

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

### Welcome to Our Survey

**The Royal College of Dental Surgeons of Ontario (RCDSO) is seeking feedback on our new draft Standard of Practice, Managing Conflicts and Ending the Dentist-Patient Relationship. This draft Standard will replace the current Maintaining a Professional Patient-Dentist Patient Relationship Practice Advisory.**

**We are also seeking your input to support the development of:**

- **resources to supplement the draft Standard, and**
- **a separate resource for dentists regarding building and maintaining dentist-patient relationships.**

**This survey will take approximately 15-20 minutes to complete.**

**Survey responses are saved when you click the 'Next' button and submitted when you click the 'Done' button. You may complete part of the survey and return later to edit your responses or finish the survey if you are using the same device and web browser that you used to start the survey.**

**The deadline to provide feedback is 11:59 pm on September 22, 2025.**

**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 would like to download a PDF with 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 [patient.dentist.relationships@rcdso.org](mailto:patient.dentist.relationships@rcdso.org)**

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### Participant Type

**To ensure that we ask you relevant questions, we have developed different sets of questions for different respondents. 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 questions on this page based on your experience when you were practising.**

\* 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)
- ☐ 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. 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)
- 
- ☐ I prefer not to answer

\* 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)

☐ I prefer not to answer

\* 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)

☐ I prefer not to answer

\* 8. Do you currently provide clinical care?

- ☐ Yes
- ☐ No
- ☐ I prefer not to answer

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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)
- ☐ Other (please specify)

- ☐ I prefer not to answer

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

### Survey Overview

**The draft Managing Conflicts and Ending the Dentist-Patient Relationship Standard sets out expanded and clarified requirements for dentists when:**

- **managing conflicts that can affect the dentist-patient relationship; and**
- **ending the dentist-patient relationship for reasons other than the natural or expected conclusion of the patient's care.**

**The next set of questions will ask you about the following elements of the draft Standard:**

- **specific definitions, and**
- **key requirements for managing conflicts and ending the dentist-patient relationship.**

**It is not necessary to have read the draft Standard before answering these questions.**

**Later in the survey, you will have an opportunity to provide feedback on the entire draft Standard, including content that we have not asked about directly.**

**Near the end of the survey, you will also have an opportunity to provide feedback on:**

- **topics for supplementary resources related to this draft Standard; and**
- **topics related to building and maintaining dentist-patient relationships to support the development of a separate resource for dentists.**

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

### Definitions

**\* 11. The draft Standard defines the term “conflict” in a specific way to help readers understand the requirements in this Standard:**

*“A **conflict** refers to a situation that can compromise safe and effective treatment and lead to a breakdown in the dentist-patient relationship. For the purpose of this Standard of Practice, a conflict is defined broadly to include the following situations:*

- A disagreement between a dentist and a patient, or between a dentist and a person closely associated with a patient (a disagreement may be personal or related to the patient’s care);*
- Rude or otherwise disruptive behaviour by the patient or person closely associated with the patient toward the dentist, staff, or other patients; or*
- A brief deviation from expected professional behaviour by the dentist, or from appropriate behaviour by the patient, that may be inadvertent or accidental but is unwanted (i.e., an unintentional boundary violation).”*

**To what extent do you agree or disagree with the following statements about the definition?**

	Strongly agree	Somewhat agree	Neither agree nor disagree	Somewhat disagree	Strongly disagree	I don't know
This definition is easy to understand	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The definition is reasonable given the kinds of issues that can arise between dentists and their patients	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
This definition 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"/>

**12. Optional:** Please elaborate on your answer above or provide any additional feedback. For example, if you feel the definition is not easy to understand, reasonable or comprehensive how could the definition be improved?

**The Standard includes requirements related to emergency care and urgent care (for example, the draft Standard requires dentists to ensure the patient’s urgent or**



**emergency treatment needs are addressed prior to ending the dentist-patient relationship).**

**The College has general definitions for these terms which can be found below.**

**We want to know the extent to which you agree or disagree with these definitions.**

What is an emergency?

In dentistry, an emergency is a potentially life-threatening condition that requires immediate treatment, including:

- oral-facial trauma;
- cellulitis or other significant infection, especially if compromising the patient's airway;
- prolonged bleeding;
- pain that cannot be managed by over-the-counter medications.

What is urgent care?

