Royal College of
Dental Surgeons of Ontario

450th Meeting of Council

Via Zoom and Livestream via YouTube

Thursday, June 19, 2025

RCDSO STRATEGIC PLAN OVERVIEW: 2023-2025

VISION

Everyone in Ontario has access to safe, high-quality oral health care.

MISSION

We act in the public interest and are committed to excellence in regulating the dental profession in Ontario.

VALUES

- ACCOUNTABLE
- COLLABORATIVE
- INNOVATIVE
- INCLUSIVE
- TRANSPARENT

PILLARS

PROFESSIONALISM

STRATEGIC PROJECTS

- College Standards
- Access to Care

STAKEHOLDER ENGAGEMENT

STRATEGIC PROJECTS

- Service Experience
- Equity, Diversity and Inclusion

EMERGING ISSUES

STRATEGIC PROJECTS

- Governance Review and Modernization
- Practice Models and Corporate Dentistry

OUR COMMITMENT

- We take an evidence-informed approach to decision making.
- We apply a risk-based perspective in regulating the profession.
- We integrate the principles of Equity, Diversity and Inclusion in all we do.

RCDSO | Royal College of Dental Surgeons of Ontario

05/23_5417

CHECKLIST

Engaging Council Members for Effective Governance

As a member of Council, I acknowledge my fiduciary duty to the College and the public interest and the statutes and rules that guide me. I am aware of my role and responsibilities, and that of the President and the Registrar. I also acknowledge that an effective governing body requires its members to fulfill behavioural expectations to each other. As a result, I will:

- [ ] Attend at least 75% of Council meetings
- [ ] Arrive so the meeting can start at the scheduled time
- [ ] Be fully prepared for Council meetings by reviewing materials in advance and considering all questions in briefing materials
- [ ] Participate by asking questions to clarify or challenge assumptions, sharing concerns and providing suggestions to meaningfully contribute to discussions and decisions
- [ ] Actively listen and engage in discussions at the Council table to promote transparency in our discussion and decisions
- [ ] Avoid distractions such as cell phones and side conversations during meetings
- [ ] Promote, welcome and value diverse perspectives in all discussions
- [ ] Be critical of issues where warranted, but not of people or their perspectives
- [ ] Be clear and concise in my contributions to topics in order to receive multiple perspectives
- [ ] Commit to Council decisions when the topic is closed and when I speak about decisions publicly
- [ ] Confine all substantive discussions to the meeting

Approved: June 16, 2022

CHECKLIST

Effective Staff-Council Relationships

As a member of **Council**, I acknowledge my duty to the College and the public interest and the statutes and rules that guide me. I am aware of my role and responsibilities and those of the President and the Registrar. I acknowledge that in order to be an effective governing body, Council and staff members will always interact with transparency and mutual respect. As a result, I will:

- Commit to a culture of community with common purpose which involves both Council knowing staff members(though we have but one employee, the Registrar & CEO) and staff members knowing Council members.
- Encourage a practice of mutual respect.
- Know that there is rigour and analysis in all materials provided to Council and Committees.
- Ask informed questions to deepen individual and broader understanding.
- Provide suggestions for clarity and to clarify assumptions.
- Deliver constructive and substantive comments about content.
- Collaborate effectively and welcome advice and suggestions.

As a member of **staff**, I acknowledge my duty to the College and the public interest and the statutes and rules that guide me. I am aware of my role and responsibilities; those of the President and the Registrar; and the decision-making powers of Council. I acknowledge that in order to be an effective governing body, Council and staff members will always interact with transparency and mutual respect. As a result, I will:

- Commit to a culture of community with common purpose which involves both Council knowing staff members (reporting through their employee, the Registrar & CEO) and staff members knowing Council members.
- Encourage a practice of mutual respect.
- Attend Council and Committee meetings, where appropriate.
- Provide clear, contextualized advice.
- Demonstrate rigour and analysis in all materials for Council and Committees.
- Identify problems early.
- Support principles of Equity, Diversity, and Inclusion through learning, openness, and respect in discussions.
- Be transparent about errors or omissions.
- Explain the wider context of regulation.
- Respond to Council direction, evaluating resources and best practices for implementation.
- Collaborate effectively and welcome advice and suggestions.

SOURCES

Board-Trust-Toolkit-2021-ENG_2.pdf (icd.ca)
Board-Staff_Interaction-Acceptable-FAQ.pdf (boardsource.org)
How to Effectively Cultivate Board Roles and Responsibilities - NonProfit PRO
The Board - Staff Relationship - Governing Good
How to Connect With Your Board of Directors | The Muse

LEXICON
OF COMMONLY USED ACRONYMS

ACFD	Association of Canadian Faculties of Dentistry
ACLS	Advanced Cardiac Life Support
ADA	American Dental Association
ADBA	American Dental Board of Anesthesiology
ADR	Alternate Dispute Resolution
AED	Automated External Defibrillator
AFK	Assessment of Fundamental Knowledge
AGRE	Advisory Group for Regulatory Excellence
AI	Artificial Intelligence
AIT	Agreement on Internal Trade
AODA	Accessibility for Ontarians with Disabilities Act
APO	Association of Prosthodontists of Ontario
BLS	Basic Life Support
CAG	Citizen Advisory Group
CDA	Canadian Dental Association
CDAC	Commission on Dental Accreditation in Canada
CDCP	Canadian Dental Care Plan
CDHO	College of Dental Hygienists of Ontario
CDO	College of Denturists of Ontario
CDPA	Canadian Dental Protective Association
CDRAF	Canadian Dental Regulatory Authorities Federation
CDSPI	Canadian Dental Service Plans Inc.
CDTO	College of Dental Technologists of Ontario
CE	Continuing Education
CERP	Continuing Education Recognition Program (ADA)
CF	Craniofacial CT (large field of view)
CINOT	Children in Need of Treatment
CLEAR	Council of Licensure, Enforcement and Regulation
CNO	College of Nurses of Ontario
COA	Certificate of Authorization
CODE	Health Professions Procedural Code
COI	Conflict of Interest
Connect	Town hall for RCDSO's members
COS	Certificate of Standing
CPD	Continuing Professional Development
CPMF	College Performance Measuring Framework
CPR	Cardiopulmonary Resuscitation
CPSO	College of Physicians and Surgeons of Ontario
CQI	Continuous Quality Improvement
CT	Computed Tomography
DA/DV	Dentoalveolar CT (small field of view)
DDS	Doctor of Dental Surgery
DEI	Diversity, Equity and Inclusion
DMD	Doctor of Medicine in Dentistry
DRA	Dental Regulatory Authority
DG	Deep Sedation and General Anesthesia
DSA	Data Sharing Agreement
DSATP	Dental Specialty Assessment Training Program
DSCKE	Dental Specialty Core Knowledge Examination
DQ	Data Quality
EDC	External Defense Counsel
EDI	Equity, Diversity and Inclusion
EHR	Electronic Health Record
EIA	Equity Impact Assessment
EP	Equivalency Program
EXEC	Executive Committee
FARPA	Fair Access to Regulated Professions Act
FIP	Facility Inspection Program
FIPPA	Freedom of Information and Protection of Privacy Act
FNIHB	First Nations and Inuit Health Branch
FP	Facility Permit
GA	General Anesthesia
HARP	Healing Arts Radiation Protection Act
HC	Health Canada
HCCA	Health Care Consent Act
HCP	Health Care Practitioner
HPARB	Health Professionals Appeal and Review Board
HPC	Health Profession Corporation
HPDB	Health Personnel Database
HPPA	Health Protection and Promotion Act
HPPC	Health Professions Procedural Code
HPRA	Health Professionals Regulations Act
HPRAC	Health Professions Regulatory Advisory Council
HPRO	Health Profession Regulators of Ontario

HSIA	Health System Improvements Act
ICRC	Inquiries, Complaints and Reports Committee
ILC	Independent Legal Counsel
IPAC	Infection Prevention and Control
IPC	Information Privacy Commissioner
ITDAOC	Internationally Trained Dentists Association of Canada
J&E	Jurisprudence and Ethics
JDIMI	Jones Deslauriers Insurance Management Inc.
KPI	Key Performance Indicator
KSA	Knowledge, Skills and Abilities
L&L	Legal and Legislation
ML	Machine Learning
MOH	Ministry of Health
MOHLTC	Ministry of Health and Long-Term Care
MOU	Memorandum of Understanding
NCCPH	National Collaborating Centres for Public Health
NDAEB	National Dental Assistant Examining Board
NDEB	National Dental Examining Board
NIH	National Institutes of Health
NIHB	Non-Insured Health Benefits
NLP	Natural Language Processing
NMS	Narcotics Monitoring System
OAAG	Oral Aesthetic Advocacy Group Inc
OADS	Ontario Association of Dental Specialists
OAO	Ontario Association of Orthodontists
OAPHD	Ontario Association of Public Health Dentistry
OCP	Ontario College of Pharmacists
OCT	Ontario College of Teachers
ODA	Ontario Dental Association
ODAA	Ontario Dental Assistants Association
ODHA	Ontario Dental Hygienists' Association
ODSP	Ontario Disability Support Program
OECD	Organization for Economic Co-operation and Development
OFC	Office of the Fairness Commissioner
OISE	Ontario Institute for Studies in Education
OM	Oral Moderate sedation
OSE	Ontario Society of Endodontists
OSOMR	Ontario Society of Oral and Maxillofacial Radiologists
OSOMS	Ontario Society of Oral and Maxillofacial Surgeons
OSP	Ontario Society of Periodontists
OSPD	Ontario Society of Paediatric Dentists
OSPHD	Ontario Society of Public Health Dentists
OW	Ontario Works
P1	Parenteral Conscious Sedation (1 drug)
P2	Parenteral Conscious Sedation (2 drugs)
PCRA	Professional Conduct and Regulatory Affairs
PDCA	Plan-Do-Check-Act
PDSA	Plan-Do-Study-Act
PEAK	Practice Enhancement And Knowledge
PEC	Practice Enhancement Consultant
PET	Practice Enhancement Tool
PHC	Pre-Hearing Conference
PHI	Personal Health Information
PHIPA	Personal Health Information Protection Act
PHO	Public Health Ontario
PHU	Public Health Unit
PIPEDA	Personal Information Protection and Electronic Documents Act
PLP	Professional Liability Program
QA	Quality Assurance
QAC	Quality Assurance Committee
QI	Quality Improvement
QP	Qualifying Program
RCDC	Royal College of Dentists of Canada
RHPA	Regulated Health Professions Act
ROI	Record of Investigation
SA	Sedation Authorization
SATF	Sexual Abuse Task Force
SCERP	Specified Continuing Education or Remediation Program
SDM	Substitute Decision Maker
SIR	Self-Insured Retention
SLT	Senior Leadership Team
SME	Subject Matter Expert
SOP	Standard Operating Procedure
SOW	Statement of Work
SPEC	Second Pair of Eyes Committee
SPPA	Statutory Powers Procedure Act
SRBD	Sleep-Related Breathing Disorders
TCL	Terms, Conditions and Limitations
TMD	Temporomandibular Disorders
UWO	Western University, London Ontario
U of T	University of Toronto
WHMIS	Workplace Hazardous Materials Information System
WSIB	Workplace Safety and Insurance Board of Ontario

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Council Member 2025 Annual Conflict of Interest Declaration Form Report - June 2025

In accordance with By-law 13, Council members are required to complete an online Annual Conflict of Interest Declaration Form. Council member forms are appended to Council meeting packages and available to the public. Council and Committee members are required to review all meeting materials in advance to identify conflicts and have an ongoing obligation to declare conflicts as situations arise. At the beginning of each Council meeting, members must declare any updates to their Form responses and any conflict specific to the meeting agenda.

Your name	*Do you or a close family member (e.g., spouse) or close associate (e.g., business partner) stand to be affected financially by your participation in a College decision?*	*For example, please declare the following:- All paid or unpaid employment (e.g., work, consultancies, contracts, paid directorships other than your dental practice (for dentists))- Ownership or other financial interest in any corporation, company, consultancy or other business related to dentistry (see note at top of this page)- Provision of services to dentists (e.g., training, professional development)- Any business arrangements or contracts with the College*	*Do you have any competing interests that you wish to declare?*	*Please declare any membership in other professional bodies or associations (paid or voluntary) as well as other positions which have competing interests with the College. Note: There is no issue with belonging to a professional association. We ask that you note it here in the interests of transparency.*	*Do you have any personal or professional relationships that you wish to declare?*	*Please declare the following:- Employment or position at an educational institution dentistry program.*	*Do you have any other conflicts that you wish to declare?*	*If you have further conflicts to declare, please provide details below.*	*I declare that the above information is true and accurate to the best of my knowledge.*	*Date survey completed*
Daniel Fortino	No		No	Ontario Society of Periodontists ODA RCDC Canadian Academy of Periodontology KOL: zimvie, straumann	No		No		Yes	03/26/2025
Deborah Wilson	No		No		No		No		Yes	03/24/2025
Antony Liscio	No		No		No		No		Yes	03/24/2025
Eleonora Fisher	No		No	LSO CPD LEGAL	No		No		Yes	03/21/2025
Rod Stableforth	No		No		No		No		Yes	3/14/2025

Noha Gomaa	No		No		Yes	Noha Gomaa is a faculty member at the Schulich School of Medicine & Dentistry, Western University. She is a member of Canadian professional and dental associations including the Canadian Association for Dental Research and the Canadian Association for Public Health Dentistry. Her research at Western University is funded by the Canadian Institutes of Health Research, Colgate, and the Children's Health Foundation.	No		Yes	01/22/2025
Osama Soliman	No	Toronto institute for dental excellence Ontario dental association Ontario dental implant network Nobel biocare Zimvie Straumann Stryker	No	Toronto institute for dental excellence Ontario dental association Ontario dental implant network Nobel biocare Zimvie Straumann Stryker	Yes	Toronto institute for dental excellence Ontario dental association Ontario dental implant network Nobel biocare Zimvie Straumann Stryker	No		Yes	01/22/2025
Erin Walker	No		No	Ontario Dental Association - Member Waterloo Wellington Dental Society - Member Stratford District Dental Society - Member	No		No		Yes	01/22/2025
Peter Delean	No		Yes	Member of the Canadian Dental Association Member of Ontario Dental Association Member of the North Bay and District Dental Society	No		No		Yes	01/21/2025

Judith Ann Welikovitch	No		No	Member, Law Society of Ontario President and Board Chair, Geneva Centre for Autism Member, Institute of Corporate Direxctors	No		No		Yes	01/21/2025
Nizar Ladak	No		No		No		No		Yes	01/21/2025
Anthony Mair	No	Shareholder in Corus Orthodontists	Yes	Memberships : Ontario Dental Association. (ODA) ; Ontario, Canadian, and American Associations of Orthodontists (OAO, CAO, AAO)	Yes	Clinical Associate, University of Toronto - Graduate Orthodontics Adjust Professor, Western University - Graduate Orthodontics	No		Yes	01/21/2025
Ram Chopra	No		No		No		No		Yes	01/21/2025
Jamie Colliver	No		No		No		No		Yes	01/21/2025
Vivian Hu	No		No		No		No		Yes	01/21/2025
Nalin Bhargava	No		Yes	Canadian Dental Association, Ontario Dental Association, Ottawa Dental Society	No		No		Yes	01/20/2025
Daniel Haas	No		Yes	I am a member of several professional bodies, including: Ontario Dental Association, Canadian Dental Association, Royal College of Dentists of Canada, Canadian Academy of Dental Anaesthesia, American Society of Dentist Anesthesiologists, American Dental Society of Anesthesiology, American College of Dentists, International College of Dentists, Pierre Fauchard Academy.	Yes	Professor, University of Toronto	No		Yes	01/20/2025
Brian Smith	No		No		No		No		Yes	01/20/2025
Robyn Somerville	No		No		No		No		Yes	01/20/2025

Eilyad Honarparvar	No		No		No		No		Yes	01/20/2025
Cristina Ng Cordeiro	No		No		No		No		Yes	01/19/2025
Neil Gajjar	Yes	I teach CPR to dentists and staff.	Yes	Member of the Academy of General Dentistry Member of the Ontario Dental Association Member of the Canadian Dental Association Member of the International College of Dentists Member of the Academy of Dentistry International Member of the American College of Dentists Member of the Pierre Fauchard Academy.	No		No		Yes	01/16/2025
Harinder Sandhu	No		No		Yes	Schulich Dentistry, Adjunct Professor	No		Yes	01/15/2025
MARC TRUDELL	No		No		Yes	In 2022, the firm Colliers International was retained by the College to assist and provide guidance to the College in matters pertaining to the current and future ownership of the property which the College owns and occupies at 6 Crescent Road, Toronto, Ontario. Colliers continues to assist the College on this matter, on an as required basis. On June 3rd, 2024, it was announced that Colliers had acquired a majority interest in Englobe Corp., being a consulting engineering firm in which I am a shareholder and serve as Vice-President, Corporate Development. Englobe operates as a separate (arms-length) organization distinct from Colliers and the work completed to-date by Colliers for the College has not involved Englobe or myself.	No		Yes	01/15/2025

All above noted Council members reviewed and confirmed the following statements:								

I understand the by-laws pertaining to conflict of interest and I understand my fiduciary duty to carry out my responsibilities in a manner that serves and protects the public interest, and to maintain the trust and confidence of the public in the College's decision-making processes. As such, I must not engage in or be perceived to have engaged in any activities or in decision-making concerning any matters where I have a direct or indirect personal, professional or financial interest while performing my College duties and responsibilities, and I will be obliged to avoid and/or manage situations which involve any actual or perceived conflict of interest.
I understand that as a Council and/or Committee member I shall complete an Annual Conflict of Interest Declaration Form, and keep my Conflict of Interest Declaration Form updated by completing and re-submitting to the Registrar if any matter gives rise to a conflict throughout the year.
I understand that declaring other conflicts of interest or perceived/actual bias in respect of matters or persons that appear in Council or Committee agendas as matters arise is my ongoing obligation as a Council or Committee member and that the matters and relationships set out in this declaration are not exhaustive.
I have familiarized myself with By-law 13 which sets out more full definitions of conflict of interest and related persons and I will declare such conflicts if and when they arise in accordance with the process set by the College.

Royal College of
Dental Surgeons of Ontario

AGENDA

450th MEETING – RCDSO COUNCIL

Via Zoom (and livestream)

Thursday, June 19, 2025 – 8:30 a.m. – 1:30 p.m.

Item	Time	Topic and Objective(s)	Purpose	Page No.
1.	8:30 a.m.	Call to Order & Land Acknowledgement	Discussion	
2.		Roll Call		
3.	8:35 a.m.	President's Remarks	Discussion	
4.		Declaration of Conflict of Interest: • Conflict of Interest Declaration Forms		8-12
5.	8:40 a.m.	Consent Agenda: 5.1 Approval of Agenda 5.2 Approval of RCDSO Council Meeting Minutes, March 27, 2025 5.3 Approval of RCDSO Council Meeting Minutes, May 13, 2025 5.4 Council Evaluation Survey Results, March 27, 2025 5.5 Registrar & CEO Report 5.6 RCDSO Council Work Plan 2025 5.7 Financial Update 5.8 RCDSO Strategic Plan 2023-25 5.9 Policy Report 5.10 Public Member Reappointment		 13-15 16-189 190-192 193-195 196-215 216 217-220 221-242 243-246 247

		5.11 Committee Reports: • Discipline Committee • Executive Committee • Finance, Audit & Risk Committee • Fitness to Practise Committee • Inquiries, Complaints & Reports Committee • Governance Committee • Patient Relations Committee • Pension Governance Committee • Professional Liability Program Committee • Quality Assurance Committee • Registration Committee		 248-252 253-254 255-257 258-259 260-265 266-268 269-272 273-274 275-278 279-281 282-284
6.	8:50 a.m.	Registrar and CEO's Remarks	Discussion	
7.	9:10 a.m.	<u>Governance Modernization:</u> 7.1 Province-Wide Election • Refresh Competencies for Council Members • Candidate selection process • Electoral System 7.2 Staggered Terms • Council Member Term of Office and Term Limits • Cooling-off period • Implementing staggered terms for elected Council members	 Decision Decision Discussion Decision Decision Decision	 285-310
8.	10:40 a.m.	University Selected Council Member	Decision	311-331
	10:45 a.m.	**B R E A K**		

9.	11:00 a.m.	Financial: • Audited Financial Statements • Appointment of Auditor • Financial Reserves • Annual Membership Fee	Decision	332-382
10.	11:40 a.m.	Appointment to National Dental Assisting Examining Board (NDAEB)	Decision	383-384
11.	11:45 a.m.	Draft Standard of Practice: • Managing Conflicts and Ending the Dentist-Patient Relationship	Decision	385-399
	12:15 pm.	**B R E A K**		
12.	12:30 p.m.	Practice Models and Corporate Dentistry	Decision	400-447
13.	1:10 p.m.	Risk Management	Information	448-454
14.	1:25 p.m.	As of Right Legislation • RCDSO Submission to Ministry of Health dated April 30, 2025	Information	455-459
15.		Council Meeting Dates 2026	Information	460
16.		Other Business		
17.		Date of Next Council Meeting: • Thursday, September 18, 2025 *(Vantage Venues, 150 King St W., Toronto, ON)*		
18.	1:30 p.m.	Adjournment		

MINUTES OF THE 448th MEETING OF COUNCIL

Thursday, March 27, 2025

Vantage Venues, Garden Hall, 150 King St. W., Toronto, ON

The 448th Meeting of the Council of the Royal College of Dental Surgeons of Ontario was held on Thursday, March 27, 2025, at 9:00 a.m.

Attendance:

Chair
Hanno Weinberger

Council members

Elected Representatives:

Nalin Bhargava	District 1
*Robyn Somerville	District 2
Peter Delean	District 3
Neil Gajjar	District 4
Daniel Fortino	District 5
Harinder Sandhu	District 6
Erin Walker	District 7
Osama Soliman	District 8
*Antony Liscio	District 9
Deborah Wilson	District 10
Eilyad Honarparvar	District 11
Anthony Mair	District 12

University Representatives:
Daniel Haas, University of Toronto

Lieutenant- Governor- in- Council Representatives:
Ram Chopra
James Colliver
*Cristina Cordeiro
Eleonora Fisher

*Vivian Hu
Nizar Ladak
Brian Smith
Marc Trudell
Judith Welikovitch

*Attended meeting virtually.

Regrets:

Noha Gomaa	Western University
Roderick Stableforth	Public Member

General Legal Counsel:
Alan Bromstein

Registrar & CEO:
Daniel Faulkner

1. CALL TO ORDER AND LAND ACKNOWLEDGEMENT

The Chair called the meeting to order at 9:00 a.m. He welcomed Council members, staff and guests to the meeting and all those watching the meeting via YouTube. He offered a land acknowledgement to recognize the traditional lands of Indigenous peoples in Ontario.

2. ROLL CALL

D. Faulkner conducted the roll call.

3. PRESIDENT'S REMARKS

H. Sandhu welcomed Council members and guests to the Council meeting.

He thanked Council members, the Registrar, and staff for their continued efforts to ensure protection of the public interest.

N. Gomaa was congratulated on the election as Vice-President at the Canadian Association for Dental Research. As well, H. Sandhu congratulated N. Ladak on the recent publication of his book.

H. Sandhu remarked on the work undertaken as part of the strategic plan and

thanked staff for efforts on some of the policy projects that would be presented to Council later in the meeting.

H. Sandhu reported on collaboration with the Ontario Dental Association (ODA) and that the RCDSO would manage a booth at the upcoming ODA Annual Spring Meeting. Some of the dentists on RCDSO staff will be providing educational sessions at the convention. He added that the RCDSO and ODA are collaborating on a survey to the membership to obtain data and provide information on dental hygienist shortages in dental practices.

H. Sandhu thanked the Registrar and staff for work in preparing and organizing the meeting.

4. DECLARATION OF CONFLICT OF INTEREST

There were no conflicts of interest declared.

5. CONSENT AGENDA

The items in the Consent Agenda were approved and/or received for information.

MOTION #1:

Moved by: **A. Liscio**
Seconded by: **E. Walker**

1. **Approval of Agenda**
2. **Approval of RCDSO Council Meeting Minutes, January 23, 2025**
3. **Council Evaluation Survey Results, January 23, 2025**
4. **Registrar & CEO Report**
5. **RCDSO Council Work Plan 2025**
6. **Financial Update**
7. **RCDSO Strategic Plan 2023-25**
8. **Policy Report**

CARRIED
(Unanimously)

6. REGISTRAR AND CEO'S REMARKS

D. Faulkner gave a presentation on the College's activities (**APPENDIX A**) and highlighted the following:

1. Governance and Regulatory Landscape

D. Faulkner reported on Bill 36, *Free Trade and Mobility within Canada Act*, that was recently introduced in Nova Scotia. This legislation is intended to enhance inter-provincial mobility for service providers and licensees. D. Faulkner stated the similarity with the Ontario legislation, *As of Right Act* that was introduced in 2023. The legislation enables members of health professions to move to Ontario and practice without being licensed in that province.

He added that it is likely there will be renewed political interest in inter-provincial and territorial trade and mobility that could lead to similar legislation being introduced in other provinces and territories in the coming weeks. He would keep Council apprised of further updates in this area.

D. Faulkner reported that RCDSO currently registers more internationally-trained dentists than those who are domestically trained. Completed applications can take less than five days to approve and RCDSO provides leadership to national bodies, e.g. the Association of Canadian Faculties in Dentistry (ACFD) and The National Dental Examining Board of Canada (NDEB) to ensure that barriers are removed.

2. Partners and Collaborators

D. Faulkner reported on work done under the Oral Health Care Access Fund initiative to address access to care issues. He reported on a proposed project undertaken with the Ministry of Health and other partners to explore human health resources and supply of dentists and health care providers. It is hoped that funding might be available from the government for this initiative.

He reported on the results of a Statistics Canada survey on oral health care that was undertaken recently.

It was reported that recently the Association of Canadian Faculties of Dentistry (ACFD), through grant funding from the Foreign Credential Recognition Program (FCRP), developed an approach to looking at an additional pathway for internationally-trained dentists. This third pathway would allow a dentist from a non-accredited institution to be assessed and determine gap training that could be completed in an eight-month period.

D. Faulkner gave a brief summary of the program that is being developed. He advised that the Project Lead in this initiative, Dr. Paul Major, will make a presentation on details of the program to the Executive Committee at its meeting

on April 4, 2025.

3. Around the College

D. Faulkner reported on operational highlights of the Council Dashboard Report covering the Registration, Facility Inspection Program (FIP) and Professional Conduct and Regulatory Affairs (PCRA) departments.

He reported that the 2024 College Performance Measurement Framework (CPMF) will be submitted to the Ministry of Health on March 31, 2025. He was pleased to report that this year all standards have been met. The full report and a summary would be made available on the College's website.

A bi-annual staff engagement survey was held in the fall of 2024. D. Faulkner reported that an external organization, Mercer, was engaged to administer the survey and there was a 91% response rate. There was a positive score comparable to other Canadian and international not-for-profit organizations.

In his presentation, he reviewed positive feedback from staff. D. Faulkner reported that areas for improvement have been shared with staff leaders for communication and engagement.

There have been two RCDSO Connect sessions held since the last Council meeting: February 4, 2025, that focused on enhancing dentistry for persons with disabilities and March 4, 2025, covered AI in dental practice. Both sessions were very well attended and received positive feedback from members. D. Faulkner advised that Category 1 CE points are offered for those dentists that watch the RCDSO Connect webinars live.

