

446th Meeting of Council

Via Zoom and Livestream via YouTube

Thursday, December 5, 2024

RCDSO STRATEGIC PLAN OVERVIEW: 2023-2025

VISION

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

MISSION

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

VALUES



ACCOUNTABLE



COLLABORATIVE



INNOVATIVE



INCLUSIVE



TRANSPARENT

PILLARS



PROFESSIONALISM

STRATEGIC PROJECTS

- College Standards
- Access to Care



STAKEHOLDER ENGAGEMENT

STRATEGIC PROJECTS

- Service Experience
- Equity, Diversity and Inclusion



EMERGING ISSUES

STRATEGIC PROJECTS

- Governance Review and Modernization
- Practice Models and Corporate Dentistry

OUR COMMITMENT

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



Engaging Council Members for Effective Governance

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

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

Approved: June 16, 2022



Engaging Council Members for Effective Governance

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

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

Approved: June 16, 2022



CHECKLIST

Effective Staff-Council Relationships

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

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

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

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

SOURCES

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

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

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

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

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

LEXICON

OF COMMONLY USED ACRONYMS

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

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

AGENDA

446th MEETING – RCDSO COUNCIL

(Via Zoom and livestream)

Thursday, December 5, 2024 – 9:00 a.m. – 1:00 p.m.

Item	Time	Topic and Objective(s)	Purpose	Page No.
1.	9:00 a.m.	Call to Order & Land Acknowledgement	Discussion	
2.		Roll Call		
3.	9:05 a.m.	President's Remarks	Discussion	
4.		Declaration of Conflict of Interest <ul style="list-style-type: none"> Conflict of Interest Declaration Forms 		12-18
5.	9:10 a.m.	<u>Consent Agenda:</u> 5.1 Approval of Agenda 5.2 Approval of RCDSO Council Meeting Minutes, October 24, 2024 (with appendices) 5.3 Council Evaluation Survey Results, October 24, 2024 5.4 RCDSO Council Work Plan 2024 5.5 2024 Council Education Plan 5.6 Public Member Reappointment 5.7 Policy Report 5.8 RCDSO Strategic Plan 5.9 Registrar & CEO Report	Approval (Motion)	19-104 105-107 108 109-110 111 112-115 116-138 139-158
6.	9:15 a.m.	Registrar & CEO Report		

7.	9:35 a.m.	Professional Liability Program (PLP) Divestment Update	Information	159-163
8.	9:40 a.m.	Ratification of Committee Appointment: <ul style="list-style-type: none"> Finance, Audit & Risk Committee 	Decision	164-171
9.	9:45 a.m.	Financial: <ul style="list-style-type: none"> 2025 Budget Pension plan amendment Risk Management 	Decision	172-189 190-196 197-202
	10:15 a.m.	B R E A K		
10.	10:30 a.m.	Presentation: <i>(Michelle Cabrero Gauley, Senior policy Analyst)</i> Access to Care: Professionalism update	Information	203-209
11.	11:15 a.m.	Presentation: <i>(Michelle Tremblay, Organizational Transformation & College Equity Officer)</i> Service Experience	Information	
12.	11:25 a.m.	Patient Relations Committee: <ul style="list-style-type: none"> Trauma-Informed Training 	Information	210-212
13.	11:35 a.m.	Presentation: <i>(Deni Ogunrinde, Policy Analyst)</i> Practice Models & Corporate Dentistry	Discussion	213-235
14.	12:25 p.m.	Other Business		
15.	12:30 p.m.	Appreciation for Departing Council members		

16.		Date of Next Council Meeting: <ul style="list-style-type: none">Thursday, January 23, 2025 (Vantage Venues, 150 King St. W., Toronto)		
17.	12:55 p.m.	<i>In-Camera</i> Business		
18.	1:00 p.m.	Adjournment		

RCDSO Council Member Annual Conflict of Interest Declaration Form Summary Report - December 2024

In accordance with By-law 13, Council members are required to complete an online Annual Conflict of Interest Declaration Form. Council member forms are appended to Council meeting packages and available to the public. Council and Committee 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, 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; Ownership or other financial interest in any corporation, company, consultancy or other business related to dentistry; Provision of services to dentists; 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. Note: 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
Peter Delean	No		No	Member ODA, CDA, North Bay and District Dental Society (NBDDS)	No		No	Yes	10/16/2024	
Cristina Cordeiro	No		No		No		No	Yes	09/19/2024	

RCDSO Council Member Annual Conflict of Interest Declaration Form Summary Report - December 2024

Robyn Somerville	No		No		No		No		Yes	09/13/2024
Nizar Ladak	No		No		No		No		Yes	6/13/2024
Marc B. Trudell	No		No		Yes	In 2022, the firm Colliers International was 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. On June 3rd, 2024, it was announced that Colliers had 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 will be operating as a separate (arms-length) division of Colliers and the work completed to-date by Colliers for the College has not involved Englobe or myself.	No		Yes	06/09/2024

RCDSO Council Member Annual Conflict of Interest Declaration Form Summary Report - December 2024

Judith Welikovitch	No		Yes	I am a member in good standing with the Law Society of Ontario I am a member of the Institute of Corporate Directors I am President and Chair of the Board of Directors at the Geneva Centre for Autism. The GCA is a not-for-profit organization and charity that works with children and young adults on the autism spectrum and provides supports to their families and other caregivers.	No		No	Yes	05/02/2024
Deborah Wilson	No	None	No	Ontario Dental Association	No	My husband is Dr. Gerald Zeit an orthodontist currently practicing in Toronto.	No	Yes	05/01/2024
Harinder Sandhu	No		No		No		No	Yes	30-Apr-24

RCDSO Council Member Annual Conflict of Interest Declaration Form Summary Report - December 2024

Noha Gomaa	No	None to declare	No		Yes	I am an Assistant Professor of Oral Medicine and Dental Public Health at the Schulich School of Medicine & Dentistry, Western University, London, Ontario.	No		Yes	26-Apr-24
Nalin Bhargava	No		Yes	Ontario Dental Association Canadian Dental Association Ottawa Dental Society	No		No		Yes	03/24/2024
Anthony Mair	No	Shareholder in Corus Orthodontists Inc	No		Yes	Part time (adjunct faculty) at Western University and University of Toronto	No		Yes	03/22/2024
Osama Soliman	No	Lecturer for zimvie Lecturer for nobel and straumann Instructor UoFT Instructor TIDE	No		Yes	UofT instructor TiDe instructor	No		Yes	03/15/2024

RCDSO Council Member Annual Conflict of Interest Declaration Form Summary Report - December 2024

				<p>I am Registerd with RECO, Real estate Council of Ontario as a Transition Specialist, and Sales Representative with Tier Three Brokerage a division of Henry Schein Ltd. I also serve as Charman of the Board of Western Pacific Trust Company Inc.a listed on the TSX Venture trading symbol WP. Neither of these organization pose competing interests with my duties as council member of the RCDSO</p>						
Antony Liscio	No		No		No		No		Yes	02/14/2024
Roderick Austen Stableforth	No		No		No		No		Yes	02/13/2024
Ram Chopra	No		No		No		No		Yes	02/13/2024

RCDSO Council Member Annual Conflict of Interest Declaration Form Summary Report - December 2024

				I am a member of several professional organizations, including: Ontario Dental Association Canadian Dental Association Royal College of Dentists of Canada Canadian Academy of Dental Anaesthesia American Society of Dentist Anesthesiologists American Dental Society of Anesthesiology American College of Dentists International College of Dentists Pierre Fauchard Academy						
Daniel Haas	No		Yes		Yes	Professor at the University of Toronto	No		Yes	02/06/2024
Brian R. Smith	No		No		No		No		Yes	02/05/2024
Eleonora Fisher	No		No	CPD LEGAL Law Society of Ontario	No		No		Yes	02/05/2024

RCDSO Council Member Annual Conflict of Interest Declaration Form Summary Report - December 2024

Amelia Chan	Yes	Invisalign Consultant Specail Programs Coordinator for the University of Toronto, Faculty of Dentistry, Continuing Education Department	No	Ontario Dental Association American Academy of Clear Aligners	No	Special Programs Coordinator Travel & Learn , University of Toronto, Faculty of Dentistry, Continuing Education Department,	No		Yes	02/03/2024
James Colliver	No		No		No		No		Yes	02/02/2024
Erin Walker	No		No	Ontario Dental Association - Member American Dental Association - International Member Waterloo-Wellington Dental Society - Member	No		No		Yes	02/02/2024
Vivian Hu	No		No		No		No		Yes	02/02/2024
Nancy Di Santo	No		Yes	Member of the ODA	No		No		Yes	02/02/2024
Mark Eckler	No		Yes	Ontario Association of Orthodontists Halton Peel Dental Association	Yes	Occasional U of Toronto lecture	Yes	Dental Advisory Panel for CDSPI	Yes	02/01/2024
David James Bishop	none			none		none		none	Yes	6/6/2023

1 **MINUTES OF THE 445th**
2 **MEETING OF COUNCIL**

3 **Thursday, October 24, 2024**
4

5 *(Via Zoom and live-streamed on YouTube)*
6
7

8 The 445th Meeting of the Council of the Royal College of Dental Surgeons of Ontario was
9 held on Thursday, October 24, 2024, at 9:00 a.m.

10
11 **Attendance:**
12

13 **Chair**

14 Hanno Weinberger
15

16 **Council members**
17

18 *Elected Representatives:*

- | | |
|---------------------|-------------|
| 19 Nalin Bhargava | District 1 |
| 20 Robyn Somerville | District 2 |
| 21 Peter Delean | District 3 |
| 22 Nancy Di Santo | District 5 |
| 23 Harinder Sandhu | District 6 |
| 24 Erin Walker | District 7 |
| 25 Osama Soliman | District 8 |
| 26 Antony Liscio | District 9 |
| 27 Deborah Wilson | District 10 |
| 28 Amelia Chan | District 11 |
| 29 Anthony Mair | District 12 |

30
31 *University Representatives:*

- 32 Daniel Haas, University of Toronto
33 Noha Gomaa, Western University
34

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

- 36 Ram Chopra
37 James Colliver

38 Cristina Cordeiro
39 Eleonora Fisher
40 Vivian Hu
41 Nizar Ladak
42 Brian Smith
43 Roderick Stableforth
44 Marc Trudell
45 Judith Welikovitch

46
47 *Regrets:*

48 David Bishop Public Member

49
50 *General Legal Counsel:*

51 Alan Bromstein

52
53 *Registrar & CEO:*

54 Daniel Faulkner

55
56 **1. CALL TO ORDER AND LAND ACKNOWLEDGEMENT**

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

61
62 **2. ROLL CALL**

63 D. Faulkner conducted the roll call.

64
65 **3. PRESIDENT'S REMARKS**

66 H. Sandhu welcomed Council members and guests to the Council meeting.

67
68 H. Sandhu reviewed some of the issues being covered in the meeting:

- 69
70
- 71 • Rainbow Health Ontario was invited to provide information on its
72 educational opportunities for health professionals that include continuing
73 education points.
 - 74 • Status updates on strategic projects, including Practice Models and
75 Corporate Dentistry that is evolving rapidly in the profession.
 - 76 • Information on 'Choosing Wisely', a cross-disciplinary group focused on
reducing unnecessary tests and treatments.

77 H. Sandhu congratulated public member of Council, Vivian Hu, on her
78 reappointment for a three-year term.

79
80 He reported that Dr. Mark Eckler resigned from Council and committee work,
81 effective October 11, 2024, to pursue other business opportunities. H. Sandhu
82 thanked M. Eckler for his valuable contributions to Council and wished him success
83 in his future endeavours.

84
85 H. Sandhu thanked Council members, the Registrar, and staff for their continued
86 efforts to ensure protection of the public interest.

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

89 There were no conflicts of interest declared.

90
91 **5. CONSENT AGENDA**

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

93
94 **MOTION #1:**

95
96 **Moved by: A. Liscio**

97 **Seconded by: V. Hu**

98
99 **THAT the following items be approved and/or received for information by**
100 **Council:**

- 101 • **Approval of Agenda**
- 102 • **Approval of RCDSO Council Meeting Minutes, September 20,**
- 103 **2024 (with appendices)**
- 104 • **Council Evaluation Survey Results, September 20, 2024**
- 105 • **RCDSO Council Work Plan 2024**
- 106 • **2024 Council Education Plan**
- 107 • **OPSDT Pilot Project**
- 108 • **Financial Update**
- 109 • **Public Member Reappointment**

110 **CARRIED**

111
112 **6. PRESENTATION: RAINBOW HEALTH ONTARIO**

113 M. Tremblay introduced Silvana (Sil) Hernando, Director of Rainbow Health Ontario
114 (RHO). She added that Access to Care is part of the College's commitment in its
115 strategic plan. Rainbow Health Ontario (RHO) is an approved sponsor for continuing
116 education with courses available in English and French.

117
118 S. Hernando gave a presentation on RHO's opportunities within the healthcare
119 system to better serve the 2SLGBTQ community (**APPENDIX A**). RHO was started in
120 2018 and provides guidance and consultation to organizations. The clinical
121 educators at RHO have lived experience and serve over 55,000 healthcare
122 providers.

123
124 She provided information on the courses offered by RHO, through virtual training,
125 webinars and private training sessions, and how members can access those courses.
126

127 S. Hernando responded to questions from Council members. She confirmed that the
128 courses are specifically designed for health care providers, but the public would be
129 welcome to take them. She added that RHO will work with the College to provide a
130 fact sheet related to dental care.
131

132 **7. PROFESSIONAL LIABILITY PROGRAM DIVESTMENT (PLP) UPDATE**

133 D. Faulkner reported that there has been a lot of activity on this initiative and
134 discussions are continuing between PwC and entities interested in learning more
135 about PLP. He reported that a number of Non-Disclosure Agreements have been
136 signed and he looked forward to seeing Expressions of Interest over the coming
137 months.
138

139 He reported that the Procurement Review Group (PRG) will work with PwC to
140 review Expressions of Interest before the end of the year.
141

142 D. Faulkner reported that Dr. Mark Eckler's departure from Council left a vacancy on
143 PRG. The Executive Committee will consider how to address it and report back to
144 Council at its December meeting.
145

146 With respect to ensuring that all members of the profession will carry professional
147 liability insurance, by-law amendments will be required and these will be brought to
148 Council for approval at the December meeting. In addition, changes to the
149 Registration Regulation will be required and staff are working with legal counsel and
150 the Ministry of Health on an amendment approval process. This would allow the
151 College to take action to suspend members who do not have insurance as well as to
152 allow for simplified reinstatement.
153

154 **8. REGISTRAR & CEO REPORT**

155 D. Faulkner gave a presentation on the College's activities (**APPENDIX B**) and
156 highlighted the following:
157

158 *Canadian Dental Care Plan (CDCP).*

159 D. Faulkner reported that over 750,000 patients have received care (at September

160 19, 2024) through the CDCP. Across Canada there have been 18,250 dentists
161 submitting claims to Sunlife for CDCP patients, of which 8,037 dentists are in
162 Ontario. Large scale advertising campaigns have been developed by Health Canada
163 and by the Ontario Dental Association to provide accurate information to the public.
164

165 D. Faulkner referred Council to a copy of a letter dated October 16, 2024, received
166 from the Federal Minister of Health in response to the College's letter dated April
167 23, 2024. The College's letter focussed on issues including the way in which Health
168 Canada was going to permit individual dentists to submit claims (contract or no
169 contract), the need for more coordination between CDCP and provincial dental
170 programs and offering the College's assistance to Health Canada with on-site audit
171 process development support.
172

173 *Governance and Regulatory Landscape*

174 D. Faulkner reported that the College made a submission to the Government of
175 Ontario consultation on Preferred Provider Networks (PPNs). The response signaled
176 the issue of corporate influences beyond pharmacy in other professions, including
177 dentistry. D. Faulkner undertook to keep Council updated on this issue.
178

179 *Partners and Collaborators*

180 The College of Nurses of Ontario (CNO) recently conducted a workforce census,
181 participated by more than 31,000 nurses. D. Faulkner reported that a webinar will
182 be presented at a later date to share the results of the census.
183

184 D. Faulkner reported on a report released by Statistics Canada on the economic
185 impact of COVID on the dental profession. The report states that recovery has been
186 strong and he encouraged Council to read the report for more information.
187

188 It was reported that Dental Anaesthesia standards are under development by the
189 Commission on Dental Accreditation of Canada (CDAC) for use by dental training
190 programs. Not all provinces have adopted Dental Anaesthesia as a dental specialty.
191

192 CDAC has released a new strategic plan with a focus on transparency of
193 accreditation reports, how funding is structured and new formula models to
194 consider.
195

196 *Around the College*

197 D. Faulkner advised that Council and committee members are required to complete
198 training on Accessibility for Ontarians as required by legislation. He advised that

199 they would have received information on how to complete the modular training
200 that is due on November 30, but they should contact staff if they have difficulty
201 accessing it. All current staff and new staff are required to complete the training.

202
203 A full day Leadership Team meeting was held on September 26, 2024. This is an
204 annual event and topics covered included resilience and change in leadership and
205 applying equity, diversity and inclusion learning in real circumstances.

206
207 The RCDSO Connect Newsletter was published recently and circulated to members
208 and stakeholders.

209
210 D. Faulkner reported on two new infographics: one on the different roles of the
211 College and the Ontario Dental Association and the second one with assistance for
212 members on appropriate use of social media. These infographics are available on
213 the College's website and have been posted on a variety of social media platforms.

214
215 D. Faulkner reported on the annual CNAR conference held in Ottawa on October 6-
216 8, 2024. He added that many College staff were involved in the conference, through
217 presentations and as registered attendees.

218
219 Staff were congratulated on the infographic information developed and Council
220 asked that more infographics be made available in the future. Several suggestions
221 were offered to ensure the information is accessed by the profession.

222

223 **9. PENSION GOVERNANCE COMMITTEE**

224 Jeffrey Gullberg, Chief Financial Officer, reported on this item.

225

226 He reported on a recommendation to restructure the current Pension Governance
227 Committee, formed in 2018 and comprised of four members of Council. At that
228 time, there were risks, increased complexity and costs associated with the Defined
229 Benefit (DB) portion of the pension plan and the Pension Governance Committee
230 was established to ensure the implementation of strategies to de-risk the plan that
231 included the annuity process to the DB portion of the plan, approved by Council in
232 2023.

233

234 J. Gullberg reminded Council that commencing in 2025, the College will only have a
235 Defined Contribution (DC) plan which will have less complexity and risk for the
236 College and would be more straightforward to administer. As risk to the College is
237 significantly reduced when we are no longer administering our own DB plan, he
238 asked Council to consider that the Pension Governance Committee be restructured
239 to be a staff-driven committee (Pension Committee), which will include a member

240 of the Finance, Audit and Risk (FAR) Committee. He added that the Pension
241 Governance Committee endorsed this direction and recommendation.

242
243 J. Gullberg reported that he canvassed several other regulators and most do not
244 have a separate Pension Governance Committee. At least one College has a staff-
245 driven Pension Committee.

246
247 J. Gullberg outlined the benefits of implementing a staff committee to manage
248 benefits and the Pension Plan. The proposed staff committee would be comprised
249 of 6-7 members, to include:

- 250 • Chair of FAR (or designate from FAR membership)
- 251 • Up to 2 management representatives: Director, HR and/or CFO
- 252 • 2 program staff: Payroll, Benefits & HRIS Administrator and Finance
253 Executive Assistant
- 254 • Up to 2 elected staff members.

255
256 Significant decisions on plan structure would be brought to FAR and the plan would
257 be reviewed by the College's external auditors at the annual audit.

258
259 The proposed restructured committee would require a by-law amendment to
260 revoke the Pension Governance Committee and remove reference to it as a
261 standing committee. These amendments would be effective January 23, 2025.
262 Council was provided with red-lined draft amendments for its review.

263
264 In response to a question, J. Gullberg confirmed that the DB plan would be frozen,
265 effective December 31, 2024. The buy-out annuity should be complete by the
266 second quarter of 2025. This is proceeding in accordance with Council's directions in
267 2022.

268
269 In response to comments and questions from Council members there was further
270 clarification that a DC plan carries much reduced organizational risk. The College
271 has always and will continue to ensure that staff are regularly educated in making
272 their personal fund decisions within the structure or a DC plan. Greater
273 engagement by staff in this type of plan is demonstrating transparency and
274 empowerment for staff. Having a member of FAR at the new Committee will also
275 flag any possible issues for the College to address.

276
277
278
279
280
281

282
283
284
285
286
287
288
289
290
291
292
293
294
295
296
297
298
299
300
301
302
303
304
305
306
307
308
309
310
311
312
313
314
315
316
317
318
319
320
321
322
323

MOTION #2:

Moved by: J. Colliver
Seconded by: C. Cordeiro

THAT effective January 23, 2025, Council revokes By-Law 4.16 “Pension Governance Committee” and amend Article 5.2.5. “Standing Committees” to revoke paragraph I (reference to Pension Governance Committee).

CARRIED
(In Favour: 20)
(Opposed: 2)

D. Haas recommended and Council agreed that staff ensure the FAR Committee member on the Pension Committee is a Council member and is given the opportunity to report back to Council if there are any issues or concerns with the committee.

10. PRESENTATION: PRACTICE MODELS AND CORPORATE DENTISTRY

Deni Ogunrinde, Policy Analyst, made a presentation on Practice Models and Corporate Dentistry (**APPENDIX C**), one of the six strategic projects currently underway.

D. Ogunrinde reported that Ontario dentists practice in different models. The goal of this strategic project is to carry out research of those practice models with three objectives:

- Phase 1 – gathering information, jurisdictional review, literature review, consultation – completed in 2023-2024.
- Phase 2 – analysis and options development – current work.
- Phase 3 – decision-making by Council and implementation (2024-2025).

She outlined the issues related to corporate dentistry, including risks and benefits for patients, together with an overview of Direct-to-Consumer dentistry and its impact on patients.

D. Ogunrinde’s presentation reviewed the College’s analysis of data collected through the annual renewal process regarding ownership, practice trends and third-party affiliation with other entities.

She reported on a consultation survey conducted by the College for dentists, other health care professionals and patients.

324 At the conclusion of her presentation, D. Ogunrinde facilitated an open discussion
325 with Council to obtain their perspective on the key findings.

326

327 Council offered several comments, including:

328

329 1. It was clarified that 357 Ontario dentists responded to the College's survey out
330 of 10,979 registrants.

331 2. In response to questions about clinic ownership, D. Ogunrinde reported that in
332 some other jurisdictions anyone can own a clinic, but not own the dental
333 business. There is consideration being given to accrediting facilities.

334 3. There may be ways to harness the College's complaints and investigation data to
335 drive further survey work.

336 4. There was discussion on how to guide the profession in managing patients
337 during mid-treatment when a Direct-to-Consumer corporation fails. Different
338 models of oversight exist for Direct-to-Consumer orthodontic care in Canada
339 and the USA.

340 5. The College has a key role in understanding and addressing the various models
341 of practice now and in the future.

342

343 College staff will take into consideration the feedback from Council in the
344 development of options for the draft 'Report on Key Research Findings & Options'.
345 Council will be provided with a draft of the Report for discussion at the December
346 2024 Council meeting and the final report is anticipated for Council's approval in
347 early 2025.

348

349 D. Ogunrinde was thanked for her informative and interesting presentation and
350 Council looked forward to hearing about further progress in this project at future
351 meetings.

352

353 **11. ANTIMICROBIAL STEWARDSHIP**

354 Susan Taylor, Director, Quality, gave a presentation on behalf of the Working Group
355 of Choosing Wisely Canada (CWC) to share a chairside tool designed to guide the
356 profession in practice to communicate with patients (**APPENDIX D**). CWC is a
357 national voice for reducing unnecessary tests and treatments.

358

359 S. Taylor provided background information on antibiotics and antimicrobial
360 resistance. She added that most tooth pain can be managed with a dental
361 procedure, pain medication or both and does not require antibiotics.

362

363

364 S. Taylor referred to the draft *Toolkit for Using Antibiotics Wisely* developed by
365 Choosing Widely Canada entitled “Taking the Bite out of Tooth Pain”. She stated
366 that the focus of this toolkit is on managing tooth pain and determining when it is
367 appropriate to prescribe antibiotics. The target audience for the toolkit will be
368 dentists, physicians and other health care professionals. The toolkit will be
369 published in English and French.

370
371 S. Taylor reported that the Working Group is finalizing the content of the toolkit and
372 plans to launch it during the week of the World Antimicrobial Resistance Awareness
373 (WARA) week in November. It is hoped that the toolkit will be distributed to as
374 many health care professionals as possible and system partners are being asked to
375 assist with the dissemination.

376
377 To that end, S. Taylor asked for the College’s endorsement and support of the
378 toolkit by adding the RCDSO logo to the final document, as well as assistance in
379 distributing it to RCDSO members.

380
381 Council members were very supportive of this initiative. A suggestion was made to
382 approach Western Canada One Health to collaborate, and S. Taylor undertook to
383 discuss with the Working Group.

384
385 D. Haas advised that he would contact S. Taylor with a few minor edits for
386 consideration.

387
388 A question was raised about whether dental students have this topic as part of the
389 curriculum. D. Haas reported that it is taught in dental schools, but having
390 endorsement from the RCDSO would likely have more influence for students and
391 dentists.

392
393 It was noted that the RCDSO is not listed on the CWC website, only hospital
394 dentistry. S. Taylor advised that the website is a separate part of CWC, but she
395 agreed that it would be beneficial to look at creating a community dentistry group
396 to add to the website.

397
398 **MOTION #3:**

399
400 **Moved by: D. Haas**
401 **Seconded by: A. Liscio**

402
403 **THAT Council approves the request to endorse ‘Taking the Bite out of**
404 **Tooth Pain: A Toolkit for Using Antibiotics Wisely’ and the addition of the**
405 **RCDSO logo;**

406

407 **AND THAT the toolkit be distributed to registrants and the public.**

408 **CARRIED**

409 *(Unanimously)*

410
411
412
413
414
415
416
417
418
419
420
421
422
423
424
425
426
427
428
429
430
431
432
433
434
435
436
437
438
439
440
441
442
443
444
445
446
447
448
449

12. PRACTICE ADVISORY: RELEASE AND TRANSFER OF PATIENT RECORDS

Cameron Thompson, Manager of Standards and Strategy, reported on a minor update made to the Practice Advisory entitled “Release and Transfer of Patient Records”, based on information received that the guidance concerning the fees charged for duplicating and transferring patient records was not entirely accurate or aligned within legislation provisions.

C. Thompson reminded Council that the fees dentists can charge for duplicating patient records are set by legislation and enforced by the Information and Privacy Commissioner of Ontario (IPC).

The legislation anchors to the ‘cost of reasonable cost recovery’ which may fall below customary fees or direct fees incurred by the dentist. The College’s Practice Advisory, if left unchanged, could lead dentists to a complaint to the IPC for charging excessive fees.

Council was provided with draft revised wording to the Practice Advisory as an interim measure. C. Thompson advised that in future, staff would draft a full update to the Practice Advisory for Council’s consideration.

13. VACANCY ON COUNCIL – DISTRICT 4

D. Faulkner reported that the recent resignation of Dr. Mark Eckler created a vacancy in District 4. The Council election is in a few weeks’ time and under the by-laws Dr. Eckler’s departure falls within the category of ‘Short-Term Vacancy’.

He advised Council that pursuant to Article 6.5.2 of the by-laws, the following options are available, and the Council may wish to:

- leave the seat vacant;
- appoint a member of the College who would be eligible for election in that electoral district as of the date of his or her appointment; or
- direct the Registrar to hold a by-election in that electoral district.

D. Faulkner reported that there is one more Council meeting scheduled for this term, Thursday, December 5, 2024.

Council was in full support of leaving the seat in District 4 vacant.

450 MOTION #4:

451

452 Moved by: A. Liscio

453 Seconded by: M. Trudell

454

455 THAT Council approves leaving the Council seat in District 4 vacant for the
456 remainder of the current term.

457

CARRIED

458

459 **14. DATE OF NEXT COUNCIL MEETING**

460 The next meeting of Council is scheduled for Thursday, December 5, 2024, and will
461 be held virtually and live-streamed.

462

463 **15. IN-CAMERA BUSINESS**

464 The meeting moved *in-camera* for a confidential discussion. The live-stream
465 recording ended, and all guests and staff were asked to leave the meeting except
466 the Registrar, Chair, members of the Senior Leadership Team, Executive Assistant
467 and Council Liaison and General Legal Counsel.

468

469 MOTION #5:

470

471 Moved by: J. Welikovitch

472 Seconded by: V. Hu

473

474 THAT Council exclude the public from the meeting in that financial or
475 personal or other matters may be disclosed of such a nature that the harm
476 created by the disclosure would outweigh the desirability of adhering to
477 the principle that meetings be open to the public in accordance with clause
478 7(2)(b) of the Health Professions Procedural Code which is Schedule 2 to
479 the *Regulated Health Professions Act, 1991*.

480

CARRIED

481 (Unanimously)

482

483 **16. ADJOURNMENT**

484 Following the *in-camera* discussion, the meeting resumed to open session for
485 adjournment.

486

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

489

490 There being no further business, the meeting was adjourned at 1:00 p.m.

491
492
493
494
495
496
497
498
499
500
501
502
503
504
505
506
507
508
509
510
511

MOTION #6:

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

THAT the 445th meeting of RCDSO Council be adjourned.

CARRIED
(Unanimously)

SIGNED:

Signature of President

Signature of Recording Officer

Date

DRAFT

ACTION ITEM FOLLOW-UP: RCDSO COUNCIL

Date: October 24, 2024

ITEM	RESPONSIBILITY	ACTION	STATUS
1. Council evaluation	Angie Sherban	Send survey to Council	Sent, Oct 24, 2024
2. Minutes of September 20, 2024 meeting	Angie Sherban/ Communications	Post on website	Completed, Oct 29, 2024
3. Pension Governance Committee	Mark Edelstein/Communications	Revoke By-Law 4.16 "Pension Governance Committee" and amend Article 5.2.5. "Standing Committees" to revoke paragraph I (reference to Pension Governance Committee).	Pending (Jan 23/25)
4. Antimicrobial Stewardship	Susan Taylor/Communications	Add RCDSO logo to 'Taking the Bite out of Tooth Pain: A Toolkit for Using Antibiotics Wisely' and distribute the toolkit to members and the public.	Completed, Nov 18/24



rainbow health ontario

SHERBOURNE HEALTH

**Royal College of Dental
Surgeons of Ontario**

Information session

2024



Sil Hernando RP

She/Ella

Director

Rainbow Health Ontario

sbazet@rainbowhealthontario.ca



rainbow health ontario

SHERBOURNE HEALTH

- Mandate: to help providers increase their 2SLGBTQ cultural and clinical competencies
- Award-winning program
- Educated 50,000+ providers
- Provided consultation and guidance to hundreds of organizations
- Provided clinical consultation to 1,000+ HCP
- Produced hundreds of evidence-based resources
- Our clinical educators have lived experience



Why learning about 2SLGBTQ health is important to the RCDSO?

- To protect the public:
 - ✓ Lack of competency = lack of patient safety
- To prevent complaints:
 - ✓ Lack of competency leads to complaints

Common Barriers to Care

Lack of inclusive EHR

Lack of gender-inclusive spaces

Limited knowledge of HCP

Income, employment, insurance

Lack of visitation rights for chosen family

Scarcity of research



Online Learning Platform



 <p>ENG</p> <p>2SLGBTQ Foundations Course</p>	 <p>FR</p> <p>Fondements 2SLGBTQ</p>	 <p>2SLGBTQ Trauma Informed Care</p>	 <p>2SLGBTQ Older Adults and Inclusive Care</p>	 <p>2SLGBTQ Emotional and Mental Health</p>
 <p>rainbow health ontario SHERBOURNE HEALTH Autism and Gender Identity</p>		 <p>Surgeries: Post-Operative Complications in Primary Health Care</p>	 <p>Puberty Suppression for Trans Youth in Primary Health Care</p>	 <p>Removing the Barriers: Making Your Organization 2SLGBTQ Friendly</p>
 <p>Trans 101 - Adults and Older Adults (19+)</p>	 <p>Trans 101 - Children and Adolescents (up to 18 years old)</p>		 <p>Trans 101 - Transitioning</p>	 <p>rainbow health ontario SHERBOURNE HEALTH Trans Health Mentorship Call</p>
 <p>Transition-related Hormone Therapy in Primary Health Care</p>	 <p>Transition-related Surgeries: Planning, Referral, and Care</p>		 <p>Vaginoplasty: Post-operative Complications in Primary Health Care</p>	

<https://learn.rainbowhealthontario.ca/>

Virtual trainings

Start Anytime!

- Self-directed courses
- Facilitator-led courses

2SLGBTQ Foundations

scenario 1 (jane) - part 3 of 4

The screenshot shows a counseling session with Jane. On the left, a video feed shows Jane sitting at a table with a laptop. On the right, a counselor's avatar is visible. The interface includes several text boxes and buttons:

- A white text box from Jane: "My friends ask me to go out but I have no interest in joining them."
- A white text box from Jane: "I have been having trouble at work too. I feel constantly irritated by the demands put on me and I no longer get along with my co-workers."
- A blue speech bubble from the counselor: "Do your friends call you often?"
- A blue speech bubble from the counselor: "How about your colleagues?"
- A white text box from the counselor: "The counsellor has the impression that Jane might be depressed."
- A white text box from the counselor: "Is her depression related to her sexual orientation ?"
- Three buttons at the bottom: "Yes", "No", and "Not Sure".

Self-led, 3.5 hours

7 Modules:

1. Terminology

2. Impact of beliefs

3. Barriers

4. Physical health needs

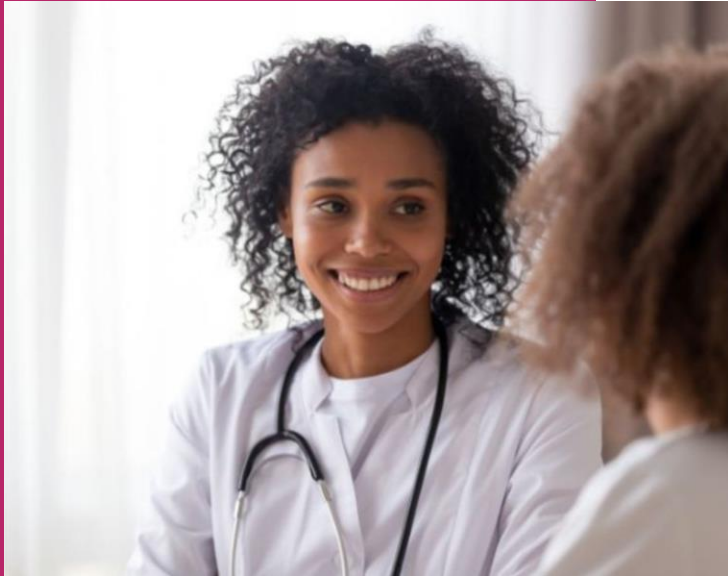
5. Mental health needs

6. Intersectionality

7. Inclusive communication

Register online for \$30/person

Removing the Barriers: Making Your Organization 2SLGBTQ Friendly



- Pre-requisite: 2SLGBTQ Foundations
- Facilitator-led
- 2 hours
- \$20/person

1. Communication Practices
2. Data Collection
3. Service Design
4. Policies
5. Space

Trans 101: Adults and Older Adults



- **Prerequisite: 2SLGBTQ Foundations**
- **Facilitator-led**
- **3 hours**
- **\$20/learner**

Introductory cultural humility and competence module for working with trans, non-binary, or gender non-conforming adults.



rainbow health ontario
SHERBOURNE HEALTH

Trans Health Mentorship Call



- **Free** teleconference for Ontario clinicians
- **Connect with peers** who are working with trans and nonbinary clients
- 1st and 3rd **Wednesdays** of the month 12pm-1pm

**Daily
Resource
for
Providers**

**Trans
health only**

Jodi Asphall (he/him)
Clinical System Navigator

systemnavigation@rainbowhealthontario.ca



2SLGBTQ Health in Focus
A podcast from Rainbow Health Ontario

Request a Private Group Training

For Your Team of 35 or More

training@rainbowhealthontario.ca



rainbow health ontario

SHERBOURNE HEALTH

thank you!





