

General Consultation: Draft Standard "Consent to Treatment"

Welcome to Our Survey

Thank you for participating in our survey. Your feedback is important to us and will help inform the development of updated guidance for Ontario dentists.

The Royal College of Dental Surgeons of Ontario (RCDSO) is seeking feedback on our new draft Standard "[Consent to Treatment](#)."

The survey should take approximately **15 minutes** to complete

The deadline to provide feedback is **11:59 p.m. (EDT) on December 5th**.

Survey responses will be saved and submitted when you click the 'Next' or 'Done' button on each page of the survey. You may complete a portion of the survey and return later to either finish the survey or edit your responses, however, you must use the same device and web browser that you used to start the survey.

All survey responses will be carefully reviewed, and a summary of the feedback received will be provided to RCDSO's Council after the consultation closes. Your feedback is anonymous. Responses submitted from individuals on behalf of organizations will be attributed to the organization and not the individual respondent.

If you would like to download a PDF list of the survey questions, [click here](#).

If you have any questions about this survey or RCDSO's Standards review and development process, please see [RCDSO's website](#) or email the Policy Team at consultations@rcdso.org.

General Consultation: Draft Standard "Consent to Treatment"

Participant Type

* 1. Are you a:

- General dentist (including retired)
- Specialist dentist (including retired)
- Dental student
- Patient/Member of the public
- Oral health care professional, other than dentist (e.g., dental hygienist, denturist, dental technician, including retired)
- Non-oral health care professional (e.g., nurse, doctor, pharmacist, etc., including retired)
- Person responding on behalf of an organization
- I prefer not to answer

General Consultation: Draft Standard "Consent to Treatment" Specialist Type

* 2. What is your primary specialty or, if you have retired, what was your primary specialty?

- Dental Anesthesiology
- Dental Public Health
- Endodontology
- Oral and Maxillofacial Radiology
- Oral and Maxillofacial Surgery
- Oral Medicine and Pathology
- Orthodontics and Dentofacial Orthopedics
- Pediatrics
- Periodontics
- Prosthodontics
- Other (please specify)

General Consultation: Draft Standard "Consent to Treatment" Dentist Characteristics

If you have retired, please respond to the questions on this page based on your experience when you were practicing.

* 3. Where did you complete your highest level of dental education?

- Canada
- Australia, Ireland, New Zealand, or United States of America (countries that have a mutually recognized system of accreditation of training with the RCDSO)
- I prefer not to answer
- Other (please specify)

* 4. How many years have you been in practice?

- 0-10 years
- 11-25 years
- 26+ years

* 5. What is your primary practice environment?

- Solo private dental clinic (one or more locations with one dentist)
- Group private dental clinic (one or more locations with more than one dentist)
- Corporate dental clinic (practice with some degree of third-party ownership and/or business support)
- Not-for-profit dental clinic (e.g., public health, community health centre, hospital, school, community-based)
- Other (please specify)

* 6. We would like to know more about your role(s) in your practice. Which of the following best describes your primary role(s) in dentistry? Please select all that apply.

- Owner/Principal
- Associate/Independent Contractor
- Employee
- Clinic/Practice Manager (either formally or informally)
- Other (please specify)

* 7. Describe the general location(s) where you work or practice. Please select all that apply.

- Extra-large urban area (population of 500,000 or more)
- Large urban area (population between 100,000 and 499,999)
- Medium urban area (population between 30,000 and 99,999)
- Small urban area (population between 1,000 and 29,999)
- Rural and/or remote (population less than 1,000)
- Other (please specify)

* 8. Do you currently provide clinical care?

- Yes
- No

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Organization Type

* 9. Which organization are you responding on behalf of?

* 10. What type of organization do you represent?

- Dentist-facing organization (e.g., dental office, dental corporation, vendor in dental industry, professional association)
- Patient-facing organization (e.g. advocacy group for patients)
- I prefer not to answer
- Other (please specify)

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Draft Standard

The duty to obtain a patient's consent prior to administering treatment arises from fundamental legal, professional, and ethical obligations, which reflect the right of every patient to make informed choices about their own body and healthcare.

