Royal College of
Dental Surgeons of Ontario

456th Meeting of Council

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

(and via Zoom and Livestream via YouTube)

Thursday, June 18, 2026

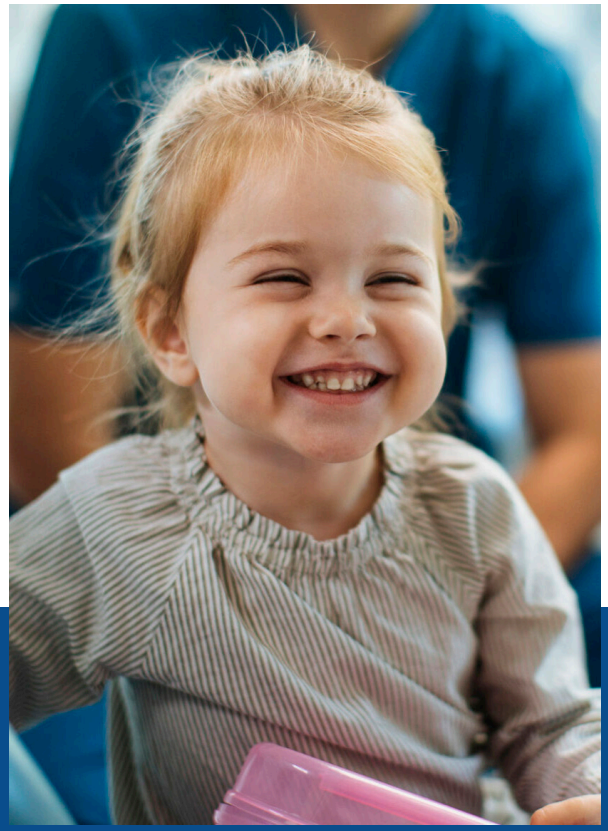

RCDSO
Royal College of
Dental Surgeons of Ontario
VISION
2035
Better oral health care for every patient through system dialogue,
proportionate regulation and excellence in the practice of dentistry.

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

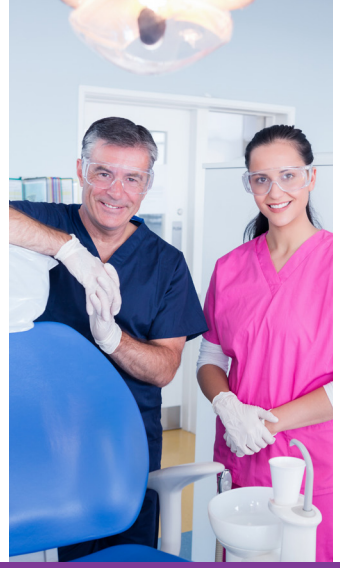
An era of rapid change requires the execution of smart, Right-touch regulation. RCDSO will continue to engage in a regulatory approach that is agile, intelligent and responsive to a rapidly evolving environment. We will anticipate and prevent risks, embrace change, and design interventions that are proportional, 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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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 - June 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		No		No		Yes	01/07/2026
Eilyad Honarparvar	No		No		No		No		Yes	01/07/2026
Robyn Jennifer Somerville	No	CSIA ski instructor for Sir Sam's Ski & Ride	No	Canadian Ski Instructor's Alliance ODA member CDA member RCDSO	No		No		Yes	01/07/2026
Neil Gajjar	No		No		No		No		Yes	01/07/2026
All Council members confirmed the following:										

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

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

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

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

Royal College of
Dental Surgeons of Ontario

AGENDA

456th MEETING – RCDSO COUNCIL

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

Thursday, June 18, 2026 – 9:00am – 4:00 pm

Item	Time	Topic and Objective(s)	Purpose	Page No.
1.	9:00 am	Call to Order & Land Acknowledgement	Discussion	
2.		Roll Call		
3.	9:05 am	President's Remarks	Discussion	
4.		Declaration of Conflict of Interest • Conflict of Interest Declaration Forms		13-20
5.	9:10 am	<u>Consent Agenda</u>: 5.1 Approval of Agenda 5.2 Approval of RCDSO Council Meeting Minutes, April 16, 2026 5.3 Council Evaluation Survey Results, April 16, 2026 5.4 Registrar & CEO Report 5.5 RCDSO Council Work Plan 2026 5.6 Financial Update 5.7 Policy report 5.8 Appointment of Public member to ICR Committee 5.9 Council Meeting Dates 2027	Approval (Motion)	24-157 158-160 161-180 181 182-185 186-193 194-195 196

		5.10 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		197-199 200-201 202-204 205-206 207-209 210-215 216-218 219-221 222-224
6.	9:15 am	Registrar and CEO's Remarks	Discussion	
7.	9:35 am	Presentation: *(Sandi Verrecchia, Satori Consulting Inc.)* • 2025/2026 Council Performance Evaluation	Information/ Discussion	225-268
8.	10:15 am	Reconciliation Action Plan	Decision	269-329
	10:40 am	**B R E A K**		
9.	11:00 am	Presentation: *Irwin Glasberg, Ontario Fairness Commissioner)*	Information/ Discussion	
	12:00 pm	**L U N C H**		
10.	1:00 pm	<u>Financial:</u> • Audited Financial Statements • Appointment of Auditor	Decision	330-370
11.	1:15 pm	Risk Management	Information	371-379

12.	1:25 pm	By-Law 18 – Fee Amendments	Decision	380-403
13.	1:45 pm	Governance Committee Operational Policy – Committee Appointments	Information	
14.	2:00 pm	RCDSO Draft Strategic Plan 2026-2030	Decision	404-411
	2:40 pm	**B R E A K**		
15.	3:00 pm	Standard of Practice: • *Managing Conflicts and Ending the Dentist Patient Relationship*	Decision	412-437
16.	3:30 pm	Real Estate Update	Information	438-439
17.	3:35 pm	Other Business	Information	
18.		<u>Date of Next Council Meeting:</u> • Thursday, September 24, 2026 *(Vantage Venues, 150 King St W., Toronto, ON)*		
19.	3:40 pm	*In-Camera* Business		
20.	4:00 pm	Adjournment		

MINUTES OF THE 455th MEETING OF COUNCIL

Thursday, April 16, 2026

Vantage Venues, Garden Hall, 150 King St. W., Toronto, ON

The 455th Meeting of the Council of the Royal College of Dental Surgeons of Ontario was held on Thursday, April 16, 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:
Noha Gomaa, Western University
Daniel Haas, University of Toronto

Lieutenant- Governor- in- Council Representatives:
Patrick Ballantyne
Stephen Bird
Ram Chopra
James Colliver
Vivian Hu
Brian Smith
Adal Simeone
*Roderick Stableforth
Marc Trudell
Judith Welikovitch

*Attended meeting virtually.

Regrets:
Nizar Ladak

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 noted that a third-party evaluator was in attendance at the meeting as part of Council's performance evaluation under the College Performance Measurement Framework (CPMF). He advised Council members that they would receive a survey to complete after the meeting as part of this process. A report on the results of that survey would be brought to Council at the meeting in June.

H. Sandhu formally welcomed Stephen Bird as a public member appointed for a three-year term, effective April 2, 2026. H. Sandhu presented S. Bird with a College lapel pin.

He congratulated Ram Chopra on his reappointment as a public member of Council. R. Chopra's reappointment took effect on February 26, 2026, for new three-year term.

H. Sandhu provided brief updates on the following:

- An RCDSO Connect live event was held in Ottawa on March 26, 2026, where nearly 200 members of the profession came together for an engaging session. H. Sandhu thanked Vice-President, N. Bhargava for emceeing the event, as well as Council and committee members, E. Walker and N. di Santo, for their contributions in a panel discussion.
- Work has started on the next RCDSO strategic plan and Council will be engaged in the process over the coming meetings.
- Council will be asked for its direction on future space planning for the College.

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

4. DECLARATION OF CONFLICT OF INTEREST

There were no conflicts of interest declared.

5. CONSENT AGENDA

The items in the Consent Agenda were approved and/or received for information.

MOTION #1:

Moved by: **N. Gajjar**
Seconded by: **E. Honarparvar**

1. Approval of Agenda
2. Approval of RCDSO Council Meeting Minutes, February 19, 2026
3. Council Evaluation Survey Results, February 19, 2026
4. Registrar & CEO Report
5. RCDSO Council Work Plan 2026
6. Financial Update
7. Policy report
8. Public Member Reappointment

9. Public Member Appointment

CARRIED

(Unanimously)

6. REGISTRAR AND CEO'S REMARKS

D. Faulkner presented A. Simeone with a College lapel pin. A. Simeone was appointed as a public member of Council in November 2025.

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

1. RCDSO Vision

The tagline that will be used in designed materials for the strategic vision is:

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

2. Governance and Regulatory Landscape

D. Faulkner reported on the *Health Professions and Occupations Act*, that came into effect in British Columbia on April 1, 2026. There was a significant overhaul of regulated health professions in British Columbia. This included a reduction in the number of regulatory Colleges from 15 to six; a superintendent to oversee all Colleges; Government-appointed boards for individual Colleges with equal public and professional members; and a centralized disciplinary tribunal for all Colleges.

D. Faulkner advised that College staff will monitor these significant changes to the Act and the impact on the public and profession.

3. *Commission on Dental Accreditation of Canada (CDAC)*

CDAC is the national accreditation body for educational programs in dentistry, dental assisting and dental hygiene. D. Faulkner reported that CDAC has undertaken changes to its governance structure and independence from the Canadian Dental Association. CDAC is funded by regulators and RCDSO's grant payment is over $300,000 per year. He reported that there is uncertainty that some regulators may discontinue providing funding and move out of the CDAC framework.

There are continued discussions on future funding models and D. Faulkner advised that he would keep Council apprised of any further developments. In response to a question, D. Faulkner assured Council that the RCDSO is not currently contemplating a change in relationship with CDAC but should that change, the matter would be

brought to the Executive Committee and Council for decision.

4. *Office of the Fairness Commissioner (OFC)*

D. Faulkner reported on the work of the OFC. RCDSO provided its Annual Report on March 31, 2026, to the OFC. He added that RCDSO received an honourable mention from the OFC on its work to building an accountability framework with the National Dental Examining Board of Canada (NDEB), by way of a Memorandum of Understanding (MOU).

The Fairness Commissioner, Irwin Glasberg, will attend the Council meeting on June 18, 2026, to provide an overview of the OFC work and answer questions from Council.

5. *Professional Liability Program (PLP) Divestment*

D. Faulkner reported on the transition of PLP to Navacord, following the completion of the transaction on January 1, 2026. Part of the agreement with Navacord was to create an Oversight Committee and this was established in January, comprised of the RCDSO Registrar, Chief Financial Officer, Communications Director and three representatives of Navacord. This Committee has met twice to discuss and address mutual issues to ensure a robust and efficient service is provided for dentists and that patients are protected.

He added that a portal is being developed that will allow dentists to seamlessly complete their annual renewal in 2026 with the RCDSO and pay their professional liability fees directly to Navacord.

6. *Showcasing RCDSO*

D. Faulkner highlighted the following events that RCDSO will be involved in:

- CNAR Conference, Montreal, October 5-7, 2026. Staff have submitted many abstracts for consideration.
- Canadian Oral Health Summit (COHS), Saskatoon, June 18-20, 2026, includes all aspects of oral healthcare, educators, regulators.
- ODA Annual Spring Meeting, May 7-8, 2026. RCDSO will have a booth to provide information for the profession.
- RCDSO Connect Live, Ottawa, March 26, 2026. An educational session on professionalism was well attended with enthusiastic engagement.

7. *Council Performance Evaluation*

D. Faulkner reminded Council of the third-party evaluation being conducted by

Satori Consulting Inc. as part of the requirement of the College Performance Measurement Framework (CPFM). A full report on the feedback received from observation of two recent Council meetings, results of the survey of Council and committee members, recommendations and an action plan will be brought to Council at the June 18, 2026, meeting.

8. *Around the College*

D. Faulkner referred to the Corporate Dashboard Report on current metrics on statutory programs.

He reported on the next staff engagement survey that will take place in the Fall of 2026. Council was informed about a third-party anonymous reporting tool available for staff to ensure a psychologically safe working environment.

7. DRAFT STANDARD OF PRACTICE: MANAGING NEW PATIENT REQUESTS

The Chair reported that Access to Care is a priority for the College and was one of the key initiatives under the 2023–2025 Strategic Plan. In the last phase of its work, the College focused on establishing clear professional expectations.

The first of the two documents developed, 'Foundations of Professionalism', was approved by Council in September 2025. The Chair introduced Erin Walker, Chair of the Working Group on Professionalism, to present the draft Standard of Practice on 'Managing New Patient Requests.'

E. Walker gave a presentation (**APPENDIX B**) to outline the background and process followed in drafting the Standard and asked Council for its direction to release the document for external consultation.

In preparation for the development of the Standard of Practice, the Working Group considered the following information and feedback:

- an overview of dentists' key legal duties under fiduciary and human rights law;
- feedback obtained from the profession, public, Citizen's Advisory Group, and other interested parties via the external consultation held in 2024;
- feedback obtained from attendees at the Alliance for Healthier Communities Conference and RCDSO Connect event in June 2024; and
- results of a public poll conducted by an external research firm in Q4 2024 that asked questions regarding access to care, professionalism, and accepting patients into dental practices.

E. Walker reminded Council that it was provided with key content of the draft document for initial preview at its meeting on February 19 and given the

opportunity to provide feedback.

E. Walker reviewed the outline of the draft Standard of Practice. She noted that the draft Standard sets out dentists' legal, professional, and ethical obligations when managing new patient requests in either of two situations: non-emergency or emergency.

Key messages in the draft Standard emphasize the importance of individuals having relevant information about the dentist and the practice to help them make informed decisions about whom and where they receive care. The draft Standard clarifies that dentists are not required to accept all patients, but decisions must be fair, non-discriminatory, transparent and clear. The draft Standard reminds dentists that they must continue to meet existing legal obligations under the *Ontario Human Rights Code* and professional obligations when managing dental emergencies.

E. Walker advised that the draft document refers to both general dentists and dental specialists. She reported on the content of the draft Standard, including new patient requests and scope requirements.

E. Walker reported that the Working Group considered feedback from the discussion at the Council meeting on February 19 and the draft Standard was provided to the Quality Assurance Committee for review at its meeting in March. The Committee was supportive of the draft document and recommended it to Council for approval to release the Standard for external consultation.

Next steps will include:

- April-June 2026 – if approved by Council, the document will be released for external consultation.
- June 2026 – The Working Group will review comments received from consultation.
- December 2026 – the final Standard of Practice will be brought to Council for approval. A FAQ with case scenarios will be drafted.

Council was asked for its feedback on the draft Standard of Practice and for its approval to release the document for external consultation. E. Walker added that any substantive feedback would be reviewed by the Working Group following the external consultation to include in the final document for Council's approval.

The following issues were raised by Council:

- The importance of receiving and providing clear and accurate information in both directions.

- The need to describe documentation requirements for patients not accepted and consideration of how this information would be available and used in the event of a complaint.
- The need for unbiased decision making about the oral health needs of patients.

Council approved the draft Standard of Practice for external consultation. The Chair reminded Council that the consultation would be open for 60 days and the revised version, incorporating a review of feedback from the consultation, would be brought to Council at a later date.

A. Bromstein recommended a friendly amendment to Motion #2 to show the correct title of the draft Standard of Practice (Managing New Patient Requests). Council agreed with the amendment to Motion #2.

The voting was conducted by roll call.

MOTION #2 (Amended):

THAT Council approves the release of the draft Managing New Patient Requests Standard of Practice, as set out in Appendix A of the resources, for external consultation.

CARRIED
(Unanimously)

8. PROPOSED BY-LAW HOUSEKEEPING AMENDMENTS

D. Haas, on behalf of the Governance Committee, presented the following proposed by-law housekeeping amendments for Council's consideration and approval (**APPENDIX C**):

- The sunset of the Professional Liability Program (PLP) Committee;
- Adoption of the Code of Ethics entitled 'Foundations of Professionalism'; and
- Correcting historical typographical errors, identified during governance review as part of routine by-law maintenance.

He reported that the proposed by-law amendments are routine and non-substantial and would ensure the by-laws are kept up-to-date and align with Council's prior decisions.

Council was provided with red-lined and clean versions of the proposed by-law amendments and D. Haas reviewed them with Council. He advised that the Governance Committee reviewed the by-laws at its meeting in March 2026, and it

was satisfied that the amendments are housekeeping in nature. With Council's approval, staff will update the College's By-law webpage, effective immediately.

D. Haas reported that additional housekeeping amendments will be brought forward to Council in early 2027, once electoral changes are fully implemented, including the planned removal of any remaining references to electoral districts.

The voting was conducted by roll call.

MOTION #3:

Moved by: **A. Liscio**
Seconded by: **M. Trudell**

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

CARRIED
(Unanimously)

9. *IN-CAMERA* BUSINESS

A motion was made to move the meeting *in-camera* for discussion of a confidential nature, following a short break.

MOTION #4:

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

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.

J. Welikovitch noted the correct name of the *Regulated Health Professions Act.*

MOTION #4 (AMENDED):

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

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)

Following the *in-camera* discussion and a lunch break, the meeting resumed to open session and live-streaming continued at 1:00 p.m.

10. CONSIDERATION OF PROPERTY ASSET AT 6 CRESCENT ROAD

The Chair reported that as part of its ongoing commitment to fiscal responsibility, the College regularly reviews all of its assets, including real estate. The College currently has a flexible workplace approach that supports both in-office and remote work for staff.

M. Trudell, Chair of the Finance, Audit & Risk (FAR) Committee, gave a presentation on College Workspace Planning (**APPENDIX D**). He reported on the history and background of 6 Crescent Road since the College moved there in 1991, and renovations that took place over the years.

M. Trudell reported that the College's workplace should support and reflect the organization's strategy. He advised that space is required that supports in-person, hybrid and remote collaboration and the current meeting space needs to be modernized, whether it remains at 6 Crescent Road or is moved to new premises.

He reported on a needs assessment process that involved engaging Colliers Workplace Advisory to revise its Workplace Strategy Playbook of how to best organize meeting space.

It was reported that 51% of staff live within 15 kilometres of the College's current

location in Rosedale. This supports a preferred location in downtown or midtown Toronto and is near other system partners, such as health regulators, government, and associations. M. Trudell noted that if another location is selected, it would be important to be within easy access to public transportation. He reminded Council that location to system partners and design of space are strongly linked to the College's strategic vision.

M. Trudell reported on the work to-date of the FAR Committee on this initiative. In addition to the Workplace Strategy Playbook, many studies were commissioned, for example, Development Feasibility Study, engineering studies, environmental studies and site assessments, a building condition assessment, tax opinion and valuation of the property.

The FAR Committee has reviewed many options for the building:

1. Do nothing. M. Trudell noted that this is not viable as renovations would be required.
2. Stay at the property and renovate to modernize.
3. Re-zone the property then sell it. This option would be costly and time consuming and is not within the College's mandate.
4. Sell the building.

Pros and cons of each option were presented to Council at its meeting on February 2026, and Council was encouraged to provide input.

M. Trudell advised that meeting space modernization is required whether it remains at 6 Crescent Road or if another location is selected. The current meeting space does not support how the College needs to work today. Colliers recommended a reduction of 40% in square footage to approximately 18,500 square feet of required space (down from 35,000 square feet).

M. Trudell reviewed the options for staying at 6 Crescent Road and renovating the building or selling the building and moving to another location. Following a thorough review of the reports commissioned, the pros and cons of each option, and consultation with Colliers, the FAR Committee concluded that selling the building and transitioning the workspace to leased office space is the preferred path forward. Although renovating the office space at 6 Crescent Road is a viable option, the cost, based on estimates in 2014 and additional estimates in 2023, may prove to be prohibitive.

M. Trudell discussed the advantages of selling the property now:

1. It would free up non-liquid capital that could be used to fund key strategic initiatives.

2. It would support the financial health of the College allowing members' fees to be kept at a reasonable rate.
3. Owning a building and undertaking repairs and maintenance is not a core business.
4. Leasing would allow more control over the longer term of the meeting space.
5. In future, the policy environment or circumstances may change (less favourable to residential development).
6. With more organizations mandating staff back to work, vacancies will become limited.

M. Trudell advised that management developed criteria to assist with decision-making between options. The nine areas of importance have been measured against the FAR Committee's recommendation and other options. The preferred option of selling the building scores high on each of the criteria listed below:

- Enhances Collaboration and Engagement.
- Fiscally Responsible.
- Long-Term Resolution.
- Reasonable Timeline.
- Improves Technology.
- Reflects Regulatory Professionalism.
- Attracts and Retains Staff.
- Strengthens Usability.
- Greater Environmental Sustainability.

The presentation included sale and lease financial estimates. M. Trudell reviewed the estimated costs associated with a move that was detailed in the briefing note. He noted that a landlord may agree to cover significant tenant improvements.

M. Trudell reported that there have been discussions on how surplus funds would be managed in the event of the sale of the building. Financial advice has been given about how to use reserves including to advance the mission. To that end, M. Trudell reported that the FAR Committee and staff will develop a Reserves Policy for Council's approval and Council will always have oversight of how the reserves and maintained and used.

Should Council decide to proceed further, M. Trudell advised that a broker of record would be required to address the leasing aspect and a real estate service firm to coordinate a sale process of the property. He reported that the FAR Committee sent a Request for Proposal (RFP) to four well-established real estate companies and

submissions were reviewed by him, the Registrar & CEO and the Chief Financial Officer.

M. Trudell reported that Colliers offered the most competitive quote based on fees, strategy, work experience, knowledge and contractual terms of reference, and the Finance, Audit & Risk Committee recommends that Colliers be appointed as the Broker of Record. He reminded Council that the RCDSO has a long-standing and positive working relationship with Colliers.

Agreements with Colliers were prepared with adequate protection for the RCDSO incorporated.

Next Steps:

1. Should Council agree with FAR's recommendation to engage Colliers as the Broker of Record, the agreements with Colliers would be executed and the leasing inquiry process would commence.
2. The FAR Committee and staff would work with Colliers to formally commence a leasing enquiry process and explore the sale of the property. M. Trudell emphasized that both the leasing process and exploration of selling the building would not commit the College to transact at this time. Data obtained and options would be brought to Council for its information and consideration to help make an informed decision on the workspace future.
3. Staff will prepare reserves framework options for FAR Committee consideration during a 2026 Reserves Policy review.

The following issues were raised by Council:

- Further clarification was sought about the College's assets (building, investments) and if there is a sale of property, how the proceeds would be managed to ensure they are used for strategic purposes, including the possible sale of a new building at a later time.
- General timeline questions about next steps for decision-making and to complete leasing and sale transactions.
- How will the staff be supported in new or renovated space, with respect to the flexible model of work?
- Further clarification of the costs to renovate the existing building suggested that an estimate in 2014 was $10 million and is now likely significantly higher.
- Clarification was sought about the motions under consideration and while the

market conditions might suggest movement sooner rather than later, the motions can help to move this work forward but seek more information before a final decision is made. Further clarification was sought on available options, such as exploration of vacant land to build, and a sale of the building with a temporary move to alternative space and then move back into the newly developed property.

- FAR will consider specific lease options and a risk assessment on the return of investment with a sale of the property.

M. Trudell concluded his presentation with acknowledgement to members of the FAR Committee and staff for assistance with the presentation.

The voting was conducted by roll call.

MOTION #5:

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

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.

CARRIED
(Unanimously)

The voting was conducted by roll call.

MOTION #6:

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

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

CARRIED
(In favour: 23
Opposed: 1)

The voting was conducted by roll call.

MOTION #7:

Moved by: **B. Smith**
Seconded by: **A. Liscio**

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.

CARRIED
(In favour: 23
Opposed: 1)

11. RCDSO STRATEGIC PLAN

The Chair introduced A. Foti to present on the final report to Council on the six projects under the 2023-2025 Strategic Plan (**APPENDIX E**).

A. Foti reviewed the objectives of the 2023-2025 Strategic Plan and the accomplishments achieved. The plan was launched in January 2023 and closed during the summer of 2025, with regular updates to Council on progress made.

The six projects in the strategic plan were: College Standards, Access to Care, Service Experience, Equity, Diversity and Inclusion, Governance Review and Modernization and Practice Models and Corporate Dentistry. She reviewed highlights from each of the projects' accomplishments, and she recognized the Project Managers that lead the work and supporting staff. She also thanked Council for its support, feedback and direction in implementing the work of the strategic plan.

H. Sandhu thanked A. Foti staff on completing the strategic planning work. Council was pleased with the work done over the past three years and also very interested in exploring outcomes and impact.

A. Foti added that staff are giving consideration to changing the format of the Council Dashboard Report to show the impact on strategic plan work including Access to Care.

12. PRESENTATION: COMMUNICATIONS DEPARTMENT

L. Bryne, Communications Director, gave a presentation (**APPENDIX F**) on the work of the Communications Department, for Council's information.

The presentation covered the work of the department, communication with the public, the profession and system partners, and a summary of the service that is provided. She reported that the department is comprised of a communications team and a Practice Advisory team. L. Byrne stated that the goal is to ensure that the right message reaches the right audience at the right time using the right media.

L. Byrne reported on the tools used by the communications team to communicate with the public, the profession and system partners.

- RCDSO website, primary resource.
- Presentations (live and virtual)
- E-mails, e-blasts, print
- Social media
- Webinars and YouTube
- RCDSO Connect magazine, four times a year
- Portal and intranet for staff
- RCDSO Connect webinars (live and virtual)
- Professional Practice resources.

L. Bryne reported on the ongoing improvements made to the RCDSO website to ensure up-to-date information is made available. The RCDSO provides French-language services to the public and the profession, over 50 key documents are translated into French, and the complaints brochure is available in 11 languages.

She reported on the RCDSO's work with police services and Coroners' offices to assist with requests to help identify missing persons through dental records. A member suggested that messaging to members for these requests be reworded to emphasize the importance and emotional connection to help bring closure for families in these situations.

Other services include requests to comment on media stories. RCDSO has active social media accounts on LinkedIn and Instagram, and it monitors other platforms. L. Byrne reminded Council that the only spokespeople for the RCDSO are the Registrar, President and the Communications Director.

L. Bryne reminded Council members that the communications team can support them in preparing presentation remarks or slides to ensure accuracy.

13. OTHER BUSINESS

Council was provided with a memorandum from J. Gullberg and K. Tripp in response to a question from a Council Member at the Council meeting of December 2025. The question related to a 2026 budget topic on the impact of the Professional Liability Program (PLP) divestment. K. Tripp gave a brief presentation (**APPENDIX G**) to explain this item. There were no further questions raised.

14. DATE OF NEXT COUNCIL MEETING

The next meeting of Council is scheduled for Thursday, June 18. It will be held in-person at Vantage Venues, 150 King Street West, Toronto, and live-streamed.

15. ADJOURNMENT

D. Faulkner reminded Council to complete the evaluation survey that is provided following the meeting. For any sensitive issues, he asked that Council members refer those to him or the President and not to include them in the evaluation surveys that are included in Council public meeting resources.

The Chair thanked Council members for their active engagement and discussion. He also thanked staff for their incredible efforts and for organizing the resources and meeting arrangements.

H. Sandhu thanked the Chair for managing an efficient meeting, and Council members for their thoughtful participation.

There being no further business, the meeting was adjourned at 3:45 p.m.

MOTION #8:

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

THAT the 455th meeting of RCDSO Council be adjourned.

CARRIED
(Unanimously)

SIGNED: _____

Signature of President

_____

Signature of Recording Officer

_____

Date

Royal College of
Dental Surgeons of Ontario

ACTION ITEM FOLLOW-UP: RCDSO COUNCIL

Date: April 16, 2026

ITEM	RESPONSIBILITY	ACTION	STATUS
1. Council evaluation	Angie Sherban	Send survey to Council	Sent, Apr 16 2026
2. Minutes of February 19, 2026	Angie Sherban/ Communications	Post on website	Completed, June 2, 2026
3. Draft Standard of Practice: Managing New Patient Requests	Michelle Cabrero-Gauley/Communications	Release for external consultation	Completed, Apr 22, 2026
4. By-Law Housekeeping Amendments	Mark Edelstein/ Communications	Revise by-laws with approved amendments	Completed, Jun 3, 2026
5. Real Estate	Jeffrey Gullberg/Michelle Tremblay	(a) Engage Colliers as Broker of Record to conduct leasing enquiry process and potential sale of building.	Completed, Apr 17, 2026

		(b) Staff to proceed with formal exploration of sale of building	

RCDSO | Royal College of Dental Surgeons of Ontario

Registrar’s Report to Council

April 16, 2026

MISSION

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

VISION

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

Strategic Tagline

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

Governance & Regulatory Landscape



***Health Professions and Occupations Act*, April 1/26, BC**



Commission on Dental Accreditation of Canada

One or more regulators may discontinue their involvement in CDAC

What will this mean for CDAC?



- Commissioner Irwin Glasberg at Council June 18/26
- Annual Report submitted March 31, 2026
- Honourable mention for RCDSO:
  - OFC Annual Report 2024/25

PLP Divestment: Oversight Committee

- Established under Commercial Agreement
- Formed January 2026
- Issue resolution, share information and dentist experiences, liability coverage
- Two meetings: Feb, Mar 2026
- Issues discussed: portal for payment 2026/27; Wrap up with previous carrier (Victor)
- Relationship building with profession; education

NAVACORD



Showcasing & Learning

CNAR, Montreal

Canadian Oral Health Summit, Saskatoon

ODA Annual Spring Meeting, Toronto

RCDSO Connect, Live in Ottawa

Council Evaluation: Third Party Observation



EXTERNAL CONSULTANT



CITIZEN ADVISORY GROUP

Around the College

Corporate Dashboard Report: Current Metrics

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

Around the College



COLLEGE NEWS

Building Trust in Practice: Highlights from RCDSO Connect Ottawa

Staff engagement and safe workplace

- Biennial Staff Survey - 2026 (later summer)
- Code of conduct and workplace policies – safety in reporting

Communicating our Messages

- Presentation, Lesley Byrne, Director

RCDSO | Royal College of Dental Surgeons of Ontario

Managing New Patient Requests: Draft Standard for External Consultation

Council Meeting, April 16, 2026

Dr. Erin Walker, Professionalism Working Group Member

Background

Overview of
Draft Standard

Council &
QAC Feedback

Discussion

Next Steps



1 Background




Accepting
New Patients
Create new Standard
Foundations of
Professionalism
Modernize existing Code of Ethics

Desktop Research

Working Group Meetings

1 Identify the standard or issue

2 Preliminary consultation (optional)

3 Review of feedback and initial drafting

4 Approval to consult on draft

5 General consultation

6 Review of feedback and re-drafting

7 Final approval of standard

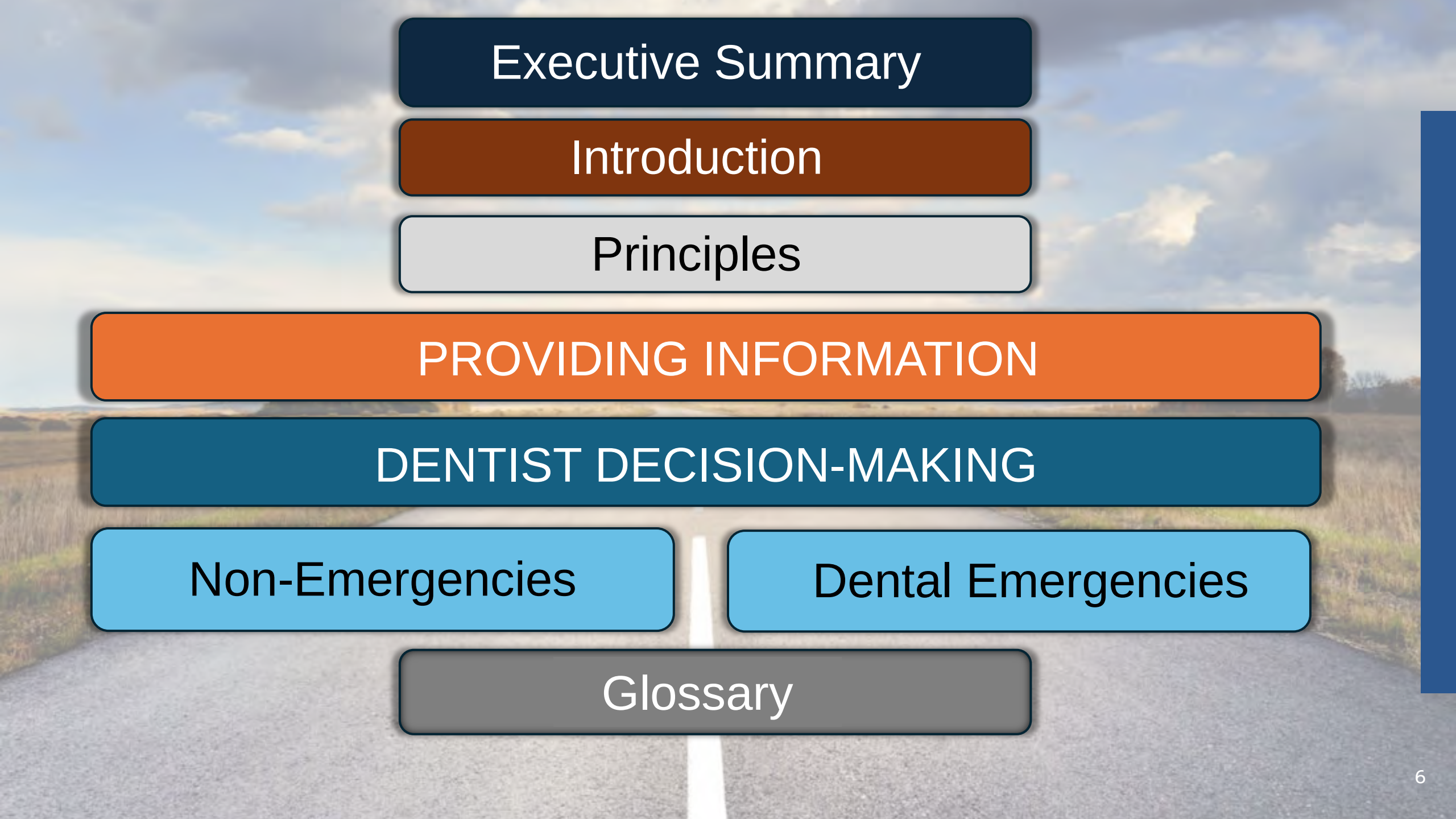
Jan-Apr 2024

Council Preview **Feb 2026**

2

Overview of Draft Standard




Executive Summary
Introduction
Principles
PROVIDING INFORMATION
DENTIST DECISION-MAKING
Non-Emergencies
Dental Emergencies
Glossary

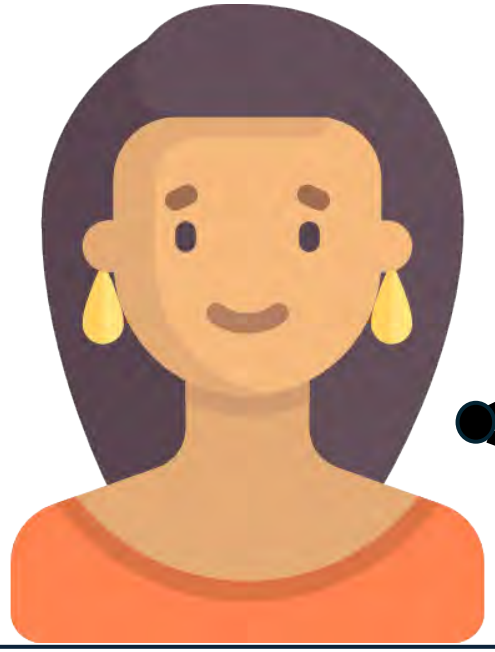
Key Messages

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



- Existing obligations re: human rights & dental emergencies apply

New Patient Requests



Individual



General Dentist



Specialist

Scope



New Standard

Requests from individuals / new patients



Most Responsible Dentist Practice Advisory

Referrals from dentists & other health care professionals

Providing Information

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

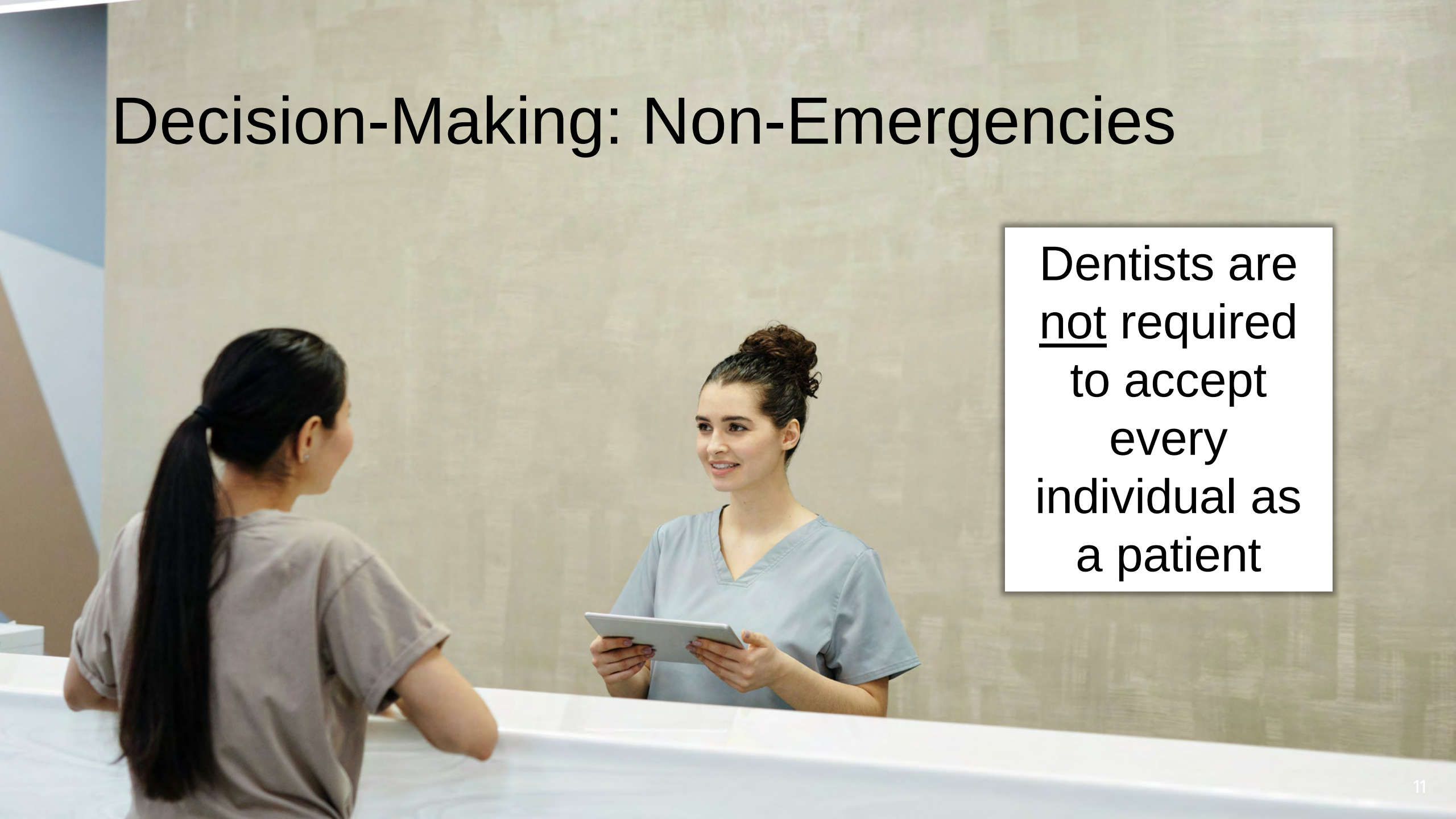
Patient Autonomy
Respecting patient choices

Dentists must ensure:

Individuals receive a response to reasonable requests for information	The information is clear, true, and accurate	Compliance with existing requirements

- Advertising
- Accessibility
- Duty to Accommodate

Decision-Making: Non-Emergencies



Dentists are <u>not</u> required to accept every individual as a patient

Decision-Making: Non-Emergencies

Requirements to help ensure that decisions are:

Fair

Non-Discriminatory

Transparent

Clear

Decision-Making: Non-Emergencies

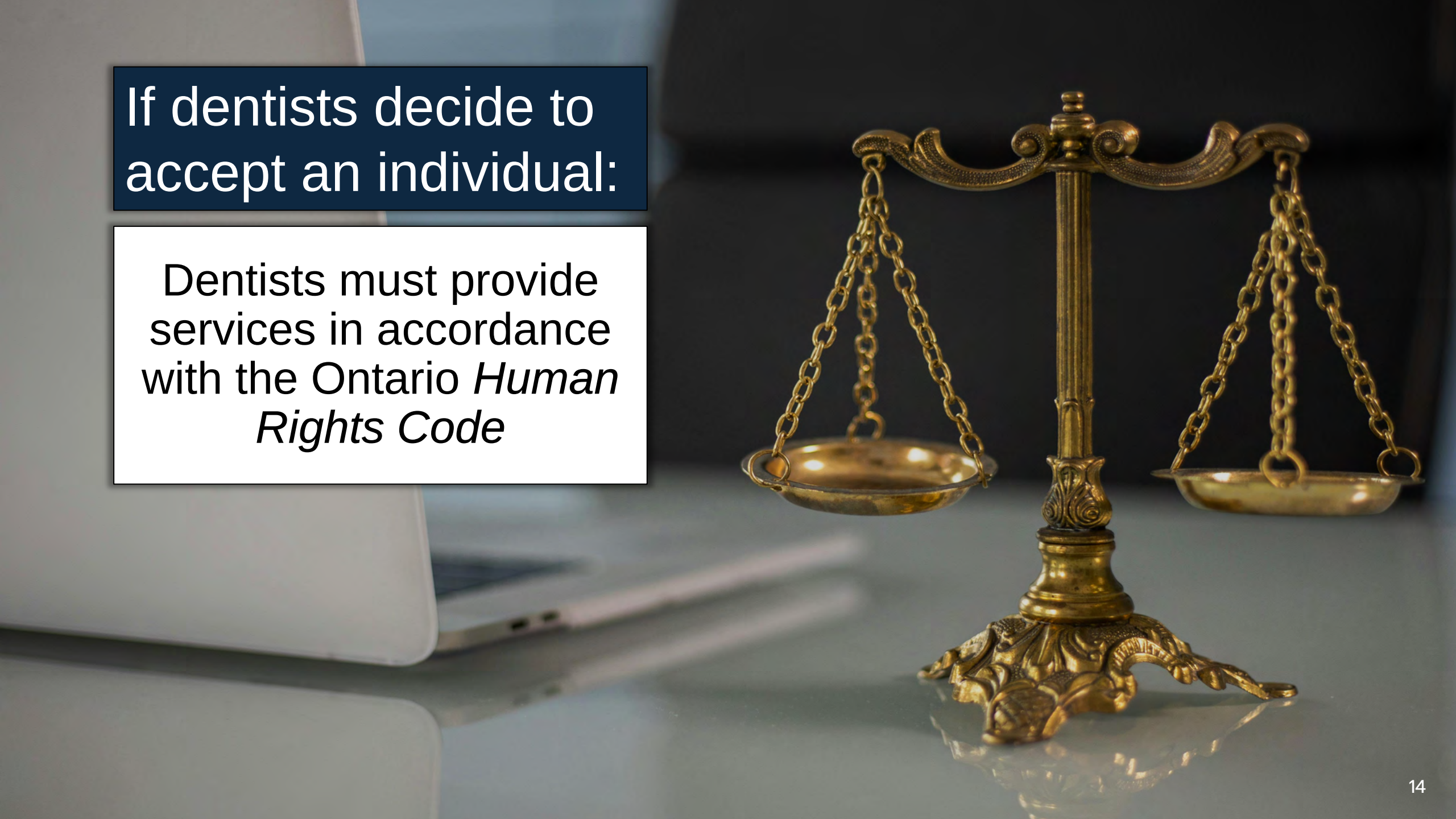
When making decisions, dentists must:



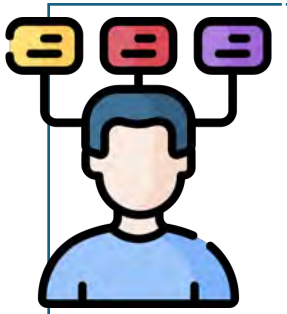
- Consider whether they have the ability and capacity to accept the individual and refer out any elements that are outside scope of practice
- Consider whether any bias or prejudice might influence decision-making and take steps to prevent it from having a negative influence
- Ensure that decisions align with legal obligations under the Ontario *Human Rights Code* to provide services free from discrimination

If dentists decide to accept an individual:

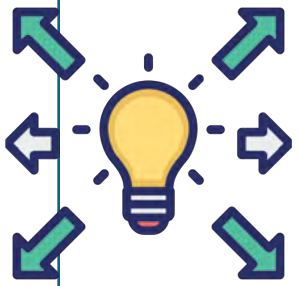
Dentists must provide services in accordance with the Ontario *Human Rights Code*



If dentists decide not to accept an individual:



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



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

Decision-Making: Dental Emergencies



Dentists have an obligation to manage dental emergencies

By providing care

By advising where care can be obtained

Decision-Making: Dental Emergencies



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

- If there are any outstanding treatment needs that were observed
- If the individual wishes to receive ongoing care and if the dentist will be accepting the individual as a patient
- How to access or transfer copies of dental records, if appropriate

3

Council & QAC Feedback




Council & QAC Feedback
Working Group to consider & address post-consultation with external feedback

Key Themes in Feedback

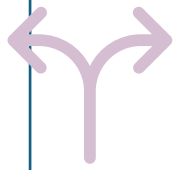
Alignment with existing College documents



Application across practice models (e.g., corporate)



Dentist accountability & use of office staff



Supporting individuals' decision-making

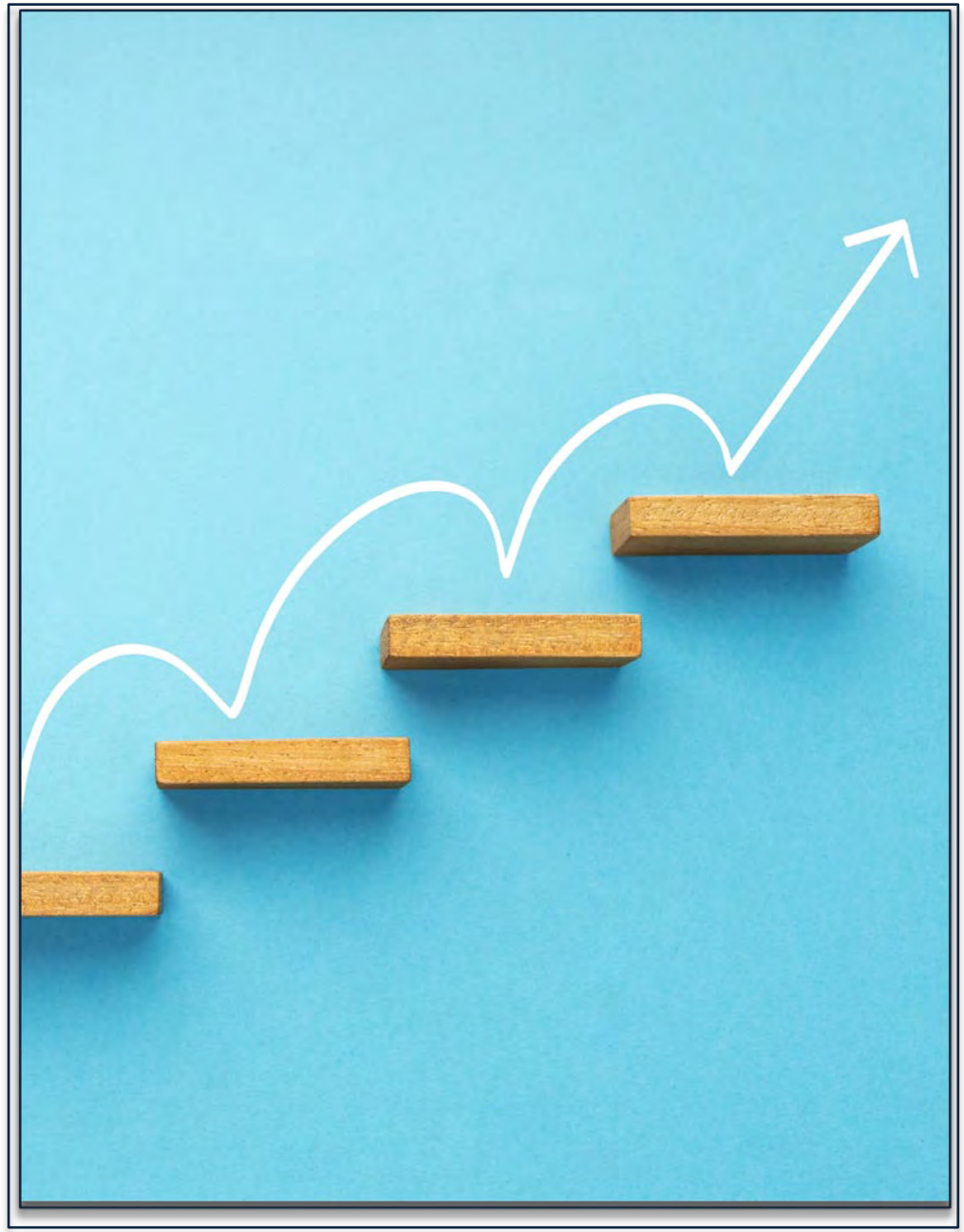
Scope & application of dentists' obligations

Council’s Feeback on Other Topics



Referrals & coordinating care across multiple providers

4 Next Steps

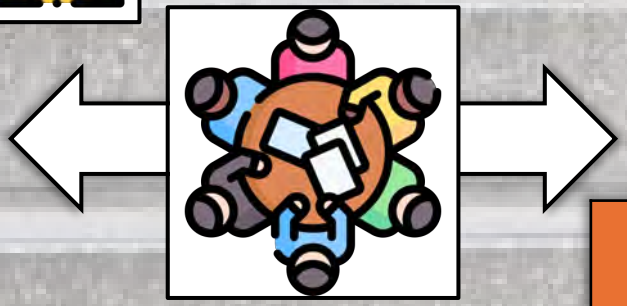


April 2026 → **June 2026** → **December 2026**

Standard of Practice

DRAFT





Standard of Practice

FINAL

→ FAQs

→ Case Scenarios

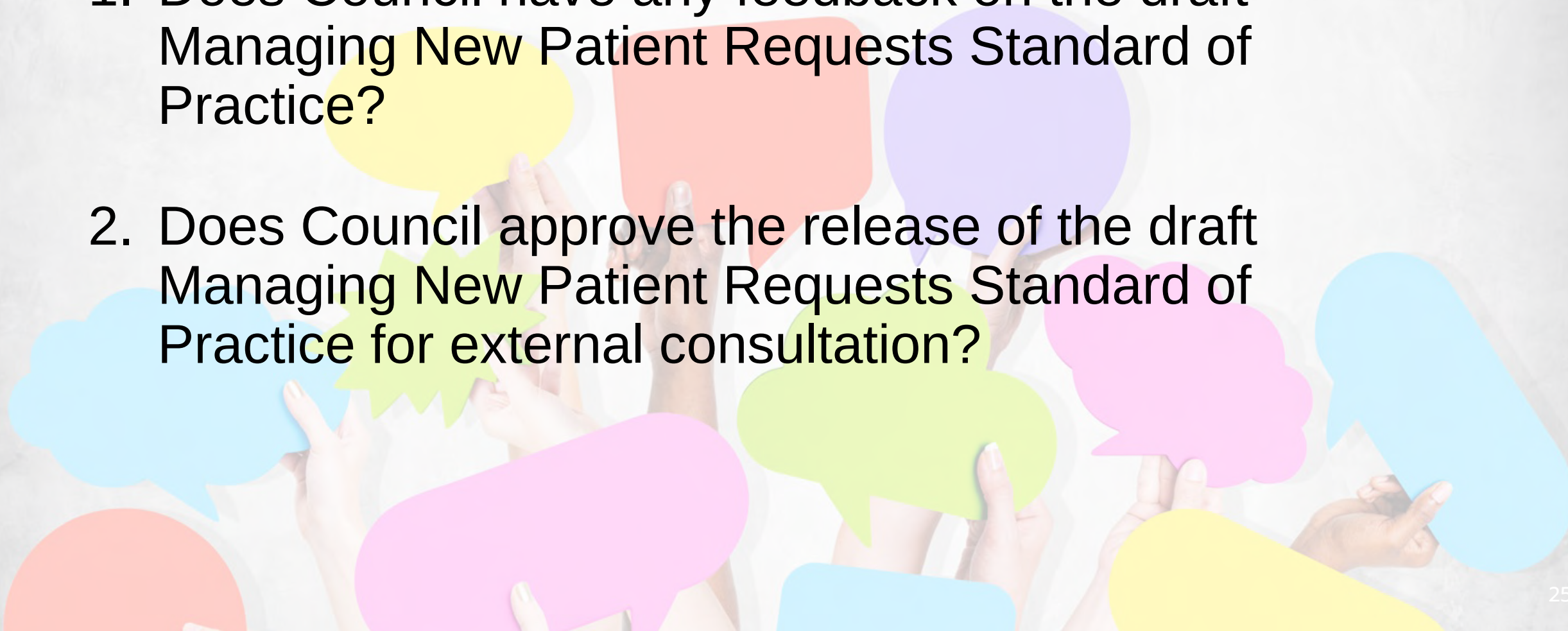
5 Discussion



Questions for Council

1. Does Council have any feedback on the draft Managing New Patient Requests Standard of Practice?

2. Does Council approve the release of the draft Managing New Patient Requests Standard of Practice for external consultation?



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By-law Housekeeping Amendments

Council Decision Item

Dan Haas, Council and Governance Committee Member

April 16, 2026

Purpose of the Amendments

- Today Council is being asked to approve by-law housekeeping amendments that:
  - Sunset the Professional Liability Program (PLP) Committee
  - Adopt the Code of Ethics entitled “Foundations of Professionalism”
  - Correct historical typographical errors in the By-laws
- These changes are non-substantive and administrative in nature.

Public Interest and Governance Context

- Clear and current by-laws are foundational to effective regulation
- Routine housekeeping amendments support:
  - Transparency
  - Accountability
  - Public confidence and trust
- Keeping by-laws up to date demonstrates good governance and protects the public interest



Sunsetting the PLP

- The College divested the Professional Liability Program
- Navacord assumed ownership effective January 1, 2026
- The PLP Committee:
  - Completed its mandate
  - Ceased operations in December 2025
- Retaining Committee references in the By-laws risks confusion

Code of Ethics – Foundations of Professionalism

In September 2025, Council approved:

- Replacing the former Code of Ethics with the Foundations of Professionalism
- Articles 11 and 28 of the By-laws still reference the former Code

Amendments:

- Entail rescinding the former Code of Ethics and replacing with the Foundations of Professionalism
- Refer to the Code of Ethics in its new form and by its new name and continue its status in the By-law

Typographical corrections

- Amendments address minor typographical errors identified during governance modernization work in late 2025
- Corrections relate to articles not included in the December 2025 amendment package
- Changes:
  - o Do not alter meaning or intent
  - o Are part of routine by-law maintenance
  - o Support clarity, accuracy, and good governance
- Addressing these minor issues now helps prevent confusion over time

Governance Committee Review and Recommendation

Governance Committee reviewed:	• Appendix A: Compendium of proposed By-law housekeeping amendments • Appendix B: Clean, amended Articles for approval
Proposed amendments address:	• Removal of all references to the PLP Committee • Rescinding the former Code of Ethics and adopt Foundations of Professionalism • Correction of minor typographical errors identified during governance review
Committee determined:	• The amendments are appropriate housekeeping items • They align with Council's prior decisions • No external circulation required

Next Steps

If approved:

- By-laws webpage will be updated
- Amendments take effect immediately
- Further housekeeping amendments will be brought in early 2027
    - Including removal of residual electoral district references

Motion#3

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

[Requires a two thirds majority vote]

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College Workspace Planning

April 16, 2026

Background

2014 – Renovation discussions begin at Council to modernize space

2016 – Urgent renovations to a portion of 2nd floor completed

2020 – Pandemic imposed remote work

2021 – College operates in a hybrid model

2024 – Flexible Work Culture Framework launched



Objective



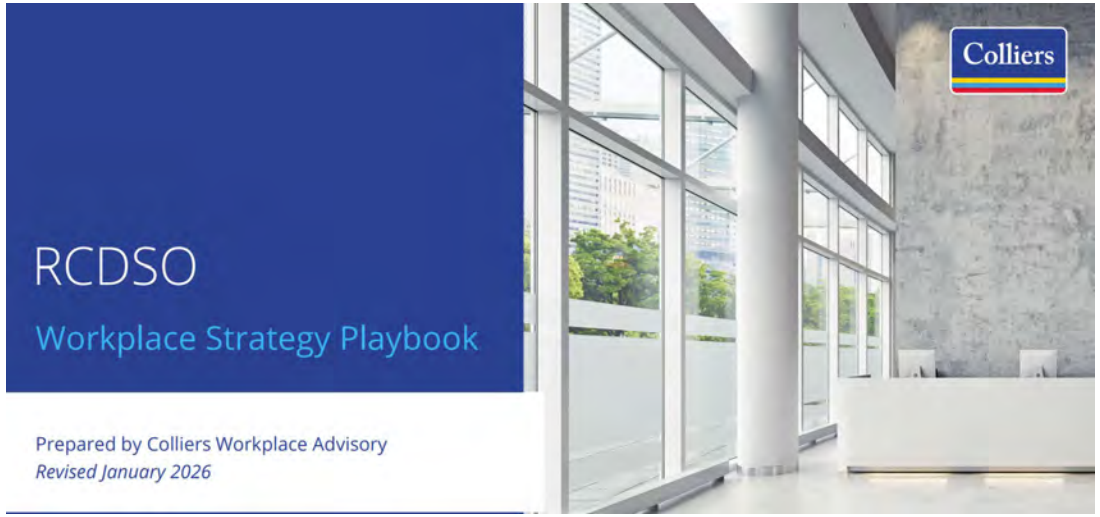
Require modernized space which: supports and reflects our culture, maps to how we work, and is agile and adaptable in the long-term

Space must be modernized whether we leave or remain in the building



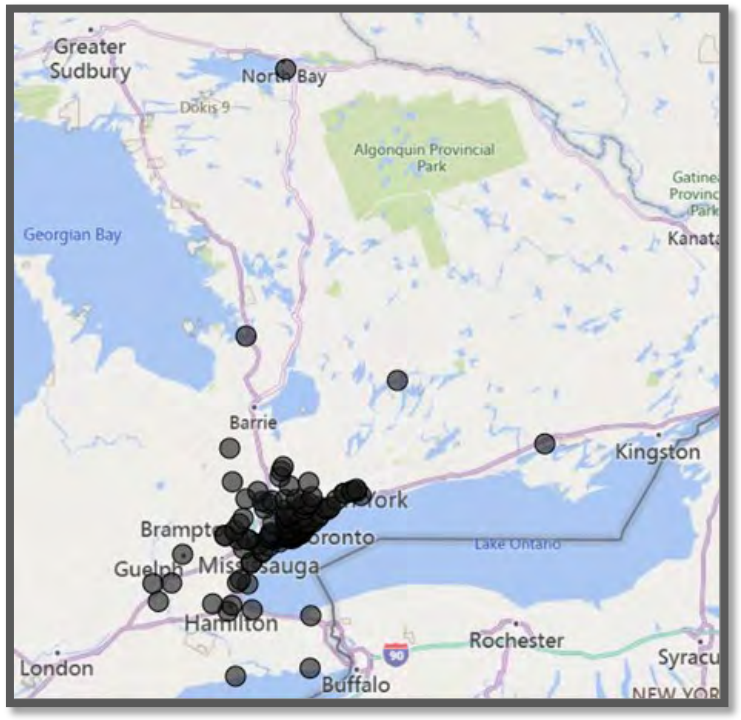
The College requires modern, flexible office space that supports both remote and in person collaboration, strengthens community engagement, and reflects our professionalism and stewardship as a regulator.

