

Fall 2024



RCDSO CONNECT

Newsletter of the Royal College of Dental Surgeons of Ontario



FEATURE ARTICLE:

**Making oral health accessible: Gift from
the Heart's journey across Ontario** - Page 12



MISSION

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

VISION

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

PURPOSE

The Royal College of Dental Surgeons of Ontario (RCDSO) is one of 26 health regulatory colleges in the province with the responsibility and the legal authority to protect patients. The RCDSO is a leader in health regulation. We believe that regulation must be open, responsive, accessible, equitable and accountable in order to protect the public interest.

RCDSO CONNECT

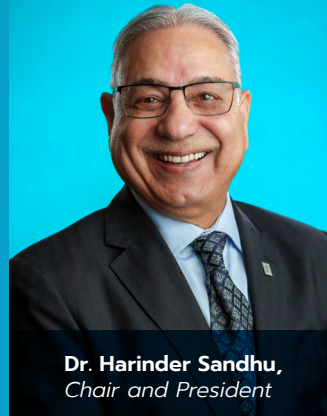
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Access the RCDSO Connect Newsletter
Archive for previous issues

Message from the President & Registrar



Dr. Harinder Sandhu,
Chair and President



Daniel Faulkner,
Registrar & CEO

Dear Colleagues,

This has been a year of extraordinary change in the profession. When the government of Canada announced the formal launch of the Canada Dental Care Program (CDCP), none of us truly anticipated its impact. At this writing, more than one million Canadians have received care under the plan. The majority of Ontario dentists are accepting these new patients—which is great news for oral health. The affordability program will expand again in 2025 to include all eligible Canadian adults. Any program at this scale will have its challenges but the federal government is committed to ongoing evaluation and improvements to delivery. We will continue to provide information to you as it becomes available.

This time of year is annual renewal and we extend our thanks to all who have completed the process. We appreciate your commitment to the requirements of the profession. The renewal deadline is December 15th. If you haven't been able to renew, please reach out with any questions or assistance. Late fees do apply for payments

processed after December 15th and the last day to renew (with late payment) is January 31st, 2024.

It is also Council election time. Every two years, eligible registrants are able to elect dentists to join Council. Elections will take place in five of our 12 districts; seven districts have acclaimed Council members. Information on the ballots has been distributed and the deadline to vote is Wednesday, December 11, 2024.

The election of Council Executive will take place in January. New Council committees will also be appointed in January by the incoming Council. There were over 60 applications from non-Council dentists, which is a very positive indicator of professional engagement in College work. The results of the elections and appointments will be announced to the profession in our Council Highlights.

Over the course of this year, we have hosted five RCDSO Connect events (four webinars and one in





person event). Topics have included PLP, How to avoid complaints, NIHB, Cybersecurity, Non-Council Committee membership, Antibiotic resistance and the Strategic Plan. Please watch for events throughout 2025 as we look forward to keeping you up to date on regulatory and practice issues.

The RCDSO Strategic Plan 2023-2025 has taken significant strides this year. I hope that you have had the opportunity to engage in a consultation. There will be more next year—particularly on standards. Your input is both critical and valuable. We also hope that you are able to take advantage of the equity and accessibility-focused training available to you through our new partnerships with Rainbow Health and Special Olympics Ontario.

The work to explore the transfer of the Professional Liability Program (including current liabilities and staff) to a third party is underway. Our goal, informed by Council and registrants, is to allow the

program to continue to operate, under separate ownership. Over the course of the year there have been regular updates to Council and we are now in the process of receiving proposals. Next year there will be much more to report.

Throughout the year we have consulted you on a broad swath of topics. Your input has been incredibly valuable and much appreciated. Sometimes you have agreed with our approach, sometimes not. Regardless, your thoughts and considerations help make us a better regulator. Thank you for taking the time to write and call.

As the year winds to a close, we would like to send you, your patients and your teams our very best wishes.

Sincerely,

Dr. Harinder Sandhu and Daniel Faulkner

COUNCIL MEMBERS:

Executive Committee

Dr. Harinder Sandhu, Chair and President
Marc Trudell, Vice President
Dr. Nalin Bhargava
Brian Smith
Dr. Erin Walker

Elected Representatives

District #1 Dr. Nalin Bhargava
District #2 Dr. Robyn Somerville
District #3 Dr. Peter Delean
District #4 Vacant
District #5 Dr. Nancy Di Santo
District #6 Dr. Harinder Sandhu
District #7 Dr. Erin Walker
District #8 Dr. Osama Soliman
District #9 Dr. Antony Liscio
District #10 Dr. Deborah Wilson
District #11 Dr. Amelia Chan
District #12 Dr. Anthony Mair

Appointed By Lieutenant Governor in Council

Ram Chopra
James Colliver
Cristina Cordeiro
Eleonora Fisher
Vivian Hu
Marc Trudell
Brian Smith
Roderick Stableforth
Judith Welikovitch
Nizar Ladak

Academic Appointments

Dr. Daniel Haas
Dr. Noha Gomaa

Next Council Meeting

Next council meeting is January 23rd, 2025.
The meeting will be livestreamed on our
YouTube channel.

Questions? Reach out to:

Angie Sherban

Executive Assistant and Council Liaison

phone: 416-934-5627

toll-free: 1-800-565-4591

asherban@rcdso.org

Council Highlights

Council Highlights are emailed out to registrants and posted online on the College's website after each Council meeting. It covers some of the key highlights of Council business.

[Read the Council Highlights from the September 20th Council Meeting](#)

[Read the Council highlights from the October 24th Council Meeting](#)

[Read the Council Highlights from the December 5th Council Meeting](#)

Are you following us on social media?



rcdso_org



rcdso_org



rcdsosvideos



rcdso

Dentists are not immune to health conditions



What happens when dentists focus on their patients' oral healthcare at the expense of their own health? When dentists experience their own physical or mental health issues, they need to consider whether their ability to practise safely and ethically is impacted.

Why is a dentist's health relevant to RCDSO?