Registrar's Report

RCDSO Council Meeting

October 24, 2024

Royal College of
Dental Surgeons of Ontario

Canadian Dental Care Plan (CDCP)

- Utilization continues to climb (at September 19/24)
 - 751,048 patients received care
 - 18,250 dentists in Canada (8,037 in Ontario)
- Large scale ad campaigns to public (Health Canada, ODA)
- Emerging Issues
 - Response from Federal Minister of Health to letter from College (Information)
 - On-site audit procedures – role of RCDSO will be discussed with Health Canada in Winter/Spring 2025

Governance and Regulatory Landscape

- College submitted a response to Government of Ontario consultation on Preferred Provider Networks
 - Assessing the impact of PPN on employer-sponsored drug insurance sector
 - Is policy intervention needed?
 - Preservation of values: patient choice; professional judgement
 - Our submission: Government policy choices must acknowledge multiple professions are seeing increased corporate ownership and influence

Governance and Regulatory Landscape

- CNO 2024 Workforce Census: Demographics and Nursing Practice Report results released
 - Understand makeup of the workforce and barriers related to diversity, equity and inclusion that nurses face
 - 31,000 nurse participants
 - Explored Indigenous, ethnicity, race, disabilities and more identity questions
 - Used to establish baselines and measure progress

Partners & Collaborators

- Statistics Canada Report
 - Economic impact of COVID-19 pandemic on Canadian dental industry
 - Major disruptions caused by pandemic (from \$18.1B to \$15.5B) between 2019 and 2020
 - Economic output and total number of jobs have risen above pre-pandemic levels to 2022
 - Recovery has been strong
- Dental anesthesia standards under development – CDRAF, CDAC - consultation tbd
- CDAC (national accreditation body) new Strategic Plan

Around The College

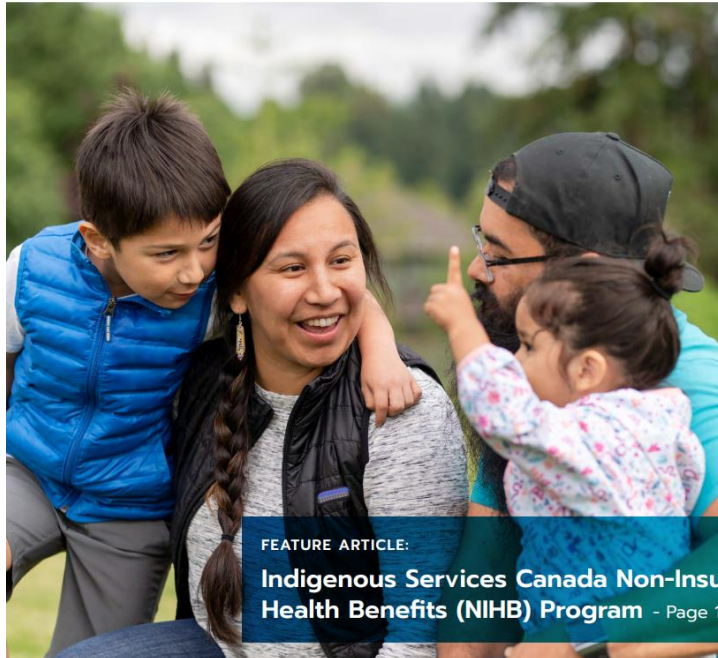
- Accessibility for Ontarians
 - To achieve accessibility for any individual with disabilities
 - Training for all who provide service or have input into policies/practices
 - Council and Committee member training launched
 - November 30th completion
- Leadership Team Full Day Meeting September 26
 - Commitment to our leadership learning
 - Topics included resilience and change, applying EDI learning to real situations

Summer 2024 Newsletter

RCDSO CONNECT

Summer 2024

Newsletter of the Royal College of Dental Surgeons of Ontario



FEATURE ARTICLE:

Indigenous Services Canada Non-Insured Health Benefits (NIHB) Program - Page 10

RCDSO CONNECT

In this Issue:

Message from the President & Registrar	3
Current RCDSO Council Members	5
RCDSO Council Election 2024: What you need to know	6
RCDSO London Connect	8
Learn about changes to the RCDSO Portal	9
Indigenous Services Canada Non-Insured Health Benefits (NIHB) Program	10
The Importance of Requests for Assistance	12
Requests for Assistance	13
Get to know our staff: Gillian Slaughter	14
Information Spotlight	15, 20
Think about your online interactions	16
Access to Care	17
RCDSO and ODA: Understanding Their Unique Roles	18
Rainbow Health Ontario is now an official approved sponsor for CE credits	19
Discipline Summaries	19
Participate in two new consultations	21

Keeping our partners informed

New Infographics On-Line

RCDSO | Royal College of
Dental Surgeons of Ontario

RCDSO and ODA: Understanding Their Unique Roles



In Ontario, the dental profession is supported by both regulatory and professional bodies that serve distinct purposes. To clarify the differences between us at the Royal College of Dental Surgeons of Ontario (RCDSO) and the Ontario Dental Association (ODA), we present the distinct roles and responsibilities each organization holds within the dental profession in Ontario. This comparison highlights our unique functions and objectives, reflecting our specific mandates.

Aspect	RCDSO	ODA
Primary Mission	To protect the public interest by ensuring high standards of dental care and patient safety.	To advocate for its members, promote optimal oral health and support successful professional lives and general well-being.
Professional Involvement	All dentists in Ontario are required to hold an active certificate of registration with the RCDSO.	Voluntary for dentists in Ontario.
Regulatory Authority	Authority is defined in provincial legislation (e.g., Regulated Health Professions Act, Dentistry Act) and associated regulations.	No legislative authority; focuses on advocacy to influence regulation and supports members in compliance.
Public Protection	Ensures the public receives safe, ethical, and high-quality dental care through rigorous inspection and evaluation processes.	Promotes public awareness of the importance of oral health and its connection to overall health. Does not regulate practice standards but supports member compliance.
Proficiency Maintenance	Sets and enforces educational and professional qualifications for dentists.	As a continuing education provider, helps members meet their regulatory CE requirements through educational programs and workshops.
Professional Standards	Develops, maintains, and enforces professional and ethical standards.	Promotes high professional and ethical standards but cannot enforce them.
Accountability	Holds dentists accountable through complaints and investigation processes. Provides a clear process for the public to file complaints.	Promotes a Code of Conduct, supports dentists and patients in voluntarily resolving some disputes through a mediation process; does not handle disciplinary actions.
Transparency	Conducts public Council meetings to ensure transparency in decision-making. Publishes annual reports and strategic plans.	Operates with a Board of Directors that reports to its members through a General Council without public representation.
Advocacy	Advocates for public safety and ethical practice. Engages with interested parties to enhance patient care standards.	Advocates on public policies that affect the practice of dentistry and the oral health of people in Ontario.
Professional Support	Provides regulatory guidance and oversees compliance with expectations.	Offers programs, services, and products to support dentists' professional lives and well-being.
Public Awareness	Focuses on public interest and patient safety through educational campaigns, public notices, and resources on dental care.	Raises public awareness about the importance of oral health and hygiene, public safety, access to care and ethics.
Committees	Statutory committees include the Discipline Committee, Inquiries, Complaints and Reports Committee, Quality Assurance Committee and Registration Committee.	Advisory committees focus on professional development, advocacy and support.

1005-RCDSO

RCDSO | Royal College of
Dental Surgeons of Ontario

PAUSE. THINK. POST.



Your professional, ethical and legal obligations extend beyond your clinic or office. Inappropriate professional and personal online activity, whether you are using your title or not, could cause harm to patients and reflect poorly on the profession.

Examples of social media platforms



+ discussion forums, including both general and dentistry-specific forums and dental practice websites.

BEFORE YOU POST...

- Avoid posting in haste, anger or frustration.
- Consider implications. Ask yourself "Is this a controversial topic?" "Would my patients feel comfortable reading this post?"
- Be mindful of your language and avoid profanity, slurs, glib statements or sarcasm, as these could be considered disrespectful and inflammatory.

Read our practice advisory on [Professional Use of Social Media](#) for more information.



Questions? Contact
practiceadvisory@rcdso.org

AVOID DISCRIMINATORY CONDUCT

- Refrain from posting content likely to seem unprofessional, unethical or cause offense.
- Disparaging remarks about individuals or discriminatory behaviour toward people is unacceptable. Read the [Ontario Human Rights Code](#) for more information.

MAINTAIN BOUNDARIES

- If dentists interact with patients or persons closely associated with patients online, they must maintain the boundaries of the patient-dentist relationship outlined in the College's practice advisory on [Maintaining a professional patient-dentist relationship](#).
- When receiving an online "friend", "follower" or "connection" request from a patient, it may be best to politely refuse and explain it is beyond the scope of your professional relationship.

DISCUSSING DENTISTRY

- Be a responsible disseminator of information. Share accurate content from reliable sources and be respectful to your peers.
- You should comment only within your area of expertise and ensure all content meets College standards regarding treatment and patient care.

PROTECT PRIVACY

- Dentists must not post patient information online, including pictures or videos, without the patient's explicit consent. Read the [Advice on the Use of Patient Images](#) article for more information.
- Use a dedicated professional email or web link to follow up with patients.

ONLINE MARKETING AND ADVERTISING

- All marketing, advertising and communication must comply with the practice advisory on [Professional Advertising](#).
- Be mindful of the title you use online. Dentists are allowed to advertise and hold themselves out by their registration category only, as described in the College's [Use of qualifications, titles and designations](#) article.

1005-72-00



Access to Care and Justice, CNAR, October 8 2024

Questions?

Practice Models & Corporate Dentistry: Strategic Project Update and Education Session

Deni Ogunrinde,
Policy Analyst, Office of the Registrar

Royal College of
Dental Surgeons of Ontario

October 24, 2024

Agenda for today's session

Part 1: Presentation

- a. Background on the Strategic Project
- b. Highlights from Research

Part 2: Council Discussion

- c. Facilitated Open Discussion



Background: Project Objectives

Practice Models and Corporate Dentistry is a three-year strategic project in the 2023 to 2025 Strategic Plan. Project objectives are:

- to better understand dental practice models that are operating in Ontario
- to identify issues and opportunities related to various dental practice models, including corporate dentistry, for patients
- to develop options to promote and assure quality of care and ensure effective regulation of dentists regardless of practice model type.

2023-25 Projects

Practice
Models and
Corporate
Dentistry



Background: Project Phases



Highlights:
Literature Review

Royal
College
of
Dental
Surgeons
of Ontario

Literature Review Objectives

We reviewed academic studies, grey literature, and media to better understand:

- Issues related to emerging practice models for patients
- Opportunities related to emerging practice models for patients
- Other factors that may impact care provided by dentists across practice models
- Approaches to improve the ability of registrants to mitigate issues related to practice models

Issues Related to Corporate Dentistry

The main suggested issues/risks related to corporate dentistry for patients relate to a **loss of clinical and non-clinical autonomy**, and **profit-driven conflicts of interest** for registrants.

RESEARCH

Dental associates' perceptions of their working environment: a qualitative study

Ellena O'Selmo,^{*1} Victoria Collin¹ and Penny Whitehead¹

Key points

Demonstrates that associates believe different aspects drive the working environment dependent on sector.

Illustrates how associates, irrespective of sector, can be affected by the same factors.

OPEN

RESEARCH

Rationalisation and 'McDonaldisation' in dental care: private dentists' experiences working in corporate dentistry

Alexander C. L. Holden,^{*1,2} Lee Adam³ and William M. Thomson³

Key points

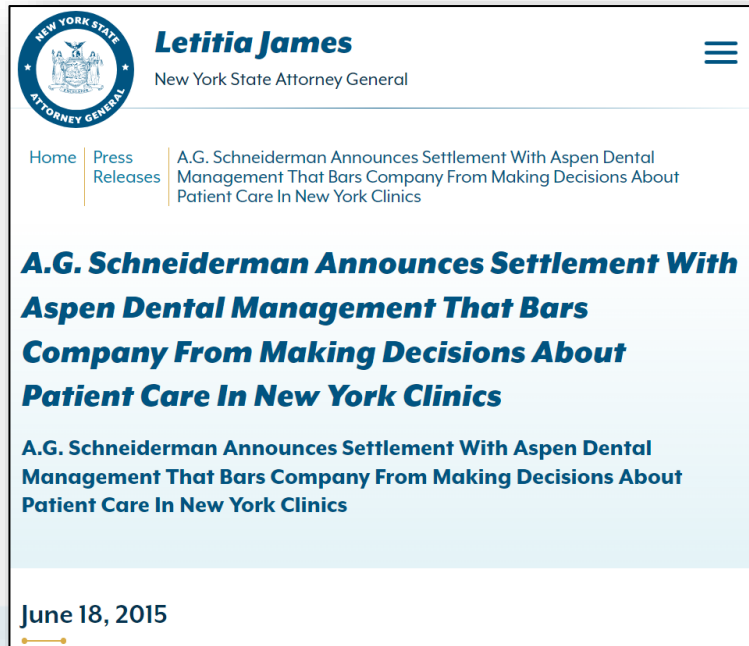
This research highlights how corporatised dentistry has encapsulated the principles of hyper-rationality, or McDonaldisation, in providing dental healthcare services.


The implications for patients and dentists of increased efficiency, predictability, calculability and control, characterised by McDonaldisation, are considered.

While the values and interests of consumers may be well served through the corporatisation of dentistry, this should not detract or diminish the nature of the caring relationship between patients and their dentists.

Negative Impacts of Corporate Dentistry on Patients

In some cases, these issues have led to **poor quality of care** – including overtreatment, poor quality preventative & therapeutic treatments – and **financial loss** for patients. These risks have also led to **insurance- and government support program-fraud**.



 **Letitia James**
New York State Attorney General

Home | Press Releases | A.G. Schneiderman Announces Settlement With Aspen Dental Management That Bars Company From Making Decisions About Patient Care In New York Clinics

A.G. Schneiderman Announces Settlement With Aspen Dental Management That Bars Company From Making Decisions About Patient Care In New York Clinics

A.G. Schneiderman Announces Settlement With Aspen Dental Management That Bars Company From Making Decisions About Patient Care In New York Clinics

June 18, 2015



PRESS RELEASE

Dental Management Company Benevis and Its Affiliated Kool Smiles Dental Clinics to Pay \$23.9 Million to Settle False Claims Act Allegations Relating to Medically Unnecessary Pediatric Dental Services

Wednesday, January 10, 2018

Share >

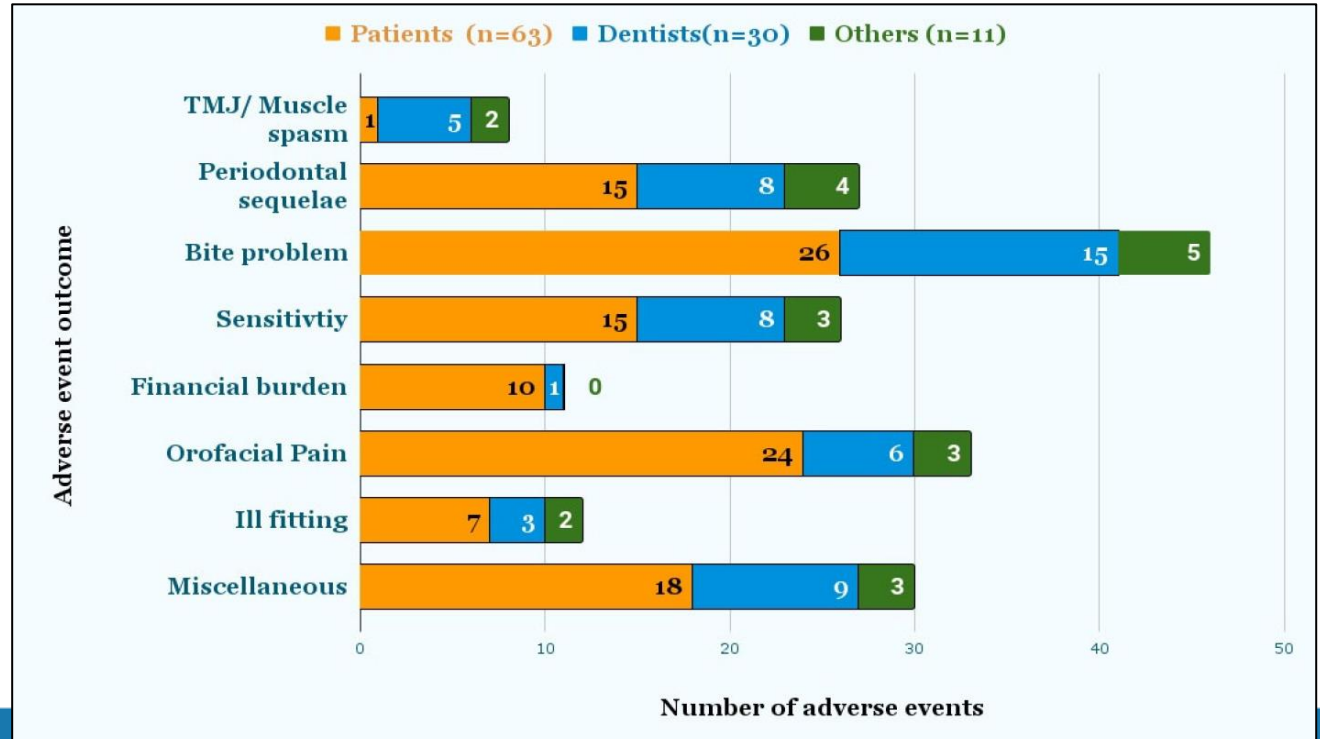
For Immediate Release
Office of Public Affairs

Screenshots: Office of the New York State Attorney General (2015) and U.S. Department of Justice, Office of Public Affairs (2018)

Negative Impacts of Direct-to-Consumer Dentistry on Patients

The suggested issues/risks related to direct-to-consumer (DTC) dentistry for patients are **poor treatment outcomes** and **damage to patients' oral health**.

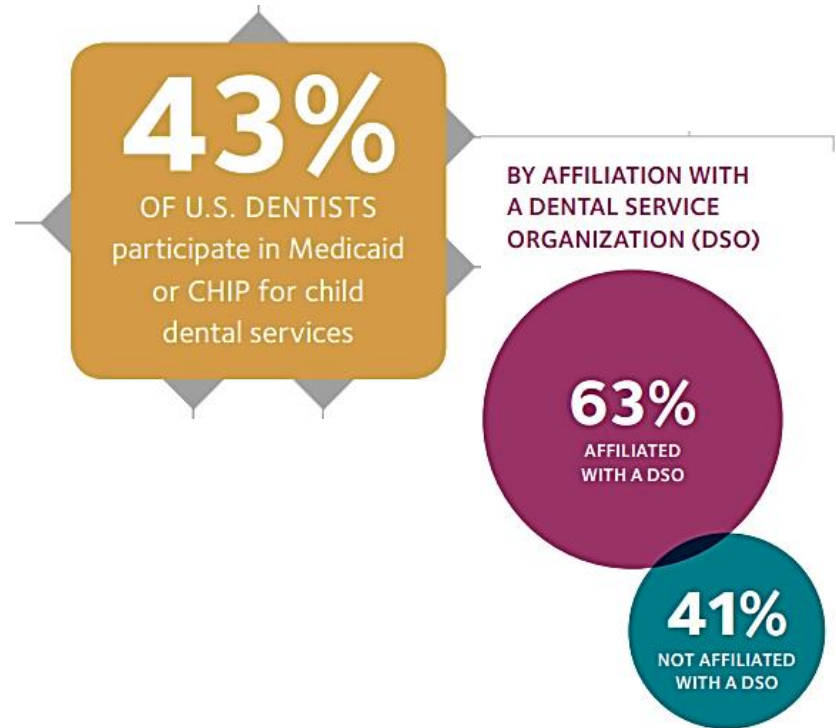
Figure 1. Adverse event outcomes reported to the U.S. Food and Drug Administration (FDA) by dentists, patients or others, associated with DTC aligner use without oversight from a dentist.



Benefits Related to Corporate Dentistry for Patients

Suggested benefits of corporate dentistry for patients include:

- Greater or exclusive **focus on the provision of clinical care**
- Greater **access to care** for patients:
 - More affordable
 - More patients who receive support from government-funded programs are accepted by clinics
 - More clinics established in underserved areas



Benefits Related to Direct-to-Consumer Dentistry for Patients

Suggested benefits of direct-to-consumer dentistry include:

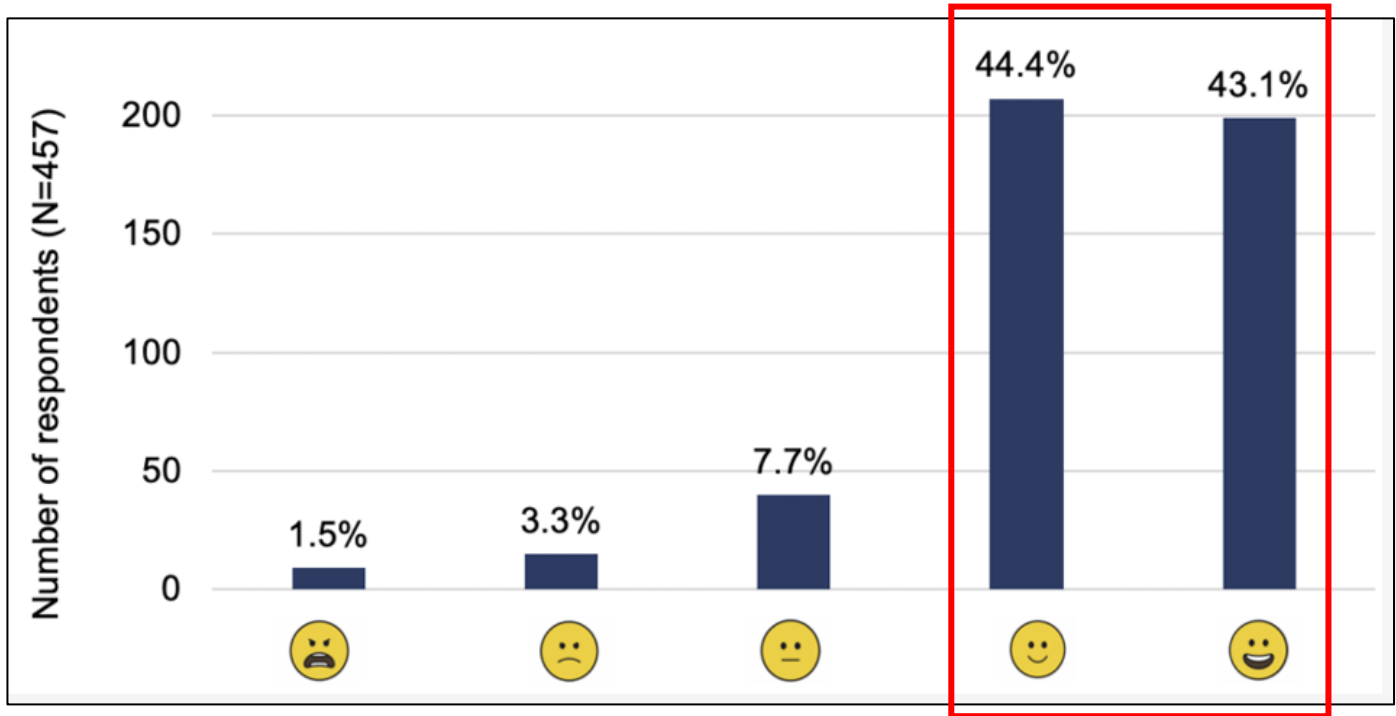
- Greater **access to care**:
 - More affordable
 - More convenient especially for those who do not live near a dentist.

Reasons for choosing at-home aligners instead of treatment via a dental provider*		
Cost	435	92.6%
Convenience	307	65.3%
Do not have a dentist/orthodontist	44	9.4%
Dentist/orthodontist does not provide aligners	17	3.6%
Other	19	4.0%

* Respondents could select more than one option

Benefits Related to Direct-to-Consumer Dentistry for Patients

Figure 2. Happiness level with at-home aligners of those who commenced or completed treatment.



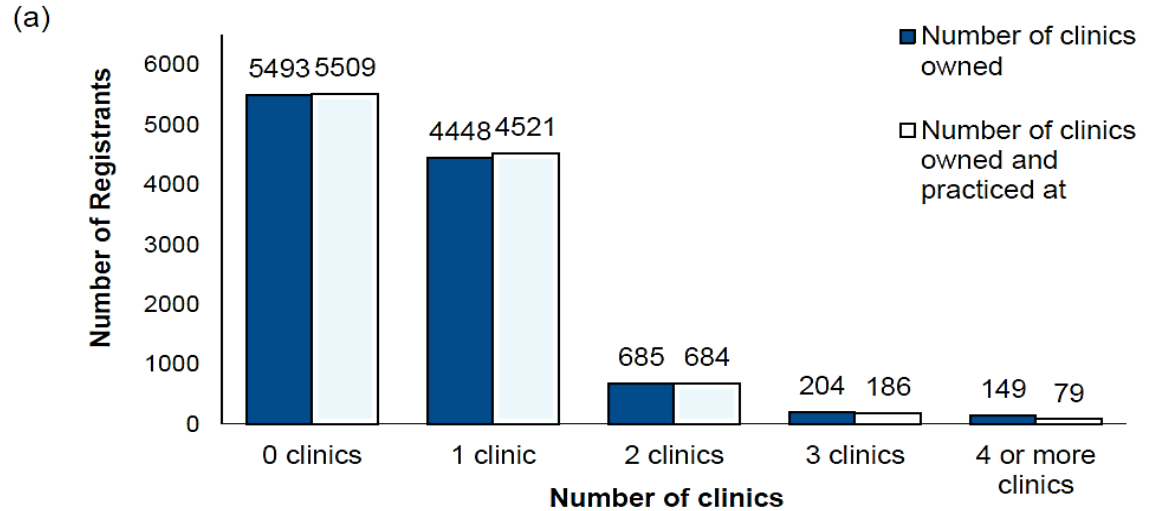
Highlights:
Analysis of College Data

Royal
College
of
Dental
Surgeons
of Ontario

Annual Renewal Questionnaire: Ownership & Practice Trends

Figure 3. How many clinics do you own and how many clinics do you own & practice dentistry at?

Findings suggest that as registrants own more clinics, less of those clinic owners practice at all of the clinics that they own.



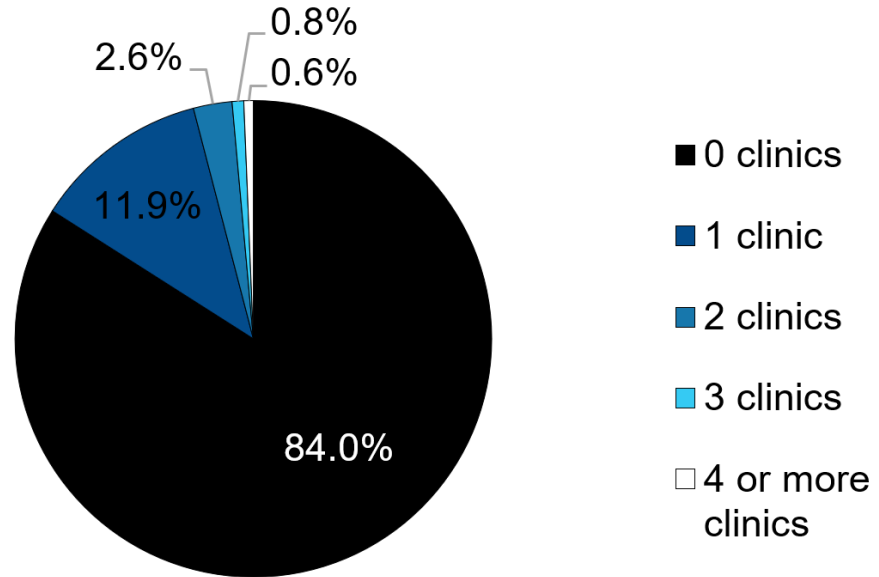
(b)

	0 clinics	1 clinic	2 clinics	3 clinics	4 clinics
Percent difference between number of clinics owned, and number of clinics owned and practiced at	0.29% ↑	1.64% ↑	-0.15% ↓	-8.82% ↓	-46.98% ↓

Annual Renewal Questionnaire: Third-Party Affiliation

Figure 4. The percent of registrants that practice dentistry at a clinic(s) that is affiliated with a third-party entity (e.g., DSO).

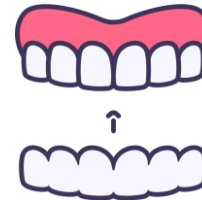
16% of registrants who practice dentistry in a clinic (over 1,600 registrants) practice at one or more clinics that are affiliated with a third-party.



Referrals to Discipline: Practice Models

Matters related to practice models have been referred to the Discipline Committee. Among those matters, two practice models emerged:

- Where a non-registrant(s) owns the facility in which dentistry is practiced, and where the non-registrant(s) have responsibility for, or control over for the provision of administrative services within the clinic.
- Where aligner treatment is delivered directly to the consumer.



Referrals to Discipline: Allegations

Matters that were referred to the Discipline Committee involve allegations that registrants:

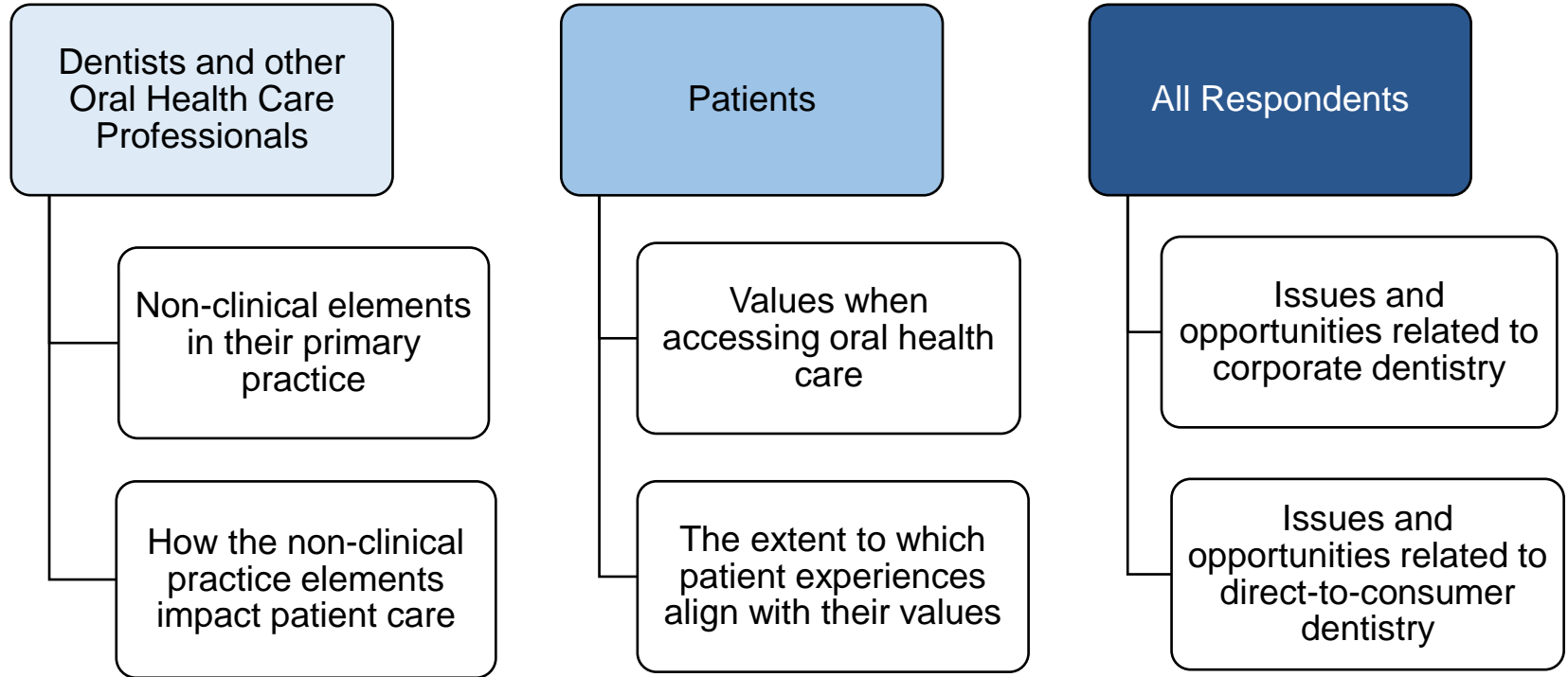
- contravened a standard of practice or failed to maintain the standards of practice of the profession;
- failed to keep records as required by the Regulations;
- treated without consent; and/or
- engaged in the practise of dentistry where the member had a conflict of interest.



Highlights:
Consultation Feedback

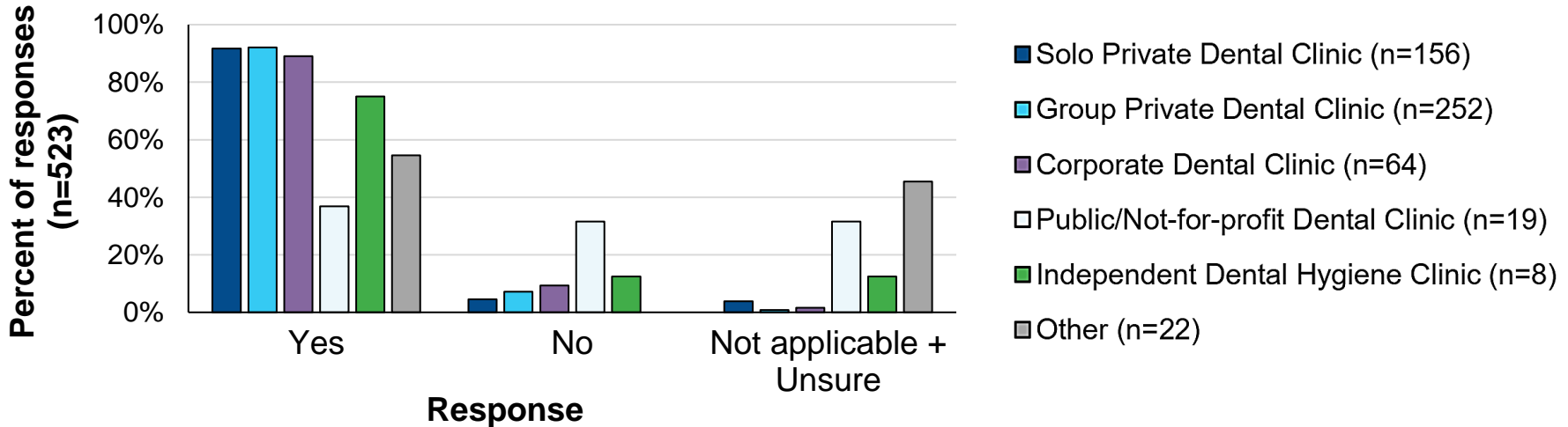
Royal
College
of
Dental
Surgeons
of Ontario

Consultation Survey: Approach



Practice Elements – Quantitative Analysis

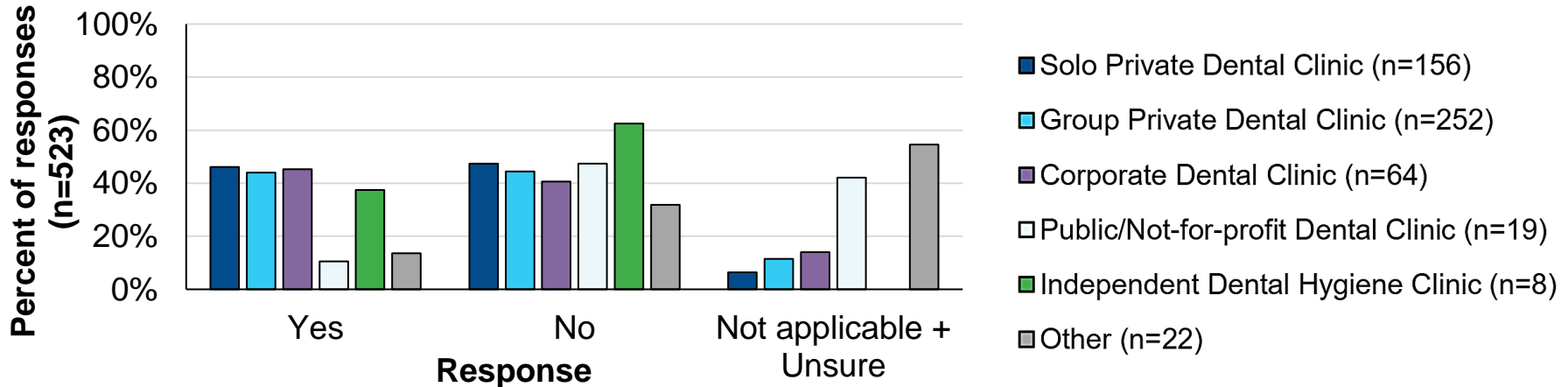
My primary practice generally charges the fees listed in the current ODA (or other oral health association) Suggested Fee Guide for therapeutically necessary oral health care:



Most respondents (87%) noted that they generally charge the fees listed in the current ODA or other oral health association fee guides.

