Welcome to Our Survey

The Royal College of Dental Surgeons of Ontario (RCDSO) is seeking feedback on a newly developed draft Guidance document, <u>Artificial Intelligence in Dentistry</u>. Your feedback is important to us and will help inform revisions to the document.

The survey should 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 May 30, 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 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 <u>website</u> or email the Policy Team at <u>ai@rcdso.org</u>.

Participant Type

To ensure that we ask you relevant questions, we have developed different question sets 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)
Opental 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?
Oental Anesthesiology
Oental 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

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)
Other (please specify)
I prefer not to answer
* 4. How many years have you been in practice?
O-10 years
11-25 years
26+ 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

Organization Type

* 9. Which organization are your responding on behalf of?
* 10. What type of organization do you represent?
Oentist-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

Questions for Dentists

Artificial intelligence (AI) has growing application in dentistry for a range of administrative, operational, and clinical purposes (e.g., AI chatbots to respond to patient inquiries, AI scribes assisting with creating patient records, AI-powered administrative assistants to help improve workflow, or AI-powered diagnostic tools that help dentists detect and diagnose oral conditions).

The College is interested in learning how dentists in Ontario are currently using AI in their practices and gaining insight into their experiences with it.

* 11. Are you currently using Al in your dental practice	Э:
Yes	
○ No	
I prefer not to answer	

Questions for Dentists - Use of AI

* 12. Why have you decided to adopt AI in your practice? Check all that apply.	
To reduce administrative burden	
Increase accuracy of diagnosis	
Improve quality of care	
Improve patient education	
Improve patient experience	
To attract patients	
To stay current with developments in the profession	
Other (please specify)	
13. In what way(s) are you using AI in your practice? Check all that apply.	
Administrative and/or operational (e.g., scheduling patients, answering patient questions)	
Assisting with detecting and diagnosing conditions and diseases (e.g., analyzing x-rays)	
Treatment planning and outcome prediction	
Assisting with generating patient records (e.g., using AI scribes)	
Other (please specify)	
14. Optional: What specific tools or products do you use?	
* 15. How has your experience of using AI tools been in your practice?	
Generally positive	
Generally negative	
Neither positive nor negative	
Both positive and negative	

n negative, what draw	backs have you experier	ncea?	
		<u> </u>	

Questions for Dentists - Use of AI

* 17. Why have you not decided to adopt AI in your practice? Check all that apply.
Not knowledgeable enough about the technology
Not confident in accuracy or validity of the technology
Not confident in data security of technology
The risks outweigh the benefits
Costs are too high
Lack of regulatory standards or guidance on the topic
I do not have decision-making authority
Other (please specify)
* 18. If the College develops guidance on the use of AI in dentistry, to what extent would you
be more likely to adopt AI?
Much more likely
Somewhat more likely
○ No change
○ Not sure
I prefer not to answer

Continuing Education
* 19. Are you interested in continuing education opportunities on artificial intelligence in dentistry?
○ Yes
○ No
◯ I don't know
20. Optional: If you answered 'Yes', what specific topics would you be interested in learning about?

Questions for Patients

Artificial intelligence (AI) has growing application in dentistry for a range of administrative, operational, and clinical purposes (e.g., AI chatbots to respond to patient inquiries, AI scribes assisting with creating patient records, AI-powered administrative assistants to help improve workflow, or AI-powered diagnostic tools that help dentists detect and diagnose oral conditions).

The College is interested in learning if you have encountered or used AI tools while receiving health care (these questions are not limited to experiences receiving dental or oral healthcare).

st 21. To your knowledge, have you experienced the use of AI when visiting a healthcare
professional?
○ Yes
○ No
I don't know/not applicable

${\it General Consultation: } Artificial\ Intelligence\ in\ Dentistry\ {\it Draft\ Guidance}$

Questions for Patients - AI in Healthcare Experience

* 22. What type of healthcare professional was using AI?
* 23. How did the healthcare provider use AI in their practice? Check all that apply.
Administrative and operational (e.g., scheduling patients, answering patient questions)
Assisting with detecting and diagnosing conditions and diseases (e.g., analyzing x-rays)
Treatment planning and outcome prediction
Assisting with generating patient records (e.g., using AI scribes)
Other (please specify)
* 24. How do you know that AI was being used? Check all that apply.
I was told by the healthcare provider that AI was being used
I was told by other staff that AI was being used
I asked whether AI was being used
I read a notice that AI was being used
Other (please specify)
* 25. What was your reaction to the use of AI?
Generally positive
Generally negative
Neither positive nor negative
Both positive and negative
26. Optional: Please elaborate on your response above (for example, why was your reaction
positive or negative?) and/or provide any other feedback on your experiences with healthcare
provider use of AI.

