

RCDSO
**ANNUAL
REPORT
2017**



Royal College of
Dental Surgeons of Ontario

CONTENTS

President's Message	1
Inquiries, Complaints and Reports Committee	2
Discipline Committee	6
Fitness to Practise Committee	9
Patient Relations Committee	10
Quality Assurance Committee	12
Registration Committee	15
Professional Liability Program Committee	17
Report of the Independent Auditor on the Summary Financial Statements	19
Summary Statement of Financial Position	20
Summary Statement of Operations	20
Note to Summary Financial Statements	21
Distribution of Dentists	22
Presidents and Registrars	25

The Royal College of Dental Surgeons of Ontario (RCDSO) is the regulatory body for nearly 10,000 dentists in Ontario. Established in 1868, RCDSO acts in the public interest, with a "patients first" focus, to ensure high standards of practice, education and conduct are met by every dentist. The College's Quality Assurance program promotes the continuing competence of Ontario dentists throughout their careers so that they continue to provide safe, effective, appropriate and ethical dental care to their patients.

RCDSO has led the way in issues such as transparency and access to information, addressing sexual abuse of patients, privacy, creation of a Canada-wide standard on mercury waste, access to dental care in the long-term care sector, labour mobility, guidelines for sedation and anesthesia, incorporation for health-care professionals, dental CT scanners, electronic recordkeeping, chronic pain management, fluoridation, and wellness programs for the profession.

PRESIDENT'S MESSAGE

Committed to Leading Change



The College progresses and is ready to meet new challenges.

The pages of the 2017 annual report tell a story of much hard work with a single goal – to put patients first by acting in the public interest.

Our regulatory environment is changing and we are committed to help to lead that change. There are good reasons for increased transparency and accountability, and we spent time and resources in 2017 improving our systems to address this.

On May 30, 2017, the Protecting Patients Act came into effect. It strengthens the prevention of, and response to, incidents of patient sexual abuse, increases supports for victims of sexual abuse by regulated health professionals and improves regulatory oversight and accountability of health regulatory colleges. Our College spoke in favour of these changes from the beginning. Our implementation of the measures exceeds and improves upon the standard.

As President of the College I am honoured to serve with a dedicated group of Council and non-Council Committee members. Publicly-appointed and elected members collaborate to achieve the mandate of the RCDSO. Our successes rest on the work of an expert and enthusiastic staff.

2018 will see a new website and Register as well as comprehensive revisions to key guidelines, standards and programs to educate and advise the profession. At 150 years young, the College progresses and is ready to meet new challenges.

A handwritten signature in black ink that reads "Dr. R.M. Yarascavitch". The signature is written in a cursive style.

Dr. Ronald Yarascavitch
PRESIDENT

Inquiries, Complaints and Reports Committee

MEMBERS

Cam Witmer (Chair)
Ted Callaghan
Keith Morley
Lawrence Davidge
Catherine Kerr
Flavio Turchet
Harinder Sandhu
David Segal
Mindy Cash
Marianne Park
Gregory Larsen (*resigned May 24, 2017*)

Ron Yarascavitch
Neil Moss
Michael Duchnay
Ali Davoudpour
Michael Perelgut
Christina Oprescu-Havriliuc
Ted Shipper
Jane Walker
Jeffrey Yasny
Derek Walter (*appointed May 26, 2017*)

MANDATE

The Inquiries, Complaints and Reports (ICR) Committee reviews concerns about members that are brought to the College's attention from various sources, such as formal complaints, mandatory reports, and information brought to the attention of the Registrar. Such concerns include allegations of professional misconduct, incompetence, and incapacity.

The ICR Committee meets in panels of three. In 2017, the Committee had ten standing panels. After investigating a formal complaint or report, a panel may make one or more of the following dispositions:

1. Refer specified allegations of professional misconduct or incompetence to the Discipline Committee for a hearing;
2. Make inquiries into the member's capacity and/or refer the matter to the Fitness to Practise Committee;
3. Require the member to appear before a panel of the ICR Committee to be cautioned;
4. Take other appropriate action, such as:
 - require the member to complete a specified continuing education or remediation program (SCERP);
 - ask the member to voluntarily complete courses, mentoring or practice monitoring;
 - ask the member to voluntarily restrict their practice;
 - provide advice and/or recommendations to the member.
5. Take no action.

In addition to the powers listed, the Regulated Health Professions Act was amended on May 30, 2017, to provide the ICR Committee with the power to make an interim order at any time following the receipt of a complaint or upon the Registrar's appointment of an investigator. With this new power, the ICR Committee can make an order to either impose terms conditions or limitations on a member's certificate of registration or to suspend a member's certificate of registration pending the final disposition of the matter. The ICR Committee can only make such an order if it is of the opinion that the dentist's conduct exposes or is likely to expose patients to harm or injury.

The ICR Committee uses a [Risk Assessment Tool and Framework](#) to guide its decision-making process.

COMMITTEE ACTIVITY

Complaints

In 2017, the College received 598 formal complaints. Panels of the ICR Committee met on 104 occasions during this period to review the results of investigations of formal complaints. A summary of the Committee's dispositions is shown on page 3.

Dispositions – Formal Complaints

Number of Decisions Issued ¹	439
No action	164
No action (approval of Alternative Dispute Resolution)	42
Advice and recommendations	159
Remedial agreement	14
Caution	36
Specified Continuing Education or Remediation Program (SCERP)	63
Undertaking	3
Referral to Discipline Committee	9
Referral to ICR panel for incapacity proceedings	0
Interim Order – terms, conditions and limitations (TCL)	1
Interim Order – suspension	1
Interim Order – lifted/varied	1
Complaint deemed frivolous, vexatious, made in bad faith, moot or otherwise and abuse of process	8

¹ Some decisions contain more than one disposition (e.g. SCERP and caution). Accordingly, the total number of decisions will not equal the total number of dispositions.

On May 30, 2017, the Regulated Health Professions Act was amended such that the Registrar of the College was granted discretion to withdraw a complaint, at the request of a complainant, if the Registrar believes that the withdrawal is in the public interest.

Of the 16 requests from complainants to withdraw their complaint in 2017, one was withdrawn by the Registrar. In this case, the complainant had mistakenly identified the wrong member.

Alternative Dispute Resolution (ADR)

The Regulated Health Professions Act allows the College to resolve complaints by way of ADR, unless the complaint involves an allegation of sexual abuse.

ADR is a voluntary, confidential process that uses an informal and direct approach. An independent facilitator, who is an expert in the process of mediation and has no connection to the College, meets with the complainant and the dentist to help them reach a resolution. ADR resolutions aim to satisfy both parties, while protecting the public interest. If a resolution is reached through ADR, it must be approved by a panel of the ICR Committee.

