

**RCDSO**  
**ANNUAL**  
**REPORT**  
**2018**



Royal College of  
Dental Surgeons of Ontario

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The Royal College of Dental Surgeons of Ontario (RCDSO) is the regulatory body for more than 10,000 dentists in Ontario. Established in 1868, the 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.

The 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.

# Evidence-based and data-driven



In my final year as RCDSO President, I was again privileged 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 depend on the work of an expert and enthusiastic staff and I am grateful to have had their support.

The 2018 Annual Report reflects a trend that we have worked to develop over recent years – the need and opportunity to leverage our data. Our College tracks and collects a great deal of information every year. How can we use that data to best meet our mandate to serve the public interest?

We have now seen the results of a study conducted for us by researchers at the University of Toronto, supported by members of our own staff. They looked at complaints received by the College over an 11 year period using a classification system created for the purpose. Those anonymized complaints reveal a similar pattern over recent years with concerns about pain at the top of the list.

Similar work on opioid prescribing patterns demonstrate that we can learn much and take concrete action to address concerns.

I have no doubt that the College will expand on this data-driven work in the coming years. The more we know, the better we will be able to serve the people of Ontario.

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

**Dr. Ronald Yarascavitch**

PRESIDENT

# Inquiries, Complaints and Reports Committee

## Members:

Cam Witmer (Chair)  
Ted Callaghan  
Mindy Cash  
Ram Chopra (from February 13, 2018)  
Larry Davidge  
Ali Davoudpour  
Michael Duchnay  
Catherine Kerr (until February 8, 2018)  
Keith Morley  
Neil Moss

Christina Oprescu-Haviliuc  
Marianne Park  
Michael Perelgut (until March 26, 2018)  
Harinder Sandhu  
Ted Schipper  
David Segal  
Flavio Turchet  
Jane Walker  
Ronald Yarascavitch  
Jeffrey Yasny

## 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 2018, the Committee had nine standing panels. After investigating a formal complaint or report, a panel may make any 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 ICR Committee may, at any time following the receipt of a complaint or upon the Registrar's appointment of an investigator, make an interim order directing the Registrar to suspend or to impose terms conditions or limitations on a member's certificate of registration, if it is of the opinion that the dentist's conduct exposes or is likely to expose patients to harm or injury. When an interim order is made, the matter must be investigated expeditiously and the ICR Committee must give precedence to the matter. An interim order remains in place until final disposition of the matter.

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

## Committee Activity

### Complaints

In 2018, the College received 662 formal complaints. Panels of the ICR Committee met on 85 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 <sup>1</sup>	439
No action	174
No action (approval of Alternative Dispute Resolution)	55
Advice and recommendations	148
Remedial agreement	11
Caution	33
Specified Continuing Education or Remediation Program (SCERP)	48
Undertaking	4
Referral to Discipline Committee	7
Referral to ICR panel for incapacity proceedings	0
Complaint deemed frivolous, vexatious, made in bad faith, moot or otherwise and abuse of process	14
Interim Order – terms, conditions and limitations (TCL)	1
Interim Order – suspension	0
Interim Order – lifted/varied	0

<sup>1</sup> 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.

Pursuant to the Regulated Health Professions Act (RHPA), the Registrar of the College has 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 28 requests from complainants to withdraw their complaint in 2018, five were withdrawn by the Registrar for reasons including: identification of the wrong member; and the complainant not wanting to proceed for health reasons.

### Alternative Dispute Resolution (ADR)

The RHPA 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

The RHPA 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 <sup>1</sup> (agreed to by both parties)	63
Successfully resolved	46
Unsuccessful <sup>2</sup>	11
In progress	6

<sup>1</sup> 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.

<sup>2</sup> 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	48
Number of decisions issued by the HPARB	55
ICR Committee decision confirmed	52
Returned – inadequate investigation	2
Returned – unreasonable decision	1
Returned – substitute decision	0
Request for reconsideration denied	1
Request for review denied	1
Request for review withdrawn by the applicant	10
Order by the HPARB not to proceed with the review	4
Section 28 application <sup>1</sup>	5
Section 28 application pending	4
Section 28 application dismissed	1
Section 28 Order	0

<sup>1</sup> A party may apply to HPARB for an Order under Section 28 of the Health Professions Procedural Code of the Regulated Health Professions Act, 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), which is schedule 2 to the RHPA provides a mechanism, other than formal complaints, for colleges to investigate the conduct of members. 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 2018, the Registrar made 63 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 20 occasions in 2018 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 <sup>1</sup>	75
No action	32
Advice and recommendations	12
Remedial agreement	10
Caution	11
Specified Continuing Education or Remediation Program (SCERP)	15
Undertaking	2
Referral to Discipline Committee	7
Interim order	0
Referral to ICR panel for incapacity proceedings	0
Interim Order – restriction (TCL)	4
Interim Order – suspension	1
Interim Order – lifted/varied	0

<sup>1</sup> 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 Code of the Regulated Health Professions Act 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 2018, the ICR Committee made inquiries into the possible incapacity of four members. Three cases resulted in the member voluntarily agreeing to withdraw from practice. The remaining case is ongoing.

Also in 2018, the ICR Committee reviewed requests from three members for relief from variance to undertakings that were in place from previous incapacity inquiries. All three requests were 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 monitoring program ensures 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	223
Ongoing	142
Closed	81

### 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	6
Mentoring reports reviewed	14
Ongoing	3
Closed	3

### 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 RHPA, the College believes it has an obligation to do so in the interest of protecting the public.

In 2018, the College investigated allegations of illegal or unauthorized practice involving six individuals. As a result of these investigations, the College obtained an Order from the Superior Court of Ontario against one individual which prevents him from engaging in the practice of dentistry in Ontario and/or from holding himself out as an individual who is qualified to practise dentistry in Ontario. The remaining cases were either concluded without sufficient evidence or the investigations are ongoing.