The College's [Code of Ethics](#) specifies that dentists must recognize their limitations.

Most health conditions do not impair patient care. For example, if a condition is temporary and/or does not affect a dentist's dexterity or executive functioning. Many dentists step away from patient care or self-limit their practice while undergoing treatment. They return to work only when recovered or medically cleared to return.

Unfortunately, some health conditions may impact a dentist's ability to assess their own capacity to practice accurately. Some dentists attempt to maintain their usual practice unaware of, or despite, the impact of their health condition. Occasionally dentists return to practice before they are recovered or medically cleared to return.

What is a mandatory report?

The *Regulated Health Professions Act* (RHPA) requires regulated health professionals to file a [mandatory report](#) if a dentist's "[incapacity](#)" may impact their practice (s.85 and s.57-63 of the Health Professions Procedural Code). The legislation defines "incapacitated" as follows:

- › "a 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."

What happens if I or someone else contacts the College about my health?

Knowing that regulated health professionals may have a mandatory duty to report, some dentists opt to self-report. Dentists may notify the College of changes to their health status or practice and seek information about the College's expectations for their practice management during periods of illness.

College staff manage health inquiries with sensitivity. They will contact a dentist if information is received about their health status. Though they may ask questions about a dentist's condition, answers to these questions are not mandatory.

A dentist's health information is **confidential**, yet dentists may be willing to share information about their circumstances so that the College and the Registrar can determine whether further health inquiries are needed.

The College reminds dentists about resources that are tailored to dentists (i.e., those offered by the [Ontario Dental Association](#) or the [Canadian Dental Protective Association](#) to their members).

What happens during the health inquiry process?

Dentists are involved in the health inquiry process. If health inquiries proceed, the Inquiries, Complaints and Reports Committee (ICRC) may:

- › request more information from the dentist

- request the dentist's expressed consent to access their confidential health information
- require the dentist to undergo an independent medical examination (IME).

Regulated health professionals retained by the College to conduct the IME are objective and separate from the therapeutic relationships that dentists have with their healthcare providers. An IME will offer an opinion on whether the dentist has a physical or mental health condition that impacts patient safety. They do not direct the dentist's care, but they may recommend how the dentist can safely practise while receiving treatment.

Will I lose my license to practise?

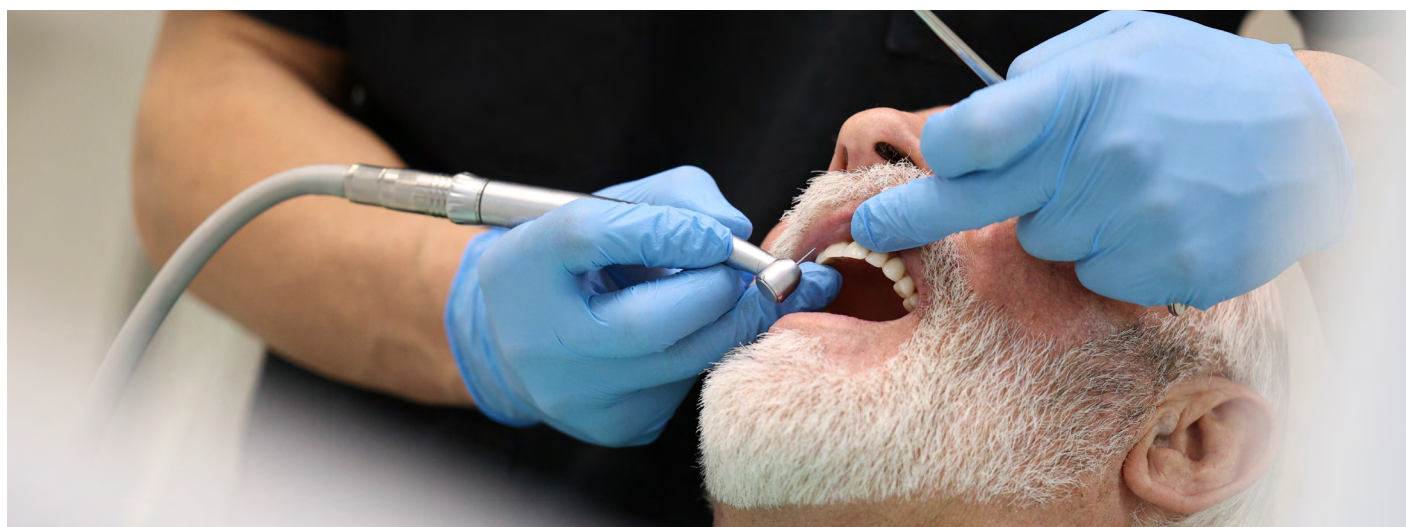
Most often, dentists are willing to sign an agreement with the College to have their health monitored by a regulated health professional or a workplace support person. Dentists can request the ICRC to vary their agreements if/as their health condition changes over time.

Some dentists offer to limit their practice or to cease practising until their health condition is resolved.

In some circumstances, with information from the dentist, their healthcare providers or an IME, the health inquiry concludes.

Very rarely does the ICRC refer a health inquiry to a hearing before the Fitness to Practise Committee (FTP). If a matter is referred to the FTP, the fact of the referral and any restrictions are posted on the public register. There have not been any [FTP hearings](#) at the College for more than five years.

The College and its committees have an abiding interest in seeing dentists practicing [ethically](#), safely and, where needed, with appropriate support to ensure patient health and safety.



Notice Regarding the Canada Post Strike and its impact on RCDSO operations

The ongoing [Canada Post strike](#), which began on Friday, November 15 at 12:01 a.m., may affect mail delivery to the College for the public, our registrants and applicants. We are working diligently to minimize disruptions and have implemented solutions to mitigate potential delays. [Click here](#) for more information.

Virtual RCDSO Connect recap: October 29th & November 26th, 2024



Our recent virtual RCDSO Connect events on October 29th and November 26th, 2024, brought together over 1000 registrants for two impactful sessions filled with insights, updates, and informative professional development.