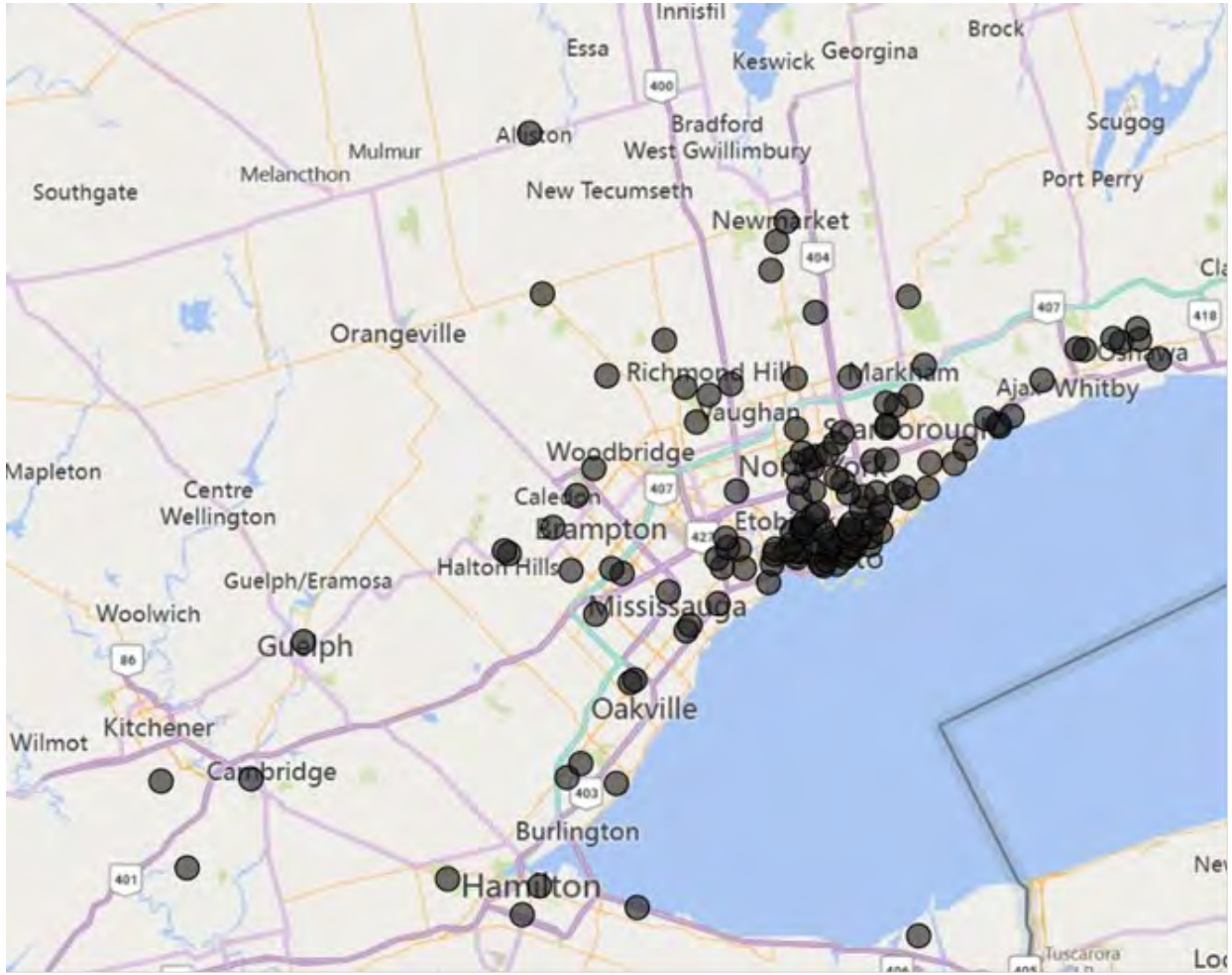
Needs Assessment Process



- Prepare for modernized workplace design
- Engaged Colliers Workplace Advisory practice
- Revised Workplace Strategy Playbook
- Identifies College principles for space design
- Provides a playbook of how to best organize our space
- Strongly linked to the College strategic vision
- Proposed ~40% reduction in USF based on building usage/growth

Where RCDSO Staff Reside

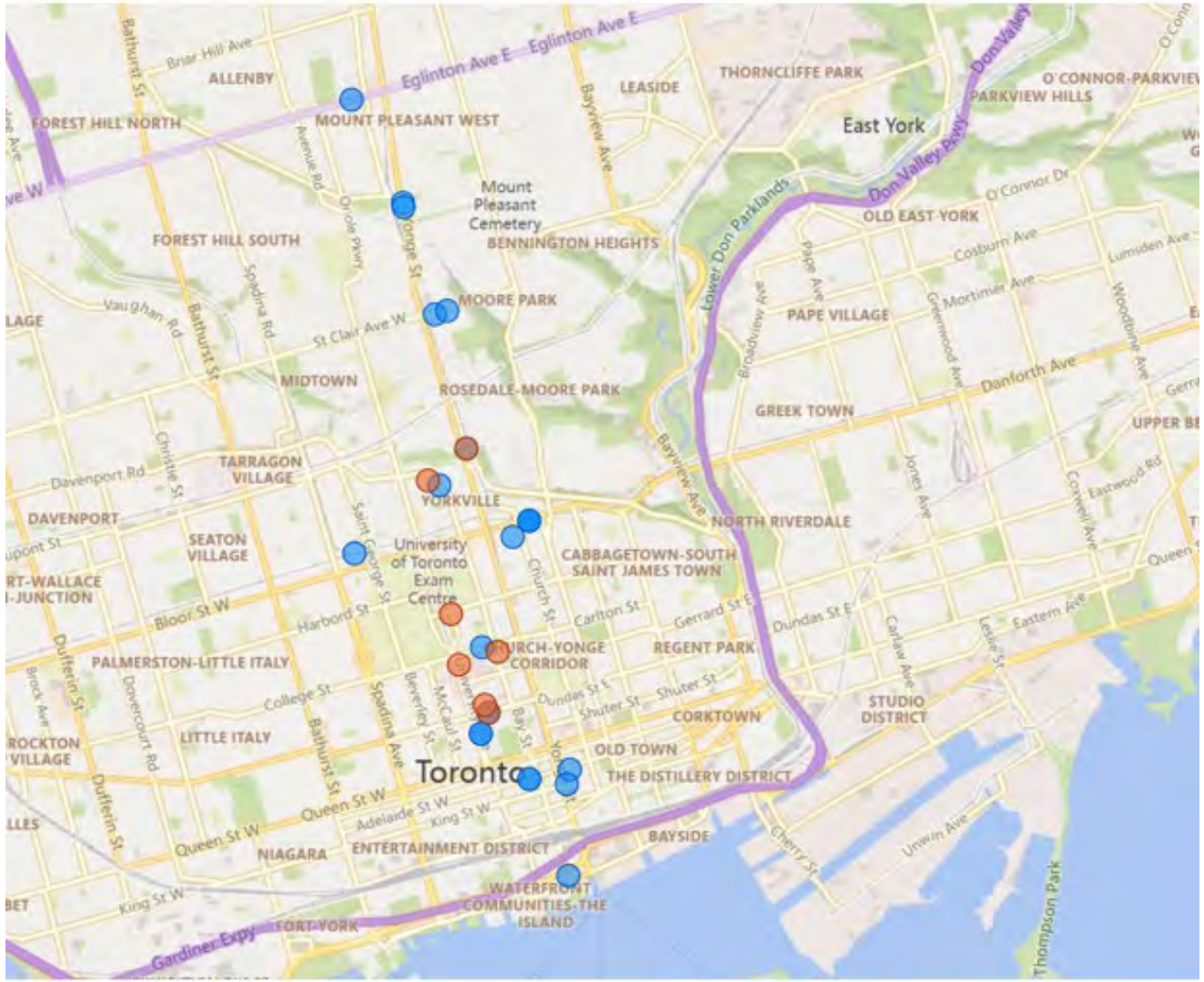




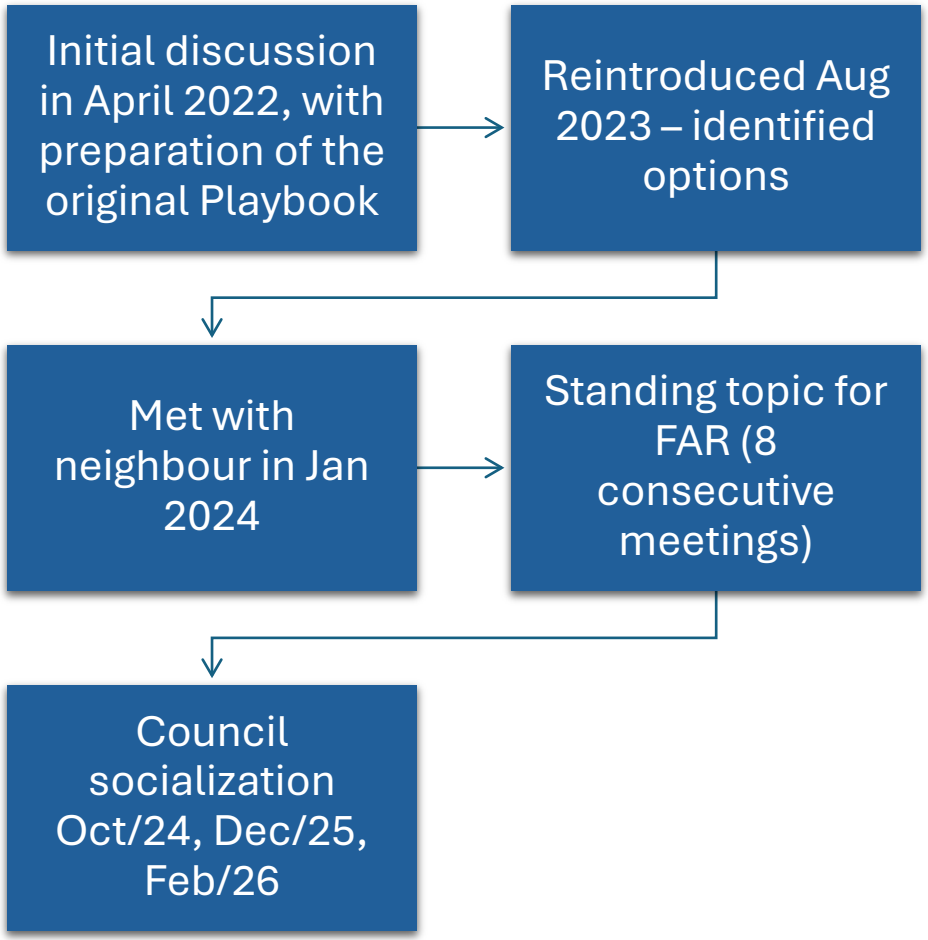
51% staff live within 15 kms of 6 Crescent Road

System Partners

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



FAR Activity



Products Developed

- Development Feasibility Study
- Planning Opinion & Massing Analysis
- ESA phase I and phase II reports
- Geo-technical assessment
- Opinion of value
- Broker offer
- 2026 Workplace Strategy Playbook
- Tax opinion
- Property condition assessment
- Valuation

Options Assessed

Do nothing

Re-zone then sell

Stay and renovate

Sell building

- Looked at in-depth by FAR over three years
- Commissioned several expert studies
- Do nothing not considered an option
- Re-zoning discounted for a number of reasons (cost, complexity, timeframe)
- Sell or renovate are both viable options
- Presented pros and cons to Council in February 2026

Assessing the Strategic Value

Several factors to consider in either keeping or disposing of the building

- Under both scenarios, the College's space must be modernized and upgraded to provide an appropriate working environment for staff, Council and committees
- Consider how we work now and prepare for what may come in the future
- Need an option that provides agility and the opportunity to adapt quickly

Will Keeping or Selling change the nature of the business?

Keeping the property:	Selling the property:
• The value of renovating will be to the College only • Aging building will mean increasing capital costs for repairs and maintenance • Will not support the culture of the College for 3-5 years • Continue to work with an inefficient floorplate and physical design • Renovations funded through potentially increased fees	• Provides funds to support strategic initiatives and regulatory programs • Provides a clean slate for creating an efficient physical design • Short time period (1 – 2 years) to sell and acquire new space

Why is Selling the Building now in the best interest of the College?

- Frees up non-liquid capital to fund key strategic initiatives, regulatory programs and innovation
- Supports the financial health of the College, keeping dentists' fees reasonable
- Owning and maintaining a building is not a core business
- The College will always have the problem of a major infusion of cash upon a sale now or in the future
- Leasing provides more flexibility over the longer term for our space
- The political environment favours residential development - this may change to a more challenging situation in the future

Decision Making Criteria



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

Sale and Lease Financial Estimates

Annual Lease Estimate $1.2 - 1.3 million

- Based on Workplace Strategy Playbook (18,500 sq ft)
- **Cash-flow offset:**

	($000's)
Annual facility operating costs	500
Average facility capital costs	400
Vantage meetings & training	100
Town Hall, building insurance	30
	$1,030



Onetime Sale Costs Estimate

	($000's)
• Brokerage fee	310
• Professional Fees - Legal, Designer	200
• Tenant improvements/furniture* @ $200/sq ft	3,700
• Moving	50
	$4,260

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

Reserves Process



Expect a sale will generate new funds



Tax advice recommends utilize reserves to prepare for the future and advance the mission



FAR and staff will revise Reserves Policy to provide options for surplus

Broker of Record

- Broker required to help with analysis and transactions
- Invitation to quote to four full-service firms
- All responded – evaluated on fee, sales strategy and T’s and C’s
- Colliers provided the strongest quote and are recommended by FAR
- Long standing and positive relationship
- Agreements (2) reviewed by legal counsel and CFO
- Adequate protections incorporated into each

Next Steps

Execute Colliers agreements

Commence leasing inquiry process and sale exploration with Colliers and FAR

Planning recommendation for a reserves framework

Motions

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

2. THAT Council directs staff to proceed with a formal exploration of the sale of the property municipally known as 6 Crescent Road, in the City of Toronto, Ontario.

3. THAT Council approves Colliers Macauley Nichols Inc. as the College's real estate broker of record for the potential sale of the property municipally known as 6 Crescent Road, Toronto, Ontario, with the understanding that the engagement shall not involve the payment of any fees by the College unless and until a sale is approved by Council.

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2023-25 Strategic Plan Achievements

April Council 2026



RCDSO STRATEGIC PLAN: 2023-2025

VISION

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

MISSION

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

PILLARS

PROFESSIONALISM

STAKEHOLDER ENGAGEMENT

EMERGING ISSUES

VALUES

ACCOUNTABLE

COLLABORATIVE

INNOVATIVE

INCLUSIVE

TRANSPARENT

Royal College of
Dental Surgeons of Ontario

OBJECTIVES

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

Our Commitment

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

PROFESSIONALISM

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

Areas of focus include:

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

STAKEHOLDER ENGAGEMENT

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

Areas of focus include:

Enhancing engagement with:

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

EMERGING ISSUES

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

Areas of focus include:

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


Strategic Projects underway
Quarterly Reports and Dashboards to Council
December 2025: Strategic Plan Closes
January 2023 2023-25 Strategic Plan Launches

Over 3 years….



Systems

Culture

Regulatory Programs

Service and User Experience

Partnerships

And so much more….

Engagement and Outreach

Data & Analytics

Risk

Knowledge Generation

Tech & Digitization

Strategic Projects

Highlights

College Standards

Access to Care

Service Experience

Equity, Diversity & Inclusion

Governance Review & Modernization

Practice Models &Corporate Dentistry

College Standards

Cameron Thompson

- Policy Team is recruited and onboarded
- Standards review and development processes are created and launched
- Consistent consultation and engagement
- Risk-based Standards Prioritization Framework
- RCDSO webpage: enhanced information, detail
- Standing Policy WG established



College Standards

Cameron Thompson



5

FINALIZED: Consent, Boundaries/Sexual Abuse, AI Guidance, MRIs, Virtual Care

1

RESCINDED: COVID-19 Guidance

4

IN PROGRESS: Ending the Dentist-Patient Relationship, CT Scanners, Sedation and Anaesthesia,

Knowledge Translation Resources, Support for RCDSO Connect

Access to Care

Michelle Cabrero Gauley

- Dedicated Web page developed and maintained
- Patient Resource: Low-Cost Clinics
- Collaboration: Quality, EDI: NEW approved sponsors to enhance CE offerings and support dentists in creating inclusive practices
- Sponsors to date: Special Olympics, Rainbow Health Ontario, Indigenous Primary Health Care Council, Canadian Society of Disability and Oral Health



Access to Care

Michelle Cabrero Gauley

Dr. Bonnie Yu

Professionalism Working Group

FAQs

Case Studies



Draft

Managing New Patient Requests

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

Contents

Executive Summary 1
Introduction 2
Principles 2
Providing Information 3
Dentist Decision-Making 4
NON-EMERGENCIES 4
DENTAL EMERGENCIES 6
Glossary 6

Executive Summary

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

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

This Standard of Practice applies to all dentists, including general dentists and specialists,[1] and addresses both non-emergency[2] and emergency situations. This Standard does not apply to referrals from other dentists or health care professionals which are addressed in the RCDSO's Most Responsible Dentist Practice Advisory.

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

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

Service Experience

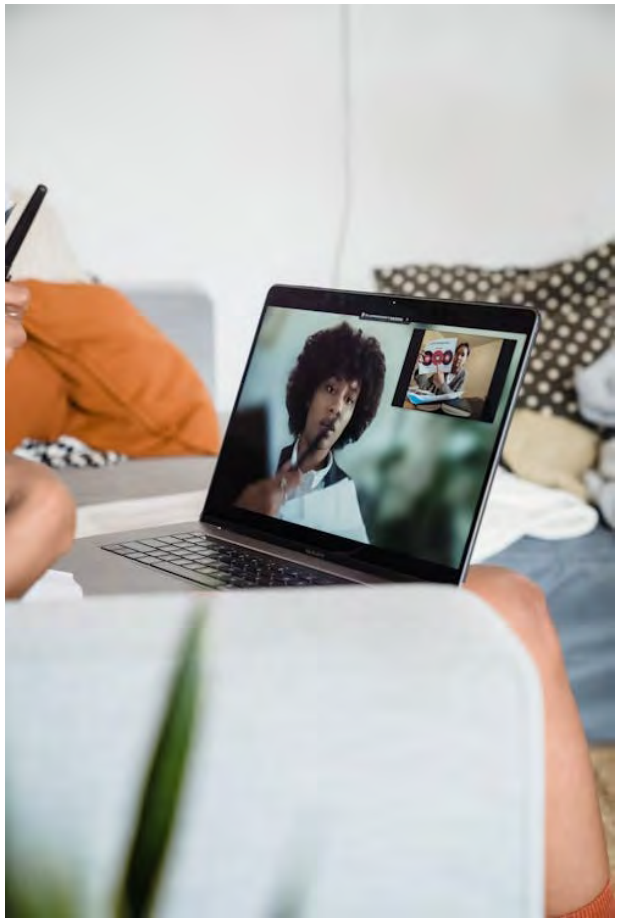
Michelle Tremblay

- Significant expansion of active offer of French language services
- Translations of College documents into French
- Contract with MCIS-on demand translation
- Comité de français formed



Service Experience

Michelle Tremblay

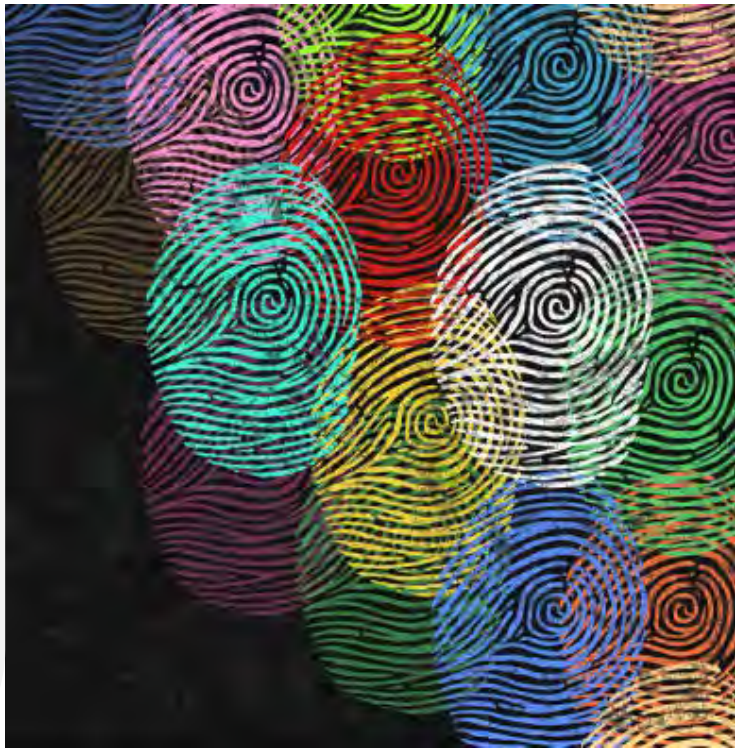


- '*Thriving in a Flexible Work Culture*' & staff focus groups
- User Experience Study & Formation of Service Panel
- Cross Departmental Front-Line Training
- Optimization of data and tech: seamless experience

Equity Diversity & Inclusion

Michelle Tremblay

- IDEA Committee formed; review 20+ HR policies
- EDI webpage developed and launched
- AODA Committee: Multi-Year Accessibility Plan
- EDI Commitment statement



Equity Diversity & Inclusion

Michelle Tremblay

Co-led First HPRO EDI Network Conference

Training: Reconciliation, Anti-Bias, AODA, IDI, Equity Sequence

Anti-Bias Vodcast training module: Support Governance Committee Candidate Selection

Resource: Anti-Bias Committee Support Document

Governance Review & Modernization

Lara Thacker

- Governance Committee established
- Council Performance Evaluation Framework
- By-law amendments: improve elections process, simplify district assignments
- Council Training and Orientation
- Council/Committee demographic data analyzed



Governance Review & Modernization

Lara Thacker



Governance Modernization

- Adopt province-wide election
- Reduce professional members 12 to 10
- Staggered terms for Council members
- Eligibility for Academic Council members

Practice Models & Corporate Dentistry

Deni Ogunrinde

Dr. Vicky Nguyen



Foundational Research Summary

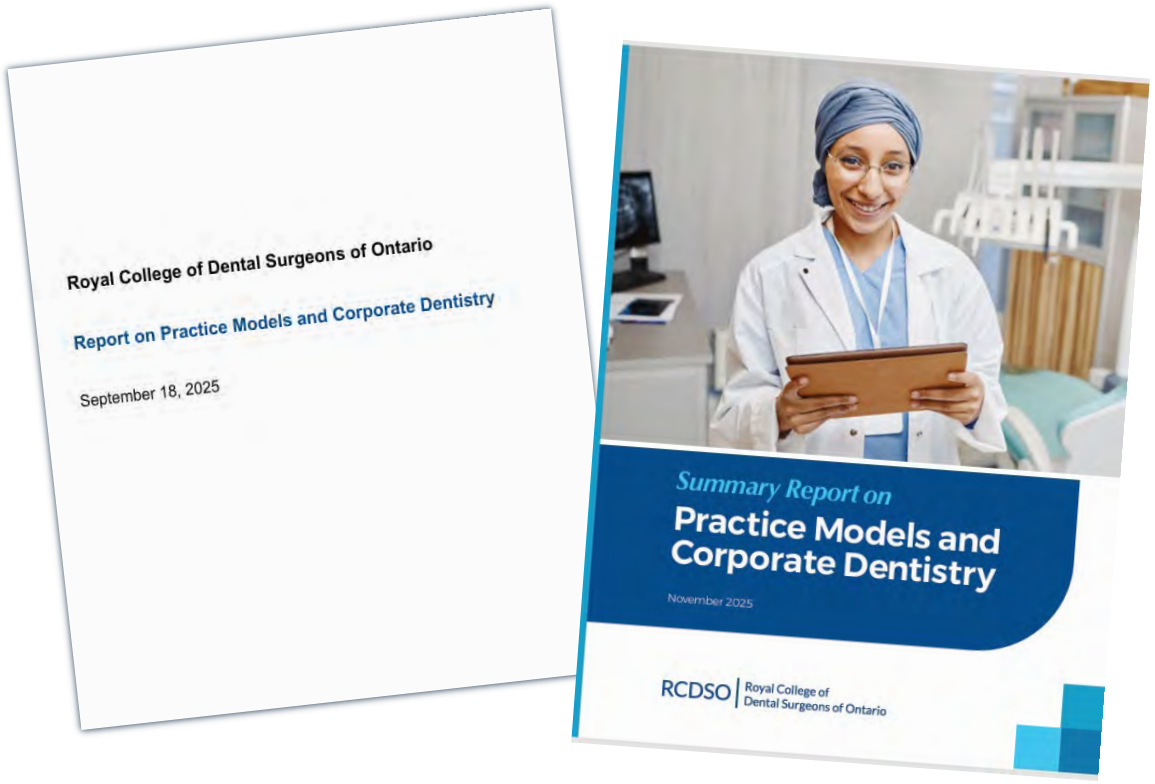
Practice Models in Dentistry: identified, defined

Council Educational Session

Practice Models & Corporate Dentistry

Deni Ogunrinde

Dr. Vicky Nguyen



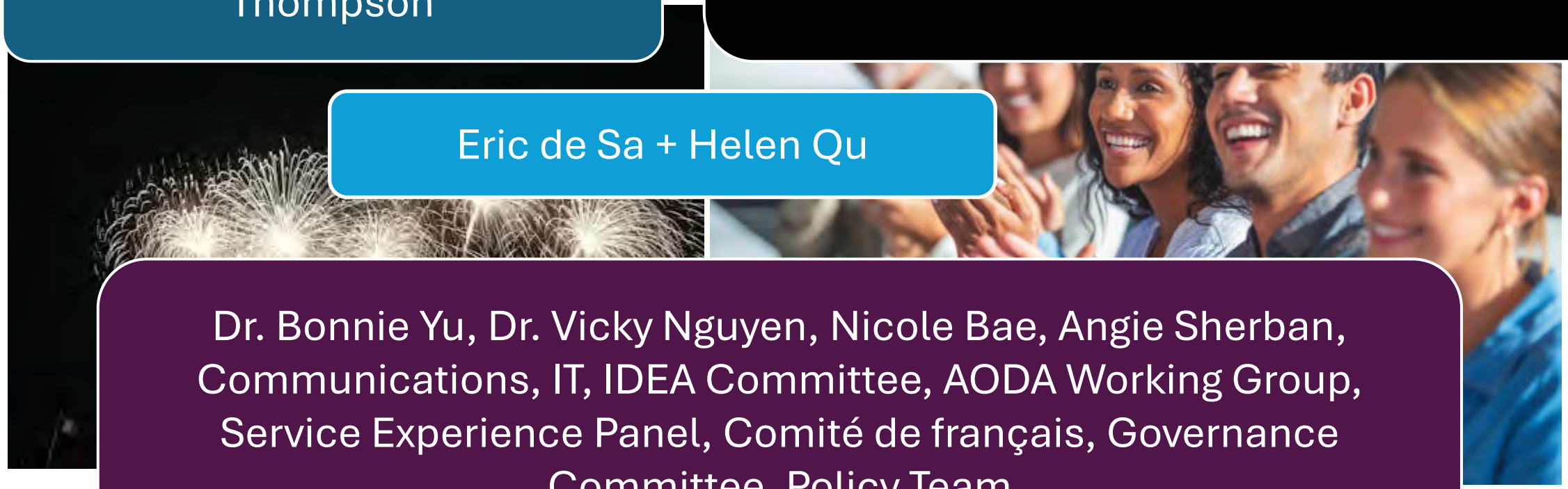
Five Options Approved

Implementation plan to follow

Special thanks….

Eric de Sa + Cameron Thompson

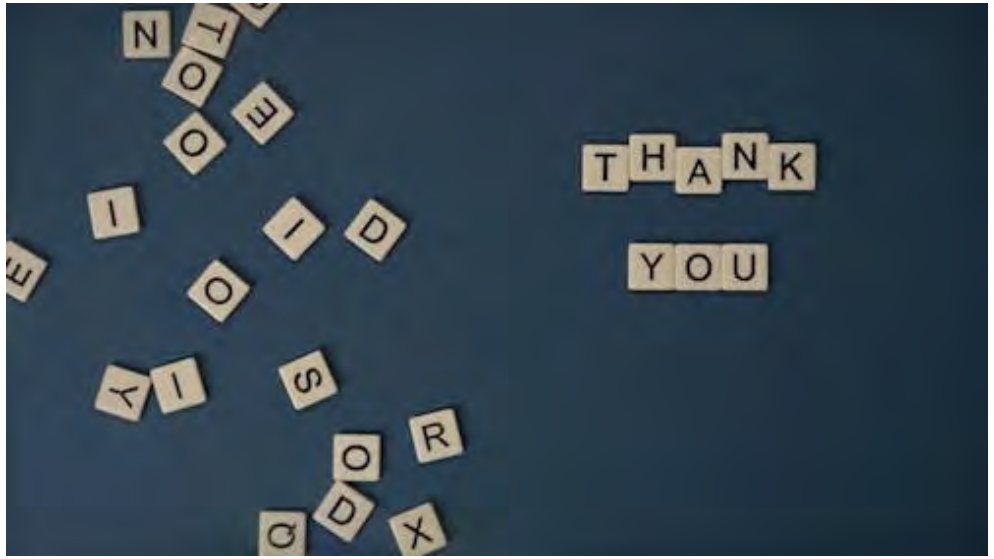
Cameron Thompson, Michelle Cabrero Gauley, Michelle Tremblay, Lara Thacker, Deni Ogunrinde



Eric de Sa + Helen Qu

Dr. Bonnie Yu, Dr. Vicky Nguyen, Nicole Bae, Angie Sherban, Communications, IT, IDEA Committee, AODA Working Group, Service Experience Panel, Comité de français, Governance Committee, Policy Team

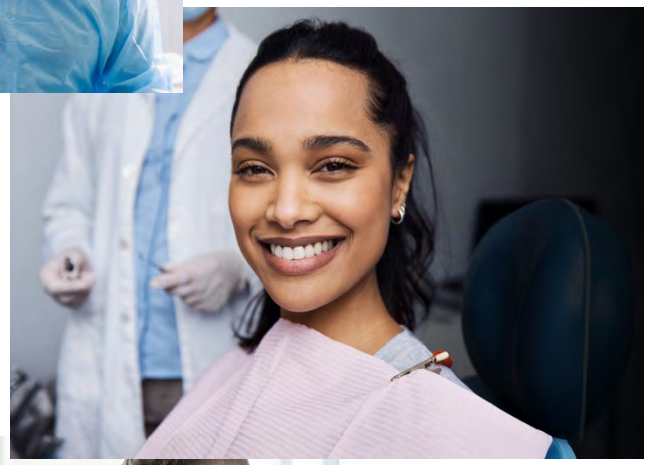
And to Council….



For your support, and direction

RCDSO | Royal College of Dental Surgeons of Ontario







Communications *Department*

April 16, 2026

What we'll cover *today.*

Who We Are

What We Do

How We Reach the Public, Profession, System Partners

What's Next



We are a professional & expert department.



Communications



Practice Advisory Service

Team members

Angelo Avecillas
Manager, Communications

Parvaneh Bahrami, DDS
MSc, Practice Advisor

Alejandra Fretes
Communications Coordinator

Mary Kolivaris, DMD
Practice Advisor

Lisa Littler, RDH
Advisor

Larisa Naderiani, DDS
MPH, Practice Advisor

Vicky Nguyen, DMD
Practice Advisor

Corina Rebello
PAS Service Administrator

Caitlin Regina
Senior Communications Specialist

Aslan Stohr
Advisor

Amandine Viaud
Senior Communications Specialist

Lesley Byrne, PhD
Director

Who do we talk to

12,000+ registered dentists	Ontario public and patients	Ontario Ministry of Health	CDHO, CDTO, CDO	Other health professional regulatory colleges
Ontario Dental Association, Canadian Dental Association	Faculties of Dentistry	NDEB	Media (healthcare reporters, local Ontario outlets)	Public Advocacy Groups
RCDSO Staff	Council and Committee members	Other regulators	Law Enforcement	Professional Liability partners

The tools we use



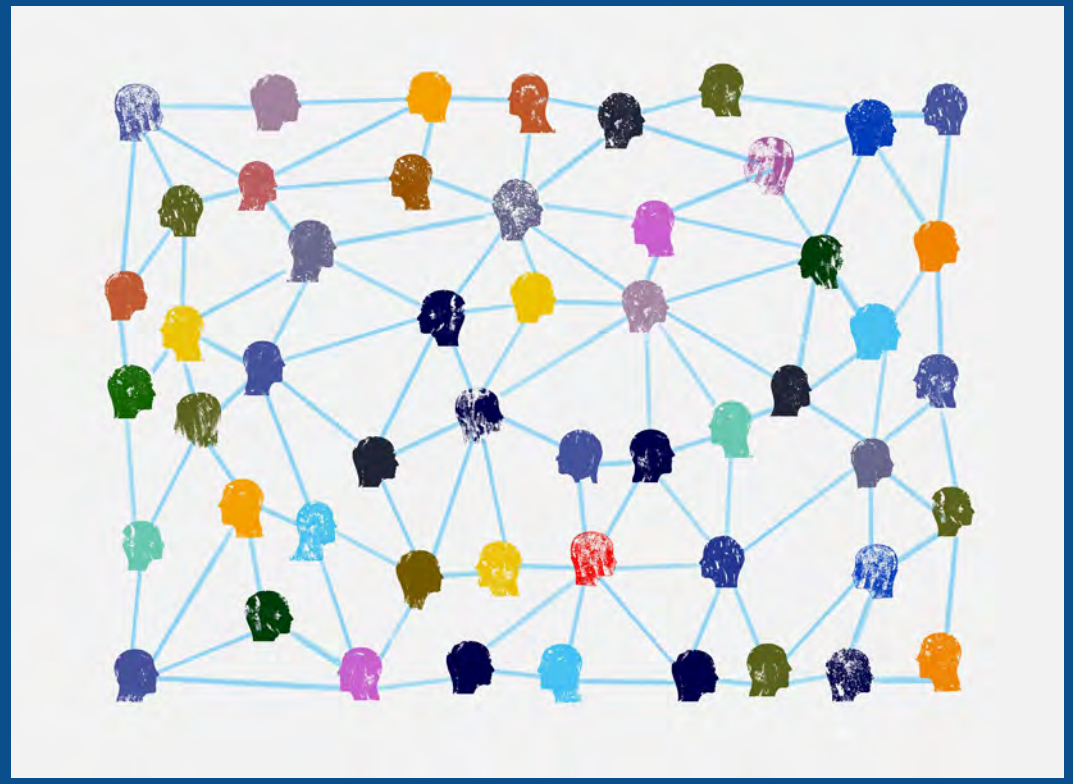
- RCDSO website and Social media
- Webinars/ YouTube
- Quarterly magazine and Roundup (4x per year)
- Presentations (live and virtual)
- E-blasts, e-mail, print
- Portal and Intranet content

RCDSO Connect Magazine

Connecting dentists to what matters most in regulation, practice and professionalism.







WE CONNECT VIA

RCDSO Connect

- RCDSO Connect is a true cross-department effort.
- In 2026 alone, we've delivered four virtual sessions together with Policy, PCRA, Quality, Registrar's Office.
- Over 6,000 attendees
- Over 10,00 CE points delivered
- 1,800 attendees have come to more than one session

Survey Results: RCDSO Connect

By the numbers (Jan-March 2026)



1,324

total survey responses



96%

plan to attend another RCDSO Connect session



86%

report strong or very strong understanding after attending



93%

say the session answered their questions



65%

say Category 1 CE influenced their decision to attend

Survey Results: RCDSO Connect

What participants are saying:

> One of the best professionalism sessions I've attended in my career. Great work — keep this up.

> Excellent overview with practical takeaways. These sessions are extremely valuable.

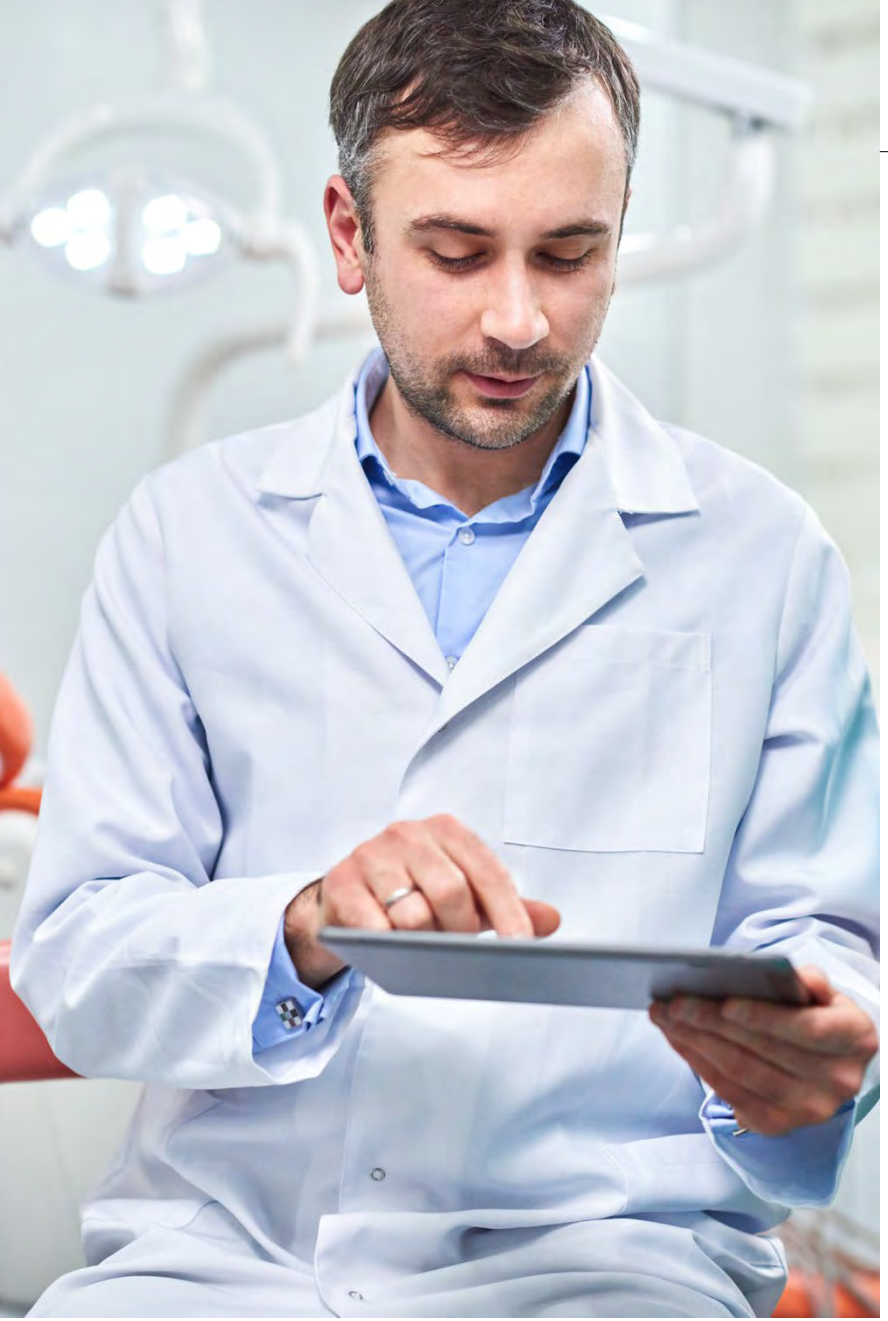
> These RCDSO Connect sessions are awesome. I don't need the points — I need this information.



We connected in Ottawa

RCDSO Connect off-screen and into the room in Ottawa, engaging 150 attendees in an in-person conversation on Foundations of Professionalism.





We spend time improving our website

- Search usage up 24%; returning search users up 27%
- 51% of users now rely on search as their primary navigation path
- Average session time up 20%; overall interactions up 20%

+22%

increase in total site views

Standards are always a focus



Communications support for standards/policy is ***always on***.

From consultations to design, FAQs, case studies…

- PAS helps on content
- Communications helps public and professional awareness

We offer service in French



RCDSO provides French language services to profession and the public.



Over 50 key documents translated (Standards, resources, newsletter, annual report)



French toggle on website



Complaints information brochure available in 11 languages

We work with local police services to help families find closure.

Streamlined outreach, increased support

2025

79 RFAs eblasts sent,
181 total police requests supported

2024

87 RFAs eblasts sent,
155 total police requests supported



WHAT THIS SHOWS

- 9% fewer eblasts sent year over year
- 17% increase in police requests supported
- Greater efficiency: fewer communications, more requests addressed
- Consistent support: an average of 2 RFAs eblasts per week

We are available for comment

Toronto

North York dentist accused of sexually assaulting 2 patients: Toronto police

Police say they believe there may be more victims

CBC News
Posted: Dec 04, 2025 12:25 PM EST | Last Updated: December 9, 2025



News / Local News

Dental patients warned to get tested for HIV, hepatitis

Susan Gamble

Published Mar 18, 2026 • Last updated 1 hour ago • 2 minute read

Hamilton | News

Dental clinic in Hamilton accused of improperly sterilizing instruments over a nearly 6-year period

By Laura Sebben
Published: March 05, 2025 at 2:45PM EST



Indigenous

Federal health benefits program for First Nations and Inuit 'frustrating' to deal with, say clients

Clients say barriers 'really prevent us from being able to utilize and access the services'

Joy SpearChief-Morris · CBC News ·
Posted: Jan 21, 2026 4:00 AM EST | Last Updated: January 21



We support Council



Council meetings



Presentation remarks



Slide decks



Presentation support

We are active on social media

5000+

followers on LinkedIn

1700+

on Instagram

Monitor Facebook, WhatsApp, Reddit and X



PAUSE.
THINK.
POST.

Pause, Think, Post provides guidance for profession



See us online...and on social

Royal College of Dental Surgeons of Ontario

RDSCO_ORG

RDSCO.BSKY.SOCIAL

Royal College of Dental Surgeons of Ontario

Visit our website: www.rcdso.org

Practice Advisory listens to the public and to dentists

PAS Call and email volume

January to March 2026

- Service in French and English
- Over 550 emails
- Over 2,250 phone calls
- Live answer 3 days per week
- Service Standard response is within 2 business days



We surveyed patients: 2024



What’s next?

RCDSO Connect next sessions

Real estate

Elections

Strategic Plan wrap up

RCDSO Vision



RCDSO Portal App

Meeting dentists where they are – on their phones, ***in real time!***

AI applications can expand what we do

Meeting dentists/public where there are.





Your questions *matter!*

RCDSO | Royal College of Dental Surgeons of Ontario

PLP Divestment Budget Impacts

Response to Council Question

Purpose and Scope



Respond

Respond to Council questions on PLP financial performance



Clarify

Clarify budget vs. actual results



Summarize

Summarize rationale for PLP divestment

Question Raised

PLP appeared to generate surplus and be a profitable program

2026 budget changes show large revenue and expense reductions

Concern that costs of the program were supported by regular fees

Key Financial Clarification

PLP is highly volatile and claims-driven

Indirect costs are not allocated to PLP

Single-year results do not reflect true program performance

Budget vs. Cumulative Results



BUDGETS REFLECT
PLANNING ASSUMPTIONS



ACTUALS REFLECT HOW
COSTS EMERGE OVER TIME



2017–2024 EXPERIENCE
UNDERFUNDED BY ~$10.6M

Risk & Rational for Divestment

Capital adequacy review showed insufficient reserves

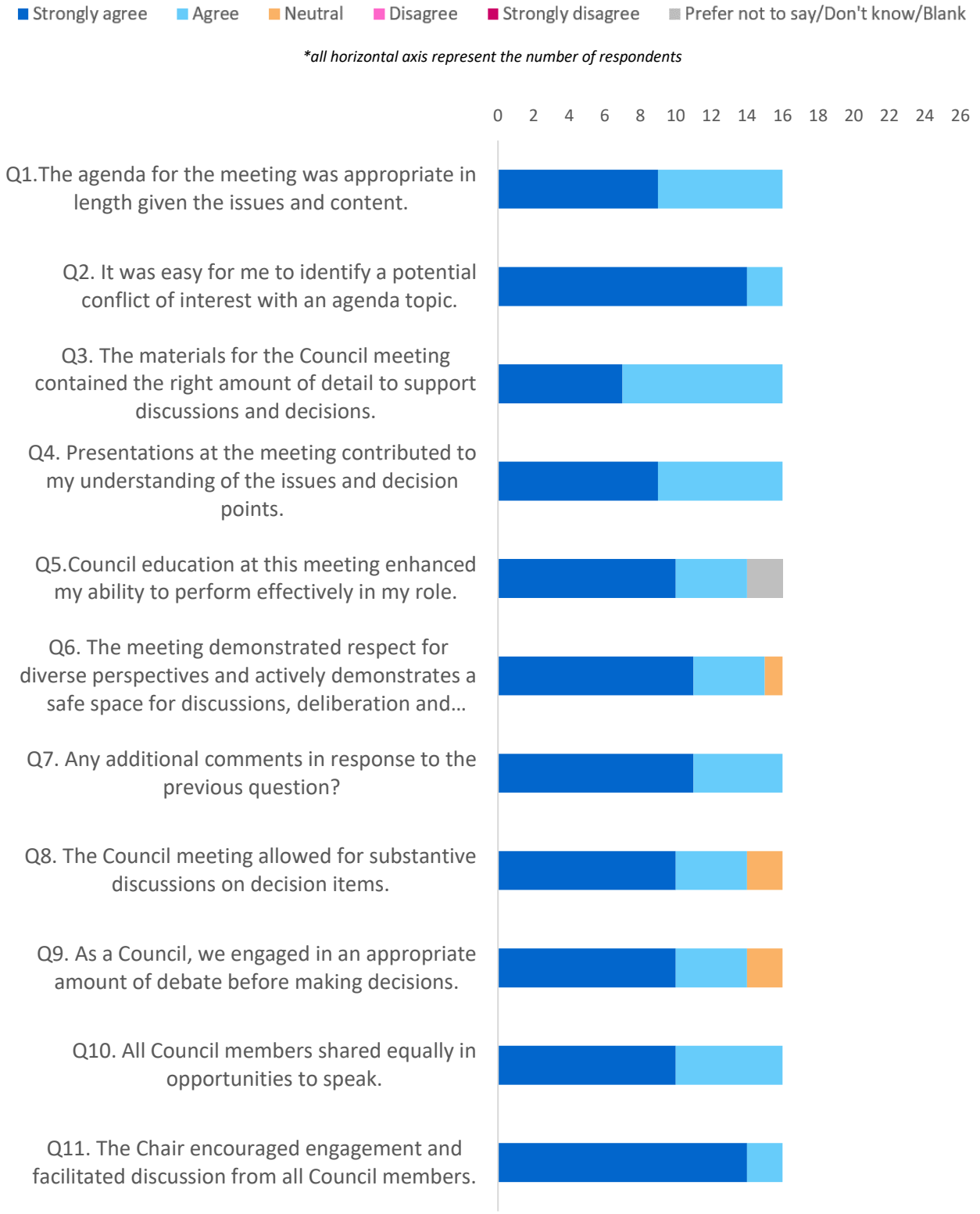
29% probability of fund deficiency over 15 years

Divestment chosen to de-risk the organization

Council Meeting Evaluation Survey Report

Council Meeting: #455 April 16, 2026

Quantitative Results



Council Meeting Evaluation Survey Report

Council Meeting: #455 April 16, 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.***

- ◊ Meeting moved at a nice pace, and we took extra time to discuss important items.
- ◊ Good discussion on important items and issues.
- ◊ The meeting was well organized and the reading materials provided prior to the meeting were
- ◊ excellent. Thank you for a well organized meeting as always.
- ◊ A very well organized meeting. There was a good feeling in the room that made it easy for members to participate
- ◊ Great job
- ◊ All members of Council had ample opportunity to participate in all aspects of the meeting. A wide variety of questions were asked by members and comments made on all items within the agenda. I believe all members present had comments and questions on the agenda items, seeking clarification as required.
- ◊ Members seemingly feel comfortable being in the minority of a vote.
- ◊ The meeting was very well organized and well executed by staff. All good,

Council Meeting Evaluation Survey Report

Council Meeting: #455 April 16, 2026

Qualitative Results

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

- ◊ Before meeting brief summaries of what will be discussed and more organized package before meeting: a huge document that at times is tough to navigate through what was in previous meeting versus what will be discussed
- ◊ Choose a hotel closer to the meeting location
- ◊ As always, breakout sessions are a huge help. However I also do understand that time constraints sometimes these hard to schedule.. Overall. A good meeting.
- ◊ Wednesday night speaker
- ◊ Assign a mentor to new council members so they have someone to help answer any questions they may have.
- ◊ Great going
- ◊ The opportunities that all Council members had during the meeting was a strong confirmation that everyone had an opportunity to participate, offer their opinion and thoughts on any agenda item. It was a pleasure to attend and participate in such a well-organized, meaningful meeting. Keep up the good work, it is truly appreciated.

Registrar & CEO Report to Council
Prepared by Daniel Faulkner
June 18, 2026

GOVERNANCE & REGULATORY LANDSCAPE

- On May 6, members of the Registration Committee, Patient Relations Committee and Quality Assurance Committee participated in person at the College in Equity Sequence Training. The evening was led by external facilitators from Tidal Equality. Equity Sequence © is a way to seamlessly embed fairness into decision-making and innovation. The session prepared RCDSO's Committee members on how to be deliberate and reflective in their decision-making by encouraging curiosity, multiple perspectives and thoughtful consideration of impact. By considering how decisions may be experienced differently by patients, the profession and other communities, we can begin to shift to more equitable outcomes over time. Committee members were fully engaged in the discussion and left feeling better prepared and inspired for their continued Committee work and decisions they make in other parts of their professional lives.

- Health Profession Regulators of Ontario (HPRO) is preparing a submission to be considered for inclusion in a red-tape reduction Act for the Government of Ontario's Fall legislative session. The Board of HPRO has approved a focused request to seek changes to the composition and quorum requirements for discipline committees. The change requested relates to public member representation and seeks to retain the minimum requirement of two public members, while only requiring one of those individuals to be an LGIC public member appointed to the College's Council. This will allow Colleges to have more flexibility in using public members (like the current approach that RCDSO uses with subject matter experts) on some discipline panels. There are several advantages for Colleges with this approach including better utilization of scarce LGIC public member time, capacity challenges, and application of competency profiles. More information will be provided later this year.

- The Government of Ontario is proposing changes to the Ontario Immigrant Nominee Program (OINP), related to the economics of the province's immigration program. The Ministry of Labour, Immigration, Training and Skills Development is consulting regulators on changes to streamline and modernize the OINP including how registrants can achieve permanent residency faster. RCDSO has a requirement for work authorization prior to registration and there may be limited or no impact on us. Staff is continuing to participate in surveys and consultation sessions and will monitor any changes as they move forward.

- In addition to monitoring changes to OINP, the RCDSO is exploring ways to streamline mobility of registered dentists between Ontario and another province. While mobility of dentists between all provinces in Canada occurs relatively quickly, there is more to do to make such processes completely seamless. RCDSO is using this as an opportunity to test innovative approaches with one other province and to use the successful practices to scale across the country. Should strategic or legislative decisions arise, the Registration Committee and Council will be engaged further. More information will be available at a later date.

- On May 11, the Ministry of Health of Ontario announced expansion of scope of practice for a variety of health professions including dental hygienists and denturists. Council was previously informed about the potential for scope of practice changes and with this announcement last month, the Ministry of Health has requested the respective Colleges to begin developing the regulatory framework that would support these changes (eg. Entry to practice competencies and requirements, and quality assurance). The College of Dental Hygienists of Ontario will focus on hygienists ordering and applying x-rays, becoming a designated Radiation Protection Officer and prescribing and administering local anesthetic by injection. The College of Denturists of Ontario will develop a framework for denturists to order and apply x-rays, operate an x-ray machine, become a designated Radiation Protection Officer, and insert and retain implant-supported dentures and related implant components.

PARTNERS AND COLLABORATORS

- RCDSO is pleased to welcome Ontario's Fairness Commissioner, Mr. Irwin Glasberg, to address Council at its June 18 meeting. The Office of the Fairness Commissioner plays an important role in achieving fair, impartial, objective and transparent registration for internationally trained candidates. The RCDSO has focused extensively for twenty years (since fair access became part of our oversight Act) on programs and decisions to support internationally trained dentists to achieve the competencies required and become certified and licensed in Ontario, including policy decisions to enhance mobility for all dentists to move between provinces and territories. On June 18, Council will have an opportunity to hear directly from the Commissioner, understand the progress made in Ontario, and learn about future endeavours for the OFC.

- We have learned since the last Council meeting that the RCDSO had three submissions accepted for the Fall 2026 conference of the Canadian Network of Agencies for Regulation (CNAR) in Montreal. CNAR is Canada's largest regulatory network and educational organization and its annual conference has more than 1,000 attendees. Congratulations to our staff who will showcase the incredible work of the RCDSO in a national forum. The sessions are:

    - **Transforming Continuing Education to Advance Equity, Reconciliation and Access**: *Susan Taylor* (Director Quality) & *Michelle Cabrero Gauley* (Senior Policy Analyst) will be part of a panel including representatives from the Canadian Society for Disability and Oral Health and the Law Society of Ontario 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) will participate on a panel with numerous cross-Canada health, legal and education regulators who will share 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, Professional Conduct and Regulatory Affairs) will participate on a panel to discuss how some regulators have tackled decision making in an environment with complex issues and the need for specific expertise and/or life experiences.

- On June 19 &20 the President, Registrar and Deputy Registrar will attend the Canadian Oral Health Summit in Saskatoon. This year's theme is "*Advancing Interprofessional Oral Health Education, Research and Care.*" The Summit offers a unique blend of participants from the clinical, research, education, regulatory communities as well as dental system partners. It is an opportunity to hear about current initiatives and innovations and explore issues that will challenge the training, practice, and oversight of dental providers and care. Council will be provided with highlights following the Summit.

- The College continues to participate in activities to strengthen our relationship with the Ontario Dental Association (ODA). On April 29, the respective Presidents, Vice President/Incoming President and CEOs met to update each other and discuss a variety of related issues that impact the public, patients and the profession. In this smaller setting the College was able to promote and answer questions about the 10-year strategic vision, our standard setting development process and current standards for consultation, changing governance in the upcoming election, infection prevention and control issues, foundations of professionalism, professional liability insurance (3-months since the change to Navacord) and health human resources, to name a few topics. On May 22, the President and Registrar/CEO attended the bi-annual ODA General Council meeting where the Board of Directors and the Executives of the Component Dental Societies meet in Toronto. The President spoke for 30 minutes and fielded questions on the College's 10-year strategic vision, governance changes, and enhancing IPAC practices in dental clinics.

AROUND THE COLLEGE (REGULATORY, OPERATIONS, COMMUNICATION)

- On June 5 the President attended and spoke at the University of Toronto Convocation for dental students. On June 9 the President and the Registrar/CEO attended the reception for graduating dental students from Schulich School of Medicine & Dentistry, as a well as a luncheon in celebration of Dr. Daniel Haas's Honorary Degree.

- On June 4 RCDSO hosted a full day mandatory staff town hall meeting. The day was structured around learning, connection and appreciation for all staff who regularly contribute to the College's success as a top employer. Staff engaged in an interactive session on Building Resilience through Connection, heard from multiple staff on initiatives and actions arising from the 2024 staff survey, and honoured seven staff celebrating 10, 15 and 25 year service to the College (definitely a staff favourite). While we talk a lot about the benefits of a flexible environment, our staff do appreciate the opportunities that have been implemented to support purpose-driven face-to-face meetings.

- On May 7 & 8, staff transformed our welcome to dentists at ODA's Annual Spring Meeting with a Café RCDSO experience. Thank you to Amandine Viaud, Senior Communications Specialist for the concept and design, and to the many staff who supported the set-up and tear down and who greeted visitors over two days to talk about the numerous College programs that engage dentists. The Café-inspired booth was warm, inviting and an innovative way to spark conversations with dental professionals, students and system partners. More than 520 people

visited the Café and were treated to a specially curated ‘menu’, featuring QR codes that linked to helpful resources. RCDSO continues to creatively demonstrate how the College is a valuable resource to dentists throughout their careers.

- Another way that we show the College as a resource, is RCDSO Connect learning webinars. Since the last council we have held two RCDSO Connect sessions: Rooted in Respect: Practical pathways to safe, inclusive and trauma-informed oral health care on April 22 (2,057 participants) and IPAC and the Dental Office on May 20 (2,444 participants). The latter session is a two-part series which will conclude on June 24. This incredibly successful initiative continues to attract dentists who want to learn about topics that are not always available elsewhere. In 2025, there were 10,747 attendees across six category 1 sessions. In 2026 to date (less than six months) there have been 14,552 attendees across six category 1 sessions. By any measure, the College is reaching dentists and dental professionals to raise awareness of our standards and important practice and care topics, and we are bringing practical resources to support implementation in practice.

- In June, the College will establish an internal staff IPAC task force to explore and recommend new and enhanced tactics to improve compliance with IPAC standards. The College already has a comprehensive inventory of activities and tools to support the profession in IPAC implementation, and this time-limited task force will bring a creative approach to identify some experiential ideas, and to build agility into how we test and implement (or abandon) ideas based on results. We are excited about testing out new methods to develop operational solutions and about building our resource base to support a very important part of patient safety in dental practices.

Respectfully submitted,
Daniel Faulkner, Registrar & CEO

Council Dashboard Report

Operational Highlights

June 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

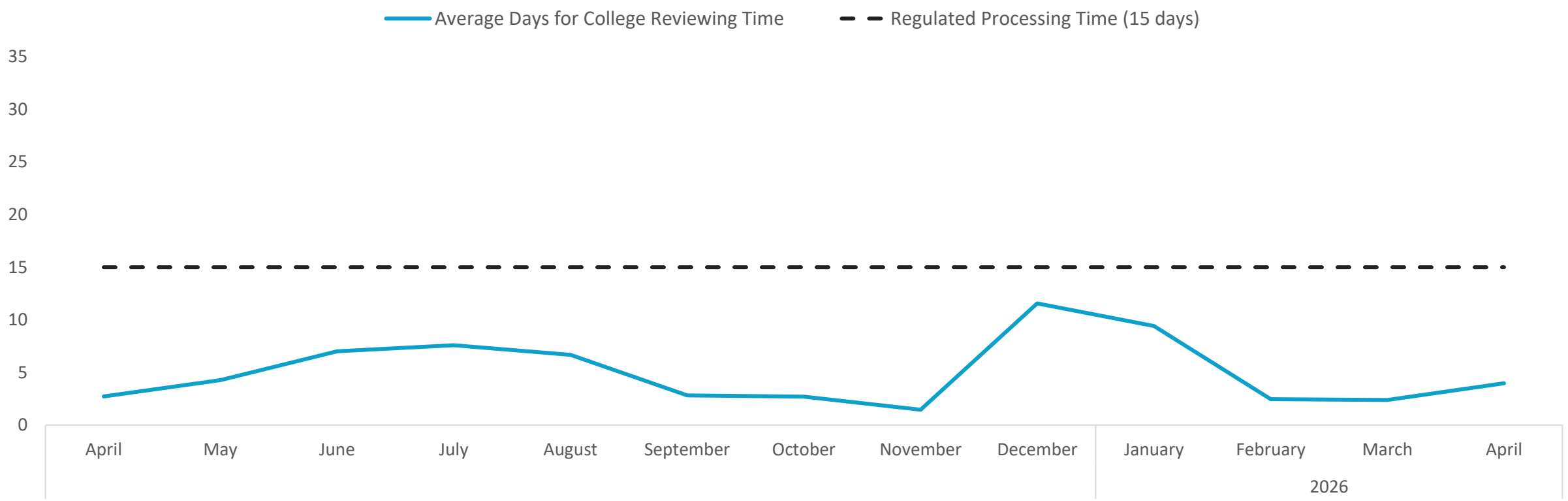
- On track per project plan
- No activity planned
- Minor variation, managed within department
- Course correction required

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 approved (new and resubmitted):** 53 courses approved in 2026; total 243 available
- **RCDSO Connect (Category 1 sessions)**: Delivered six category 1 sessions to date (5 virtual and 1 in person); 10,338 attendees earned a total of 14,552 points in category 1. Sessions delivered as collaboration between Quality, Communications, Policy & Standards, PAS and PCRA teams and key system partners.
- **PET 2025-2030 cycle:** 3625 eligible dentists have passed PET as of May 22, 2026
- **Annual Declaration of Compliance with the QA Program:** 99.8% (11,666 of 11,693) dentists declared compliance when they completed their annual renewal for 2026

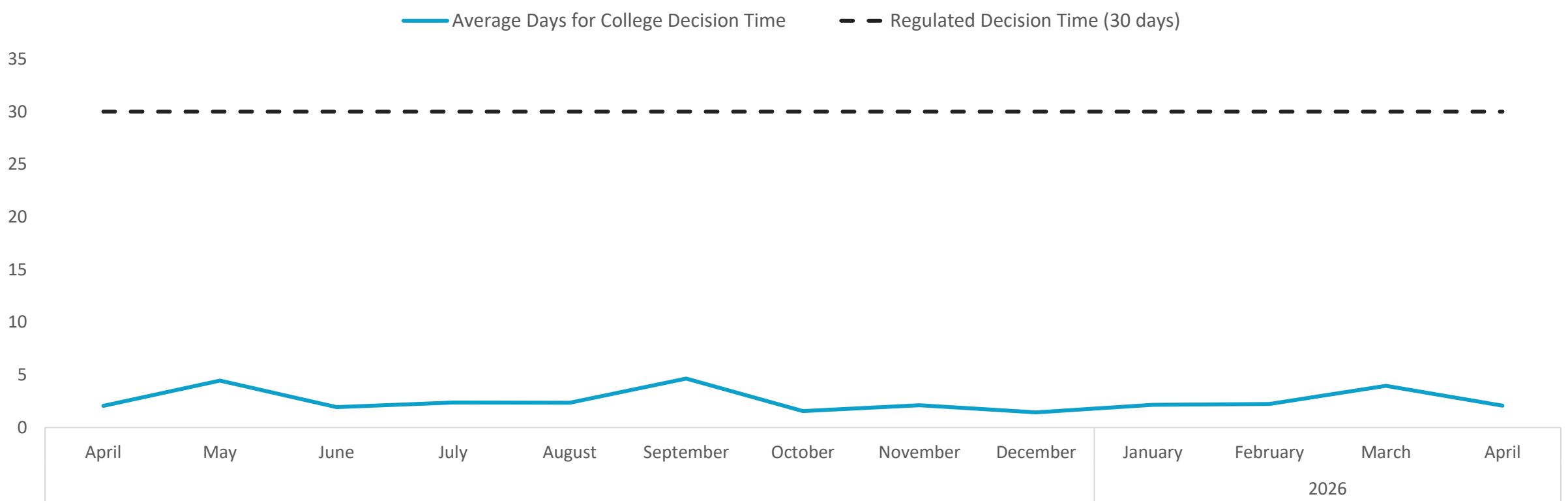
Registration | Average Application Processing Timelines, by Month



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).