Not all complaints are suitable for ADR. Some common issues that may be considered appropriate for ADR are:

- poor communication
- inaccurate or poor documentation
- rude or unprofessional behaviour that is not indicative of serious practice deficiencies
- isolated failure to maintain standards
- inadequate consent involving fees

Effective May 30, 2017, the legislation requires ADR resolutions to be reached within 60 days. This timeline can be extended to 120 days with the agreement of the complainant and the dentist, if the Registrar believes that it is in the public interest to do so.

If no agreement is reached within this prescribed time period, the complaint must proceed through the formal process with a full investigation. The panel of the ICR Committee investigating the matter will have no knowledge of the substance of the ADR meeting.

Alternative Dispute Resolution (ADR) Activity

Cases that proceeded to ADR ¹ (agreed to by both parties)	108
Successfully resolved	53
Unsuccessful ²	21
In progress	34

¹ In the event one or more of the parties do not agree to participate in the ADR process, the complaint is returned to the formal complaint process.

² In the event the matter is not resolved through an ADR negotiation or within the prescribed time period, the complaint is returned to the formal complaint process.

Health Professions Appeal and Review Board

The Health Professions Appeal and Review Board (HPARB) is an independent tribunal administered by the provincial government that, upon receiving an application from a complainant or a member, reviews the ICR Committee’s decision. The College is required to make full disclosure of its investigation file to the HPARB.

There is no right of review where the ICR Committee has referred allegations of professional misconduct to the Discipline Committee for a hearing or to a panel of the ICR Committee for incapacity proceedings.

HPARB Activity	
Number of requests for review received	66
Number of decisions issued by the HPARB	51
ICR Committee decision confirmed	46
Returned – inadequate investigation	0
Returned – unreasonable decision	4
Returned – substitute decision	1
Request for review denied	2
Request for review withdrawn by the applicant	8
Order by the HPARB not to proceed with the review	2
Section 28 application ¹	2
Section 28 application dismissed	2
Request for reconsideration denied	1

¹ A party may apply to HPARB for an order under Section 28 of the Health Professions Procedural Code of the Regulated Health Professions Act, 1991, which states that a panel shall dispose of a complaint within 150 days.

REGISTRAR’S REPORTS

Section 75 of the Health Professions Procedural Code (Code) of the Regulated Health Professions Act provides a mechanism, other than formal complaints, for colleges to investigate the conduct of members. In order for such an investigation to commence, the Registrar must have reasonable and probable grounds to believe that the member has committed an act or acts of professional misconduct or is incompetent, based on information received, or must have received a request from the Quality Assurance Committee to conduct an investigation. In these circumstances, the Registrar will appoint an investigator and the ICR Committee must approve the appointment.

In 2017, the Registrar made 51 appointments to look into the conduct of members based on information received, and made two appointments as requested by the Quality Assurance Committee.

The results of investigations conducted under Section 75 of the Code are reported to the ICR Committee by way of a Registrar’s Report. Panels of the ICR Committee met on 23 occasions in 2017 to review Registrar’s Reports. The following is a summary of dispositions in relation to Registrar’s Reports.

Dispositions – Registrar’s Reports	
Number of decisions issued ¹	54
No action	13
Advice and recommendations	18
Remedial agreement	4
Caution	7
Specified Continuing Education or Remediation Program (SCERP)	6
Undertaking	2
Referral to Discipline Committee	9
Interim order	1
Referral to ICR panel for incapacity proceedings	1
Interim order – restriction (TCL)	3
Interim order – suspension	3
Interim order – lifted/varied	4

¹ Some decisions contain more than one disposition (e.g. SCERP and caution). Accordingly, the total number of decisions will not always equal the total number of dispositions.

INCAPACITY INQUIRIES

The Health Professions Procedural Code of the Regulated Health Professions Act, 1991, defines “incapacitated” as follows:

“...that the member is suffering from a physical or mental health condition or disorder that makes it desirable in the interest of the public that the member’s practice be subject to terms, conditions or limitations, or that the member no longer be permitted to practise.”

In 2017, the ICR Committee made inquiries into the possible incapacity of two members. One inquiry resulted in a referral to the Fitness to Practise Committee, following which the member voluntarily agreed to withdraw from practice. In the second case, the ICR Committee was satisfied that the member was not incapacitated and the file was closed.

Also in 2017, the ICR Committee reviewed requests from two members for relief from/variance to undertakings that were in place from previous incapacity inquiries. One request was granted.

MONITORING AND ENFORCEMENT

Practice Monitoring

A member’s practice may be monitored for a specified period of time as a result of a decision of the ICR Committee or an order of the Discipline Committee. The purpose of a monitoring program is to ensure that the member is rehabilitated in an area of practice that requires remediation. Periodical monitoring visits take place following the member’s successful completion of a course or courses. The results of each monitoring visit are reported to a panel of the ICR Committee, which decides when monitoring is no longer necessary.

Practice Monitoring Activity	
Monitoring reports reviewed	200
Ongoing	137
Closed	63

Practice Mentoring

Members who have received comprehensive remedial training as a result of a decision of the ICR Committee or an order of the Discipline Committee may require one-on-one mentoring from an experienced colleague as an extension of the learning process. The goal of a mentoring program is for the member to develop a level of independence and skill that allows the member to carry on in dental practice without the guidance or direction of a mentor.

Practice Monitoring Activity	
Members in mentoring programs	14
Mentoring reports reviewed	31
Ongoing	8
Closed	6

Illegal/Unauthorized Practice

From time to time, the College receives information about individuals who are not registered with the College but refer to themselves as dentists who are entitled to practise dentistry in Ontario. While the authority to investigate these individuals is not granted to the College under the Regulated Health Professions Act, the College believes it has an obligation to do so in the interest of protecting the public of Ontario.

In 2017, the College investigated 13 individuals. As a result of these investigations, the College obtained orders from the Superior Court of Ontario against four individuals, preventing them from engaging in the practice of dentistry in Ontario and/or from holding themselves out as individuals who are qualified to practise dentistry in Ontario. The remaining cases were either concluded without sufficient evidence or the investigations are ongoing.

Discipline Committee

MEMBERS

Richard Hunter (Chair)
Susan Davis (Vice-Chair)
Harpaul Anand
Vinay Bhide
Richard Bohay
Ram Chopra (from March 4, 2017)
William Coyne
Peter Delean
Margaret Dunn
Elliott Gnidec

Barbara Carol Janik
Manohar Kanagamany
Lisa Kelly
Gregory Larsen (from May 26, 2017)
Benjamin Lin
David Mock
Kate Towarnicki
Sandy Venditti
Derek Walter (until May 22, 2017)

MANDATE

The Discipline Committee is responsible for hearing and determining allegations of professional misconduct or incompetence referred to it by the Inquiries, Complaints and Reports Committee.