D. Faulkner responded to questions from Council on his presentation.

7. PRACTICE MODELS AND CORPORATE DENTISTRY

D. Ogunrinde, Policy Analyst, gave a presentation on Practice Models and Corporate Dentistry (**APPENDIX B**).

The presentation covered background information, key findings from data collected and proposed six options to address issues and opportunities that practice models and corporate dentistry present for patients. Council was asked for its feedback on the options presented:

Option 1

Update and develop new College requirements and recommendations to address unique issues related to the business of dentistry.

Option 2

Develop new requirements to ensure that a registrant holds primary responsibility for each dental clinic, and to ensure that the registrant responsibilities for patient care are clear regardless of the practice model.

Option 3

Enhance educational offerings for dental students in Ontario and RCDSO registrants that will help reinforce and illustrate their ethical responsibilities regardless of the practice model.

(a) Jurisprudence and Ethics Course and Practice Enhancement Tool additions.
(b) Engagement with Dental Faculties.
(c) Educational Resources.

Option 4

Develop a time-limited 'Innovation Advisory Service' pilot program to provide guidance and risk-manage innovative business practices that have the potential to improve quality or delivery of services or for patients.

Option 5

Develop resources to help the public make decisions about the dental practice that is right for them and provide guidance to dentists who are considering providing direct-to-consumer orthodontic treatment.

Option 6

Continue to engage with external parties and explore opportunities to gather information to support improved understanding and oversight of dental practice models.

Feedback from Council:

- It was suggested that (b) and (c) of Option 3 be combined as it will be important to use several areas to communicate messaging, not only through dental faculties.
- In Option 6, consider engaging with financial manufacturers as one of the external parties outside of dentistry.

- Obtain specific information on corporate dental clinics and entity relationships.
- The College needs to be pro-active and take a careful approach to regulating corporations. Patients need to know which dentist is responsible for the clinic.
- More information is required of Option 4.
- In favour of Option 5 and 6 to provide more protection for the public.
- Be aware of pseudo practices – owners are not accountable out of the country.

D. Ogunrinde thanked Council for its valuable feedback and discussion. Council agreed for D. Ogunrinde to proceed with exploring all six options further.

8. REGISTRATION REGULATION

Hilary Bauer, Manager of Registration, and Margo Orchard, Project Manager, gave a presentation on draft amendments to the Registration Regulation, specifically regarding professional liability protection (**APPENDIX C**).

It was reported that at the meeting of January 23, 2025, Council approved, in principle, draft amendments to the Registration Regulation to ensure that all members of the profession would have adequate liability insurance once the program is divested and directed that the draft amendments be circulated to members and stakeholders for a 60-day period. The consultation period concluded on March 25, 2025. M. Orchard asked for Council's consideration to approve the draft amendments and make a submission to the Ontario Ministry of Health.

H. Bauer reviewed the draft amendments that were provided to Council in the meeting resources. She advised that in preparation for the divestment of PLP, regulatory amendments would be required to:

- Ensure that all members would have professional liability protection to be registered;
- Establish an ongoing obligation to maintain professional liability protection through Terms, Conditions or Limitations; and
- Introduce a mechanism (and accompanying reinstatement provisions) to suspend a member if professional liability protection is not maintained. If a lapse in coverage is identified, the member would be able to apply to the College to provide evidence of correcting the deficiency(ies) and the Registrar could lift the suspension.

H. Bauer reported that additional proposed amendments have been made to streamline the registration processes and enhance public protection, reduce unnecessary barriers to registration and align with other Colleges' best practices. These amendments are in three areas:

1. Reinstatement provisions. Additional exclusions have been added to prohibit reinstatement where there is significant character or concerns with competency.
2. Work authorization. Ensure that members maintain work authorization while practicing through a Term, Condition or Limitation.
3. Continuous practice requirements. Remove unnecessary barriers for dentists who have recently been in practice or demonstrated competency through specialty license examinations.

M. Orchard reviewed the 60-day external consultation process, and the feedback that was received. She noted that typically the amendments are also posted on the Ministry of Health regulatory registry for 45 days; however, this would be delayed due to the Ontario election. She referred Council to a summary of the feedback received up to March 10, 2025. Since then, the consultation closed on March 25, and she provided an overview of the final results.

She reported that of the 117 surveys received, 96% were from dentists and one was received from an external organization, and these were included in the resource materials. Only 14 of the responses were actually related to the Registration Regulation amendments, while the majority of comments related to the PLP divestment. Most comments received related to professional liability insurance for "non-practicing dentists". Other comments related to continuous practice requirements and to pre-existing reinstatement provisions.

There were two written submissions received after March 10: one from the Alberta Dental Association and one from the Ontario Dental Association. Both organizations were supportive of the College's decision to divest PLP.

M. Orchard reported that given the nature of the consultation feedback, it was recommended that no revisions be made to the draft amendments circulated. With Council's approval, M. Orchard advised that staff would proceed with submitting a regulation amendment package to the Ministry of Health for review and approval.

She reminded Council members that the regulation amendments will be posted on the Ontario Ministry regulation registry, and any substantive comments would be brought back to the Council to reconsider.

Council was advised that legislative counsel may re-draft some of the wording of the draft regulation amendments to be consistent with the regulation and to align with other provincial legislation regulations, but Council's direction and intent would be made clear to the Ministry.

M. Orchard added that it is hoped the regulation will be approved by Cabinet by the end of the year and staff will work with the Ministry on this.

MOTION #2(a):

Moved by: **D. Wilson**
Seconded by: **V. Hu**

Absent the receipt of significantly different feedback from the Ministry's Regulatory Registry, THAT Council approves the amendments to the Registration Regulation as currently worded.

CARRIED
(Unanimously)

MOTION #2(b):

Moved by: **J. Welikovitch**
Seconded by: **A. Liscio**

THAT Council directs RCDSO staff to make a formal submission to the Ministry, as required by the Ministry's processes.

CARRIED
(Unanimously)

9. *IN-CAMERA* BUSINESS

The meeting was moved *in-camera* for confidential discussion. Guests and staff, except members of the Senior Leadership Team, Director of IT and the Executive Assistant and Council Liaison left the meeting. Live-streaming was paused during the *in-camera* discussion.

MOTION #3:

Moved by: **C. Cordeiro**
Seconded by: **J. Colliver**

THAT Council excludes the public from the meeting to receive legal advice and/or opinions from the College's solicitors in accordance with clause 7(2)(e) of the Health Professions Procedural Code which is Schedule 2 to

the *Regulated Health Professions Act*, 1991.

CARRIED
(Unanimously)

Following the *in-camera* discussion, the meeting resumed to open session and live-streaming continued.

10. VOICE OF THE PATIENT – PUBLIC POLLING

H. Weinberger introduced the item on public polling research. He emphasized the importance of understanding the public perspective in serving public interest by helping the College and the profession better understand how patients perceive care and what factors influence those who do not regularly receive oral health care.

L. Byrne, Director of Communications introduced Doha Melhem and Jessica DeVries of Pivotal Research Inc., a firm specializing in research and evaluation for professional regulation. Pivotal Research was commissioned by RCDSO to better understand how the public understands oral health care and how they view the dental profession.

D. Melham and J. DeVries reported on results from research conducted on the 'Voice of the Patient'. It was reported that an online survey was conducted across the province to adults over 18 years of age. 2,000 surveys were completed. The survey sample included recent patients who receive oral health care and individuals who had not received dental treatment within the past 12 months or not at all.

There were questions asked in the survey relating to cleanliness and infection control, pre-treatment examination and treatment, consent, staff interaction and post-treatment. Statistics and results from the survey are outlined in the presentation that is attached at **APPENDIX D.**

In response to a question, D. Melham stated that there was no opportunity for participants to provide more qualitative information in this survey. However, it gives a baseline for future surveys that can provide more in-depth studies on specific areas.

The Chair thanked D. Melham and J.DeVries for their informative presentation.

11. FOUNDATIONS OF PROFESSIONALISM

The Chair reminded Council of the Working Group, comprised of some members of Council, faculty representatives and subject matter experts, and chaired by Dr. Carlos Quiñonez, established to focus on this project. He advised that the Working Group is supported by both a policy and a clinical staff lead.

At the December 2024 meeting, Council was presented with a proposed approach to the professionalism guide and the productive feedback from that discussion was provided to the Working Group.

E. Walker gave a presentation on behalf of the Working Group (**APPENDIX E**). She reported that the draft document was developed as part of the Access to Care strategic plan project. Council directed the Working Group to develop professional expectations regarding Professionalism and Accepting New Patients into Dental Practices.

Council was provided with a draft version of the College document entitled "Foundations of Professionalism" for its consideration and approval to post on the College website for external consultation. E. Walker reviewed the structure, key concepts, and key duties of the document.

She reported on the research, feedback from consultations and public polling results considered by the Working Group in developing the document that describes the core principles and duties of the profession. The document will replace the College's existing Code of Ethics.

Council provided feedback on the document:

1. It was suggested that footnote 8 on page 4 of the document be removed and added to line 124, for clarity as follows:

   "j. Participating in the regulation of the profession.
   Preserving the ability to regulate the profession (i.e., **professional regulation**) requires the profession to maintain an effective and appropriate governance structure and a reliable system of accountability. This means it is not enough for individual dentists to accept regulation; each dentist has a professional duty to actively participate in the regulatory process (e.g., by engaging with the RCDSO, as necessary)."

2. The definition of Professionalism is vague. It was suggested that more examples be given on what professionalism is, for example, professional misconduct. Discipline decisions may rely on this document and it would be helpful to make the definition more clear.

3. Michelle Cabrero Gauley, Senior Policy Analyst confirmed that the definition was taken from literature from Cruz and Cruz.

E. Walker undertook the Working Group to take the feedback into consideration when finalizing the document.

MOTION #4:

Moved by: **A. Liscio**
Seconded by: **E. Honarparvar**

THAT Council approves the release of the draft Foundations of Professionalism, as set out in Appendix A, for external consultation.

CARRIED
(Unanimously)

J. Welikovitch asked for clarification that the intention of the motion is that the document is subject to modifications, based on feedback. A. Foti suggested that staff proceed with posting the document for external consultation. In the meantime, Council's feedback would be provided to the Working Group for consideration and to incorporate, together with any other feedback received, into a final version.

12. DRAFT GUIDANCE: ARTIFICIAL INTELLIGENCE (AI) IN DENTISTRY

The Chair reported that as the Policy team reviewed the Standards of Practice most urgently in need of review, one emerging issue that is not a standard was identified: Artificial Intelligence (AI).

Alex Wong, Senior Policy Analyst, gave a presentation on the use of AI in Dentistry and the draft guidance developed for approval to release for external consultation (**APPENDIX F**)

She provided background information and examples of AI. She reported on AI developments in health care that can improve efficiency but can also pose challenges with data collection and use, bias and discrimination, safety and cybersecurity, to name a few. A. Wong reported that several health regulators have released guidance on Artificial Intelligence, but it is believed that RCDSO would be the first oral health regulator to release one.

The standards review and development process and timelines were reviewed.

A. Wong reported on engagement to-date with a preliminary public consultation and the Citizen Advisory Group, together with reviews of the guidance by staff clinical leads, the Standing Policy Working Group and subject matter experts.

Feedback from dentists revealed that some AI tools can be useful, and they did not currently use AI regularly but would consider using it more often in the next five years. Challenges and risks were identified, but dentists agreed that AI could be useful although it should not be used to replace dentists' judgement in treating patients. Some of the concerns mentioned with AI, for example, included over-treatment and inaccurate information in certain instances.

A. Wong reported on the results of health care providers' use of AI scribes that are efficient, reduce the time spent on paperwork and allows for more time spent with patients.

A. Wong added that, with support from the Quality Assurance Committee, a guidance document is recommended which balances the potential benefits and risks posed by AI, and which protects patients without stifling innovation or impeding improvements in quality of care.

She reviewed the draft guidance document in the resources and standards review process with Council. She added that with the rapidly changing AI environment, it is expected that a FAQ document, that can be updated frequently as things change, can be developed to help dentists.

Council members asked questions pertaining to protecting patient health information using AI software integrated with dental software. A. Wong reminded Council that dentists are strongly encouraged to use due diligence to ensure privacy and security aspects of using AI are met.

Other questions were raised regarding legal obligations related to privacy, security, cyber security insurance and storing data. A. Wong advised that there are many valuable resources available from the Privacy Commissioner's office on these issues.

It was suggested that the guidance document be supplemented with advice that any practice considering using AI should develop a crisis management plan or communications plan to address risk in the event that a situation related to AI arises, and suggestions of what tools a dentist may wish to put in place.

MOTION #5:

Moved by: **M. Trudell**
Seconded by: **N. Gajjar**

THAT Council approves the release of the draft guidance: Artificial Intelligence in Dentistry, as set out in Appendix A of the resources, for external consultation.

CARRIED
(Unanimously)

13. PROFESSIONAL LIABILITY PROGRAM COMMITTEE – CHAIR APPOINTMENT

J. Colliver declared a conflict and left the meeting for this discussion.

D. Faulkner reported, on behalf of the Governance Committee, that public Council member, James Colliver, served as the Chair of the Professional Liability Program (PLP) Committee during the 2023-2025 term. The PLP Committee Chair term expired on January 23, 2025, when the newly-elected Council appointed a new slate of Committees.

The PLP Committee non-Council committee members' terms did not expire at that time, and at the Council meeting on January 23, 2025, there was an oversight in recommending for reappointment, J. Colliver as PLP Committee Chair for the 2025-2027 term.

The Governance Committee approved a motion to recommend that J. Colliver be reappointed as the Chair of the PLP Committee for the 2025-2027 term of Council.

MOTION #6:

Moved by: **J. Welikovitch**
Seconded by: **V. Hu**

THAT Council reappoint James Colliver as Chair of the Professional Liability Program (PLP) Committee for the 2025-2027 term.

CARRIED
(Unanimously)

J. Colliver joined the meeting and was congratulated on his reappointment of Chair of the PLP Committee.

14. DRAFT STANDARD OF PRACTICE: PREVENTION OF BOUNDARY VIOLATIONS AND SEXUAL ABUSE

The Chair reported that the work on Standards is part of the 2023-2025 Strategic Plan. Standards modernization represents one of the College's six strategic projects.

The Chair reminded Council not to raise any specific cases during the presentation.

Shivani Sharma, Senior Policy Analyst gave a presentation on updates to the College's professional guidance on boundary violations and sexual abuse (**APPENDIX G**).

S. Sharma provided background information on the draft Standard of Practice on the Prevention of Boundary Violations and Sexual Abuse, together with an overview of the feedback received from the external consultation and key revisions resulting from the consultation. She noted that case scenarios were included with the draft Standard in the consultation.

She reviewed the standard review process. At its meeting on September 19, 2024, Council approved the release of the draft Standard of Practice for external consultation. She advised that feedback received from the consultation was provided to the Standing Policy Working Group. A revised document incorporating some of the feedback was provided to Council for its review and consideration.

S. Sharma reported on the public consultation process and overview of the draft Standard. Ninety-five responses were received and the majority of respondents were from general dentists. Three written responses in support of the draft Standard were received. The Citizens Advisory Group and subject matter experts were also consulted.

There was positive feedback received on the draft Standard and comments that were clearly written and helpful. S. Sharma summarized the results of the consultation feedback as provided in the resources and reviewed all the revisions made in the document.

S. Sharma reported that an FAQ document will be available with the Standard. She advised that in the future, a Patient-Centred Resource will be created for patients to learn what to expect from their dentist in maintaining professional boundaries.

A question was asked regarding accidental violation of personal space by a dentist. S. Sharma suggested that this be included in the FAQ document as a resource for dentists.

Staff were commended for work on this document.

MOTION #7:

Moved by: **R. Chopra**
Seconded by: **J. Welikovitch**

THAT Council approves the revised Standard of Practice "Prevention of Boundary Violations and Sexual Abuse", as a Standard of Practice of the RCDSO, as presented.

CARRIED
(Unanimously)

14. DRAFT STANDARD OF PRACTICE: CONSENT TO TREATMENT

Cameron Thompson, Manager, Standards and Strategy, gave a presentation on the revised draft of the Standard of Practice on Consent to Treatment (**APPENDIX H**).

He reported that all Ontario healthcare providers are subject to legal, professional, and ethical obligations related to obtaining consent to treatment and explained the fundamentals of consent and why it is important.

C. Thompson provided an overview of the consultation that was undertaken between October and December 2024. 99 responses to the survey and four written responses were received, with the majority from dentists. Additional feedback was also received from College staff dentists and the Standing Policy Working Group (A) and Quality Assurance Committee who provided helpful information.

Council was provided with a copy of the draft revised Standard of Practice that incorporated some of the consultation feedback. C. Thompson reviewed the minor revisions that were made to the draft document and advised that there will be a FAQ document to supplement the Standard that can be updated, as required. He noted that the fundamental requirements for consent have not changed in the revised document.

There were no questions raised on the revised document.

MOTION #8:

THAT Council approves the revised draft Standard of Practice: "Consent to Treatment", as a Standard of Practice of the RCDSO

A. Bromstein suggested that a friendly amendment be made to the motion to remove the words "draft" and add "as presented" at the end, as follows. Council agreed with the amended motion. [The wording of Motion #7 was also reworded, for consistency].

MOTION #8 (amended):

Moved by: **B. Smith**
Seconded by: **A. Liscio**

THAT Council approves the revised Standard of Practice: "Consent to Treatment", as a Standard of Practice of the RCDSO, as presented.

CARRIED
(Unanimously)

15. OTHER BUSINESS

There was no other business discussed.

16. DATE OF NEXT COUNCIL MEETING

The next meeting of Council is scheduled for Thursday, June 19, 2025. It will be held virtually and live-streamed.

17. ADJOURNMENT

H. Sandhu thanked D. Faulkner for his leadership, the Chair for managing an efficient meeting, and Council members for their thoughtful participation.

The Chair thanked Council members for their active engagement and discussion. He also thanked staff for their incredible efforts and for organizing the resources and meeting arrangements.

D. Faulkner thanked all staff for their dedication and commitment in supporting Council's deliberations and decision-making.

There being no further business, the meeting was adjourned at 4:00 p.m.

MOTION #9:

Moved by: **M. Trudell**
Seconded by: **D. Haas**

THAT the 448th meeting of RCDSO Council be adjourned.

CARRIED
(Unanimously)

SIGNED: _____
Signature of President

_____
Signature of Recording Officer

_____
Date

Royal College of
Dental Surgeons of Ontario

ACTION ITEM FOLLOW-UP: RCDSO COUNCIL

Date: March 27, 2025

ITEM	RESPONSIBILITY	ACTION	STATUS
1. Council evaluation	Angie Sherban	Send survey to Council	Sent, Mar 28, 2025
2. Minutes of January 23, 2025 meeting	Angie Sherban/ Communications	Post on website	Completed, Mar 31, 2025
3. Registration Regulation	Hilary Bauer	Make formal submission on amendments to the Registration Regulation to the Ministry of Health	Completed, Apr 17, 2025
4. Foundations of Professionalism	Communications	Post on website for external consultation	Completed, Mar 31, 2025
5. Draft Guidance: Artificial Intelligence	Communications	Post Guidance: Artificial Intelligence on the website for external consultation	Completed, Mar 31, 2025
6. Standard of Practice: Prevention of Boundary	Communications	Add revised Standard of Practice: "Prevention of Boundary Violations	Completed, Mar 27, 2025

Violations and Sexual Abuse		and Sexual Abuse", to the College website	
7. Standard of Practice: Consent to Treatment	Communications	Add revised Standard of Practice: "Consent to Treatment", to the College website	Completed, Mar 27, 2025

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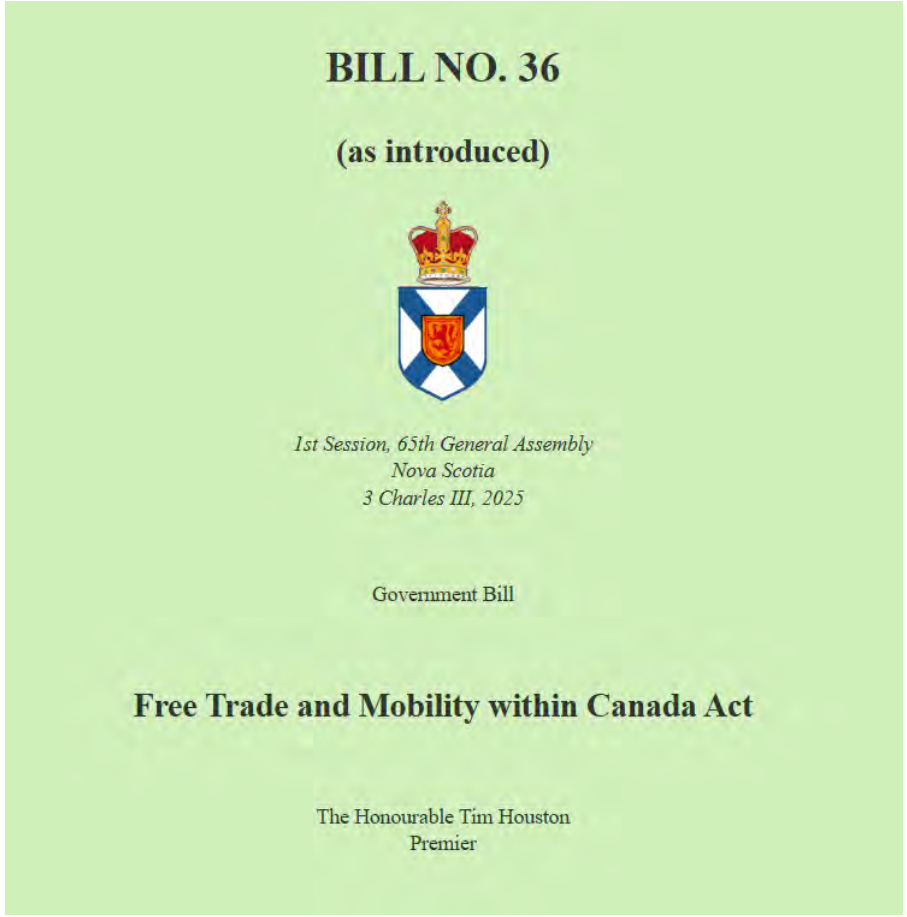
Registrar's Report to Council

March 27, 2025

Governance & Regulatory Landscape



BILL NO. 36

(as introduced)

1st Session, 65th General Assembly
Nova Scotia
3 Charles III, 2025

Government Bill

Free Trade and Mobility within Canada Act

The Honourable Tim Houston
Premier

- Nova Scotia Bill 36
- Enhance inter-provincial mobility for licensees – no additional requirements
- *March 20th – amendments to ensure public safety

Governance & Regulatory Landscape

- Mobility is top priority
- “As of Right” Legislation 2023
- Additional Ontario legislation?
- RCDSO (Public safety always):
  - Registers more ITDs than domestically trained
  - Approves completed applications quickly
  - Provides leadership to national initiatives removing barriers (e.g. ACFD, NDEB)

Partners and Collaborators
Health Workforce Planning

RCPS Réseau canadien des personnels de santé
CHWN Canadian Health Workforce Network

- Supporting planning efforts
- Non-identifiable data to better understand dentist supply in Ontario

Canadian Institute for Health Information

Government of Canada / Gouvernement du Canada

Oral Health Access Fund: Call for proposals

- Project proposal to
  - Support ITDs
  - Improve access to care

Partners and Collaborators
Statistics Canada Survey Results

- Survey of Oral Health Care Providers (March 26/25)
  - 80% of oral health practices face HR challenges
  - 96% of oral health care practices were accepting new patients
  - Over next 2 years, 59% plan to maintain their operation; 31% plan to expand
- Cost-related avoidance of oral health services (Feb 12/25)
  - 24% avoided dentist in last 12 months due to cost
- Self-reported oral health problems in the Canadian population (Oct 23/24)
  - Lower income, disabilities associated with higher risk of mouth pain
- Economic impact of the COVID-19 pandemic on the Canadian dental industry (Oct 3/24)

Partners and Collaborators

National Dental Bodies

ACFD
ASSOCIATION of CANADIAN FACULTIES of DENTISTRY

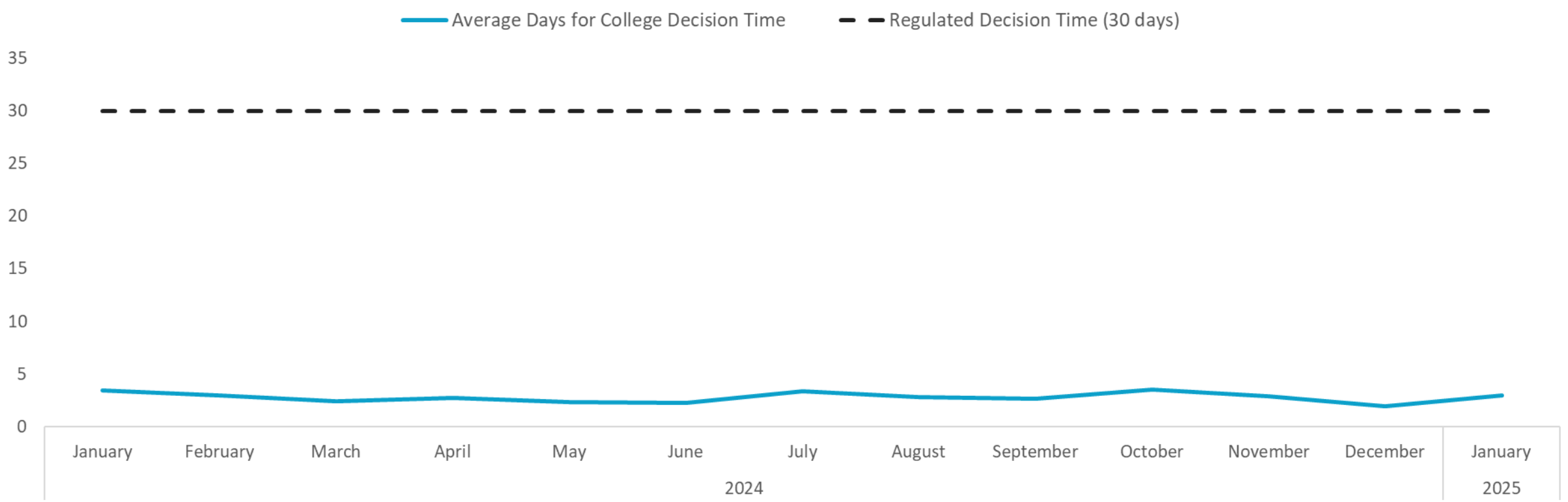
TRAINING PROGRAMS

ACFD Bridge Training to Dental Practice in Canada

- Alternative pathway to licensure
- Graduates of unaccredited dentistry training programs
- Assessment and Tailored Education (8 months)

Around the College

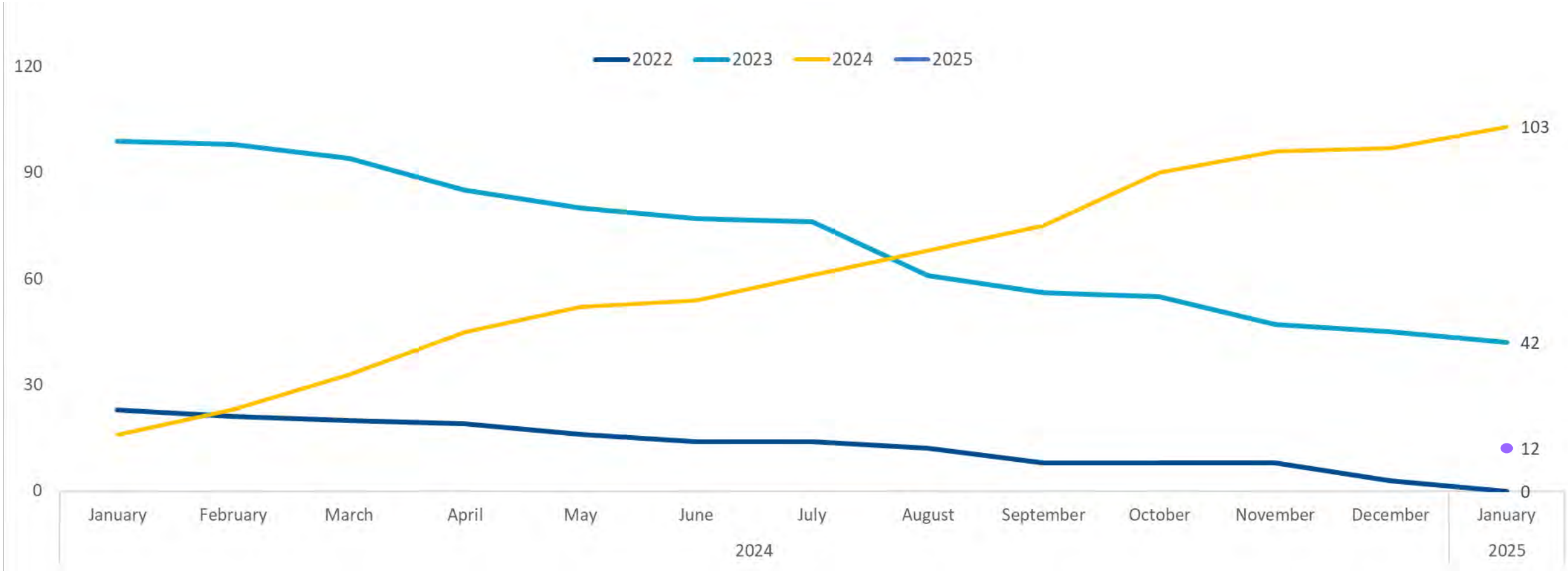
Registration | Average Application Decision Timelines, by Month



Key Points

- The Registration Department continues to meet the regulated timelines for application decisions in 2025.
- The **blue line** represents the average time (days) it takes to make a decision on an application once it is complete, which must be less than 30 days (dotted black line).