Practice Elements – Quantitative Analysis

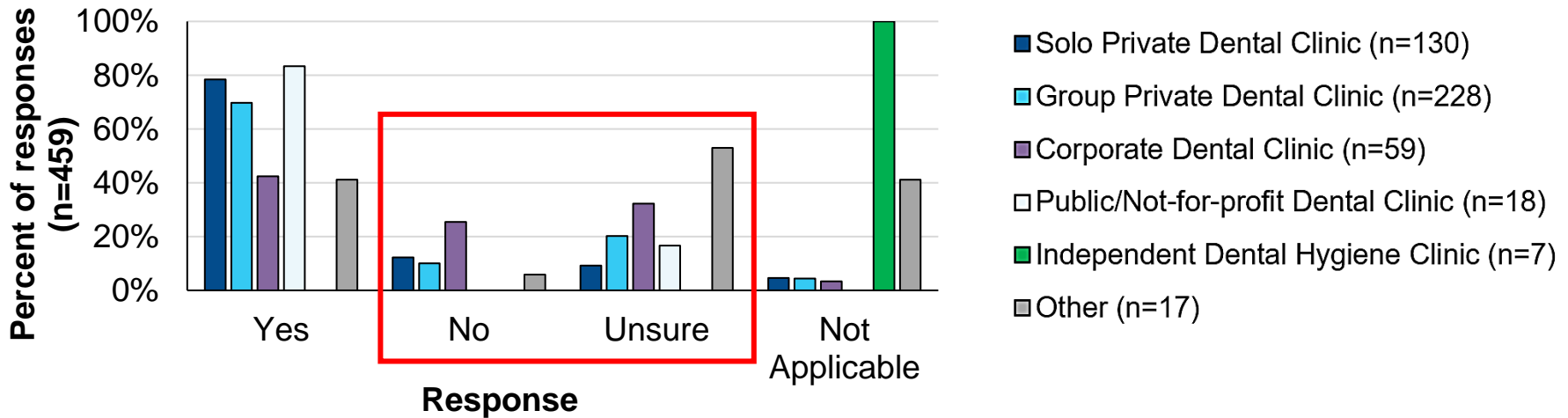
My primary practice provides financing plans for patients (e.g., 0% financing):



Responses were split almost evenly between respondents who indicated that their primary practice provides (42%) and doesn't provide (45%) financing plans for patients (e.g., 0% financing)

Practice Elements – Quantitative Analysis

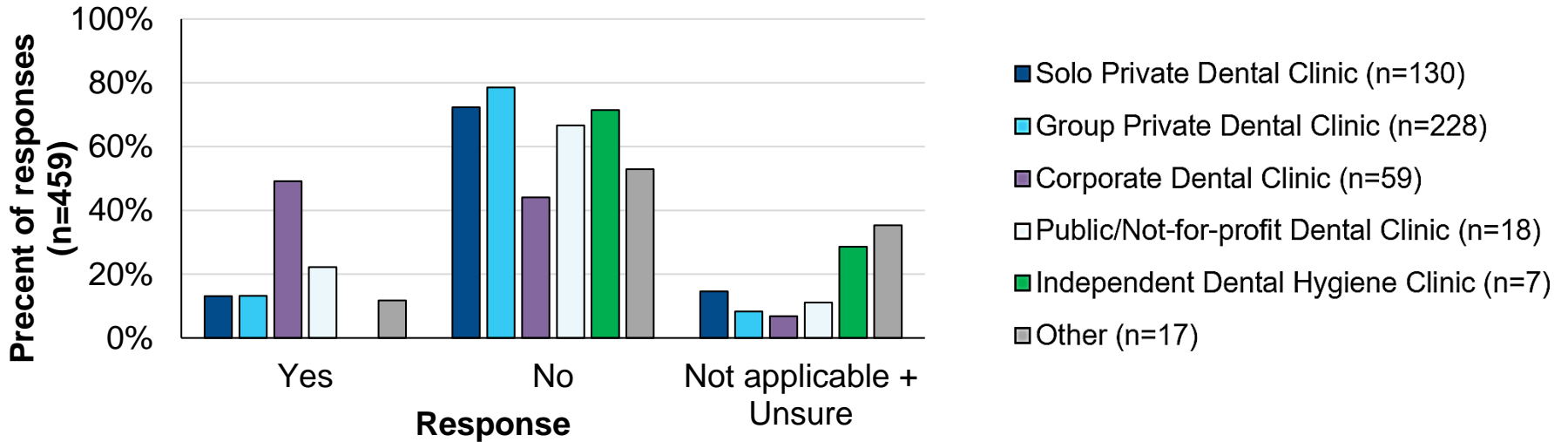
My primary practice has an identifiable Radiation Protection Officer (if applicable) who works in the practice:



30% of respondents who identified a group private dental clinic as their primary practice and 58% of respondents who identified a corporate dental clinic as their primary practice selected 'no' or 'unsure'.

Practice Elements – Quantitative Analysis

My primary practice expects me to meet implied or stated, production- or earnings-based quotas:



50% of respondents who identified a corporate dental clinic as their primary practice, noted that their primary practice expects them to meet implied or stated, production- or earnings-based quotas compared to 13% of respondents from solo and group clinics, respectively.

Practice Elements – Qualitative Analysis



Business interests



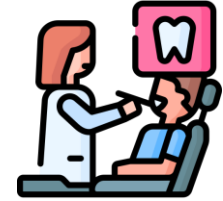
Practice Management



Clinical & non-clinical autonomy



Access to Care



Continuity of Care

By removing the "financial" pressure to produce...dentists were able to focus on the services that only they could provide, and do them well.

The owner is too concerned about expenses versus using high quality equipment.

We do not have quotas for our associates. We give a lot of latitude to new grads and do not pressure them to work at a specific pace or do 'x' number of procedures.

Practice Elements – Qualitative Analysis



Business interests



Practice Management



Clinical & non-clinical autonomy



Access to Care



Continuity of Care

As an owner operator, the responsibility for the practice lies with me and my partners.

Due to staff shortages, there is an element of staff training that is becoming unsustainable

At my public health unit there technically is a manager of the clinic...they offer very little actual oversight of the clinic due to lack of understanding of how a dental clinic operates and what our responsibilities are as dental professionals.

Practice Elements – Qualitative Analysis



Business interests



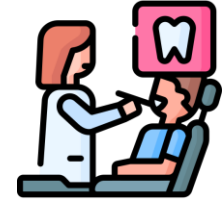
Practice Management



Clinical & non-clinical autonomy



Access to Care



Continuity of Care

Total control of every aspect of the practice by the principal or treating dentist is vital.

The principal dentist has the power to veto patient referrals to specialists...and will refer patients to an in-house general dentist...

I am allowed to practice dentistry the way I want and provide what patients need. There are no restrictions on referrals or dental materials.

The practice did not make it easy to have the tools and materials that I needed.

Practice Elements – Qualitative Analysis



Business interests



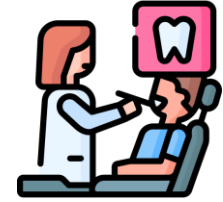
Practice Management



Clinical & non-clinical autonomy



Access to Care



Continuity of Care

We work with financing companies that offer 0% interest to patients. This helps them get needed care

I have to limit the number of patients I can take on under certain plans

Accessibility and payment arrangements as well as fees assist in patients' ability to receive care at our office. flexibility is helpful.

Practice Elements – Qualitative Analysis



Business interests



Practice Management



Clinical & non-clinical autonomy



Access to Care



Continuity of Care

The 'modern' dental practice has everyone working different schedules, dentists doing certain procedures, referring to one another, patients ...It is a real challenge to keep everyone on the same page and a consistent philosophy of care..

Corporate dentistry is less personable, and providers change frequently. This causes gaps and miscommunication in patient care

Continuity of care is achieved more predictably when patients are scheduled with the same provider, as we do in our office

Patient Perspectives

Elements that may impact financial access to care

- Acceptance of publicly funded oral health care programs or social assistance
- Financing and/or payment plans for treatment (e.g., 0% financing)
- Affordable dental care (e.g., I am able to pay for dental services)
- Lowest-cost dental care
- Billing processes that enable submission of claims to insurance companies or oral health care programs on your behalf

Elements that may impact physical access to care

- Can see a dentist quickly for urgent dental care
- Short wait times to see the dentist after arriving at the dental clinic for an appointment
- Flexible hours (e.g., clinic or company is open during on evenings and/or weekends)
- Can see a dentist in a timely manner for routine dental care
- Easy physical access to all aspects of the clinic or company that are necessary for receiving dental care

Elements that may impact the personal experience receiving care

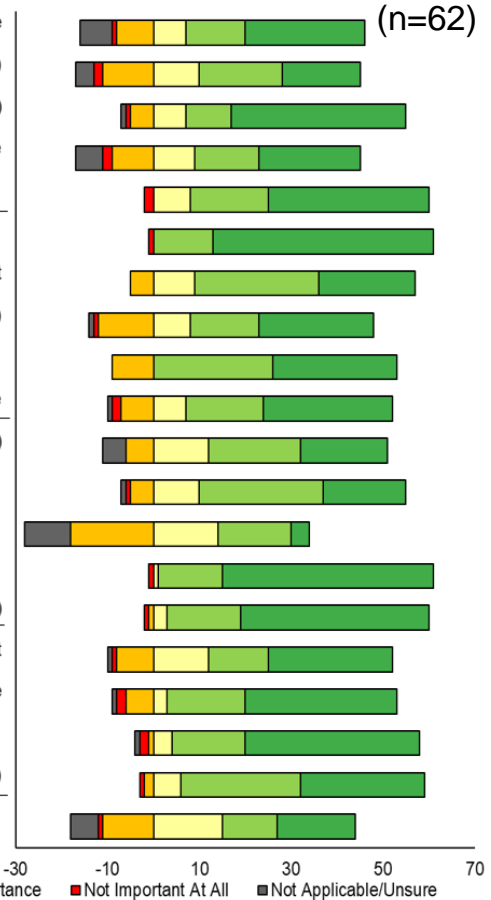
- Full-service dental care (all dental care needs can be met at one clinic)
- Recommendations are only provided for therapeutically necessary, or essential, dental treatments
- Recommendations are provided for cosmetic dental treatments
- Recommendations for dental treatments feel like they are based on your needs rather than profit
- Personalized care (needs are well understood and treatment is catered to you as a patient)

Elements that may impact continuity of care

- See the same dentist every visit
- Know the name of the dentist responsible for your/patients' dental care
- Well-coordinated transitions in care from one oral health care provider to another, when applicable
- Dental records are released to you/patients in a timely fashion (when requested)

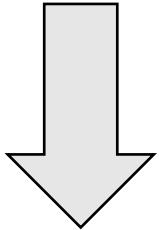
Transparency about the practice model

- Information about the practice model of the dental clinic or company



Opinions on Corporate Dentistry

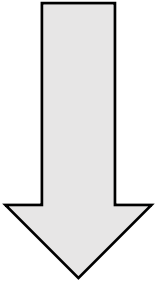
Over 600 responses were provided regarding the benefits/opportunities and issues/risks of corporate dentistry. The top comments were:



	Benefits/Opportunities	Issues/Risks
Most commented	More timely and convenient access to care.	Focus on production/quotas and profit over patient care which leads to poor quality care and fraud.
	Greater financial access to care	Lack of patient-dentist relationships which reduces patient satisfaction and consistency of treatment plans.
Least commented	Greater continuity and more consistent standard of care.	Reduction of clinical autonomy and/or the control/flexibility to provide personalized care.

Opinions on Direct-to-Consumer Dentistry

Over 550 responses were provided regarding the benefits and risks of direct-to-consumer dentistry. The top comments were:



Most commented

Least commented

Benefits/Opportunities	Issues/Risks
Greater financial access to care and reduced costs for care for those who could already access treatment.	Direct-to-consumer dentistry is generally risky, can lead to poor treatment outcomes.
Greater convenience and physical access to care for those in remote communities, who are immunocompromised or disabled.	No oversight or supervision of patient care to ensure treatment is progressing appropriately.
Provides more options for lower costs and effective care particularly for patients with simple concerns.	Cannot properly evaluate a patient's oral health and establish a safe treatment plan without an in-person consultation and clinical exam by a dentist.

Highlights:
Jurisdictional Review

Royal
College
of
Dental
Surgeons
of Ontario

Jurisdictional Review Approach

To better understand approaches used to regulate registrants working in different practice models, we reviewed regulatory approaches taken by approximately 30 regulators and associations including:



Oral Health
Regulators in
Ontario



Dental
Regulatory
Authorities
across Canada



International
Dental
Regulatory
Authorities



Other Health
Professional
Regulators in
Canada



Other Non-Health
Professional
Regulators in
Canada

Key Findings

Through this review five key themes were identified:

Theme 1:
Legislative frameworks
concerning practice
arrangements

Theme 2:
Guidance for the public
and/or registrants
concerning direct-to-
consumer devices

Theme 3:
Professional and ethical
expectations for
balancing business
interests and patient
care

Theme 4:
Facility-based legal and
professional
expectations for
registrants

Theme 5:
Use of a Regulatory
Sandbox to test practice
models with potential to
improve access to
services

An area to watch

- In line with the Ontario College of Pharmacists (OCP) 2024-2028 Strategic plan, OCP continues to actively pursue several strategies, across four categories, to respond to corporate pressures in pharmacy.
- We are closely monitoring the OCP's deliberations and decisions as we develop options and recommendations for Council.



Facilitated Open Discussion

Royal
College
of
Dental
Surgeons
of Ontario

Discussion Questions for Council

1. Do you have any questions or comments on key findings from the Jurisdictional Review Abbreviated Summary, Literature Review Abbreviated Summary, Consultation Abbreviated Summary, and Data Analysis Abbreviated Summary?
2. What do you think are the **key risks or issues for patients** related to practice models that the College should address? How do you think the College should address them?
3. What do you think are the **key opportunities or benefits for patients** related to practice models that the College should address? How do you think the College should address them?



Taking the Bite Out of Tooth Pain: A Toolkit for Using Antibiotics Wisely

Royal College of
Dental Surgeons of Ontario

October 24, 2024

Acknowledgement – Working Group

Caroline Fulop, DMD

Division of Dental and Maxillofacial Surgery, The Ottawa Hospital

Susan Sutherland, DDS, MSc

Department of Dental and Maxillofacial Sciences,
Sunnybrook Health Sciences Centre
Associate Professor, University of Toronto

Jerome Leis MD, MSc, FRCPC

Division of Infectious Diseases, Sunnybrook Health Sciences Centre
Associate Professor, Department of Medicine, University of Toronto

Mercedes Magaz MD, MHSc

Quality Improvement Specialist, CQuIPS

Olivia Ostrow, MD, FAAP

Associate Director, CQuIPS
Division of Pediatric Emergency medicine, Hospital for Sick Children
Associate Professor, Department of Pediatrics, University of Toronto

Benoit Soucy, DMD, MSc

Chief Knowledge Officer, Canadian Dental Association

Susan Taylor, RN, BScN, MBA

Director, Quality, Royal College of Dental Surgeons of Ontario

LouAnn Visconti, BSc, DDS, MSc

Diploma Orthodontic Specialist

Jennifer Young, MD, CCFP-EM

Physician Advisor, College of Family Physicians of Canada

Background

- Antimicrobial resistance is recognized by the World Health Organization as one of the top ten global public health threats.¹
- In Canada, in 2022, 55.0% of antimicrobial prescriptions originated from general practitioners and family physicians, 9.6% originated from dentists, 3.9% from nurses and 3.0% from pharmacists.²
- Most tooth pain can be managed with a dental procedure, pain medication, or both and does not require antibiotics.³

• World Health Organization. *No Time to Wait: Securing the future from drug-resistant infections*. 2020.

• Canadian Antimicrobial Resistance Surveillance System (CARSS). *Antimicrobial Use*. Government of Canada. Last updated: 2023/11/24. Available at: <https://health-infobase.canada.ca/carss/amu/results.html?ind=03>.

• Lockhart, P.B., et al., Evidence-based clinical practice guideline on antibiotic use for the urgent management of pulpal- and periapical-related dental pain and intraoral swelling: A report from the American Dental Association. *J Am Dent Assoc*, 2019. 150(11): p. 906-921 e12.

Antimicrobial Stewardship at the RCDSO

Understand Variation

- Quantify prescribing patterns and variation in Ontario (AHRQ request to IC/ES)
- Potential future request to private insurers?

Raise Awareness

- Call for more Continuing Education courses
- CE for CWC Toolkit?
- Practice Enhancement Tool (exam) questions
- Connect PET to CE planning

Support Practice Improvement

- **Choosing Wisely Toolkit**
- Audit and Feedback?
- Benchmarks and targets?

Choosing Wisely Canada

- Choosing Wisely Canada is a national voice for reducing unnecessary tests and treatments.
- International movement, 25 countries in 5 continents
- Goal is to reduce unnecessary tests and treatments as these:
 - Expose patients and populations to potential harm
 - Consume health care resources
 - Contribute to the climate crisis



Taking the Bite Out of Tooth Pain: A Toolkit for Using Antibiotics Wisely

- **Target Audience:** The toolkit is intended for dentists, physicians, and other healthcare providers managing an adult presenting with severe tooth pain where dental treatment may or may not be immediately available.
- **Purpose:** The focus of this toolkit is on managing tooth pain and determining when it is appropriate to prescribe antibiotics.

FREQUENTLY ASKED QUESTIONS FOR PATIENTS

Speak to your healthcare provider if you have questions or would like to discuss your specific situation

Q1 How do I know if I have a true penicillin allergy?

In adults with a history of non-severe reaction, like rash, to penicillin over 5-10 years ago, the penicillin allergy label can be removed 87-98% of the time. A supervised oral test by taking a small dose of penicillin or a penicillin-like antibiotic is likely as safe and effective as doing a skin test first. The risk of severe adverse reactions from a supervised oral test are less than 1%. However, if you had the reaction less than 5 years ago, you will need to take an allergy skin test first.

Q2. What is the current guideline on dental antibiotic prophylaxis (AP) for the prevention of endocarditis?

In 2011 the American Heart Association (AHA) updated their recommendations about the prevention of endocarditis. **AP is NO LONGER recommended in patients with underlying cardiac disease.** The evidence that such prophylaxis is of any benefit but the risk of adverse effects from unnecessary antibiotics is clear.

AP is ONLY for those patients who have specific cardiac conditions, like congenital heart disease, that put them at highest risk for an adverse outcome.

Do I require antibiotics prior to an invasive dental procedure?

Here's the whole story
Antibiotics won't cure a toothache

A toothache is often caused by inflammation, not infection. Ask your dentist about when antibiotics are needed—and when they're not.



Choosing Wisely Canada

*Taking the Bite Out of Tooth Pain:
A Toolkit for Using Antibiotics
Wisely*

QUESTIONS – FOR HEALTH CARE PROVIDERS

Question 1

Toolkit recommend 5 days as the standardized length for antibiotic treatment of dental infections. The duration of antibiotics used for dental infections is currently unknown, and there is evidence that a three versus seven days duration for managing infections in dental practice is emerging in the dental literature that also supports three days. Until stronger evidence is available, we recommend 5 days until stronger evidence is available.

Question 2: If first-line treatment with oral amoxicillin/clavulanate fails, how should I proceed?

If first-line treatment with oral amoxicillin/clavulanate fails, implement additional source management of the infection, and consider alternative first line treatment with oral metronidazole 500 mg every 8 hours.

Question 3: If a patient has a true penicillin allergy, how should I proceed?

If a patient has a true penicillin allergy, consider alternative first-line treatment and prescribing oral amoxicillin/clavulanate.

Table 1: Standardized approach for stable adult outpatients with tooth pain
Use the tables above

CONTRAINDICATION	INDICATION
Reported allergy to Ampicillin or Amoxicillin	Amoxicillin 500 mg qd OR Penicillin V potassium 500 mg qd
Reported allergy to Penicillin or Amoxicillin	Localized rash, itching Cephalexin 500 oral qd
Reported allergy to Amoxicillin	a) Immediate type I reaction (e.g., hives, wheezing, breath, anaphylaxis) ▪ Cefuroxime* ▪ Metronidazole 500 mg qd

DIAGNOSIS:

- Tooth pain cause not yet known
- Localized abscess
- Dry socket
- Dental Decay
- Post-operative pain
- Other (Please specify):

Recommendation

Pain management

- Ibuprofen* (e.g., Advil, Motrin, etc.) 400-600 mg every 6-8 hours
- +/- Acetaminophen (e.g., Tylenol) 500-1000 mg every 6-8 hours

Launch of the Toolkit during World AMR Awareness Week



EDUCATE. ADVOCATE. ACT NOW.

Distribution to Professionals

- The goal is to get the toolkit and associated resources into as many hands as possible.
- Relying on system partners, including regulators, to assist with dissemination.
- The group is also approaching the Canadian Dental Association, College of Family Physicians of Canada and the Canadian Association of Hospital Dentists to request endorsement, granting permission to add their logo to the document.



Questions?

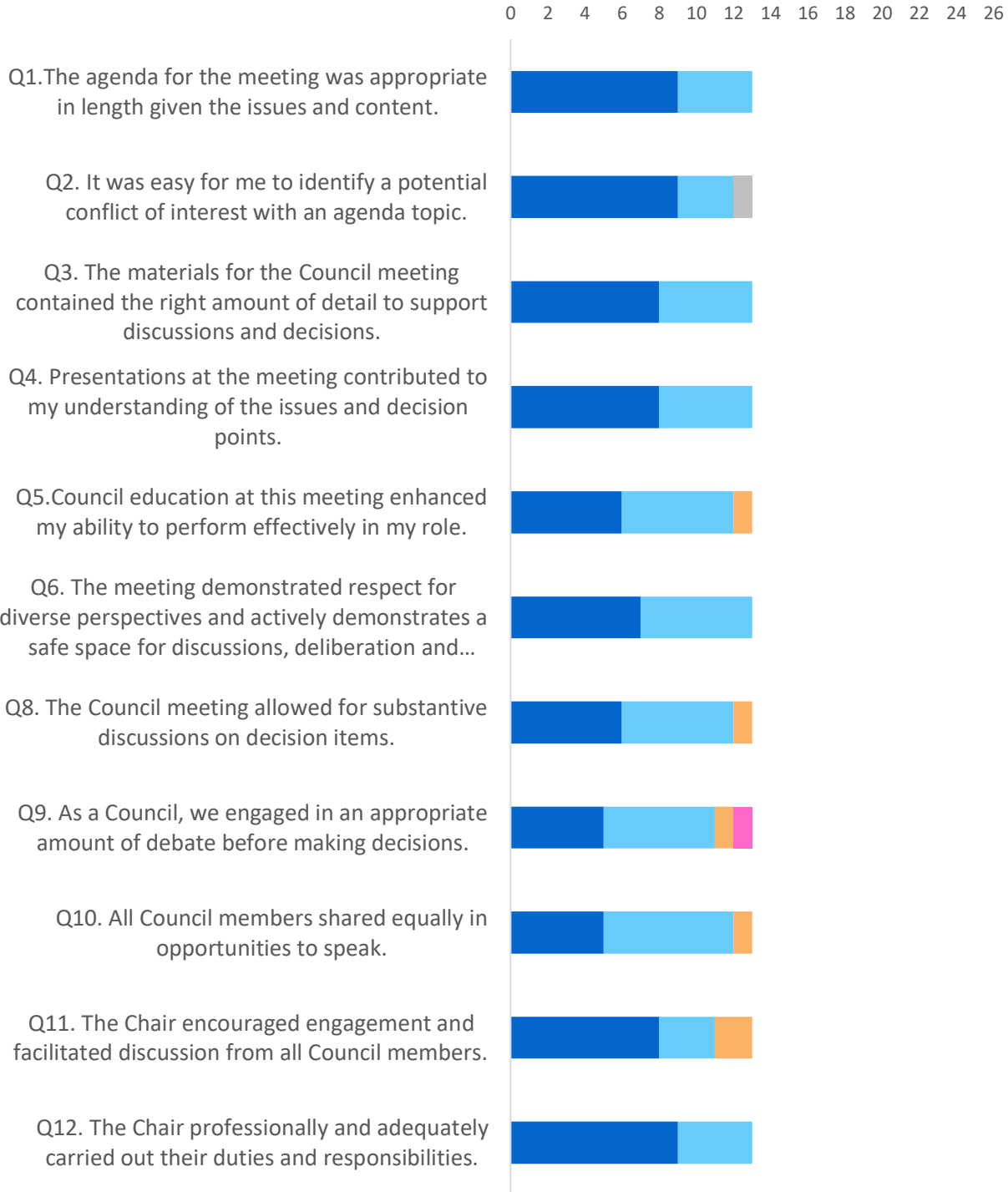
Council Meeting Evaluation Survey Report

Council Meeting #445 October 24, 2024

Quantitative Results

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

**all horizontal axis represent the number of respondents*



Council Meeting Evaluation Survey Report

Council Meeting #445 October 24, 2024

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.

- ◇ none
- ◇ I would love a future opportunity to discuss practice models in more depth, to discuss and explore issues, and to brainstorm on discussion questions. Perhaps this could be done in private breakout rooms. When the whole group reconvenes, each room could summarize their key ideas to the entire group (and to anyone else watching the meeting).
- ◇ Excellent discussion
- ◇ No additional comments.
- ◇ There were enough opportunities and flexibility for members to express their opinions.

Council Meeting Evaluation Survey Report

Council Meeting #445 October 24, 2024

Qualitative Results

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

- ◇ Not sure
- ◇ Already a great job
- ◇ Everyone keep up the good work. Well done.
- ◇ The next meeting is half a day which will allow the board to focus only on a few items
- ◇ More time could have been devoted to important matters such as pension funds by law changes.
- ◇ Always encouraging more discussions is important in brainstorming and helping everyone to understand.
- ◇ The meeting was very well organized and well executed. No need for improvement.
- ◇ I personally found the presentation on Dental Corporations heavy and though I feel the presenter yet did a terrific job trying to cover such a large volume of information, perhaps it could have been split into two presentations or lower the detail where feasible. It felt the presenter at which she was “having to speak” to get the material covered detracted from my ability to comprehend the valuable content.

RCDSO COUNCIL WORK PLAN 2024

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		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	E		C		E/C	C	E		C	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		E	
	Review succession planning	Exec/Council									E			C
Council Affairs	Review consultation feedback and approve by-law amendment to add electoral district to public register	Governance Committee/Council		GC	C									
	Consider/approve governance modernization in line with Ontario MOH proposal and best practices	Governance Committee/Council		GC	C	GC		GC/C						C
	Consider/approve recommendations to enhance DEI on Council and Committees	Governance Committee/Council		GC		GC		GC/C						C
	Council education sessions	Council			C			C			C	C		C
	Approve further by-law amendments re elections, selections and committee appointments	Governance Committee/Council						C					C	

Royal
College
of
Dental
Surgeons
of Ontario

2024 Council Education Plan

Royal College of
Dental Surgeons of Ontario

December, 2024

2024 Meeting	Council Education Topic(s)
Thurs., March 28 (9am-4pm, in-person) And Wed. evening dinner	PCRA presentation Artificial intelligence in dentistry (Dinner - Dr. Peter Fritz)
EDUCATION Thurs., May 9 (9am-1pm, virtual)	Access to Care
Thurs., June 20 (9am-1pm, virtual)	Weaving Indigenous Ways of Knowing and Being Into our Work
Thurs., Sept. 19 (9am-4pm, in-person) And Wed. evening dinner	IT Security (Dinner) EDI
EDUCATION Thurs., Oct. 24 (9am-1pm, virtual)	Rainbow Health Ontario Practice Models in Corporate Dentistry
Thurs., Dec. 5 (9am-1pm, virtual)	Service Experience Access to Care



Ontario

**Executive Council of Ontario
Order in Council**

**Conseil exécutif de l'Ontario
Décret**

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

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

PURSUANT TO clause 6(1)(b) of the *Dentistry Act, 1991*, **Cristina Cordeiro** of Markham be reappointed as a part-time member of the Council of the Royal College of Dental Surgeons of Ontario to serve at the pleasure of the Lieutenant Governor in Council for a period not exceeding three years, effective November 26, 2024 or the date this Order in Council is made, whichever is later.

EN VERTU DE l'alinéa 6 (1) b) de la *Loi de 1991 sur les dentistes*, **Cristina Cordeiro** de Markham est reconduite au poste de membre à temps partiel du Conseil de l'Ordre royal des chirurgiens-dentistes de l'Ontario pour exercer son mandat à titre amovible à la discrétion du lieutenant-gouverneur en conseil, pour une période maximale de trois ans, à compter du dernier en date du 26 novembre 2024 et du jour de la prise du présent décret.

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

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

Approved and Ordered:
Approuvé et décrété le : OCT 24 2024

Lieutenant Governor
La lieutenant-gouverneure

COUNCIL BRIEFING NOTE

TOPIC: Policy Report

FOR INFORMATION

December 2024

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 (e.g., as part of the Strategic Dashboard or in a standalone 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 update, the policy team has continued its work to review and update RCDSO's high-priority Standards of Practice.
- A full update on the status of Standards under review can be found in Council's materials as part of the Strategic Dashboard, however, two key updates are highlighted below.

Consultation update

- As Council knows, public consultation is a key component of RCDSO's [Standards review and development process](#). Consultations are undertaken in support of all new and revised Standards of Practice, with current and closed consultation opportunities posted to the [Public Consultation](#) page of RCDSO's website.

- As part of this consultation process, the policy team actively solicits stakeholder engagement and feedback using a variety of tactics (e.g., website updates, targeted emails, and social media posts) with the aim of reaching the widest possible audience.
- These tactics have been successful in generating significant interest in the policy team's active Standards reviews and resulted in a large quantity of constructive feedback.
- Since Council's last meeting, the following policy consultations have closed:
 - **Education Requirements and Professional Responsibilities for Implant Dentistry:** approximately 149 submissions received.
 - **Maintaining a Professional Patient-Dentist Relationship:** approximately 192 submissions received.
- In addition, the following two consultations have been launched with Council's approval¹:
 - **Prevention of Boundary Violations and Sexual Abuse:** 49 submissions received as of November 18, 2024.
 - **Consent to Treatment:** 83 submissions received as of November 18, 2024.
- Further detail concerning the feedback received in response to individual consultations (e.g., the total number of submissions, a description of respondent demographics, and a summary of the feedback received) will always be included within the briefing materials that are brought forward to Council in support of each Standard under review. Council can expect to see these summaries as part of future Council meeting packages.
- Going forward, the policy team will continue to explore opportunities to increase stakeholder engagement with RCDSO's active consultations and will strive to ensure high quality feedback that supports the best possible final documents.
- Council is invited to contribute to the policy team's active consultations via the RCDSO's [Public Consultation](#) webpage (the deadline to respond to our current consultations is **December 5, 2024**).

¹ Because these consultations are still active, the number responses indicated below are accurate as of the submission deadline for this briefing note.

Standing Policy Working Group

- As Council has heard, RCDSO's Standards work is supported by a dedicated Working Group which provides subject matter expertise and advice throughout the lifecycle of each review.
- The membership of this Working Group is set out below.

RCDSO's Standing Policy Working Group
Dr. Antony Liscio (Chair)
Dr. Deborah Wilson (Chair)
Dr. Harinder Sandhu
Dr. Anthony Mair
Dr. Osama Soliman
Dr. Nalin Bhargava
Dr. Nancy Di Santo
Nizar Ladak
Eleonora Fisher
Patti Latimer (External Public Member)
Sharon Rogers (External Public Member)

- Since Council's last meeting, the Working Group has met to discuss and provide feedback on new draft guidance for the use of artificial intelligence in dentistry.
- The Working Group's feedback has helped to support the development of a new draft guidance document, which Council will have the opportunity to review in early 2025.
- As a matter of outstanding business, the policy team is soliciting interest from prospective *non-dentist* Working Group members. As Council may recall, the policy team is working to achieve approximately equal representation of dentist and non-dentist members, to help ensure a diversity of perspectives. To achieve this, the policy team is working to recruit 3 additional public members.
- The Standing Policy Working Group is scheduled to meet again in February 2025, and Council will receive further updates concerning the activity of the Working Group at future meetings.

2. CNAR Conference Update

- In October 2024, members of the policy team, including Cameron Thompson, Manager, Standards and Strategy, and Michelle Cabrero Gauley, Senior Policy Analyst, attended the annual national conference of the [Canadian Network of Agencies for Regulation \(CNAR\)](#).
- CNAR is a national organization whose provincial and territorial members are responsible for protecting the public through self-regulation. The annual CNAR conference is one of the preeminent national events in regulation, and attending this conference helps to support the policy team's efforts to network nationally and represent RCDSO's strong policy work.

- In addition to attending the conference, Michelle Cabrero Gauley co-facilitated a plenary session on the role of regulators in improving access to care and justice (Michelle's co-facilitators included Dan Faulkner, Andréa Foti, and representatives of the Law Society of Ontario). This session was well-received and helped to showcase Michelle's strong work as lead for RCDSO's Access to Care Strategic Project.

3. CPMF Update

- As Council is aware, all of Ontario's health regulatory Colleges are required to submit an annual report to the Ministry of Health outlining performance in key regulatory areas defined by the Ministry's [College Performance Measurement Framework \(CPMF\)](#).
- As a brief reminder, the CPMF was first launched in 2021.
- The intent of the CPMF is to establish common performance indicators among Ontario's health regulatory Colleges, and to require annual public reporting to drive performance improvement and accountability.
- RCDSO has submitted four reports previously, along with brief summaries, which can be found on the College's website (see the 2023 [summary](#) or [full report](#) for more information).
- As of the submission deadline for this briefing note, the Ministry of Health has not yet released the 2024 CPMF Reporting Tool, which sets out the information Colleges must report. Based on past experience, staff do not expect substantive changes to this year's reporting structure.
- Once the final Reporting Tool is released, work will begin across the College to prepare the final Report, with project management support provided by the policy team.
- Council will receive further updates on CPMF at future meetings.

DECISION FOR COUNCIL:

- This briefing note is for information.

CONTACT:

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

Attachments: None

Strategic Plan 2023-25

Report to Council

FOR INFORMATION

December 2024

This Report provides Council with an update on the projects arising from the College's Strategic Plan 2023-25

BACKGROUND:

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



PROFESSIONALISM

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



STAKEHOLDER ENGAGEMENT

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



EMERGING ISSUES

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

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

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

1. College Standards

2. Access to Care

3. Service Experience

4. Equity, Diversity & Inclusion

5. Governance Review &
Modernization

6. Practice Models &
Corporate Dentistry


- The Strategic Projects are intended to span multiple years. The projects have deliberately been chosen to focus on externally facing issues and developments, not on College operations¹.
- Council will be kept apprised of the College's progress on these projects through two tools:
 1. This Report, which provides Council with a summary of projects and a status report containing highlights of ongoing projects.
 2. A Council Dashboard Report-Strategic Projects, which will chart the impact of specific projects through metrics.

2023-25 Strategic Projects: *Status at-a-Glance*


- Below, Council is provided with highlights of progress made in each project since the September 2024 Council meeting.

¹ Updates on key operational projects and initiatives will be provided to Council through a separate report: Council Dashboard Report: Operational Initiatives. This Dashboard Report will supplement the Registrar/CEO's Report to Council, provided at each Council meeting.

1. STRATEGIC PROJECT: COLLEGE STANDARDS


STRATEGIC PILLAR & OBJECTIVE	PROJECT DESCRIPTION	UPDATES SINCE SEPTEMBER COUNCIL
 <p>RCDSO promotes a culture of professionalism in dentistry that supports the provision of quality care, serves the public interest and upholds the public trust.</p>	<p>Project Sponsor: <i>Andréa Foti</i> Project Manager: <i>Cameron Thompson</i></p> <p><i>College Standards will be modernized and updated on a regular basis to ensure currency.</i></p>	<ul style="list-style-type: none"> The College's Standing Policy Working Group has met to review and provide advice on new draft guidance concerning the use of Artificial Intelligence in Dentistry. This guidance will be released for public consultation in early 2025. Two public consultations have concluded concerning Implant Dentistry and Maintaining a Professional Dentist-Patient Relationship. Both consultations were well received and generated feedback that will inform the development of new draft Standards. Two new public consultations have been launched and are actively underway: one concerning Consent to Treatment and another concerning the Prevention of Sexual Abuse and Boundary Violations. Preliminary work is now underway on another revised draft Standard: The Use of Sedation and General Anesthesia in Dental Practice.

2. STRATEGIC PROJECT: ACCESS TO CARE


STRATEGIC PILLAR & OBJECTIVE	PROJECT DESCRIPTION	UPDATES SINCE SEPTEMBER COUNCIL
 <p>RCDSO promotes a culture of professionalism in dentistry that supports the provision of quality care, serves the public interest and upholds the public trust.</p>	<p>Project Sponsor: <i>Andréa Foti</i> Project Manager: <i>Michelle Cabrero Gauley</i></p> <p><i>Building on initiatives under the 2020-23 Strategic Plan, this project will focus on professionalism and advancing equitable access to oral health care in Ontario.</i></p>	<ul style="list-style-type: none"> At its September 2024 meeting, the Quality Assurance Committee (QAC) recognized Rainbow Health Ontario (RHO) as an approved sponsor for continuing education (CE) credits in Ontario. As Council heard from RHO at its October 2024 meeting, RHO provides training to help healthcare providers increase their clinical and cultural competency in caring for their 2SLGBTQ+ patients. The Professionalism Working Group met twice in October 2024 to provide direction on the development of the Professionalism document. The Working Group will to meet throughout the winter to finish developing the draft Professionalism document and draft Standard of Practice on Accepting New Patients for QAC and Council to consider in 2025.