TUESDAY, OCTOBER 29TH HIGHLIGHTS

- **Council Recap:** Dr. Harinder Sandhu, President of the RCDSO, provided a comprehensive recap of recent Council discussions, sharing key updates on current College initiatives.
- **Committee Appointments:** Governance Specialist Lara Thacker discussed Non-Council Committee appointments, clarifying recent changes and outlining their significance to the College's governance.
- **Summer 2024 Newsletter:** We showcased the latest *RCDSO Connect* newsletter, highlighting articles and resources relevant to dental healthcare professionals across Ontario.
- **Cybersecurity Essentials:** Auldwin Armstrong, Director of Information Technology, led an engaging session on cybersecurity, identifying potential threats and offering practical tips to safeguard sensitive information, followed by an interactive Q&A.



Watch the video [here](#) and
earn a category 3 CE point



TUESDAY, NOVEMBER 26TH HIGHLIGHTS

The November 26th session built on the success of October's event and featured the following:

- **Antibiotic Resistance Presentation:** Dr. Susan Sutherland, Associate Professor at the University of Toronto, led a 45-minute presentation on antibiotic resistance, an issue which poses a massive concern to healthcare. Dr. Sutherland is the founding and former President of the Canadian Association of Hospital Dentists (CAHD), the dentistry lead for Choosing Wisely Canada, and a member of the Advisory Committee of the Antimicrobial Resistance Network (AMRNet).
- **Chairside Decision-Making Tool Update:** Susan Taylor, Director of Quality at the RCDSO, introduced *Taking a Bite out of Tooth Pain: A Toolkit for Using Antibiotics Wisely*, developed in collaboration with Choosing Wisely Canada.
- **Category 1 Point:** Dentists who attended and participated in this session earned a Category 1 point to recognize their commitment to professional development.

As we move forward into 2025, the College remains dedicated to hosting accessible and informative RCDSO Connect sessions. Thank you to all who attended, and we look forward to welcoming you to the upcoming sessions!



Watch the video [here](#) and
earn a category 3 CE point

Addressing bias and conflict of interest in College committee decisions

The **Addressing Bias in College Committee Decisions** document recognizes that while no system can be completely free from the biases that individuals may bring, the College is committed to actively identifying and addressing these biases. As regulators, we know it's our responsibility to strive for continuous improvement in our processes.

This document details the College's commitment to fair, transparent, and impartial decision-making across its committees. To minimize bias and potential conflicts of interest, the College has

implemented various internal processes, including structured education, open discussions and ongoing training in equity and decision-making principles. These measures, alongside Ontario's legislative framework, emphasize confidentiality, objectivity, and fairness in every decision.

With a focus on continuous improvement at the forefront, the College is dedicated to fostering an equitable regulatory environment that serves the public's best interests.



DOWNLOAD

a PDF of ADDRESSING BIAS IN COLLEGE COMMITTEE DECISIONS

INFORMATION SPOTLIGHT

■ UNAUTHORIZED DENTAL PRACTITIONERS

The RCDSO is committed to safeguarding public health by ensuring that only qualified and registered professionals practice dentistry within the province.

In this regard, we publish a [publicly accessible list](#) of individuals who have been legally prohibited from practising for various reasons, including lack of credentials, disciplinary actions, or other legal issues.

If you are aware of these individuals or anyone else working without being registered with the RCDSO, please contact [Gillian Slaughter](#), Director, Professional Conduct and Regulatory Affairs.



■ EQUITY, DIVERSITY AND INCLUSION STATEMENT

The RCDSO has developed a new Equity, Diversity and Inclusion Statement. Council approved the statement in September 2024. [View it here.](#)

Canadian Dental Care Plan launches additional services and paper claims



More than a million Canadians have now benefited from the Canadian Dental Care Plan (CDCP), with over 22,000 dental providers, offices, and educational institutions participating.

The program, which aims to improve dental care access across the country, has introduced important updates, such as a broader range of covered services.



UPDATED CDCP DENTAL BENEFITS GUIDE

The updated [CDCP Dental Benefits Guide](#) is effective as of November 1, 2024. Those who have previously downloaded the guide are encouraged to replace it with the updated version for the most current details.



PREAUTHORIZATION SERVICES

The CDCP now accepts requests for services that require preauthorization. This means that it is possible for patients to receive services such as the initial placement of partial dentures or crowns, and dentists can submit requests for services when a CDCP patient has a particularly high need or complex condition.

Each request will be assessed thoroughly on a case-by-case basis to see if the course of treatment recommended by the oral health practitioner meets the clinical criteria for coverage under the CDCP.

Providers are encouraged to review the "[At-A-Glance Reference Sheet](#)" for a concise guide on the

required documentation to support a request for preauthorization.



PAPER CLAIMS

As of November 1, 2024, providers can submit paper claims using the standard dental claim form, which must include a signed "Assignment of benefits" signature box.



ADDITIONAL RESOURCES

You can print and display [this fact sheet](#) (available in 13 languages) if you wish to communicate information about CDCP eligibility and application phases to the public.

For additional information, the Government of Canada, Sun Life and the Royal College of Dental Surgeons of Ontario provide several resources:

Government of Canada

- **Website:** canada.ca/dental
- [CDCP Dental Benefits Guide](#)
- [Information on services covered](#)

Sun Life

- **Website:** <https://www.sunlife.ca/sl/cdcp/en/>
- [CDCP Claims Submission Information](#)
- [CDCP Dental Benefit Grid](#)

Royal College of Dental Surgeons of Ontario

- [FAQ for dentists and patients](#)
- [CDCP Patient Guide](#) (includes information on balance billing and co-payments)

Canada Dental Care Plan: What is the difference between balance billing and co-payments?



What is balance billing?

Balance billing is when a dentist charges for the difference between their fee for the service provided (based on suggested provincial fee guides) and the amount allowed under a public insurance program. Balance billing is permitted for patients using the CDCP.

What is co-pay?

