Reduction Bill.

(b) Improving Mobility from/to Ontario

There is ongoing work with another jurisdiction to enhance mobility for dentists moving from other provinces to Ontario while ensuring responsibility for credentialing. D. Faulkner will keep Council updated on this initiative that will hopefully be able to work with other provinces in the future.

(c) Expanding Scopes of Practice for Regulatory Health Professionals

The Ministry of Health directed the College of Dental Hygienists of Ontario and the College of Denturists of Ontario to develop a regulatory framework to increase scope of practice in their professions. The expansions will include ordering and providing x-rays, being eligible to be Radiation Protection Officers, and administering local anesthetics. D. Faulkner reported that the two colleges have started the work and are looking at education and entry-level programs, changes to standards of practice, identifying competency profiles and establishing credentialing for those members already practicing.

D. Faulkner will collaborate with the two professions and keep Council apprised on further developments.

8. *IPAC Working Group*

D. Faulkner reported on preliminary work to update the Standard of Practice on Infection Prevention and Control (IPAC). An internal staff task force has been struck to address ways to enhance the implementation of the IPAC standard in dental practices. This is an operational group that will make recommendations to support compliance by dentists.

D. Faulkner responded to questions on his report from Council.

7. PRESENTATION: 2025-2026 COUNCIL PERFORMANCE EVALUATION

A. Coghlan, Chair of the Governance Committee, introduced Sandi Verrecchia,

President of Satori Consulting Inc. to report on the results of the RCDSO 2025-2026 Council Performance Evaluation (**APPENDIX B**).

S. Verrecchia was complimentary of the College and work of Council. She outlined the Evaluation Process overview and reviewed the Council Performance Evaluation Report and Council Evaluation Survey Results Report.

Council was reminded that the Ministry of Health's College Performance Measurement Framework (CPMF) requires all regulatory colleges to undergo an independent, third-party evaluation of Council effectiveness at least once every three years.

She reminded Council of the Council Performance Evaluation conducted in 2021 and reviewed the revised 2025 Council Performance Evaluation Framework that included:

- Third-party observation and reporting on the Council meetings in December 2025 and April 2026;
- Structured public observation of the December 2025 Council meeting by the Citizens Advisory Group (CAG);
- Council member survey comprising Council member self-evaluation, Council effectiveness evaluation, Committee Chair and Council President evaluations, a mechanism for the President to engage in ongoing developmental feedback discussions with individual Council members, and final third-party report with Council action planning.

S. Verrecchia reported that the Governance Committee reviewed and provided feedback on preliminary reports from Satori Consulting on the survey evaluation results and meeting observations. It discussed an action plan for Council and agreed that this will be part of an education session at the September 24, 2026, Council meeting.

In addition, S. Verrecchia reported that the Governance Committee and President reviewed and provided input on the President Development Conversation Guide and process.

<u>Review of the Council Performance Evaluation Report</u>

S. Verrecchia summarized the following overall assessment:

- There is a strong governance foundation.
- Consistent alignment with modern regulatory expectations.

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- Professional, respectful and well-facilitated meetings.
- A positive trajectory between the December 2025 (virtual) meeting and April (in-person) meeting with variety of agenda items.
- There is fiduciary oversight and strong risk awareness.
- Effective monitoring of strategic process and operations.

Key strengths:

- Clear commitment to public interest mandate.
- Strong Chair model with an effective process.
- Comprehensive materials that are transparent.
- A respectful and collaborative culture.
- Strong financial and operational risk awareness.

S. Verrecchia reported on areas for opportunity of improvement:

- Rationale for decisions made is not always explicit and could be improved for observers.
- Although public interest is included in all briefing materials, the public lens is not always sustained in discussions.
- Make public interest more explicit.
- There is a strong foundation for Equity, Diversity and Inclusion; however, there could be more EDI lens across all topics discussed.
- Encourage more participation from all members to increase diversity and experience.
- With regard to Risk and Strategy Outcomes, demonstrate better impact on patient safety, regulatory effectiveness and public confidence.
- In meetings, ensure clarity on which items are for decision versus discussion.
- Show the link to committee work and Council decisions, where appropriate.
- At meetings, it is suggested that all members be encouraged to participate in discussions.

<u>Council Evaluation Survey Results</u>

S. Verrecchia reported that the survey shows that Council sees itself as effective and well-prepared with a focus on public interest. It also recognizes that there is an opportunity to strengthen discussion and debate to improve effectiveness. She reviewed the score alignment with the lower scores focused on discussion and participation on risk oversight, level of debate before decision-making and strategic discussion/participation.

S. Verrecchia reported that the Governance Committee will meet and work with

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Satori Consulting to structure an action planning session for Council at its meeting on September 24, 2026. Each Council member will receive the results of their individual self-assessment results over the summer. The President will meet with each Council member to review their results on areas of strength and development, and professional development action plans. The President will also conduct similar discussions with Chairs of committees.

Council members were asked to consider suggested actions they would like to see in advance of the action planning session in September, for example:

1. Public interest framing in discussion and decisions.
2. Make decision rationale more explicit.
3. Strengthen outcome reporting.
4. Improve accessibility.
5. Broaden participation across Council members.
6. Link decisions to public impact.

S. Verrecchia responded to questions and comments from Council members on the results of the evaluation survey.

H. Sandhu thanked S. Verrecchia for her work on this initiative and looked forward to the action planning session in September.

8. RECONCILIATION ACTION PLAN

The Chair reported that in September 2025, the First Peoples Group (FPG), an Indigenous-owned, operated and staffed organization, presented to Council on their research on oral health gaps in Ontario. Since then, FPG has been working with College staff to design a Reconciliation Action Plan.

M. Tremblay, Organizational Transformation & College Equity Officer, thanked members of FPG, College staff, committee members, Ontario dentists and Indigenous dentists who contributed to focus group discussions.

M. Tremblay introduced Heather Watts, Principal and Partner at FPG, who attended the meeting virtually and gave a presentation (**APPENDIX C**) on a draft Reconciliation Action Plan for Council's review.

The presentation covered the following:

- Background information on how the action plan was developed
- What reconciliation means to RCDSO

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- Initiatives already being taken by RCDSO
- Five action items and commitments.

H. Watts reported on the five areas identified for action/commitment, as follows:

1. Governance and Accountability
   - Dedicated RAP Coordinator
   - Indigenous Advisory Circle
   - Indigenous Dentist Resource Group.

2. Education, Culture and Learning
   - Mandatory ongoing training.
   - Indigenous-led education and CPD standards
   - Practical Cultural Safety Tools.

3. Regulatory Practices
   - Registration and Licensing Review
   - Complaints and Discipline accommodations
   - Responding to discriminatory conduct.

4. Data and Knowledge
   - Ethical, Indigenous-governed data collection
   - Organizational knowledge building.

5. Partnerships, Access and Advocacy
   - Advocate for reconciliation knowledge as a criterion for regulatory governance appointments.
   - Use RCDSO's voice to support access to care in underserviced communities.
   - Build relationships with Indigenous communities across Ontario.

In response to a question, M. Tremblay confirmed that there will be a communications strategy put in place to roll out this work that will include an RCDSO Connect session in November, website materials, and ongoing reporting on commitments in the Annual Reports.

Other comments raised included incentives for dentists or new graduates working in rural areas, including an Indigenous dentist on Council, programs in schools with Indigenous students to provide education and introduce them to a career in dentistry.

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The voting was conducted by roll call.

MOTION #2:

Moved by: **N. Ladak**
Seconded by: **R. Chopra**

THAT Council approves the proposed pillars and commitments in support of reconciliation as laid out in the RCDSO's draft Reconciliation Action Plan;

AND THAT Council approves staff proceeding to take steps to launch the Reconciliation Action Plan and develop a comprehensive implementation plan as it relates to the proposed pillars and the proposed commitments;

AND THAT the Executive Committee assume committee stewardship of the Reconciliation Action Plan and accountability for year-one commitments.

CARRIED
(Unanimously)

The Chair thanked H. Watts for her important and informative presentation.

9. PRESENTATION: ONTARIO FAIRNESS COMMISSIONER

D. Faulkner welcomed Irwin Glasberg, Ontario Fairness Commissioner, and Mariela Orellana, Director. The Ontario Fairness Commissioner is an independent office established under the *Fair Access to Regulated Professions Act*, 2006.

It was reported that Commissioner Glasberg has served as Ontario's Fairness Commissioner since January 2020, overseeing the registration practices of 41 regulated professions and health colleges.

Commissioner Glasberg gave a presentation (**APPENDIX D**) on "Fair and Innovative Registration Practices and Regulating in the Public Interest". He thanked members of the dental profession for all the services provided to the Office of the Fairness Commissioner (OFC).

The presentation covered the following:

- Background of Fair Access legislation in Canada and how it evolved. Ontario was the first Canadian province to adopt a fair registration practices regime

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by enacting the *Fair Access to Regulated Professions and Compulsory Trades Act*, 2006 (FARPACTA) and is now enacted in other provinces.

- The mandate of the OFC.
- The obligations of regulated health colleges.
- An update on the OFC's current initiatives.
- Acknowledgement of the RCDSO's accomplishments, including collaboration with The National Dental Examining Board of Canada, the Association of Canadian Faculties of Dentistry and First People's Group on various initiatives. Commissioner Glasberg congratulated the leadership on the achievements.
- Third-party accountability provisions.
- Fair Registration Practice Successes in Ontario.
- Review and explanation of the OFC's Risk Informed Compliance Framework that is used to assess registration-related risks and works with high-risk regulators to develop action plan to address them.

The RCDSO received a moderately low-risk rating in the last cycle. The OFC has worked with RCDSO on its compliance action plan and meets regularly to discuss progress.

Commissioner Glasberg reported on new legislative amendments in the non-health sector. Recent legislative and regulatory amendments under FARPACTA include the expansion of regulatory oversight obligations regarding third-party service providers.

He responded to questions and comments from Council members. D. Faulkner thanked the Commissioner for taking the time to address Council and for the informative presentation.

10. FINANCIAL

M. Trudell, Chair of the Finance, Audit and Risk (FAR) Committee presented the 2025 audited financial statements and 2025 audited financial statements for the pension fund for Council's consideration. He remarked that the financial statements for the pension fund will no longer be prepared after this year due to the transition of the defined benefit (DB) pension plan that became fully annuitized in November 2025.

He reported that the College's external auditor, Tinkham LLP, continues to be professional, well-organized and thorough, and FAR recommends the

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reappointment of Tinkham LLP for the 2026 audit. He reminded Council of the role of Tinkham LLP:

1. To provide an opinion on the financial statements prepared by staff.
2. To ensure that there are no significant deficiencies in the financial statements.
3. To ensure that there are appropriate internal controls in place and are working effectively with regard to risk management.

M. Trudell confirmed that in its final audit report, Tinkham LLP stated that no deficiencies were identified, nor were any significant recommendations issued.

He introduced Kelly Tripp, Director of Finance, to provide highlights from the financial statements:

- There was a surplus of $2.97 million at the end of 2025. $577,000 above budget but $5.9 million lower than last year.
- Revenue increased by $3 million compared to the prior year due to additional registration and annual dues of $2.4 million and higher investment of $560,000 year-over-year.
- Expenses increased by $9 million largely due to the PLP divestment costs, including increases to the stop-loss provision of $6.2 million and consulting and professions fees of approximately $2 million.
- Cash and accounts payable increased as a result of the billing support arrangement.
- Deferred revenue decreased by $10.6 million as PLP fees are no longer recorded as College revenue (the fees are directly transferred to Navacord, the PLP provider).

A question was raised regarding a change of auditors as Tinkham LLP has been the auditor for eight years. K. Tripp reported that the lead partner at Tinkham LLP changes every five years and staff currently are working with the second partner. However, FAR has discussed this for future consideration.

It was agreed that using another audit firm in the future would be good practice and transparent, and M. Trudell undertook to continue the discussion further at a future meeting of FAR.

The voting was conducted by roll call.

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MOTION #3:

Moved by: **A. Liscio**
Seconded by: **N. Gajjar**

THAT Council approves the December 31, 2025, RCDSO Audited Financial Statements as presented, and that the President be asked to sign an official copy on behalf of Council.

CARRIED
(Unanimously)

The voting was conducted by roll call.

MOTION #4:

Moved by: **J. Colliver**
Seconded by: **V. Hu**

THAT Council approves the December 31, 2025, Audited Fund Financial Statements of the RCDSO Pension Fund as presented and that the President be asked to sign an official copy on behalf of Council.

CARRIED
(Unanimously)

The voting was conducted by roll call.

MOTION #5:

Moved by: **N. Gajjar**
Seconded by: **D. Wilson**

THAT Council approves the appointment of Tinkham LLP to conduct the RCDSO Audit for the year 2026.

CARRIED
(Unanimously)

11. RISK MANAGEMENT

The Chair reported that the College has an Enterprise Risk Management framework which is regularly updated and presented to Council. A key element of Council's oversight role is staying well informed about the College's most critical and high-impact risks.

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Jeffrey Gullberg, Chief Financial Officer, reminded Council that he reports to Council on risk management two times a year, in June and December. He presented highlights from the briefing note on risk management. Across the College departments, over 100 risks were identified.

The seven key risks are:

1. High-profile incident in the sector
2. Inadequate data quality, access and availability
3. Misinformation and/or disreputable comments
4. Failure to keep pace with change in the sector
5. Inadequate, inappropriate or misapplied College standards
6. Privacy breach
7. Cyber security threat

Three second-tier risks are:

1. Complaints reaching unacceptable levels.
2. Unfavourable government policy
3. Not yielding benefits from technology investments.

J. Gullberg referred to the chart from the World Economic Forum that includes similar risks to what is on the College's risk register.

He reported on the College's Crisis Management Plan that will help in ensuring a quick response to any future crisis. This document replaces the previous Pandemic Plan and Disaster Recovery Plan.

J. Gullberg asked Council members for their feedback on whether they feel they are provided with enough information on risk management and crisis management.

12. BY-LAW 18 – FEE AMENDMENTS

The Chair reported that the Finance, Audit and Risk (FAR) Committee is recommending updates to the Fees By-law to reflect changes required following the conclusion of the Professional Liability Program (PLP) billing support period.

For the first year of new ownership the College collected the PLP costs on behalf of the new provider. This process will change for the 2027 renewal (which starts in Fall 2026) and members will pay their liability fee separately.

The committee is also recommending additional fee changes to ensure consistency and simplicity following amendments to the Registration Regulation last year.

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Kelly Tripp, Director of Finance, and Hilary Bauer, Manager of Registration, gave a presentation (**APPENDIX E**) on the proposed amendments to the Fees By-Law with an explanation of the fee changes resulting from the conclusion of the PLP billing support period.

The three areas for consideration are:

- Annual fee reduction
- Reduced fee categories
- Amendment to the by-law on lifting suspensions.

K. Tripp reminded Council that to support a smooth transition, a billing support arrangement with Navacord allowed the College to collect PLP fees for the 2026 license period. After this arrangement ends, the annual fees must be updated to remove PLP costs and reset principles for reduced fee categories.

K. Tripp reported on the following Annual Fee Reductions:

1. Removing the PLP fee component that would lower fees from $3,670 to $2,170.
2. The new PLP provider will collect fees directly from members starting with the 2027 membership cycle.
3. The automatic CPI fee increase will be suspended for one additional year to maintain the 2026 regulatory fee in 2027.

H. Bauer listed the set of guiding principles established to guide the review of reduced fee categories of registration:

1. Guided by the public interest: A reduced fee may be appropriate if it supports improved access to care (for example, for vulnerable, isolated underserviced populations in Ontario, or in a time of emergency).
2. Financial responsibility: The College should be objective about the time and resources required to process applications and execute its mandate.
3. Consistency and simplicity: The reduced fee model needs to be applied consistently and fairly across members. It should be clear and easy to understand, without unnecessary complications.
4. Proportionate and risk-based: Fees should be proportional to the duration of a license and reflect the level of risk posed to the College.

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H. Bauer added that overall the financial impact of these amendments would be minimal. Less than 1% of members are registered in a reduced fee category. The estimated revenue reduction is $14,200 annually.

She highlighted the key recommendations for Council's consideration:

1. All members should be required to pay the same application fee, regardless of which class they are applying to.
2. For all members eligible for a reduced fee, the fee should be set at 10% of the current annual fee (rounded to nearest $5).
3. All reduced fee classes should be eligible to have their reduced fees pro-rated based on the duration of their license, where appropriate:
   - Fewer than 4 months: 33%
   - Between 4-7 months: 50%
   - 7 months or longer: 100%
4. Charitable dentistry should be eligible for a reduced fee.
5. When the "Emergency Class" is activated, these individuals should be eligible for a reduced fee.
6. "Education," "Graduate student," and "post-specialty training" class: Members in "learning roles" who have no potential to earn income should be eligible for a reduced fee.
7. "Academic visitor", "Instructional," and "Short duration" classes: Although these members currently pay a reduced fee, the recommendation is to prorate these fees only and not to offer a reduced fee.

H. Bauer reported on the amendments to 18.6 of the By-law "Fees for Lifting Suspensions". She summarized the amendments to the Registration Regulation that were made in 2025 to expand the grounds upon which a member may be suspended to include a suspension for failure to provide required information and for failure to provide evidence of professional liability protection. Members are granted a 60-day grace period within which to make a request to the Registrar to lift the suspension.

After 60 days, if no request to lift the suspension is made (or the request is not granted), their certificate is revoked. The by-law requires minor amendments to align with the regulation changes and to achieve consistency and streamline the by-law provisions. FAR recommended that an applicant who makes a request to lift a suspension under the new process be charged a $350 application fee. The proposed amount of $350 aligns with all other application fees.

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The voting was conducted by roll call.

MOTION #6:

Moved by: **R. Chopra**
Seconded by: **A. Liscio**

THAT Council approves, in principle, changes to By-law 18, as presented in Appendix C.

CARRIED
(Unanimously)

A question was asked if the pro-rated fee will also be charged by Navacord. Staff did not have that information, but D. Faulkner undertook to raise the question at the next meeting of the RCDSO/Navacord Oversight Committee.

The voting was conducted by roll call.

MOTION #7:

Moved by: **N. Ladak**
Seconded by: **A. Liscio**

THAT Council approves the amendments to be circulated for the 60-day consultation period required by the *Regulated Health Professions Act, 1991*.

CARRIED
(Unanimously)

13. GOVERNANCE COMMITTEE – OPERATIONAL POLICY, COMMITTEE APPOINTMENTS

A. Coghlan, Chair of the Governance Committee, presented an education review of the committee appointments policy and process.

A. Coghlan reported that the Governance Committee's authority is to recommend committee appointments established in by-law. The Operational Policy guides how the Committee assesses candidates and recommends appointment slates to Council. Committee appointments are based on competency, availability, and diversity.

Four members of the Governance Committee (D. Haas, N. Ladak, A. Mair and J. Welikovitch) presented on the Operational Policy for Committee Appointments. The presentation (**APPENDIX F**) covered how committee appointments are currently

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made, the existing policy that governs the appointments, and a high-level overview of the amendments proposed by the Governance Committee, together with rationale.

D. Haas reviewed the proposed policy amendments being considered by the Governance Committee to increase clarity, consistency and alignment with current committee and organizational needs:

- Moving away from committee preferences and emphasizing objective needs-based criteria.
- Annual appointments, based on new election model.
- The Governance Committee will review appointments and reappointments each year using similar criteria.
- There will be a stronger focus on performance, continuity and succession planning.
- Cross-appointments and conflict considerations.

A. Mair, N. Ladak and J. Welikovitch reported on the rationale for making amendments to the Operational Policy, succession planning, integrity and safeguards, and the strategic public interest approach.

Council members were asked for feedback on the proposed amendments and red-lined amendments will be brought to Council for consideration and approval at its next meeting in September 2026.

A. Coghlan responded to comments and questions from Council. She reported that a questionnaire for Council members will be revised to reflect these proposed amendments.

The Chair thanked A. Coghlan and the Governance Committee for their presentation.

14. RCDSO STRATEGIC PLAN 2026-2030

The Chair reported that in April, Council received the final report on the six projects under the 2023-2025 Strategic Plan. The draft incorporates Council's comments from the April 2026 Council education session, along with feedback from the Executive Committee.

Vision 2035 has been finalized and will direct and influence RCDSO's priorities and deliverables for the next decade.

A. Foti gave a presentation (**APPENDIX G**) on the RCDSO draft Strategic Plan for

2026-2030, for Council's consideration and approval for external consultation. She provided an overview of the draft strategic plan provided in the resources:

- The draft Strategic Plan 2026-30 has several points of connection to Vision 2035.
- The draft Strategic Plan 2026-30 is more focused than Vision 2035 but is still high level.
- The draft Strategic Plan 2026-30 will position the RCDSO to achieve the outcomes that Council identified as priorities, during the April 2026 Council Dinner session.

She reviewed the three pillars identified, together with commitment statements:

Pillar #1: Healthy System
- Access to Care and Equity
- System Integration
- Data and Analytics

Pillar #2: Right-Touch Regulation
- Standards and Outcomes
- Trust and proactive regulation
- Data and Analytics

Pillar #3: Prepared Professionals
- Continuing education and competency
- Decision making in practice
- Data and Analytics

A. Foti gave a recap of the process to develop the Vision 2025 document that helped form the draft strategic plan for the next ten years, divided into two separate five-year plans. She thanked Council members for their feedback to help develop the draft plan. She reviewed the Mission, Vision and Values in the strategic plan.

It was reported that there two internal RCDSO documents that will also provide important support, and these will be discussed further with Council at a later date:

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1. an internal risk-based framework to guide the adoption and use of AI at the staff level.
2. An Analytics Strategy.

A. Foti explained the consultation process. If approved, in principle, the draft strategic plan will be circulated for external consultation by the end of June until early September to provide sufficient time for feedback. A summary of the feedback received will be presented to Council at its meeting in October. A report on the metrics development and action plan will be brought to the Council meeting in December.

She provided a summary of the discussion with Council at its education session and reiterated that no decisions were made at that time. Overall, there was support for the strategic plan, it reflects Council's past discussions and is ready for external consultation. Some Council members provided helpful suggestions on how to strengthen some of the advice within the pillars, clarifying key terms, using simple language and defining success.

Council members made some comments for consideration.

The voting was conducted by roll call.

MOTION #8:

Moved by: **B. Smith**
Seconded by: **D. Wilson**

THAT Council approves the release of the draft Strategic Plan 2026-2030, as set out in Appendix A of the resources, for external consultation.

CARRIED
(Unanimously)

15. STANDARD OF PRACTICE: MANAGING CONFLICTS AND ENDING THE DENTIST-PATIENT RELATIONSHIP

Deni Ogunrinde, Policy Analyst, gave a presentation on the Standard of Practice: Managing Conflicts and Ending the Dentist-Patient Relationship (**APPENDIX H**). She reported on the two external consultations that took place during July to September 2025 and February to March 2026. 624 responses were received in the first consultation and 44 responded to the second consultation.

Feedback was received from three organizations, and D. Ogunrinde reviewed the comments, as outlined in the briefing note:

- Ontario Dental Association
- Ontario College of Social Workers and Social Service Workers
- Citizen Advisory Group

D. Ogunrinde stated that generally, the feedback showed that the document was easy to understand, with some constructive criticism of the reasonableness and comprehensiveness. There was some concern with the definition of "conflict" and managing conflict, clarity on ending the dentist-patient relationship and there was misunderstanding around when a dentist must not end a relationship. Some respondents did not feel they should be required to provide emergency care for a patient where the relationship has ended due to a conflict or a breakdown.

The Standing Policy Working Group reviewed the draft Standard of Practice following the first 60-day consultation in October 2025, and because of the extensive feedback recommended an abbreviated second 30-day consultation with a revised draft.

D. Ogunrinde reported that feedback from the second consultation was minimal and the majority of respondents felt the Standard of Practice was easy to understand, reasonable and comprehensive. There were recommendations made to include guidance for dentists in Public Health units, notification requirements when another dentist in a dental practice takes over patient care, and guidance for addressing patient complaints to the RCDSO.

D. Ogunrinde summarized all revisions made to the Standard of Practice, based on feedback from both external consultations.

<u>Next Steps:</u>

- On approval, the revised draft *Managing Conflicts and Ending the Dentist-Patient Relationship Standard of Practice,* will replace the current *Maintaining a Professional Patient-Dentist Practice Advisory* on RCDSO's website and come into effect on July 3, 2026.
- The Template Dismissal Letters and other companion resources (including FAQs, and Case Scenarios) will be posted on RCDSO's website, and RCDSO registrants and other interested parties will be notified proactively about the new Standard through targeted communications.

- To promote awareness and compliance with the new Standard, RCDSO staff from Policy, Communications, and Quality will consider a variety of knowledge translation tactics, including a future RCDSO Connects webinar.

A question was raised on encouraging more feedback from external consultations and Cameron Thompson responded that new tactics are being considered to increase engagement for more input.

The voting was conducted by roll call.

MOTION #9:

Moved by: **A. Liscio**
Seconded by: **D. Wilson**

THAT Council approves the revised: *Managing Conflicts and Ending the Dentist-Patient Relationship* as a Standard of Practice of the RCDSO, as presented.

CARRIED
(Unanimously)

16. REAL ESTATE UPDATE

J. Gullberg reported that as directed by Council at the meeting in April, staff have been exploring the leasing market with Colliers. A costing analysis will be prepared for Council's consideration in due course.

He reported that there will be meetings of the Finance, Audit and Risk Committee and Council scheduled over the summer months to make a real estate decision.

J. Gullberg noted that based on discussions and advice from Colliers, the plan will likely be to find a lease property first before 6 Crescent Road is listed for sale.

Council members provided comments related to the real estate project and will have a more focused discussion with more data over the summer months.

17. OTHER BUSINESS

There was no other business discussed.

DRAFT

18. DATE OF NEXT COUNCIL MEETING

The next meeting of Council is scheduled for Thursday, September 24, 2026. It will be held in-person at Vantage Venues, 150 King Street West, Toronto, and live-streamed.

19. *IN-CAMERA* BUSINESS

The meeting was moved to *in-camera* at 3:30 p.m. for discussion of a confidential nature. The live-stream recording ended.

MOTION #10:

Moved by: **D. Wilson**
Seconded by: **D. Haas**

THAT Council exclude the public from the meeting in that personnel matters will be discussed in accordance with clause 7(2)(d) of the Health Professions Procedural Code which is Schedule 2 to the *Regulated Health Professions Act*, 1991.

CARRIED
(Unanimously)

20. ADJOURNMENT

Following the *in-camera* session, the meeting resumed for adjournment at 4:00 p.m.

There being no further business, the meeting was adjourned at 4:00 p.m.

MOTION #11:

Moved by: **D. Wilson**
Seconded by: **M. Trudell**

THAT the 456th meeting of RCDSO Council be adjourned.

CARRIED
(Unanimously)

DRAFT

SIGNED: _____

Signature of President

_____

Signature of Recording Officer

_____

Date

DRAFT

Royal College of
Dental Surgeons of Ontario

ACTION ITEM FOLLOW-UP: RCDSO COUNCIL

Date: June 18, 2026

ITEM	RESPONSIBILITY	ACTION	STATUS
1. Council evaluation	Angie Sherban	Send survey to Council	Sent, June 18 2026
2. Minutes of April 16, 2026	Angie Sherban/ Communications	Post on website	Completed, June 19, 2026
3. Reconciliation Action Plan	Michelle Tremblay	Staff proceed to take steps to launch the Reconciliation Action Plan	Ongoing
4. Financial	Jeffrey Gullberg/Kelly Tripp	President be asked to sign December 31, 2025, RCDSO Audited Financial Statements President be asked to sign December 31, 2025, Audited Fund Financial Statements of the RCDSO Pension Fund Appoint Tinkham LLP to conduct the RCDSO Audit for the year 2026	Completed Completed Completed

5. By-Law 18, Fee Amendments		Circulate By-Law 18 to members and stakeholders for 60 days.	Completed, June 21, 2026
6. RCDSO Strategic Plan (Draft)		Circulate Strategic Plan 2026-2030, for external consultation	Completed, June 22, 2026

RCDSO | Royal College of Dental Surgeons of Ontario

Registrar’s Report to Council

June 18, 2026

Corporate Dashboard Report: June 2026 Highlights

Program Area	Metrics
Quality	Regulatory Requirements Dashboard, 2026
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 2026
PCRA	Total Active Cases by Number of Days

RCDSO | Royal College of Dental Surgeons of Ontario

VISION 2035

Better oral health care for every patient through system dialogue, proportionate regulation and excellence in the practice of dentistry.



EQUITY SEQUENCE TRAINING

MEMBERS OF:

REGISTRATION COMMITTEE

QUALITY ASSURANCE COMMITTEE

PATIENT RELATIONS COMMITTEE



ODA ANNUAL SPRING MEETING, MAY 2026



RCDSO | Royal College of Dental Surgeons of Ontario

RCDSO Connect

IPAC and the Dental Office

- Dr. Sonica Singhal, Moderator
- Anne Augustin, Presenter
- Dr. Rana Badewy, Panelist
- Danielle Steinman, Panelist

May 20, 2026



RCDSO Connect - IPAC and the Dental Office: Keeping People Safe | May 20, 2026



Transforming Continuing Education to Advance Equity, Reconciliation and Access: *Susan Taylor* (Director Quality) & *Michelle Cabrero Gauley* (Senior Policy Analyst) part of a panel exploring how CE can be intentionally redesigned to strengthen workforce capacity and responsiveness to equity-deserving communities.

Governance Modernization in Real Life: Field Notes for the Brave: *Lara Thacker* (Governance Specialist) part of a panel with Canadian health, legal and education regulators sharing practical lessons on navigating the operational realities of governance change.

"To SME or not to SME…that is the Question" – Enhancing Regulatory Decision Making using Subject Matter Experts: *Dayna Simon* (Senior Counsel, PCRA) part of a panel on how some regulators have tackled decision making with complex issues and need for specific expertise and/or life experiences.

Government and Related Issues

HPRO and red-tape legislative submission

Improving mobility from/to Ontario

Fairness Commissioner

Ontario

Newsroom

BACKGROUNDER

Expanding Scope of Practice for Regulated Health Professionals

May 11, 2026

Health

College of Denturists of Ontario

The Public Regulator for the Profession of Denturism

CDHO

COLLEGE OF DENTAL HYGIENISTS OF ONTARIO

SELF AUDIT REVIEW FORM

INFECTION PREVENTION AND CONTROL

RCDSO Activity Inventory

- Membership on the IPAC Regulatory College WG, MOH
- Standard – Update starts 2026
- RCDSO Self-Audit Tool
- IPAC competency in Practice Enhancement Tool (PET)
- Category 1 IPAC Course
- Relationship with 34 Public Health Units
- And More…

Internal IPAC Task Force

- Launched June 2026
- Develop initiatives to enhance dentist compliance with IPAC Standards
- 3-Month Mandate
- Fast cycles of design-implement-evaluate



RCDSO 2025 – 2026 EVALUATION COUNCIL MEETING

Building on a Strong Foundation

June 18, 2026

Sandi Verrecchia, Satori Consulting Inc.

AGENDA

- Process Overview
- Review
  - Council Performance Evaluation Report
  - Council Evaluation Survey Results Report
- Next Steps
  - Council Action Planning
  - President's Development Discussion Format

CPMF BACKDROP

- In 2020, Ontario introduced the College Performance Measurement Framework (CPMF) to strengthen accountability, transparency, public confidence, and continuous improvement across health regulatory colleges.
- The CPMF challenged colleges to demonstrate:
  - Effective governance
  - Public-interest decision-making
  - Risk oversight
  - Accountability and transparency
  - Continuous improvement

2021 APPROACH

- Self - Peer assessment and Governance Coach debriefs with action plans
- Council Effectiveness evaluation
- Evaluations of the President and Committee Chairs

2025 RCDSO MULTI-DIMENSIONAL APPROACH

- Council member self-assessment
- Council effectiveness evaluation
- Committee Chair, External Chair, and Council President evaluations
- Independent governance evaluation (December 2025 and April 2026)
- Citizen Advisory Group (public) observations (19 members - December 2025)
  - Innovative approach
- Individual development conversations with Council President
- Council governance action planning – September

CURRENT STATE

1. Governance Committee reviewed, questioned, and offered suggestions for both a preliminary evaluation report in March and the final report in May, as well as the Council Effectiveness Evaluation.
2. Governance Committee reviewed suggestions for the Council action planning session (September) and will add more input after July Governance Committee meeting.
3. Governance Committee and Council President have reviewed and provided input on the President Development Conversation guide and process

COUNCIL PERFORMANCE EVALUATION REPORT



PURPOSE

- Independent assessments of governance ‘in practice’
  - How effectively Council demonstrates public-interest governance
- Inputs:
  - Observation & materials review (December 2025 & April 2026)
  - Citizen Advisory Group (CAG) feedback (December 2025)

OVERALL ASSESSMENT

- Strong governance foundation and high maturity
- Consistent alignment with modern regulatory expectations
- Respectful, professional, and well-facilitated meetings
- Positive trajectory from December → April (more visible deliberation)

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KEY STRENGTHS

- Clear commitment to public-interest mandate
- Strong Chair model → effective process
- High-quality materials, transparency, and accountability
- Constructive culture (respectful, collaborative)
- Strong financial and operational risk awareness

TRANSPARENCY & ACCOUNTABILITY

- What's working
  - Comprehensive materials + public access to meetings
  - Clear follow-through on prior questions

- Opportunity
  - Decision rationale not always explicit
  - Observers must sometimes infer how decisions were made

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PUBLIC INTEREST LENS

- What's working
  - Public interest included in all briefing materials
  - Public members contribute meaningfully

- Opportunity
  - Lens not consistently sustained in discussion
  - Drift toward operational/financial framing vs patient impact
  - Need to make public impact more explicit

EDI & COUNCIL CULTURE

- Strengths
  - Strong foundation: respectful, inclusive environment
  - Public members surface fairness, bias, access issues

- Opportunity
  - More consistent explicit EDI lens across all topics
  - Increase participation beyond core contributors

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RISK, STRATEGY & OUTCOMES

- Strengths
  - Strong fiduciary oversight and risk awareness
  - Effective monitoring of activities and strategic progress

- Opportunity
  - Staff reporting shift from activity → outcomes
  - Better demonstrate impact on:
    - Patient safety
    - Regulatory effectiveness
    - Public confidence

MEETING EFFECTIVENESS

- Strengths
  - Well-structured, efficient agenda management
  - Appropriate balance: efficiency vs deliberation (improving)

- Opportunity
  - Clarify which items are decision vs discussion
  - Make link from committee work → Council decision more visible

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DELIBERATION & PARTICIPATION

- April meeting showed improved engagement and questioning
  - Deliberation visibility varies by agenda design
- Participation uneven across members
- Opportunity to broaden voices and lived experience (diversity)

KEY RECOMMENDATIONS

1. Sustain public-interest framing in discussion
2. Make decision rationale explicit (trade-offs, options)
3. Strengthen outcome reporting (impact on public protection)
4. Improve accessibility (plain language, clarity)
5. Broaden participation across Council members
6. Link decisions to public impact

COUNCIL EVALUATION SURVEY RESULTS REPORT



KEY OBSERVATION

- The survey suggests a Council that sees itself as effective, prepared, public-interest focused, and governance-minded, while also recognizing opportunities to strengthen discussion, debate, risk oversight, evidence-based decision-making, and continuous improvement.

ALIGNMENT BETWEEN TWO ASSESSMENTS

Theme	Council Self-Assessment	Public / Governance Review	Alignment
Governance professionalism	Very strong confidence	Strongly reinforced	
Leadership & oversight	Highly effective	Strongly reinforced	
Public interest orientation	Strong belief public interest drives decisions	Public-interest impact not always explicit	
Discussion & debate	Positive internal assessment	Limited visible deliberation observed	
Diverse perspectives	High confidence in EDI and perspectives	Participation and lived experience not always visible	
Decision transparency	Decisions viewed as well-informed	Some agenda items perceived as confirmatory	

LOWER SCORE ALIGNMENT

- Discussion and participation on risk oversight (8.6/10)
- The amount and level of debate before decisions (8.6/10)
- Strategic discussion/participation (8.7/10)

- Outlier for consideration of role of Council:
  - Depth of understanding to oversee management through a crisis (8.4/10)

NEXT STEPS – COUNCIL ACTION PLAN

- Council action planning session around September Council meeting
  - GC will help structure the session with Satori for maximum input/output/alignment

NEXT STEPS – PERSONAL ACTION PLANS

- Each Council member will receive their individual self assessment results (July/August)
- Council President will receive an evaluation report for each Council member with the following prepopulated from self-assessments (not full reports)
  - Areas of strength
  - Areas from development
  - Professional development areas and actions
- Council President/staff will set up meetings with each Council member to review results with President observations and co-develop an action plan through a development conversation

NEXT STEPS – CHAIR FEEDBACK

- In addition to each self-assessment, if you are also a Chair, your report will include your peer feedback (External Chair excluded self assessment)

- You will be asked prior to your developmental discussion with the President to reflect on the peer feedback and provide context back to the President before your discussion meeting.

- Timing: Meetings will be arranged throughout the year based on President capacity.