A list of [illegal/unauthorized individuals](#) can be found on the College's website.

# Discipline Committee

## Members:

Richard Hunter (Chair)  
Susan Davis (Vice-Chair)  
Harpaul Anand  
Vinay Bhide  
Richard Bohay  
Ram Chopra  
William Coyne  
Peter Delean  
Margaret Dunn

Elliott Gnidec  
Barbara Carol Janik  
Manohar Kanagamany  
Lisa Kell  
Greg Larsen (until September 9, 2018)  
Benjamin Lin  
David Mock  
Kate Towarnicki  
Sandy Venditti

## 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 if the allegations have been proven and, if so, what penalty to impose. A panel is composed of a minimum of three and no more than five persons. 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.

In general, 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 no more than \$35,000 to the Minister of Finance.
6. If the act of professional misconduct was the sexual abuse of a patient, require the member to reimburse the College for funding provided for that patient under the funding program<sup>1</sup>.
7. If reimbursement of funding is ordered, require the member to post security acceptable to the College to guarantee the payment of any amounts the member may be required to reimburse.

In addition to the above, where a member is found guilty of professional misconduct in relation to sexual abuse, or found to be incompetent, the Discipline Committee is required by the legislation to make certain Orders which can include a mandatory reprimand, suspension, revocation and/or terms, conditions and limitations on the member's certificate of registration, depending on the nature of the finding.

If a panel is of the opinion that the commencement of the proceedings is unwarranted, it may make an Order requiring the College to pay all or part of the member's legal costs.

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.

<sup>1</sup> Section 85.7 of the Health Professions Procedural Code requires the College to have a program to provide funding for therapy and counselling for persons alleging sexual abuse by a member.



## 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 the College's legal counsel. The meeting is chaired by a president 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 president, who may be a member of the Discipline Committee, cannot participate in the Discipline Committee hearing involving that particular member.

## Results of Discipline Proceedings

As required by the legislation, the results of each proceeding, including the panel's reasons for decision, are contained on the [College's Register](#) which is on the College's website. In addition, case summaries are also available to the public on the website after the panel's reasons for decision have been issued.

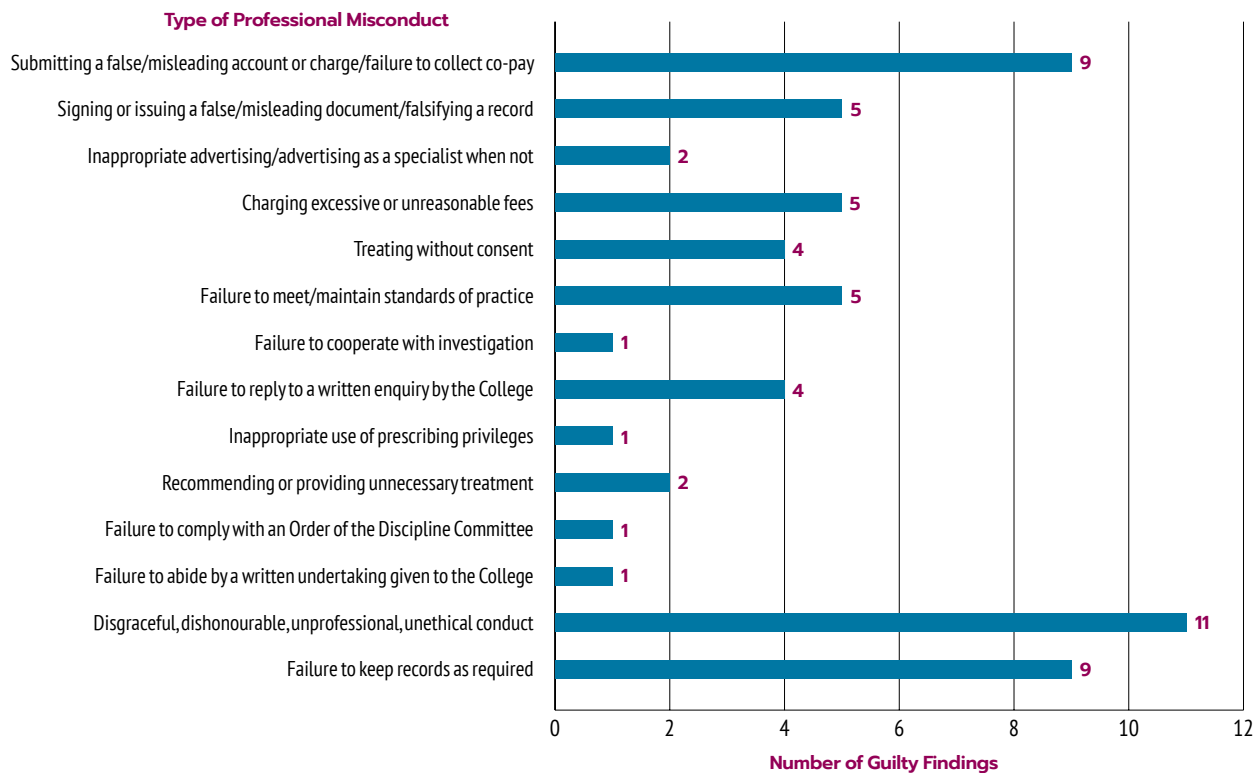
## Activity Highlights

There were 18 hearings of the Discipline Committee held in 2018, requiring panels of the Discipline Committee to sit for 31 hearing days. Nine pre-hearing conferences were also held.

Of the 18 hearings held, 14 resulted in a finding or findings of professional misconduct against the member. In one case, the allegations against the member were adjourned *sine die* since the member was no longer entitled to practise dentistry in Ontario. Two hearings will continue in 2019. In the remaining case, a hearing was held for the purpose of delivering a reprimand to a member who appealed a 2016 finding of professional misconduct. The appeal was dismissed.

