Welcome to Our Survey!

The Royal College of Dental Surgeons of Ontario (RCDSO) is seeking feedback on a new draft Implant Dentistry Standard of Practice, which updates the RCDSO's current Guideline Educational Requirements and Professional Responsibilities for Implant Dentistry.

- **The survey should take approximately 10-15 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.

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 review the questions in advance of completing the survey, you can download a copy here.

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

Participant Type

Tell us a bit more about yourself. This allows us to tailor the survey to present only questions that are relevant to you. If you are retired, please respond to questions throughout this survey based on your experience when you were practicing.

* 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

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 Orthopedics
- ◯ Pediatrics
- ◯ Periodontics
- ◯ Prosthodontics
- ◯ Other (please specify)

  [ ]

- ◯ I prefer not to answer

Dentist Characteristics

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

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

* 4. Do you perform implant dentistry?

- ◯ Yes, the surgical phase only
- ◯ Yes, the prosthetic phase only
- ◯ Yes, both the surgical and prosthetic phases
- ◯ No, I do not perform implant dentistry
- ◯ I prefer not to answer

Dentist Characteristics (Continued)

* 5. Do you perform complex implant dentistry (as described in Appendix 1 in the draft Standard)?

- ◯ Yes, the surgical phase only
- ◯ Yes, the prosthetic phase only
- ◯ Yes, both the surgical and prosthetic phases
- ◯ No, I do not perform complex implant dentistry
- ◯ I prefer not to answer

Organization Type

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

Principles of Implant Dentistry

The draft Standard begins with four principles that provide an ethical foundation for the draft requirements. Each principle aligns with the RCDSO's new Foundations of Professionalism document, which recently replaced the RCDSO's Code of Ethics.

Please review each of the four principles below. To what extent do you agree or disagree that they are clear, reasonable and important to implant dentistry?

* 7. Dentists act, first and foremost, for the benefit of, and in service to, the health and wellbeing of patients and society.

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree	I don't know
This principle is clear	◯	◯	◯	◯	◯	◯
This principle is reasonable	◯	◯	◯	◯	◯	◯
This principle is important to implant dentistry	◯	◯	◯	◯	◯	◯

* 8. Dentists protect patients by maintaining their competence, recognizing limitations, and referring patients to other health care professionals, when necessary.

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree	I don't know
This principle is clear	◯	◯	◯	◯	◯	◯
This principle is reasonable	◯	◯	◯	◯	◯	◯
This principle is important to implant dentistry	◯	◯	◯	◯	◯	◯

* 9. Dentists uphold patient and public trust by disclosing harm resulting from their actions or inactions, decisions, judgment, or competence.

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree	I don't know
This principle is clear	◯	◯	◯	◯	◯	◯
This principle is reasonable	◯	◯	◯	◯	◯	◯
This principle is important to implant dentistry	◯	◯	◯	◯	◯	◯

* 10. Dentists minimize harm while promoting patient choice by assessing risks, obtaining consent to treatment, and adhering to best practices that minimize the likelihood of harm or adverse events.

	Strongly agree	Somewhat agree	Neither agree nor disagree	Somewhat disagree	Strongly disagree	I don't know
This principle is clear	◯	◯	◯	◯	◯	◯
This principle is reasonable	◯	◯	◯	◯	◯	◯
This principle is important to implant dentistry	◯	◯	◯	◯	◯	◯

Optional. Please elaborate on your answers above (e.g., are we missing any important Principles?).

Questions about the Draft Standard

The draft *Implant Dentistry* Standard of Practice sets out:

- **clear educational and professional requirements for dentists performing the two phases of implant dentistry: surgical (placing the implant into the jawbone) and prosthetic (replacing the missing tooth), and**
- **explains the distinct requirements for straightforward and complex implant dentistry (refer to Appendix 1 of the draft Standard for key differences between straightforward and complex implant dentistry).**

The following questions will ask your opinion about specific draft content. In order to provide informed responses, it is important that you have read the draft Standard. If you have not done so already, you can review the draft Standard here.

* 11. Have you read the draft *Implant Dentistry* Standard?

- ◯ Yes
- ◯ No (NOTE: This response brings you to the end of this survey. You will be asked to provide further feedback, but you will not be asked specific questions about the draft Standard).

Educational Requirements for Straightforward Implant Dentistry

The draft Standard requires specific hours of education, course criteria and learning outcomes for dentists wanting to perform straightforward implant dentistry. See provisions 5-7 and Appendix 2.