Facilities Inspection Program (FIP) | Open CT Facility Permit Applications by Year of Submission, by Month

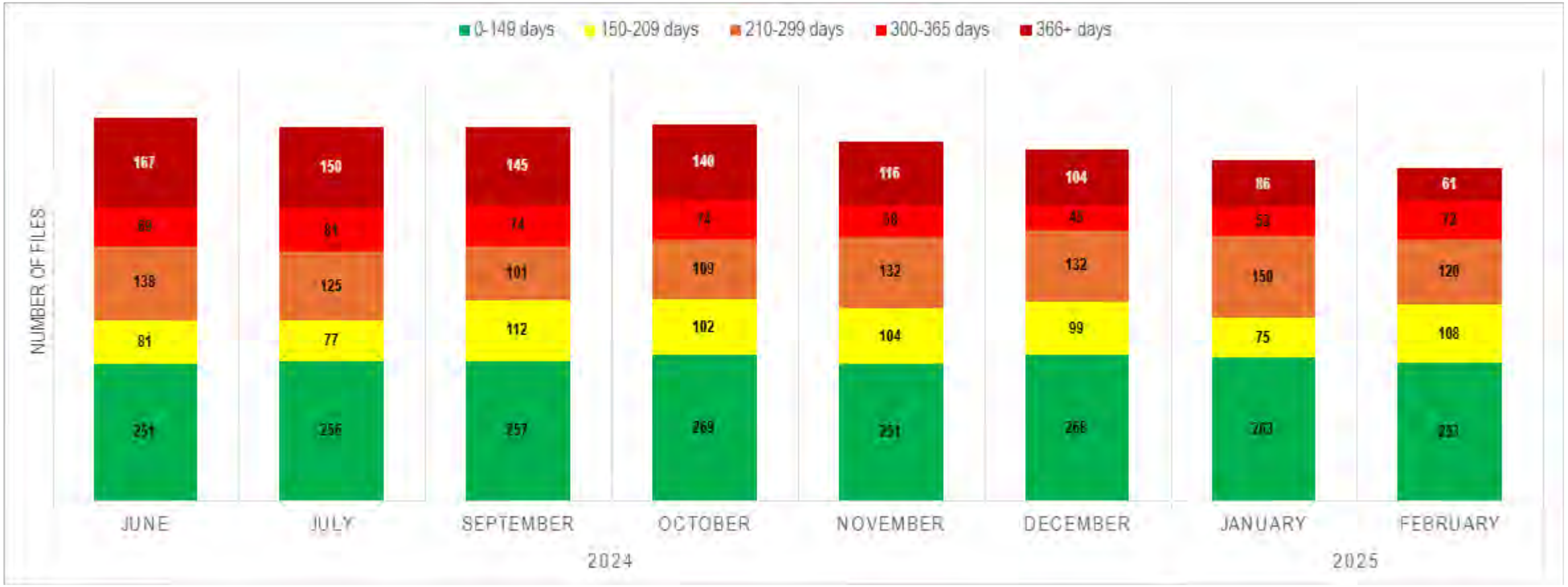


Key Points

- The FIP Department closed all 2022 applications in January 2025 and is actively working with applicants to systematically close 2023 applications.

Professional Conduct and Regulatory Affairs (PCRA)

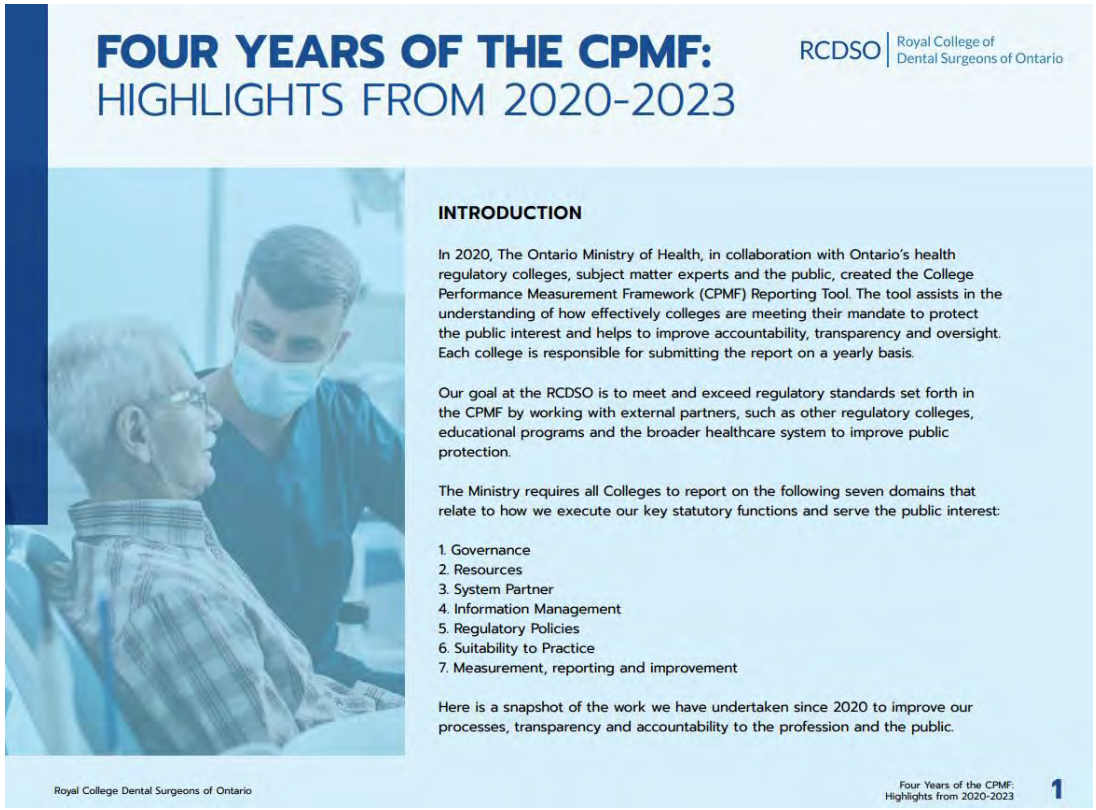
Total Active Cases By Number of Days



Key Points

- PCRA created a new metric for Council showing the timelines for all active investigations. Green indicates the number of cases that are less than 150 days. Yellow and orange show the number of cases under 300 days. And the light and dark red show the number of cases that are 300 days or more. PCRA is focused on reducing the number of cases in the red categories.
- On June 1, 2024, 67% of active investigations were less than 300 days.
- On February 1, 2025, 78% of active investigations were less than 300 days

CPMF 2024



FOUR YEARS OF THE CPMF: HIGHLIGHTS FROM 2020-2023

RCDSO | Royal College of Dental Surgeons of Ontario

INTRODUCTION

In 2020, The Ontario Ministry of Health, in collaboration with Ontario's health regulatory colleges, subject matter experts and the public, created the College Performance Measurement Framework (CPMF) Reporting Tool. The tool assists in the understanding of how effectively colleges are meeting their mandate to protect the public interest and helps to improve accountability, transparency and oversight. Each college is responsible for submitting the report on a yearly basis.

Our goal at the RCDSO is to meet and exceed regulatory standards set forth in the CPMF by working with external partners, such as other regulatory colleges, educational programs and the broader healthcare system to improve public protection.

The Ministry requires all Colleges to report on the following seven domains that relate to how we execute our key statutory functions and serve the public interest:

1. Governance
2. Resources
3. System Partner
4. Information Management
5. Regulatory Policies
6. Suitability to Practice
7. Measurement, reporting and improvement

Here is a snapshot of the work we have undertaken since 2020 to improve our processes, transparency and accountability to the profession and the public.

- March 31, 2025 Submission
- Full report and summary on rcdso.org

Engaging College Employees

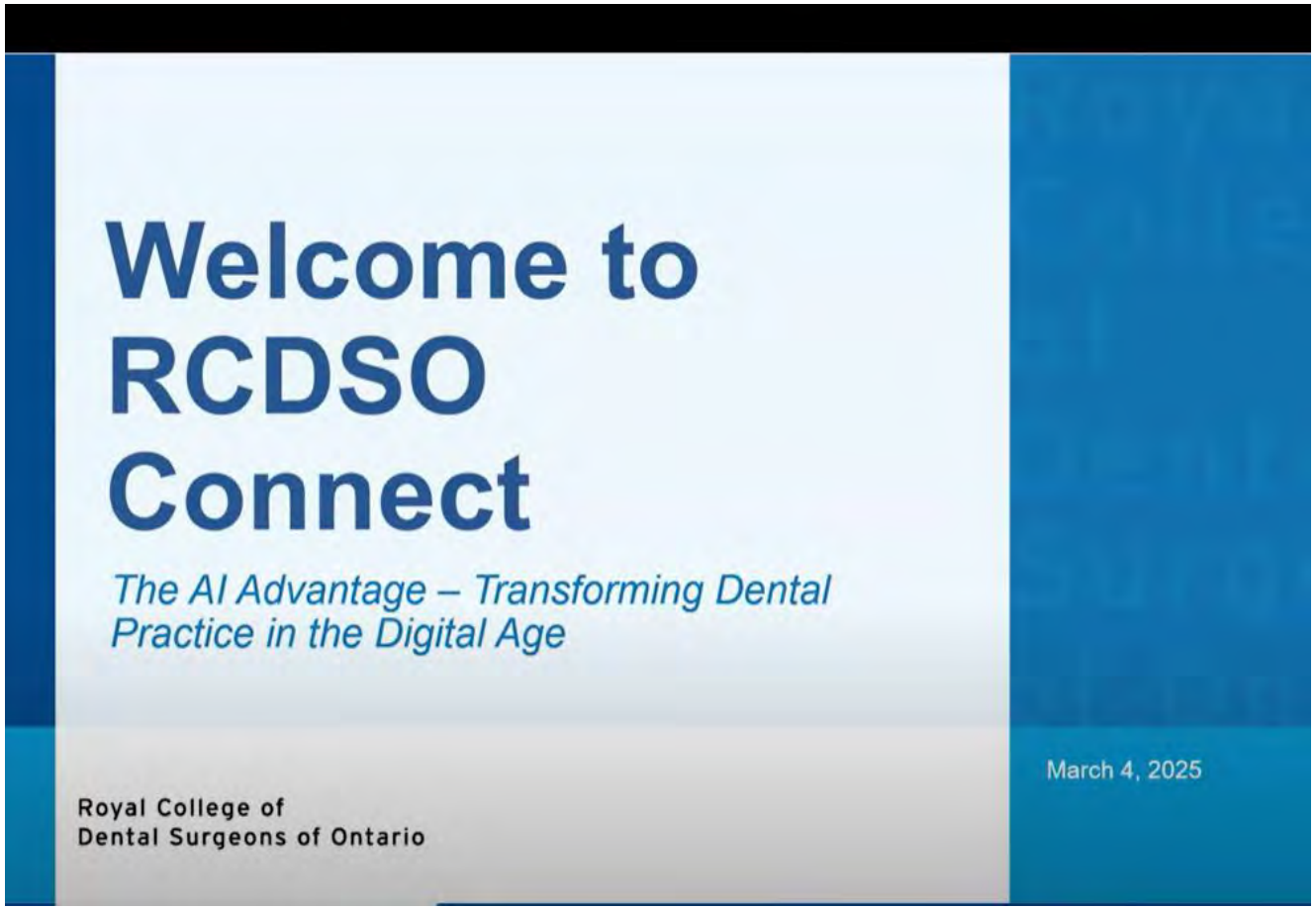
- 129 responses (91% response rate)
- 60+ structured questions across 11 domains
    - Slice data across departments, demographics, staff roles
- Positive engagement score: compares with Canadian/global/NFP orgs

Staff told us…

- This is working well,
  - Flexible work environment/ tools available to be productive
  - Respect for staff by leaders
  - My role aligns with goals and strategic direction
  - Well defined processed
  - Pride in working at College

- Focused improvement on,
  - Communication across departments
  - More engagement with senior team
  - Conditions to promote idea generation & sharing
  - Fair compensation and rewards for performance
  - More diversity at all levels of the College

Engaging the Profession



RCDSO Connect Facts

- Last 3 events:
  - Moving the needle on dental antibiotic overuse
  - Quantifying Disability: The CSDH Case Complexity Tool
  - The AI Advantage
- Attendance
  - Nov/24 577 attended more than 40 of 60 minutes
  - Feb/25 807 “
  - March/25 1343 “
  - April/25 2400 registered
- 2,727 Category 1 certificates issued
  - 313 have also received Category 2 points for implementing the tools in practice
- 2024 unique individuals

RCDSO | Royal College of Dental Surgeons of Ontario

Thank You!

RCDSO | Royal College of Dental Surgeons of Ontario

Practice Models and Corporate Dentistry Strategic Project: Draft Options for Discussion

Deni Ogunrinde, Policy Analyst

March 27, 2025

Agenda

Part 1: Presentation

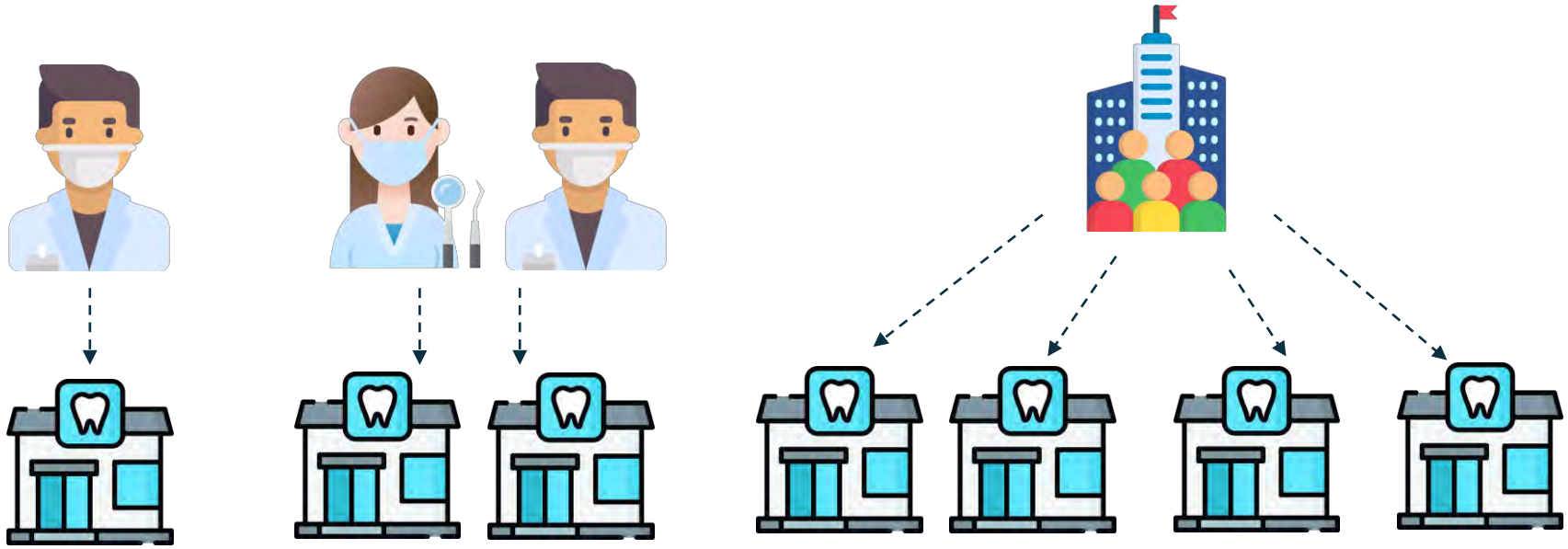
- Background on the Strategic Project
- Key Findings
- Draft Options

Part 2: Discussion

- Next Steps
- Discussion with Questions

Background: Practice Models

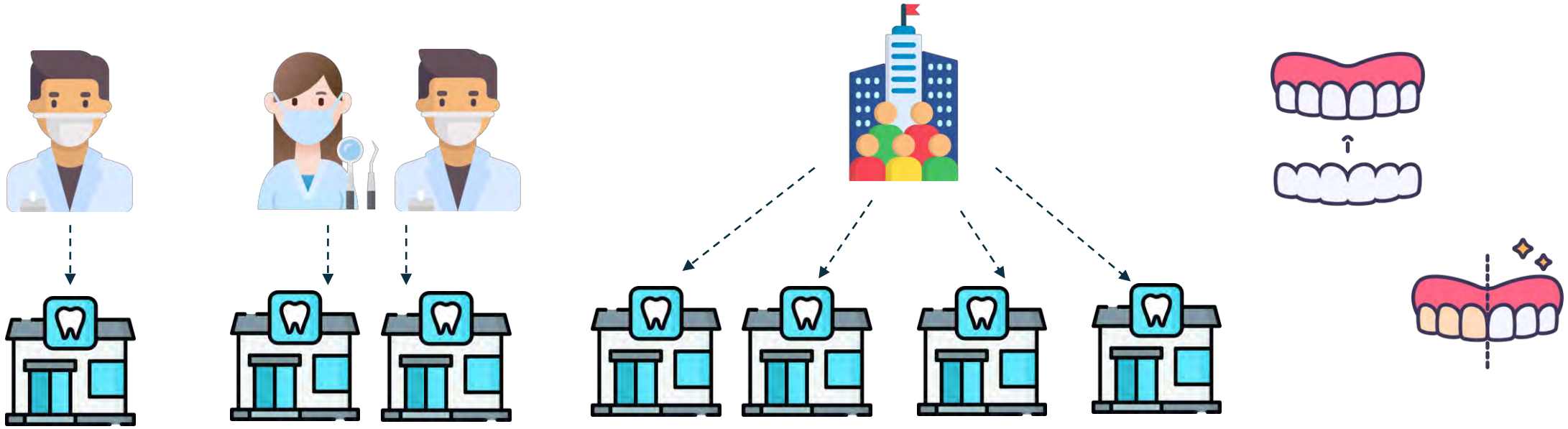
Dentists work in various types of practice models:



- Corporate dentistry: a dental practice model whereby a corporation owns, aligns, or partners with multiple dental clinics and provides centralized operational support for the business elements of the clinic.

Background: Practice Models

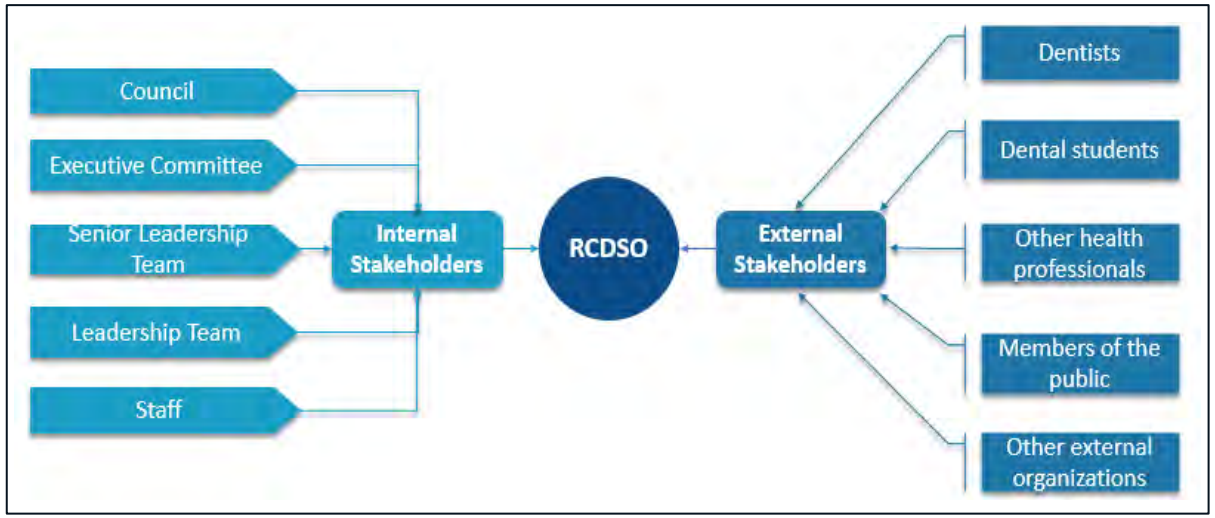
Dentists work in various types of practice models:



- Direct-to-consumer dentistry: a dental practice model where dental treatments are provided directly to patients. These include teeth whitening kits, mouth guards, and aligners to straighten teeth.

Background: Context

Stakeholders consulted to identify key areas of focus for the development of the 2023-25 Strategic Plan:

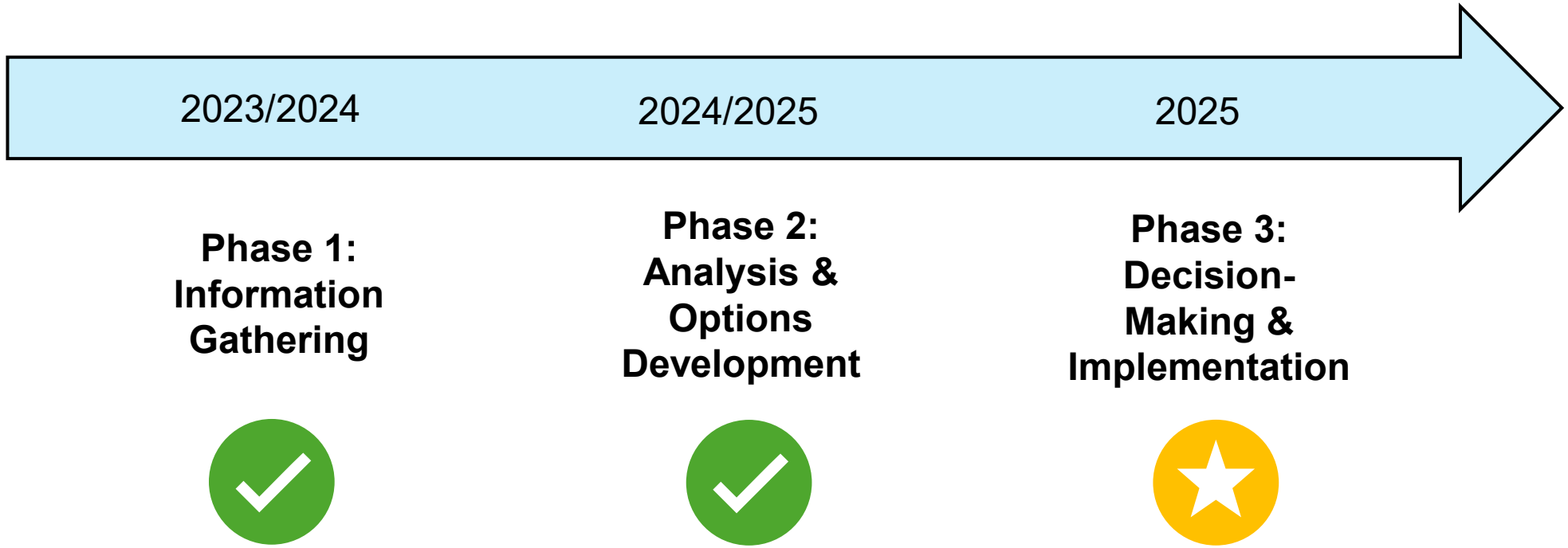


Background: Project Objectives

The objectives of this project are:

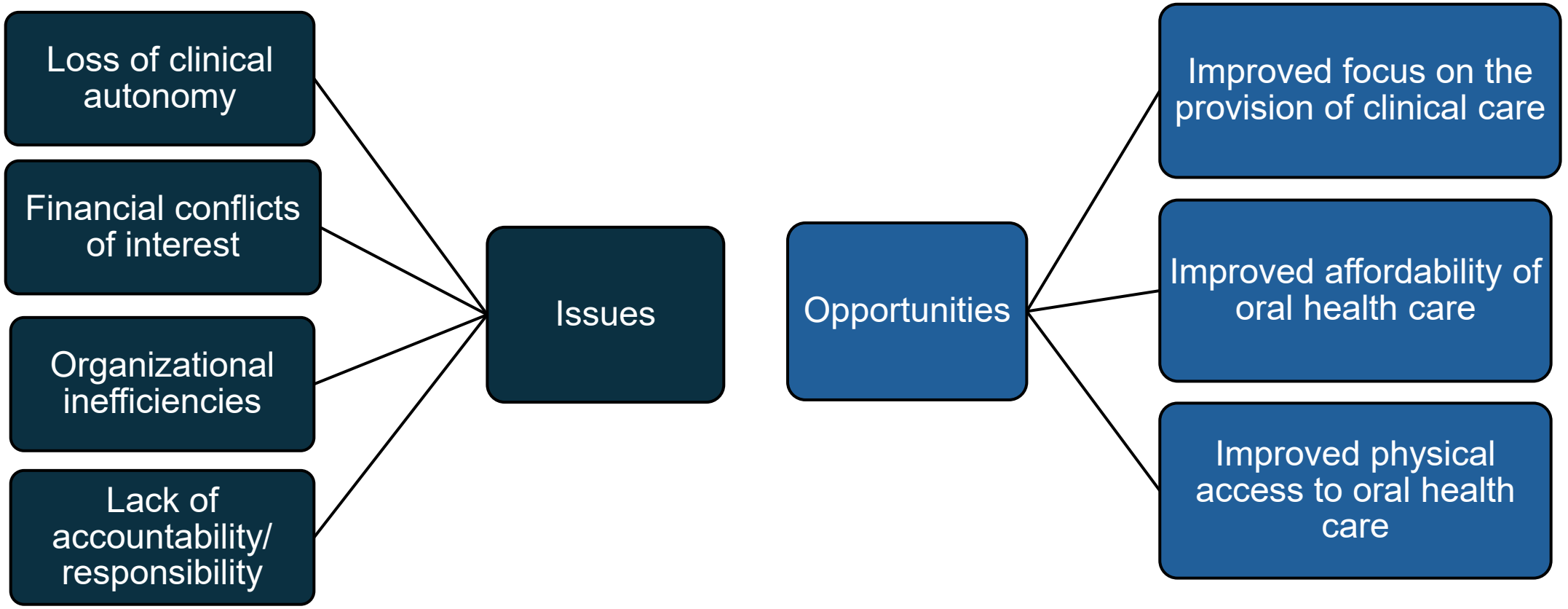
- to better understand the types of dental practice models operating in Ontario;
- to identify issues and opportunities related to various dental practice models, including corporate dentistry, for patients; and
- to develop and implement options to promote and assure quality of care and ensure effective regulation of dentists regardless of practice model type.

