

General Consultation: **revised** draft Managing Conflicts and Ending the Dentist-Patient Relationship Standard

Welcome to our Survey

Background

The RCDSO held a public consultation on the draft Managing Conflicts and Ending the Dentist-Patient Relationship Standard of Practice from July 21 to September 22, 2025.

There was a high level of engagement in response to this consultation, particularly from dentists.

After carefully reviewing consultation feedback, we have made key changes to improve the draft Standard. Overall, changes have been made to:

- more clearly emphasize dentists' use of professional judgement when managing conflicts and ending dentist-patient relationships;
- enable greater flexibility in how dentists can meet expectations to reduce administrative burden; and
- more concisely and clearly communicate the College's expectations of the profession.

In keeping with our commitment to transparency and ensuring that final Standards of Practice are responsive to consultation feedback, we are now inviting feedback on our revised draft Managing Conflicts and Ending the Dentist-Patient Relationship Standard of Practice.

We are also seeking your input on:

- two new Template Dismissal Letters:
 - Changes in Dentist's Employment, and
 - Breakdown in the Relationship; and
- a list of topics for FAQs and Case scenarios.

Once finalized and approved by Council, this draft Standard will replace the current Maintaining a Professional Patient-Dentist Patient Relationship Practice Advisory.

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Survey Information

Because this consultation is focused on changes that have been made to the draft Standard in response to consultation feedback, it is shorter and more focused than a typical survey.

In order to provide informed feedback, it is important that you read the following materials in advance (approximately 10-15 minutes):

- **revised draft Managing Conflicts and Ending the Dentist-Patient Relationship Standard**
- **two draft Template Dismissal Letters:**
 - **Changes in Dentist's Employment, and**
 - **Breakdown in the Relationship**
- **a list of FAQ and case scenario topics.**

The survey:

- **should take approximately 5 - 15 minutes to complete, and**
- **the consultation will close at 11:59 pm on Friday, March 20, 2026.**

If you are interested in learning more about this consultation, you can review these FAQs, which describe our process and highlight what's changed in the revised draft Standard.

Survey responses on each page are saved when you click the 'Next' button. You may complete part of the survey and return later to edit your responses, or to finish the survey, but only if you are using the same device and web browser that you used to start the survey. Once you click the 'Done' button at the end of the survey, your survey will be submitted and cannot be edited. If you only complete part of the survey by the deadline, the portion of the survey that you completed will be submitted.

All responses will be reviewed, and a summary of the feedback 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.

If you have any questions about this survey or RCDSO's Standards review and development process, please see the RCDSO's website or email the Policy Team at patient.dentist.relationships@rcdso.org

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Participant Type

Please choose the option that best reflects the perspective you will bring to this survey.

*** 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

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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/or Oral Pathology
- Orthodontics and Dentofacial Orthopedics
- Pediatrics
- Periodontics
- Prosthodontics
- Other (please specify)

- I prefer not to answer

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Dentist Characteristics

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

*** 3. 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)

- I prefer not to answer

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

- 0-10 years
- 11-25 years
- 26-35 years
- 36+ years
- I prefer not to answer

*** 5. Do you currently provide clinical care?**

- Yes
- No
- I prefer not to answer

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Organization Type

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

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Read the Standard

*** 7. Have you read the revised draft Managing Conflicts and Ending the Dentist-Patient Relationship Standard?**

If you have not already done so, you may do so [here](#).

- Yes
- No (NOTE: this response will take you to questions about resources that support the revised draft Standard, but you will not be asked specific questions about the revised draft Standard)

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Feedback on the Draft Standard Overall

For your convenience, the revised draft Standard is linked [here](#).

* 8. To what extent do you agree or disagree with the following statements about the revised draft Standard?

| | Strongly agree | Somewhat agree | Neither agree nor disagree | Somewhat disagree | Strongly disagree | I don't know |
|--|-----------------------|-----------------------|----------------------------|-----------------------|-----------------------|-----------------------|
| The revised draft Standard is easy to understand | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| The revised draft Standard is reasonable | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| This revised draft Standard is comprehensive (it addresses all relevant or important issues) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

* 9. To what extent do you agree or disagree that the revised draft Standard is an improvement over the previous draft? (previous draft linked [here](#))

- Strongly agree
- Somewhat agree
- Neither agree nor disagree
- Somewhat disagree
- Strongly disagree
- I don't know
- I did not read the previous draft

10. **Optional:** Please elaborate on your answers above or provide any additional feedback on the revised draft Standard.

For example, if you feel the revised draft Standard is not easy to understand, reasonable, or comprehensive, please explain why.

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Feedback on the Draft Standard Overall

These next few questions ask you about the impacts of the revised draft Standard for dentists and patients.

For your convenience, the revised draft Standard is linked [here](#).