TABLE 1

## Profile of Discipline Findings – 2018



The findings of professional misconduct made against the 14 members related to:

- treating without consent;
- signing or issuing a document that contains a false, misleading or otherwise improper statement;
- submitting a false or misleading account or charge;
- failing to make reasonable efforts to collect the co-payment balance;
- 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;
- recommending or providing unnecessary treatment;
- falsifying a record related to the member's practice;
- Prescribing, dispensing or selling a drug for an improper purpose or otherwise using inappropriately the authority to prescribe, dispense or sell drugs;
- inappropriate advertising;
- using a title, term or designation indicating specialization, when the member does not hold a specialty certificate;
- 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 reply to an enquiry by the College/failing to provide accurate information to the College;
- failing to abide by a written undertaking given by the member to the College;
- failing to comply with an Order of the Discipline Committee;
- disgraceful, dishonourable, unprofessional or unethical conduct;

Table 1 (page 7) contains a profile of the number of findings with respect to the categories of professional misconduct listed above.

## Penalties

The penalties imposed by the Discipline Committee included:

- Reprimands - 14
- Suspensions of members' certificates of registration, ranging from one month to 18 months in length - 10

- Courses to be taken by members in the following subject areas:
  - Ethics
  - Recordkeeping/financial recordkeeping/use of billing codes
  - Informed consent
  - Restorative dentistry, including diagnosis and treatment planning
  - Endodontic diagnosis, treatment planning, restorability of teeth and referrals
  - Occlusion, including but not limited to crown and bridge cases - 9
- Mentoring programs - 2
- Restrictions on members' certificates of registration - 3
- Requirement to obtain treatment and/or counselling, with reports to the College - 2
- Practice to be monitored - 11
- Costs awarded to the College, ranging from \$2,500 to \$22,000 - 14

## Decisions and Reasons

The 2018 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. Jaspal Bhandal](#)

[Dr. Adam Burton](#)

[Dr. Wei Chin](#)

[Dr. Keith Da Silva](#)

[Dr. Julian D'Souza](#)

[Dr. Shainoor Kanji](#)

[Dr. Karen Logan](#)

[Dr. Steven Mascarini](#)

[Dr. Ronald McClure](#)

[Dr. Catherine McGregor](#)

[Dr. Claudette Prager](#)

[Dr. Edward Smolen](#)

[Dr. Fadi Swaida](#)

[Dr. Randall Templeman](#)

[Dr. Maciek Zajac](#)

# 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 member is incapacitated. "Incapacitated" means that the dentist 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 2018.

# Patient Relations Committee

## Members:

Marianne Park *(Chair from February 10, 2018)*  
Catherine Kerr *(Chair until February 8, 2018)*  
Jocelyne Abi-Nahed  
Nancy Di Santo  
Margaret Dunn  
Richard Raymond  
Harinder Sandhu

## Mandate

The Patient Relations Committee is responsible for advising Council on the Patient Relations Program. Through its various initiatives, the Committee promotes and enhances relations between the College and its members, other health profession colleges, key stakeholders and the public.

A key part of the Committee's work is addressing the sexual abuse of patients through:

- education for dentists regarding sexual abuse and boundary issues;
- guidelines for the conduct of dentists with their patients;
- training for College staff;
- education and information for the public;
- funding for therapy and counselling for patients who have been sexually abused by their dentist.

The Committee's mandate also includes certain "Objectives of the College" as set out in the Regulated Health Professions Act (RHPA):

- to develop, establish and maintain standards of professional ethics for the members;
- to develop, establish and maintain programs to assist individuals to exercise their rights under the Code and the RHPA; and
- to promote and enhance relations between the College and its members, other health profession colleges, key stakeholders and the public.

## Activity Highlights

### Revised Practice Advisory on Professional use of Social Media

In March 2018, Council approved a revised Practice Advisory on Professional Use of Social Media. The Advisory updates advice to members on this topic. It is posted on [the College's website](#).

### Funding for Therapy and Counselling Forms

Effective January 1, 2018, eligibility criteria for funding changed. 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 a patient; or if the alternative requirements for eligibility are satisfied.

In March 2018, Council approved revised funding for therapy and counselling forms to reflect this change. The new forms are available on [the College's website](#) and sent to individuals on request.

### McGill Project

In June 2018, Council approved that the College notify the McGill project lead of its withdrawal from participation in the project "A Multi Sector Partnership to Investigate and Develop Policy and Practice Models to Dismantle "Rape Culture" in Universities" also known as IMPACTS: Collaborations to Address Sexual Violence on Campus. The project goals and the College's goals are no longer aligned.

## **Practice Advisory: Maintaining a professional patient-dentist relationship**

In June 2018, Council approved the revised Practice Advisory on Maintaining a Professional Patient-Dentist Relationship. The Advisory provides guidance on how to rebuild a relationship with a patient and, if those efforts fail, how a formal and respectful process must be followed to end the relationship. This Practice Advisory is posted on [the College's website](#).

## **Access to Care**

The Patient Relations Committee agreed to provide sponsorship and leadership to a staff working group with respect to access to care in Ontario. One element of the work being explored is the possibility of the College hosting a session in 2019 to discuss access to care in Ontario with a variety of stakeholders.

The Patient Relations Committee and Access to Care working group feel that it is important to continue with the discussion with respect to access to care in Ontario to help assess the barriers to care and creative approaches to help address the problem.

## **Accessibility and Accommodation Policy**

The College is committed to providing services in a manner that complies fully with the Ontario *Human Rights Code*<sup>1</sup> (the Code).