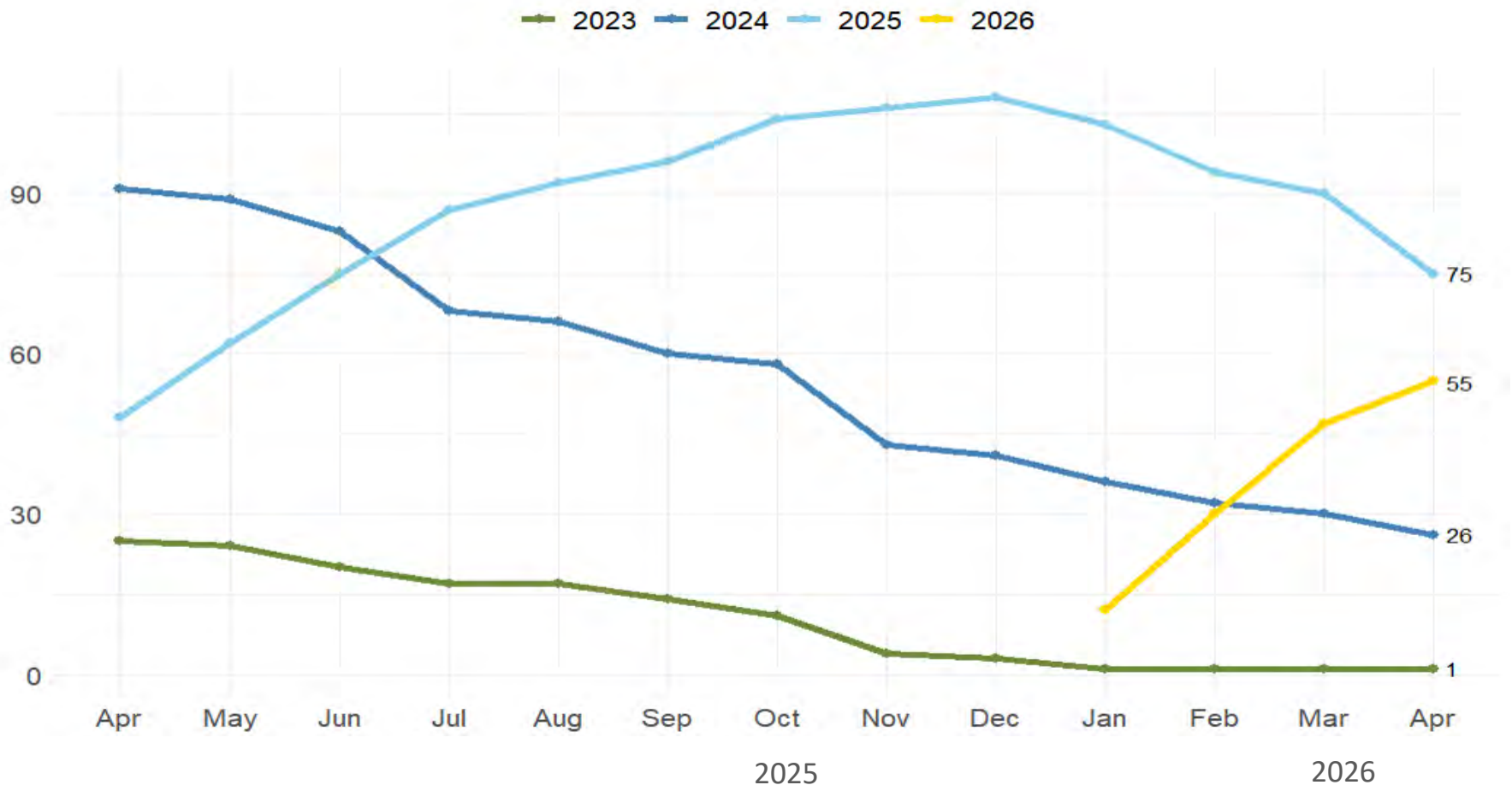
Registration | Average Application Decision Timelines, by Month



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

- • Applications stay open until prerequisites for a College inspection are met (Ministry approvals, installation, training, and testing), which typically takes over a year. The FIP actively encourages applicants to complete these steps and close applications within two years.
- • The remaining 2023 application was closed on May 16th; the file was delayed due to outstanding prerequisites that had to be completed by the applicant.
- • The FIP department is on track to close all 2024 applications before end of year; as of April 30th, only 26 applications filed in 2024 remain open.

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



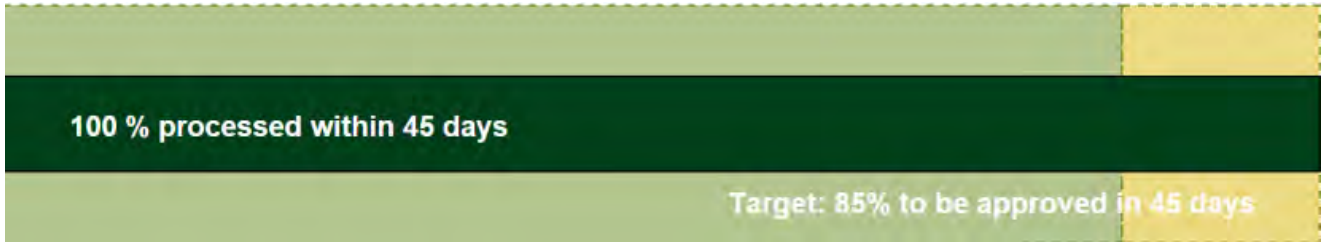
All non-visiting sedation members authorizations applications

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

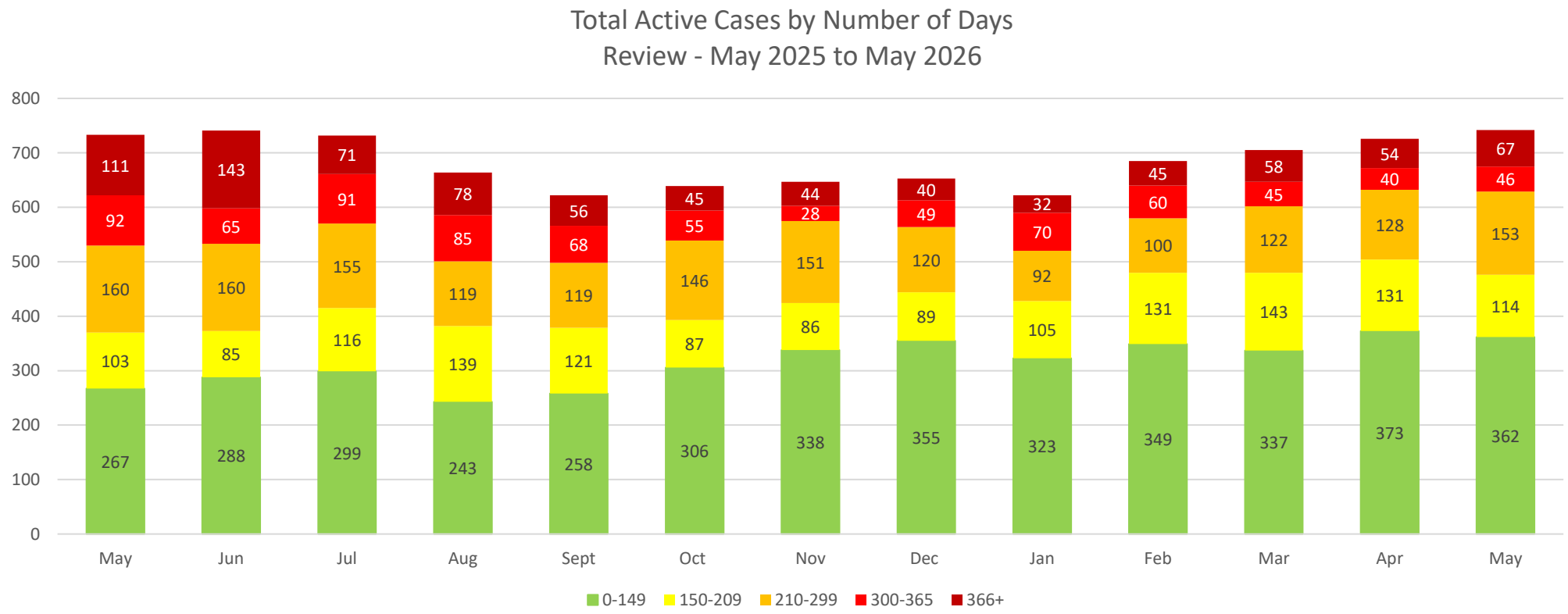


Key Points

- The pale green reflects the targets for sedation application processing and the dark green represents the processing times achieved.
- The FIP department has maintained performance against its established annual KPI targets throughout the sedation renewal season, despite increased operational volume.

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.
- Approximately 85% 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

June 18, 2026

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

PUBLIC INTEREST:

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

BACKGROUND:

- Staff regularly report to the Finance, Audit & Risk (FAR) Committee with respect to the College's financial performance.
- FAR provides oversight into financial results throughout the year.

ANALYSIS:

April 2026 Fiscal Results

- Attached in Appendix A are the Statement of Financial Position and Statement of Operations at April 30, 2026 (4 months into the year).
- At four months into the fiscal year, the College remains in a solid financial position, with net assets increasing to $83.7 million (from $63.1 million in 2025), driven primarily by a significant reduction in accrued claims liabilities (down to $6.1 million from $25.4 million).
- FAR receives quarterly updates with detailed commentary from staff to remain well informed on the financial position of the organization. It is also important for Council to be up to date on financial matters.
- Although it is too early in the year to develop a forecast, the College has already recorded 95% of the annual revenue budget. The majority proportion of the revenues are registration and annual fees, at 95% of the budget.
- Investment income has a positive income of approximately $1.7 million, comprised of interest income on GICs and long-term bonds, dividend income, and unrealized gain on the fair market value of equity holdings.
- Expenses, at 30% of the budget, are on track four months into the fiscal year.
- Staff will prepare the year-end forecast when June financial results are available.

- 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.

DECISION FOR COUNCIL:

None at this time

CONTACT:

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Jeffrey Gullberg, jgullberg@rcdso.org

Attachment:

Appendix A: Statement of Financial Position at April 30, 2026
Statement of Operations for the four-months ending April 30, 2026

RCDSO | Royal College of Dental Surgeons of Ontario

Statement of Financial Position

as at April 30

	2026	2025
Assets	$	$
Cash	6,990,218	8,294,337
Short-term investments	1,890,554	12,439,046
Accounts receivable	153,137	194,364
Prepaid expenses	627,927	451,533
	9,661,836	21,379,280
Long-term investments	53,285,804	63,531,691
Pension plan assets	118,487	28,400
Capital assets	7,602,628	8,666,013
Total Assets	70,668,754	93,605,384
Liabilities		
Accounts payable & accrued liabilities	436,133	733,593
Deferred revenue	331,488	391,808
Accrued claims liability	6,143,203	25,380,334
Post-retirement benefit plan liability	4,093,100	3,955,300
	11,003,924	30,461,035
Net Assets		
PLP Reserve	22,522,275	22,522,275
Operating Reserve	7,521,121	3,521,121
Unrestricted	29,621,434	37,100,953
	59,664,830	63,144,349
Total Liabilities and Net Assets	70,668,754	93,605,384

RCDSO | Royal College of Dental Surgeons of Ontario

Statement of Operations

For the Four Months Ending April 30, 2026

	Year to Date (YTD)	Annual Budget	% of Budget Used	Prior Year (PY)
Revenue	$	$		$
Registration and annual fees	29,410,189	30,869,175	95%	39,654,394
Investment income	1,739,205	2,028,266	86%	865,732
Professional liability program recoveries	2,500	-	0%	74,750
Professional conduct recoveries	94,100	305,000	31%	87,850
Other income	356,871	115,625	309%	18,550
TOTAL REVENUES	31,602,865	33,318,066	95%	40,701,276
Expenses				
Staffing costs	6,158,207	20,400,836	30%	6,768,160
Professional liability program provision	-	-	0%	2,500,000
Consulting and professional fees	772,674	3,457,183	22%	776,385
Telecommunications and technology	873,132	2,354,460	37%	878,809
Amortization	461,004	1,826,100	25%	576,885
Operations and facilities	170,913	657,395	26%	181,734
Administration	262,992	1,558,973	17%	244,216
Council and committees	270,063	1,393,333	19%	322,144
Insurance and brokerage	238,376	349,600	68%	716,755
Faculty payments and fees	661,602	725,152	91%	531,821
TOTAL EXPENSES	9,868,964	32,723,032	30%	13,496,909
Excess (deficiency) of revenue over expenses	**21,733,901**	**595,034**		**27,204,367**

Royal College of
Dental Surgeons of Ontario

COUNCIL BRIEFING NOTE

TOPIC: Policy Report

FOR INFORMATION

June 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.
- Council is provided with a brief update on the status of each review in the following table:

Title	Description & Current Status	Projected Completion[1]
Managing Conflicts and Ending the Dentist-Patient Relationship	• Replaces RCDSO's current *Maintaining a Professional Patient-Dentist Relationship* Practice Advisory. • A new draft Standard is in its final stage of review. It will be presented to Council for consideration for final approval in June 2026.	June 2026
Implant Dentistry	• Replaces RCDSO's current *Educational Requirements & Professional Responsibilities for Implant Dentistry* Guideline. • A revised draft has been developed and released for public consultation. • This consultation is now closed and all feedback has been reviewed. • Revisions are now underway.	Q3 – Q4 2026
Managing New Patient Requests	• This is a new Standard of the College which sets out guidance for "accepting new patients". • A draft Standard has been released for public consultation (see below). • This consultation is still active. • Following the close of the consultation, all feedback will be carefully reviewed and will inform final revisions.	Q4 2026
Dental CT Scanners	• Replaces RCDSO's current *Dental CT Scanners* Standard of Practice. • A revised draft Standard is currently in development.	Q1 – Q2 2027
Use of Sedation and General Anesthesia	• Replaces RCDSO's current *Use of Sedation and General Anesthesia in*	Q1 - Q2 2027

[1] Projected completion dates are best estimates and subject to change.

	Dental Practice Standard of Practice. • A revised draft Standard is currently in development.	
Performance of Intra-Oral Procedures	• This will update RCDSO's current *Performance of Intra-Oral Procedures that are Not Controlled Acts by Preventive Dental Assistants, Level II Dental Assistants and Registered Dental Hygienists* Standard of Practice. • This review is still in the preliminary research phase.	2028
Corporate Dentistry	• This will be a new Standard of the College flowing from the *Corporate Practice Models* Strategic Project. • The development of this new Standard is still in the preliminary research phase.	2028

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

2. Consultation Update: *Managing New Patient Requests*

- 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 soliciting feedback on new and draft policy content, but also provides an opportunity to engage with registrants, build trust, and establish goodwill.

- Since Council's last meeting, a new consultation has been launched to solicit feedback on the draft *Managing New Patient Requests* Standard of Practice. As Council may recall, this is a new Standard of the College which sets out guidance for accepting new patients into dental practices. It was developed with the support of the *Professionalism Working Group* and was approved by Council for public consultation in April.

- While the consultation does not close until June 21, a brief summary of the feedback received to date is captured for interest below:
    - As of the submission deadline for this briefing note (June 4), 183 responses have been received.
    - The majority of consultation respondents have self-identified as dentists (n=170).
    - As expected, feedback so far has been mixed:
        - On the positive side, respondents are supportive of the provisions related to providing information and those related to existing

requirements (e.g., advertising and human rights). Respondents also support the position that dentists are not required to accept every individual as a patient in non-emergency situations.
    - On the critical side, respondents are less supportive of provisions related to communicating a rationale when declining to accept a new patient, and for managing dental emergencies.

- As was communicated to Council prior to the launch of this consultation, strong and conflicting opinions were anticipated for this review. Staff and the *Professionalism Working Group* will review all of the consultation feedback received and consider appropriate revisions to the draft Standard in response.

- Council will receive a comprehensive update concerning the feedback received and any proposed revisions to the draft Standard when it is presented for final approval at a future meeting of Council.

3. Knowledge Translation and Engagement Activities

- As Council is aware, the policy team is focused not only on developing effective guidance for registrants in the form of Standards of Practice and other resources, but is also taking proactive steps to ensure that registrants are aware of – and supported in – implementing the College's guidance when it comes into effect.

- Over the past several years, the policy team has been intentional in developing strategies and building partnerships that enhance registrant engagement, support effective knowledge translation, and build trust with the profession.

- Collectively, these efforts help to ensure that registrants clearly understand College expectations, comply with Standards of Practice, and uphold patient care and safety. This work is ongoing and collaborative, involving close coordination with other RCDSO departments, including Communications and Quality.

- The three highlights below capture some of these activities and tactics. This is not an exhaustive list, and is shared for Council's interest:
    - Policy staff supported an RCDSO Connect Session on April 22 focused on access to care: *Rooted in Respect: Practical Ways to Reduce Barriers and Improve Patient Engagement in Oral Health Care*. The session was well attended and well received, and aligned with the policy team's broader focus on safe, inclusive, and trauma-informed care.
    - On May 7 and 8, policy staff attended the Ontario Dental Association Annual Spring Meeting (ODA ASM), where they engaged with attendees, responded to questions, and highlighted current policy initiatives. In addition, the Manager of Standards and Strategy, alongside staff dentists Dr. Kalyani Baldota and Dr. Rana Badewy, delivered the College's Consent course as a formal CE session.
    - Looking ahead, Senior Policy Analyst, Michelle Cabrero Gaulty, was part of a group of College staff selected to present at this year's CNAR conference, which is Canada's largest conference for regulatory professionals. Michelle will contribute to a session

titled *Transforming Continuing Education to Advance Equity, Reconciliation, and Access*.

4. New Definition of *Dental Emergency*

- Following an extensive period of analysis and consultation, the RCDSO has adopted a new internal definition of "dental emergency" for consistent use across a range of applications (e.g., responding to inquiries, adjudicating matters, and interpreting and applying Standards of Practice).

- This work was led by Senior Policy Analyst, Michelle Cabrero Gauley, with support from the RCODSO' *Professionalism Working Group*.

- The need for this update arose from the College's historical approach to defining emergencies:
  - The RCDSO relies on definitions related to "dental emergencies" in a number of contexts, including in relation to new Standards of Practice which articulate guidance for dentists for the management of dental emergencies.
  - The RCDSO has previously relied on multiple internal definitions, including definitions for the terms "emergency," "urgent," "non-emergent," "non-urgent," and "true dental emergency."
  - These definitions were not developed as part of a coordinated framework, and this has led to confusion about hey they relate and when they should be used (e.g., many of these definitions were developed to support guidance issued during the COVID-19 pandemic).

- To resolve this issue, the College has consolidated its previous approaches into a single definition that can be applied consistently across Standards and other documents, and which is supported by criteria and an FAQ.

- This new definition has been finalized with the support of many contributors, including the RCDSO's *Professionalism Working Group*, the RCDSO's *Standing Policy Working Group*, a number of staff dentists, and the Quality Assurance Committee. It is set out below for Council's information:

> **Dental emergency:** when a person is apparently experiencing severe suffering or is at risk, if treatment is not administered promptly, of sustaining serious bodily harm or permanent damage.[1]
>
> A dental emergency is distinct from a medical emergency and can often be managed in a dental setting. For more information on **medical emergencies**, see the relevant FAQs.
>
> Dentists will need to use their professional judgement to determine whether a specific case is, or is not, a dental emergency. The following criteria can assist dentists in making this determination, but do not replace the dentist's professional judgement. Criteria dentists may wish to consider in assessing dental and/or oral-facial issues include (this list is not exhaustive):

1. Is the person in respiratory distress and/or is their airway compromised?
2. Does the person have an unlocalized and/or non-draining abscess or swelling in their oral cavity?
3. Is the person experiencing severe or uncontrolled bleeding?
4. Is the person experiencing pain that cannot be fully controlled by over-the-counter medication and significantly limits their ability to:[2]
   - concentrate;
   - perform activities of daily living[3];
   - maintain social relationships; or
   - sleep?
5. Has the person experienced acute physical trauma (e.g., injury) that could impact their activities of daily living?
6. Would the person need to attend the emergency department if they are not treated?

- If – in limited, case-specific circumstances – the definition is found not to apply to a particular area of practice, a modified version may be used.

- A draft FAQ is included as Appendix A for Council's information. This will be published on the website to accompany the revised definition.

DECISION FOR COUNCIL:

- This briefing note is for information.

CONTACT:

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

Attachments:

Appendix A: Dental Emergencies FAQ

Appendix A

Frequently Asked Questions (FAQs):

What is considered serious bodily harm or permanent damage in dentistry?

In dentistry, serious bodily harm generally refers to an injury that is significant enough to affect a person's health, function, or well-being in a substantial way. Permanent damage generally refers to harm that results in lasting or irreversible effects.

As stated in the definition of 'dental emergency', dentists will need to use their professional judgement to determine whether a person is at risk, if treatment is not administered promptly, of sustaining serious bodily harm or permanent damage.

What if a person is experiencing something that, if left untreated, could become a dental emergency?

This situation is captured in the definition of 'dental emergency'. A person does not need to be experiencing serious bodily harm at the moment to meet the definition. If delaying care could reasonably result in serious bodily harm or permanent damage, then it would be considered a dental emergency.

How can dentists evaluate a person's pain?

Dentists may consider using a pain scale to evaluate a person's pain level (for example, the Specialists Hospital Shreveport Pain Scale, or Mankoski Pain Scale). However, regardless of the reported pain level, the key factors dentists use in their assessment are that the pain cannot be fully controlled by over-the-counter medication and that it significantly limits the person's abilities, as set out in criterion number four.

Is a dentist required to manage dental emergencies for a person if they are not currently a patient of the dentist?

The College's Professional responsibilities for managing dental emergencies article states that dentists have an obligation to manage dental emergencies for any person who contacts the dental office with a dental emergency. Managing a dental emergency may include providing emergency dental care or directing the person to where such care can be obtained.

Are dentists required to obtain consent for dental emergency treatment?

Yes, dentists are required to obtain consent but there are specific requirements under the *Health Care Consent Act, 1996* for emergencies. For more information, see the RCDSO's Consent to Treatment Standard of Practice and Sections 25-28 of the *Health Care Consent Act, 1996*.

What if the person thinks they have a dental emergency, but it does not meet the dental emergency definition?

At times, a dental issue may feel like a dental emergency to a person (e.g., a small chip on their front tooth before an important event, with no pain or swelling).

Dentists will need to use their professional judgement to determine whether a specific case is, or is not, a dental emergency. Regardless of that determination, dentists can:

- acknowledge the person's concern;
- clearly and respectfully explain whether the issue meets the threshold for a dental emergency; and
- consider offering appropriate options, where possible (e.g., the earliest available appointment, placement on a cancellation list, discussing temporary or short-term solutions).

Royal College of
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COUNCIL BRIEFING NOTE

TOPIC: Appointment of Public Member Stephen Bird to the Inquiries, Complaints and Reports Committee

June 2026

FOR DECISION

ISSUE:

- Council is being asked to confirm the appointment of public member Stephen Bird to the Inquiries, Complaints and Reports Committee (ICRC).

PUBLIC INTEREST:

- This matter advances the public interest by filling a statutory committee vacancy to address a potential risk of business continuity and meeting the committee composition requirements as set out in legislation and bylaw.

BACKGROUND:

Inquiries, Complaints and Reports Committee (ICRC)

- The ICRC is a statutory committee responsible for reviewing member-specific concerns brought to the College's attention from various sources, including formal complaints, mandatory reports, and matters referred by the Registrar. These concerns may involve allegations of professional misconduct, incompetence, or incapacity.
- The Committee conducts its work through panels composed of no fewer than three and no more than five members.
- Under the College Bylaws, the ICRC must be composed of:
    a) at least eight (8) members of the College who are either elected or selected Council members, or non-Council committee members;
    b) at least one (1) public member of Council; and
    c) up to four (4) subject matter experts who meet the competencies specified by the Governance Committee (Bylaw Article 4.3.1).
- In January 2025, Council approved the ICRC slate for the 2025–2027 term, which included three Council dentists, six Council public members, eighteen non-Council committee members, and four subject matter experts.
- Cristina Cordeira, one of the public members on the ICRC, resigned from Council for personal reasons on June 1, 2025.
- The Council term of another public member, Elinora Fisher, concluded on July 23, 2025, and Ms. Fisher was not reappointed to Council.
- Mr. Patrick Ballantyne was appointed as a public member of Council by the Lieutenant Governor of Ontario in August 2025, and in the same month, the Executive Committee appointed him to the ICRC for the remainder of the term. Council confirmed the appointment in September 2025.

- Adal Simeone was appointed as a public member to RCDSO's Council on November 28, 2025. In January 2026, the Executive Committee appointed Ms. Simeone to the ICRC for the remainder of the term. Council confirmed the appointment in February 2026.
- The procedure for the Executive Committee making appointments to fill vacancies on a committee, as well as the term associated with such appointments, is outlined in Bylaw 5.
- On May 1, 2026 the Executive Committee considered and approved the appointment of public member Mr. Stephen Bird to the ICRC for the remainder of the 2025–2027 term. Staff has begun orienting Mr. Bird to the ICRC.

CURRENT STATUS:

- At its meeting on June 18, 2026, Council is being asked to confirm the appointment of Mr. Bird to the ICRC for the remainder of the 2025–2027 term.
- Mr. Bird is a retired lawyer who practised administrative law at a community legal clinic for most of his career.
- Mr. Bird was appointed to RCDSO's Council on April 2, 2026.
- The six public members currently appointed to the ICRC are experiencing a high volume of work. Based on an assessment of committee needs, staff determined that appointment to the ICRC would be the most appropriate placement.
- Mr. Bird agreed to have his name put forward for consideration by the Executive Committee.

CONSIDERATIONS:

- Council has the choice to confirm an appointment by the Executive Committee to fill a vacancy on a committee or replace the appointed individual at its next regular meeting, or such later meeting as Council may determine (By-law Article 5.4.8).

DECISION FOR COUNCIL:

Council will be asked to render a decision on the following recommendation:

Recommendation:
That Council confirms the appointment of public member Stephen Bird to the Inquiries, Complaints and Report Committee, effective immediately, for the remainder of the term.

[Requires simple majority vote]

CONTACT:

Daniel Faulkner, dfaulkner@rcdso.org
Lara Thacker, lthacker@rcdso.org

Royal College of
Dental Surgeons of Ontario

RCDSO COUNCIL MEETING DATES

2027

Council meets six times per year, including four full-day, in-person meetings in Toronto and two half-day virtual meetings. Council members are expected to attend all meetings and should plan for approximately half a day of preparation in advance of each meeting.

The 2027 Council Meeting Schedule follows:

- *Thursday, January 21, 2027, 9:00 a.m. – 4:00 p.m. (in person)
- *Thursday, April 1, 2027, 9:00 a.m. – 4:00 p.m. (in person)
- *Thursday, June 17, 2027, 9:00 a.m. – 4:00 p.m. (in person)
- *Thursday, September 23, 2027, 9:00 a.m. – 4:00 p.m. (in person)
- Thursday, October 28, 2027, 9:00 a.m. – 1:00 p.m. (Virtual)
- Thursday, December 9, 2027, 9:00 a.m. – 1:00 p.m. (Virtual)

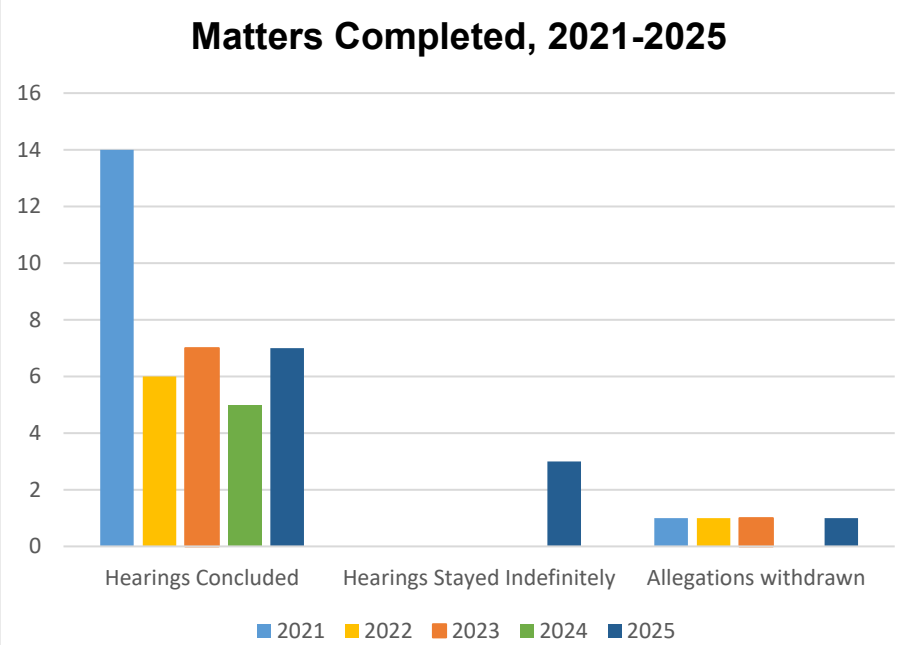
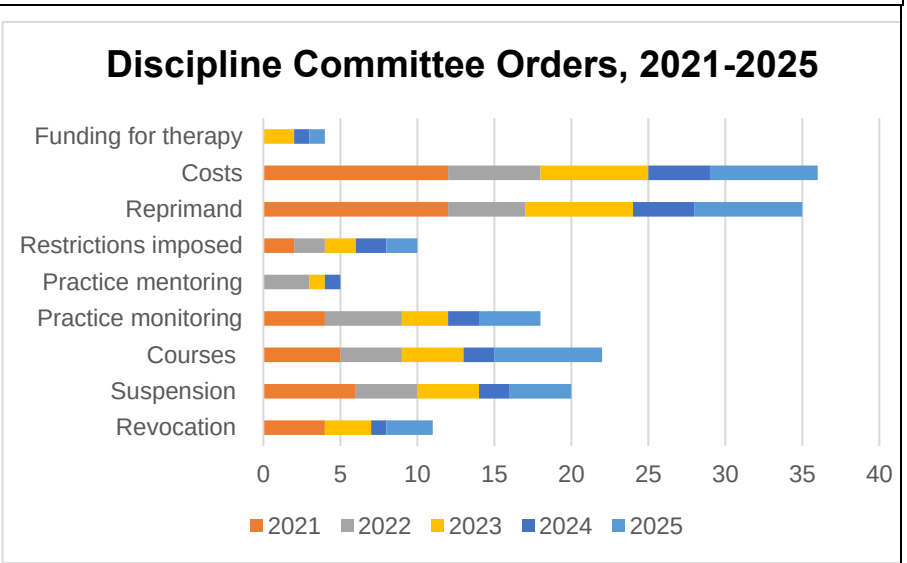
* The in-person meetings will be held at Vantage Venues, 150 King Street West, Toronto. Where necessary, in person meetings can be attended remotely.

In addition, Council members are expected to attend an informal meeting and dinner typically held the evening before in person Council meetings, i.e. Wednesday, January 20, Wednesday, March 31, Wednesday, June 16, and Wednesday, September 22, 2027.

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COMMITTEE REPORT

Council Meeting Date	2026/06/18
Committee Name	Discipline Committee
Mandate	The Discipline Committee holds hearings to determine whether a dentist has engaged in professional misconduct and/or is incompetent.
Opportunities and Challenges	In late 2024, Council passed bylaw amendments to add subject matter expert adjudicators to the Discipline Committee. These adjudicators began serving in March 2025, enhancing both the committee's capacity to respond to the increased volume of referrals from 2024 and adjudicate complex matters. Important initiatives were completed in 2025 to strengthen the effectiveness, transparency, and accessibility of the discipline process, including, for example: • the Discipline Committee Rules of Procedure were modernized to increase efficiency and alignment with regulatory best practices; and • a Guide to Discipline Hearings for Self-Represented Registrants was developed to help registrants understand and navigate the discipline hearing process.
Activity Highlights	In 2025, 25 matters were referred to the Discipline Committee related to 20 dentists. The Discipline Committee made eight findings of professional misconduct and concluded seven hearings. One matter was withdrawn. Three matters were stayed

	indefinitely and are considered completed. In total, 11 matters were completed in 2025. The Discipline Committee made penalty orders in seven matters. The penalties ordered included three revocations, four suspensions, four terms, conditions and limitations and seven reprimands.
Committee Table Summary: **Matters completed, 2021-2025**	
Committee Table Summary: **Discipline Committee Orders, 2021-2025**	
Committee Members	Judith Welikovitch, Chair Dr. Nancy Di Santo, Vice-Chair (Non-Council Committee Member) Dr. Peter Delean Dr. Daniel Fortino Dr. Neil Gajjar Dr. Eilyad Honarparvar Dr. Osama Soliman Vivian Hu

	Brian Smith Rod Stableforth Marc Trudell Dr. Nehal Al Tarhuni (Non-Council Committee Member) Dr. Harpaul Anand (Non-Council Committee Member) Dr. Rajiv Butany (Non-Council Committee Member) Dr. Elliott Gnidec (Non-Council Committee Member) Dr. Sehar Siddiqui (Non-Council Committee Member) Dr. Andre Theoret (Non-Council Committee Member) Dr. Vanessa Theriault (Non-Council Committee Member) Andrea Gonsalves (Subject Matter Expert) Luisa Ritacca (Subject Matter Expert)

Table 1. Discipline Activity: 2021-2025

Pre-Hearing Conferences	**2021**	**2022**	**2023**	**2024**	**2025**
Number of Pre-Hearing Conferences	6	9	4	6	8
Hearings	**2021**	**2022**	**2023**	**2024**	**2025**
Number of Hearings Held	14	9	8	6	8
Number of Hearings Concluded	14	6	7	5	7
Findings of Professional Misconduct	13	6	7	4	8
Hearing stayed indefinitely	0	0	0	0	3
Allegations withdrawn	1	1	1	0	1
Discipline Committee Orders	**2021**	**2022**	**2023**	**2024**	**2025**
Revocation	4	0	3	1	3
Suspension	6	4	4	2	4
Courses	5	4	4	2	7
Practice monitoring	4	5	3	2	4
Practice mentoring	0	3	1	1	0
Restrictions imposed	2	2	2	2	2
Reprimands	12	5	7	4	7
Reporting to the College	1	1	1	0	0
Costs	12	6	7	4	7
Funding for therapy and counselling	0	0	2	1	1

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2025 EXECUTIVE COMMITTEE REPORT

Council Meeting Date	26/06/18
Committee Name	Executive Committee
Mandate	The Executive Committee is a statutory committee and has legislative authority to make certain decisions if, in its opinion, a matter cannot wait until the next Council meeting. It also provides direction to staff on issues that are in development and will ultimately be presented to Council. Decisions made by the Executive Committee are always reported to Council.
Opportunities and Challenges	• Participated in discussions with the Procurement Review Group (PRG) during negotiations for the divestment of the Professional Liability Program. • Supported ongoing EDI direction and education for Council and staff. • Supported engaging an external vendor to observe two Council meetings in 2026 as part of the Council Performance Evaluation. • Provided feedback on initial draft of the RCDSO Vision 2035 for presentation to Council. • Provided feedback on Ministry of Health scope of practice expansion requests related to dental hygienists and denturists.
Activity Highlights	• Further to the direction of Council at its meeting on June 19, 2025, the Executive Committee approved the increase of $500.00 to the annual membership fee for 2026. This increased the full membership fee to $3,670. • Approved suspending a CPI (COLA) increase for 2026 regulatory fees for 2026. • Appointed Ram Chopra to the Registration Committee, effective July 11, 2025. Council confirmed the appointment in September 2025. • Appointed Patrick Ballantyne to the Inquiries, Complaints and Reports Committee and to the Registration Committee,

	effective August 28, 2025. Council confirmed the appointments in September 2025. • Recommended to Council the appointment of Andréa Foti to the Board of Directors of the National Dental Examining Board of Dental Assisting (NDAEB). • Directed and supported staff to collaborate with the Ontario Dental Association (ODA) on development and resources for dentists to have an active role in counselling patients on Human Papillomavirus (HPV) and vaccinations available.
Committee Meetings	The Executive Committee held three regular (hybrid and virtual) meetings. The Executive Committee held three additional (virtual) meetings to deliberate on time-sensitive, single topic issues.
2025 Committee Members	Harinder Sandhu, Chair Nalin Bhargava Brian Smith Marc Trudell Erin Walker

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FAR COMMITTEE REPORT

Council Meeting Date	26/06/18
Committee Name	Finance, Audit & Risk (FAR) Committee
Mandate	The FAR Committee addressed all aspects of the financial reporting process, from budget approval to monitoring results throughout the year. FAR reviewed financial policies, monitored the investment portfolio, and monitored the financial and property requirements of the College. FAR oversaw all aspects of the annual audit including the appointment of the external auditor, a review of the scope of the external auditor's examination, assessing the effectiveness of the external audit function and reviewing any matter, which the auditor wishes to bring to the attention of the College. The Committee recommends the College's annual audited financial statements to Council. The Committee also reviewed systems of internal controls over financial reporting and key financial and operational risks that could be material to the College.
Opportunities and Challenges	Operating Reserve • The College Performance Measurement Framework (CPMF) and the RCDSO's own Reserve Policy requires the College to hold an Operating Reserve to be funded from a surplus in the unrestricted operating funds in any given year. The target minimum is 25% of operating expenses excluding PLP provision and amortization. At the end of 2025, the Reserve balance was $7.5 million and met the minimum target based on the 2024 audited results. The target is dynamic and may require additional funding each year. Volatile Accounts • The PLP Loss Provision and the performance of the College investments can swing significantly from year-to-year, and effect annual results.

	Professional Liability Program (PLP) • Completion of the divestiture will provide the opportunity to reduce significant risks to the organization. • Financial implications of divestiture results remained uncertain and not captured until after agreements signed.
Activity Highlights	2026 Budget • Budget principles were approved by FAR before budget work began, in Q2. These were communicated to budget holders and were considered as the budget was developed. • In Q4, the 2026 budget was reviewed in detail by FAR before it was recommended to Council. • A multi-year forecast accompanied the budget, which forecasts potential surpluses for the next few years. Assumptions were outlined when forecasting including 2.5% inflationary increase unless otherwise noted. No impact of real estate decision incorporated. Assumed PLP divestment closed Jan 1, 2026, no gain recognized due to unknown amount. Removal of PLP program incorporated. 2024 Audited Statements & Re-appointment of Auditors • Recommended that Council approve the December 31, 2024, RCDSO and Pension Plan Statements for approval. • Recommended that Council approve the re-appointment of Tinkham LLP to conduct the audits for 2025 year-end. Financial Reserves • Recommended that Council approve the transfer of $4 million from unrestricted resources to the Operating Reserve. Upon approval, the $4 million was transferred to the Operating Reserve to be in compliance with College policy. Real Estate • FAR has been discussing real estate for several years, since the College adopted a hybrid working environment. The Committee requested staff develop solutions to achieve a modernized space that encourages collaboration and engagement and provides a sense of community. Several expert reports were commissioned and FAR assessed the possible options to bring to Council in 2026. • Environmental and geotechnical assessments were completed, and no issues arose. The Committee pursued an RPF for Broker engagement.

	Risk Management • Top Risks Report was reviewed by FAR identifying 7 risks assessed as high. Each risk captures the potential adverse impact, existing controls and planned responses. • Crisis Management and Crisis Communication Plans were presented to FAR acknowledging the importance of continuing focus on effective risk management. • FAR reviewed the third-party IT risk, which arises from reliance on external vendors and may affect data security, compliance, and service continuity. IT completed a risk assessment of 29 vendors supporting RCDSO operations and identified alternate vendors to support business continuity if required. IT will implement and track mitigation actions, conduct annual third-party risk reviews supported by quarterly vendor audits, monitor changes to vendor control environments, and integrate risk assessments into vendor onboarding. • FAR will continue to monitor organizational risks on an annual basis as part of its governance and oversight responsibilities.
Committee Members	Marc Trudell (Chair), Peter Delean, Jamie Colliver, Neil Gajjar, Neil Silver, Maryam Pezeshki, Harinder Sandhu

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COMMITTEE REPORT

Council Meeting Date	26/06/18
Committee Name	Fitness to Practise Committee
Mandate	The Fitness to Practise Committee holds hearings to determine whether a dentist is experiencing a health condition that is or could affect safe practice, and if so, what is required for the dentist to practice safely.
Opportunities and Challenges	None in 2025
Activity Highlights	In late 2024, Council passed bylaw amendments to add subject matter expert adjudicators to the Fitness to Practise Committee These adjudicators were added to the committee in March 2025. The Committee had one referral in 2021, which did not resolve in 2025. In the previous five years, it has not been necessary to hold a hearing. Table 1 details the activity of the Committee from 2021-2025.
Committee Members	Dr. Peter Delean (Chair, Council Dentist) Dr. Robyn Somerville (Council Dentist) Brian Smith (Public Member) Judith Welikovitch (Public Member) Rajiv Butany (Non-Council Committee Member) Elliott Gnidec (Non-Council Committee Member) Andre Theoret (Non-Council Committee Member) Vanessa Theriault (Non-Council Committee Member) Andrea Gonsalves (Subject Matter Expert) Luisa Ritacca (Subject Matter Expert)

Table 1. *Fitness to Practise Committee Activity, 2021-2025*					
Pre-Hearing Conferences	**2021**	**2022**	**2023**	**2024**	**2025**
Number of Pre-Hearing Conferences Held	0	0	0	0	0
Hearings	**2021**	**2022**	**2023**	**2024**	**2025**
Number of Hearings Held	0	0	0	0	0

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COMMITTEE REPORT

Council Meeting Date	2026/06/18
Committee Name	Governance Committee
Mandate	The Governance Committee makes recommendations to Council, the Executive Committee and the Registrar on governance matters including: • Eligibility requirements, competencies and skills matrices relating to Council elections and appointments, and committee appointments; • assessment of Council and committee candidate applications and eligibility; • succession planning, recruitment and onboarding of Council and committee members; • Council and committee training, education, and performance evaluation; and • expectations relating to conduct of Council and committee members and management of conflicts of interest.
Opportunities and Challenges	• **Governance Modernization**: In 2025, the Governance Committee advanced a comprehensive governance modernization initiative from design through education to by-law implementation: o **June**: Council approved the Committee's operational design recommendations supporting the three modernization concepts endorsed in 2024. These included an updated Competency and Diversity Profile for Council Members, enhancements to the candidate assessment process, revised terms and term limits (including cooling-off periods), and the introduction of staggered terms.

- **September**: The Committee delivered a Council education session clarifying the rationale for modernization, key decisions, implementation timelines, and the sequencing of competency assessment components.
- **December**: Council approved by-laws giving effect to the reforms and marking a sector-leading transformation. Together, these changes enable province-wide elections, strengthen public-interest accountability, improve competency and diversity, enhance continuity, and position RCDSO as a governance leader in advance of the 2026 election.

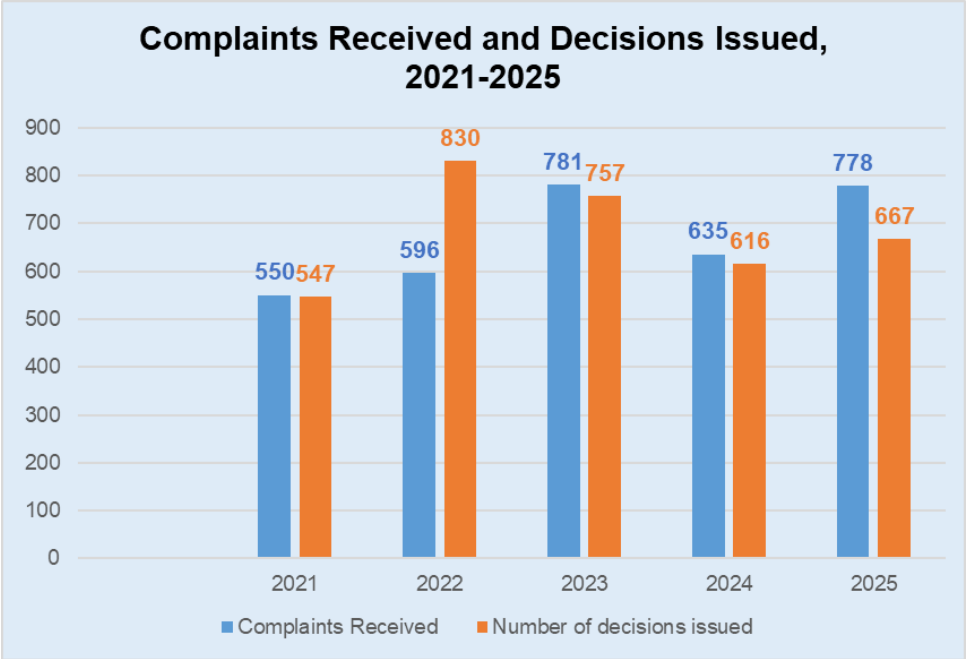
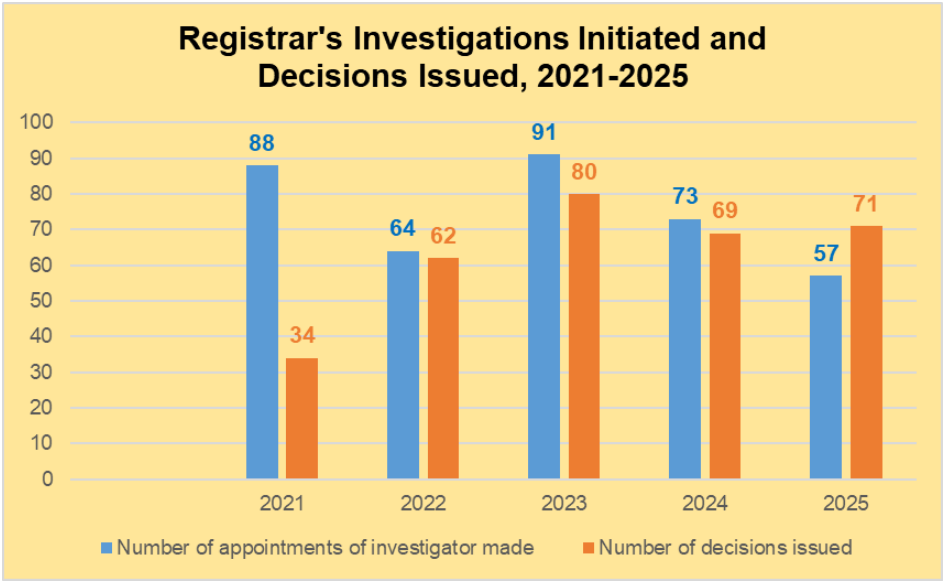
- **University Selected Council Member Eligibility**: The Governance Committee brought forward amendments to Articles 8 and 14 of the bylaws to update eligibility and disqualification requirements for university-selected (academic) Council members. The amendments removed the requirement for a full-time professorial appointment while retaining the requirement for an academic appointment of professorial rank. These changes reflect current academic practice, equity considerations, and the intended purpose of these appointments. Following consultation with the Deans of Ontario's faculties of dentistry, the Governance Committee recommended the amendments to Council, which approved them. The amendments took effect immediately.
- **Council Performance Evaluation**: The updated Competency and Diversity Profile for Council Members (2025) informed the design of the 2025/2026 Council Performance Evaluation. In August 2025, Satori Consulting Inc. was engaged to lead the evaluation, which includes third-party observation of Council meetings, public member observations through the Citizens Advisory Group (CAG), and Council self-assessment, effectiveness, and leadership surveys. The Governance Committee reviewed and provided feedback on draft evaluation rubrics for third-party and CAG meeting observations, which were implemented for the December 4, 2025 Council meeting. Evaluation activities are continuing into 2026 and include a second third-party meeting observation, implementation of the evaluation surveys, and presentation of a final evaluation report with recommendations to Council in June 2026, followed by facilitated action planning. This evaluation supports Council's ongoing obligation to regularly assess its effectiveness under the Ontario Ministry of Health's College Performance Measurement Framework.

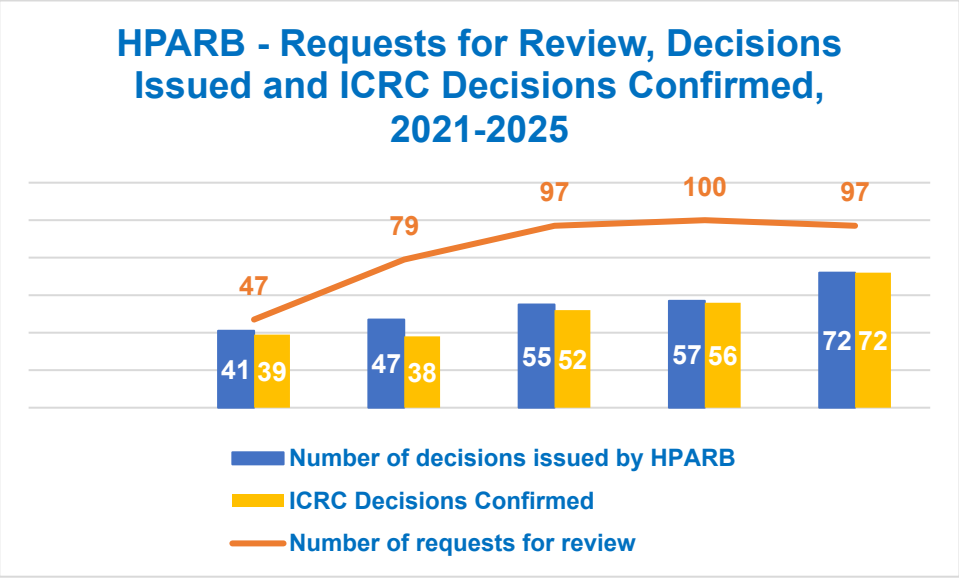
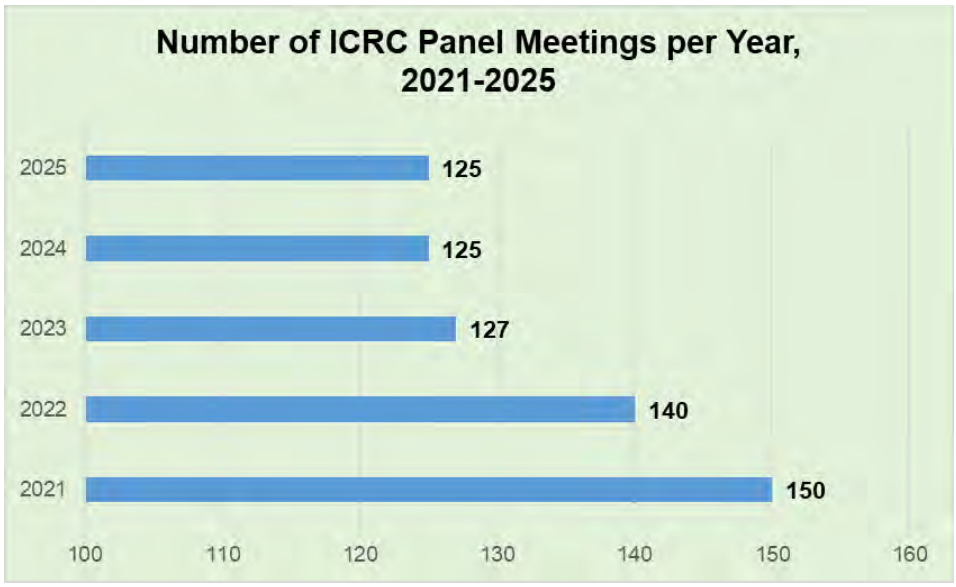
Activity Highlights	• At the Council's inaugural meeting in January 2025, the Governance Committee reviewed the draft committee slate for the 2025–2027 term. Following Council's election of the Executive Committee, the Governance Committee met to make any necessary adjustments and subsequently presented the final committee slate to Council for consideration and approval. • During the first half of the year, the Governance Committee met to review and discuss research, analysis, and options related to governance design elements that support the governance-modernization concepts endorsed by Council in 2024. This work was undertaken to develop recommendations for Council's consideration and approval in June. • As part of its review of potential amendments to the Council candidate assessment process under the governance-modernization framework, the Committee examined Council demographic data to support discussion of a proposed annual Council gap analysis, intended to inform future election candidate profiles beginning with the December 2027 election. The Committee reviewed an analysis of current Council demographic data and key findings, marking the second occasion on which this information was presented for Committee discussion. This body of work informed the proposed governance design elements that Council ultimately endorsed through the approval of by-law amendments in December. • The Governance Committee initiated an exploration of alternative inclusive electoral systems to support democratic principles and enhance candidate and registrant engagement. This included a review of research on alternative voting models and a presentation by an external subject matter expert, laying preliminary groundwork for potential future consideration.
Committee Table Summaries	N/A
Suggested Graph and Description	N/A
Committee Members	Anne Coghlan (Chair, Subject Matter Expert) Daniel Haas (Council, Professional Member) Nizar Ladak (Council, Public Member) Anthony Mair (Council, Professional Member) Anne Resnick (Subject Matter Expert) Judy Welikovitch (Council, Public Member)

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COMMITTEE REPORT

Council Meeting Date	2026/06/18
Committee Name	Inquiries, Complaints and Reports Committee
Mandate	The Inquiries, Complaints and Reports Committee (ICRC) reviews and addresses concerns received by the College about a dentist's practice, conduct, competence or capacity in the public interest.
Opportunities and Challenges	Despite a higher volume of complaints in 2025 and meeting cancellations due to an unplanned temporary shortage of public members, continued process improvement initiatives supported a reduction in timelines and an increased number of ICRC decisions issued. The committee's focus on the effective application of the College's risk assessment framework also strengthened its decision-making process. Staff and committee members also received training on applying a trauma-informed perspective to regulatory processes, advancing the committee's approach to compassionate regulation. The launch of the College's new Fundamentals and Applied Dental Recordkeeping courses enabled the committee to better support registrants requiring remediation in recordkeeping. Although the number of discipline referrals decreased from 2024, they remained high compared to previous years, which has continued to be challenging for both staff and committee members due to complexity.
Activity Highlights	In 2025, the ICRC convened 125 panel meetings and issued 738 decisions (for 667 complaints and 71 Registrar's investigations). Similar to previous years, most ICRC outcomes in 2025 were no action or low risk (80%). About 3% of investigations resulted in a referral to the Discipline Committee (high risk). Almost 100 of the ICRC's complaints decisions were appealed to an arm's length tribunal called the Health Professions Appeal and Review Board (HPARB) in 2025. HPARB reviewed 72 of the College's matters in 2025 and confirmed the ICRC's decision in all of them.

Committee Table Summary: **Complaints Received and Decisions Issued, 2021-2025**	
Committee Table Summary: **Registrar's Investigations Initiated and Decisions Issued, 2021-2025**	

Committee Table Summary: **HPARB – Requests for Review, Decisions Issued and ICRC Decisions Confirmed, 2021-2025**	
Committee Table Summary: **Number of ICRC Panel Meetings per Year 2021-2025**	
Committee Members	Dr. Erin Walker (Chair, Council Dentist) Dr. Deborah Wilson (Council Dentist) Dr. Antony Liscio (Council Dentist) Ram Chopra (Public Member) Cristina Cordeiro (Public Member – to May 2025) Eleonora Fisher (Public Member – to July 2025) Vivian Hu (Public Member) Nizar Ladak (Public Member) Brian Smith (Public Member) Patrick Ballantyne (Public Member – from September 2025) Jocelyne Abi-Nahed (Non-Council Committee Member) Hanin Abdullah (Non-Council Committee Member) Jessica Aiello (Non-Council Committee Member) Kateryna Antonova (Non-Council Committee Member) Saurabh Chhabra (Non-Council Committee Member) May Daemi (Non-Council Committee Member)

	Priscilla Sampaio de Araujo (Non-Council Committee Member) Parminder Dulay (Non-Council Committee Member) Nicole Greenwood (Non-Council Committee Member) Jaffer Kermalli (Non-Council Committee Member) Amro Mahder Bashi (Non-Council Committee Member) Laura Minea (Non-Council Committee Member) Christina Oprescu-Havriliuc (Non-Council Committee Member) Jay Rabinovich (Non-Council Committee Member) Sakshi Rai (Non-Council Committee Member) Arnold Reich (Non-Council Committee Member) Sweetu Shah (Non-Council Committee Member) Kate Towarnicki (Non-Council Committee Member) Lise Betteridge (Subject Matter Expert) Angela Carter (Subject Matter Expert) Barry Gang (Subject Matter Expert) Christina Van Sickle (Subject Matter Expert)

Table 1. *ICRC Activity, 2021-2025*

Complaints	2021	2022	2023	2024	2025
Complaints received	550	596	781	635	778
Number of decisions issued*	547	830	757	616	667
No action	262	421	381	290	270
Advice and recommendations	184	233	234	183	213
Remedial Agreements	28	38	39	29	69
Specified Continuing Education or Remediation Programs (SCERP)	78	110	105	97	123
Cautions	36	30	23	15	22
Undertakings	5	2	2	1	4
Referrals to Discipline Committee	13	2	6	21	13
Referrals to Fitness to Practise Committee	0	0	0	0	0
Interim orders	1	1	1	2	0
Interim orders – varied/lifted	0	0	0	0	0
Frivolous, vexatious, made in bad faith, moot or otherwise an abuse of process	7	18	12	13	20
Approved complaints withdrawals	18	12	5	8	33
Registrar's Investigations	**2021**	**2022**	**2023**	**2024**	**2025**
Number of appointments of investigator	88	64	91	73	57
Number of decisions issued*	34	62	80	69	71

No action	9	19	31	9	14
Advice and recommendations	7	24	23	21	26
Remedial Agreements	4	4	3	1	1
Specified Continuing Education or Remediation Programs (SCERP)	10	12	17	14	13
Cautions	5	11	8	12	9
Undertakings	0	4	3	6	3
Referrals to Discipline Committee	5	3	3	17	12
Referrals to Fitness to Practise Committee	1	0	0	0	0
Interim orders	2	0	0	1	2
Interim orders – varied/lifted	0	0	0	0	3

Health Professions Appeal and Review Board	**2021**	**2022**	**2023**	**2024**	**2025**
Number of requests for review	47	79	97	100	97
Number of decisions issued by HPARB	41	47	55	57	72
ICRC decisions confirmed	39	38	52	56	72
ICRC decisions returned (inadequate investigation)	1	9	2	0	0
ICRC decisions returned (unreasonable decision)	1	0	1	1	0
HPARB substituted decision	0	0	0	0	0
Request for review or reconsideration denied	2	0	0	8	6
Withdrawals by applicant	3	7	14	10	3
Section 28 applications	2	1	1	0	0

Incapacity Inquiries	**2021**	**2022**	**2023**	**2024**	**2025**
Incapacity Inquiries	8	8	5	8	5

Number of ICRC Meetings	**2021**	**2022**	**2023**	**2024**	**2025**
ICRC Panel Meetings	150	140	127	125	125

Compliance Monitoring and Mentoring	**2021**	**2022**	**2023**	**2024**	**2025**
Monitoring reports reviewed by ICRC	261	282	354	373	326
Ongoing monitoring cases	198	211	267	239	181
Closed monitoring cases	63	71	87	135	145
Mentoring reports reviewed by ICRC	26	29	41	28	14
Ongoing mentoring cases	20	24	32	22	9

Closed mentoring cases	6	5	9	6	5

*****Tallies of ICRC decisions by subtype do not equal number of decisions issued because the ICRC decisions may result in blended outcomes (for example, one investigation may result in a decision to issue advice and recommendation about one issue, and a remedial agreement about another issue).