Co-pay is part of the initial fee that some patients may be charged based on their adjusted family income. The rate of co-pay that a patient may be charged under the CDCP is 40% or 60% of the cost of the treatment, depending on adjusted family income. [Learn more about the CDCP and co-payments.](#)

Can there be a co-pay and balance billing?

Yes. CDCP fees may not be the same as what providers charge. This is called balance billing and is permitted for patients using the CDCP.

You may have to pay balance billing fees in addition to a potential co-payment if the cost of your oral health care service is more than what the CDCP will reimburse based on the established CDCP fees. You should always ask your oral health provider about any costs that won't be covered by the CDCP. Make sure you know what you'll have to pay directly to your oral health provider ahead of receiving treatment.

Example of CDCP Coverage for a Procedure

Please note that the following numbers are illustrative examples. Actual costs depend on several factors, including the individual dentist and your location.

For more information about the CDCP [visit our website.](#)

Procedure Cost (Dentist's Customary fee): \$120 CDCP Fee Guide Coverage for the procedure: \$100			
Adjusted Family Income	Co-Pay (Based on CDCP \$100 Coverage)	Balance Billing (Difference between Dentist's customary fee and CDCP coverage)	Potential Total Patient Cost Co-payment + Balance Billing = Total
Lower Than \$70,000	0% Co-Pay	\$20	\$20
Between \$70,000 and \$79,999	40% Co-Pay \$40 to be paid for by the patient	\$20	\$60
Between \$80,000 and \$89,999	60% Co-Pay \$60 to be paid for by the patient	\$20	\$80

Making oral health accessible: Gift from the Heart's journey across Ontario



Ensuring equitable access to oral health care across the province is one of the RCDSO's strategic priorities. In this issue, we are highlighting an organization that is making a meaningful impact in this area. [Gift from the Heart](#) is a mobile clinic dedicated to addressing the oral health needs of underserved communities across Ontario.

Gift from the Heart was founded fifteen years ago by Bev Woods, an independent dental hygienist from Trenton, Ontario. Recognizing the widespread challenges that individuals and families face in accessing oral health services, Bev set out to bridge this gap with an ambitious vision: the creation of a mobile clinic that would bring essential dental care directly to those who need it most.

"I started Gift from the Heart with the hope of giving dental hygienists an opportunity to serve their communities," Bev explains. "The need was there, but accessibility was always a challenge, so I asked myself, 'How can I make this service fully mobile and accessible for everyone?'"

Through hard work and perseverance, Bev's vision materialized into a custom-designed trailer. It is fully equipped with dental technology, including digital X-rays, a sterilization center and a generator for independent operation. Currently stationed near Loyalist College in Belleville, Ontario, this "dream machine" brings essential dental services to rural and underserved communities.

The clinic plays a critical role for individuals who fall through the gaps in Ontario's dental care programs—particularly those aged 18 to 65 who often lack coverage and struggle to afford regular care. By focusing primarily on preventive care and

urgent treatments like extractions and fillings, Gift from the Heart offers much-needed relief to people who might otherwise go without.

"We're not a full-service clinic," Woods clarifies. "But our goal is to alleviate pain and address urgent needs, helping people live more comfortably and healthier."

“ I want to do this because I want those coming for extractions to have a good night's sleep. If they sleep well, I sleep well at the end of the day,” says Bev. “If I can help others sleep well, then my job is done.”



Many of the clinic's patients are tradespeople, self-employed individuals, and entrepreneurs—hard-working contributors to Ontario's economy who often lack employer-sponsored dental plans.

"They're working hard every day; but without any dental benefits, their health often comes last," Woods reflects. "Gift from the Heart gives them a chance to receive necessary care without financial burden."

Despite these resources, Gift from the Heart faces ongoing challenges with staffing and funding. "Currently, I'm the only one providing dental hygiene services on a regular basis," Bev shares. "In rural areas like ours, finding local dentists to volunteer has been difficult, and we only have a few volunteer hours per month—nowhere near enough to meet the demand."

To sustain its work, Gift from the Heart operates on a donation-based model, relying on grants, community support, and fundraising. "Any support—whether financial or through supplies and equipment—keeps us going," Bev explains.

Looking to the future, Bev is hopeful that more dental professionals will volunteer their time and skills. "We have a beautiful, fully equipped clinic, overnight accommodations for volunteers, and a great community here. There are so many opportunities to give back right here in Ontario."

In collaboration with local businesses, Gift from the Heart provides free accommodations in Belleville for volunteer dentists, making it convenient for those who wish to donate their time. Volunteers are welcome to bring their families, who can enjoy the region's scenic restaurants and attractions like the Air Force Museum in Trenton.

If you are interested in volunteering with Gift from the Heart you can find more information on this [volunteer page](#). For more information on RCDSO's Access to Care initiatives, please visit our website.



Coming in 2025: Watch for the new PET



All Ontario dentists must participate in a mandatory Quality Assurance (QA) program.

One of the components of the QA Program is the Practice Enhancement Tool (PET) – an independent, online assessment that allows dentists to evaluate their knowledge, skill and judgment.

We're working to improve your experience with the PET.

In keeping with our commitment to make your experience with the QA Program as easy as possible, we have heard you and made changes to allow:



1. BETTER SIGN-IN

- The PET now has a single sign-in using the RCDSO Portal. No more temporary passwords or links.



2. PREDICTABLE AND FLEXIBLE SCHEDULING

- Start your PET any time within your assigned three-month window. Once you start you have 30 days to finish and submit the PET.
- Plus, your PET will be on a regular 5-year schedule, allowing you to plan for it well in advance. For example, if you complete the PET in May 2025, your next PET will be in May 2030.



3. EASIER TO VIEW IMAGES

- You can enlarge and magnify radiographs and images to zoom in on the areas you need to see clearly.



4. FASTER RESULTS

- You will obtain your PET scores immediately upon completion. This includes pass/fail and numerical percentage scores for each of the six competencies.