In dentistry, urgent care is the management and treatment of conditions that require immediate attention to relieve pain and/or risk of infection, including:

- severe dental pain from pulpal inflammation;
- pericoronitis or third-molar pain;
- surgical post-operative osteitis, dry socket dressing changes;
- abscess or localized bacterial infection resulting in localized pain and swelling;
- tooth fracture resulting in pain, pulp exposure or causing soft tissue trauma;
- extensive caries or defective restorations causing pain;
- dental trauma with avulsion/luxation;  
final crown/bridge cementation if the temporary restoration is lost, broken or causing gingival irritation;
- biopsy of a suspicious oral lesion or abnormal oral tissue;
- replacing a temporary filling in an endodontic access opening for patients experiencing pain;
- snipping or adjusting an orthodontic wire or appliance piercing or ulcerating the oral mucosa;
- treatment required before critical medical procedures can be provided;
- suture removal;
- denture adjustments or repairs when function is impeded;
- other procedures that in the dentist's professional judgement are necessary in order to minimize harm to patients and/or relieve pain and suffering.

What is non-emergent and non-urgent care?

In dentistry, non-emergent and non-urgent care is the provision of routine or non-urgent procedures, including:

- recall examinations and routine radiographs;
- routine dental cleanings and preventive therapies;
- orthodontic procedures other than those to address acute issues (e.g. pain, infection, trauma);

\* 13. To what extent do you agree or disagree with these definitions?

	Strongly agree	Somewhat agree	Neither agree nor disagree	Somewhat disagree	Strongly disagree	I don't know
An emergency	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Urgent care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Non-emergent/non-urgent care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

14. **Optional:** Please elaborate on your answers above or provide any additional feedback related to these definitions.

For example, how would you define an emergency, urgent care, and non-emergent/non-urgent care?

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### Managing Dentist-Patient Conflicts

**The draft Standard requires dentists to make reasonable efforts to resolve conflicts with patients, unless there are reasonable grounds to believe that the patient poses a genuine risk of harm to the dentist, staff, or other patients.**

**Reasonable efforts may include (as examples):**

- **having a direct conversation with the patient or person closely associated with the patient (where possible), either in person or virtually;**
- **actively listening and trying to understand any conflicting points of view;**
- **acknowledging differing perspectives and/or concerns;**
- **identifying the underlying cause of the conflict;**
- **explaining to the patient or person closely associated with them:**
  - **the professional obligations of the dentist;**
  - **the issues negatively affecting the dentist-patient relationship;**
  - **how the issues are negatively affecting the relationship; and**
  - **involving the patient or person closely associated with the patient in the development of a solution to address the conflict, including any expectations and next steps.**

\* 15. To what extent do you agree or disagree that the examples above are **reasonable**?

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

\* 16. Are there any examples that should be **added to, or removed from** the list?

- ☐ No
- ☐ Yes (please specify)

- ☐ I don't know

17. **Optional:** Please elaborate on your answers above or provide any additional feedback on the topic of making reasonable efforts to resolve a conflict with a patient.

\* 18. Formally notify the patient of the decision to end the relationship in a written notice (physical or electronic) that includes:

\* 21. Provide the patient with reasonable assistance in finding a new dentist.\*\*

**\*\*Reasonable assistance (as set out in the draft Standard) involves, at the minimum, suggesting ways a patient may find a new dentist, including sharing online search tools or referring the patient to another dentist.**

[illegible]

22. **Optional:** Please elaborate on your answers above or provide any other feedback on the general requirements to end the dentist-patient relationship.

For example, if you feel any of the requirements are not easy to understand or reasonable, how could they be improved?

\_\_\_\_\_

**The draft Standard sets out the following additional requirements for dentists when they are ending the relationship with a patient who is undergoing active, long-term treatment (e.g., orthodontic treatment).**

**To what extent do you agree or disagree that the following requirements are easy to understand and reasonable?**

### Dentists must:

\* 23. Inform the patient of their oral health status in relation to initial treatment goals, including the status of any dental services the dentist agreed to provide in an agreement, if applicable;

[illegible]

\* 24. Inform the patient of options to stabilize their condition, if applicable;

[illegible]

\* 25. Offer and/or arrange a transfer or referral to another dentist for stabilizing or ongoing treatment, if appropriate (e.g., based on the patient’s treatment needs and the rationale for ending the dentist-patient relationship).

	Strongly agree	Somewhat agree	Neither agree nor disagree	Somewhat disagree	Strongly disagree	I don't know
The requirement is easy to understand	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The requirement is reasonable	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

26. **Optional:** Please elaborate on your answers above or provide any additional feedback on the requirements related to ending the relationship with a patient undergoing active, long-term treatment.