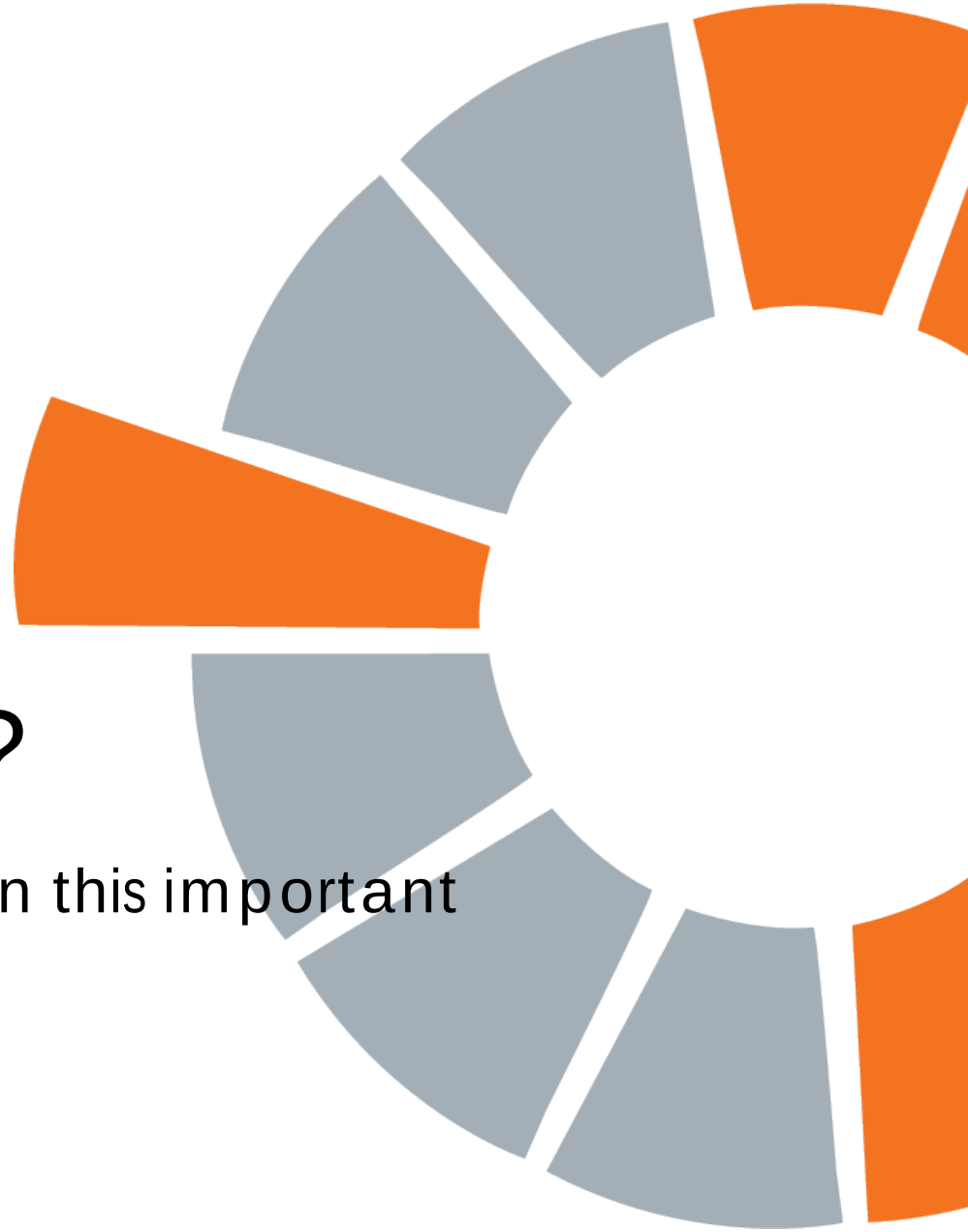
MOVING TO ACTION

Based on the key recommendations, prior to the action planning session, think about suggested actions that Council might take to improve:

1. Public-interest framing in discussion
2. Make decision rationale more explicit (trade-offs, options)
3. Strengthen outcome reporting (impact on public protection)
4. Improve accessibility (plain language, clarity)
5. Broaden participation across Council members
6. Link decisions to public impact

COMMENTS/QUESTIONS?

Thank you – It has been my honour to work on this important project!





FIRSTPEOPLESGROUP.COM

RCDSO

ROYAL COLLEGE OF DENTAL SURGEONS OF ONTARIO

DRAFT RECONCILIATION ACTION PLAN

JUNE 18, 2026

TODAY'S PRESENTATION

01 How this plan was developed

02 What reconciliation means at RCDSO

03 Where RCDSO is already taking steps

04 Five action areas and commitments

HOW THIS PLAN WAS DEVELOPED

1

Council Session

Foundational concepts and organizational commitment introduced at Council level

2

Internal Engagement

4 virtual sessions with staff across Registration, Policy, PCRA, Practice Enhancement, Communications, and leadership (Jan–May 2026)

3

External Engagement

Focus groups with Indigenous dentists and dentists serving Indigenous communities; conversations with dental schools

4

What We Heard Report

Insights synthesized into a comprehensive report that directly shaped the commitments in this plan

WHAT RECONCILIATION MEANS AT RCDSO

Acknowledging harm

Historic and ongoing harms within health and oral health systems are ours to acknowledge as part of the system.

Beyond EDI

Indigenous Peoples have a distinct constitutional relationship with Canada that requires its own framework.

Understanding our lane

Act within our regulatory mandate; advocate and partner beyond it.

Shared responsibility

Every staff member, committee member, and Council member owns this work.

Improving outcomes

Real change in oral health outcomes and equitable regulatory processes — not a compliance exercise.

Grounded in the TRC Calls to Action

Call 22: Indigenous health in curricula **Call 23:** Increase Indigenous health professionals **Call 24:** Cultural competency training

THE ‘WHY’ BEHIND THIS PLAN

~2x

Rate of dental disease among First Nations and Inuit compared to other Canadians (Office of the Auditor General of Canada, 2017)

91.4%

Prevalence of dental caries among First Nations adolescents vs. 57.7% among non-Indigenous adolescents (FNIGC, 2012)

85%+

Of Inuit preschoolers already have dental caries; by adulthood virtually all Inuit surveyed are affected (Government of Canada, 2011)

53 of 94

Oral health professionals surveyed felt unsure they had adequate training in Indigenous oral health care (NWAC, 2023)

WHERE RCDSO IS ALREADY TAKING STEPS

Symbolic

- The organization advanced reconciliation through staff learning on land acknowledgements, support for National Indigenous Oral Health Day and Joyce's Tooth Tales, a leadership retreat screening of For Love (2024), recognition of Truth and Reconciliation Day with an office closure, and EDI spotlight stories sharing reconciliation practices.

Substantive

- The organization advanced reconciliation through Council and Board training, leadership learning on the 7 Grandfather Teachings, staff participation in Indigenous-focused training and certificates, and knowledge sharing via presentations, NIHB webinars and articles, and continuing education with the Indigenous Primary Health Care Council.

Systemic

- The organization advanced inclusion through IDEA Committee Terms of Reference, demographic surveys, leadership sessions, partnerships with CCDI and Indigenous Works, and plans for a bursary for Indigenous dental students.

FIVE ACTION AREAS

1



Governance & Accountability

2



Education, Culture & Learning

3



Regulatory Practices

4



Data & Knowledge

5



Partnerships, Access & Advocacy

ACTION AREA 1: GOVERNANCE AND ACCOUNTABILITY

"We do a really good job as an organization of coming up with ideas. What will it take to allow us to actually take those actions? Do we build it into people's job descriptions? Do we have an organizational goal that trickles down into everybody's goals?"
— Engagement participant

"We need an Indigenous dentist group with the RCDSO to maintain connections. The RCDSO needs to commit to finding more Indigenous dentists and having more of these conversations. I would love to be present for those discussions."
— Engagement participant

1.1 Dedicated RAP Coordinator	1.2 Indigenous Advisory Circle	1.3 & 1.4 Reporting + Indigenous Dentists Resource Group
• **Staff position with RAP implementation as primary function** • **Sufficient authority to move work across departments** • **Reconciliation embedded in all departmental work plans and performance goals**	• **Co-designed Terms of Reference** • **FN, Metis, Inuit representation: dentists, patients, Elders, advocates** • **Integrated into policy reviews, standards, complex cases, and RAP accountability**	• **Annual RAP reporting to staff, Council, and public Annual Report** • **Embedded in next Strategic Vision and Plan** • **Support establishment of an Indigenous Dentists Resource Group** • **Distinct and complementary mandates for Resource Group and Advisory Circle**

ACTION AREA 2: EDUCATION, CULTURE, AND LEARNING

"This education needs to be designed and run by Indigenous people. It has to be done right."
— Engagement participant

2.1 Mandatory Ongoing Training for All	2.2 Indigenous-Led Learning + CPD Standards	2.3 Practical Cultural Safety Tools
• Foundational cultural safety and anti-Indigenous racism training: all staff, Council, committee members • Role-specific learning pathways by department • Annual reconciliation PD in all performance goals • Dedicated work-hours learning time	• Training by Indigenous educators, Elders, Knowledge Keepers • Annual Indigenous speakers series; regular psychologically safe learning spaces • Audit Core 1 and cultural safety CPD for accuracy and Indigenous alignment • Publish clear criteria for Indigenous-led or Indigenous-vetted CPD • Explore foundational cultural safety as a licence renewal requirement	• Intake Support Resources and accommodation templates by department • Decision-support checklists for investigators and committee members • Organizational glossary (reviewed with Advisory Circle) • Up-to-date resource hub: NIHB, Jordan's Principle, community programs

ACTION AREA 3: REGULATORY PRACTICES

"I think our limited knowledge about the experience of Indigenous applicants and dentists is itself a barrier to our processes."
— Engagement participant

3.1 Registration and Licensing Review	3.2 Complaints and Discipline	3.3 Responding to Discriminatory Conduct
• **Cultural safety and equity lens across all registration processes** • **Work to reduce barriers for Indigenous applicants** • **Voluntary self-identification mechanism governed by OCAP principles** • **Direct engagement with Indigenous dentists and dental students**	• **Trauma-informed and culturally safe complaints review** • **Accommodations: Elder accompaniment, support persons, translation** • **Review ICRC processes and triage stream for bias and discrimination** • **Review permanence of public posting for discipline findings re: Indigenous registrants** • **Proactive monitoring beyond formal complaint initiation** • **ICRC equity audit and reporting to Council**	• **Explicit standards and response frameworks for anti-Indigenous racism** • **Named explicitly — not reframed as communication issues** • **Practice Enhancement Tool updated for equitable Indigenous care**

ACTION AREA 4: DATA & KNOWLEDGE

"We don't know how many Indigenous dentists there are, what their experience is, or what barriers they face in our processes. There is a lot of missing information for me to really thoughtfully reflect on how we can contribute."
— Engagement participant

4.1 Ethical, Indigenous-governed data collection	4.2 Organizational knowledge building
• **Develop a framework for collecting Indigenous-specific data across registration, complaints, and workforce experiences, grounded in OCAP principles (Ownership, Control, Access, and Possession) and co-developed with the Indigenous Advisory Circle.** • **Implement voluntary self-identification options in relevant processes, with clear explanations of how data will be used, protected, and governed.** • **Conduct targeted focus groups with Indigenous dentists, applicants, and dental students to understand their lived experiences of RCDSO's processes and the profession more broadly.**	• **Partner with dental schools, the Ontario Dental Association, and provincial and federal agencies to better understand oral health access, workforce pipelines, and educational barriers affecting Indigenous Peoples.** • **Develop RCDSO's internal knowledge base about Indigenous-specific oral health programs, funding streams, and community-based initiatives.** • **Remain attentive to emerging research, data, and community voices that can deepen RCDSO's understanding over time.**

ACTION AREA 5: PARTNERSHIPS & ADVOCACY

"We are only one part of the system — the barriers start well before us. But if jurisdiction is the constraint, what else can we do? Think outside the box: pilot projects, incentives for dentists in certain locations, working with system partners."
— Engagement participant

5.1 Advocate for reconciliation knowledge as a criterion for regulatory governance appointments	5.2 Use RCDSO's voice to support access to care in underserved communities	5.3 Build relationships with Indigenous communities across Ontario
• Advocate for reconciliation knowledge in regulatory appointments. • Align with HRCO and peer colleges on governance expectations. • Affirm that public protection includes preventing systemic harm.	• Incentivize dental care in remote, underserved, and Indigenous communities. • Work with dental schools to reduce barriers for Indigenous students. • Promote NIHB-accepting and culturally safe providers. • Recognize practices leading in culturally safe care. • Strengthen Indigenous curriculum and continuing education. • Advocate for community and northern rotations. • Support Indigenous-specific, distinctions-based student awards. • Advocate for NIHB reforms to improve access and equity. • Support credential flexibility for border and remote communities. • Explore tele-dentistry for Indigenous and remote communities.	• Raise awareness of RCDSO's role and complaints process. • Share RCDSO contacts with Indigenous health and service providers. • Build trust through humble, consistent engagement.

- NIA:WEN - MIIGWECH -
- MARSI - MERCI -
THANK YOU



Fair and Innovative Registration Practices and Regulating In the Public Interest

A Presentation to the Council of the Royal College of Dental Surgeons of Ontario (RCDSO)

Irwin Glasberg, Fairness Commissioner

June 18, 2026

FAIRNESS COMMISSIONER
COMMISSAIRE À L'ÉQUITÉ

Fair Access Legislation in Canada

- Ontario was the first Canadian province to adopt a fair registration practices regime by enacting the *Fair Access to Regulated Professions and Compulsory Trades Act*, *2006* (FARPACTA), many of whose provisions were subsequently extended to the *Regulated Health Professions Act,1991* (RHPA), to which the college is subject.
- Eight other provinces subsequently enacted their own legislation:
  - **Manitoba**: The *Fair Registration Practices in Regulated Professions Act, 2007.*
  - **Nova Scotia**: The *Fair Registration Practices Act, 2008.*
  - **Quebec**: *Code des professions RSQ, Ch. C-26, 2009.*
  - **British Columbia**: The *Professional Governance Act, 2018.*
  - **Alberta**: The *Fair Registration Practices Act, 2019.*
  - **Saskatchewan**: The *Labour Mobility and Fair Registration Practices Act, 2022.*
  - **New Brunswick**: The *Fair Registration Practices in Regulated Professions Act, 2022.*
  - **Newfoundland and Labrador:** *The Fair Registration Practices Act, 2022.*

The Original Legislation and How it Has Evolved

- The Ontario legislature unanimously enacted FARPACTA to break down registration barriers to enable more internationally trained professionals to work in their field and contribute to the economy. The government also cited the economic cost of underutilized talent.
- The legislation also addressed potential restraint of trade scenarios where regulators could artificially place constraints on the supply of new registrants, thereby allowing existing members to retain their pricing power.
- In general terms, there are three public policy pillars upon which the legislation is based. These involve the need to: (1) establish competencies for professionals to protect public health and safety, (2) help ensure that an adequate supply of professionals are licensed and (3) not degrade the province's immigration objectives.
- More recently, the government has taken steps to enhance domestic (inter-provincial) labour mobility to help counteract U.S tariffs, boost competitiveness and enable the free flow of talent within the country.
- Over time, the legislation has achieved some key successes which we explore later in this presentation but thrown up some persistent challenges. One of these involves the limited nature of our office's oversight role which constrains our ability to overrule unfair or ineffective registration practices.

The Mandate of the OFC

- The OFC is an Ontario government agency, led by the Fairness Commissioner, which oversees the registration practices of Ontario's 41 professional regulators.
- Its authority over the regulated health colleges derives from Schedule 2 of the *Regulated Health Professions Act, 1991* (the RHPA).
- Under section 22.5 (1) of Schedule 2, it is the function of the Fairness Commissioner to, among other things:
  - Assess the registration practices of a college based on its obligations under the legislation.
  - Monitor third parties upon which a college relies to assess the qualification of applicants (e.g., those that assess educational qualifications and set and organize examinations).
  - Advise a college or third party on matters related to registration practices under the legislation.
  - Provide advice and recommendations to the Minister of Health relating to what the fairness Commissioner considers to be contraventions of the legislation.

The Mandate of the OFC (Cont'd)

- The legislation affords the commissioner a broad array of powers. These include requiring that regulators:
  - Provide annual fair registration reports and reports on other defined topics on request (e.g., the efficiency and timeliness of their decision-making processes).
  - Review their registration practices and / or conduct an associated audit for which the regulator must pay.
- Since the OFC and the Ministry of Health share complementary mandates, our two offices meet regularly to discuss issues of common interest with a view to reduce regulatory burdens for health colleges.

The Obligations of Regulated Health Colleges

- Under the legislation, regulated health colleges are required to, among other things:
  - Develop registration practices that are transparent, objective, impartial and fair.
  - Provide information to applicants about their registration processes.
  - Oversee the work of third-party service providers.
  - Ensure that registration decisions are issued in a timely fashion.
  - Avoid unnecessary Canadian experience requirements.
  - Apply new “as of right” provisions to speed the registration of domestic labour mobility applicants.
  - Work in consultation with the Minister of Health to ensure, as a matter of public interest, that the people of Ontario have access to adequate numbers of qualified, skilled and competent regulated health professionals.

Some of the OFC's Current Initiatives

- The OFC has initiated the next cycle of our risk-informed compliance framework.
- Our office is currently reviewing the contents of the 2025 Fair Registration Practices (FRP) reports, where regulators provide key statistical information and detail their accomplishments.
- The OFC continues to work with higher risk regulators on their compliance action plans.
- For FARPACTA regulators, the Fairness Commissioner has recently issued decisions on 30 alternative document policies (ADPs) and parallel processing plans (PPPs)
- The OFC plans to run four regulator-focused webinars this year on: (1) critical success factors to enable effective change management, (2) system-wide FRP data trends and emerging regulatory issues, (3) methods for regulators to assess labour market shortages and (4) familiarizing RHPA regulators with the benefits of recent FARPACTA amendments.
- We are planning to mark the 20th anniversary of our legislation to include a regulator-wide event in December 2026 and a contribution to a scholarly journal.
- We will continue our core compliance and advice-giving roles, including our work as strategic advisors to regulators, thought leaders and disseminators of best practices.

Some Notable RCDSO Achievements

- In 2025, the Royal College of Dental Surgeons of Ontario (the RCDSO or college) worked with the National Dental Examining Board (NDEB) to increase in the number of seats for internationally trained dentists (ITDs), establish priority access for select candidate groups and reduced wait times. There has been substantial growth in the number of ITDs who successfully completed the equivalency process, from 321 in 2022-23, to 455 in 2024-25.
- The college has also collaborated with the Association of Canadian Faculties of Dentistry to launch the Bridge Training to Dental Practice in Canada program. Successful graduates of this program will not need to complete the NDECC. The next challenge will be to scale up this program.
- The RCDSO also successfully amended its Registration Regulation to streamline the registration process, and reduce barriers, to registration by authorizing the college to consider practice from non-accredited programs.
- In 2026, the college will also launch a registrant demographic data collection project and is seeking a consultant to lead this project.
- The RCDSO has approved a partnership with the Indigenous led, First People's Group an to help the college develop its first Reconciliation Action Plan.

Risk-Informed Compliance Framework

- The OFC's primary compliance tool is its risk-informed compliance policy and framework. (RICF). Through it, the OFC periodically assesses registration-related risks and works with higher risk regulators to develop action plans to address them.
- Our office adopted this approach to improve upon a statutory framework that had historically focused on monitoring how regulators met procedural requirements.
- The objectives of RICF framework are to:
  - Establish a forward-looking process for identifying targeted risk factors that impact a regulator's ability to achieve fair registration practices.
  - Formulate criteria for evaluating the likelihood and potential impact of these risks and working with regulators, explore ways to appropriately mitigate or eliminate them.
  - Reduce unnecessary burdens on high-performing regulators and better allocate OFC resources, recognizing that all organizations with public interest mandates operate with constrained resources.

Risk-Informed Compliance Framework (Cont'd)

- The updated 2026 iteration considers five forward-looking risk factors that could impact a regulator's ability to achieve better registration outcomes for applicants.
- These risk factors pertain to:
  - The quality, consistency and timeliness of a regulator's assessment practices.
  - Regulator oversight of third-party assessment processes.
  - The impact of major changes to assessment and registration practices.
  - The regulator's ability to monitor and address compliance gaps and to comply with newly introduced legislative and/or regulatory obligations.
  - Public policy considerations involving:
    - The regulator's responsiveness to labour market needs and the efficient processing of domestic labour mobility applicants.
    - The ability to promote inclusion and address anti-racism concerns in registration practices.
- Our office assesses these regulator specific risk factors every few years according to a traditional risk assessment matrix (i.e., by analyzing the potential impact of the risk and the likelihood of its occurrence).

Risk-Informed Compliance Framework (Cont'd)

- We then consolidate these factors to arrive at an aggregate risk rating falling into one of three categories: low, moderately low and moderate to high.
- The risk category will, in turn, determine the degree of attention that the OFC will pay to individual regulators and the associated compliance tools that it will apply. The OFC targets its more focused compliance activities on those regulators that it places in the moderately low or moderate to high categories. These risk ratings are published in our annual reports.
- Our office has found that regulators placed in higher risk categories typically respond to our respond to our advice in a proactive fashion and are sensitive to the reputational risks associated with these classifications.
- The OFC conferred a moderately low high-risk rating on the RCDSO during the current risk cycle. This is the middle risk category in our framework. As part of the college's compliance action plan, our office identified the following items for the regulator to address:
  - Explore strategies to mitigate the length and cost of the NDEB assessment process and address concerns related to availability of exam seats.
  - Consider approaches to assist candidates who exhibit knowledge or skill gaps.
- The RCSDO has implemented an action plan to address these priorities.
- The OFC has begun to engage with the RCDSO to gather information to inform the next risk assessment cycle.

New Legislative Amendments in the Non-Health Sector

- Since 2021, the government has enacted legislative amendments for both health and non-health regulators to reduce registration barriers that internationally trained and domestic labour mobility applicants often encounter.
- The goals of these changes are to improve the fairness of registration processes, enhance client service and promote the more efficient throughput of candidates in the system. They also fill gaps that existed in the original legislative scheme.
- The most recent legislative and regulatory amendments under FARPACTA:
  - Require that regulators develop alternative documentation policies (ADPs) and parallel processing plans (PPPs)
  - Define when a regulator's approaches for assessing applicant qualifications will meet minimums standards.
  - Expand regulator oversight obligations regarding their third-party service providers.
- The OFC plans to schedule a webinar later this year for RHPA regulators to explain the advantages of implementing ADPs and PPPs as best practices. This deck will explore the new FARPACTA third party obligations in greater detail.

Third Party Accountability Provisions

- Over time, regulated health colleges have increasingly delegated important assessment-related functions to third parties, which are typically involved with the assessment of applicant qualifications and/or developing and/or administering examinations.
- The accountability mechanisms necessary to effectively oversee the work of these bodies varies substantially across the sector. Some regulators have negotiated formal agreements with their third parties, while others rely on MOUs or less formal arrangements.
- These issues can become more complex when these third-parties bodies take the form of pan-Canadian assessment bodies that offer standardized services to different regulators and may resist customization to meet the requirements
- Section 10 (2) of FARPACTA (which mirrors section 22.4 (2) of Schedule 2 of the RHPA) requires that regulators that rely on a third party to assess applicant qualifications must "take reasonable measures to ensure that the third party makes the assessment in a way that is transparent, objective, impartial and fair."
- Recent FARPACTA amendments add needed specificity to this obligation by clarifying the "reasonable measures" that a regulator must take to ensure that third parties are accountable for the fair assessment of applicant qualifications.

Third Party Accountability Provisions (Cont'd)

- These third-party obligations fall into two broad categories – the information that regulators must independently disseminate to applicants and those to be included in an agreement which the regulator must enter into with the regulator.
- The regulation made under FARPACTA requires that a regulated profession provide clear, complete and accurate information to applicants about a third party's roles and responsibilities, including:
  - the timelines within which a third party will complete each step of the assessment process,
  - the assessment criteria and methods used by the third party,
  - what alternatives to the documentation of qualifications normally required for an application are acceptable to the third party (like the regulator's new obligation),
  - the fees the third-party charges applicants for making assessments, and
  - a statement that the third party is required to provide reasons for assessment decisions to applicants and information about how to seek an appeal or review of a decision.
- The regulated profession must also establish a process for addressing complaints by applicants about their experiences with third parties.

Third Party Accountability Provisions (Cont'd)

- Under the regulation, regulated professions are also required to enter into agreements with their third parties that address the following items:
  - Assessment criteria and methods that the third party is required to use in assessments and the minimum exam scores for a pass.
  - How frequently exams and other types of assessments are offered and, wherever feasible, indicating that applicants will have access to exams and other types of assessments at least three times in a calendar year.
  - The timelines for completing each step of the assessment process and the knowledge and expertise requirements for assessors.
  - That written decisions be communicated in writing within 10 business days, with reasons and details of competency gaps for unsuccessful applicants.
  - An impartial process by which applicants can request that a review or appeal be offered, with applicants notified within 15 business days about whether their appeal will proceed (with reasons or timelines), and
  - Aggregate data on success rates, trends, and the time it takes applicants to complete assessments be provided by third parties to regulators.

Third Party Accountability Provisions (Cont'd)

- The OFC consulted into the regulation development process and some of these requirements were informed by previous deficiencies in the NDEB's practices.
- Under the regulation, a regulated profession must separately ensure that its assessment methods are competency-based, non-duplicative and unbiased by, at a minimum, ensuring that:
  - all assessment criteria are linked to competencies required for entry to the practice of the profession, and
  - applicants are not assessed multiple times for the same competencies.
- The totality of these provisions signal a legislative intent to streamline assessment processes and for regulator-third-party assessment practices to be more integrated.
- While these third-party obligations do not apply to regulated health colleges, we recommend that the RCDSO consider adopting them as best practices and review the college's current agreement with the NDEB through this lens.

Fair Registration Practice Successes in Ontario

- We summarize below notable successes that regulators, and other stakeholders, have achieved in building fair registration practices in the province:
  - There now exists credible baseline registration data for all regulators.
  - Regulators are now substantially more proficient in undertaking their assessment and registration functions.
  - Registration timelines have been reduced but pre-registration assessment processes remain lengthy for many professions
  - Through legislation, Canadian experience requirements have largely been eliminated in the non-health sector.
  - Some regulators have adopted breakthrough registration practices.
  - There is a shift to adopt competency-based methods to assess the competencies of experienced internationally trained professionals (e.g., the Practice Ready Ontario program for physicians).
  - Through legislation, language proficiency requirements have largely been harmonized with language tests required for immigration purposes.

Further Issues to Address

- However, there remain some persistent challenges in improving foreign credential recognition practices across the board:
  - The Ontario system, like others, operates across multiple independent actors, including the federal immigration authority, credential assessment bodies, regulators, post-secondary educational institutions, bridging programs and employers, which complicates accountability for overall newcomer and program successes, including professional licensure.
  - Too many internationally trained applicants withdraw from registration pathways prior to completion.
  - Owing to different data definitions and reliance on third party assessment agencies, it remains difficult to compare regulator performance against certain parameters (e.g., total time that applicants spend in the system prior to registration).
  - There are issues around high-stakes licensure examinations involving their reliability, the emphasis that they place on technical knowledge (as opposed to skills), incidents of cheating and the extent to which they fail to capture the experience of internationally trained applicants.
  - Some regulators need to more firmly embrace their responsibility to help achieve labour market goals and often require assistance (e.g., access to data) to successfully undertake this work.
  - There remains a perception among employers in some sectors that licensed internationally trained professionals are less competent than their domestic counterparts.

Appendix 1: Best Practices for Success

- The OFC believes that adopting the following registration approaches and best practices should help regulators achieve more efficient and equitable outcomes:
  - Maintain flexible registration practices that avoid rigid exclusionary rules (e.g., non-exemptible requirements found in health colleges regulations).
  - Presume that qualified applicants should be licensed.
  - Apply LEAN methodologies to drive process efficiencies along with creative registration techniques (e.g., limited licensure and parallel processing of applications).
  - Rely on affidavit materials and statutory declarations rather than forcing applicants to produce original documents in every case.
  - Find ways to assist applicants who have almost completed their licensure requirements (e.g., through mentoring and wraparound supports). Don’t leave talented people behind!
  - Pay close attention to the needs of employers who will absorb the supply of new professionals and tradespersons, including the skill sets in demand and any unfounded concerns or stereotypes about the qualifications of internationally trained applicants.
  - Ensure that the collection and analysis of demographic and race-based data form a cornerstone of the regulator’s approach to building organizational capacity, making wise decisions, and creating a client-focused approach to registration.

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Fees By-Law 18 Amendments

Council Briefing - June 18, 2026

Objective

To brief Council on proposed amendments to Fees By-law 18

To explain the fee changes resulting from the conclusion of the PLP billing support period

To seek Council's approval of the proposed amendments, for circulation to the membership

1 Context and Background

Three areas for consideration



ANNUAL FEE REDUCTION TO REFLECT CONCLUSION OF THE BILLING SUPPORT PERIOD



REDUCED FEE CATEGORIES OF REGISTRATION



AMEND THE BY-LAW ON LIFTING SUSPENSION

Background

With the PLP divestment and the billing support period ending December 31, 2026, the annual fee must be updated to remove PLP costs and reset principles for reduced fees.

The RCDSO charges different fees by class of registration, including a small number of reduced-fee categories.

A 2022 review found reduced fees applies to less than 1% of members and lack a clear, documented rationale, prompting the need for greater transparency and consistency.

② Annual Fee Reduction

Post billing support period

Annual Fee Reduction

Fee Structure Amendment

Amendment to Fees By-law 18 removes the PLP fee component, lowering fees from $3,670 to $2,170.

PLP Billing Transition

New PLP provider will collect fees directly from registrants starting with the 2027 membership cycle.

CPI Adjustment Suspension

Automatic CPI fee increase will be suspended for one year to maintain the 2026 regulatory fee in 2027.

Policy Rationale

Fee changes reflect the shift in cost responsibility following PLP divestment and support stability and predictability for members while maintaining financial stewardship.

③ Reduced Fee Certificates

Revised Approach to Reduced Fee Categories

Guiding Principles Established

Principles are based on public interest, financial responsibility, consistency, simplicity, and risk-based evaluation.

Supporting Access and Learning

Changes support access to care and learning without subsidizing activities beyond regulatory mandate.

Minimal Financial Impact

Changes have minimal financial impact (revenue reduction ~ $14.2 K) but bring significant governance benefits like clarity and fairness.

Revised Approach to Reduced Fee Categories

Consistent Application Fee

All applicants should pay the same application fee of $350 regardless of class of certificate. Increase from $150 for some certificates.

Standardized Reduced Fees

Reduced fees standardized to 10% of the full annual regulatory fee, rounded to nearest five $5 dollars.

Reduced Fees Eligible for Proration

Reduced fee classes pro-rated fees based on the duration of the certificate:

- Fewer than 4 months pay 33%
- Between 4-7 months pay 50%
- > 7 months pay 100%

④ Fees to Lift Suspension

Registration Regulation Amendments made in 2025

Alignment of Fees to Lift Suspension

Additional Suspension Reasons Added

Reg amendment in 2025 to allow us to suspend a dentist for additional administrative reasons to support the PLP divestment: where insurance information or evidence is not provided. By-law reflects this amendment.

Fee Consolidation

The By-law change merges the $250 administrative and $100 reinstatement fees into a single $350 fee to process a request to lift administrative suspensions.

No Additional Cost

The total fee remains unchanged, ensuring no extra financial burden on registrants. The timing of when the fee is charged changes.

Ensures Consistency

Simplifying this fee ensures consistency with the fees for all administrative applications.

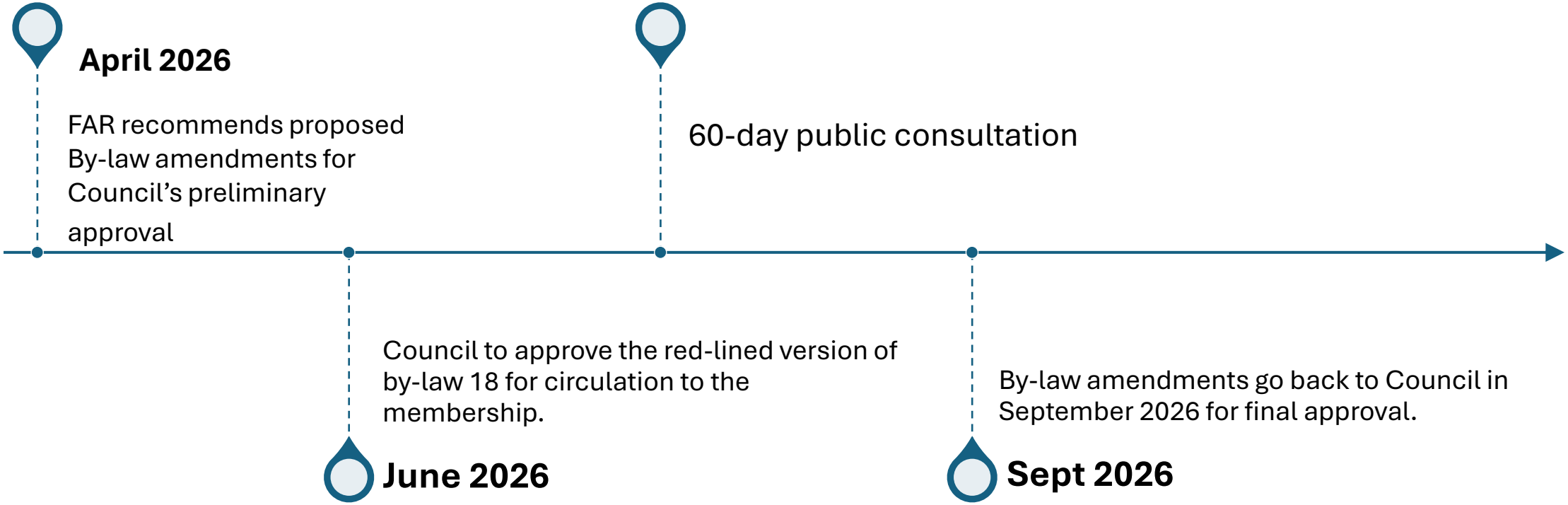
6 Decision and Next Steps

Decision for Council

Council is asked to approve FAR's recommendation to approve in principle the amendments to By-law 18 and circulate for the required 60-day public consultation.



Timeline


April 2026
FAR recommends proposed By-law amendments for Council's preliminary approval
60-day public consultation
Council to approve the red-lined version of by-law 18 for circulation to the membership.
June 2026
By-law amendments go back to Council in September 2026 for final approval.
Sept 2026

7 Motions

- **THAT Council approve, in principle changes to By-law 18, as presented in the package (Appendix C)**

AND

- **THAT Council approves the amendments to be circulated for the 60-day consultation period required by the RHPA.**

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Committee Appointments

Anne Coghlan, Chair, Governance Committee

Dan Haas, Professional Member

Nizar Ladak, Public Member

Anthony Mair, Professional Member

Judy Welikovitch, Public Member

June 18, 2026

Purpose of Today's Session

- Overview of the **Operational Policy of the Governance Committee: Committee Appointments**
- Provides **context and clarity**, particularly for newer Council members
- **Covers**: current appointment process, existing policy, and proposed amendments with rationale
- **Scope**: focused on policy; **not a decision point** — for clarity and feedback
- Opportunity to **build understanding** and **provide feedback**
- **Next step**: Redlined amendments to be presented in **September**

Policy Overview

- Governance Committee authority to recommend appointments established in by-law
- Policy guides how the Committee assesses candidates and recommends appointment slates to Council
- Recommendations are based on multiple factors, including but not limited to by-law requirements, competencies, diversity, availability, etc.
- Candidates self-assess against competencies; Governance Committee reviews and recommends committee slate
- Policy includes key guardrails (e.g., multiple appointments)

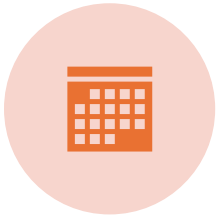
Proposed Policy Amendments



ENHANCE **CLARITY, CONSISTENCY, AND ALIGNMENT** WITH COMMITTEE NEEDS



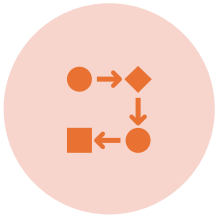
SHIFT TO **OBJECTIVE, NEEDS-BASED CRITERIA**



MOVE TO **ANNUAL APPOINTMENTS**, ALIGNING WITH NEW ANNUAL ELECTION CYCLE



INCLUDES BOTH **APPOINTMENTS AND REAPPOINTMENTS**



GREATER FOCUS ON **PERFORMANCE, CONTINUITY, AND SUCCESSION PLANNING**



BETTER REFLECTS **CROSS-APPOINTMENT AND CONFLICT CONSIDERATIONS**

Why Amendments Now?