In November 2015, Council approved the Accessibility and Accommodation Policy which set out a consistent and fair process through which a party involved in a Professional Conduct and Regulatory Affairs (PCRA) investigation may request and receive accommodations pursuant to the Code. The Policy also provides for tracking of accommodation requests.

Since the Policy was approved, there have been nine matters where accommodation requests have been formally addressed.

In November 2018, Council approved two minor revisions made to the Policy:

1. Given the recent creation of the Assistant Registrar position, the policy was revised to clarify that the Registrar's authority with respect to accommodations may be delegated to the Assistant Registrar. This provides for more flexibility in the policy's decision-making process.
2. The policy was revised to allow parties to request that a panel of the Inquiries, Complaints and Reports (ICR) Committee review accommodation decisions made by the Registrar or Assistant Registrar. This revision clarifies the role of ICR Committee in accommodation decisions, and indicates that College staff are not the final decision makers.

The revised Policy is available on [the College's website](#).

## **YouTube Video**

Council was informed that a series of YouTube videos were being developed which would provide information on the responsibility of the member and the rights of the patient with respect to the prevention of sexual abuse and boundary violations. The videos will be consistent with the College's [Practice Advisory on the Prevention of Sexual Abuse and Boundary Violations](#) and [Practice Advisory on the Maintaining the Patient-Dentist Relationship](#). The intended audiences are patients, the general public and dentists. These videos will be available on the College's YouTube channel and on the College's website once completed in 2019.

## **Speaker: Communications Disabilities Access Care – Making services accessible for people with communication disabilities**

In October 2018, the Committee invited Ms. Barbara Collier, Executive Director of Communication Disabilities Access Canada (CDAC), to provide an overview of how dentists can relate to patients who have a disability to ensure that patient needs can be accommodated. She spoke on topics such as: communication methods; communication barriers to services; guidelines for communicating with people in face-to-face interactions and over the telephone; communication in dental services and during treatment; telephone communication; and written communication.

<sup>1</sup> *Human Rights Code*, R.S.O. 1990, c. H. 19.

### **Requests for Funding and Therapy for Counselling**

To date, the Patient Relations Committee has received one application requesting funding for therapy and counselling. In July 2018, the Committee met and reviewed this application. The Committee determined that the applicant met the eligibility requirements set out in the legislation. The decision was made that the maximum amount of \$16,000 would be made available to the applicant. In keeping with the requirements of the program, funds will be paid to the applicant's therapist, upon receipt of invoices for therapy and counselling.

# Quality Assurance Committee

## Members:

David Mock (Chair)  
Ram Chopra (appointed April 26, 2018)  
Siranus Hacherian  
Elizabeth MacSween  
Anita Moosani  
Marianne Park (until April 26, 2018)

## 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 (RHPA), 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 the core course category, the highest CE category. Members may choose from over 200 approved core courses, many of which are posted on our Category 1 Course Calendar, and can be found [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, 2018, the College randomly selected 1,475 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 April 1, 2015 to December 31, 2018

<b>Total number of members randomly selected</b>	<b>1,475</b>
Removed from selection list*	19
Active Review (in progress)	97
Completed – successful review	1,191
Completed – unsuccessful review (shortfall of CE points)	168
Under review by Committee	20
Explanation accepted/no further action	110
Assigned for review of next CE cycle	38
<b>Total number of members assigned for review</b>	<b>26</b>
Removed from assigned list (resigned)	5
Active review (in progress)	0
Completed – successful review	13
Completed – unsuccessful review (shortfall of CE points)	8
Under review by Committee	0
Explanation accepted/no further action	1
Required to participate in peer assessment	1
Remedial Agreement signed	3
Referred to Inquiries, Complaints and Reports Committee	3

\* 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.

Development of further enhancements to the e-Portfolio continue, which will optimize it for mobile devices.

**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 August 8, 2018, 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 January 1, 2013 to August 8, 2018

<b>Total number of members randomly selected</b>	<b>8,123</b>
Removed for retirement/resignation	179
Removed for full-time post-graduate program	36
Active (in progress)	0
Completed – successful (1 <sup>st</sup> attempt)	7,850
Completed – unsuccessful (1 <sup>st</sup> attempt)	1
Completed – successful (2 <sup>nd</sup> attempt)	41
Completed – unsuccessful (2 <sup>nd</sup> attempt)	0
Failed to complete	0
Extension	0
Deferral	2
Request for consideration	0
Undertaking/Agreement	9
Refer to Inquiries, Complaints and Reports Committee	5
Practice Assessment	0

A new and enhanced PET, which includes assessment versions for generalists and specialists in six specialty areas, was successfully launched to the full membership in August 2018, and the second five-year cycle of the PET began. By December 31, 2018, over 300 members were selected to complete the PET.

**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 Infection Prevention and Control in the Dental Office**

In November 2018, the College gave final approval to a new [Standard of Practice on Infection Prevention and Control in the Dental Office](#). The new Standard was posted to the College's website to inform members.

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

In November 2018, the College gave final approval to a new [Standard of Practice on the Use of Sedation and General Anesthesia in Dental Practice](#) and the document was posted to our website to inform members.

### **Guidelines on Conflict of Interest**

At the March 2018 meeting, Council gave final approval to new [Guidelines on Conflict of Interest](#) and the document was posted to our website to inform members.

### **Guidelines on Dental Recordkeeping**

In November 2018, the College approved, in principle, proposed Guidelines on Dental Recordkeeping and directed that the document be circulated to members and other stakeholders for comment. The deadline to receive submissions is February 1, 2019.

### **Guidelines on the Diagnosis and Management of Temporomandibular Disorders**

In November 2018, the College gave final approval to new [Guidelines on the Diagnosis and Management of Temporomandibular Disorders](#) and the document was posted to our website to inform members.