11. To what extent do you agree or disagree that the revised draft Standard achieves the following:

| | Strongly agree | Somewhat agree | Neither agree nor disagree | Somewhat disagree | Strongly disagree | I don't know |
|--|-----------------------|-----------------------|----------------------------|-----------------------|-----------------------|-----------------------|
| appropriately reflects dentists' ability to use professional judgement when managing conflicts and ending the dentist-patient relationship | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| enables flexibility in how dentists can meet expectations | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| concisely communicates RCDSO's expectations of the profession | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

*** 12. To what extent do you agree or disagree that the revised draft Standard sets requirements that reflect patients' best interest?**

- Strongly agree
- Somewhat agree
- Neither agree nor disagree
- Somewhat disagree
- Strongly disagree
- I don't know

13. **Optional:** Please elaborate on your answers above or provide any additional feedback on requirements related to managing conflicts and ending the relationship.

For example, if you feel any of the requirements could better meet patient needs or more appropriately reflect the realities of dental practice, how could they be improved?

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Supplementary Resources

To support dentists with the implementation of this Standard, the RCDSO has developed two Template Dismissal Letters, and will develop new frequently asked questions (FAQs) and case scenarios.

- **Template Dismissal Letters provide an optional starting point for dentists who are ending the dentist-patient relationship.**
- **FAQs are answers to questions that may be frequently asked in relation to a Standard or topic.**
- **Case scenarios are hypothetical situations used to clarify how a Standard may apply in various circumstances.**

The next set of questions will ask you about the new draft Template Dismissal Letters. To provide informed responses, it is important that you have read the draft Template Dismissal Letters.

The draft Template Dismissal Letters can be read here:

- **[Draft Template Dismissal Letter \(Changes in Dentist's Employment\)](#)**
- **[Draft Template Dismissal Letter \(Breakdown in the Relationship\)](#)**

*** 14. Have you read the two Template Dismissal Letters?**

Yes

No (NOTE: this response will take you to questions about case scenarios and FAQs, but you will not be asked specific questions about the Template Dismissal Letters)

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Template Dismissal Letters

For your convenience, the draft template dismissal letters are linked here:

- **[Draft Template Dismissal Letter \(Changes in Dentist's Employment\)](#)**
- **[Draft Template Dismissal Letter \(Breakdown in the Relationship\)](#)**

*** 15. To what extent do you agree or disagree that the draft Template Dismissal Letters will help dentists meet the draft requirements for ending dentist-patient relationships?**

- Strongly agree
- Somewhat agree
- Neither agree nor disagree
- Somewhat disagree
- Strongly disagree
- I don't know

16. Optional: Please elaborate on your answer above or provide any additional feedback on the letters.

For example, is there any important content that is missing from the letters, or are there any parts of the letters that are unclear?

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FAQs and Case Scenarios

We have heard throughout our work on this Standard that it may be helpful for the RCDSO to more directly address various topics (e.g., specific scenarios that may lead to conflicts) in FAQs and case scenarios.

Some of the topics that were suggested and will be addressed are included below:

Potential conflict scenarios:

- **Patient exhibits rude, disruptive, or abusive behaviour;**
- **Patient is unsatisfied with treatment outcomes and/or demands a refund;**
- **Patient does not follow treatment recommendations, refuses or dictates treatment;**
- **Patient files a complaint with the RCDSO or leaves a negative online review;**
- **Patient asks a lot of questions about their treatment (for example, due to anxiety);**
- **Patient asks for a second opinion;**
- **Patient fails to comply with office policies (for example, they don't pay outstanding fees, or consistently miss appointments); and**
- **Patient ends the dentist-patient relationship.**

Other topics:

- **Legal requirements related to discontinuing or failing to provide dental services, without reasonable cause;**
- **Conflicts with the parent(s) of a patient;**
- **Use of a third-party mediator to resolve a conflict;**
- **Graduation of a patient (with special health care needs) out of a pediatric dental practice;**
- **Advice for communication with patients and fostering an effective dentist-patient relationship; and**
- **Establishing time limits for an offer to provide emergency care after the dentist-patient relationship has ended.**

*** 17. Are there any other topics not included in the list above that you believe are important for the RCDSO to address?**

No

Yes (please specify)

I don't know

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Final Feedback

18. **Optional:** Please share with us any feedback that you have not already provided related to the revised draft Standard and/or supplementary resources (such as the dismissal letters and case scenario/FAQ topics)

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Survey Evaluation

19. **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 (e.g., ethnicity, gender identity, presence/absence of disabilities) 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.

* 20. Would you like to complete these optional demographic questions?

Yes

No

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Demographics

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

- Ontario
- Outside of Canada
- Another province or territory in Canada (please specify)

- I prefer not to answer

* 22. 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)
- Other (please specify)

- I prefer not to answer

* 23. 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

* 24. 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

* 25. 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

* 26. 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

* 27. 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

* 28. 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

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

* 30. Do you speak French?

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

* 31. 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

* 32. 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)

* 33. 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!