A panel of the Discipline Committee considers each case in an open hearing and decides whether the allegations have been proven and if so, what penalty is appropriate. A panel is composed of a minimum of three and no more than five persons, two of whom must be public members. At least one of the members of a panel must be both a member of the College and a member of the Council. When a panel consists of five persons, two shall be public members. Three members of a panel, one of whom is a public member, constitute a quorum.

Where a panel of the Discipline Committee finds a member guilty of professional misconduct it may make one or a combination of the following orders:

1. Direct the Registrar to revoke the member's certificate of registration.
2. Direct the Registrar to suspend the member's certificate of registration for a specified period of time.
3. Direct the Registrar to impose specified terms, conditions and limitations on the member's certificate of registration for a specified or indefinite period of time.
4. Require the member to appear before the panel to be reprimanded.
5. Require the member to pay a fine of not more than \$35,000 to the Minister of Finance.

In appropriate cases, and where there is a finding of professional misconduct or incompetence, a panel may make an order requiring the member to pay all or part of the College's costs and expenses. In addition, if the Discipline panel is of the opinion that the commencement of the proceedings was unwarranted, it may make an order requiring the College to pay all or part of the member's legal costs.

Pre-Hearing Conferences

Prior to the formal hearing, the College and the member may agree to an informal, confidential and without prejudice meeting, called a pre-hearing conference. In attendance are the member, their legal counsel and counsel for the College. The meeting is chaired by a presider selected by the Chair of the Discipline Committee. The objectives of the pre-hearing conference are:

- to simplify the issues;
- to reach agreement on some or all of the evidence;
- to reach agreement on some or all of the allegations;
- to resolve any matter that might assist in the just and efficient disposition of the proceedings.

Any agreement reached must be confirmed by a panel of the Discipline Committee. The presider, who may be a member of the Discipline Committee, cannot participate in the Discipline Committee hearing involving that particular member.

Results of Discipline Proceedings

In accordance with the legislation and the College’s by-laws, the results of Discipline proceedings are available on the College’s Register, including the full decisions and reasons of the Discipline Committee. Summaries of discipline proceedings are also available on the College’s Register.

Activity Highlights

There were 12 hearings of the Discipline Committee held in 2017, requiring panels of the Discipline Committee to sit for 22 hearing days. Ten pre-hearing conferences were also held.

For the nine hearings that concluded in 2017, seven resulted in a finding or findings of professional misconduct against the member. In two cases, the allegations against the member were withdrawn and in the remaining case, the allegations were adjourned *sine die* since the member was no longer entitled to practise dentistry as a result of other College proceedings. Two hearings will continue in 2018.

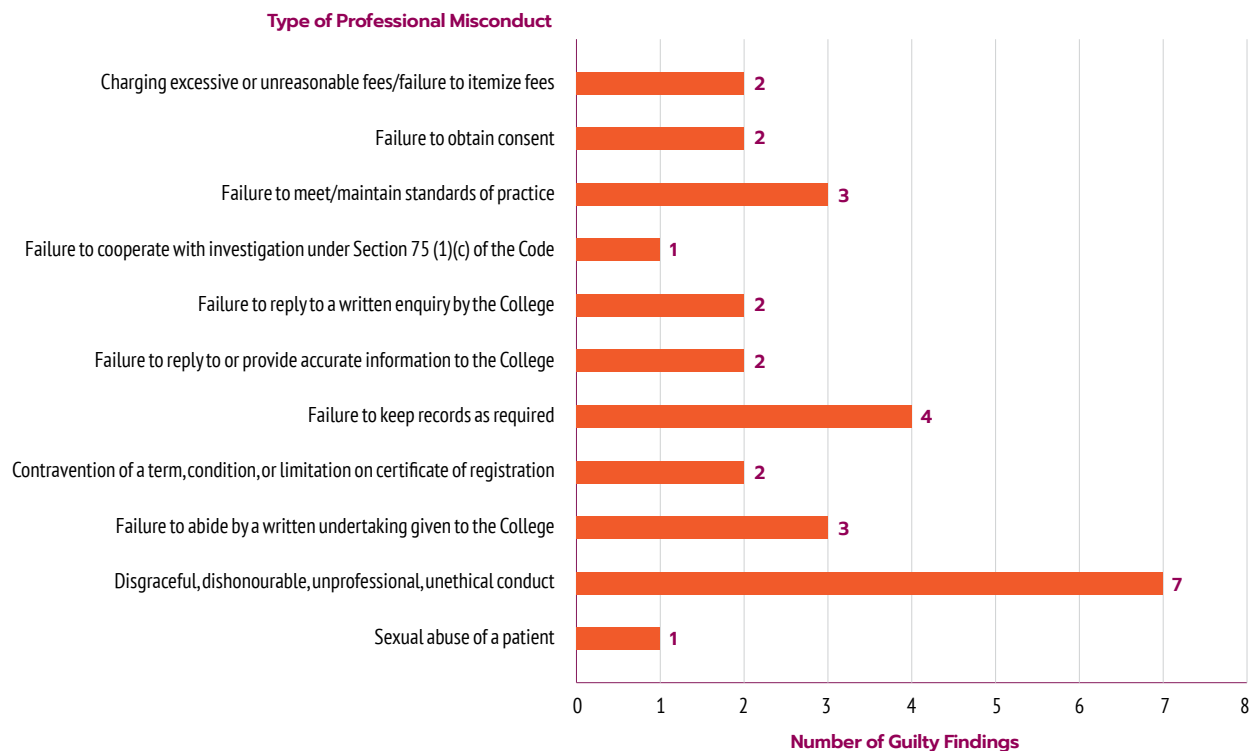
The findings of professional misconduct made against the seven members, related to:

- sexual abuse of a patient;
- treating without consent;
- contravening a term, condition and limitation on the member’s certificate of registration;
- failing to abide by a written undertaking given by the member to the College;
- failing to reply to an enquiry by the College/failing to provide accurate information to the College;
- contravening a provision of the Act in relation to failing to cooperate with an investigation under Section 75(1)(c) of the Code;
- failing to keep records as required by the legislation
- failing to meet and/or maintain the standards of practice of the profession;
- charging excessive or unreasonable fees;
- failing to itemize a lab fee;
- disgraceful, dishonourable, unprofessional or unethical conduct.

Table 1 contains a profile of the number of findings with respect to the categories of professional misconduct listed above.

TABLE 1

PROFILE OF DISCIPLINE FINDINGS – 2017



PENALTIES

The penalties imposed by the Discipline Committee included:

- Revocations of members' certificates of registration – 3
- Reprimands – 6
- Suspensions of members' certificates of registration, ranging from one month to three months in length – 2
- Courses to be taken by members in the subject areas of ethics, recordkeeping/financial recordkeeping, informed consent – 3
- Members' practices to be monitored – 4
- Cases in which costs were awarded to the College, ranging from \$2,500 to \$10,000 – 5

DECISIONS AND REASONS

The 2017 decisions and reasons of the Discipline Committee can be found on the College's register (website), which can be accessed by clicking on the links below.