### **Medical History Recordkeeping Guide**

At the November 2017 meeting, Council approved a recommendation by the Quality Assurance Committee to support the consensus statement by the Canadian Dental Association, the Canadian Orthopedic Association and the Association of Medical Microbiology and Infectious Disease on Patients with Total Joint Replacements having Dental Procedures. This required updating of the rationale for the relevant question in the Medical History Recordkeeping Guide aligned it with

the consensus statement, and provided an opportunity to review and update all components of the Guide.

At the April 2018 meeting, the Quality Assurance Committee reviewed and unanimously approved the proposed [Medical History Recordkeeping Guide](#), which was posted to our website to inform members.

### **Review of College By-laws**

The new Standard of Practice on the Use of Sedation and General Anesthesia in Dental Practice includes requirements for all dentists who administer minimal sedation, including nitrous oxide and oxygen sedation and oral minimal sedation, to obtain authorization from the College. These new requirements will become effective April 1, 2020, necessitating amendments to our by-laws to be implemented and enforced.

In November 2018, the College approved, in principle, a proposed By-Law #21 – Sedation and General Anesthesia, proposed amendments to By-Law #18 – Fees and proposed amendments to Appendix 28.2 – Additional Register Information. These documents were circulated to members and other stakeholders for comment and the deadline to receive submissions is February 1, 2019.

### **Drug Interaction Program**

At the June 2018 meeting, Council approved a recommendation by the Quality Assurance Committee to terminate the College's subscription to The Medical Letter drug interaction program. Options are being pursued to provide members with a superior drug interaction program service.

### **Joint Statement of Action to Address the Opioid Crisis in Canada**

At the March 2018 meeting, Council accepted the report [Opioid Prescribing by Ontario Dentists: 2014-2016](#). The report was posted to our website to inform members.

In general, the results are encouraging and strongly suggest that once a dentist has determined that an opioid prescription is justified, dental patients in Ontario are receiving a sensible drug, in a sensible amount and

only once. Even over a relatively short time span, the data show a statistically significant decrease in opioid prescriptions and the amount of drugs made available via dentists in Ontario since 2014 – about 4.4 per cent over two years. It is reasonable to infer that this outcome reflects the awareness of prescribers and was supported by the publication of the College’s Guidelines. However, the report also revealed some statistically significant outliers that require further examination and reflection, particularly by dental specialists.

The College will continue to promote our Guidelines and encourage appropriate prescribing practices. The College will also continue to monitor opioid prescribing by Ontario dentists. At the end of the year, the College will request narcotics monitoring system data sets for 2017 and 2018, and compare them to previous years to assess progress and compliance.

# Registration Committee

## Members:

Benjamin Lin (Chair)  
Flavio Turchet  
Sandy Venditti  
Derek Walter

## Mandate

The Registration Committee reviews all applications for registration referred to it by the Registrar. The Registrar is required to refer an application if they have 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 they 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

### Registration Committee Statistics from January 1, 2018 to December 31, 2018

The Registration Committee convened on six occasions in 2018. Eleven requests for registration and/or reinstatement plus one request to vary terms, conditions and limitations and one request to remove 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 one application for reinstatement of a general certificate of registration;
- deferred one application for a general certificate of registration; applicant subsequently withdrew their application;
- approved two applications for general certificates of registration;
- approved one application for a general certificate of registration with a voluntary undertaking/agreement;
- refused one application for a general certificate of registration but issued one graduate student certificate of registration to that applicant;
- approved one application for a specialty certificate of registration;
- approved one application for a specialty certificate of registration with a voluntary undertaking/agreement;
- approved one application for an education certificate of registration;
- approved one application for a post-specialty training certificate of registration;
- approved one request to vary terms, conditions and limitations;
- approved one request to remove terms, conditions and limitations.

### Reduced annual fee for members wishing to volunteer / charitable dental services

The Registration Committee recommended an amendment to the College's Fees By-law to introduce a reduced annual fee for those members wishing to provide volunteer/charitable dental treatment.

The member would pay a reduced fee of \$250 if they meet all of the following criteria:

- Maintain competency through the Quality Assurance program, including the Practice Enhancement Tool (PET) and continuing education
- Receive no compensation from the practice of dentistry
- Want to provide treatment in underserved areas.

The Registration Committee and the Executive Committee supported a recommendation to have the College's Fees By-law circulated to members and other stakeholders for at least 60 days for comment. The proposed amendment is set out below:

"Notwithstanding Article 18.3.7, the annual fee for a member holding a general or specialty certificate of registration may be reduced by the Registrar to \$250.00, with that fee being increased by COLA, rounded up to the nearest \$5.00 commencing with the annual fee for the 2020 calendar year, provided the Registrar is satisfied that:

1. the member has requested the reduction in a form approved by the Registrar;
2. the member will not be engaging in the practice of dentistry, except on a volunteer basis during the calendar year for which the annual fee is being reduced;
3. the member will be receiving no income or other monetary benefit from the practice of dentistry or from the member being a holder of a certificate of registration; and
4. the member has signed an agreement/undertaking, in a form satisfactory to the Registrar, to ensure, among other things, that the conditions for the reduction have been and will continue to be met."

Council will be asked to approve the proposed amendment at its next regular Council meeting in 2019.

## Statistics (As at December 31, 2018)

### Additions to the Register

University of Toronto (general)	81
Western University (general)	42
Other Canadian graduates (NDEB) (general)	53
U.S.A. (NDEB) (general)	60
International graduates (NDEB) (general)	324
Specialty certificates	65*
Graduate certificates	15
Education certificates	6
Post-Specialty Training certificates	2

\* Of this total, 29 were new members to the College and 36 were general members adding a specialty certificate.