Updated Competency and Diversity Profile

- **June 2025**: Council approved an updated *Competency and Diversity Profile for RCDSO Council Members* – strengthened emphasis on public interest mandate for effective governance

Annual Committee Appointments

- **December 2025**: Council approved shift to annual committee appointments
  - Supports yearly elections, staggered terms, and improved continuity

Proactive Policy Amendments

- Ensure the Policy aligns with evolving governance framework

Evolving Governance Expectations

Reflects a shift in **governance expectations across the sector**

Ministry of Health emphasizes:

- **Competency-based appointments**
- **Transparency in decision-making**
- Strong **conflict-of-interest safeguards**

Regulatory bodies, including RCDSO, are strengthening practices to enhance **accountability, performance, and public trust**

For RCDSO, this translates into a clearer focus on:

- **Objective, competency-based assessment**
- **Transparent, principles-based processes**
- A consistent focus on the **public interest**



Strategic, Public Interest Approach

- Move to a more **objective, competency- and needs-based approach**
- Governance Committee considers **full Council composition** and committee needs
- **Decisions guided by criteria** (e.g., mandates, required competencies, legislative requirements)
- **Self-identified strengths are considered,** but do not guarantee specific roles
- **Committee service** is **grounded in the public interest**
- Reflects **shift in service expectations**, aligning skills with organizational needs
- Supported by **clear communication and consistent, fair application**
- Strengthen **trust, clarity, and effectiveness** in appointments process



Succession Planning

- Enables staggered committee terms and more meaningful tenure to build **expertise and effectiveness**
- Supports **succession planning**, preserving institutional knowledge and enabling **continuity and renewal**
- Strengthens **organizational resilience** during periods of change
- Recognizes **training intensity** and supports sustainable committee service
- From a public interest perspective, supports:
  - **Well-equipped, balanced committees**
  - **Fair and consistent decision-making**
  - **Public confidence** in the appointments process

Safeguards and Integrity

- Proposed amendments enhance guidance on **conflict of interest management**
- Clarify approach to **cross-appointments** to minimize potential conflicts and bias
- Reinforce a more **structured** and **transparent decision-making** framework
- Align appointments with **modern governance practices**
- Improve **clarity, transparency,** and **consistency**
- Strengthen **accountability** and **focus on the public interest**



Next Steps

- Today's session is focused on **engagement, discussion, and feedback**
- Following today, the Governance Committee will:
  - **Consider Council feedback**
  - **Refine the proposed amendments**
  - Return in **September with a redlined policy** for consideration and approval

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Draft 2026-30 Strategic Plan

Council

June 18, 2026




Background
Overview: Draft Strategic Plan
Recap: Feedback Council Dinner Session
Discussion
DECISION FOR COUNCIL: Is the Draft ready for external consultation?

VISION 2035

Council Approval: February 2026

2026-30 RCDSO Strategic Plan

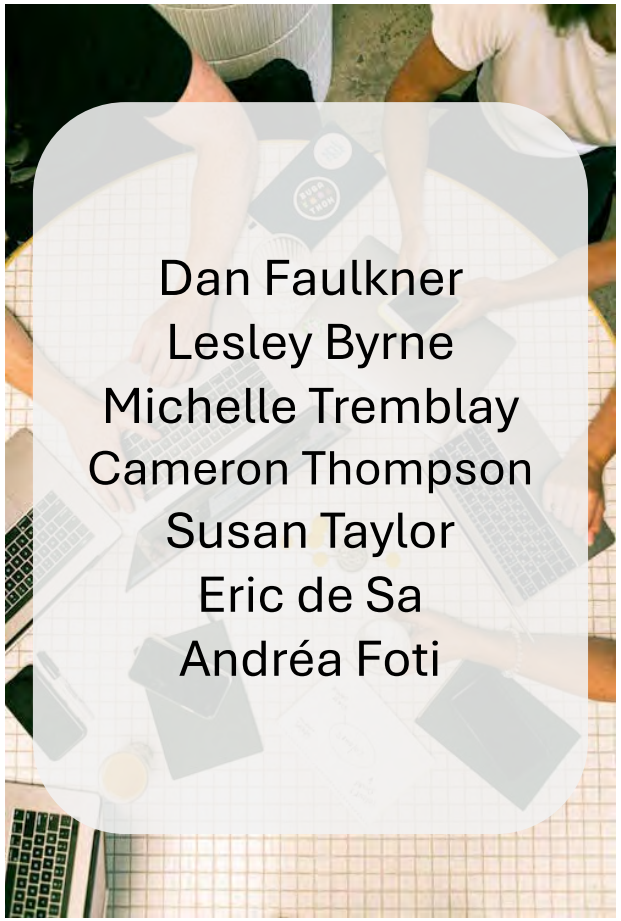
in development



What would success look like?

Are we ready to invite feedback on the draft?

Strategic Plan Development



Alignment with 2035 Vision

Position RCDSO to achieve Council's 'outcomes'

Concrete, meaningful impact

Build on lessons learned from 2023-25 Strategic Plan

NEW Approach to Measurement, KPIs

Connection to the 2035 Vision

2035 Vision		2026-30 Strategic Plan
Theme/Tagline	→	‘Vision’ in the Strategic Plan
Pillars	→	Pillars in the Strategic Plan
Narrative under each Pillar	→	*Informs* ‘Strategic Objective’ for each Pillar
‘Markers of Success’	→	*Influences* ‘Areas of Focus’, KPIs

Council's 'Outcomes': April Dinner Session

PILLAR 1: HEALTHY SYSTEM

- Access to care and Equity
- System Integration
- Data and Analytics

PILLAR 2: RIGHT-TOUCH REGULATION

- Standards and outcomes
- Trust and proactive regulation
- Data and Analytics

PILLAR 3: PREPARED PROFESSIONALS

- Continuing education and competency
- Decision making in practice
- Data and Analytics

Clean, Crisp Structure

Similar to 2023-25 Strategic Plan

- Vision
- Mission
- Values
- Pillars
- Strategic Objectives
- Areas of Focus





Commitment Statements

Concrete but Agile….



Strategic Objectives that are clear and purposeful, but broad

Commitments that are concrete, but give us room to build out projects and initiatives in an iterative way



Page 404-411



COUNCIL
BRIEFING NOTE

TOPIC: Draft Strategic Plan 2026-30

FOR DECISION

ISSUE:

- A draft Strategic Plan 2026-30 has been prepared and is ready for Council's review. This draft incorporates Council's comments from the April 2026 Council dinner session, along with feedback from the Executive Committee.
- The next step in the development process is to solicit feedback on the draft from a range of parties through an external consultation process. Council is being asked to approve the release of the draft Strategic Plan for consultation.
- This item is for decision.

PUBLIC INTEREST:

- The draft Strategic Plan 2026-30, once finalized, will set the strategic direction for the College for the next five years, and will advance Council's goals and aspirations as set out in Vision 2035.
- As with all College work, both the Strategic Plan 2026-30 and the Vision 2035 focus the RCDSO's attention on issues that advance and serve the interests of the Ontario public and guide the profession in the delivery of excellent, professional oral health care.

BACKGROUND:

- In the first quarter of 2025, RCDSO's Senior Leadership Team began planning for the development of the next Strategic Plan. A key goal was to ensure that Council members had time and space for blue-sky thinking to conceptualize where the RCDSO should focus its efforts over the next 10 years, and what priorities should guide its work.
- These early efforts culminated in the development of RCDSO Vision 2035. This Vision document was approved by Council in February 2026, and the final designed copy will be circulated to Council in advance of its June 2026 meeting.

Draft Strategic Plan 2026-30 Appendix A

Vision: Better oral health care for every patient through system dialogue, proportionate regulation and excellence in the practice of dentistry.

Mission: We regulate the dental profession in Ontario to ensure the public receives safe, high-quality oral healthcare.

Values: Innovative, Inclusive, Collaborative, Transparent, Accountable

Pillars: Healthy System, Right-Touch Regulation, Prepared Professionals

1. Healthy System

Strategic Objective:

RCDSO will be a trusted and influential regulator, advocating for health promotion, disease prevention and equitable access to care. We will seek system solutions that lead to coordinated and integrated healthcare.

Areas of Focus: Patient Advocacy & System Transformation, Reconciliation, Access to Care

We commit to:

- Leading structured, issue-focused discussions with system partners to enhance equitable access to care and patient-centred care.
- Embedding equity and Indigenous perspectives into advocacy and engagement activities and other regulatory work.
- Advocating for local and system level actions to drive coordination, and integration across oral and medical health disciplines.

2. Right touch Regulation

Strategic Objective:

RCDSO will operate regulatory programs, projects and initiatives that anticipate risk; are evidence-informed; adapt to change; and demonstrate clear and positive impact.

Areas of focus: Outcomes-focused measurement, Quality and Risk Based Program Evaluation and Design, Standards

DRAFT

Vision, Mission, Values

VISION: Better oral health care for every patient through system dialogue, proportionate regulation and excellence in the practice of dentistry.

MISSION: We regulate the dental profession in Ontario to ensure the public receives safe, high-quality oral healthcare.

VALUES: Innovative, Inclusive, Collaborative, Transparent, Accountable

Pillar #1: Healthy System

STRATEGIC OBJECTIVE:

RCDSO will be a trusted and influential regulator, advocating for health promotion, disease prevention and equitable access to care. We will seek system solutions that lead to coordinated and integrated healthcare.

We commit to:

- Leading structured, issue-focused discussions with system partners to enhance equitable access to care and patient-centred care.
- Embedding equity and Indigenous perspectives into advocacy and engagement activities and other regulatory work.
- Advocating for local and system level actions to drive coordination, and integration across oral and medical health disciplines.

AREAS OF FOCUS:

Patient Advocacy & System Transformation, Reconciliation, Access to Care

Pillar #2: Right-Touch Regulation

STRATEGIC OBJECTIVE:

RCDSO will operate regulatory programs, projects and initiatives that anticipate risk; are evidence-informed; adapt to change; and demonstrate clear and positive impact.

We commit to:

- Enhancing our regulatory intelligence through improved data collection, analytics and collaboration with regulators, and system partners.
- Identifying and tracking new and emerging risks and respond with timely, agile, proportionate solutions.
- Embedding an organizational culture of innovation and continuous quality improvement to test, implement and evaluate solutions and build on lessons learned.

AREAS OF FOCUS:

Outcomes-focused measurement, Quality and Risk Based Program Evaluation and Design, Standards

Pillar #3: Prepared Professionals

STRATEGIC OBJECTIVE:

RCDSO will support and equip dentists to respond to evolutions in practice and technology while holding steadfast to their pursuit of clinical excellence, professionalism and maintaining public trust in the dental profession.

We commit to:

- Collaborating across the professional life cycle with educators and system partners to support the preparedness of future dentists and dentists from entry to practice through to retirement.
- Maintaining and developing modern evidence-informed standards and resources that support ongoing competence, and professionalism.
- Supporting knowledge translation through tailored tools, continuing education and other resources that promote effective implementation and compliance with regulatory expectations.

AREAS OF FOCUS:

Practice Models and Corporate Dentistry, Dentists and Future Dentists, Standards and Knowledge Translation

Companion Work (to come)



Metrics: NEW Approach



Action Plan & Proposed Projects

Consultation

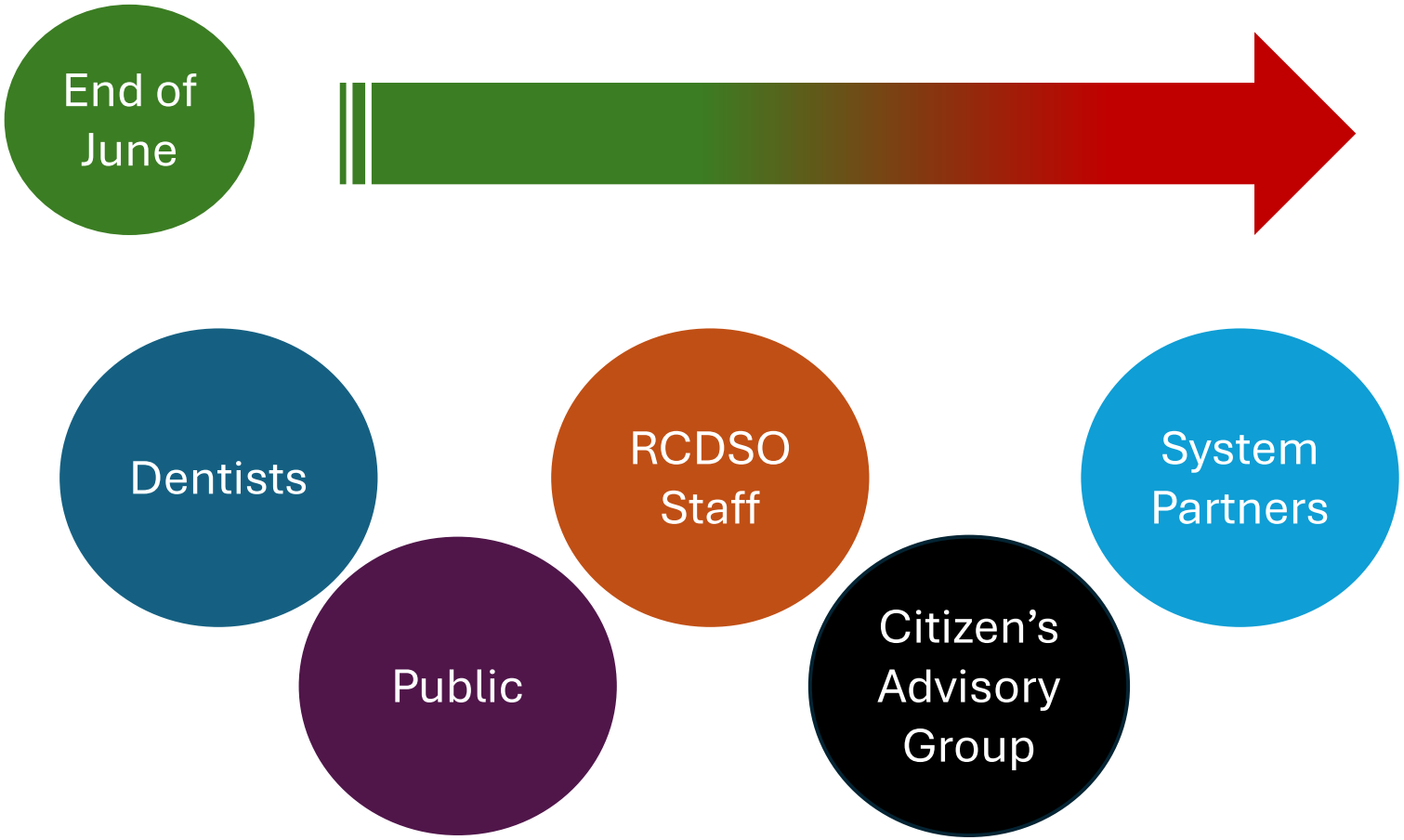
Draft document is perfect

Draft is ready for feedback, to test our thinking

Are the ideas and concepts in the draft Strategic Plan developed enough to invite feedback?

Consultation Process

Higher level questions about the direction and intended impact



Extensive list of partner organizations including:

- Patient/Advocacy Organizations
- Dentistry/Oral Health Organizations
- Regulators
- ++++++

Milestones



- **June-September**: Review Feedback, Develop Proposed Revisions
- **October Council**: Report on Feedback and Proposed Revisions
- **October – December**: Metrics Development, Action Plan

For today…Council Input & Decision

PULSE CHECK



ADVICE & SUGGESTIONS

Consider alongside external and staff feedback to shape the final version

Does Council approve the draft Strategic Plan 2026-30 to be circulated for consultation?

Council Dinner Session: Recap

Informal Discussion

No Decisions Made



Does the content align with Council Direction?

Is anything missing, dramatically different or flawed?

Are we ready for consultation?

You Told Us….



- Support for Draft Strategic Plan
- Agreement that the Draft is ready for consultation
- Draft reflects Council’s past discussions

Pillar 1: Healthy System

Strengths

- Positions dentistry as an essential part of the broader health system, while leading coordination across professions.
- Highlights the profession's distinct role while supporting integrated care.
- Recognizes the role of dentistry in addressing social determinants and health equity.
- Maintains a strong focus on health promotion and prevention.
- Opportunity to clearly emphasize "oral" health promotion.



Advice

- Clarify key terms (e.g., system transformation, access, influence).
- Define success measures (KPIs) and link to outcomes.
- Explain how this aligns with the prior strategic plan (what's continuing, new, stopping).

- Strengthen equity framing across populations, with expanded Indigenous content.
- Refine role language (e.g., reconsider "patient advocacy")

Pillar 2: Right-Touch Regulation

Strengths

- General support for the draft.
- Unanimous agreement that Pillar 2 is ready for consultation.
- *"The draft is a good reflection of Council's past discussions"*
- Broad support for "outcomes-focused measurement" and “risk-based regulation".



Advice

- Review technical language and enhance plain language.
- Consider opportunities to define key terms and concepts (e.g., "right touch regulation").
  - "*Dentists are **professionals** not **technicians**. The Strategic Plan should support a model of regulation that drives accountability while relying on dentists' judgment.*"
- Avoid going into further detail about implementation and operational considerations.

Pillar 3: Prepared Professionals

Strengths

- Unanimous support that Pillar 3 of the strategic plan is ready to be shared for public consultation.
- The document reflects Council's discussions.
- All were supportive of the direction.



Advice

- Reinforce link to patient impact.
- Consider simplifying language, especially with terminology that may not be familiar to the public.
- Explore opportunity to align structure of Areas of Focus for all three pillars. "Corporate Dentistry" is captured in Practice Models.
- Elevate the relationship between the College and the Faculties of Dentistry – reinforce the importance of educational programs providing a foundation for today's practice environment and communities' needs (e.g., leadership, emotional intelligence, cultural competency).



Continue the conversation....

- Pulse Check
- Advice and Suggestions

Does Council approve the draft Strategic Plan 2026-30 to be circulated for consultation?


THANK
YOU

RCDSO | Royal College of Dental Surgeons of Ontario

Revised Draft Standard of Practice: *Managing Conflicts and Ending the Dentist-Patient Relationship* For Final Approval

Council, June 18, 2026

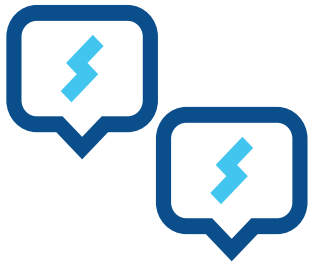
Deni Ogunrinde, Policy Analyst

Agenda

Background



General Consultation Feedback



Overview of *Revised* draft Standard



Discussion and Decision



1 Background

Rationale for Current Review



Practice ADVISORY June 2018

Maintaining a professional patient-dentist relationship

General Principles

A positive and professional relationship between a patient and their dentist is critical to the success of oral health diagnosis and treatment.

A dentist has an obligation to develop, maintain and foster a successful relationship with their patient. This can be achieved with good communication skills such as practising empathetic listening, making efforts to understand the patient's point of view and providing accessibility accommodations. When best practices such as these are followed, patients are more likely to collaborate with their dentist and follow instructions given in the dental office.

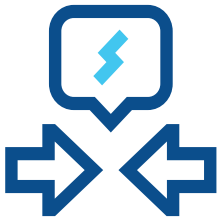
Ideally, the patient and the dentist will respect each other; mutual respect fostered by excellent communication will always yield the best results, including timely access to care and continuity of care.

There is a power imbalance between the parties: the dentist has knowledge, experience and expertise that the patient does not. Dentists have a responsibility to provide their best advice, in a clear manner that is easily understood by the patient and enables patients to make decisions about their dental care that best meet their needs. From time to time, challenges may arise in the patient-dentist relationship. The College expects dentists to make a concerted effort to solve problems and rebuild relationships. If those efforts fail, a formal and respectful process must be followed to end the relationship.

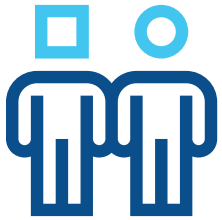
- Developed in 2018
- Key topics: managing conflicts, building and ending the dentist-patient relationship
- Communications issues and conflicts are the most frequent complaints
- Missing requirements:
  - E.g., employment changes
- Timing aligns with the development of a new draft *Managing New Patient Requests* Standard

Background: Winter 2024 - Summer 2025

Winter 2024-25: Policy updates guidance for ‘managing conflicts’ and ‘ending the relationship’



Feb & April 2025: Standing Policy Working Group provides feedback on new draft.



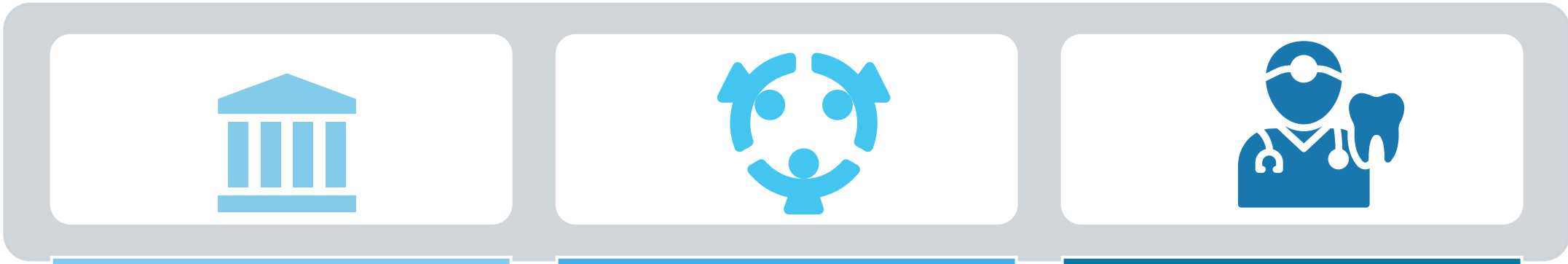
May & June 2025: QAC and Council approve the draft Standard for Consultation



July to Sept 2025: RCDSO holds first General Consultation



Major Changes: General Consultation Draft



Developed draft using the Policy Team's new drafting conventions

Focused the draft on conflict management and ending the relationship

Clarified requirements for managing conflicts and ending the relationship

② General Consultation Feedback

General Consultation

- Consultation was undertaken via online survey
- Consultation period: July 21– September 22, 2025
- Total number of responses: **624**



Survey

608



Mail & email

2



14

RCDSO staff and Professionalism WG members

580 dentists
(inclu. 90 Orthodontists)

20 members of the public
(inclu.16 Citizen Advisory Group members)

2 organizations

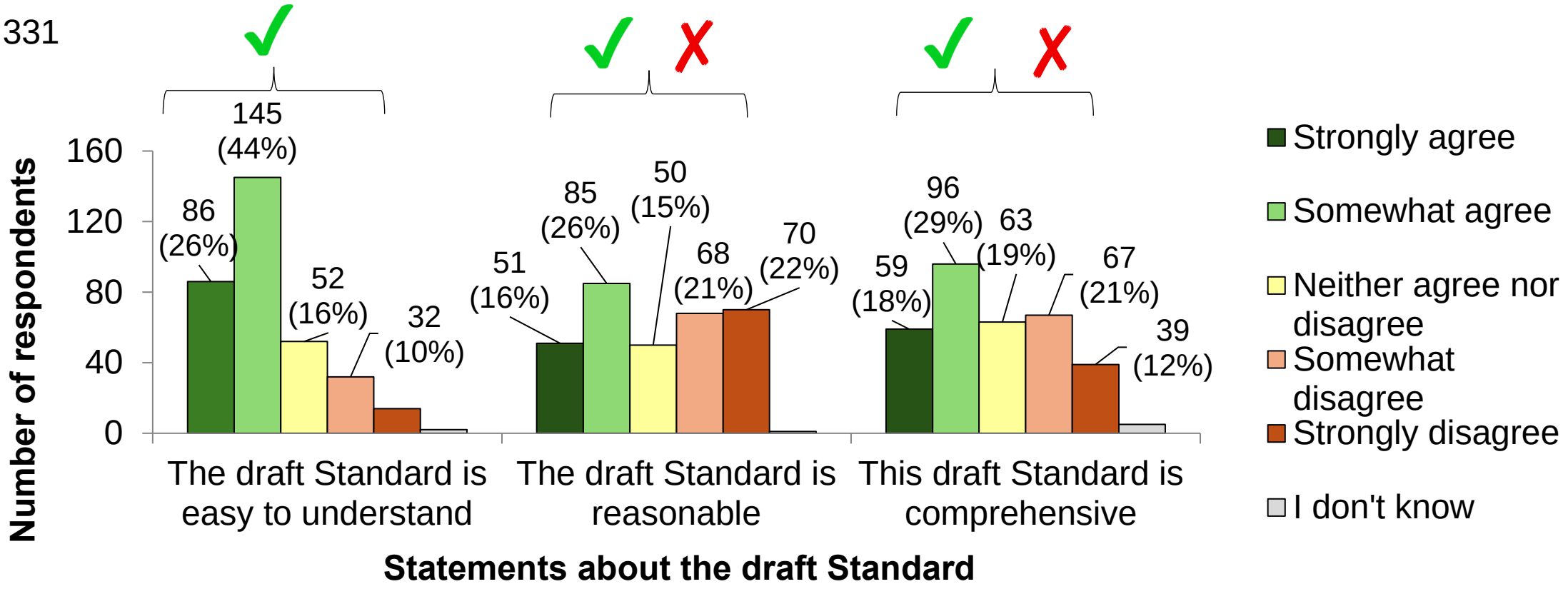
Ontario Dental Association

Ontario College of Social Workers and Social Service Workers

8 ‘other’

Overall Assessment

n= 331



Most respondents (70%) agreed that the draft Standard was easy to understand, however, feedback was mixed on the reasonableness and comprehensiveness of the document.

Key Constructive Feedback

Definition of "conflict" – missing key scenarios, overly wordy, unclear.

Steps for ending the dentist–patient relationship – some obligations are burdensome.

Managing conflicts – some examples do not fit all situations and requirements are complex.

For example: "*Dentists must not end the dentist-patient relationship where patients are non-compliant with office policies,* ***unless the policies were previously communicated to the patient and they apply to all patients of the practice***"

Situations where dentists must not end relationships – some situations, justified dismissal (and were misunderstood)

Key Constructive Feedback

Definition of "conflict" – missing key scenarios, overly wordy, unclear.

Steps for ending the dentist–patient relationship – some obligations are burdensome.

Managing conflicts – some examples do not fit all situations and requirements are complex.

Emergency Treatment – concerns about perceived (misunderstood) requirements for dentists to provide emergency care directly.

Situations where dentists must not end relationships – some situations, justified dismissal (and were misunderstood)

Organizational Feedback

Ontario Dental Association

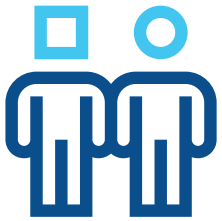
- Acknowledge dentist autonomy and professional judgement
- Ensure consistency and reduce administrative burdens
- Acknowledge that complaints and negative reviews diminish mutual trust

Ontario College of Social Workers and Social Service Workers

- Generally found the draft clear, reasonable, and comprehensive
- Suggested topics for supplementary resources:
  - empathetic and active listening;
  - engaging in respectful communication; and
  - setting the stage for positive relationships.

Current Status: January 2025 - Present

October 2025: Standing Policy Working Group provides feedback on *revised* draft.



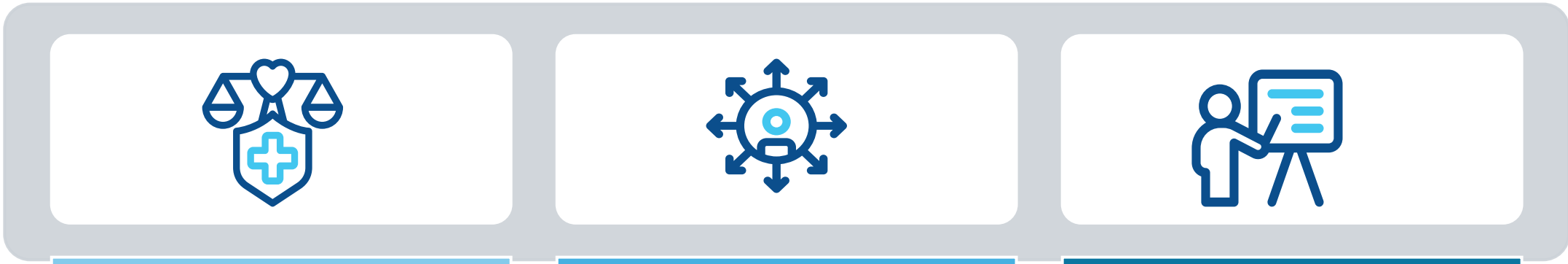
January 2026: QAC approves draft Standard for an Additional General Consultation.



Feb to Mar 2026: RCDSO holds Additional General Consultation



Major Changes: Additional General Consultation Draft



Emphasize dentists' use of professional judgement

Enable greater flexibility to reduce administrative burden

Improve clarity and concision of requirements

② Additional General Consultation Feedback

Additional General Consultation

- Consultation was undertaken via online survey
- Consultation period: February 19 – March 20, 2026
- Total number of responses: 44

43 survey responses



39 dentists
(inclu. 10 specialists)

4 others
(1 public member, 1 non-oral health professional, 2 who chose not to identify)

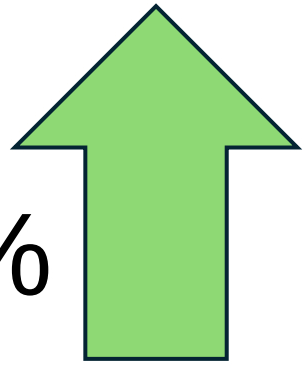
1 written submission

Ontario Dental Association

Overall Assessment

Most respondents agreed that the draft Standard was easy to understand (70%), reasonable (63%) and comprehensive (66%).

21%



reasonableness

19%



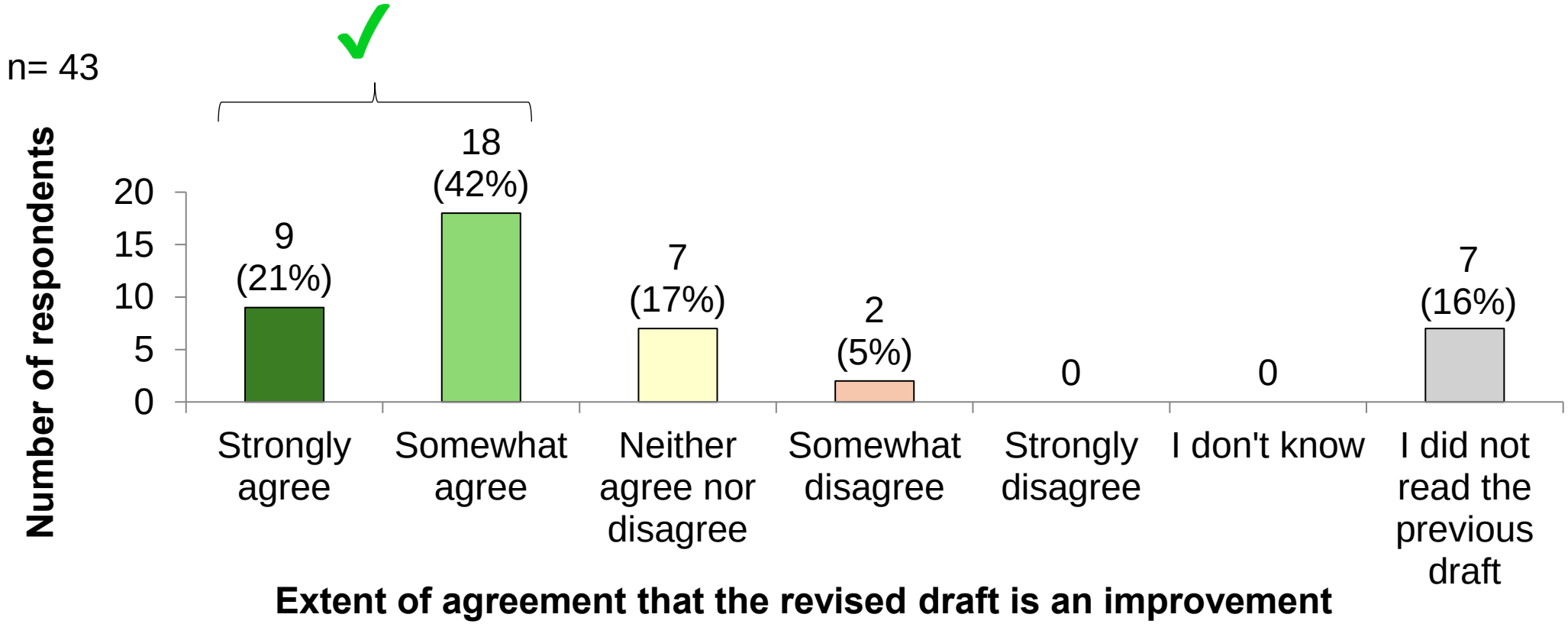
comprehensiveness

77%



use of professional judgment

Overall Assessment



Most respondents (63%) agreed that the revised draft Standard is an improvement over the previous draft.

ODA Feedback

First General Consultation

ODA suggested various changes:

- Acknowledge dentist autonomy and professional judgement
- Ensure consistency and reduce administrative burden
- Acknowledge complaints and negative reviews diminish mutual trust



Additional General Consultation

ODA suggested no changes:

- commended the RCDSO for holding a second public consultation and for incorporating its initial feedback.
- Suggested two scenarios be addressed:
  - ✓ patient complaints or negative reviews as cause for ending the relationship;
  - ✓ dentists' ability to terminate care where new payors are unable to cover the cost of non-emergency care.

Key Constructive Feedback



Guidance for dentists in Public Health Unit settings



Notification requirements when another dentist at the practice will take over the patient's care.



Guidance for addressing patient complaints to the RCDSO.

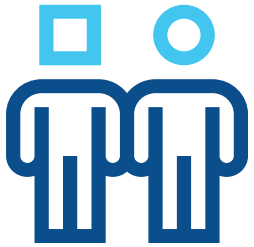
③ Revised Standard

Key Changes



Definitions (Lines 44 to 70)

- Simplify the definition for '**a conflict**',
- Clarify the definition for '**a breakdown**'.



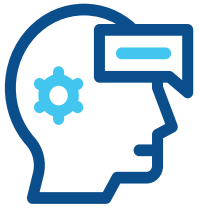
Managing Dentist-Patient Conflicts (Lines 88 to 122)

- Clarify situations where **dentists are not required to resolve conflicts**.
- Update the provision concerning RCDSO's ***Prevention of Boundary Violations and Sexual Abuse*** Standard.

Key Changes

Ending the Dentist-Patient Relationship
(Lines 131 to 215)

- **Move situations of when not to end** the relationship to companion resources.
- Require a **clear and defensible** rationale for ending the relationship.
- Advise dentists to consider ending the relationship where **patient care may be compromised**.

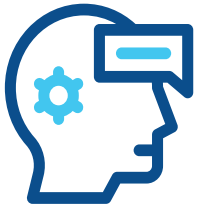




Key Changes

Ending the Dentist-Patient Relationship ctd.
(Lines 131 to 215)

- Require treatment only when it is **time sensitive, temporary and already underway**.
- Require **patients undergoing long-term treatment** to be notified they must find another dentist to provide interim care.
- Signal obligations with concerning **workplace harassment and violence** under the *Occupational Health and Safety Act*, *1990*.





Key Changes



Ending the Relationship due to changes in the Dentist's Employment (Lines 222 to 242)

- Require dentists to inform dismissed patients of the **custodian for their records**.
- Exempt departing dentists from providing personalized treatment information to patients where they will remain with the practice.



Emergency Treatment (Lines 255 to 268)

- Clarify dentists' obligations to treat patients in the event of an emergency.
- Require dentists to use **professional judgment to decide if they should set a time limit** on offers to provide emergency dental care.

Key Changes

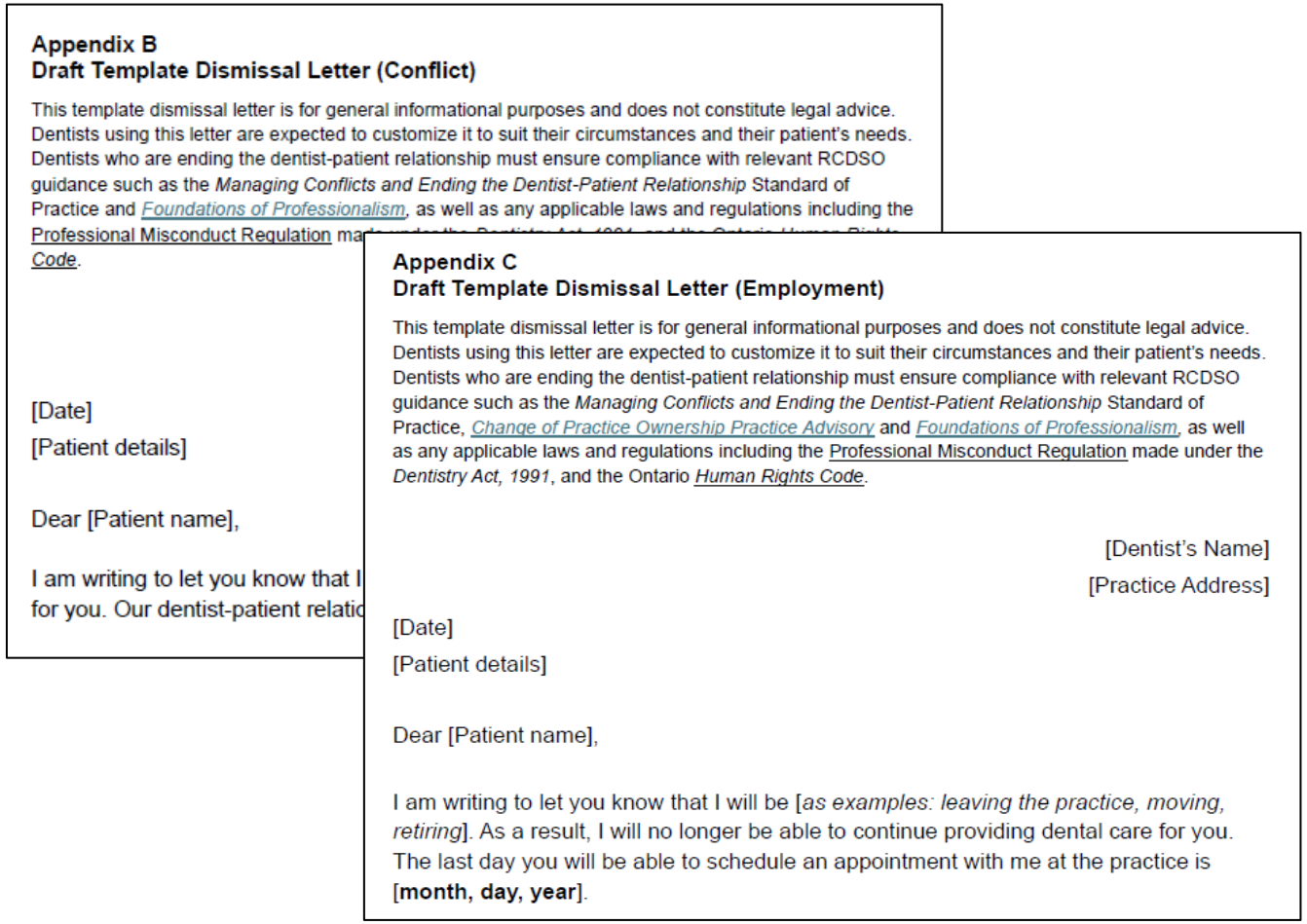
Record Keeping (Lines 279 to 294)

- Added requirements for dentists to record:
  - if they collect outstanding fees from patients at the end of the relationship; and
  - the patients requests for records as well as the outcome.