[Dr. Abraham Aberback](#)

[Dr. Kevin Calzonetti](#)

[Dr. Sydney Dreksler](#)

[Dr. Bruce Fletcher](#)

[Dr. Oleh Korol](#)

[Dr. Catherine McGregor](#)

[Dr. Genadi Raichelson](#)

[Dr. Helmut Ragnitz](#)

[Dr. Paul Sclodnick](#)

Fitness to Practise Committee

MEMBERS

Lisa Kelly (Chair)
Harpaul Anand
Vinay Bhide
Richard Bohay
William Coyne
Susan Davis

Peter Delean
Margaret Dunn
Mark Eckler
Elliott Gnidec
Barbara Carol Janik
Kate Towarnicki

MANDATE

The Fitness to Practise Committee determines if a dentist is incapacitated and, if so, how to deal with the member.

“Incapacitated” means that the member is suffering from a physical or mental condition or disorder that makes it desirable in the interest of the public that the member’s certificate of registration be subject to terms, conditions or limitations, or that the member no longer be permitted to practise.

If a panel of the Fitness to Practise Committee finds that a member is incapacitated, it will make an order doing any one of the following:

1. Direct the Registrar to revoke the member’s certificate of registration.
2. Direct the Registrar to suspend the member’s certificate of registration.
3. Direct the Registrar to impose specified terms, conditions and limitation on the member’s certificate of registration for a specified or indefinite period of time.

COMMITTEE ACTIVITY

It was not necessary for the Fitness to Practise Committee to hold any hearings in 2017.

Patient Relations Committee

MEMBERS

Catherine Kerr (Chair)
Jocelyne Abi-Nahed
Nancy Di Santo
Margaret Dunn
Richard Raymond
Harinder Sandhu

MANDATE

The Patient Relations Committee is responsible for advising Council with respect to the Patient Relations Program, which includes the following measures for preventing and dealing with sexual abuse of patients:

1. Education for dentists regarding sexual abuse and boundary issues;
2. Guidelines for the conduct of dentists with their patients;
3. Training for College staff;
4. Education and information for the public;
5. Funding for therapy and counselling for patients who have been sexually abused by their dentist.

Through its various initiatives, the Patient Relations Committee promotes and enhances relations between the College and its members, other health profession colleges, key stakeholders and the public.

On May 30, 2017, the Protecting Patients Act strengthened the sexual abuse and transparency provisions in the Regulated Health Professions Act. As a result, the Patient Relations Committee further enhanced its communications, activities and programs.

ACTIVITY HIGHLIGHTS

Funding for Therapy and Counselling – Earlier eligibility

As required by the legislation, the College's Patient Relations Committee administers a program to provide funding for therapy and counselling for patients where there has been a finding of sexual abuse by a dentist while they were a patient. A patient is eligible for funding for therapy or counselling after the Discipline Committee finds that they were sexually abused by the dentist while that person was patient.

The Protecting Patients Act contains a provision, not yet in force, which would provide that support earlier. It states that a person is eligible for funding for therapy and counselling if it is alleged, in a complaint or report, that the person was sexually abused by a member while the person was a patient of the member. This means that eligibility for funding will commence at the outset of a complaint or report, not after a finding of sexual abuse by the Discipline Committee. The Minister of Health and Long-Term Care may also make regulations to provide funding for other purposes.

In November 2017, Council recognized that although this amendment to the legislation is not yet in force, it is in the public's interest to provide access to funding for therapy and counselling earlier in our process, at the onset of the complaint or report, in advance of the legislative change. This change in eligibility for funding takes effect on January 1, 2018.

Updated Practice Advisory on Sexual Abuse and Boundary Violations

In November 2017, Council approved the updated [Practice Advisory on the Prevention of Sexual Abuse and Boundary Violations](#), which provides guidance to dentists on the prevention of sexual misconduct and boundary violations. The updated practice advisory reflects current legislation and educates dentists in the areas of sexual abuse, boundary violations, duty to report and mandatory reporting obligations. The practice advisory is posted and highlighted on [the College's website](#).

Legal Support Program Enhancements

At the request of the Patient Relations Committee, Council approved a policy to provide independent legal support for people who are testifying at a discipline hearing about sexual abuse and boundary violations of a sexual nature. In 2017, application forms for this legal support were made available to the public on [the College's website](#). A complainant/individual can submit an application for support after a referral of specified allegations of professional misconduct in relation to sexual abuse or boundary violations is made to the Discipline Committee.

As part of this policy, the complainant/individual can retain a lawyer of their choice from a roster of lawyers approved by the Registrar of the College.

Staff, Council and Committee Training

College staff attended a mandatory training session on disability awareness led by Ms. Marianne Park, Council member.

In addition, Council and committee members attended an educational session led by Dr. Sandy Welsh, Vice-Provost of Students at the University of Toronto. Dr. Welsh spoke about understanding the survivor experience/perspective in the regulatory context and trends in handling sexual abuse and harassment complaints.

Circulation of the *Courage to Be Heard* Brochure

The Committee developed a patient-focused brochure about sexual abuse entitled, "Courage to be Heard" that includes communication to the public about sexual abuse. This brochure addresses what to do if you think your dentist has violated patient-dentist boundaries or

engaged in sexual misconduct or abuse, and the types of concerns investigated by the College. The brochure is available on [the College's website](#) and has been forwarded to sexual assault centres within the province.

McGill Project

In 2017, the College continued its partnership in a \$2.5 million research grant awarded to McGill University by the Social Sciences and Humanities Research Council. This seven-year research project, "IMPACTS: Collaborations to Address Sexual Violence on Campus", previously entitled "A Multi-Sector Partnership to Investigate and Develop Policy and Practice Models to Dismantle 'Rape Culture' in Universities", aims to mobilize systemic change in universities and in mainstream social contexts. The goal of this multi-disciplinary partnership is to unearth, dismantle and prevent rape culture within universities, and ultimately in society, through evidence-based research that will inform sustainable curriculum and policy. Given the integrated nature of this project, there will be ripple benefits to the College from research done in the other project areas to inform policy and provide strategic and sustainable models for universities, partners and others in order to address rape culture and sexual violence in universities.

The College is a partner in Project Team A – Role of Universities and is a member of the Advisory Board.

The research seeks to clarify these six objectives:

- Systemic barriers sustaining rape culture
- Intersections between education and human rights law
- Legal literacy among university communities
- Case law and academic literature
- Gaps in social awareness in professional ethics programs
- Educational potential of universities.

The College continues to support this important research project.

Requests for Funding and Therapy for Counselling

To date, the Patient Relations Committee has not received any requests for funding.

