



Royal College of
Dental Surgeons of Ontario

General Consultation: Draft Standard "Prevention of Boundary Violations and Sexual Abuse"

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 requirements and guidance to promote safe and effective care for patients.

The Royal College of Dental Surgeons of Ontario (RCDSO) is seeking feedback on our new draft Standard "Prevention of Boundary Violations and Sexual Abuse."

The survey should take approximately 25 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.

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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

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

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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 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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Boundary Violations - Definition

* 11. The draft Standard defines the term "**boundary violation**" in the following way:

"Boundary violations occur when the limits of a safe and effective professional dentist-patient relationship are crossed. The violation can occur intentionally or unintentionally. Boundary violations exploit the power imbalance that is inherent in the dentist-patient relationship and place the dentist's personal interest ahead of the best interests of the patient."

In your opinion, is this definition of "boundary violations" clear?

- Extremely clear
- Very clear
- Neither clear nor unclear
- Unclear
- Very unclear

12. Optional: How can the definition of boundary violation be made more clear, if at all?

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Preventing Boundary Violations - Requirements

The following questions will ask you about some of the requirements in the "Preventing Boundary Violations" section of the draft Standard (pg. 4-7).

The draft Standard sets out requirements relating to respecting patient boundaries.

* 13. In your opinion, are the following requirements clear, reasonable and necessary (select all that apply)?

	The draft requirement is clear	The draft requirement is reasonable	The draft requirement is necessary	None
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a. Dentists must establish and maintain appropriate professional boundaries with their patients at all times, including when engaging with patients in a non-clinical context.

b. Dentists must respect and be mindful of the ways in which a patient's sense of personal boundaries might be informed by factors such as their age, sex, gender, gender identity, ethnicity, culture, religion, sexual orientation, physical differences, socio-economic status and personal history and experience.

14. Optional: Please feel free to elaborate on your responses provided above (e.g. if you think a requirement is not clear, please explain why):

* 15. The draft Standard sets out requirements to prevent boundary violations that may arise from inappropriate communication.

In your opinion, are the following requirements clear, reasonable and necessary (select all that apply)?

	The draft requirement is clear	The draft requirement is reasonable	The draft requirement is necessary	None
a. Dentists must communicate (whether in-person, electronically, through social media, or otherwise) in a professional manner and not breach patient privacy and confidentiality.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Dentists must not make inappropriate comments that could reasonably cause offense, undermine trust in the dentist and profession or make a patient feel uncomfortable or discriminated against. This includes, but is not limited to, inappropriate comments regarding a patient's: oral health and/or hygiene (e.g. comments about the mouth that are unrelated to dental care that may cause shame or embarrassment); body, clothing and/or accessories; sexual orientation and/or gender identity; religious, cultural and/or ethnic background; age; disabilities; socio-economic status; relationship status; or insurance or benefits status, including private insurance or reliance on a publicly funded government plan.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

c. Dentists must not disclose inappropriate personal information to a patient, such as intimate details of their personal life.

16. Optional: Please feel free to elaborate on your responses provided above (e.g. if you think a requirement is not clear, please explain why):

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Gift-Giving and Receiving

The draft Standard sets out new requirements and a recommendation (Provisions #7 - 9) relating to dentists appropriately managing gift-giving and receiving with patients. While not prohibiting gift-giving and receiving, the provisions ensure that patients' best interests are placed first.

* 17. In your opinion, is the following requirement and recommendation clear, reasonable and necessary (select all that apply)?

This is clear This is reasonable This is necessary None

a. Dentists who accept gifts from, or give gifts to, a patient, must do so with the patient's best interests in mind, and in a manner that preserves appropriate professional boundaries and objective clinical judgment.

b. Dentists are advised to develop an office policy on gift-giving and receiving to help establish clear expectations.

18. Optional: Please feel free to elaborate (e.g. if you think the requirement is not clear, please explain why):

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Dual Relationships

The draft Standard sets out new requirements (Provisions #10-12) relating to dentists appropriately managing and providing care within a dual relationship (e.g. providing care to a family member or friend). Although the draft Standard does not prohibit dual relationships, it sets out requirements to ensure that patient care is not compromised by dual relationships.

* 19. Please read Provisions #10-12 in the draft Standard ([here is the link](#)) and indicate whether in your opinion, the requirements are clear, reasonable, and necessary (select all that apply).

- The draft requirements are clear
- The draft requirements are reasonable
- The draft requirements are necessary
- None
- I have not read Provisions #10-12 in the draft Standard

20. Optional: Please feel free to elaborate on your responses provided above (e.g. if you think a requirement is not clear, please explain why):

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Page 9. Appropriately Managing Relations with Persons Closely Associated with Patients

The draft Standard sets out new requirements and recommendations (Provisions #13-14) relating to managing relations with persons closely associated with patients (e.g. the patient's parents, guardians, substitute decision-makers, or persons who hold powers of attorney for personal care). Provision #13 sets out factors that may influence the appropriateness of a relationship with such persons.

* 21. In your opinion, is the following recommendation clear, reasonable and necessary (select all that apply)?

Dentists are advised to avoid entering into relationships with individuals who are closely associated with a patient when that relationship is likely to undermine the patient's trust or the treating relationship.