		<ul style="list-style-type: none"> • In October 2024, RCDSO staff participated on a panel with the Law Society of Ontario at the Canadian Network of Agencies for Regulation (CNAR) national conference in Ottawa. The panel presented on “The Role of Regulators in Improving Access to Care and Justice” and RCDSO’s work in this area was well received by attendees. • RCDSO staff have worked with a research firm to develop public polling questions to support the work of the Working Group. We expect a final report of the polling results to be complete by the end of 2024. The polling results will be shared with Council in Q1 of 2025.
--	--	---


3. STRATEGIC PROJECT: SERVICE EXPERIENCE

STRATEGIC PILLAR & OBJECTIVE	PROJECT DESCRIPTION	UPDATES SINCE SEPTEMBER COUNCIL
 <p>STAKEHOLDER ENGAGEMENT</p> <p>RCDSO enhances collaboration and engagement with the public, the profession and system partners to advance patient-centered oral health care and regulatory excellence.</p>	<p>Project Sponsor: Lesley Byrne Project Manager: Michelle Tremblay</p> <p><i>This project focuses on the opportunities that will transform RCDSO processes, systems and corporate culture as it relates to enhancing service experience and user experience.</i></p>	<ul style="list-style-type: none"> • The RCDSO Portal (“the Portal”) has an updated look and feel effective early September 2024. The Portal is where dentists renew their certificate of registration, apply for sedation authorization and facility permits, update their information on file with the RCDSO, and more. • We made changes to the Portal to improve the user experience. The updated portal navigation and homepage has helped to support a smooth annual renewal so far with fewer steps, clearer instructions, and improved navigation. • The College team is now turning its sights to the Annual Renewal Questionnaire and a project is being planned to simplify and improve that experience.


4. STRATEGIC PROJECT: EQUITY, DIVERSITY & INCLUSION

STRATEGIC PILLAR & OBJECTIVE	PROJECT DESCRIPTION	UPDATES SINCE SEPTEMBER COUNCIL
<div data-bbox="123 363 444 663" style="border: 1px solid black; padding: 5px;">  <p>STAKEHOLDER ENGAGEMENT</p> <p>RCDSO enhances collaboration and engagement with the public, the profession and system partners to advance patient-centered oral health care and regulatory excellence.</p> </div>	<p>Project Sponsor: Lesley Byrne</p> <p>Project Manager: Michelle Tremblay</p> <p><i>This project intends to demonstrate the RCDSO's firm commitment towards becoming an equity-focused diverse and inclusive employer and actively leading by example to impact change in dental regulation.</i></p>	<ul style="list-style-type: none"> • The College Equity Officer facilitated two training sessions on EDI 101. The September 2024 session was for new RCDSO staff and the October 2024 session was for Inspectors. • On October 29, College staff had a private screening of the documentary, "Working While Black". The 90-minute documentary created from over 25 hours of footage explored the experiences and challenges Black professionals navigate in the workplace. While this is a well-researched issue in the United States, the people in this film (i.e., professors, academics, senior leaders, CEO's, public servants) provide a Canadian context for common experiences of Black professionals covering several sectors from coast to coast. Following the screening, staff had a facilitated conversation led by renown leader and speaker Liben Gebremikael, CEO of Taibu Community Health Centre. Staff participated in courageous sharing and engaging in meaningful dialogue. Several colleagues from the College of Dental Technology and their CEO Judy Rigby were in attendance. • A Trans 101 Workshop facilitated by The Get Real Movement was delivered November 7 & 12 2024. This session was offered in person and virtually. The focus of this session was to focus on the Trans experience and Trans inclusion in the workplace. This offering is available for CE Credits for dentists on staff/Council and a recording is available for Council to view. Interested Council members can email equity@rcdso.org for more information. • AODA Customer Service Training is underway and continues for Council, Committees, and Inspectors. 100% of staff have completed this training and all representatives of the College are expected to complete the training before January 2025. Any Council members who have not yet completed AODA training can email equity@rcdso.org to learn how to access that training.

5. STRATEGIC PROJECT: GOVERNANCE REVIEW & MODERNIZATION

STRATEGIC PILLAR & OBJECTIVE	PROJECT DESCRIPTION	UPDATES SINCE SEPTEMBER COUNCIL
 <p>EMERGING ISSUES</p> <hr/> <p>RCDSO anticipates and responds proactively to emerging issues and trends that may impact the public interest.</p>	<p>Project Sponsor: Dan Faulkner Project Manager: Lara Thacker</p> <p><i>This project will analyze emerging governance changes in Ontario and beyond, and implement governance proposals for RCDSO, including the implementation of reforms proposed by the Ministry of Health.</i></p>	<ul style="list-style-type: none"> Staff has initiated recruitment for subject matter experts (SMEs) for the Discipline Committee, Fitness to Practice Committee, the Inquiries, Complaints and Reports Committee and the Governance Committee. In December, the Governance Committee will consider applicants for the above-noted SME positions (and other committee appointments) and will propose a recommended committee slate for Council’s consideration and approval in January 2025. The Governance Committee met once to review Council candidate applications to run for election to the RCDSO Council and to make determinations as to whether the candidates were eligible to stand for election. In addition, the Committee met in panels five times to conduct interviews of new Council candidates to determine whether the candidates have all of the competencies to be effective members of Council.

6. STRATEGIC PROJECT: PRACTICE MODELS & CORPORATE DENTISTRY

STRATEGIC PILLAR & OBJECTIVE	PROJECT DESCRIPTION	UPDATES SINCE SEPTEMBER COUNCIL
 <p>EMERGING ISSUES</p> <hr/> <p>RCDSO anticipates and responds proactively to emerging issues and trends that may impact the public interest.</p>	<p>Project Sponsors: Dan Faulkner & Andréa Foti Project Manager: Deni Ogunrinde</p> <p><i>This project will analyze various dental practice models, including corporate ownership models, and the implication on quality of care and dental regulation.</i></p>	<ul style="list-style-type: none"> A briefing note on the Practice Models and Corporate Dentistry strategic project is included in the Council package for the December meeting as a discussion item. This briefing note includes a summary of draft options that have been developed for the RCDSO to address issues and harness opportunities related to dental practice models. Staff will consider feedback from Council on the draft options and make revisions. A final report with recommended options will be shared with Council for its approval in Q1 2025.

Metrics

- Project Managers have worked closely with Eric de Sa, the RCDSO's Data Scientist to develop key performance indicators (KPIs) for each strategic project.
- These KPIs are incorporated into the Council Dashboard Report-Strategic Projects, attached as **Appendix B**.

CONTACT:

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

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

Attachments:

Appendix A: Strategic Plan, 2023-25

Appendix B: Council Dashboard Report -Strategic Projects

RCDSO STRATEGIC PLAN: 2023-2025

VISION

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

MISSION

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

PILLARS



PROFESSIONALISM



STAKEHOLDER ENGAGEMENT



EMERGING ISSUES

VALUES



ACCOUNTABLE



COLLABORATIVE



INNOVATIVE



INCLUSIVE



TRANSPARENT

OBJECTIVES

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

Our Commitment

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



PROFESSIONALISM

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

Areas of focus include:

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



STAKEHOLDER ENGAGEMENT

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

Areas of focus include:

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



EMERGING ISSUES

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

Areas of focus include:

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

Council Dashboard Report

Strategic Projects

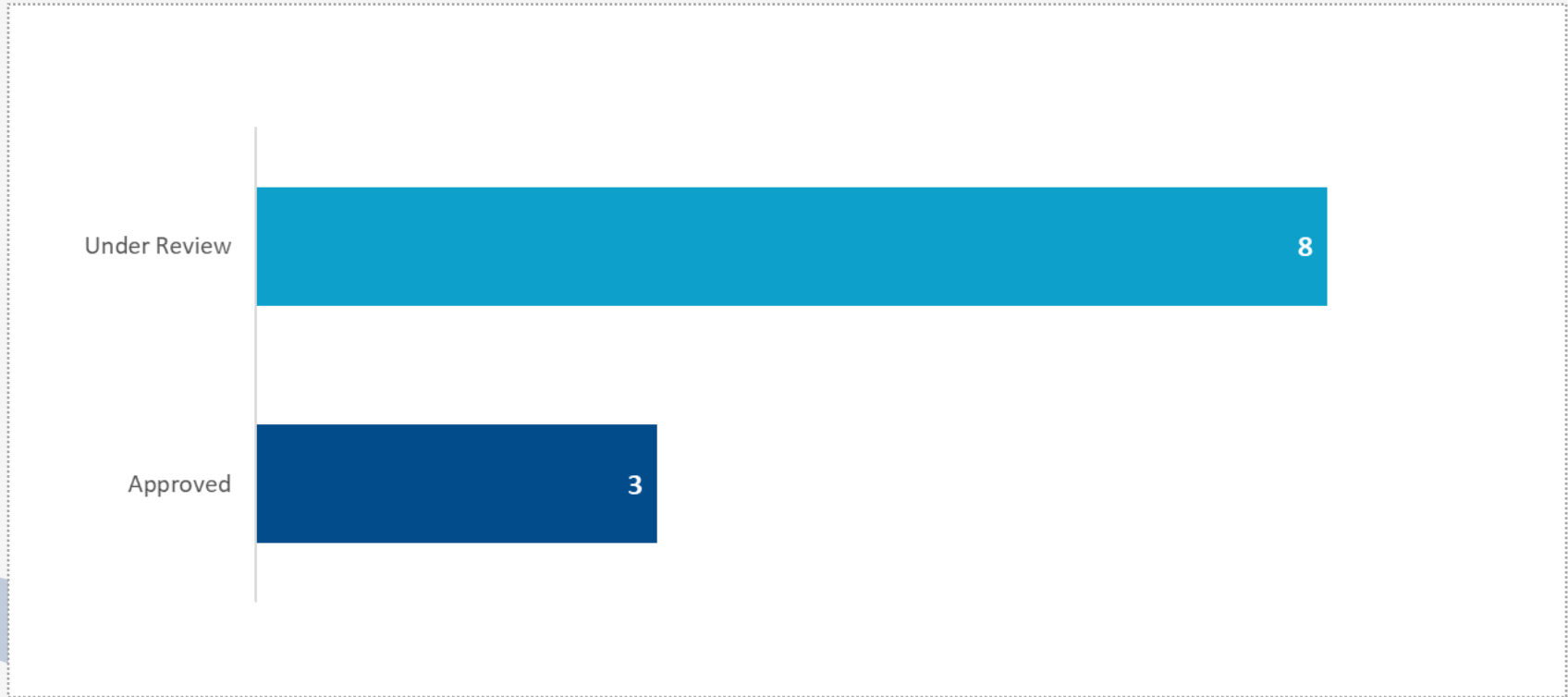
Royal College of
Dental Surgeons of Ontario

December 2024

Overview

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

College Standards | Number of college standards under review and approved







College Standards |

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

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

	Research & Analysis	Preliminary Consultation	Drafting	General Consultation	Redrafting	Final Review by QAC & Council	Final Approval
✔ Virtual Care	Completed Phase						
✔ COVID-19: Guidance for In-Person Care	Completed Phase						Rescinded
✔ Diagnosis & Management of Temporomandibular Disorder	Completed Phase						
Informed Consent Practice Advisory	N/A		Current Active Phase				
Professionalism/Good Practice	Completed Phase		Current Active Phase				
Accepting New Patients	Completed Phase		Current Active Phase				
Maintaining a Professional Dentist-Patient Relationship	Completed Phase		New Phase Since Last Reported				
Implant Dentistry	Completed Phase		New Phase Since Last Reported				
Artificial Intelligence	Completed Phase		Current Active Phase				
Prevention of Sexual Abuse and Boundary Violations	N/A		Current Active Phase				
Use of Sedation and General Anesthesia in Dental Practice	New Phase Since Last Reported						

Access to Care | Progress on professional expectations area of focus

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



Access to Care

Progress on information sharing and education area of focus



Active



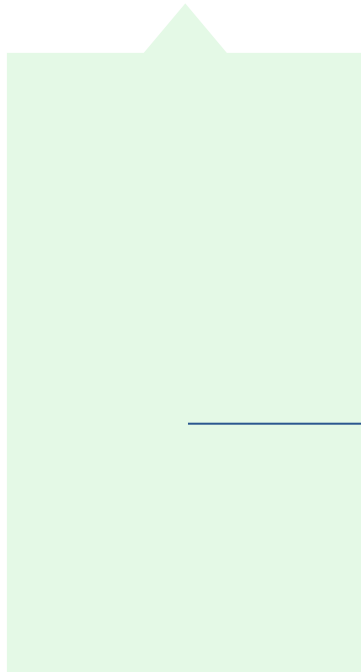
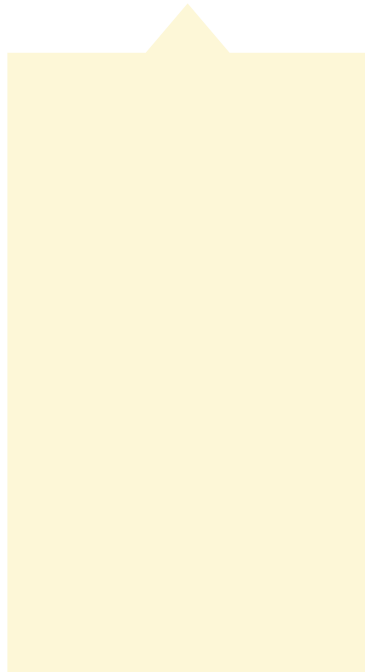
Retired

To Be Started

In Progress

Review

Complete



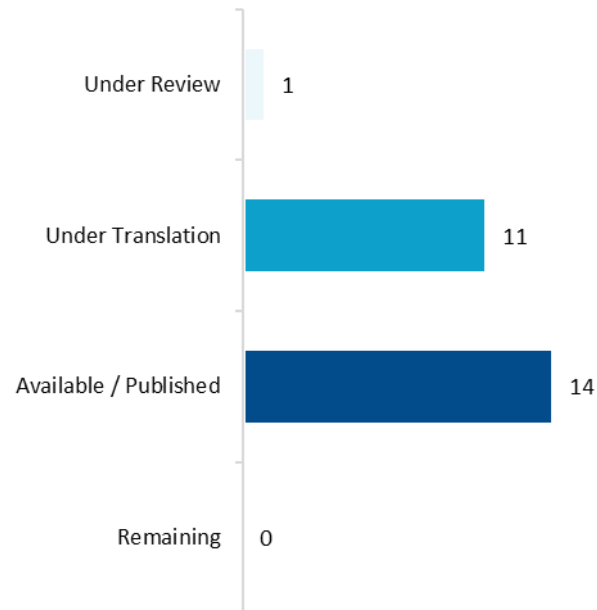
- Update Access to Care on RCDSO Website
- Update Low-Cost and Specialized Dental Clinic Directory for Patients
- Plan RCDSO Connect session on Access to Care (NOV 2023)
- CE: Plan enhancements to CE content and points framework for Access to Care-related activities (PHASE 1)
- Conference Series on Access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

Service Experience |

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

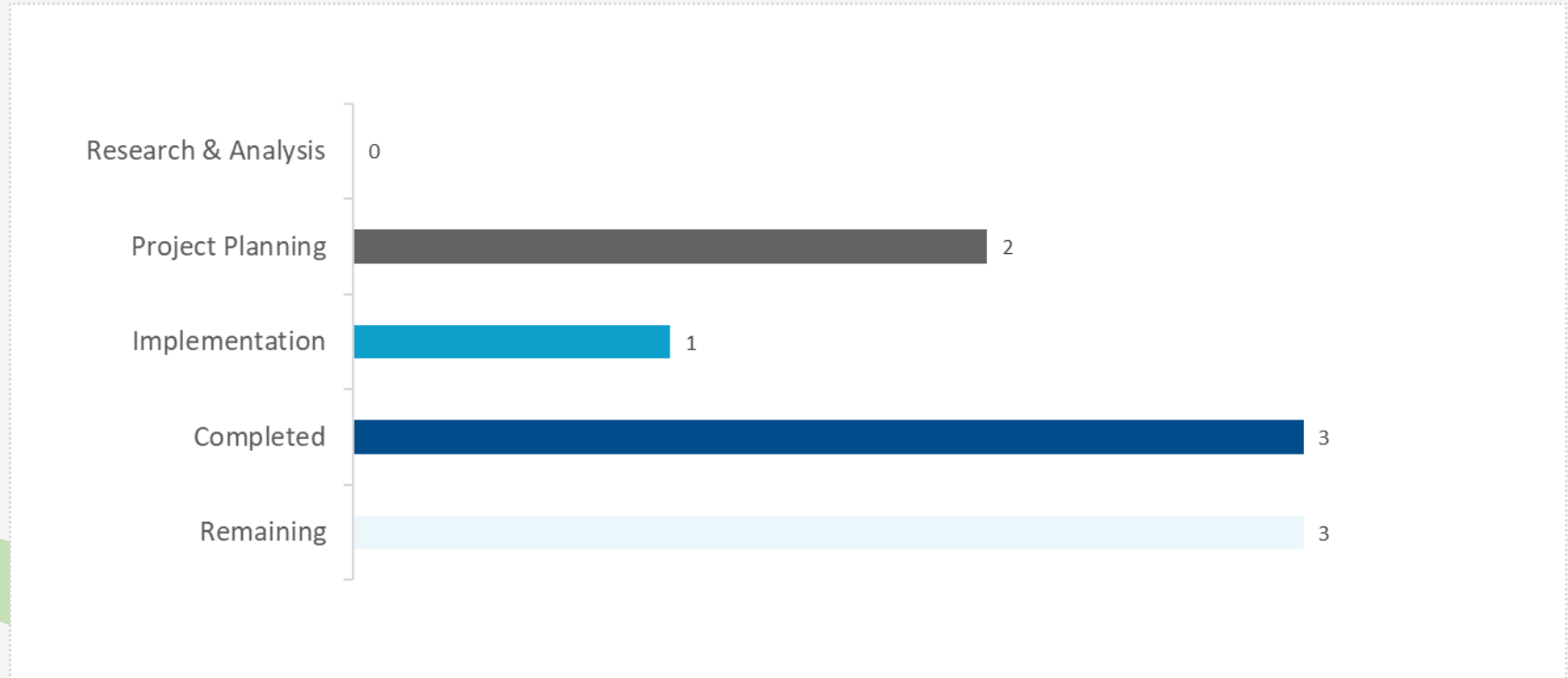
French Language Translated Material (Published to date):

- | | |
|---|--|
| 1. Staff resources in Communications, PRCA (Intake), Practice Advisory Services and PLP | 10. Strategic Plan 2020-2023 |
| 2. Complaints Intake Form | 11. Fair Registration Practices Report |
| 3. French greetings (phone) | 12. 2022 CPMF Summary |
| 4. French queue | 13. College by-laws |
| 5. French interpretation services on demand | 14. Strategic Plan 2023-2025 |
| 6. Medical History Form | |
| 7. 2022 Annual Report | |
| 8. PLP Website | |
| 9. PLP Intake Form | |



Service Experience |

Number of initiatives/projects underway towards improving service experience

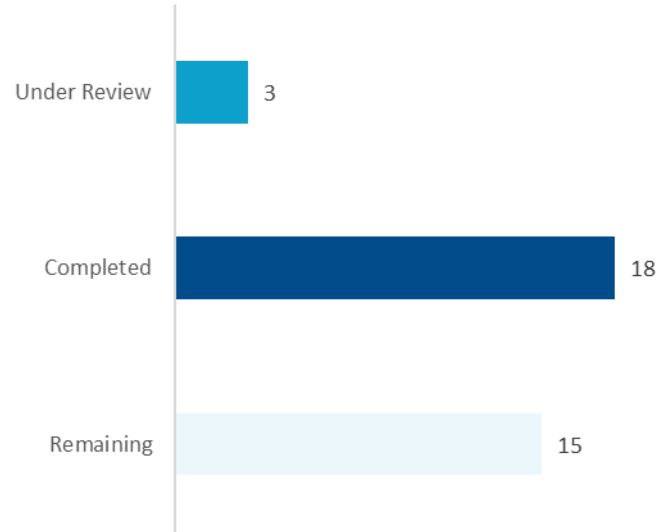


Equity, Diversity and Inclusion (EDI) |

Progress towards reviewing internal policies with an EDI lens

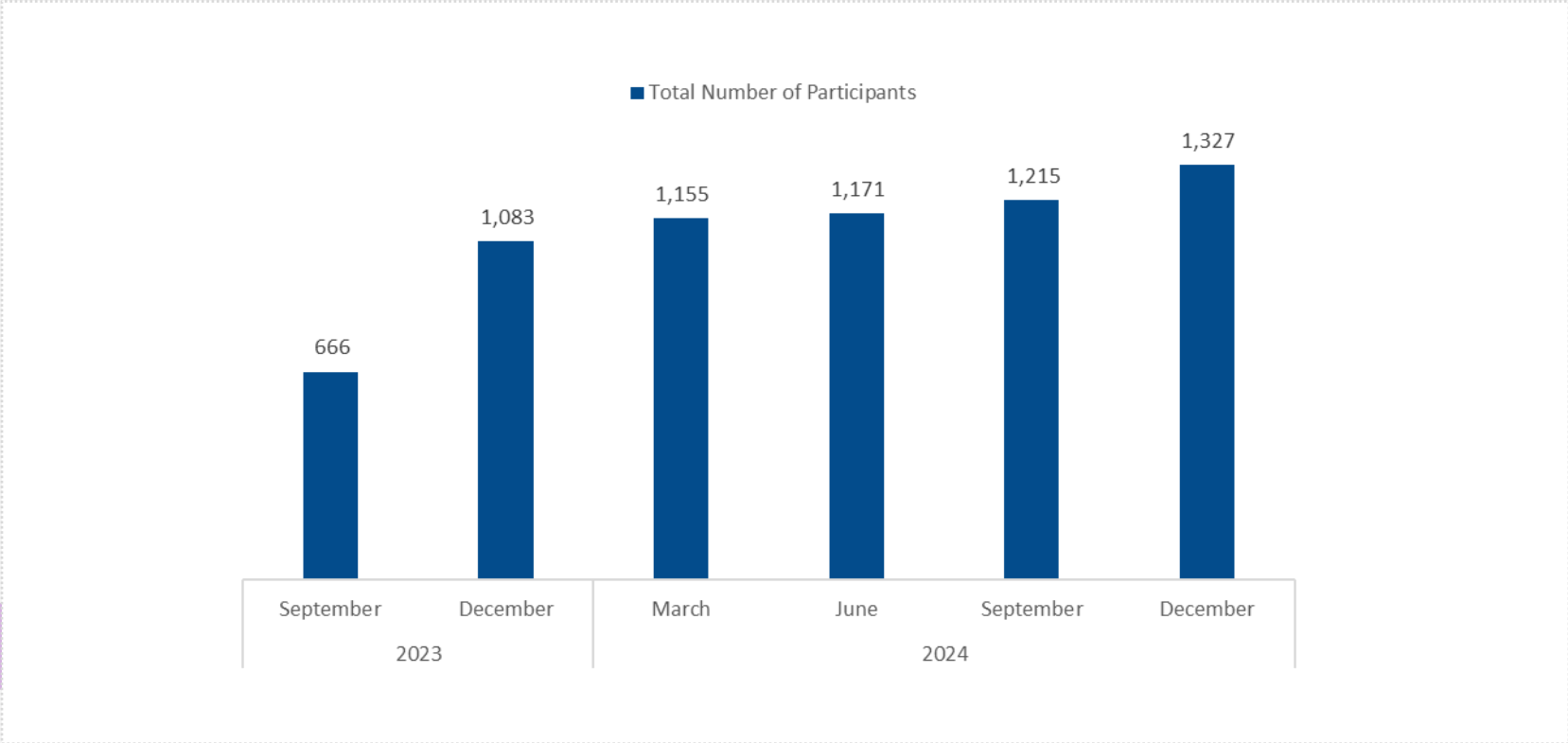
Internal Policies Completed (to date):

- | | |
|---|-----------------------------------|
| 1. Accessibility Policy | 9. Scents and Sensibility |
| 2. Alternative Work Arrangements | 10. Multi-Year Accessibility Plan |
| 3. Dressing for a flexible work environment | 11. Compassionate Leave |
| 4. Information Security and Acceptable Use | 12. Non-Medical Leave of Absence |
| 5. Integrated Standard | 13. Disconnecting from work |
| 6. Language Services | 14. Hours of work |
| 7. Service Standards | 15. Overtime and Time in Lieu |
| 8. Individualized Emergency Response Plan | 16. Health Related Absences |
| | 17. Wellness Days |
| | 18. Vacation |



Equity, Diversity and Inclusion (EDI) |

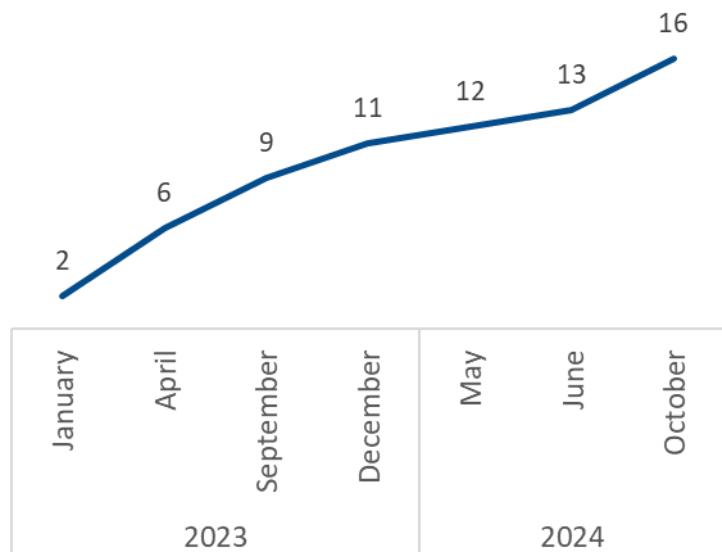
Overall number of participants who have attended EDI learning opportunities from the RCDSO



Governance Review and Modernization

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

Cumulative number of Council education sessions completed to date



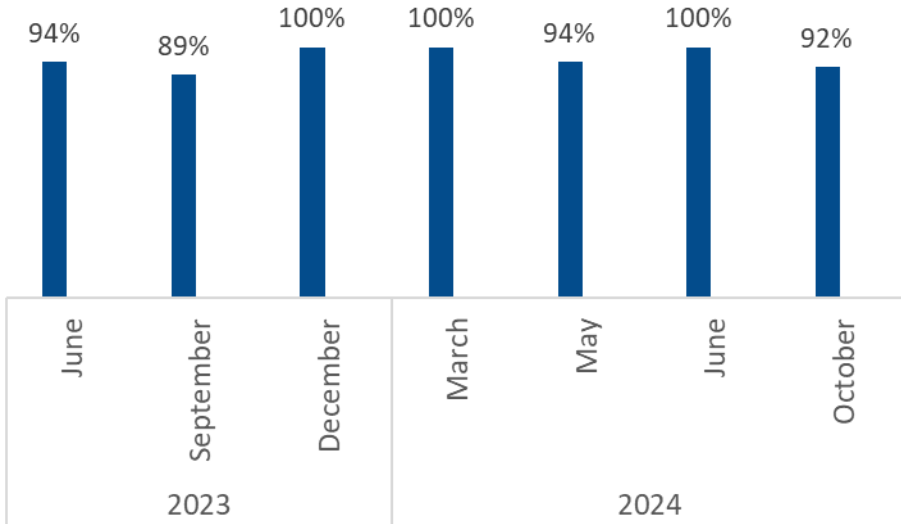
Sessions completed in 2024:

1. Dr. Peter Fritz: Artificial Intelligence in Dentistry
2. Dr. Carlos Quinonez: Access to Care – Professionalism
3. Louise Aerts, Chief Officer , Strategy, Governance and Reconciliation, British Columbia College of Nurses and Midwives
Council Education: Weaving Indigenous Ways of Knowing and Being Into our Work
4. Dr. Noha Gomaa: Canadian Oral Health Summit
5. **Silvana Hernando, Director, Rainbow Health Ontario: Supporting Clinical and Cultural Competence for the 2SLGBTQ Community**

Governance Review and Modernization

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

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



October 2024 Council meeting education session:
Silvana Hernando, Director, Rainbow Health Ontario:
Supporting Clinical and Cultural Competence for the 2SLGBTQ Community

Governance Review and Modernization

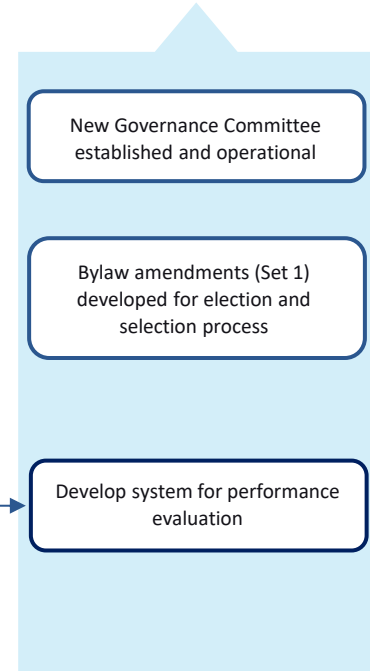
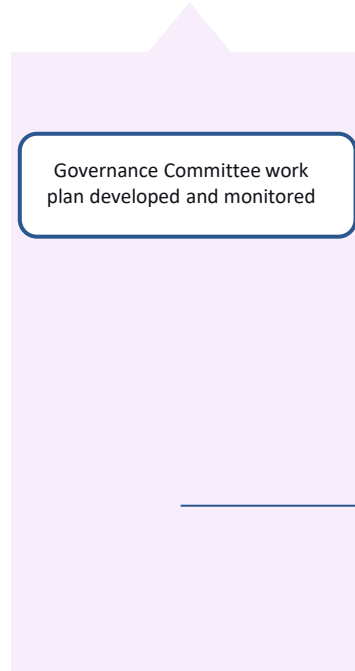
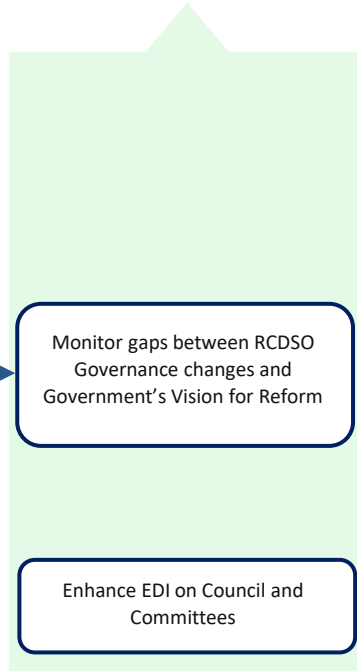
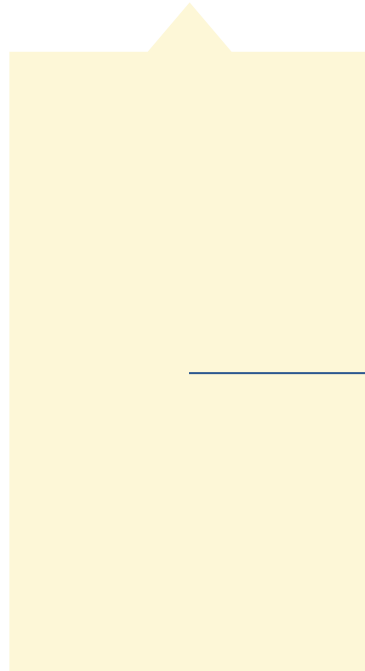
Progress towards establishing a new Governance Committee

To Be Started

In Progress

Reviewed by Governance Committee

Approved by Council



Practice Models and Corporate Dentistry

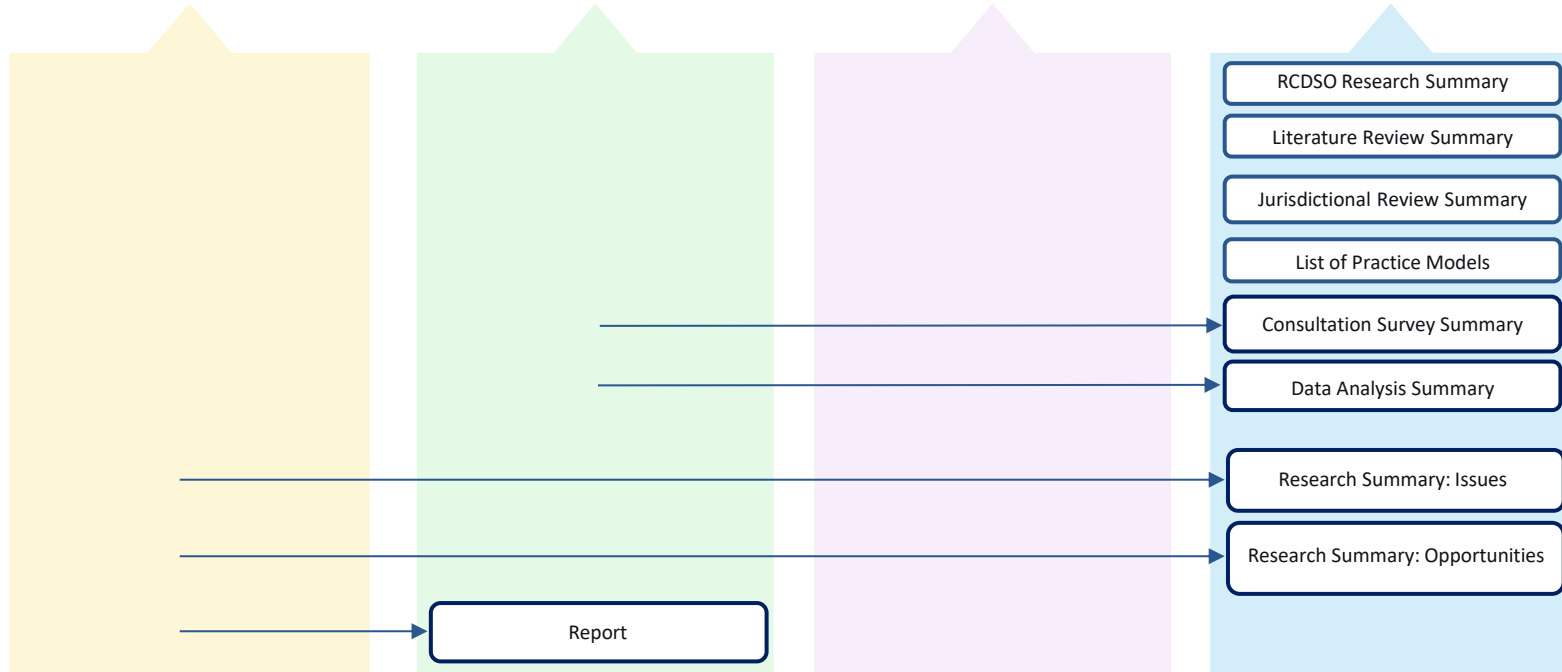
Progress towards developing a Report on dental practice models, including corporate practice models

● To Be Started

● In Progress

● Review

● Complete



Registrar & CEO Report to Council

Prepared by Daniel Faulkner

December 5, 2024

I would like to take this opportunity to thank Council, Committee members and all staff for their commitment to the College's mandate and relentless effort to serve the public interest. As we near the end of 2024, I want to thank all of you for contributing to a rewarding and productive year. It is a privilege to serve as the RCDSO Registrar.

GOVERNANCE & REGULATORY LANDSCAPE

- The Alberta Government has indicated it wishes to better protect the right to free expression and will therefore review legislation governing professional regulatory bodies, including health care regulators. The Government contends that a regulated professional's views about politics or religion do not reflect their competency to practice and do not harm patients. They reference specific high profile cases in Canada in which regulators have taken action in response to registrant's comments on social media. Details of the Government's legislative review are not available at this time.
- In October 2024, the Canadian Judicial Council issued Guidelines on the Use of Social Media by Federally Appointed Judges. The purpose is to provide guidance about the safe and appropriate use of social media, the risks and the benefits. The guidelines further reinforce that improper use of social media can undermine public confidence in the judiciary as well as the principles that define the judicial role. The guidelines are a useful resource that support the RCDSO's approach to guiding dentists on appropriate social media use. The guidelines may also be a useful resource for RCDSO Council and Committee members who engage in social media while fulfilling their fiduciary duty to the College and administering the legislation to oversee dentists. The guidelines can be found [here](#).
- Staff is busy planning for the Council transition to the 2025 – 2027 membership. Our first meeting in January will include an orientation to the College and topics related to the role of Councillors. As many of the Council members are returning to the table, the orientation will focus on next-level training that may include effective meetings in a public setting, optimizing discussions and decisions that reflect the public interest, managing bias and conflict, and social media and Councillor roles. These topics are being explored based on Council evaluations and discussion themes from the past two years.

PARTNERS AND COLLABORATORS

- On October 23rd the leadership of the RCDSO and ODA (ie. Presidents, Vice Presidents and CEOs) held their bi-annual meeting to discuss issues common to our respective organizations. The President also recently addressed the ODA General Council meeting on November 22nd. There is continued profession interest in CDCP, access to care, oral health care profession work shortages and hiring challenges, social media use and illegal practitioners.