Draft Guidance on Artificial Intelligence in Dentistry

As AI becomes more commonplace in dentistry, a lack of clear guidance for dentists can pose risks to patients. The College has developed a <u>draft Guidance document</u> to support dentists in Ontario who are using AI tools in their practices and to help patients understand what to expect from dentists.

The draft document provides recommendations for dentists to help them use AI ethically and responsibly in their practices. The topics in the draft document include assessing the appropriateness of AI, using AI, transparency and disclosure that AI is being used, and protecting patient health information.

The following questions will ask you about the following content in the draft document:

- Definition
- Principles
- · Assessing the appropriateness of AI
- Using AI
- Transparency and disclosure

It is not necessary to have read the draft Guidance document before answering this section. You will have an opportunity to provide feedback on the draft Guidance document after these questions.

General Consultation: Artificial Intelligence in Dentistry Draft Guidance									
Definition									
The draft Guidance defines artificial intelligence as follows:									
Artificial intelligence generally refers to computer systems that can perform tasks commonly associated with human intelligence, such as finding patterns in data, problem solving, learning, and making predictions, recommendations, and decisions. In dentistry, AI can be used for various purposes, including helping dentists with managing their practices, creating patient charts and documentation, diagnosing and detecting conditions and diseases, developing treatment plans, outcome prediction, patient monitoring, and patient education.									
27. 10 What Catche	Strongly	Somewhat	Neither agree	Somewhat	Strongly	.1011.			
	agree	agree	nor disagree	disagree	disagree	I don't know			
The definition is clear			\bigcirc	\bigcirc					
The definition is accurate	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc				
28. Optional: Please definition was not cl		•		_	-				

improved?

Principles

The draft Guidance document on AI in Dentistry sets out broad principles which help form the foundation of the guidance that follows.

* 29. To what extent do you agree with the following principles?

	Strongly agree	Somewhat agree	Neither agree nor disagree	Somewhat disagree	Strongly disagree	I don't know
The responsible and ethical use of AI in dentistry is guided by what is in the best interests of patients.	0	0		\circ		0
The responsible and ethical use of AI involves implementation of AI in a manner that is safe, transparent, unbiased, non-discriminatory, and safeguards patient privacy and confidentiality.						
The use of AI in dentistry has the potential to benefit dentists and patients by improving the delivery of safe and quality oral health care, improving patient outcomes, and enhancing the patient experience.						
AI is not a substitute for dentists' clinical or professional judgment. Dentists remain responsible and accountable for their clinical decision-making and documentation.						
30. Optional: Pleas you may have on the principles, why? Wh	e topic of pr	rinciples. Fo	r example, if y	ou disagree	with any of	

Assessing the Appropriateness of AI

Dentists can make informed decisions about whether it is appropriate to use an AI tool in their practices by gathering information. The draft Guidance document states that prior to adopting an AI product, dentists may wish to seek information about details such as:

- legal and regulatory compliance of the AI tool, including with applicable privacy legislation (e.g., the *Personal Health Information Protection Act, 2004*);
- · clinical validity, safety, accuracy, and effectiveness of the AI tool;
- data used to train the AI tool (e.g., data diversity, timeframes, size) and any limitations (e.g., underrepresented patient demographics);
- how end users (e.g., health care practitioners) and impacted populations may have been involved in the design, development, and testing of the AI tool;
- intended uses, known limitations, associated risks, and steps taken to mitigate risks, including risk of bias;
- · performance monitoring, updates, and handling of errors and/or adverse events.

* 31. Is there anything that should be added to the list?
○ No
Yes (please specify)
I don't know
* 32. Is there anything that should be removed from this list?
○ No
Yes (please specify)
◯ I don't know
* 33. Are there any items on the list that are not clear?
○ No
Yes (please specify)
○ I don't know

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Using AI

The draft Guidance document recognizes that AI-generated outputs can sometimes be inaccurate, wrong, or misleading. AI may also unintentionally perpetuate biases found in training data or in the way the tool was developed. The draft Guidance document aims to help dentists using AI mitigate these risks.

You are asked to assess the following recommendations based on their ease of understanding, importance, and reasonableness.

* 35. **Recommendation 1:** Critically review and evaluate all AI-generated outputs for accuracy, completeness, and biases and/or stereotypical associations.

	Strongly agree	Somewhat agree	Neither agree nor disagree	Somewhat disagree	Strongly disagree	I don't know
This recommendation is easy to understand			\bigcirc			
This recommendation is important for dentists to follow	\bigcirc		\bigcirc	\bigcirc		\bigcirc
This recommendation is reasonable for dentists to apply in practice	0	0	0	0	0	0

* 36. **Recommendation 2:** Ensure that decisions made and implemented with the support of AI take into consideration the patient's unique characteristics, circumstances, and clinical presentation.