Background: Project Phases



1 Key Findings

Key Findings: Issues and Opportunities



② Draft Options

Draft Option 1

Update and develop new requirements and recommendations for registrants to address unique issues for patients related to the business of dentistry.

Requirements and guidance could be developed and clarified in the following areas:

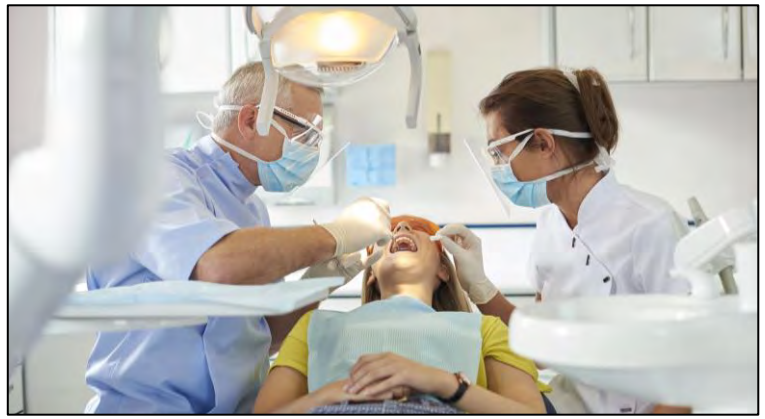
- Ownership of Dental Clinics
- Financial Conflicts of Interest
- Maintenance of Clinical Autonomy
- Practice Arrangements

Public Interest: Address risks that organizational practices that prioritize business interests can conflict with the provision of care in patients' best interest (e.g., by encouraging profit-driven decision making).

Draft Option 2

Develop new requirements to ensure that a registrant holds primary responsibility for each dental clinic, and to ensure that registrant responsibilities for patient care are clear regardless of the practice model.

2a: A ‘lead’ registrant in each clinic who is responsible for the oversight and supervision of the clinic.



2b: Clarify responsibilities for patient care in various scenarios.

Public Interest: Address risks related to quality and continuity of care in practice settings where responsibilities for practice management and/or patient care may be unclear.

Draft Option 3

Enhance educational offerings for dental students in Ontario and RCDSO registrants that will help reinforce and illustrate their ethical and professional responsibilities regardless of their practice model.

3a: Jurisprudence and Ethics Course & Practice Enhancement Tool Additions

3b: Engagement with Dental Faculties

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3c: Educational Resources

Public Interest: Ensure ongoing competence of dental students and RCDSO registrants on the topic of professionalism in all practice models, including emerging practice models.

Draft Option 4

Develop a time-limited ‘Innovation Advisory Service’ pilot program to provide guidance and risk-manage innovative business practices that have the potential to improve quality or delivery of services for patients.

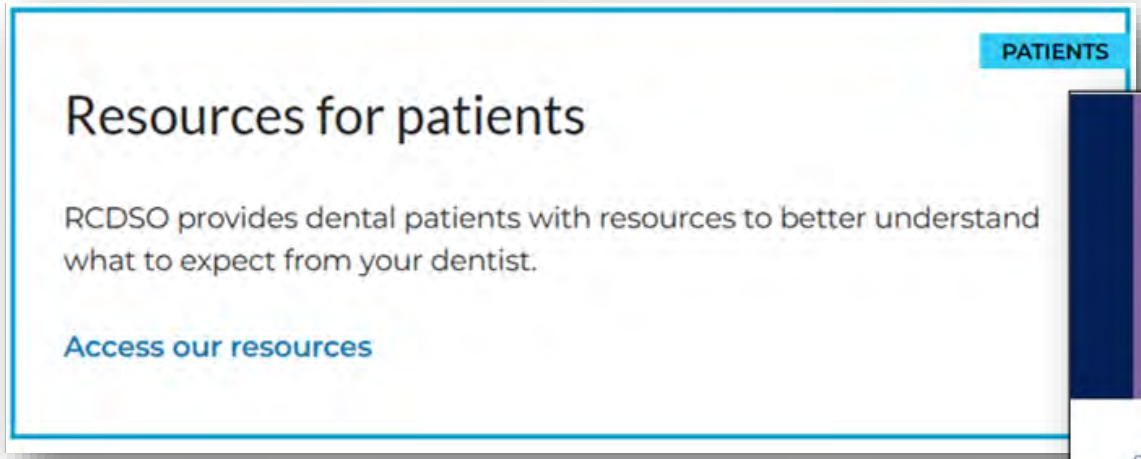
Operationally the pilot would:

- build on existing guidance and support that the RCDSO provides;
- have distinct objectives, vision for success, roles, and intake/response processes;
- could include the support of a voluntary advisory body composed of independent subject matter experts.

Public Interest: Provides an opportunity for proponents to identify if a new concept or model fits within the existing regulatory framework and helps the regulator stay up-to-date on new trends, both of which can help the College to regulate more effectively in relation to changing practice models.

Draft Option 5

Develop resources to help the public make decisions about the dental practice that is right for them, and to provide guidance to dentists who are considering providing direct-to-consumer orthodontic treatment.



5a: Resources for patients

5b: Resources for registrants

Public Interest: Proposed resources help protect the public interest by enabling more informed decision-making by patients and by supporting the professional judgement of registrants.

Draft Option 6

Continue to engage with external parties and explore opportunities to gather information to support improved understanding and oversight of dental practice models.

6a: Engage with external parties.

6b: Improve information gathering and data analysis.

Public Interest: Leveraging opportunities to share and gather more information to generate insights related to dental practice models.

3 Next Steps and Discussion

Next Steps

Obtain **Council's feedback and assess Council's interest** in pursuing the draft options.

Conduct **additional analysis** on the draft options that Council supports including a thorough assessment of implementation considerations.

Develop a **report with recommended options for Council's approval** and share the report with Council later in 2025.

Develop an **implementation plan** that outlines timelines, pace, and other considerations once recommended options are approved by Council.

Discussion Questions

Does Council have any feedback on the options, including any questions or concerns?

Which of the draft options does Council support and direct that staff analyze further?

Which of the draft options does Council not support?

Draft Options Summary

1) Update and develop **new requirements and recommendations** for registrants to address unique issues for patients related to the business of dentistry.

2) Develop **new requirements** to ensure that a registrant holds primary responsibility for each dental clinic, and **to clarify** registrant responsibilities for patient care regardless of the practice model.

3) **Enhance educational offerings** for dental students in Ontario and RCDSO registrants that will help reinforce and illustrate their ethical and professional responsibilities regardless of their practice model.

4) Develop a **time-limited 'Innovation Advisory Service' pilot program** to provide guidance and risk-manage innovative business practices that have the potential to improve quality or delivery of services for patients.

5) Develop **resources** to help the public make decisions about the dental practice that is right for them, and to provide guidance to dentists who are considering providing direct-to-consumer orthodontic treatment.

6) Continue to **engage with external parties** and **explore opportunities to gather information** to support improved understanding and oversight of dental practice models.

Consultation Summary: Registration Regulation Amendments

March 2025

Royal College of
Dental Surgeons of Ontario

Purpose of today's discussion

- Review proposed regulation changes
- Overview of consultation feedback
- Consider motion to approve regulation and submit to ministry

Recall: Proposed regulatory amendments

- To prepare for the divestment of PLP, regulatory amendments are required to:

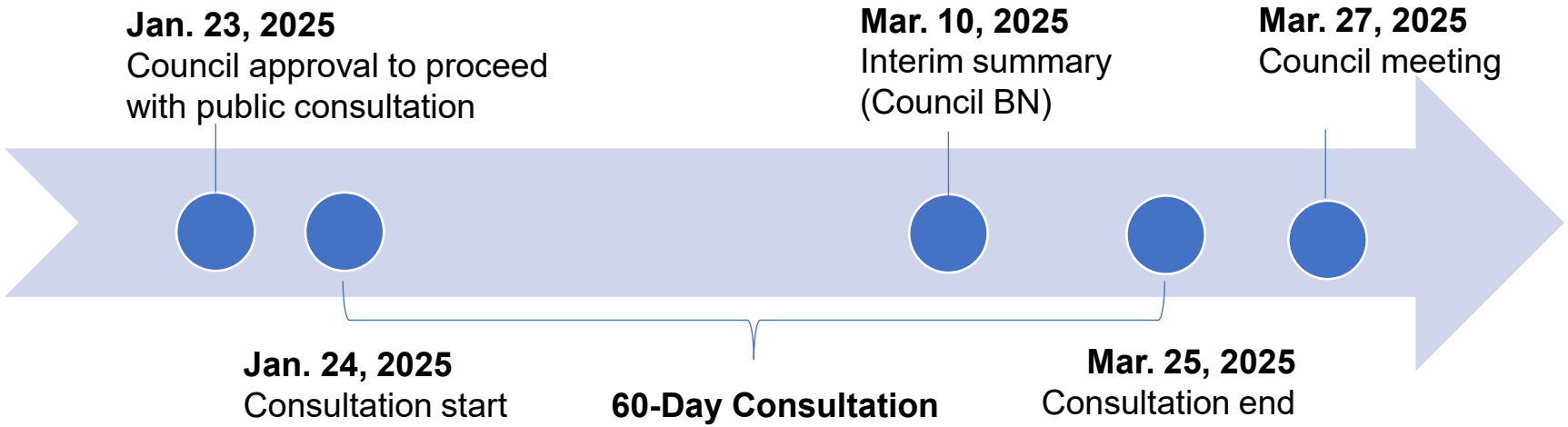
1. Make professional liability protection a registration requirement
2. Establish an ongoing obligation to maintain professional liability protection
3. Provide a mechanism for the College to respond if protection is not maintained

Additional proposed amendments

1. **Reinstatement provisions**: broaden exclusions to enhance public protection
2. **Work authorization**: mechanism to ensure that dentists cannot practice without appropriate work authorization once registered.
3. **Continuous practice**: amendments to reduce barriers and streamline the process of allowing dentists to work in Ontario after a period of time out of practice.

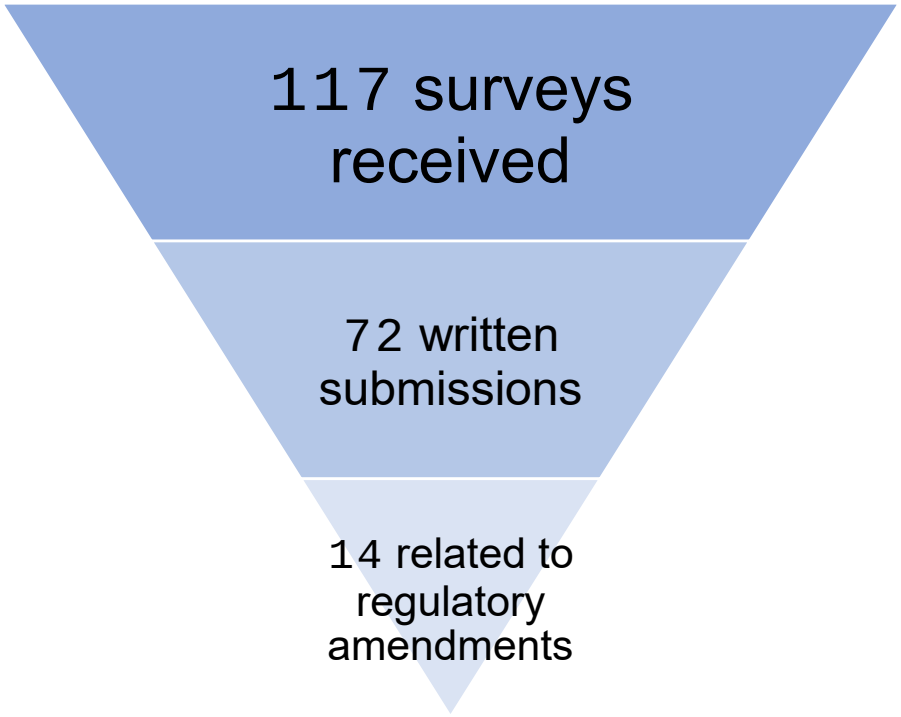
Consultation Feedback

Consultation process



Ministry registry:
45-day consultation

Breakdown of responses



96% dentists

1 public/patient response; 1 organization

71 survey response + 1 submission from ODA

Feedback received

- Most feedback was not related to the regulatory amendments
  - Lack of understanding of the reason for divestment and a preference for status-quo
  - Cost and impact on registration fees
- 9 Comments related to “non-practicing” dentists
- 1 comment related to continuous practice requirements
- 1 comment related to reinstatement provisions

Association feedback

- Ontario Dental Association – letter submitted March 25, 2025
  - Support for the RCDSO's goal of ensuring stability and allowing for continued malpractice coverage for all registrants.
  - Acknowledged RCDSO's commitments to maintaining a seamless transition and ensuring that registrants' coverage for the 2025 calendar year will not be impacted.
  - Acknowledged support of changes to the reinstatement provisions.

- Alberta Dental Association also submitted feedback

Proposal

- It is proposed that Council approve the regulation amendment as circulated, with no additional changes

Comments received are best addressed through other tools (protocols, policies and/or communication materials)

Next steps

- Posting on Ontario's Regulatory Registry (45 days).
    - Any substantially different feedback will be brought back to Council for review and reconsideration.
- Staff to submit regulation amendment package to Ministry for review and approval
- Legislative counsel re-writes (input from RCDSO)
- Cabinet approval process

Decision for Council

Council is asked for its direction on two points:

1. Absent the receipt of significantly different feedback through the Ministry's Regulatory Registry, does Council approve the amendments to the Registration Regulation as currently worded; and

2. Does Council direct RCDSO staff to make a formal submission to the Ministry, as required by the Ministry's processes?

PIVOTAL RESEARCH Inc.™

Voice of the Patient: Results Presentation

March 27, 2025

Presented by: **Pivotal Research**

RCDSO | Royal College of Dental Surgeons of Ontario

Key Goals and Objectives

The College is responsible for ensuring safe, equitable, and competent oral health care by regulating the dental profession, holding dentists accountable, setting qualification standards, and establishing professional and ethical guidelines. The College commissioned Pivotal Research Inc. to conduct public opinion polling research across Ontario to achieve the following objectives:

Ascertain Perceptions of the general public in Ontario regarding their experiences with oral health care

Explore Beliefs regarding dentists' responsibilities

Understand awareness of the profession's regulation

Data Collection Methodology

- Online survey fielded to province-wide online panel of Ontario residents ages 18 years+.
- In total **2,000 surveys** were completed between October 28 to November 14, 2024.
- The survey target sample was divided into two groups:
  - **Recent patients**: Individuals who had received oral health services or were responsible for accompanying dependants who received such services within the 12 months leading up to the survey period.
  - **Non-recent patients**: Individuals who had neither received oral health care service nor accompanied a dependant for such services within the past 12 months.
- **79% recent patients (n=1,587) and 21% non-recent patients (n=413)** completed the survey.

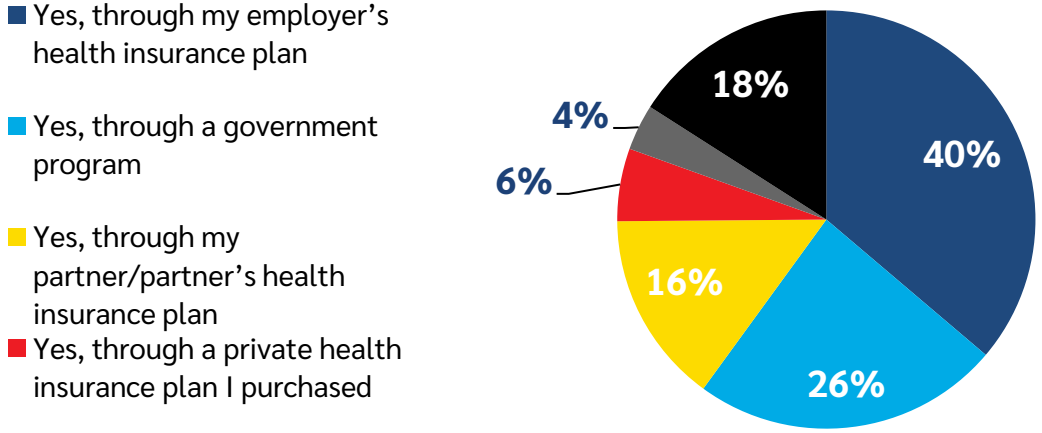
Survey Results

Who is Visiting the Dentist?

- Eight in ten (79%) respondents visited the dentist as patients themselves, and/or accompanied their dependant(s) to the dentist in the last 12 months.
- Majority of recent patients (82%) indicated they have access to dental insurance, mostly through their employer (40%).
- Most (72%) went for a regularly scheduled check-up/cleaning.

Dental Insurance Coverage For Most Recent Visit

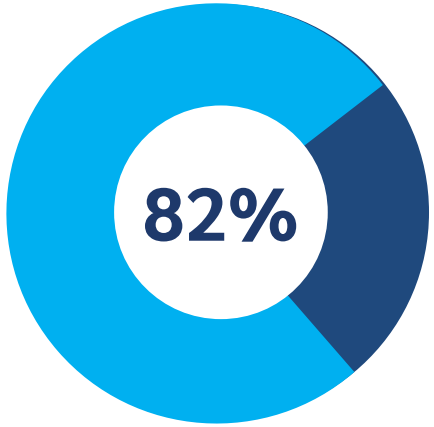
(select all that apply)
n=1,587



Key Insights – Overall Satisfaction

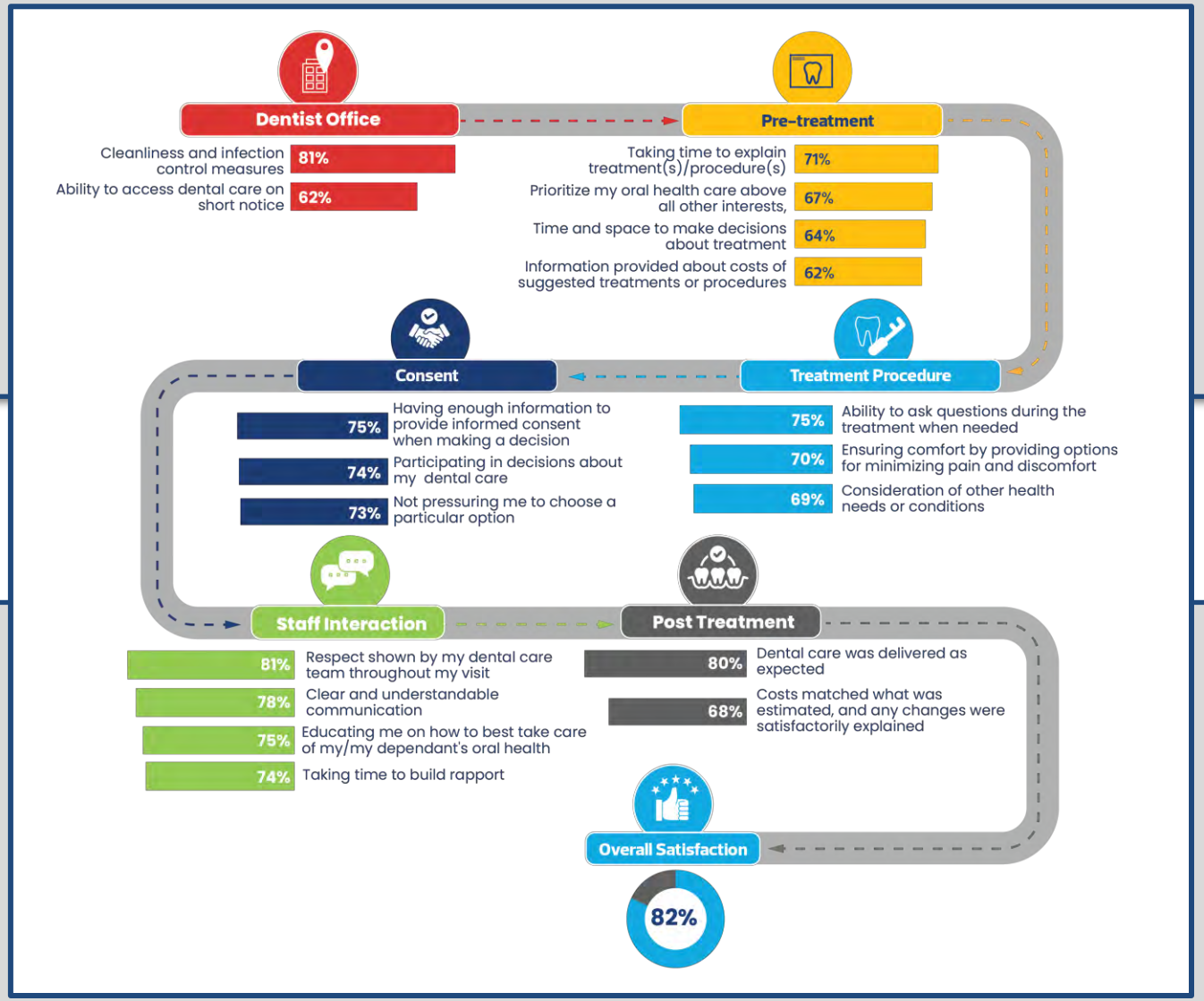
Overall Satisfaction

(Top Two Box)



- Eight in ten respondents (82%) reported being satisfied or very satisfied with their overall oral health care experience.
- Satisfaction was highest among those aged 66 and older.
- Patients from marginalized communities and those whose first language is not English reported lower satisfaction.

Key Insights – Patient Journey Outcomes



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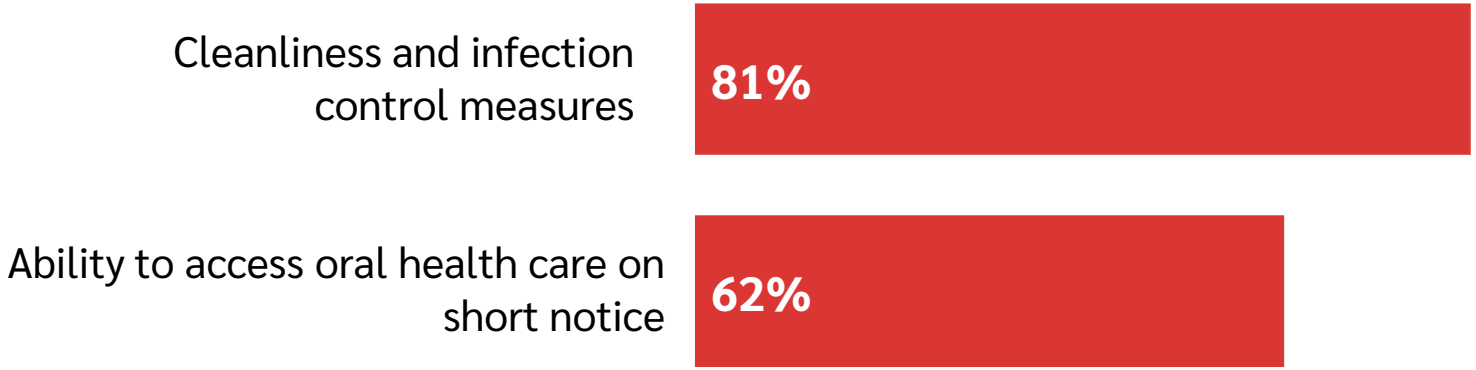
Dentist Office

- **Cleanliness and infection control measures received a higher satisfaction** rating at 81%, while the ability to access oral health care on a short notice received a satisfaction rating of 62%.
- **Older adult patients reported higher satisfaction** than other age groups with both attributes.
- Those who reside in the **Toronto region reported a lower satisfaction** for cleanliness and infection control measures than the province overall.

Dentist Office



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Pre-Treatment

- Patients expressed the **highest satisfaction with the time dentists spent explaining** treatments and procedures and answering their questions, with 71% reporting they were satisfied.
- **Older adult patients reported higher satisfaction** than other age groups with all attributes of pre-treatment.

Pre Treatment

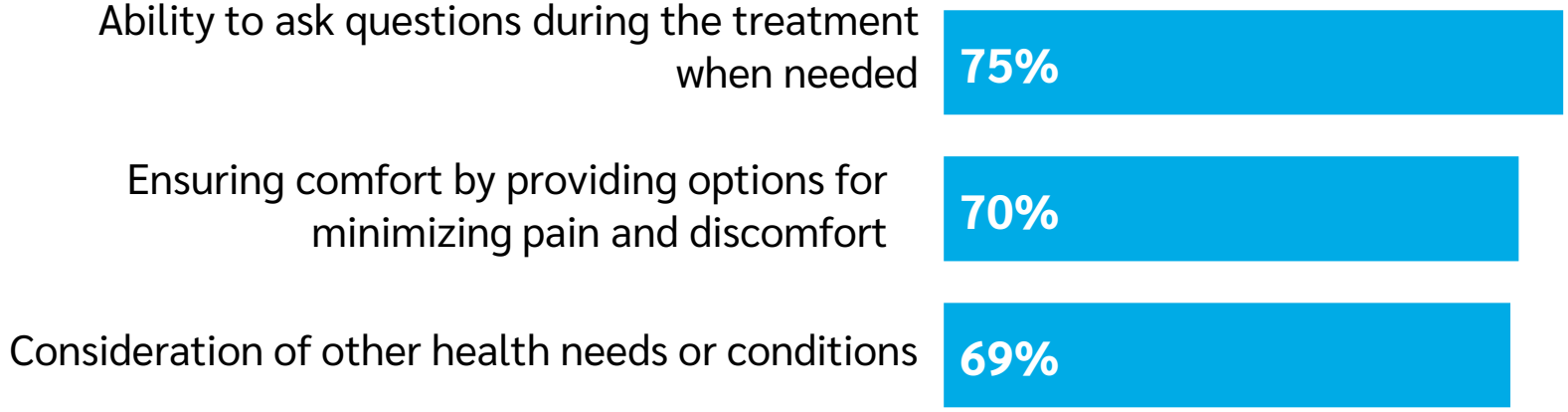
Taking time to explain treatment(s)/procedure(s)	71%
My dentist prioritizes my oral health care above all other interests	67%
Given enough time and space to think about treatment options before making a decision	64%
Information provided to me about costs of suggested treatments or procedures	62%

PIVOTAL RESEARCH Inc.™

Examination /Treatment

- The **ability to ask questions during treatment received the highest satisfaction** rating (75%) for this journey element.
- **Older adult patients reported higher satisfaction** than other age groups with all three attributes.
- Patients who identified **English as not being their first language reported lower satisfaction** with the attribute about the ability to ask questions during treatment.