- This is clear
- This is reasonable
- This is necessary
- None

22. Optional: Please feel free to elaborate on your responses above (e.g. if you feel the recommendation is not reasonable, explain why):

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Providing Trauma and Violence-Informed Care - Definition

The draft Standard defines the term "trauma and violence-informed care" as "an approach to health care that recognizes the signs, symptoms and widespread impact of trauma and ongoing violence on patients. It treats patients by fully integrating knowledge about victim experiences of trauma and ongoing violence into practices. It facilitates a culture of safety, trust, empowerment and healing and seeks to avoid re-victimization."

* 23. In your opinion, is this definition clear?

- Extremely clear
- Very clear
- Neither clear nor unclear
- Unclear
- Very Unclear

24. Optional: Please feel free to elaborate on your response above (e.g. how can the definition be made more clear, if at all?):

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Providing Trauma and Violence-Informed Care

The draft Standard sets out new requirements (Provision #15) relating to dentists providing trauma and violence-informed care.

* 25. Please read Provision #15 ([here is the link](#)) and indicate whether in your opinion, the requirements are clear, reasonable, and necessary (select all that apply).

- The draft requirements are clear
- The draft requirements are reasonable
- The draft requirements are necessary
- None
- I have not read Provision #15

26. Optional: Please feel free to elaborate on your answers above. For example, if you think a requirement is unreasonable, please explain why.

27. Optional: Are there any aspects of providing trauma and violence-informed care that are not addressed in Provision #15 of the draft Standard that should be included?

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Preventing Sexual Abuse

The draft Standard sets out requirements for preventing sexual abuse (Provisions #16-23).

* 28. In your opinion, are the following draft requirements clear, reasonable, and necessary (select all that apply)?

	The draft requirement is clear	The draft requirement is reasonable	The draft requirement is necessary	None
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a. Dentists must not communicate with a patient or engage in any behaviour for the purpose of eventually pursuing a sexual relationship with them.

b. Dentists must not ask questions or make comments about a patient's sexual history, behaviour or performance, except where the information is relevant to the provision of dental care. When such questions are asked, dentists must explain the clinical reason for asking them.

c. Dentists must not make any comments or use gestures, tone of voice, expression or engage in any behaviour that may be reasonably interpreted by a patient as romantic, seductive or sexually demeaning.

d. Dentists must not make any jokes or display any material that has a sexual connotation that is not relevant to clinical care, either in office or online, when acting in a professional capacity.

e. Dentists must not become involved in a sexual relationship with a patient for at least one year after the termination of the dentist-patient relationship.

29. Optional: Please feel free to elaborate on your answers above. For example, if you think a requirement is not clear, please explain why.

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Draft Standard

The following section of the survey will ask you general questions about the draft Standard on Preventing Boundary Violations and Sexual Abuse.

In order to answer these questions, it is necessary for you to have read the draft Standard. If you have not read the draft Standard, you will be skipped to the next set of questions; however, the answers you have provided to all previous questions will still be submitted.

If you would like, you may take a moment to read the draft Standard by [clicking here](#).

* 30. Have you read the draft Standard: Prevention of Boundary Violations and Sexual Abuse?

Yes

No

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Draft Standard - Continued

* 31. We would like to understand whether the draft Standard is clear and comprehensive. 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 related to preventing boundary violations and sexual abuse.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The draft Standard includes definitions of all essential terms.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

32. Optional: 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?

33. Optional: In your opinion, does the draft Standard include any inaccuracies that should be corrected (e.g. are there any terms that have not been interpreted correctly? Are there any aspects of professional practice that may not be accurate?)

34. Optional: Does the draft Standard contain content or requirements that you feel are unnecessary and should be removed?

35. Optional: Is there any other feedback you'd like to provide on the Draft Standard?

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Case Scenarios

We have prepared draft case scenarios to accompany the draft Standard. The following questions will ask you about the draft case scenarios.

Content Warning: Boundary Violations and Sexual Abuse - please note that content in the draft case scenarios may be challenging for some individuals, and you may opt to skip this section of the survey.

In order to answer the next few questions, it is necessary for you to have read the draft case scenarios. If you have not read them or are choosing to skip this section, select "no" to the next question and you will be skipped to the survey evaluation section. However, the answers you have provided to all previous questions will still be submitted.

If you would like, you may take a moment to read the draft case scenarios by [clicking here](#).

* 36. Have you read the draft case scenarios?

Yes

No

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Case Scenarios - Continued

* 37. 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 case scenarios are clearly written.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The draft case scenarios are easy to understand.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The draft case scenarios are helpful.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

38. Optional: Feel free to elaborate on your answers above. For example, how can we improve the clarity of the draft case scenarios?

39. Optional: The RCDSO is planning on developing two more case scenarios after this consultation. One will address dual relationship requirements, and another will address gift-giving and receiving requirements. Are there any other case scenarios that should be developed to provide examples of the draft Standard requirements in dental practice?

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Survey Evaluation

40. 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.

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

Yes

No

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Demographics - Continued

* 42. 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)

* 43. 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)

* 44. 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

* 45. 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

* 46. 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

* 47. 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

* 48. 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

* 49. 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

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

* 51. Do you speak French?

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

* 52. 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

* 53. 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)

* 54. 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!