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COMMITTEE REPORT

Council Meeting Date	June 18, 2026
Committee Name	**Patient Relations Committee (PRC)**
Mandate	**The Patient Relations Committee (PRC)** is responsible for advising Council on the College's Patient Relations Program. The Patient Relations Program establishes supports for patients who have been sexually abused by dentists and it is a legislative requirement for all health colleges in Ontario. Through its various initiatives, the committee promotes and enhances the relationship between the College and Ontario dentists, other health profession colleges, interested parties and the public. A key part of the Committee's work is addressing the sexual abuse of patients through: • Education for dentists regarding sexual abuse and boundary issues, • Guidelines for the conduct of dentists with their patients, • Training for College staff • Education and information for the public, • Funding for therapy and counselling for patients who have been sexually abused by a dentist, while they were a patient. The Committee's work contributes to numerous objectives of the College as set out in the *Regulated Health Professions Act, 1991* (*RHPA*) and the College's Strategic Plan, which includes measures to help prevent and deal with sexual abuse of patients.
Opportunities and Challenges	**Alternative Therapy Education** • Recipients of funding request coverage that might not always be talk therapy/psychotherapy. Understanding of options for therapy and a keen trauma-informed lens will support the committee in their continued work with patient choice at the centre. **Trauma-Informed Care Education** • Knowledge of trauma-informed care and continuing education specific to dentistry is not easily accessible to the profession –

	there are very few providers of this continuing education at this time. **Use of Funding** • Not all funding is utilized by recipients. There may be a variety of reasons why the funds for therapy or counselling are not fully utilized and this issue is not well understood.
Activity Highlights	• The PRC reviewed 2 funding applications for therapy or counselling and approved 1 funding application in 2025. The PRC denied the funding because eligibility requirements were not met. • The PRC participated in a dentistry-specific learning session on Intimate Partner Violence and Gender Based Violence (IPV/GBV) facilitated by researchers at the University of Toronto and the Restoring Smiles Program. PRC endorsed this IPV/GBV learning session as an RCDSO Connect Session for dentists on October 29th, 2025, titled "The Role of Dentists in Gender-Based Violence and Oral Health". More than 1500 dentists attended, and the session qualified for a Category 1 CE credit, with additional self-study resources qualifying for a Category 2 credit. 93% of participants stated they would recommend the course and 92% indicated they intended to apply the learning in their practice. • PRC provided consultative advice on draft of an upcoming resource for dentist to support inclusive practices for the 2SLGBTQ+ community in partnership with Rainbow Health Ontario. • PRC participated in discussion with our confidential patient support person Dr. Ruth Gallop to learn about the support provided to patients. • At their April 2025 meeting, PRC discussed and provided feedback on the draft "Managing Conflicts and Ending the Dentist-Patient Relationship" Standard and related tip sheet. • PRC participated in the final review of the "Prevention of Sexual Abuse and Boundary Violations" Standard. RCDSO is the first regulator in Ontario with a section on Trauma & Violence Informed Care (TVIC). • To support decision-making, PRC collaborated with staff to create a visual tool that clearly summarizes the funding requirements and it will support future funding application reviews.
Committee Table Summaries	Patients who allege their dentist sexually abused them while in a dentist-patient relationship can apply for funding for therapy or counselling. The PRC reviews these funding applications, and if the applicants meet the eligibility criteria set out in legislation, they are awarded funding for therapy or counselling. Ontario Regulation 50/94 under the *RHPA* states that the maximum amount of funding the PRC can award is the amount that OHIP would pay for: 200 half-hour sessions of individual out-patient psychotherapy with a psychiatrist. The maximum amount of funding has increased over time following changes to the OHIP rate.

	Payment for the therapy and counselling is made directly to the therapist/counsellor. The therapists/counsellors are paid as applicants use therapy and counselling. Most patients do not use the maximum amount of funding available to them, and some may use it at different intervals over time. Patients have five years to use their funding. Information about sexual abuse and the supports available to patients, including the funding program, is available on the College website: • Sexual Abuse Concerns and Complaints • Supports for Patients Who Experienced Sexual Abuse • How to Recognize Sexual Abuse and Boundary Violations • Sexual Abuse Protection In total, the PRC has received 12 funding application and approved 11 since the inception of the funding program. Table 1 shows that the PRC has received 10 applications for funding from patients who have alleged sexual abuse in the past five years. The PRC has approved funding for 9 applications. Additionally, the table outlines the amount of funding paid to patient's therapists/counsellors since 2021.
Committee Members	• Ms. Vivian Hu, (Chair, Public Member) • Mr. Brian Smith (Public Member) • Dr. Deborah Wilson (Council Dentist) • Dr. Ramona Motakef (Non-Council Committee Member) • Dr. Rebecca Sharif (Non-Council Committee Member) • Dr. Harpaul Anand (Non-Council Committee Member)

PRC Data

Table 1. Applications processed by PRC and funding disbursed to therapists/counsellors						
Number of applications processed		2021	2022	2023	2024	2025
	Number of applications reviewed by PRC	4	0	2	2	2
	Number of applications approved by PRC	4	0	2	2	1
	Number of applications denied by PRC	0	0	0	0	1[1]
Amount of funding disbursed for patient therapy/counselling						
Heading		2021	2022	2023	2024	2025
	Dollars ($)	10,280.00	6,541.56	2,970.02	7,095.00	8,275.00

Notes* all frequency counts within each reporting year are based on calendar years (January 1st to December 31st, inclusive)

[1] Application did not meet the eligibility requirements for funding.

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COMMITTEE REPORT

Council Meeting Date	26/06/18
Committee Name	Quality Assurance Committee
Mandate	The Quality Assurance Committee (QAC) is a statutory committee that has oversight for the development, administration and ongoing evaluation of the RCDSO's QA Program. It is mandated under the *Regulated Health Professions Act, 1991*, and designed to ensure that the knowledge, skill and judgment of dentists remain current throughout their careers. In 2025, the QAC contributed to the broader quality focus by advancing RCDSO's 2023-2025 strategic priorities, including Standards of Practice, Access to Care and Equity, Diversity and Inclusion. It serves as the CT Scanner Committee, and Sedation and Anaesthesia Committee.
Opportunities and Challenges	The QAC has been systematically modernizing its practices to align with the principles of risk-based, right-touch regulation, creating processes that increase consistency and transparency of decisions. In 2026, it will explore opportunities to embed "Equity Sequencing" questions to better represent and protect the public interest and prepare professionals. In December 2025, the third (and final) cohort of dentists completed their first three-year continuing education (CE) cycle using the new e-Portfolio, bringing the total audited over three years to 10,079. Addition of FIP-related requirements to the ePortfolio dashboard served to guide dentists who are authorized in CT and/or sedation to plan their CE to satisfy relevant RCDSO Standards. Moving forward, the QAC will continue to modernize the Category 1 course approval process by incorporating Subject Matter Expert (SME) review and will explore options to make recommendations to the profession for comprehensive CE planning to maintain competency, with particular attention on high-risk areas (e.g., IPAC). The new PET platform was launched in 2025 and included addition of references and risk-based blueprints along with streamlined and automated workflows. The new platform features options that support expanding question banks and purpose-driven assessment tools, including an Applicant Assessment that will be used to inform Registration Committee decisions. The addition of blueprints and allocation of questions proportionate to their frequency and importance (risk) brings additional rigour to the PET process. Priorities in 2026 include the addition of a curated reference library and SMEs use of artificial intelligence to develop new questions. The Committee approved a proposal developed by the RCDSO in collaboration with University of Toronto and Western University for CE courses that reinforce the elements required for practising to the standard

	of care. Standardized, Category 1 “Fundamentals”, “Applied” and “Hands-On” courses are available to all RCDSO Committees as a transparent and consistent alternative to “bespoke” remedial courses.

Activity Highlights	In 2023, the RCDSO launched the new e-Portfolio, a secure online platform for dentists to record their continuing education (CE) activities and store their verification documents. A total of 1654 dentists completed their CE cycles in 2025 and were audited, noting that 96.2% (n=1592) satisfied requirements or had an inconsequential shortfall. The remaining 62 were assessed to have a moderate or significant shortfall, and follow-up was completed according to defined thresholds and actions.
	
	The QA Committee reviewed and approved 74 Category 1 courses. RCDSO contributed directly to professional development through delivery of:
	• 17 sessions presented by RCDSO staff to 984 participants on topics related to IPAC and Dental Recordkeeping.
	• 6 RCDSO Connect sessions, attended by 3896 unique individuals who earned a total of 10,747 Category 1 points.
	• 4 new *Learning in Action* Toolkits were created to reinforce implementation of topics covered in RCDSO Connect. They were accessed by a cumulative total of 674 individuals who earned 4122 category 2 points by completing the activities related to:
	  • Dental Treatment Case Complexity Assessment
	  • Standards in Focus: Consent to Treatment and Prevention of Boundary Violations and Sexual Abuse
	  • Professionalism in Practice
	  • Gender-based violence, intimate partner violence and their impact on oral healthcare
	
	The PET assessment was completed by 2060 registrants, with 97.6% passing on first attempt. PET questions were reviewed and refreshed for: Medical Emergencies; Oral Medicine and Pathology; Pharmacology.
	
	The 2026 Annual Renewal responses remained consistent with recent years, with 99.8% reporting their compliance with the QA Program.
	
	FIP received regular input and direction from the QAC on its risk-based approach for assessing the current training or experience requirement for authorization applicants and enforcement of the annual sedation case count requirements for sedation-authorized registrants.
	
	The Committee continued to contribute to the Standards review and development process, providing feedback and approval to proceed to Council for review to consult publicly and for final approval.

Committee Table Summaries	Five-year reporting - data tables for previous four years plus current year: • Total CE audits completed • Total Practice Enhancement Tool (PET) assessments completed • Total Peer and Practice Assessments completed • Annual Declaration of QA Compliance • Standards, Guidelines and Advisories (new in 2024)
Suggested Graph and Description	The number of annual CE audits increased with the new e-Portfolio and ability to audit 100% dentists who completed their 3-year cycle. The QAC defined risk-based thresholds to determine consistent, “right-touch” responses to registrants who were noted to have a shortfall, as well as an escalation protocol for those who have consecutive shortfalls.
Committee Members	Dr. Nancy Di Santo (chair), Dr. Nalin Bhargava, Mr. Ram Chopra, Dr. Nicole Greenwood, Dr. Dan Haas

Table 1. *Quality Assurance Program*[1]						
Continuing Education (CE)		2021	2022	2023	2024	2025
	Total CE audits completed[2]	**247**	**323**	**1688**	**6737**	**1654**
	Requirements Met/Minor Shortfall	187	205	1573	6302	1592
	Requirements Not Met	60	61	115	435	62
	Assigned review – successful[3]	0	39	*Actions based on thresholds for moderate and significant shortfalls*		
	Assigned review – unsuccessful[4]	0	18			
	Moderate shortfall[5]	*New in 2023*		7	21	5
	Significant shortfall[6]			108	414	57
Practice Enhancement Tool (PET)		2021	2022	2023	2024	2025
	PET assessments completed (initial + retake; passed + failed)[6]	**1126**	**2418**	**2140**	**27**	**2073**
	First Attempt – Pass	1116	2382	2090	27	2011
	Second Attempt – Pass	10	35	46	0	12
	Second Attempt – Fail	0	1	4	0	1
Peer & Practice Assessments		2021	2022	2023	2024	2025
	Total Assessments completed	**2**	**10**	**4**	**3**	**3**
	Peer Assessment[7]	1	10	2	2	3
	Practice Assessment[8]	1	0	2	2	0
Annual Declaration of QA Compliance[9]		2021	2022	2023	2024	2025
	Total number of renewals	10,531	10,694	10,979	11,315	11,693
	Number who reported “in compliance”	9,198	10,027	10,944	11,268	11,666
	Percent who reported “in compliance”	87.3%	93.8%	99.7%	99.6%	99.8%
Standards, Guidelines & Advisories		2021	2022	2023	2024	2025
	# QAC approved for consultation[10]	*2023: new process approved for developing and updating Standards*		1	2	4
	# QAC approved (final)[11]			1	0	5
	# Council approved (final)[12]	1	0	2	0	5

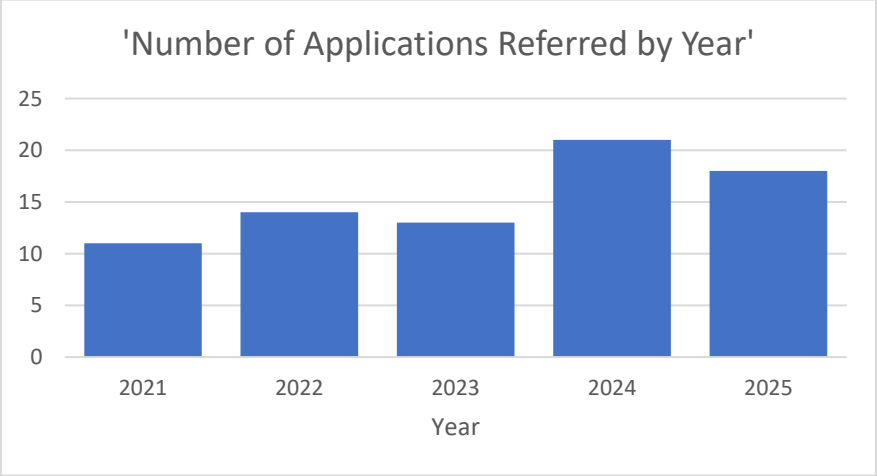
Notes

1. All frequency counts within each reporting year are based on calendar years (January 1st to December 31st, inclusive) unless otherwise stated (see note 9. Annual Declaration)
2. In 2023, the approach to audits shifted from a random, manual process to an automated process, allowing us to audit 100% registrants who complete their cycle.
3. **RETIRED in 2023:** Number of registrants who had a shortfall of CE points in one CE cycle and made up for their shortfall in the following CE cycle. This approach ended in 2022.
4. **RETIRED in 2023:** Number of registrants who had a shortfall of CE points in one CE cycle and did not make up for their shortfall in the following CE cycle. This approach ended in 2022.
5. **NEW in 2023:** QAC-defined risk-based thresholds to determine consistent, “right-touch” responses to registrants who were noted to have a moderate or significant shortfall in their CE audit.
6. Registrants must successfully pass all six competencies to pass the PET. If they are unsuccessful with the first attempt, they must complete a CE course and then make a second attempt. If they are unsuccessful on their second attempt, they are reviewed by the QA Committee, and a Practice Assessment is completed.
7. Number of registrants who completed a Peer Assessment after a shortfall of CE points.
8. Number of registrants who completed a Practice Assessment after unsuccessful retake of the PET.
9. Percentage of registrants who answered “yes, I am in compliance” to the question at renewal “Do you declare that you are in compliance with the requirements of the QA Program?” Note: Renewals for the 2026 calendar year are completed and reported in 2025.
10. Reviewed in 2025: Guidance on Artificial Intelligence in Dentistry; Foundations of Professionalism; Managing Conflicts and Ending the Dentist-Patient Relationship; and Implant Dentistry.
11. Reviewed in 2025: Consent to Treatment; Prevention of Boundary Violations and Sexual Abuse; Artificial Intelligence in Dentistry (Guidance); Requesting Magnetic Resonance Imaging & Referring to Physician Specialists by Oral and Maxillofacial Surgeons (rescission); Foundations of Professionalism
12. Reviewed in 2025: Consent to Treatment; Prevention of Boundary Violations and Sexual Abuse; Artificial Intelligence in Dentistry (Guidance); Requesting Magnetic Resonance Imaging & Referring to Physician Specialists by Oral and Maxillofacial Surgeons (rescission); Foundations of Professionalism

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COMMITTEE REPORT

Council Meeting Date	26/06/18
Committee Name	Registration Committee
Mandate	The Registration Committee reviews and approves applications for registration with the College. The Registrar can refer an application for registration to the Committee where there are doubts as to whether an applicant fulfills the registration requirements as set out in the College's Registration Regulation. The Committee is also responsible for setting registration policies, and for advising Council on entry to practice requirements and national issues related to registration.
Opportunities and Challenges	1. **Registration Regulation Amendment:** The Committee reviewed and considered amendments to the RCDSO's Registration Regulation in 2025. The amendments were required to support the divestment of the Professional Liability Program by establishing a mechanism to require, maintain and enforce a requirement for liability protection once the program was divested. The Committee also considered additional proposed amendments intended to streamline registration processes and reduce registration barriers related to work authorization, continuous practice requirements and the suspension and reinstatement process. With the Committee's support, the regulation amendments were approved by Council in March 2025 and received Ministry approvals in the fall of 2025. The Regulation amendment was in effect as of January 1, 2026. 2. **Risk Framework: Continuous Practice Policy & Tool**: An updated regulatory Risk Framework was developed and approved by all program areas in 2024 to enable transparent, consistent and fair decision-making across the Colleges programs. In 2025, the Registration Committee reviewed and approved the Continuous Practice Policy & Risk Tool developed from the principles established in the Risk Framework. The policy & tool supports consistent and risk-based decision-making on files where an applicant has been out of practise for more than three years. **3. Applicant Assessment:** The Registration Committee approved a recommendation from Quality and Registration staff to develop a registration-specific knowledge assessment platform, the Applicant Assessment, for general practitioners and specialists. The Applicant Assessment replaces the use of the Practice Enhancement Tool

	("PET") in Registration Committee outcomes, as the PET was not designed specifically for use in registration files. The Applicant Assessment will consist of 225 multiple-choice questions covering the 15 competency areas assessed through the PET for general practitioners, with questions adjusted for specialists. It will provide a tool for the Committee to address practice deficiencies or knowledge gaps that require upgrading as a condition of registration. The new format will help to ensure consistent and transparent decision-making as it removes the need to create a bespoke sitting of the PET when the Committee identifies deficiencies requiring remediation. 4. **Complex Applications**: Although there was a slight dip in the number of applications referred to Committee in 2025 (from 21 to 18), the Committee continued to navigate new and complex application issues in 2025. The issues the Committee considered related to clinical practice deficiencies, gaps in practise, ethics, professionalism, governability, regulatory and criminal conduct. Of the 18 applications it assessed, two were refused by the Committee.
Activity Highlights	• The Committee held 6 regular scheduled meetings and one ad hoc meeting in 2025. • The Committee considered 18 applications for registration and three matters that were returned from previous meetings for decision. • The committee also considered one request for a variance of an Undertaking. • The Committee approved a Residency program in Dental Oncology at the Princess Margaret Cancer Centre for applicants to be eligible to engage in the program with an RCDSO Education Certificate. • Two applications resulted in a refusal.
Committee Table Summaries	Table 1: Registration Committee Decisions (approvals, deferrals and refusals by year, 2021-2025)
Suggested Graph and Description	
Committee Members	Dr. Osama Soliman, Chair Dr. Anthony Mair, Council Member Dr. Eilyad Honarparvar, Council Member

	Dr. Melissa Xie, Non-Council Committee Member Cristina Cordeiro, Public Member (until June 1, 2025) Eli Fisher, Public Member (until July 24, 2025) Ram Chopra, Public Member (from July 11, 2025) Patrick Ballantyne, Public Member (from August 28, 2025)

Table 1. *Registration Committee Decisions*						
		2021	2022	2023	2024	2025
Total no. membership applications		505	626	692	814	776
No. of applications referred to Committee		11	14	12	21	18
No. returning matters considered[1]		x	x	x	x	3
Approvals (by certificate type)[1]						
	General	5	6	5	4	9
	Speciality	0	1	1	5	3
	Education	0	0	0	3	0
	Graduate	0	0	0	0	0
	Post-Specialty	0	0	0	1	0
	Academic Visitor	1	0	0	0	0
	Reinstatement	4	4	4	4	2
Deferrals		0	3	3	3	3
Refusals or Cancellations						
	General	0	0	0	1	2
	Specialty	0	1	0	0	0
	Reinstatement	0	0	0	2	0

Notes

* all frequency counts within each reporting year are based on calendar years (January 1st to December 31st, inclusive)

** all category values within a sub-heading should equal the total number of the heading *unless specified otherwise*

[1] Reporting metric added in 2025.

Royal College of
Dental Surgeons of Ontario

COUNCIL BRIEFING NOTE

TOPIC: 2025/2026 Council Performance Evaluation

FOR DISCUSSION

June 2026

ISSUE:

- This briefing note supports Council's review and discussion at the June 18, 2026 meeting of Satori Consulting's 2025–2026 Council Performance Evaluation.
- At this meeting, Sandi Verrecchia (Satori Consulting) will present:
    - Key findings from the Final Report on the December 2025 and April 2026 Council Meetings (**Appendix A**) and Council Evaluation Survey Results Report (**Appendix B**);
    - An overview of the President and Individual Council Member Developmental Conversation Guide (**Appendix C**); and
    - The proposed approach for delivering an action-planning session facilitated by Sandi scheduled for the morning of September 24, 2026.

PUBLIC INTEREST:

- Good governance is essential for regulatory accountability, performance, and public trust. Council performance evaluation enables Council to assess how well it is fulfilling its statutory mandate to regulate the profession in the public interest, and to identify opportunities for continuous improvement.
- In addition, the Ontario 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.

BACKGROUND:

CPMF Requirement:

- Standard 1 of the College Performance Measurement Framework (CPMF) requires regular, structured evaluation of Council effectiveness, including public discussion of results, third-party assessments, and alignment of training with Council-identified developmental needs, and evolving public expectations—including risk management and equity, diversity, and inclusion.

Previous Evaluation Activities (2021/2022):

- In 2021/22, RCDSO engaged Satori Consulting Inc. to design and implement a tailored performance evaluation framework. This included Council member self- and peer evaluations, evaluations of Council effectiveness, evaluations of the President and Committee Chairs, confidential debrief sessions, and a Council-level action plan.

- While the peer evaluation process offered valuable opportunities for feedback and recalibration, it also revealed limitations, particularly due to Council size and limited opportunities for peer interaction.

2025 Evaluation Framework:

- In September 2024, Council approved the 2025 Council Performance Evaluation Framework, including:
    - Third-party observation and reporting on Council meetings;
    - Structured public observation of a Council meeting (Citizens Advisory Group (CAG) - a network of patients and caregivers who provide input on regulatory matters);
    - A Council member survey comprising:
        - a Council member self-evaluation
        - a 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
    - A final third-party report with Council action planning.

- This evaluation cycle emphasizes Council's collective performance while also providing the President with an opportunity to support individual member development going forward.

Supporting Foundations:

- The updated Competency and Diversity Profile for Council Members and Guiding Principles for Governance at RCDSO (approved May 2021) informed the 2025/2026 evaluation cycle.
- In July 2025, the Executive Committee endorsed the implementation timeline outlined in **Appendix D**.

Third-Party Vendor Selection and Draft Rubrics

- Satori Consulting Inc. was selected as the successful third-party vendor.
- Satori developed draft rubrics for both the third-party and public observation meeting components. These were informed by input from the Governance Specialist, Senior Leadership Team, and the Governance Committee.

Evaluation of the December 2025 Council Meeting

- Satori Consulting evaluated the December 2025 Council meeting and its associated meeting materials.
- Additionally, nineteen members of CAG also evaluated a segment of the December 2025 meeting recording. CAG members completed a structured survey based on an observation rubric designed to capture impressions relating to:
    - Whether discussions reflected the public interest over professional interests
    - Balanced contributions from both public and professional members
    - Whether the meeting appeared transparent, respectful, and accessible

- Based on this work, Satori Consulting prepared a preliminary report for the Governance Committee, which provided feedback on priority areas for Satori's observation of the April 2026 Council meeting, and refinements to content and format to inform the final report to Council.

Surveys and President and Individual Council Member Developmental Conversation Guide

- In March, the Governance Committee reviewed and provided feedback on Satori's draft Council evaluation survey components.
- The survey enables comparison with the 2021/2022 Council Performance Evaluation. Feedback focused on behavioural relevance, scaling, feasibility, and appropriate assessment of compliance-related items (e.g., confidentiality, conflicts of interest).
- The Governance Committee also reviewed the draft President and Individual Council Member Developmental Conversation Guide, confirming it as feasible, fair, and aligned with Council stewardship. These structured conversations aim to strengthen both individual contributions and overall Council effectiveness.
- The finalized survey tools incorporated Governance Committee and staff lead input, were reviewed by the Senior Leadership Team and Governance Specialist, and launched on April 17, 2026, achieving a 97% completion rate.

Governance Committee Feedback

- In May, Satori presented draft reports (meeting observations and survey results), a sample member report to illustrate the presidential conversation process, and a proposed Council action-planning approach to the Governance Committee for feedback.
- The Committee confirmed alignment with governance modernization goals, regulatory expectations, and the public interest and provided input to ensure the evaluation was credible, balanced, and actionable.
- The Committee also provided input on how evaluation findings should be communicated to Council, including highlighting key themes, appropriately framing complex issues, and structuring the action-planning session to support constructive engagement and shared accountability.

CURRENT STATUS:

- At the June 18, 2026 Council meeting, Sandi Verrecchia will present:
    - Key findings from the final reports
    - The developmental conversation process
    - The proposed action-planning approach
- **Following the presentation, Council will be invited to provide feedback and ask questions**.
- **In preparation for September, Satori will provide reflection questions** to support development of a Council action plan in a closed session on the morning of the September 24, 2026 Council meeting.

ANALYSIS:

- **Overall, the report indicates strong governance maturity and alignment with modernization objectives**.
- Meeting structure and facilitation were effective, and interactions were respectful and constructive.
- Comparatively, the April meeting demonstrated increased visibility of deliberation relative to December.
- Opportunities exist to **strengthen explicit public-interest framing and accessibility**.
- Recommendations focus on **targeted refinements rather than structural change**.
- Importantly, **external observations aligned closely with Council's self-assessment**.

NEXT STEPS:

- **At its July meeting, the Governance Committee will identify the steps required** to ensure the September action-planning session translates findings into **clear, achievable actions and accountabilities.**
- **The objective is to develop a practical plan** to strengthen governance, effectiveness, and public confidence.
- Satori will facilitate the action-planning session on September 24, 2026.
- **The session will promote open dialogue, shared ownership, and forward-looking planning,** with the resulting action plan presented later that day at the Council meeting.

DECISION FOR COUNCIL:

- **No decision is required**.
- Council is invited to review the materials and p**rovide feedback and questions** on the findings, developmental process, and proposed action-planning approach.

CONTACT:

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Attachments:

Appendix A: Final Report RCDSO Council Performance Evaluation - December 2025 and April 2026 Meetings Prepared by Sandi, Verrecchia, Satori Consulting Inc.

Appendix B: Evaluation Survey Results Prepared by Sandi, Verrecchia, Satori Consulting Inc.

Appendix C: President and Individual Council Member Developmental Conversation Guide

Appendix D: Implementation Timeline approved by the Executive Committee

RCDSO

Council Performance Evaluation: December 2025 and April 2026 Meetings

Prepared for: RCDSO Council

Prepared by: Sandi Verrecchia

satori® consulting inc.

Contents

Executive Summary 2
Purpose, Scope and Approach 4
Public Interest and Mandate 5
Transparency and Accountability 6
Leadership, Professionalism and Shared Roles 6
Equity, Diversity, and Inclusion 7
Decision-Making & Deliberation Quality 8
Risk & Innovation Orientation 8
Collaboration & Council Culture 9
Meeting Structure & Efficiency 10
Recommendations 11
Appendix A: Citizen Advisory Group Results 13
Appendix B: Satori Consulting Results December 4, 2025 14
Appendix C: Satori Consulting Results April 16, 2026 17
Appendix D: Comparison Rubric Comparison December to April 20

Executive Summary

The Royal College of Dental Surgeons of Ontario (RCDSO) is undertaking a deliberate effort to strengthen its governance through its Governance Modernization Framework, grounded in principles of transparency, accountability, and public trust. This report contributes to that effort by providing an independent assessment of the December 4, 2025 and April 16, 2026 Council meetings, examining how governance practices are demonstrated in action and experienced by public observers.

Across both meetings, Council demonstrated a high level of governance maturity, aligned with modern regulatory expectations. Council's role is complex and demanding, and both meetings reflected thoughtful, engaged, and responsible oversight.

Meetings were well-structured and effectively facilitated, supported by the external Chair model, which enabled clear process management while allowing leadership and members to participate meaningfully in deliberation. Interactions were consistently respectful and constructive, contributing to a collaborative environment that supports sound decision-making.

The December meeting largely functioned as a confirmation point for prior committee work, with several agenda items presented with limited visible debate. This reflects established governance practice; however, the absence of on-record deliberation reduced visibility into how decisions were tested and refined. In contrast, the April 16 meeting showed notable progression in the visibility of deliberation and breadth of participation, reflecting both the nature of the agenda items and a positive trajectory toward more transparent governance.

Council consistently operated within its public interest mandate, and all briefing materials included a defined public-interest component. Public members made important contributions in highlighting issues of fairness, clarity, and public confidence. However, the public-interest lens was not always explicitly sustained throughout deliberation, with discussion often shifting toward operational and financial considerations. Public interest is clearly embedded in decision-making, however the opportunity is to make that connection more explicit for observers.

Transparency of process was strong, supported by comprehensive materials and publicly accessible recordings. Accountability was also evident, including follow-up on prior questions. However, accessibility and clarity remain areas for improvement, as technical language, acronyms, and assumed knowledge can create barriers for public understanding. Opportunities remain to more consistently demonstrate decision rationale and clearly articulate how decisions impact patients and the public.

Council demonstrated strong financial and operational risk awareness and effective oversight of activities and governance processes. An opportunity exists to further strengthen reporting by more clearly demonstrating outcomes and impact, particularly in relation to public protection and regulatory effectiveness.

The recommendations that follow focus on targeted refinements to strengthen public-interest framing, improve the clarity of decision-making, enhance accessibility for public observers, and support broader participation in deliberation.

Overall, the RCDSO Council demonstrates a strong and effective governance foundation, with opportunities to further enhance the visibility and communication of its public-interest work.

Purpose, Scope and Approach

This report provides an integrated governance assessment of the December 4, 2025 and April 16, 2026 Council meetings of the Royal College of Dental Surgeons of Ontario. The objective of this evaluation is to assess how effectively Council demonstrates governance in the public interest.

This evaluation also complements the College Performance Measurement Framework (CPMF), which assesses how effectively health regulatory colleges execute their mandate in the public interest, by providing an observation-based perspective on how governance practices are demonstrated in Council deliberations.

The December 4, 2025 meeting was observed by members of the Citizen's Advisory Group (CAG), a network of patients and caregivers who provide input on regulatory matters, and Sandi Verrecchia, Governance Consultant from Satori Consulting Inc. Nineteen CAG members reviewed six recorded segments of the meeting, while Satori Consulting reviewed the Council package and observed the meeting in its entirety. For the April 16, 2026 meeting, the assessment was conducted solely by Satori Consulting.

The assessment is structured using an established governance rubric, with findings organized across key dimensions including public interest, transparency and accountability, leadership and shared roles, decision-making and deliberation quality, diversity and inclusion, collaboration and culture, risk and innovation orientation, and meeting structure and efficiency.

The assessment is structured using an established governance rubric that was grounded in the Competency and Diversity Profile for Council Members (2025) and Guiding Principles for Governance at RCDSO (2021), with findings organized across key dimensions including public interest, transparency and accountability, leadership and shared roles, decision-making and deliberation quality, diversity and inclusion, collaboration and culture, risk and innovation orientation, and meeting structure and efficiency.

The evaluation draws on multiple sources of evidence, including:

- direct observation of both Council meetings, including review of publicly available recordings
- review of Council packages and supporting materials

- analysis of Citizen Advisory Group (CAG) survey responses and thematic grouping of qualitative feedback

This approach supports a balanced, evidence-based evaluation of both Council performance and public observer experience.

Public Interest and Mandate

Council decisions across both meetings were aligned with the public interest mandate, and notably, all briefing materials included a defined public-interest component. However, this framing was not consistently carried through into Council discussion. While agenda items were introduced with a public-interest lens, the balance of discussion often shifted toward operational feasibility, financial stewardship, and professional considerations, with the impact on patients and the public not always remaining the central focus.

Public members played a critical role in surfacing and reinforcing public-interest considerations, particularly in areas related to fairness, bias, and transparency. Their contributions frequently helped reframe discussions toward patient experience and public confidence. However, these perspectives were not consistently sustained throughout deliberations, with discussion often returning to professional or operational lenses as topics evolved.

Illustrative examples from the April 16 meeting highlight how the framing of public interest varied across agenda items. The discussion of the *Managing New Patient Requests Standard of Practice* demonstrated meaningful engagement with issues of fairness, transparency, and access to care, with public members contributing important perspectives related to patient impact. However, the majority of questions and comments were framed through the lens of dentist impact, particularly in relation to implementation, documentation, and complaints risk. While these considerations are valid, the overall discussion remained weighted toward professional and operational implications.

Similarly, in the discussion regarding the potential sale of the College's property, the presenter articulated clear financial and organizational benefits, including unlocking capital, supporting long-term financial health, and stabilizing registrant fees. While these reflect strong fiduciary stewardship, there was limited explicit discussion of how these decisions would translate into improved regulatory effectiveness, patient protection, or public confidence. This gap was noted by a public member, though the broader discussion remained focused on impact to the college.

A similar pattern was observed during the communications update, where discussion focused on outreach and engagement with registrants. While these efforts are important, there was limited explicit connection made between communication to dentists and how it supports improved patient outcomes or public protection. This reflects an opportunity to more clearly demonstrate how these activities translate into improved outcomes for patients and the public.

On a positive note, the proposed by-law amendments, characterized as routine and non-substantive, were accompanied by an explicit public-interest statement identifying their role in reducing ambiguity and reinforcing public confidence. While deliberation on these items was limited, the inclusion of this framing represents a meaningful step toward making the connection between governance decisions and public impact more visible.

Transparency and Accountability

Transparency of process was consistently strong across both meetings, supported by comprehensive materials and publicly accessible recordings. This aligns with feedback from Citizen Advisory Group (CAG) members in December, who noted that meeting procedures, voting, and materials were generally clear and easy to follow.

However, both CAG feedback and the independent governance review identified that the reasoning behind decisions was not always explicitly articulated during meetings. In several instances, observers were required to infer how options were evaluated, as trade-offs and alternatives were not consistently summarized 'on the record'.

A positive example of accountability was observed in the April meeting, where staff returned with a response to a question raised during the December meeting. This follow-through demonstrates a commitment to addressing outstanding issues across meetings and enhances transparency by ensuring that key questions are resolved on the public record.

Leadership, Professionalism and Shared Roles

During both meetings, Council demonstrated a high level of professionalism and procedural competence. The Chair effectively managed discussions, ensuring orderly progression of agenda items while maintaining a respectful and inclusive tone. The distinction between governance and operations was consistently

maintained, with appropriate reliance on the Registrar and staff for operational expertise.

The use of an external Chair model further supported effective governance. The Chair's focus on managing process and facilitating balanced discussion enabled a clear and consistent meeting structure, while allowing the President to participate more fully in deliberation. The President's opening remarks at both meetings provided context and perspective, setting a constructive tone and offering strategic insight without influencing procedural flow. This separation of roles was observed to work well, supporting both efficient meeting management and meaningful contribution from leadership.

Interactions among members were consistently collegial and respectful, supporting an environment conducive to effective governance. Council members also demonstrated a clear appreciation for the role of staff, with frequent acknowledgment of the quality and depth of materials and presentations. This respect, combined with appropriate reliance on the Registrar and staff for operational expertise, reflects a strong and effective working relationship that supports informed decision-making and sound governance.

Equity, Diversity, and Inclusion

Throughout both meetings, Council demonstrated a respectful and professional environment, with members engaging constructively and without evidence of inappropriate or non-inclusive behaviour. Interactions were collegial, and differing perspectives were acknowledged respectfully.

Public members contributed meaningfully to discussions that intersect with equity considerations, particularly in relation to fairness, bias, transparency, and access to care. These contributions were most evident in discussions such as the *Managing New Patient Requests Standard*, where issues of potential discrimination, clarity of expectations, and patient experience were raised.

An explicit EDI lens was evident in certain discussions, particularly where issues of fairness, bias, and access to care were raised. However, its application was not consistently visible across all agenda items, representing a potential opportunity to more consistently and explicitly integrate these considerations into deliberation.

Participation patterns also suggest an opportunity for improvement. While no single voice dominated, discussion was not evenly distributed across all members and lived-experience perspectives were not consistently surfaced beyond contributions from public members.

Overall, Council demonstrates a strong foundation of respect and inclusivity, with opportunities to further strengthen governance by more consistently applying an explicit EDI lens to decision-making, encouraging broader participation across members, and making the relevance of equity considerations more visible within discussion and materials.

Decision-Making & Deliberation Quality

The visibility of deliberation varied between meetings and across agenda items. The December meeting included limited visible debate, reflecting its role as a confirmation point for prior work. In contrast, the April meeting demonstrated increased engagement, with more active questioning and exploration of risks and implications.

While this reflects a positive shift, the ability for an observer to fully understand how decisions were tested, challenged, and refined remains dependent on the nature of the agenda item. Where topics were earlier in development, deliberation was more visible; where items were confirmatory, discussion was more limited.

The visibility of deliberation is influenced as much by the design and timing of agenda items as by Council performance.

Risk & Innovation Orientation

Within both meetings, Council demonstrated a strong awareness of financial and operational risk, particularly in discussions related to long-term capital planning, property strategy, and financial sustainability. These discussions reflected careful consideration of fiduciary responsibilities, including the need to manage assets prudently, maintain stability in registrant fees, and ensure long-term organizational viability.

The April 16 meeting, in particular, showed increased visibility of risk-related discussion, with Council members exploring trade-offs, market conditions, and future implications of key decisions. This represents positive forward-looking risk oversight.

Council also demonstrated strong oversight of organizational activity through structured reporting, including the strategic plan update, which provided a comprehensive overview of completed initiatives and progress against established priorities. This reflects a high level of accountability for delivery.

However, the discussion was primarily focused on activities and outputs, with less emphasis on the outcomes relative to public protection.

Notably, a public member highlighted the importance of complementing activity-based reporting with a clearer articulation of impact, specifically how completed initiatives advance the College's public protection mandate. This reinforces an opportunity to more consistently demonstrate how strategic efforts translate into measurable improvements in regulatory effectiveness, patient safety, and public confidence.

Similarly, while Council demonstrated a willingness to evolve governance practices, discussion of innovation was generally implicit rather than explicit. Opportunities to frame decisions in terms of innovation, such as improving regulatory effectiveness, enhancing public engagement, or modernizing oversight approaches, were not consistently highlighted during deliberation.

Overall, Council demonstrates a strong foundation in fiduciary and operational risk management and organizational oversight. The opportunity lies in more explicitly identifying and discussing emerging public-interest risks and more clearly demonstrating how strategic activities and decisions translate into meaningful outcomes for patients and the public.

Collaboration & Council Culture

Discussion across both meetings was consistently respectful and constructive, supporting focused deliberation and open participation. Members engaged professionally, with no evidence of conflict or unproductive exchange, creating an environment conducive to effective collective decision-making. While discussions generally reflected alignment, a small number of dissenting or alternative perspectives were raised and constructively acknowledged, contributing to a more balanced and credible deliberative process.

Council functioned effectively as a governance body, with members maintaining focus on their oversight role and engaging in discussions aligned to the matters at hand. This contributed to a clear sense of procedural integrity and shared purpose.

At the same time, participation patterns indicate an opportunity to further strengthen Council culture through broader engagement. Participation in the April meeting was more balanced, with increased contributions from a wider range of members. However, across both meetings, contributions were not

evenly distributed, with a subset of members, primarily professional members, participating more frequently.

Overall, Council demonstrates a strong and respectful governance culture, with opportunities to enhance effectiveness by encouraging more balanced participation across members, creating space for a wider range of perspectives, including lived experience, and continuing to support an environment where both public and professional voices are actively integrated into deliberation.

Meeting Structure & Efficiency

Council demonstrated a well-structured and organized approach to agenda management with both meetings. Materials were comprehensive and clearly sequenced, and motions, votes, and decisions were handled in a structured and transparent manner. The Chair effectively managed the flow of the meeting, ensuring that agenda items progressed in an orderly way and that discussions remained focused.

The December meeting was highly efficient, functioning largely as a confirmation point for prior committee work, with many items proceeding with minimal discussion. This reflects mature governance practice, where detailed review occurs at the committee level prior to Council approval.

The April meeting maintained this structural efficiency while allowing for increased engagement on more complex agenda items, particularly where topics were earlier in their development or involved significant trade-offs. This demonstrates an appropriate balance between efficiency and deliberation.

Time management was generally effective, with only minor extensions beyond the scheduled agenda. However, the structure of the agenda can influence the visibility of deliberation, as items brought forward for approval after prior review may limit opportunities for on-record discussion. One notable exception occurred during the December meeting regarding the new RCDSO Vision Statement, where extensive discussion took place despite prior input from Council members. This suggests that, in some cases, Council members did not fully see their perspectives reflected in the final output, highlighting the importance of clearly demonstrating how Council input has been incorporated into materials brought forward for approval.

Overall, Council demonstrates a strong foundation in meeting structure and efficiency, with an opportunity to further enhance transparency by identifying

agenda items where deliberation is expected versus confirmatory, ensuring that sufficient time is allocated for discussion of high-impact or complex decisions, and making the pathway from prior committee work to Council approval more visible to observers.

Recommendations

The role of Council is a complex and demanding governance role, however they demonstrated a high level of commitment, professionalism, and thoughtful engagement in fulfilling its public protection mandate. The observations and recommendations that follow are intended to build on this strong foundation and reflect targeted refinements rather than fundamental changes.

Based on direct observation of the December 4, 2025 and April 16, 2026 Council meetings, as well as analysis of Citizen Advisory Group (CAG) survey feedback from the December meeting, the following recommendations are provided to further strengthen governance effectiveness and public confidence.

CAG feedback, in particular, highlighted themes related to accessibility, clarity of decision-making, and understanding of public impact, which are reflected in the recommendations below.

1. Sustain Public-Interest Framing Throughout Deliberation

While all briefing materials include a defined public-interest component, this perspective is not consistently maintained during discussion.

- Explicitly reference patient and public impact when discussing options
- Invite both public and professional members to comment on public-interest implications for key decisions

2. Make Decision Rationale and Trade-offs More Visible

It is not always clear how decisions are evaluated or what alternatives were considered.

- Summarize key trade-offs, risks, and considerations during discussion or at decision points
- Clearly articulate the options considered and the rationale for the selected approach

- Where applicable, include a brief summary of prior deliberation or decision pathway

3. Strengthen Outcome-Based Reporting

The impact of strategic and operational activities on public protection is not always clearly articulated.

- Incorporate outcome-focused reporting into updates
- Clearly link activities to measurable improvements in:
    - patient safety
    - regulatory effectiveness
    - public confidence

4. Improve Accessibility for Public Observers

Technical language and assumed knowledge can create barriers to understanding.

- Use plain-language summaries in materials and presentations
- Minimize or clearly define acronyms
- Clearly articulate "what this means for the public"
- Summarize key discussion points prior to motions, including how the decision supports public protection

5. Continue to Broaden Participation Across Members

Participation improved in the April meeting but remains uneven overall.

- Encourage broader engagement through:
    - targeted invitations from the Chair
    - structured opportunities for input from all members
- Continue to support meaningful integration of public-member perspectives

6. Strengthen the Link Between Financial Decisions and Public Impact

Financial and strategic decisions are well considered but not always clearly connected to public protection.

- Explicitly link financial and operational decisions to:

- regulatory effectiveness
- patient protection
- public confidence

Appendix A: Citizen Advisory Group Results

The following scoring reflects the scoring by the CAG members of the December 4th, 2025 meeting.

Question	Yes %	Somewhat %	No %	Yes + Somewhat
Council's discussions were clearly focused on protecting patients, families, and the public interest.	51%	29%	20%	80%
Council's decisions were clearly focused on protecting patients, families, and the public interest.	50%	28%	22%	78%
Public members contributed meaningfully.	61%	22%	17%	83%
Professional members contributed meaningfully.	62%	20%	18%	82%
The discussion reflected a balance of public member and professional member perspectives.	55%	20%	25%	75%
The discussion was clear and understandable.	67%	18%	16%	84%
The discussion was respectful, and Council members demonstrated an openness to diverse perspectives.	81%	5%	14%	86%
I could see a connection between the discussion and the decision.	63%	21%	16%	84%
Council members treated each other respectfully, even in disagreement.	95%	5%	0%	100%
Council members demonstrated critical thinking (listening, questioning, weighing evidence).	95%	5%	0%	100%
Did this meeting leave you more confident that Council regulates in the public interest?	68%	21%	11%	89%

Appendix B: Satori Consulting Results December 4, 2025

Scoring:

1 = Weak, 2 = Needs Improvement, 3 = Satisfactory, 4 = Strong, 5 = Excellent, N/O = not observed.

The following scoring reflects Satori Consulting's independent assessment aligned to the governance rubric.

Dimension	Questions	Score	Evidence
Public Interest & Mandate	Discussions consistently grounded in the public interest, not personal/professional gain.	2	Limited evidence of a slant toward public interest, however equally low on personal or public gain. The exception to this was the discussion the presented vision statement.
	Members demonstrate understanding of fiduciary duties and conflict of interest management.	5	This was evident in the procedural aspect of the meeting.
	Council maintains focus on regulation, not advocacy or association-style work.	5	There was no evidence of advocacy.
Transparency & Accountability	Materials are clear, decisions are well-rationalized, and outcomes are publicly reportable.	5	Council package was well laid out and available on the website to the public.
	Appropriate use of in-camera sessions (only for confidential matters per RHPA)(if applicable).	N/O	
	Clear follow-up on past commitments; accountability for results visible.	5	Many items in the package were interactions of previous work and the strategic plan was well documented of completed activities.
Leadership & Shared Roles	Chair effectively manages agenda, ensures participation, and maintains balance between dentists and public members.	5	The Chair is exceptional and professional and managed the agenda well. Noting in the one section when time was over by two minutes. In terms of maintaining a balance between public and professional members, that can only

			happen based on who asks questions. Overall, professional members engage far more frequently than public members.
	Distinction between Council's role (governance/oversight) and Registrar/CEO's role (operations) is respected.	5	There is great respect from the Registrar and staff (noted by many comments) and the Chair and other openly and willing defer to the Registrar as needed for clarity on operations.
	Debate is constructive, inclusive, and focused on decisions at hand.	3	There was no debate with perhaps the discussion on the proposed vision statement – but even then they were individual statements not discussion
Diversity, Equity & Inclusion (EDI)	Council composition and voices in discussion reflect diverse perspectives and lived experiences.	2	The same individuals spoke several times, approximately 9/25 asked questions and a few made general comments. With the exception of the vision discussion, lived experience did not come into play.
	Members actively apply an EDI lens to issues and are respectful of different viewpoints.	4	There was respect.
	Inappropriate or non-inclusive behaviour, if it occurs, is redirected constructively	N/O	
Decision-Making & Deliberation Quality	Evidence-based: Decisions are supported by data, analysis, and long-term implications.	5	The Council package and accompanying presentations were very thorough.
	Members demonstrate critical thinking (challenge assumptions, ask probing questions).	5	There were good questions specifically around the financials.
	Consensus sought, but dissenting views are welcomed and explored.	3	Consensus was sought but there were no dissenting views that were explored.
Risk & Innovation Orientation	Emerging risks (clinical, regulatory, reputational) are	2	Not during this meeting.

	surfaced and discussed.		
	Council considers innovation and governance improvements, not just compliance.	5	It appears that the Council is forward thinking a amending bi-laws to accommodate however there was very little discussion on the changes to the bylaws that were significant so it was difficult to ascertain if silence as compliance.
	Risk oversight (financial, reputational, regulatory) is visible and informed.	5	This was evidence in the financial discussion revisions.
Collaboration & Council Culture	Members work collegially, even in conflict.	N/O	
	Discussion is balanced (not dominated by a few voices).	4	There were no dominant voices (with the exception of the vision discussion), but all voices were not heard.
	Council speaks with "one voice" after decisions.	N/O	
Meeting Structure & Efficiency	Agenda prioritizes strategic and public-interest issues.	5	
	Time is managed well; debates stay on track.	3	Overtime by 29 minutes.
	Clear motions, votes, and decisions recorded.	5	Chair did an excellent job at this.

Appendix C: Satori Consulting Results April 16, 2026

Scoring:

1 = Weak, 2 = Needs Improvement, 3 = Satisfactory, 4 = Strong, 5 = Excellent, N/O = not observed.

The following scoring reflects Satori Consulting's independent assessment aligned to the governance rubric.

Dimension	Questions	Score	Evidence
Public Interest & Mandate	Discussions consistently grounded in the public interest, not personal/professional gain.	2	Discussion on Access to Care standards highly focused on impact on Dentists and discussion sale of building not grounded in public interest
	Members demonstrate understanding of fiduciary duties and conflict of interest management.	5	Not conflicts declared and Council were stronger at engaging and asking questions.
	Council maintains focus on regulation, not advocacy or association-style work.	4	For the most part, but the standards discussion felt more like advocacy for protecting Dentists
Transparency & Accountability	Materials are clear, decisions are well-rationalized, and outcomes are publicly reportable.	5	Council package was well laid out and available on the website to the public. All briefing notes highlighted public interest.
	Appropriate use of in-camera sessions (only for confidential matters per RHPA)(if applicable).	5	While no information was provided it was made clear that the in camera session topics would only fall within the HPA rules.
	Clear follow-up on past commitments; accountability for results visible.	5	Follow-up by staff on a question raised in December with strong explanation.
Leadership & Shared Roles	Chair effectively manages agenda, ensures participation, and maintains balance between dentists and public members.	5	The Chair is exceptional and professional and managed the agenda well. A couple of agenda items ran over but time was made up by the end of day. Several Council members remained quiet.

	Distinction between Council's role (governance/oversight) and Registrar/CEO's role (operations) is respected.	5	There continues to be great respect from the Registrar and staff (noted by many comments). This initial comment that "with a consent agenda comes a high bar to remove from consent" helped frame operations and governance well.
	Debate is constructive, inclusive, and focused on decisions at hand.	4	There was good discussion but perhaps not debate which is more a function of managing the speakers list and managing time.
Diversity, Equity & Inclusion (EDI)	Council composition and voices in discussion reflect diverse perspectives and lived experiences.	4	This meeting had much more engagement from both professional and public.
	Members actively apply an EDI lens to issues and are respectful of different viewpoints.	4	There was good respect for each other and staff.
	Inappropriate or non-inclusive behaviour, if it occurs, is redirected constructively	N/O	
Decision-Making & Deliberation Quality	Evidence-based: Decisions are supported by data, analysis, and long-term implications.	5	The Council package and accompanying presentations were very thorough.
	Members demonstrate critical thinking (challenge assumptions, ask probing questions).	5	There were good questions specifically around the sale of the building.
	Consensus sought, but dissenting views are welcomed and explored.	4	Consensus was sought and dissenting views were provided although may have not been thoroughly explored.
Risk & Innovation Orientation	Emerging risks (clinical, regulatory, reputational) are surfaced and discussed.	4	Given the topics at this meeting there were more risk discussion primarily pertaining to the sale of the building.

	Council considers innovation and governance improvements, not just compliance.	4	The topics of this meeting allowed for more innovation to surface during discussions.
	Risk oversight (financial, reputational, regulatory) is visible and informed.	5	Very much within the discussions
Collaboration & Council Culture	Members work collegially, even in conflict.	N/O	
	Discussion is balanced (not dominated by a few voices).	4	Much better participation with a lens to lived experience.
	Council speaks with "one voice" after decisions.	N/O	
Meeting Structure & Efficiency	Agenda prioritizes strategic and public-interest issues.	5	
	Time is managed well; debates stay on track.	3	Overtime by 15 minutes.
	Clear motions, votes, and decisions recorded.	5	Chair did an excellent job at this. The role call is very effective.

Appendix D: Comparison Rubric Comparison December to April

Dimension	Questions	December	April
Public Interest & Mandate	Discussions consistently grounded in the public interest, not personal/professional gain.	2	2
	Members demonstrate understanding of fiduciary duties and conflict of interest management.	5	5
	Council maintains focus on regulation, not advocacy or association-style work.	5	4
Transparency & Accountability	Materials are clear, decisions are well-rationalized, and outcomes are publicly reportable.	5	5
	Appropriate use of in-camera sessions (only for confidential matters per RHPA)(if applicable).	N/O	5
	Clear follow-up on past commitments; accountability for results visible.	5	5
Leadership & Shared Roles	Chair effectively manages agenda, ensures participation, and maintains balance between dentists and public members.	5	5
	Distinction between Council's role (governance/oversight) and Registrar/CEO's role (operations) is respected.	5	5
	Debate is constructive, inclusive, and focused on decisions at hand.	3	4
Diversity, Equity & Inclusion (EDI)	Council composition and voices in discussion reflect diverse perspectives and lived experiences.	2	4
	Members actively apply an EDI lens to issues and are respectful of different viewpoints.	4	4
	Inappropriate or non-inclusive behaviour, if it occurs, is redirected constructively	N/O	N/O

Decision-Making & Deliberation Quality	Evidence-based: Decisions are supported by data, analysis, and long-term implications.	5	5
	Members demonstrate critical thinking (challenge assumptions, ask probing questions).	5	5
	Consensus sought, but dissenting views are welcomed and explored.	3	4
Risk & Innovation Orientation	Emerging risks (clinical, regulatory, reputational) are surfaced and discussed.	2	4
	Council considers innovation and governance improvements, not just compliance.	5	4
	Risk oversight (financial, reputational, regulatory) is visible and informed.	5	5
Collaboration & Council Culture	Members work collegially, even in conflict.	N/O	N/O
	Discussion is balanced (not dominated by a few voices).	4	4
	Council speaks with "one voice" after decisions.	N/O	N/O
Meeting Structure & Efficiency	Agenda prioritizes strategic and public-interest issues.	5	5
	Time is managed well; debates stay on track.	3	3
	Clear motions, votes, and decisions recorded.	5	5

satori® consulting inc.
Success through Insight and Strategy

RCDSO
COUNCIL EVALUATION SURVEY RESULTS REPORT 2025/2026

Prepared for:

All - Council

May 2026

ABOUT THIS ASSESSMENT

EVALUATIONS

The following evaluations have been completed as part of this assessment:

- Council Effectiveness

DEFINITIONS AND CALCULATIONS

See appendix.

OVERALL COUNCIL EFFECTIVENESS ASSESSMENT

ABOUT THIS EVALUATION

RATERS NOMINATED TO PARTICIPATE

The individuals listed below were nominated to provide feedback. It is possible that not all of them responded to the survey.

NAME	RATER RELATIONSHIP
1. Ballantyne, Patrick	Council Member
2. Bhargava, Dr. Nalin	Council Member
3. Bird, Stephen	Council Member
4. Chopra, Ram	Council Member
5. Colliver, James	Council Member
6. Delean, Dr. Peter	Council Member
7. Fortino, Dr. Daniel	Council Member
8. Gajjar, Dr. Neil	Council Member
9. Gomaa, Dr. Noha	Council Member
10. Haas, Dr. Daniel	Council Member
11. Honarparvar, Dr. Eilyad	Council Member
12. Hu, Vivian	Council Member
13. Ladak, Nizar	Council Member
14. Liscio, Dr. Antony	Council Member
15. Mair, Dr. Anthony	Council Member
16. Sandhu, Dr. Harinder	Council Member
17. Simeone, Adal	Council Member
18. Smith, Brian	Council Member
19. Soliman, Dr. Osama	Council Member
20. Somerville, Dr. Robyn	Council Member
21. Stableforth, Roderick	Council Member
22. Trudell, Marc	Council Member
23. Walker, Dr. Erin	Council Member
24. Welikovitch, Judith	Council Member
25. Wilson, Dr. Deborah	Council Member

RESPONSE SUMMARY

The following groups of individuals were invited to participate in this review. The "Nominated" rater count excludes individuals that opted-out of participating or were removed by project administrators.

RATER TYPE	NOMINATED	RESPONDED	RESPONSE RATE
Council Member	25	25	100%
Total	25	25	100%

RATING LEGEND

The rating scale shown below was used in scoring the quantitative feedback.

SCALE OPTION	SCORE VALUE
1 (Not Effective at All)	1
2	2
3	3
4	4
5	5
6	6
7	7
8	8
9	9
10 (Extremely Effective)	10
Unable to answer	---

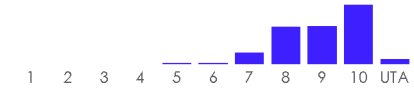
PREVIOUS ASSESSMENT DATE

November 29, 2021

NOTE: "Previous" and "Change" (to previous) results will be shown were available.

COMPETENCY SUMMARY

This section provides a summary for each competency. The horizontal bar represents the average rating of all questions under each competency, aggregated across each of the rater groups.

COMPETENCY	RATER	RATING	PREV.	CHG.
Overall Council Effectiveness Assessment	Council Scores			
	Council		8	0.9

QUESTION DETAILS

This sections shows average ratings for each question in the evaluation segmented by each rater group. The first item for each competency is the average of all questions in the competency.

OVERALL COUNCIL EFFECTIVENESS ASSESSMENT

Council Scores



RATER	RATING	PREV.	CHG.
Council	8.9	8	0.9

1. The Council always regulates and acts in the interests of patients and the public.

Highest Rated

Council Scores



RATER	RATING	PREV.	CHG.
Council	9.3	9	0.3

2. The Council intentionally promotes equity, diversity and inclusion so that discussions and decisions reflect the broader Ontario public.

Highest Rated

Council Scores



RATER	RATING
Council	9.2

3. The Council consistently applies diverse perspectives and lived experience to deliberations and decision-making.

Council Scores



RATER	RATING	PREV.	CHG.
Council	9	7.9	1.1

4. The Council effectively monitors Registrar & CEO performance against the broad objectives and overall management of the organization and the Registrar & CEO's goals.

Highest Rated

Council Scores



RATER	RATING	PREV.	CHG.
Council	9.3	7.2	2.1

5. The current Council has the depth of understanding of its role and the confidence to oversee management and steer the College through a crisis (e.g., sudden departure of the Registrar & CEO).

Lowest Rated

Council Scores

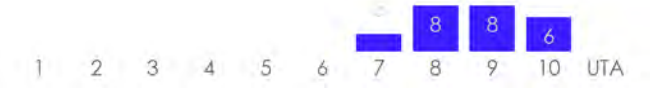


RATER	RATING	PREV.	CHG.
Council	8.4	7.3	1.1 ▲

6. Council members come prepared to engage in substantial discussions on key issues critical to the College's strategic direction and participate actively within the time allocated on the agenda.