Treatment Procedure



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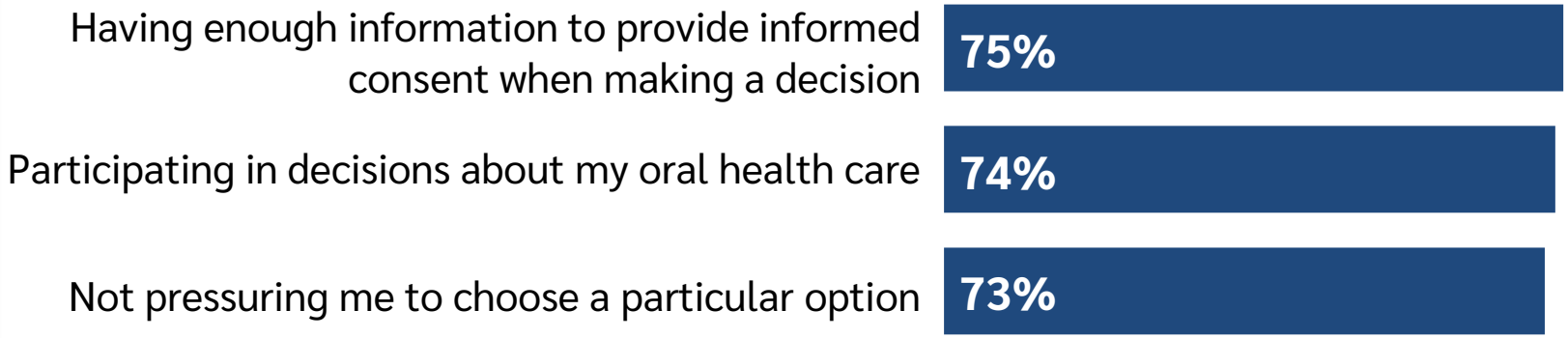
Consent

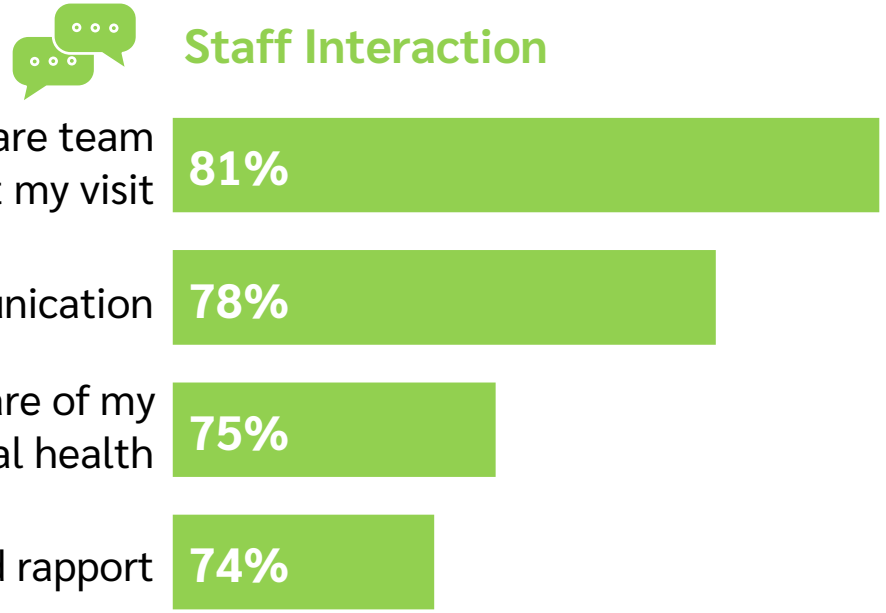
- **Three quarters of patients were satisfied with all three aspects** of the consent process.
- **Older adult patients reported higher satisfaction** than other age groups with all three attributes.
- Patients residing in the **Toronto region reported lower satisfactions** than the rest of the province for all three attributes.

Consent



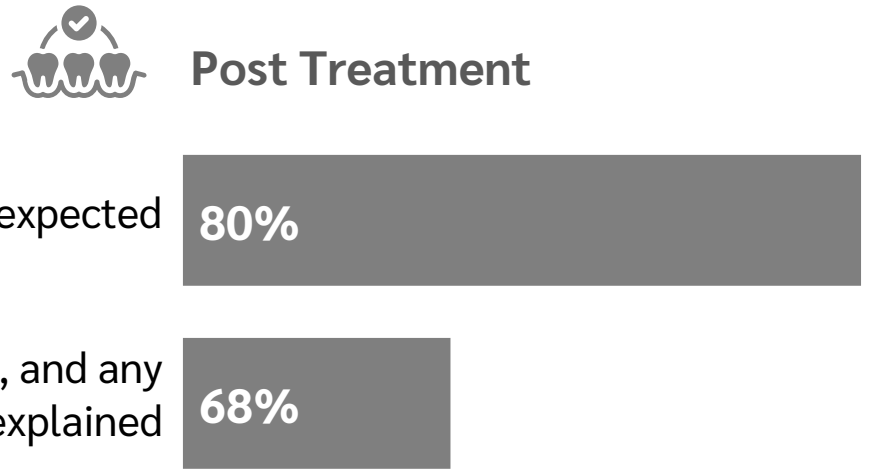
Staff Interaction

- Patients expressed the **highest satisfaction with the respect shown** by the oral health care team, with eight in ten (81%) reporting so.
- **Older adult patients reported higher satisfaction** than other age groups with all attributes.
- Patients who identified as belonging to **racially marginalized communities reported lower satisfaction,** particularly in building rapport, receiving clear and understandable communication, and being treated with respect by the oral health care team.



Post Treatment

- Eight in ten (80%) **were satisfied that the care they received** met their expectations. Patients were **less satisfied with the alignment of actual and estimated costs** and the clarity of explanations for changes (68%).
- **Older adult patients reported higher satisfaction** than other age groups with both attributes.



Key Drivers of Positive Patient Experience

To gain deeper insights into the oral health care experience in Ontario, an advanced key driver analysis was conducted to identify which service attributes had the highest satisfaction and the greatest impact on overall patient experience.

Attribute	Patient Journey	Satisfaction Score
Oral health care was delivered as expected	Post Examination/Treatment	80%
Clear and understandable communication (verbal and written)	Staff Interaction	78%
Taking time to build rapport	Staff Interaction	74%

Key Drivers for Improving Patient Experience

Similarly, the advanced key driver identified attributes that are critical to overall satisfaction but are currently underperforming compared to others.

Attribute	Patient Journey	Satisfaction Score
Ability to access oral health care on short notice	Dentist Office	62%
Given enough time and space to think about treatment options before making a decision	Pre-Treatment	64%
My dentist prioritizes my (or my dependant's) oral health care above all other interests	Pre-Treatment	67%
Costs matched what was estimated, and any changes were satisfactorily explained	Post-Treatment	68%
Taking time to explain treatment(s)/procedure(s), including risks and benefits, and answer any questions I might have	Pre-Treatment	71%

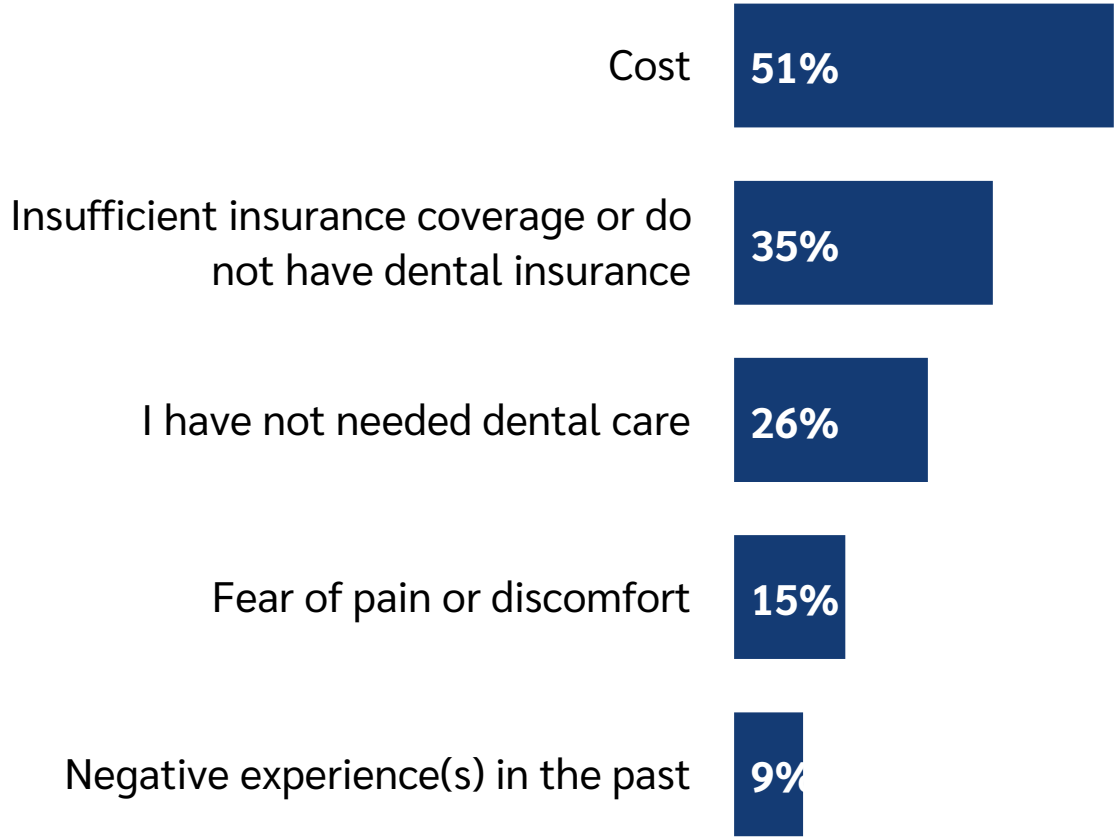
Who is Not Visiting the Dentist?

Nearly one in five (19%) respondents indicated that neither they nor their dependant(s) had visited a dentist in the past 12 months.

The top reason non-recent patients did not access oral health care was the cost with half (51%) citing it as a barrier.

Top Reasons for Not Accessing Care

(select all that apply)
n=387



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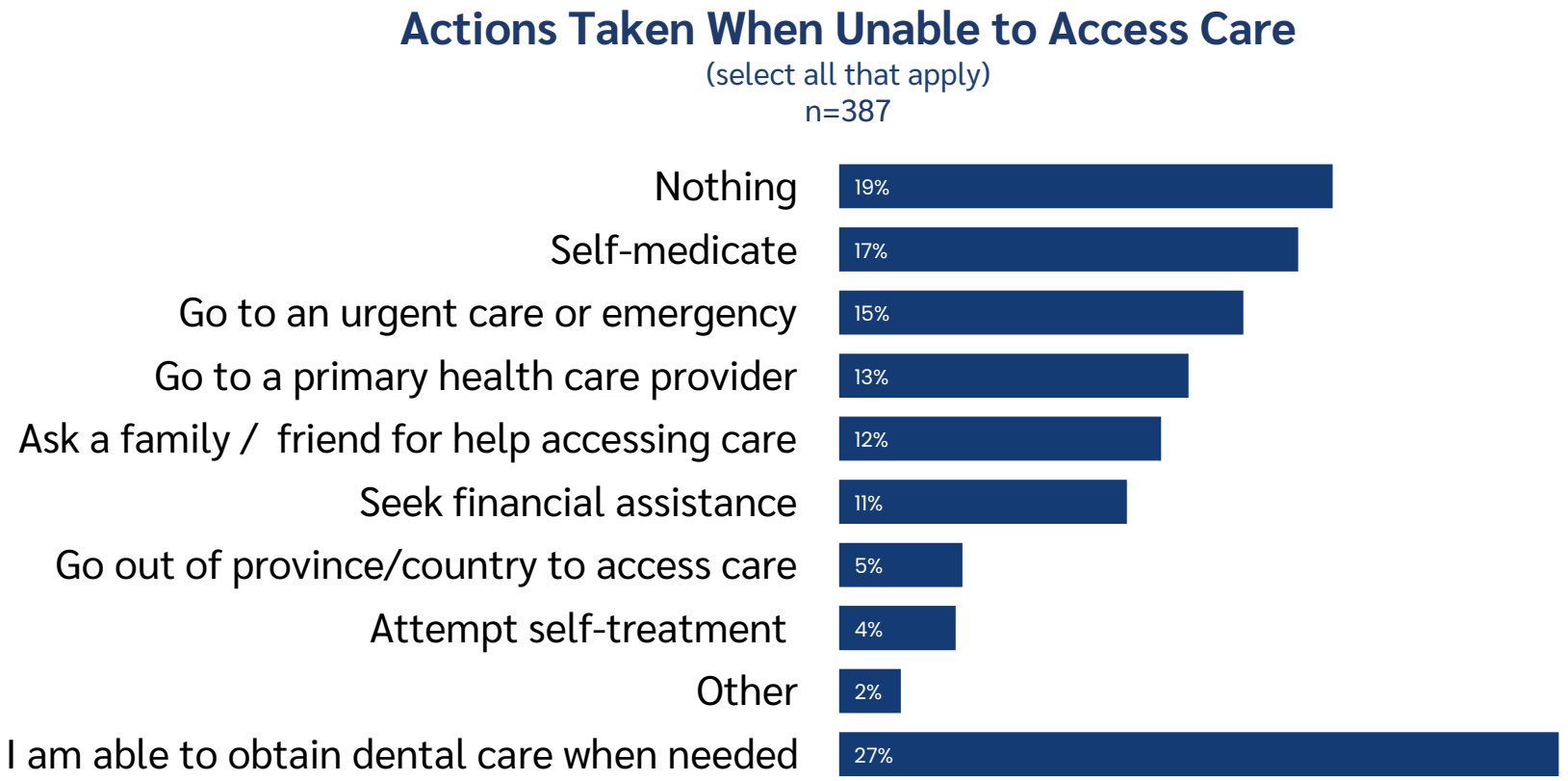
Actions Taken

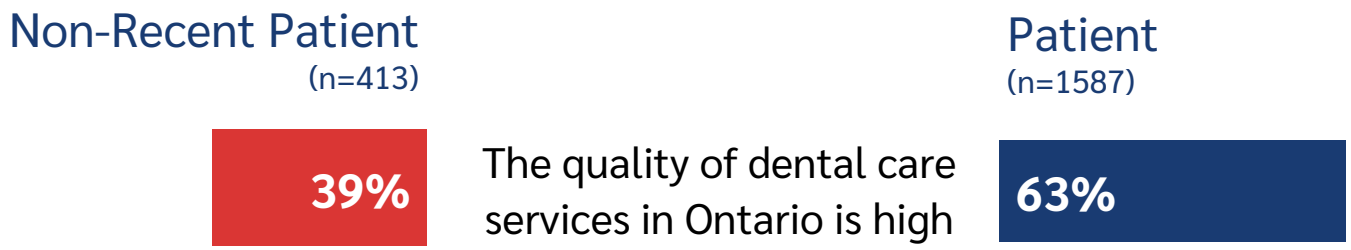
- Non-recent patients were asked about the steps they take when unable to obtain necessary oral health care.
- Notably, a quarter (27%) reported that they are able to access care when needed.
- Among those who could not access care, the most common response was taking no action (19%), followed by self-medicating (17%), such as accessing over the counter medications.



Key Insights – Overall Perceptions of Oral Health Care

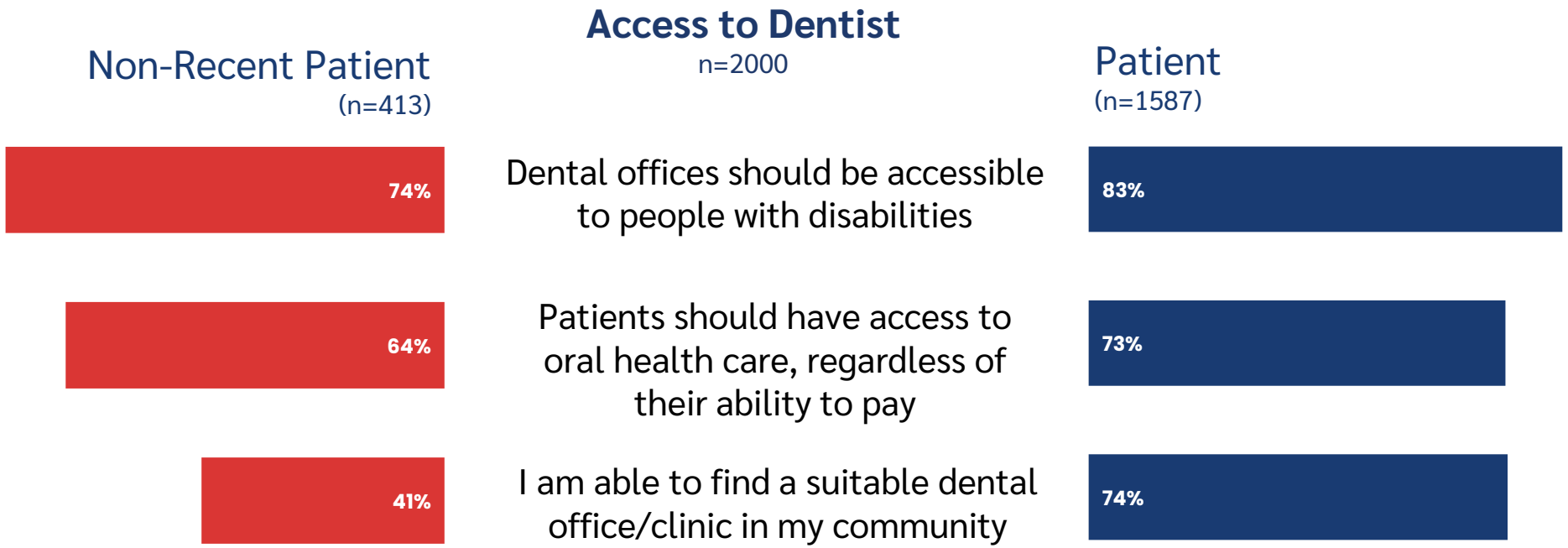
Quality of Care Perceptions

n=2,000



- Respondents were prompted to provide their agreement with several statements regarding their general perceptions of oral care overall.
- Approximately six in ten (63%) of patient respondents agree, while only four-in-ten (39%) non-recent patients feel the same.

Key Insights – Access to Oral Health Care

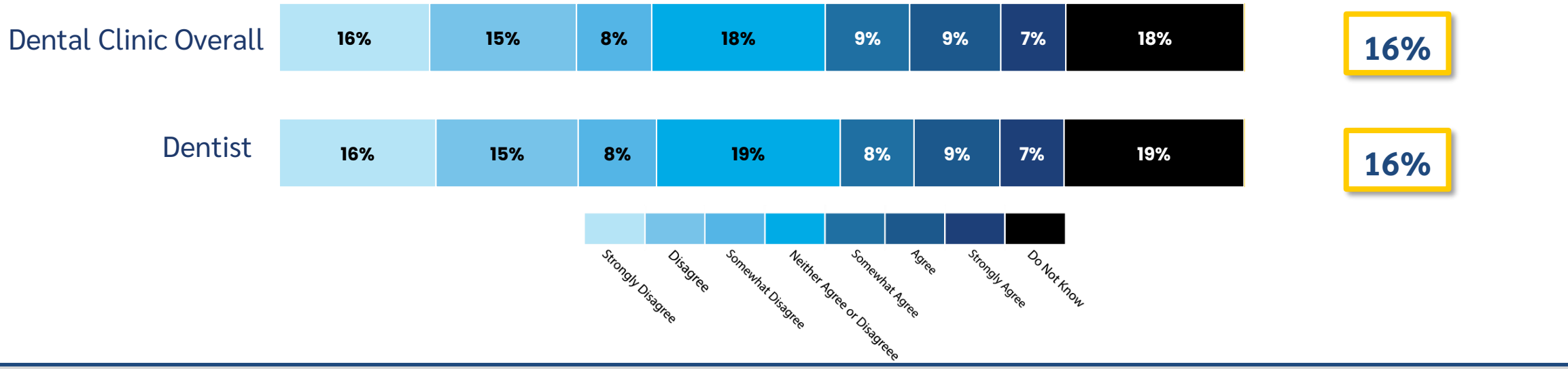


- Eight in ten patients (83%) and three-quarters of non-recent patients (74%) agreed that dental offices should be accessible to people with disabilities while three-quarters of patients (73%) and two-thirds of non-recent patients (64%) agreed that oral health care should be accessible regardless of a patient's ability to pay.
- Recent patients were more likely to find a suitable dentist in their community, with three quarters (74%) agreeing compared to only four in ten (41%) of non-recent patients.

Key Insights – Perception of Discrimination

Dental patients in Ontario face discrimination, such as racial discrimination, from.....

n=2,000



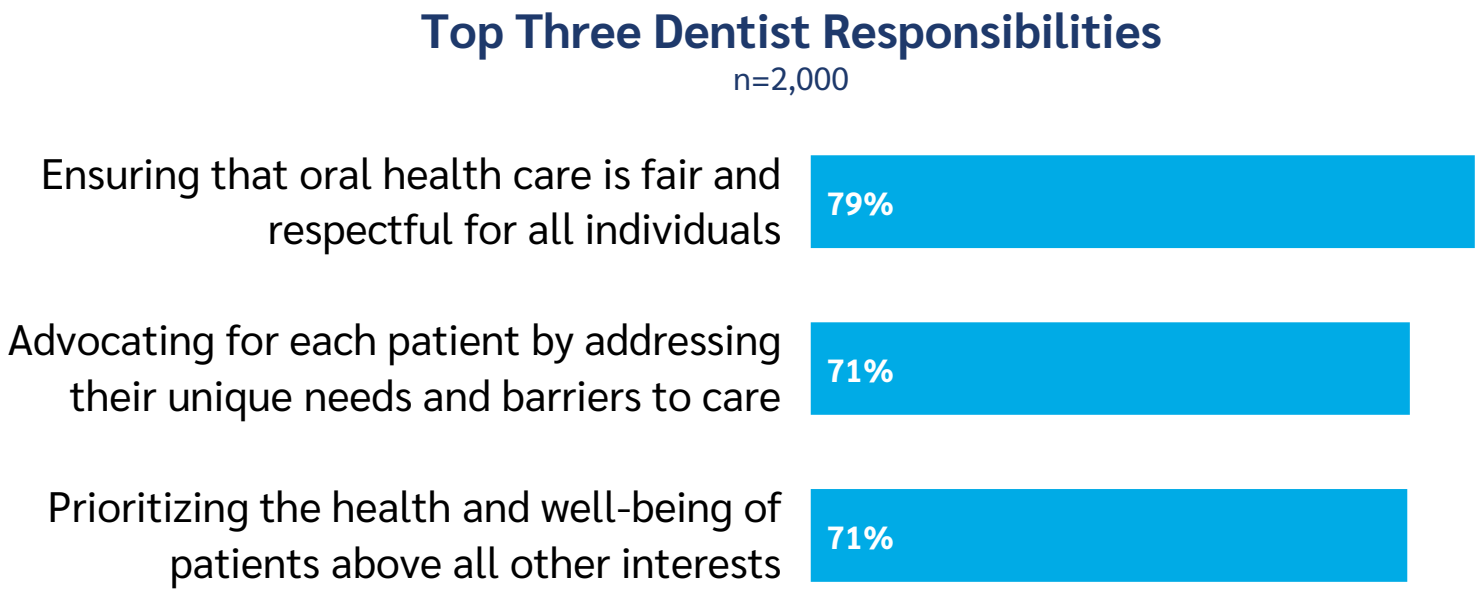
Top Two Box Score

16%

16%

- 16% of respondents agreed to the statement that discrimination exists from the dental clinic overall and the dentist.
- Notably, about one in five respondents selected 'don’t know' or remained neutral.

Key Insights – Dentist Responsibility

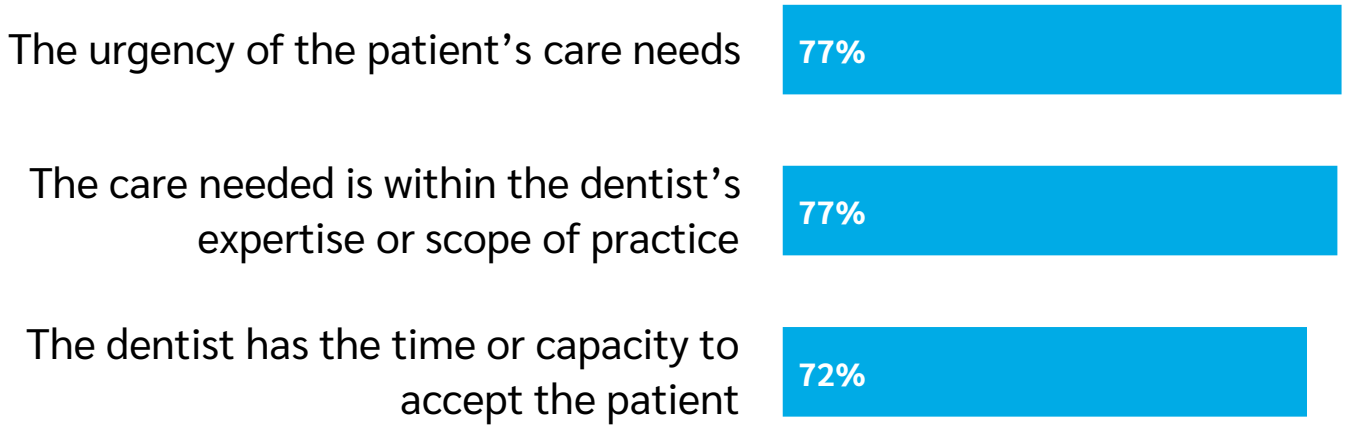


- Eight in ten (79%) believe that dentists have responsibilities in ensuring fair and respectful oral health care.
- Seven in ten (71%) believe dentists should advocate for patients by addressing unique needs and barriers to care and prioritize patient health above other interests.

Key Insights - Dentist Decision-Making

Top Three Considerations for Dentists When Accepting New Patients

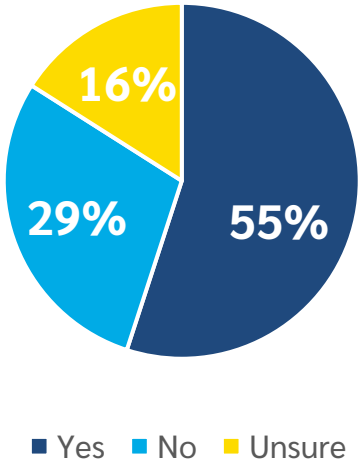
n=2000



- Respondents were asked to evaluate the importance of various factors in a dentist's decision to accept a new patient. Most respondents (77%) identified the urgency of the patient's care needs and the dentist's ability to provide the required care as the most important considerations.
- Seven in ten (72%) emphasized the importance of the dentist's capacity or time to take on new patients.