### Specialty Certificates Granted

The College granted 65 Specialty certificates during 2018 in the following dental specialties:

Dental Anesthesiology	2
Endodontics	6
Oral and Maxillofacial Surgery	5
Oral Medicine	0
Oral Pathology	0
Oral Radiology	3
Orthodontics and Dentofacial Orthopaedics	23
Pediatric Dentistry	12
Periodontics	8
Public Health Dentistry	0
Prosthodontics	6

### Removals and Reinstatements

Deceased	6
Resigned	100
Revoked – Conditions Expired	20
Reinstated	45

### Total Membership Certificates by Category

General certificates	10,108
Specialty certificates	263
General/Specialty (combined) certificates (Already counted in General total)	1,405
Academic certificates	18
Graduate certificates	36
Education certificates	11
Post-Specialty Training certificates	2
<b>Total Number of Membership Certificates</b>	<b>10,438</b>

# Professional Liability Program Committee

## Members:

Elizabeth Wilfert (Chair)  
Karen Aiken  
Vincent Carere (January 2009 – March 2018)  
Alexis Clark (March 2018)  
Neil Gajjar  
James Posluns (March 2018)  
Gurneen Sidhu (June 2008 – March 2018)  
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.

PLP is separate from the regulatory arm of the College. The PLP Committee oversees the policies and practices of the Program. It reviews settlements reached within the limit of the delegated authority, approves all settlements exceeding the delegated authority, provides authorization for actions to proceed to trial and approves appealing 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.

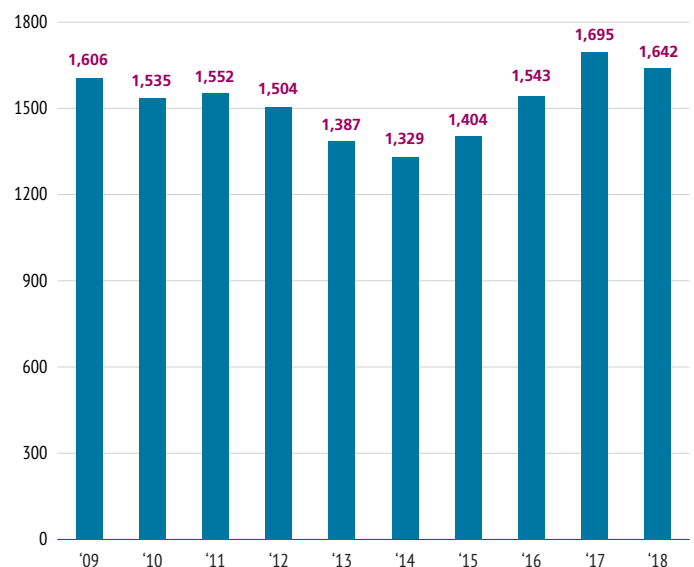
## Activity Highlights

### Incidents Reported

Between January 1 and December 31, 2018, 1,642 incidents/potential claims were reported to PLP, a decrease of 53 from the previous year. Table 1 shows the number of files opened for the ten-year period 2009–2018.

TABLE 1

### INCIDENTS REPORTED TO PLP 2009–2018



During this period, over 90 per cent of PLP's files were closed with no payment being made by PLP. This figure includes incidents that have not developed into claims, providing advice to members or drafting correspondence for their use, and the preparation of releases for out-of-pocket refunds/reimbursements to allow members to resolve situations themselves.

### Contract Renewal

The RCDSO's policy with ENCON Group Inc. was renewed for 2019. The College's risk retention is \$2 million per

occurrence with an aggregate deductible of \$10 million. Once the aggregate deductible has been reached, the College 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 above the \$2 million provided through PLP is available to College members. The College is not involved in retailing the excess protection. It is available through the College's broker and other sources.

### **Financial Performance**

PLP undergoes annual actuarial evaluations by an accounting firm. The 2018 final evaluation report includes reference to matters which have the potential for significant payouts. The accounting firm has confirmed PLP is adequately supported to absorb these losses. Excluding these cases, the total projected payouts for 2018 has increased but remains historically low. The projected payments for other years has also increased slightly as older files, resolve and proceed to an adjudicated conclusion.

### **Risk Management**

PLP continues its emphasis on incident prevention and risk management. A number of presentations addressing risk management issues are presented at no charge to local dental societies, dental students and other groups. PLP has four Category 1 Core Courses: "The Big Picture", "Consent to Treatment", "Communication Breakdown" and "Patient Safety Incidents and Adverse Events". PLP attended 19 speaking engagements in 2018. PLP continues to prepare risk management articles and "Quick Hits" for PLP's micro-website.

# Financial Results

The College presents the financial position and results for 2018 in the following summary audited financial statements. The College continues to be well funded and fiscally healthy. The organization is liquid, has no cash flow concerns and overall reserves are sufficient.

The summary statement of operations for the year ended 2018 reflects a deficit of just over \$5 million. This deficit is due to the increase in projected expenses for the Professional Liability Program. These figures are calculated by actuaries to estimate costs of existing open cases that will be settled in the future. These cases include class action lawsuits.

This deficit does not represent a cash outflow at this time, but is an estimate of future payments based on the information available at year-end. The College maintains a reserve fund of \$24.4 million precisely for purposes such as class action lawsuits or other unforeseen circumstances.

The College acts conservatively and strategically in its long range fiscal planning. This will be further guided by the direction of the College's upcoming Strategic Plan.

May 9, 2019

# Independent Auditor's Report on Summary Financial Statements

To the Members of  
Royal College of Dental Surgeons of Ontario

## Opinion

The summary financial statements, which comprise the summary statement of financial position as at December 31, 2018, the summary statement of operations and net assets for the year then ended, and the related note, are derived from the audited financial statements of the Royal College of Dental Surgeons of Ontario for the year ended December 31, 2018.

In our opinion, the accompanying summary financial statements are a fair summary of the audited financial statements on the basis described in the note to the summary financial statement.