Other Key Improvements: Supplementary Resources

- Developed two Template Dismissal Letters (**Appendix B** and **Appendix C**).
- Developing FAQs and Case Scenarios (topics listed in **Appendix D**).
- Developing advice for building and maintaining a positive professional dentist-patient relationship.



Appendix B
Draft Template Dismissal Letter (Conflict)

This template dismissal letter is for general informational purposes and does not constitute legal advice. Dentists using this letter are expected to customize it to suit their circumstances and their patient's needs. Dentists who are ending the dentist-patient relationship must ensure compliance with relevant RCDSO guidance such as the *Managing Conflicts and Ending the Dentist-Patient Relationship* Standard of Practice and *Foundations of Professionalism*, as well as any applicable laws and regulations including the Professional Misconduct Regulation ma

Code.

[Date]

[Patient details]

Dear [Patient name],

I am writing to let you know that I

for you. Our dentist-patient relatic

Appendix C
Draft Template Dismissal Letter (Employment)

This template dismissal letter is for general informational purposes and does not constitute legal advice. Dentists using this letter are expected to customize it to suit their circumstances and their patient's needs. Dentists who are ending the dentist-patient relationship must ensure compliance with relevant RCDSO guidance such as the *Managing Conflicts and Ending the Dentist-Patient Relationship* Standard of Practice, *Change of Practice Ownership Practice Advisory* and *Foundations of Professionalism*, as well as any applicable laws and regulations including the Professional Misconduct Regulation made under the *Dentistry Act, 1991*, and the Ontario *Human Rights Code*.

[Dentist's Name]

[Practice Address]

[Date]

[Patient details]

Dear [Patient name],

I am writing to let you know that I will be [*as examples: leaving the practice, moving, retiring*]. As a result, I will no longer be able to continue providing dental care for you. The last day you will be able to schedule an appointment with me at the practice is [**month, day, year**].

Review and Approvals for the Revised Draft Standard

- April 2026: the Standing Policy Working Group reviewed the revised draft and was **highly supportive** of the changes.

- May 2026: the Patient Relations Committee **applauded** the changes and noted that the draft **protects the public interest**.

- May 2026: QAC expressed **strong support** for the draft, approving it to be forwarded to Council for consideration for final approval.



④ Next Steps and Decision

Next Steps

- Should Council approve the Standard, it will replace the current *Maintaining a Professional Patient-Dentist* Practice Advisory and come into effect on July 3
- Template Dismissal Letters and other companion resources (FAQs case scenarios) will be posted on RCDSO's website; registrants and interested parties will be notified.
- RCDSO staff from Policy, Communications, and Quality, will consider knowledge translation tactics, including a future RCDSO Connects webinar.

Discussion and Decision



- Does Council have any feedback on:
  - the revised draft Standard of Practice, *Managing Conflicts and Ending the Dentist-Patient Relationship* (Appendix A); or
  - the Template Dismissal Letters (Appendices B and C)?

- The motion before Council is as follows:
  - **THAT Council approves the revised Standard of Practice "Managing Conflicts and Ending the Dentist-Patient Relationship," as a Standard of Practice of the RCDSO as presented.**

MINUTES OF THE 457th SPECIAL MEETING OF COUNCIL

Thursday, July 23, 2026

Via Zoom videoconference and Livestream

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A Special 457th Meeting of the Council of the Royal College of Dental Surgeons of Ontario was held on Thursday, July 23, 2026, at 7:00 p.m.

Attendance:

Chair
Hanno Weinberger

Council members
Elected Representatives:

Nalin Bhargava	District 1
Robyn Somerville	District 2 (left meeting at 8:45 p.m.)
Peter Delean	District 3
Neil Gajjar	District 4
Daniel Fortino	District 5
Harinder Sandhu	District 6
Erin Walker	District 7
Osama Soliman	District 8
Antony Liscio	District 9
Deborah Wilson	District 10
Anthony Mair	District 12

University Representatives:

Daniel Haas	University of Toronto

Lieutenant- Governor- in- Council Representatives:
Patrick Ballantyne
Stephen Bird
Ram Chopra
James Colliver

Vivian Hu
Nizar Ladak
Adal Simeone
Brian Smith
Marc Trudell
Judith Welkovitch (left meeting at 8:00 p.m.)

Regrets:

Eilyad Honarparvar	District 11
Noha Gomaa	Western University
Roderick Stableforth	Public Representative

Staff:
Daniel Faulkner, Registrar & CEO
Auldwin Armstrong
Angelo Avecillas
Lesley Byrne
Andréa Foti
Jeffrey Gullberg
Angie Sherban
Michelle Tremblay
Kelly Tripp
Harsh Vardhan

General Legal Counsel:
Alan Bromstein
Matthew Johnson, Senior Vice-President, Colliers Macaulay Nicolls Inc.
John Reid, Vice-President, Colliers Macaulay Nicolls Inc.

1. CALL TO ORDER AND LAND ACKNOWLEDGEMENT

The Chair called the meeting to order at 7:00 p.m. He welcomed Council members, staff and guests to the meeting and all those watching the meeting via YouTube. He offered a land acknowledgement to recognize the traditional lands of Indigenous peoples in Ontario.

2. ROLL CALL

D. Faulkner conducted the roll call.

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3. DECLARATION OF CONFLICT OF INTEREST

There were no conflicts of interest declared.

4. COLLEGE WORKSPACE PLANNING

D. Faulkner reminded Council that the College provides a service to the public through the regulation of dentistry, provides resources to dentists to achieve excellence in care, and to Council in its decision-making. He reported on the engaged, high-performing staff to support and help deliver that service.

Resulting from several years of assessment, analysis and consultation, it has been determined that a modernized workspace is required to allow a more collaborative and efficient workforce.

M. Trudell, Chair of the Finance, Audit and Risk (FAR) Committee, summarized the work undertaken by FAR on the College's real estate and workplace requirements. He reported that over the past four years FAR undertook a comprehensive review of those requirements that included a needs assessment, a geo-technical assessment to determine the potential and soundness of 6 Crescent Road and its site, commissioned an environmental site assessment, a building commission assessment and sought advice on tax implications, legal issues, and accounting and financial advice.

From the information obtained, FAR developed a series of next steps. M. Trudell reviewed the options presented to Council at its meeting in April 2026:

- Status quo/do nothing – this was deemed not a viable option.
- Re-zone the property and sell – this was deemed not within the College's mandate as well as costly, risky, complex and time-consuming.
- Stay at 6 Crescent Road and renovate to modernize the building – this would be challenging given the structure of the building and the outdated layout. To modernize the current building would require substantial work that would be costly (approximately $15 million to $17 million) and create major operational disruption for staff for two or more years.
- Sell the building and purchase another building that could be modernized. Colliers conducted an extensive search of the market and assessed a range of opportunities. There did not appear to be a property on the market that offered a clear advantage over leasing.
- The last option would be to sell the building and lease another property in a smaller workspace that would address the College's operational needs. M.

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Trudell noted that the transition from ownership to leasing would strengthen the long-term position and shift our asset based from a physical asset to cash (with future returns).

M. Trudell reported that approximately 18,700 square feet of efficiently designed and usable space is suggested; the current workspace is distributed over five floors with square footage of 35,000 over an inefficient footprint.

M. Tremblay reviewed nine criteria necessary for a new workspace and to enhance collaboration and engagement while supporting the flexible work environment. She added that any decision made also needs to support the RCDSO Vision 2035 and ensure that the College remains financially sustainable.

It is envisioned that any future workspace would include meeting space for Council and committee meetings, and with system partners.

M. Tremblay reported that over 50% of College staff live within 15 kilometres of 6 Crescent Road and it would be critical to have a workplace that is located in Toronto with accessibility to amenities and public transport for staff, system partners and Council members.

M. Tremblay and J. Gullberg reviewed the motions approved by Council at its meeting on April 16, 2026:

1. Appoint Colliers as the College's real estate broker of record and conduct a leasing enquiry process.
    - M. Tremblay reported that Colliers presented 43 leasing properties to staff for consideration. 11 of the properties were viewed by staff and short-listed to three. A designer and contractors were engaged to tour properties and provide cost estimates. There were also cost estimates obtained for renovating 6 Crescent Road.

2. Staff was directed to proceed with a formal exploration of selling 6 Crescent Road and appointed Colliers as the real estate broker of record for the sale.
    - An agreement was signed with Colliers on April 24, 2026 to be the broker of record (this is not the same as a listing agreement).
    - FAR formed a sub-group, Real Estate Advisory Group (REAG) to oversee the sale process and review bids. An initial meeting was held in April and REAG reviewed a market update from Colliers.

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D. Faulkner suggested that the meeting be moved *in-camera* to provide confidential information on market conditions, data for a possible sale of the property and costings obtained from commercial landlords.

MOTION #1:

Moved by: **J. Colliver**
Seconded by: **A. Liscio**

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

1) **Financial or personal or other matters may be disclosed of such a nature that the harm created by the disclosure would outweigh the desirability of adhering to the principle that meetings be open to the public; and**

2) **Instructions will be given to/or opinions received from the solicitors for the College.**

CARRIED
(Unanimously)

The live-stream was paused at this time. Following the *in-camera* discussion, the public meeting resumed at 8:20 p.m.

J. Gullberg assured Council that the sale of the existing building and moving to a smaller leased property would provide greater certainty and flexibility with regard to future space needs. Further, it allows for capital to be directed toward strategic priorities, regulatory programs and innovation. The College's long-term financial health will help maintain fee stability for the dental profession.

He provided an update on the College's Financial Reserves policy. It was reported that there are currently two reserves: PLP reserve that will be dissolved as part of the divestment process; and a reserve on operational contingencies as required under the College Performance Measurement Framework.

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FAR will review and revise the current Financial Reserves policy and bring recommendations to Council for discussion at its meeting in September.

J. Gullberg summarized next steps in the process:

1. A listing agreement will be executed, and Colliers will work closely with FAR and the Real Estate Advisory Group (REAG) on marketing and due diligence for the sale of the building.

2. Senior staff will also commence formal lease negotiations and work with the Executive Committee to review and finalize a viable lease arrangement.

3. The Financial Reserves Policy will be amended by FAR and presented to Council in September.

J. Gullberg responded to questions from Council on the presentation.

1. He reported on the process for a potential sale of the building. Once the listing agreement is signed, a marketing plan will be put in place. REAG will work closely with staff and Colliers and make recommendations to FAR. A bid date will be scheduled and submissions will be evaluated with REAG, FAR and the Registrar and CFO. FAR will eventually make recommendations to Council for final approval of a sale.

2. There have not been discussions on timelines yet. Colliers will recommend when it is the best time to enter into a sale process. Leasing a new property may take place at the same time as a sale of 6 Crescent Road. J. Gullberg stated that there will be minimal disruption for staff during the transition period. Negotiations in sale agreements will be made to ensure protection from disruption.

H. Sandhu commented that the FAR Committee has done a lot of work in exploring particulars of the options under consideration. He was confident in the recommendations being brought forward for Council's consideration.

M. Trudell was confident that Council was provided with enough information for a better understanding of the implications involved in the decision.

The voting was conducted by roll call.

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MOTION #3:

Moved by: **R. Chopra**
Seconded by: **N. Gajjar**

THAT Council approves the execution of a listing agreement for the sale of the property at 6 Crescent Rd., Toronto and delegates the authority to the Finance, Risk and Audit Committee (FAR) to conduct due diligence and negotiations.

CARRIED
(Unanimously)

A. Mair asked why the Executive Committee would be delegated to approve a final lease. D. Faulkner confirmed that the Executive Committee, sitting as Council, would be authorized to review and approve a final lease and would obtain legal advice when necessary. This delegation of authority would allow for swift decision-making during complex negotiations. A. Bromstein added that the College's authorized signing authorities would sign a final agreement, not the Executive Committee.

The voting was conducted by roll call.

MOTION #4:

Moved by: **N. Gajjar**
Seconded by: **A. Liscio**

THAT Council delegates authority to the Executive Committee to review and approve the final offer to lease presented to them by the Registrar regarding workspace for RCDSO operations.

CARRIED
(Unanimously)

5. OTHER BUSINESS

There was no other business discussed.

6. DATE OF NEXT COUNCIL MEETING

The next meeting of Council is scheduled for Thursday, September 24, 2026. It will be held in-person at Vantage Venues, 150 King Street West, Toronto, and live-streamed.

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7. ADJOURNMENT

The Chair advised Council to refer questions on the College's real estate plans directly to Lesley Byrne, Director, Communications or to practiceadvisory@rcdso.org.

He thanked staff for their work in preparing for the meeting, and Council members for their active engagement and discussion.

There being no further business, the meeting was adjourned at 8:50 p.m.

MOTION #5:

Moved by: **J. Colliver**
Seconded by: **D. Wilson**

THAT the 457th meeting of RCDSO Council be adjourned.

CARRIED
(Unanimously)

SIGNED: _____
Signature of President

_____
Signature of Recording Officer

_____
Date

DRAFT

RCDSO | Royal College of Dental Surgeons of Ontario

College Workspace Planning

Council Meeting, July 23, 2026



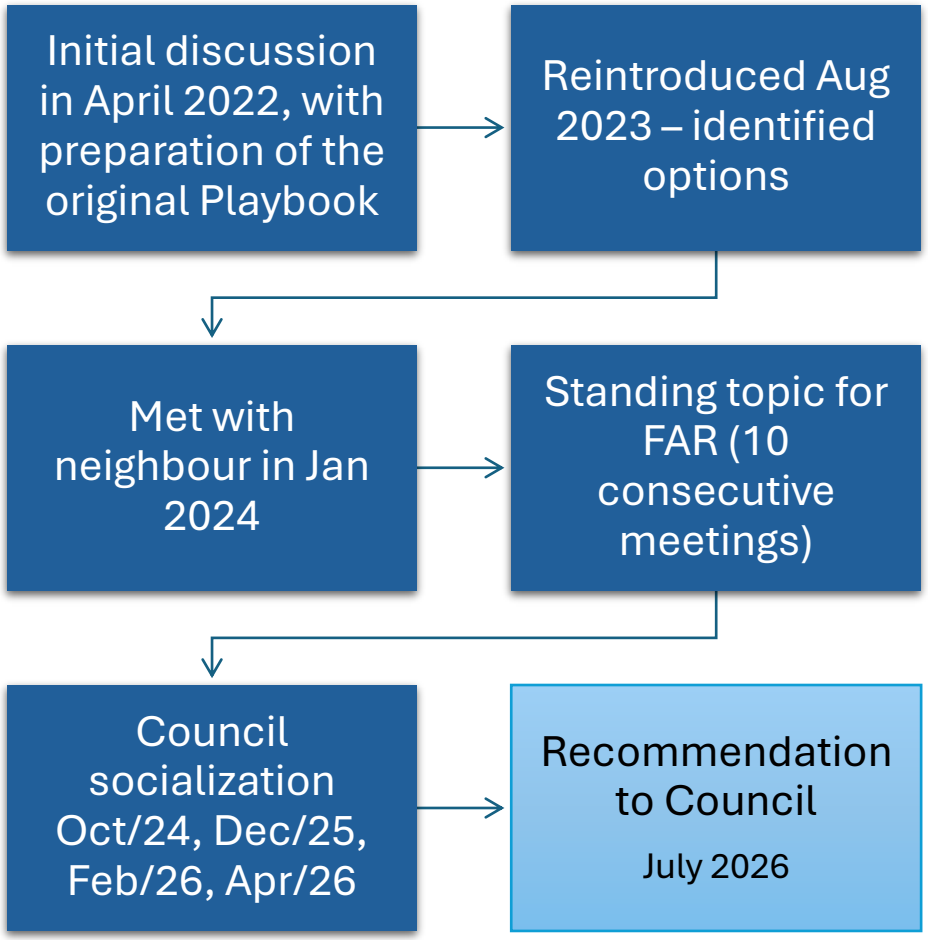


High performing team, regulating in the public interest





Review of FAR Activity



Reports Commissioned

2023

- Development Feasibility Study

2024

- Planning Opinion & Massing Analysis
- ESA phase I report

2025

- ESA phase II report
- Geo-technical assessment
- Opinion of value
- Broker RFP

2026

- Workplace Strategy Playbook (Revised)
- Tax opinion
- Legal opinion
- Property condition assessment
- Valuation

Options Assessed

Re-zone then sell

Stay and renovate

Sell building

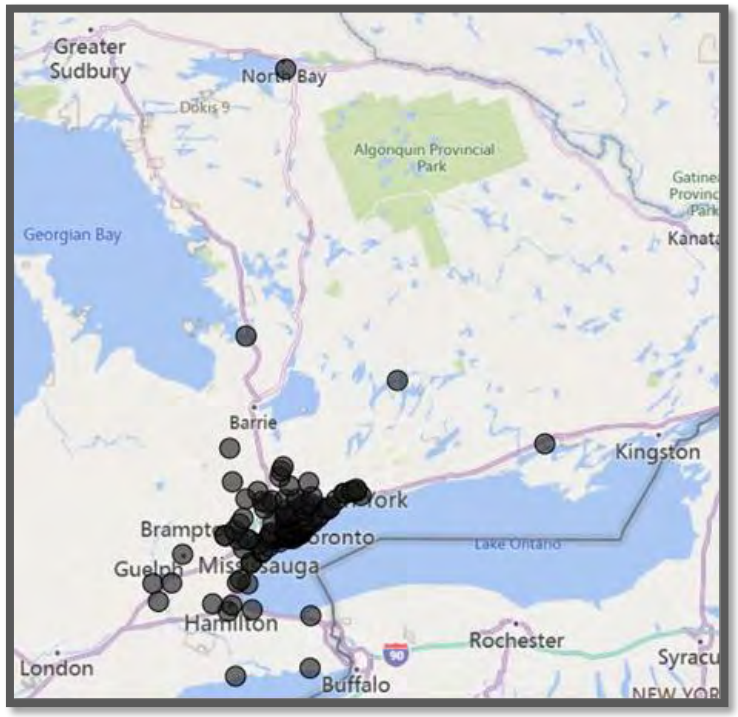
- Looked at in-depth by FAR over four years
- Status Quo/Do Nothing not considered a reasonable option
- Commissioned several expert studies
- Re-zoning discounted for a number of reasons (cost, complexity, timeframe)
- Presented pros and cons to Council in February and April 2026

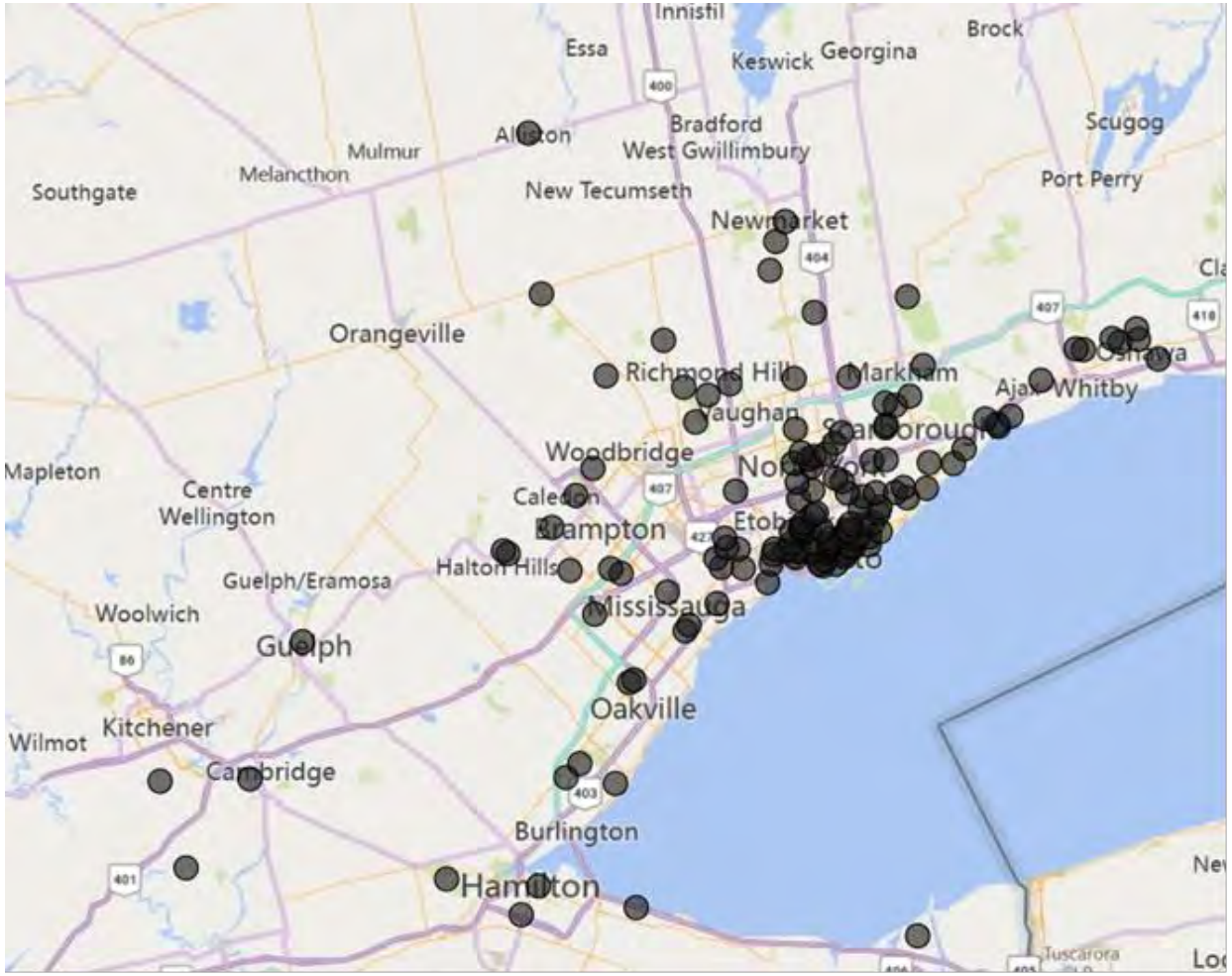
Decision Making Criteria



FAR's recommendation of selling the building scores highest on assessed criteria

Where RCDSO Staff Reside

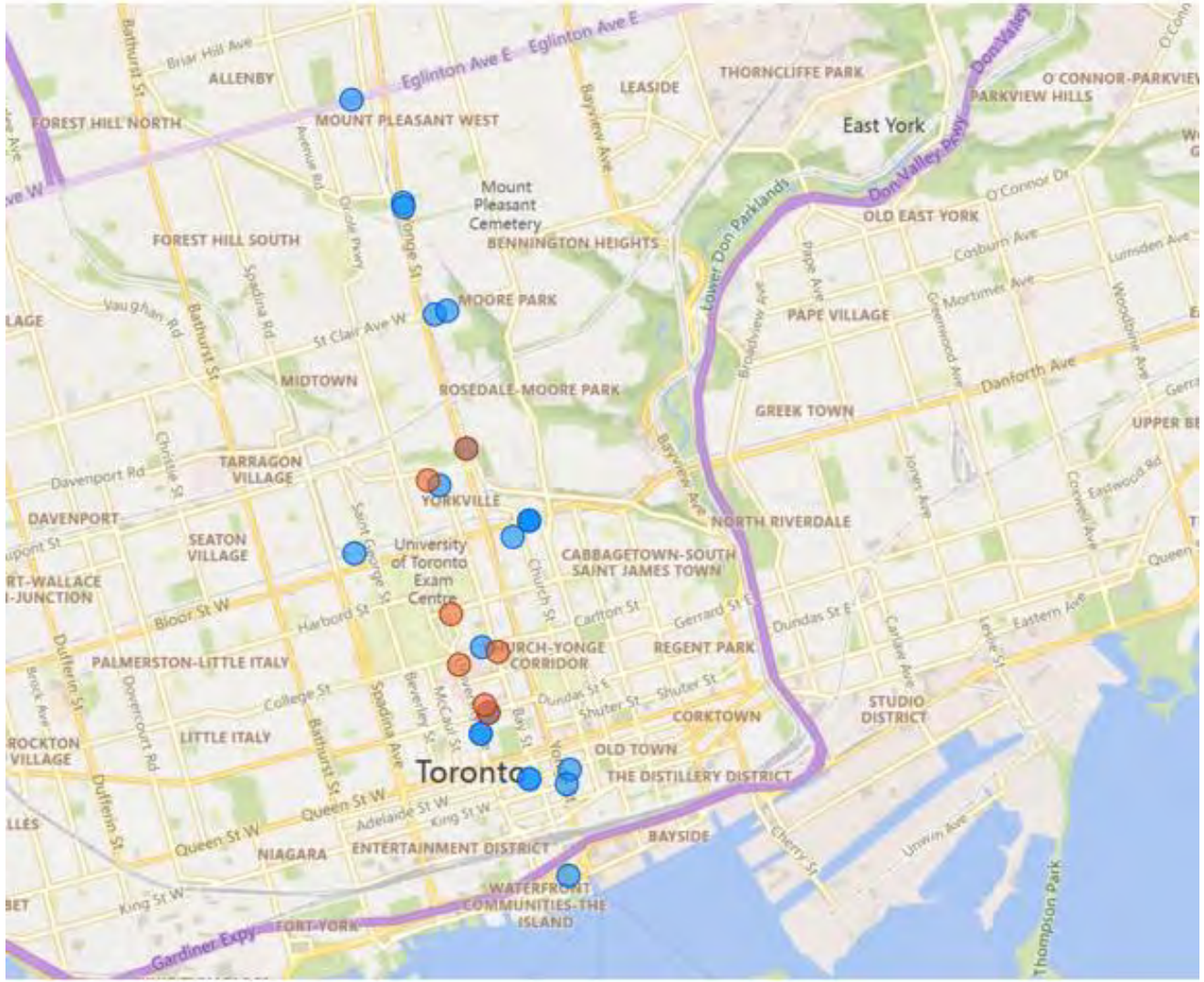




51% staff live within 15 kms of 6 Crescent Road

System Partners

Location to system partners and design of space are strongly linked to College strategic vision



April Motions

Motion 1

THAT Council approves Colliers Macauley Nichols Inc. as the College's real estate broker of record to conduct a leasing inquiry process. The engagement shall not obligate the College to enter into a lease or incur any fees or commitments.

- Since April staff have worked with Colliers to assess available options
  - An initial list of 43 properties
  - 11 properties selected for an office tour
  - short-listed to 3 properties
  - Expanded staff team visited the short-list and ranked on several factors
- Designer toured short-listed properties with general contractors to help prepare in-depth costing
- Prepared costing for renovating 6 Crescent Road

April Motions

Motion 2

THAT Council directs staff to proceed with a formal exploration of the sale of 6 Crescent Road, in the City of Toronto.

- FAR formed a subgroup, the Real Estate Advisory Group (REAG), to oversee the sale
- Initial meeting held to discuss the due diligence required for process
- True market value and competitive bids will only be generated when a listing agreement is signed

Motion 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. The engagement shall involve no fees payable unless and until a sale is approved and completed.

- Agreement signed with Colliers on April 24, 2026
- The role of Colliers in managing the sale of Crescent Rd is limited until Council authorizes the execution of a listing agreement

Motion #1

- **THAT the public be excluded from the following portion of the meeting under clauses (b) and (e) of subsections 7(2) of the Health Professions Procedural Code being Schedule 2 of the Regulation Health Professions Act, (Ontario) in that,**
- **1) financial or personal or other matters may be disclosed of such a nature that the harm created by the disclosure would outweigh the desirability of adhering to the principle that meetings be open to the public; and**
- **2) instructions will be given to/or opinions received from the solicitors for the College.**

RCDSO | Royal College of Dental Surgeons of Ontario

College Workspace Planning

Council Meeting, July 23, 2026

Financial Reserve Governance & Accountability

Strong guardrails to protect access to the reserve funds for Council's oversight:

- Comprehensive reserve policy in place
- Funding of all reserves must be approved by Council
- Limitations to access funding and movement of funds within reserves will be approved by Council upon the recommendation of FAR
- Policy reviewed every three years, next review 2026
- Any sale proceeds will be managed in accordance with Reserves Policy

Next Steps as recommended by FAR

- Execute listing agreement and commence due diligence, marketing and sale activities with FAR/REAG oversight (final sale to be approved by Council)
- Commence formal lease negotiations for a suitable property
- Revise the Reserves Policy for FAR consideration, in advance of presentation to Council in September

Q&A/Discussion

Motion #3:

THAT Council approves the execution of a listing agreement for the sale of the property at 6 Crescent Rd. Toronto and delegates the authority to the Finance, Risk and Audit Committee to conduct due diligence and negotiations.

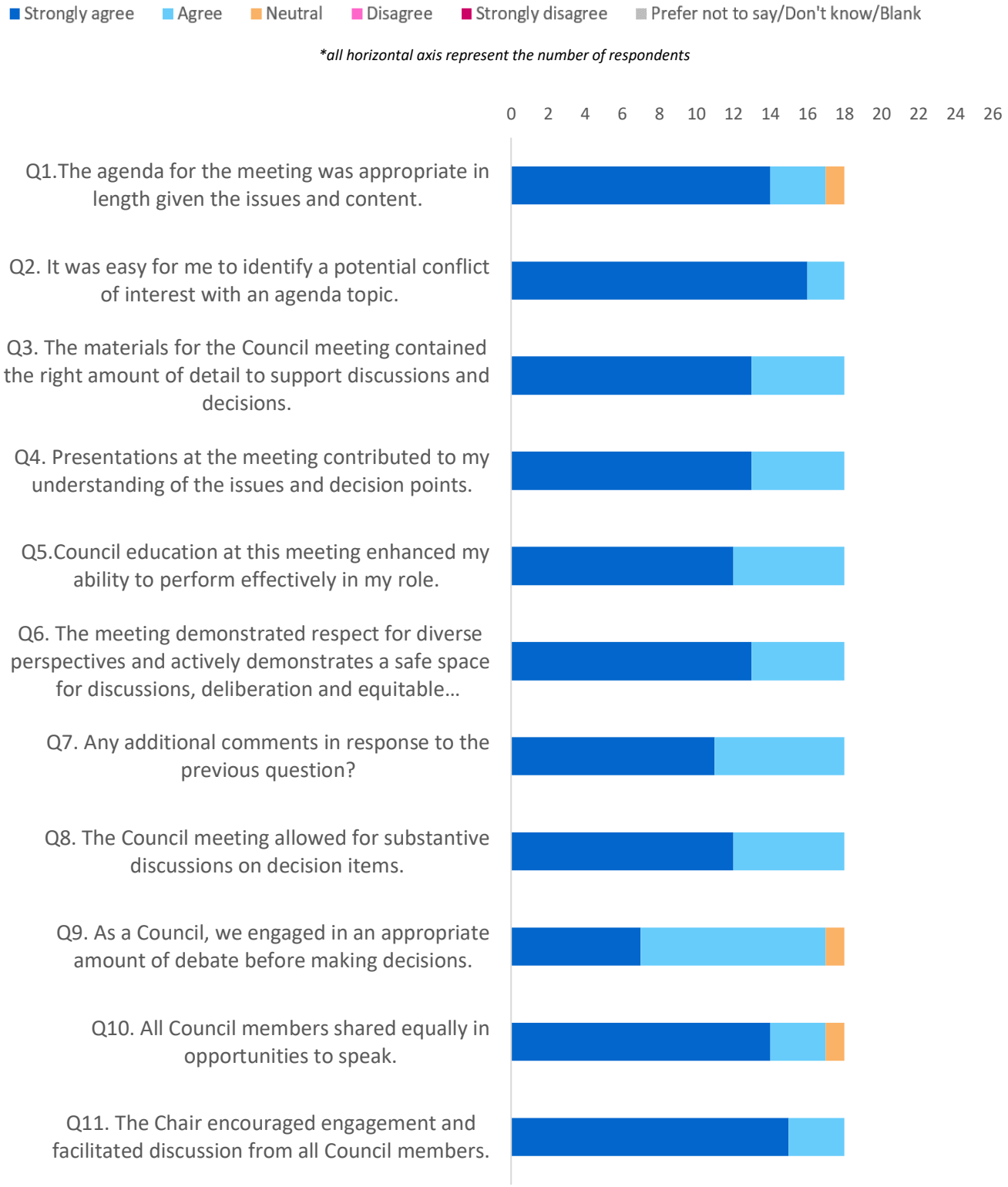
Motion #4

THAT Council delegates authority to Executive Committee to review and approve the final lease presented to them by the Registrar regarding workspace for RCDSO operations.

Council Meeting Evaluation Survey Report

Council Meeting #456 June 18, 2026

Quantitative Results



Council Meeting Evaluation Survey Report

Council Meeting #456 June 18, 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.*

- ◊ Nothing to add here.
- ◊ Better reflection on how discussions and topics relate back to public interest.
- ◊ As always, the meeting and its content were Very well organized.
- ◊ I would like to suggest an opportunity, perhaps at a future Council dinner, prior to the meeting to discuss as a Council how we can better support Dan and Andrea when political issues emerge in the implementation of our strategic plan. Specifically, given the collective experience of Council members, what do we anticipate may be politically motivated reactions from "Partners" to our plans for leadership coordination? and what advice can we proactively equip our Senior team with to address these concerns if/when they emerge.
- ◊ The presentations were relevant and informative. Thank you for arranging for the speakers in person and virtually.
- ◊ It was a meeting packed with many agenda items and a bit more allotment of time would have been better.

- ◊ Really productive discussions and great presentations by everyone!

Council Meeting Evaluation Survey Report

Council Meeting #456 June 18, 2026

Qualitative Results

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

- There were difficulties with microphones intermittently working during meeting that became frustrating/ distracting.
- If we could select the closest hotel .
- Reflection on discussions and relating it back to public concern and interest If a question cannot be answered to be recorded and addressed at future meeting
- Update on real estate and PLP divestment
- Everything is working well
- If a meeting is "full-day", then in-person is always best.
- Keep up the very good work that has gone into preparing a very effective Council Agenda that allows
- Council members many opportunities to ask questions and share their thoughts on a wide variety of topics and issues. Well done!!!!!
- The inCamera discussion could have been facilitated with background information that could have been shared in advance in a confidential manner.
- There were problems with the speakers. My colleague in particular found when he pushed the speaker button the microphone did not light up. We eventually came to the conclusion if more than three microphones were on , then a fourth would not work. Are we correct? We never had this problem in prior meetings. Thank you for the screens in the centre of the seating area. This was very helpful.

- Continuing to Encourage more council member participation.
- There should have been more time set aside for the in-camera session.

Registrar & CEO Report to Council
Prepared by Daniel Faulkner
September 24, 2026

GOVERNANCE & REGULATORY LANDSCAPE

- On December 1, 2026 the Office of the Fairness Commissioner is hosting an invitation-only event with its theme *Fair Registration: Key Successes and Ongoing Challenges – Building on 20 Years of Fair Access Legislation*. I have accepted an invitation to participate on a panel discussion during the event which will address key challenges of fair access legislation, future collaborative priorities and unfinished business. In recognition of the 20th anniversary of fair access legislation, I also submitted a reflection which was posted to the OFC's 20th anniversary website page.

PARTNERS AND COLLABORATORS

- The College was approached in July 2026 by the Ontario Health Team, known as North York Toronto Health Partners (NYTHP), to participate in a small scale pilot project to help patients access primary care providers (ie. Individuals who are unattached to a family doctor/nurse practitioner). There are about 50,000 North York residents who do not have a family doctor or nurse practitioner. The NYTHP acknowledges that many patients to dental clinics may not have a primary care provider and it is an ideal touchpoint when dentists and the broader oral health care team gather and utilize medical information to inform dental assessments and treatment. The College agreed to participate by emailing information to North York dentists advising them of the project and seeking volunteers to be involved in the identification of unattached patients, with the objective of the NYTHP finding a primary care provider for these patients (ie. facilitating an attachment). Dentists and dental clinic engagement will support the identification of appropriate patients and the clinic will also facilitate, with NYTHP, the provision of information and contact details.