Key Insights – Awareness of Regulator and RCDSO

Awareness of Regulatory Body

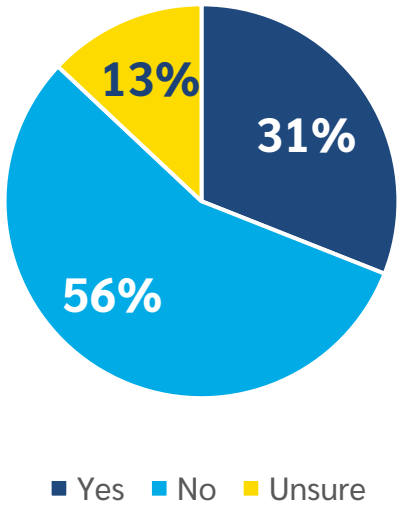


58%
OF PATIENT RESPONDENTS

42%
OF NON-RECENT PATIENT RESPONDENTS

- Overall, over half (55%) of respondents were aware that there is a regulatory body that oversee dentists in Ontario.
- Awareness of a regulator that oversees dentists were higher among patients (58%) compared to non-recent patients (42%).

Key Insights – Perceptions of Effectiveness of RCDSO



Awareness of RCDSO

34%
OF PATIENT RESPONDENTS

21%
OF NON-RECENT PATIENT RESPONDENTS

56%
OF PATIENT RESPONDENTS

44%
OF NON-RECENT PATIENT RESPONDENTS

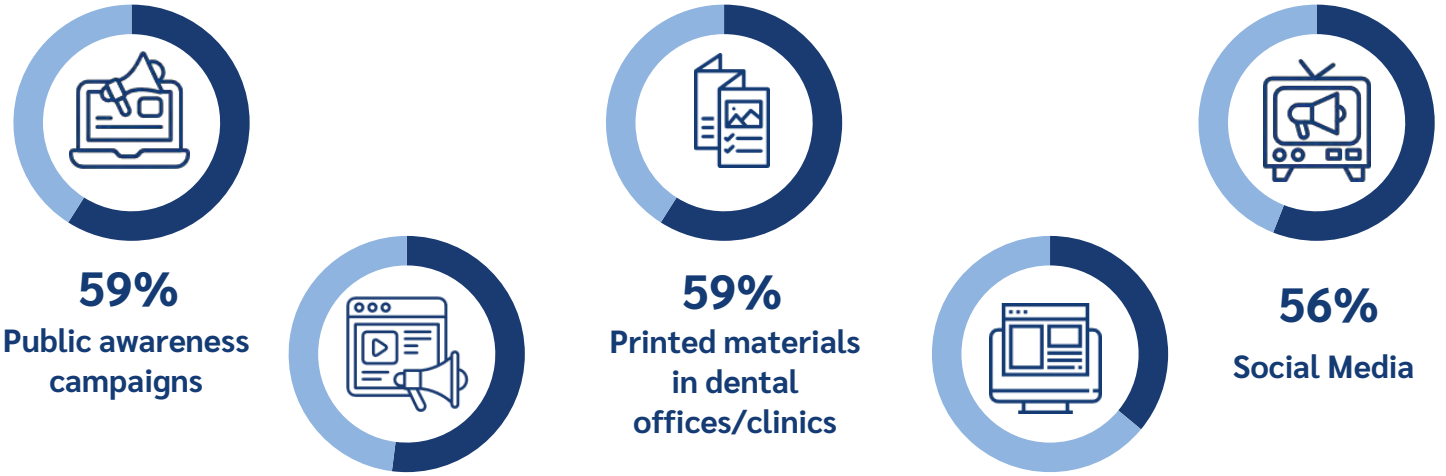
BELIEVE RCDSO IS EFFECTIVE IN CARRYING OUT ITS PUBLIC PROTECTION MANDATE

- Overall, three in ten (31%) had heard of RCDSO, with one third of patients (34%) and one-fifth (21%) of non-recent patients reporting so.
- Just over half (56%) of patient respondents and 44% of non-recent patient respondents believe RCDSO is effective in fulfilling its mandate.
- Among those who had heard of RCDSO, most respondents first became aware through their friends or family members (25%) or from their oral health care professional (21%).

Key Insights – Future Communications with the Public

Future Communication Methods

n = 2000



Which of the following media <u>should</u> RCDSO use to communicate with the public?

- Respondents were asked to identify which media source they felt RCDSO should use to communicate with members of the public.
- Public awareness campaigns (59%) and printed materials in dental offices (59%) are preferred by most respondents.

Dashboard

PIVOTAL RESEARCH Inc.™

Q&A

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P: 877-421-1199

Pivotal Research is headquartered on the ancestral land of the Nêhiyawak (Cree), Anishinaabe (Saulteaux), Niitsitapi (Blackfoot), Métis, Dene and Iyãhé Nakoda (Nakoda Sioux) in Treaty 6 Territory and Métis Region 4.

Foundations of Professionalism: Draft for External Consultation

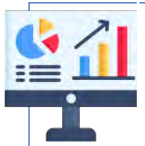
Council Meeting

March 27, 2025

Royal College of
Dental Surgeons of Ontario

Access to Care Strategic Project

RCDSO STRATEGIC PLAN:
2023-2025



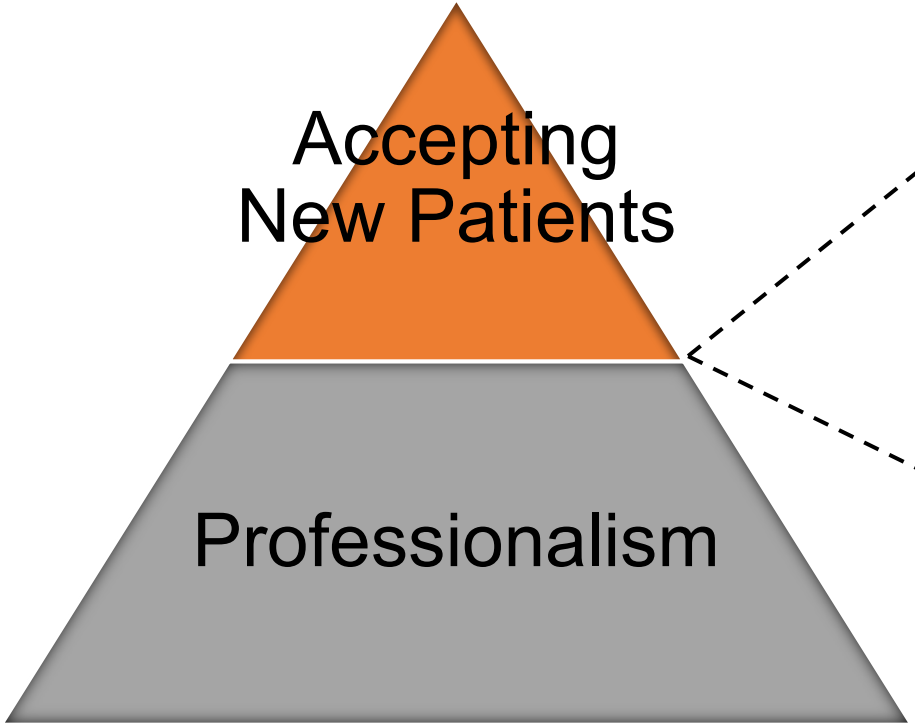
1. Data

2. Information Sharing & Education

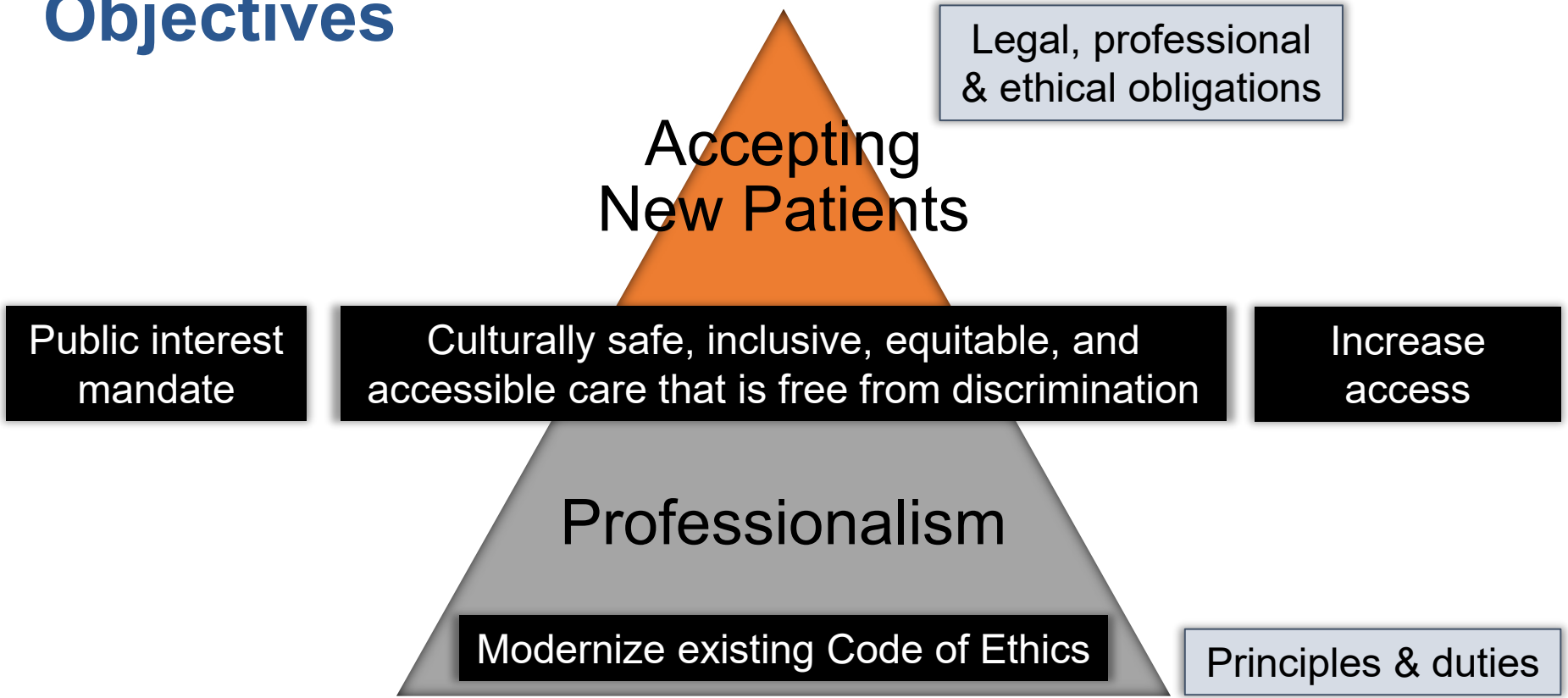
3. Professional Expectations

4. Collaboration & Engagement

Focus in 2024-25



Objectives


Legal, professional & ethical obligations
Accepting New Patients
Public interest mandate
Culturally safe, inclusive, equitable, and accessible care that is free from discrimination
Increase access
Professionalism
Modernize existing Code of Ethics
Principles & duties

Accepting Patients

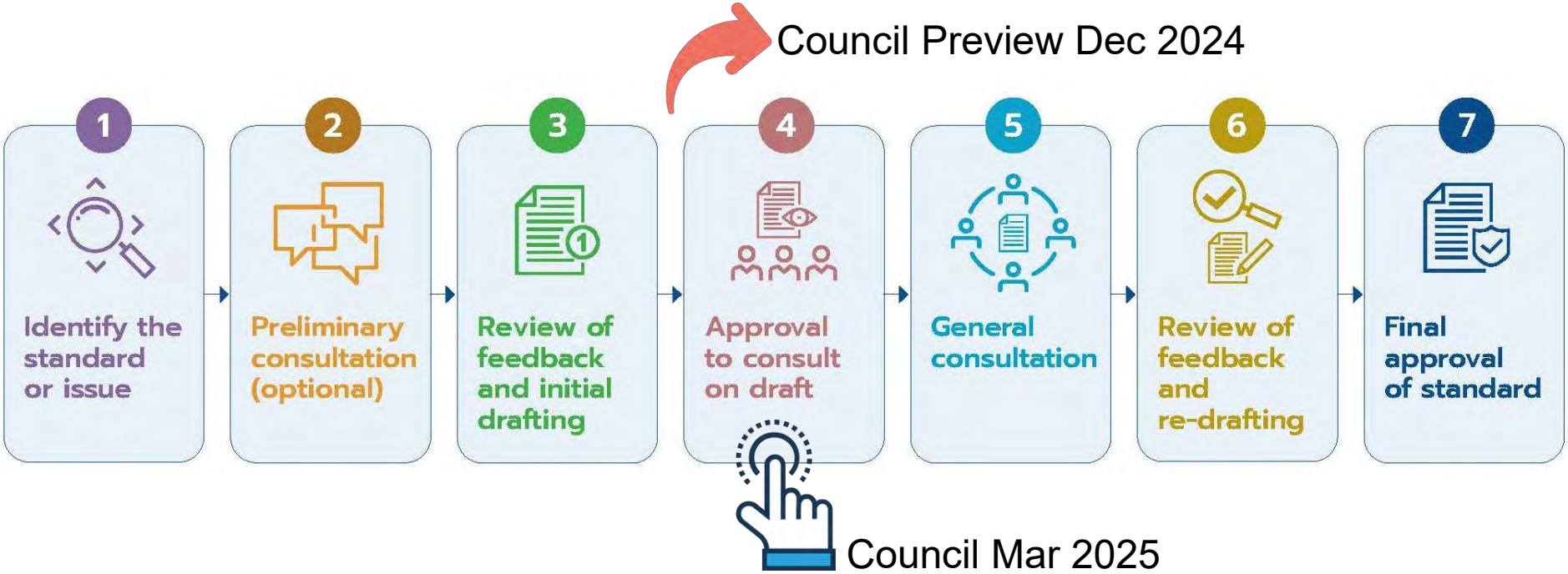
Foundational Research

- Literature Review
- Jurisdictional Review
- RCDSO Inquiries, Complaints, Discipline

Consultation & Outreach

- Preliminary Consultation
- Citizen Advisory Group
- ODA ASM
- Conferences
- RCDSO Connect
- Public Polling
- Consultation on Draft

Standards Review and Development Process



Draft *Foundations of Professionalism*

- Replace College's Code of Ethics
- Reflect existing commitments, duties dentist demonstrate
- Help dentists navigate complexities

- Foundation for all College Standards
  Professionalism > Standards
- High-level, but comprehensive
- Standards = more specific requirements

INTRODUCTION

Best interests

Fiduciary duty

PRINCIPLES & DUTIES

1. Patient autonomy

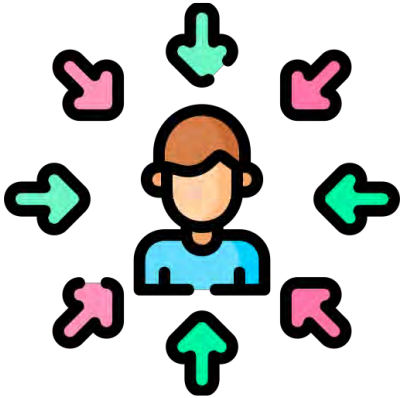
2. Beneficence

3. Nonmaleficence

4. Justice

Glossary

Key Concepts



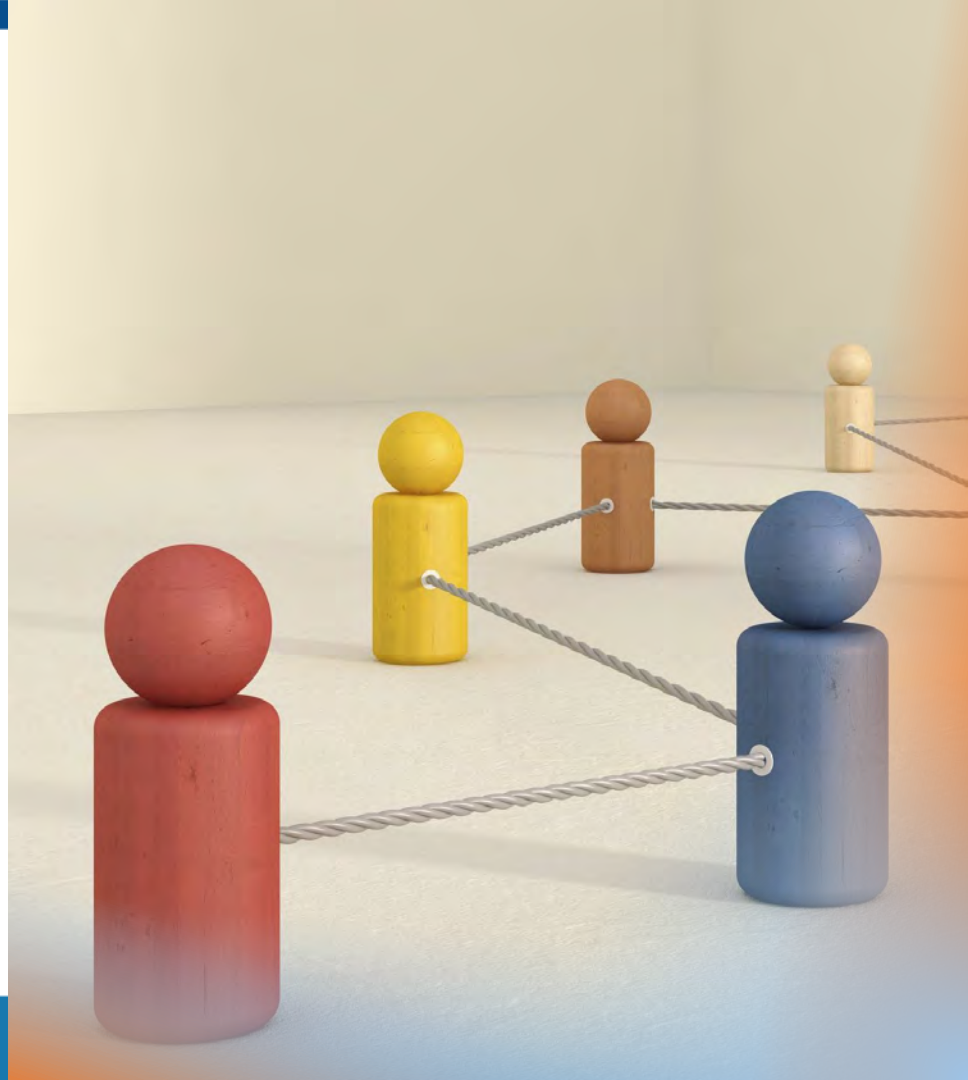
Patient-centered care

Cultural safety

Equity, diversity, and inclusion (EDI)

Key Duties

- Consent
- Boundaries
- Competence
- Human rights & accessibility
- Privacy & confidentiality
- Conflicts of interest
- Disclosure of harm
- Emergency care
- Regulation of the profession

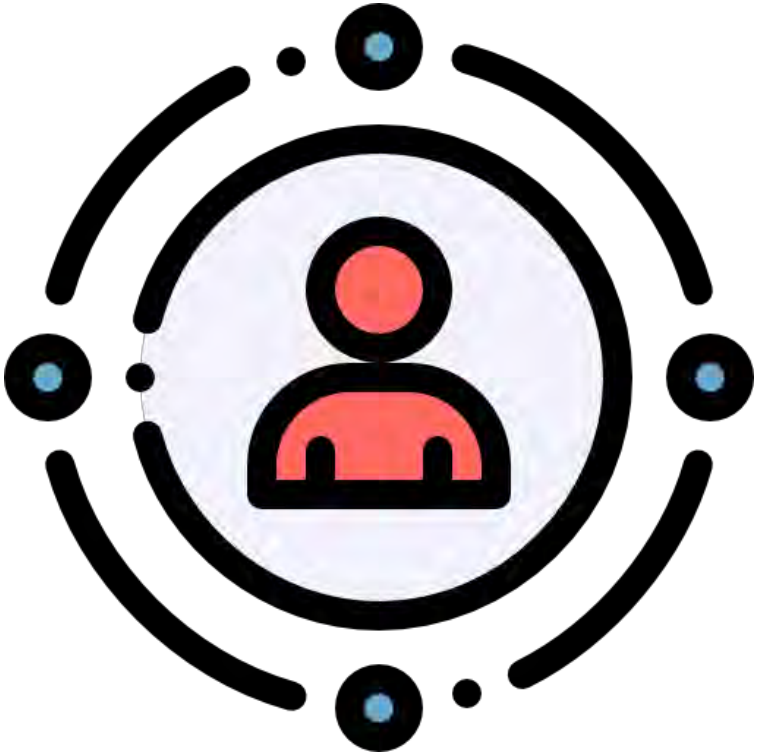


PRINCIPLES & DUTIES

1. Patient autonomy
2. Beneficence
3. Nonmaleficence
4. Justice

1. Patient autonomy

- Providing care that is responsive to patient needs, values, beliefs, goals, **social identities**, and economic circumstances.



2. Beneficence

- Acting, first and foremost, for the benefit of, and in service to, the health and wellbeing of patients and society.

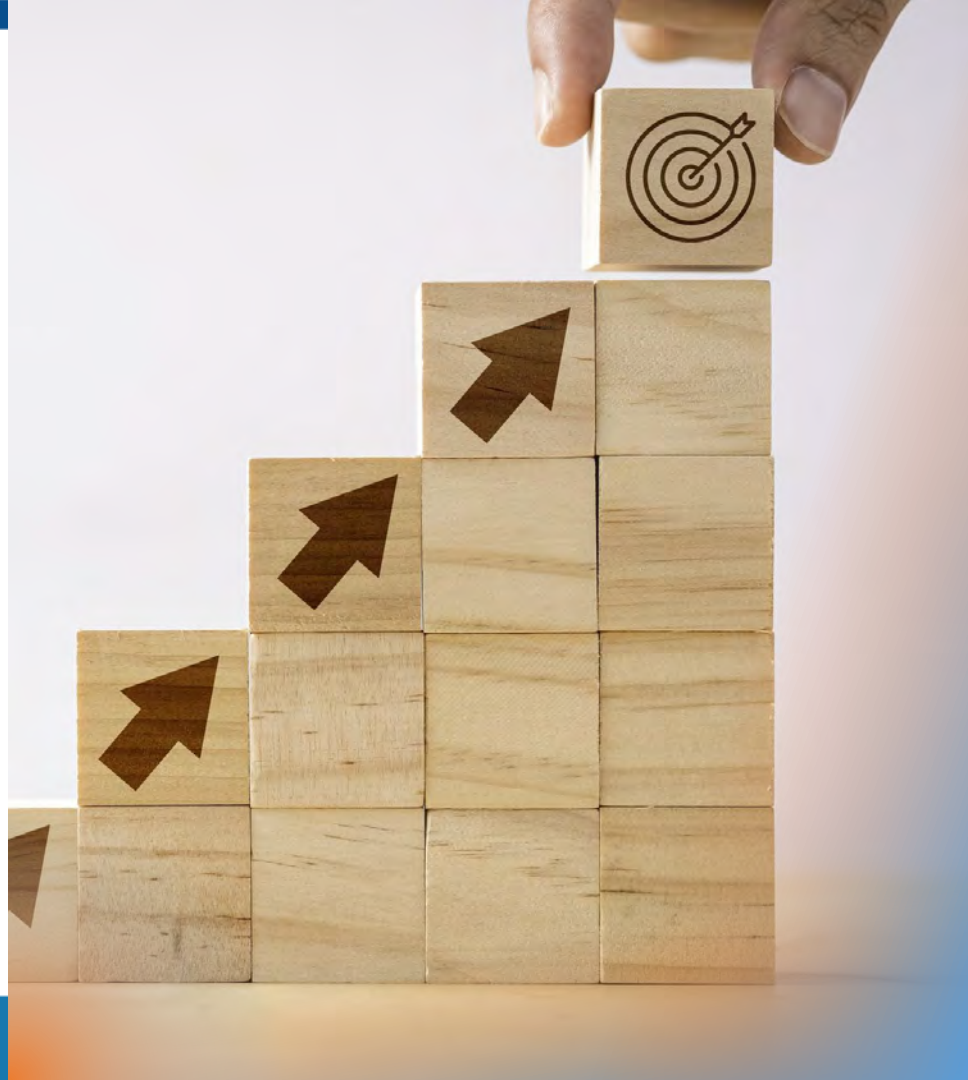
3. Nonmaleficence

- Raising concerns about inappropriate, unprofessional, or otherwise concerning behaviour of staff or colleagues directly with the person, or if needed, with the relevant leadership or authority, where a mandatory report is not required.

4. Justice

- Providing services and making administrative decisions that are free from bias and discrimination.
- Participating in initiatives to reduce health inequities that are driven by determinants of health.

Next Steps



Winter 2025

Spring / Summer 2025

Fall 2025

End of 2025

Spring / Summer 2026

Professionalism

DRAFT

Accepting

DRAFT

Professionalism

FINAL

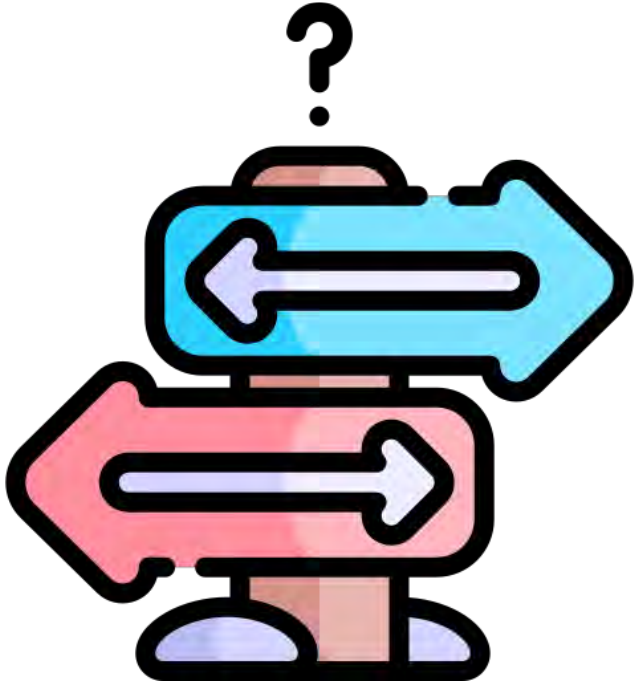
Accepting

FINAL

- Does Council have any feedback on the draft *Foundations of Professionalism* document?

The motion before Council is as follows:

- THAT Council approves the draft *Foundations of Professionalism* document, as set out in **Appendix A**, for external consultation.



Thank you!

Icons in this presentation are from Flaticon.com

20

COUNCIL

Artificial Intelligence (AI) in Dentistry

Draft Guidance for Consultation

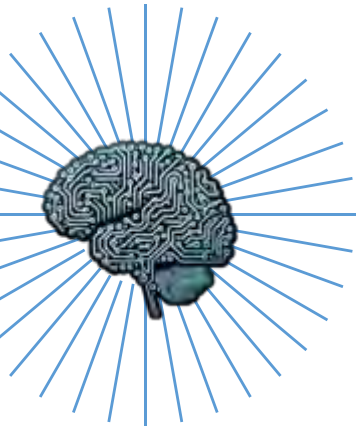
Alex Wong, Senior Policy Analyst

Royal College of
Dental Surgeons of Ontario

March 2025

Background

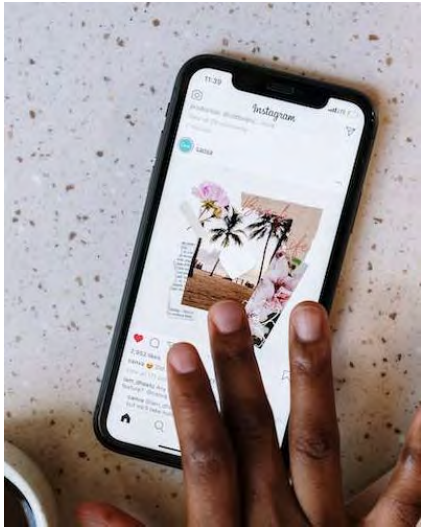
What is AI?