- In July, the College submitted an Expression of Interest to the Federal Government's Oral Health Access Fund Stream 2 to fund access to care projects. Unfortunately, we learned in October that we have not been asked to develop a full proposal for this project and we will not be getting funding. The Registrar has been speaking with the Ontario Ministry of Health to explore opportunities for possible funding sources for this project. The project, if implemented, will add value to three areas of interest: appropriately utilizing internationally trained dentists pursuing full licensure under supervised conditions in dental practices; addressing access to care in underserved communities; and building capacity in dental practices that have difficulty sustaining optimum staffing levels. The President has been instrumental in the development of the project framework and Council will be kept informed of the results of discussions.
- In October, Council endorsed *Taking the Bite out of Tooth Pain*, a toolkit for dentists to address appropriate antibiotic prescribing. The toolkit development and distribution campaign have been spearheaded by Choosing Wisely Canada and was [launched](#) nationwide on November 20th. As you know, the College will be supporting the promotion of the toolkit at the chairside and this includes information for both dentists and patients to assist in reducing the inappropriate use of antibiotics. The College will also be offering educational credits to dentists. By downloading the toolkit and using it in practice, dentists are eligible for 5 continuing education credits in Category 2.

AROUND THE COLLEGE (REGULATORY, OPERATIONS, COMMUNICATION)

- The College is making changes to its ongoing supervision and monitoring of dentists associated with investigative decisions. *Clinical supervision* is the ongoing oversight of practice, enabling individual practitioners to practice safely and effectively, while they develop competence to assume full independence. There are various levels of supervision ranging from remote supervision to direct supervision. *Practice monitoring* involves a College-directed dentist to conduct regular reviews with another dentist, to monitor the implementation of new knowledge into patient care. The use of practice monitoring helps to verify that a course or other education has been successful. *Self-reflection and peer review* were also recently added to augment the educational tools of ICRC. Self-reflection and peer review are used when the risk to patients is relatively low. These are self-guided supportive tools that facilitate reflection on issues raised, resources that may address the concerns, including College standards and guidance documents, and an analysis about how their practice will change and improve. There is no follow-up to this exercise (as the risk to patient care is low) but the material will be available to any future investigations, should that occur. These changes and additions seek to further standardize approaches and build proportionate responses to investigative findings. They also utilize more effective educational tools to increase the likelihood of behaviour changes in practice.
- Our equity work internally has led to several amazing opportunities for staff to learn more about issues experienced by equity-seeking groups in society and the workplace. In October, the College hosted a screening for staff of a documentary called *Working While Black*. This short film interviews Black Canadian professionals and scholars to understand their real life account of

the subtlety and scars of systemic racism, which manifests itself in ways that create psychological and physical distress on a daily basis. Staff were also able to experience a facilitated discussion with Liben Gebremikael, CEO, Taibu Community Health Centre following the viewing. In November, the College staff welcomed two representatives from the Get Real Movement to lead a Trans 101 workshop with many staff in person and virtually. We heard about different identities within the gender spectrum, the importance of respecting and using correct names and pronouns, and the harm caused by myths, stigmas and misinformation. Both events created a space for learning and unlearning, and will help create an inclusive space for all, where we visibly demonstrate true allyship.

- Dentists on Council will know that the College's annual renewal cycle is nearing completion on December 15th. The pace of member renewal from October to December is consistent with previous years. We have once again included a survey and have also committed to two improvement initiatives in the coming renewal cycles. First, we regularly review what survey questions to include for gathering valuable and current information to inform our policy discussions. The questions from the past two years have been very useful to inform our access to care and practice model strategic projects. We also try to keep a reasonable survey completion time for each member. More work will occur to adequately create this balance for the Fall 2025 renewal. Second, our survey platform does need to be modernized to contribute to a more positive experience for dentists. Several College leaders and staff are planning a technology replacement project for the Fall 2026 annual renewal cycle. More information will be available in the coming months.
- Two RCDSO Connect webinars have been held since the October Council meeting. On October 29th the College provided over 300 dentists with a session on cybersecurity in your practice, and built awareness of opportunities for non-Council committee membership. On November 26th the College hosted a webinar to present the toolkit Taking the Bite out of Tooth Pain, presented by Dr. Susan Sutherland. This is related to the recently launched Choosing Wisely Campaign on antibiotic use. The webinar was sold out with close to 1,000 dentists registering for the event. The session will also be eligible for a Category 1 CE point. We are excited about the energy created by RCDSO Connect events over the past couple of years and look forward to planning numerous engaging sessions in 2025.

Respectfully submitted,
Daniel Faulkner, Registrar & CEO

Council Dashboard Report

Operational Highlights

Royal College of
Dental Surgeons of Ontario

December 2024

Current Metrics

Program Area	Metrics
IT	Developing the Staff Application “Dentist 360”: Improving Staff Interactions with Dentists
Quality	Regulatory and Operation Dashboard Summary, 2024 PET New Question Development, 2024
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 Average Days to Process Sedation Facility Permit Application and Assign Inspection, by Month Average Days from Completed Inspection to Issuing a Sedation Facility Permit, by Month

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

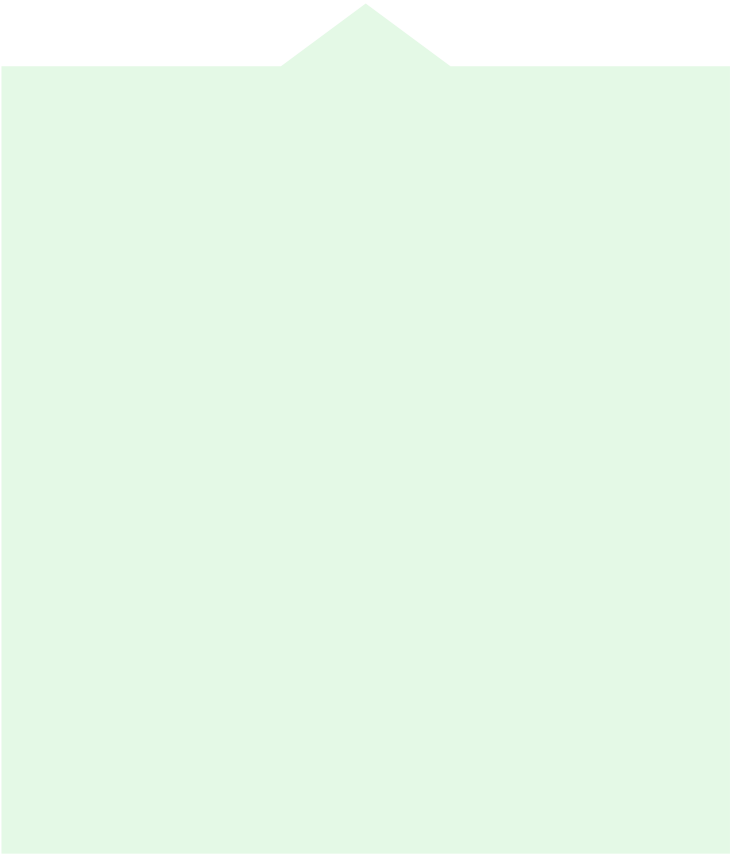
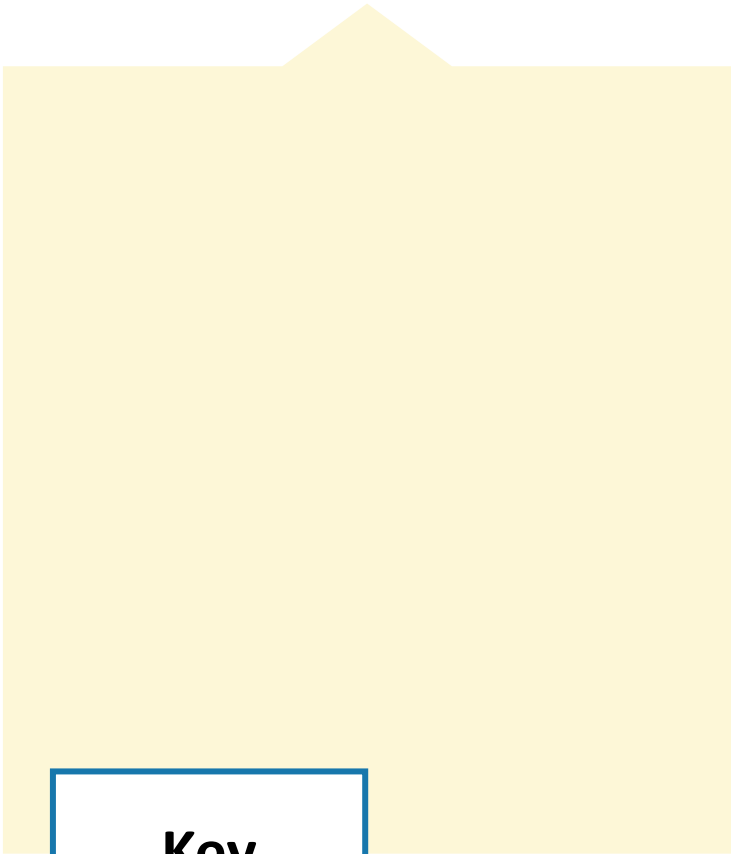
Information Technology (IT)

Developing the Staff Application “Dentist 360”: Improving Staff Interactions with Dentists

To Be Started

In Development

Completed



- Requirements Gathering & Developing Mockups
- Design New Dentist 360 Views
- Updates to Security Access & Permission Settings
- Staff Training (>120 Users)
- Official Launch
- Routine Maintenance & Hotfixes

Key Points

➤ Dentist 360 officially launched

Quality | PET New Question Development, 2024

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

Competency	Analysis and Selection of Current Questions	Blueprint Development	Writing Group	Review Group	Final Question Selection
Dental Public Health					
Operative and Preventive					
Caries					
Radiology					

Key Points

- Questions for the radiology competency have been incorporated into the platform.
- There has been a concerted effort over the past two years to use PET questions as a vehicle to reinforce standards and strategic priorities. With the new platform, we are now able to include direct links to relevant documents on the RCDSO website so that registrants can be encouraged to review them.

Quality | Regulatory and Operations Dashboard Summary, 2024

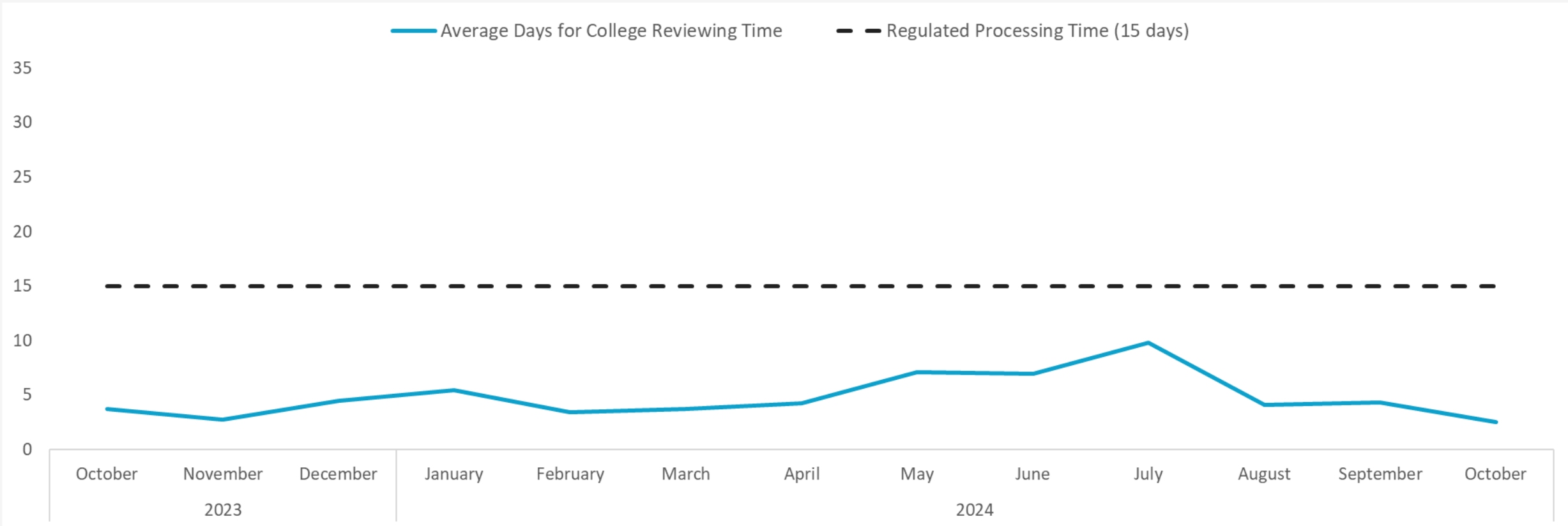
- Upcoming activity
- On track per project plan
- No activity planned
- Minor variation, managed within department
- Course correction required

Regulatory Program Requirements	Q1	Q2	Q3	Q4
PET assessments				
CE audits (e-Portfolio)				
Annual declaration of compliance with QA Program (with renewal)				
Quality Department Operational Goals	Q1	Q2	Q3	Q4
PET redevelopment and relaunch				
PET new question development				
New e-Portfolio/Bridge (integration) features				
Continuing Education courses				
Remedial / Proactive courses				

Key Points

- PET redevelopment on track for a broad launch early in 2025. New features include single sign on through the RCDSO Portal, predictable scheduling with flexible start dates, easier to view images and a larger question bank
- The FIP Dashboard will launch on December 16, 2024. This will allow dentists who hold authorizations in sedation and/or CT to monitor their adherence to continuing education requirements.
- Communications to dentists who will complete their CE cycle in December 2024 have continued, with ongoing support to guide completion and entries to e-Portfolio.

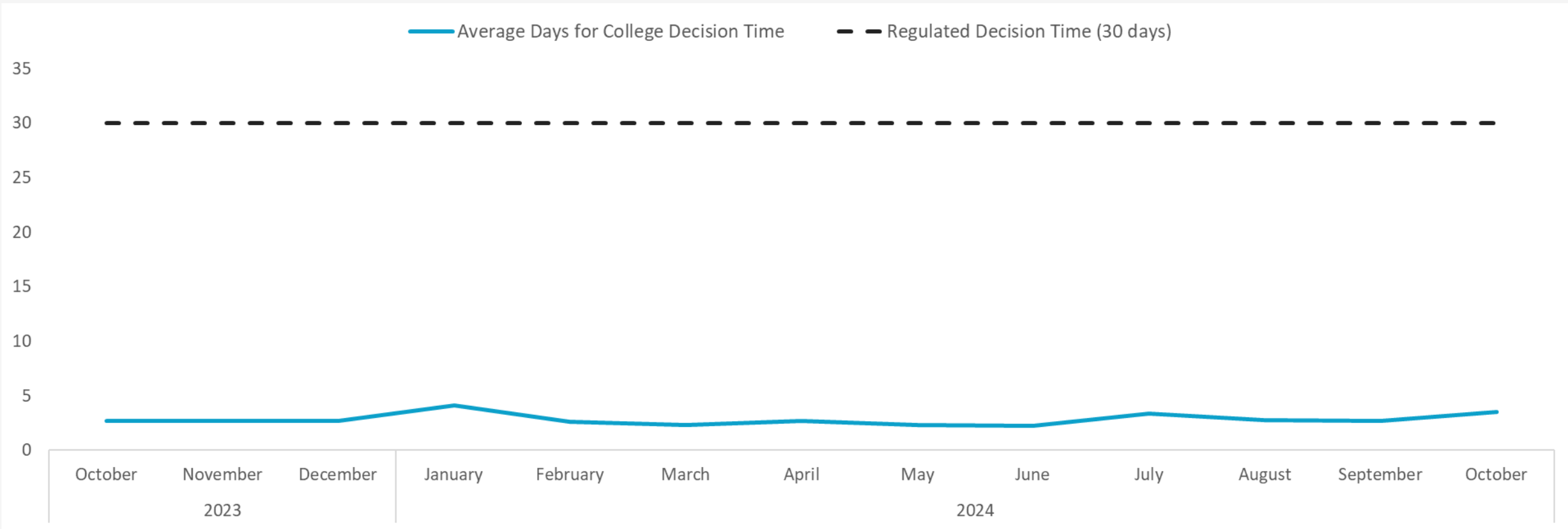
Registration | Average Application Processing Timelines, by Month



Key Points

- The Registration Department continues to meet the regulated timelines for application processing in 2024.
- 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

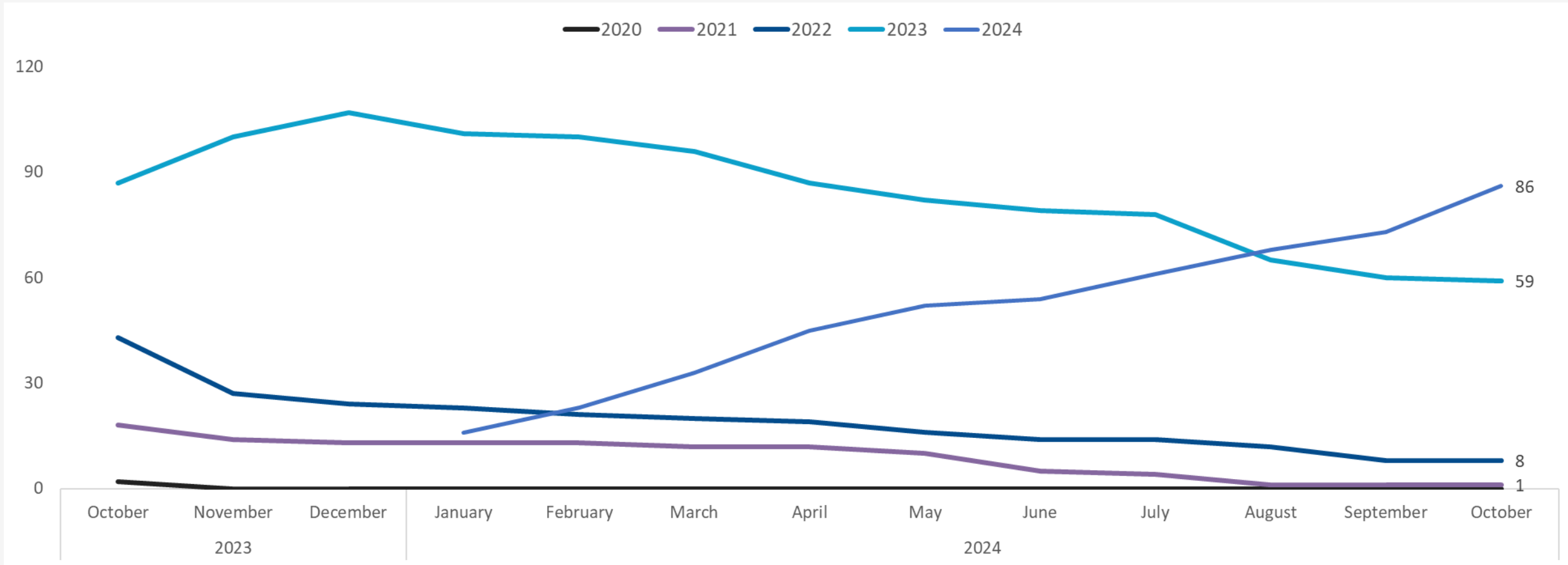


Key Points

- The Registration Department continues to meet the regulated timelines for application decisions in 2024.
- 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

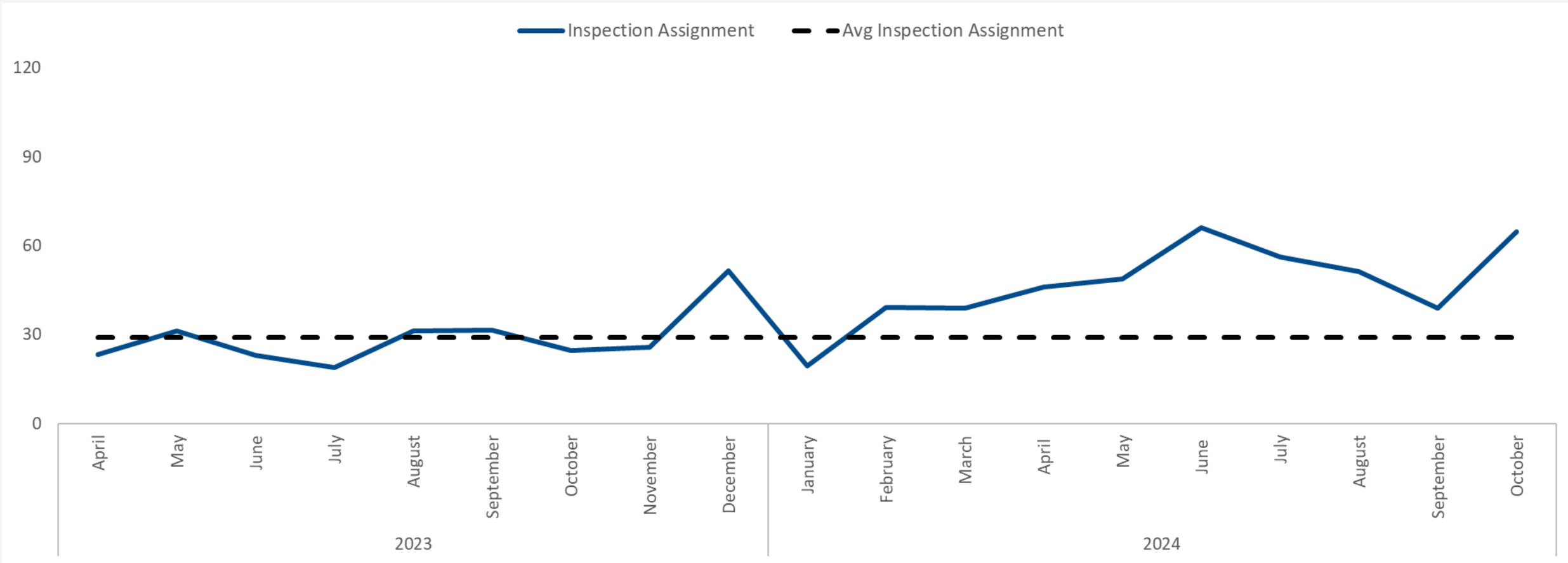


Key Points

- Remaining open applications from 2020-2022:
 - June 2024 Council: 32
 - September 2024 Council: 20
 - December 2024 Council: 9
- **As of November 2024, all 2021 applications are closed.** FIP staff are working to close 2022 applications by end of December 2024.

Facilities Inspection Program (FIP) |

Average Days to Process Sedation Facility Permit Application and Assign Inspection, by Month

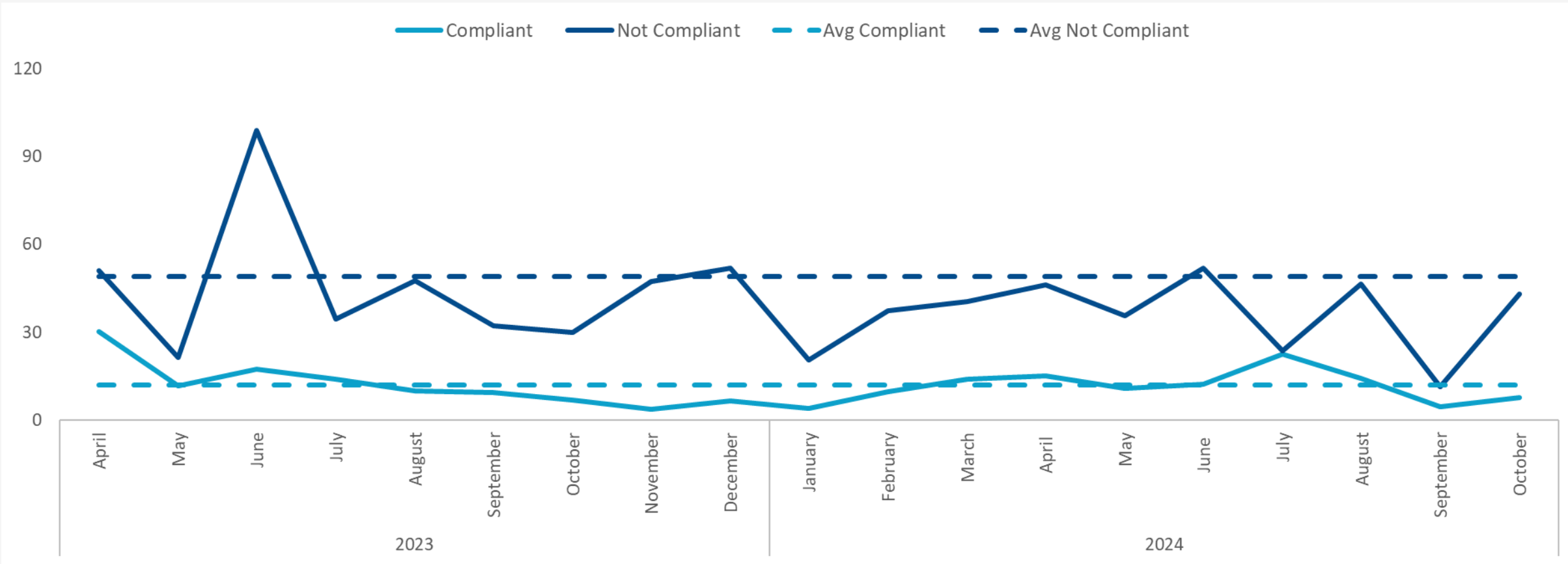


Key Points

- This **dark blue line** represents the average time (days) it takes to process a facility permit application and assign an inspector. The **dashed line** is average time for 2023.
- The initial processing times have increased over last year since online applications were implemented through the Member Portal. The FIP Department has identified ways to streamline the online application process in November 2024.

Facilities Inspection Program (FIP) |

Average Days from Completed Inspection to Issuing a Sedation Facility Permit, by Month



Key Points

- The **light blue** line represents the average time (days) it takes to issue permits for facilities that are compliant with the Standard of Practice and the **dark blue** line represents the average time (days) it takes to issue permits for facilities that are not compliant with the Standard of Practice. Average timelines in 2023 are represented with the **dashed lines**.
- The FIP Department continues maintain acceptable processing times between initial facility inspections and issuing the sedation facility permit. The most significant variations occur when Facilities are not compliant with the Standard of Practice, which is to be expected.

Retired Metrics

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



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

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

First Council Dashboard Report (September 2021)

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

Key Accomplishments of Retired Metrics

Objectives

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



Metrics

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

Accomplishments

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

PCRA

Reducing the number of Open Casefiles and backlog of older Casefiles

Key Accomplishments of Retired Metrics

Objectives

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



Metrics

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



Accomplishments

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

**Information
Technology**

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

Key Accomplishments of Retired Metrics

Objectives

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



Metrics

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

Accomplishments

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

FIP

Eliminating the backlog of older Provisional CT Facility Permits

Key Accomplishments of Retired Metrics

Objectives

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



Metrics

1. Development Milestones for New ePortfolio Platform

Accomplishments

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

Quality

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

COUNCIL BRIEFING NOTE

TOPIC: Update on Professional Liability Program (PLP) Divestment

FOR INFORMATION

December 5, 2024

ISSUE:

- As directed by Council, a procurement process to transfer the Professional Liability Program (PLP, including current liabilities and staff) to a third party is underway.
- Under the guidance of a Procurement Review Group and with the support of its advisor (PwC Canada, "PwC"), the initial marketing stage has begun.

PUBLIC INTEREST:

- Divesting the PLP by transferring it to a third party is in the public interest, but it is critical that the RCDSO undergoes the process with due diligence. This includes considering the best interests of the public, dentists, and the College.

BACKGROUND:

- On December 7, 2023, RCDSO Council directed staff to explore the transfer of the PLP to a Third Party, with the goal of allowing the program to continue to operate, under separate ownership.
- A Procurement Review Group (PRG) oversees the divestment on behalf of Council and was appointed by the Executive Committee. PwC has been retained as the RCDSO's merger and acquisition ("M&A") advisor. The PRG is using the assumptions and key elements outlined at Council's December 2023 meeting as a basis for all decision-making.

PROGRESS REPORT:

- **Strategy and deal preparation:**
 - PwC, in consultation with PRG and legal counsel, has initiated Phase One of the divestment process. Initial offers ("Expressions of Interest") have been received and the PRG is in the process of evaluating them to determine which will proceed to the next phase. The volume and quality of offers received indicates that the process will be competitive.
 - The next phase (which will conclude with the receipt of final offers ("Letters of Intent")) will involve working with a shortlist of buyers to assess their ability to meet the RCDSO's goals and complete the due diligence process.
 - Council will be updated throughout the process and will provide overall approval of the final transaction.

- **Procurement Review Group:** The Executive Committee has approved the appointment of elected Council member Dr. Antony Liscio to replace Dr. Mark Eckler who resigned on October 11, 2024. Dr. Liscio has both dentistry and broad business experience, providing the combination of financial and dental professional competencies that are required. In addition, the Executive Committee approved an amendment to the terms of reference to make Dr. Harinder Sandhu a member of the PRG in his own right with voting rights (not ex-officio). The Executive Committee election for the upcoming term (2026-2027) will take place at the January 2025 Council meeting. It is unknown at this time who will be elected as President of the Executive Committee. This amendment is intended to preserve continuity at this critical time. (see Appendix A for the revised Terms of Reference).
- **Maintaining continued professional liability protection:** The RCDSO will be required to ensure that members continue to hold adequate professional liability protection after the divestment of PLP. As noted previously, a by-law will be developed to establish minimum requirements to ensure that the public is protected. Changes to the Registration Requirements under the [General Regulation \(O. Reg. 205/94\)](#) of the [Dentistry Act](#) will also be required. Staff continue to work with legal counsel and the Health Workforce Regulatory Oversight Branch to develop these proposed regulation amendments, which will be brought to Council for approval in the new year.

NEXT STEPS:

- PwC will work with RCDSO management and the shortlist of buyers to complete the due diligence process, with the goal of receiving final offers (“Letters of Intent”) by the end of Q1 (March) 2025.
- In January 2025, Council will be asked to consider regulation amendments under the [General Regulation \(O. Reg. 205/94\)](#) of the [Dentistry Act](#).
- Communication updates with members and RCDSO staff will be provided on an ongoing basis.

CONTACT:

Daniel Faulkner, dfaulkner@rcdso.org

Jeffrey Gullberg, jgullberg@rcdso.org

Any communication in relation to the divestiture process can be directed to Jeffrey Gullberg, jgullberg@rcdso.org.

Attachments

Appendix A – Procurement Review Group Terms of Reference (revised)

Appendix A: Revised terms of reference

Procurement Review Group: Terms of Reference

Background / Preamble

RCDSO staff have been directed by Council to begin a procurement process to transfer the Professional Liability Program (PLP) to a third party. The Procurement Review Group (PRG) has been established by the Executive Committee to guide the divestment process.

A. PURPOSE AND ROLE OF THE PROCUREMENT REVIEW GROUP

1. The Procurement Review Group (PRG) has been constituted by Council to ensure that the decisions of Council are carried out, implemented and/or monitored efficiently and effectively by management and that the requirements of good corporate governance practices are observed.
2. The primary role of the PRG is to oversee the process regarding the potential divestiture of the PLP and to provide strategic guidance for the RCDSO as delegated in these terms of reference.
3. The PRG shall exercise its authorities in the best interest of the RCDSO in the context of achieving the strategies and objectives of the RCDSO.
4. The PRG shall maintain ongoing communication with Council to ensure Council is kept informed on a regular basis.
5. The PRG shall review and evaluate the outcome of the due diligence process and roadmap for the potential Transaction involving divestment of the PLP and make recommendations to the RCDSO Council at each interim or milestone point in the process that requires Council approval.

B. COMPOSITION

1. The PRG shall be appointed by the Executive Committee of Council and shall comprise of at least five members of whom at least half should be Council members.
2. The membership of the PRG has been appointed by the RCDSO's Executive Committee, and is comprised of the following:
 - Dr. Antony Liscio (Council member, elected representative)
 - Marc Trudell (Council member, Appointed By Lieutenant Governor in Council)
 - James Colliver (Council member, Appointed By Lieutenant Governor in Council)
 - Dr. Harinder Sandhu (Council member, elected representative)
 - Dan Faulkner (Registrar & CEO, RCDSO)
 - Jeffrey Gullberg (CFO, RCDSO)
3. The PRG may request the attendance of subject matter experts and independent advisors. No voting privileges will be conveyed to those attendees.

C. MEETINGS

1. The quorum for the Procurement Review Group meetings shall be any three members of the PRG. Of these three, 2 must be Council members.
2. Meetings shall be held at such frequency as the PRG deems necessary to fulfill its responsibilities.
3. The notice and agenda of each meeting shall be sent to all members of the PRG and any other persons that may be required to attend.
4. The PRG may meet together for dispatch of business, adjourn, and otherwise regulate their meetings as they think fit, whether in person and/or by means of any communication technology by which all persons participating in the meeting are able to hear and be heard by all other participants without the need for a member to be in the physical presence in the meeting. Any member participating in any such meeting shall be counted in the quorum for such meeting. All resolutions passed by the members in such meeting in accordance with these terms of reference shall be deemed to be as effective as a resolution passed at a meeting in person of the members duly convened and held.
5. Resolutions, proposals and matters tabled for approvals at any meeting of the PRG shall be decided by a simple majority of the members present and voting. They can also be passed via circulation (whether in the form of paper, email or otherwise) if approved by a simple majority of the members of the PRG.
6. Key decisions from each meeting shall be kept and distributed to each member of the PRG.
7. The PRG may report and make such recommendations to Council on any matter which falls under its authority, as it may deem fit.

D. SPECIFIC AUTHORITIES, DUTIES AND RESPONSIBILITIES

The PRG shall be responsible for strategizing, reviewing and discussing with the management of the RCDSO in relation to any matter within these terms of reference, and shall have the authority to recommend to Council in relation to such matter including the following:

1. review and provide guidance to management and Council with respect to the divestiture strategies of the PLP, ensuring consistency with the RCDSO's strategic objectives.
2. oversee management of proposed divestiture, including but not limited to key decision points related to deal preparation, execution, and post close.
3. review activities to determine that the RCDSO is following due diligence and other disciplines appropriate to mitigate risk for the Transaction contemplated by the company.
4. review and make recommendations to Council regarding progress relative to any proposed Transaction.

E. GENERAL AUTHORITIES

The PRG shall also have the following authorities:

1. to investigate any matters within its terms of reference;
2. to have direct communication channels with the management, officers and employees of the RCDSO, and external parties;
3. to require the management, officers and employees of the RCDSO to attend meetings with the PRG and to provide reports to the PRG periodically or on an ad hoc basis as determined from time to time by the PRG;
4. to have full and unrestricted access to any information and documents relevant to the RCDSO's business and activities;
5. to delegate and terminate such delegation at any time and from time to time in relation to any of its authorities to any person or committee(s) within the RCDSO that it deems fit;
6. to obtain external professional or other advice and convene meetings with external parties that have been engaged by Council, whenever deemed necessary by the PRG; and
7. to make recommendations to Council on all matters, including but not limited to those set out in Appendix A, Key Transaction Decision Milestones.

The management of the RCDSO shall provide full co-operation to the PRG and shall fully comply with the decision of the PRG. The PRG shall be given all necessary resources by the RCDSO in carrying out its authorities, duties and responsibilities and, in that regard, all fees, costs and expenses incurred by the PRG shall be borne by the RCDSO.

COUNCIL BRIEFING NOTE

December 2024

TOPIC: Ratification of Finance, Audit and Risk Committee Chair

Appointment

FOR DECISION

ISSUE:

- Council is asked to consider and to ratify the Executive Committee's appointment of Marc Trudell as the Chair of the Finance, Audit & Risk (FAR) Committee.

PUBLIC INTEREST:

- This matter pertains to the public interest as it concerns a recent vacancy on the FAR Committee. Governance modernization trends support a competency-based process for committee members and Chairs.

BACKGROUND:

- On October 11, 2024, the elected Council member from District #4, Dr. Mark Eckler, resigned from Council effective immediately.
- Dr. Eckler served as the Chair of the FAR Committee.
- The current committee terms expire for all committees on January 23, 2025, when the newly elected Council will appoint a new slate of Committees.

CURRENT STATUS:

- The Finance, Audit and Risk Committee is a standing committee of Council.
- As set out in Article 4.11, the FAR Committee is composed of:
 - a) the President;
 - b) two members of Council who are members of the College;
 - c) two public members of Council;
 - d) one non-Council committee member.
- The current members serving on the FAR Committee are Harinder Sandhu, Peter Delean, Marc Trudell, Rod Stableforth and Neil Silver.
- Unless otherwise specified, a majority of members of a committee constitutes quorum.

ANALYSIS:

- The resignation of Dr. Eckler does not cause an issue for quorum as there are still 5 members who can vote and only 4 votes are needed to pass a motion.