Lowest Rated

Council Scores



RATER	RATING
Council	8.7

7. Council members come prepared to engage in substantial discussions on key issues critical to the College's performance and participate actively within the time allocated on the agenda.

Lowest Rated

Council Scores



RATER	RATING
Council	8.8

8. Council members come prepared to engage in substantial discussions on key issues critical to the College's risk oversight and participate actively within the time allocated on the agenda.

Lowest Rated

Council Scores



RATER	RATING
Council	8.6

9. The Council maintains a governance framework that adds value to the effectiveness and sustainability of the regulator.

Highest Rated

Council Scores



RATER	RATING	PREV.	CHG.
Council	9.1	8.1	1 ▲

10. As a Council, we engage in an appropriate amount and level of discussion and debate before making decisions.

Lowest Rated

Council Scores



RATER	RATING	PREV.	CHG.
Council	8.6	7.5	1.1

11. The Council's decisions promote public confidence and trust in the profession and the regulator.

Highest Rated

Council Scores



RATER	RATING
Council	9.1

12. The Council anticipates emerging risks and embraces opportunities for regulatory and governance innovation.

Council Scores



RATER	RATING	PREV.	CHG.
Council	8.9	8.1	0.8

13. The Council understands the College's top risks and how management is managing these risks.

Council Scores



RATER	RATING	PREV.	CHG.
Council	8.9	7.8	1.1

14. The Council uses in-camera sessions appropriately, in recognition that Council meetings must be accessible to the public other than for very limited exceptions.

Highest Rated

Council Scores

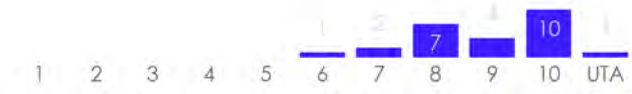


RATER	RATING	PREV.	CHG.
Council	9.5	9.3	0.2

15. As a Council we continuously evaluate our activity to improve our effectiveness.

Lowest Rated

Council Scores



RATER	RATING	PREV.	CHG.
Council	8.8	7.6	1.2

16. The Council consistently maintains appropriate boundaries between governance oversight and operational management.



17. Council decisions are informed by relevant data, evidence and analysis where applicable.

Lowest Rated



18. The Council demonstrates sufficient awareness of technology, cyber security and privacy risks and sector changes and adheres to security and privacy protocol.



19. The current Council has the appropriate mix of skills, experience, and perspectives to fulfill its governance responsibilities.

Highest Rated



If you would like, please share any additional comments related to your ratings of Council effectiveness.

- Council has a good balance of skill and experience
- I believe the College could benefit by requesting Government of Ontario to appoint an Indigenous representative on our council in the same manner as they appointment members from the two Universities in Ontario
- I feel that often the "evidence" put before us is weak. For example, the "Voice of the Patient" survey was poorly designed, and really didn't tell us anything we didn't already know. Its biggest value seems to be the ability to say "Look, we asked patients questions!" Similarly, I am concerned about the "needs assessment" on which we are basing our upcoming real estate decision. I feel that it lacks substance, detail, and in-depth analysis. Supporting "evidence" really wasn't given, and critically evaluated, for a lot of the points presented.
- nose and eyes in, hands off I continue to be very impressed with the level of our public members. I would have supported one, in particular, for president. Some brilliant people there, and we need to use them to their best potential.
- The reading materials are prepared in advance of an RCDSO Council meeting are shared well enough in advance of the meeting. Support is given by IT to ensure all members have access to the information. The materials are relevant and provide the information required to advance an informed decision at the Council Meetings. I am very impressed at the preparation to ensure RCDSO Council members have all the information required prior to the meetings. I find the Council meetings are run professionally and effectively to ensure the public are protected.

Please list one or two topics where you believe Council would benefit from additional training or education.

- Additional awareness / training in relation to decision-making (avoidance of "Group Think")
- AI and cybersecurity
- Care of vulnerable population
- Council would benefit from continuing to provide education on risk assessment and managing complex, data?driven reports, so decisions are clearer, consistent, and in the public interest.
- Diversity of culture and practice styles within the council.
- Emerging technologies and digital dentistry
- Emerging technology / AI impacting Dentistry and the benefits/risk to public
- Encouraging discussions around differing opinions and how to respectfully hear out alternative opinions, without making them feel out of place.
- finance
- Financial bootcamp
- Financial documents
- governance
- governance
- governance
- Government Regulations
- Health equity and access to care
- Health Law
- Health Policy
- How the College and MOH interact with each other
- How we fit into the 10 year plan from the retreat
- Knowledge and understanding of the Indigenous communities and their issues
- Legal
- More training on EDI
- Professional boundaries and updated standards as well as intersection with EDI
- Public Interest and protection
- regulator versus ODA and other dental organizations supporting professionals
- Research methods and critical evaluation
- Risk Management
- The RCDSO is very good at providing Council members training on governance and regulatory matters, including how by?laws and policy changes affect both the public and the profession.
- To be more proactive with respect to impending Risks

HIGHEST AND LOWEST RATED QUESTIONS

This section presents the highest and lowest rated questions based on aggregated feedback. In the individual-level report, peer ratings are used for the rankings, while in the overall-level report, overall Board/Council ratings are used.

HIGHEST RATED QUESTIONS (HIGH TO LOW)

QUESTION	RATING
14. The Council uses in-camera sessions appropriately, in recognition that Council meetings must be accessible to the public other than for very limited exceptions.	9.5
1. The Council always regulates and acts in the interests of patients and the public.	9.3
4. The Council effectively monitors Registrar & CEO performance against the broad objectives and overall management of the organization and the Registrar & CEO's goals.	9.3
2. The Council intentionally promotes equity, diversity and inclusion so that discussions and decisions reflect the broader Ontario public.	9.2
9. The Council maintains a governance framework that adds value to the effectiveness and sustainability of the regulator.	9.1
11. The Council's decisions promote public confidence and trust in the profession and the regulator.	9.1
19. The current Council has the appropriate mix of skills, experience, and perspectives to fulfill its governance responsibilities.	9.1

LOWEST RATED QUESTIONS (LOW TO HIGH)

QUESTION	RATING
5. The current Council has the depth of understanding of its role and the confidence to oversee management and steer the College through a crisis (e.g., sudden departure of the Registrar & CEO).	8.4
8. Council members come prepared to engage in substantial discussions on key issues critical to the College's risk oversight and participate actively within the time allocated on the agenda.	8.6
10. As a Council, we engage in an appropriate amount and level of discussion and debate before making decisions.	8.6
6. Council members come prepared to engage in substantial discussions on key issues critical to the College's strategic direction and participate actively within the time allocated on the agenda.	8.7
7. Council members come prepared to engage in substantial discussions on key issues critical to the College's performance and participate actively within the time allocated on the agenda.	8.8
15. As a Council we continuously evaluate our activity to improve our effectiveness.	8.8
17. Council decisions are informed by relevant data, evidence and analysis where applicable.	8.8

APPENDIX

DEFINITIONS AND CALCULATIONS

"Self" Rating: In an individual-level report, this is your rating.

"Peer" Rating: In an individual-level report, this is the average rating of those nominated as a "peer".

"Council" Rating: Average rating of the Council as a whole.

Council Scores: In a Council-level report, this shows the rating distribution across all possible rating options for the Council as a whole. Note: In a self/peer evaluation, the number of ratings may seem high because each Council member rates themselves and their peers for each question. For example, if there are 10 Council members, each member provides 10 ratings (one for themselves and nine for their peers), resulting in a total of 100 ratings (10 ratings X 10 members) for the distribution.

Highest Rated: A question that is among the highest ratings across all questions, based on peer ratings in the individual reports and Board/Council ratings in the overall report.

Lowest Rated: A question that is among the lowest ratings across all questions, based on peer ratings in the individual reports and Board/Council ratings in the overall report.

RCDSO Council President and Individual Council Member Developmental Conversation Guide
Draft February 2026

Executive Summary

This assessment process is designed to support effective, accountable, and public-interest-focused Council governance through regular, structured, and developmental conversations between the Council President and individual Council members.

The process:

- Reinforces collective accountability while supporting individual contribution
- Uses member-developed action plans, informed by individual self-reflection, as part of the input
- Focuses on observable governance behaviours
- Applies consistently to all Council members, whether appointed or elected

The Council President does not receive or review individual scores but rather will receive an action plan developed and owned by the individual member.

The Council President conducts these conversations as a peer and steward of Council effectiveness, acting on behalf of the Council to:

- Strengthen decision quality and oversight
- Support a respectful, high-functioning Council culture
- Ensure individual skills and perspectives are effectively deployed in service of the public interest

Information shared through this process is treated as confidential, used only to support ongoing improvement of Council performance, and documented lightly to ensure continuity, not record-keeping.

DRAFT

RCDSO Council President and Individual Council Member Developmental Conversation Guide
Draft February 2026

Purpose

As part of the RCDSO's commitment to effective governance and continuous improvement, the Council President will hold periodic, individual development conversations with Council members. These conversations are grounded in the action plan each member develops from their self-reflection. The purpose is to support strong Council performance by discussing how agreed actions are showing up in Council and committee work, using observable governance behaviours. This process is developmental, applies equally to all members, and is entirely separate from appointment, reappointment, or conduct processes.

Inputs to the Conversation

- Council member's individual action plan, developed by the member based on personal self-reflection.
- Council President's observations from Council and committee meetings, using three governance lenses:
    - Participation and use of voice
    - Quality of contribution to decision-making
    - Conduct and public-interest framing

The individual action plan serves as the primary agenda for the discussion and the President's observations are used to support, test, and refine the action plan.

Timing and Scheduling of Individual Observations and Conversations

Given the size of the Council and the need to use the Council President's time responsibly, individual observation and conversation cycles should follow a rolling schedule. This approach ensures fairness, predictability, and sufficient attention to each member, while reinforcing that ongoing development is a normal and expected part of Council service.

Observation for Council President

1. Did the Council member contribute during the session? If no, explore with Council member during one-to-one suggesting that from a public-interest perspective, the Council benefits when all members' perspectives are tested at the table.

2. Did the member add something that helped move the discussion or decision forward?

3. Did the Council member participate in a way that supported a respectful and effective discussion?

DRAFT

4. Was the contribution framed in terms of the public interest, risk, or protection mandate?

Core Council President Discussion Framework (30–45 minutes)

(Note: Standards are identical for all members; however, the President may adjust emphasis, not expectations, based on whether a member is appointed or elected.)

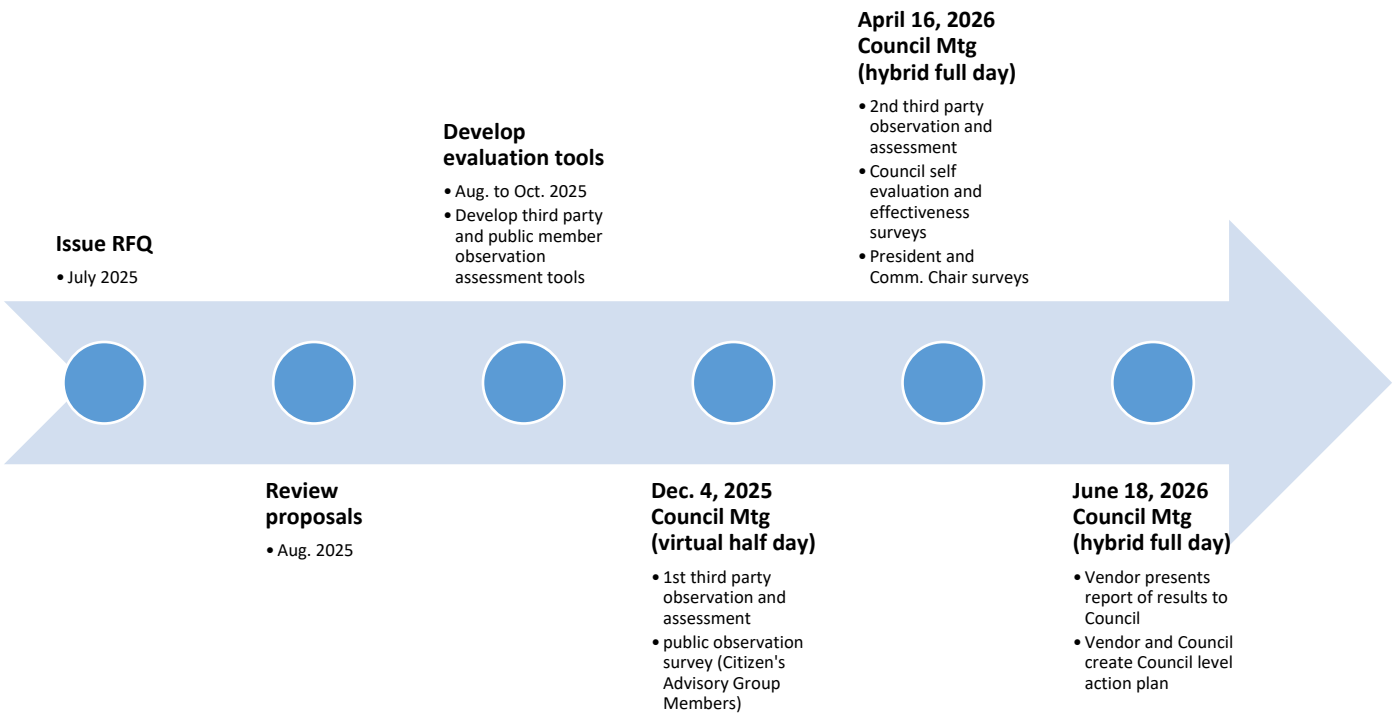
Opening Frame: "This is a developmental conversation focused on how you're contributing to the Council and how I can support you in delivering on your action plan".

President Discussion Points

1. Share and discuss President observations.
2. What actions have you begun since the individual review, and where do you feel you are making the greatest impact?
3. What support from the Council President or Council would be helpful?
4. What are the one or two priority behaviours or actions you will focus on before the next check-in?

DRAFT

Appendix D: Implementation timeline approved by Executive Committee



Royal College of
Dental Surgeons of Ontario

COUNCIL BRIEFING NOTE

TOPIC: Commitments to Action: RCDSO's Reconciliation Action Plan

FOR DECISION

June 2026 Meeting

ISSUE: Reconciliation action plans provide organizations with guidance and structure as they respond to the Truth and Reconciliation Commission of Canada's 94 Calls to Action. At its September 2025 meeting, Council approved a partnership with First People's Group (FPG) to support the development and design of RCDSO's Reconciliation Action Plan. A draft plan is now presented for Council's review, discussion and approval.

PUBLIC INTEREST:

- To serve the public interest effectively, organizations are called to acknowledge the historical and ongoing harms experienced by First Nations, Inuit, and Métis Peoples, along with the systemic barriers the 94 Calls to Action seek to address. RCDSO has a responsibility to identify and advance meaningful responses aligned with our role in the health system and our public interest mandate.
- 2021 census reports Ontario to have the highest Indigenous population of any province or territory (Government of Canada, Focus on Geography Series).
- Nationally, First Nations and Inuit experience nearly twice the amount of dental disease and have more unmet oral health needs than other Canadians (Office of the Auditor General).

BACKGROUND:

RCDSO Territorial/Land Acknowledgement states that "We are committed to actively supporting the necessary work towards truth, reconciliation, and equity. We embrace the role we play in regulating dentists; in protecting the public interest; and in strengthening our partnerships with Indigenous communities to advance access to safe and equitable oral health care."

The following is a retrospective of Council's activities informing the action plan:

- **January 2023** – Commitments & Land Acknowledgement Approved
- **March 2023** – Council Education Session from Dr. Sheri McKinstry –Founder of the Indigenous Dental Association of Canada (IDAC) https://youtu.be/bsfKGYv1uFE?si=sOFOIjBLzx0MEfhW
- **May 2023** – Joint Oral Health Colleges Board Training- "Indigenous Peoples, Reconciliation and Anti-Bias" learning workshop
- **September 2023** – Leadership Learning Day: 7 Scared Teachings and Leadership training led by Elder Bob Watts
- **November 2023** – RCDSO Connect Session: An overview of the NIHB Program

- **September 2024** – Leadership Learning Day: "For Love" Documentary Screening & 94 Calls to Action Workshop
- **July – September 2025** – First People's Group conducts research on Oral Health Experiences of Indigenous Peoples in Ontario *(Appendix A)*
- **August 2025** – QAC approves Indigenous Primary Health Care Council (IPHCC) as an approved sponsor for continuing education activities designed to increase clinically and culturally safe dental care for Indigenous communities
- **September 2025 –** Council Education Session on "What is Reconciliation Action Planning?"
- **September 2025** – Council Approves partnership with FPG and commitment to develop a comprehensive reconciliation action plan by summer 2026
- **January 2026 - May 2026 –** Internal and External Engagement with Council, Staff, System Partners and Indigenous Community
- **June 2026** – Draft reconciliation action plan presented to Council for review and decision

Development of RCDSO's Draft Reconciliation Action Plan was a multi-step process including:

- Identifying Key Voices
- Current State Analysis
- Listening and Learning (Focus Groups with Staff, Council, System Partners, Dentists)
- Data Review and Analysis
- Goal Setting and Measuring Key Results
- Finalizing Action Areas

ANALYSIS:

RCDSO's draft Reconciliation Action Plan *(Appendix B)* is ready for Council's review. Reconciliation takes different forms. FPG categorizes actions toward reconciliation into a Four S Framework: **Symbolic, Substantive, and Systemic acts of reconciliation, all guided by Spirit**. The proposed pillars and commitments in support of reconciliation were developed in consultation with Indigenous community, Council, Staff, Faculties and System Partners.

The plan has been organized into five action areas that reflect the RCDSO's regulatory mandate and the themes that emerged most strongly from engagement – they are the following:

1. Governance and Accountability
2. Education, Culture and Learning
3. Regulatory Practices
4. Data and Knowledge Building
5. System Partnerships, Access and Advocacy

NEXT STEPS:

The draft Reconciliation Action Plan is before Council for discussion and a decision. If approved, staff and First Peoples Group will work together to launch the plan to staff, the profession and our system partners. The plan will undergo graphic design and be supported by the development of key performance indicator (KPI) development and an implementation strategy. Key evaluation criteria to measure impact and success of the plan and ongoing reporting will also be developed with key partners for Council's annual oversight.

DECISION FOR COUNCIL:

- That Council approves the proposed pillars and proposed commitments in support of reconciliation as laid out in the RCDSO's draft Reconciliation Action Plan.
- 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 proposed commitments.
- That Executive Committee assume committee stewardship of the Reconciliation Action Plan and accountability for year-one commitments.

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Attachments:

Appendix A: Oral Health Experiences of Indigenous Peoples in Ontario

Appendix B: RCDSO's Reconciliation Action Plan (Draft)

Appendix C: Collection of Articles: Dental Care and Dentistry Topics in the News

ORAL HEALTH EXPERIENCES OF INDIGENOUS PEOPLES IN ONTARIO



Prepared by:

Hannah Martin, Associate, First Peoples Group
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Table of Contents

1. **Introduction** 3

2. **Indigenous Oral Health** 4

3. **Barriers** 6

4. **Recommendations** 11

5. **Works Cited** 13

Introduction

The Royal College of Dental Surgeons of Ontario (RCDSO or 'The College') has committed to forging a path of Reconciliation with Indigenous peoples in Ontario - especially in response to the Truth and Reconciliation Commission's Call to Action #22, which calls upon "those who can effect change within the Canadian health-care system to recognize the value of [Indigenous healing practices and use them in the treatment of [Indigenous] patients in collaboration with [Indigenous]* healers and Elders where requested by [Indigenous] patients."

As the regulatory college for standards of care, ethics and workplace safety in dental offices across Ontario, the RCDSO's commitment to understanding and improving Indigenous experiences in oral health will continue to enhance their efforts towards its commitment to the practice of dentistry in Ontario.

The RCDSO sets education and professional standards, creates and runs quality assurance and continuing education programs, develops professional guidelines and standards, conducts dental office inspections, investigates complaints received about dentists, and conducts discipline hearings for cases of professional misconduct.

First Peoples Group is pleased to support the RCDSO in their reconciliation journey through the development of a Reconciliation Action Plan, and the following scan of current literature on the experiences of Indigenous peoples with oral health in Ontario.

The following overview discusses findings from known literature on Indigenous oral health in Canada and Ontario, and highlights pertinent recommendations found in the literature. The findings from this literature review will provide the RCDSO with an understanding of Indigenous experiences in oral health and action items based on evidence. These findings may include potential gaps in care and areas of success.

*The term Indigenous has been used here in place of the word Aboriginal, which appeared in the original wording of Call to Action #22 (2015).



Indigenous Oral Health

Where few statistics exist for Indigenous oral health specific to Ontario, understanding the national scope is useful, especially considering that the 2021 census reported Ontario to have the highest Indigenous population of any province or territory (Government of Canada, Focus on Geography Series). Nationally, First Nations and Inuit experience nearly twice the amount of dental disease and have more unmet oral health needs than other Canadians (Office of the Auditor General).

In Ontario, 28% of the off-reserve Indigenous population only visits the dentist for emergencies, versus 19.3% of non-Indigenous Ontarians. Males and individuals who smoke also have a higher prevalence of visits to the dentist only during emergencies in the overall Ontario population (Mehra, V. M., et al, p. 99).

A 2010 study on four-year-olds living in the Sioux Lookout Zone found that the number of decayed, missing, and filled teeth was 11.9 for Indigenous children compared to 5.9 for off-reserve children in the Thunder Bay district (Native Women's Association of Canada, p. 5).

First Nations Oral Health

In 2008, only 56.8% of First Nations reported having visited a dentist in the previous 12 months. The main reason for this was that dental service providers were not available in their community; 75% of First Nations had to travel outside of their community to receive oral health care (First Nations Oral Health Survey, p. 7).

The First Nations Oral Health Survey reported a prevalence of dental caries among 91.4% of First Nations adolescents survey respondents, versus a prevalence of 57.7% in the non-Indigenous adolescent population reported by the Canadian Health Measures Survey (First Nations Oral Health Survey, p. 57).

Oral health issues were reported to have a major impact on quality of life for First Nations, affecting attendance of activities and school in children, and lost time from work and regular activities in adolescents and adults (First Nations Oral Health Survey, p. 33).

It should be noted that non-status First Nations cannot qualify for the Non-Insured Health Benefits program, creating systemic challenges for generations of First Nations who, due to the Indian Act legislation, are not eligible for Indian Status (Who is eligible for the Non-Insured Health Benefits Program, Government of Canada).

Métis Oral Health

In the 2022 Canadian Community Health Survey, it was found that in the 12 months preceding the survey, 28% of Métis surveyed reported that cost was a barrier for accessing oral health services, compared to 24% of the overall non-Indigenous population (More than one-third of Canadians, Government of Canada). This is important to consider as, similarly to non-Status First Nations, Métis are not covered under the Non-Insured Health Benefits program, and are also not covered under the Children's Oral Health Initiative (Who is eligible for the Non-Insured Health Benefits Program, Government of Canada). This means they have lesser oral health care support from the federal government. Mehra et al. found that people in Ontario without dental insurance were more likely to only visit the dentist during emergencies than those who had dental insurance (p. 99).

Inuit Oral Health

Because there are no Inuit land masses in Ontario, Inuit in Ontario are often overlooked. However, of the 4,310 Inuit in Ontario (Government of Canada, Focus on Geography Series), over 3000 live in Ottawa (About Canadian Inuit, Inuit Tapiriit Kanatami), and Ottawa-Gatineau also holds the largest Inuit population in Canada (City of Ottawa, p. 15). This points to the fact that urban Inuit face their own unique set of challenges in accessing dental care.

In comparison to non-Indigenous Canadians, Inuit in all northern regions except Nunavik had a higher frequency of poor oral health, oral pain, and food avoidance (Health Canada, p. 1), often caused by pain when chewing food (The Inuit Oral Health Action Plan, p. 9).

According to the Inuit Oral Health Survey, over 85% of all Inuit preschoolers had dental caries. By adolescence, 97.7% had been affected and, by adulthood (40+), all Inuit surveyed had experienced this disease (p. 29). Instances of untreated oral disease were higher for Inuit adolescents and young adults than for non-Indigenous populations of these age categories (p. 29). Instances of decayed, missing or filled permanent teeth in Inuit increased at every age, from age 2 to late adulthood (p. 29), and were much higher for Inuit than non-Indigenous Canadians.

Barriers

Historic and Systemic Barriers

Lower access to affordable and nutritious food is a major factor contributing to poorer oral health in First Nations and Inuit populations (Office of the Auditor General, p. 4). Studies have also noted that over-access to sugar diets, lack of access to fluoridated water, lack of access to dentists, and lack of oral health services are all barriers to good oral health in Indigenous communities (Native Women's Association of Canada, p. 5). However, these factors are not stand-alone. Even when these needs are met, several systemic barriers exist for Indigenous peoples when accessing oral health care.

For example, the direct and systemic impacts of colonization, such as historic relocations of Inuit to the remote north, racism, the legacy of abuse, and fear of judgment resulting from such events, are key systemic barriers and deterrents which impact both Indigenous peoples' ability and willingness to access oral health care (Watts). The Report on the Findings of the First Nations Oral Health Survey reported that 9.5% of First Nations surveyed were afraid of the dentist and/or had a previous traumatic experience during treatment (p. 35).

Various negative experiences with oral healthcare were described by Indigenous participants in the Native Women's Association of Canada oral health study. Participants indicated that they were not provided with painkillers, were in pain during procedures with no relief, experienced rude and hurtful looks and comments, felt suicidal, and were lied to about their needs (Native Women's Association of Canada, p. 18).

The result of poor oral health and, in particular, cavities and gum disease, contributes to various health conditions including diabetes, cardiovascular disease, and respiratory disease (Inuit Tapiriit Kanatami, p. 14). Untreated cavities can lead to serious infection, heart disease and babies born at low weights (p. 14). Further, poor oral health can affect quality of life, for example, one's ability to find employment and be productive in employment (Canadian Dental Hygienists Association, p. 1).

Barriers Specific to Inuit

Inuit in the north, at large, do not receive proper oral health care (Inuit Oral Health Action Plan, p. 9). When considering the context of Inuit, it is imperative to recognize how the impacts of colonization have imposed social determinants of health, such as high rates of tobacco use, food insecurity, and crowded living conditions (Government of Canada, Inuit Oral Health Survey Report, p. 1) and systemic barriers. Archaeological evidence indicates that prior to European contact, the Inuit were largely free of dental caries (Government of Canada, Inuit Oral Health Survey Report, p. 9). Systemic barriers, in combination with factors such as the introduction of refined sugars post-contact have, over time, led to a decline in oral health in Inuit Nunangat (Government of Canada, Inuit Oral Health Survey Report, p. 9).

Dental professionals in Ontario should consider that, while there are no northern communities situated in Ontario, many Inuit living in communities outside of Ontario must travel to the south to access dental care when their community does not have access to a dental therapist, hygienist, or itinerant dentist (or other oral health professional) (Inuit Tapiriit Kanatami, p. 10). For this reason, some Inuit can only access dental care once a year (Native Women's Association of Canada, p. 20).

Improved oral health awareness, prevention activities and early intervention treatments in combination with accessible treatment approaches, good oral habits, smoking cessation programs, and strengthened partnerships with communities, can result in change in oral health for Inuit (The Inuit Oral Health Action Plan, p. 10). Systemic barriers must also be adequately addressed for preventative measures to be most effective (Government of Canada, Inuit Oral Health Survey Report, p. 29).

Oral Hygiene Products

The high cost and low accessibility of oral hygiene products factor into Indigenous peoples' oral health (Canadian Dental Association, p. 25). While tooth brushing twice daily with fluoride paste is one of the best practices to maintain good oral health (The First Nations Oral Health survey p. 34), only 52.2% of First Nations children and 54.7% of First Nations adolescents and adults reported brushing their teeth twice a day (p. 34). Furthermore, some children did not learn the importance of proper oral hygiene practices or as their parents did not have access to such information or resources in Residential School or as Sixties Scoop Survivors (Native Women's Association of Canada, p. 19-20).

Cultural Safety is Key

Considering the history of Indigenous peoples in Canada, cultural safety in oral health care provided to First Nations, Métis, and Inuit is of ultimate importance. Dr. Sheri McKinstry, founder of the Indigenous Dental Association of Canada, emphasizes the importance of understanding how social determinants of health, such as the impacts of Residential Schools, have created mistrust in the health care system that prevent Indigenous people from visiting the dentist. (Canadian Dental Association, p. 23).

Fostering an environment of cultural safety should similarly be top of mind for dental professionals from the south who are working in the north. The following comment was collected through a study conducted by the Native Women's Association of Canada on Indigenous experiences with oral health:

> *"I provided care on reserves when I was unequipped to understand the patients I was treating. This may have been reflective of the colonialist attitude of the sponsoring organization, to send Southerners without any cultural competence to reserves, but it was also my responsibility to prepare myself better and reflect afterward about how it really went."*

In the same study, the NWAC found that 53 oral health professionals of the total 94 who completed the survey, stated that they felt unsure that they had adequate training around Indigenous oral health care (Native Women's Association of Canada, p. 16).

On a similar note, building respectful and trusting relationships with Indigenous patients that are both trauma-informed and based on consent is critical (Native Women's Association of Canada, p. 23). Indigenous peoples can feel that they are not consulted on their own oral healthcare, especially when clear communication using accessible language is not used by dental professionals (p. 23).

Systemic Issues with NIHB

Through the Non-Insured Health Benefits (NIHB) program, 40% of dental services require a predetermination, or "pre-approval" (The Office of the Auditor General, p. 3). The Dental Predetermination Centre at NIHB adjudicates whether the type of service qualifies for coverage under the NIHB program (Indigenous Services Canada, p. 118). Sometimes this process can be lengthy, causing long wait times to receive services (Watts). This may be in part due to the federal government traditionally having unclear service standards for decision-making around NIHB predeterminations and complex appeals (The Office of the Auditor General, p. 11).

There have also been instances where Health Canada did not take action when made aware of shortages in dental therapists in two regions, also affecting the delivery of services to Indigenous peoples (Office of the Auditor General, p. 7). Such wait times and shortages can mean oral health conditions go untreated and lead to worsened conditions, such as a case described at the Assembly of First Nations (AFN) NIHB National Dialogue Session, where a participant shared a story about a man who was denied coverage for orthodontics, which led to drifts in his teeth (Assembly of First Nations, p. 22).

The following story was also shared by a participant at the 2023 AFN NIHB National Dialogue Session:

> *"In a northern isolated fly-in community, a mom of five children needed to arrange root canal surgery. It cost $400 for the pre-op consultation. After six months, she is still waiting for "timely" reimbursement." (Assembly of First Nations, p. 8)*

Despite knowing the disparities in oral health for Indigenous peoples (Office of the Auditor General, p. 4), in 2017 Health Canada was found to have no strategic approach for delivering their oral health programs to Indigenous populations through NIHB, no assessments in place to measure their impact, and no criteria to determine which services should be offered through NIHB (Office of the Auditor General, p. 14). Therefore, Health Canada was not aware if their programs were benefiting Indigenous populations. The Auditor General also found that NIHB was often delayed in informing clients and service providers of changes in NIHB services (p. 7).

As of 2025, it is not evident through First Peoples Group's research that there is a strategic plan for the oral health of Indigenous peoples.

Dental providers may also find the NIHB process challenging and/or a lack of incentive to want to engage with the process, where they receive less for their services from NIHB than they do from a third-party provider (Oral Health Challenges in Indigenous Communities, Canadian Dental Association).

Some dental providers do not offer direct billing with NIHB for services. This puts the onus on individuals to file for reimbursement, and can be a major barrier for Indigenous people who simply cannot afford to pay upfront for services.

Systemic issues with Jordan's Principle

Similarly to NIHB, clinics can be daunted by navigating applications to Jordan's Principle for their clients which creates another systemic barrier for Indigenous children. The Indigenous Dental Association of Canada (IDAC) has responded by opening up a Jordan's Principle Centre. This Centre will support clinics with this process, ensuring Indigenous families have better access to dental care.

Children's Oral Health Initiative

The Children's Oral Health Initiative (COHI) is one of the federal health programs that supports Indigenous oral health. Throughout the program's history, it has been found to elicit positive results in the communities that it has served. Children living in communities who participated in the program for eight years had fewer cavities, more treated teeth, and less restorative procedures than First Nations and Inuit children who did not participate (Office of the Auditor General, p. 9). The COHI, however, only operates in several communities due to a limited number of dental professionals and funding restrictions (Inuit Oral Health Action Plan 10), and there was a notable decrease in participation between 2014 and 2017 for reason(s) unknown to Health Canada (Office of the Auditor General, p. 9).

Preventative measures to ensure good oral health in Indigenous communities are underfunded. The CDHA reported that in 2008-09, the NIHB spent $2,479 per child, while the COHI spent $110 per child, which includes "education, oral health assessments, fluoride varnishes, sealants, and dental hygiene services" (Canadian Dental Hygienists Association, p. 3). According to recommendations found in the literature, more emphasis is needed on preventative measures.



Recommendations

1. The **Auditor General** recommended that Health Canada finalize and implement a strategic approach for First Nations and Inuit oral health that includes an action plan and timelines, and to monitor its implementation (The Office of the Auditor General, p. 22).
2. The **Auditor General** recommended that Health Canada develop a plan that will enable them to understand the efficacy of the NIHB in First Nations and Inuit communities (The Office of the Auditor General, p. 22).
3. The **Auditor General** recommended that Health Canada improve its data analysis, including the information that is collected and recorded in its dental database, so that its information on the Children's Oral Health Initiative is accurate and comprehensive enough to contribute effectively to Health Canada's management of its oral health programs (The Office of the Auditor General, p. 23).
4. The **Auditor General** recommended that Health Canada improve the process for making changes to its list of oral health services covered by the NIHB by: including which elements should be considered, including the requirement to document when and how decisions are made, specifying who holds final decision making authority, and updating clients and service providers on changes (The Office of the Auditor General, p. 23)
5. The **Auditor General** recommended that Health Canada improve NIHB program management by: clarifying what its service standard for pre-approvals is measuring, clarifying the service standard for complex appeals, and improving data entry so that NIHB has accurate and reliable information in its appeals database (The Office of the Auditor General, p. 23).
6. The **Auditor General** recommended that Health Canada implement strategies to ensure it has adequate human resources to deliver oral health programs and related services to First Nations and Inuit populations long-term (Office of the Auditor General, p. 24)
7. The **Canadian Dental Hygienists Association** called on the Government of Canada's First Nations and Inuit Health Branch (FNIHB) for increased investment in Indigenous oral health promotion and disease prevention, through the expansion of the NIHB program and Children's Oral Health Initiative, the expansion of provider status to dental hygienists across Canada, and the implementation of equitable reimbursement rates for dental hygiene services.
8. The **Inuit Oral Health Action Plan** identified strengthening leadership as an action item to achieve better overall Inuit oral health.
9. The **Inuit Oral Health Action Plan** identified linking oral health to overall health as an action item to achieving better overall Inuit oral health.
10. The **Inuit Oral Health Action Plan** identified linking increased intervention to overall health as an action item to achieving better overall Inuit oral health.

11. The **Inuit Oral Health Action Plan** identified improving treatment as an action item to achieve better overall Inuit oral health.
12. The **Inuit Oral Health Action Plan** identified engaging and mobilizing parents and caregivers as an action item to achieve better overall Inuit oral health.
13. The **Inuit Oral Health Action Plan** identified engaging and mobilizing adolescents as an action item to achieve better overall Inuit oral health.
14. The **Inuit Oral Health Action Plan** identified increasing the number of Inuit oral health service providers as an action item to achieve better overall Inuit oral health.
15. The **Inuit Oral Health Action Plan** identified improving use and access to nutritional foods as an action item to achieve better overall Inuit oral health.
16. The **AFN NIHB National Dialogue Session** noted that the federal government must invest directly into First Nations in order to "enhance the response of community-driven, holistic health and wellness activities and infrastructure, and decrease reliance on external healthcare service providers."
17. The **AFN NIHB National Dialogue Session** recommended the expansion of NIHB program coverage for mouth guards and spacers, in particular.
18. The **AFN NIHB National Dialogue Session** recommended the federal government fund an oral health strategy by First Nations for First Nations with explicit timelines and measurable action plans.
19. The **AFN NIHB National Dialogue Session** recommended that the NIHB Program focuses more on prevention.
20. The **AFN NIHB National Dialogue Session** recommended the increased availability of dental therapists in First Nations communities.
21. Oral healthcare professionals who participated in the **Native Women's Association of Canada's** oral health study recommended providing additional Anti-Indigenous Racism training to oral healthcare professionals
22. Oral healthcare professionals who participated in the **Native Women's Association of Canada's** oral health study recommended receiving teachings about the specific oral healthcare needs of Indigenous communities
23. Oral healthcare professionals who participated in the **Native Women's Association of Canada's** oral health study recommended that oral healthcare professionals have additional time to have with Indigenous patients
24. Oral healthcare professionals who participated in the **Native Women's Association of Canada's** oral health study recommended finding ways to improve accessibility of regular, proper oral healthcare for Indigenous peoples.

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ROYAL COLLEGE OF DENTAL SURGEONS OF ONTARIO

Reconciliation Action Plan

2026–2030

Prepared with the support of First Peoples Group

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Territorial Acknowledgement

The Royal College of Dental Surgeons of Ontario (RCDSO) acknowledges that its offices are 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.

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Message from Leadership

[Placeholder: Message from Leadership forthcoming]

This section will include a message from RCDSO's Registrar and CEO reflecting on the significance of this Reconciliation Action Plan, the organization's commitment to the journey ahead, and gratitude to all who contributed to its development.

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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.

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

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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.

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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.

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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.

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.

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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.

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.

DRAFT

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.

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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.

Potential 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.

DRAFT

- 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.

Potential 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.

DRAFT

- 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.

Potential 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.

Potential 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.

Potential 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.

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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.

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.

DRAFT

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.

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At Boston Marathon, Indigenous runner hopes to channel the icon in his bloodline

Running in the footsteps of Tom Longboat

Almost 120 years ago, his great-great-grandfather – a residential school survivor – won the world's most famous marathon. Now he's training to honour him

Ben Kaplan and Visuals by Nick Iwanyshyn
The Globe and Mail
Published April 15, 2026Updated April 16, 2026

Kristian Jamieson is a 24-year-old elite Indigenous marathon runner from Six Nations of the Grand River reserve outside Brantford, Ont., with running royalty in his genes.

The great-great-grandson of running legend Tom Longboat – the residential school survivor who won the Boston Marathon in 1907 – Mr. Jamieson will line up next Monday in Boston, hoping to channel the Canadian sports icon on the world's most famous course.

"Following in his footsteps and continuing his story makes me feel alive and like I'm going towards something purposeful," said Mr. Jamieson, who recently ran a 2:39 marathon in practice near his home in London, Ont. He would need to finish Boston under 2:24 to beat his ancestor's winning time.

One of the most famous athletes of his generation (and the subject of a Heritage Minute profile), Tom Longboat followed his Boston win by competing for Canada at the 1908 Olympic Games in London, where he collapsed before the finish line from exhaustion. Despite the loss, he went on to win other international races. He joined the military in 1916, where he was a messenger for the Canadian Armed Forces in France and Belgium.

Open this photo in gallery:



Tom Longboat with a strong lead in a 1921 race at Hanlan's Point in Toronto.Turofsky/Supplied

"When I'm running long distances and want to quit, I remember this superhero of a man is in my bloodline," Mr. Jamieson said. "I'll never be as great of a runner as him, but knowing who he is, and who I am adds fuel to the fire and keeps the dream alive."

Mr. Jamieson's dream extends beyond running. Growing up on the Six Nations reserve, a community of more than 25,000 without many health care necessities, he didn't see a dentist until he was seven years old, by which point cavities had affected most of his teeth.

Now a third-year student at the Schulich School of Medicine and Dentistry at Western University, he hopes to return home and improve dental care in his community.



Kristian Jamieson wants to bring Tom Longboat's legacy back to Canadian reserves and inspire the next generation of Indigenous children.

"The first time I saw a dentist was terrifying – lots of kids with bad teeth screaming and crying," Mr. Jamieson recalled.

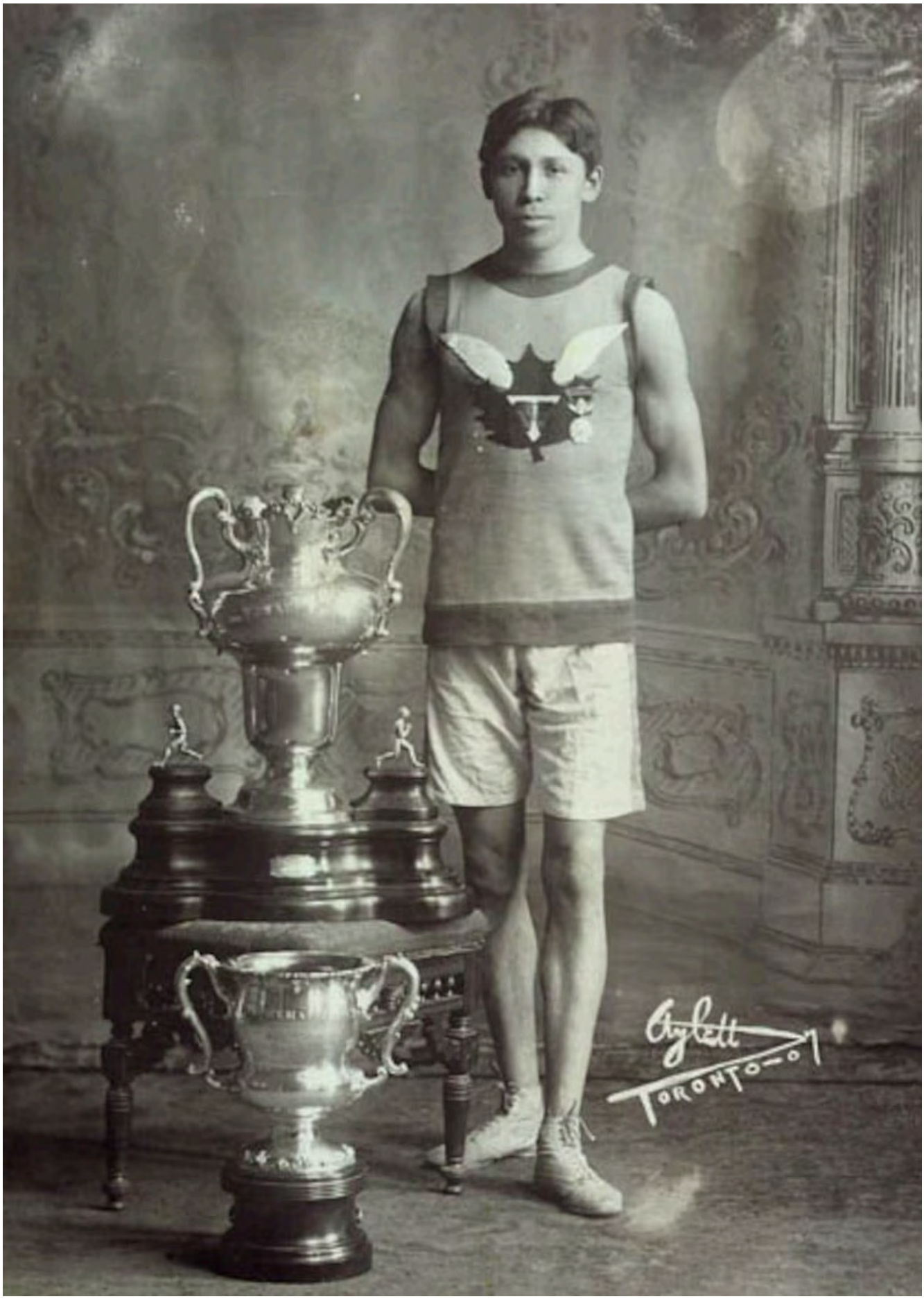
But when he finally found a dentist in Niagara Falls, the calmness he felt under the hand of a skilled technician was eye-opening and profound.

"I knew I wanted to provide the same feeling and care to other Indigenous people because First Nation communities suffer from systemic diseases like obesity and diabetes, which affect gums and teeth, and increases risk of gum disease, gingivitis and your bones breaking down."

Mr. Jamieson's cousin, Cindy Martin, lives on the Six Nations reserve in Ohsweken, Ont., 30 kilometres south of Hamilton. She said Mr. Jamieson faced challenges growing up on the reserve, including instability at home and struggles in school. Ms. Martin believes his rise – along with his decision to avoid alcohol, cigarettes and drugs – makes him someone the community not only roots for but needs.

"Native people across North America need to know that we have runners following in their hero's footsteps," said Ms. Martin, 53, who is undergoing cancer treatment and will follow the race from home.

Open this photo in gallery:



Tom Longboat with trophies in 1907.Charles A. Aylett/Library and Archives Canada

Ms. Martin has held an annual Longboat run for more than 20 years in Ohsweken and plans a race this June honouring Bill Davis, a Six Nations Mohawk marathon champion and Mr. Longboat's mentor.

"I admire Kristian, and think it's wonderful and inspirational that we have a great new marathon runner named Longboat – it's about time."

Time, and how to traverse it over 42 kilometres quickly, is nearly all Mr. Jamieson has been thinking about as race day approaches. He knows he'll need to average 3:25 per kilometre to run 2:24:30 on a course known for unforgiving hills and unpredictable weather. But he has a strategy for when the race tests him: remember what he has survived, how he got here and who he is.

"I think of Tom when I'm running, think of myself as a little kid, and ask: What are you fighting for? Growing up wasn't easy for me. This marathon is hard, but parts of your childhood were harder, and if you can get through that, you can get through this – you're not going to stop because you're a fighter," said Mr. Jamieson, whose tattoos read "Forgiven" and "Chosen" on either side of his neck.

"Running is so good for those things: You learn to persevere, talk to yourself and learn how to calm and control your mind down and battle it out, and another thing that helps is smiling – when it sucks, you force yourself to smile."

Mr. Jamieson's coach is Derek Silva, a sociology professor at Western University who met Mr. Jamieson at Hamilton's Around the Bay road race when the young runner whizzed past him. (Tom Longboat won the race in 1906; last year, Mr. Jamieson finished 17th.)



Mr. Jamieson finds purpose in running and in his great-great-grandfather's example.

Mr. Silva said his eager protégé is susceptible to over-use injuries: “He pushes a little too much.” However, the coach also believes that Mr. Jamieson has the potential to lower his great-great-grandfather’s marathon record (the current Canadian men’s marathon record is 2:05:36, held by Cam Levins from Vancouver Island).

“2:24, I think, that’s almost the floor of his potential in the next couple of years because he’s so tenacious,” Mr. Silva said. “He not only wants to soak up information, he wants to go out and perform.”

Regardless of what happens in Boston, Mr. Jamieson knows he’s running for much more than fast times and acclaim.

Reunited with both parents, he said he has found intentionality in running and in Tom Longboat’s nearly mythical example.

It’s this credo, he said, along with his Christian faith, that helps him make good choices, such as attending dentistry school, eating cleanly and living a straight-edge lifestyle. A close follower of Indigenous affairs, he wants to bring Tom Longboat’s legacy back to Canadian reserves and inspire the next generation of Indigenous children.

“One thing about Longboat that stood out to me is that he always stayed true to himself,” Mr. Jamieson said. “He didn’t let other people influence him or get in his way, and that’s what I try to live by. I tell people when I return home to Six Nations, never give up on your dreams.”

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Indigenous

Dental care benefits for First Nations and Inuit falling behind Canadian standards, say dentists

Administrative burdens, outdated fee structures cause some dentists to opt out of NIHB

Joy SpearChief-Morris · CBC News · Posted: Jan 22, 2026 4:00 AM EST | Last Updated: January 22

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Estimated 8 minutes



Janine Manning, a member of the Chippewas of Nawash Unceded First Nation, was told the federal Non-Insured Health Benefits program would cover only $159 of her nearly $2,200 root canal procedure, while her private insurance covered just over half of it. (Janine Manning)

Joy SpearChief-Morris is the recipient of the 2025 CJF-CBC Indigenous Journalism Fellowship, established to encourage Indigenous voices and better understanding of Indigenous issues in Canada's major media and community outlets.

Janine Manning needed a root canal.

While a fairly common procedure, Manning's dentist recommended her to a specialist because of the specific injury to her tooth.

Manning is a member of the Chippewas of Nawash Unceded First Nation in southern Ontario, and uses the federal Non-Insured Health Benefits program (NIHB) that covers things like dental care for First Nations people and Inuit.

But when it came to pay the bill, Manning was told the federal program would cover only $159 of the nearly $2,200 procedure.

Manning was able to get about $1,400 covered by her private insurance, but still had to pay nearly $600 out of pocket.

"It just seems like such a frustrating system that is really not supportive of Indigenous folks who are just simply trying to access dental services," Manning said.

The NIHB program covers things not insured by medicare, like vision and dental care, mental health counselling, prescriptions, travel for medical services and medical supplies and equipment. It's positioned as a payer of last resort, meaning clients who have benefits from provincial/territorial or private insurance must first use those.

Dentists and users of the program, like Manning, say the program is not keeping up with modern costs and procedures. Administrative burdens are causing dentists to opt out of the program, creating accessibility issues for First Nations and Inuit clients who can't afford to pay up front.

WATCH | Checking up on First Nations and Inuit non-insured health benefits :



Gaps in the federal health benefits program for First Nations and Inuit

► January 21 | 1:10

The Non-Insured Health Benefits program pays for things not covered under medicare, like prescription drugs or glasses, for eligible First Nations people and Inuit but the program is criticized for being outdated and

complicated.

A program stuck in the 1970s

According to the NIHB program's 2023-2024 annual review, about 344,898 clients used dental benefits. Dental benefits were the program's third largest expenditure that fiscal year, with over $379 million spent.

But barriers to accessing dental care is the number one complaint when it comes to NIHB, according to Caroline Lidstone-Jones, chief executive officer of the Indigenous Primary Healthcare Council.

"Many NIHB eligible First Nations people face long wait times, partial approvals, providers who won't take NIHB and major travel barriers," she said.

"These challenges often turn treatable dental issues into preventable tooth loss."

Lidstone-Jones, a member of Batchewana First Nation, had to get a root canal recently herself.

She said it took four rounds of paperwork between NIHB and her dentist over six months just to be denied in her predetermination for the procedure.



Caroline Lidstone-Jones, CEO of the Indigenous Primary Healthcare Council, says access to dental benefits is the number one complaint when it comes to NIHB. (Indigenous Primary Healthcare Council)

Her private insurance paid for a crown on her tooth and she ended up paying about $1,000 out of pocket, while NIHB paid zero.

“Because it's so costly, there is so many people then who are just not able to participate in that level of care,” Lidstone-Jones said.

Manning said she submitted an appeal for coverage of her root canal, but was denied after waiting over eight weeks for an answer.

Dr. Aaron Burry, chief executive officer of the Canadian Dental Association, said the NIHB program needs to move into the 21st century.

Burry, who has been a dentist in Ontario for nearly 40 years, said more modern dental procedures can require “long, laborious processes” to get approved by NIHB, “if it’s approved at all.”

“Many of the concepts that are in the NIHB program are really from the 1970s and 1980s,” Burry said.

“Certainly the issues that we hear about, the dentists that we deal with at CDA, are providing care that's on a higher level.”

WATCH | The history behind the Non-Insured Health Benefits program:



Medicine chest clause explained

▶ January 21 | 1:15

How did we get from the medicine chest treaty clause to the Non-Insured Health Benefits program? Joy SpearChief-Morris unpacks its history.

Burry said a major issue with NIHB is the predetermination or pre-authorization process when it comes to certain dental procedures, which he said is not only lengthy but creates uncertainty.

“To put in all that effort and then have the answer still be no is typically a frustration for the patient, but it's also a frustration for the dentist and the dental office,” he said.

Burry said issues like these and other negative experiences with NIHB, such as delayed payments, are why many dentists “don't view this program very positively” and have chosen to opt out of it.

As a result, finding dental providers who will bill to NIHB is an ongoing issue for clients.



David McLaren, president of First Nations Health Managers Association, says some members of his community in Kebaowek First Nation in Quebec have to travel longer distances to find a dentist that will direct bill NIHB. (Fred Cattroll)

David McLaren, president of the First Nations Health Managers Association, said some members of his community in Kebaowek First Nation in Quebec have to travel longer distances to find a dentist that will direct bill NIHB. But then NIHB, which covers travel for medical procedures, does not always pay for the travel if there are other dentists closer.

- **Feds spend $1M to fly Inuit children south for dental surgery**

“We call service providers and say, do you accept the NIHB program in its entirety? Are you going to charge our clients?” McLaren said.

“I don't think people who are on Sun Life have to do that.”

Resolutions but no solutions

In 2022 a parliamentary report conducted by the Standing Committee on Indigenous and Northern Affairs on NIHB noted administrative issues with the dental program – such as the need for modernizing approvals processes – and the impact on First Nations and Inuit overall oral health.

The report issued 18 recommendations, but when asked by CBC Indigenous, the federal government did not answer whether there has been action on these recommendations.

Indigenous Services spokesperson Eric Head said in a statement to CBC Indigenous that the NIHB’s approach to setting maximum dental fees is “dynamic.” Fees are reviewed on an annual basis and adjusted for “a variety of factors, including inflationary pressures.”

Head said dental associations and providers can establish or adjust their own fee rates as part of their business models.

Head said “the number of providers enrolled with the NIHB program increases every year in each benefit area” with dental seeing a 10 per cent enrolment increase between 2021 and 2025.

First Nations and Inuit who use the NIHB program are also eligible for the new Canadian Dental Care Plan (CDCP), if they meet its income requirements.

But while NIHB is usually considered the payer of last resort with other public or private insurance, NIHB must be billed first before clients can try to access the CDCP.

Head said, “There will be no service stacking or duplication of coverage between the CDCP and NIHB program.

“It is expected that the NIHB program will cover all eligible services with limited to no gaps between the two plans.”

From red tape to win-win-win

Dr. Scott Leckie, who has been a dentist in Winnipeg for 35 years and an advocate of the program, said sometimes offices have to dedicate a full-time clerk just to NIHB paperwork.

The CDCP and NIHB use similar fee structures, which Burry said are “somewhere between very close to substantially less” than the fee structures established by each provincial dental association.

Both dentists agreed matching the dental associations’ fee structures, like most private insurers, would be an improvement.



Dr. Scott Leckie, a dentist in Winnipeg for over 35 years, says there needs to be a comprehensive review of NIHB's administrative process. (Kevin Nepitabo/CBC)

Leckie said there needs to be a comprehensive review of the administration of the NIHB dental program to ensure that its predetermination requirements are in line with other public and private dental programs.

Burry said for NIHB to be successful at what it does, it needs to be a “win-win-win” program for patients, providers and the government, which it is not achieving now.

Burry said many First Nations clients have higher care needs when it comes to dental than the average Canadian and the NIHB is not designed to deliver that.

“It is primarily set to cost containment, so in that respect, the government meets its objectives,” he said.

“But when you meet that objective, does this work for the dentist in terms of being able to provide the care they want to provide? Not necessarily. Does this work for the patient? No, because they don't … get the care,” he said.

Lidstone-Jones said the “red tape” associated with the NIHB program makes it difficult to access preventable dental care, particularly for elders and children, which leads to greater impacts on quality life, self-esteem and mental health.

“Sometimes people don't understand that these are actual, real life people going through this system trying to access care.”

Dental-care delivery in North needs overhaul, Canadian Dental Association CEO says

TAVIA GRANT >

PUBLISHED MARCH 27, 2026

FOR SUBSCRIBERS



Passengers board a plane at the Délı̨nę airport in the Northwest Territories in November, 2025, to access dental care.

TATE JUNIPER/THE GLOBE AND MAIL

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05:43 1X

Dental-care delivery in Canada's North needs a massive overhaul to ensure better quality of services to people in remote communities, a leader of the Canadian Dental Association said.

In an interview Friday, Aaron Burry, the CDA's chief executive officer, said inaction risks perpetuating inequities in oral health in Canada.

"This isn't something that we need to study more. We know that certainly, First Nations and Inuit do not enjoy the same level of oral health as the rest of Canada. That's been known for a long time … We need to look at strategies that work," Dr. Burry said.

He was responding to an in-depth Globe and Mail story, published Thursday, which revealed that seven communities in the Northwest Territories have not had a dentist visit in six years or more. Many people have to travel thousands of kilometres for treatment. Others, particularly elders or single parents with child-care pressures, can't travel, and have gone for years without access to a basic service in Canada.

First Nations group in Northern Ontario demands better fire service after child's death

Dr. Burry, who has practised dentistry for 40 years, said he found the story "very difficult to read."

Children, in particular, who suffer from chronic toothaches can see the consequences of lack of dental treatments in their ability to sleep, eat, learn and grow. "This is not just about toothaches. It's much bigger than that."

Ottawa's non-insured health benefits, or NIHB, program, administered by Indigenous Services Canada, or ISC, covers dental care for eligible First Nations and Inuit residents across the country. Under a renewed 1997 mandate, its

objective is to help them reach an overall health status “that is comparable to the health of the Canadian population.”

In October last year, the Auditor-General of Canada reported that ISC still didn’t know how much of an oral health gap existed between First Nations and Inuit populations and other Canadians. As a result, it said ISC didn’t know “which oral health services were needed most, where they were needed, and the number and type of oral health professionals needed to deliver the services.”

The whole NIHB program, developed decades ago, needs fundamental change, not just tinkering at the margins, Dr. Burry said.

That includes, at a minimum, closing the gap in NIHB rates so that dentists are compensated at comparable levels as in provincial or territorial standards. “Given the higher costs of delivering care in the North, I think it’s the least that can be done – the minimum.”

Indigenous program to protect Canadian wilderness aims to bolster First Nations’ economies

Over months of reporting, The Globe heard from community members in the Northwest Territories who described harrowing experiences, including a man in Tuktoyaktuk who pulled out his own tooth with a Leatherman multitool and a Tulita resident whose elderly mother had to fly three times to Yellowknife to get a painful abscess treated. One pediatric dentist in Yellowknife described needing to extract 12 adult teeth from a 13-year-old girl.

In response to questions Friday from The Globe, Indigenous Services Minister Mandy Gull-Masty acknowledged the troubles people are facing in accessing dental care. “This is the reality that in some spaces, there’s a lack of service,” she said at a news conference in Toronto.

She said she herself, as a Cree woman from Waswanipi, Que., has had to travel 1,000 kilometres to see a dentist when she is in her community. “I know that this is a harsh reality, but I’m happy to know that you’re sharing those kinds of stories to really showcase the barriers that people face when trying to receive health care,” she said.

She said the government is committed to building capacity. “We are going to continue building and ensuring that the service that we offer is quality, that we’re going to build that capacity, and … that we will work with communities to ensure that they develop the plan that they need.”

Tanya Talaga: Kashechewan First Nation faces a new problem in its decades-long water crisis

She did not mention specific concrete steps aimed at bringing dental services closer to communities in the NWT. A long-term objective for ISC, she said, is to tailor its programs to offer “the best, high-quality equal service that we can.”

Dr. Burry said there is a pressing need for reform. “We’ve got a good system of oral health access in the country. But then you move into communities where that’s not the case – it’s very sad. It’s heartbreaking.”

He said an oral health strategy is needed specifically for the North, one that involves input from community leaders along with dental professionals, and that is adaptable to each community’s needs and circumstances. He said all levels of government need to work together on this.

NIHB, he said, is “not a program that was well designed to comprehend or to think about areas like the North.”

When it comes to access to care, “we’re no longer in the 1940s or 1950s when many of the [Northern] clinics were established. You need to have proper infrastructure to do good care today. Canadians in the south, we have high expectations when we go to the dentist – it’s first class, it’s a lot of investment. And so I think we need those levels of investment.”

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Indigenous leaders in the North press governments to restore, improve dental care access

TAVIA GRANT >

PUBLISHED APRIL 28, 2026

FOR SUBSCRIBERS



Dene National Chief George Mackenzie, sh wn in 2024, sa d c dren in particular face cha enges in their education due to dental pain.

SPENCER COLBY/THE CANADIAN PRESS

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Leaders of two prominent Indigenous organizations in the Northwest Territories are urging the federal and territorial governments to restore and bolster dental care, an essential service that has become far less accessible for people in remote communities in recent years.