5. EXPANDED RESOURCES

- We've updated the *PET Resources* section on the website, and added links to journals, dental association websites and more textbook and Internet listings.
- Plus, we're beginning to add references to individual questions.



6. LARGER QUESTION BANK

- We have grown our question banks. We encourage you to learn with colleagues, but someone else writing the same PET competency subject may have different questions.

Be on the lookout for

- A **YouTube video** that walks you through login and navigation.
- **Remote drop-in Q & A sessions** if you run into problems.



Want to get involved?

We are looking for dentists who want to learn more about writing PET questions and are interested in participating in 2025:

You will...

- Attend 3 virtual meetings and spend approximately 10 hours on independent work over a 2-month period
- Receive training on how to write high-quality multiple-choice questions.
- Write approximately 10 new PET questions and collaborate with others to refine drafts.
- Receive an honorarium for your time.

If you'd like to participate, please tell us a bit about yourself



Continuing Education – E-Learning opportunities



Looking for CE activities in Category 1, Category 2, or Category 3? Please consider these e-Learning and livestream opportunities:

CATEGORY 1

- University of Toronto: Register [here](#)
- Western University: Register [here](#)
- CAMH: Register [here](#)
- ODA: Log into your [Continuing Education - Ontario Dental Association](#)
- RCDSO: Jurisprudence & Ethics - log into your [RCDSO Portal](#) and navigate to “My Account”
- Infection Prevention and Control – [complete registration here](#)

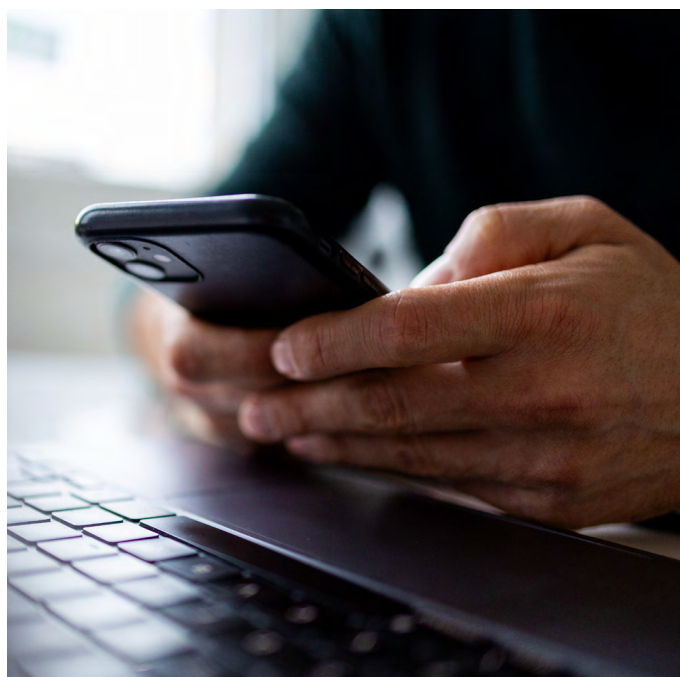
CATEGORY 2

- [Public Health Ontario \(PHO\) Online Learning](#)
- [Public Health Ontario \(PHO\) webinars](#) (equivalent to Grand Rounds)
- [Special Olympics Ontario \(SOO\)](#)
- [Rainbow Health Ontario \(RHO\)](#)
- [Viva Learning](#)
- [Colgate Oral Health Network - Tribune Group GmbH](#)
- [Proctor & Gamble Company](#)
- [Academy of General Dentistry](#)

NOTE: The College has not endorsed or accredited these providers or their courses.

CATEGORY 3

- Regular reading of peer reviewed dental journals is eligible for CE points.
 - Select the CE Activity type for “Academic Reading” in your e-Portfolio to enter these points.





Don't forget – extra points cascade down:

- If you have more than 15 points in Category 1, they will be applied toward your Category 2 requirements.
- If you have more than 45 points in Category 2, they will be applied to your Category 3 requirements.
- If you have reported 90 points between Category 1 and 2, you are not required to report additional points in Category 3.

View your CE activities

- Login to your [RCDSO Portal](#)
- Click on the link to your e-Portfolio
- View your dashboard on the homepage of your e-Portfolio to review the activities you have logged in Categories 1, 2 and 3.

The screenshot shows the RCDSO e-Portfolio dashboard. At the top, there's a navigation bar with 'Home', 'CE Activities', 'Help', and 'Logout'. Below this, the 'Select CE Cycle' dropdown is set to '2023 - 2026'. The user's name is 'Rcdso_test01' and their RCDSO# is '150000'. The cycle start date is 'Feb 6 2023' and the end date is 'Dec 14 2026'. A button 'ADD New Activity Record Now' is visible. Below this, there are four boxes showing the status for each category and the total: Category 1 (3/15 points), Category 2 (61/45 points), Category 3 (10/30 points), and Total (74/90 points). At the bottom, there's a section titled 'Continuing Education and e-Portfolio' with a brief description of the requirements.

Category	Status
Category 1	3/15 points
Category 2	61/45 points
Category 3	10/30 points
Total	74/90 points



Don't forget to update your e-Portfolio with new points as you complete activities.

More information about CE requirements and the CE categories can be found on the [RCDSO website](#) and in the Help tab of your e-Portfolio. You may also contact at CE@rcdso.org with any questions.



Get to know our staff: Hilary Bauer

The RCDSO is committed to protecting the public by upholding the highest standards of dental care. This is achieved through registration processes, ensuring only qualified dentists are licensed to practise in Ontario. Our Registration Department, led by Manager Hilary Bauer, is central to this mission.

Our Registration team oversees the licensure of new graduates; the annual renewal of certificates of registration; and the application for and renewal of Health Professional Corporations (HPCs). Their job is to ensure that all licenced Ontario dentists have met the regulatory requirements set by the College and by our governing legislation, the Regulated Health Professions Act, to enter the profession. With over 11,000 dentists and nearly 9,000 HPCs under the College's jurisdiction, the Registration department plays a vital role in maintaining the profession's integrity and reputation.