- The final FAR Committee meeting for this term took place on November 14, 2024. At that meeting the Committee finalized its budget recommendation to Council, which has been the subject of other meetings and many months of work.
- Article 5.4.5 of the by-laws set out filling vacancies on committees and reads:
The Executive Committee may appoint persons to fill any vacancies in the membership of a committee, other than the Executive Committee, and it shall make an appointment to fill a vacancy on a committee where necessary for the committee to achieve quorum or to comply with the Act or regulations.
- As the composition of this standing committee is set out in the by-laws and not in the Act or regulations, filling the vacancy with another dentist member of Council is optional and not mandatory.
- The remaining members of the Committee are experienced as they have been in their roles for almost two years, or longer. Given that there are no further meetings expected in the Committee's two-year term and the lack of time needed to onboard a new committee member in advance of the meeting, it is recommended that the composition remain status quo for the duration of the term.
- All recommendations passed at the November FAR Committee meeting are being brought to Council for approval at its December meeting.
- Dr. Eckler was the Chair of the Committee, so a new Chair is needed.
- Article 5.4.3 of the by-laws sets out that the remaining members of the committee shall select a member of the committee to act as chair until the vacancy is filled.
- Marc Trudell was approached by the CFO to act as Chair for one meeting. This was communicated via email to the members of the FAR Committee who supported the suggestion. Marc Trudell indicated that he was willing to serve if appointed.
- Article 5.4.6 deals with filling the vacancy of a committee chair and reads:
Where the Executive Committee makes an appointment to fill a vacancy created by the departure of the chair or vice chair of a committee, the Executive Committee shall appoint a new chair or vice chair of the committee from among the members of the committee.
- At its meeting on November 6, 2024, the Executive Committee appointed Marc Trudell to serve as the Chair of the FAR Committee for the remainder of the committee's term, such appointment to be brought to Council for confirmation at its meeting on December 5, 2024, as per article 5.4.8.

Recommendation: THAT Council consider and ratify the Executive Committee's appointment of Marc Trudell as Chair of the Finance, Audit and Risk Committee for the balance of the current term.

CONSIDERATIONS:

- The Operational Policy of the Governance Committee re: Committee Appointments sets out if there are candidates who are equally competent to serve as the Chair of a committee, preference should be given to the candidate that is not a member of the Executive or Governance Committee.
- Although Marc Trudell is a member of the Executive Committee, given his unique competencies and the short duration of the appointment, the Executive Committee determined that the circumstances justified the appointment.

DECISION FOR COUNCIL:

The following motion is recommended:

Finance Audit and Risk (FAR) Committee

- THAT Council ratify the Executive Committee's appointment of Marc Trudell as the Chair of the Finance, Audit and Risk Committee for the balance of the current term.

CONTACT:

Daniel Faulkner, dfaulkner@rcdso.org

Lara Thacker, lthacker@rcdso.org

Jeffrey Gullberg, jgullberg@rcdso.org

Attachments

Appendix A – Relevant excerpts of By-law 4

Appendix B – Relevant excerpts of By-law 5

Appendix C – Operational Policy of the Governance Committee re: Committee Appointments

Appendix A: Excerpt of Bylaw 4

Bylaw 4: Committees of the College

...

4.11 Finance, Audit and Risk Committee

4.11.1 Composition

The Finance, Audit and Risk Committee shall be composed of the following members:

- a. the President;
- b. two (2) members of Council who are members of the College;
- c. two (2) public member of Council;
- d. one (1) non-Council committee member.

...

Appendix B: Excerpt of Bylaw 5

Bylaw 5: Committee Procedure

5.4 Vacancies on a Committee

5.4.1 Committee continued during vacancy

Where there is a vacancy in the membership of a committee, the remaining members of the committee shall constitute the committee until the vacancy is filled, provided that there are sufficient members to constitute a quorum.

5.4.2 Effect of vacancy on quorum

A vacancy on a committee is counted in determining whether quorum exists.

5.4.3 Vacancy of committee chair

Except in the case of the Discipline Committee, where a vacancy on a committee is the chair of the committee, the remaining members of the committee shall select a member of the committee to act as chair until the vacancy is filled.

5.4.4 Vacancy of Discipline Committee chair

Where the chair of the Discipline Committee becomes vacant, the vice chair shall assume the chair of the committee.

5.4.5 Filling vacancies on committees

The Executive Committee may appoint persons to fill any vacancies in the membership of a committee, other than the Executive Committee, and it shall make an appointment to fill a vacancy on a committee where necessary for the committee to achieve quorum or to comply with the Act or regulations.

5.4.6 Filling vacancy of committee chair

Where the Executive Committee makes an appointment to fill a vacancy created by the departure of the chair or vice chair of a committee, the Executive Committee shall appoint a new chair or vice chair of the committee from among the members of the committee.

5.4.7 Term for filled vacancies

Every individual appointed by the Executive Committee to fill a vacancy on a committee shall remain a member or chair of the committee, as applicable, until the earliest of the following events occurs:

1. The individual is replaced or removed in accordance with the by-laws.
2. The first regular meeting of Council following the general election is held.

5.4.8 Confirming, replacing vacancy appointments

Council shall 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.

...

Operational Policy of the Governance Committee re: Committee Appointments

Process for Recommending Committee and Chair Appointments

- Members of Council, Council candidates and committee candidates are asked to provide any preferences for committees on which they wish to serve. They may also indicate if they would be interested in serving as chair of a committee.
- While preferences will be considered, there should not be an expectation they will be granted as the College moves to adopt a competency-based assessment and selection process and endeavors to improve diversity and equity on committees.
- Council members, Council candidates and committee candidates are asked to self-assess against the list of competencies for the committees and committee chairs and briefly set out in writing how they meet them for the requested committees and chair positions. These submissions will be reviewed by the Governance Committee, who is responsible for recommending a slate of appointments of committee members and committee chairs to Council for approval.
- In populating the committees, numerous factors will be taken into account by the Governance Committee including terms of reference in the by-laws, competencies, diversity and representation, practice areas, availability to serve, balance of experience and inclusion of new perspectives, succession planning, and the needs of the committee.
- Prior to the new Council meeting for the first time following a general election, the Governance Committee will meet to complete its task of populating the committees and committee chairs. The Governance Committee will release to Council members a draft proposed slate of committee members and chairs for consideration at the first meeting of the new Council.
- Council will consider a motion to accept the proposed slate of committee members and chairs as presented by the Governance Committee.

Appointment of Committee Members & Chairs

- Unless extraordinary circumstances exist, members of Council should not serve on more than two statutory and/or standing committees, including the Executive and Governance Committees. The President sitting on a committee as an ex- officio member would not be counted. Also, it may be necessary for public members to serve on additional committees in order to fulfil the requirements of quorum. If the Governance Committee feels that extraordinary circumstances justify appointing a member of the Council to serve on more than two statutory and/or standing committees, the extraordinary circumstances would be explained to Council.
- Unless extraordinary circumstances exist, no member of Council shall chair more than one statutory and/or standing committee. If the Governance Committee feels that extraordinary circumstances justify appointing a member of Council to serve as chair of more than one statutory and/or standing committee, the extraordinary circumstances would be explained to Council.
- Where the Governance Committee determines that it has two or more equally competent candidates for chair of a statutory or standing committee, preference should be given to the individual who is not a member of the Governance Committee or Executive Committee. A chair of a committee may be a Council dentist, a public member of Council, a non-Council Committee member, or a Subject Matter Expert, unless otherwise specified in the legislation or by-laws.
- When the Governance Committee is considering recommending to Council the appointment of a member of the Governance Committee to any College committee, that person being considered should not be present at the meeting, regardless of the medium used, when the discussion or vote takes place.

Vacancies

- As per the bylaws, vacancies that need to be filled between Council meetings may be filled immediately by the Executive Committee and then brought forward for ratification by Council at its next meeting. If time allows, the Executive Committee should seek input from the Governance Committee or maintain a list of candidates recommended to fill vacancies prepared by the Governance Committee.

Passed by Council: December 2023

COUNCIL BRIEFING NOTE

TOPIC: 2025 Budget

FOR DECISION

December 5, 2024

ISSUE: Review of 2025 Operating and Capital Budgets; Multi-year forecasts; Funding the Operating Reserve

PUBLIC INTEREST: This matter relates to funding the College's 2025 operations and strategic priorities to support the public interest by putting patients first, while enforcing standards, and providing leadership and education to the dental profession.

BACKGROUND:

- Each year a budget is prepared to fund the operations and business plan for the College. The budget includes both operating and capital components.
- Staff have also developed a multi-year forecast to support the College's planning process.
- The Finance, Audit and Risk (FAR) Committee annually approves budget principles, which are communicated to budget holders in the development of their respective budget. For 2025 they were as follows:
 1. Present a surplus operating budget that is reasonable and achievable.
 2. Ensure adequate resources are set aside to continue to make progress on the strategic plan and identified strategic projects, which is a CPMF requirement. (College Performance Measurement Framework).
 3. Operate in a flexible work environment which will reflect in person meetings of Council, committees and staff that best meet the needs of the organization.
 4. Incorporate all the implications of the PLP Divestment in the budget.
 5. Workforce planning analysis will inform the staff complement built into the budget.

ANALYSIS:

- The College is in a healthy financial position. Several strategies have been put in place to de-risk the balance sheet and manage other risks, while planning for the future. This is setting the College up for future sustainability.
- The 2025 budget provides the funds required for RCDSO to meet its regulatory mandate and further its strategic objectives. There is confidence that the budget and forecast projections support RCDSO's long-term fiscal well-being.

Operating Budget

- The recommended Operating Budget for 2025 presents a surplus of \$2.39 million (\$2,398,991).
- Appendix A provides operating budget reports, including details on revenues and expenses.
- Highlights of the 2025 budget include:
 - A surplus budget is presented for the third consecutive year, which is intentional and important to fund reserves.
 - The budget was built on the assumption that the PLP program will operate under RCDSO for the full year and be divested January 1, 2026. There is still much uncertainty in the timing and results of the divestment project.
 - Revenue has increased by \$3.3 million, or 8%.
 - The membership fee has increased by \$95 for the year 2025, which is based on the June Ontario CPI of 3% and the budgeted number of dentists registered has increased year over year, which accounts for \$2.9 million of the revenue increase.
 - With investment volatility and recent decreases in interest rates, the investment return on equities has been reduced, although the entire investment income budget is up by \$358,000.
 - Expenses have increased by \$3.1 million, or 8%. The main drivers relate to an increase in staffing costs, PLP loss provision, increase in committee costs specifically for discipline hearings and consulting & professional fees to support discipline and the PLP divestment transaction.
 - The 2025 budget includes new resources to support cross departmental projects, and regulatory effectiveness.
- Priorities identified to support the Strategic Plan have been budgeted – the details are included in Appendix B. Reporting this to Council is a good governance practice and required by the CPMF (College Performance Management Framework).
- The budget principles (listed above) have each been met with the 2025 budget, although several decisions are required before PLP divestment can be fully estimated.

Capital Budget

- The proposed Capital Budget is \$680 thousand (\$683,760). Details are included in Appendix C.
- Capital expenditures encompass major projects or one-time investments, such as significant technology or infrastructure projects.
- Funds of \$191,000 have been budgeted for further work on the College case-management system, internally known as The Bridge. We continue to enhance this software, automate processes and further integrate other College systems.
- Other investments include:
 - Laptops for Council members and regular replacement of older staff laptops, replaced as part of our evergreen strategy (\$138,000); and
 - Emergency building improvements and required maintenance (\$100,000).

Multi-Year Forecast

- Attached in Appendix D is the multi-year forecast up to 2027.
- The forecast includes the 2023 actuals, the 2024 forecast, the 2025 budget and forecasted numbers for 2026 and 2027.
- Several assumptions were made to build the forecast which are detailed in the document, including divestment of the PLP program by January 1, 2026.
- Three years of surpluses are forecasted, based on the assumptions as described:
 - 2024 forecast \$4.3 million
 - 2025 budget \$2.4 million
 - 2026 forecast \$1.2 million
 - 2027 forecast \$1.1 million
- The College will still rely on good investment returns and cost reductions to achieve surpluses.

Operating Reserve

- The Operating Reserve remains underfunded although progress had been made, and a plan developed to fully fund the Reserve by 2026. This is not compliant with the CPMF nor the College's Reserve Policy and has been identified as a priority. It was determined that future surpluses will be directed to the Reserve and \$2 million was added in 2024 to bring the current balance to \$3.5 million. The goal is to fund this over three years, using surpluses from 2023 to 2025.
- Our internal policy states: The Operating Reserve Fund will be funded from a surplus in the unrestricted operating funds in any given year. The target minimum of this fund is 25%, or three months, of operating expenses, excluding the PLP provision and amortization, or such greater amount as may be determined by Council. The Reserve will be calculated based on the previous year's audited financial statements.
- The 2023-year end audited statements result in a minimum target of \$7.03 million (\$7,028,074), meaning the minimal shortfall is \$3.5 million.
- The 2024 forecast projects a surplus of \$4.3 million which should allow the College to fund the operating reserve to the 2023 year end target. This accelerates the timeline to achieve the target by one year.
- The target adjusts annually as the operating costs fluctuate. If we meet our annual surpluses outlined in the multi-year forecast the operating reserve will continue to be fully funded to the minimal target annually following 2025.

CONSIDERATIONS:

- Geo-political risks and armed conflicts around the world impact markets and economic policy, which can have an impact on our investment results.
- 2025 will be a year of great transition with the PLP divestment transaction expected to come to a close. Known costs have been captured in the 2025 budget and scenarios calculating the impact of PLP departing starting in June has been completed on a straight-line basis to demonstrate the material impact of the transition taking place at different points in time through the year. If PLP departs at the end of Q2 (June 30, 2025), the revised surplus will be approximately \$1.6 million. If PLP departs at the end of Q3 (September 30, 2025), the revised surplus will be approximately \$2 million.
- Although the topic of office space and real estate has been discussed with FAR and Council, no decisions have been made and no assumptions or financial consequences have been included in the budget.
- Funding was not built into this budget for externally driven disruptors such as government-imposed modernization. Governance changes are expected in the future, but the timing is unknown.
- While staff are always looking at ways to save costs, the College continues to experience supply chain disruptions, on-going inflationary impacts as well as unanticipated cost increases in several areas. However, management believes the College's financial position and capacity to deal with both anticipated and unanticipated eventualities remain strong.

NEXT STEPS:

- Council to discuss and approve the 2025 budget.
- Publish the approved budget to the budget holders.
- Once year end results are available recommend a transfer of the available surplus to the Operating Reserve.
- Monitor 2025 results via variance reporting and forecasting.
- Report quarterly results to the Finance, Risk and Audit Committee.

DECISION FOR COUNCIL:

- THAT the Finance, Audit and Risk Committee reviewed the 2025 Operating and Capital Budgets and unanimously recommend to the Council the following motion:

THAT Council approve the 2025 Operating and Capital Budgets as presented.

CONTACT:

Jeffrey Gullberg, jgullberg@rcdso.org

Kelly Tripp, ktripp@rcdso.org

Attachments:

Appendix A – Operating Budget Schedules

Appendix B – Investment in Strategic Priorities

Appendix C – Capital Budget

Appendix D – Multi-Year Forecast

SUMMARY REVENUE OVER EXPENSES

DESCRIPTION	2022 ACTUAL	2023 ACTUAL	Sept. 2024 ACTUAL	2024 BUDGET	2025 BUDGET	INCR/DECR OVER 2024 - %
Total Revenues	31,931,768	42,033,878	43,486,860	41,249,397	44,600,830	8%
Office of the Registrar	2,889,785	3,334,112	2,769,761	3,905,570	3,378,162	-14%
Policy					992,564	0%
Professional Conduct Regulatory Affairs	9,179,199	9,013,765	6,477,874	8,925,648	9,757,025	9%
Facility Inspection Program	895,482	1,007,545	714,506	1,200,997	1,387,915	16%
Finance & Administration	3,735,750	4,317,465	2,645,306	4,477,361	4,978,539	11%
Information Technology	2,963,667	3,055,095	2,584,939	3,563,449	3,744,371	5%
Operations & Facilities Management	1,628,144	1,345,745	938,871	1,436,140	1,398,077	-3%
Human Resources	899,604	800,984	712,873	972,713	998,450	3%
Quality Assurance	1,141,374	903,474	619,526	1,061,828	1,062,602	0%
Registration	736,086	861,309	668,429	911,664	994,218	9%
Communications	1,488,654	2,033,842	1,729,261	2,258,167	2,447,730	8%
Professional Liability Program	7,035,409	10,331,520	8,048,005	10,005,721	10,767,186	8%
Corporate	(479,374)	215,172	(124,654)	410,000	295,000	-28%
Total Expenses	32,113,780	37,220,028	27,784,697	39,129,256	42,201,839	8%
Excess (Deficiency) of Revenue over Expenses	(182,012)	4,813,850	15,702,163	2,120,141	2,398,991	

REVENUE BUDGET

DESCRIPTION	2022 ACTUAL	2023 ACTUAL	Sept. 2024 ACTUAL	2024 BUDGET	2025 BUDGET	INCR/DECR OVER 2024 - %
Application fees - membership revenue	241,550	210,450	238,150	225,800	243,750	8%
Registration fee - membership revenue	5,900	4,800	4,900	4,000	5,000	25%
Annual membership fee	26,826,540	32,687,158	34,429,475	33,825,000	36,772,000	9%
Semi-annual membership fee	325,045	439,500	540,540	423,500	475,500	12%
Quarterly membership fee	113,220	71,795	55,755	132,750	91,000	-31%
Name change-certificate/card	2,750	4,650	3,750	3,000	4,500	50%
S&A facility permit fees	644,425	600,063	632,400	629,150	621,100	-1%
S&A individual authorization	205,538	214,125	222,488	210,000	209,700	0%
S&A minimal authorizations	700,725	702,413	701,700	728,400	689,550	-5%
CT scan facility permit fee - new	96,050	87,550	59,500	85,000	42,500	-50%
CT scan facility permit fee - renew	145,600	172,200	225,467	210,800	195,000	-7%
CT individual authorizations	123,900	126,050	136,350	138,300	112,000	-19%
HPC - new incorp	719,250	699,000	544,500	675,000	675,000	0%
HPC - renew inc.	1,389,717	1,455,450	1,535,292	1,518,450	1,643,750	8%
Course registration fee	61,750	76,750	72,500	40,000	40,000	0%
Late penalty fee	123,000	88,000	(27,000)	115,000	112,500	-2%
Letter of good standing	25,050	28,200	23,175	26,250	28,125	7%
Other miscellaneous	2,298	21,529	(400)			0%
IPAC cost recoveries	1,000					0%
Hearing cost recoveries	66,000	331,355	10,000	80,000	100,000	25%
Removal of public outcomes	500	500				0%
Legal cost recoveries	2,500		7,500	5,000	5,000	0%
Monitoring cost recoveries	173,500	233,000	184,350	200,000	200,000	0%
Individual deductible	215,000	142,000	133,500	182,500	185,000	1%
Step-up deductible	109,000	91,000	63,354	50,000	50,000	0%
Investment Income	(375,305)	3,553,801	3,689,614	1,741,497	2,099,855	21%
TOTAL	31,931,768	42,033,878	43,486,860	41,249,397	44,600,830	8%

EXPENSE BUDGET

DESCRIPTION	2022 ACTUAL	2023 ACTUAL	Sept. 2024 ACTUAL	2024 BUDGET	2025 BUDGET	INCR/DECR OVER 2024 - %
Staffing Costs	18,602,141	19,284,126	15,576,230	20,903,503	21,804,943	4%
PLP Loss Provision	4,141,838	7,404,741	5,250,000	7,000,000	7,500,000	7%
Insurance & Brokerage	641,888	675,240	704,012	766,386	742,480	-3%
Council & Committees	1,161,507	1,245,144	631,783	875,726	1,303,468	49%
Consulting & Professional Fees	2,234,712	2,413,179	1,329,029	2,765,461	4,020,119	45%
Administration	1,002,204	1,496,543	443,962	1,389,570	1,552,689	12%
Amortization	1,581,590	1,702,992	1,249,211	1,846,400	1,683,500	-9%
Faculty Payments & Fees	378,850	489,778	565,851	681,000	623,160	-8%
Telecommunications & Technology	1,708,455	1,898,607	1,638,545	2,225,755	2,333,575	5%
Operations & Facilities	660,595	609,678	396,074	675,455	637,905	-6%
Summary Totals	32,113,780	37,220,028	27,784,697	39,129,256	42,201,839	8%

STAFFING COSTS

Salaries and Benefits	17,782,026	18,380,245	14,881,932	19,721,607	20,527,071	4%
Contract Services	393,791	500,912	330,127	550,850	583,100	6%
Temporary Services	213,475	142,959	138,929	220,700	227,636	3%
Training - Courses, Seminar, etc.	80,056	93,865	110,930	208,440	250,835	20%
Professional Memberships/Licences	87,837	97,986	92,647	126,406	131,001	4%
Corporate Functions	26,098	32,637	7,513	36,500	44,000	21%
Team Building	18,856	35,522	14,152	39,000	41,300	6%
Total Staffing Costs	18,602,141	19,284,126	15,576,230	20,903,503	21,804,943	4%

INSURANCE & BROKERAGE

Brokers	81,000	86,400	86,400	86,400	86,400	0%
Insurance Premiums	560,888	588,840	617,612	679,986	656,080	-4%
Total Insurance & Brokerage	641,888	675,240	704,012	766,386	742,480	-3%

EXPENSE BUDGET

DESCRIPTION	2022 ACTUAL	2023 ACTUAL	Sept. 2024 ACTUAL	2024 BUDGET	2025 BUDGET	INCR/DECR OVER 2024 - %
COUNCIL & COMMITTEES						
Council Meetings	185,668	210,933	109,688	183,625	222,700	21%
Council - Working Committees	12,956	19,688	22,085	35,363	25,900	-27%
Governance Committee		3,331	11,913	28,270	20,675	-27%
Pre-hearing Presider	7,490	1,725	2,611	8,250	17,000	106%
Executive Committee	26,381	23,307	10,725	2,850	2,850	0%
Registration Committee	9,523	13,459	9,188	20,200	20,506	2%
Registration Working Groups		4,138	1,000	2,000		-100%
Complaints Committee ICRC	771,836	817,043	411,898	419,413	485,466	16%
Discipline Committee	84,943	94,344	2,300	80,500	383,850	377%
Fitness to Practice				2,525	2,525	0%
Quality Committee	10,555	15,681	15,394	16,890	31,181	85%
QA Working Groups: Practice Enhancement Tool	1,465	2,588		20,700	13,800	-33%
Patient Relations Committee	2,356	6,901	9,200	10,350	10,850	5%
Audit Committee	10,429					0%
Finance Audit Risk Committee	11,662	14,781	9,406	16,100	13,500	-16%
Pension Committee	5,651	4,288	2,000	10,000	1,150	-89%
PLP Committee	20,593	12,938	14,375	18,690	18,690	0%
Standards & Policy Working Groups					32,825	
Total Council & Committees	1,161,507	1,245,144	631,783	875,726	1,303,468	49%

EXPENSE BUDGET

DESCRIPTION	2022 ACTUAL	2023 ACTUAL	Sept. 2024 ACTUAL	2024 BUDGET	2025 BUDGET	INCR/DECR OVER 2024 - %
-------------	----------------	----------------	----------------------	----------------	----------------	----------------------------

CONSULTING & PROFESSIONAL FEES

Legal Professional Services	1,160,776	905,810	430,075	977,180	1,391,830	42%
Court Reporter Professional Services	15,485	22,387	268	28,410	55,000	94%
Witness Professional Services				1,000	1,000	0%
Expert Professional Services	16,085	69,044	60,359	45,000	75,000	67%
Consultants Professional Services	987,642	1,296,070	823,405	1,543,421	1,938,649	26%
Translation Professional Services	16,892	73,035	14,922	124,950	75,750	-39%
Mediation Services					85,000	0%
External Investigations					100,000	0%
External Decision Writing Services					221,500	0%
Design/Graphics/Branding					25,000	0%
Auditors	37,832	46,833		45,500	51,390	13%
Total Consulting & Professional Fees	2,234,712	2,413,179	1,329,029	2,765,461	4,020,119	45%

ADMINISTRATION

Records - Xray Reproductions	1,941	1,359	313	1,000		-100%
Media Monitoring - Clipping Service	23,542	25,449	27,367	25,000	28,000	12%
Transportation	26,965	53,358	32,621	65,773	76,975	17%
Meals & Accommodation	34,039	86,524	40,935	59,827	75,108	26%
Catering		20,734	30,346	45,325	97,632	115%
Room Rentals	5,537	17,976	17,032	22,800	44,200	94%
Audio Equipment & Setup	12,664	34,720	20,694	38,100	52,000	36%
Recruitment	34,563	9,654	5,472	60,000	60,000	0%
Subscription & Books	58,801	71,293	64,798	64,613	64,013	-1%
Kitchen Supplies	4,122	8,537	5,922	9,000	10,000	11%

EXPENSE BUDGET

DESCRIPTION	2022 ACTUAL	2023 ACTUAL	Sept. 2024 ACTUAL	2024 BUDGET	2025 BUDGET	INCR/DECR OVER 2024 - %
ADMINISTRATION (Continued)						
Offsite Storage	30,089	36,365	28,051	64,770	56,560	-13%
Bank Service Charges	8,289	4,633	3,235	5,000	5,000	0%
Payroll Charges	40,343	39,587	39,518	48,362	53,201	10%
Credit Card Discounts	687,260	806,001	122,658	850,000	900,000	6%
Bad debt expense	34,050	280,353	5,000	30,000	30,000	0%
Total Administration	1,002,204	1,496,543	443,962	1,389,570	1,552,689	12%
AMORTIZATION						
Office Equipment	3,851	3,531	1,577	3,900	900	-77%
Computer Equipment	91,818	100,230	112,847	139,900	166,000	19%
Furniture	31,305	20,811	7,927	24,500	5,600	-77%
Building	125,232	93,547	62,678	96,900	74,400	-23%
Capital Improvements	218,900	180,736	29,233	195,800	14,000	-93%
Computer Software/Development	1,110,483	1,304,137	1,034,949	1,385,400	1,422,600	3%
Total Amortization	1,581,590	1,702,992	1,249,211	1,846,400	1,683,500	-9%
FACULTY PAYMENTS & FEES						
Grants	8,475	8,475	12,430	11,000	13,000	18%
Regulatory Authority Contribution	284,887	375,282	430,619	532,000	468,060	-12%
Faculty Teaching Grants	75,300	101,830	119,925	123,000	95,100	-23%
Grad Awards, Scholarships	10,188	4,191	2,877	15,000	47,000	213%
Total Faculty Payments & Fees	378,850	489,778	565,851	681,000	623,160	-8%

EXPENSE BUDGET

DESCRIPTION	2022 ACTUAL	2023 ACTUAL	Sept. 2024 ACTUAL	2024 BUDGET	2025 BUDGET	INCR/DECR OVER 2024 - %
TELECOMMUNICATIONS & TECHNOLOGY						
Internet/Data Centre Services	866,509	995,483	658,688	876,820	905,980	3%
Telecommunication	82,927	86,685	43,133	121,620	136,710	12%
Application Support & Maintenance	230,084	190,483	231,048	415,080	528,150	27%
IT Service Agreements - Software	450,983	517,606	601,778	634,030	615,950	-3%
IT Service Agreements - Hardware	18,634	45,860	14,003	49,220	49,090	0%
Security - Cyber	56,977	56,266	87,385	118,250	86,960	-26%
Non Capital Computer accessories	2,342	6,224	2,510	10,735	10,735	0%
Total Telecommunications & Technology	1,708,455	1,898,607	1,638,545	2,225,755	2,333,575	5%
OPERATIONS & FACILITIES						
Printing	9,724	3,608	10,039	24,000	26,000	8%
Photography Services	2,123	7,105	9,929	12,000	12,000	0%
Postage	29,848	19,022	17,276	20,000	25,000	25%
Couriers	21,309	24,212	10,044	27,000	25,000	-7%
Stationery and Supplies	7,017	5,430	2,968	10,000	10,000	0%
Photocopier Charges	2,767	2,383	2,147	5,000	3,000	-40%
Equipment Rentals	70,555	70,555	49,476	50,000	12,000	-76%
Security Guard	65,498	57,821	39,916	62,000	64,000	3%
Equipment Repairs		712	141	750	2,000	167%
Equipment Rentals	36,296	39,262	19,292	32,000	32,000	0%
Building Cleaning	87,378	87,655	59,525	90,000	90,000	0%
Repairs & Maintenance - Grounds	3,967	3,463	2,431	7,500	7,500	0%
Repairs & Maintenance - Electrical	12,932	11,261	1,135	10,000	7,500	-25%
Repairs & Maintenance - Elevator	10,301	9,779	7,935	12,000	12,000	0%
Repairs & Maintenance - HVAC	46,520	33,537	12,119	40,000	40,000	0%

EXPENSE BUDGET

DESCRIPTION	2022 ACTUAL	2023 ACTUAL	Sept. 2024 ACTUAL	2024 BUDGET	2025 BUDGET	INCR/DECR OVER 2024 - %
OPERATIONS & FACILITIES (Continued)						
Repairs & Maintenance - Security	18,873	21,146	5,348	15,000	12,000	-20%
Repairs & Maintenance - Structural	16,871	8,834	4,107	10,000	7,500	-25%
Garbage Removal	17,733	18,385	9,075	20,000	17,500	-13%
Repairs & Maintenance - Plumbing	4,249	3,350	2,650	8,000	8,000	0%
Hydro	51,015	54,193	28,336	50,000	45,000	-10%
Water	3,773	3,436	700	5,000	3,000	-40%
Gas	26,916	26,684	13,070	28,000	28,000	0%
Non Cap Furniture	-625	2,569		7,500	10,000	33%
Non Cap Equipment	15,544	7,486	11,743	18,780	22,280	19%
Plants & Plant Maintenance	5,556	5,443	4,180	5,500	5,000	-9%
Health & Safety	6,373	5,506	5,901	12,175	10,975	-10%
Ergonomics	36,534	20,864	8,245	33,000	33,000	0%
Property Taxes	51,547	54,348	58,346	55,000	62,400	13%
Building Other		1,629		5,250	5,250	0%
Total Operations & Facilities	660,595	609,678	396,074	675,455	637,905	-6%

2025 Strategic Projects List Funded by Budget - CPMF Evidence

Strategic Pillar	Projects	Budget
<i>Professionalism</i>	College Standards	\$32,800 for standards & policy working committee College staff to primarily drive this project
	Access to Care	\$2,100 Engagement with the Citizens Advisory Group \$75,000 Access to Care project manager (OHAF grant pending)
<i>Stakeholder Engagement</i>	Service Experience	RCDSO Connect Live College staff to primarily drive this project
	Equity, Diversity & Inclusion	Up to \$7,300 for EDI training (one-on-one and group sessions) \$28,000 EDI Consulting & training College staff to primarily drive this project
<i>Emerging Issues</i>	Governance Review & Modernization	\$20,675 Governance Committee per diems and meeting costs Supported by full time Governance Analyst \$10,000 Performance evaluation of Council/Committees
	Practice Models & Corporate Dentistry	\$38,000 communications costs for 6 standards & practice models, includes translation costs College staff to primarily drive this project

CAPITAL BUDGET

COMMUNICATIONS

PLP Website	5,000
Intranet (DASH)	10,000
Website - FIP, public register, news & resources, home page changes	70,000
Subtotal Communications	85,000

IT

Evergreen - 51 laptops + 5 desktops	138,430
Firewall	77,260
Subtotal IT	215,690

PROJECTS (IT)

PET questions - 2 generalist areas + 2 specialist	63,280
PET reDevelopment	28,250
The Bridge - Regulate 365	191,540
Subtotal Projects	283,070

OPERATIONS

<u>BUILDING MAINTENANCE:</u>	-
Emergencies including roof repairs, boiler replacement, elevator repairs, etc.	100,000
Subtotal Operations	100,000

TOTAL CAPITAL	683,760
----------------------	----------------

Royal College of Dental Surgeons

MULTI YEAR FORECAST

For the year ended December 31

	2023 Actual	2024 Forecast	2025 Budget	2026 Forecast	2027 Forecast	
Revenue	\$	\$	\$	\$	\$	
Registration and annual fees	37,475,204	39,528,562	41,780,350	30,751,000	31,871,750	Membership dues includes an assumed CPI adjustment of 2.5% in 2026 and 2027 which will increase the annual fee by \$55 in each year. Assume membership increases by 200 members per year. Minimal changes to Sedation and HPC programs. Assume CT program discontinued in 2026.
Investment income	3,553,801	3,937,892	2,099,855	1,025,000	1,025,000	Investment income reduced to reflect portion of investment portfolio that will depart with PLP divestment. Cannot rely on it for surplus, therefore reflected at a smoothed level for 2026 & 2027.
Professional liability program recoveries	225,539	246,854	235,000	-	-	Assumption there will be no recoveries in 2026 & 2027 due to PLP divestment completed by year end 2025.
Professional conduct recoveries	564,855	227,500	305,000	285,000	285,000	Professional conduct recoveries relate to reimbursement of hearing costs and monitoring visits. These can vary depending on the number of files under review and the magnitude of a case. The forecast reflects the same assumptions used to build the 2024 budget.
Other income	214,479	210,775	180,625	182,500	182,500	Most of the balance relates to late fees from renewals plus course registrations.
TOTAL REVENUE	42,033,878	44,151,583	44,600,830	32,243,500	33,364,250	

Royal College of Dental Surgeons

MULTI YEAR FORECAST

For the year ended December 31

	2023 Actual	2024 Forecast	2025 Budget	2026 Forecast	2027 Forecast	
Expenses	\$	\$	\$	\$	\$	
Staffing costs	19,284,126	21,351,354	21,804,943	19,609,238	20,509,113	To remain a competitive employer, an assumption of a cost-of-living adjustment and merit increase of 3% plus an increase in staff resources of 2% in both years. Benefits and payroll taxes have been adjusted to account for changes in salaries (PLP staff removed due to completion of divestment at end of 2025) plus any known rate changes that will be applicable.
PLP Loss Provision	7,404,741	7,500,000	7,500,000	-	-	PLP loss provision is discontinued due to completion of PLP divestment by end of 2025.
Insurance and brokerage	675,240	704,012	742,480	248,080	260,484	Assume a 5% increase on insurance premiums.
Council and committees	1,245,144	915,726	1,303,468	1,284,778	1,310,474	Assume volume of in person and virtual meetings will remain consistent with 2025 budget less PLP Committee due to PLP divestment being complete.
Consulting and professional fees	2,413,179	2,892,947	4,020,119	3,348,619	3,432,334	Reduced one time costs associated with PLP divestment work included in 2025 budget.
Administration	1,496,543	1,347,448	1,552,689	1,258,917	1,290,390	Credit card fees account for a majority of this line item, which fluctuate based on the total dollar value of fees collected which have been reduced to reflect the completion of the PLP divestment.
Amortization	1,702,992	1,665,616	1,683,500	1,683,500	1,717,170	Amortization increases reflect investment in our systems and hardware to support staff in doing their work.
Faculty payments and fees	489,778	579,473	623,160	607,989	623,189	Faculty reimbursement reflects decrease in the membership fee related to PLP divestment.
Telecommunications and technology	1,898,607	2,227,182	2,333,575	2,322,154	2,438,261	Telecommunications and technology reflects a 5% increase in costs.
Operations and facilities	609,678	630,903	637,905	653,853	670,199	
TOTAL EXPENSES	37,220,028	39,814,660	42,201,839	31,017,127	32,251,614	

Royal College of Dental Surgeons

MULTI YEAR FORECAST

For the year ended December 31

	2023 Actual	2024 Forecast	2025 Budget	2026 Forecast	2027 Forecast	
TOTAL SURPLUS (DEFICIT)	4,813,849	4,336,923	2,398,991	1,226,373	1,112,636	Assumption that all surpluses will be applied to the Operating Reserve until it is fully funded.
Surplus from prior year attributed to Operating Reserve		(2,000,000)	(3,510,000)			CPMF requirement, 3 year plan to fund, target \$7.03 million (3 months of expenses) based on 2023 audited results, current balance \$3.5 million

Balance of Operating Reserve	1,521,121	3,521,121	7,031,121	Fully Funded		
-------------------------------------	------------------	------------------	------------------	---------------------	--	--

Overall Assumptions

No impact of real estate decions incorporated into the forecast

No capital investment in real estate unless required for AODA or safety

2.5% inflationary increase on expense line items, unless otherwise identified

Meetings including Council and committees, inspections, monitoring visits continue to be mostly virtual and reflect in person meetings that best meet the needs of the organization

Investment income reduced due to PLP Divestment - cannot rely on it for surplus therefore reflected at a smoothed level

Assumed PLP Divestment complete by end of 2025 and no revenue on the completion of the transaction has been captured

Minimal changes to Sedation and HPC programs - only volume increases applied

Assume CT program discontinued and membership reduced to reflect reduction in malpractice portion of dues

Assume only 50% of investment holdings will transfer upon divestment assuming there is no premium added to the liability

Staff continue to seek cost saving measures

COUNCIL BRIEFING NOTE

TOPIC: Pension Plan Amendment

FOR DECISION

December 5, 2024

ISSUE: Achieve regulatory compliance with Pension Plan redesign

PUBLIC INTEREST:

This matter relates to the College's pension plan and effectively maintaining responsibility to manage pension risks and costs to support the public interest by practicing good governance and responsible financial management.