Dene National Chief George Mackenzie said in an interview that many of the people he represents are suffering from untreated dental issues, leading to chronic pain, infection and loss of productivity.

“Children in particular face challenges in their education due to dental pain, and overall community health indicators have deteriorated,” said Mr. Mackenzie, who is also the Northwest Territories Regional Chief for the Assembly of First Nations.

“We are calling for immediate action from the federal government and the territorial government to improve access to dental care.”

His comments follow a Globe and Mail story last month that documented an erosion of dental-care access in the territory. Seven remote communities of the 32 outside of Yellowknife have not had a dentist visit in six years or more. Another seven haven’t had an in-community dental clinic in more than two years. Residents in fly-in communities are having to travel thousands of kilometres for appointments. Others, particularly elders or parents with child-care pressures, can’t travel and have gone for years without access.

Dental-care delivery in North needs overhaul, Canadian Dental Association CEO says

Before the pandemic, most of the 23,000 residents outside of the territory's capital had some access to care closer to home. In recent years, however, dentists, who used to visit communities on a regular basis, have stopped bidding on contracts. And clinics that once operated in regional hubs – such as in Norman Wells and Inuvik – have closed.

Erwin Elias, the leader of an Inuvik-based organization that represents about 7,500 Inuvialuit (the Inuit of the Western Arctic), said the impacts from a lack of access to dental care are affecting people's overall well-being and trust in the health system.

"Access to dental care remains a significant challenge for Inuvialuit, particularly in remote communities where service is not provided and is dependent on independent providers," Mr. Elias, chair and chief executive officer of the Inuvialuit Regional Corp. (IRC), said in an e-mailed statement. Gaps in local service, he said, can create barriers related to continuity of care and trust.

IRC said in a statement that its staff member who helps people navigate the health care system regularly hears concerns from people requiring denture care, "including teeth being removed and dentures fitted during a single medical travel visit, with limited opportunity for healing time or follow-up adjustments."

Federal funding for tuberculosis fight in the North remains uncertain, Inuit leader says

Governments have been wrangling over responsibilities in dental care. The federal government, under its non-insured health benefits (NIHB) program, provides dental coverage for eligible First Nations and Inuit clients. This includes paying dental providers for services during community visits, and covering travel costs for those who need treatment. The territory co-ordinates the logistics of travel and visiting clinics.

An NIHB agreement between the federal and territorial governments had expired in March, 2025. Indigenous Services Canada, the federal department

that works with partners on programs for First Nations, Inuit and Métis peoples, said a new one was signed last month. ISC said the new agreement doesn't include details on dental coverage or services. It said discussions with the NWT over the provision of dental services are "ongoing."

ISC spent $11.1-million on NWT dental travel in the fiscal year ending in 2025 – up nearly tenfold from six years earlier.

The Globe's reporting has found a system under pressure. According to dentists in the territory, key issues include lower dental fee rates in the NIHB program, and inadequate or poorly maintained equipment, along with a lack of dental spaces in communities.

Dental clinics in several regional hubs, such as Inuvik, have closed in recent years. As a result, people must spend days travelling to capital cities such as Yellowknife, or further to Edmonton or Whitehorse for treatment.

This month, the Inuvik Public Health Centre, which offers health information and referrals, said staffing issues mean it needs to cut some services. In a Facebook post, it said it doesn't have the capacity to do dental referrals, and that people should book appointments in Yellowknife or Whitehorse directly.

In Canada's far north, some fret Carney's military plan could overshadow health, education needs

The territory said in a statement that part of the new agreement supports travel and accommodation costs to allow dentists to access NWT communities. It said it continues to work with ISC on issues related to dental-services delivery.

In the e-mailed statement, the territory's Health Minister, Lesa Semmler, said she hopes to see "continued federal investment in dental services in small and remote communities, including supports that help those communities maintain the equipment and infrastructure needed to deliver care."

ISC said it is working with the territory and that one key challenge is a shortage of dentists. In an e-mail, ISC spokesperson Jennifer Cooper said it "recognizes

the challenges many people face because of limited in-community dental services in recent years."

Ms. Cooper said ISC is supporting the territory to establish community inventories of dental equipment and has provided direct funding for a dental consultant to help with the resumption of in-community services. ISC doesn't have a time frame for when these services will resume.

She also said that the funding of dental equipment, infrastructure and maintenance of this "are not eligible NIHB expenses." (In previous years, the federal government has on occasion funded new equipment.)

Dentists have proposed solutions to improve access, such as aligning NIHB dental fee rates with other plans. They say investing in new equipment and dental spaces in communities, to bring care closer to home, is better for patients and more cost effective for governments.

In Inuvik, the Inuvialuit Regional Corp. said it is currently working on longer-term improvements to dental access. Inuvik, the NWT's second-largest community by population, is the hub for the Beaufort Delta region.

A recent feasibility study by IRC recommended establishing a clinic in the town that should include a travel dental team, IRC said.

Mr. Mackenzie, who works in Yellowknife, said growth in international tourism, related to aurora viewing, is putting further strain on the system. Hotels at capacity mean some residents who travel for medical and dental reasons have nowhere to stay. "It's causing a major problem for our dental care," he said. "In some cases, the patient has to cancel because there's no availability of hotels in Yellowknife."

He is advocating for more dental professionals in communities, re-establishing travelling clinics, bolstering both preventative and restorative services and ensuring children have better access to routine check-ups and emergency dental care.

Royal College of
Dental Surgeons of Ontario

COUNCIL
BRIEFING NOTE

TOPIC: Audited Financial Statements & Auditor Appointment

FOR DECISION

June 18, 2026

ISSUE: Audited financial statements are a mandatory requirement for the College. Annually the Finance, Audit & Risk (FAR) Committee recommends the audited financial statements for the College and the Pension Plan (2025 will be the last year) to the Council for approval. The external auditor is required to be appointed by the Council each year, based upon a recommendation by the FAR Committee.

PUBLIC INTEREST: This matter furthers or serves the public interest by ensuring College finances are reviewed by an external body and internal controls are assessed for reasonableness.

BACKGROUND:

- The 2025 audit concludes the eighth year using Tinkham as the College's external auditor. The fee continues to be below market and Tinkham audits other large Colleges, including CPSO and the College of Pharmacists, and have an excellent understanding of the health regulatory space.
- In 2024, the audit engagement partner transitioned to Michael Rooke, who has been the concurring partner on the file for the 5 years prior to 2024. It is best practice to rotate the engagement partner every 5 years to provide a "fresh look" to ensure objectivity.

CURRENT STATUS:

- Tinkham carried out an audit of the College's 2025 financial statements, including the pension plan, included in Appendices B and C.
- Attached in Appendix A are highlights from the statements including an explanation of significant variances.
- The FAR Committee completed the review of the 2025 Audited Financial Statements, received the auditor's report and held an in-camera session with the external auditor.
- In its audit report, Tinkham stated that no deficiencies were identified, nor were any significant recommendations issued.
- The defined benefit (DB) pension plan became fully annuitized in November 2025; therefore, the College will no longer be required to issue audited pension financial statements going forward.

- The FAR Committee recommends the appointment of Tinkham as the 2026 auditor for the College.

NEXT STEPS:

- Once the financial statements are approved by Council staff will prepare the College annual tax return for Canada Revenue Agency (CRA), which is due June 30th.
- Fulfil other compliance requirements, including upload of the Pension Financial Statements to FSRA (Financial Services Regulatory Authority, the provincial pension regulatory body).
- Submit the summary of financial statement information for the annual report.

DECISION FOR COUNCIL:

The FAR Committee recommends the following motions for Council's approval:

Approval of 2025 Audited Financial Statements

THAT the Council approve 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.

Approval of 2025 Audited Fund Financial Statements for the RCDSO Pension Fund

THAT Council approve 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.

Approval of 2026 Auditor

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

CONTACT:

Kelly Tripp, ktripp@rcdso.org

Jeffrey Gullberg, jgullberg@rcdso.org

Attachments:

Appendix A Financial Commentary on the Financial Statements

Appendix B 2025 Audited RCDSO Financial Statements

Appendix C 2025 Audited Fund Financial Statements for the RCDSO Pension Fund

Royal College of
Dental Surgeons of Ontario

FINANCIAL COMMENTARY

For the year ended December 31, 2025

SUMMARY of AUDITED STATEMENTS (Year-over-Year Results)

Year-end audit

The audit was completed on a remote basis; all files are available in digital format, which makes pulling the supporting documentation efficient and effective.

The relationship between the auditors and finance staff remains positive with excellent cooperation experienced throughout the course of the audit.

Year-end results

The College ended the year with a **surplus of $2,976,649** (2024 – surplus of $8,935,506). These results were $577 thousand above budget (2025 budget – surplus of $2,398,991).

Compared to the previous year, total revenues are $3 million higher. The registration and annual fees are up by $2.4 million and investment income is up by $560 thousand.

Expenses of $45 million are $9 million higher than last year. This is in large part due to impacts of the PLP program divestment.

STATEMENT OF FINANCIAL POSITION

Cash & Short-Term Investments

Cash and short-term investments of $30 million were up by $6 million from the prior year. The 2025 renewal cycle was primarily processed in November and December of 2025. Cash is higher from prior year at year end as the College collected annual fees on behalf of the new service provider ($16.7 million), resulting in a temporarily higher cash balance. Short-term investments are lower due to a greater allocation to long-term investments.

Accounts Receivable

Accounts receivable are consistent with the prior year. Accounts receivable are made up primarily of members who have not yet renewed their license by December 31, 2025, net of allowances made for doubtful accounts. In addition, funds were held in trust at year end to fund the premium payable to the third-party insurance company to transfer the liability for claims under the PLP program for case years 2024 and prior, effective January 1, 2026.

Prepaid Expenses

Prepaid expenses are future expenditures paid in advance. Prepaid expenses are first recorded as an asset. After the benefits of the assets are realized over time, the amount is then recorded as an expense. The largest prepaid expenses for 2025 include payroll, teaching grants to the faculties, IT & website licenses which were paid in 2025 but cover periods in 2026 and beyond. The largest prepaid in 2025 relates to payroll of the first pay period in 2026 and this is due to the timing of the bank holidays as the payment was deducted from the bank on the last day of the calendar year.

Long-Term Investments

Investments in long-term bonds and GICs increased from $57.9 million in 2024 to $64.5 million in 2025. The increase reflects both stronger returns from traditional fixed income products such as GICs, treasury bills, and corporate bonds, and a strategic reallocation of funds from short-term investments into long-term instruments. This portfolio rebalancing further strengthened the College's ability to support ongoing operations with stable and reasonable returns.

The College’s holdings in exchange-traded funds (ETFs) are consistent with the prior year ($8.6 million in 2025). The ETFs performed well during the fiscal year and resulted in a higher fair value adjustment at year end, which further increased the value of the College’s long-term investments as of the end of 2025.

Pension Plan Assets

The College had a defined benefit (DB) pension plan which was annuitized, completed in November 2025. The College continues to maintain a supplementary and defined contribution (DC) pension plan.

The pension asset relates to the Supplemental Pension Plan. The Supplemental Plan is set up as a Retirement Compensation Agreement (RCA) with CRA, which requires that all contributions to Royal Trust, who administers the plan, have matching payments to CRA as refundable tax. At December 31, 2025, CRA held $2.1 million in refundable tax.

Capital Assets

Between December of 2024 and 2025, the College spent $532 thousand on capital assets, to invest in or maintain the College’s operating capacity. Expenditures focused on the CRM, website, e-portfolio and other software projects, updated laptops to equip staff to effectively work remotely, and minor required improvements to the facility. Capital assets are drawn down in value over the life of usefulness; in 2025, $1.7 million in amortization was recorded. As the College continues to enhance its software infrastructure, certain software assets that are no longer in use and have reached the end of their useful lives were retired and fully removed from the statement of financial position. These retired assets were identified through the College’s routine review process with the head of IT and Operations, and these assets had been used to support the general operation of the College.

Accounts Payable and Accrued Liabilities

The College makes its best effort to ensure all expenses related to a fiscal year are accounted for in the correct period. The accounting records are left open for two months after the year-end date to give vendors ample time to submit their invoices for services rendered prior to December 31. We also review contracts where work was scheduled to be completed during the year but no invoice has arrived. In doing this, the expense is recorded in the correct year, this is called an accrual. Also included in accruals vacation accruals which are calculated based on the number of days staff members have not yet used at December 31st. Accounts payable & accrued liabilities are up by

$17.2 million from 2024, primarily due to funds held by the College ($16.7 million) on behalf of the new PLP provider in connection with the PLP divestment project, as well as the timing of large invoices received at year end.

Deferred Revenue

The College records deferred revenue as part of our month-end process for any renewal cycle being processed that relates to the following fiscal year. Every renewal program covers a 12-month period; however, some of those cycles straddle two fiscal years, resulting in a deferred portion based on the number of months that extend into the following fiscal year. At December 31, the majority of the deferred revenue balance relates to the Membership Renewal cycle billed in 2025 but relates to 2026. Another example would be Health Professional Corporation (HPC) renewal, which has a cycle of September 1, 2025 – August 31, 2026, therefore eight months of the fee is deferred revenue at year-end.

Deferred revenue decreased by $10.6 million as at year end 2025. This decrease is attributable to the corresponding changes in deferred membership revenue as a result of the PLP divestment. The insurance component of deferred membership revenue, which is no longer recognized as deferred revenue and is instead recorded within accounts payable as funds collected on behalf of Navacord.

Accrued Claims Liability

This liability relates to current and expected future claims for the PLP program, determined by an actuary from PwC at year-end. During the year, the liability increases by the budgeted provision and is reduced by spending to date. At year-end, the balance is adjusted to reflect the liability as determined by the actuary. The balance has increased by $4.98 million because of the Loss Portfolio Transfer premium, management's estimate for the 2025 case year, and incremental costs in excess of the actuarial assessment of ultimate losses associated with transferring risk.

Post Retirement Benefit Plan Liability

The liability relates to Post-Retirement Benefits other than pension, a program that entitles certain staff to have health and dental claims covered after they retire. The plan was closed to new employees in 2002 to manage the long-term exposure to the College.

The liability of $4.09 million is an estimate, based on actuarial assumptions, of liabilities that will settle over the long-term. There are no resources set aside to fund this liability, which is common practice in the non-profit sector.

Internally Restricted Resources

The College has internally restricted resources of $30 million. This is comprised of the PLP Reserve of $22.5 million and the Operating Reserve of $7.5 million.

Unrestricted Resources

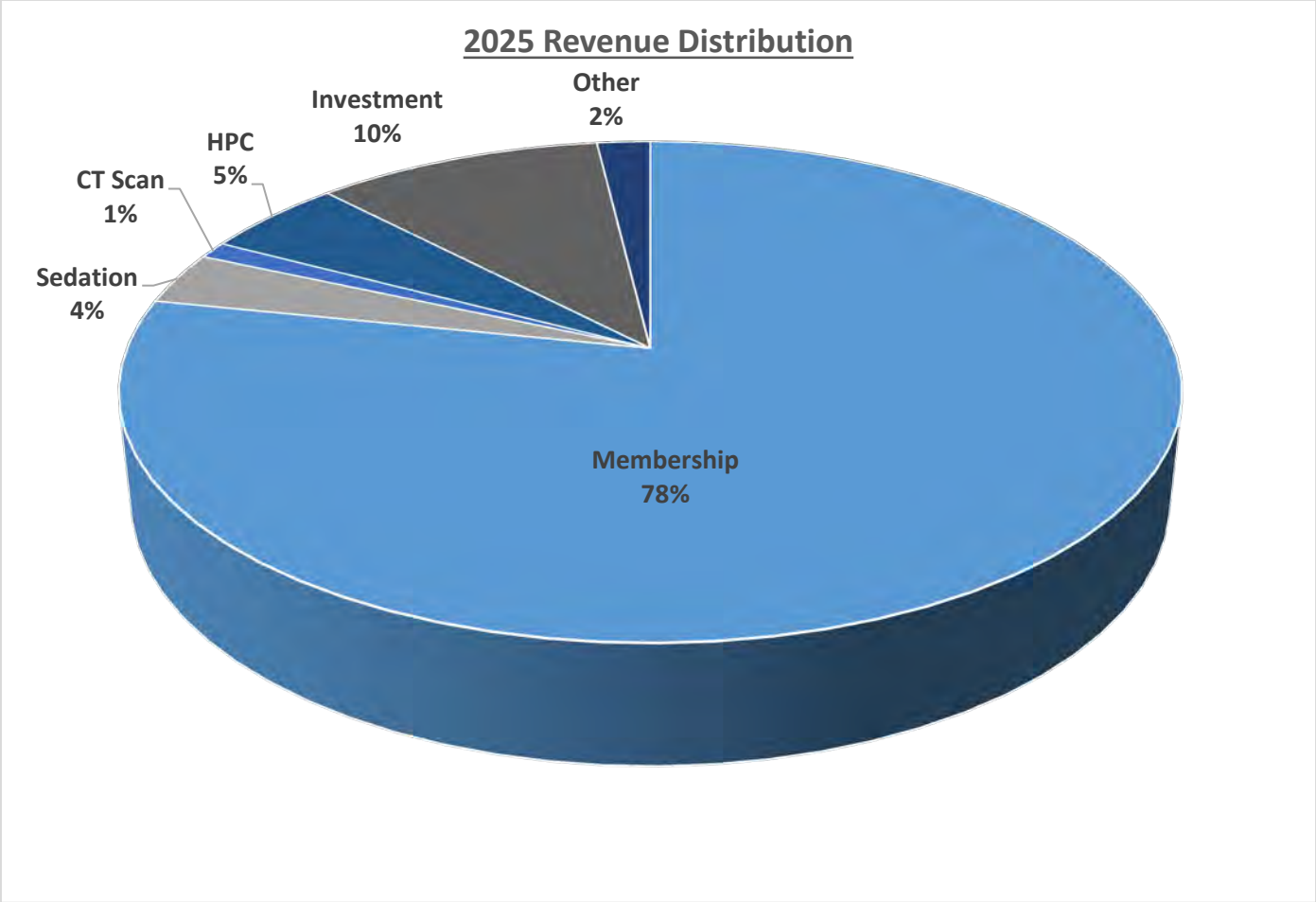
Unrestricted resources of $8.59 million is the amount available for the general operations of the College and represents accumulated net surplus of income over expenses.

STATEMENT OF OPERATIONS

Revenue

Total revenue for the year was $48 million, up $3 million (7%) from the prior year, and at 108% of budget.

The College's revenue streams are dependent on membership dues, although all revenue streams are important to support carrying out our mandate. The program revenue, investment and all other revenue is detailed below.

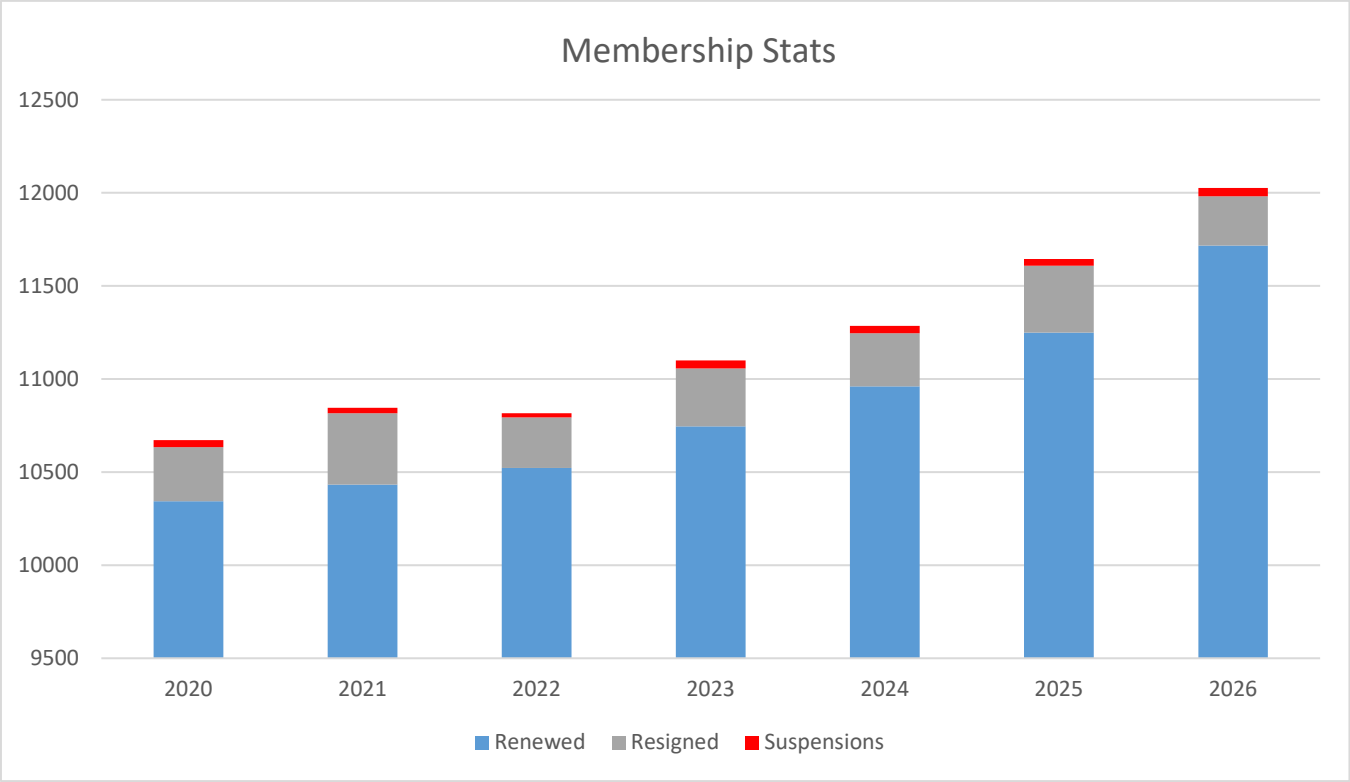


Registration and annual fees

This category comprises membership renewal fees, new dentists joining the College, HPC (health professional corporations), CT scan permits and authorizations, and sedation and anesthesia permits and authorizations. Each program has separate renewal cycles.

As demonstrated below, membership renewals continue to increase year-over-year with a net positive increase of approximately $2.4 million. Of this increase, $1.04 is attributed to the membership fee increase. The annual fee increased by $95 from 2025, based on the June CPI rate of 3%. The remaining increase is driven by growth in membership volumes, in 2025, just over 467 new dentists joined the College (2024 – 846), contributing to additional membership revenue.

Suspensions remain low each year – 36 for the 2025 campaign (2024 – 39). The number of resignations was 358 (2024 - 286); trending averages are 309 per year between 2020-2026 renewal cycles.



Health Professional Corporations continued to experience a high volume of new applicants in 2025 with an average of 90 applications per month, consistent with the prior year. This resulted in an increase of $172 thousand in revenue compared to the previous year.

The participation in minimal sedation, facility permits and authorizations have remained fairly consistent year over year.

Investment income

Investment income increased $561 thousand year over year. The high performing market in 2025 resulted in an unrealized gain on the fair market value (FMV) adjustment of $2.3 million at year end.

PLP Recoveries

Recoveries are up by $47 thousand from the prior year. In 2025, there were 97 (2024 – 101) files billed for the base deductible and 27 (2024 – 25) files invoiced for the step-up deductible, which range from $2,500 - $18,000 per file. Deductibles are invoiced when files are closed, and the increase in recoveries is the result of more files processed in the year.

Professional conduct recoveries

Professional conduct recoveries are up by $79 thousand, mostly driven by an increase in the number of offences that proceeded to court hearings. In 2025, there were 10 (2024 – 4) files and the files were billed at an average rate of $10.4 thousand per file.

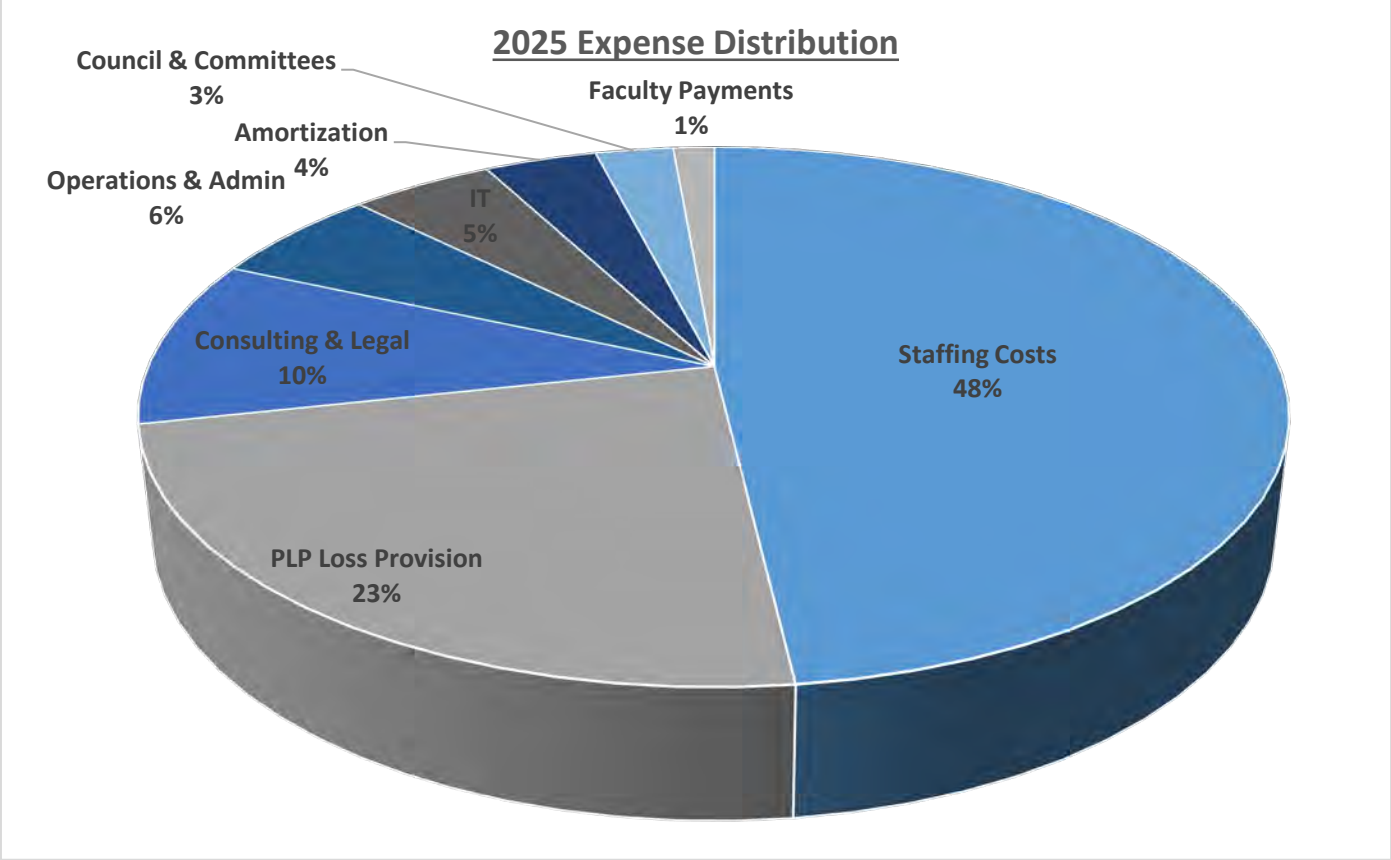
Monitoring recoveries are down by $5 thousand from last year, due to less monitoring being completed in 2025 than 2024.

Other income

This line is down by $105 thousand. It includes the late fees for membership renewals and course registration fees. The decline is largely attributed to the higher carbon tax recovery received from the government in 2024. In additional, effective mid-2025, the College no longer charges members for remedial courses, further contributing to the decrease.

Expenses

The distribution of expenses represented below by line item demonstrates staffing costs account for 49% of the 2025 College expenses, which is 10% less than the prior year (59%). Following the chart is an explanation of noteworthy changes in account balances year over year.



Staffing Costs

This category includes salaries and benefits, temporary staff, external inspectors/monitoring officers, staff development and professional dues.

Staffing costs increased by $535 thousand year over year, representing an approximate 3% increase compared to the prior year. This increase is primarily attributable to cost-of-living adjustments.

Professional Liability Program (PLP) Provision

The liability represents the actuarial assessment on cases still open from 2010 through to 2025 and future claims not yet reported. In 2025, intake processed 2,473 cases compared to 1,861 in 2024. Total open cases for 2025 was 1,032 compared to 755 in 2024. Throughout the year, new cases are added to the portfolio and monthly both the provision and liability line items are increased to reflect anticipated costs associated with the new cases. At the

same time, as cases experience costs, such as legal, expert or settlements, the liability is drawn back down. The actuaries gather all case related activity at year end and assess the value of the total program at that point in time which determines the reported liability amount. The adjustment required reflects the difference between the anticipated costs and the actuarial assessment. In 2025, the increase in the stop loss provision is the result of the additional $4 million related to the premium paid for the LPT agreement for the back book, an estimated additional provision related to the 2025 case year or $1.1 million and the $5.6 million incurred for ongoing case development through the year.

Total costs of the PLP program for 2025 are $13.3 million (2024 - $7.8 million) and account for 30% (2024 - 27%) of College's expenses.

Consulting and Professional Fees

Legal expenses increased by $1.1 million, and consulting & other professional services increased by $690 thousand compared to the prior year. Both increases are mainly attributable to costs related to the PLP divestment project.

Operations and Administration

Administration expenses are down by $47 thousand from the prior year mostly due to a decrease in bad debt expense from the prior year as there were no large doubtful accounts in 2025. Operation expenses are $43 thousand higher than prior year, the slight increase is primarily due to higher utility expenses, and more staff requested ergonomics equipment and consultation expenses due to the work from home arrangement.

Telecommunications and Technology

This line item consists primarily of internet/data centre services, cyber security, service agreements and application support & maintenance and telecommunication expenses are up by $72k. The increase is mainly attributable to higher IT software service agreement and subscription costs implemented to support evolving business requirements.

Amortization and Write Offs

Amortization expenses are slightly higher than the prior year due to the timing of new assets being brought into use and being amortized accordingly.

Council and Committees

Council and Committees expenses are increased by $204 thousand. While most council and committee work continues predominately in a remote environment, more committees are participating in at least one in-person meeting per year. The increase was primarily driven by a higher number of council meetings and the occurrence of a two-day council retreat, as well as increased activity with the ICRC Committee.

Statements of Operations – Actual to Budget – December 31, 2025

In addition to looking at the year-end results as a comparison to actual year over year, it is also important to summarize the actual results to budget.

Revenue

Registration and annual fees

Registration and annual dues are slightly above budget. There were more new applicants and semi-annual membership joins than expected. Sedation programs and CT programs experienced an increase in applications than was anticipated and HPC applications continued to increase slightly beyond expectations.

Investment income

Investment income is well above budget due to favourable rates and the recovery in the markets. The unrealized gain on the equity investments was $2.33 million and it was $2.17 million higher than budget.

PLP Recoveries

PLP recoveries exceeded budget by $119 thousand. We anticipate that 100 cases per year will become resolved/closed and yield a deductible of $2,500. The overall recoveries are high because more cases were processed during the year, and there were more recent files processed with the higher individual deductible amount of $2,500 per file.

Professional conduct recoveries

Professional conduct recoveries are $72 thousand above budget due to more files resulting in recoveries than anticipated. Legal cost recoveries were slightly higher than budget by $13 thousand, whereas monitoring cost recoveries exceeded budget by $50 thousand.

Other income

Other income is higher than budget by $7 thousand. Mostly due to the carbon tax rebate received from the government for $24 thousand not captured in the budget. The carbon tax rebate intends to return a portion of federal fuel charge proceeds directly to eligible businesses. The final rebate period following the elimination of the program was effective April 1, 2025. The $24 thousand received in December was the final payment related to the 2024-2025 fuel charge year no further rebates are expected.

Expenses

Staffing Costs

Staffing costs are below budget by $146 thousand, mostly attributed to the vacation accrual was $185 thousand below budget due to staff using their vacation time instead of carrying over to the following year.

Professional Liability Program (PLP) Provision

Throughout the year, new cases are added to the portfolio and monthly both the provision and liability line items are increased to reflect anticipated costs associated with the new cases. At the same time, as cases experience costs, such as legal, expert or settlements, the liability is drawn back down. The actuaries gather all case related activity at year-end and assess the value of the total program at that point in time which determines the reported liability amount. The adjustment required reflects the difference between the anticipated costs and the actuarial assessment. In 2025, the actual cost was $3.05 million above the budget due to the Loss Portfolio Transfer premium, and managements estimate of the incremental costs in excess of the actuarial assessment of ultimate losses associated with transferring the balance of the risk for the 2025 case files, these factors were unknown at the time of the budget was built.

Consulting and Professional Fees

Consulting and professional fees exceeded budget by $500 thousand, primarily due to costs associated with the PLP divestment project. Other professional fees had small variations from budget, but the material difference related to legal expenses that exceeded budget by $508 thousand.

Administration

Administrative costs decreased due to savings on credit card processing fees for 2026 renewal payments collected on behalf of Navacord, with the related fees charged back accordingly.

Operations and Facilities

Savings in operations and facilities due to continued savings experienced due to remote working.

Amortization

Amortization expenses are $12 thousand higher than budget, mostly attributable to the timing of the completion of some capital projects.

Council and Committees

Lower than budget by $129 thousand. Council and committee work continues predominately in a remote environment although more committees are participating in at least one in-person meeting per year.

Insurance and brokerage

Insurance and brokerage expenses are $17 thousand less than budget, primarily due to modest savings achieved on the director and officer liability insurance with Jones DesLauriers.

Faculty payments and fees

Faculty payments and fees were in line with budget expectations, resulting in a minimal variance of $3 thousand.

Fund Financial Statements of the RCDSO Pension Fund

The second set of financial statements requiring approval is the Fund financial statements of the RCDSO Pension Fund.

The requirement for the pension audited financial statements is based on reporting regulations of the Pension Benefits Act, and they are reported to FSRA (Financial Services Regulatory Authority of Ontario) to meet their requirements and this is reflected in the auditor's report.

Under this basis, the actuary's liabilities of the plan are excluded, so these financial statements are not an indication of the adequacy of the Plan's assets to meet its pension obligations and should not be used for purpose other than satisfy our regulatory obligations.

2025 will be the last year the pension fund statements will be prepared. On November 1, 2025, the College terminated the buy-in arrangement purchased in 2023 and converted to a buy-out contract. As a result, all risks with the defined benefit plan have been transferred to the investment company and the assets and liabilities of this plan have been derecognized.

Kelly Tripp - Director, Finance
Alice Men – Senior Accountant
April 28, 2026

ROYAL COLLEGE OF DENTAL SURGEONS OF ONTARIO

Financial Statements

December 31, 2025

COUNCIL DRAFT

ROYAL COLLEGE OF DENTAL SURGEONS OF ONTARIO

Table of Contents

December 31, 2025

COUNCIL DRAFT

	Page
Independent Auditor's Report	1 - 2
Statement of Financial Position	3
Statement of Operations	4
Statement of Changes in Net Assets	5
Statement of Cash Flows	6
Notes to the Financial Statements	7 - 14

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COUNCIL DRAFT

INDEPENDENT AUDITOR'S REPORT

To the Members of the Council of the
ROYAL COLLEGE OF DENTAL SURGEONS OF ONTARIO

Opinion

We have audited the financial statements of the Royal College of Dental Surgeons of Ontario (the "College"), which comprise the statement of financial position as at December 31, 2025, and the statements of operations, changes in net assets, and cash flows for the year then ended, and notes to the financial statements, including a summary of significant accounting policies.

In our opinion, the accompanying financial statements present fairly, in all material respects, the financial position of the College as at December 31, 2025, and the results of its operations and its cash flows for the year then ended in accordance with Canadian accounting standards for not-for-profit organizations.

Basis for Opinion

We conducted our audit in accordance with Canadian generally accepted auditing standards. Our responsibilities under those standards are further described in the *Auditor's Responsibilities for the Audit of the Financial Statements* section of our report. We are independent of the College in accordance with the ethical requirements that are relevant to our audit of the financial statements in Canada, and we have fulfilled our other ethical responsibilities in accordance with these requirements. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

Responsibilities of Management and Those Charged with Governance for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with Canadian accounting standards for not-for-profit organizations and for such internal control as management determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, management is responsible for assessing the College's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless management either intends to liquidate the College or to cease operations, or has no realistic alternative but to do so.

Those charged with governance are responsible for overseeing the College's financial reporting process.

Auditor's Responsibilities for the Audit of the Financial Statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with Canadian generally accepted auditing standards will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.

As part of an audit in accordance with Canadian generally accepted auditing standards, we exercise professional judgment and maintain professional skepticism throughout the audit. We also:

- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, design and perform audit procedures responsive to those risks, and obtain audit evidence that is sufficient and appropriate to provide a basis for our opinion. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the College's internal control.
- Evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by management.
- Conclude on the appropriateness of management's use of the going concern basis of accounting and, based on the audit evidence obtained, whether a material uncertainty exists related to events or conditions that may cast doubt on the College's ability to continue as a going concern. If we conclude that a material uncertainty exists, we are required to draw attention in our auditor's report to the related disclosures in the financial statements or, if such disclosures are inadequate, to modify our opinion. Our conclusions are based on the audit evidence obtained up to the date of our auditor's report. However, future events or conditions may cause the College to cease to continue as a going concern.
- Evaluate the overall presentation, structure and content of the financial statements, including the disclosures, and whether the financial statements represent the underlying transactions and events in a manner that achieves fair presentation.

We communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant deficiencies in internal control that we identify during our audit.

TORONTO, Ontario
DATE **Licensed Public Accountants**

COUNCIL DRAFT

ROYAL COLLEGE OF DENTAL SURGEONS OF ONTARIO

Statement of Financial Position

As at December 31	2025	2024
Assets		
Cash	**$ 30,030,520**	$ 19,949,368
Short term investments (note 3)	**39,090**	4,168,613
Accounts receivable	**890,048**	899,261
Prepaid expenses	**1,320,987**	1,049,016
	32,280,645	26,066,258
Long term investments (note 3)	**79,131,384**	69,914,289
Capital assets (note 4)	**7,969,389**	9,133,120
Pension plan asset (note 7)	**36,800**	-
	$ 119,418,218	$ 105,113,667
Liabilities		
Accounts payable and accrued liabilities (note 5)	**$ 19,843,748**	$ 2,693,229
Deferred revenue	**27,094,376**	37,698,587
	46,938,124	40,391,816
Accrued claims liability (note 5)	**29,756,172**	24,773,967
Post-retirement benefit plan liability (note 6)	**4,093,100**	3,955,300
Pension plan liability (note 7)	**-**	52,600
	80,787,396	69,173,683
Net assets		
Internally restricted (note 9)	**30,043,396**	26,043,396
Unrestricted	**8,587,426**	9,896,588
	38,630,822	35,939,984
	$ 119,418,218	$ 105,113,667

Contingencies (note 8)

COUNCIL DRAFT

Approved on behalf of the Members of Council

_____

Dr. Harinder Sandhu, President

ROYAL COLLEGE OF DENTAL SURGEONS OF ONTARIO

Statement of Operations

Year ended December 31	**2025**	2024
Revenue		
Registration and annual fees (note 10)	**$ 42,106,523**	$ 39,687,349
Investment income (note 3)	**4,949,256**	4,388,378
Professional liability program recoveries	**353,514**	306,060
Professional conduct recoveries	**376,550**	297,850
Other income	**187,746**	292,849
	47,973,589	44,972,486
Expenses		
Staffing costs	**21,659,263**	21,124,489
Professional liability program provision (note 5)	**10,552,069**	4,311,236
Consulting and professional fees (note 5)	**4,520,112**	2,694,458
Telecommunications and technology	**2,162,673**	2,090,253
Amortization of capital assets	**1,695,763**	1,682,914
Administration	**1,317,173**	1,364,478
Council and committees	**1,174,830**	971,208
Insurance and brokerage	**725,589**	704,012
Faculty payments and fees	**619,862**	567,201
Operations and facilities	**569,717**	526,687
	44,997,051	36,036,936
Excess of revenue over expenses for the year	**$ 2,976,538**	$ 8,935,550

COUNCIL DRAFT

ROYAL COLLEGE OF DENTAL SURGEONS OF ONTARIO

Statement of Changes in Net Assets

Year ended December 31	**Internally Restricted** (note 9)	**Unrestricted**	**2025 Total**	2024 Total
Balance, beginning of year	**$ 26,043,396**	**$ 9,896,588**	**$ 35,939,984**	$ 27,300,734
Excess of revenue over expenses for the year	**-**	**2,976,538**	**2,976,538**	8,935,550
Inter-fund transfers	**4,000,000**	**(4,000,000)**	**-**	-
Remeasurements and other items:				
Post-retirement benefit plan (note 6)	**-**	**(188,200)**	**(188,200)**	(61,000)
Pension plans (note 7)	**-**	**(97,500)**	**(97,500)**	(235,300)
Balance, end of year	**$ 30,043,396**	**$ 8,587,426**	**$ 38,630,822**	$ 35,939,984

COUNCIL DRAFT

ROYAL COLLEGE OF DENTAL SURGEONS OF ONTARIO

Statement of Cash Flows

Year ended December 31	2025	2024
Operating activities		
Excess of revenue over expenses for the year	**$ 2,976,538**	$ 8,935,550
Item not affecting cash		
Amortization of bond discounts, net	**(13,517)**	(119,791)
Amortization of capital assets	**1,695,763**	1,682,914
Pension plan expense	**67,400**	57,900
Post-retirement benefit plan expense	**194,400**	191,300
Change in unrealized gain on long term investments	**(2,334,445)**	(1,538,987)
	2,586,139	9,208,886
Changes in non-cash working capital balances		
Short term investments	**4,129,523**	3,648,196
Accrued interest on long-term investments	**(138,946)**	276,488
Accounts receivable	**9,213**	(186,237)
Prepaid expenses	**(271,971)**	(233,092)
Accounts payable and accrued liabilities	**17,150,519**	349,505
Deferred revenue	**(10,604,211)**	2,244,441
Accrued claims liability	**4,982,205**	(486,358)
Contributions to post-retirement benefit plan	**(244,800)**	(232,700)
Contributions to pension plan	**(254,300)**	(322,400)
	17,343,371	14,266,729
Investing activities		
Purchase of investments, net	**(6,730,187)**	(8,476,631)
Additions to capital assets	**(532,032)**	(1,067,828)
	(7,262,219)	(9,544,459)
Net cash inflow	**10,081,152**	4,722,270
Cash, beginning of year	**19,949,368**	15,227,098
Cash, end of year	**$ 30,030,520**	$ 19,949,368

COUNCIL DRAFT

1 Organization

The Royal College of Dental Surgeons of Ontario (the "College") was founded in 1868 and was constituted under the Dentistry Act, 1991 and Regulated Health Professions Act, 1991 as a Not-for-Profit Corporation without share capital. The purpose of the College is to regulate the practice of dentistry and govern its members in the Province of Ontario.

As a Not-for-Profit Corporation, the College is exempt from income taxes under the Income Tax Act (Canada).

2 Significant accounting policies

These financial statements have been prepared by management in accordance with Canadian accounting standards for not-for-profit organizations.

a) Financial Instruments

Financial assets and financial liabilities are initially recognized at fair value when the College becomes a party to the contractual provisions of the financial instrument. Subsequently, all financial instruments are measured at amortized cost, except for exchange traded funds included in long term investments which are measured at fair value.

b) Capital assets

Capital assets are recorded at cost and are amortized on the straight-line basis over their estimated useful lives, commencing at the time the assets are placed into use, as follows:

(i) Tangible assets

Building	25 years	Computer equipment	4 years
Capital improvements	15 years	Furniture, office equipment and fixtures	7 years

(ii) Intangible assets

Computer software and development	5 years

The above rates are reviewed annually to ensure they are appropriate. Any changes are adjusted for on a prospective basis. If there is an indication that the assets may be impaired, an impairment test is performed that compares carrying amount to net recoverable amount.

c) Employee future benefits

The cost of the College's deferred benefit pension and other post-retirement benefit plans are determined periodically by independent actuaries using the projected benefit method pro-rated on service. The College uses the most recently completed actuarial valuation prepared for funding purposes for measuring its pension plan asset. A funding valuation is prepared in accordance with pension legislation and regulations, generally to determine required cash contributions to the plan. The post-retirement benefit plan is valued using an accounting valuation.

COUNCIL DRAFT

2 Significant accounting policies (continued)

c) Employee future benefits (continued)

The College recognizes:

i) The pension plan obligation, net of the fair value of any plan assets, adjusted for any valuation in the statement of financial position;

ii) The cost of the plan for the year in the statement of operations; and

iii) Remeasurements and other items in the statement of changes in net assets.

The most recent actuarial valuation was performed as at January 1, 2026 and the results were effective December 31, 2025.

The cost of the College's defined contribution pension plan is recorded as an expense as payments are made.

d) Revenue recognition

i) Registration and annual fees

The College's principal source of revenue is registration and annual fees which are recognized as revenue in the period to which these fees relate. Annual fees received or receivable in the current year, applicable to a subsequent year are recorded as deferred revenue in the statement of financial position and will be accounted for in revenue in the year to which they pertain.

ii) Investment income

Investment income consists of interest and dividends earned and unrealized gains and losses on exchange traded funds. The income is recognized as earned.

iii) Professional conduct recoveries

Revenues are recognized in the year in which the files have been settled and costs have been awarded or when monitoring services are rendered.

iv) Professional liability program recoveries

Recoveries are recognized in the year in which the files are closed and costs have been incurred on the file in excess of the minimum applicable deductible. Changes to the professional liability program in 2026 will impact the recoveries in future years. Refer to note 5.

v) Other income

All other income, consisting of late payment penalty fees, course registration fees and other miscellaneous income are recognized as revenue when services are provided or as earned.

e) Management estimates

The preparation of the College's financial statements in conformity with Canadian accounting standards for not-for-profit organizations requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities, disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the year.

Key areas where management has made difficult, complex or subjective judgments, often as a result of matters that are uncertain, include, among others, accounts receivable valuation, useful lives for amortization of capital assets, accounts payable and accrued liabilities, accrued claims liability, post-retirement benefit plan liability and the pension plan asset and liability. Actual results could differ from these and other estimates, the impact of which would be recorded in future periods. Estimates and underlying assumptions are reviewed on an ongoing basis.

COUNCIL DRAFT

3 Investments

As at December 31	**2025**	2024
Short term investments		
Cash	**$ 39,090**	$ 40,189
Bankers' acceptances and discount notes	**-**	4,128,424
	39,090	4,168,613
Long term investments		
Fixed income	**65,045,882**	58,386,986
Exchange traded funds		
Equity funds	**14,085,502**	11,527,303
	79,131,384	69,914,289
	$ 79,170,474	$ 74,082,902

The College's short term investments consist of cash held in an investment account (2024 - cash held in an investment account and provincial treasury bills with maturity dates of 180 days or less from the year end date).

The College's long term investments consist of fixed income and equity investments.

i) Fixed income investments

Fixed income investments consist of federal, provincial and corporate bonds and guaranteed investment certificates, maturing between fiscal years ending 2026 to 2031 (2024 - 2025 to 2029). The carrying value of these fixed income investments includes accrued interest of $573,235 (2024 - $712,181) and amortized bond discounts, net of premiums of $21,182 (2024 - $254,843 premiums, net of discounts) for a total unamortized cost of $64,451,465 (2024 - $57,929,648). Fixed income investments totaling $25,741,377 (2024 - $19,214,508) mature within the next fiscal year.

ii) Equity investments

As at December 31	**2025**		2024	
	Market Value	**Cost**	Market Value	Cost
Exchange traded funds	**$ 14,085,502**	**$ 8,590,430**	$ 11,527,303	$ 8,366,676

The College's investment income for the year is comprised of the following:

Year ended December 31	**2025**	2024
Interest and dividend income	**$ 2,614,811**	$ 2,849,391
Change in unrealized gain on equity investments	**2,334,445**	1,538,987
	$ 4,949,256	$ 4,388,378

COUNCIL DRAFT

4 Capital assets

As at December 31	2025		2024	
	Cost	**Accumulated Amortization**	Cost	Accumulated Amortization
Tangible assets				
Land	**$ 4,320,183**	**$ -**	$ 4,320,183	$ -
Building and capital improvements	**5,754,407**	**4,280,344**	5,695,732	4,165,759
Computer equipment	**935,849**	**507,907**	1,149,409	713,152
Furniture, office equipment and fixtures	**891,521**	**880,761**	891,521	876,244
Intangible assets				
Computer software and development	**6,405,107**	**4,668,666**	7,211,663	4,380,233
	$ 18,307,067	**$ 10,337,678**	$ 19,268,508	$ 10,135,388
Net book value		**$ 7,969,389**		$ 9,133,120

5 Accrued claims liability

The Professional Liability Program (the "Program") was established by the College to provide a first level of defence and management of professional liability claims against dentists.

In 2025, dentists were each protected for a maximum indemnity of $2,000,000 (2024 - $2,000,000) for each validated claim. The College is liable up to $2,000,000 (2024 - $2,000,000) of a validated claim, subject to a maximum aggregate loss limit of $10,000,000 (2024 - $10,000,000).

For total claims in a year in excess of $10,000,000 (2024 - $10,000,000), the College has obtained insurance. The individual member is responsible for any amounts in excess of $2,000,000 on any claim. The dentists are liable to the College for a deductible portion on each claim of $2,500 on any one occurrence, including defence costs, increasing to $5,500 for a second claim, $10,500 for a third claim and $20,500 for the fourth and subsequent claims in an 84 month period. These assessments are recorded when the file is resolved or closed. Members may request that the Professional Liability Committee of the College reduce the assessment in exchange for agreement to take remedial training in the specific area of dentistry on which the claim was based.

In 2025 the College entered into a loss portfolio transfer agreement ("LPT agreement"), effective January 1, 2026, with an unrelated third-party insurance company (the "Reinsurer") to transfer the liability for claims under the Program for case years to and including December 31, 2024. The LPT provides $2,000,000 coverage for each validated claim and provides additional coverage for adverse development protection. As a result of this agreement, the College has measured the portion of the accrued claims liability at December 31, 2025 pertaining to the 2024 and prior years claims at an amount equal to the amount expected to be paid to the Reinsurer in 2026. On January 1, 2026, the College will derecognize the accrued claims liability for these claim years.

The College is negotiating with the Reinsurer for the 2025 case year. The College's liability recognized for this case year is a significant estimate. It is anticipated that an LPT agreement will be signed in 2026 which will resolve the measurement uncertainty pertaining to the 2025 case year, and the remaining accrued claims liability will be derecognized at that time.

COUNCIL DRAFT

5 Accrued claims liability (continued)

The College remains contingently liable in the event that the Reinsurer fails to fulfill its obligations under the LPT agreement. The College believes the Reinsurer is financially stable and the risk of loss from this contingency is unlikely. The College also remains contingently liable for the collection of the deductible portion on each claim where the Reinsurer is unable to collect. The potential liability is not expected to be significant.

Professional liability program provision in the statement of operations is $10,552,069 for the year ended December 31, 2025 (2024 - $4,311,236). The expense for the current year includes the premium paid for the LPT agreement described above, an estimated provision relating to the 2025 case year and expenses incurred during the year to pay for claims activity throughout 2025. Costs relating to the divestment of the Program include $1,444,387 in consulting and professional fees expense in the statement of operations.

In 2025 the College also entered into an agreement with a new third party service provider, effective January 1, 2026, to provide the professional liability insurance to dentists. Gain on disposal of the Program will be recognized in 2026. As part of the agreement, the College continues to provide billing and collection support for a defined interim period. The College billed insurance cost to members with the annual membership fee billing in late 2025 for the 2026 calendar year. Included in accounts payable and accrued liabilities at December 31, 2025, is $17,001,519 payable to the service provider upon receipt of the 2026 billings to membership.

6 Post-retirement benefit plan

The College provides, for eligible employees, a plan that includes lifetime benefits for dental, extended health, vision and life insurance subject to certain limits as defined in the plan.

The remeasurements and other items for 2025 amounted to a loss of $188,200 (2024 - $61,000) which is reported in the statement of changes in net assets. The expense for the year related to the plan is $194,400 (2024 - $191,300). The College's contributions to the plan amounted to $244,800 (2024 - $232,700).

As at December 31, 2025, the College's obligation for the post-retirement benefit plan is unfunded and is calculated as $4,093,100 (2024 - $3,955,300). The discount rate used in measuring the College's obligation was 4.90% (2024 - 4.70%).

7 Pension plan asset and liability

The College maintained a defined benefit and supplementary pension plans, for eligible employees. In 2023, the College purchased an annuity buy-in with an investment company to transfer the assets and obligations of the defined benefit plan. On November 1, 2025, the College terminated the buy-in arrangement and converted to a buy-out contract. As a result, all risks associated with the defined benefit plan, including mortality, inflation, credit, and regulatory risks, have been transferred to the investment company and the assets and liabilities of this plan have been derecognized.

The pension plans provide pension benefits based on length of service and final average earnings. The College measures its defined benefit obligations and the fair value of plan assets for accounting purposes as at December 31 each year. The most recently completed actuarial valuation of the pension plans for valuation purposes was as of January 1, 2026.

COUNCIL DRAFT

7 Pension plan asset and liability (continued)

A reconciliation of the College's accrued benefit obligation to the accrued benefit asset (liability) is as follows:

2025	**Defined benefit plan**	**Supplementary plan**	**Total**
Accrued benefit obligation	**$ -**	**$ (3,643,900)**	**$ (3,643,900)**
Fair value of plan assets	**-**	**3,680,700**	**3,680,700**
Funded status - plan surplus and accrued benefit asset	**$ -**	**$ 36,800**	**$ 36,800**

2024	Defined benefit plan	Supplementary plan	Total
Accrued benefit obligation	$ (11,627,900)	$ (3,749,700)	$ (15,377,600)
Fair value of plan assets	11,627,900	3,697,100	15,325,000
Funded status - plan deficit and accrued benefit liability	$ -	$ (52,600)	$ (52,600)

Changes in actuarial assumptions used in estimating pension obligations and the value of plan assets may result in annual gains or losses. In 2025, losses of $97,500 (2024 - $235,300) are reported as remeasurements in the statement of changes in net assets.

The expense for the year related to the College's pension obligation was $67,400 (2024 - $57,900).

The employer contributions to the supplementary pension plan amounted to $254,300 (2024 - $322,400).

The significant actuarial assumptions adopted in measuring the College's accrued benefit obligation are as follows:

	2025		2024	
	Defined benefit plan	**Supplementary plan**	Defined benefit plan	Supplementary plan
	%	**%**	%	%
Discount rate	**N/A**	**4.47**	4.70	4.40

The College maintains a defined contribution plan for certain employees. During the year, the College contributed $1,146,686 (2024 - $1,065,096) which has been expensed through the statement of operations.

8 Contingencies

The College has been named as a defendant in lawsuits with respect to certain of its current or former members. The College denies any liability with respect to these actions and no amounts have been accrued in the financial statements. Should the College be unsuccessful in defending these claims, it is not anticipated that they will exceed the limits of the College's liability insurance coverage.

COUNCIL DRAFT

9 Internally restricted net assets

The Council of the College has internally restricted funds to be used for specific purposes. These funds are not available for unrestricted purposes without approval of the Council.

As at December 31	**2025**	2024
Professional liability reserve fund	**$ 22,522,275**	$ 22,522,275
Operating reserve fund	**7,521,121**	3,521,121
	$ 30,043,396	$ 26,043,396

i) Professional liability reserve fund

The professional liability reserve fund was established to fund the liability for future claims.

ii) Operating reserve fund

The operating reserve fund has been established to help sustain long-term stability, and provide for extraordinary events or unforseen shortfalls.

10 Application fees

Included in registration and annual fees in the statement of operations is $1,504,900 (2024 - $1,392,050) of up front, non-refundable application fees. These fees are recognized as revenue at the time the application is received by the College.

11 Guarantees

The College enters into agreements that meet the definition of a guarantee. The College's primary guarantees subject to disclosure requirements are as follows:

i) The College indemnifies all directors for various items, including but not limited to, all costs to settle lawsuits or actions due to services provided to the College, subject to certain restrictions. The College has purchased liability insurance to mitigate the cost of any potential future lawsuits or actions. The amount of any potential future payment, if any, cannot be reasonably estimated.

ii) In the normal course of operations, the College has entered into agreements that include indemnities in favour of third parties, such as purchase and sale agreements, confidentiality agreements, outsourcing agreements, leasing contracts, information technology agreements and service agreements. These indemnification agreements may require the College to compensate counterparties for losses incurred by counterparties as a result of breaches in representation and regulations or as a consequence of the transaction. The terms of these indemnities are not explicitly defined and the maximum amount of any potential reimbursement cannot be reasonably estimated.

The nature of these indemnification agreements prevents the College from making a reasonable estimate of the maximum exposure due to the difficulties in assessing the amount of liability which stems from the unpredictability of future events and the unlimited coverage offered to counterparties. Historically, the College has not made any significant payments under such or similar indemnification agreements and therefore no amount has been accrued in these financial statements with respect to these agreements.

COUNCIL DRAFT

12 Financial instrument risk

The College is exposed to various risks through its financial instruments. The following analysis provides a measure of the College's risk exposure at the statement of financial position date.

General objectives, policies and processes

Council has overall responsibility for the determination of the College's risk management objectives and policies.

Credit risk

Credit risk is the risk that one party to a financial instrument will cause a financial loss for the other party by failing to discharge an obligation. The College is exposed to credit risk through its cash balances with banks, accounts receivable and investments.

Accounts receivable are unsecured. This risk is mitigated by the College's requirement for members to pay their fees in order to renew their annual license to practice. The College also has collection policies in place.

Credit risk associated with cash and short term and fixed income long term investments is minimized by ensuring that these assets are invested in financial obligations of major financial institutions, Canadian public corporations or government bodies. Cash balances are held by one major Canadian financial institution and therefore a concentration risk exists. Balances exceed the maximum insured amount.

Liquidity risk

Liquidity risk is the risk that the College will not be able to meet a demand for cash or fund its obligations as they come due. The College meets its liquidity requirements and mitigates this risk by monitoring cash activities and expected outflows and holding assets that can be readily converted into cash, so as to meet all cash outflow obligations as they fall due.

Market risk

Market risk is the risk that the fair value or future cash flows of a financial instrument will fluctuate because of changes in market prices. Market risk is comprised of currency risk, interest rate risk and equity risk. The College is not exposed to currency risk.

Interest rate risk

Interest rate risk refers to the risk that the fair value of financial instruments or future cash flows associated with the instruments will fluctuate due to changes in market interest rates. The exposure of the College to interest rate risk arises from its interest bearing investments and cash. The primary objective of the College with respect to its fixed income investments ensures the security of principal amounts invested, provides for a high degree of liquidity, and achieves a satisfactory investment return giving consideration to risk.

Equity risk

Equity risk is the uncertainty associated with the valuation of assets arising from changes in equity markets. The College is exposed to this risk to the extent of the exchange traded funds held.

Changes in risk

Credit risk increased this year as a result of increases in cash and investments. Interest rate risk increased this year as a result of the increase in interest bearing investments and cash. Equity risk increased this year as a result of the increase in exchange traded funds held.

There have been no other significant changes in risk exposures from the prior year.

COUNCIL DRAFT

Fund Financial Statements of

ROYAL COLLEGE OF DENTAL SURGEONS OF ONTARIO PENSION FUND
(Ontario Registration Number 0567172)

December 31, 2025

COUNCIL DRAFT

ROYAL COLLEGE OF DENTAL SURGEONS OF ONTARIO PENSION FUND
(Ontario Registration Number 0567172)

December 31, 2025

Table of contents

	Page
Independent Auditor's Report	1 - 2
Statement of Net Assets Available for Benefits	3
Statement of Changes in Net Assets Available for Benefits	4
Notes to the Fund Financial Statements	5 - 11

COUNCIL DRAFT

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COUNCIL DRAFT

INDEPENDENT AUDITOR'S REPORT

To the Administrator of the
Royal College of Dental Surgeons of Ontario Pension Fund

Opinion

We have audited the fund financial statements of the Royal College of Dental Surgeons of Ontario Pension Fund (Ontario Registration Number 0567172) (the "Fund"), which comprise the statement of net assets available for benefits as at December 31, 2025, the statement of changes in net assets available for benefits for the year then ended, and notes to the fund financial statements including a summary of significant accounting policies.