## Summary 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 and the auditor's report thereon, therefore, is not a substitute for reading the audited financial statements and the auditor's report thereon. The summary financial statements and the audited financial statements do not reflect the effects of events that occurred subsequent to the date of our report on the audited financial statements.

## The Audited Financial Statements and Our Report Thereon

We expressed an unmodified audit opinion on the audited financial statements in our report dated May 9, 2019.

## Other Matters

The audit report on the financial statements of the Royal College of Dental Surgeons on Ontario for the year ended December 31, 2018 identified that the financial statements for the year ended December 31, 2017 were audited by another firm of Chartered Professional Accountants and that as part of our audit of the 2018 financial statements, we also audited an adjustment that was applied to amend the 2017 financial statements.

## Management's Responsibility for the Summary Financial Statements

Management is responsible for the preparation of the summary 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 whether the summary financial statements are a fair summary of the audited financial statements based on our procedures, which were conducted in accordance with Canadian Auditing Standard (CAS) 810, *Engagements to Report on Summary Financial Statements*.



Licensed Public Accountants  
TORONTO, Ontario  
May 9, 2019



**SUMMARY STATEMENT OF FINANCIAL POSITION**

As at December 31	2018	2017
<b>Assets</b>		
Cash	\$ 2,593,258	\$ 2,179,479
Accounts receivable	771,261	765,200
Prepaid expenses	238,499	451,655
Investments	64,296,872	64,099,013
Pension plan asset	2,000,700	2,826,300
Capital assets	8,383,471	7,338,193
	<b>\$ 78,284,061</b>	<b>\$ 77,659,840</b>
<b>Liabilities</b>		
Accounts payable and accrued liabilities	\$ 1,607,986	\$ 1,535,016
Deferred revenue	25,280,042	22,403,512
Accrued claims liability	18,361,415	14,085,489
Retiree health plan obligation	3,503,100	3,718,800
Pension plan obligation	1,172,000	1,933,000
	<b>49,924,543</b>	<b>43,675,817</b>
<b>Net assets</b>		
Internally restricted	27,511,200	28,438,000
Unrestricted	848,318	5,546,023
	<b>28,359,518</b>	<b>33,984,023</b>
	<b>\$ 78,284,061</b>	<b>\$ 77,659,840</b>

**SUMMARY STATEMENT OF OPERATIONS**

Year ended December 31	2018	2017
<b>Revenues</b>		
Registration and annual fees	\$ 24,915,620	\$ 24,203,446
Investment income	1,208,353	1,429,567
Other income	732,216	857,186
	<b>26,856,189</b>	<b>26,490,199</b>
<b>Expenses</b>		
Staffing costs	14,378,401	13,347,353
Professional liability program	8,216,078	2,946,608
Corporate services	5,354,709	6,101,651
External providers	2,635,219	2,659,374
Council and committees	946,984	1,102,134
Faculty payments and fees	382,803	483,819
	<b>31,914,194</b>	<b>26,640,939</b>
<b>Excess of expenses over revenues for the year</b>	<b>\$ (5,058,005)</b>	<b>\$ (150,740)</b>

May 9, 2019

# Note to the Summary Financial Statements

Applied criteria in preparation of the summary financial statements are as follows:

- a) The information in the summary financial statements is in agreement with the related information in the complete financial statements; and
- b) The summary financial statements contain the information necessary to avoid distorting or obscuring matters disclosed in the related complete financial statements, including the notes thereto.

The audited financial statements may be obtained from the Royal College of Dental Surgeons of Ontario at [www.rcdso.org](http://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
<b>District 1</b>						
Dundas	1	0	2	1	1	0
Frontenac	7	32	26	29	6	9
Glengarry	0	1	1	0	0	1
Grenville	3	4	5	2	0	2
Lanark	1	8	9	3	2	2
Leeds	2	5	4	8	5	5
Lennox Addington	1	0	3	3	0	0
Ottawa Carlton	56	176	237	179	67	61
Prescott	0	1	6	3	2	0
Renfrew	6	15	18	6	4	9
Russell	2	7	3	2	1	2
Stormont	5	12	11	5	5	1
<b>District Total: 1,096</b>	<b>84</b>	<b>261</b>	<b>325</b>	<b>241</b>	<b>93</b>	<b>92</b>
<b>District 2</b>						
Durham	28	105	87	112	34	39
Haliburton	0	0	1	2	0	1
Hastings	5	24	14	10	3	12
Northumberland	2	10	6	7	4	3
Peterborough	5	16	19	21	4	5
Prince Edward	1	2	2	0	1	0
Victoria	1	11	6	6	0	3
York	90	221	299	228	85	73
<b>District Total: 1,608</b>	<b>132</b>	<b>389</b>	<b>434</b>	<b>386</b>	<b>131</b>	<b>136</b>

COUNTY	LESS THAN 31	31 - 40	41 - 50	51 - 60	61 - 65	OVER 65
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### District 3

Algoma	5	19	6	15	4	6
Cochrane	3	8	9	4	2	4
Kenora	2	2	9	10	1	2
Manitoulin	0	2	1	2	1	0
Nipissing	2	8	5	11	3	5
Rainy River	1	3	2	5	0	0
Sudbury	8	20	21	21	10	9
Thunder Bay	12	33	11	20	8	10
Timiskaming	1	8	2	3	3	2
<b>District Total: 364</b>	<b>34</b>	<b>103</b>	<b>66</b>	<b>91</b>	<b>32</b>	<b>38</b>

### District 4

Halton	33	127	145	100	36	36
Peel	92	277	304	241	87	85
<b>District Total: 1,563</b>	<b>125</b>	<b>404</b>	<b>449</b>	<b>341</b>	<b>123</b>	<b>121</b>