  This is one important project that is aligned with the first pillar in our strategic plan: Healthy System. Generating progress to coordinate and integrate oral health care with primary health care will require multiple initiatives and strategies with partners. The collaborative project above is one small initiative, with minimal resource commitment, that will contribute to positive system change initiatives.

- College representatives recently met with staff of the ODA to discuss the enhancement of mental health support and resources for Ontario's dentists. There was a strong commitment and alignment to work together to understand the current needs of dentists, the availability and accessibility of resources and how we might collaborate to fill in any gaps. Elaine Stone, Manager, Professional Conduct and Regulatory Affairs (PCRA) will serve as the point of contact for the College in future discussions. Preliminary areas to address include the role of continuing education, reducing the stigma of mental health issues and support, and the role of health programs as implemented by other health professions. Council will be kept informed as further information is available.

- The Commission on Dental Accreditation of Canada (CDAC) is the acknowledged national body that brings together organizations related to oral health care professionals, educators, regulators and examination/certification bodies, to accredit educational programs in dentistry, dental hygiene and dental assisting. Previously, Council has been updated about work at CDAC to become an independent organization (which was accomplished in 2022) and more recently to develop outcome-based accreditation standards and to reform the funding formula for regulators, education programs and examination bodies. Of note, regulators across all provinces and in all three professions provide grant funding that represents 75-80% of CDAC's annual operating budget. Several consultation sessions have been held with funding partners. While no specific decisions have been announced, it is likely that the regulatory portion of the contributions will be reduced from the current formula. A full report will be prepared for Council as the funding direction becomes more clear.

- On June 19 &20 the President, Registrar and Deputy Registrar attended the Canadian Oral Health Summit in Saskatoon. The theme was "*Advancing Interprofessional Oral Health Education, Research and Care*" with sessions designed for participants from the clinical, research, education, and regulatory communities as well as dental system partners. There were a number of relevant sessions to our current work, however the most important message from the COHS was the need to advance system change in oral health, requiring multiple partners working in a collaborative way. This message further validates the Council's strategic vision 2035 and the next strategic plan.

AROUND THE COLLEGE (REGULATORY, OPERATIONS, COMMUNICATION)

- In August 2026, the College conducted its biennial staff survey, through an independent third party, to better understand how the organization is doing through the eyes of staff. Numerous insights were identified from the 2024 survey and several initiatives were implemented touching on professional development, understanding compensation and building staff engagement. The survey closed in late August and I am pleased to convey we had over 92% response rate. Analysis will be conducted through September and the results will be available to all staff as we look ahead to new staff-identified initiatives over the next two years. Themes from our findings will also be available for Council.

- In July, I announced a re-alignment in our organizational structure that involved Michelle Tremblay becoming the Chief People & Culture Officer. This new portfolio will include strategic decisions to advance culture, employee experience, and staff learning and development; continued leadership in the Reconciliation Action Plan as well as broader Equity, Diversity and Inclusion (EDI), including internal, governance and community engagement; and, understanding and managing the impact of technology and AI on staff, HR functions, our daily work and workforce planning. Joe Donahue, Director, Human Resources will report to the Chief People and Culture Officer and will continue to lead all aspects of the human resource department, operations and programs.

- Following Council's decision to list the property for sale at 6 Crescent Road and explore lease opportunities for the future workspace of the College, several positive developments are moving forward. The Real Estate Advisory Group (a group from the Finance, Audit and Risk Committee membership) will have its first meeting on September 22, 2026 and will begin to plan the due diligence and approach to the sale of the property. Work has also advanced considerably on leasing space for the College and the Executive Committee has been engaged. Negotiations and due diligence are still underway to land on a reasonable leasehold improvement budget, and this will be provided to the Executive Committee. The Executive Committee will continue to serve in its delegated oversight role and Council will be brought up to speed when more information is available.

- RCDSO Connect continues to be a successful communication initiative for the College. Since the last Council meeting, there have been two Connect sessions to discuss governance and one with external speakers to discuss how to respond to IPAC lapses in practice. The IPAC session was part two of a very successful IPAC series. The College is also grateful to Dr. Anthony Mair (Council member) and Dr. Nicole Greenwood (Non-Council Committee member) for sharing their insights and experience in serving on various roles at the College. Our recent call for candidates to run in the provincial election and serve on Council has been very successful and likely attributable to our efforts to provide relevant and timely information to dentists. More information will be available to Council in the future.

- In late August, Dr. Harinder Sandhu, President, attended and spoke at white-coat ceremonies for new dental students, at both dental faculties in Ontario. White coat ceremonies welcome new dental students to their chosen profession, and the College always has an opportunity to reinforce messages about the profession, professionalism and public interest.

Respectfully submitted,
Daniel Faulkner, Registrar & CEO

Council Dashboard Report

Operational Highlights

September 2026

Royal College of
Dental Surgeons of Ontario

Current Metrics

Program Area	Metrics
Quality	Regulatory Requirements Dashboard, 2026
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 2026
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

For a full list of acronyms, refer to "Lexicon of Commonly Used Acronyms" in the Council Materials

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

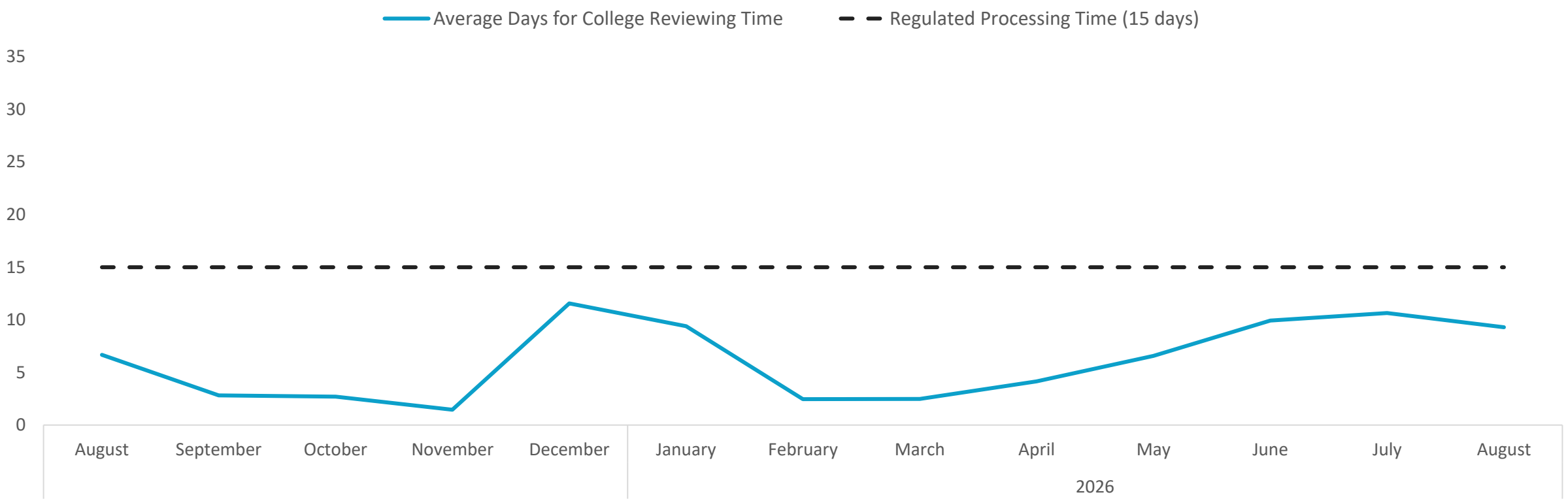
- On track per project plan
- No activity planned
- Minor variation, managed within department
- Course correction required

Components of QA Program	Jan-Mar	Apr-Jun	Jul-Sep	Oct-Dec
Continuing Education audit results				
CE - Category 1 courses: # approved				
CE – RCDSO Connect – Category 1 sessions				
PET administration (2025-2030)				
Annual Declaration of Compliance				

Key Points

- **Category 1 courses:** 70 courses approved in 2026; total 216 available as of Aug 27, 2026
- **RCDSO Connect:** Delivered 7 category 1 courses and 3 information sessions (no points). Sessions delivered through collaboration between Quality, Communications, Policy & Standards, PAS and PCRA teams and key system partners (e.g., Western University, Fanshawe College, Public Health Ontario, Ministry of Health, York Region Public Health, Toronto Public Health)
- **PET 2025-2030 cycle:** 4159 eligible dentists have passed PET as of Aug 27, 2026

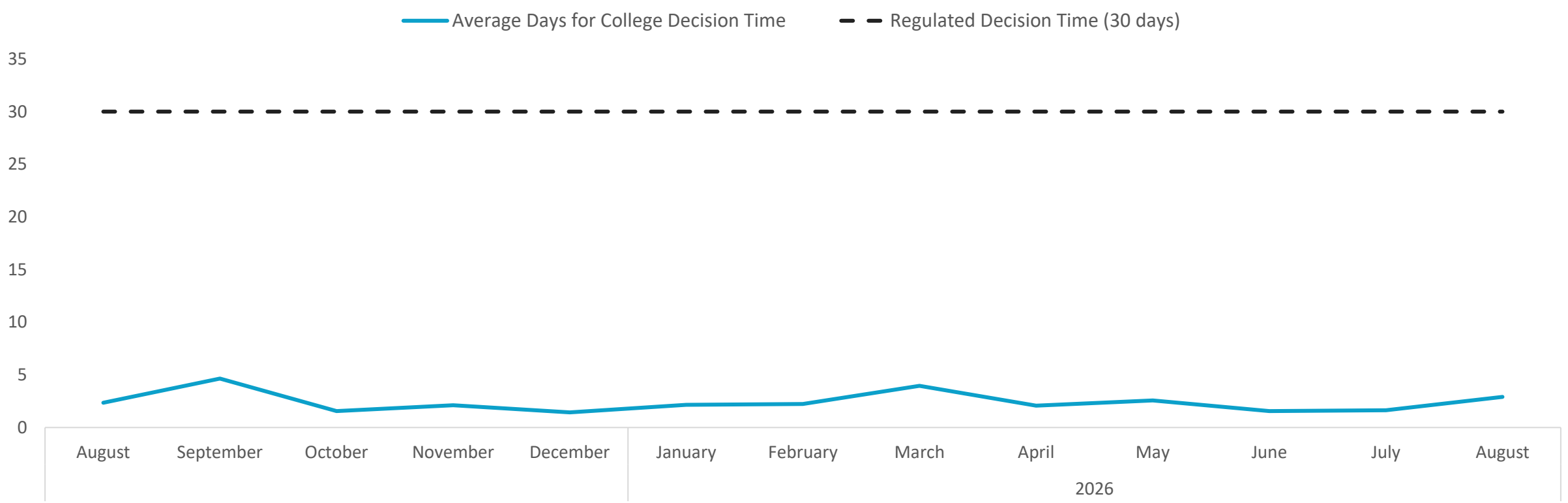
Registration | Average Application Processing Timelines, by Month



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).

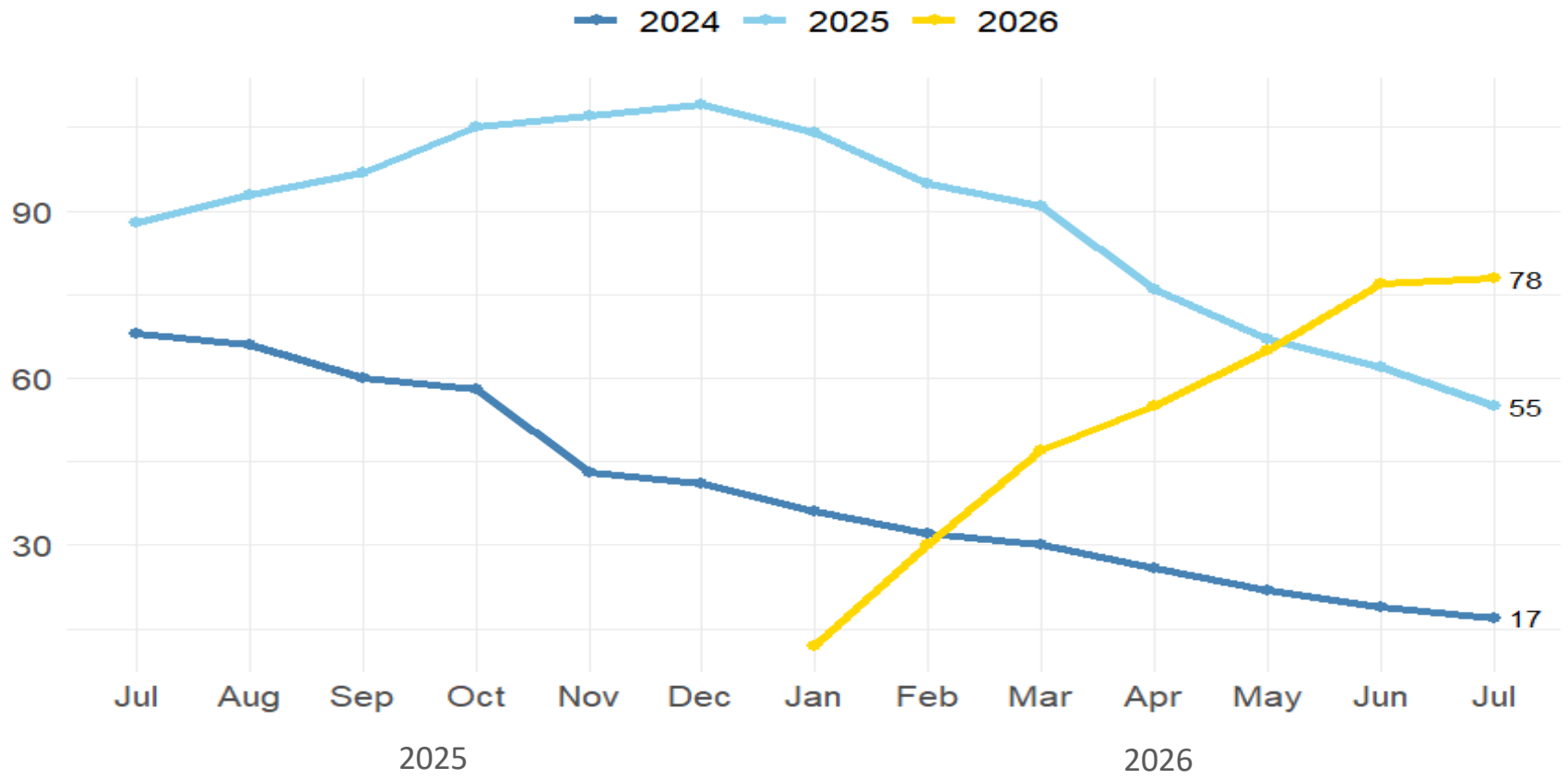
Registration | Average Application Decision Timelines, by Month



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



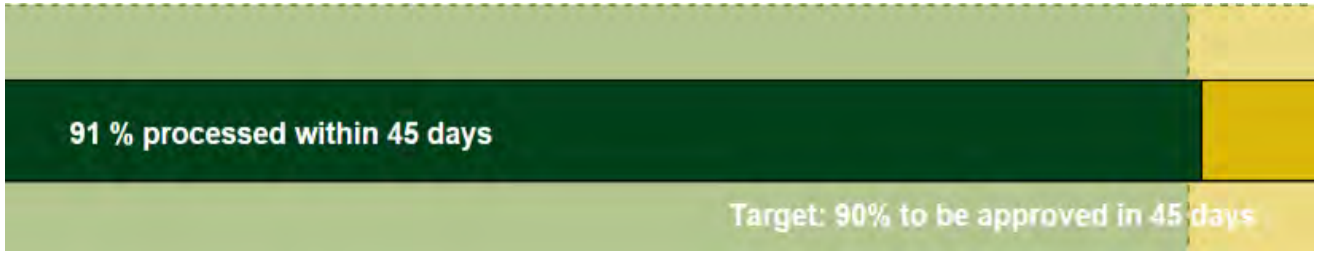
Key Points

- The final 2023 permit application was closed in May, so the graph now only has 3 lines, 2024, 2025 and 2026.
- Open applications for 2024 and 2025 continue to trend downwards
- Since the last operational dashboard, the FIP Department has closed 9 of the 2024 applications
- Since the last operational dashboard, the FIP Department has closed 20 of the 2025 applications

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



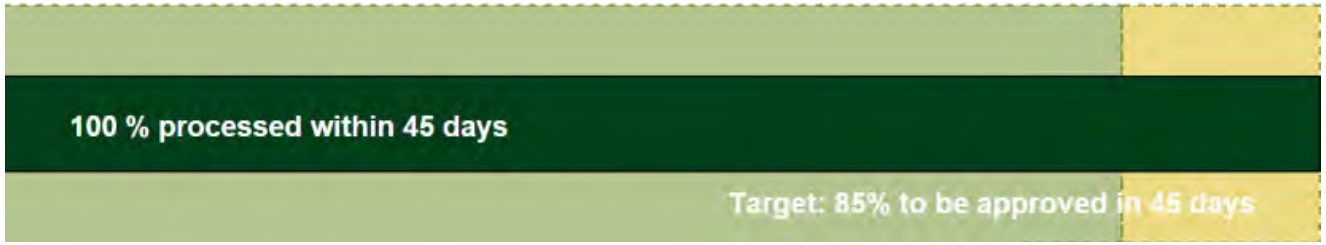
All non-visiting sedation members authorizations applications

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

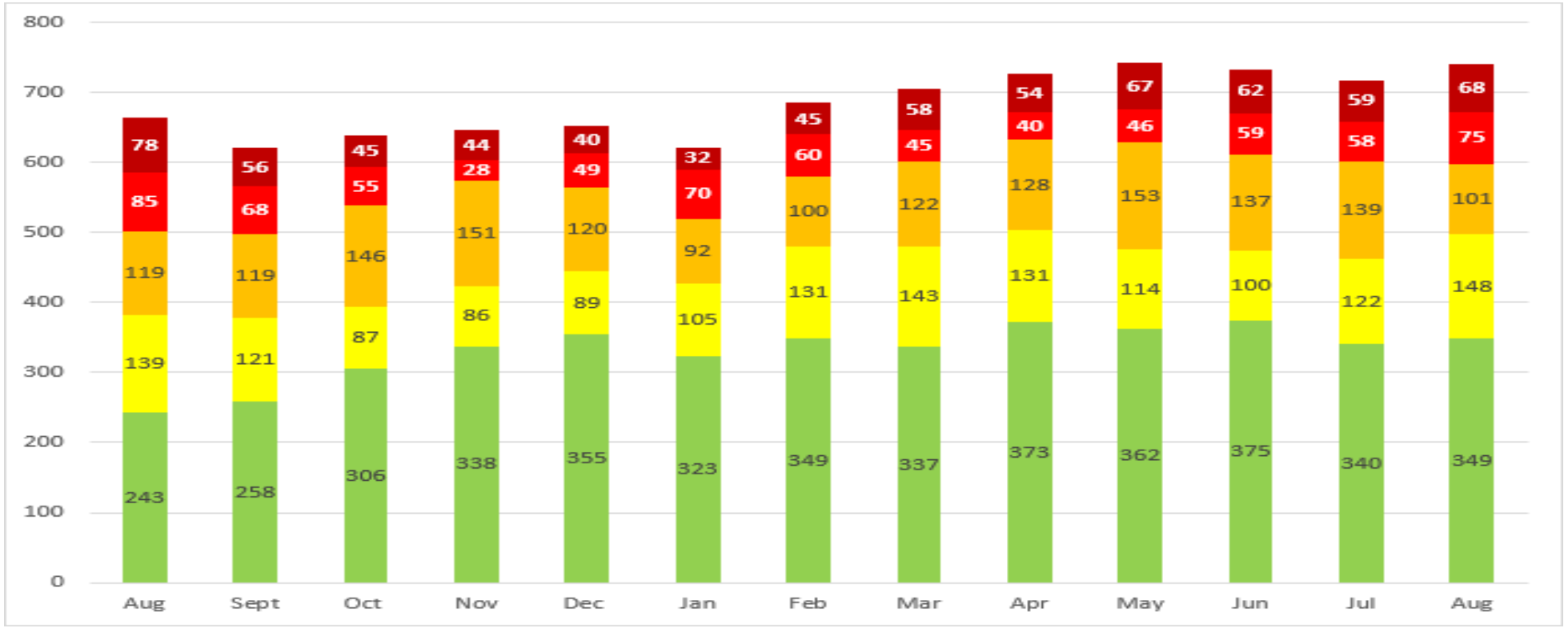


Key Points

- The pale green reflects the targets for sedation application processing and the dark green represents the processing times achieved.
- Processing timelines continue to be monitored closely to ensure performance remains within targets as application volumes fluctuate.

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
- Over 80% of all active cases are under 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**



Retired Metrics

Program Area	Retired Metrics	Duration on Council Dashboard Report
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	● ● ● ● ● ● ● ●

Duration on Council Dashboard Report

2021 | 2022 | 2023 | 2024

Quarters: 1 2 3 4 | 1 2 3 4 | 1 2 3 4 | 1 2 3 4

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 the 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

RCDSO COUNCIL WORK PLAN 2026

Category	Item	Responsibility	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
Strategic Plan	Review progress on strategic objectives	Council				C		C			C	C		C
	Renew and refresh strategic plan	Council w/Registrar												
Finance	Approve annual budget	Council												C
	Approve audited financial statements	Council						C						
	Review quarterly results	Executive/Council				C	E	C	E		C		E	C
	Review financial policies and procedures	TBD												
Registrar and CEO	Registrar's Report	Council				C	E	C		E	C		E	C
	Establish performance goals for Registrar and CEO	Exec/Council/Registrar											E	C
	Performance check-in	Exec/Registrar					E							
	Prepare new CEO evaluation form	Executive										E		
	Performance appraisal	President/VP										E		
	Review succession planning	Exec/Council										E		C
Council Affairs	Council Performance Evaluation	Governance Committee/Council			GC	C	GC	C	GC		C			
	Establish Governance Committee member selection and succession process	Governance Committee/Council			GC		GC	C	GC		C	GC/C		
	Approve by-law housekeeping amendments re Professional Liability Committee provisions	Governance Committee/Council			GC	C								

Royal College of
Dental Surgeons of Ontario

COUNCIL BRIEFING NOTE

TOPIC: Financial Update

FOR INFORMATION

September 24, 2026

ISSUE:

Financial Sustainability: To College operating, regulatory, and capital budget process for the upcoming 2027 fiscal year began in June 2026 and will be presented to Council in December.

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. Quarterly they receive detailed financial commentary from staff to remain well informed on the financial activity of the organization.
- FAR provides oversight into financial results throughout the year.
- The annual budget provides staff, the Finance, Audit & Risk Committee (FAR) and Council with an opportunity to discuss policy issues and determine how to fulfil the College mission within a finite budget envelope. The budget process begins mid-year, and the final budget is presented at the Q4 meeting of Council, after substantial analysis and review.
- The FAR Committee and staff continue to develop multi-year forecasting reports in conjunction with the budget to support the College's planning process and make course corrections when necessary.

ANALYSIS:

<u>2026 Fiscal Results</u>

- Attached in Appendix A is the forecast for 2026, which was presented to FAR in July, based on Q2 (six months) numbers.
- Included in Appendix B are the Statement of Financial Position and Statement of Operations at August 31, 2026 (8 months into the year).
- It is anticipated the College will end the year in a surplus position, consistent with the 2026 budget. Currently this is projected to be approximately $3.4 million from regular operations and a total projected surplus of $17.8 million which includes non-operating income from the PLP Divestment.

- Financial position remains strong and stable, with net assets of $54.3 million, unchanged from the prior year. Total assets decreased, primarily due to the settlement of the professional liability claims, reflected in a significant reduction in the accrued claims liability from $25.6 million to $5.8 million. Cash increased to $15 million, while long-term investments decreased to $41.8 million, reflecting the use and reallocation of investment holdings during the year.
- Revenue outperforms budget, totaling $35.9 million (108% of budget), driven primarily by stronger-than-expected investment income. Investment income has a positive income of approximately $3.5 million ($1.5 million above budget), comprised of interest income on GICs and long-term bonds, dividend income, and unrealized gain on the fair market value of equity holdings. Registration and annual fee revenue has already exceeded the annual budget, reflecting strong than anticipated registration activity.
- Expenses remain well controlled, with total spending of $19.6 million (60% of annual budget) and most expense categories remain below budget. Total expenses are approximately $7.2 million lower than the prior year, largely due to the absence of a Professional Liability Program provision recorded in 2025.
- PLP divestment remains partially outstanding: As one component of the transaction is still pending, the full financial impact and final results cannot yet be determined. In addition, elements of the transaction span two fiscal periods, with certain components completed in 2025 and other occurring in 2026, resulting in the cumulative impact being recognized across both years. While full completion had been anticipated in advance of this meeting, a comprehensive update will be provided at the September Council meeting once all elements are finalized.

NEXT STEPS:

- Continue to report results throughout the year to the FAR Committee and Council.
- Real estate transactions currently underway will be reflected in the December budget presentation with key assumptions noted. A three-year financial forecast will also be presented to support Council's consideration of the longer-term financial implications of its decisions.

DECISION FOR COUNCIL:

None at this time

CONTACT:

Kelly Tripp, ktripp@rcdso.org

Jeffrey Gullberg, jgullberg@rcdso.org

Attachment:

Appendix A: 2026 Year End Forecast
Appendix A: August 31, 2026, Statement of Financial Position & Statement of Operations

RCDSO | Royal College of Dental Surgeons of Ontario

2026 YEAR END FORECAST
For the year ended December 31, 2026

	2025 Year End Actual	2026 Annual Budget	2026 Year End Forecast	Notes
Revenue	$	$	$	
Registration and annual fees	42,106,523	30,869,175	31,361,417	Registration and annual fees are above budget expectations. The new applications and reinstatements are slightly higher than anticipated at this point in the fiscal year.
Investment income	4,949,257	2,028,266	3,567,600	The budget was built on a conservative basis and that a portion of the investments would be liquidated for the final step of the LPT. Investment income is anticipated to be over budget due to the gain on the fair market value of the equity investments and interest earned on investment holdings. We are cautiously optimistic that positive returns will continue for the remainer of the year.
Professional liability program recoveries	353,514	-	25,000	Professional liability program recoveries are expected to be slightly higher than budget as the expectation was the 2025 rsik transfer would have been completed before deductibles would have been billable.
Monitoring cost recoveries	250,200	200,000	223,200	
Professional conduct recoveries	376,550	305,000	357,700	Professional conduct recoveries is less than expected due to timing of monitoring visits and associated recoveries with monitoring and hearings.
Other income	187,746	115,625	475,996	Other income expected to be higher than budget due mostly to the return of premium on the liability insurance policies through the years 2021-2024.
TOTAL REVENUE	**47,973,590**	**33,318,066**	**35,787,713**	

RCDSO | Royal College of Dental Surgeons of Ontario

2026 YEAR END FORECAST
For the year ended December 31, 2026

	2025 Year End Actual	2026 Annual Budget	2026 Year End Forecast	Notes
Expenses				
Staffing costs	21,659,262	20,400,836	20,495,847	Staffing costs are tracking closely to budget. Minor increases over budget due to extended health, pension and top up costs.
PLP Loss Provision	10,551,959	-	-	The PLP Program was transferred to a new provider effective January 1, 2026 therefore no stop loss costs are anticipated.
Insurance and brokerage	725,589	349,600	245,684	Insurance premium budget included costs to obtain liability insurance in the event there were any delays in the transfer of the PLP Program.
Council and committees	1,174,830	1,393,333	1,420,933	Expect per diem costs to be slightly over budget at year end due to extra meetings needed regarding PLP and Real Estate. Budget reflects a mix of virtual and in-person meetings.
Consulting and professional fees	4,520,113	3,457,183	3,658,228	Legal and consulting fees are expected to exceed budget due to additional costs related to the PLP divestment that were not known at the time the budget was built.
Amortization	1,695,762	1,826,100	1,330,298	The decrease in amortization expense relative to budget is primarily due to the timing of asset in-service dates. Several capital projects were expected to be commissioned earlier in the year that have not yet been executed, resulting in a lower projected amortization.

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2026 YEAR END FORECAST
For the year ended December 31, 2026

	2025 Year End Actual	2026 Annual Budget	2026 Year End Forecast	Notes
Expenses Cont'd				
Faculty payments and fees	619,862	725,152	725,602	We anticipate expenses will continue to track close to budget.
Telecommunications and technology	2,162,672	2,354,460	2,412,183	Expenses are expected to be slightly above budget due to spending on telephony and software agreements.
Operations and facilities	569,717	657,395	612,871	Small savings expected in a few areas but mostly expenses are tracking closely to budget.
TOTAL EXPENSES	**44,996,938**	**32,723,032**	**32,417,521**	
EXCESS (DEFICIENCY) OF REV OVER EXP	**2,976,652**	**595,034**	**3,370,193**	
NON-OPERATING INCOME/EXPENSES	**-**	**-**	**14,431,999**	These dollars reflect the net income expected from non-operating transactions related to PLP divestment which include the Purchase Price and Premium to transfer the risk to a third party provider.
NET SURPLUS/(DEFICIT)	**2,976,652**	**595,034**	**17,802,192**	

General Assumptions:

- 2025 LPT will be settled in 2026
- No lease or tenant improvements included
- No building sale will occur in 2026

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Statement of Financial Position

as at August 31

	2026	2025
Assets	$	$
Cash	15,048,753	1,665,496
Short-term investments	2,915	18,023,723
Accounts receivable	812,775	310,351
Prepaid expenses	822,518	706,871
	16,686,961	20,706,441
Long-term investments	41,798,543	57,055,965
Pension plan assets	280,487	190,400
Capital assets	7,282,657	8,227,635
Total Assets	66,048,649	86,180,440
Liabilities		
Accounts payable & accrued liabilities	261,352	754,618
Deferred revenue	1,646,153	1,544,628
Accrued claims liability	5,755,556	25,628,511
Post-retirement benefit plan liability	4,093,100	3,955,300
	11,756,161	31,883,057
Net Assets		
PLP Reserve	22,522,275	22,522,275
Operating Reserve	7,521,121	7,521,121
Unrestricted	24,249,092	24,253,987
	54,292,488	54,297,383
Total Liabilities and Net Assets	66,048,649	86,180,440

RCDSO | Royal College of Dental Surgeons of Ontario

Statement of Operations

For the Eight Months Ending August 31, 2026

	Year to Date (YTD)	Annual Budget	% of Budget Used	Prior Year (PY)
Revenue	$	$		$
Registration and annual fees	31,249,873	30,869,175	101%	41,461,284
Investment income	3,577,646	2,028,266	176%	3,223,700
Professional liability program recoveries	25,000	-	0%	242,264
Professional conduct recoveries	700,562	305,000	230%	218,450
Other income	391,471	115,625	339%	38,882
TOTAL REVENUES	35,944,552	33,318,066	108%	45,184,580
Expenses				
Staffing costs	13,071,360	20,400,836	64%	14,134,933
Professional liability program provision	-	-	0%	5,000,000
Consulting and professional fees	1,962,912	3,457,183	57%	2,138,686
Telecommunications and technology	1,364,884	2,354,460	58%	1,528,188
Amortization	797,463	1,826,100	44%	1,155,761
Operations and facilities	343,594	657,395	52%	350,962
Administration	503,930	1,558,973	32%	487,989
Council and committees	664,927	1,393,333	48%	764,458
Insurance and brokerage	245,684	349,600	70%	725,589
Faculty payments and fees	663,636	725,152	92%	540,612
TOTAL EXPENSES	19,618,391	32,723,032	60%	26,827,178
Excess (deficiency) of revenue over expenses	**16,326,161**	**595,034**		**18,357,402**

Royal College of
Dental Surgeons of Ontario

COUNCIL BRIEFING NOTE

TOPIC: Policy Report

FOR INFORMATION

September 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 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.
- **Figure 1** provides a brief status update concerning key reviews that are in an active drafting phase or nearing final completion.

Title	Current Stage of Standards Review and Development Process						Projected Completion
	Research & Analysis	Preliminary Consultation	Drafting	General Consultation	Redrafting	Final Review by QAC & Council	
Implant Dentistry	✓	✓	✓	✓	Current phase		Dec 2026
	• The draft *Implant Dentistry* Standard of Practice will replace RCDSO's current *Educational Requirements & Professional Responsibilities for Implant Dentistry* Guideline. • This review is in the final phase of drafting and is supported by internal and external subject matter experts. • Council will receive a status update and preview of the draft Standard at its September meeting.						
Managing New Patient Requests	✓	✓	✓	✓	Current phase		Dec 2026
	• The draft *Managing New Patient Requests* Standard of Practice is a new Standard of the College which sets out guidance for "accepting new patients" and providing care in emergency situations. • This review is supported by a dedicated Working Group (the *Professionalism Working Group*). • Council last reviewed the draft Standard in April when it was approved for public consultation. • The public consultation is now closed, and the draft Standard is being revised in response to the feedback received.						
Dental CT Scanners	✓	✓	Current phase				Q2 – Q3 2027
	• This review will update and replace RCDSO's current *Dental CT Scanners* Standard of Practice. • This review is supported by a dedicated Working Group, and a draft Standard is currently in development.						
Use of Sedation and General Anesthesia	✓	✓	Current phase				Q3 – Q4 2027
	• This review will update and replace RCDSO's current *Use of Sedation and General Anesthesia in Dental Practice* Standard of Practice. • This review is supported by a dedicated Working Group, and a draft Standard is currently in development.						

Figure 1. Status Update on Key Standards Reviews. Checkmarks indicate completed stages of each review.

- In addition to the more advanced reviews identified above, a number of additional reviews are now in their early stages. Preliminary work is now underway related to:
  - *Performance of Intra-Oral Procedures that are Not Controlled Acts by Preventive Dental Assistants, Level II Dental Assistants, and Registered Dental Hygienists*;
  - *Infection Prevention and Control (IPAC) in the Dental Office* (to promote alignment, we are exploring opportunities to advance this review in collaboration with Ontario's other oral health regulatory Colleges); and
  - new guidance related to *Conflicts of Interest* and *Corporate Practice Models.*

- Below, Council is provided with a comprehensive overview of all active and anticipated Standards work along with projected timelines (**Figure 2**).

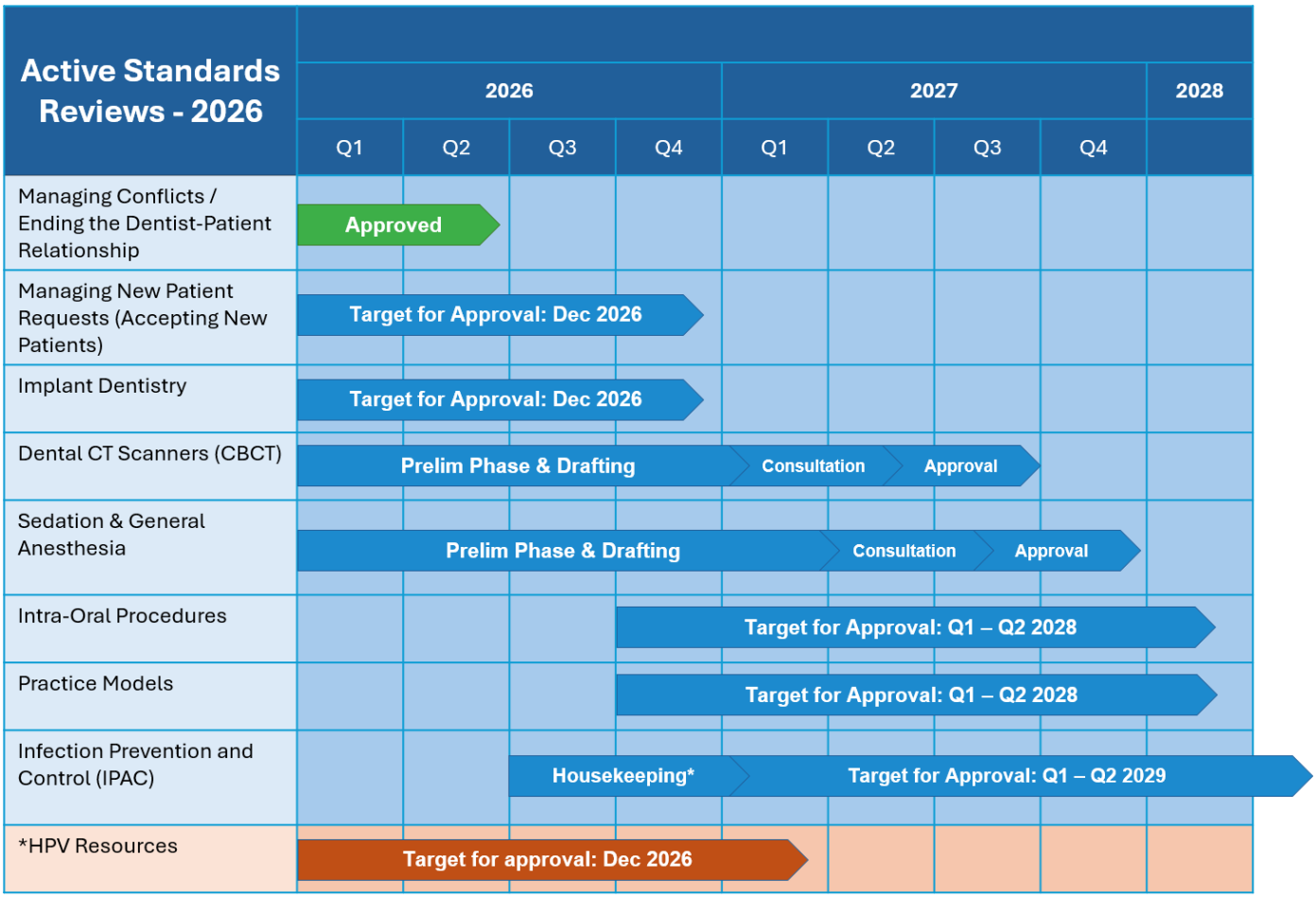


Figure 2. Active Standards Reviews and Projected Timelines.