The RCDSO is also accountable to the [Office of the Fairness Commissioner](#) (OFC) to provide transparent, objective, impartial and fair registration practices for those applying to practise dentistry in the province. The Fairness Commissioner has publicly noted the leadership role of the RCDSO as an early supporter of the government's role in building confidence in the fairness and transparency of licencing practices.

Additionally, Hilary serves as the staff liaison to the Registration Committee. Hilary reviews cases referred to the committee where there are concerns that an applicant does not meet registration requirements.

"Our team manages almost 1000 applications each calendar year, with more than half of our new applicants receiving their dental training from

outside of Canada," says Hilary. There is a significant volume of applications in addition to the over 11,000 renewals we process every year. We self-audit and report to the OFC to ensure we are being fair and accountable to our applicants and our system partners.

One of the Registration Department's recent key initiatives was the development of a new emergency class certificate of registration. "This new class of registration was developed to allow for the quick registration of dentists in the event of an emergency, like COVID-19," Hilary explains. "It was a very rewarding project to be a part of. We had to develop and implement a regulation amendment in just six months, which is usually a process that takes years. I particularly enjoyed working with a group of Council members on this project who supported the work to develop the class and the implementation tools to support it."

As we continue to highlight the exceptional work within the RCDSO, we are reminded of our shared commitment to upholding the highest standards in the dental profession. The work carried out by the Registration team, in collaboration with other departments, is essential not only to protect the public but to support dentists in enhancing their practice. Through these efforts, we strive to ensure that the public receives safe, equitable, and competent oral health care.

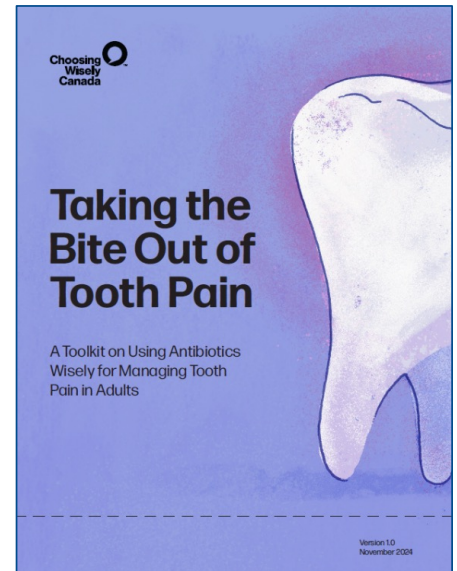
For more information about the registration process, visit [our website](#) or refer to the [RCDSO's Annual Report 2023](#) for a comprehensive overview of the Registration department's activities and achievements over the past year.

■ ANTIMICROBIAL STEWARDSHIP

Most toothaches are the result of inflammation, not infection. Despite this, antibiotics are still commonly prescribed, contributing to the growing rise of antimicrobial resistance—one of the top ten global public health threats. Choosing Wisely Canada's new toolkit, [*Taking the Bite Out of Tooth Pain*](#), provides evidence-informed guidance for dentists and primary care providers on managing tooth pain without antibiotics.

Resources include:

- Antibiotic guidelines and standardized approach to managing tooth pain in adults
- Tooth pain prescription
- Office poster/screensaver "Sorry, but antibiotics won't cure most toothaches"
- FAQs for patients
- FAQs for Health Care Providers



Supported by the Canadian Dental Association, the Canadian Association of Hospital Dentists, and the Royal College of Dental Surgeons of Ontario, this toolkit supports better pain management while curbing unnecessary antibiotic use. For further information on antibiotic use in dentistry [visit our website](#).



[Watch the RCDSO Connect video](#) where Dr. Susan Sutherland speaks about the Choosing Wisely Toolkit. This video is eligible for a category 3 CE point.

Continuing Education Points: Self-Study Activity/e-Learning Program

The RCDSO recognizes the importance of this chairside resource in guiding dentists, their teams and their patients to implement principles of antimicrobial stewardship.

By downloading the toolkit and using its resources in your practice, you are eligible to earn up to five (5) continuing education points in Category 2 – one point for each element that you have implemented.

To obtain your certificate, you must answer the five questions attesting to which elements of the toolkit you are implementing and click SUBMIT. We will review your submission and email you your certificate within five business days, giving you the information you need to complete your e-Portfolio submission. <https://www.surveymonkey.com/r/5ZDR8D8>



Case study on recordkeeping



Mr. A has been a regular patient of Dr. B for over a decade. Despite his limited financial resources and lack of dental insurance, Mr. A regularly attended his routine hygiene appointments every six months.

While Dr. B was away on vacation, Mr. A visited another dentist because of soreness in his lower tooth. That dentist extracted the tooth and informed Mr. A that he may likely lose most of his other teeth over time and discussed the possible option of implant-supported complete dentures.

Upset by this prognosis, Mr. A filed a complaint to the College against his long-time dentist, Dr. B.

In his complaint, Mr. A alleged that Dr. B:

- Failed to advise him in a timely manner that he had “gum disease”.
- Failed to recommend treatment that could have prevented the disease from progressing.
- Was negligent in not referring him to a periodontist.
- Was responsible for the loss of his teeth and therefore should cover the cost of the implant-supported dentures.

Dr. B was notified of the formal complaint and provided the College with her response along with the complete dental records of Mr. A.

In her response, Dr. B stated that:

- Upon Mr. A’s initial visit, she performed a complete examination which included full mouth periodontal charting.
- She did inform Mr. A of his periodontal condition during that new patient examination.
- She advised Mr. A that scaling and polishing alone would not suffice and that he will most likely need

further periodontal therapy such as root planing under local anesthetic or periodontal surgery.

- She reiterated these recommendations several times over the years.
- She discussed the option of referring to a periodontist at some point in time.
- Her dental assistant provided a written testimony to confirm these discussions had occurred.
- Mr. A consistently declined any referral or additional treatment beyond “just a regular cleaning every six months” citing his limited financial resources.
- She respected her patient’s decision and provided “regular cleanings” as he requested.
- In her view, although it was not the ideal treatment, receiving regular scaling and polishing was better than no treatment at all.