Quality Assurance Committee

MEMBERS

David Mock (Chair)
Siranus Hacherian
Elizabeth MacSween
Anita Moosani
Marianne Park

MANDATE

The Quality Assurance (QA) Committee is the statutory committee that is charged with the development, administrative review and ongoing evaluation of the College's QA Program. This program, which is mandated under the Regulated Health Profession's Act, 1991, is designed to ensure that the knowledge, skill and judgment of Ontario dentists remains current throughout their careers, and that they continue to provide safe, effective, appropriate and ethical dental care to their patients.

ACTIVITY HIGHLIGHTS

Quality Assurance Program

All members with a general or specialty certificate of registration are required to participate in the College's QA Program. As outlined in the QA Regulation, the key components of the QA Program are:

Continuing Education and the e-Portfolio: All members are required to pursue continuing education (CE) activities as part of their commitment to the profession and lifelong learning. This includes obtaining at least 90 CE points in each three-year cycle. There are three categories in which members may obtain CE points: core courses, courses offered by approved sponsors and other courses.

The QA Committee receives course proposals from numerous organizations for review and consideration in core courses, the highest CE category. Members may

choose from over 200 approved core courses, which are listed on [the College website](#).

In addition, all members are required to record their CE activities in their online e-Portfolio, and to retain original documents, e.g. course certificates and other proof of attendance documents, that provide evidence of their successful participation in CE activities for five years from the end of each three-year cycle.

From April 1, 2015 to December 31, 2017, the College randomly selected 1,075 members to have their e-Portfolio reviewed. A summary of their status is reflected in the following table.

Current status of members randomly selected for review of their e-Portfolio for the period of April 1, 2015 to December 31, 2017

Total number of members randomly selected	1,075
Removed from selection list*	14
Active (in progress)	4
Completed – successful	942
Completed – unsuccessful (shortfall of CE points)	115
Under review by Committee	3
Explanation accepted/no further action	88
Assigned for review of next CE cycle	24

* Members may be removed from the random selection list for full-time post-graduate programs, registration in a specialty and other reasons that result in a reset of their CE cycle.

Practice Enhancement Tool (PET): This is an online self-assessment program that allows members to evaluate and assess their practice, knowledge, skill and judgement based on peer-derived standards. All members are required to complete an assessment at least once every five years.

From January 1, 2013 to December 31, 2017, the College randomly selected 8,123 members to complete the PET. A summary of their status is reflected in the following table.

Current status of members randomly selected to complete the PET for the period of January 1, 2013 to December 31, 2017

Total number of members randomly selected	8,123
Removed for retirement/resignation	175
Removed for full-time post-graduate program	36
Active (in progress)	0
Completed – successful (1 st attempt)	7,818
Completed – unsuccessful (1 st attempt)	2
Completed – successful (2 nd attempt)	40
Completed – unsuccessful (2 nd attempt)	0
Failed to complete	1
Extension	2
Deferral	36
Request for consideration	0
Undertaking/Agreement	8
Refer to Inquiries, Complaints and Reports Committee	5
Practice Assessment	0

The anonymized results of over 5,000 members who completed the PET were forwarded to Dr. Jack Gerrow, Executive Director and Registrar, The National Dental Examining Board of Canada, and Dr. Vicki LeBlanc, Chair and Associate Professor in the Department of Innovation in Medical Education, University of Ottawa, for statistical analysis. Subsequently, the QA Committee received reports from both. Dr. Gerrow advised that “The results are excellent... Overall, your question selection process and the question selectors in particular have produced a very useful and reliable tool.” Dr. LeBlanc found that age and years since graduation had a minor to moderate effect on PET scores, which is consistent with observations in other

health professions, notably medicine. Dr. LeBlanc still found, however, that members performed very well on the PET.

The QA Committee is continuing its work on the development of a new version of the PET for members who hold a specialty certificate of registration. Partnering with the Ontario faculties of dentistry at the University of Toronto and Western University, new questions at the specialist level have been prepared in the areas of orthodontics, oral and maxillofacial surgery, endodontics and periodontics. In 2018, new questions at the specialist level will be prepared in the areas of pedodontics and prosthodontics.

Practice Enhancement Consultant: A consultant is available to assist members at any time to interpret and discuss the results of their assessment and in identifying appropriate continuing education or professional development activities, regardless of the outcome.

Annual Declaration: All members are entrusted with the responsibility of completing a section on their annual membership renewal form to self-declare whether they are in compliance with the QA Program requirements.

Review of College Standards and Guidelines

Standard of Practice on the Use of Sedation and General Anesthesia in Dental Practice

At the November 2016 meeting, Council was informed that the QA Committee decided this is an appropriate time to update the Standard of Practice on the Use of Sedation and General Anesthesia in Dental Practice and directed the Registrar to strike a working group to review the document and provide recommendations for revising it. A working group was formed and several meetings were held in 2017. Additional meetings have been scheduled for 2018.

Guidelines on Conflict of Interest

At the May 2017 meeting, Council approved, in principle, the proposed Guidelines on Conflict of Interest, and directed that the draft document be circulated to members and other stakeholders for comment. The College received numerous submissions. The QA Committee decided to reconvene the working group to consider the submissions and provide recommendations for revising the proposed Guidelines.

Guidelines on the Diagnosis & Management of Temporomandibular Disorders & Related Musculoskeletal Disorders

At the May 2017 meeting, Council was informed that the Executive Committee decided to strike a working group to review the Guidelines on the Diagnosis & Management of Temporomandibular Disorders & Related Musculoskeletal Disorders and provide recommendations to the QA Committee and Council for its revision. A working group was formed and several meetings were held in 2017. Additional meetings have been scheduled for 2018.

Guidelines on Infection Prevention and Control in the Dental Office

At the May 2017 meeting, Council approved the striking of a working group to review the Guidelines on Infection Prevention and Control in the Dental Office and provide recommendations for revising it. A working group was formed and several meetings were held in 2017. Additional meetings have been scheduled for 2018.

Guidelines on the Role of Opioids in the Management of Acute and Chronic Pain in Dental Practice

In November 2015, Council gave final approval to the [Guidelines on the Role of Opioids in the Management of Acute and Chronic Pain in Dental Practice](#). In August 2017, the Alberta Dental Association and College published a Guide for Pain Management/Opioids, and acknowledged the valuable contribution of the Ontario Guidelines in the development of their guide. In addition, the Provincial Dental Board of Nova Scotia requested permission to use the Ontario Guidelines to develop a similar document for their province.

Joint Statement of Action to Address the Opioid Crisis in Canada

In November 2016, David Mock, Chair of the QA Committee, signed the Joint Statement of Action to Address the Opioid Crisis in Canada, committing the College to the following:

By December 2017: Requesting and reviewing narcotics monitoring system data for opioid prescriptions by dentists and dental specialists for the calendar year 2016 and comparing this data to that received for the calendar year 2014 to assess the impact of the Guidelines on the Role of Opioids in

the Management of Acute and Chronic Pain in Dental Practice (published in 2015).