In our opinion, the accompanying fund financial statements present fairly, in all material respects, the net assets available for benefits of the Fund as at December 31, 2025, and the changes in its net assets available for benefits for the year then ended in accordance with the financial reporting provisions of Regulation 909, Section 76 of the Pension Benefits Act (Ontario).

Basis for Opinion

We conducted our audit in accordance with Canadian generally accepted auditing standards. Our responsibilities under those standards are further described in the *Auditor's Responsibilities for the Audit of the Fund Financial Statements* section of our report. We are independent of the Fund in accordance with the ethical requirements that are relevant to our audit of the fund financial statements in Canada, and we have fulfilled our other ethical responsibilities in accordance with these requirements. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

Emphasis of Matter – Basis of Accounting and Restriction on Use

We draw attention to Note 2(a) to the fund financial statements, which describes the basis of accounting. The fund financial statements are prepared to assist the Administrator of the Fund to meet the requirements of the Financial Services Regulatory Authority of Ontario under Section 76 of the Regulation to the Pension Benefits Act (Ontario) and should not be used by parties other than the Administrator of the Fund or the Financial Services Regulatory Authority of Ontario.

Responsibilities of Management and Those Charged with Governance for the Fund Financial Statements

Management is responsible for the preparation and fair presentation of the fund financial statements in accordance with the financial reporting provisions of Regulation 909, Section 76 of the Pension Benefits Act (Ontario) and for such internal control as management determines is necessary to enable the preparation of fund financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the fund financial statements, management is responsible for assessing the Fund's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless management either intends to liquidate the Fund or to cease operations, or has no realistic alternative but to do so.

Those charged with governance are responsible for overseeing the Fund's financial reporting process.

Auditor's Responsibilities for the Audit of the Fund Financial Statements

Our objectives are to obtain reasonable assurance about whether the fund financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with Canadian generally accepted auditing standards will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these fund financial statements.

As part of an audit in accordance with Canadian generally accepted auditing standards, we exercise professional judgment and maintain professional skepticism throughout the audit. We also:

- Identify and assess the risks of material misstatement of the fund financial statements, whether due to fraud or error, design and perform audit procedures responsive to those risks, and obtain audit evidence that is sufficient and appropriate to provide a basis for our opinion. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Fund's internal control.
- Evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by management.
- Conclude on the appropriateness of management's use of the going concern basis of accounting and, based on the audit evidence obtained, whether a material uncertainty exists related to events or conditions that may cast doubt on the Fund's ability to continue as a going concern. If we conclude that a material uncertainty exists, we are required to draw attention in our auditor's report to the related disclosures in the fund financial statements or, if such disclosures are inadequate, to modify our opinion. Our conclusions are based on the audit evidence obtained up to the date of our auditor's report. However, future events or conditions may cause the Fund to cease to continue as a going concern.
- Evaluate the overall presentation, structure and content of the fund financial statements, including the disclosures, and whether the fund financial statements represent the underlying transactions and events in a manner that achieves fair presentation.

We communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant deficiencies in internal control that we identify during our audit.

TORONTO, Ontario
DATE **Licensed Public Accountants**

COUNCIL DRAFT

ROYAL COLLEGE OF DENTAL SURGEONS OF ONTARIO
PENSION FUND
Statement of Net Assets Available for Benefits

As at December 31	**2025**	2024
Assets		
Investments (note 3)		
Defined contribution	**$ 23,889,538**	$ 18,913,603
Annuity buy-in contract - defined benefit (note 4)	**-**	11,627,900
	23,889,538	30,541,503
Liabilities		
Accrued liabilities	**2,678**	2,678
Net assets available for benefits	**$ 23,886,860**	$ 30,538,825

On behalf of the Administrator,
Royal College of Dental Surgeons of Ontario

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COUNCIL DRAFT

The accompanying notes are an integral part of these fund financial statements.

ROYAL COLLEGE OF DENTAL SURGEONS OF ONTARIO
PENSION FUND
Statement of Changes in Net Assets Available for Benefits

Year ended December 31	**2025**	2024
Net assets available for benefits, beginning of year	**$ 30,538,825**	$ 27,295,247
Increases in net assets available for benefits		
Realized gains on dispositions	**4,063,369**	761,854
Interest and dividend income	**917**	1,184
Employer contributions	**1,119,804**	1,065,096
Employee contributions	**1,061,999**	1,108,157
	6,246,089	2,936,291
Decreases in net assets available for benefits		
Termination payments	**(19,762)**	(513,254)
Annuity payments	**(610,448)**	(699,321)
Annuity buy-out	**(11,016,552)**	-
Actuary and audit fees	**-**	(61,503)
Portfolio management fees	**(80,927)**	(67,321)
	(11,727,689)	(1,341,399)
Increase (decrease) in net assets available for benefits	**(5,481,600)**	1,594,892
Change in unrealized gain (loss) in market value of investments	**(1,170,365)**	1,648,686
Net assets available for benefits, end of year	**$ 23,886,860**	$ 30,538,825

COUNCIL DRAFT

The accompanying notes are an integral part of these fund financial statements.

1 Description of plan

(a) General

These fund financial statements comprise the accounts of the Pension Fund of the Royal College of Dental Surgeons of Ontario Pension Plan (the "Plan"). The Plan is registered in the Province of Ontario under registration number 0567172. The Plan was a combined defined benefit and defined contribution plan that provides pension benefits to past and current employees of the College with vested entitlements. On November 1, 2025, all risks associated with the defined benefit component of the plan, including mortality, inflation, credit, and regulatory risks, were fully transferred to an investment company. Benefits paid from the defined benefit component of the Plan are contingent on earnings and years of service.

(b) Funding policy

The Ontario Pension Benefits Act requires that the Royal College of Dental Surgeons of Ontario (the "College"), being the Plan sponsor, fund the benefits under the Defined Benefit Plan. The determination of the value of these benefits is made on the basis of actuarial valuations. Effective November 1, 2025 this obligation was transferred to the investment company.

(c) Eligibility

Each full time employee is required to join the Plan on their date of hire. A part time employee is eligible to become a member of the Plan on the first day of the month on or next following completion of 24 months of continuous service, provided that they have:

i) Earned at least 35% of the Year's Maximum Pensionable Earnings ("YMPE"); or
ii) Worked at least 700 hours in each of the 2 immediately preceding consecutive calendar years.

(d) Member participation election and contribution

Prior to January 1, 2007, each employee upon becoming a member of the Plan, on or after January 1, 1991, could have elected to participate under the Defined Benefit Formula, the Defined Contribution Formula, or another option which has been discontinued. A member who joined the Plan prior to January 1, 2007 was neither required nor permitted to make contributions to the Plan.

On and after January 1, 2007, each employee upon becoming a member of the Plan must join the Defined Contribution Formula and contribute a minimum of 5% of their earnings to the Plan. Effective July 1, 2022, members may make optional contributions to the plan, up to a maximum of 3% of their earnings. The College provides a 100% match on those contributions.

Effective December 31, 2024 the College froze the accrual benefits for active members, under the Defined Benefit Formula, including for any such member during their period of total disability, and to provide for their continued participation under the Defined Contribution Formula under the Plan effective January 1, 2025.

Any remaining active Members under the Defined Benefit Formula, who had not joined the Defined Contribution Formula, were required to join it effective January 1, 2025.

COUNCIL DRAFT

2 Significant accounting policies

(a) Basis of presentation

The Plan follows Part IV of the CPA Accounting Handbook, "Canadian accounting standards for pension plans" modified for Pension Plans filed in accordance with the significant accounting policies set out below to comply with the accounting requirements prescribed by the Financial Services Regulatory Authority of Ontario ("FSRA") for financial statements under Regulation 909, Section 76 of the Pension Benefits Act (Ontario).

The basis of accounting used in these financial statements materially differs from Canadian accounting standards for pension plans because it excludes the actuarial liabilities of the Plan. Consequently, these financial statements do not purport to show the adequacy of the Plan's assets to meet its pension obligations.

As required by Canadian accounting standards for pension plans, the Fund follows the standards in Part II of the CPA Accounting Handbook "Accounting standards for private enterprises" for its accounting policies for items that do not relate to its investment portfolio, to the extent that those standards do not conflict with the requirements of Canadian standards for pension plans or the requirements prescribed by the FSRA for financial statements under Regulation 909, Section 76 of the Pension Benefits Act (Ontario).

(b) Investments

Pooled fund investments are valued at market.

(c) Valuation of investment assets and liabilities

Investment assets and liabilities are stated at their fair values in the Statement of Net Assets Available for Benefits. Fair value is the amount for which an asset can be exchanged, or a liability settled, between knowledgeable, willing parties in an arm's length transaction. If the financial instrument has a quoted price in an active market, the quoted price is the fair value of the financial instrument. If the market for a financial instrument is not active, fair value is established by using a valuation technique. Valuation techniques include using recent arm's length market transactions between knowledgeable, willing parties, if available, reference to the current fair value of another instrument that is substantially the same, discounted cash flow analysis and option pricing models. If there is a valuation technique commonly used by market participants to the price the instrument and that technique has been demonstrated to provide reliable estimates of prices obtained in actual market transactions, that technique is used. A valuation technique incorporates all factors that market participants would consider in setting a price. Fair value is estimated on the basis of the results of a valuation technique that makes maximum use of market inputs, and relies as little as possible on entity-specific inputs.

(d) Fair value hierarchy

Investment assets and investment liabilities are classified and disclosed in one of the following categories reflecting the significance of inputs used in making the fair value measurement:

- Level 1 - quoted prices (unadjusted) in active markets for identical assets or liabilities;
- Level 2 - inputs other than quoted prices included in Level 1 that are observable for the assets or liabilities, either directly (i.e. as prices) or indirectly (i.e. derived from prices); and
- Level 3 - inputs for the assets or liabilities that are not based on observable market data (unobservable inputs).

If different levels of inputs are used to measure the fair value of an investment, the classification within the hierarchy is based on the lowest level input that is significant to the fair value measurement.

COUNCIL DRAFT

2 Significant accounting policies (continued)

(e) Trade date accounting

Purchases and sales of financial instruments are recorded on their trade dates.

(f) Interest and dividends on investments and changes in fair values of investments

Interest and dividends from investments in money market instruments, bonds, equities, pooled funds and mortgages are recorded separately from the change in fair value of such investments as interest income and dividends in the Statement of Changes in Net Assets Available for Benefits. Interest, dividends, and distributions from pooled funds are recorded on the accrual basis. Dividend income is accrued as of the ex-dividend date. The realized and unrealized gains and losses are determined using the average cost basis.

(g) Transaction costs

All transaction costs in respect of purchases and sales of investments are recorded as part of portfolio management fees in the Statement of Changes in Net Assets Available for Benefits.

(h) Foreign exchange

Transactions denominated in foreign currencies are translated into Canadian dollars at the rates of exchange in effect on the dates of the transactions. At each reporting date, the market value of foreign currency denominated assets and liabilities is translated using the rates of exchange at that date. The resulting gains and losses from changes in these rates are recorded as part of the change in fair values of investments in the Statement of Changes in Net Assets Available for Benefits.

(i) Realized gains on dispositions

Realized gains on dispositions is the difference between proceeds received and the average cost of investments sold.

(j) Interest income and dividends

Interest income and dividends, which are recorded on the accrual basis, include interest income, dividends and distributions from funds.

(k) Internal costs

Internal costs to administer the fund are incurred by the College and are not charged to the Plan. Professional fees and service fees are paid for by the Plan.

(l) Income taxes

The Plan is a registered pension plan, as defined by the Income Tax Act (Canada) and is exempt from tax under Part 1 of the Income Tax Act.

(m) Use of estimates

The preparation of fund financial statements in accordance with Section 76 of Regulation 909 of the Pension Benefits Act of the Province of Ontario, requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities at the date of the financial statements and the reported amount of changes in net assets available for benefits for the year. These estimates are reviewed periodically and, as adjustments become necessary, they are reported in the Statement of Changes in Net Assets Available for Benefits in the year in which they become known.

Amounts requiring significant estimates and assumptions include investments and accrued expenses.

COUNCIL DRAFT

3 Investments

Investments are carried at market value. The plan is administered by iA Financial Group ("iA"). The underlying investments comprise investment units in pooled funds. All investments held by the Plan are considered to be Level 2. There were no transfers between Level 2 and Level 3 investments during the year. Due to the number of funds held, it is not practicable to provide the fund operator and underlying investment details for all investments with a market value in excess of 1% of the cost or market value of the plan. This information is available from the Plan administrator.

Funds held in the plan as at December 31 were invested in the following pooled funds:

As at December 31		**2025**		2024
Guaranteed Investments (at rates ranging from 0.65% to 4.90%)	**$**	**38,005**	$	36,405
Asset Allocation Funds				
Asset Allocation - Balanced (iA)		**595,203**		505,673
Asset Allocation - Growth (iA)		**1,847,813**		1,632,311
Asset Allocation - Aggressive Growth (iA)		**716,721**		597,704
Income Funds				
Money Market (iA)		**32,303**		146,956
Short term bond (iA)		**58,812**		-
Canadian Bond Index (BlackRock)		**112,730**		87,786
Green Bond (AlphaFixe)		**1,821**		1,780
Bond (iA)		**178,242**		1,916,536
Bond (PH&N)		**35,948**		27,351
Core Plus Bond (PIMCO)		**10,234**		9,908
Canadian Corporate Bond (iA)		**210,913**		-
Long Term Bond (iA)		**106,524**		-
Global Fixed Income (PIMCO)		**385,954**		593,175
Floating Rate Bank Loan (AlphaFixe)		**-**		152,166
Fixed Income Global Opportunities (BlackRock)		**248,918**		-
Diversified Funds				
Diversified Security (iA)		**121,104**		111,698
Diversified (iA)		**47,531**		34,392
Balanced Growth (MFS)		**244,330**		324,827
Canadian Equity Funds				
Canadian Equity Index (BlackRock)		**256,092**		177,421
Dividend (iA)		**104,536**		945,801
Canadian Equity (Beutel Goodman)		**78,822**		56,969
Canadian Focused Equity (Fidelity)		**-**		1,016,150
Canadian Equity Growth (iA)		**-**		1,017,585
Canadian Ethical Equity Fossil Fuel Free (FieraCapital)		**4,555**		4,065
Canadian Equity (MFS)		**1,197,901**		981,758
Canadian Equity Small Cap (iA)		**329,720**		23,207
Subtotal	**$**	**6,964,732**	$	10,401,624

COUNCIL DRAFT

3 Investments (continued)

Funds held in the plan as at December 31, 2025 were invested in the following pooled funds (continued)

As at December 31	**2025**	2024
Subtotal forward	**$ 6,964,732**	$ 10,401,624
Foreign Equity Funds		
Global Equity Index ACWI (BlackRock)	**171,683**	73,848
Multi-manager Diversified Equity (iA)	**12,793,968**	-
Global Equity (iA)	**-**	341,826
Global Equity Low Volatility ACWI (TD)	**-**	346,549
Global Equity Opportunistic Value (Wellington)	**46,600**	-
Global Equity Fossil Fuel Free (Jarislowsky)	**4,052**	3,906
Global Research Equity (MFS)	**693,813**	596,396
Global Equity (Mawer)	**-**	831,682
Global Equity (Walter Scott)	**-**	682,377
Global Equity (Baillie Gifford)	**-**	821,881
Global Equity Small Cap (Fisher)	**-**	258,168
Global Equity Small Cap (Mawer)	**31,398**	280,319
International Equity Index (BlackRock)	**166,079**	646,154
International Equity (Mawer)	**131,043**	98,435
U.S. Equity Index (BlackRock)	**387,688**	219,456
U.S. Equity Index Non-Registered (BlackRock)	**-**	776,302
U.S. Equity (Mawer)	**32,044**	63,399
Emerging Markets (Templeton)	**26,423**	16,315
Emerging Markets (Baillie Gifford)	**-**	510,476
Alternative / Specialty Funds		
Global Real Estate (Fidelity)	**3,000**	32,696
Global Infrastructure Equity Index (BlackRock)	**2,261**	1,277
Multi-manager Diversified Credit Income (iA)	**1,271,786**	-
Direct Real Assets (iA)	**518,575**	-
Diversified Growth Alternatives (iA)	**644,393**	-
Diversified Fixed Income Alternatives (iA)	**-**	511,602
Diversified Alternatives (iA)	**-**	1,398,915
	$ 23,889,538	$ 18,913,603

COUNCIL DRAFT

4 Annuity buy-in contract - defined benefit

In 2023, the College, as administrator of the Plan, purchased an annuity buy-in with an investment company to transfer the assets and obligations of the defined benefit plan. On November 1, 2025, the College terminated the buy-in arrangement and converted it into a buy-out contract. As a result, all risks associated with the defined benefit plan, including mortality, inflation, credit, and regulatory risks, have been fully transferred to the investment company.

5 Financial instruments

Fair values

The fair value of pooled fund investments is the aggregate of the market values which are based on quoted market price and other information available at the year end.

The fair value of accrued liabilities approximates their carrying value due to their short-term nature.

6 Financial risk management

Risk management

In the normal course of operations, the Plan's activities are exposed to a variety of financial risks: credit risk, liquidity risk and market risk (defined as interest rate risk, currency risk and other price risk). The value of investments in a Plan's portfolio can fluctuate on a daily basis as a result of changes in interest rates, economic conditions and market news related to specific securities in the portfolio. The level of risk depends on the Plan's objectives and the type of securities it holds. Significant risks that are relevant to the Plan are described below.

Additional information pertaining to the risks of each fund can be obtained from the Plan administrator.

Credit risk

Credit risk is the risk that a financial loss could arise from a security issuer or counterparty to a financial instrument not being able to meet its financial obligations. The Plan's main exposure to credit risk consists of investments in funds which hold debt instruments, including bonds and preferred shares, as well as other assets such as amounts due from brokers and subscriptions receivable. The carrying amount of debt instruments, as presented in Note 3, represents the maximum credit risk exposure as at December 31, 2025.

Liquidity risk

Liquidity risk is the risk that a Plan will encounter difficulty in meeting its obligations associated with its daily cash redemption of units. Liquidity risk is managed by investing the majority of each Plan's assets in investments that are traded in an active market and which can be readily disposed of, and also by retaining sufficient cash and cash equivalent positions.

COUNCIL DRAFT

6 Financial risk management (continued)

Market risk

i) Interest rate risk

Interest rate risk is the risk that the fair value or future cash flows of a financial instrument will fluctuate because of changes in market interest rates. The value of fixed income securities will generally increase if interest rates fall and decrease if interest rates rise. The Plan's exposure to interest rate risk is concentrated in its investment in debt securities such as bonds and short term investments.

ii) Currency risk

Currency risk arises when the value of investments denominated in currencies other than the functional currency of the Plan fluctuates due to changes in exchange rates. Securities trading in foreign markets are also exposed to currency risk as the price in local terms in the foreign market is converted to Canadian dollars to determine fair value. The Plan's exposure to currency risk is displayed below net of hedging strategies.

iii) Other price risk

Other price risk is the risk that the fair value of financial instruments will fluctuate as a result of changes in market prices (other than those arising from interest rate risk or currency risk), whether these changes are caused by factors specific to an individual investment or its issuer or by factors affecting all similar instruments traded in a market or market segment. All securities present a risk of loss of capital. The maximum risk resulting from financial instruments is equivalent to their fair value.

COUNCIL DRAFT

Royal College of
Dental Surgeons of Ontario

COUNCIL
BRIEFING NOTE

TOPIC: Top RCDSO Risk Report 2026

FOR DISCUSSION

June 18, 2026

ISSUE: To regularly review risks rated as high or very high for the College.

PUBLIC INTEREST: Council-approved risk reports provide guidance to the College at both the operational and strategic decision-making levels. This guidance provides the basis for decision-making that facilitates the College most effectively meeting its public protection mandate.

BACKGROUND:

- The College continues to enhance the Enterprise Risk Management (ERM) framework. One of Council's roles is to oversee the risks to the College and its strategic priorities. The ERM process will bring forward the most significant and serious risks to Council's attention regularly, along with mitigation plans, to satisfy this oversight responsibility.
- Setting the College's corporate risk appetite for strategic outcomes was an important first step in building a comprehensive Enterprise Risk Management strategy. At the December 2023 Council meeting, our risk consultant, Mr. Rob Quail, walked through the key elements of ERM, the role of Council and introduced the concept of risk appetite. He facilitated a consensus on the desired risk appetite statements and ratings for each outcome.
- The Risk Appetite information was used to inform development of a risk framework that has been presented to the Finance, Audit & Risk Committee (FAR).
- FAR received information on the risk management process, which included:
    a) The five categories in which the College groups risk into
        1. Program Delivery
        2. External & Strategic
        3. Human Capital
        4. Financial Health & Stability
        5. Information, Records & Data
    b) The risk universe, which is a catalogue of potential risks across the five categories.
    c) A ranking scale that identifies the potential degree of impact on the College and the likelihood that the risk will occur. Together these assessments result in an overall risk rating for each risk, from Low to High.

- Each year, management meets with departments in the College (including HR, Finance, Operations, IT, Office of the Registrar and the Regulatory Programs) to develop risk registers[1] for each area, based on the above framework. More than 100 risks were identified and assessed across likelihood and impact, and seven were scored as high risks.
- Staff have interwoven risk management, and the tools developed, into several projects across the College, including the PLP divestment, business continuity plans and regulatory initiatives.

CURRENT STATUS:

- The College Top Risks for 2026 report outlines the top seven 'key' risks to the achievement of the College's objectives. The report is based on residual risk exposure over the next 3-5 years, in consideration of the largest credible sources of risk, and the mitigating controls in place or approved and underway. The full report can be found in Appendix B.
- This Key Risks Report is based on individual interviews and a group discussion with members of the Senior Leadership Team (SLT), run by our independent risk consultant.
- The attached report highlights the same seven high-level risks that could significantly impact the College or the public, as presented in December 2025, which was vetted by SLT. These risks are still rated as high, although progress continues to be made against each of the risks.
- 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

- In addition to these seven high-priority risks, three "second tier" risks were identified, with relatively high inherent risk but strong and effective controls are in place today, and therefore there is a low likelihood of significant adverse effect on the College.
- These second-tier risks are:

    1. The potential for cases and complaints backlogs to reach unacceptable levels. This risk did materialize in 2020, but since, the College has implemented effective monitoring and control over backlogs, and therefore the residual risk is low.
    2. The risk of unfavorable government policy. There is a risk that the Government of Ontario could enact unexpected or unfavorable policy or regulation, which might

[1] Risk registers identify the nature and impact of the risk, the existing controls, a risk score and planned responses to mitigate the risk

introduce compliance risk. However, the College has an effective government relations function and a track record effectively accommodating regulatory change without disruption. Therefore, the residual risk is seen as low.

3. The risk of failure to yield benefits from past technological investments. The business technology environment in which the College operates is continually evolving, and staying current with these advancements presents both challenges and opportunities. We have made considerable investments in technology tools and associated training to enable effective and efficient work performance. Such change carries an inherent risk of suboptimal usage of technology, with associated missed opportunity for savings or benefits. However, we have high confidence that current controls will ensure that the anticipated benefits from technology will be achieved.

- For informational purposes also included are risks identified by the World Economic Forum. Figure A shows proposed risks for 2 and 10 years. The results indicate a "negative outlook for the world over the next two years that is expected to worsen over the next decade[2]."

- Although not all are shared by the College there are several which mirror our list. It is important to be aware of geopolitical tensions as they may impact the College and employees directly or indirectly.

- To prepare to respond to an unexpected serious incident a Crisis Management Playbook (CMP) was developed in 2025. The College also has a documented Pandemic Plan and a Disaster Recovery Plan. Staff are looking at creating a crisis simulation and training for the CMP.

NEXT STEPS:

- Continue to consider projects through our risk lens.
- Bring an update to Council regarding the ERM policy, the framework and the top risk report.
- Continue FAR Committee oversight of the risk management program, including regular progress reviews.

DISCUSSION FOR COUNCIL:

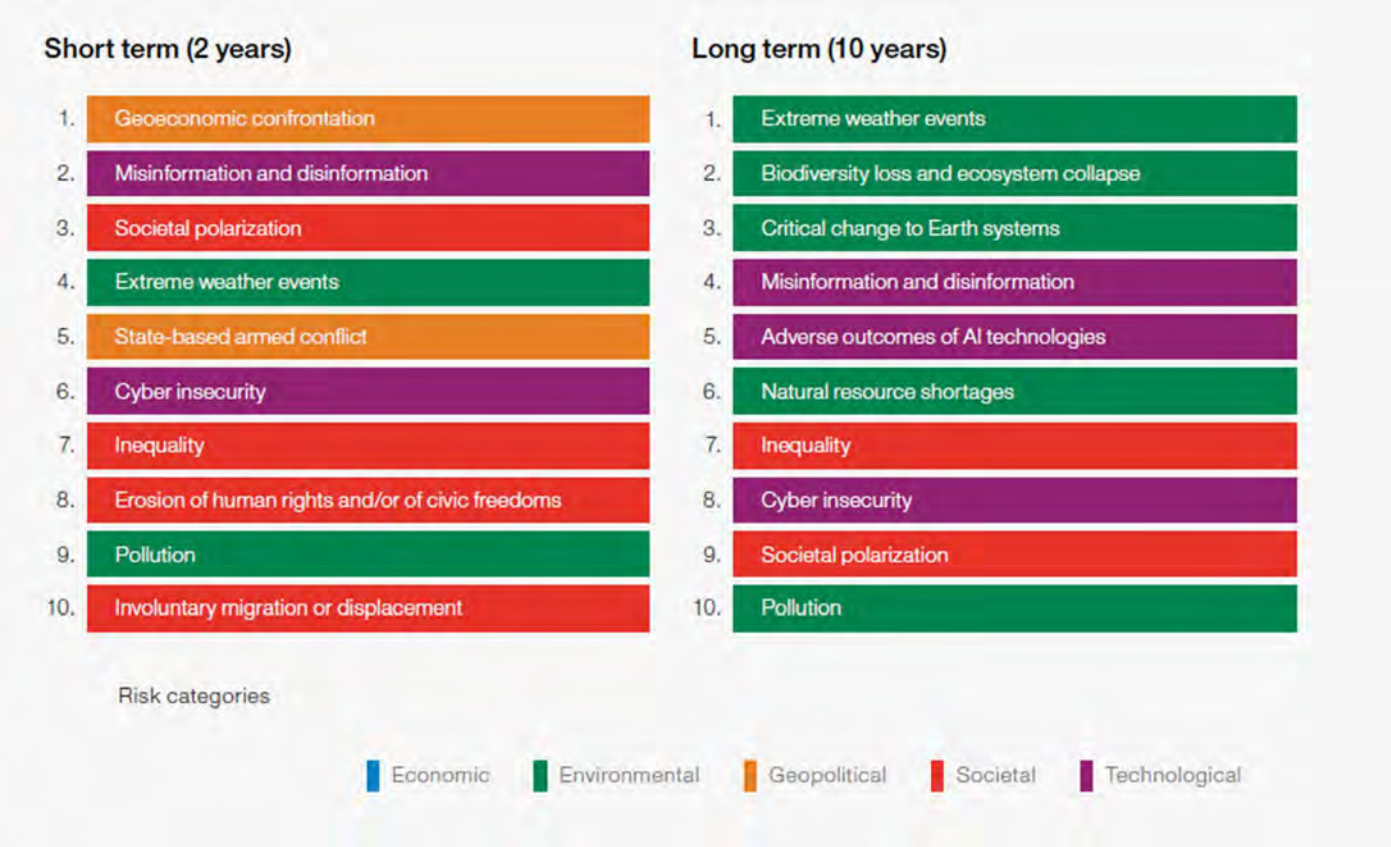
- There is no motion for this item.

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[2] The Global Risks Report 2026, 21st Edition, World Economic Forum

Appendix A - Global Risk Report 2025 World Economic Forum



Source
World Economic Forum Global Risks Perception Survey 2025-2026

College Risk Register - Top Risks 2026

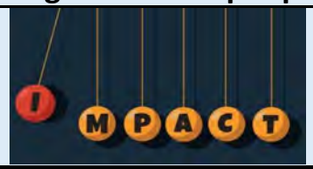
Council members are required to oversee the top risks to the College and its strategic priorities as part of their fiduciary responsibilities, and to ensure the College's strategic direction aligns with its risk profile. The Enterprise Risk Management process identifies the most significant and serious risks to Council's attention regularly, along with mitigation plans, to satisfy this oversight responsibility.

Each year, management meets with departments in the College (including HR, Finance, Operations, IT, Office of the Registrar and the Regulatory Programs) to develop risk registers for each area, based on the ERM framework. For 2026, more than 100 risks were identified and assessed across likelihood and impact, and seven were scored as high risks.

The College Top Risks for 2026 report outlines the top seven 'key' risks to the achievement of the College's objectives. The report is based on residual risk exposure over the next 3-5 years, in consideration of the largest credible sources of risk, and the mitigating controls in place or approved and underway. This process is undertaken annually to determine high risks to be reported to Council.

Nature of risk **(What could go wrong)**	**Potential adverse impact** **(How might this disrupt operations)**	**Existing controls** **(What we are doing to prevent this risk)**	**Planned response** **(Future work to reduce these risks)**
			
1) High-Profile Incident in the Sector A major, highly publicized incident, such as a lapse in infection control	• A major incident could be highly disruptive to the activities of (and public trust in) the College and the sector • Ultimate negative impact on public protection, financial health and stability, staff retention, and access to care • Risk of government dictating a solution which may not address the problem	• Testing and monitoring for compliance with standards • Issues management group to discuss current issues • Communicate to dentists on standard development and interpretation • Daily media monitoring is available to all senior management to identify hot spots and possible trends • An approved crisis management plan and communications crisis plan that is known to all senior leaders	• Needs to be a regulatory method to advance quality in this area • More effective knowledge transfer to dental practices and staff about expectations for IPAC • Better information systems and data to ensure patterns and trends are identified, flagged and managed

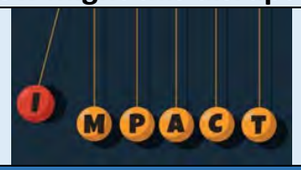
College Risk Register - Top Risks 2026

Nature of risk (What could go wrong)	Potential adverse impact (How might this disrupt operations)	Existing controls (What we are doing to prevent this risk)	Planned response (Future work to reduce these risks)
			
2) Inadequate Data Quality, Access and Availability Internal data gaps interfere with effective analysis, planning and response to issues and events	• Data gaps or quality issues could have a negative impact on public protection, regulatory compliance, registrant relationship/service experience and access to care, in having an inadequate response to an event • Could interfere with effective modernization and adoption of AI tools	• Have hired an in-house data/analytics team • Recruit for data skills in all work roles at the College • AI Working Group identifying controls for a measured launch of AI capabilities	• Continue to recruit for data expertise as part of data team • Leverage data experts across the College
3) Misinformation and/or Disreputable Comments Dental members making dishonourable or disgraceful remarks, or spreading misinformation about the College or the profession	• Patients do not feel safe visiting dentists • because of their public views • Reputational risk to the profession • Disinformation	• Registrant Code of Ethics • Complaints process • Cohesive internal communications tracking and priority process on the relevant issue • Engaged strategic communication experts • Daily media monitoring • Crisis response plan • Social media one-pager developed and distributed	• Obtain external legal resources and support as needed

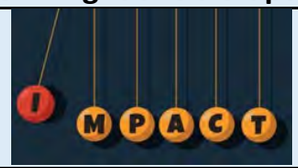
College Risk Register - Top Risks 2026

Nature of risk (What could go wrong)	Potential adverse impact (How might this disrupt operations)	Existing controls (What are we doing to prevent this risk)	Planned response (Future work to reduce these risks)
			
4) Failure to keep pace with change in the sector High risk regulatory dental practice gaps in dental practice that are not addressed by College standards or other guidance (e.g., Artificial Intelligence, corporate dentistry or other new technology applications for dental practice)	• Potential harm to patients • Public concern that College was not fulfilling mandate • Could lead to media stories and reputational harm • Could also lead to government dictating the solution which may not address the problem or may do so in a cost prohibitive manner • Doing too much can remove high quality care for patients from a new way of delivery • Financial and reputational risk to dentists for using tech, devices, etc. to address this gap	• Standards priority exercise to we can process new information that we are hearing • Use of Issues Management Group to identify issues in dental practice • Watching disruptors is a core component of the Strategic Plan and a requirement of program leaders and SLT • Communication to provide resources for dentists to apply new standards (RCDSO Connect, e-blasts and newsletter) • Policy Team consults with programs on gaps in standards and other College authorities • New guidance released on AI in Fall 2025	• Quality and FIP visioning exercise to develop inventions that address these gaps in progress • Provide information for patients/public that supports them seeking and finding appropriate care (what questions to ask your dentist) • Carry out research to identify gaps • Several planned response steps have been implemented to mitigate risk. However significant residual risk remains • System partnership • Industry engagement • Conference attendance
5) Inadequate, inappropriate or misapplied College Standards Implementing or enforcing a standard/position/process that is out of date (such as with current scientific evidence; or the true standard of practice)	• Impairs the perception of the College as fair, objective and current • Safety risks to the public may arise, and risks to the registrants may arise • Rapid change of such positions may cause change fatigue • Out of date standards reduce the relevance and credibility of the College, reputation management and patient safety risk	• Process for revising and developing standards is strong with upfront research/evidence review, sweeping consultation and groups to provide checks and balances (WG, QAC, Council) • Regular RCDSO Connect newsletter and webinars about standards of practice	• Committee training • Programs share information about out-of-date standards with Policy team • There is a process in place for standards prioritization and development. Prioritization includes consultation with Leadership, along with public/professional consultation on draft standards

College Risk Register - Top Risks 2026

Nature of risk (What could go wrong)	Potential adverse impact (How might this disrupt operations)	Existing controls (What are we doing to prevent this risk)	Planned response (Future work to reduce these risks)
			
6) Privacy Breach Unauthorized access to sensitive information (PII - personal identification information, PHI - personal health info, PCI - credit card info)	• Unauthorized access to privacy information could lead to the exposure of highly sensitive information related to a member of the public or the profession which may result in an adjudicated order and/or a loss of public trust	• Data is released only subject to a memorandum of understanding or data sharing agreement • Where disclosures are made to parties to College matters the College uses security protocols such as secure mail • Breaches are managed in accordance with an Information Breach Protocol • Annual presentations on the number, and cause of breaches are shared with RCDSO staff, together with tips and mitigation tactics • Ticketing system specific to privacy to receive, track and manage all internal and external requests or issues related to information privacy • Mandatory Privacy training module undertaken by all staff, council & non-council committee members	• Additional technology controls to identify, label and track information when it is sent outside the College • Continue to educate staff and continue reporting • Sensitivity labelling with associated data loss prevention controls will help mitigate the risk of data leakage

College Risk Register - Top Risks 2026

Nature of risk (What could go wrong)	Potential adverse impact (How might this disrupt operations)	Existing controls (What are we doing to prevent this risk)	Planned response (Future work to reduce these risks)
			
7) Cyber Security Threats Includes Ransomware attacks, denial of service, phishing, malware	• A cyber security breach could significantly disrupt operations, interrupt service delivery, and harm our reputation and program delivery • A breach could result in the exfiltration of sensitive information • A major breach could result in substantial recovery and restoration costs, along with higher ongoing expenses such as insurance • AI may increase this risk by enabling more convincing phishing, deepfake impersonation and faster, more scalable attacks, which can increase the likelihood and impact of a breach	• Governance follows best practices under the NIST Cybersecurity Framework version 2.0 and is designed with a layered defense approach in line with the defense in depth model • These controls are supported by internal and external automated audits and penetration testing • Security awareness training completed monthly by staff, council and committee members • Threat mitigation capabilities are in place, including active threat hunting • Documented plans and procedures include a crisis management playbook, disaster recovery plan, back-up and recovery policy, and security incident • Third-party risks are regularly assessed	• Conduct regular tabletop exercises and scenarios to test the Crisis Management Playbook • Refine incident response plans to improve detection, response, and recovery times • Monitor the threat landscape continuously to identify opportunities to strengthen the College's security posture • Achieve and sustain a 95% participation rate in cybersecurity awareness training • Redesign perimeter defense systems to better protect remote work through a Zero Trust Access (ZTA) approach

Royal College of
Dental Surgeons of Ontario

COUNCIL BRIEFING NOTE

TOPIC: Fees By-law 18 Amendments

FOR DECISION

June 18, 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 are recommending amendments to the reduced fee categories of registration (which make up fewer than 1% of all dentists). These amendments were brought to Finance Audit Risk (FAR) Committee in April 2026 and have now been incorporated into the broader by-law amendments.
- These by-law amendments are being brought forward to Council for approval in principle to circulate for the required 60-day consultation.

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:

- The FAR Committee is making a recommendation to Council for changes to three categories of fees in By-law 18. These recommendations follow FAR's comprehensive review of all fees (except sedation and CT) in By-law 18.
- The review included:
  - annual fee
  - reduced fee categories
  - fees for lifting suspensions
  - fees for Certificates of Authorization for Health Profession Corporation
  - fees for Certificates of Standing.
- There are a number of drivers for the recommended fee amendments, and each area will be addressed separately in this Briefing Note. Currently, FAR is moving forward with recommendations for fee changes in three categories:

  - annual fee,
  - reduced fee categories, and
  - fees for lifting suspension, align with recent changes to the Registration Regulation[1].
- Although fees for Certificates of Authorization for Health Profession Corporation and Certificates of Standing have not changed in many years, FAR is not recommending any changes to those fees at this time. FAR continues to review whether any recommendations of increases to those fees will be brought to Council in 2026 or 2027.
- In December 2022, a review was conducted to analyze the categories of registration that the RCDSO offers at a reduced annual fee, with the aim to develop consistency in the reason for offering a reduced fee, while ensuring responsible stewardship of resources. The review included an evidence review and jurisdictional scan of all other provincial dental regulators and a subset of Ontario health regulators. A report was produced with recommendations to re-structure the fee categories. The recommendations in this Briefing Note related to the reduced fee categories of registration stem from this report.
- The annual fee for general, academic and specialists was increased in 2025, effective October 1, 2025 for the 2026 annual fee to include the PLP costs set out by the new provider as the College agreed to provide billing support through the 2026 membership cycle to ensure a smooth transition. The billing support period is set to end December 31, 2026; therefore, the annual fee and pro-rated fees need to be adjusted to remove the PLP portion of costs that will be paid to and set by the new provider for the 2027 membership cycle.
- The Registration Regulation was amended in 2025 to support the divestment of PLP, and to streamline the suspension and reinstatement process following a suspension. Changes to the fees by-law are required to support the amendments to those processes.

CURRENT STATUS:

There are three areas for consideration before Council:

1. Annual Fee Reduction due to completion of the billing support period
2. Amending the By-law on Lifting Suspension Fees following a recent change in process
3. Reduced Fee Categories of Certifications of Registration

<u>1. Annual Fee Reduction:</u>

- The new insurance provider is establishing a mechanism and portal to collect the malpractice portion of the fee directly for the 2027 membership cycle.
- To support this change, the College must revise the fees by-law to reflect the Regulator portion of the fee only, effective October 1, 2026, to align with the 2027 renewal cycle, which will open on October 15, 2026.
- FAR recommends that the annual fee be reduced to the portion of the fee that was attributed to the regulatory portion of the fee in 2026: $2,170. This fee was approved by Council at its September 2025 meeting.

[1] O. Reg 205/94 made under the *Dentistry Act, 1991*, S.O. 1991, c.24

- In addition, FAR supports the recommendation from staff to continue to suspend the automatic CPI adjustment for another year and invoice registrants the same fee they paid for the regulatory portion of their certificate of registration in 2026 of $2,170.
- The red-lined by-law 18 in Appendix C represents the change from $3,670 to $2,170.

2. Lifting Suspension Fee:

- Amendments to the Registration Regulation were made in 2025 which expanded the grounds upon which a registrant may be suspended to include a suspension for failure to provide required information and for failure to provide evidence of professional liability protection (section 28.2 and 28.3 of the Registration Regulation). Registrants 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.
- Section 18.6 of the by-law “Fees for Lifting Suspensions” requires minor amendments to align with the regulation changes and to achieve consistency and streamline the by-law provisions. FAR has 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.
- The total proposed amount ($350) an applicant will pay to lift a suspension remains the same as it was under the previous process. However, the amendments are intended to address two things:
  1. adjust the language in the by-law to align with the new grounds upon which a certificate may be suspended and to reflect the current process; and
  2. combine what was previously $250 administrative fee and a $100 reinstatement fee into one application fee.

3. Reduced Fee Categories of Certifications of Registration:

- The number of members who hold a certificate of registration at a reduced fee changes every year but represents less than 1% of the membership base (fewer than 100 people). The categories of certificates of registration for which the RCDSO offers a reduced fee are outlined in Appendix A.
- There is no record of a transparent rationale for the method by which these fees were set. Following the divestment of the PLP, it is an appropriate time to establish clear, transparent principles for the approach to setting reduced fees.
- A set of guiding principles were established to guide the review of our 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 registrants. 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.

- Based on these guiding principles, staff have developed, and FAR supports, recommendations to amend the reduced fee categories.
- The rationale and implications associated with the implementation of these recommendations are shown in the Table below (see Appendix D for an overview of the financial implications of implementing the recommendations).
- It is important to emphasize that the proposed changes to the reduced fee categories will not affect the vast majority (more than 99%) of Ontario dentists. The changes are suggested to encourage transparency and consistency in the way RCDSO sets its fees and to streamline the by-laws to reduce confusion.

Recommendations to amend Reduced Fee Categories:

#	Recommendation	Rationale	Implication
General recommendations:			
1	All members should be required to pay the same application fee, regardless of which class they are applying to.	Financial responsibility and consistency: The administrative requirements to process an application are similar, regardless of the class of registrant and should be aligned across all categories.	All new applicants would be required to pay the same $350 application fee. This is consistent with the existing application fee for general and specialty applicants, but higher than what is required for the current reduced fee categories ($150).
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).	Consistency: This is within the range of reduced fees set by other jurisdictions.[2] Simplicity: Applying the same fee reduction to all who are eligible is simple and avoids unnecessary complexity. Establishing fees as a percent of the full standard fee, allows for the fee to adjust automatically whenever the standard fee is changed, allowing for a more streamlined and efficient process.	The financial impact will be minimal. Once the reduction is applied, the resulting fee is similar to what is currently being charged for most reduced fee categories. See financial implications table in Appendix D.

[2] The jurisdictional scan found that for those colleges that offered a reduced fee for various purposes (charity, graduate student, etc. the reduction ranged between 2-20% of the regulatory fees).

#	Recommendation		Rationale	Implication
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%[3]		Consistency: The reduced fee model needs to be applied consistently and fairly across registrants. These percentages reflect current pro-rated periods for first time members of the College. Proportionate: fees should reflect the risk and resources required by the College.	This change would allow RCDSO to pro-rate the fees for classes that are issued for a short period of time such as the "Short Duration" and "Instructional," based on the duration of the license. Where an education or graduate certificate is extended, this will also allow us to charge a pro-rated fee for the duration of the extension.
Recommendations for specific categories:				
4	**Charitable volunteer dentistry:** Charitable dentistry (as defined in in Article 18.3.7.1 of the by-laws) should be eligible for a reduced fee.		Public interest: A reduced fee is fair and reasonable, as it may offer an incentive to encourage participation in charitable services, thus improving access to care. This is an extenuating circumstance where a reduced fee meets a public interest mandate.	New applicants (if not currently a member) would be required to pay the same application fee as all applicants (see recommendation 1 above).[4]
5	**Emergency Class**: When the "Emergency Class" is activated, these individuals should be eligible for a reduced fee.		Public interest: this is an extenuating circumstance where a reduced fee is in the public interest. Supports access to professionals in a time of emergency.	Applicants would be required to pay the same base application fee (see recommendation 1 above).[5]
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.		Public interest: As outlined in "The Code," it is the duty of the College 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. A reduced fee is fair and	Currently, the fee reduction for the Education class only applies to members enrolled in a program that is listed in a group of select specialties (there are currently no members in

[3] This mirrors the current approach, which allows for the member to pay: a. $3,670.00, if the certificate was issued on or after 01 January and before 01 June; b. $1,835.00, if the certificate was issued on or after 01 June and before 01 September; and c. $1,035.00, if the certificate was issued on or after 01 September.
[4] Currently, the application fee for this group is $250. The proposed new application fee is $350.
[5] Currently, the application fee for this group is $150. The proposed new application fee is $350.

#	Recommendation		Rationale	Implication
			reasonable, as it may offer an incentive to encourage participation in the further education of Ontario's dentists, which benefits patients.	this category).[6] Members registered in another specialty program (such as Dental Anesthesia) are required to pay the full fee[7] (there is currently one member in this category). For the sake of simplicity, it is suggested that all members of the Education class, regardless of specialty program, be offered the same reduced fee. The "Post specialty training" class, based on this principle, would also be eligible for a reduced fee (there are currently four members registered in this class).[8]
7	"**Academic visitor**", "**Instructional,**" and "**Short duration**" classes: Although these members currently pay a reduced fees, the recommendation is to pro-rate these fees only and not to offer a reduced fee.		For Academic visitor" and "Instructional": Supporting access to qualified faculty members in education programs is not within the College's mandate, and there is no precedent for this in other jurisdictions.[9] For "Short duration": These individuals are in Ontario temporarily, to take a course. Subsidizing the education of people who practice outside of Ontario is not within the College's mandate.	The "Instructional" and "Short duration" licenses can only be issued for 14 days. These members would pay the minimum pro-rated amount (33% of full fee). The "Academic visitor" class fee would be pro-rated based on time (maximum duration is one year).

[6] The reduced fee for Education Certificates only applies for the following specialty programs: endodontics, oral and maxillofacial radiology, orthodontics and dental facial orthopedics, pediatric dentistry, periodontics, prosthodontics, or public health dentistry.
[7] The rationale provided for this is that the members who are in a "non-listed" program are participating in fellowship/ specialty program, are functioning as residents, working in a hospital setting, and are essentially in practice.
[8] Members in the post-speciality training class are currently required to pay the full registration fee, even though they cannot charge fees and must practice under supervision.
[9] The jurisdictional review found no other examples of subsidized fees for teaching-related roles.

#	Recommendation		Rationale	Implication
			However, based on recommendation #3 above, these members would be eligible for a pro-rated fee based on the duration of their license.	

Summary of Proposed Amendments:

- The proposed fee amendments are reflected in the red-lined by-laws in Appendix C.
- A summary of those by-law changes are as follows:
  - NEW: *18.01 Definitions*: This sets out the proposed direction to have all registration and annual fees be either the current "annual fee" or a "reduced annual fee" (which is 10% of the annual fee) for consistency and streamlined processes.
  - AMENDMENT: *18.1 Application Fees*: Unless an exemption applies, application fees for all certificates of registration are proposed to be $350 for consistency and to reflect administrative costs.
  - AMENDMENT: *18.2 Registration Fees*: The instructional, short duration and academic visitor certificates of registration are subject to a registration fee as these certificates of registration are not "renewed".
  - AMENDMENT: *18.2.2 Registration Fees*: The registration fees for the instructional, short duration and academic visitor certificates of registration are proposed to be equal to a pro-rated annual fee based on the duration of a registrant's certificate.
  - AMENDMENT: *18.2.3 Automatic CPI adjustment of fees*: All registration fees are proposed to be subject to automatic CPI adjustments for consistency.
  - NEW: *18.3 Annual Fees*: Initial year of registration, this heading signals that the following provisions apply to the initial year of registration.
  - AMENDMENT: 18.3.2 *Initial year of registration, new member – general, academic, specialty*: The fees are proposed to be reduced to remove the PLP portion of the dues and reflect the regulatory fee only. The fee will be pro-rated accordingly to reflect the time of the year when a first-time member joins the RCDSO.
  - NEW: *18.3.5 Initial year of registration – education, graduate student, post-specialty training, emergency*: Education, graduate student and post-specialty training certificates of registration are proposed to be subject to the reduced annual fee to encourage the further education of dentists, which benefits the public. All "learning" certificates are proposed to have the same fee for consistency.
    Emergency certificates of registration are proposed to be subject to the reduced annual fee to promote access to professionals during an emergency.
  - NEW: *Following initial year of registration*: This heading signals that the following provisions apply to the year(s) following the initial year of registration.
  - AMENDMENT: *18.3.6 Annual fee – general, academic, specialty*: The proposed amendment is to reflect the annual fee referenced in 18.01 for the fees for general, academic and specialty certificates of registration.

The proposed revisions are for clarity and eliminate redundancy with the late payment penalty fee provision (article 18.3.10).

- AMENDMENT: *18.3.6.1 Reduced annual fee – certain general, academic, specialty*: Dentists engaged in charitable dentistry are proposed to be subject to a reduced annual fee to promote access to care.
- NEW: *18.3.8 Reduced annual fee – education, graduate student, post-specialty training, emergency*: Education, graduate student, post-specialty training and emergency certificates of registration are proposed to be subject to a pro-rated reduced annual fee based on the length of their certificate after the initial year of registration. These certificates of registration will not always be extended for an additional 12 months, so the fees are proportionate to the risk and resources required by the College.
- AMENDMENT:*18.3.9 Automatic CPI adjustment of fees*: All annual fees and reduced annual fees are proposed to be subject to automatic CPI adjustments for consistency.
- AMENDMENT: *18.3.10 Penalty fee for late payment*: The penalty for late payment of fees is proposed to apply to all certificates of registration for consistency.
- AMENDMENT: *18.6.1 Fees for lifting a suspension:* revisions proposed to allow for a fee of $350 to lift a suspension on all grounds provided for under the Code and the Registration Regulation. The amount remains the same, where the Registrar lifts the suspension, but the amendments combine a $250 administrative fee and a $100 reinstatement fee.[10]
- AMENDMENT: *18.6.3 Fees payable on lifting of suspension*: Wording adjustments to reflect changes to the Registration Regulation. The reinstatement fee is proposed to be removed which was $100; it has been re-allocated to the application fee in 18.6.1.
- AMENDMENT: *18.7.3 Other reinstatement*: All application fees are proposed to be $350 for consistency and to reflect administrative costs, increase from $250.
- AMENDMENT: *18.7.5 Fees payable on reinstatement*: The reinstatement fee is proposed to be removed which was $100; it has been re-allocated to the application fee in 18.7.3.
- Throughout the by-law, amendments include administrative changes for identified spelling errors, simplified language or gender-neutral language where applicable.

NEXT STEPS:

- Should Council approve the amendments to By-law 18 in principle, staff will circulate the amendments 60-day consultation period required under the RHPA.
- Any feedback will be brought forward to Council for its review and consideration at the September 2026 Council meeting, at which time Council will be asked for its final approval of the by-law amendments.

[10] If the Registrar refuses to lift the suspension, the full fee would be $350.00 whereas formally only the administrative portion was changed ($250)

DECISION FOR COUNCIL:

Council is asked to approve FAR's recommendation to approve in principle the amendments to By-law 18 as set out in Appendix C and to circulate the amendments for the required 60-day consultation:

> THAT Council approve, in principle changes to By-law 18, as presented in Appendix C
>
> AND
>
> THAT Council approves the amendments to be circulated for the 60-day consultation period required by the RHPA.

CONTACT:

Kelly Tripp, ktripp@rcdso.org

Hilary Bauer, hbauer@rcdso.org

Attachments:

Appendix A – Classes of Registration

Appendix B – Excerpt of fees bylaw 18 – Current

Appendix C – Excerpt of fees bylaw 18 - Red-lined amendments

Appendix D – Implications table

Appendix A: Current Registration Classes and Categories with reduced fees

Class of certificate	Brief description	Category of Reduced fee	Is supervision required?	Can fees be charged?	2026 Registration fee	# of Registrants (2026[11])
General	Holds a certificate of the National Dental Examining Board of Canada (NDEB) or completed the NDEB examination, and completed university degree in dentistry.	**Full fee**	N/A	Yes	**$3,670**	10,485
		Charitable volunteer dentistry	N/A	No	$250	41 (includes both general + specialty class)
Specialty	Earned a diploma or degree in a specialty program	**Full fee**	N/A	Yes	**$3,670**	350 (specialty only); 1,111 (specialty + general);
Academic	Holds full-time professional appointment at a faculty/school of dentistry at ON university.	**Full fee**	N/A	No	**$3,670**	16 (academic only); 2 (specialty + academic)
Education	Participating in fellowship programs and certain specialty programs; License does not exceed 12 months.	Enrolled in "select specialties"	Yes	No	$100	8
		Full fee (paid by those enrolled in a program other than "select" specialties)	Yes	No	**$3,670**	0
Post specialty training	Completed a specialty program, and offered acceptance in a post-specialty program. Must practice dentistry only as required for the program and under supervision. License does not exceed 12 months.		Yes	No	**$3,670**	9
Graduate student	Accepted as a student in a graduate or post-graduate dental program, or a master or PhD program (other than an internship or residency program) that requires performance of authorized acts. May only practice in the enrolled program and only under supervision.		Yes	No	$100	34

[11] At the time of the review, information from 2026 was the most recent data available.

Class of certificate	Brief description	Category of Reduced fee	Is supervision required?	Can fees be charged?	2026 Registration fee	# of Registrants (2026[11])
Academic visitor	Currently employed in a teaching/research position outside of Ontario, appointed to a temporary position (no more than 12 months) in an Ontario faculty		No	No	$750	0
Instructional	For the purpose of teaching or conducting a course (2 weeks or less) sponsored by a faculty/school of dentistry at an Ontario university, public hospital, or approved organization. Undertaking from an RCDSO Dentist to agree to be present while the applicant practices dentistry in Ontario		Yes	No	$500	0
Short Duration	Registered to take a course (14-days or less) sponsored by a faculty/school of dentistry at an Ontario university, public hospital, or approved organization. Must be licensed to practise dentistry in Canada or the US. Undertaking from RCDSO dentist required.		Yes	No	$500	0
Emergency Class	Term-limited certificate, only open at College or ministry's request.		Yes		$1,500	0

Appendix B: Excerpt of Fees By-laws - CURRENT

18.1 Courses and Fees

18.1.1 General, specialty, academic certificates

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.

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

An applicant for an instructional or short duration certificate of registration shall pay a registration fee of $500.00 for the issuance of his or her certificate of registration.

18.2.3 Academic visitor

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.

18.3 Annual Fees

18.3.1 Registrar to Notify

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

18.3.2 Initial year of registration, new member

A member of the College who has never previously been a member of the College shall pay 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:

a. $3,670.00, if the certificate was issued on or after 01 January and before 01 June;

b. $1,835.00, if the certificate was issued on or after 01 June and before 01 September;

c. $1,035.00, if the certificate was issued on or after 01 September.

18.3.3 Initial year of registration, returning member

A member of the College who had previously been a member of the College shall pay the annual fee required by article 18.3.7 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 $3,670.00 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 she 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 $1,500.00 for the calendar year in which he or she is first issued an emergency certificate of registration.

18.3.7 Annual fee, general, academic, speciality

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

a. $3,670.00, if paid on or before 15 December of the preceding year, or $4,170.00 if paid thereafter.

18.3.7.1 Annual fee, general, academic, speciality

Notwithstanding Article 18.3.7, the annual fee for a member holding a general or specialty certificate of registration may be reduced by the Registrar[3] 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:

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.

18.3.8 Single annual fee for dual certificate holders

A member of the College who holds a general and speciality certificate of registration or an academic and specialty certificate of registration shall pay a single annual fee under article 18.3.7 per calendar year.

18.3.9 Annual fee, 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 $3,670.00 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 $3,670.00 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 $1,500.00 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.

18.3.13.1 Automatic CPI Adjustment of fees

Each of the fees referred to in Articles 18.3.2, 18.3.5, 18.3.7, 18.3.10, and 18.3.11 of By-Law No. 18: Fees, shall be automatically adjusted effective October 1, 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.

18.3.14 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 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

1. 18.6.1 Suspension for non-payment of fees

An applicant seeking the lifting of a suspension imposed for the non-payment of fees shall submit an application in the form provided by the Registrar and a fee of $250.00

2. 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.

3. 18.6.3 Fees payable on lifting of suspension

Where an applicant's certificate of registration was suspended for the non-payment of fees 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,

b. the annual fee payable for the calendar year in which the suspension is to be lifted,

c. the penalty fee, if applicable, and

d. a reinstatement fee of $100.00.

18.7 Reinstatement Fees

4. 18.7.1 Reinstatement hearing

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

5. 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.

6. 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 $250.00.

7. 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.

8. 18.7.5 Fees payable on reinstatement

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

a. the annual fee 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,

c. the penalty fee, if applicable, and

d. a reinstatement fee of $100.00.

….

18.10 Health Profession Corporation Fees

18.10.1 Certificate of authorization

A corporation applying for a certificate of authorization shall pay a fee of $750.00 for the issuance of the certificate.

18.10.2 Revised certificate of authorization

A corporation applying for a revised certificate of authorization shall pay a fee of $150.00 for the issuance of the revised certificate.

18.10.3 Renewal fee

A corporation applying for renewal of its certificate of authorization shall pay a renewal fee of $175.00, if paid on or before 31 July in the year in which the fee is due, and $200.00 if paid thereafter.

18.10.4 Revoked (November 18, 2021; effective January 1, 2022)

Appendix C: 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.~~

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 ~~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:

a. $~~3,670~~2,170.00, if the certificate was issued on or after 01 January and before 01 June;
b. $~~1,835~~1,085.00, if the certificate was issued on or after 01 June and before 01 September; or
c. $~~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, specialty

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, academic, specialty

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:

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

A member of the College who holds a general and special~~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:

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~~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

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., ~~, and~~
~~d. 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

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., ~~, and~~
~~d. a reinstatement fee of $100.00.~~

Appendix D: Financial Implications table

Class of certificate	Brief description	2026 Registration fee	Suggested % of base fee	Rationale for reduction	Hypothetical revised fee[12]	# of Registrants (2026)[13]
General	Holds a certificate of the National Dental Examining Board of Canada (NDEB) or completed the NDEB examination, and completed university degree in dentistry.	$3,670	100%	N/A	N/A	10,485
Specialty	Earned a diploma or degree in a speciality program	$3,670	100%	N/A	N/A	350 (specialty only);
Academic	Holds full-time professional appointment at a faculty/school of dentistry at ON university.	$3,670	100%	N/A	N/A	16
Charitable volunteer dentistry	Members wishing to provide volunteer/charitable dental treatment, receiving no income or other monetary benefit from the practice of dentistry.	$250	10%	Public interest (charity)	$215	41 (includes both general and speciality)
Emergency Class	Term-limited certificate, only open at College or ministry's request.	$1,500	10%	Public interest (emergency)	$215	0
Education	Participating in fellowship programs and certain specialty programs; Licence does not exceed 12 months.	$100	10%	Learning role; No income	$215	8
Graduate student	Accepted as a student in a graduate or post-graduate dental program, or a master or PhD program (other than an internship or residency program) that requires performance of authorized acts. May only practice in the enrolled program and only under supervision.	$100	10%	Learning role; No income	$215	34

[12] Based on **2026 fee, minus $1,500 for PLP.** All fees to be rounded to the nearest $5. Note: All new applicants would also be required to pay the same $350 application fee.
[13] At the time of the review, information from 2026 was the most recent data available.

Class of certificate	Brief description	2026 Registration fee	Suggested % of base fee	Rationale for reduction	Hypothetical revised fee[12]	# of Registrants (2026)[13]
Post specialty training	Completed a specialty program, and offered acceptance in a post-specialty program. Must practice dentistry only as required for the program and under supervision. License does not exceed 12 months.	$3,670	10%	Learning role; No income	$215	9
Academic visitor	Currently employed in a teaching/ research position outside of Ontario, appointed to a temporary position (no more than 12 months) in an Ontario faculty	$750	Varies based on time	Pro-rated based on time	Between $660 and full fee	0
Instructional	For the purpose of teaching or conducting a course (2 weeks or less) sponsored by a faculty/school of dentistry at an Ontario university, public hospital, or approved organization. Undertaking from an RCDSO Dentist to agree to be present while the applicant practices dentistry in Ontario	$500	Varies based on time	Pro-rated based on time	Between $660 and full fee	0
Short Duration	Registered to take a course (14-days or less) sponsored by a faculty/school of dentistry at an Ontario university, public hospital, or approved organization. Must be licensed to practise dentistry in Canada or the US. Undertaking from RCDSO dentist required.	$500	Varies based on time	Pro-rated based on time	Between $660 and full fee	0

Total members impacted by reduced fees (estimated): 92

Total revenue impact: Reduction of $14,200 based on 2026 numbers

Royal College of
Dental Surgeons of Ontario

COUNCIL BRIEFING NOTE

TOPIC: Draft Strategic Plan 2026-30

FOR DECISION

June 2026

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.