RCDSO's draft [Consent to Treatment Standard](#) sets out the requirements for obtaining valid consent to treatment, and it updates the College's current Practice Advisory: Informed Consent Issues Including Communication with Minors and Other Patients Who May Be Incapable of Providing Consent.

The following survey will ask you questions about the draft Standard.

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Definitions

The draft Standard includes a new section setting out definitions for key terms (see the draft Standard, page 2). These include:

1. Treatment
2. Capacity
3. Emergency
4. Express consent
5. Implied consent
6. Substitute decision-maker (SDM)
7. Valid consent

* 11. In your opinion, does this section include all of the important terms that are necessary to understand and apply the draft Standard?

- Yes
- No
- Not sure

12. If you answered 'no', which other definitions should be included?

13. Do you have any feedback that would help make the included definitions more clear or accurate?

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Principles

The draft Standard includes a new section setting out the ethical and professional principles that underpin dentists' duty to obtain valid consent to treatment (see below). These principles form the foundation for the requirements set out in the draft Standard.

14. In your opinion, are these principles clear, reasonable, and necessary? (Select all that apply)

The draft principle is clear

The draft principle is reasonable

The draft principle is necessary

The duty to obtain consent reflects the fundamental right of every patient to make informed decisions about their own body and healthcare.

Without valid consent, there can be no treatment.

The duty to ensure that valid consent is obtained rests with the dentist proposing the treatment.

Dentists have a duty to provide an unbiased explanation of treatment options with associated risks and costs.

Consent is a process: it begins before the commencement of treatment and is renewed throughout the course of treatment.

15. Please feel free to elaborate on your responses above (e.g., if you think a principle is not clear, please explain why).

16. In your opinion, are there any other principles that should be added to this list?

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Documenting Consent

The draft Standard advises (but does not require) dentists to record the following information in the patient's record for all consent discussions:

- the names of any individuals who participated in the consent discussion;
- the specific potential risks and benefits that were communicated;
- any risks that were communicated related to the circumstances of the patient;
- any risks that were communicated related to refusing, withholding, or withdrawing consent;
- whether consent was given or refused, and by whom;
- what was consented to, if anything;
- the date that consent was given or refused;
- any questions or concerns raised by the patient or SDM;
- any alternative treatments or options that were discussed, including no treatment; and
- any findings of incapacity along with the identity of the SDM, as needed.

* 17. In your opinion, is it necessary for dentists to record all of the information set out above?

- Yes
- No
- Not sure

18. What information set out above do you think it is not necessary for dentists to record, if any?

19. Is there any information missing from the list above that you think dentists should be advised to record in relation to consent discussions?

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General Questions

In order to provide informed responses to the following questions, it is important that you have read the draft Standard. If you have not done so already, you can review the draft Standard [here](#).

* 20. Have you read the draft Standard: Consent to Treatment?

- Yes, I have read the entire document.
- No, I have not read the entire document (**NOTE:** If you indicate that you have not read the draft Standard, you will be advanced directly to the end of the survey. You will have an opportunity to provide open-ended feedback, but you will not be asked any questions about the draft).

General Consultation: Draft Standard "Consent to Treatment" Clarity, Comprehensiveness, and Accuracy

* 21. We would like to understand whether the draft Standard is clear, comprehensive, and accurate. Please indicate the extent to which you agree or disagree with each of the following statements.

	Strongly agree	Somewhat agree	Neither agree nor disagree	Somewhat disagree	Strongly disagree
The draft Standard is clearly written	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The draft Standard is easy to understand	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
the draft Standard is comprehensive and addresses all of the relevant or important issues	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The draft Standard is accurate	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

22. Please feel free to elaborate on your answers above. For example, if you think the draft Standard is not comprehensive, what other topics should be addressed?

23. In your opinion, does the draft Standard include any unnecessary information (e.g., unnecessary requirements, guidance, or other content)?

General Consultation: Draft Standard "Consent to Treatment" Reasonableness

* 24. In your opinion, how reasonable are the requirements set out for dentists in the draft Standard?

- Extremely reasonable
- Very reasonable
- Somewhat reasonable
- Not very reasonable
- Not at all reasonable

25. In your opinion, which expectations in the draft Standard are unreasonable, if any?

General Consultation: Draft Standard "Consent to Treatment" Final Feedback

26. Please share with us any feedback that you have not already provided related to the draft Standard.

General Consultation: Draft Standard "Consent to Treatment" Survey Evaluation

27. Optional: Based on your experience completing this survey, do you have any feedback to help improve this survey or future RCDSO surveys?