The chart review revealed that:

- Dr. B appropriately documented all her clinical findings (e.g. pocket depths, mobility and periodontal bone loss) during the new patient examination and subsequent recall examination.
- Bitewing radiographs taken annually for the past ten years showed gradual horizontal periodontal bone loss.
- Full mouth periodontal charting completed at least every two years, documented the gradual worsening of the periodontal pocket depths.
- Dr. B's initial treatment plan included root planing under local anesthetic and periodontal surgery.
- Mr. A received scaling and polishing every six months.
- During these scaling appointments, Dr. B documented the presence of abundant plaque and tartar, as well as the patient's poor oral hygiene.
- There was no documentation of a clear diagnosis for Mr. A's periodontal condition.
- There was no documentation of any discussion with the patient regarding his periodontal condition.
- There was no documentation that the patient consented or refused her recommendations.
- There was no documentation of any referral to a periodontist.

Panel's decision

The panel has considered all correspondence and records obtained during the course of its investigation.

While the panel did not believe this to be a case of supervised neglect, nor did they feel that Dr. B breached the standard of practice of our profession, they did raise some concerns regarding Dr. B's recordkeeping and informed consent practices.

Rationale for the decision

Although Dr. B initially recorded clinical findings, she did not formulate a clear periodontal diagnosis that would have supported the rationale for her treatment plan.

The details of the conversations she supposedly had with the patient regarding his periodontal condition and treatment recommendations were not documented.

Although Dr. B stated that she offered a referral to a periodontist, there was no documentation of any such referral or suggestion in the patient's chart. The panel felt that even if Mr. A declined the verbal referral at the time, this should have been documented in the clinical notes.

Dr. B also failed to document that she advised the patient of the potential consequences of not proceeding with further treatment, specifically that he could lose all his teeth. The panel felt that this information was important and should have been part of informed refusal process.

Outcome

The panel accepted the voluntary Remedial Agreement Dr. B signed to complete a self-reflection paper in the areas of recordkeeping and informed consent.

Conclusion

This case illustrates how dental recordkeeping practices could either support or hinder a dentist's defence during the complaint process. One of the most common errors is failure to document the informed consent conversation with a patient.

For further guidance, please review:

- [The importance of addressing periodontal disease](#)
- [Informed refusal](#)
- [Periodontal screening and recording: Use it, but don't abuse](#)
- [Dental Recordkeeping Guidelines](#)

You can contact also the
Practice Advisory Service
by email at
practiceadvisory@rcdso.org
or phone at
416-961-6555 ext. 5614.

Sedation and CT authorization requirements – current training or current experience



Dentists applying for sedation authorization or CT authorization must demonstrate they have current training or current experience at the time they apply for authorization (“currency requirement”). The current training or current experience requirement is intended to address concerns that a dentist’s clinical skill and knowledge in the specific area of practice may fade during a prolonged period of non-use, which increases risk to the public.

1. The **current training requirement** applies to dentists who are applying to perform the clinical acts independently in practice for the first time.

› Current training is defined as training completed no more than 12 months before the dentists submits their application for authorization to the College

› The training must comply with all requirements in the Standard of Practice

2. The **current experience requirement** applies to dentists who have performed the clinical acts in practice in the past (either in Ontario or in a different jurisdiction) and are applying to resume performing these clinical acts in Ontario.

› Current experience is defined as experience performing the clinical acts independently, without supervision, in clinical practice in the 3-years before the dentist submits their application for authorization to the College

› The dentist will be required to demonstrate they completed a specific number of cases to qualify for authorization. The number of cases is based on the authorization type.

The currency requirement may be extended in *exceptional* cases if the applicant demonstrates their experience mitigates the concern their clinical skills have faded. For example, an individual re-applying for authorization previously used the clinical skills in practice for a significant number of years at a high-volume.

Extensions are not granted to applicants applying to perform the clinical acts in practice for the first time solely on the basis that the individual completed a didactic refresher course.

Contact the Facility Inspection Program by email if you have any questions about the currency requirement (sedation authorization applicants: sedation@rcdso.org; CT authorization applicants: ctscanners@rcdso.org).

Requests for assistance

The following are requests for assistance in obtaining dental records from various police services and coroner's offices from across Ontario. If you have any information, please reach out to the contact listed in each case.

Name: Jeannine FILICE
Date of Birth: August 22, 1982
Requested From: Toronto Police Service
Contact: Detective Filippo Bevilacqua
Contact Email: missingpersons@torontopolice.on.ca

Name: Angela FOURNIER
Date of Birth: July 2, 1967
Requested From: Toronto Police Service
Contact: Detective Constable Jac Teoh
Contact Email: missingpersons@torontopolice.on.ca

Name: Diana SINA
Date of Birth: July 30, 1994
Requested From: Toronto Police Service
Contact: Detective Constable Syed Saeed
Contact Email: missingpersons@torontopolice.on.ca

Name: Chu MANFUI
Date of Birth: May 6, 1949
Requested From: Office of the Chief Coroner, Toronto East
Contact: Dr. Jennifer M. Dmetrichuk
Contact Email: Jennifer.Dmetrichuk@ontario.ca

Name: Shirley TREADWELL
Date of Birth: March 24, 1948
Requested From: Hamilton Police Service
Contact: Sergeant Kim Walker
Contact Email: kwalker@hamiltonpolice.ca

Name: Omar Mohamed MAHAMOUD
Date of Birth: March 8, 2001
Requested From: Toronto Police Service
Contact: Detective Matt Hofland
Contact Email: 7492@tps.ca

Name: Katherine PASTERNAK
Date of Birth: August 4, 1959
Requested From: Hamilton Police Service
Contact: Detective Constable Mirko Kuruc
Contact Email: MKuruc@hamiltonpolice.ca

Name: David SIMPSON or Rowan GREEN
Date of Birth: May 29, 2016
Requested From: OPP - Essex County West
Contact: Detective Constable Sue Strohm
Contact Email: Susan.Strohm@opp.ca

Name: Erickson VALENZUEL
Date of Birth: July 7, 1992
Requested From: Guelph Police Service
Contact: Detective Constable Scott Biser
Contact Email: SBiser@guelphpolice.ca

Name: Christian CASIMER
Date of Birth: June 10, 1999
Requested From: Toronto Police Service
Contact: Detective Constable Monika Ustupski
Contact Email: 11480@tps.ca

Did you know that Public Health Ontario offers Infection Prevention and Control courses that are eligible for CE Points?