- Council will continue to receive updates on all active policy work as part of future Policy Reports and related briefing materials, and Council members are invited to direct questions to the Manager of Standards and Strategy, Cameron Thompson (cthompson@rcdso.org).

2. Consultation Update

- As Council is aware, public consultation is a key component of the policy team's Standards Review and Development process. It not only provides an effective mechanism for gathering feedback on new and draft policy content, but also supports engagement with registrants, patients, and the public, helping to build trust and confidence in the College's regulatory work.

- Since Council's last meeting, two active consultations have concluded. The results of these consultations are briefly summarized below; however, Council will receive comprehensive updates on both consultations as part of a future meeting.

Managing New Patient Requests Draft Standard of Practice

- A public consultation on the draft *Managing New Patient Requests* Standard of Practice concluded on June 21, 2026.
    - In total, 215 respondents participated in this consultation, including dentists, other health care professionals, patients or members of the public (including members of the Citizen Advisory Group), system partners, and organizations[1].
    - As is usually the case, the majority of responses were received from dentists (approximately 80% of respondents).
    - As was expected, feedback overall was mixed, reflecting a range of perspectives.
    - Respondents generally supported provisions that clarified existing professional obligations, including requirements related to advertising and human rights, and obligations related to providing information to prospective patients. There was also broad support for the position that dentists are not required to accept every individual as a patient in non-emergency situations.
    - Constructive feedback was focused on proposed expectations related to communicating reasons for declining an individual as a patient and the management of dental emergencies.
    - Following the close of the consultation, Policy staff and the *Professionalism Working Group* have reviewed the consultation feedback and are now finalizing revisions to the draft Standard in response.

Draft Strategic Plan 2026 - 2030

- A public consultation on RCDSO's new draft Strategic Plan concluded on September 4, 2026.

- Administration of this consultation has been led by the Policy Team and Cindy Furfaro-Benning, Executive Assistant.

- As of the submission deadline for this briefing note, analysis of the consultation feedback remains underway; however, a brief preliminary update is provided below:
    - Three surveys were created to support this consultation: an external survey was drafted to solicit feedback from dentists, the public and system partners; a dedicated survey was drafted to solicit patient and caregiver feedback from the Citizen Advisory Group (CAG); and an internal survey was drafted to solicit feedback from College staff.
    - In total, approximately 73 submissions were received in response to these surveys: 44 submissions were received in response to the public survey[2], 12 submissions were received from CAG, and 17 submissions were received from staff.
    - A preliminary review of the feedback indicates favourable support for the draft Strategic Plan with valuable additional feedback regarding the College's strategic priorities, objectives, and areas of focus.

[1] Organizational responses were received from SolGen, Public Health, Toronto Public Health, the Ontario Dental Association, and HIV & AIDS Legal Clinic Ontario (HALCO),

[2] This included one organizational response received from the Ontario Dental Association.

- Council will receive a comprehensive summary of the consultation results and any proposed revisions to the draft Strategic Plan when it is presented for approval at a future meeting.

DECISION FOR COUNCIL:

- This briefing note is for information.

CONTACT:

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

Royal College of
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COUNCIL BRIEFING NOTE

TOPIC: REGISTRATION COMMITTEE COMPETENCIES

FOR INFORMATION

September 2026

ISSUE:

- At the request of staff, the Governance Committee endorsed amendments to the Competencies for the Registration Committee set out in Appendix A, specifically the removal of the sections highlighted in purple, and recommended that the amendments be forwarded to the Executive Committee for consideration and approval.
- The amendments reflect a process change discontinuing applicant attendance at Registration Committee meetings.
- In August, the Executive Committee considered and approved the proposed amendments to the Competencies for the Registration Committee, as set out in Appendix A.
- This item is being reported to Council for its information and does not require a decision.

PUBLIC INTEREST:

- This matter serves the public interest by ensuring that Registration Committee competencies, which set the foundation for Registration Committee decision-making, are aligned with current processes, best practices and principles of fairness in Registration proceedings.

BACKGROUND:

- The College's Competencies for Committees document, originally approved by Council in November 2020, sets out the knowledge, skills and judgment committee members are required to demonstrate to serve on RCDSO committees.
- Since its approval, the document has been updated periodically to reflect changes in committee composition, the establishment of new committees, and evolving competencies required for specific committees.
- Committee competencies fall within the Governance Committee's mandate under Article 4.18.2(a) of the RCDSO By-laws.
- In April 2026, the Registration Committee approved a staff recommendation to discontinue applicant attendances at Registration Committee meetings.
- The practice to allow applicant attendances was in place for many years. The purpose was to provide an opportunity for applicants to attend the meetings and make oral submissions to the Committee.
- At the recommendation of staff, and with the support of legal advice, the Committee decided to discontinue the practice as of May 1, 2026. The rationale for the change was to mitigate legal risks associated with it, and to align with best practices of other Colleges.
- To support the change, all references to the practice have been removed from Registration Committee documents and templates, as well as any public-facing documents and website materials.

- The Competencies for the Registration Committee, outlined in a public-facing document, still contained reference to the former practice and needed to be amended to support the change.
- In July, the Governance Committee endorsed the proposed amendments to the Competencies for the Registration Committee as set out in Appendix A, specifically the removal of the sections highlighted in purple, and recommended that the amendments be brought forward to the Executive Committee for consideration and approval on August 7.
- In August, the Executive Committee considered and approved the proposed amendments to the Competencies for the Registration Committee, as set out in Appendix A.

CURRENT STATUS:

- The Competencies for Committees document has been updated on the College website.
- This item is being reported to Council for its information and does not require a decision.

ANALYSIS:

- This change will ensure that the document, which is public facing, does not create a legitimate (legal) expectation of future applicants that an attendance will be offered.
- Should reference to the practice not be removed, there is a risk that an applicant, or their lawyer, would rely on the public reference to the former practice to request one, which would be contrary to best practices and would create unfairness between applicants.
- The amendments are administrative in nature and do not represent a substantive change to the competencies previously approved by Council.

CONSIDERATIONS:

- The Executive Committee has the authority to exercise the powers of Council between Council meetings in the event the Executive Committee considers the action to require immediate attention.
- The Executive Committee considered that the competencies were a public facing document and needed to take immediate action.

DECISION FOR COUNCIL:

- This item is for Council's information and does not require a decision.

CONTACT:

Lara Thacker, Governance Specialist: lthacker@rcdso.org

Hilary Bauer, Manager, Registration: hbaur@rcdso.org

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

Attachments:

Appendix A: Changes to the Competencies for the Registration Committee, with sections removed highlighted in purple

COMPETENCIES FOR THE REGISTRATION COMMITTEE

Interpersonal/Communication Skills

- Articulate and comfortable speaking in a group setting, expresses opinion and participates in discussion
- Respectful, collegial demeanor, even when discussing differing opinions
- Patient and diplomatic
- Succinct and stays on topic being respectful of time/agenda
- Comfortable and able to ask questions of applicants when attending in person to illicit relevant info for decision-making

Listening/Understanding

- Think both critically and analytically to facilitate thoughtful, well-formed questions, often in response to what others have said
- Active listener who also takes into account body language (especially helpful when applicants present in person or on video)
- For public members: Ability to listen and learn the technical comments discussed by the professional members and be willing to ask questions of the dentists when it relates to dental technicalities and procedures

Technical Knowledge

- Understand the College's mandate and the role of the Registration Committee
- Ability to understand the requirements for registration as set out in the pertinent legislation and by-laws
- Ability assess whether an applicant can practice dentistry safely and competently based upon the materials before them and their knowledge of the standards of practice
- Basic technological skills (in particular, with Adobe Acrobat)
- Be conscientious and mindful of entry-to-practice requirements and to not create additional barriers
- Have some knowledge of national and global issues impacting licensure and registration requirements
- For dentists: At least 5 years of dental experience; if retired involved in the dental community

Integrity/Ethics/Values/Personal Commitment

- Prepared for meetings in advance
- Punctual
- Abide by confidentiality guidelines
- Committed to diversity and inclusion
- Understand bias and conflict of interests and when to declare one
- Ability to exercise discretion
- Objective, transparent, and fair when reviewing applications for registration
- Passionate to serve
- Eager to learn

Community Involvement/Experience

- An involved community member preferred. Someone who has served in roles of leadership on public boards and/or committees
- For dentists: This may include participation in component dental societies and/or outreach programs

Decision Making/Professional Judgement

- Ability to consider each applicant on a case-by-case basis and make fair decisions
- Be professional, collaborative, ethical, and display sound decision-making skills and judgement
- Be able to make and support evidence-based decisions based on risk to the public

Collective Competencies for the Registration Committee

- Preferably, at least one practising dentist
- Preferably, at least one specialist
- Previous experience at RCDSO/committee preferred for some members for institutional knowledge
- Diversity in committee composition

Royal College of
Dental Surgeons of Ontario

COUNCIL BRIEFING NOTE

TOPIC: Implant Dentistry Standard Review Update

FOR DISCUSSION

September 2026

ISSUE:

- A new draft Standard of Practice on Implant Dentistry is being developed as part of the College's broader Standards review and modernization initiative.
- This Standard review is nearing completion, and Council will have an opportunity to consider the draft Standard for final approval in December.
- Prior to seeking final approval, Council is provided with a preview of the key considerations that informed the development of the draft Standard along with key provisions.
- This briefing note supports a presentation and discussion that will take place at Council's meeting in September.

PUBLIC INTEREST:

- Supporting Council in making informed decisions regarding Standards of practice is in the public interest and contributes to effective professional regulation.
- The revised draft Implant Dentistry Standard will establish clear educational, competency, and professional requirements to help ensure safe, competent and ethical implant dentistry care for patients in Ontario.

BACKGROUND:

- As Council will recall, RCDSO's *Educational Requirements & Professional Responsibilities for Implant Dentistry* Guideline (2013) is currently under review.
- Implant dentistry was identified as a high-priority and the Guideline was approved for review by the Quality Assurance Committee (QAC) in January 2024. QAC's decision was based on the results of the Policy Team's 2023 Standards prioritization exercise,[1] which found that:

[1] As Council is aware, the policy team is undertaking a significant initiative to modernize and update RCDSO's guidance for the profession. As a key part of this initiative, the policy team has reviewed and assessed all of RCDSO's guidance for the profession and identified a subset of Standards that require priority review based on criteria approved by the Quality Assurance Committee (see pages 277-283 of the March 2024 Council Meeting Materials for more information).

  - implant dentistry is a high-risk area of practice with significant patient safety implications, and
  - the existing Guideline is out of date and no longer reflective of current evidence, technology, patient safety expectations, or contemporary regulatory approaches.

- Following QAC's direction, this Standard review has followed the College's usual Standards review and development process, which includes extensive desktop research, a literature and jurisdictional review, a review of RCDSO's Inquiries Complaints and Reports Committee (ICRC) and Discipline Committee data, a review of Practice Advisory Service (PAS) inquiries and current guidance, along with public and expert engagement.

- This review is supported by a dedicated Working Group which has met on an ongoing basis since November 2024. The Working Group includes Dr. Parvaneh Bahrami (periodontist), Dr. Peter Hong (general dentist), Dr. David Chvartszaid (periodontist and prosthodontist) and Dr. Jim Lai (periodontist), with expertise spanning general dentistry, prosthodontics, periodontics, oral surgery, patient safety, regulation and education.

- The Working Group is supported by Senior Policy Analyst Sara Rydall, RN, PhD, and additional advice has been sought on several occasions from the College's Standing Policy Working Group.[2]

- Council will receive additional details concerning the factors that informed this review and the substance of the draft Standard at a dedicated presentation on September 24th, but two key factors are highlighted below for emphasis.

The High Risk of Implant Dentistry Requires Thoughtful Regulation

- Throughout this review, a primary focus of the Working Group has been identifying and mitigating patient safety risks associated with implant dentistry. To better understand these risks, the Working Group considered evidence from the literature, jurisdictional reviews, College complaints and discipline matters, Practice Advisory Service inquiries, consultation feedback, and expert clinical advice.

- The following key patient safety risks were identified over the course of this review. These risks are highlighted at a high level for Council's awareness, and further detail will be provided as part of the presentation:
  - Inadequate treatment planning and case selection;
  - Variability in education, clinical training, and competence;
  - Poor management of complications;
  - Failure to appropriately disclose harm;
  - Inappropriate adoption of new technology and AI-supported tools; and
  - Lack of clear accountability in shared-care arrangements.

- Examples of serious biological and technical complications include:
  - Implant failure and loss of osseointegration (when the implant fails to bond directly with the jawbone);
  - Peri-implant disease;
  - Damage to anatomical structures;
  - Prosthetic complications; and
  - Irreversible treatment outcomes following extraction decisions.

[2] The Standing Policy Working Group includes Council members Dr. Harinder Sandhu, Dr. Antony Liscio, Dr. Anthony Mair, Dr. Osama Soliman, Dr. Nalin Bhargava, Dr. Nancy DiSanto, Dr. Deborah Wilson, and Nizar Ladak, along with external contributors Sharon Rogers and Patti Latimer.

- These are risks which have led to significant and irreversible patient harm in real world cases, and mitigating these risks requires a clear and consistent regulatory approach.

- The evidence considered throughout the review indicates that maintaining the current guidance without substantive revision would not adequately address the patient safety risks identified. Accordingly, the Working Group has focused on developing clearer and more consistent expectations intended to better protect patients.

Registrants Are Divided on Key Topics within the Draft

- The draft Implant Dentistry Standard has been informed by two public consultations and extensive engagement with registrants, educators, subject matter experts, and system partners.
    - A preliminary public consultation was held on the current Guidelines in 2024. Results of this consultation were shared with Council along with a draft Standard in September 2025.
    - A general public consultation was held on the draft Standard in 2025 after being approved for consultation by Council in September 2025. Results of this general consultation are found in this Theme Report.

- Across both consultations, more than 650 responses were received, making this one of the largest engagements undertaken for one of RCDSO's clinical Standards. Feedback demonstrated broad support for the overall aim of the Standard and general agreement that the draft improves clarity regarding education, competence, risk assessment, treatment planning, and management of complications.

- Differing views were identified in several areas, including educational requirements for implant procedures, methods of demonstrating competence, transition timelines, and patient safety expectations. The most significant areas of disagreement include:
    - Differing views regarding the appropriate providers of straightforward and complex implant dentistry education[3] and training, including whether training should be delivered by general dentists, specialists, or both.
    - Concerns from some general dentists that the revised draft Standard could reduce access to implant dentistry in rural and remote communities. If some dentists elect not to fulfil the enhanced education requirements, this could potentially reduce the number of providers providing implant dentistry, particularly in these regions.
    - Concerns from some dentists regarding the recognition of existing education, training, and clinical experience under the draft Standard.

- To better understand these differing perspectives, Working Group members and staff conducted additional discussions with implant dentistry educators, specialists, and general dentists who perform implant dentistry. These discussions helped ensure that the Working Group understood both areas of consensus and areas of disagreement before finalizing revisions.

- In considering consultation input, the Working Group will not necessarily adopt all feedback received. Rather, differing perspectives are being carefully weighed against available evidence, patient safety considerations, and the College's public-interest mandate.

[3] **Straightforward implant dentistry** involves cases where diagnosis, treatment planning, implant placement, and restoration can be completed using well-established techniques with minimal anatomical, functional, or patient-related challenges. **Complex implant dentistry** involves cases where significant anatomical limitations, medical considerations, esthetic demands, functional issues, or advanced surgical/restorative procedures increase the level of risk, uncertainty, or clinical judgment required.

- Overall, this review has been informed by multiple evidence sources, extensive consultation, expert clinical input, and feedback from both general dentists and specialists. Together, these inputs have helped the Working Group identify approaches intended to strengthen patient safety while remaining practical, evidence-informed, and responsive to feedback by key system partners.

CURRENT STATUS:

- The Working Group has made substantial progress in drafting a revised Implant Dentistry Standard with consideration for the consultation feedback received.

- As Council is not being asked to review the revised draft Standard at this stage, this briefing note does not provide a comprehensive overview of the proposed requirements. Instead, it provides Council with a preview of key changes made to the draft Standard in response to public consultation and Working Group discussions, including:
    - Recognition of equivalent prior education and training, rather than requiring all dentists to complete new educational programs, to acknowledge existing competencies while maintaining standards of care;
    - Enhanced competency assessment requirements for straightforward implant dentistry to better demonstrate readiness for practice;
    - Refinements to educational requirements for complex implant procedures, including greater emphasis on curriculum content, competency assessment, and hands-on clinical training, reflecting the increased risks associated with these procedures;
    - Expanded expectations regarding treatment planning, communication, shared care, and referrals to support continuity of care and accountability where multiple providers are involved;
    - Greater flexibility in areas such as risk assessment tools and emerging technologies, while continuing to promote safe, evidence-informed practice;
    - Clarified expectations regarding the management of complications and referral to specialists when appropriate, reinforcing the importance of practising within one's competencies; and
    - Refinements to recordkeeping requirements to support continuity of care and accountability while aligning with existing College requirements.

- Some of the key topics highlighted above will be further elaborated as part of the presentation to Council on September 24th. This presentation will provide Council with an opportunity to become familiar with key concepts, offer preliminary feedback, and identify questions or concerns in advance of final approval. Feedback received through the September discussion will be considered by the Working Group before the final draft is presented to Council in December.

CONSIDERATIONS:

Strong Reactions to the Final Draft are Expected

- We anticipate that the revised draft Standard, no matter what positions it ultimately takes, will generate considerable interest and commentary from registrants, educators, professional organizations, patients, and other system partners. While feedback received to date demonstrates broad support for strengthening patient safety and clarifying expectations, differing opinions remain regarding some of the draft positions under consideration.

- To support implementation and public understanding, Policy staff are working with Communications to develop key messages that explain why the Standard is being updated, how it was developed, and the rationale supporting the Working Group's recommendations. These communications will

emphasize the extensive review process undertaken, the consultation conducted, and the patient safety considerations that continue to guide the review.

- Council will receive more information about this communications strategy at the December meeting.

Implementation and Effective Dates Must be Considered

- The Working Group recognizes that implementation planning will be an important component of the final Standard. In particular, registrants may require time to assess and, where necessary, update their education and training to meet new requirements. Clear communication regarding expectations, transition periods, recognition of prior education and experience, and available educational pathways will therefore be critical to successful implementation.

- Additional considerations include educational capacity within academic and private programs, support resources for registrants and patients, and collaboration with key system partners.

NEXT STEPS:

- Council will receive a presentation on September 24th that will further elaborate on the key factors that have informed this review, the draft positions that are proposed for the final Standard, and considerations for implementation following final approval. Council will have an opportunity to ask questions that will inform their thinking and decision-making when the final draft Standard is presented for approval.

- Council feedback from September's discussion will be reviewed by staff and the Working Group, and refinements will be made to the draft Standard where appropriate.

- A revised draft Standard will be presented to QAC in October and a final revised draft will be brought to Council in December 2026 for decision.

DECISION FOR COUNCIL:

- This briefing note is for discussion.

CONTACT:

Sara Rydall, Senior Policy Analyst, srydall@rcdso.org

Parvaneh Bahrami, Practice Advisor, pbahrami@rcdso.org

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

Royal College of
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COUNCIL BRIEFING NOTE

TOPIC: By-law 18 Fees Amendments

FOR DECISION

September 24, 2026

ISSUE:

- By-law 18 requires updates to reflect the changes in fees associated with the divestment of PLP and the conclusion of the Billing Support Period during which the College collected the malpractice costs on behalf of the new provider. In addition, staff recommended amendments to the reduced fee categories of registration (which make up fewer than 1% of all dentists).
- At its meeting on June 18, 2026, Council approved amendments to By-law 18 in principle, which were circulated to members and stakeholders for at least 60 days for comment in accordance with requirements under the Regulated Health Professions Act, 1991 (RHPA).
- The amendments are being brought forward to Council for final approval, along with comments received during the consultation period.

PUBLIC INTEREST:

- Fees enable the RCDSO to execute on its statutory mandate and legislative requirements that are intended to further the public interest. When a regulator sets its registration fees, stakeholders must feel confident that these fees are being used to support effective regulation in an efficient manner. To achieve this, regulators must balance the level of the registration fee charged to registrants with the actions necessary to fulfill their statutory mandates.

BACKGROUND:

- At its June 18, 2026, meeting, Council considered proposed amendments to By-law 18 Council Meeting 2026-06-18.
- The recommendations follow the Finance, Audit and Risk (FAR) Committee's comprehensive review of all fee categories (except sedation and CT) in By-law 18.
- FAR moved forward with recommendations to Council to amend the By-law in three areas: reducing the annual fee due to completion of the billing support period, amending the By-law on lifting suspension fees following a recent change in process and amendments related to the reduced fee certificates of registration. The proposed amendments will:
    - reduce the annual fee by $1,500, the portion of the fee attributed to professional liability protection which is now administered by a third party;[1]

[1] This portion of the fee will be collected directly through Navacord in 2027 and will reduce the overall fee from $3,670 to $2,170 for 2027. The regulatory fee will remain unchanged at $2,170.

  - suspend the automatic CPI increase for 2027,
  - align application fees across all categories
  - consolidate administrative fees related to lifting suspensions; and
  - streamline the reduced fee certificates of registration so that all reduced categories are charged the same fee at 10% of the annual fee along with administrative changes.
- Council approved the amendments in principle. In line with the College's obligations under the RHPA, the proposed by-law changes were circulated to the profession for the required 60-day period from June 19 to August 18, 2026.
- The Finance, Audit and Risk Committee received a copy of all submitted comments.

CURRENT STATUS:

- In total two comments were received during the consultation period, one from the Ontario Dental Association (ODA) and one from a member.
- The ODA's letter indicated they commend the RCDSO's recommendation to freeze the cost of the regulatory portion of the annual fee at $2,170 and suspend the automatic CPI increase for the year 2027. They support, in principle, efforts to enhance transparency and consistency on the basis and rationale for proposed fees. They also noted that while acknowledging the proposed change is intended to support consistency by establishing the same application fee for all applicants, the change to the application fee could result in a disproportionate impact on applicants whose financial circumstances differ from those of applicants seeking other forms of registration. ODA recognizes the College's efforts to ensure consistency in annual fees across specific categories, they recommend maintaining the current reduced registration fee of $100 for Education and Graduate Student registrants. Lastly, they are asking the RCDSO to introduce an inactive class of registration for dentists taking a leave from practice.
- The second comment focused on the same themes as the ODA's letter and reiterated its support for freezing the regulatory annual fee, maintaining reduced fee categories of registration and for consideration of introducing an inactive or non-practising class.
- Staff respond to comments that require clarification on any misunderstanding or questions specifically requesting a response. The College acknowledges the ODA's comments and support expressed for the College's effort to enhance transparency and consistency through the By-law amendments, as well as the support expressed for maintaining a reduced fee for registrants engaged in an educational program. The College appreciates the additional feedback brought forward related to the disproportionate impact the application fee changes may have on some groups of registrants, which the College will consider separately while still achieving its goal of bringing consistency to the application fee through this By-law amendment.
- Staff acknowledge the comments related to establishing a non-practising class, which is under consideration, but is beyond the scope of the current By-law amendment.
- Due to the limited number of direct independent responses to the College, no clear themes or trends emerged from the consultation. Nonetheless, all feedback submitted has been reviewed and taken into consideration. We remain committed to engaging with stakeholders and encourage further contributions as opportunities for input arise.

NEXT STEPS:

- With Council approval, staff will carry-out the necessary administrative steps to update the College's By-laws and fee schedule.
- Staff will continue coordinated communications on the 2027 annual fee in its annual renewal planning through the established cross-department group, building on initial outreach via Council Highlights, newsletters and e-blasts.

DECISION FOR COUNCIL:

Council is asked to finalize the approval of the following motion:

1. THAT Council approve changes to By-law 18, as presented in Appendix A, to be effective on October 1, 2026.

CONTACT:

Kelly Tripp, ktripp@rcdso.org

Hilary Bauer, hbauer@rcdso.org

Attachments

Appendix A – Clean version – Amended By-law 18 Fees

Appendix B – Red-lined version – Amended By-law 18 Fees

Appendix A: Amended Fees By-laws – Clean Version

18 FEES

18.01 Definitions

In this by-law,

the "**annual fee**" means the annual fee set by the Registrar each year, which is $2,170.00; and

the "**reduced annual fee**" means 10% of the annual fee set by the Registrar each year, rounded to the nearest five-dollar ($5.00) increment, which is $215.00.

18.1 Application Fees

18.1.1 Application fee

An applicant for the issuance of a certificate of registration shall submit an application in the form provided by the Registrar and shall pay an application fee of $350.00, unless an exemption applies.

18.1.2 Exemption, Remote Services Program

An applicant for the issuance of a general certificate of registration restricted to practising in the Remote Services Program of the Ontario Dental Association is exempt from the requirement to pay an application fee under article 18.1.1.

18.1.2.1 Exemption, emergency class applicant

An applicant for the issuance of a general, specialty or academic certificate of registration who held an emergency certificate of registration within three years before submitting their application for a general, specialty or academic certificate of registration is exempt from the requirement to pay an application fee under article 18.1.1.

18.2 Registration Fees

18.2.1 Revoked (November 18, 2021, effective January 1, 2022)

18.2.2 Instructional, short duration, academic visitor

An applicant for an instructional, short duration or academic visitor certificate of registration shall pay a registration fee in the following amount for the issuance of their certificate of registration:

a. if the certificate of registration is for less than four (4) months, 33% of the annual fee rounded to the nearest five-dollar ($5.00) increment;
b. if the certificate of registration is for more than four (4) months and less than seven (7) months, 50% of the annual fee rounded to the nearest five-dollar ($5.00) increment; or
c. if the certificate of registration is for seven (7) months or longer, 100% of the annual fee.

18.2.3 Automatic CPI adjustment of fees

The fees referred to in article 18.2 of By-Law No. 18: Fees, shall be automatically adjusted effective October 1, 2027 and on October 1st in each year thereafter, by an amount equal to the annual increase in the Ontario consumer price index for the previous twelve months ending on June 30th of the year in which the adjustment is being made, rounded to the nearest five-dollar ($5.00) increment.

18.3 Annual Fees

18.3.1 Registrar to notify

The Registrar shall notify each member of the College of the amount of the annual fee or the reduced annual fee, as applicable, and the day on which the fee is due.

Initial year of registration

18.3.2 Initial year of registration, new member – general, academic, specialty

A member of the College who has never previously been a member of the College shall pay the annual fee in the following amount for the calendar year in which the member is first issued a general, academic, or specialty certificate of registration:

a. $2,170.00, if the certificate was issued on or after 01 January and before 01 June;
b. $1,085.00, if the certificate was issued on or after 01 June and before 01 September; or
c. $660.00, if the certificate was issued on or after 01 September.

18.3.3 Initial year of registration, returning member – general, academic, specialty

A member of the College who had previously been a member of the College shall pay the annual fee required by article 18.3.6 for the calendar year in which the member is first reissued a general, academic, or specialty certificate of registration.

18.3.4 Maximum one initial annual fee

A member of the College shall only pay one annual fee under article 18.3.1 or article 18.3.3, as applicable, regardless of the number of certificates of registration issued or reissued to the member during the calendar year.

18.3.5 Initial year of registration – education, graduate student, post-specialty training, emergency

A member of the College shall pay the reduced annual fee for the calendar year in which the member is first issued an education, graduate student, post-specialty training or emergency certificate of registration.

Following initial year of registration

18.3.6 Annual fee – general, academic, specialty

A member of the College who holds a general, academic, or specialty certificate of registration shall pay the annual fee on or before 15 December of the preceding year for each calendar year in which the member holds the certificate.

18.3.6.1 Reduced annual fee – certain general, academic, specialty

Notwithstanding Article 18.3.6, the Registrar may apply the reduced annual fee for a member holding a general, academic or specialty certificate of registration, provided the Registrar is satisfied that:

a. the member has requested the reduction in a form approved by the Registrar;
b. the reduction is appropriate as it supports the principle of encouraging members to perform dentistry on an unpaid charitable basis which supports access to care;
c. the member will be engaging in the practice of dentistry, but only on a charitable basis during the calendar year for which the annual fee is being reduced;
d. the member will be receiving no income or other monetary benefit from the practice of dentistry or from the member being a holder of a certificate of registration; and
e. the member has signed an agreement/undertaking, in a form satisfactory to the Registrar, to ensure, among other things, that the conditions for the reduction have been and will continue to be met.

18.3.7 Single annual fee or single reduced annual fee for dual certificate holders

A member of the College who holds a general and specialty certificate of registration or an academic and specialty certificate of registration shall pay a single annual fee under article 18.3.6 or a single reduced annual fee under article 18.3.6.1, as applicable, per calendar year.

18.3.8 Reduced annual fee – education, graduate student, post-specialty training, emergency

A member of the College who holds an education, graduate student, post-specialty training, or emergency certificate of registration shall pay the reduced annual fee in the following amount on or before the last day of the month immediately preceding the month in which the certificate was first issued:

a. if the certificate of registration is for less than an additional four (4) months, 33% of the reduced annual fee rounded to the nearest five-dollar ($5.^{00}) increment;
b. if the certificate of registration is for more than an additional four (4) months and less than an additional seven (7) months, 50% of the reduced annual fee rounded to the nearest five-dollar ($5.^{00}) increment; or
c. if the certificate of registration is for an additional seven (7) months or longer, 100% of the reduced annual fee.

18.3.9 Automatic CPI adjustment of fees

Each of the fees referred to in articles 18.3.2, 18.3.5, 18.3.6, 18.3.6.1, and 18.3.8 of By-Law No. 18: Fees, shall be automatically adjusted effective October 1, 2027 and on October 1st in each year thereafter, by an amount equal to the annual increase in the Ontario consumer price index for the previous twelve months ending on June 30th of the year in which the adjustment is being made, rounded to the nearest five-dollar ($5.^{00}) increment.

18.3.10 Penalty fee for late payment

Where a member of the College fails to pay the annual fee or the reduced annual fee, as applicable, on or before the date on which the fee is due shall pay an additional penalty fee of $500.00.

…

18.6 Fees for Lifting Suspensions

18.6.1 Suspension for non-payment of fees

An applicant seeking the lifting of a suspension imposed for the non-payment of fees, failure to provide information and/or failure to provide evidence of professional liability protection, shall submit a request in the form acceptable to the Registrar and a fee of $350.00.

18.6.2 Two certificates

Where an applicant applies at the same time for the lifting of a suspension on both a general and specialty certificate of registration or an academic and specialty certificate of registration, only one fee shall be payable under 18.6.1.

18.6.3 Fees payable on lifting of suspension

Where an applicant's certificate of registration was suspended for the non-payment of fees, failure to provide information and/or failure to provide evidence of professional liability protection, and the applicant is entitled to have the suspension lifted, the applicant shall pay

a. the fees that the applicant failed to pay which gave rise to the suspension, if applicable,
b. the annual fee or the reduced annual fee, as applicable, payable for the calendar year in which the suspension is to be lifted, and
c. the penalty fee, if applicable.

18.7 Reinstatement Fees

18.7.1 Reinstatement hearing

An applicant requesting a hearing under the Act to consider reinstatement of their certificate of registration shall pay a fee of $3,500.00.

18.7.2 Partial refund on withdrawal

Where an applicant for a hearing under article 18.7.1 withdraws the application at least thirty (30) days prior to the scheduled date for the commencement of the hearing, the applicant shall be refunded $3,000.00.

18.7.3 Other reinstatement

An applicant for the reinstatement of a certificate of registration, other than an applicant under article 18.7.1, shall submit an application in the form provided by the Registrar and pay a fee of $350.00.

18.7.4 Two certificates

Where an applicant applies at the same time for the reinstatement of both a general and specialty certificate of registration or an academic and specialty certificate of registration, only one fee shall be payable under article 18.7.1 or article 18.7.3, as applicable.

18.7.5 Fees payable on reinstatement

Where a former member of the College is entitled to the reinstatement of their certificate of registration, the former member shall pay

a. the annual fee or the reduced annual fee, as applicable, for any and all years in which the member practised in Ontario, if not previously paid,
b. any amounts owed to the College, including any penalty fee due at the time the former member ceased to be a member of the College, and
c. the penalty fee, if applicable.

Appendix B: Excerpt of Fees By-laws – Red-lined

18 FEES

18.01 Definitions

In this by-law,

the "**annual fee**" means the annual fee set by the Registrar each year, which is $2,170.00; and

the "**reduced annual fee**" means 10% of the annual fee set by the Registrar each year, rounded to the nearest five-dollar ($5.00) increment, which is $215.00.

18.1 ~~Courses and Fees~~ Application Fees

18.1.1 ~~General, specialty, academic certificates~~ Application fee

An applicant for the issuance of a ~~general, specialty, or academic~~ certificate of registration shall submit an application in the form provided by the Registrar and shall pay an application fee of $350.00, unless an exemption applies.

18.1.2 Exemption, Remote Services Program

An applicant for the issuance of a general certificate of registration restricted to practising in the Remote Services Program of the Ontario Dental Association is exempt from the requirement to pay an application fee under article 18.1.1.

18.1.2.1 Exemption, emergency class applicant

An applicant for the issuance of a general, specialty or academic certificate of registration who held an emergency certificate of registration within three years before submitting their application for a general, specialty or academic certificate of registration is exempt from the requirement to pay an application fee under article 18.1.1.

~~18.1.3 Other certificates~~

~~An applicant for the issuance of a certificate of registration other than a general, specialty, or academic certificate shall submit an application in the form provided by the Registrar and shall pay an application fee of $150.00.~~

18.2 Registration Fees

18.2.1 Revoked (November 18, 2021, effective January 1, 2022)

18.2.2 Instructional, short duration, academic visitor

An applicant for an instructional, ~~or~~ short duration or academic visitor certificate of registration shall pay a registration fee in the following amount for the issuance of their certificate of registration: ~~of $500.00 for the issuance of his or her certificate of registration.~~

d. if the certificate of registration is for less than four (4) months, 33% of the annual fee rounded to the nearest five-dollar ($5.00) increment;
e. if the certificate of registration is for more than four (4) months and less than seven (7) months, 50% of the annual fee rounded to the nearest five-dollar ($5.00) increment; or
f. if the certificate of registration is for seven (7) months or longer, 100% of the annual fee.

18.2.3 ~~Academic visitor~~ Automatic CPI adjustment of fees

~~An applicant for an academic visitor certificate of registration shall pay a registration fee of $750.00 for the issuance of his or her certificate of registration.~~ The fees referred to in article 18.2 of By-Law No. 18: Fees, shall be automatically adjusted effective October 1, 2027~~2026~~ and on October 1st in each year thereafter, by an amount equal to the annual increase in the Ontario consumer price index for the previous twelve months ending on June 30th of the year in which the adjustment is being made, rounded to the nearest five-dollar ($5.00) increment.

18.3 Annual Fees

18.3.1 Registrar to n~~N~~otify

The Registrar shall notify each member of the College of the amount of the~~his or her~~ annual fee or the reduced annual fee, as applicable, and the day on which the fee is due.

Initial year of registration

18.3.2 Initial year of registration, new member – general, academic, specialty

A member of the College who has never previously been a member of the College shall pay the~~an~~ annual fee in the following amount for the calendar year in which the member is first issued a general, academic, or specialty certificate of registration:

d. $~~3,670~~2,170.00, if the certificate was issued on or after 01 January and before 01 June;
e. $~~1,835~~1,085.00, if the certificate was issued on or after 01 June and before 01 September; or
f. $~~1,035~~660.00, if the certificate was issued on or after 01 September.

18.3.3 Initial year of registration, returning member – general, academic, specialty

A member of the College who had previously been a member of the College shall pay the annual fee required by article 18.3.6~~7~~ for the calendar year in which the member is first reissued a general, academic, or specialty certificate of registration.

18.3.4 Maximum one initial annual fee

A member of the College shall only pay one annual fee under article 18.3.1 or article 18.3.3, as applicable, regardless of the number of certificates of registration issued or reissued to the member during the calendar year.

~~18.3.5 Initial year of registration, education or post specialty training~~

~~A member of the College shall pay an annual fee of $3,075.00 for the calendar year in which he or she is first issued an education or post specialty training certificate of registration.~~

~~18.3.6 Initial year of registration, graduate student~~

~~A member of the College shall pay an annual fee of $100.00 for the calendar year in which he or sh is first issued a graduate student certificate of registration.~~

~~18.3.6.1 Initial year of registration, emergency~~

~~A member of the College shall pay an annual fee of $1000.00 for the calendar year in which he or she is first issued an emergency certificate of registration.~~

18.3.5 Initial year of registration – education, graduate student, post-specialty training, emergency

A member of the College shall pay the reduced annual fee for the calendar year in which the member is first issued an education, graduate student, post-specialty training or emergency certificate of registration.