Computer systems that can perform tasks commonly associated with human intelligence

For example,

- finding patterns in data
- problem solving
- learning
- making predictions, recommendations, and decisions



Additional Terms

Generative AI (Gen AI)

- AI which generates **new content** (e.g., text, images, video, audio) based on patterns learned from training data

Machine learning

- Subset of AI where computers **learn** from data, recognize patterns, and make predictions or decisions without being explicitly programmed
- Algorithms can **improve** as more data is processed

Large language models (LLMs)

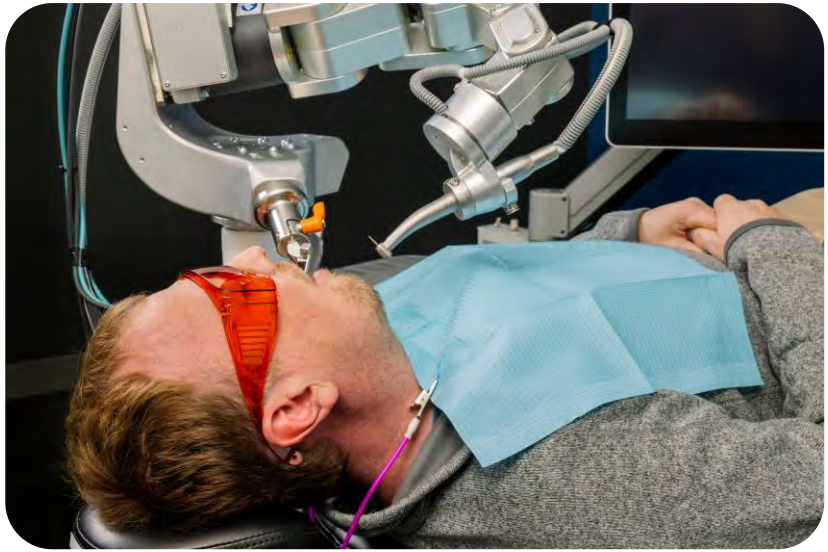
- AI trained on vast amounts of text data to **understand and generate human-like language**

Hallucinations

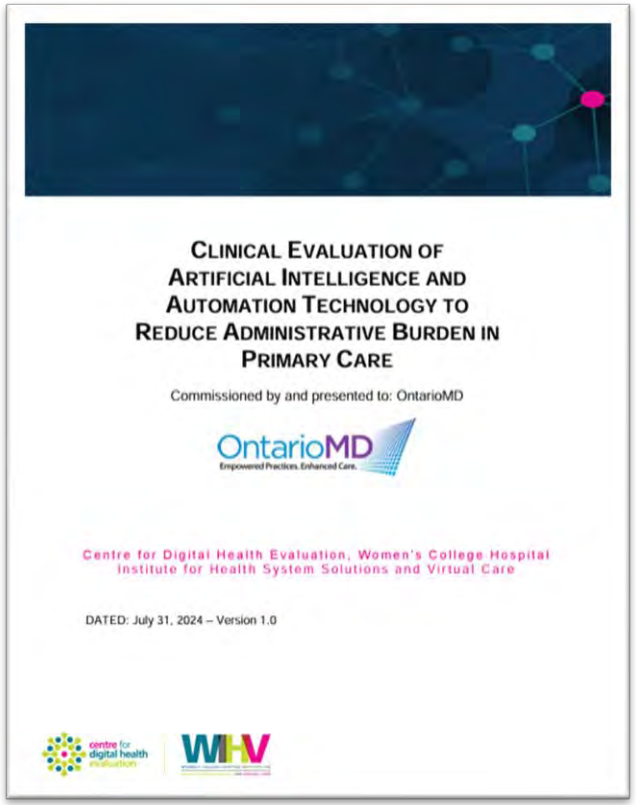
- Incorrect or misleading results that AI models generate

AI Developments in Health Care

First fully automated dental procedure on a human



- AI-driven 3D imaging software integrated with a robotic arm design
- Completed a crown replacement in 15 minutes – instead of typical 2 one-hour appointments



Pilot of AI Scribes

A 3-month pilot of AI scribes used by 150+ primary care providers found:

- **70-90%** less time spent on paperwork **(3-4 hours a week)**
- **79%** able to spend more time on patient care
- **83%** would use AI scribe long term

BENEFITS

- ✓ reduced admin burden
- ✓ improved practices
- ✓ increased job satisfaction
- ✓ perceived quality of care improvements

BARRIERS

- × appropriate hardware (e.g., mics)
- × lack of institutional standards/guidelines
- × costs of scribe license

Dental Corporations Partnering with AI Companies

July 18, 2024

Pearl and Patterson Dental Canada Join Forces to Advance Dental AI in Canadian Dentistry

The relationship will bring Pearl's robust clinical AI toolset to new users across Canada

Dentalcorp to Deploy Leading AI Solutions Across its Network to Enhance Patient Care and Practice Performance

November 4, 2024

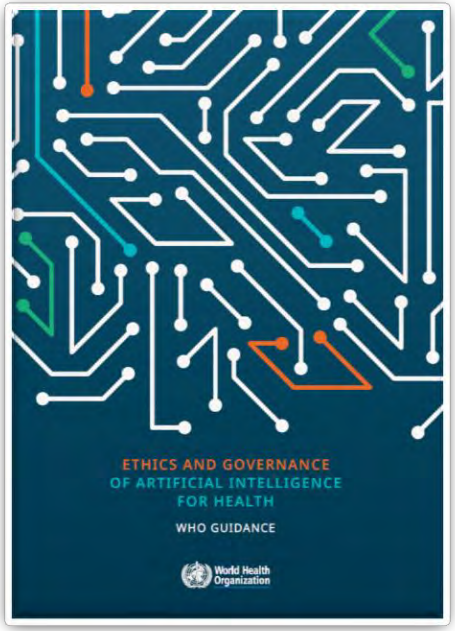
DOWNLOAD

AI platform expected to drive comprehensive detection of dental conditions, leading to earlier interventions and improved patient outcomes

Key Challenges in AI

- Whether AI should be used
- Inequitable access to AI
- Data collection and use
- Accountability and responsibility
- Bias and discrimination
- Safety and cybersecurity
- Impacts on workforce
- Climate change

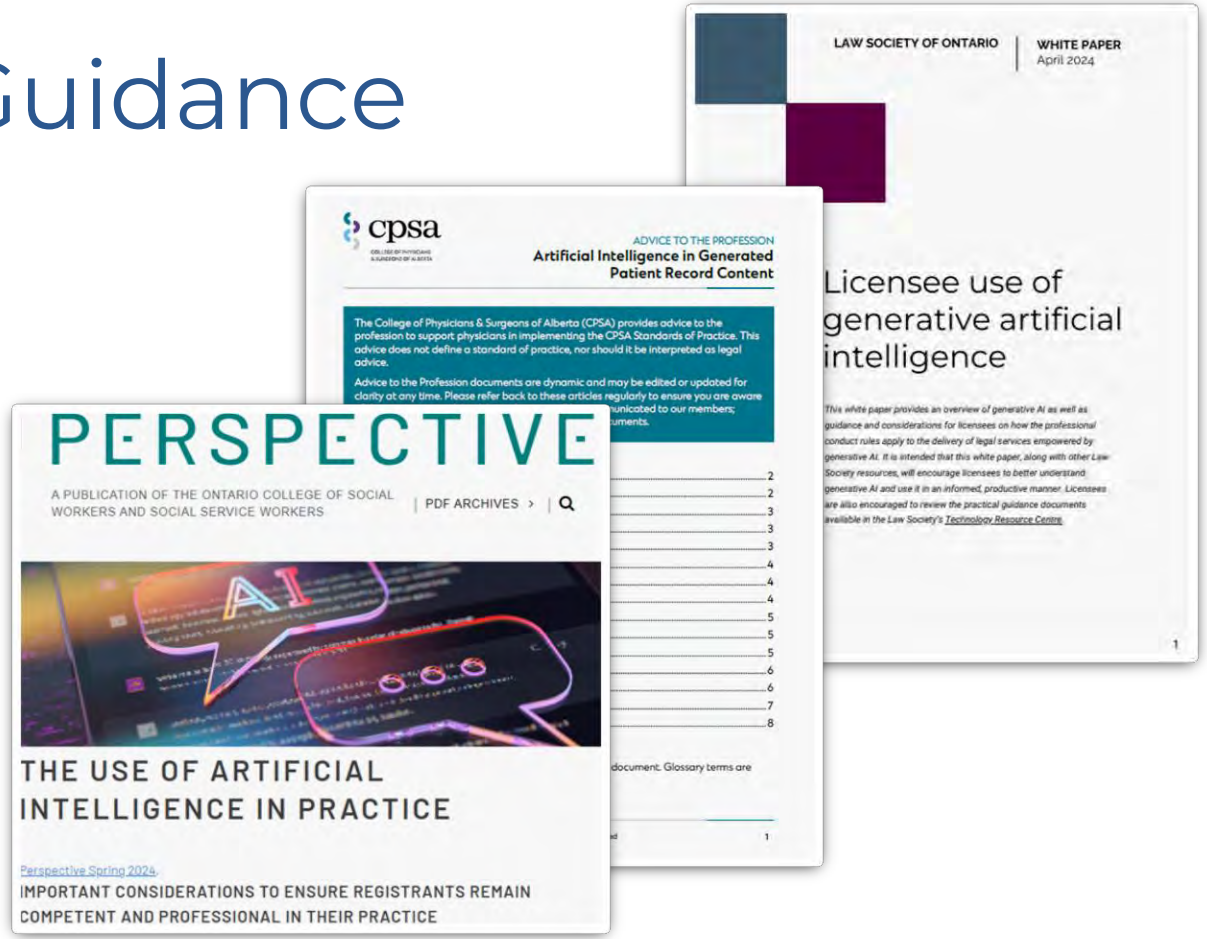
- Balancing **protecting the public** and **promoting growth and innovation**



WHO Guidance: Ethics and Governance of Artificial Intelligence for Health (2021)

Regulatory Guidance

- Growing number of guidance documents (e.g., Interim Guidance, Advice to the Profession, FAQs) from regulators
- No standards or guidance yet among oral health colleges



Development of Draft Guidance

Standards Prioritization

Title
1. Informed Consent
2. Dental CT Scanners
3. Prevention of Sexual Abuse and Boundary Violations
4. Educational Requirements & Professional Responsibilities for Implant Dentistry
5. The Role of Opioids in Pain Management
6. Use of Sedation and General Anesthesia in Dental Practice
7. Maintaining a Professional Patient-Dentist Relationship
8. Infection Prevention and Control in the Dental Office
9. **Artificial Intelligence**

Standards Review and Development Process

Project Timeline

2024

Winter

- Research, data-gathering, and analysis

Spring/Summer

- 60-day preliminary consultation
- Working Group review of research and feedback

Fall

- Initial drafting of guidance
- Clinical Leads, Working Group, and SME review of draft
- Co-sponsored CAG meeting

2025

Winter

- QAC & Council approval to consult on draft

Spring/Summer

- 60-day general consultation
- Review of consult feedback
- Revising of draft

Engagement to Date

Views on AI and AI Use by Practitioners

- Preliminary Public Consultation
- Citizen Advisory Group (CAG)

Review of Draft Guidance

- Staff Clinical Leads
- Standing Policy Working Group
- External Subject Matter Experts

Preliminary Consultation

DATES

- May 14 to July 14, 2024

RESPONSES

- 144 responses from online survey
- Majority from dentists
- Organizational responses from ODA and RCDC

INSIGHTS

- A minority of dentist respondents use AI, but a **majority anticipate adopting within 5 years**
- A useful tool but should **not** replace dentists' judgment
- Can help with diagnoses, improve accuracy, create time savings and efficiencies
- Concerns about over-reliance, over-diagnosis, and inaccuracies

Citizen Advisory Group

DATE

- November 25, 2024

MEETING

- Co-sponsored by 9 health regulatory colleges
- 16 participants in 2-hour virtual meeting
- To gain understanding of public expectations of practitioners' use of AI

INSIGHTS

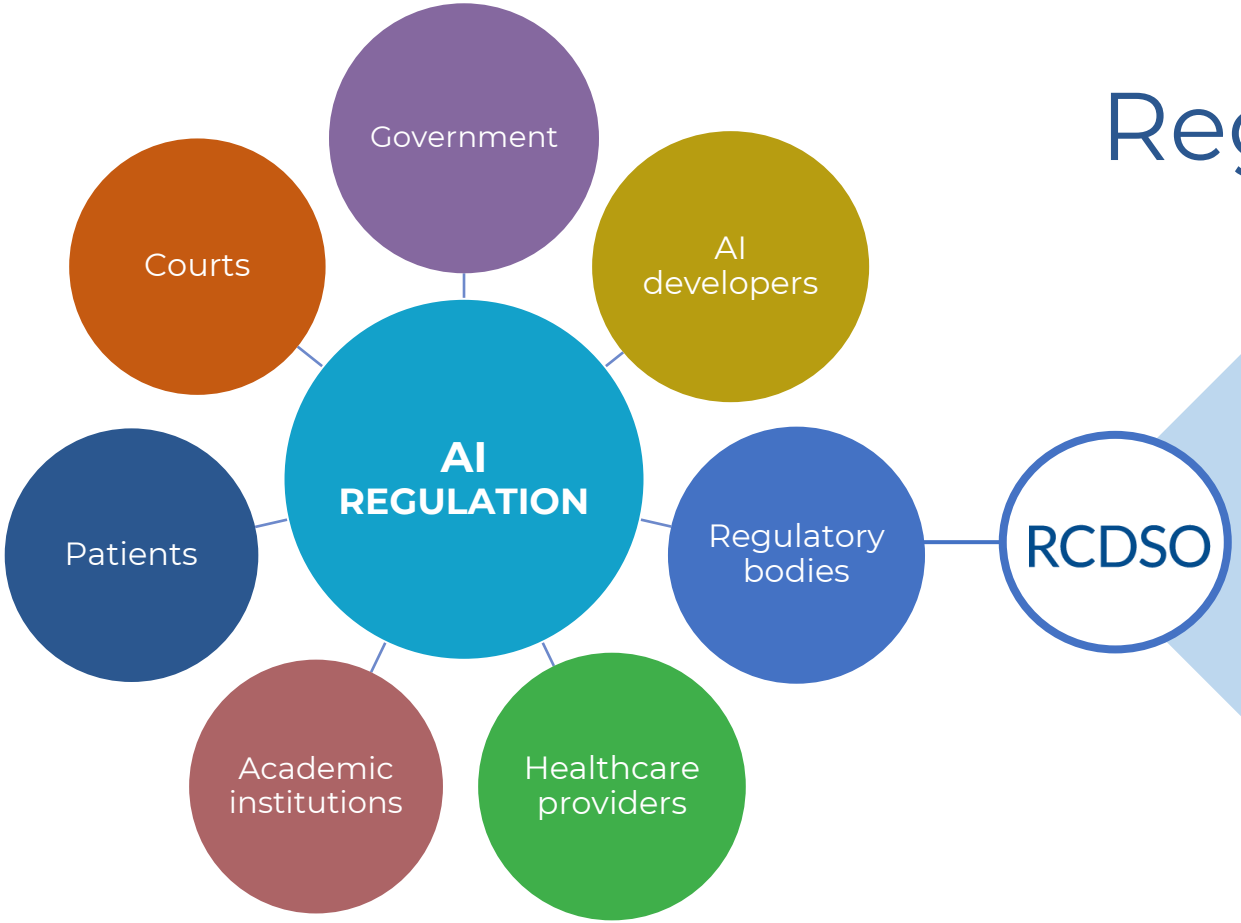
- To feel more comfortable with AI use, participants indicated a desire for:
  - More **education**, **transparency,** and **disclosure**
  - Confidence in **validity** of tools
  - Confidence in **privacy and security** of their data
  - **Inclusion and collaboration** in decision-making
  - **Human connection** with healthcare provider

Regulating AI

Considering the fast pace of AI developments, setting a policy environment that is **flexible** enough to keep up with developments and promote **innovation** yet remains **safe** and provides **legal certainty** is a significant challenge.

OECD AI Principles, Shaping an enabling interoperable governance and policy environment for AI (Principle 2.3)

Regulating AI



RCDSO

- Complaints and investigations
- Education and other qualifications
- **Professional and ethical standards and guidelines**

Standard of Practice vs Guidance

STANDARD OF PRACTICE	AI GUIDANCE
Professional **requirements** based on **established** evidence and best practices	**Advice** to registrants in a **new and emerging** area of dentistry
Registrants are obligated at all times to maintain the standards of practice	May highlight existing obligations relevant to the issue without setting new obligations
Council must approve changes and updates	Can be updated through more flexible process
	As research and best practices form, may be further developed into a Standard

Draft Guidance: AI in Dentistry

Definition

- Artificial Intelligence

Principles

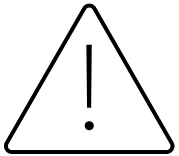
- Responsible and ethical use
- Guided by best interests of patients
- Dentists remain responsible and accountable for care, decision-making, documentation

Existing Professional Requirements

- RCDSO Code of Ethics
- RCDSO Standards of Practice
- Legal requirements – e.g., Professional Misconduct regulation, *PHIPA*, *AODA*

Draft Guidance: AI in Dentistry

Risk-based approach



Risk increases when an AI tool:

- Directly impacts clinical decision-making
- Poses a risk of harm to patient health and/or safety
- Involves the use of patient's personal health information

Increased risk calls for greater caution and oversight

Draft Guidance: AI in Dentistry

Accountability & Responsibility

- Understand AI tool
- Prevent & mitigate risks
- Review for inaccuracies, errors, biases
- Decisions reflect patient's unique circumstances

Transparency & Disclosure

- Notify when interacting with AI
- Inform when AI is going to be used
- Reasonably accommodate patients' wishes

Protecting Patient Health Information

- Understand privacy & security settings
- Opt out of using outputs for training data (unless patient consent obtained)

Decision for Council

1. Does Council have any feedback on the draft Guidance?

2. Does Council approve the draft Guidance to be released for external consultation?

Prevention of Boundary Violations & Sexual Abuse: Draft Standard for Final Approval

Presented By: Shivani Sharma,
Senior Policy Analyst

Council

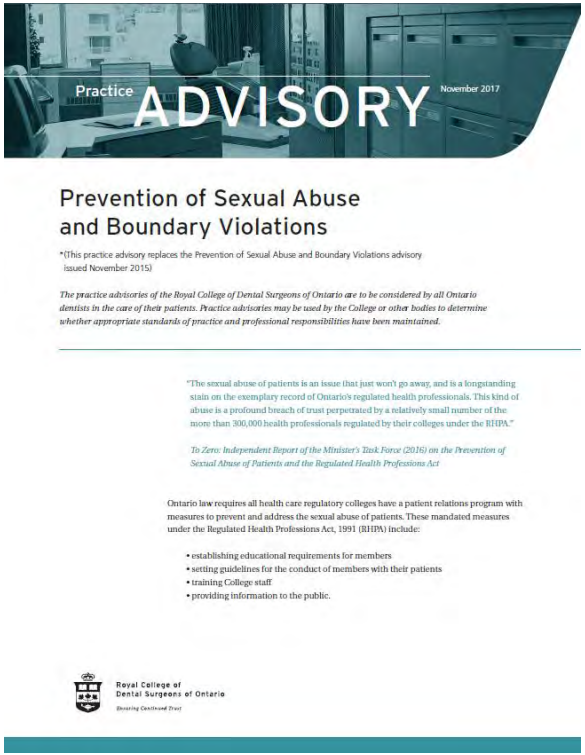
March 27, 2025

Royal College of
Dental Surgeons of Ontario

Agenda

- Background
- Consultation Feedback
- Key Revisions
- Questions
- Decision

Background



Practice ADVISORY November 2017

Prevention of Sexual Abuse and Boundary Violations

*(This practice advisory replaces the Prevention of Sexual Abuse and Boundary Violations advisory issued November 2015)

The practice advisories of the Royal College of Dental Surgeons of Ontario are to be considered by all Ontario dentists in the care of their patients. Practice advisories may be used by the College or other bodies to determine whether appropriate standards of practice and professional responsibilities have been maintained.

"The sexual abuse of patients is an issue that just won't go away, and is a longstanding stain on the exemplary record of Ontario's regulated health professionals. This kind of abuse is a profound breach of trust perpetrated by a relatively small number of the more than 300,000 health professionals regulated by their colleges under the RHPA."

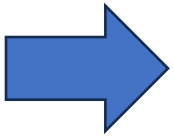
To Zero: Independent Report of the Minister's Task Force (2016) on the Prevention of Sexual Abuse of Patients and the Regulated Health Professions Act

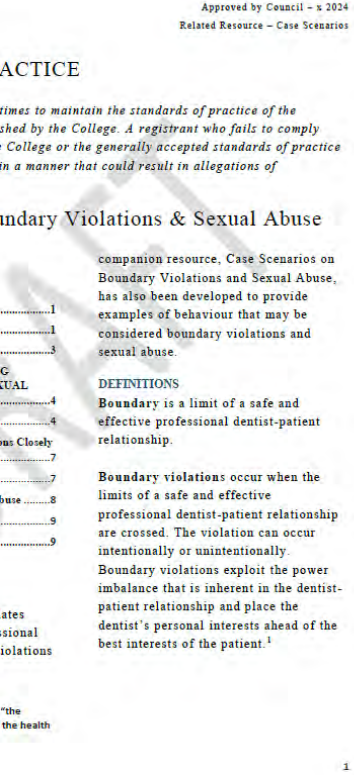
Ontario law requires all health care regulatory colleges have a patient relations program with measures to prevent and address the sexual abuse of patients. These mandated measures under the Regulated Health Professions Act, 1991 (RHPA) include:

- establishing educational requirements for members
- setting guidelines for the conduct of members with their patients
- training College staff
- providing information to the public.

Royal College of Dental Surgeons of Ontario

"high-priority"





Approved by Council – x 2024
Related Resource – Case Scenarios

STANDARD OF PRACTICE

Registrants are obligated at all times to maintain the standards of practice of the profession including those published by the College. A registrant who fails to comply with a standard published by the College or the generally accepted standards of practice of the profession may be acting in a manner that could result in allegations of professional misconduct.

Prevention of Boundary Violations & Sexual Abuse

CONTENTS

EXECUTIVE SUMMARY

This Standard of Practice articulates requirements for dentists' professional behaviour to prevent boundary violations and sexual abuse of patients. A companion resource, Case Scenarios on Boundary Violations and Sexual Abuse, has also been developed to provide examples of behaviour that may be considered boundary violations and sexual abuse.

DEFINITIONS

Boundary is a limit of a safe and effective professional dentist-patient relationship.

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 interests ahead of the best interests of the patient.[1]

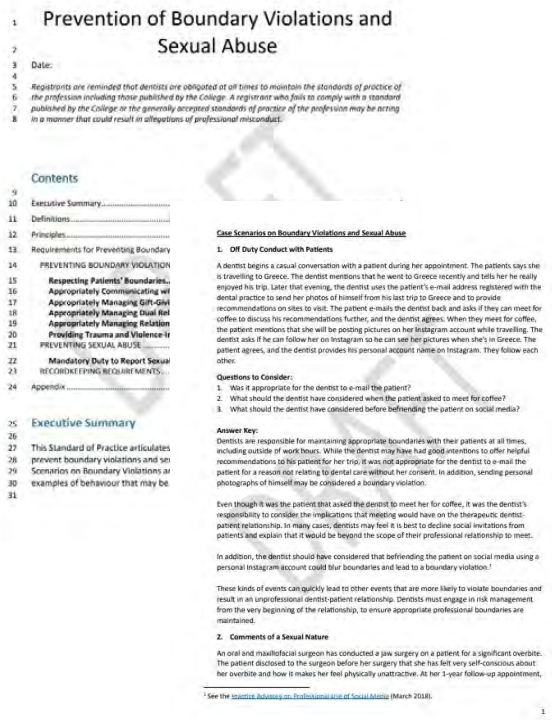
[1] Principle #1 in the Code of Ethics states "the paramount responsibility of dentists is to the health and well-being of patients."


Council
Final Approval
Final Standard
QAC
March 2025
Public consultation
(Oct-Nov 2024)
Redrafting
Standing Policy Working Group (Jan/Feb 2025)
Council (September 2024)
QAC (August 2024)
Patient Relations Committee (July 2024)
Standing Policy Working Group (July 2024)
Drafting
Research & Analysis

Overview of Draft Standard

1. Respecting Patients' Boundaries, *Provisions #1-3*
2. Appropriately Communicating with Patients, *Provisions #4-6*
3. Appropriately Managing Gift-Giving and Receiving with Patients, *Provisions #7-9*
4. Appropriately Managing Dual Relationships with Patients, *Provisions #10-12*
5. Appropriately Managing Relations with Persons Closely Associated with Patients *Provisions #13-14*
6. Incorporating a Trauma and Violence-Informed Approach to Care, *Provision #15*
7. Preventing Sexual Abuse, *Provisions #16-22*
8. Mandatory Reporting Requirements, *Provision #23*
9. Recordkeeping Requirements, *Provisions #24-25*

Public Consultation



Prevention of Boundary Violations and Sexual Abuse

Date:

Registrants are reminded that dentists are obligated at all times to maintain the standards of practice of the profession including those published by the College. A registrant who fails to comply with a standard published by the College or the generally accepted standards of practice of the profession may be acting in a manner that could result in allegations of professional misconduct.

Contents

Executive Summary.....
Definitions.....
Principles.....
Requirements for Preventing Boundary
PREVENTING BOUNDARY VIOLATION
Respecting Patients' Boundaries
Appropriately Communicating wi
Appropriately Managing Gift-Givi
Appropriately Managing Dual Rel
Appropriately Managing Relation
Providing Trauma and Violence-In
PREVENTING SEXUAL ABUSE .....
Mandatory Duty to Report Sexual
RECORDKEEPING REQUIREMENTS.....
Appendix .....

Executive Summary

This Standard of Practice articulates
prevent boundary violations and se
Scenarios on Boundary Violations a
examples of behaviour that may be

Case Scenarios on Boundary Violations and Sexual Abuse

1. Off Duty Conduct with Patients

A dentist begins a casual conversation with a patient during her appointment. The patients says she is travelling to Greece. The dentist mentions that he went to Greece recently and tells her he really enjoyed his trip. Later that evening, the dentist uses the patient's e-mail address registered with the dental practice to send her photos of himself from his last trip to Greece and to provide recommendations on sites to visit. The patient e-mails the dentist back and asks if they can meet for coffee to discuss his recommendations further, and the dentist agrees. When they meet for coffee, the patient mentions that she will be posting pictures on her Instagram account while travelling. The dentist asks if he can follow her on Instagram so he can see her pictures when she's in Greece. The patient agrees, and the dentist provides his personal account name on Instagram. They follow each other.

Questions to Consider:

1. Was it appropriate for the dentist to e-mail the patient?
2. What should the dentist have considered when the patient asked to meet for coffee?
3. What should the dentist have considered before befriending the patient on social media?

Answer Key:

Dentists are responsible for maintaining appropriate boundaries with their patients at all times, including outside of work hours. While the dentist may have had good intentions to offer helpful recommendations to his patient for her trip, it was not appropriate for the dentist to e-mail the patient for a reason not relating to dental care without her consent. In addition, sending personal photographs of himself may be considered a boundary violation.