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Demographics

We welcome you to voluntarily share some demographic information about yourself. The RCDSO strives to protect the public interest while using processes that achieve meaningful equity, diversity, inclusion, and accessibility across all of our regulatory programs and projects.

Therefore, we are collecting demographic information to help us identify whether our consultation process is inclusive, and whether we are receiving a diversity of perspectives.

Please note that any demographic information that you provide through the survey will be anonymous, and your responses will be stored securely. Your demographic information will be aggregated for internal/external reporting purposes and will not be linked to you.

* 28. Would you like to complete these demographic questions?

Yes

No

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Demographics - Continued

* 29. What is the location of your primary residence?

- Ontario
- Outside of Canada
- I prefer not to answer
- Another province or territory in Canada (please specify)

* 30. Describe the general area where your primary residence is located?

- Extra-large urban area (population of 500,000 or more)
- Large urban area (population between 100,000 and 499,999)
- Medium urban area (population between 30,000 and 99,999)
- Small urban area (population between 1,000 and 29,999)
- Rural and/or remote (population less than 1,000)
- I prefer not to answer
- Other (please specify)

* 31. How old are you?

- 19 years old or under
- 20-29 years old
- 30-39 years old
- 40-49 years old
- 50-59 years old
- 60-69 years old
- 70+ years old
- I prefer not to answer

* 32. What is the highest level of education you have completed?

- Some high school
- High school
- College degree/diploma
- Bachelor's degree
- Master's degree
- Ph.D. or higher
- Dental degree (BDS/DDS/DMD or higher)
- Other professional degree (e.g., law, medicine, engineering)
- Trade school
- Other (please specify)

- I prefer not to answer

* 33. Please indicate which of the following terms best describes your gender identity. Please select all that apply (options are listed in alphabetical order - click [here](#) for definitions of the following terms):

- Genderqueer
- Man
- Nonbinary
- Questioning
- Two-Spirit
- Woman
- Other (please specify)

- I prefer not to answer

* 34. Do you identify as trans/transgender or consider yourself to be a part of a trans/transgender community?

- Yes
- No
- Not sure
- I prefer not to answer

* 35. Please indicate which of the following terms best describe your sexual orientation.

Check as many as apply (options are in alphabetical order).

- Asexual
- Bisexual
- Gay
- Heterosexual
- Lesbian
- Pansexual
- Queer
- Questioning
- Two-Spirit
- Other (please specify)
- I prefer not to answer

* 36. Do you identify as an Indigenous person? Please select all that apply.

- Yes, First Nations (Status and Non-Status)
- Yes, Métis
- Yes, Inuit
- Yes, an Indigenous person from outside of Canada
- No
- Yes, Other (please specify)

- I prefer not to answer

37. Optional: Please describe your ethnicity in whatever terms are most meaningful to you.

* 38. Do you speak French?

- Yes, I am fluent.
- Yes, with limited fluency.
- No
- I prefer not to answer

* 39. What is your faith, religion, and/or spiritual affiliation? Please select all that apply.

- Agnostic
- Atheist
- Buddhist
- Christian
- Hindu
- Indigenous spirituality
- Jewish
- Muslim
- Sikh
- No religion or spiritual affiliation
- Other (please specify)

- I prefer not to answer

* 40. Do you identify as a person with a disability or disabilities?

- Yes
- No
- Sometimes, depending on the context
- I prefer not to answer

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Demographics (Disability Type)

* 41. Describe your disability. Please select all that apply (options are listed in alphabetical order).

- Auditory
- Cognitive (memory, focus, attention, consciousness, etc.)
- Dexterity (related to use of fingers, hands, etc.)
- Developmental
- Fatigue-related
- Flexibility
- Gastrointestinal
- Intellectual (e.g., Learning)
- Invisible
- Mobility (movement, balance, coordination, etc.)
- Mental Health-related
- Pain-related
- Sight
- Speech
- Urinary
- Other (please specify)

- I prefer not to answer

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End of Survey

Thank you for participating in our survey!