For example, if you feel any of the requirements are not easy to understand or reasonable how could they be improved?

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### Situations where it is Inappropriate to End the Relationship

**The draft Standard sets out a non-exhaustive list of situations where dentists must not end the relationship.**

\* 27. To what extent do you agree or disagree that dentists should not end the relationship in the situations below?

- where patients are non-compliant with office policies, unless the policies were previously communicated to the patient and they apply to all patients of the practice (e.g., regarding missed appointments);
- prior to providing treatment that is needed to stabilize the patient;
- solely because the patient has chosen not to follow dentist's treatment advice or refuses treatment, unless it compromises the dentist's ability to meet the standard of care, comply with RCDSO's Standards of Practice, or signals that the dentist-patient relationship has broken down;
- solely because a patient's treatment needs have changed, unless the entirety of the patient's needs for care exceed the dentist's knowledge, skills, and judgment, or their scope of practice;
- solely because a patient has made a complaint about the dentist to the RCDSO or written a negative review (e.g., online), unless it signals that the dentist-patient relationship has broken down.

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

28. **Optional:** Please elaborate on your answers above or provide any additional feedback related to situations where dentists must not end the relationship.

For example, how could they be improved? Should any important situations be added?

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### Emergency Treatment

**The draft Standard requires dentists to advise patients of how they can seek care in case of an emergency after the dentist-patient relationship has ended.**

**To what extent do you agree or disagree that the following requirements are easy to understand and reasonable?**

#### Dentists must:

\* 29. Use their professional judgement when deciding which option(s) for emergency dental services are the most appropriate to advise or offer to patients when ending the dentist-patient relationship;\*\*

\*\*Examples of options for emergency care provided in the draft Standard include:

- offering to provide emergency care directly;
- offering to make arrangements for emergency care; and
- advising the patient of where they can obtain emergency dental services (e.g., provide the address or phone number of a local dental practice or hospital).

	Strongly agree	Somewhat agree	Neither agree nor disagree	Somewhat disagree	Strongly disagree	I don't know
The requirement is easy to understand	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The requirement is reasonable	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

\* 30. Use their professional judgement when deciding if it is appropriate, based on the patient's circumstances, to set a time limit for the offer of emergency dental services.

	Strongly agree	Somewhat agree	Neither agree nor disagree	Somewhat disagree	Strongly disagree	I don't know
The requirement is clear	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The requirement is reasonable	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**31. Optional:** Please elaborate on your answers above or provide any additional feedback related to this topic.

For example, if you feel any of the requirements are not easy to understand or reasonable how could they be improved?



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Feedback on the Draft Standard Overall

**The following questions will require you to have read the draft Standard. If you have not read the draft Standard, you will be advanced to the next section of the survey.**

**If you have not read the draft Standard and would like to, you can review it [here](#).**

\* 32. Have you read the draft Managing Conflicts and Ending the Dentist-Patient Relationship Standard?

☐ Yes

☐ No

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

### Feedback on the Draft Standard Overall - Continued

\* 33. Please indicate the extent to which you agree or disagree with the following statements.

	Strongly agree	Somewhat agree	Neither agree nor disagree	Somewhat disagree	Strongly disagree	I don't know
The 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 draft Standard is reasonable	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
This 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"/>

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

For example, if you feel the draft Standard is not easy to understand, reasonable, or comprehensive, please explain why. How could the draft Standard be improved?

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Supplementary Resources

**To support the implementation of this Standard, RCDSO will update the current Sample Dismissal Letter and develop new case scenarios and frequently asked questions (FAQs).**

- **Case scenarios are hypothetical situations used to clarify how a Standard may apply in various circumstances.**
- **FAQs are frequently asked questions and answers related to a Standard or topic.**

\* 35. Do you want to answer questions related to potential topics for new case scenarios and FAQs?

☐ Yes

☐ No

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### Case Scenarios and FAQs

**Through the Preliminary Consultation on the current Maintaining a Professional Patient-Dentist Relationship Practice Advisory we heard that it may be helpful for the College to address situations where the patient:**

- **exhibits rude, disruptive, or abusive behaviour;**
- **is unsatisfied with treatment outcomes and/or demands a refund;**
- **does not follow treatment recommendations, refuses or dictates treatment;**
- **files a complaint with the RCDSO or leaves a negative online review;**
- **asks the dentist a lot of questions about their treatment;**
- **fails to pay an outstanding fee, or their account is in arrears;**
- **consistently misses appointments.**

\* 36. Are there any other topics that you think the College should address in case scenarios or FAQs? Please specify.