Following initial year of registration

18.3.6~~7~~ Annual fee – general, academic, specialit~~i~~y

A member of the College who holds a general, academic, or specialty certificate of registration shall pay the~~an~~ annual fee on or before 15 December of the preceding year~~in the following amount~~ for each calendar year in which the member holds the certificate.~~:~~

~~a. $3,075.00, if paid on or before 15 December of the preceding year, or $3,575.00 if paid thereafter.~~

18.3.6~~7~~.1 Reduced a~~A~~nnual fee – certain general, specialit~~i~~y

Notwithstanding Article 18.3.6~~7~~, the Registrar may apply the reduced annual fee for a member holding a general, academic or specialty certificate of registration[3] ~~may be reduced by the Registrar to $250.00, with that fee being increased by COLA, rounded up to the nearest $5.00 commencing with the annual fee for the 2020 calendar year~~, provided the Registrar is satisfied that:

f. the member has requested the reduction in a form approved by the Registrar;
g. the reduction is appropriate as it supports the principle of encouraging members to perform dentistry on an unpaid charitable basis which supports access to care;
h. the member will be engaging in the practice of dentistry, but only on a charitable basis during the calendar year for which the annual fee is being reduced;
i. the member will be receiving no income or other monetary benefit from the practice of dentistry or from the member being a holder of a certificate of registration; and
j. the member has signed an agreement/undertaking, in a form satisfactory to the Registrar, to ensure, among other things, that the conditions for the reduction have been and will continue to be met.

18.3.7~~8~~ Single annual fee or single reduced annual fee for dual certificate holders

A member of the College who holds a general and speciali~~i~~ty certificate of registration or an academic and specialty certificate of registration shall pay a single annual fee under article 18.3.6~~7~~ or a single reduced annual fee under article 18.3.6.1, as applicable, per calendar year.

~~18.3.9 Annual fee for, education – speciality programs~~

~~A member of the College who holds an education certificate of registration and is enrolled in a certificate of completion program in the specialty of endodontics, oral and maxillofacial radiology, orthodontics and dental facial orthopaedics, paediatric dentistry, periodontics, prosthodontics, or public health dentistry shall pay an annual fee of $100.00 for each calendar year in which the member holds the certificate.~~

~~18.3.10 Annual fee, education – other program~~

~~A member of the College who holds an education certificate of registration and is enrolled in a certificate of completion program other than one listed in article 18.3.9 shall pay an annual fee of $3,075.00 for each calendar year in which the member holds the certificate.~~

~~18.3.11 Annual fee, post specialty training~~

~~A member of the College who holds a post specialty training certificate of registration shall pay an annual fee of $3,075.00 for each calendar year in which the member holds the certificate.~~

~~18.3.12 Annual fee, graduate student~~

~~A member of the College who holds a graduate student certificate of registration shall pay an annual fee of $100.00 for each calendar year in which the member holds the certificate.~~

~~18.3.12.1 Annual fee, emergency~~

~~A member of the College who holds an emergency certificate of registration shall pay an annual fee of $1,000.00 for each calendar year in which the member holds the certificate.~~

~~18.3.13 Due date, education, post specialty training, graduate student, emergency~~

~~A member of the College who holds an education, post specialty training, graduate student, or emergency certificate of registration shall pay the applicable annual fee on or before the last day of the month immediately preceding the month in which the certificate was first issued.~~

18.3.8 Reduced annual fee – education, graduate student, post-specialty training, emergency

A member of the College who holds an education, graduate student, post-specialty training, or emergency certificate of registration shall pay the reduced annual fee in the following amount on or before the last day of the month immediately preceding the month in which the certificate was first issued:

d. if the certificate of registration is for less than an additional four (4) months, 33% of the reduced annual fee rounded to the nearest five-dollar ($5.00) increment;
e. if the certificate of registration is for more than an additional four (4) months and less than an additional seven (7) months, 50% of the reduced annual fee rounded to the nearest five-dollar ($5.00) increment; or
f. if the certificate of registration is for an additional seven (7) months or longer, 100% of the reduced annual fee.

18.3.9~~13.1~~ Automatic CPI a~~A~~djustment of fees

Each of the fees referred to in a~~A~~rticles 18.3.2, 18.3.5, 18.3.6~~7~~, 18.3.6.1~~10~~, and 18.3.8~~11~~ of By-Law No. 18: Fees, shall be automatically adjusted effective October 1, 2027~~2026~~ and on October 1st in each year thereafter, by an amount equal to the annual increase in the Ontario consumer price index for the previous twelve months ending on June 30th of the year in which the adjustment is being made, rounded to the nearest five-dollar ($5.00) increment.

18.3.10~~14~~ Penalty fee for late payment

Where a member of the College ~~who holds an education, post specialty training, or graduate student certificate of registration~~ fails to pay the ~~applicable~~ annual fee or the reduced annual fee, as applicable, on or before the date on which the fee is due shall pay an additional penalty fee of $500.00.

…

18.6 Fees for Lifting Suspensions

18.6.1 Suspension for non-payment of fees

An applicant seeking the lifting of a suspension imposed for the non-payment of fees, failure to provide information and/or failure to provide evidence of professional liability protection, shall submit a request ~~an application~~ in the form acceptable ~~provided by~~ to the Registrar and a fee of $350~~250~~00.

18.6.2 Two certificates

Where an applicant applies at the same time for the lifting of a suspension on both a general and specialty certificate of registration or an academic and specialty certificate of registration, only one fee shall be payable under 18.6.1.

18.6.3 Fees payable on lifting of suspension

Where an applicant's certificate of registration was suspended for the non-payment of fees, failure to provide information and/or failure to provide evidence of professional liability protection, and the applicant is entitled to have the suspension lifted, the applicant shall pay

d. the fees that the applicant failed to pay which gave rise to the suspension, if applicable,
e. the annual fee or the reduced annual fee, as applicable, payable for the calendar year in which the suspension is to be lifted, and
f. the penalty fee, if applicable., ~~, and~~
~~g. a reinstatement fee of $100.00.~~

18.7 Reinstatement Fees

18.7.1 Reinstatement hearing

An applicant requesting a hearing under the Act to consider reinstatement of their~~his or her~~ certificate of registration shall pay a fee of $3,500.00.

18.7.2 Partial refund on withdrawal

Where an applicant for a hearing under article 18.7.1 withdraws the application at least thirty (30) days prior to the scheduled date for the commencement of the hearing, the applicant shall be refunded $3,000.00.

18.7.3 Other reinstatement

An applicant for the reinstatement of a certificate of registration, other than an applicant under article 18.7.1, shall submit an application in the form provided by the Registrar and pay a fee of $350~~250~~.00.

18.7.4 Two certificates

Where an applicant applies at the same time for the reinstatement of both a general and specialty certificate of registration or an academic and specialty certificate of registration, only one fee shall be payable under article 18.7.1 or article 18.7.3, as applicable.

18.7.5 Fees payable on reinstatement

Where a former member of the College is entitled to the reinstatement of their~~his or her~~ certificate of registration, the former member shall pay

d. the annual fee or the reduced annual fee, as applicable, for any and all years in which the member practised in Ontario, if not previously paid,
e. any amounts owed to the College, including any penalty fee due at the time the former member ceased to be a member of the College, and
f. the penalty fee, if applicable.~~, and~~
~~g. a reinstatement fee of $100.00.~~

Royal College of
Dental Surgeons of Ontario

COUNCIL
BRIEFING NOTE

TOPIC: Financial Reserves Policy & Governance

FOR DECISION

September 24, 2026

ISSUE:

- The existing Financial Reserves Policy requires review and modernization to reflect current organizational risks, strategic priorities, and best practices in reserve governance.
- Finance, Audit & Risk (FAR) Committee is recommending Council approve the new policy language and endorse a new reserve framework and governance structure.

PUBLIC INTEREST:

- The proposed reserves framework supports the College's ability to continue protecting the public through effective, stable, and accountable regulation during periods of financial uncertainty or significant organizational change.
- The framework strengthens financial stewardship, governance, transparency, and long-term sustainability while ensuring resources remain available to support regulatory activities and strategic priorities.
- The proposal aligns with the College Performance Measurement Framework (CPMF) requirement that regulatory colleges maintain an appropriate financial reserve policy to address unexpected expenses or reductions in revenue.

BACKGROUND:

- As part of long-range financial planning, Council approved a Financial Reserves Policy, in November 2020. The Financial Reserves Policy has a mandatory review cycle of no more than three years. It was last revised in 2023 and requires review in 2026.
- Currently, the College maintains an Operating Reserve Fund and a Professional Liability Program (PLP) Reserve to support financial sustainability and extraordinary risks.
- The current policy allows the College to establish and/or administer reserve funds for special projects deemed appropriate by Council such as, but not limited to: IT Infrastructure; significant renovation, or improvement of its facilities, etc.
- The FAR Committee actively reviews the College's approach to surplus management and reserves.
- The recent review was initiated to:
    - Improve governance and accountability over reserve funding and utilization.
    - Incorporate measurable reserve targets and best practices.
    - Ensure continued compliance with Canada Revenue Agency (CRA) expectations regarding reasonable reserves maintained for identifiable operating purposes.
    - Reduce financial, political, and regulatory risk.

- Tinkham, the College external auditor, provided guidance on the availability of four types of reserves typically in use by organizations which are acceptable to CRA.
- Management has developed a revised reserve framework and drafted a new Financial Reserves Policy (see Appendix A) for consideration. The policy has been reviewed by the FAR Committee, external auditors and external legal counsel.

CURRENT STATUS:

- The proposed policy establishes four reserve categories:

1. **Operating Reserve**
    - Supports continuity of operations during revenue fluctuations, economic downturns, or unexpected events.
    - Recommended minimum reserve of three months of operating expenditures in line with CPMF requirements and current policy language, and target reserve of six months, calculated annually based on financial statements.

2. **Contingency Reserve**
    - Intended to address significant organizational risks, including potential legislative changes, amalgamation, wind-up, or restructuring activities.
    - Although unlikely, it is prudent to prepare for such an event.

3. **Capital Reserve**
    - Supports future investments in technology and audio-visual infrastructure, office improvements, and major capital projects.
    - Funding large projects and refresh schedule for office space and technology would be determined and captured as part of this reserve.

4. **Strategic Reserve**
    - Supports longer-term strategic initiatives, modernization efforts, transformation projects, and enhancements to regulatory effectiveness in support of the College's broad mandate, strategic vision, and regulatory programs.
    - Fund initiatives over the life of the Strategic Plan. Some initiatives will be specific and identifiable; some will be aspirational with clarity in the future.

Governance Framework

- Council approval would be required for reserve funding, movement of funds between reserves, and for access to all Reserves.
- All reserve activity would be reported to Council following utilization.

ANALYSIS:

- The proposed framework provides a more comprehensive and transparent approach to reserve management by clearly linking reserves to operational, strategic, capital, and contingency risks.
- Establishing defined reserve categories and measurable targets strengthens governance and accountability while supporting long-term financial sustainability.
- The framework better positions the College to respond to unexpected events without negatively impacting regulatory programs or services.

- Enhanced formal governance controls and reporting requirements increase oversight of reserve creation, use, and replenishment.
- The policy aligns reserve practices with CRA expectations and CPMF requirements regarding prudent financial stewardship and reserve management.

CONSIDERATIONS:

- Full funding of reserve targets could require a phased implementation plan over multiple years.
- Management has identified unrestricted accumulated surplus balances as an initial source of reserve funding.
- Additional reserve funding opportunities may arise from future asset disposition proceeds, including proceeds from the sale of the College building (6 Crescent).
- Reserve targets, including consideration of the CPMF requirements, should be reviewed annually to ensure continued relevance and adequacy.

NEXT STEPS:

- Close the PLP Reserve in conjunction with the finalization of the LPT.
- Determine the amount that can be reserved in 2026 and make recommendations to Council.
- Develop a phased reserve funding plan and implement enhanced governance and reporting processes.

DECISION FOR COUNCIL:

THAT Council approve the proposed Financial Reserves Policy, with an effective date of January 1, 2027.

CONTACT:

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Kelly Tripp, ktripp@rcdso.org

Attachments:

Appendix A – Financial Reserves Policy – 2026

Appendix B – Financial Reserves Policy – 2023

RCDSO | Royal College of Dental Surgeons of Ontario

College Policy

Financial Reserves Policy

PURPOSE

As part of responsible governance and sound financial stewardship, the College maintains reserve funds to support long-term financial sustainability, manage strategic and operational risks, protect against unforeseen events, and fund significant future expenditures.

TYPES OF RESERVE FUNDS

Council may establish and maintain the following internally restricted reserve funds: Operating Reserve, Contingency Reserve, Capital Reserve, and Strategic Reserve, upon the recommendation of the Finance, Audit & Risk Committee (FAR). The College may establish and/or administer additional reserve funds as deemed appropriate by Council.

FUND DETAILS

- **Operating Reserve**

  Supports continuity of day-to-day operations during economic downturns or revenue fluctuations, ensuring stability in regulatory oversight and service

  Operating reserve funds are not intended to replace a permanent loss of funds or eliminate an on-going budget shortfall.

  The target of this fund is 50%, but not to fall below 25% of annual operating expenses, excluding amortization, or such greater amount determined by Council. The reserve minimum will be calculated based on the previous year's audited financial statements.

- **Contingency Reserve**

  Funding set aside to address significant organizational risks and unforeseen future scenarios, including changes in mandate, government direction, legislative changes, amalgamation, wind-up, or restructuring activities. The reserve can be used to cover costs such as professional services, staff transitions, lease obligations, contract exits, and other related expenses, enabling the organization to respond responsibly and effectively to changing circumstances.

- **Capital Reserve**

  Funds anticipated capital investments over the next 5–10 years, based on a structured capital plan, ensuring infrastructure and systems remain current and reliable.

- **Strategic Reserve**
  Supports investment in longer-term strategic priorities, including transformation initiatives, modernization, and enhancements to regulatory effectiveness, in support of the College's broad mandate, strategic vision, and regulatory programs. The reserve provides flexibility to fund initiatives that strengthen organizational capacity, advance strategic objectives, and respond to emerging regulatory and public interest needs.

ACCOUNTING FOR RESERVES

All reserve funds will be reported as internally restricted net assets in the financial statements.

All reserve funds will be commingled with general cash and investment accounts of the College.

FUNDING OF RESERVES

Funding of reserves must be approved by Council. Reserves may be funded from annual surpluses available in unrestricted reserves, Council-approved transfers from unrestricted reserves, asset disposition proceeds, or one-time allocations.

Reserve targets shall be reviewed annually. When a specified reserve is below its targeted amount, plans for replenishment will be developed by management for consideration by FAR and as FAR considers appropriate, recommendations to Council for approval.

USE OF RESERVE FUNDS

Authority for the use of all internally restricted reserve funds is subject to prior approval from Council. Requests for the use of reserve funds shall be supported by recommendations developed by Management and reviewed by, or developed in consultation with, the Finance, Audit and Risk (FAR) Committee. The FAR Committee will provide its recommendation to Council for consideration as part of the approval process.

COMPLIANCE

This policy is in accordance with the requirements of the Ministry of Health and Long-Term Care, reported through the College Performance Measurement Framework[1].

Canada Revenue Agency (CRA) takes the position that to maintain tax-exempt status, non-profit organizations must ensure reserves are reasonable and for an identifiable operating purpose, to protect operations, or to fund a specific future capital or strategic project. The College will ensure that the level of reserves maintained is justified and reasonable.

[1] Standard 4 – The College demonstrates responsible stewardship of its financial and human resources in achieving its statutory objectives and regulatory mandate (evidence required – The College has a financial reserve policy that sets out the level of reserves the College needs to build and maintain in order to meet its legislative requirements in case there are unexpected expenses and/or a reduction in revenue and furthermore, sets out the criteria for using the reserves).

REPORTING

Management shall report reserve balances, activity, utilization, and adequacy to the FAR Committee at least annually.

POLICY REVIEW

FAR shall review this policy at least every three years or earlier if warranted by internal or external events or changes and recommend revisions to Council.

The external auditor will be consulted whenever non-administrative changes are contemplated.

RCDSO | Royal College of Dental Surgeons of Ontario

College Policy:

Financial Reserves

PURPOSE

As part of good governance, reserve funds may be established, from time-to-time, in accordance with sound accounting principles to prepare for future capital expenditures, or to provide funds to meet certain future liabilities or sustain day-to-day operations in the event of unforeseen shortfalls.

TYPES OF RESERVE FUNDS

The College may establish and /or administer reserve funds for the following purposes:

a) To secure the PLP liability for future claims in accordance with industry standards, in a Professional Liability Program Reserve Fund;
b) To fund the College's obligations in extreme circumstances, in the form of an Operating Reserve;
c) Special projects deemed appropriate by Council such as, but not limited to:
    a. CRM;
    b. IT Infrastructures;
    c. Significant, renovation, or improvement of its facilities

The funding of the Reserve Funds shall be approved by Council upon the recommendation of the Finance, Audit and Risk Committee (FAR).

FUND DETAILS

The College will hold two reserves on an on-going basis. Others will be established as needs dictate.

1. Professional Liability Program Reserve

   The Professional Liability Program Reserve has been established to fund material claims that cannot be accommodated within the College's operating budget. The balance is periodically reviewed by external actuaries to ensure the amount reserved is adequate, subject to various levels of risk appetite.

2. Operating Reserve Fund

   The Operating Reserve Fund is designated to help ensure the long-term financial stability of the College, to provide for unanticipated extraordinary expenses that fall outside the provisions of the College's operating budget, and to fund obligations that arise in the event of unforeseen revenue shortfalls.

   Operating reserves funds are not intended to replace a permanent loss of funds or eliminate an on-going budget shortfall.

The Operating Reserve Fund will be funded from a surplus in the unrestricted operating funds in any given year. The target minimum of this fund is 25%, or three months, of operating expenses, excluding the PLP provision and amortization, or such greater amount as may be determined by Council. The Reserve will be calculated based on the previous year audited financial statements.[1]

ACCOUNTING FOR RESERVES

The Reserves will be recorded in the financial statements as Internally Restricted Reserves.

The Reserves will be commingled with the general cash and investment accounts of the College.

FUNDING OF RESERVES

Reserves will be funded with operating surpluses. After all appropriate allocations are made to the reserve funds, any remaining annual operating surplus will remain in unrestricted resources. An operating deficit in any given year will result in no addition to reserves for that year.

When a specified reserve is below its targeted amount, plans for replenishment will be developed by management for consideration by the FAR Committee.

USE OF RESERVED FUNDS

Authority for the use of PLP Reserve is delegated to the Registrar & CEO and/or the Chief Financial Officer (CFO), in consultation with the FAR Committee.

Authority for the use of the Operating Reserve Fund is delegated to the Registrar & CEO and/or the Chief Financial Officer (CFO), in consultation with the FAR Committee.

Authority for the use of other Reserve Funds is subject to prior approval from Council.

Use of any Reserve Funds will be reported to Council at its next regularly scheduled meeting, accompanied by a full analysis.

COMPLIANCE

This policy is in accordance with the requirements of the Ministry of Health and Long-Term Care, reported through the College Performance Measurement Framework[2].

Canada Revenue Agency (CRA) takes the position that in order to maintain tax-exempt status, non-profit organizations must ensure reserves are reasonable and for an identifiable operating purpose, to protect operations, or to fund a specific future capital project. The College will ensure that the level of reserves maintained is justified and reasonable.

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[1] Funding the Operating Reserve to its targeted level is estimated to take 3-5 years

[2] Standard 4 – The College demonstrates responsible stewardship of its financial and human resources in achieving its statutory objectives and regulatory mandate (evidence required – The College has a financial reserve policy that sets out the level of reserves the College needs to build and maintain in order to meet its legislative requirements in case there are unexpected expenses and/or a reduction in revenue and furthermore, sets out the criteria for using the reserves).

REPORTING

Each investment or reinvestment will be reported to the President of the College and Chair of the Finance, Audit and Risk Committee within 15 business days after receipt of the trade confirmation.

Periodic investment reports containing a complete listing of all investments, and investment transactions shall be prepared for and distributed to the Finance, Audit and Risk Committee of RCDSO. The Committee shall make a complete report to Council at least once annually.

POLICY REVIEW

The Finance, Audit and Risk Committee will review this policy every three years or earlier if warranted by internal or external events or changes. The FAR Committee will recommend revisions to the Policy to Council for approval.

The external auditor has reviewed this policy[3], and will be consulted whenever non-administrative changes are contemplated.

[3] Reviewed by Tinkham LLP on October 29, 2020

Royal College of
Dental Surgeons of Ontario

COUNCIL BRIEFING NOTE

TOPIC: Workplace Experience Program

FOR DISCUSSION

September 2026

ISSUE:

- The RCDSO is exploring the development of a supervised work experience program that will prepare Internationally Trained Dentists (ITDs) to practice in Ontario. This project was initially presented to Council in September 2024 as part of an external funding request and is being revisited. An update is being provided to Council on the status of the project and key considerations.

PUBLIC INTEREST:

- This program aims to fulfil the College's obligation to provide registration practices that are transparent, objective, impartial and fair (RHPA, Section 22.2), while supporting the provision of safe, high-quality oral health care by Internationally Trained Dentists (ITDs).
- It will also support the College's objectives (as outlined in Section 3(1) of the RHPA), including "to enhance interprofessional collaboration, while respecting the unique character of individual health professions and their members" and "maintain standards of knowledge and skill and programs to promote continuing evaluation, competence and improvement among the members."

BACKGROUND:

History of the project:

- The RCDSO submitted an Expression of Interest to the Oral Health Access Fund (OHAF)[1] in 2024, requesting funding for an ITD workplace experience program (Council was briefed on this in September 2024).
- The project did not receive funding at the time and was put on hold due to competing priorities. The program is now being revisited, given its alignment with RCDSO's Vision and emerging Strategic Plan.

[1] The Oral Health Access Fund (OHAF) is a grants and contributions program led by Health Canada that was created to complement the Canadian Dental Care Plan (CDCP).

Purpose and rationale

- The project will establish a supervised work experience program that will prepare ITDs to practice in Ontario. The program will be geared towards international applicants from non-accredited dental programs, who are in the final stages of completing the NDEB Equivalency Process.[2]
- ITDs participating in the equivalency process can face extended absences from clinical environments, may not have access to mentorship or professional engagement opportunities, and can have limited familiarity with Canadian regulatory, cultural, and ethical frameworks. All of this can contribute to lower success rates in clinical competency exams,[3] or delays to achieving licensure.
- This program will provide training and work experience that prepares ITDs for practice in Ontario.

CURRENT STATUS:

Over the past several months, the College has advanced the project through the following activities:

- **Project coordination**: A project manager has been contracted to lead policy analysis, proposal writing, stakeholder engagement, and overall coordination of the project.
- **Reference Group:** A subset of the Executive Committee (Dr. Erin Walker, Dr. Harinder Sandhu, and Dan Faulkner) has formed a “Reference Group” to provide input and oversight.
- **Policy analysis**: Initial policy analysis has been conducted, including an evidence review, environmental scan, and input from legal counsel.
- **Stakeholder meetings**: Consultation with national bodies (the Association of Canadian Faculties of Dentistry, the Commission on Dental Accreditation of Canada, provincial groups (associations, regulators, dental faculties) and professions (Dentists, Dental Hygienists, Dental Assistants) has informed the framing of the project, and the College is committed to continued engagement and collaboration. The College has also met with the Ministry of Health and will continue to engage them as the project develops.
- **Key program elements and objectives**: A preliminary set of program elements and objectives have been set, as described below.

Key program elements and objectives:

Through policy analysis and stakeholder discussions, a preliminary set of program elements and objectives have been set. These are described below and will be further refined as program design matures.

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[2] ITDs from non-accredited programs must demonstrate they meet the professional standards of a licensed dentist, and the Equivalency Process is the most common route for this (in 2025, 745 of the 1,646 dentists certified through the NDEB had completed this process).

[3] In 2024/25, only 352 (43%) of the 822 people taking the Clinical Skills component of the National Dental Examination of Clinical Competence (NDECC) for the first-time passed the test. NDEB 2024/25 Annual Report: https://ndeb-bned.ca/wp-content/uploads/2026/03/NDEB_AR_2425_rev_March2026.pdf.

- **Licensing Approach**: ITDs participating in the program will be granted a limited certificate of registration. Licensure is required to permit ITDs to perform controlled acts, and also ensures they are held to the standards of the profession. The type of license that will be granted is under consideration (it is possible that a new class will need to be established) and will be informed based on input from legal counsel, Ministry of Health, and faculties of dentistry. It will be critical that the license is established in a time-limited manner, and include the requirement that ITDs will always practice under the supervision of a Registered Dentist.
- **Scope of practice**: The certificate will be limited to the performance of certain "allowable procedures." ITDs will be exposed to the full scope of dentistry practice, but dependent on relative patient risk, some of the exposure will be through observation of the procedure only (not performance).
- **ITD Expectations:** The College is sensitive to the need to maintain patient safety as the top priority. Clear admission criteria and program expectations will be established, so that only ITDs who have the clinical skills required to complete the allowable procedures will be admitted. The program will be designed to support ITDs in gaining experience in non-technical areas (professionalism, ethics, team-based care, etc.), while maintaining currency of their existing clinical skills. The College will also work with the faculties of dentistry (with input from interprofessional oral health partners) to build a week-long training program to ensure that all those who have been selected for the program are ready to practice. Finally, once practicing, supervision by a registered dentist will further manage risk.
- **Participating sites:** The program will involve a clinic-wide, integrated approach. The College plans to work with academic and oral health partners to identify the best practices that make for a high-functioning team. This will inform the "qualifying criteria" that will be set for participating sites, as well as the resources that will be provided.

CONSIDERATIONS

Experience with other professions and jurisdictions:

- **Physicians' Provisional Class**: Internationally Trained Physicians who are completing the requirements for licensure in Ontario can be granted a "Provisional certificate" of registration, which allows them to practice (under supervision), while completing the final registration requirements. Several other professions include temporary, supervised practice, provisional, or initial certificates so that individuals can obtain workplace experience while under the supervision of a registered professional.[4]
- **Alberta's Supportive Pathway to NDEB Certification Program**: Alberta is the only province in Canada that is currently offering a workplace experience program for ITDs who have not yet completed the NDEB certification process. The College of Dental Surgeons of Alberta (CDSA) has established the Supportive Pathway to NDEB Certification Program, which grants ITDs with a limited Restricted Practice Permit that allows them to perform "reversible dental services" while under the supervision of a registered dentist. Although there are many similarities between this program and the RCDSO's proposed project, it is expected that the RCDSO's program will include the following defining characteristics:

[4] Physicians ("Provisional class"), Nurses ("Temporary Certificate"), Psychologists (Supervised Practice Certificate"), Occupational therapists ("Provisional registration"), Audiologists/SLPs ("Initial Certificate")

- ITDs in Ontario will not be limited to performing "reversible" procedures, but will be exposed to the full scope of practice of dentistry (certain procedures by observation only);
- The Ontario program will be developed through collaboration with the dental faculties; and
- The Ontario program will focus highly on interprofessional collaboration and team-based care, and will set expectations for best practice models.

System Engagement and Collaboration:

- The College intends to involve all three professions (dental assistants, dental hygienists, and dentists) in program oversight, design, implementation, and evaluation. It is expected that this program will be an opportunity for the College to lead system dialogue and champion collaboration across dental professions.[5]
- The College also plans to engage in close collaboration with educational institutions (specifically, the dental faculties but potentially institutions involved in training other oral health providers). It is anticipated that this program could set the foundation for launching change in the system. For example, if successful, learnings could be applied in the university context, where programs for distributed training (decentralized from the faculty teaching facilities) are being explored.

Evaluation and Expected outcomes:

- The Program is expected to result in positive outcomes for ITDs, patients, the oral health team, and the system overall:
  - **ITDs**: The primary goal of the project is the licensure of ITDs that are ready to enter the practice of dentistry with professional confidence, prepared to communicate and respond to patient and clinic interactions with ethical awareness, and competence. It is expected that ITDs participating in the program will show:
    - Higher than average first-time NDECC success rates (thus reducing time to licensure) (current first-time pass rates are 43% for Clinical Skills and 63% for Situational Judgement)
    - Positive results from patient and staff evaluation surveys
    - Self-reported confidence and readiness to practice in Ontario
  - **Patients**: The program will focus on aspects related to communication and professionalism. Patients should expect to experience culturally sensitive and patient-centred care from ITDs who are participating in this program, including:[6]
    - Communicating effectively using a patient-centred approach
    - Fostering a respective and inclusive environment
    - Maintaining appropriate boundaries
    - Accommodating for disability
    - Demonstrating a mindful and reflective practice
    - Working with patients to advocate for their individual health care needs

[5] One of the priorities outlined in the first pillar of RCDSO's Vision 2035 ("Healthy System").
[6] Based on the KSAs for a Beginning Dental Practitioner in Canada, which will be used to inform Program materials.

  - **Team**: The Program is also expected to have a positive impact on the participating clinics and the oral health team. Professionalism and team-based practices will be fostered and expected to be modeled by all those participating in the program (representatives from each of the oral health professions (dental hygienists, dental assistants) will be involved in curriculum development and in setting program expectations). It is expected that survey data will be collected from all parties involved in the program, to measure this.
  - **System**: All of this will support the Ontario Government's "Your Health: A Plan for Connected and Convenient Care," which outlines a path for connecting Ontarians to the health care they need, when they need it. It strives to provide the Right Care in the Right Place, offer Faster Access to Care, and Hire More Health Care Workers. This program will directly focus on oral health, which is a critical indicator of overall health.[7]
- Program design will also include an evaluation/measurement component, so that the College will be able to measure progress in meeting the expected outcomes.

Funding options:

The project will require initial "seed" funding (for program design, evaluation planning, etc.), as well as ongoing implementation costs (project governance, recruitment/screening, delivery of training sessions, other implementation-related costs). The priority is to identify an external funding source, and options for this are currently being considered. A detailed business analysis will be brought to Council for further analysis and consideration.

NEXT STEPS:

- A funding proposal has been drafted, and potential external funding sources are being considered. Council will be presented with an analysis to confirm budget and funding sources at a future meeting.
- In the meantime, the College will continue to consult and work with oral health organizations, dental faculties and Ministry of Health to obtain expertise and input and confirm the regulatory framework and program elements.

CONTACT:

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[7] Global strategy and action plan on oral health 2023–2030. Geneva: World Health Organization; 2024. Licence: CC BY-NC-SA 3.0 IGO. https://www.who.int/publications/i/item/9789240090538. Accessed September 10, 2026.

Royal College of
Dental Surgeons of Ontario

COUNCIL BRIEFING NOTE

TOPIC: Proposed Amendments to the Operational Policy of the Governance Committee: Committee Appointments

FOR DECISION

September 2026

ISSUE:

- In July, the Governance Committee approved proposed amendments to the Operational Policy of the Governance Committee: Committee Appointments and recommended that the amendments be brought forward to Council for its consideration and approval at the September 24, 2026 Council meeting.
- At its September 24 meeting, Council will be asked to consider and approved the proposed amendments as set out in Appendix B.

PUBLIC INTEREST:

- Strong governance is a foundational determinant of effective regulation and public protection. Provincial policy initiatives, including the Ministry of Health's College Performance Measurement Framework and governance modernization initiatives, emphasize competency-based committee appointments, transparency, and robust conflict-of-interest safeguards.
- A clear, objective, and competency-based assessment process enhances public trust and confidence in the College's governance framework and reinforces the legitimacy, credibility, and effectiveness of Council and its committees. Deliberate succession planning supports the public interest by preserving institutional knowledge while enabling the timely introduction of new skills, perspectives, and expertise.

BACKGROUND:

Governance Committee Role

- The Governance Committee's authority to recommend committee appointments is established in the By-laws. The Governance Committee is responsible for recommending committee and chair appointment slates for Council approval and overseeing the committee appointment process.

Need for Policy Modernization

- The Committee Appointments Policy was last updated in 2023. Since that time:
    - Council approved an updated Competency and Diversity Profile for RCDSO Council Members (2025), strengthening the foundation for competency-based assessment and appointments;
    - Governance Committee discussions identified opportunities to strengthen succession planning, reappointment considerations, and conflict management;

- Recent appointment cycles highlighted the need for greater clarity regarding the principles used when recommending committee appointments; and
- Governance expectations across the regulatory sector continue to emphasize competency-based appointments, transparency, and robust conflict-of-interest management.

Governance Committee Review

- In March, the Governance Committee discussed key principles that should guide future committee appointments. Staff were subsequently asked to develop proposed amendments to the Operational Policy of the Governance Committee: Committee Appointments.
- In May, the Governance Committee reviewed proposed amendments and provided feedback. Key themes arising from that discussion included:

  - Confirming that appointments should be grounded in competencies and committee needs;
  - Clarifying that individual committee preferences would not drive appointment decisions, and candidate backgrounds may be considered;
  - Recognizing the importance of a member's availability and capacity to serve effectively;
  - Supporting stronger succession-planning provisions;
  - Clarifying conflict-management expectations, particularly with respect to concurrent appointments to more than one committee; and
  - Emphasizing the public-interest purpose of committee service.

- Staff revised the proposed policy amendments to reflect this feedback.

Council Education Session

- In June, the Governance Committee delivered an education session to Council on the committee appointments process and a high-level overview of the proposed amendments to the Policy and their underlying rationale.
- The session:

  - Clarified the Governance Committee's mandate and current appointment process;
  - Explained the factors considered by the Governance Committee when recommending appointments to Council, including but not limited to competencies, diversity, representation, availability, continuity and renewal, succession planning, and committee needs; and
  - Provided Council members with an opportunity to ask questions and provide feedback prior to formal consideration of the amendments.

- Council feedback generally supported the competency-based approach and focused on:

  - The continuing opportunity for applicants to indicate background and areas of experience;
  - The Governance Committee's role in recommending appointment slates;
  - Considerations related to concurrent appointments to more than one committee;
  - The rationale for updating the policy; and
  - The importance of maintaining continuity and avoiding unnecessary turnover on highly specialized committees.

CURRENT STATUS:

- In July, the Governance Committee considered and approved a revised draft of the proposed policy amendments that incorporated:
  - Feedback received during the May 28, 2026 Governance Committee discussion;
  - Input arising from the June 2026 Council education session; and
  - Additional refinements to improve clarity and consistency throughout the policy.
- At its September 24, 2026 meeting, Council will be asked to consider and approve the Governance Committee's proposed amendments to the Operational Policy of the Governance Committee: Committee Appointments.
- **Appendix A** contains a redlined version of the Policy showing the proposed amendments for Council's review.
- **Appendix B** contains a clean copy of the Policy with all proposed amendments incorporated, as they would appear if approved by Council.

ANALYSIS:

The proposed amendments are intended to strengthen the Policy in four key areas.

1. Competency-Based and Public-Interest-Focused Appointments

The amendments reinforce that committee appointments are recommendations made by the Governance Committee based on:

- Competencies, diversity and representation;
- Committee requirements;
- Availability to serve;
- Balance of experience and new perspectives;
- Succession-planning considerations;
- Committee member current performance; and
- The overall needs of the committee and the organization.

While applicants will continue to have the opportunity to indicate background and experience, the Policy clarifies that there is no expectation of appointment to a specific role based on individual preference.

2. Succession Planning and Committee Continuity

The amendments introduce a more deliberate approach to succession planning by recognizing the need to balance:

- Continuity and institutional knowledge;
- Development of committee expertise;
- Planned renewal; and
- Future leadership development.

This approach is particularly important for committees that require extensive orientation, training, and specialized expertise.

3. Concurrent Committee Appointments and Conflict Management

The amendments establish a clearer framework for concurrent committee appointments by considering:

- Real, perceived, or potential conflicts of interest;
- Risks of bias or reasonable apprehension of bias;
- Confidentiality considerations;
- Operational requirements; and
- Committee composition and quorum needs.

The proposed approach recognizes that concurrent committee appointments may at times be necessary while ensuring that conflict-management considerations are explicitly addressed.

4. Transparency and Consistency

The amendments provide clearer guidance regarding appointment and reappointment considerations, helping ensure that recommendations are made in a consistent, objective, and transparent manner while preserving appropriate Governance Committee discretion.

NEXT STEPS:

Subject to Council's approval, the amended Policy will be used by the Governance Committee to support the 2027 committee appointments process.

DECISION FOR COUNCIL:

This item is for Council's decision. At its September 24**,** 2026 meeting, Council will be asked to approve the proposed amendments to the *Operational Policy of the Governance Committee: Committee Appointments* as outlined in Appendix B.

CONTACT:

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ATTACHMENTS

Appendix A: Redlined Draft of Proposed Amendments to the *Operational Policy of the Governance Committee: Committee Appointments*

Appendix B: Clean Draft of the *Operational Policy of the Governance Committee: Committee Appointments* with Proposed Amendments Incorporated

Operational Policy of the Governance Committee re: Committee Appointments

Process for Recommending Committee and Chair Appointments

- Members of Council, Council candidates and committee candidates are asked to self-assess their proficiency against the committee competencies ~~provide any preferences for committees on which they wish to serve~~. They may also indicate areas of interest and/or ~~if they would be~~ interest~~ed~~ in serving as chair of a committee.
- While ~~preferences~~ self-assessments and expressions of interest will be considered as part of the competency-based assessment and appointment process, there should not be an expectation of appointment to any specific role. ~~they will be granted as the College moves to adopt a competency-based assessment and selection process and endeavors to improve diversity and equity on committees~~.
- ~~Council members, Council candidates and committee candidates are asked to self-assess against the list of competencies for the committees and committee chairs and briefly set out in writing how they meet them for the requested committees and chair positions.~~ These submissions will be reviewed by the Governance Committee, ~~who~~ which is responsible for recommending a slate of appointments of committee members and committee chairs to Council for approval.
- Committee appointments are made based on the overall needs of the organization and committees. ~~In populating the committees, numerous factors will be taken into account by the Governance Committee including terms of reference in the by-laws, competencies, diversity and representation, practice areas, availability to serve, balance of experience and inclusion of new perspectives, succession planning, and the needs of the committee~~. The Governance Committee retains discretion to recommend appointments that best support the effective functioning, composition, and long-term needs of each committee and of Council as a whole.
- The Governance Committee will consider appointments and reappointments annually.