The College requested and received narcotics monitoring system data for 2015 and 2016. This data, along with the data received for 2014, was provided to an epidemiologist, Dr. Gordon Thompson, for analysis. The results of the analysis were presented in a report, which was completed in December 2017.

The report, Opioid Prescribing by Ontario Dentists: 2014-2016, will be forwarded to the QA Committee and Council for review and consideration of next steps. In addition, the report will be forwarded to the Canadian Centre for Substance Abuse and published on the College website to inform members.

Antibiotic Prophylaxis

The use of antibiotic prophylaxis to prevent prosthetic joint infection has been controversial, and various reports over several years have generated conflicting recommendations. In 2016, an inter-professional consensus statement was developed through collaboration between three organizations – the Canadian Dental Association, the Canadian Orthopedic Association and the Association of Medical Microbiology and Infectious Disease (AMMI).

At the November 2017 meeting, Council approved a recommendation to support the consensus statement, in which the following recommendations were made:

1. Patients should not be exposed to the adverse effects of antibiotics when there is no evidence that such prophylaxis is of any benefit.
2. Routine antibiotic prophylaxis is not indicated for dental patients with total joint replacements, or for patients with orthopedic pins, plates and screws.
3. Patients should be in optimal oral health prior to having total joint replacement and should maintain good oral hygiene and oral health following surgery. Orofacial infections in all patients, including those with total joint prostheses, should be treated to eliminate the source of infection and prevent its spread.

Council also directed the College to advise members to review the consensus statement and implement it in their offices.

Registration Committee

MEMBERS

Benjamin Lin (Chair)
Flavio Turchet
Sandy Venditti
Derek Walter

MANDATE

The Registration Committee reviews all applications for registration that the Registrar refers to it. The Registrar is required to refer an application if he/she has doubts that the applicant meets the legislated requirements, considers imposing terms, conditions, and limitations, or intends to refuse the application.

The Committee provides each applicant with an opportunity to make written submissions prior to rendering its decision. In addition, it routinely offers applicants the opportunity to personally attend to make oral representations should he/she wish to do so. The Committee's decisions are subject to review by the government-appointed Health Professions Appeal and Review Board (HPARB).

The Registration Committee is also responsible for setting registration policies, advising College Council on entry to practice and reinstatement requirements and on national issues related to registration.

ACTIVITY HIGHLIGHTS

The Registration Committee convened on five occasions in 2017. Seven requests for registration and/or reinstatement plus two requests to vary terms, conditions and limitations were considered by the Registration Committee.

After reviewing these applications, reports from the jurisdictions where the applicants were currently licensed or registered (if applicable) and other information related to each applicant, the Committee:

- refused one application for reinstatement of a general certificate of registration;
- approved three applications for general certificates of registration;
- approved one application for reinstatement of a general certificate of registration with terms, conditions and limitations;
- approved two applications for specialty certificates of registration;
- approved two requests for variation of terms, conditions and limitations.

STATISTICS

(As at December 31, 2017)

Additions to the Register

University of Toronto (general)	72
University of Western Ontario (general)	55
Other Canadian graduates (NDEB) (general)	35
U.S.A.(NDEB) (general)	49
International graduates (NDEB) (general)	278
Specialty certificates	53*
Graduate certificates	13
Education certificates	3
Post-Specialty Training certificates	3

* Of this total, 27 were new members to the College and 26 were general members adding a specialty register.

Specialty Certificates Granted

The College granted 53 specialty certificates during 2017 in the following dental specialties:

Dental Anesthesiology	4
Endodontics	4
Oral and Maxillofacial Surgery	9
Oral Medicine	2
Oral Pathology	2
Orthodontics and Dentofacial Orthopaedics	7
Pediatric Dentistry	11
Periodontics	7
Public Health Dentistry	2
Prosthodontics	5

Removals and Reinstatements

Deceased	9
Resigned	12
Revoked – conditions expired	27
Reinstated	23

Total Membership Certificates by Category

General certificates	9,829
Specialty certificates	235
Combined General/Specialty certificates (Already counted in General Total)	1,388
Academic certificates	20
Graduate certificates	35
Education certificates	7
Post-Specialty Training certificates	4
Total Number of Membership Certificates	10,131

Professional Liability Program Committee

MEMBERS

Elizabeth Wilfert (Chair)
Karen Aiken
Vincent Carere
Neil Gajjar
Gurneen Sidhu
Reza Termei

MANDATE

The College's Professional Liability Program (PLP) obtains insurance coverage which provides errors and omissions protection to each member of the College. This protection extends to current, former, retired, and deceased members, as well as dental partnerships and health profession corporations holding a valid certificate of authorization from the College. This automatic provision of protection by the College to all Ontario dentists ensures to the extent reasonably possible that mechanisms are in place to protect the public in the event of injury resulting from dental negligence of its members.

The Professional Liability Program is separate from the regulatory arm of the College. The PLP Committee oversees the policies and practices of the program and has responsibility for reviewing staff use of delegated settlement authority, approving all settlements exceeding internal staff authority, authorizing the defence of actions through trial and approving appeals of adverse trial decisions. The Committee also provides leadership with respect to PLP enhancements, including risk management and practice improvement initiatives that may be required from time to time.

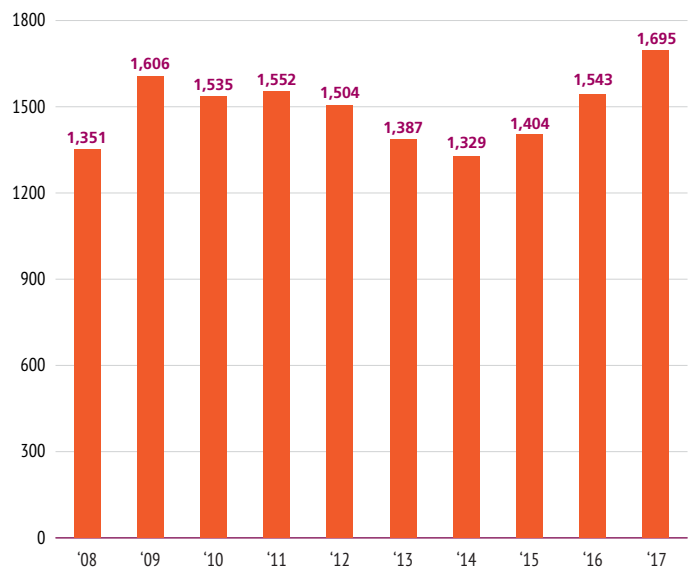
ACTIVITY HIGHLIGHTS

Incidents Reported

Between January 1 and December 31, 2017, there were 1,695 incidents/potential claims reported to PLP, an increase of 152 from the previous year. Table 1 shows the number of files opened for the ten-year period 2008–2017.