* 12. To what extent do you agree or disagree that the educational requirements for *straightforward* implant dentistry are appropriate?

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree	I don't know
Number of hours of education (see provisions 5 and 6)	◯	◯	◯	◯	◯	◯
Course criteria (see Appendix 2)	◯	◯	◯	◯	◯	◯
Learning outcomes (see Appendix 2)	◯	◯	◯	◯	◯	◯

Optional. Please elaborate on your answers above.

Educational Requirements for Complex Implant Dentistry

The draft Standard requires specific course criteria and learning outcomes for dentists wanting to perform complex implant dentistry. See provisions 8-11 and Appendix 3.

* 13. To what extent do you agree or disagree that the educational requirements for *complex* implant dentistry are appropriate?

	Strongly agree	Somewhat agree	Neither agree nor disagree	Somewhat disagree	Strongly disagree	I don't know
Course criteria (see Appendix 3)	◯	◯	◯	◯	◯	◯
Learning outcomes (see Appendix 3)	◯	◯	◯	◯	◯	◯

Optional. Please elaborate on your answers above (e.g., why or why not, and if not, what should they be?).

* 14. Do you think dentists should be required to obtain a specific number of hours of education to perform complex implant dentistry?

- ◯ Yes
- ◯ No
- ◯ I don't know

Educational Requirements for Complex Implant Dentistry

The draft Standard does not stipulate the number of hours of education/mentoring/clinical supervision required to perform complex implant dentistry. See provisions 8-11 and Appendix 3.

* 15. Prior to performing complex implant dentistry, how many hours of education/mentoring/clinical supervision, should a general dentist or specialist be required to complete (this includes all specialists other than oral and maxillofacial surgeon, periodontist, or prosthodontist)?

- ◯ None
- ◯ Same number of hours as required for straightforward implant dentistry (see provisions 5 and 6)
- ◯ Significantly more hours than straightforward implant dentistry
- ◯ Significantly fewer hours than straightforward implant dentistry
- ◯ I don't know
- ◯ Other (please specify)

* 16. Consider a periodontist, prosthodontist, or an oral and maxillofacial surgeon who wishes to perform complex implant dentistry in a phase for which they have no specialist training. How many hours of education/mentoring/clinical supervision should they be required to complete in that phase?

- ◯ None
- ◯ 35 hours (same number of hours as straightforward implant dentistry, if both phases are performed)
- ◯ Significantly more than 35 hours
- ◯ I don't know
- ◯ Other (please specify)

Continuing Education Requirements

The draft Standard requires dentists performing implant dentistry to obtain 9 category one OR category two continuing education credits per cycle (i.e., every 3 years). The current Standard does not require continuing education focusing on implant dentistry specifically. See provision 12.

* 17. To what extent do you agree or disagree with the approach in the draft Standard (i.e., requiring dentists performing implant dentistry to obtain continuing education focusing on implant dentistry)?

- ◯ Strongly agree
- ◯ Agree
- ◯ Neither agree nor disagree
- ◯ Disagree
- ◯ Strongly disagree
- ◯ I don't know

Optional. Please elaborate on your answer above.

* 18. To what extent do you agree or disagree that it is important for dentists performing implant dentistry to monitor their continuing education credits through RCDSO's e-Portfolio (a secure online place for dentists to record their CE activities and store their verification documents)?

- ◯ Extremely important
- ◯ Very important
- ◯ Somewhat important
- ◯ Not so important
- ◯ Not at all important
- ◯ I don't know

Optional. Please elaborate on your answer above.

Time to Comply with Educational Requirements

If Council approves this draft Standard, new educational requirements for dentists performing implant dentistry will come into effect. Dentists already performing implant dentistry may wonder how soon they would be required to bring their education into compliance with the Standard once the Standard comes into effect.

* 19. In your opinion, how much time should dentists be given to align their past education and training with the new Standard (if approved)? Note:

- Straightforward educational requirements have not changed from those in the current guideline.
- Complex educational requirements may include additional hours of coursework, formal evaluations, specific learning outcomes and specifically qualified instructors.
- Continuing education (CE) category 1 courses are approved by the RCDSO. Currently there are 11 category 1 courses and many category 2 courses focused on implant dentistry. 90 CE points are required every 3 years and each CE point is 1 hour of education.

See RCDSO's webpage for information about the College's continuing education program.

	No time (i.e., as soon as the Standard is approved)	1 year	2 years	3 + years	I don't know
Straightforward education	◯	◯	◯	◯	◯
Complex education	◯	◯	◯	◯	◯
Continuing education	◯	◯	◯	◯	◯

Optional. Please elaborate on you answers above.