- In populating the committees, numerous factors will be taken into account by the Governance Committee. Consideration for all appointments and reappointments will include:
    - Committee member's eligibility;
    - Competencies, diversity and representation;
    - Committee terms of reference in the by-laws;
    - Practice areas;
    - Availability to serve;
    - Balance of experience and inclusion of new perspectives;
    - Committee continuity and succession planning;
    - Committee member's performance; and
    - Any other needs and/or considerations the Governance Committee determines are relevant.
- Prior to the new Council meeting for the first time following a general election, the Governance Committee will meet to complete its task of populating the committees and committee chairs. The Governance Committee will release to Council members a draft proposed slate of committee members and chairs for consideration at the first meeting of the new Council.
- Council will consider a motion to accept the proposed slate of committee members and chairs as presented by the Governance Committee.

Concurrent Committee Appointments and Conflict Management

In considering concurrent committee appointments, the Governance Committee shall take into account:

- The potential for real, perceived, or reasonable apprehension of bias and conflict of interest;
- The confidentiality restrictions applicable to particular committees;
- The frequency of potential conflicts and the management of potential conflicts; and
- The operational realities and statutory requirements of committee composition and/or quorum requirements.

Limits on Multiple Appointments ~~Appointment of Committee Members and Chairs~~

- Unless extraordinary circumstances exist, members of Council should not serve on more than two statutory and/or standing committees, including the Executive and Governance Committees. The President sitting on a committee as an ex- officio member would not be counted. Also, it may be necessary for public members to serve on additional committees in order to fulfil the requirements of quorum. Where cross

appointments are proposed, the Governance Committee shall consider whether the combination creates heightened conflict of interest risks or governance concerns, and how those risks can be reasonably mitigated. If the Governance Committee feels that extraordinary circumstances justify appointing a member of the Council to serve on more than two statutory and/or standing committees, the extraordinary circumstances would be explained to Council.

- Unless extraordinary circumstances exist, no member of Council shall chair more than one statutory and/or standing committee. If the Governance Committee feels that extraordinary circumstances justify appointing a member of Council to serve as chair of more than one statutory and/or standing committee, the extraordinary circumstances would be explained to Council.
- Where the Governance Committee determines that it has two or more equally competent candidates for chair of a statutory or standing committee, preference should be given to the individual who is not a member of the Governance Committee or Executive Committee. A chair of a committee may be a Council dentist, a public member of Council, a non-Council Committee member, or a Subject Matter Expert, unless otherwise specified in the legislation or by-laws.
- When the Governance Committee is considering recommending to Council the appointment of a member of the Governance Committee to any College committee, that person being considered should not be present at the meeting, regardless of the medium used, when the discussion or vote takes place.

Vacancies

- As per the bylaws, vacancies that need to be filled between Council meetings may be filled immediately by the Executive Committee and then brought forward for ratification by Council at its next meeting. If time allows, the Executive Committee should seek input from the Governance Committee or maintain a list of candidates recommended to fill vacancies prepared by the Governance Committee.

Operational Policy of the Governance Committee re: Committee Appointments

Process for Recommending Committee and Chair Appointments

- Members of Council, Council candidates and committee candidates are asked to self-assess their proficiency against the committee competencies. They may also indicate areas of interest and/or interest in serving as chair of a committee.
- While self-assessments and expressions of interest will be considered as part of the competency-based assessment and appointment process, there should not be an expectation of appointment to any specific role.
- These submissions will be reviewed by the Governance Committee, which is responsible for recommending a slate of appointments of committee members and committee chairs to Council for approval.
- Committee appointments are made based on the overall needs of the organization and committees. The Governance Committee retains discretion to recommend appointments that best support the effective functioning, composition, and long-term needs of each committee and of Council as a whole.
- The Governance Committee will consider appointments and reappointments annually.
- In populating the committees, numerous factors will be taken into account by the Governance Committee. Consideration for all appointments and reappointments will include:
    - Committee member's eligibility;
    - Competencies, diversity and representation;
    - Committee terms of reference in the by-laws;
    - Practice areas;
    - Availability to serve;
    - Balance of experience and inclusion of new perspectives;
    - Committee continuity and succession planning;

    - Committee member's performance; and
    - Any other needs and/or considerations the Governance Committee determines are relevant.
- Prior to the new Council meeting for the first time following a general election, the Governance Committee will meet to complete its task of populating the committees and committee chairs. The Governance Committee will release to Council members a draft proposed slate of committee members and chairs for consideration at the first meeting of the new Council.
- Council will consider a motion to accept the proposed slate of committee members and chairs as presented by the Governance Committee.

Concurrent Committee Appointments and Conflict Management

In considering concurrent committee appointments, the Governance Committee shall take into account:

- The potential for real, perceived, or reasonable apprehension of bias and conflict of interest;
- The confidentiality restrictions applicable to particular committees;
- The frequency of potential conflicts and the management of potential conflicts; and
- The operational realities and statutory requirements of committee composition and/or quorum requirements.

Limits on Multiple Appointments

- Unless extraordinary circumstances exist, members of Council should not serve on more than two statutory and/or standing committees, including the Executive and Governance Committees. The President sitting on a committee as an ex- officio member would not be counted. Also, it may be necessary for public members to serve on additional committees in order to fulfil the requirements of quorum. Where cross appointments are proposed, the Governance Committee shall consider whether the combination creates heightened conflict of interest risks or governance concerns, and how those risks can be reasonably mitigated. If the Governance Committee feels that extraordinary circumstances justify appointing a member of the Council to serve on more than two statutory and/or standing committees, the extraordinary circumstances would be explained to Council.
- Unless extraordinary circumstances exist, no member of Council shall chair more than one statutory and/or standing committee. If the Governance Committee feels that extraordinary circumstances justify appointing a member of Council to serve as chair of more than one statutory and/or standing committee, the extraordinary circumstances would be explained to Council.
- Where the Governance Committee determines that it has two or more equally competent candidates for chair of a statutory or standing committee, preference should be given to

the individual who is not a member of the Governance Committee or Executive Committee. A chair of a committee may be a Council dentist, a public member of Council, a non-Council Committee member, or a Subject Matter Expert, unless otherwise specified in the legislation or by-laws.

- When the Governance Committee is considering recommending to Council the appointment of a member of the Governance Committee to any College committee, that person being considered should not be present at the meeting, regardless of the medium used, when the discussion or vote takes place.

Vacancies

- As per the bylaws, vacancies that need to be filled between Council meetings may be filled immediately by the Executive Committee and then brought forward for ratification by Council at its next meeting. If time allows, the Executive Committee should seek input from the Governance Committee or maintain a list of candidates recommended to fill vacancies prepared by the Governance Committee.



ROYAL COLLEGE OF DENTAL SURGEONS OF ONTARIO

Reconciliation Action Plan

RCDSO | Royal College of Dental Surgeons of Ontario

Prepared with the support of First Peoples Group



Waters flowing through Algonquin Park, situated on the traditional lands of the diverse Algonquin Nation.

Land Acknowledgement

The Royal College of Dental Surgeons of Ontario (RCDSO) acknowledges that its office is located on the traditional territory of many nations, including the Mississaugas of the Credit, the Anishinaabe, the Chippewa, the Haudenosaunee, and the Wendat peoples, and is now home to many diverse First Nations, Inuit, and Métis peoples from across Turtle Island.

We acknowledge that Toronto is covered by Treaty 13 with the Mississaugas of the Credit. We are grateful to have the opportunity to work and serve on this land.

This acknowledgement reflects our commitment to learning, understanding, and taking meaningful action toward reconciliation within our regulatory mandate, and in partnership with Indigenous communities, dentists, and patients across Ontario.

Message from Leadership

Over the past several years, we have taken important steps to deepen our understanding of how we, as Ontario's dental regulator, can contribute to reconciliation. This has required honest reflection on the ways that systems, policies, and institutions have contributed to inequities experienced by First Nations, Inuit, and Métis Peoples.

We know that reconciliation is not a single moment or a standalone initiative. Rather, it is a continuing journey of learning, relationship-building, and meaningful action. Through education and engagement with Indigenous partners, dental professionals, staff, and Council and committee members, we have worked together to build this plan and establish a foundation for progress.

This Reconciliation Action Plan marks an important milestone. Council unanimously supported initiatives that will move us beyond awareness and intention toward accountable action. We are proud of these commitments and encouraged by the possibilities they create. While there is more work ahead, we are inspired by the relationships and shared sense of purpose that has shaped this journey.

Indigenous teachings encourage us to consider the impact of our actions on the next seven generations. This perspective invites us to look beyond immediate outcomes and focus on creating a lasting legacy. The programs and standards we develop, the relationships we nurture, and the values we uphold today can help shape a more equitable future for oral health care and public protection.

It's with gratitude that we thank the Indigenous dentists, Elders, Knowledge Keepers, community members, and partners who generously shared their experiences, wisdom, and guidance. We also thank First Peoples Group for helping guide this work and ensuring our commitments are grounded in lived experience.

Together, we look ahead with optimism and humility.



Dr. Harinder Sandhu
President, RCDSO



Daniel Faulkner
Registrar & CEO, RCDSO

About This Plan

How This Plan Was Developed

This Reconciliation Action Plan was developed through an extensive process of engagement with those who work within and alongside RCDSO. It began with a Council session that introduced the foundational concepts and commitments shaping this work. It continued through four virtual internal engagement sessions held between January and May 2026, facilitated by First Peoples Group with participants representing teams including Registration, Policy, Professional Conduct and Regulatory Affairs (PCRA), Practice Enhancement, Communications, and senior leadership. External engagement followed, including focus groups with Indigenous dentists and dentists who work with Indigenous communities, as well as conversations with Ontario schools of dentistry and Indigenous organizations. Together, these processes ensured that the voices shaping this plan came from inside the organization and beyond it.

Each session was organized around four thematic areas: understanding the current state of reconciliation at RCDSO; regulatory practices and barriers; culture and learning; and accountability. Participants shared their perspectives through facilitated discussion and interactive digital boards, contributing a wide range of insights, experiences, and ideas.

Those contributions were synthesized into a What We Heard report and have directly shaped the commitments in this plan. What follows reflects the collective voice of RCDSO staff, their honesty, their care, and their readiness for this work.

> **Indigenous Peoples experience nearly twice the rate of dental disease compared to other Canadians.**
> Office of the Auditor General of Canada, 2017

The ‘Why’ Behind This Plan

This plan is grounded in a body of evidence. As part of the engagement process, First Peoples Group conducted a scan of the literature on Indigenous oral health experiences in Ontario and across Canada. The findings are significant. Nationally, First Nations and Inuit experience nearly twice the rate of dental disease and have greater unmet oral health needs than other Canadians (Office of the Auditor General of Canada, 2017). In Ontario, 28% of the off-reserve Indigenous population visits the dentist only for emergencies, compared to 19.3% of non-Indigenous Ontarians (Mehra et al., 2020, p. 99). Among First Nations adolescents, the prevalence of dental caries is 91.4%, compared to 57.7% in the non-Indigenous adolescent population (First Nations Information Governance Centre, 2012, p. 57). For Inuit, over 85% of preschoolers already have dental caries, and by adulthood virtually all Inuit surveyed have been affected (Government of Canada, 2011, p. 29). Métis, like non-status First Nations, are not covered under the Non-Insured Health Benefits (NIHB) program, compounding already significant cost barriers to care (Government of Canada, 2023).

These disparities are not inevitable. They are the product of specific, documented barriers: the legacy of colonization and residential schools, which created deep and lasting mistrust of health systems (Native Women’s Association of Canada, 2023); structural failures in the NIHB program, including lengthy predetermination processes, reimbursement rates below ODA fee schedules, and lack of direct billing that forces patients to pay upfront (Office of the Auditor General of Canada, 2017); geographic isolation and workforce shortages that mean some communities have no resident dental provider (Inuit Tapiriit Kanatami, 2013); and a profession that has, by its own account, not always been adequately prepared to provide culturally safe care (Native Women’s Association of Canada, 2023, p. 16). Fifty-three of 94 oral health professionals surveyed reported feeling unsure they had adequate training in Indigenous oral health care. RCDSO is positioned to act on all of these fronts. This plan is its commitment to do so.

What This Plan Is

This Reconciliation Action Plan is RCDSO's formal commitment to taking meaningful, sustained, and accountable action toward reconciliation within its regulatory mandate and in relationship with Indigenous Peoples across Ontario.

It is grounded in the Truth and Reconciliation Commission of Canada's Calls to Action, particularly those concerned with closing the gap in health outcomes between Indigenous and non-Indigenous peoples. Call to Action 22 calls upon those who can influence medical and nursing school curricula to require all students to take a course dealing with Indigenous health issues, including the history and legacy of residential schools, the United Nations Declaration on the Rights of Indigenous Peoples, Treaties and Aboriginal rights, and Indigenous teachings and practices. Call to Action 23 calls upon medical and dental schools to increase the number of Indigenous professionals working in health care. Call to Action 24 calls upon medical and dental schools to provide cultural competency training for all health care professionals. Taken together, these Calls to Action place a direct and explicit responsibility on the dental profession and its regulatory bodies to act. RCDSO's mandate to protect the public and to set standards for the profession puts it in a unique position to advance these commitments, not only within its own walls, but across the profession it regulates and the communities that profession serves.

This plan also recognizes that Indigenous Peoples have a distinct constitutional, historical, and lived relationship with Canada that cannot be fully addressed through a general equity or inclusion framework, and that reconciliation requires its own commitments, its own structures, and its own accountability. It is not enough to fold this work into existing diversity initiatives or to treat it as one priority among many. The harms are specific, the obligations are specific, and the response must be too.

What This Plan Is Not

This plan is not a statement that RCDSO has arrived at reconciliation, or that the work is complete. It is a beginning, or more accurately, an articulation of where we are and where we are committed to going. We expect this plan to evolve as we learn, as we build relationships with Indigenous communities and dentists, and as we better understand the impacts of our actions.

This plan also does not replace the need for continuous external engagement. RCDSO is committed to ongoing engagement with Indigenous dentists, dental students, patients, and community organizations as this work continues. Their voices will shape the next chapter of this plan.

Scope and Duration

This plan covers the period from 2026 to 2030 and is organized into five potential action areas that reflect RCDSO's regulatory mandate and the themes that emerged most strongly from engagement. It is a living document. RCDSO commits to reviewing and reporting on progress annually, and to revisiting and updating commitments in response to what we learn.



An inukshuk, inspired by the traditional stone structures built by Inuit across the Arctic, stands by the river's edge.

What Reconciliation Means at RCDSO

Before setting out commitments, it is worth pausing on meaning. Participants in our engagement sessions were thoughtful about what reconciliation actually requires of an organization like RCDSO, a regulatory college whose primary mandate is public protection. The following five themes emerged consistently across all consultation sessions.



A close-up of a hand drum, central to ceremonies, songs, and teachings across many Indigenous cultures.

1. Acknowledging harm, including harm done by systems we are part of

Reconciliation begins with honest acknowledgement. Indigenous Peoples have experienced profound harm within health and oral health systems in Canada, harm rooted in colonization, residential schools, forced family separation, and generations of underfunded and inaccessible care. RCDSO is part of the health system. That means some of this history is ours to acknowledge too.

2. Understanding our role and the limits of our lane

Participants were clear-eyed about what RCDSO can and cannot do. Registration fees, dental school pipelines, geographic access to care, internet infrastructure in remote communities: these are not problems RCDSO can solve alone. But RCDSO has a lane, regulatory processes, professional standards, the conduct of registrants, and the culture of the organization. Within that lane, there is significant room to act. And beyond it, there is significant opportunity to advocate, partner, and use our voice.

3. Improving outcomes, not just intentions

Reconciliation at RCDSO must be oriented toward real change: improved oral health outcomes, more equitable regulatory processes, and a profession better equipped to provide culturally safe care. It is not a reputational exercise or a compliance function. As one participant put it plainly: "We need to see some outcomes."

4. Reconciliation is not only an EDI matter

Several participants raised an important caution: reconciliation is frequently housed within equity, diversity and inclusion functions, as though one staff member or one committee can own the work. Indigenous Peoples have a distinct constitutional and historical relationship with Canada that weaves within and beyond the broader equity conversation. Reconciliation at RCDSO must be embedded across all functions of the College, not delegated to a single desk.

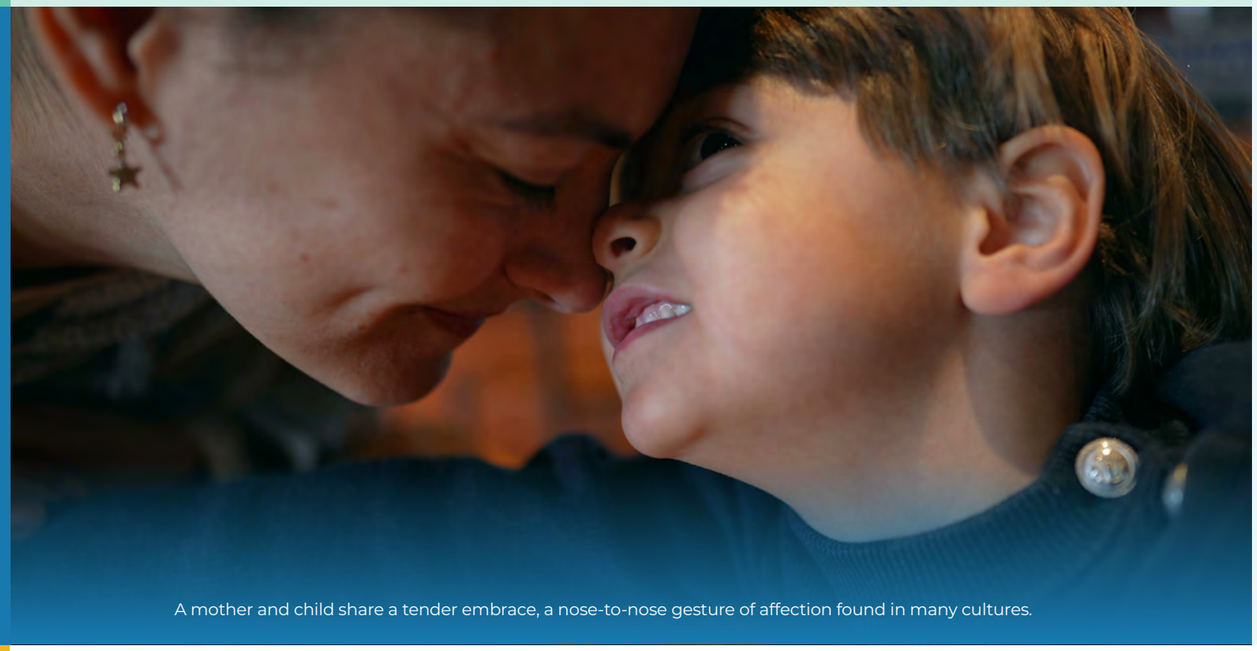
5. This is a shared responsibility

Participants spoke with real conviction about shared ownership of this work. The work of reconciliation belongs to every staff member, every committee member, every Council member. What they asked for were the tools, the time, and the structures to actually do it.

Where RCDSO Is Already Taking Steps

RCDSO has not been standing still. Before this plan was written, meaningful work was already underway, work that reflects a genuine and growing commitment to reconciliation. First Peoples Group's analysis of RCDSO's initiatives to date organized this work using the Four S Framework: Symbolic, Substantive, and Systemic acts of reconciliation, all guided by Spirit.

The Four S Framework recognizes that reconciliation takes different forms, and that all forms matter. Symbolic acts can be a meaningful entry point for individuals beginning their reconciliation journey. Substantive acts create new pathways and deepen learning. Systemic acts change the structures, policies, and governance that shape outcomes over time. All three are needed, and all three must be animated by spirit, a genuine commitment that keeps reconciliation from becoming a check-box exercise.



A mother and child share a tender embrace, a nose-to-nose gesture of affection found in many cultures.

Symbolic

Symbolic acts of reconciliation are often visible expressions of respect, acknowledgement, and commitment. They are not merely performative; for many people, they serve as a meaningful entry point into a deeper reconciliation journey. RCDSO has taken a number of symbolic steps that signal its values and create regular moments of reflection for staff and leadership.

RCDSO opens its meetings and events with a Territorial and Land Acknowledgement, recognizing the Indigenous nations on whose lands the College operates. Each year, the office closes on September 30 in recognition of Truth and Reconciliation Day, a practice that honours Survivors and creates space for staff to reflect on the history and ongoing legacy of residential schools. The College has hosted staff presentations on the meaning and purpose of land acknowledgements, ensuring this practice is understood rather than simply recited. RCDSO has also shown support for National Indigenous Oral Health Day and for initiatives like Joyce's Tooth Tales, a resource that brings Indigenous perspectives on oral health to children and families. A film screening of For Love (2024) at the Leadership Learning Day and EDI Spotlight stories focused on reconciliation have further contributed to building a culture of awareness and reflection.



Substantive

Substantive acts of reconciliation involve creating new pathways, deepening knowledge, and building the capacity of individuals and organizations to engage with Indigenous communities and issues in more meaningful ways. RCDSO has invested significantly in this area across both internal staff development and outreach to registrants.

Council members have received orientation through a presentation by Dr. Sheri McKinstry, and Joint Colleges Board Training facilitated by First Peoples Group has brought reconciliation into governance-level conversations. At the Leadership Learning Day, a session on the Seven Grandfather Teachings connected Indigenous ways of knowing to questions of organizational leadership. Staff have completed training through Indigenous Works on Cultural Capabilities, and have had the opportunity to pursue the University of Alberta's Indigenous Canada certificate. A presentation by Ashley Jacobs of the Ministry of Indigenous Affairs brought government perspectives directly into the organization's learning.

RCDSO has also invested in the knowledge of its registrants. A webinar on NIHB Access to Care and newsletter articles on NIHB in 2024 and 2025 have helped dentists better understand this program and their role in serving Indigenous patients. Continuing education credits through the Indigenous Primary Health Care Council have further supported this learning. Staff are currently exploring RCDSO's bursary/awards at Ontario's two dental schools to better support Indigenous dental students, as well as an employer partnership with Indigenous Works, both of which represent meaningful steps toward creating new pathways within the profession.



Systemic

Systemic acts of reconciliation address the structures, policies, and governance frameworks that shape outcomes over time. These are often the least visible but the most consequential changes an organization can make. RCDSO has begun to take steps in this direction, though participants in the engagement sessions were clear that this is where the most significant work still lies ahead.

The IDEA Committee's Terms of Reference represent a structural commitment to embedding equity and inclusion in organizational governance. Biennial staff and board demographic surveys create a foundation for understanding who is represented within RCDSO and tracking change over time. Facilitated leadership idea generation sessions have begun to cultivate a culture of strategic thinking around inclusion and reconciliation at senior levels. RCDSO's partnership with the Canadian Centre for Diversity and Inclusion as an employer partner reflects a commitment to building inclusive hiring and retention practices, and the pursuit of a bursary and award for Indigenous dental students is both substantive and systemic in its reach, creating a recognized pathway where none previously existed.

This existing foundation matters. It demonstrates organizational will, builds on real learning, and creates momentum that this plan can build on. The commitments in the pages that follow are designed to deepen and extend this work, moving from early steps toward embedded, accountable, and ongoing change.

Action Areas and Commitments

The following five action areas reflect the priorities that emerged most clearly from internal engagement. Each area includes a set of commitments that RCDSO is making as part of this plan. These commitments will be supported by detailed implementation planning, including leads, timelines, and measures, as this work develops.

Action Area 1: Governance and Accountability

Participants were clear that reconciliation commitments cannot live off the side of anyone's desk. Making this plan real requires dedicated capacity, clear structures, and accountability mechanisms that are embedded in the organization, not added on top of it.

1.1 Establish a dedicated RAP Coordinator role
→ Create a staff position with primary responsibility for supporting RAP implementation, tracking progress, coordinating across departments, and maintaining relationships with Indigenous partners and the Indigenous Advisory Circle.
→ Ensure this role is resourced adequately and positioned with sufficient organizational authority to move work forward across teams.
→ Build reconciliation responsibilities into departmental work plans and individual performance goals across the organization, so that implementation is genuinely shared.

1.2 Establish an Indigenous Advisory Circle
→ Develop terms of reference for an Indigenous Advisory Circle, co-designed with Indigenous communities and experts, including a clear mandate, composition, compensation, and reporting relationship.
→ Recruit and onboard members representing First Nations, Metis, and Inuit communities, including dentists, patients, Elders, and health advocates.
→ Integrate Advisory Circle guidance into policy reviews, standards development, complex regulatory cases, and RAP accountability processes.

1.3 Commit to regular, transparent reporting on progress
→ Establish an annual internal reporting process on RAP progress, shared broadly with all staff.
→ Include annual RAP progress reporting in RCDSO's public-facing Annual Report.
→ Present RAP updates at Town Halls and virtual all-staff meetings to maintain visibility and shared ownership.
→ Embed RAP commitments in RCDSO's next Strategic Vision and Plan.

1.4 Support an Indigenous Dentists Resource Group
→ Support the establishment of an Indigenous Dentists Resource Group, in collaboration with Indigenous dental professional networks, to provide peer connection and a safe professional space for Indigenous dental registrants.
→ Establish clear and distinct mandates for the Resource Group and the Indigenous Advisory Circle so that each serves a different and complementary purpose.

Action Area 2: Education, Culture, and Learning

Education was the most consistent theme across all engagement sessions, and participants were equally consistent about what it needs to look like: ongoing, layered, role-specific, and Indigenous-led. Not a one-time training module. Not a checkbox.

2.1 Implement mandatory, ongoing cultural safety training for all staff, Council, and committee members

- Provide foundational Indigenous cultural safety and anti-Indigenous racism training as a requirement for all staff, Council members, and committee members.
- Develop role-specific learning pathways that connect cultural safety to the particular nature of each team's regulatory work, including PCRA investigators, policy staff, registration staff, and communications.
- Require annual reconciliation-related professional development as part of all staff performance goals.
- Provide dedicated time during work hours for learning, so that this work is not done off the side of anyone's desk.

2.2 Prioritize Indigenous-led and lived-experience learning

- Source training programs that are designed and delivered by Indigenous educators, Elders, and Knowledge Keepers.
- Develop an annual speakers series featuring Indigenous dentists, community advocates, Elders, and health leaders.
- Create regular learning spaces, such as reflective debrief sessions, We Wednesday events, and Town Hall segments, where staff can engage with reconciliation topics in psychologically safe environments.
- Where remediation is required for registrants engaged in discriminatory conduct, develop or procure an Indigenous-led education program designed for that specific purpose.
- Audit currently accredited Core 1 and cultural safety CPD content for accuracy and Indigenous alignment, in consultation with the Indigenous Advisory Circle, and develop a process to address content that does not meet that standard.
- Publish clear criteria for what qualifies as Indigenous-led or Indigenous-vetted CPD content, so providers and registrants can assess quality.
- Explore whether foundational cultural safety learning should be a license renewal requirement rather than a CPD option, and whether the format should include experiential or simulated learning rather than self-directed online modules alone.

2.3 Develop practical tools to support culturally safe regulatory practice

- Create Intake Support Resources, accommodation templates, and decision-support tools tailored to each department's workflow, so that cultural safety is operational, not aspirational.
- Develop a shared organizational glossary of key terms related to Indigenous Peoples, cultural safety, and reconciliation, reviewed with the Indigenous Advisory Circle.
- Ensure all staff have access to up-to-date information about Indigenous-specific oral health programs, funding streams, and community-based initiatives, including NIHB and Jordan's Principle.

Action Area 3: Regulatory Practices

RCDSO's core function is regulation, and participants were clear that this is where reconciliation has to show up most concretely. Equitable and culturally safe regulatory processes are not a nice-to-have. They are central to RCDSO's public protection mandate.

3.1 Review registration and licensing processes through a cultural safety lens

- Conduct a review of registration and licensing processes to identify and address barriers related to fees, documentation requirements, timelines, technological access, and available supports for applicants.
- Explore mechanisms to reduce financial barriers for Indigenous applicants, including fee structures and incentive pathways for those committed to practising in underserved communities.
- Develop a voluntary self-identification mechanism so that RCDSO can better understand who is applying, track outcomes for Indigenous registrants, and identify where barriers persist, governed by Indigenous data sovereignty principles.
- Engage directly with Indigenous dentists and dental students to understand their experiences of the registration process and the profession.

3.2 Make complaints and discipline processes more equitable and culturally safe

- Review the complaints intake and investigation process through a trauma-informed and culturally safe lens, with updates to communications and acknowledgement letters.
- Introduce explicit options for Indigenous complainants to self-identify and request culturally appropriate accommodations, including Elder accompaniment, support persons, and translation services.
- Explore the creation of an Indigenous patient navigator or liaison role to support Indigenous complainants through the process.
- Develop multilingual and accessible complaints materials, beginning with a needs assessment of communities with the greatest interaction with RCDSO processes.
- Provide targeted training for PCRA staff on cultural safety in investigations, including the systemic context of Indigenous peoples' engagement with regulatory and health institutions.
- Analyze ICRC decision-making for consistency across cases involving Indigenous and racialized parties, and report findings to Council.
- In consultation with the Indigenous Advisory Circle, explore adding a distinct ICRC triage stream for complaints involving systemic bias, discrimination, or culturally unsafe conduct, routed to a culturally competent facilitator and oriented toward restoration and learning alongside accountability.
- Review the permanence of public posting for discipline findings, with particular attention to its impact on Indigenous registrants practising in high-complexity community settings, and consider whether current policies inadvertently limit Indigenous dentists' eligibility for governance and advisory roles at RCDSO.
- Acknowledge that complaint rates do not fully reflect Indigenous patients' experiences, and explore proactive monitoring mechanisms that do not rely solely on formal complaint initiation.

3.3 Strengthen RCDSO's response to discriminatory conduct by registrants

- Develop explicit standards, guidance, and response frameworks related to discriminatory conduct by registrants toward Indigenous patients or colleagues.
- Ensure that anti-Indigenous racism is named explicitly in relevant processes, not reframed as a communication issue or addressed solely through generic ethics channels.
- Include questions in the Practice Enhancement Tool regarding equitable and culturally safe care for Indigenous Peoples, including awareness of access barriers and NIHB participation.

Action Area 4: Data and Knowledge Building

A recurring theme across all sessions was the depth of what RCDSO does not yet know about Indigenous dentists, applicants, complainants, and the barriers they face. Without this knowledge, it is difficult to understand the scale of the problem or to measure whether actions are making a difference.

4.1 Develop ethical, Indigenous-governed approaches to data collection

- → Develop a framework for collecting Indigenous-specific data across registration, complaints, and workforce experiences, grounded in OCAP principles (Ownership, Control, Access, and Possession) and co-developed with the Indigenous Advisory Circle.
- → Implement voluntary self-identification options in relevant processes, with clear explanations of how data will be used, protected, and governed.
- → Conduct targeted focus groups with Indigenous dentists, applicants, and dental students to understand their lived experiences of RCDSO's processes and the profession more broadly.

4.2 Build organizational knowledge about Indigenous oral health and the system

- → Partner with dental schools, the Ontario Dental Association, and provincial and federal agencies to better understand oral health access, workforce pipelines, and educational barriers affecting Indigenous Peoples.
- → Develop RCDSO's internal knowledge base about Indigenous-specific oral health programs, funding streams, and community-based initiatives.
- → Remain attentive to emerging research, data, and community voices that can deepen RCDSO's understanding over time.

Action Area 5: System Partnerships, Access, and Advocacy

RCDSO's jurisdiction is bounded, but its influence extends beyond the formal limits of its regulatory mandate. Participants consistently identified the importance of RCDSO using its voice as an advocate, a convener, and a system partner. There are things that RCDSO cannot fix alone, and things it can push others to fix.

5.1 Advocate for reconciliation knowledge as a criterion for regulatory governance appointments

- → Formally advocate to the Ontario Public Appointments Secretariat to require demonstrated knowledge of truth and reconciliation, Indigenous histories, and cultural safety as a criterion for appointment to health regulatory bodies in Ontario.
- → Work with peer health regulatory bodies and the Health Regulatory Colleges of Ontario (HRCO) to develop a shared position on reconciliation obligations for regulatory governance appointees.
- → Develop and publish a public statement articulating how RCDSO's mandate to protect the public includes protecting Indigenous patients from systemic harm.

5.2 Use RCDSO's voice to support access to care in underserved communities

- → Explore licensing or registration incentives for dentists committed to providing services in remote, underserved, or Indigenous communities.
- → Engage with Ontario dental schools to understand barriers facing Indigenous students in the dental education pipeline and identify where RCDSO can play a supportive or advocacy role.
- → Maintain and promote a publicly available directory of NIHB-accepting dentists and those offering culturally safe care.

- → Explore recognition mechanisms for dental practices demonstrating leadership in culturally safe and accessible care for Indigenous Peoples.
- → Deepen the partnership with Ontario schools of dentistry and Indigenous institutes, including through the existing faculty representation on RCDSO Council, to co-develop Indigenous curriculum content and continuing education.
- → Advocate to Ontario schools of dentistry for mandatory community and northern rotations as a component of dental training.
- → Ensure that any bursary or award for Indigenous dental students is Indigenous-specific rather than folded into a general equity award, and apply a distinctions-based approach across First Nations, Métis, and Inuit students where feasible.
- → Advocate to Health Canada and the NIHB program for specific improvements to access and equity, including fee alignment with ODA schedules, automated billing, expanded silver diamine fluoride coverage, reformed orthodontic approval criteria, and simplified specialist referral pathways.
- → Publish RCDSO's position on balance billing as a barrier to Indigenous patient access and communicate it to registrants.
- → Advocate to peer dental regulatory colleges and the Health Regulatory Colleges of Ontario for cross-provincial credential recognition in border and remote areas (e.g., NW Ontario/Manitoba border communities), where licensing restrictions can prevent communities from hiring the geographically closest qualified professionals.
- → Explore RCDSO's regulatory role in enabling tele-dentistry as an access pathway for Indigenous and remote communities.

5.3 Build relationships with Indigenous communities across Ontario

- → Develop a community engagement strategy to make RCDSO's mandate, processes, and complaint mechanisms better known to Indigenous communities, health centres, and organizations.
- → Ensure that contact information for RCDSO is actively shared with Indigenous community health contacts and urban Indigenous service providers across the province.
- → Approach community relationship-building with humility and a long view, recognizing that trust is earned over time, through consistent and respectful engagement.

"This Reconciliation Action Plan marks an important milestone. Council unanimously supported initiatives that will move us beyond awareness and intention toward accountable action. We are proud of these commitments and encouraged by the possibilities they create."

A Message of Gratitude

This Reconciliation Action Plan was made possible by the generosity, honesty, and expertise of many people. We are deeply grateful to everyone who contributed their time, their knowledge, and their trust to this process.



Braided sweetgrass, one of the four sacred medicines used in ceremony, smudging, and teachings by many Indigenous peoples.

To the Indigenous dentists and dental professionals who shared their experiences

Your willingness to share what it has meant, and what it has cost, to navigate a profession and a regulatory system that was not always designed with you in mind is the foundation of this work. Your perspectives are not background context. They are the point. We are grateful, and we are listening.

To the dentists who work with and within Indigenous communities

The care you provide, often in circumstances of significant resource constraint and geographic isolation, reflects a commitment to the profession at its best. What you have shared about the realities of accessing dental care in remote and underserved communities has deepened our understanding in ways that no literature review could. Thank you.

To the Indigenous organizations and communities who have engaged with RCDSO

We recognize that engaging with regulatory institutions carries real risk, particularly for communities whose relationships with health and government systems have too often been marked by harm. We do not take lightly the trust extended to us through this process, and we are committed to honouring it through action, not just words.

To the schools of dentistry in Ontario

The pipeline into this profession begins long before a candidate arrives at RCDSO's registration process. We are grateful to those in dental education who are working to make that pipeline more accessible, more inclusive, and more reflective of the communities dentists will serve. We look forward to building deeper partnership in the years ahead.

To RCDSO staff who participated in our engagement sessions

The thoughtfulness, candour, and care that staff brought to these conversations was remarkable. You asked hard questions of yourselves and of the organization. You named gaps honestly. You came with ideas, with humility, and with genuine commitment. This plan reflects your voice, and its success depends on your continued ownership of it.

To RCDSO Council

Your leadership in commissioning this work, and your commitment to seeing it through, sets the tone for what is possible. Reconciliation at RCDSO will require Council to model the values in this plan, in governance, in standards, and in the culture of the organization. We are grateful for your partnership in this journey.

Reconciliation is relational. It is built in the space between people who are willing to show up honestly, to stay in difficult conversations, and to hold each other accountable to the change they have committed to make. We are grateful to everyone named here for showing up, and we look forward to continuing this work together.



A young Anishinaabe man wears a beaded medallion, a contemporary expression of cultural identity and pride.

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