BACKGROUND:

- The College Pension Plan is a combined Defined Benefit (DB) and Defined Contribution (DC) Plan. The DB segment was closed to new staff in 2007. At the end of the 2022 fiscal year there were only five active employees remaining in the DB portion of the Plan, with all the remaining staff already invested in the DC portion of the Pension Plan.
- The DB Plan is very risky for the College and strategies have been put in place to de-risk the Plan over the past several years and in December 2022, the Council approved a redesign of the Pension Plan, which included closing the DB segment of the Plan, and moving to an annuity agreement.
- The College's move along its de-risking journey (DB and DC Plans):
 - In 2007 Council made the decision to close the DB provision for any new staff and moved to a Defined Contribution (DC) plan. A DC plan provision allows both the employer and employee to contribute to their retirement. The nature of a DC plan is to ensure contributions to the plan, but retirement income is subject to how the contributions have grown due to investment performance. There is no specified benefit upon retirement. Additionally, a DC plan is less complex, low risk to the employer, and costs much less to administer.
 - A Defined Benefit plan provision provides eligible employees and/or spouses with guaranteed income for life when they retire. Employers guarantee a specific retirement benefit amount for each participant based on factors such as the employee's salary and years of service. The company takes responsibility for the investment and distribution to the retiree. That means the employer bears the risk that the returns on the investment will not cover the defined-benefit amount due to a retired employee.

- Because of this risk, defined-benefit plans require heavy regulatory reporting and complex actuarial projections, making administration costs very high. As a result, many defined-benefit plans have been replaced by defined-contribution plans over the last few decades.
- For these reasons, at the October 2024 meeting Council approved the change of replacing the Pension Governance Committee with a staff-led committee. The recommendation was based on far less complexity, risk and regulatory reporting associated with a DC Plan. This is the model used by CPSO and gives the opportunity for staff to be involved in the Pension and provides appropriate oversight of the Plan.

CURRENT STATUS:

- To complete the statutory requirements for the Plan redesign, the changes require that the Pension Plan Text be amended and submitted to the Canada Revenue Agency (CRA) and the Financial Services Regulatory Authority of Ontario (FSRA).
- These amendments are formalizing what Council has already approved in 2022.
- The College entered a buy-in annuity with Industrial Alliance in 2023. This will transition to a buy-out annuity in 2025.
- Letters to the five impacted staff, providing two years notice of changes to the Plan design, were issued in December 2022.
- In 2024, notice letters of 45 days were provided to impacted staff as part of filing the amendment.
- As a result of the DB plan design changes, the College actuary has prepared the accompanying pension amendments to the Pension Plan text, which are required by FSRA, to be in compliance with the Plan redesign.
- Attached in Appendix A is Amendment No. 2, which includes changes to two provisions of the Plan Text:
 1. A freeze of credited service and final average earnings as at December 31, 2024 for active members of the Defined Benefit (DB) section of the Plan, including members on disability leave of absence and members with frozen DB credited service who are currently in the Defined Contribution (DC) section of the Plan. The freeze of the DB benefit under the Plan was proposed by management, as part of the derisking strategy, at the December 1, 2022, meeting and was unanimously adopted.
- Section B of the amendment amends the various sections of the Plan to freeze the credited service and earnings that will be used to determine accrued pension under the DB section of the Plan on and after December 31, 2024.
- The disability benefit provisions under the DC section of the Plan were also amended to reflect benefit eligibility for affected DB members who will join the DC section of the Plan starting on January 1, 2025.
- 2. Provisions to provide affected DB plan members with the ability to suspend their participation in the DB section of the Plan while they are participating in the DC section of the Plan.
- Section A of the amendment allows any DB member who is retirement eligible to suspend the participation in the DB section of the Plan, triggering the commencement of their DB pension, while continue participating in the DC section of the Plan. This change is effective on January 1, 2024.

NEXT STEPS:

- Prepare and submit to CRA and FSRA the required amendment form.
- Select the annuity buy-out date in 2025.
- Inform DB pensioners.
- Apply to FSRA for annuity discharge.

DECISION FOR COUNCIL:

Approve the following motion:

THAT Council approve Amendment No. 2 of the Plan Text, as presented.

CONTACT:

Jeffrey Gullberg, jgullberg@rcdso.org

Attachment:

- Pension Plan Amendment No. 2

**RESOLUTION
OF THE COUNCIL OF
THE ROYAL COLLEGE OF DENTAL SURGEONS OF ONTARIO**

AMENDMENT NO. 2

WHEREAS, The Royal College of Dental Surgeons of Ontario (the “College”) maintains the Pension Plan for Employees of The Royal College of Dental Surgeons of Ontario (the “Plan”) as amended and restated as at July 1, 2022;

AND WHEREAS, pursuant to Section 18.01 of the Plan, the College has reserved the right to amend the Plan;

AND WHEREAS, the College wishes to amend the Plan to freeze the accrual benefits for active Members, under the Defined Benefit Formula, including for any such Member during their period of Total Disability, effective December 31, 2024, and to provide for their continued participation under the Defined Contribution Formula under the Plan effective January 1, 2025.

NOW, THEREFORE, IT IS HEREBY RESOLVED THAT the Plan shall be amended as follows:

A. Effective January 1, 2024:

1. Section 6.03 shall be added after subsection 6.02(3) as follows:

“Pursuant to Section 6.01, all active Members under the Defined Benefit Formula, including any such Member during a period of Total Disability, shall be allowed to commence their retirement pension following the month in which they attain age fifty-five (55), while accruing their Continuous Service under the Defined Contribution Formula.”

B. Effective December 31, 2024:

2. The following paragraph shall be added after the last paragraph related to the definition of “**Credited Service**” under Section 2 of the Plan:

“Notwithstanding the above and any other provisions of the Plan, Credited Service shall cease to accrue for any period of time after December 31, 2024.”

3. The paragraph related to the definition of “**Defined Benefit Formula**” under Section 2 of the Plan shall be deleted in its entirety and replaced with the following:

“**Defined Benefit Formula** shall mean the defined benefit arrangement under which the

Member accrued a benefit earned prior to January 1, 1991, and under which the Member may elect pursuant to subsection 3.06(1), to continue to accrue their benefit earned on and after January 1, 1991, up to and including December 31, 2024.”

4. The following paragraph shall be added after the first sentence related to the definition of **“Defined Benefit Service”** under Section 2 of the Plan:

“Notwithstanding the above and any other provisions of the Plan, Defined Benefit Service shall cease to accrue for any period of time after December 31, 2024.”

5. The paragraph related to the definition of **“FAYMPE”** under Section 2 of the Plan shall be deleted in its entirety and replaced with the following:

“FAYMPE shall mean the average of the YMPE in effect in the Plan Year for which a determination is required, and the two (2) immediately preceding Plan Years prior to January 1, 2025. In the event that a Member has been employed by the Employer for less than a thirty-six (36) month period prior to the date of determination, FAYMPE shall mean the average of the YMPE in effect during the Member's entire period of employment with the Employer prior to January 1, 2025.”

6. The following third paragraph shall be added after the second paragraph related to the definition **“Final Average Earnings”** under Section 2 of the Plan:

“(3) Notwithstanding the above and any other provisions under the Plan, Final Average Earnings shall no longer be determined after December 31, 2024.”

C Effective January 1, 2025:

7. The following second paragraph shall be added after the first paragraph related to the definition **“Member”** under Section 2 of the Plan:

“Any remaining active Members under the Defined Benefit Formula, who have not joined the Defined Contribution Formula, shall be required to join it effective January 1, 2025.”

8. The definition of **“Plan Earnings”** under Section 2 of the Plan shall be deleted in its entirety and replaced with the following:

“Plan Earnings of a Member for any Plan Year shall mean the basic annual earnings received from the Employer for any Plan Year, excluding overtime, bonuses and any other extra or special types of remuneration. Where a Member does not actually receive remuneration from the College due to a Statutory Leave of Absence or for a period of Total Disability, an amount is deemed to be received based on the rate of earnings the Member was receiving immediately preceding that period. However, such deemed Plan Earnings shall be subject to the Prescribed Amount.

For a Member who is employed on less than a full-time basis or for less than a full year, Plan Earnings will be determined for each Plan Year by multiplying the Member's Plan Earnings determined above by the ratio of hours regularly scheduled to be worked by full-time Employees in the Plan Year to the Member's actual hours worked, other than overtime hours, during the Plan Year.

Notwithstanding the above and any other provisions of the Plan,

- (i) Plan Earnings shall not be used to determine the Final Average Earnings, and
- (ii) For purposes of determining a pension adjustment, deemed Plan Earnings shall no longer be included in the Prescribed Amount

for a Member under the Defined Benefit Formula after December 31, 2024.”

9. The definition of “**Prescribed Amount**” under Section 2 of the Plan shall be deleted in its entirety and replaced with the following:

“**Prescribed Amount** means, for purposes of calculating and reporting a pension adjustment as defined under the *Income Tax Act* (Canada) (ITA) and Regulations made thereunder,

- (i) in respect of a Member under the Defined Contribution Formula where applicable contributions are required to be made by such Member and the College during a Statutory Leave of Absence, the remuneration such Member could reasonably be expected to have received from the College had they remained in the employment of the College; or
- (ii) in respect of a Member under the Defined Contribution Formula where applicable contributions are required to be made by such Member and the College during a period of Total Disability, the remuneration such Member could reasonably be expected to have received from the College for the period if they had not been disabled.

Notwithstanding the foregoing and any other provision of the Plan, the total Prescribed Amount in respect of periods of Statutory Leave of Absence, and other than a period of Total Disability, for a Member under the Defined Contribution Formula, shall be limited to a maximum of five (5) years of full-time equivalent remuneration plus an additional three (3) years of full-time equivalent remuneration for “periods of parenting” as defined under subsection 8507(3) of the Regulations made under the ITA.”

10. Section 3.06 Member Participation shall be amended by adding a new subsection (3) to read as follows:

- “(3) All active Members shall cease to accrue pension benefits under the Defined Benefit Formula effective at the earlier of their date of termination of employment or December 31, 2024.

Further, any remaining active Members under the Defined Benefit Formula, who have not joined the Defined Contribution Formula, shall be required to join it effective January 1, 2025.”

11. Subsections 4.01(2) and 4.01(3) shall be deleted in their entirety and replaced with the following:

“(2) A Member who joined the Plan on or after January 1, 2007, and, any Member under the Defined Benefit Formula, who joined the Defined Contribution Formula effective January 1, 2025, shall be required to contribute five percent (5%) of their Plan Earnings.

(3) In addition to subsection 4.01(2), all Members indicated in the above subsection may make optional contributions to the Plan, up to a maximum of three percent (3%) of their Plan Earnings.”

12. Subparagraph 4.02(2)(b) Employer Contributions – New Members Enrolled On or After January 1, 2007 shall be deleted in its entirety and replaced with the following:

“(b) Employer Contributions – New Members Enrolled On or After January 1, 2007 and Active Defined Benefit Members Effective January 1, 2025 Who Join the Defined Contribution Formula

(i) The Employer shall contribute on behalf of each Member, described in subsection 4.01(2), five percent (5%) of such Member’s Plan Earnings.

(ii) Pursuant to subsection 4.01(3), should the Member choose to make optional contributions, the Employer shall provide, on behalf of such a Member, a one hundred percent (100%) match on those contributions of up to three percent (3%) of the Member’s Plan Earnings.”

13. Subparagraph 4.02(2)(f)(i) shall be deleted in its entirety and replaced with the following:

“(f) Contributions During Total Disability – Defined Contribution Formula

(i) During the Total Disability of a Member, who is described under subsection 4.01(2), the Employer shall make a contribution equal to five percent (5%) of the Member’s Plan Earnings. Such Employer contribution shall be deemed to be a Member contribution for the purposes of subsection 4.01(2) and subsection 4.01(3).

14. The following paragraph shall be added after the first paragraph under Section 5.04:

“Effective January 1, 2025, the pension adjustment shall not be determined for a Member under the Defined Benefit Formula.”

COUNCIL BRIEFING NOTE

TOPIC: 2024 RCDSO Top Risk Report
FOR INFORMATION

December 5, 2024

ISSUE: To provide Council with information on the risk process and risks rated as high for the College.

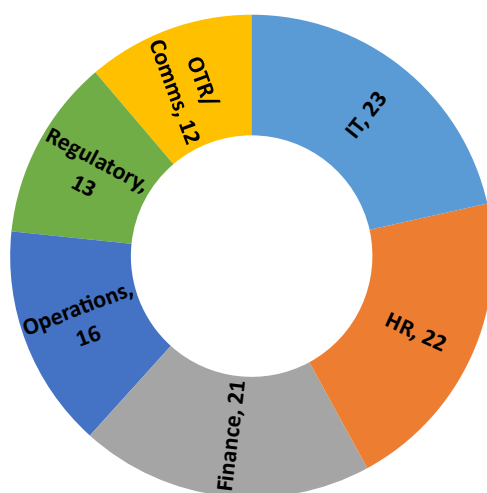
PUBLIC INTEREST: Council-approved risk reports provide guidance to the College at both the operational and strategic decision-making levels. This guidance provides the basis for decision-making that facilitates the College most effectively meeting its public protection mandate.

BACKGROUND:

- The College has developed a formalized Enterprise Risk Management (ERM) framework. One of Council's roles is to oversee 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 is 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 six categories in which the College groups risk into
 1. Program Delivery
 2. Regulation & Compliance
 3. Reputation
 4. Optimized People & Culture
 5. Financial Health & Stability
 6. Information & Communication
 - b) The risk universe, which is a comprehensive catalogue of potential risks across the six categories.
 - c) A ranking scale that identifies the potential degree of impact on the College and the likelihood that they will occur. Together these assessments result in an overall risk rating for each risk, from Low to High.

The risk framework, including the documents referred to above, will be presented to Council on December 5, 2024.

- During 2024, management has met with departments in the College to develop risk registers¹ for each area, based on the above framework.
- Risk registers were created for regulatory programs, information technology, human resources, finance, facilities, and communications and the office of the registrar. Across these departments a total of 107 risks were identified and assessed.



CURRENT STATUS:

- The plan for the risk management program is to ensure FAR and Council are aware of the top risks for the College, understand how they are currently managed and the plan for further mitigation.
- Departmental risk registers have been reviewed for significant risks and these have been collected into a single document (see Appendix A).
- The attached report lists eight risks which have been assessed to be high in 2024 and could have a detrimental impact to the College or the public. Impacts range across public safety, College reputation, business continuity and financial loss.
- The eight risks are not in rank order.
 - The first three risks relate to PLP, in relation to the divestment, regular operations of the program and competency reporting.
 - Number four is a communications/strategic risk, which the College has seen several examples of in 2024.
 - Five and six relate to gaps in dental practice and standards development. This is a priority area for the College and investments have been made to mitigate.
 - The final two risks relate to privacy and cyber breaches. Although these areas have many controls and strong oversight in place, a single incident can cause significant damage.

¹ Risk registers identify the nature and impact of the risk, the existing controls, a risk score and planned responses to mitigate the risk

- Staff have interwoven risk management, and the tools developed, into several projects across the College, including the divestment, business continuity plans and regulatory initiatives.

NEXT STEPS:

- Document a risk policy and process.
- Continue to consider projects through a risk lens.
- Launch the 2025 risk program. It is expected that each year the College will incorporate improvements to the program.
- FAR and Council to continue to review progress on the risk management program.

DISCUSSION FOR COUNCIL:





- There is no motion for this item.

CONTACT:





Jeffrey Gullberg, jgullberg@rcdso.org

Appendix A: 2024 RCDSO Top Risks





College Risk Register - Top Risks

Nature of risk	Potential adverse impact	Existing controls	Planned response
			
<p>1 PLP Reserve Depletion Divestment transfer of liability exceeds the PLP reserve</p>	<ul style="list-style-type: none"> · Paying out in excess of the PLP Reserve is problematic for cash flow, financial reporting and funding the Operating Reserve · Could also put RCDSO in non-compliance with Investment Policy 	<ul style="list-style-type: none"> · PLP Reserve is in excess of \$20 million · Adjusted investment strategy to ensure adequate cash will be available in 2025 · Actuary calculated a discounted liability, pro forma financials prepared, to inform marketing materials · Comprehensive marketing materials sent to prospective purchasers 	<ul style="list-style-type: none"> · Work with PwC to determine the value of the PLP Program - Unclear whether additional value of the PLP Program will compensate partially for sale/purchase price · Evaluate Expressions of Interest · Consider revisions to Investment Policy
<p>2 PLP Settlement & Legal Costs Large cases arise, e.g. class action - impacts cash flow and amount available to invest</p>	<ul style="list-style-type: none"> · Investment income reduced with less \$ to invest · Could lead the budget into deficit territory · Longer period to fund the Operating Reserve · Could add risk to the divestment value of program 	<ul style="list-style-type: none"> · Hold a PLP Reserve in excess of \$20 million · PLP Committee approves case settlements > \$50,000 and receives a report on every file settled · Council has approved divesting the program 	<ul style="list-style-type: none"> · Analysis and modeling on big ticket financial changes · Complete process to divest PLP program
<p>3 Dental Competency Reporting Cannot access or act on competence issues that arise or are reported in PLP</p>	<ul style="list-style-type: none"> · Regulatory side of the College is unaware of poor practice standards leading to injury to patients or worse 	<ul style="list-style-type: none"> · Educate dentists on risk management, provide good information on website and other channels to raise awareness of issues 	<ul style="list-style-type: none"> · Accept the risk as divesting the program · Would require government regulation to change · Proposed data sharing with the College post-divestment to support trend analysis in the profession
<p>4 Disreputable Comments Dental members making dishonourable or disgraceful remarks, e.g. political, controversial remarks/claims</p>	<ul style="list-style-type: none"> · Patients do not feel safe visiting dentist because of their public views · Reputational risk to the profession · Disinformation 	<ul style="list-style-type: none"> · Registrant Code of Ethics · Complaints process · Cohesive internal communications tracking and priority process on the relevant issue · Engaged strategic communication experts 	<ul style="list-style-type: none"> · Develop updated social media policy for the profession · Obtain external legal resources and supports as needed

College Risk Register - Top Risks

Nature of risk	Potential adverse impact	Existing controls	Planned response
			
<p>5 Dental Practice Gaps High risk gaps in dental practice that are not addressed by College standards or other guidance (e.g., Artificial Intelligence or other new technology applications for dental practice)</p>	<ul style="list-style-type: none"> · 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 · There could be a financial and reputational risk to dentists for using tech, devices, etc. to address this gap 	<ul style="list-style-type: none"> · Use of Issues Management Working Group to identify issues, trends, etc. in dental practice · Watching for disruptors is a core component of the Strategic Plan and a requirement of program leaders and SLT · Process for revising and developing standards is strong with upfront research/evidence review, sweeping consultation and groups to provide checks and balances - Working Groups, Committees and Council · Identified as a strategic project for the College and additional resources allocated to the Policy department 	<ul style="list-style-type: none"> · Quality and FIP visioning exercise in progress to develop inventions that address these gaps and improve our ability to identify gaps · Policy Team will be consulting with programs on gaps in standards and other College authorities · Communication to stakeholders about interim guidance (RCDSO Connect, e-blasts and newsletter) · Consistent College-wide risk assessment and tools · Intend to carry out risk research to identify gaps
<p>6 College Standards Implementing or enforcing a standard/position that is out of date (such as with current scientific evidence; or the true standard of practice)</p>	<ul style="list-style-type: none"> · 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 · Currently the College has multiple standards that are out of date with current practice 	<ul style="list-style-type: none"> · 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) · Identified as a strategic project for the College and additional resources allocated to the Policy Department 	<ul style="list-style-type: none"> · Committee training · Programs share information about out-of-date standards with Policy team · Continue to develop standards · Application of standards to inform Right Touch Response · Embed standards in CE through category 1 course reviews and PET exam questions

College Risk Register - Top Risks

Nature of risk	Potential adverse impact	Existing controls	Planned response
			
<p>7 Privacy Breach Unauthorized access to sensitive information (PII - personal identification information, PHI - personal health info, PCI - credit card info)</p>	<ul style="list-style-type: none"> · 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 governmental sanctions and a loss of public trust 	<ul style="list-style-type: none"> · 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 is 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 	<ul style="list-style-type: none"> · Additional technology controls to identify, label and track information when it is sent outside the College · Continue to educate staff and continue reporting
<p>8 Cyber Security Threats Includes Ransomware attacks, denial of service, phishing, malware</p>	<ul style="list-style-type: none"> · A cyber security breach could result in significant business disruption resulting in our failure to provide services thus affecting our reputation · Potential exfiltration of information · Additionally, a major breach could result in significant cost to recover and restore services as well as an increase in select ongoing costs, such as insurance 	<ul style="list-style-type: none"> · Governance is based on best practices (NIST Cyber Security Framework) and architected to provide a layered defense approach · Supplemented by external and internal automated audits and penetration testing · Security awareness training (available to staff, council and committee members) · Implementation of threat mitigation capabilities including active threat hunting 	<ul style="list-style-type: none"> · Enhance resilience capabilities such as implementing CMR, DRP, service continuity and security incident response plans · Optimize incident response plans to improve detection, response and recovery times · Active landscape monitoring to identify improvements to the College's security posture · Target 95% cyber awareness training participation · Prepare analysis of third party risks

COUNCIL BRIEFING NOTE

TOPIC: Access to Care Strategic Project Update

December 2024

FOR DISCUSSION

ISSUE:

- Work on the Access to Care strategic project continues to advance with the support of the Working Group.
- This briefing note will provide Council with an update on the project. It will also provide Council with a preview of the content that is being contemplated for the draft Professionalism document. Council will have an opportunity to discuss this content at its December 5, 2024 meeting.

PUBLIC INTEREST:

- Improving access to oral health care has a direct connection to the RCDSO's mandate and will support patients' overall health and wellbeing.
- Access to Care also relates directly to the RCDSO's Strategic Plan and is an area of focus under the Professionalism pillar.

BACKGROUND:

- The 2023-25 Access to Care strategic project is progressing well. Highlights of activity undertaken since the September 2024 Council meeting are set out in the Strategic Plan Report and the accompanying Dashboard included in Council's meeting package.
- Updates on the project are also included on a dedicated [Access to Care Initiatives](#) webpage, which forms part of the RCDSO's public-facing website.

- The project's primary focus in 2024 has been on the Professional Expectations¹ and Collaboration and Engagement² areas of focus set out in the Project Charter.
- The key objectives of this focused work are to:
 - explore the development of two new College documents regarding professionalism and accepting patients into oral health practices, with the assistance of a Working Group;
 - engage with the public, profession, and other interested parties in discussions regarding the key foundational concepts and issues that will inform the content of those documents; and
 - provide guidance on the provision of culturally safe, inclusive, equitable, and accessible care that is free from discrimination.
- The work on Professional Expectations is supported by a Working Group, chaired by Dr. Carlos Quiñonez and comprised of Council members (Dr. Erin Walker, Dr. Noha Gomaa, Mr. Brian Smith, and Ms. Vivian Hu) and faculty representatives (Dr. Sonica Singhal, Dr. Keith Da Silva) and subject matter experts (Dr. Clive Friedman, Dr. Ian McConnachie). The Working Group is supported by Michelle Cabrero Gauley, policy lead and Dr. Bonnie Yu, clinical lead.
- The Working Group has met five times since April 2024 to review the foundational research that has been conducted, along with the feedback that has been obtained via consultation/engagement and outreach, and to begin providing direction on the contents of the two College documents on professionalism and accepting patients into oral health practices that are being developed.
- More specifically, the Working Group considered the following research and feedback:
 - Literature and jurisdictional reviews on professionalism and accepting new patients (key findings were reported to Council in September 2024³);
 - RCDSO Inquiries, Complaints, and Discipline information and data;
 - An overview of the key legal duties dentists have (fiduciary duty and human rights);
 - Feedback obtained from the profession⁴, public, [Citizen Advisory Group](#), and other interested parties via the external consultation held in Q1 2024 (Consultation Report provided to Council in June 2024⁵ and available [online](#)); and

¹ The Project Charter describes this area of focus as follows: Explore the development of two new College documents that will articulate the legal, professional, and ethical considerations when accepting new patients, and the principles, values, and duties associated with dental professionalism.

² The Project Charter describes this area of focus as follows: Engage in broad consultation and engagement with the public, profession, and system partners to explore views and perspectives related to access to care and professionalism and the development of any new College documents on these topics.

³ See pages 330-338 of the [September Council meeting materials](#).

⁴ This included inviting Ontario Dental Association Annual Spring Meeting attendees to participate in the external consultation in April 2024.

⁵ See pages 222-278 of the [June Council meeting materials](#).

- Feedback obtained from attendees at the [Alliance for Healthier Communities Conference](#) and RCDSO Connect event in June 2024 (key feedback reported to Council in September 2024⁶).

CURRENT STATUS:

- Council is being provided with an update on the Working Group's progress and on public polling.

Working Group

- The Working Group has considered all of the above-mentioned research and feedback and provided direction on the contents of the draft Professionalism document.
- The Working Group decided to focus on the development of the Professionalism document first, as it is foundational in nature and will help inform the policy positions in the document on accepting patients into oral health practices.
- Work is well underway in drafting the Professionalism document. The Working Group has been considering and refining different versions of a draft document, and that work will continue into early 2025.
- We are targeting Q1 of 2025 to present the draft Professionalism document for consideration by the Quality Assurance Committee (QAC) and Council.
- Given the importance of this work on Professionalism, we wanted to build in an extra step into our typical process to allow Council to have a preview of the draft document.
- Below are some high-level points on key content that the Working Group has been considering, along with the Working Group's initial thinking and direction.
- While the Working Group has not yet finalized its direction, nor the specific language that it proposes using, we thought it would be helpful to show Council where the Working Group is heading with the Professionalism document, and give Council an opportunity to provide feedback.
- At the December 5th Council meeting, Council will receive a presentation that will build on this briefing note. Council will be invited to engage in a facilitated discussion regarding the Working Group's initial thinking and direction. Council's feedback will be shared with the Working Group.

Topic	Working Group's Provisional Direction	Working Group's Rationale
Purpose & Scope	<ul style="list-style-type: none"> ○ Create a foundational document on professionalism that will replace the RCDSO's Code of Ethics 	<ul style="list-style-type: none"> ○ The Working Group supports Council's vision to modernize the Code of Ethics by replacing it with a more comprehensive professionalism document, consistent with the approach other regulators have taken.

⁶ See pages 330-338 of the [September Council meeting materials](#).

Topic	Working Group's Provisional Direction	Working Group's Rationale
	<ul style="list-style-type: none"> ○ Set out the principles and duties of professionalism 	<ul style="list-style-type: none"> ○ The Working Group has decided to focus primarily on the principles and duties of professionalism. ○ While some professionalism documents also include values, a number of other regulators just set out principles and duties.⁷ ○ The Working Group thinks focusing on principles and duties will provide more specific guidance with respect to common goals that are actionable, whereas values tend to be more abstract and subjective in nature.
Introduction	<ul style="list-style-type: none"> ○ Describe the components of professionalism as acting in the best interests of patients and society and the duties dentists have as fiduciaries to their beneficiaries (i.e., patients) 	<ul style="list-style-type: none"> ○ The Working Group has elected to focus on describing professionalism in the context of the key duties dentists have (i.e., fiduciary duty) as they are clear and relatable.
Structure	<ul style="list-style-type: none"> ○ Organize the principles and duties by the classic bioethical principles of patient autonomy, beneficence, nonmaleficence, and justice 	<ul style="list-style-type: none"> ○ The Working Group thinks it would be helpful to organize the draft document by the well-known and accepted bioethical principles in healthcare first published by Beauchamp & Childress in 1977.⁸ ○ These bioethical principles are common across many different health care professions and appear in most professionalism documents other regulators have.
Patient-centeredness	<ul style="list-style-type: none"> ○ Include provisions that speak to patient-centeredness, including that dentists provide care that is responsive to patient's needs, values, beliefs, goals, social identities, and economic circumstances 	<ul style="list-style-type: none"> ○ The Working Group has acknowledged the importance of patient-centered care in dentistry and wants to emphasize that it includes considering and responding to patients' social identities and economic circumstances and putting these ahead of dentists' own personal interests. ○ The Working Group thinks it may help bring awareness to the social and economic factors that can impede a patient's ability to access dental care, such as race, culture, employment, and income.
Communities and society	<ul style="list-style-type: none"> ○ Set out principles and duties regarding communities and society more broadly, including dentists' individual and collective responsibility to 	<ul style="list-style-type: none"> ○ The Working Group wants to acknowledge that dentists have duties beyond the chairside, individually and collectively.

⁷ Dental regulators in Alberta, Saskatchewan, Manitoba, Newfoundland and Labrador, Ireland, New Zealand; Ontario regulators: Audiologists and Speech Language Pathologists, Dieticians, Massage Therapists, Medical Radiation and Imaging Technologists, Nurses, Opticians, Pharmacists, Respiratory Therapists.

⁸ Beauchamp, T.L. & Childress, J.F. (1977). *Principles of Biomedical Ethics*.

Topic	Working Group’s Provisional Direction	Working Group’s Rationale
	<p>promote health and prevent dental and oral disease</p>	<ul style="list-style-type: none"> ○ This is consistent with the approach many other regulators/associations have taken, particularly in dentistry and medicine.
<p>Duties</p>	<ul style="list-style-type: none"> ○ Set out the core legal, professional, and ethical duties dentists have, including, but not limited to: <ul style="list-style-type: none"> ▪ patient-centered care ▪ consent ▪ appropriate relationships/boundaries ▪ competence ▪ human rights and accessibility ▪ privacy and confidentiality ▪ conflicts of interest ▪ disclosure of harm and other concerns ▪ emergency care ▪ regulation of the profession 	<ul style="list-style-type: none"> ○ The Working Group thinks it would be helpful to set out the core duties dentists have, which may be expanded on in greater detail in Standards of Practice or other College resources. ○ The Working Group views the Professionalism document as the foundation for all of the guidance set out in Standards of Practice. ○ The majority of professionalism documents reviewed set out duties, but the comprehensiveness of those duties varies.
<p>Justice</p>	<ul style="list-style-type: none"> ○ Consider including a provision regarding participating in initiatives to reduce health inequities that are driven by socioeconomic factors 	<ul style="list-style-type: none"> ○ The Working Group thinks the document should encourage dentists to participate in initiatives to help improve access to dental care due to the social or economic factors that disproportionately affect the health of some groups. ○ Examples of initiatives the Working Group discussed include: participating in government programs, offering financial accommodations, volunteering, and doing outreach. ○ These examples are being included here for illustrative purposes and it is not the Working Group’s intention to make participation in these specific initiatives mandatory.
<p>Equity, diversity, and inclusion (EDI) language</p>	<ul style="list-style-type: none"> ○ Focus on language that supports EDI and demonstrates the importance of EDI without using terms such as lived experience, diversity, privilege, cultural safety, anti-racism, anti-oppression, and trauma or violence-informed care 	<ul style="list-style-type: none"> ○ The Working Group notes that many of these terms and concepts may not be familiar to the profession, and it may be best to build awareness and understanding before including them in a College document. ○ The Working Group thinks that these concepts could be embedded in the draft document in a manner that speaks to all levels of knowledge and experience.

Topic	Working Group's Provisional Direction	Working Group's Rationale
Definitions	<ul style="list-style-type: none"> ○ Provide a glossary of terms at the end of the draft document in an appendix 	<ul style="list-style-type: none"> ○ The Working Group thinks it would be helpful to define some of the key terms in an appendix.

Public Polling

- College staff have worked with a research firm to develop public polling questions regarding access to care, professionalism, accepting patients into oral health practices, and awareness of the College.
- In terms of access to care, professionalism, and accepting new patients, the questions explore:
 - the reasons why respondents did not visit a dentist in the last 12 months
 - what the dental care experience was like for respondents (or their dependents) who visited a dentist in the last 12 months
 - respondents' perceptions of dental care services in Ontario (e.g., accessibility of dental offices)
 - respondents' perceptions of dentist responsibilities (e.g., treating patients on government-funded programs)
 - respondents' perspectives on which factors are important when dentists decide whether to accept a new patient
- Data collection concluded mid-November and the results will be shared with the Working Group at its December 17th meeting, and with Council in the new year.
- It is often challenging to reach patients and the public via our usual consultation process and public polling enables us to hear from a representative sample of the Ontario population. The results will provide important insights into the public's experiences and opinions regarding access to care, professionalism, and accepting new patients and will help inform the development of the two College documents.

NEXT STEPS:

- Council's feedback from the discussion session at the December 5th Council meeting will be shared with the Working Group and it will be considered, along with the public polling results, as the draft Professionalism document is finalized for QAC and Council review in 2025.
- The public polling results will be shared with Council in early 2025.
- The Working Group will turn its attention to the development of the document on accepting patients into oral health practices in the new year. Several meetings have been scheduled for the Working Group to finish drafting both College documents.

- Council will be kept apprised of the Working Group's progress.

DECISION FOR COUNCIL:

- This briefing note is for discussion.

CONTACTS:

- Michelle Cabrero Gauley, Senior Policy Analyst: mgauley@rcdso.org
- Andréa Foti, Deputy Registrar, Privacy Officer: afoti@rcdso.org

COUNCIL BRIEFING NOTE

TOPIC: Trauma-Informed Training: Key Learnings

FOR INFORMATION

December 2024

ISSUE:

- Over 2024, the Patient Relations Committee received training on trauma-informed care. The Committee has reflected on this training and put together highlights to share with Council. This briefing note provides Council with some foundational information, which will prepare Council for a presentation on this topic at the December 5 2024 meeting.
- This item is for information.

PUBLIC INTEREST:

- Trauma-informed care is an approach that seeks to imbed empathy and compassion in interpersonal interactions and processes. Among other things, it seeks to empower individuals and promote physical, psychological and emotional safety.
- This approach advances the public interest in that it encourages the College and its staff and Committees to design processes, products and interactions that are sensitive and responsive to the lived experiences of those with whom we interact.

BACKGROUND:

- The Patient Relations Committee (PRC) is a statutory committee of the RCDSO. It is comprised of Vivian Hu (Chair), Ramona Motakef, Brian Smith, Amelia Chan, Peter Derham, and Maryam Pezeshki. The Committee was supported by Louis Winston and Michelle Cabrero Gauley over 2024.
- The PRC's mandate is to administer and oversee the Patient Relations Program, aimed at preventing and addressing sexual abuse of patients.
- One of the Committee's key objectives for 2024 was to undertake training on trauma-informed care and processes. The Committee enlisted the assistance of social worker and consultant, Eden Dales. Ms. Dales has a wealth of experience in trauma-informed care and approaches and delivered training to PRC over two half-days.

- Trauma is the lasting emotional response that often results from living through a distressing event and it can change the way a person perceives the world.
- A range of situations and circumstances can cause a person to feel or experience trauma. This includes but is not limited to sexual abuse.
- Trauma can change the structure, function and chemistry of the brain. After a traumatic experience, the human system of self-preservation seems to go into permanent alert, as if the danger will return at any moment.
- Trauma-informed care seeks to:
 - Realize the widespread impact of trauma and understand paths for recovery;
 - Recognize the signs and symptoms of trauma in patients, families, and others;
 - Respond by integrating knowledge about trauma into policies, procedures, and practices or processes; this essentially means ensuring that work practices, settings, and tools like correspondence take into account that individuals may have experienced trauma
 - Resist re-traumatizing individuals.
- The Committee felt that receiving training on trauma-informed care fit directly with its mandate as the issues that they consider, and the individuals with whom they interact may well have experienced trauma.
- The PRC sought to understand how trauma impacts individuals including members of the public and registrants who interact with the College, and what steps we can take to ensure that our interactions and processes are compassionate and promote physical, psychological and emotional safety.

CURRENT STATUS:

- PRC's training with Ms. Dales spanned two half-day sessions: one in January and one in September 2024. The training covered a range of topics including,
 - Understanding trauma and the brain
 - The importance of safety
 - How to establish, enhance and promote safety
 - The value of peer support
 - Promoting voice and choice: communication, feedback and advocacy
 - Equity, Diversity and Inclusion in trauma-informed approaches
- Ms. Dales took the Committee through a broad range of material over the two half-day sessions that truly broadened the Committee's understanding of trauma and its impact on individuals.

- From the outset, the PRC felt it was important to share key learnings from these two sessions with Council. Doing so is in keeping with the Committee's mandate to advise Council on the Patient Relations Program.
- To that end, the PRC met on November 5, 2024, to reflect on the training that they received and to discuss key elements and learnings that were meaningful and resonated with the Committee.
- From that discussion, the Committee developed a list of key learnings that it wished to share with Council. They are:
 - The importance of applying a trauma-informed approach universally
 - The 4 Rs (realize, recognize, respond, resist re-traumatization)
 - The importance of being aware of and responding to cultural needs
 - The value of peer support
 - Communication should be done with empathy and sensitivity
 - Emotional intelligence is important, when communicating in general, and when providing feedback
 - Consider imbalances of power and privilege
- These learnings will be presented at Council's December 5 2024 meeting.

DECISION FOR COUNCIL:

- This briefing note is for Council's information.