PLP staff continues to be very active in the area of incident and risk management. As a result, it is expected that over 90 per cent of PLP's files will eventually be closed with no payment being made by PLP. This includes matters in which PLP staff has provided advice to members, drafted correspondence and prepared releases for out of pocket refunds/reimbursements to allow members to resolve situations themselves.

TABLE 1
INCIDENTS REPORTED TO PLP 2008–2017



PLP Micro-Website

PLP's micro-website includes videos, articles, FAQ's, quick hits and forms to request malpractice protection letters and to pay deductibles. Members are able to report incidents, request releases and seek dental-legal advice online. The site is easy to navigate and the search function is robust. PLP collects data on member inquiries and the homepage features the most popular quick hit topics. The uptick in 2017 new reports is likely due to the increased availability of online reporting.

Contract Renewal

RCDSO's policy with ENCON Group Inc. was renewed for 2018. RCDSO's risk retention is \$2 million per occurrence with an aggregate deductible of \$15 million. Once the aggregate deductible has been reached, RCDSO is protected by several insurers up to an additional annual aggregate limit of \$20 million.

Excess Malpractice Coverage

Excess malpractice protection of up to \$23 million is available to the College's members above the \$2 million provided through PLP. The College is not involved in retailing the excess coverage.

PLP Financial Performance

PLP undergoes annual actuarial evaluations by an accounting firm. The 2017 final evaluation report includes a reference to two large losses which have the potential for significant payouts. The methodology used to calculate projected losses also changed for 2017. This change increases the projected figures compared to the prior method. Without considering the two large losses, and comparing figures calculated on the basis of the same methodology and reported by the accounting firm at this time last year for 2016, the total projected payouts for 2017 are 10.5 per cent lower. The 2017 total projected payouts increase significantly when the two large losses are included. The accounting firm has confirmed that the program is adequately supported to absorb these large losses.

Risk Management

PLP continues its emphasis on incident prevention and risk management. Staff has created a number of presentations addressing risk management issues that are presented at no charge to local dental societies, dental students and other groups. PLP now has four Category 1 Core Courses: "The Big Picture", "Consent to Treatment", "Communication Breakdown" and "Patient Safety Incidents and Adverse Events". PLP had 15 speaking engagements in 2017. PLP staff also continued to prepare risk management articles and quick hits for PLP's website.

December 31, 2017

Report of the Independent Auditor on the Summary Financial Statements

To the Members of the Council of the
Royal College of Dental Surgeons of Ontario

The accompanying summary financial statements, which comprise the summary statement of financial position as at December 31, 2017, the summary statement of operations for the year then ended, and the note to the summary financial statements, are derived from the audited financial statements of the Royal College of Dental Surgeons of Ontario for the year ended December 31, 2017. We expressed an unmodified audit opinion on those financial statements in our report dated June 14, 2018. Those financial statements and the summary financial statements do not reflect the effects of events that occurred subsequent to the date of our report on those financial statements.

The summary financial statements do not contain all the disclosures required by Canadian accounting standards for not-for-profit organizations. Reading the summary financial statements, therefore, is not a substitute for reading the audited financial statements of the Royal College of Dental Surgeons of Ontario.

Management's Responsibility for the Summary Financial Statements

Management is responsible for the preparation of the summary of the audited financial statements on the basis described in the note to the summary financial statements.

Auditor's Responsibility

Our responsibility is to express an opinion on the summary financial statements based on our procedures, which were conducted in accordance with Canadian Auditing Standard (CAS) 810, "Engagements to Report on Summary Financial Statements".

Opinion

In our opinion, the summary financial statements derived from the audited financial statements of the Royal College of Dental Surgeons of Ontario for the year ended December 31, 2017 are a fair summary of those financial statements, on the basis described in the note to the summary financial statements.

The image shows the signature of Deloitte LLP in a cursive, handwritten style.

Chartered Professional Accountants

Licensed Public Accountants
June 14, 2018

SUMMARY STATEMENT OF FINANCIAL POSITION

as at December 31, 2017

	2017	2016
	\$	\$
Assets		
Cash	2,179,479	3,429,310
Accounts receivable	765,200	2,248,021
Prepaid expenses	451,655	159,131
Investments	64,099,013	61,259,923
Pension plan asset	2,826,300	2,460,500
Capital assets	7,338,193	7,468,721
	77,659,840	77,025,606
Liabilities		
Accounts payable and accrued liabilities	1,535,016	968,652
Deferred revenue	22,403,512	21,798,665
Accrued claims liability	14,085,489	14,099,226
Pension plan obligation	1,933,000	2,162,000
	39,957,017	39,028,543
Fund balances		
Invested in capital assets	7,338,193	7,468,721
Internally restricted	28,438,000	24,400,000
Unrestricted	1,926,630	6,128,342
	37,702,823	37,997,063
	77,659,840	77,025,606

The accompanying note to the financial statements is an integral part of these financial statements.

SUMMARY STATEMENT OF OPERATIONS

year ended December 31, 2017

	2017	2016
	\$	\$
Revenue		
Registration and annual fees	24,203,446	23,457,700
Investment income	1,429,567	1,457,906
Other income	857,186	542,507
	26,490,199	25,458,113
Expenses		
Staffing costs	13,184,547	11,787,763
Corporate services	6,144,057	5,221,826
Professional Liability Program	2,946,608	3,747,903
External providers	2,659,374	2,299,208
Council and Committees	1,102,134	864,208
Faculty payments and fees	483,819	438,649
	26,520,539	24,359,557
(Deficiency) excess of revenue over expenses	(30,340)	1,098,556

The accompanying note to the financial statements is an integral part of these financial statements.

December 31, 2017

Note to the Summary Financial Statements

Basis of the summary financial statements

The criteria applied by management in the preparation of these summary financial statements are as follows:

- a) The information in the summary financial statements is in agreement with the related information in the audited financial statements;
- b) A summary statement of changes in net assets and a summary statement of cash flows has not been presented, as the relevant information can be obtained from the audited financial statements.

The audited financial statements may be obtained from the Royal College of Dental Surgeons of Ontario at www.rcdso.org.