	Strongly agree	Somewhat agree	Neither agree nor disagree	Somewhat disagree	Strongly disagree	I don't know
This recommendation is easy to understand			\bigcirc			
This recommendation is important for dentists to follow			\bigcirc			\bigcirc
This recommendation is reasonable for dentists to apply in practice	0		0	0		\circ

	Strongly agree	Somewhat agree	Neither agree nor disagree	Somewhat disagree	Strongly disagree	I don't know
This recommendation is easy to understand						
This recommendation is important for dentists to follow	\circ	\bigcirc	0	\bigcirc	\circ	\circ
This recommendation is reasonable for dentists to apply in practice	0	0	\bigcirc	0	\circ	0
vents to identify corrective actions (eport privacy bread- podate, discontinuo	e.g., report ches to the	problems to Information	the manufactor	urer and dev	eloper of th	ne AI tool,
	agree	agree	nor disagree	disagree	disagree	I don't know
This recommendation is easy to understand				\bigcirc	\bigcirc	
This recommendation is important for	\bigcirc	\bigcirc	\circ	\bigcirc	\bigcirc	\bigcirc
dentists to follow						
	0	0	\bigcirc			

Transparency and Disclosure

The draft Guidance document encourages disclosure to patients to support informed decision-making, patient autonomy, and patient trust, especially as the use of AI in dentistry is new and evolving.

You are asked to assess the following recommendations based on their ease of understanding, importance, and reasonableness.

* 40. **Recommendation 1:** Inform individuals when they are interacting with AI rather than with a human (e.g., the use of a virtual assistant chatbot that simulates human conversation).

	Strongly agree	Somewhat agree	Neither agree nor disagree	Somewhat disagree	3,				
This recommendation is easy to understand	\bigcirc		\circ			\circ			
This recommendation is important for dentists to follow	\bigcirc		\bigcirc	\bigcirc		\bigcirc			
This recommendation is reasonable for dentists to apply in practice	\bigcirc	\circ	\circ	0		0			

* 41. **Recommendation 2:** Prior to its use, inform patients when AI will be used in a manner that will directly impact their care or clinical decision-making (e.g., what AI is being used, for what purposes, its benefits and limitations). Document these discussions.

	Strongly agree	Somewhat agree	Neither agree nor disagree	Somewhat disagree	Strongly disagree	I don't know
This recommendation is easy to understand			\bigcirc			
This recommendation is important for dentists to follow	\bigcirc		\bigcirc	\bigcirc		\bigcirc
This recommendation is reasonable for dentists to apply in practice	\bigcirc	0	\circ	0		

* 42. Recommenda who express a desir						
	Strongly agree	Somewhat agree	Neither agree nor disagree	Somewhat disagree	Strongly disagree	I don't know
This recommendation is easy to understand	\bigcirc		\circ	\bigcirc	\circ	\circ
This recommendation is important for dentists to follow	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\circ	\bigcirc
This recommendation is reasonable for dentists to apply in practice	0	0	\circ	0		0
43. Optional: Pleas topic of transparence recommendations we could the recommendations where the recommendations we could the recommendations.	cy and disclovere not eas	osure. For in y to underst	nstance, if you	felt any of the	ne above	

Evaluating the Draft Guidance

The following questions will require you to have read the draft Guidance document. If you indicate that you have not read the draft document, you will be advanced to the final section of the survey.

If v	you	have	not	read	the	draft	document,	vou	can	review	it	here.

* 44. I	Have you read the draft Guidance: Artificial Intelligence in Dentistry?
O Y	es
\bigcirc N	o

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Evaluating the Draft Guidance

The following questions will ask you about the draft Guidance document as a whole.

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TU.	1 ICUSC	marcate	UIIC	CALCIIL	LO WILLOIL	you aq		uisagico	AAICII	ULLU	TOTTOWITING	State Inches

	Strongly agree	Somewhat agree	Neither agree nor disagree	Somewhat disagree	Strongly disagree	I don't know
The draft Guidance is easy to understand			\bigcirc	\circ		
The draft Guidance is comprehensive (it addresses all relevant or important issues)	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc
The draft Guidance is reasonable for dentists to apply in practice			0	\bigcirc	\bigcirc	\circ
46. Optional: Pleas Guidance document How could the draft	was not ea	sy to unders	tand, comprel		-	
* 47. Do you thin No Yes (please spe		Guidance do	cument includ	es any unne	cessary info	ormation?
I don't know						
* 48. To what ext	•				t effectively	balances
Completely						
O To a great exte	nt					
O To a moderate	extent					
O To a small exte	nt					
Not at all						
I don't know						

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

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.