CONTACT:

Vivian Hu, Chair Patient Relations Committee

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

COUNCIL BRIEFING NOTE

**TOPIC: Practice Models and Corporate Dentistry Project Options
FOR DISCUSSION**

December 2024

ISSUE:

- The Practice Models and Corporate Dentistry Strategic Project (PMCD Project) is a key priority under the RCDSO's [2023-25 Strategic Plan](#).
- A key objective of this strategic project is to develop and implement options to promote and assure quality of care and ensure effective regulation of dentists regardless of the practice model.
- This briefing note will provide Council with a summary of options that have been developed based on key research findings from the PMCD project. This item is provided for discussion.

PUBLIC INTEREST:

- The Practice Models and Corporate Dentistry Strategic Project is a three-year strategic project under the Emerging Issues pillar of the 2023-25 Strategic Plan.
 - This project will serve the public interest by identifying options and supporting decision-making to help enable effective regulation of dentists in all practice models including corporate dentistry.
-
- Ontario dentists work in various types of practice models. These models include private practices which are owned and operated by a single dentist or multiple dentists, dental corporations which own and operate multiple dental practices, and other types of clinical and non-clinical settings (for example, hospitals, educational institutions, and governments).
 - Corporate dentistry is generally understood to be a dental practice model wherein a corporation, otherwise known as a dental service organization, or 'DSO', owns, aligns, or partners with multiple dental clinics to provide centralized operational support for the business elements of the clinic.
 - Questions and concerns regarding corporate dentistry have been raised by interested parties (for example, dentists and Strategic Plan consultation respondents), and media outlets have

reported an increase in the number of practices owned by dental corporations in Ontario and across Canada.¹

- In response, and with Council’s approval, the RCDSO included ‘Practice Models and Corporate Dentistry’ as an emerging issue in the RCDSO’s 2023-25 Strategic Plan.
- In line with the RCDSO’s mandate to protect the public interest, the objectives of the PMCD Project are:
 1. to better understand dental practice models that are operating in Ontario;
 2. to identify issues and opportunities related to various dental practice models, including corporate dentistry, for patients; and
 3. to develop options to promote and assure quality of care and ensure effective regulation of dentists regardless of practice model type.
- This project has three phases. Phase 1 is complete, work is progressing on Phase 2, and work on Phase 3 will commence in 2025.

<p>Phase 1: Information Gathering</p> <p>COMPLETE</p>	<ul style="list-style-type: none"> • This phase involved gathering information through desktop research (e.g., jurisdiction and literature review) and consultation activities (a consultation survey and conversations with staff at the RCDSO and other regulatory colleges) to better understand: <ul style="list-style-type: none"> ○ the RCDSO’s approach to its work including expectations/guidance related to practice models, ○ the types of practice models that exist, ○ how practice models are regulated in other jurisdictions, and ○ issues and opportunities related to practice models for patients.
<p>Phase 2: Analysis & Options Development</p> <p>IN PROGRESS</p>	<ul style="list-style-type: none"> • This phase involves reviewing previously gathered information, conducting additional research as needed, and analyzing RCDSO data (e.g., responses to the Annual Renewal Questionnaire) to develop options to address issues and opportunities that practice models, including corporate dentistry, present for patients.
<p>Phase 3: Decision- making & Implementation</p> <p>STARTING IN 2025</p>	<ul style="list-style-type: none"> • This phase involves seeking Council approval to implement proposed options and establishing an Implementation Plan to guide timelines and next steps for approved options.

¹ Group Dentistry Now. (2020, May 27). *Largest Majority Canadian-Owned Network Of Dental Practices Poised For More National Expansion*. <https://www.groupdentistrynow.com/dso-group-blog/largest-majority-canadian-owned-network-of-dental-practices-poised-for-more-national-expansion/>

Regulatory Context

- The RCDSO's mandate is to regulate the practice of dentistry in Ontario in the public interest.
- RCDSO's regulatory authority includes registrant dentists. While the College does not regulate non-dentists or businesses,² it can take regulatory action against individual non-registrants who practise dentistry or hold themselves out as a person who is qualified to practise dentistry in Ontario.
- The College is responsible for:
 - ensuring the public has safe, equitable and competent oral health care by providing leadership to the dental profession in regulation;
 - holding registered dentists accountable for their conduct and practice through complaint and investigation processes;
 - setting the education and other qualifications necessary to become a registered dentist;
 - developing professional and ethical standards and other resources.
- **Standards of practice** include requirements for registrants related to a specific issue or area of practice (e.g., boundaries, recordkeeping, virtual care).
- **Other resources** (e.g., guidelines, practice advisories) do not set out new professional requirements, but instead highlight existing responsibilities that may be relevant to a specific issue or area of practice. Other resources may also provide guidance to help registrants exercise their professional judgment and make decisions in the best interests of patients.
- The College may also **introduce strategic projects or initiatives (e.g., Access to Care), amend By-laws, or initiate legislative and regulatory changes (e.g., to the *Dentistry Act* or *Professional Misconduct Regulation*)** to protect the public interest. Note: the College does not have authority to make legislative or regulatory changes independently; political and administrative support from government is required.

CURRENT STATUS:

- This section of the note will focus on the key objective of this strategic project which is the development of options to promote and assure quality of care and ensure effective regulation of dentists regardless of practice model type.
- Six discrete options have been developed to support Phase 3 of this project: Decision-making & Implementation. Taken together, these options constitute a multi-strategy approach, that could be implemented in stages, to prevent and address challenges related to dental practice models, and to support the opportunities they might present in the public interest.
- Council is invited to provide feedback on all six options:

² Excluding the issuance of Certificates of Authorization for Health Professional Corporations incorporated under the *Business Corporations Act*.

- Options #1 to #5 will be shared for Council's discussion in December and will be shared as part of the final report for Council's approval in Q1 2025.
- Option #6 will be shared for Council's discussion in December but will not be shared for Council's approval in Q1 2025 as it is operational and relates to internal College processes.
- All options will be shared with the Executive Committee on December 2 for discussion. The Executive Committee's feedback is not included in the options due to the timing of the Executive Committee meeting (December 2) and Council meeting (December 5). Key themes from the Committee's feedback will be shared during the December Council meeting.
- Option #3 was shared with the Quality Assurance Committee (QAC) on November 12 for discussion. QAC's feedback has been incorporated in option #3 and option #6.
- Summaries of the key issues and opportunities that these options were developed to address can be found in **Appendix A** and **Appendix B** to this briefing note.

Options

Option #1: Update and develop new College requirements for registrants to address risks to patients related to business interests, loss of clinical autonomy, and practice arrangements in dentistry.

This option could result in two pieces of work:

- First, it is recommended that the College introduce new requirements for all registrants to ensure patients' best interests are prioritized over the business interests of registrants and non-registrants (e.g., clinic owners/management, DSOs). This could include, for example, requirements related to ownership of tangible and intangible assets of dental clinics (e.g., equipment and supplies, goodwill), financial conflicts of interest (e.g., production or earnings quotas), and clinical autonomy.
- Second, the College could initiate a legislative or regulatory review, and/or propose new legislative or regulatory requirements to address topics related to practice models if those topics cannot be addressed by the College. For example, since the RCDSO does not regulate non-registrants, regulatory changes may be needed to address some types of conflicts of interest that may arise in arrangements between registrants and non-registrants (e.g., non-dentist owned DSOs). Additional analysis and legal input will be sought if Council would like to proceed with this option, and support from the Provincial Government would be needed.
- While the College's standard(s) development and modernization process typically takes 18 to 24 months, working with government to propose legislative and/or regulatory changes is a multi-year process.

Rationale:

- Findings from the Literature Review and Consultation suggest that the prioritization of business interests in dentistry can create conflicts of interest and lead to losses in clinical autonomy which can negatively impact quality of care (e.g., lead to unnecessary treatments, fraudulent billing).³ While examples of these negative impacts may be more apparent in corporate dentistry,⁴ they can manifest in all practice models.⁵
- Additionally, although the current regulatory framework (i.e., legislation, regulation and College guidance) addresses elements related to practice arrangements,⁶ it may not be specific enough to address all conflicts of interest that may arise in emerging practice models. For example, the current regulatory framework does not address the basis on which non-registrants (e.g., DSOs involved in corporate dentistry) can be paid for providing business and administrative support to registrants.

Considerations:

- An oversight mechanism may also be needed to track and evaluate compliance with new requirements (e.g., the authority for the College to ask registrants at any time to provide a copy of their agreements with non-registrants, along with proof that they are acting in accordance with requirements that relate to practice arrangements).⁷

Options #2: Develop new requirements to ensure that a registrant holds primary responsibility for oversight and compliance of the dental clinic, and to ensure that the registrant most responsible for patient care is clear regardless of the practice model.

This option has two parts:

- **Part 2a:** It is recommended that the RCDSO require a 'lead' registrant in each clinic who has primary responsibility for the clinic, including, but not limited to, overseeing and supervising the clinic for compliance with relevant legislation, regulation, and standards; and providing current practice information to the RCDSO (e.g., name and contact information for the lead registrant, the name of any third-party business/administrative support provider). These requirements would support quality assurance and improved oversight of clinics.

³ See pages 142-143 in the [September 2024 Council meeting materials](#) and pages 274 in the [October 2024 Council meeting materials](#).

⁴ For an example, see <https://www.justice.gov/opa/pr/dental-management-company-benevis-and-its-affiliated-kool-smiles-dental-clinics-pay-239>

⁵ See pages 142-143 in the [September 2024 Council meeting materials](#).

⁶ Subsection 5(4) in [Professional Misconduct Regulation](#) considers the following actions related to practice models to be conflicts of interest and acts of professional misconduct:

- an arrangement respecting a lease or use of premises or equipment, under which any amount payable by or to a member or a related person or related corporation is related to the amount of fees charged by the member;
- entering into an agreement or arrangement or causing another member to enter into an agreement or arrangement that prevents or would reasonably be regarded as having the effect of preventing the member from properly exercising his or her professional judgment and skill in respect of the treatment or referral of a patient;
- fee or income splitting with non-registrants of the RCDSO or the College of Dental Hygienists of Ontario; &
- engaging in the practice of dentistry in partnership, association, or as an employee of a non-registrants in a privately-owned business or professional practice.

⁷ See similar requirements enforced by the College of Optometrists of Ontario here [Independent Contractor: Risk & Control](#)

- **Part 2b:** It is recommended that the [Most Responsible Dentist Practice Advisory](#) be updated to clarify the dentist responsible for patients in various scenarios, including those where patients of record do not have one dentist who is primarily responsible for their care.⁸ These changes would help to assure continuity of care.

Rationale:

- Analysis of Annual Renewal Questionnaire (ARQ) responses suggests that as registrants own more clinics, less of those registrants practice at all of their clinics.⁹
- Further, consultation feedback from dentists and other oral health care professionals identified the following issues: low practice oversight where owner(s) are not in the clinic; low accountability for patients in ‘associate-led’ practices; and uncertainty among registrants regarding identifiable practice leads (e.g., health information privacy lead).¹⁰

Considerations:

- Conversations with staff from the College of Dental Surgeons of Alberta and the Registrar of the College of Dental Surgeons of Saskatchewan suggest that requirements for a ‘lead’ registrant with responsibility for oversight and compliance of the dental clinic are helpful in assuring quality of care and enabling more efficient investigations.
- Potential increases in administrative burden related to the tracking of clinic information proposed in Part 2a, by the College, would need to be considered if Council were to approve moving forward with this option.

Option #3: Enhance educational offerings for dental students in Ontario and RCDSO registrants that will help them uphold their ethical and professional responsibilities in all dental practice models.

- **Part 3a:** It is recommended that new scenarios be added to the RCDSO’s Jurisprudence and Ethics Course, and new resources and questions be added to the Practice Enhancement Tool (PET) concerning ethical and professional responsibilities in emerging practice models – i.e., corporate dentistry, direct-to-consumer dentistry.
- **Part 3b:** It is recommended that the RCDSO engage with the dental faculties in Ontario to identify and implement strategies – including course material, presentations and creative options – to equip dental students with skills to navigate external (commercial) influences on their practice.
- The RCDSO would also encourage other dental faculty to attend these courses/presentations (e.g., by offering CE points) so that they can reinforce key messages with their students in other courses.

⁸ The current [Most Responsible Dentist Practice Advisory](#) focuses on expectations for referring general dentists & specialists.

⁹ See pages 282-283 in the [October 2024 Council meeting materials](#)

¹⁰ See pages 275, 279-280, in the [October 2024 Council meeting materials](#).

- **Part 3c:** It is recommended that the RCDSO provide a presentation (e.g., a RCDSO Connect session or ODA New Dentist Symposium session) with scenarios, to highlight the importance of upholding ethical and professional responsibilities regardless of the practice model.

Rationale:

- The Literature Review suggests there may be an opportunity to improve practice management courses in dental education programs to help prepare dental students to address challenges or uphold key principles of dental professionalism in all practice models, including corporate dentistry.¹¹

Considerations:

- This option reflects feedback received from QAC on November 12, 2024.
- QAC was supportive of this option. QAC suggested that RCDSO staff engage with dental faculty to develop strategies to get students engaged on material related to dental practice models and engage with DSOs to support information sharing (the latter piece of feedback has been incorporated into option #6).

Option #4: Develop a time-limited ‘Innovation Advisory Service’ pilot program to enable and risk-manage innovative business practices that have the potential to improve quality or delivery of services or for patients.

- This pilot would provide registrants and the public with an opportunity to engage with RCDSO staff about Ontario’s regulatory framework for dentists. More specifically, registrants and the public could receive **advice** (not approval) regarding how the regulatory framework applies to their new concept or practice model. This would encourage innovators to share new initiatives with the College, and support more proactive decision-making by the RCDSO.
- The pilot would build on guidance and support that the College already provides to dentists through its Practice Advisory Service (PAS) but stand as a separate initiative with distinct objectives, guiding principles, roles, and intake/response processes.
- Inquiries related to innovative dental practice models or concepts can be complicated for the College to address. For this reason, a voluntary advisory body – composed of independent subject-matter experts in dental practice models and regulation – could be convened to support RCDSO staff in providing advice to registrants and the public through the pilot.
- The pilot could be reviewed after an initial period (e.g., 12-18 months) to determine if it is achieving its objectives and if it should be expanded, shut-down, or otherwise changed.

Rationale:

- The Jurisdictional Review identified innovation or regulatory sandboxes as a useful tool to ensure effective regulation of new business models. A regulatory sandbox is a program through which a regulator may provide temporary exemptions to its regulatory requirements

¹¹ See pages 146 -147 in the [September 2024 Council meeting materials](#)

to pilot innovative solutions that have the potential to improve the quality or delivery of services.¹²

- Regulatory sandboxes can also provide an opportunity for proponents to bring an innovative concept to the regulator for discussion, which helps the proponent to identify if a new concept or model fits in the existing regulatory framework and helps the regulator stay up-to-date on new trends.
- Separately, competition has been identified as an important factor in ensuring patients have access to the broadest range of services at the most competitive prices.¹³ A better understanding of innovative concepts and practice models may enable regulatory decision-making that limits negative impacts on competition.¹⁴

Considerations:

- Potential increases in administrative burden related to the pilot would need to be considered and managed if Council were to approve moving forward with this option. This could include setting longer response times than those for traditional inquiries from the public (e.g., respond to 90% of inquiries within 20 business days instead of five days for those who would like to leverage the pilot) or other tactics.
- The College would also need to consider how to manage the expectations of registrations using the service, and mitigate the risk that registrants interpret the advice provided through this service as College endorsement or approval.

Option #5: Develop resources to help the public make decisions about the dental practice that is right for them, and to guide dentists who are considering providing direct-to-consumer orthodontic treatment.

- Part 5a: It is recommended that the RCDSO develop resources and/or share pre-existing resources to help patients determine if the care provided by a particular dental practice or through a particular model, such as direct to consumer dentistry, is right for them (e.g., five questions to ask your dentist about their practice).
- Part 5b: It is recommended that the RCDSO publish a resource that provides general guidance (but not new requirements) for registrants who are considering providing direct-to-consumer (DTC) orthodontic treatment to help protect the health and well-being of patients.
- A more prescriptive regulatory approach was considered for registrants related to DTC dentistry (i.e., new requirements for the provision of care through DTC dentistry) but this is not currently recommended for several reasons including its potential to encroach on registrants' clinical and professional autonomy.

¹² See page 140 in the [September 2024 Council meeting materials](#)

¹³ Competition Bureau. (last updated 2022, January 20). Self-regulated Professions—Balancing Competition and Regulation. Government of Canada. <https://competition-bureau.canada.ca/self-regulated-professions-balancing-competition-and-regulation>

¹⁴ Ibid.

Rationale:

- The Consultation Summary revealed that sometimes patients' usual dental practice does not always align with their values (e.g., regarding evening/weekend appointments or assignment of benefits).
- Additionally, findings from various project deliverables suggest that DTC orthodontic treatments can improve access to care but result in poor treatment outcomes for some patients, including damage to patients' oral health, if registrants are not appropriately involved in the provision of care and if the standards of the profession are not met.^{15, 16}
- The RCDSO's March 2024 [newsletter](#) provides general guidance for registrants regarding how to manage patients of a former DTC orthodontics company, SmileDirectClub, but does not provide guidance related to the provision of DTC orthodontics by registrants.¹⁷

Option #6: Continue to engage with external parties and explore opportunities to gather information to support improved understanding and regulatory oversight of dental practice models.

- **Part 6a:** Staff will consider opportunities to engage with external parties (e.g., DSOs, dental faculty, other Colleges) to help assure quality of care across practice models. This engagement could include seeking feedback on standards and engaging with quality assurance staff at DSOs to share information about new requirements, as a few examples.
- **Part 6b:** Staff will continue to work internally, across College areas such as PAS, Communications, and the Professional Conduct and Regulatory Affairs department, to determine if there are opportunities to improve existing information gathering and data analysis processes.
- Proposed areas for further exploration include:
 - options for media monitoring of practice model-related topics in dentistry, and similar topics in other health professions (e.g., pharmacy);
 - options to centrally track matters related to dental practices or practice models that are brought to the College via formal (e.g., inquiries, complaints) and informal channels;
 - strategies to identify patterns in gathered information and support effective regulation (including options to enforce compliance with legislative, regulatory, and/or College requirements).

¹⁵ See page 143-144 in [September 2024 Council meeting materials](#) and pages 278 and 286-287 in the [October 2024 Council meeting materials](#).

¹⁶ Wexler, A. Nagappan, A., Beswerchij, A. and Choi, R. (2020) Direct-to-consumer orthodontics: surveying the user experience. *The Journal of the American Dental Association* 151(8), 625-636. <https://pmc.ncbi.nlm.nih.gov/articles/PMC7391059/>

¹⁷ Royal College of Dental Surgeons of Ontario (2024, March). RCDSO Connect: Winter 2024. p.12.

https://az184419.vo.msecnd.net/rcdso/pdf/rcdso-newsletter/2024RCDSO_5517_Connect%20Newsletter.pdf

Rationale:

- There is an opportunity for the College to explore new ways to leverage data to track and identify patterns where a registrant's conduct has had a negative impact on patient care and where the clinic owner, management, or a business structure may have had an influence.

Considerations:

- Part 6b requires additional scoping with College departments before feasible opportunities can be identified and a path forward can be pursued.
- Option 6 will be put not be put forward for Council's approval in 2025 given it is operational in nature and related to internal College processes.

NEXT STEPS:

- A final report with options for approval will be shared with Council in Q1 2025.
- Once recommended options are approved by Council, an implementation plan that outlines timelines, pace, and operational considerations for implementing approved recommendations will be developed.
- The RCDSO will consider if PMCD should remain a strategic priority for the RCDSO's 2026-2028 strategic plan based on the recommendations that are approved by Council.

DECISION FOR COUNCIL:

- There are no decisions for Council.
- The Council is being asked the following:
 1. Does Council have any feedback on the Options presented?
 2. Does Council have any feedback on the proposed Next Steps for the project?

CONTACTS:

- Deni Ogunrinde, Policy Analyst: dogunrinde@rcdso.org
- Andréa Foti, Deputy Registrar, Privacy Officer: afoti@rcdso.org
- Daniel Faulkner, Registrar, CEO: dfaulkner@rcdso.org

Attachments:

Appendix A: Research Summary Identifying and Analyzing Issues

Appendix B: Research Summary Identifying and Analyzing Opportunities

Appendix A: Research Summary Identifying and Analyzing Issues

Practice Models and Corporate Dentistry Strategic Project – Analysis and Options Development

OVERVIEW

- The Practice Models and Corporate Dentistry Strategic Project (PMCD project) is analyzing various dental practice models, including corporate ownership models, their impact on quality of care, and implications for dental regulation.
- This document provides a summary of the research on practice models and corporate dentistry with a focus on the issues affecting patients.
- This summary considers key findings from all deliverables completed to date: the RCDSO Research Summary, List of Practice Models, Jurisdictional Review, Literature Review, Consultation Summary, and Data Analysis Summary.
- This summary is the second deliverable of Phase 2 of the PMCD project:

Phase 2: Analysis & Options Development	Deliverable F: Data Analysis Summary
	Deliverable G: Research Summary Identifying & Analyzing Issues
	Deliverable H: Research Summary Identifying & Analyzing Opportunities
	Deliverable I: Report on Key Research Findings & Options

EXECUTIVE SUMMARY

- Issues related to practice models are complex and most issues, identified through the research, can manifest across various practice models.
- Seven key issues were identified based on a review of all completed research. The key issues are as follows:
 - 1) Loss of clinical and non-clinical autonomy due to requirements (e.g., contractual) or clinic policies/guidelines;
 - 2) Financial conflicts of interest that prevent (or could be seen to prevent) registrants from properly exercising their professional judgement;
 - 3) Organizational inefficiencies in dental practices that can compromise patient care (e.g., low clinic oversight, high turn-over of regulated staff);

- 4) Lack of accountability and responsibility for patient care (e.g., because patients are treated by a new registrant at each appointment);
- 5) Direct to consumer orthodontic treatment that lacks necessary clinical oversight (e.g., appropriate evaluation prior to starting treatment, development of a treatment plan, ongoing evaluation of the progression/success of treatment);
- 6) Direct to consumer orthodontic treatment that includes clinical oversight, but where one or more of the steps in treatment is not carried out in accordance with regulatory requirements and/or does not meet the standard of care;
- 7) Lack of formal RCDSO positions on key topics, or “informal” positions that are out-of-date (e.g., on some topics related to practice ownership and practice arrangements).

ANALYSIS

- Issues related to dental practice models, potential outcomes for patients, and impacted registrants/applicable practice models are outlined below. Descriptions of the options that have been proposed to address these issues can be found in the body of the associated briefing note.
- Each row captures considerations related to the numbered issue in the left-most column.

Issue related to dental practice models	Potential patient outcomes	Impacted registrants and applicable practice models	Deliverables (Sources)	Proposed options to address the issue
1) Loss of clinical and non-clinical autonomy due to requirements (e.g., contractual) or clinic policies/guidelines that are designed with business objectives in mind (e.g., generate profit, cut costs) and may not be compatible	Can increase risks for treatment decisions that may not be in patients best interests. For example: <ul style="list-style-type: none"> • changes in treatment plans based on the availability of 	Can impact registrants working in any practice model where they do not work for themselves (e.g., all registrants except for principals who are in complete control of all elements of their practice).	<ul style="list-style-type: none"> • Literature Review Summary (Deliverable D) • Consultation Summary (Deliverable E) 	<ul style="list-style-type: none"> • Option #1 • Option #3

Issue related to dental practice models	Potential patient outcomes	Impacted registrants and applicable practice models	Deliverables (Sources)	Proposed options to address the issue
with professional and/or ethical expectations of the profession.	supplies or restrictive referral policies; <ul style="list-style-type: none"> • delays in treatment. 			
2) Financial conflicts of interest that prevent (or could be seen to prevent) registrants from properly exercising their professional judgement (e.g., compensation tied to earnings targets, income sharing with non-registrants).	Can increase risks for negative impacts on quality of patient care and billing fraud. For example: <ul style="list-style-type: none"> • provision of unnecessary or excessive treatments; • billing for unnecessary treatments; • billing and providing treatment based what insurance will pay for rather than what patients need; • billing for more expensive treatments than what was performed. 	Can impact registrants working in any practice model. The extent to which these conflicts of interest materialize may vary based on: <ol style="list-style-type: none"> 1. internal motivations, characteristics, and ethical reasoning skills of registrants; 2. objectives and requirements set by practice owner(s), management. This issue may be more prevalent in corporate dental clinics owned by non-registrants and/or affiliated with private equity.	<ul style="list-style-type: none"> • Literature Review Summary (Deliverable D) • Data Analysis Summary (Deliverable F) • Consultation Summary (Deliverable E) 	<ul style="list-style-type: none"> • Option #1 • Option #3

Issue related to dental practice models	Potential patient outcomes	Impacted registrants and applicable practice models	Deliverables (Sources)	Proposed options to address the issue
<p>3) Organizational inefficiencies in dental practice due to:</p> <ul style="list-style-type: none"> • low clinic oversight, particularly if clinic owner(s) do not practice at the clinic; • low accountability for patients in 'associate-led' clinics; • non-regulated clinic staff being involved in clinical decision-making; • high-turnover of dentists and dental hygienists; • uncertainty regarding clinic safety policies and whether identifiable clinic 'leads' work in the practice (e.g., Radiation Protection Officer). 	<p>Can increase risks for:</p> <ul style="list-style-type: none"> • poor continuity and/or consistency of care; • poor patient-dentist relationships which can lead to a loss of patient trust in their oral health care professionals. 	<p>Registrants working in any practice model. The extent to which these risks materialize may vary based on:</p> <ol style="list-style-type: none"> 1. whether dentists in the practice or the practice at large hold the primary responsibility for patients' care; 2. the organizational roles and responsibilities of regulated and non-regulated staff in day-to-day clinic operations. 	<ul style="list-style-type: none"> • Literature Review Summary (Deliverable D) • Consultation Summary (Deliverable E) • Data Analysis Summary (Deliverable F) 	<ul style="list-style-type: none"> • Option #2 • Option #4

Issue related to dental practice models	Potential patient outcomes	Impacted registrants and applicable practice models	Deliverables (Sources)	Proposed options to address the issue
<p>4) Lack of accountability and responsibility for patient care (e.g., because patients are treated by a new registrant at each appointment).</p>	<p>Can increase risks for:</p> <ul style="list-style-type: none"> • low consistency in treatment philosophy; • loss of continuity of care; • loss of patients' ability to trust and feel comfortable with their oral healthcare providers. 	<p>Registrants working in any practice model where patients regularly receive care from different registrants (e.g., some large group practices, corporate dental clinics).</p>	<ul style="list-style-type: none"> • Consultation Summary (Deliverable E) 	<ul style="list-style-type: none"> • Option #2
<p>5) Direct to consumer orthodontic treatment that lacks necessary clinical oversight in one or more of the following steps (list is not exhaustive):</p> <ul style="list-style-type: none"> • appropriate evaluation of the patient's oral health prior to starting treatment (i.e., diagnostic records and steps); • development of a treatment plan; 	<p>Can increase risks for:</p> <ul style="list-style-type: none"> • ineffective treatment; and/or • damage to patient's oral health (e.g., pain, bite issues, bone loss, tooth loss) which can be permanent. 	<p>Not applicable to registrants if they are not involved in providing direct-to-consumer orthodontic treatment.</p> <p>In this scenario, a direct-to-consumer orthodontic company may be practicing dentistry illegally if they are performing a controlled act (e.g., fitting or dispensing a dental prosthesis, or an orthodontic or periodontal appliance or a device used inside the mouth to protect teeth from abnormal functioning).</p>	<ul style="list-style-type: none"> • Literature Review Summary (Deliverable D) • Consultation Summary (Deliverable E) • Data Analysis Summary (Deliverable F) 	<ul style="list-style-type: none"> • Option #5 • Option #6

Issue related to dental practice models	Potential patient outcomes	Impacted registrants and applicable practice models	Deliverables (Sources)	Proposed options to address the issue
<ul style="list-style-type: none"> obtaining informed consent including discussion of risks of treatment; recordkeeping in accordance with regulatory requirements; ongoing evaluation of the progression/success of treatment. 				
<p>6) Provision of orthodontic treatment directly to the consumer <u>with</u> the involvement of a dentist, but where one or more of the steps in treatment (bulleted examples in row #5 above) is not carried out in accordance with regulatory requirements and/or does not meet the standard of care.</p>	<p>Can increase risks for:</p> <ul style="list-style-type: none"> ineffective treatment; and/or damage to patient's oral health (e.g., pain, bite issues, bone loss, tooth loss) which can be permanent. 	<p>Registrants who provide orthodontic treatment in any model.</p> <p>This issue may be more prevalent in a direct-to-consumer model, especially if the model does not enable or actively prohibits registrants from providing care that meets the standards of the profession.</p>	<ul style="list-style-type: none"> Literature Review Summary (Deliverable D) Consultation Summary (Deliverable E) Data Analysis Summary (Deliverable F) 	<ul style="list-style-type: none"> Option #5 Option #6

Issue related to dental practice models	Potential patient outcomes	Impacted registrants and applicable practice models	Deliverables (Sources)	Proposed options to address the issue
<p>7) Lack of formal RCDSO positions on key topics, or “informal” positions that are out-of-date. For example, existing legislation, regulation, and College standards are silent on some topics related to practice ownership and practice arrangements, and some topics are only addressed informally by RCDSO Dispatch articles.</p>	<p>The absence of up-to-date legislation, regulation, or College Standards on these topics may inadvertently enable practices in some models that call into question the integrity of patient care, even though they may not violate existing regulatory requirements.</p>	<p>Registrants in models affiliated with non-registrants (e.g., corporate dental clinics).</p>	<ul style="list-style-type: none"> • RCDSO Research Summary (Deliverable A) 	<ul style="list-style-type: none"> • Option #1

Appendix B: Research Summary Identifying and Analyzing Opportunities
Practice Models and Corporate Dentistry Strategic Project – Analysis and Options Development

OVERVIEW

- The Practice Models and Corporate Dentistry Strategic Project (PMCD project) is analyzing various dental practice models, including corporate ownership models, their impact on quality of care, and implications for dental regulation.
- This document provides a summary of the research on practice models and corporate dentistry with a focus on the opportunities affecting patients.
- This summary considers key findings from all deliverables completed to date: the RCDSO Research Summary, List of Practice Models, Jurisdictional Review, Literature Review, Consultation Summary, and Data Analysis Summary.
- This summary is the third deliverable of Phase 2 of the PMCD project:

Phase 2: Analysis & Options Development	Deliverable F: Data Analysis Summary
	Deliverable G: Research Summary Identifying & Analyzing Issues
	Deliverable H: Research Summary Identifying & Analyzing Opportunities
	Deliverable I: Report on Key Research Findings & Options

EXECUTIVE SUMMARY

- Opportunities related to practice models are complex and most opportunities, identified through the research, can manifest across various practice models.
- Seven key opportunities were identified based on a review of all completed research. The first three opportunities are related to practice elements while the last four opportunities relate to regulatory tools and changes that could be implemented to assure quality of care and ensure effective regulation of dentists across various models.
 - 1) Improved focus on the provision of clinical care due to little or no responsibility of registrants for business or administrative elements of the practice.
 - 2) Elements that may improve the affordability of oral health care for patients (e.g., acceptance of patients who receive support from public-funded programs, offers of 0% or low interest financing; no-cost, low-cost or discounted treatments).

- 3) Elements that may improve physical access to oral health care for patients (e.g., treatments that are provided directly to consumers, flexible clinic hours and locations).
- 4) Education concerning emerging practice models can better equip registrants with ethical reasoning skills to uphold their ethical and professional responsibilities and withstand commercial influences, irrespective of the practice model.
- 5) Requirements for a 'lead registrant' in a facility where professional services are provided helps to assure quality of care by ensuring a regulated professional is responsible and accountable for the provision of professional services in that facility.
- 6) Using a regulatory sandbox to pilot innovative concepts or models that have the potential to improve the quality or delivery of services.
- 7) The College may be able to improve its oversight over dental clinics and, consequently, issues that can arise at the practice-level.

ANALYSIS

- Opportunities related to dental practice models, potential outcomes for patients, and impacted registrants/applicable practice models are outlined below. Descriptions of the options that have been proposed to address these opportunities can be found in the body of the associated briefing note.
- Each row captures considerations related to the numbered issue in the left-most column.

Opportunity related to dental practice models	Potential patient outcomes	Impacted registrants and applicable practice models	Deliverables (Sources)	Proposed options that will consider or harness the opportunity
1) Improved focus on the provision of clinical care due to little to no responsibility of registrants for business or	Can, theoretically, make it easier for some registrants to provide comprehensive diagnosis and treatment, though benefits for patients are unclear.	Registrants working in any practice model where the practice/owner assumes responsibility for all business and administrative activities. This includes corporate	<ul style="list-style-type: none"> • Literature Review (Deliverable D) • Consultation Summary (Deliverable E) 	<ul style="list-style-type: none"> • Option #1

Opportunity related to dental practice models	Potential patient outcomes	Impacted registrants and applicable practice models	Deliverables (Sources)	Proposed options that will consider or harness the opportunity
administrative elements of the practice.		dental clinics affiliated with dental service organizations or 'DSOs'.		
2) Elements that may improve the affordability of oral health care for patients (e.g., acceptance of patients who receive support from public-funded programs, offers of 0% or low interest financing, and no-cost, low-cost or discounted treatments).	Can help remove or lower financial barriers to care.	<p>Registrants working in any practice model, but particularly registrants who:</p> <ol style="list-style-type: none"> 1. work in dental clinics with a mandate or commitment to provide low or no-cost care to patients (e.g., community health center, hospital, school-based clinic, not-for-profit dental clinics), 2. provide treatments at a lower cost compared to traditional practice models (e.g., direct-to-consumer dentistry), 3. generate cost-savings that are passed on to patients (e.g., potentially corporate dental clinics). 	<ul style="list-style-type: none"> • Literature Review (Deliverable D) • Consultation Summary (Deliverable E) 	<ul style="list-style-type: none"> • Option #4 • The RCDSO's Access to Care Strategic Project is focused on improving patients' access to oral health care.

Opportunity related to dental practice models	Potential patient outcomes	Impacted registrants and applicable practice models	Deliverables (Sources)	Proposed options that will consider or harness the opportunity
<p>3) Elements that may improve physical access to oral health care for patients (e.g., treatments that are provided directly to consumers, multiple providers within a clinic, flexible clinic hours and locations, and accessibility accommodations).</p>	<p>Can improve patients' physical access to care and improve the convenience of care, particularly for patients who live in rural or remote communities, or who have a physical disability or other health condition that may make it more challenging to seek oral health care in a dental clinic.</p>	<p>Registrants working in any practice model, but particularly models where:</p> <ol style="list-style-type: none"> 1. patients can go to any clinic within a network or group of practices rather than only one location (e.g., corporate dental clinic). 2. companies provide specialized treatments directly to the consumer (e.g., direct-to-consumer teeth whitening systems, mouthguards, orthodontic treatment). 	<ul style="list-style-type: none"> • Literature Review (Deliverable D) • Consultation Summary (Deliverable E) 	<ul style="list-style-type: none"> • Option #4 • The RCDSO's Access to Care Strategic Project is focused on improving patients' access to oral health care.
<p>4) Education concerning emerging practice models can better equip registrants with ethical reasoning skills to uphold their ethical and professional responsibilities in their practice, and withstand</p>	<p>Can help to assure quality of patient care.</p>	<p>Registrants working in any practice model, but especially those where commercial influences are more likely (e.g., corporate dental clinic, direct-to-consumer dentistry).</p>	<ul style="list-style-type: none"> • Literature Review (Deliverable D) 	<ul style="list-style-type: none"> • Option #3

Opportunity related to dental practice models	Potential patient outcomes	Impacted registrants and applicable practice models	Deliverables (Sources)	Proposed options that will consider or harness the opportunity
external commercial influences, irrespective of the practice model.				
5) Requirements for a ‘lead registrant’ in a facility where professional services are provided helps to assure quality of care by ensuring a registered professional is responsible and accountable for the provision of professional services within that facility.	Can help to assure quality of patient care and improve oversight within clinics.	Registrants working in any clinic-based practice model may benefit from this approach.	<ul style="list-style-type: none"> • Jurisdictional Review Summary (Deliverable C) 	<ul style="list-style-type: none"> • Option #2
6) Using a regulatory sandbox to pilot innovative concepts or models that have the potential to improve the quality or delivery of services.	Can enable innovation that improves access to care and provides a safe environment for testing and exploring how to best regulate innovations.	Registrants working in any practice model could take advantage of a regulatory sandbox.	<ul style="list-style-type: none"> • Jurisdictional Review Summary (Deliverable C) 	<ul style="list-style-type: none"> • Option #4

Opportunity related to dental practice models	Potential patient outcomes	Impacted registrants and applicable practice models	Deliverables (Sources)	Proposed options that will consider or harness the opportunity
7) The College may be able to improve its understanding and oversight over dental clinics and, consequently, issues that can arise at the clinic-level.	Greater oversight could help to assure quality of care and identify opportunities to more effectively regulate registrants.	Registrants working in any practice model.	<ul style="list-style-type: none"> • Consultation Summary (Deliverable E) 	<ul style="list-style-type: none"> • Option #2 • Option #6