Distribution of Dentists

DISTRIBUTION OF DENTISTS PRACTISING IN ONTARIO BY AGE RANGE,
COUNTY AND ELECTORAL DISTRICT

COUNTY	LESS THAN 31	31 - 40	41 - 50	51 - 60	61 - 65	OVER 65
District 1						
Dundas	0	0	1	1	1	0
Frontenac	8	31	22	27	12	8
Glengarry	0	1	1	0	1	1
Grenville	2	4	5	2	0	1
Lanark	1	12	7	5	2	3
Leeds	2	5	4	8	4	5
Lennox Addington	0	0	4	2	0	1
Ottawa Carlton	55	169	240	170	68	60
Prescott	1	2	5	3	2	1
Renfrew	2	13	19	9	3	10
Russell	3	4	2	3	2	1
Stormont	7	10	10	6	4	1
District Total: 1,079	81	251	320	236	99	92
District 2						
Durham	24	105	94	108	35	37
Haliburton	0	0	2	0	0	1
Hastings	6	23	15	8	4	11
Northumberland	1	8	5	11	2	3
Peterborough	4	20	16	19	5	7
Prince Edward	2	1	2	0	1	1
Victoria	4	9	7	4	0	2
York	82	229	263	225	76	67
District Total: 1,549	123	395	404	375	123	129

COUNTY	LESS THAN 31	31 - 40	41 - 50	51 - 60	61 - 65	OVER 65
--------	--------------	---------	---------	---------	---------	---------

District 3

Algoma	5	18	8	12	7	4
Cochrane	3	9	9	5	4	2
Kenora	3	3	9	10	1	3
Manitoulin	0	1	1	2	1	0
Nipissing	1	6	3	12	2	7
Rainy River	1	3	4	3	1	1
Sudbury	8	18	22	23	8	9
Thunder Bay	14	30	13	19	6	12
Timiskaming	2	7	3	3	2	2
District Total: 365	37	95	72	89	32	40

District 4

Halton	30	125	150	87	36	34
Peel	86	249	288	245	75	83
District Total: 1,488	116	374	438	332	111	117

District 5

Bruce	5	9	6	7	6	2
Dufferin	1	5	9	4	6	5
Grey	1	14	8	10	3	9
Huron	1	5	8	5	1	1
Muskoka	1	6	9	12	6	3
Parry Sound	0	4	3	2	3	2
Simcoe	15	64	78	53	23	24
District Total: 439	24	107	121	93	48	46

District 6

Elgin	1	7	7	5	3	5
Essex	29	37	80	69	21	31
Kent	2	15	12	7	4	5
Lambton	11	20	12	7	9	9
Middlesex	32	111	100	76	45	45
District Total: 817	75	190	211	164	82	95

COUNTY	LESS THAN 31	31 - 40	41 - 50	51 - 60	61 - 65	OVER 65
District 7						
Brant	5	18	17	18	4	11
Haldimand Norfolk	1	10	10	3	4	6
Oxford	2	15	16	10	2	12
Perth	3	8	11	4	2	3
Waterloo	25	86	103	90	17	26
Wellington	4	34	25	26	11	13
District Total: 655	40	171	182	151	40	71
District 8						
Hamilton Wentworth	28	83	84	81	34	54
Niagara	12	44	57	50	28	38
District Total: 593	40	127	141	131	62	92
District 9						
Metro Toronto	51	119	133	183	72	114
District Total: 672	51	119	133	183	72	114
District 10						
Metro Toronto	35	117	149	151	77	90
District Total: 619	35	117	149	151	77	90
District 11						
Metro Toronto	78	157	126	142	72	85
District Total: 660	78	157	126	142	72	85
District 12						
Metro Toronto	41	176	213	239	114	104
District Total: 887	41	176	213	239	114	104
PROVINCIAL TOTALS: 9,823	741	2279	2510	2286	932	1075

RCDSO Data – as of December 31, 2017

These figures represent all classes of certificates of registration for dentists with a registered practice address in the province of Ontario.

Presidents and Registrars

Presidents

B.W. Day
April 1868 – June 1870

H.T. Wood
June 1870 – July 1874

C.S. Chittenden
July 1874 – May 1889

H.T. Wood
May 1889 – March 1893

R.J. Husband
March 1893 – April 1899

G.E. Hanna
April 1899 – April 1901

A.M. Clark
April 1901 – April 1903

H.R. Abbott
April 1903 – April 1907

R.B. Burt
April 1907 – April 1909

G.C. Bonnycastle
April 1909 – May 1911

W.J. Bruce
May 1911 – May 1913

D. Clark
May 1913 – May 1915

W.C. Davy
May 1915 – May 1917

W.C. Trotter
May 1917 – May 1918

W.M. McGuire
May 1918 – May 1921

M.A. Morrison
May 1921 – May 1923

A.D. Mason
May 1923 – May 1925

E.E. Bruce
May 1925 – May 1927

R.C. McLean
May 1927 – May 1929

S.S. Davidson
May 1929 – June 1931

S.M. Kennedy
June 1931 – May 1933

H. Irvine
May 1933 – May 1935

G.H. Holmes
May 1935 – May 1937

E.C. Veitch
May 1937 – May 1939

L.D. Hogan
May 1939 – May 1941

F.A. Blatchford
May 1941 – May 1943

G.H. Campbell
May 1943 – May 1945

S.W. Bradley
May 1945 – May 1947

H.W. Reid
May 1947 – May 1949

S.J. Phillips
May 1949 – May 1951

R.O. Winn
May 1951 – May 1953

C.M. Purcell
May 1953 – May 1955

R.J. Godfrey
May 1955 – May 1957

M.C. Bebee
May 1957 – May 1959

M.V. Keenan
May 1959 – May 1961

A.H. Leckie
May 1961 – April 1963

W.G. Bruce
April 1963 – April 1965

J.P. Coupland
April 1965 – February 1967

J.D. Purves
February 1967 – January 1969

H.M. Jolley
January 1969 – January 1971

N.L. Diefenbacher
January 1971 – January 1973

P.P. Zakarow
January 1973 – January 1975

R.P. McCutcheon
January 1975 – January 1977

E.G. Sonley
January 1977 – January 1979

A.J. Calzonetti
January 1979 – January 1981

C.A. Doughty
January 1981 – January 1983

R.L. Filion
January 1983 – January 1985

G.E. Pitkin
January 1985 – January 1987

G. Nikiforuk
January 1987 – January 1989

W.J. Dunn
January 1989 – January 1991

R.M. Beyers
January 1991 – March 1994

G.P. Citrome
March 1994 – February 1997

M. Yasny
February 1997 – January 1999

T.W. McKean
January 1999 – January 2001

E. Luks
January 2001 – January 2003

C.A. Witmer
January 2003 – January 2007

F.M. Stechey
January 2007 – January 2011

W.P. Trainor
January 2011 – January 2015

R. M. Yarascavitch
January 2015 –

Registrars

J. O'Donnell
April 1868 – July 1870

J.B. Willmott
July 1870 – June 1915

W.E. Willmott
July 1915 – May 1940

D.W. Gullett
May 1940 – July 1956

W.J. Dunn
July 1956 – February 1965

K.F. Pownall
February 1965 – July 1990

R.L. Ellis
July 1990 – November 1996

M.H. Stein
November 1996 – January 2000

I.W. Fefergrad
June 2000 –



6 Crescent Road
Toronto, ON Canada M4W 1T1
T: 416-961-6555 F: 416-961-5814
Toll Free: 1-800-565-4591
www.rcdso.org



Royal College of
Dental Surgeons of Ontario