- Since the Vision spans ten years, senior staff have worked with the concept that the RCDSO will have two consecutive strategic plans that will serve to achieve the Vision. Both plans will be five years in duration. The first of those is before Council today (in draft form).

- The draft 2026-30 Strategic Plan has been developed by the senior leadership team, and senior staff from Quality, Data/Analytics and Standards. Key informational inputs that have guided the development are as follows:

    - RCDSO Vision 2035
    - Council feedback: June 2025 Council Retreat; December 2025 Council, February 2026 Council, April 2026 Council dinner session
    - Executive Committee: May 1, 2026
    - Lessons Learned from the 2023-25 Strategic Plan
    - Jurisdictional scans of current, modern strategic plans. Jurisdictions considered include Ontario health regulators, the BC Oral Health Regulator, the New Zealand Dental Board, and the Nova Scotia Dental and Dental Assisting Regulator.

CURRENT STATUS:

- The draft Strategic Plan 2026-30 is attached (**Appendix A)** for Council's consideration and feedback.

- This section of the briefing note will provide Council with an overview of the draft Strategic Plan 2026-30 and will also provide Council with some information about the proposed consultation that staff recommend occur at this stage of the process.

I. Overview: Draft Strategic Plan 2026-30

- To support Council's review of the document, we highlight the following:

1. **The draft Strategic Plan 2026-30 has several points of connection to Vision 2035.**
    - The language of the 'Vision' section in the draft Strategic Plan is the 'tagline' from Vision 2035.
    - The pillars in the draft Strategic Plan are the same as in Vision 2035.
    - The draft Strategic Plan contains content that Council has identified as priorities: Access to Care, Reconciliation/Indigenous Peoples, Integration of Oral Health into Primary Care, Data and Analytics, Right-touch Regulation, Outcomes-focused Initiatives and Programs, Standards and Knowledge Translation, and Supporting Dentists Navigating Change.

2. **The draft Strategic Plan 2026-30 is more focused than Vision 2035 but is still high level.**
    - The draft Strategic Plan is intended to be a high-level document yet more concrete than the Vision 2035.
    - Under each Pillar in the draft Strategic Plan there is both a strategic objective and a collection of commitment statements. Together these elements provide readers with a

clear sense of RCDSO's strategic direction yet still allow the RCDSO some flexibility and agility in the specific work that will be undertaken to pursue that direction.

- This balance between concrete language and flexibility is critical to ensure that the RCDSO can remain responsive to emerging issues and can experiment with work and projects that will achieve Council's direction.
- Once the draft Strategic Plan is finalized, staff will develop a companion Action Plan, which will articulate the type of work and initiatives the RCDSO will engage in to advance the Strategic Plan and fulfil Council's direction.
- Key Performance Indicators will also be developed, along with a refreshed approach to our documents used to report progress to Council. Together, these will drive transparency and accountability in the strategic work the RCDSO undertakes.

3. **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.**
   - At the April Council Dinner session, Council engaged in a 'World Café' exercise to articulate the types of outcomes it wanted to achieve under each Pillar.
   - The draft Strategic Plan sets a direction that will position the RCDSO to work towards those outcomes. Below are a series of charts that summarize Council's priorities in terms of outcomes and illustrate (in bold, and italics) the relevant content in the draft Strategic Plan.

PILLAR #1 HEALTHY SYSTEM

OUTCOMES: COUNCIL'S PRIORITIES	DRAFT STRATEGIC PLAN CONTENT
Access to Care and Equity: 'Real Access' to Care: underserved populations, indigenous, newcomers, rural/remote communities, recipients of public programs *System Integration:* Oral health integrated into primary care (shared records, team-based care); Reduction of silos between regulatory departments and between the College and system partners *Data and Analytics:* Measurable outcomes; data-focused partnerships; utilization of data within oral health (e.g. CDCP) and across delivery systems (e.g. hospital emergency care)	**Strategic objective**: • patient advocacy for health prevention and ***equitable access to care*** • seek system solutions for ***coordinated*** and ***integrated healthcare*** **Areas of Focus**: Advocacy, System Transformation, Reconciliation **Commitments**: focus on • ***Equitable Access*** to Care • ***Indigenous*** perspectives will inform advocacy • Local and system actions to drive ***coordination between oral and medical health*** ***Data and analytics are woven throughout Pillars 2 and 3 and the RCDSO is also developing a dedicated Analytics Strategy.*

PILLAR #2: RIGHT-TOUCH REGULATION

OUTCOMES: COUNCIL'S PRIORITIES	DRAFT STRATEGIC PLAN CONTENT
Standards and Outcomes: Up to date standards, risk-based programs, and consistent responses to prevent and mitigate risk *Trust and Proactive Regulation:* Shift from reactive to proactive regulation, starting with education; destigmatized remedial education; fewer complaints *Data & Analytics:* Data sharing and analysis of complaints; quantitative measures, advanced analytics (leveraging AI)	**Strategic Objective:** College work anticipates ***risk***, is ***evidence informed***, and built for ***impact*** **Areas of Focus:** Outcomes-focused ***measurement***, ***Standards***, Quality & ***Risk***-based program evaluation and design **Commitments:** focus on • Enhanced regulatory intelligence through **data and analytics** and collaboration • Track emerging ***risks*** and respond ***proportionately*** and with ***agility*** • Culture of innovation, ***evaluation***, build on ***lessons learned*** ***The RCDSO's use of AI is currently subject to an internal framework, that is risk-based and intended to foster experimentation and innovation while retaining our commitments to security and confidentiality.*

PILLAR #3: PREPARED PROFESSIONALS

OUTCOMES: COUNCIL'S PRIORITIES	DRAFT STRATEGIC PLAN CONTENT
Continuing Education and Competency: High quality CE and life-long learning (across career); core topics include EDI, professionalism and leadership *Decision-making in Practice:* Accountability, professionalism-driven decisions; practice models *Data & Analytics:* Link CE uptake to complaint trends; measure patient experience; culture shift: CE increases and complaints decrease	**Strategic objective:** support and equip dentists to respond to change and uphold ***professionalism*** and public trust **Areas of Focus:** ***Practice Models***, Dentists and ***Future Dentists***, Standards and ***Knowledge Translation*** **Commitments:** focus on • Supporting preparedness of ***future dentists and dentists*** across the professional life cycle • Standards that are ***evidence-informed*** and support ***ongoing competence*** and ***professionalism*** • Knowledge translation activities that promote ***implementation*** and ***compliance*** with regulatory expectations

- While the draft Strategic Plan 2026-30 will enable the RCDSO to address and make progress on Council's priority outcomes, there are two internal RCDSO documents that will also provide important support:
    - First, as alluded to in the chart, the RCDSO has developed an internal risk-based framework to guide the adoption and use of AI at the staff level. This work has been led by a cross-departmental staff working group and serves to foster staff experimentation with AI while ensuring our information remains secure and confidential.

    - Second, the RCDSO is in the process of developing an Analytics Strategy. This Analytics Strategy will replace the RCDSO's initial 'Data Strategy' and is intended to ensure that we have the infrastructure, focus and resources needed to meet the data and analytic needs and opportunities referenced in the draft Strategic Plan. The Analytics Strategy will be finalized to coincide with the finalization of the draft Strategic Plan 2026-30.

II. Proposed Consultation

- The next step in the development process is to circulate the draft Strategic Plan 2026-30 for consultation.

- Circulating the draft Strategic Plan for consultation does not mean that we consider the document to be final. Indeed, consultation is a valuable tactic to help us improve draft documents.

- The bar or threshold for consultation is 'readiness'; whether the contents and ideas contained in the draft Strategic Plan 2026-30 are at a stage of maturity and clarity that we are ready to invite others to provide comments.

- Senior staff believe that the draft Strategic Plan 2026-30 meets that bar of 'readiness'.

- Should Council agree and approve the release of the draft Strategic Plan 2026-30 for consultation, senior staff are proposing that the consultation begin at the end of June and extend through to early September. This is a longer consultation period than is typical for the RCDSO, but we believe it is important to give interested parties ample time to review the document, gather their thoughts, and provide feedback.

- The consultation process will follow the same steps and logistics as the RCDSO undertakes for consultations on draft standards or by-laws.

- Parties invited to provide feedback will include Ontario dentists, the public, and a broad range of system partner organizations including dentist and patient organizations and other regulators. RCDSO staff will also be invited to provide feedback, as will the Citizen's Advisory Group, a group of patients and patient caregivers who provide support and perspective to Ontario health regulatory Colleges.

NEXT STEPS:

- Pending Council approval, the draft Strategic Plan 2026-30 will be released for consultation following the June Council meeting.
- Feedback provided by Council at the June Council meeting will be considered alongside the feedback obtained by other participants throughout the consultation.
- At the October 2026 Council meeting, staff will bring a summary report on the feedback received through the consultation, together with proposed revisions to the draft Strategic Plan 2026-30 that respond to that feedback.
- Council will have a further opportunity at that October meeting to discuss the draft Strategic Plan 2026-30 and to determine if it can be finalized.

DECISION FOR COUNCIL:

- Council is invited to provide feedback on the draft Strategic Plan 2026-30.
- The decision for Council is as follows:
    - Does Council approve that the draft Strategic Plan 2026-30 be released for consultation?

CONTACT:

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Attachments

Appendix A: Draft Strategic Plan 2026-30

Appendix A

Draft Strategic Plan 2026-30

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

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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.

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.

Areas of Focus*:* Practice Models and Corporate Dentistry, Dentists and Future Dentists, Standards and Knowledge Translation

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.

DRAFT

Royal College of
Dental Surgeons of Ontario

COUNCIL

BRIEFING NOTE

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

FOR DECISION

June 2026

ISSUE

- RCDSO's draft *Managing Conflicts and Ending the Dentist-Patient Relationship* Standard of Practice has been revised following external public consultation.
- Council is provided with an overview of the consultation feedback received, and revisions made to the draft Standard in response.
- Council is asked for its feedback on the revised draft Standard (**Appendix A**) and two new draft Template Dismissal Letters (**Appendices B and C**). A List of Companion Resource Topics (**Appendix D**) is shared with Council solely for information.
- Council is asked whether it approves the revised draft Standard as a final Standard of the RCDSO.

PUBLIC INTEREST:

- RCDSO Standards of Practice support the public interest by setting out legal, professional, and ethical obligations that apply to dentists practising in Ontario.
- The new draft *Managing Conflicts and Ending the Dentist-Patient Relationship* Standard of Practice serves the public interest by setting out clear expectations for managing conflicts that affect the dentist-patient relationship and ending the dentist-patient relationship.

BACKGROUND

- RCDSO's guidance for building a professional dentist-patient relationship, managing conflicts, and ending the dentist-patient relationship is currently set out in the *Maintaining a Professional Patient-Dentist Relationship* Practice Advisory, last reviewed and updated in 2018.
- This Practice Advisory was identified as a priority for review as part of the policy team's *Standards Prioritization* project,[1] and its review was approved by the Quality Assurance Committee (QAC) in January 2024.

[1] The Practice Advisory was prioritized for review to address gaps in guidance on key topics. Additionally, prioritizing this review now enables alignment with new guidance being developed on the topic of accepting new patients (the new draft *Managing New Patient Requests* Standard, currently out for public consultation).

- Following QAC's approval, research and analysis were conducted per the policy team's usual Standards review and development process.[2] This included a jurisdictional scan; literature review; an analysis of RCDSO's inquiries, complaints, and discipline data; and a 60-day preliminary public consultation.

- Based on this research and analysis, a new draft Standard of Practice: *Managing Conflicts and Ending the Dentist-Patient Relationship,* was developed with critical input from:
  - staff Clinical Leads (Dr. Helene Goldberg and Dr. Mary Kolivaris), and
  - RCDSO's Standing Policy Working Group (SPWG).[3]

- The new draft Standard reflects the policy team's new drafting conventions and updates the current Practice Advisory as follows:
  - The draft Standard clarifies and expands requirements for dentists related to managing conflicts that affect the dentist-patient relationship, ending the dentist-patient relationship.
  - Content in the current Practice Advisory related to 'building the dentist-patient relationship' will be transitioned to a new resource in development. This content falls outside the draft Standard, which is focused on conflict management and ending the relationship. This resource will not be a Standard of Practice, but will instead provide general, non-binding advice for developing and maintaining a positive professional dentist-patient relationship.

- In May and June, 2025, QAC and Council, respectively, reviewed and approved the new draft Standard for general public consultation.

- The next section of this briefing note provides Council with an update on all new developments since that time.

CURRENT STATUS:

- Following Council's approval, the draft *Managing Conflicts and Ending the Dentist-Patient Relationship* Standard of Practice was released for public consultation from July 21 to September 22, 2025.

- A summary of the consultation feedback is provided below for Council's information (Council is welcome to rely on the summary provided in this briefing note, but a more comprehensive summary is also provided as optional reading here: General Consultation Summary).

A. General Consultation Feedback Summary

- This consultation followed the policy team's usual consultation process: it was open for 60 days and administered primarily via an online survey. Notification of the consultation was sent via e-mail to a broad range of parties, including the entire RCDSO membership, and the policy team's dedicated stakeholder contact list.

- Additionally, the survey was shared with members of the Citizen Advisory Group (CAG) to obtain perspectives from patients and caregivers, and additional input was sought from College staff and members of the Professionalism Working Group[4].

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[2] A summary of the findings from all preliminary research and analysis activities can be found on pages 386-388 of the May 2025, Council Materials.

[3] Members of the Standing Policy Working Group are: Dr. Nalin Bhargava, Dr. Nancy Di Santo, Nizar Ladak, Patti Latimer, Dr. Antony Liscio (Chair), Dr. Anthony Mair, Sharon Rogers, Dr. Harinder Sandhu, Dr. Osama Soliman, and Dr. Deborah Wilson (Chair).

[4] As Council will recall, the Professionalism Working Group has been struck to support the College's work on Access to Care, including the developing of the draft *Managing New Patient Requests* Standard.

- In total, 624 respondents provided feedback:[5]
  - 608 respondents submitted feedback via the online survey, including 580 dentists, 20 members of the public (including 16 members of CAG), and one organization (the Ontario College of Social Workers and Social Service Workers).
  - Two email submissions were received, one from the Ontario Dental Association (ODA) and one from a dentist.
  - Feedback was also received on the draft Standard from some RCDSO staff and some members of the Professionalism Working Group, as described further below.

Overall Feedback

- In general, most respondents (70%) agreed[6] that the draft Standard was easy to understand, while fewer respondents found the draft reasonable and comprehensive (at 42% and 47% of respondents, respectively).

- It follows that constructive feedback was largely focused on the reasonableness and comprehensiveness of the draft Standard. Overall, some respondents found the draft to be complex, onerous, and unclear about some expectations (such as orthodontic dismissals) .

Definitions

- The majority of feedback focused on the draft definition of “conflict”. While most respondents agreed that the definition was easy to understand (86%), reasonable (84%), and comprehensive (65%), some respondents found the draft definition difficult to understand and/or noted that the definition did not address all conflict types.

Managing Conflicts that Affect the Dentist-Patient Relationship

- A majority of respondents found requirements to undertake “reasonable efforts to resolve a conflict” prior to ending the dentist patient relationship to be reasonable, but some respondents suggested these provisions could be simplified or clarified.

General Requirements for Ending the Dentist-Patient Relationship

- Respondents were asked if they felt each of the required steps to end the dentist-patient relationship were easy to understand and reasonable. Across the required steps, 70-90% of respondents agreed that they were easy to understand, and 50-78% agreed that they were reasonable.

- Many respondents commented that some of the steps for ending the dentist-patient relationship, such as ensuring that the patient receives care prior to dismissal, should not be mandatory. This includes when the patient being dismissed is undergoing long-term treatment.

- Many respondents were confused by the requirement to “stabilize” the patient’s condition prior to dismissal.

[5] As a caveat, participation in this consultation was voluntary and no attempt has been made to ensure that the sample of participants is representative of any sub-population. As a result, feedback cannot be generalized to any demographic group.
[6] For the purposes of this briefing note, “agreed” includes respondents who both “strongly agreed” and “somewhat agreed” within a 5-point Likert scale”.

Situations Where the Dentist Must Not End the Relationship

- The draft Standard included examples of situations where a dentist may end the dentist patient-relationship (for example, where the patient repeatedly fails to comply with an office policy), including factors that would determine whether the dismissal was appropriate.

- This section of the draft elicited the most critical feedback; however, this section of the draft was also widely misunderstood. Many respondents interpreted this section of the draft Standard to mean that they were *prohibited* from ending the dentist-patient relationship in the provided situations, and that they were restricted from exercising their own professional judgment, which was not the intent.

Emergency Treatment

- Concerning emergency care provisions, most respondents agreed that both requirements were easy to understand (79% and 85%), and reasonable (74% and 76%).

- However, many respondents stated that they 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.

Companion Resources

- As previously noted, several resources are in development to support this Standard of Practice should it receive final approval from Council.

- Topics suggested by respondents to address in companion resources, including FAQs and case scenarios, have been included in **Appendix D,** which is provided for Council's information. Appendix D illustrates for Council the scope of issues and resources that the College is addressing to clarify expectations for registrants in relation to the final Standard.

Organizational Feedback

1) Ontario Dental Association (ODA)

- The ODA provided five comments on the new draft Standard which are abbreviated below:
  - Acknowledge the importance of dentist autonomy and professional judgement, in particular, to determine when reasonable efforts have been made to resolve a conflict, and to determine when it is necessary to end the dentist-patient relationship.
  - Clarify the meaning of "genuine risk of harm"[7] and whether dentists may use their professional judgement to determine when this applies based on their specific circumstances.
  - Ensure consistency and reduce administrative burdens placed on dental practices. As examples, remove the requirement to "offer and/or arrange a transfer or referral to another dentist for stabilizing or ongoing treatment, if appropriate", but maintain the requirement to "[provide] the patient with reasonable assistance in finding a dentist".
  - Develop practical companion resources to complement the Standard of Practice.
  - Acknowledge that complaints and negative reviews diminish mutual trust.

2) Ontario College of Social Workers and Social Service Workers (OCSWSSW)

- OCSWSSW agreed that the draft Standard was clear, reasonable, and comprehensive, and suggested topics, such as active listening and engaging in respectful communication, be addressed.

[7] The original draft Standard provided that where there are reasonable grounds to believe that a patient poses a genuine risk of harm to the dentist, staff, or other patients, dentists are under no obligation to attempt to resolve the conflict with the patient.

B. Additional Engagement Strategies

RCDSO Staff

- On September 11, 2025, ten staff from the RCDSO's Professional Conduct and Regulatory Affairs, Practice Advisory Service, and Quality Assurance departments were consulted on the draft Standard.[8] Staff provided advice to help ensure revised draft requirements were reasonable and flexible.

Professionalism Working Group

- Given the intersection between accepting new patients and ending the dentist-patient relationship, the Professionalism Working Group, which is advancing the new draft *Managing New Patient Requests* Standard, was invited to provide feedback.

- Of the four working group members who provided feedback, no concerns were raised regarding the alignment of this draft Standard with the draft *Managing New Patient Requests* Standard. There was general support for this draft Standard, and minimal feedback, including suggestions for topics to be addressed in companion resources.

C. QAC's Feedback and Additional General Consultation

- An initial analysis of the general consultation feedback was presented to the SPWG at its October 2025 meeting, with emphasis on the constructive feedback and areas of misunderstanding noted above.

- The SPWG acknowledged that a substantial proportion of the constructive feedback was based on a misinterpretation of the draft Standard that could be resolved through revisions and communications. However, to demonstrate responsiveness to consultation participants, the SPWG recommended taking the added step of recirculating a revised draft of the Standard for an additional, expedited consultation.

- The draft Standard was revised with the main aims of:
  - highlighting dentists' professional judgment when managing conflicts and ending relationships;
  - providing greater flexibility to reduce administrative burden; and
  - communicating expectations more clearly and concisely.

- In January 2026, a revised draft of the Standard was presented to QAC for feedback along with the SWPG's recommendation for additional consultation. While QAC was highly supportive of the revised draft Standard, and had no substantive feedback or concerns, the Committee agreed that re-circulating the revised draft would be an effective way to ensure clarity and demonstrate responsiveness.

D. Overview of the Additional Consultation Feedback

- Following QAC's recommendation, a revised draft *Managing Conflicts and Ending the Dentist-Patient Relationship* Standard was released for additional consultation from February 19 to March 20, 2026.

- This consultation followed the policy team's usual consultation process but with an expediated 30-day timeframe (Council is welcome to rely on summary below, but is also welcome to review a more comprehensive summary as optional reading here: Additional General Consultation Summary).

- A total of 44 respondents participated in the second general consultation:

[8] These staff are: Angelo Avecillas, Dr. Rana Badewy, Dr. Parvaneh Bahrami, Dr. Kalyani Baldota, Dr. Helene Goldberg, Dr. Mary Kolivaris, Dr. Larisa Naderiani, Dayna Simon, Aslan Stohr, and Elaine Stone.

  - 43 respondents responded to the survey directly, including 39 dentists, 1 member of the public, 1 non-oral health care professional and 2 individuals who chose not to identify.
  - one email submission was received from the Ontario Dental Association.

- Overall, survey respondents were highly supportive of the revised draft, noting that it appropriately recognizes dentists' autonomy and is comprehensive.

- In comparison to the first consultation, a greater percentage of respondents agreed that the revised draft was reasonable (63%) and comprehensive (66%).

- Further, most respondents agreed that the revised draft Standard appropriately reflects dentists' ability to use professional judgement (77%), enables flexibility in how dentists can meet expectations (51%), and concisely communicates RCDSO's expectations of the profession (64%).

- Written feedback was minimal and focused on specific scenarios that are addressed in the revised draft Standard and/or companion resources. These suggestions included clarification of the following:
  - guidance for dentists practising in Public Health Unit (PHU) settings where dentists do not always have the authority to dismiss patients;
  - requirements for outlining patient's treatment needs when another dentist at the practice will be taking over the patient's care;
  - expectations for dentists to confirm receipt of dismissal letters by patients; and
  - guidance for managing situations where patients who have made a complaint to the RCDSO.

- As a general observation, the consultation appears to have had the intended effect of demonstrating responsiveness to registrants and resolving misunderstandings.

<u>Organizational Feedback</u>

- The ODA was the only organization that made a submission to this consultation. The ODA commended the RCDSO for holding a second public consultation and for incorporating its initial feedback into the revised draft, and suggested two topics be addressed in companion resources – patient complaints and reduction in patients' ability to afford care.

E. Key Revisions to the Draft Standard of Practice

- Following a careful review of feedback received through both consultations, a revised version of the draft Standard (**Appendix A**) was developed.

- In the revised draft Standard, new or notably revised sections of the draft Standard are shaded in grey for reference. Changes that are insubstantial or were made in the spirit of housekeeping have not been highlighted for brevity. Tracked changes are not shown for readability but can be provided on request.

- Please note that companion resources, including (but not limited to) FAQs and case scenarios, are still in development. Should Council approve the Standard, these resources will be finalized and released to supplement the Standard when it comes into effect.

Section of revised draft Standard	Incorporated changes	Unincorporated changes
Definitions Lines 44 to 70	• Simplified the definition of 'conflict' • Clarified the definition of 'a breakdown'	• Specific types of conflicts (such as missed appointments, non-payment) suggested for inclusion will be addressed by companion resources (**Appendix D**).

Section of revised draft Standard	Incorporated changes	Unincorporated changes
Principles Lines 74 to 84	• Revised the principles to ensure consistency with the RCDSO's new *Foundations of Professionalism* document.	• None
Managing Conflicts Lines 88 to 122	• Clarified situations where dentists are not required to resolve conflicts. • Required dentists to use professional judgement to determine reasonable efforts to resolve a conflict. • Clarified and simplified examples of reasonable efforts to resolve conflicts. • Updated the provision concerning RCDSO's *Prevention of Boundary Violations and Sexual Abuse* Standard.	• Suggestions to explain and provide examples of 'active listening' have been moved into new draft resource that will provide guidance to dentists on ways to develop and maintain positive and professional dentist-patient relationships
Ending the Dentist-Patient Relationship Lines 131 to 215	• Moved scenarios where a dentist may consider ending the relationship to the companion resources where they can be clarified. • Reinforced use of dentists' professional judgment in decision making. • Replaced references to 'stabilizing the patient's condition' (which were not clearly understood) with references to treatment that is 'time-sensitive.' • Required dentists dismissing a patient undergoing long-term treatment to notify them if they must find another dentist to provide interim care rather than require dentists to 'offer or arrange a transfer' for interim care. • Require dentists to suggest ways the patient can find a new dentist rather than require dentists to "provide the patient with reasonable assistance in finding a new dentist" • Signaled dentists' obligations under the *Occupational Health and Safety Act* (workplace harassment and violence) to address feedback regarding PHUs where office policies may preclude employee dentists from dismissing patients from the practice.	• Suggestions that some requirements *not* be mandatory were not taken – this includes the requirement to: o Send a written notification; o Provide a rationale for dismissal; o Advise the patient of needed treatment as part of the dismissal letter. • Instead, revisions were made to improve the reasonableness of requirements related to these topics without compromising continuity of care. • Additionally, suggestions to include expectations related to government sponsored programs were not taken as this topic was considered out of scope.
Ending the Relationship due to Changes in the Dentist's Employment	• Added a requirement to inform patients who will be the new custodian of their records, where applicable. • Exempted departing dentists from providing personalized treatment	• None

Section of revised draft Standard	Incorporated changes	Unincorporated changes
Lines 222 to 242	information to patients if they will be treated by another dentist(s) at the practice.	
Emergency Care Lines 255 to 268	• Required dentists to inform patients who the custodian of their records will be, where applicable. • Clarified the types of patients the emergency treatment requirement applies to, and included "provider of dental emergency services" as an option for emergency care.	• Suggestions to specify a time-limit for offers to provide emergency care after the patient has been dismissed (e.g., 30 days) were not taken as appropriate time limits will vary for each patient due to various factors, including the availability of care. • Instead, an existing FAQ on this topic will be updated to help decision-making
Record Keeping Requirements Lines 279 to 294	• Minor revisions were made to ensure record keeping requirements are comprehensive and consistent with the broader draft Standard.	• None
Template Dismissal Letters Appendices B and C	• Two template dismissal letters were developed to respond to requests for more sample letters.[9]	• None
Case Scenarios and FAQs Appendix D	• Companion resources responsive to feedback are currently being developed. The list of resource topics can be found in Appendix D.	• None

F. Review and Approvals for the Revised Draft Standard

- At its April meetings, the SPWG reviewed the revised draft Standard and was highly supportive of the changes.

- At its May meeting, the Patient Relations Committee (PRC) was asked to consider the revised draft Standard from the patient's perspective and provide feedback. PRC applauded the changes to the revised draft Standard and noted that it effectively protects the public interest.

- At its May meeting, the revised draft Standard was presented to the QAC for feedback and approval. The Committee had no feedback on the draft Standard or the Template Dismissal Letters, expressed strong support for the revised draft Standard, and approved the revised draft, in its current form to be forwarded to Council for consideration for final approval.

[9] Feedback was received on this matter through the preliminary consultation on the current *Maintaining a Professional Patient-Dentist* Practice Advisory.

CONSIDERATIONS

- While the additional general consultation was an effective strategy to strengthen the draft Standard and demonstrate responsiveness to registrants and consultation participants, it is not intended as a new or recurring step in the policy team's usual Standards Review and Development Process. Instead, it will be an additional tool in the policy team's toolkit to be used in very limited cases where there is a compelling rationale.

NEXT STEPS

- Should Council approve the revised draft *Managing Conflicts and Ending the Dentist-Patient Relationship Standard of Practice,* it will replace the current *Maintaining a Professional Patient-Dentist Practice Advisory* on RCDSO's website and come into effect on July 3.[10]

- 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.

DECISION FOR COUNCIL:

- Council is being asked:
  - whether it has any feedback on the revised draft *Managing Conflicts and Ending the Dentist-Patient Relationship* Standard of Practice (**Appendix A**);
  - whether it has any feedback on the draft Template Dismissal Letters at **Appendices B** and **C** (Council's approval is not required for these items); and
  - if it approves the revised draft Standard as a Standard of Practice of the RCDSO.

- 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.

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Attachments:

Appendix A: Draft Standard of Practice: *Managing Conflicts and Ending the Dentist-Patient Relationship*
Appendix B: Draft Template Dismissal Letter (Breakdown in the Relationship)
Appendix C: Draft Template Dismissal Letter (Changes in the Dentist's Employment)
Appendix D: List of Topics for Companion Resources

[10] As Council has heard previously, Standards of Practice come into effect two weeks following Council's approval to provide registrants with an opportunity to familiarize themselves and come into compliance with new requirements.

Managing Conflicts and Ending the Dentist-Patient Relationship

Version: June 2026

Contents

Executive Summary 1
Definitions 2
Principles 3
Managing Dentist-Patient Conflicts 3
Ending the Dentist-Patient Relationship 4
GENERAL REQUIREMENTS 5
ENDING THE RELATIONSHIP DUE TO CHANGES IN THE DENTIST'S EMPLOYMENT 7
EMERGENCY CARE 8
Record Keeping Requirements 9
Related Resources 10

Executive Summary

This Standard of Practice sets out requirements for dentists related to managing conflicts that affect the dentist-patient relationship[1] and ending the dentist-patient relationship.

The expectations set out in this Standard apply to all treating relationships, including where patients also work for the dentist or at the dental practice. This Standard does not apply when the dentist-patient relationship concludes because care has reached its natural or expected end, or when the patient chooses to end the dentist-patient relationship.[2]

This Standard is supported by companion resources which provide supplementary information and guidance. These resources include template dismissal letters, Case Scenarios, FAQs, and flow charts.

As there are many situations in which a conflict may arise or where the dentist-patient relationship may end, this Standard focuses on overarching requirements that apply broadly,

[1] In this Standard, the term "dentist-patient relationship" refers to the treating relationship between a dentist and a patient and does not include other types of relationships that may exist between a dentist and a patient, such as personal, familial, or employment relationships.
[2] See the FAQs for guidance on these scenarios.

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rather than addressing all possible scenarios. Specific examples and scenarios are addressed in the companion resources.[3]

Definitions

Key terms are defined below to assist with interpreting and applying this Standard of Practice. In some cases, these definitions may be specific to this Standard and may not be applicable to other College documents or areas of dentistry. Where a definition has specific or limited application to this Standard or area of practice, this is identified in a footnote.

A breakdown in the dentist-patient relationship[4] occurs when the trust and/or respect that is essential to a safe and effective dentist-patient relationship has been lost by one or both parties and cannot be regained. Examples of situations that may lead to a breakdown include but are not limited to:[5]

- where the patient is repeatedly non-compliant with office policies (for example, policies related to non-payment of fees or missed appointments);
- where the patient or a person closely associated with a patient has engaged in abusive or harassing behaviour towards the dentist, other patients, and/or practice staff. [6]

A conflict[7] refers to any situation that negatively impacts the trust and/or respect in a dentist-patient relationship and may compromise safe and effective care. These situations may involve one or more of the following:

- comments, actions, or behaviours, made in-person or online, intentionally or unintentionally, by the patient, a person closely associated with the patient, the dentist, or staff who work at the practice; or
- a disagreement between a dentist, a patient, a person closely associated with a patient, or staff who work at the practice.

Persons closely associated with a patient include, but are not limited to, the patient's:

- spouse or partner;
- friend;
- parent or guardian;

[3] Some examples of topics addressed by the companion resources include where the patient fails to pay fees, misses appointments, refuses treatment or posts a negative review online.
[4] This definition of "a breakdown in the dentist-patient relationship" is specific to the requirements and topics addressed in this Standard and may not apply in other contexts.
[5] Appropriate steps in these cases will be informed by the circumstances of the situation. Dentists in these situations are advised to review the corresponding companion resources to support appropriate decision-making.
[6] Abuse and harassment include, but are not limited to, verbal, physical, emotional or psychological abuse, and sexual harassment.
[7] This definition of "a conflict" is specific to the requirements and topics addressed in this Standard and may not apply in other contexts.

- substitute decision-maker;[8] or
- a person who holds power of attorney for personal care for the patient.

For a definition of **conflict of interest** see RCDSO's *Conflict of Interest* Guidelines, and for a definition of **dental emergency** see RCDSO's Dental Emergencies webpage.

Principles

The following principles are derived from the RCDSO's *Foundations of Professionalism* document and form the basis for the requirements set out in this Standard.[9]

1. An effective dentist-patient relationship requires mutual trust and respect.

2. Dentists act, first and foremost, for the benefit of patients and in service to their health and well-being. This includes collaborating and communicating effectively within professional relationships and facilitating continuity of care.[10]

3. The principles above continue to apply when managing conflicts with patients and persons closely associated with patients, and when ending the dentist-patient relationship.

Managing Dentist-Patient Conflicts

Conflicts that affect the dentist-patient relationship can arise between dentists and their patients, persons closely associated with patients (for example, a parent or spouse), and/or staff who work at the practice, and can lead to a breakdown in the dentist-patient relationship. Efforts to resolve conflicts that affect the dentist-patient relationship can improve mutual trust and respect, and prevent a relationship from breaking down.

The following requirements apply when conflicts arise that affect the dentist-patient relationship.

1. Dentists must make reasonable efforts to resolve conflicts that affect the dentist-patient relationship in the best interests of the patient except where, in the dentist's professional judgment:
   a. reasonable efforts to resolve the conflict have previously been made and have failed;
   b. the patient or person closely associated with the patient has engaged in abusive or harassing behaviour; or

[8] Substitute decision-maker (SDM) is a person who may give or refuse consent to treatment on behalf of a person who lacks capacity. A more detailed definition can be found in the *Consent to Treatment* Standard.
[9] The *Foundations of Professionalism* document articulates the core principles and duties of the profession and this serves as the foundation for all RCDSO Standards of Practice, Guidelines, and Advisories.
[10] See provisions 2.a. and 2.c. in the RCDSO's *Foundations of Professionalism* document.

c. the patient or person closely associated with the patient poses a risk of harm[11] to the dentist, other patients, or practice staff.[12]

2. Dentists must use their professional judgment to determine what efforts are reasonable given the circumstances of the conflict and with consideration for the patient's best interests.[13] Reasonable efforts to resolve a conflict may include but are not limited to:
    a. engaging directly with the patient, whenever possible, either in person, virtually, over the phone, or in writing;
    b. trying to understand and acknowledge the patient's perspective and concerns;[14]
    c. informing the patient of:
        i. the professional obligations of the dentist;
        ii. what is causing the conflict;
        iii. how the conflict affects care; and
    d. working with the patient to develop a mutually acceptable plan to address the conflict, including any immediate next steps and ongoing expectations.

3. Inappropriate professional boundaries with patients can contribute to conflicts. Dentists must manage professional boundaries, including situations related to dual relationships and conflicts of interest, in accordance with requirements in the RCDSO's *Prevention of Boundary Violations and Sexual Abuse* Standard.[15]

4. When efforts to resolve a conflict[16] involve engaging directly with someone other than the patient, dentists must not disclose any personal health information except with the patient's consent or as permitted by law.[17]

Ending the Dentist-Patient Relationship

The decision to end a dentist-patient relationship requires thoughtful consideration as it can significantly impact the patient's oral health and continuity of care.

Whether it is necessary or appropriate to end the dentist-patient relationship is often a matter of professional judgment. Decisions to end the dentist-patient relationship must comply with

[11] Risk of harm includes, as examples, physical, psychological or emotional harm.
[12] In all of these circumstances (1.a. – c.), dentists are not required to attempt to resolve the conflict with the patient and may end the dentist-patient relationship in accordance with the requirements in this Standard.
[13] When resolving conflicts, dentists are expected to act in a professional and empathetic manner consistent with the principles and duties set out in RCDSO's *Foundations of Professionalism* document.
[14] See the RCDSO's Patient Communication webpage for resources related to dentist-patient communication.
[15] See Provision 12 in the *Prevention of Boundary Violations and Sexual Abuse* Standard for additional guidance related to ending the dentist-patient relationship.
[16] Such as those set out in Provision 2.a. – d. of this Standard.
[17] Legislative requirements for the collection, use, disclosure, and transfer of personal health information are set out in the *Personal Health Information Protection Act, 2004*, S.O. 2004, c. 3, Sched. A.

this Standard and take into consideration its accompanying resources, other relevant RCDSO documents,[18] the circumstances of the situation, and the best interests of the patient.

GENERAL REQUIREMENTS

The following requirements apply whenever a dentist ends the dentist-patient relationship prior to the natural or expected completion of the patient's care. This includes when the relationship is ending due to a conflict, or when the relationship ends for reasons unrelated to a conflict.

5. Dentists must not end the dentist-patient relationship where it is prohibited by legislation, including where it would constitute discrimination based on protected grounds under the Ontario *Human Rights Code*.[19]

6. Dentists must ensure that decisions to end the dentist-patient relationship are supported by a clear and defensible rationale and are made with consideration for the patient's best interests.[20]

7. Dentists are advised to consider ending the dentist-patient relationship in circumstances where patient care may be compromised. This includes where the dentist believes:
   a. the dentist-patient relationship has broken down and cannot be repaired; or
   b. they are unable to provide safe and effective care that meets the Standard of Care, or complies with RCDSO's Standards of Practice or the *Foundations of Professionalism* document.

8. Dentists must take the following steps to end the dentist-patient relationship (limited exceptions are set out at Provision 12):
   a. Make reasonable efforts to ensure the patient is notified of the dentist's decision to end the relationship through a written notice.[21, 22] The notice must include the following information:
      i. the date when care will no longer be provided by the dentist;[23]
      ii. whether the patient may seek or will have access to care from any other oral health care professionals who work at the practice;

[18] such as the RCDSO's *Change of Practice Ownership* Practice Advisory, *Release and Transfer of Patient Records* Practice Advisory, and *Prevention of Boundary Violations and Sexual Abuse* Standard.
[19] Ontario *Human Rights Code* R.S.O. 1990, c. H.19. See the FAQs for more information.
[20] The obligation to put patients' best interests first is rooted in fiduciary law. See the *Foundations of Professionalism* document for more information.
[21] The written notice can be either physical or electronic.
[22] In some cases, it may support clear and effective communication to notify the patient verbally that the relationship is ending prior to sending a dismissal letter. See the Case Scenarios and FAQs for more information regarding dismissal decisions including considerations related to privacy and confidentiality.
[23] This may be a specific date or after time-sensitive treatment has been provided, if applicable.

iii. a brief rationale for the decision;
iv. instructions for accessing copies of dental records, and for requesting copies of dental records be transferred to a new dentist or dental practice;[24]
v. if applicable, a general description of any needs for time-sensitive treatment;[25]
vi. advice for seeking care in case of a dental emergency;[26]
vii. if applicable, instructions or next steps regarding deposits for any obligations or treatment owed to the patient that were not completed when the relationship ended;[27]
viii. when the dentist recommends the patient follow-up with a new dentist for further care, including routine and non-urgent care; and
ix. suggestions regarding how the patient can find a new dentist.[28]

b. Where dentists are unable to effectively notify the patient in writing,[29] dentists must make reasonable efforts to ensure the patient is notified verbally.
c. Dentists must offer to complete or refer the patient for the completion of any time-sensitive treatment that is also temporary and already underway,[30] except in the limited circumstances set out in Provision 12.

9. If the patient is undergoing active, multi-phase or long-term treatment (as examples, braces or aligner-based orthodontic treatment, or ongoing treatment for periodontal disease) dentists must also notify patients, where applicable, of:
i. their current oral health status in relation to the treatment plan, including any needs for interim care to maintain their condition until they transition to a new dentist (as examples, removal of brackets, placement of retentive appliances, monitoring and treatment for periodontal disease);
ii. whether the patient must find another dentist to provide interim care; and
iii. the risks of pausing or discontinuing treatment.

[24] Patients are entitled to copies of their own records. Additional guidance related to the transfer of records can be found in the *Personal Health Information Protection Act, 2004*, S.O. 2004, c. 3, Sched. A, and in applicable RCDSO resources, including the College's Practice Advisory on *Release and Transfer of Patient Records*.
[25] This includes treatment that, in the dentist's professional judgment, is necessary to prevent infection, pain, premature tooth loss, and/or trauma.
[26] See the 'Emergency Care' section of this Standard for additional requirements related to emergency care after the dentist-patient relationship ends.
[27] Dentists are reminded that failing, without reasonable cause, to satisfy the terms of an agreement or any arrangement with a patient respecting the provision of dental services is an act of professional misconduct under s. 2(15) of the Professional Misconduct Regulation. O.Reg. 853/93 under the *Dentistry Act,* S.O. 1991, c. 24.
[28] See the Template Dismissal Letters for more information and examples.
[29] As examples, notifying the patient in writing may not possible or effective if the departing dentist does not have the e-mail or home address of the patient, or if the dentist has reason to believe the patient may not read a written notice or that a written notice may worsen a conflict.
[30] Dentists are not required to provide care in all circumstances, and this requirement does not mean the entire treatment plan must be completed. See the FAQs for more information and specific examples.

10. Dentists must not fail to provide dental services set out in an agreement or an arrangement with the patient, or discontinue needed dental services, without reasonable cause, accept as permitted by law. [31]

11. Where the patient lacks capacity, dentists must provide the written and/or verbal notice along with any other relevant details concerning the patient's care to the patient's substitute decision-maker.[32]

12. Where, in the dentist's professional judgment, the patient or a person closely associated with the patient engages in abusive or harassing behaviour, or poses a risk of harm to the dentist, other patients, or practice staff,[33] dentists may end the dentist-patient relationship in accordance with this Standard. In these situations, dentists are not required to offer, refer, or provide care, including as set out in Provision 8.c., but dentists must provide a written or verbal notice to the patient. [34]

Depending on dentists' role within the dental practice, dentists may also have specific responsibilities related to workplace harassment and workplace violence under the *Occupational Health and Safety Act, 1990*.[35]

ENDING THE RELATIONSHIP DUE TO CHANGES IN THE DENTIST'S EMPLOYMENT

This section sets out additional requirements for ending the dentist-patient relationship due to changes in the dentist's employment.

13. Dentists must meet the general requirements for ending the dentist-patient relationship, set out above, when the dentist-patient relationship will be ending due to:
    a. the dentist's retirement or ceasing to practice dentistry;
    b. the closing of a dental practice;
    c. a change in the business or ownership structure of the dental practice that results in a staffing change or reduced capacity to care for patients (for example, selling the dental practice to a new owner or decreasing practice size);[36] or

[31] s. 2(14) and s. 2(16) of the Professional Misconduct Regulation. O.Reg. 853/93 under the *Dentistry Act,* S.O. 1991, c. 24 set out requirements for terminating dental services under agreement or otherwise. Dentists may wish to see the RCDSO FAQs and/or seek out independent legal advice if they are unsure of their obligations.

[32] For more information about capacity and substitute decision makers, see RCDSO's Consent to Treatment Standard.

[33] Abuse, harassment, and harm include, but are not limited to, verbal, physical, emotional or psychological abuse, and sexual harassment.

[34] Appropriate steps in these situations will be informed by a number of factors, including the patient's oral healthcare needs and the circumstances of the situation. Dentists are advised to contact RCDSO's Practice Advisory Service for assistance.

[35] If unsure of your legal obligations or rights under the *Occupational Health and Safety Act, R.S.O. 1990*, c. O.1 consider seeking legal counsel or refer to RCDSO's FAQs.

[36] Dentists are reminded that changes in practice ownership must be made in accordance with applicable legal and professional obligations including the *Change of Practice Ownership* Practice Advisory.

d. the relocation of the dentist or dental practice (this includes situations where an associate dentist leaves to practise at another location).

14. In addition to the requirements for ending the dentist-patient relationship set out above, dentists ending the relationship due to changes in the dentist's employment must ensure that patients are notified of the plan for their continuity of care, including who will take over their care and who will be the custodian of the patient's records, if applicable.[37]

15. Dentists ending the relationship due to changes in the dentist's employment are not required to provide personalized treatment information (as set out in Provision 8.a.v. and Provision 9) in the written notice provided that another dentist at the practice is going to take over the patient's care. Instead, dentists are advised to provide general information regarding who patients may contact if they have questions about next steps for their care.

16. Where the outgoing dentist is unable to notify patients that the dentist-patient relationship is ending (for example, due to the dentist not having access to patients' contact information, incapacity, or death[38]), the dentist who takes over the patient's care or the owner of the practice must ensure that patients are notified in accordance with this Standard. [39]

EMERGENCY CARE

This section sets out additional requirements related to emergency care after the dentist has ended the relationship.

17. When ending the dentist-patient relationship, dentists may offer to provide care in case a dental emergency arises while the dismissed patient seeks a new dentist. Whether or not dentists make this offer is a matter of professional judgment,[40] however, dentists must offer at least one of the following to patients who will be dismissed and no longer have access to care at the dental practice:
    a. the address or phone number of a local dental practice, provider of dental emergency services, or hospital with a dental department where the individual can seek emergency care; and/or
    b. to refer the individual to another dentist for emergency care; and/or

[37] Legislative requirements for the disclosure and transfer of personal health information to a custodian's successor are set out in s. 42 of the *Personal Health Information Protection Act, 2004*, S.O. 2004, c. 3, Sched. A.
[38] See the FAQs for considerations that apply when the relationship ends due to a dentist's death.
[39] See the Change of Practice Ownership and Retiring FAQs, Dental Record Keeping FAQs, and FAQs for this Standard of Practice for more information about obligations related to patient records after a practice closes or changes ownership, and what happens when a dentist passes away.
[40] Factors that will inform the dentist's decision include the circumstances that led to the end of the relationship, and the dismissed patient's circumstances, access to other oral healthcare services, and oral healthcare needs.

c. to provide emergency care directly.[41]

18. Dentists must use their professional judgment to decide if it is appropriate, based on the dismissed patient's needs and available options for care, to set a time limit on any offers to provide emergency dental care while the individual seeks out a new dentist. [42]

Record Keeping Requirements

19. When ending the dentist-patient relationship, dentists must ensure appropriate documentation in accordance with RCDSO's *Dental Recordkeeping* Guidelines and *Electronic Records Management* Guidelines.

20. When there has been a conflict and when ending the dentist-patient relationship, dentists must document details related to the event(s), including but not limited to:
    a. a description of any conflicts that affect the dentist-patient relationship;
    b. any reasonable efforts made to resolve conflicts with the patient or inform the patient of next steps, including communications that take place in-person, over email, or over telephone calls with the dentist or practice staff;
    c. whether time-sensitive treatment was provided;[43]
    d. the patient's condition at the time the relationship ended;
    e. a copy of the written notice to end the dentist-patient relationship, and/or what was explained in the verbal notice, including the date the relationship ended;
    f. if applicable, obligations or treatments owed to the patient that were not completed when the relationship ended (such as the return of any deposits to the patient, or transfer of any deposits to another dentist for the fulfillment of obligations or completion of treatment);[44]
    g. if applicable, the collection of any outstanding fees;
    h. whether the patient requested to receive or have transferred a copy of their records and the outcome of that request; and
    i. any advice provided to the patient related to obtaining care including, interim care,[45] routine or non-urgent treatment, time-sensitive treatment,[46] or care in case of an emergency.

[41] Dentists are reminded that failing to make arrangements for emergency dental services for a dentist's patients or to advise a patient how to obtain emergency dental services is an act of professional misconduct under s. 2(18) of the Professional Misconduct Regulation. O.Reg. 853/93 under the *Dentistry Act*, S.O. 1991, c. 24.
[42] See the FAQs for guidance about setting a time limit on the offer to provide emergency care.
[43] See note 25.
[44] Dentists are reminded that a failure to record information in the patient record related to a course of dental treatment where they have accepted payment in advance of the completion of the course of treatment is an act of professional misconduct under s. 2(21) of the Professional Misconduct Regulation. O.Reg. 853/93 under the *Dentistry Act*, S.O. 1991, c. 24.
[45] See Provision 9.
[46] See Provision 8.a.v.

Related Resources

- Template Dismissal Letter (Breakdown in the Relationship)
- Template Dismissal Letter (Change in Dentist's Employment)
- Case Scenarios
- FAQs
- Flow Charts

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Appendix B
Draft Template Dismissal Letter (Breakdown in the Relationship)

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 the *Foundations of Professionalism* document, 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 Name]
[Practice Address]

[Date]
[Patient Name and Address]

Dear [Patient Name],

I am writing to let you know that I will no longer be able to continue providing dental care for you. Our dentist-patient relationship will come to an end on [**month day, year**].

[*My goal/ the goal of the dental practice*] is always to provide you with safe and effective care. However, due to [*as an example: the breakdown in our dentist-patient relationship*], [*I / the dental practice*] can no longer provide you with this care. [*If applicable, inform the patient if they may seek care from any other oral health care professionals who work where you practice*].

Based on my assessment, these are your time-sensitive needs for dental care that should be treated without delay:

- [*List any time-sensitive needs for treatment and offer to provide or refer the patient for completion of any time-sensitive treatment that is also **temporary** and **already underway**]*
- *[For active, multi-phase or long-term treatment, such as orthodontic treatment, list any needs for interim care to maintain the patient's condition until they transition to a new dentist, and whether the patient must find another dentist to provide this interim care]*

You should see another dentist *[for example, for routine care]* in the next *[insert timing].*

Next steps for your care

Your original dental records will remain with [*as an example: the practice, or the practice owner*]. You can request a copy of your records or ask us to transfer a copy of them to

another dentist with your written consent by [*explain how the patient can make requests related to records*].

If you need emergency dental care while you are looking for a new dentist [*provide instructions and any time limits, if applicable*].

Finding a new dentist

[*The information below is provided as an example and may not be appropriate for your patient's clinical needs or personal circumstances*]

To find a new [*dentist/dental practice*], you may wish to seek recommendations from family or friends, or contact a local dental clinic to see if they are accepting new patients. You may also use online search tools.

Some search tools that you may use are provided below. While they do not identify whether a dentist is accepting new patients, they can provide you with names and contact information for dentists near you:

- The Royal College of Dental Surgeons of Ontario's 'Low-cost and specialized dental clinics' search tool: https://www.rcdso.org/en-ca/standards-guidelines-resources/access-to-care/clinics-location
- The Royal College of Dental Surgeons of Ontario's 'Find a Dentist' search tool: https://www.rcdso.org/en-ca/find-a-dentist (requires one or more search criteria such as a practice name, address, or phone number).
- Ontario Dental Association's 'Find an ODA Dentist' search tool: https://www.oda.ca/find-a-dentist/.

Sincerely,
[Dentist Name]

Appendix C
Draft Template Dismissal Letter (Changes in Dentist's 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 the *Foundations of Professionalism* document 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 Name]
[Practice Address]

[Date]
[Patient Name and Address]

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 is [**month day, year**].

Thank you for allowing me to provide you with dental care over the past [*insert time*].

To support your continuity of care, I have provided some important information below.

Next steps for your care

[Explain if the patient will continue to have access to care at the practice after the employment change and, if so, who will be able to take over their care].

After [**month day, year**], your original dental records will [*as examples: remain with the practice or be transferred to name/contact information of custodian*]. If you prefer, you can request a copy of your records or ask for a copy of your records to be transferred to another dentist with your written consent by *[explain how the patient can make requests related to records]*.

[*If the patient **will** continue to have access to care at the practice, consider the following language]* Please follow up with the dental practice if you have questions about next steps for your ongoing care.

[*If applicable, and the patient **will not** continue to have access to care at the practice, consider the following language]* Your time-sensitive needs for dental care are below:

Appendix C
Draft Template Dismissal Letter (Changes in Dentist's Employment)

- *[List any time-sensitive treatment needs and offer to provide or refer the patient for completion of any time-sensitive treatment needs that are also **temporary** and already **underway**]*
- *[For active, multi-phase or long-term treatment, such as orthodontic treatment, list any needs for interim care to maintain the patient's condition until they transition to a new dentist, and whether the patient must find another dentist to provide this interim care]*

You should see another dentist *[for example, for routine care]* in the next *[insert timing].*

If you would like to schedule an appointment with me for treatment at the practice, please do so before my last day which is [**month day, year**].

Finding a new dentist

[*The information below is provided as an example and may not be appropriate based on your patient's clinical needs or personal circumstances, or based on the circumstances of your change in employment*]

If you would like to find a new [*dentist/dental practice*], you may wish to seek recommendations from family or friends, or contact a local dental clinic to see if they are accepting new patients. You may also use online search tools.

Some search tools that you may use are provided below. While they do not identify whether a dentist is accepting new patients, they can provide you with names and contact information for dentists near you:

- The Royal College of Dental Surgeons of Ontario's 'Low-cost and specialized dental clinics' search tool: https://www.rcdso.org/en-ca/standards-guidelines-resources/access-to-care/clinics-location
- The Royal College of Dental Surgeons of Ontario's 'Find a Dentist' search tool: https://www.rcdso.org/en-ca/find-a-dentist (requires one or more search criteria such as a practice name, address, or phone number).
- Ontario Dental Association's 'Find an ODA Dentist' search tool: https://www.oda.ca/find-a-dentist/.

[*If applicable*] If you need emergency dental care while you are looking for a new dentist [*provide instructions*.].

Wishing you the best.

Sincerely,
[Dentist Name]

Appendix D – List of Topics for Companion Resources to support the *Managing Conflicts and Ending the Dentist-Patient Relationship* Standard[1]

Companion resources are being developed on the following topics to support dentists in their implementation of the Standard.

Managing Conflicts

FAQs:

1) How can dentists tell whether they are experiencing a conflict with a patient?
2) Can dentists or patients use a third-party mediator to try to resolve a conflict?
3) Can dental practice staff address a conflict with a patient on behalf of a dentist?
4) What strategies can dentists use to discuss sensitive topics with patients?
5) How can dentists effectively communicate expectations for patient behaviour?
6) What do dentists need to consider when establishing office policies for patients?
7) What kind of expectations may be helpful for dentists to include in a patient code of conduct?
8) What if the dentist-patient relationship has deteriorated and the patient is in the middle of active, multi-phase, or long-term treatment?

Case Scenarios:

1) A patient exhibits harassing behavior (negative remarks)
2) A patient repeatedly exhibits non-compliance with office policies (related to non-payment of fees, missed appointments)
3) A patient seeking opioid prescription engages in dental fraud
4) A patient is unsatisfied with treatment outcomes and demands a refund
5) A patient refuses treatment options or does not follow treatment recommendations
6) A patient leaves a negative online review
7) A patient is anxious about treatment and asks numerous questions
8) A dentist has done something that makes a patient upset or uncomfortable, but it does not constitute a boundary violation
9) The conflict that affects the dentist-patient relationship is a conflict between a dentist and a person closely associated with the patient

[1] Some topics are already addressed by RCDSO FAQs related to the current *Maintaining a Professional Patient-Dentist Relationship* Practice Advisory. These FAQs will be updated to align with the new draft Standard. Other RCDSO resources applicable to the topics in this document will be referenced, where appropriate.

Ending the Dentist-Patient Relationship

***FAQs*:**

1) When does the dentist-patient relationship formally end?
2) How does the Standard apply when acute care concludes (for example, short-term specialist care, or a consultation) and the patient is no longer an active patient?
3) How does the Standard apply to a leave of absence?
4) What do dentists need to consider when providing a dismissal notification to a patient, including with respect to privacy and confidentiality?
5) Are dentists required to tell patients that the relationship may end in advance?
6) What is the best way to raise the possibility of dismissal?
7) What information are dentists advised to share with practice staff after ending a dentist-patient relationship?
8) What are dentists' obligations if the patient is ending the dentist-patient relationship?
9) Can dentists put a time limit on the offer to see dismissed patients, on an emergency basis, after dismissing them?
10) How should dentists handle situations where there is a conflict with the parent of a patient (a minor), but the patient would like to complete treatment?
11) Can employee dentists dismiss patients?
12) What do dentists need to consider when a patient with special or complex needs graduates out of a pediatric dental practice?
13) What are the requirements for discontinuing care under an agreement, arrangement, or otherwise?
14) What are the considerations for continuing to treat a staff member who ceases to be an employee of the practice but would like to remain a patient of the dentist? What about family members of the departed staff member?
15) What additional records do dentists need to keep for patients who are also staff at the dental practice where they receive care?
16) What considerations apply when ending the dentist-patient relationship following a dentist's death?
17) What happens if the dentist is part way through providing treatment to a patient but is unable to complete it (for example, the dentist is moving away)?
18) What should dentists do if a patient refuses to accept that the relationship is ending (that is, they try to return to the practice after being discharged)?
19) What must dentists consider when communicating with the patient(s) of a dentist who has left the practice?
20) What are the expectations for dismissing a patient when they may have difficulties finding a new dentist? (for example, where the patient has complex needs and or lives in rural or remote areas)
21) Are negative reviews or patient complaints to the College a cause for ending the relationship?[2]

[2] This FAQ will also address the matter of reputational harm.

22) What are some examples of “time-sensitive treatment needs that are also temporary and already underway” and why does the Standard require dentists to complete or refer patients for this care prior to dismissal?

Case Scenarios:

The appropriateness/inappropriateness of ending the dentist-patient relationship in the following circumstances including dismissal steps:

1) A patient becomes unable to cover the cost of routine care (for example, they change or lose insurance coverage such that they are no longer able to afford the full cost of treatment).
2) Dentist deems the relationship to no longer be in the patient’s best interest due to changes in the patient’s needs for care (physical disability)
3) Dentist deems the relationship to no longer be in the patient’s best interest due to changes in the patient’s needs for care (special needs/mental disability).

Flow chart:

- One general flow chart, with example flow charts, to support decision-making related to managing a conflicts and ending the dentist-patient a relationship.

Royal College of
Dental Surgeons of Ontario

COUNCIL BRIEFING NOTE

TOPIC: College Workspace Planning

FOR INFORMATION

June 18, 2026

ISSUE: To provide an update on the activity that has taken place on workspace planning since the Council meeting in April 2026.

PUBLIC INTEREST:

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

BACKGROUND:

Over the past six months, several presentations on real estate and workspace planning have been brought forward to Council. At the April 2026 Council meeting, Council directed staff to continue research and advance operational activities to inform a future decision on real estate. The Finance, Audit and Risk Committee (FAR) has undertaken significant examinations of real estate matters since 2021.

While no transactional decision has been made, and no transactions have been approved, Council has directed staff to continue progressing research and operational work to support a future decision. This briefing note provides an overview of the operational steps currently underway.

CURRENT STATUS:

FAR

- The Finance, Audit & Risk Committee (FAR) met April 28 and debriefed on Council's discussion.
- FAR constituted a sub-group of four members to act as a Real Estate Advisory Group (REAG). REAG has a Terms of Reference document to guide activities and define authority. This group will provide oversight into the activities and act in an operational manner if a building sale is approved.
- REAG will report to FAR on activities and does not have decision making authority. Any materials that come to Council will be addressed by FAR.

Agreement

- Colliers have been formally engaged, and the Letter of Engagement has been signed, naming them as the College real estate broker of record. Additionally, the Listing Agreement wording has been finalized. Once approved by Council we will be able to execute immediately rather than negotiate terms at that time.

Lease process

- Colliers and staff began exploring lease options available in the market.
- Colliers worked with staff to arrange tours of recommended office spaces.
- The result of this work will be the ability to understand how our workspace objectives match the actual space availability and the development of a specific cost analysis based on the currently available leasing market.

Additional activities

- Staff have begun the process of cost analysis, available property evaluation, project planning and documentation in preparation for a potential lease arrangement.

NEXT STEPS:

- Council members have been invited to tour the office at 6 Crescent Road on June 17 to see our current workspace.
- A parallel process of selecting a design firm to support future space planning that aligns with corporate culture and strategic vision is underway, supported by Colliers.
- Timelines related to the lease process will be recast if Council approves the proposal.

DECISION FOR COUNCIL:

- This briefing note is for Council's information. Any additional information available will be shared at the time of the meeting.

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