Professional Requirements: Risk Assessment

Proper patient evaluation requires a thorough risk assessment, which is critical to the success of dental implant treatments.

* 20. To what extent do you agree, or disagree, that the draft Standard sufficiently addresses the need for dentists to conduct a rigorous risk assessment, preferably using a validated risk assessment tool, that is evidence-based and specific to implant dentistry? (See provision 19).

- ◯ Strongly agree
- ◯ Agree
- ◯ Neither agree nor disagree
- ◯ Disagree
- ◯ Strongly disagree
- ◯ I don't know

Optional. Please elaborate on your answer above.

Professional Requirements: Disclosure of Harm and Fostering a Culture of Patient Safety

* 21. To what extent do you agree or disagree that the draft requirements for disclosure of harm are clear, reasonable and important? See provision 34.

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree	I don't know
Requirements are clear	◯	◯	◯	◯	◯	◯
Requirements are reasonable	◯	◯	◯	◯	◯	◯
Requirements are important to implant dentistry	◯	◯	◯	◯	◯	◯

Optional. Please elaborate on your answers above.

* 22. To what extent do you agree or disagree that the draft's requirements to foster a culture of patient safety are clear, reasonable and important? See provision 36.

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree	I don't know
Requirements are clear	◯	◯	◯	◯	◯	◯
Requirements are reasonable	◯	◯	◯	◯	◯	◯
Requirements are important to implant dentistry	◯	◯	◯	◯	◯	◯

Optional. Please elaborate on your answers above.

* 23. To what extent do you agree or disagree that the draft's requirements to minimize harm by tracking near misses, adverse events and sentinel events are clear, reasonable and important? See provisions 35-36.

The following draft definitions[2] may assist you in answering.

Please note: The following definitions should not be confused with the RCDSO's Facility Inspection Program, which requires that both Tier 1 and Tier 2 events be reported under the Sedation Standard.

Near miss: An event or situation in dental practice that could have resulted in harm to a patient but was prevented or did not cause harm due to timely intervention, luck or other mitigating factors.

Adverse event: An unintended or harmful incident that occurs during the delivery of dental care, resulting in patient harm or injury. It can include errors in treatment, medication administration, infection control, diagnostic procedures or any other aspect of dental practice that leads to negative consequences for the patient.

Sentinel event: A serious, unexpected and generally avoidable adverse event in dental care that results in significant harm, death or the risk of serious harm to a patient.

[2] These definitions are still in draft form, but are adapted from Padmanabhan V, Islam, MS, Rahman MM, Chaitanya NC, Sivan PP. Understanding patient safety in dentistry: Evaluating the present and envisioning the future—a narrative review. BMJ Open Quality. 2024;13:e002502.

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree	I don't know
Requirements are clear	◯	◯	◯	◯	◯	◯
Requirements are reasonable	◯	◯	◯	◯	◯	◯
Requirements are important to implant dentistry	◯	◯	◯	◯	◯	◯

Optional. Please elaborate on your answers above.

Easy to Understand, Comprehensive, and Reasonable

* 24. Please indicate the extent to which you agree or disagree with each of the following statements.

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree	I don't know
The draft Standard is easy to understand	○	○	○	○	○	○
The draft Standard is comprehensive (it addresses all relevant or important issues)	○	○	○	○	○	○
The draft Standard is reasonable for dentists to apply in practice	○	○	○	○	○	○

Optional. Please elaborate on your answers above (e.g., if you think the draft Standard is not easy to understand, comprehensive, or reasonable, how can the draft Standard be improved?).

* 25. Do you think the draft Standard includes any unnecessary information?

- ○ No
- ○ Yes (please specify)
- ○ I don't know

Final Feedback

26. **Optional.** Please share with us any feedback that you have not already provided related to this draft *Implant Dentistry* Standard.

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.

We encourage you to answer the following demographic questions, which are voluntary and anonymous.

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

- ◯ Yes
- ◯ No

Demographics - Continued

* 28. 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

* 29. 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

* 30. 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

* 31. 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

* 32. 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

* 33. 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

* 34. 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

* 35. 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

36. **Optional.** Please describe your ethnicity in whatever terms are most meaningful to you.

* 37. Do you speak French?

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

* 38. 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

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

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

Demographics (Disability Type)

40. 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

Survey Evaluation

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

End of Survey

Thank you for participating in our survey!