[Public Health Ontario](#) (PHO) has a wide range of resources for addressing Infection Prevention and Control (IPAC) across a variety of health settings and professions, including dentistry. By creating a “[MyPHO](#)” account, dentists and staff can access IPAC on-line courses and bookmark best practices documents.

PHO provides [online courses](#) that are eligible for Category 2 CE points when a certificate of completion is provided:

- IPAC for Health Care Workers
- IPAC for Non-Clinical Staff

In addition, the following PHO IPAC resources may be useful:

- [IPAC](#) landing page where upcoming webinars are posted along with featured articles
- [Evidence based Best Practices documents in IPAC](#) including [Infection Prevention and Control in Clinical Office Practice](#) and [Best Practices for Cleaning Disinfection and Sterilization of Medical Equipment/ Devices in All Health Care Settings](#).

If you have any questions, please email ce@rcdso.org.

■ PRESCRIPTION REQUIREMENTS

Recently, the RCDSO has received reports from pharmacists about a growing trend in the number of prescriptions sent in by dentists bearing no signature and marked only by the prescriber’s stamp.

Valid prescriptions must include the signature of the prescriber, or, in the case of electronically produced prescriptions, a clear and unique identifier, which signifies to the dispenser that the prescriber has authorized the individual prescription. Stamps may not be used in place of a signature.

In addition to the prescriber’s signature, prescriptions must include the following:

- Name of the patient;
- Full date (day, month and year);
- Name of the drug, drug strength and quantity or duration of therapy;
- Full instructions for use of the drug;
- Refill instructions, if applicable;
- Printed name of the prescriber;
- Address and telephone number of the dental office where the patient’s records are kept.

If the prescription is for a monitored drug, as defined in the [Narcotics Safety and Awareness Act, 2010](#), dentists must additionally provide:

- their RCDSO registration number;
- an identification number for the patient and the type of identification used.

Visit the Ministry of Health website for a [list of approved forms](#) of identification.



■ EDUCATE YOURSELF ABOUT GLP-1 DRUGS AND SEDATION/GENERAL ANESTHESIA RISKS

Glucagon-like peptide-1 (GLP-1) receptor agonists are a class of drugs that have been used in the management of type 2 diabetes and cardiovascular risk reduction for several years and are increasingly being used for weight loss.

Several brands of GLP-1 receptor agonists and dual GLP-1/GIP (glucose-dependent insulintropic polypeptide) receptor agonists have been approved in Canada, including Semaglutide which is sold under the brand name Ozempic.¹

Sedation and anesthesia providers should be screening for patients who take GLP-1 receptor agonists. GLP-1 receptor agonists are associated with adverse gastrointestinal effects such as nausea, vomiting and delayed gastric emptying. These effects may impact the risks of sedation and general anesthesia.

The American Society of Anesthesiologists (ASA) has published Consensus-Based Guidance on Preoperative Management of Patients on GLP-1 Receptor Agonists, which summarizes the gastric emptying /half-life and adverse effects of all GLP-1 receptor agonists approved for use in Canada.² The Canadian Anesthesiologists' Society (CAS) has also published a CAS Medication Safety Bulletin with guidance on GLP-1 receptor agonists.³

Sedation and anesthesia providers are strongly encouraged to stay up to date on the developing body of literature on this topic, including ASA and CAS guidance and other clinical journal articles. Preoperative assessments should include screening

for GLP-1 receptor agonists. Any actions the sedation or anesthesia provider recommends or takes to mitigate the risks of sedation or general anesthesia should be documented in the progress notes or sedation/anesthesia record.

■ STANDARDS REVIEW PROCESS

As part of RCDSO's [2023 – 2025 Strategic Plan](#), we have initiated a project focused on College Standards of Practice to modernize our approach to their review and development, and update key Standards on a priority basis. The project concludes at the end of 2025 but will set the direction for all future Standards work at the RCDSO.

Some accomplishments to date include:

- a preliminary assessment of all RCDSO's guidance for the profession, evaluating their accuracy, comprehensiveness and clarity;
- the identification, with the approval of the Quality Assurance Committee, of Standards that have been prioritized for review; and
- the development of a [new and comprehensive Standards review and development process](#) which involves rigorous stakeholder consultation.

A number of priority Standards are now under review on topics including Informed Consent, Prevention of Sexual Abuse and Boundary Violations, Implant Dentistry, Artificial Intelligence, and others.

Active consultations can be found on the [RCDSO website](#), and updates about the status of each Standard review can be found in the [meeting materials of Council](#).

¹ Table 6, GLP-1 RA Products Approved in Canada - Current Utilization Patterns of Glucagon-Like Peptide-1 Receptor Agonists - NCBI Bookshelf (<https://www.ncbi.nlm.nih.gov/books/NBK603325/table/t06/>)

² Joshi GP, Abdelmalak BB, Weigel WA et al. American Society of Anesthesiologists consensus-based guidance on preoperative management of patients (adults and children) on glucagon-like peptide-1 (GLP-1) receptor agonists. June 29, 2023.

³ CAS Medical (<https://www.cas.ca/CASAssets/Documents/Advocacy/Semaglutide-bulletin_final.pdf>)



HAPPY
Holidays

College Holiday Hours

December 24: 8:30 a.m. - 12:00 p.m.

December 25 - January 1: Closed

January 2: Normal hours resume