☐ No

☐ Yes (please specify)

☐ I don't know

\* 37. Are there any other types of resources that you would like the College to develop to support the implementation of this Standard? (e.g., a decision tree for addressing conflicts between dentists and patients)

☐ No

☐ Yes (please specify)

☐ I don't know

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### Participant Type

**The next two questions vary depending on the perspective you bring to the survey.**

\* 38. Are you a patient or member of the public?

- ☐ Yes
- ☐ No
- ☐ I prefer not to answer (you will be directed to the end of the survey)

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

### Building and Maintaining Dentist-Patient Relationships

**We are interested in your input on the development of a resource for dentists to support building and maintaining a dentist-patient relationships.**

**This resource would be separate from the new Standard, and its supporting FAQs and case scenarios.**

\* 39. What topics would you like to see addressed by a resource to support dentists in fostering effective professional relationships with patients? **Check all that apply.**

- ☐ **Communication** (e.g., communicating clearly to patients, differing communication styles)
- ☐ **Building trust and rapport** (e.g., working with patients who may have mistrust, anxiety, or fear)
- ☐ **Patients with complex needs** (e.g., multiple medical conditions and health concerns)
- ☐ **Accessibility and accommodation** (e.g., addressing individual patient needs, including physical, sensory, language, cultural/religious barriers)
- ☐ **Financial issues** (e.g., financial barriers, coverage concerns, non-payment)
- ☐ **System or administrative constraints** (e.g., managing workload, time pressures, or coordination of care)
- ☐ **Differing expectations or misunderstandings** (e.g., disagreements about treatment plans, treatment outcomes, or costs)
- ☐ **Managing complaints** (e.g., responding to patient dissatisfaction or concerns with care)
- ☐ Other (please specify)
- ☐ None of the above

40. **Optional:** Please feel free to elaborate on your answers above and/or describe any experiences you may have had related to maintaining professional relationships with patients.

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

### Building and Maintaining Dentist-Patient Relationships

**We are interested in your input on the development of a resource for dentists to support the building and maintaining of the dentist-patient relationship.**

**This resource would be separate from the new Standard, and its supporting FAQs and case scenarios.**

\* 41. What topics would you like to see addressed by a resource to support dentists in fostering effective professional relationships with patients? **Check all that apply.**

- ☐ **Communication problems** (e.g., unclear explanations, differing communication styles, not feeling listened to)
- ☐ **Building trust and rapport** (e.g., fear of discrimination or bias, negative past experiences, anxiety around treatment, feeling dismissed or judged, not being involved in decision-making)
- ☐ **Accessibility and accommodation** (e.g., addressing physical, sensory, language, cultural/religious barriers)
- ☐ **Financial issues** (e.g., cost barriers, seeking financial accommodations or alternate payment arrangements)
- ☐ **System or administrative constraints** (e.g., scheduling difficulties, long wait times, coordination of care)
- ☐ **Differing expectations or misunderstandings** (e.g., confusion or disagreement about treatment plans, treatment outcomes, or costs)
- ☐ **Addressing complaints** (e.g., feeling unsure of how to raise concerns, concerns dismissed or not addressed)
- ☐ Other (please specify)
- ☐ None of the above

42. **Optional:** Please feel free to elaborate on your answers above and/or describe any relevant experiences you may have had with your dentist.

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### Final Feedback

43. **Optional:** Please share with us any feedback that you have not already provided related to the draft Standard or on the topic of building and maintaining dentist-patient relationships.

44. **Optional:** If you are interested in engaging in other types of consultation opportunities related to this draft Standard, or are open to being contacted about your feedback, you may leave your e-mail below.

**Please note:** providing your e-mail does not guarantee you will be contacted. Additionally, while your survey responses will not be attributed to you publicly (e.g., in a consultation feedback summary), by including your e-mail, your responses may not be anonymous.



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Survey Evaluation

45. **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.**

\* 46. Would you like to complete these demographic questions?

☐ Yes

☐ No

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### Demographics - Continued

\* 47. 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

\* 48. 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

\* 49. 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

\* 50. 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

\* 51. 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

\* 52. 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

\* 53. 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

\* 54. 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

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

\* 56. Do you speak French?

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

\* 57. 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

\* 58. 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)

\* 59. 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!**