### District 5

Bruce	4	9	4	6	3	4
Dufferin	1	5	7	4	7	5
Grey	3	14	11	8	3	11
Huron	3	4	9	3	2	2
Muskoka	1	5	10	11	6	3
Parry Sound	1	3	3	2	4	3
Simcoe	21	70	78	52	21	25
<b>District Total: 451</b>	<b>34</b>	<b>110</b>	<b>122</b>	<b>86</b>	<b>46</b>	<b>53</b>

### District 6

Elgin	3	4	11	3	5	3
Essex	27	44	80	69	22	31
Kent	2	12	15	6	3	3
Lambton	9	26	12	5	10	9
Middlesex	40	97	109	80	38	42
<b>District Total: 820</b>	<b>81</b>	<b>183</b>	<b>227</b>	<b>163</b>	<b>78</b>	<b>88</b>

COUNTY	LESS THAN 31	31 - 40	41 - 50	51 - 60	61 - 65	OVER 65
<b>District 7</b>						
Brant	4	25	22	15	4	12
Haldimand Norfolk	1	9	9	4	2	8
Oxford	2	20	15	10	2	13
Perth	4	7	9	6	2	3
Waterloo	28	102	101	95	20	24
Wellington	7	39	32	26	10	14
<b>District Total: 706</b>	<b>46</b>	<b>202</b>	<b>188</b>	<b>156</b>	<b>40</b>	<b>74</b>
<b>District 8</b>						
Hamilton Wentworth	29	89	91	73	31	58
Niagara	12	48	54	51	24	31
<b>District Total: 591</b>	<b>41</b>	<b>137</b>	<b>145</b>	<b>124</b>	<b>55</b>	<b>89</b>
<b>District 9</b>						
Metro Toronto	53	118	137	175	68	117
<b>District Total: 668</b>	<b>53</b>	<b>118</b>	<b>137</b>	<b>175</b>	<b>68</b>	<b>117</b>
<b>District 10</b>						
Metro Toronto	32	141	139	162	74	84
<b>District Total: 632</b>	<b>32</b>	<b>141</b>	<b>139</b>	<b>162</b>	<b>74</b>	<b>84</b>
<b>District 11</b>						
Metro Toronto	79	174	126	144	69	92
<b>District Total: 684</b>	<b>79</b>	<b>174</b>	<b>126</b>	<b>144</b>	<b>69</b>	<b>92</b>
<b>District 12</b>						
Metro Toronto	56	172	214	243	115	112
<b>District Total: 912</b>	<b>56</b>	<b>172</b>	<b>214</b>	<b>243</b>	<b>115</b>	<b>112</b>
<b>PROVINCIAL TOTALS: 10,095</b>	<b>797</b>	<b>2,394</b>	<b>2,572</b>	<b>2,312</b>	<b>924</b>	<b>1,096</b>

#### RCDSO Data – as of December 31, 2018

These figures represent all classes of certificates of registration for members 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

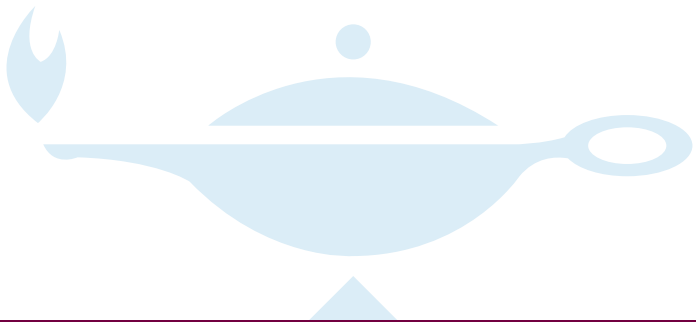
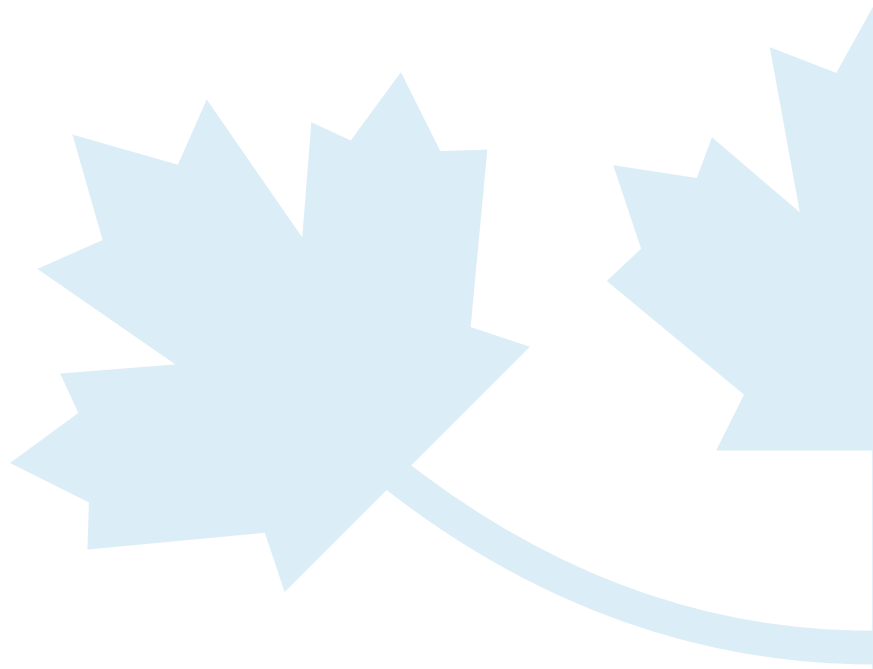
**W.J. Dunn**  
July 1956 – February 1965

**K.F. Pownall**  
February 1965 – July 1990

**R.L. Ellis**  
July 1990 – November 1996

**M.H. Stein**  
November 1996 – January 2000

**I.W. Fefergard**  
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](http://www.rcdso.org)



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