*	52. Would you like to complete these demographic questions?
	Yes
	○ No

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Demographics - Continued

* [53.	What is the location of your primary residence?
(\bigcirc	Ontario
(\bigcirc	Outside of Canada
(\bigcirc	Another province or territory in Canada (please specify)
(I prefer not to answer
* [54.	Describe the general area where your primary residence is located?
(\bigcirc	Extra-large urban area (population of 500,000 or more)
(\bigcirc	Large urban area (population between 100,000 and 499,999)
(\bigcirc	Medium urban area (population between 30,000 and 99,999)
(\bigcirc	Small urban area (population between 1,000 and 29,999)
(\bigcirc	Rural and/or remote (population less than 1,000)
(\bigcirc	Other (please specify)
(I prefer not to answer
* [55.	How old are you?
(\bigcirc	19 years old or under
(\bigcirc	20-29 years old
(\bigcirc	30-39 years old
(\bigcirc	40-49 years old
(\bigcirc	50-59 years old
(\bigcirc	60-69 years old
(\bigcirc	70+ years old
(I prefer not to answer

* 59. Please indi	cate which of the following terms best describe your sexual orientation.
Check as many a	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
-	ntify as an Indigenous person? Please select all that apply.
	ions (Status and Non-Status)
Yes, Métis	
Yes, Inuit	
	nous person from outside of Canada
∐ No	
Yes, Other (ple	ease specify)
I prefer not to	answer
51. Optional: Pleas	e describe your ethnicity in whatever terms are most meaningful to you.
* 62 Do and	ole Enomole 2
* 62. Do you spe Yes, I am fluer	
Yes, with limit	
No No	ou nuclicy.
I prefer not to	answer
1 preser not to	diswo!

Atheist Buddhist Christian Hindu Indigenous spirituality Jewish Muslim Sikh No religion or spiritual affiliation Other (please specify) I prefer not to answer 4. Do you identify as a person with a disability or disabilities? Yes No Sometimes, depending on the context I prefer not to answer	Agnostic			
Buddhist Christian Hindu Indigenous spirituality Jewish Muslim Sikh No religion or spiritual affiliation Other (please specify) I prefer not to answer 4. Do you identify as a person with a disability or disabilities? Yes No Sometimes, depending on the context	_			
Christian Hindu Indigenous spirituality Jewish Muslim Sikh No religion or spiritual affiliation Other (please specify) I prefer not to answer 4. Do you identify as a person with a disability or disabilities? Yes No Sometimes, depending on the context				
Hindu Indigenous spirituality Jewish Muslim Sikh No religion or spiritual affiliation Other (please specify) I prefer not to answer 4. Do you identify as a person with a disability or disabilities? Yes No Sometimes, depending on the context	_			
Indigenous spirituality Jewish Muslim Sikh No religion or spiritual affiliation Other (please specify) I prefer not to answer 4. Do you identify as a person with a disability or disabilities? Yes No Sometimes, depending on the context	_			
Muslim Sikh No religion or spiritual affiliation Other (please specify) I prefer not to answer 4. Do you identify as a person with a disability or disabilities? Yes No Sometimes, depending on the context	_	lity		
Muslim Sikh No religion or spiritual affiliation Other (please specify) I prefer not to answer 4. Do you identify as a person with a disability or disabilities? Yes No Sometimes, depending on the context	Jewish			
No religion or spiritual affiliation Other (please specify) I prefer not to answer 4. Do you identify as a person with a disability or disabilities? Yes No Sometimes, depending on the context	_ │ Muslim			
Other (please specify) I prefer not to answer 4. Do you identify as a person with a disability or disabilities? Yes No Sometimes, depending on the context	Sikh			
I prefer not to answer 4. Do you identify as a person with a disability or disabilities? Yes No Sometimes, depending on the context	─ │ No religion or spirit	cual affiliation		
4. Do you identify as a person with a disability or disabilities? Yes No Sometimes, depending on the context	Other (please speci	fy)		
4. Do you identify as a person with a disability or disabilities? Yes No Sometimes, depending on the context				
4. Do you identify as a person with a disability or disabilities? Yes No Sometimes, depending on the context	I profor not to anew	or		
Yes No Sometimes, depending on the context	_ I prefer not to unsw	OI .		
	Yes			
	Yes			
I prefer not to answer				
	No	ing on the context		
	No Sometimes, depend			
	No Sometimes, depend			
	No Sometimes, depend			
	No Sometimes, depend			
	No Sometimes, depend			
	No Sometimes, depend			
	No Sometimes, depend			
	No Sometimes, depend			
	No Sometimes, depend			
	No Sometimes, depend			
	No Sometimes, depend			
	No Sometimes, depend			
	No Sometimes, depend			

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Demographics (Disability Type)

st 65. 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 Fhank you for participating in our survey!	
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