Even though it was the patient that asked the dentist to meet her for coffee, it was the dentist's responsibility to consider the implications that meeting would have on the therapeutic dentist-patient relationship. In many cases, dentists may feel it is best to decline social invitations from patients and explain that it would be beyond the scope of their professional relationship to meet.

In addition, the dentist should have considered that befriending the patient on social media using a personal Instagram account could blur boundaries and lead to a boundary violation.[1]

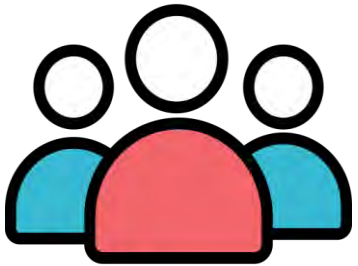
These kinds of events can quickly lead to other events that are more likely to violate boundaries and result in an unprofessional dentist-patient relationship. Dentists must engage in risk management from the very beginning of the relationship, to ensure appropriate professional boundaries are maintained.

2. Comments of a Sexual Nature

An oral and maxillofacial surgeon has conducted a jaw surgery on a patient for a significant overbite. The patient disclosed to the surgeon before her surgery that she has felt very self-conscious about her overbite and how it makes her feel physically unattractive. At her 1-year follow-up appointment,

[1] See the Practice Advisory on Professional Use of Social Media (March 2018).

1



Consultation Feedback

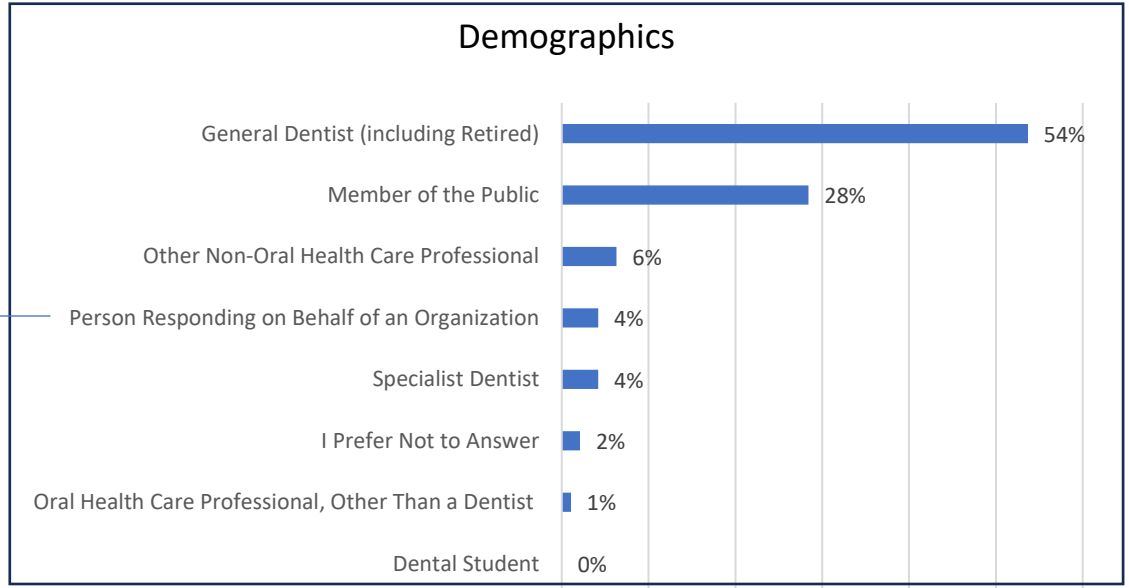
Total Number of Survey Responses: 95

COLLEGE OF PHYSIOTHERAPISTS of ONTARIO

LAW FIRM

CMTO College of Massage Therapists of Ontario

RCDSO | Royal College of Dental Surgeons of Ontario



Subject Matter Experts

Investigations

Mental Health

Legal

Regulation

Consultation Feedback

Written Responses: 3

Overall Feedback on Draft Standard

Prevention of Boundary Violations and Sexual Abuse

Date:

Registrants are reminded that dentists are obligated at all times to maintain the standards of practice of the profession including those published by the College. A registrant who fails to comply with a standard published by the College or the generally accepted standards of practice of the profession may be acting in a manner that could result in allegations of professional misconduct.

Contents

Executive Summary

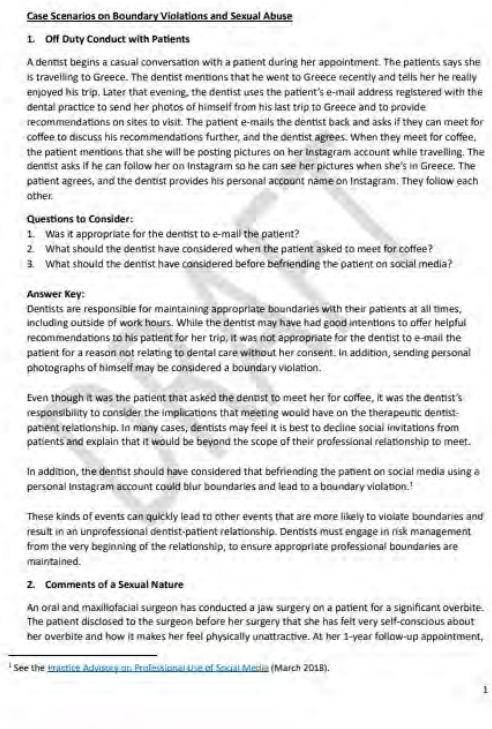
This Standard of Practice articulates the requirements for dentists' professional behaviour to prevent boundary violations and sexual abuse of patients. A companion resource, Case Scenarios on Boundary Violations and Sexual Abuse, has also been developed to provide examples of behaviour that may be considered boundary violations and sexual abuse.

1

Majority of respondents agreed (strongly/somewhat) that the draft Standard is:

- ✓ Clearly written (90%)
- ✓ Easy to understand (90%)
- ✓ Comprehensive (86%)

Overall Feedback on Case Scenarios



Case Scenarios on Boundary Violations and Sexual Abuse

1. Off Duty Conduct with Patients

A dentist begins a casual conversation with a patient during her appointment. The patients says she is travelling to Greece. The dentist mentions that he went to Greece recently and tells her he really enjoyed his trip. Later that evening, the dentist uses the patient's e-mail address registered with the dental practice to send her photos of himself from his last trip to Greece and to provide recommendations on sites to visit. The patient e-mails the dentist back and asks if they can meet for coffee to discuss his recommendations further, and the dentist agrees. When they meet for coffee, the patient mentions that she will be posting pictures on her Instagram account while travelling. The dentist asks if he can follow her on Instagram so he can see her pictures when she's in Greece. The patient agrees, and the dentist provides his personal account name on Instagram. They follow each other.

Questions to Consider:

1. Was it appropriate for the dentist to e-mail the patient?
2. What should the dentist have considered when the patient asked to meet for coffee?
3. What should the dentist have considered before befriending the patient on social media?

Answer Key:

Dentists are responsible for maintaining appropriate boundaries with their patients at all times, including outside of work hours. While the dentist may have had good intentions to offer helpful recommendations to his patient for her trip, it was not appropriate for the dentist to e-mail the patient for a reason not relating to dental care without her consent. In addition, sending personal photographs of himself may be considered a boundary violation.

Even though it was the patient that asked the dentist to meet her for coffee, it was the dentist's responsibility to consider the implications that meeting would have on the therapeutic dentist-patient relationship. In many cases, dentists may feel it is best to decline social invitations from patients and explain that it would be beyond the scope of their professional relationship to meet.

In addition, the dentist should have considered that befriending the patient on social media using a personal Instagram account could blur boundaries and lead to a boundary violation.[1]

These kinds of events can quickly lead to other events that are more likely to violate boundaries and result in an unprofessional dentist-patient relationship. Dentists must engage in risk management from the very beginning of the relationship, to ensure appropriate professional boundaries are maintained.

2. Comments of a Sexual Nature

An oral and maxillofacial surgeon has conducted a jaw surgery on a patient for a significant overbite. The patient disclosed to the surgeon before her surgery that she has felt very self-conscious about her overbite and how it makes her feel physically unattractive. At her 1-year follow-up appointment,

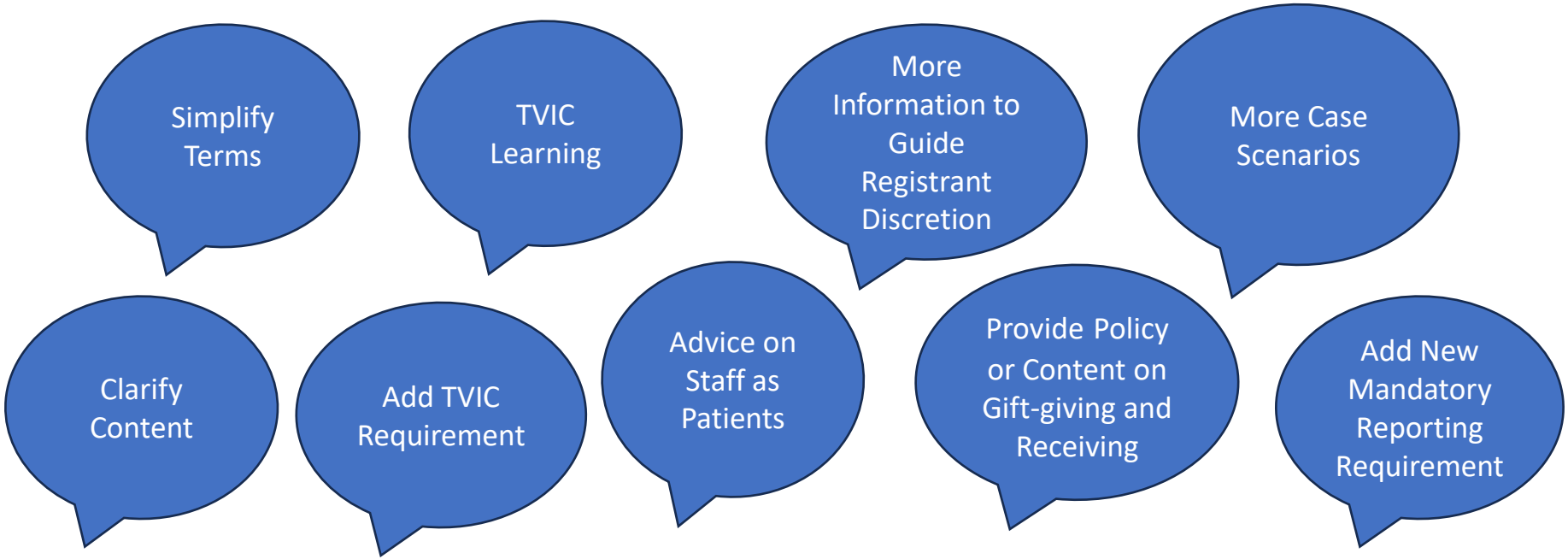
[1] See the Practice Advisory on Professional Use of Social Media (March 2018).

1

Majority of respondents agreed (strongly/somewhat) that the draft case scenarios are:

- ✓ Clearly written (96%)
- ✓ Easy to understand (94%)
- ✓ Helpful (93%)

Consultation Feedback



Key Revisions

Definitions Section

- “boundary violations” - simplified
- “trauma and violence-informed care” – re-phrased

Provision #2 (Respecting Factors that Inform Patient Boundaries)

- “current or past medical conditions” - added

Provision #5 (Not Making Inappropriate Comments)

- “oral health and hygiene” – removed
- “sexual orientation” and “gender identity” – placed on different lines
- “race” - added

Key Revisions

Provision #6 (Inappropriate Disclosure)

- Footnote added to explain inappropriate personal disclosure

Provision #13 & Provision #14 (Managing Relations with Persons Closely Associated with Patients)

- Relationship at issue has been clarified by adding “personal”
- Relationship that should end has been clarified

Provision #15 (Trauma and Violence-Informed Care)

- Title changed to emphasize TVIC being an “approach”
- New requirement added to explain steps and involve patient
- New clarification re: not resting instruments/materials on a patient’s body

Key Revisions

Provision #21 (Preventing Sexual Abuse - Making Jokes)

- Jokes that should not be made are clarified

Provision #23 (Mandatory Reporting Requirements)

- New mandatory reporting requirement added pertaining to PSWs

RCDSO | Royal College of Dental Surgeons of Ontario

Approved by Council – March 2025

STANDARD OF PRACTICE

The Royal College of Dental Surgeons of Ontario's Standards of Practice set out legal, professional, and ethical obligations that apply to dentists practising in Ontario. Standards of Practice support dentists and protect the public by communicating the College's expectations for the profession.

Prevention of Boundary Violations and Sexual Abuse

RELATED RESOURCES

- Prevention of Boundary Violations FAQs
- Case Scenarios

CONTENTS

EXECUTIVE SUMMARY

This Standard of Practice sets out the requirements for dentists' professional behaviour to prevent boundary violations and sexual abuse of patients. This Standard of Practice is supported by companion resources, including FAQs and Case Scenarios, which provide supplementary information, guidance and examples of behaviour that may be considered boundary violations and sexual abuse.

DEFINITIONS

Key terms are defined below for the purposes of interpreting and applying this Standard of Practice. In some cases, these definitions may be specific to this Standard or area of practice, and not applicable to other College documents or areas of dentistry. Where a definition has specific or limited application to this Standard or area of practice, this will be identified in a footnote.

Boundary is a limit of a safe and effective dentist-patient relationship.

NEW

New Draft Standard – What Has Changed?

Area of Focus	Practice Advisory	New Draft Standard
Definitions	- Sexual Abuse - Boundary Violations - Spouse	- Expanded to include more terms: dual relationships, harassment, patient, trauma and violence-informed care along with additional definitions in footnotes
Principles	- Mostly relating to trust/respect and power imbalance	- New principles added in numbered form and stronger language used (e.g. zero tolerance for sexual abuse)
Existence of Dentist-Patient Relationship	- Factors considered by committee mentioned	- Patient definition has been added from legislation
Maintaining Boundaries	- Patient background, personal space, touch, communication documentation, workplace environment	- Expanded to also include interactions in non-clinical context, other forms of abuse and harassment, other forms of prohibited communication, gift-giving and receiving, dual relationships, relations with persons closely associated with patients, and trauma and violence-informed care.
Preventing Sexual Abuse	- Acts of sexual abuse - 1 year prohibition - Spousal exemption - Orders - Funding for therapy & counselling + support	- Expanded to also include less obvious examples of comments and other conduct that can be considered as sexual abuse and also prohibits grooming behaviour. * Orders for sexual abuse, funding for therapy & counselling and support available from the College is information that is available on the website or incorporated into FAQs
Mandatory Reporting	- Duty to report sexual abuse	- Expanded to include duty to report PSW to HSCPOA
Recordkeeping Requirements	- Boundary violations - Physical touch outside of oral-facial complex	- Expanded to include questions of a sexual nature relevant to dental care, date of termination of dentist-patient relationship, reports

Associated Resources

Case Scenarios on Boundary Violations and Sexual Abuse

1. Off Duty Conduct with Patients
2. Comments of a Sexual Nature
3. Failing to Report Sexual Abuse
4. Determining if a Dentist-Patient Relationship Exists
5. Receiving Gifts from Patients
6. Compromised Clinical Objectivity in a Dual Relationship
7. Failing to Safeguard Informed Choice of a Closely Associated Person
8. Trauma and Violence-Informed Care

Off Duty Conduct with Patients

A dentist begins a casual conversation with a patient during her appointment. The patients says she is travelling to Greece. The dentist

RESOURCES

Read our Standard on Prevention of Boundary Violations and Sexual Abuse

This Standard was approved by the RCDSO Council at its March 27, 2025 meeting.

Read the Standard

Frequently Asked Questions - Prevention of Boundary Violations and Sexual Abuse

These FAQs have been developed to provide additional information and guidance to support the RCDSO's Standard of Practice on Prevention of Boundary Violations and Sexual Abuse.

The Standard of Practice sets out requirements and recommendations for dentists to prevent boundary violations and sexual abuse.

FAQ Search

Know what you're looking for? Enter a few keywords and click search.

Enter a keyword or phrase SEARCH

Are all boundary violations intentional?

Why does the College's Standard adopt the definition of "patient" and "spouse" from legislation?

Patient-Centered Resource

Questions

1. Does Council have any feedback on the revised Draft Standard?

2. Does Council approve the revised Draft Standard “Prevention of Boundary Violations and Sexual Abuse”, as a Standard of Practice of the RCDSO?

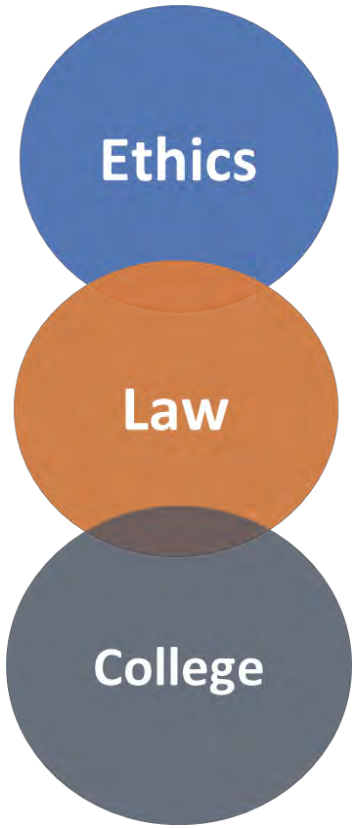
RCDSO | Royal College of Dental Surgeons of Ontario

Consent to Treatment: Draft Standard for Final Approval

Cameron Thompson, Manager, Standards & Strategy

Meeting of Council: March 27, 2025

Fundamentals of consent



No treatment without consent

Treatment = “anything done for a therapeutic, preventive, palliative, diagnostic, cosmetic or other health-related purpose” (HCCA, 1996)

Why is consent important?

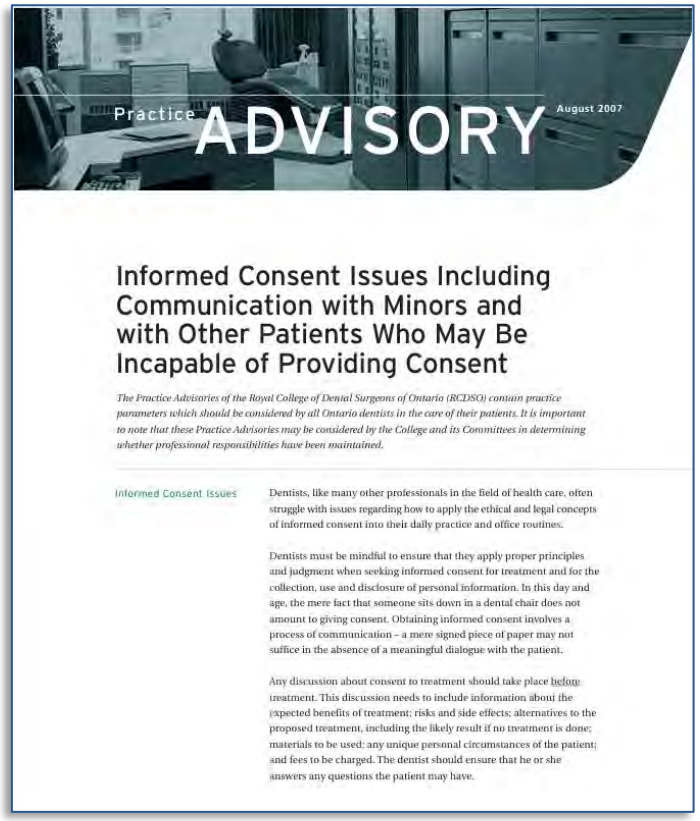
- ☑ Respects and empowers patients
- ☑ Provides legal authorization for treatment
- ☑ Helps avoid negative consequences, e.g.:

Legal (battery, negligence)

Regulatory (professional misconduct)

Image(s): Flaticon.com

RCDSO's Current Practice Advisory


Practice ADVISORY
August 2007

Informed Consent Issues Including Communication with Minors and with Other Patients Who May Be Incapable of Providing Consent

The Practice Advisories of the Royal College of Dental Surgeons of Ontario (RCDSO) contain practice parameters which should be considered by all Ontario dentists in the care of their patients. It is important to note that these Practice Advisories may be considered by the College and its Committees in determining whether professional responsibilities have been maintained.

Informed Consent Issues

Dentists, like many other professionals in the field of health care, often struggle with issues regarding how to apply the ethical and legal concepts of informed consent into their daily practice and office routines.

Dentists must be mindful to ensure that they apply proper principles and judgment when seeking informed consent for treatment and for the collection, use and disclosure of personal information. In this day and age, the mere fact that someone sits down in a dental chair does not amount to giving consent. Obtaining informed consent involves a process of communication – a mere signed piece of paper may not suffice in the absence of a meaningful dialogue with the patient.

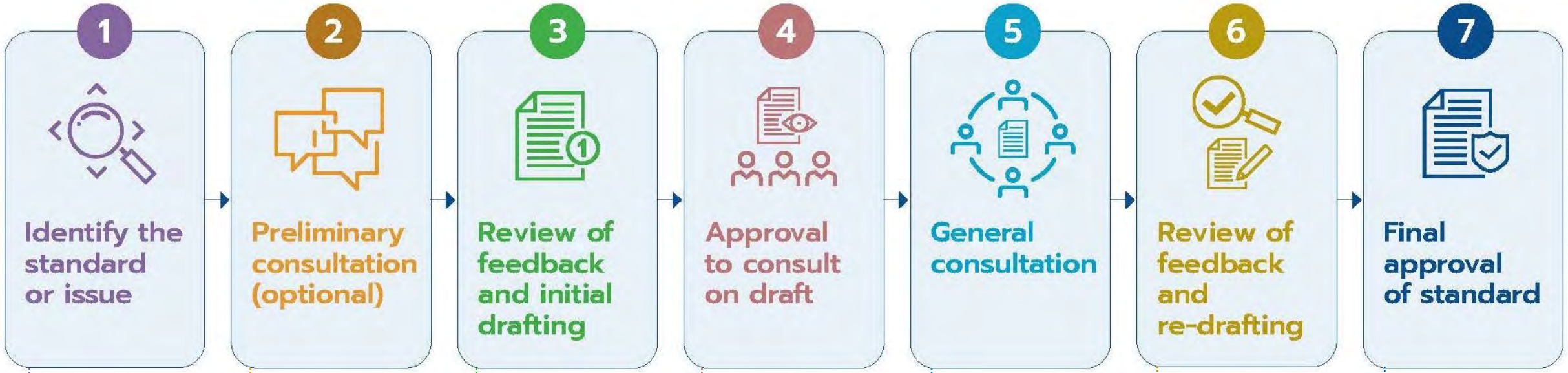
Any discussion about consent to treatment should take place before treatment. This discussion needs to include information about the expected benefits of treatment; risks and side effects; alternatives to the proposed treatment, including the likely result if no treatment is done; materials to be used; any unique personal circumstances of the patient; and fees to be charged. The dentist should ensure that he or she answers any questions the patient may have.

- Last updated in 2007
- Identified as a high priority in 2023

Approved for review
January 2024

Image(s): Flaticon.com

Standards Review & Development



Standards prioritization & approval at QAC

Jan 2024

N/A

Feb - Jul 2024

***New Draft**

Approval of QAC & Council

Aug - Sep 2024

Oct - Dec 2024

Jan - Feb 2024

Approval of QAC

Mar 2025

Consultation Feedback

Council materials
Pages 239 - 240

- Consultation was undertaken via online survey
- Consultation period: Oct 7 – Dec 5, 2024
- Total number of responses: **99**

Link

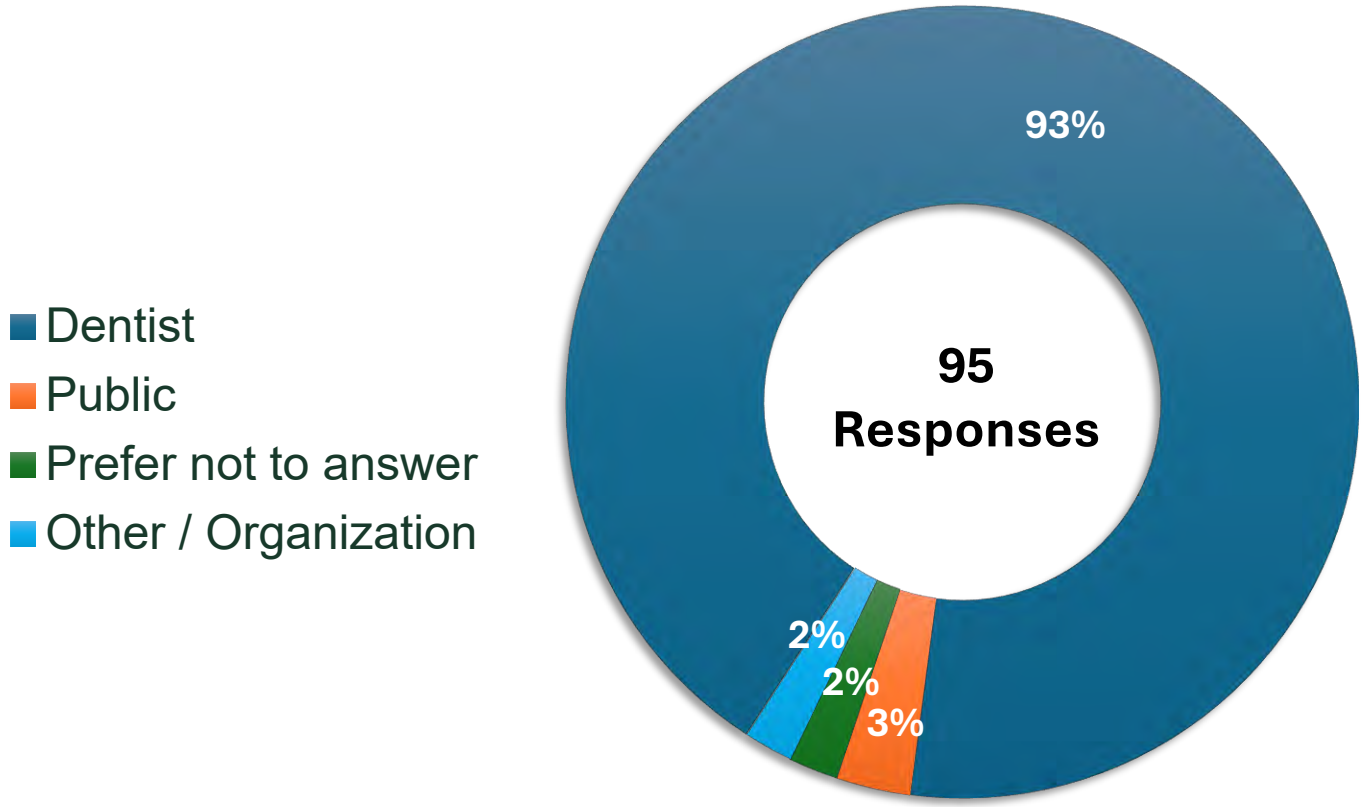
Link to **Consultation Report**: Page 239

Survey → **95**

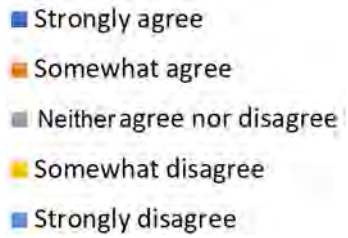
Mail & email → **4**

Image(s): Flaticon.com

Survey Summary

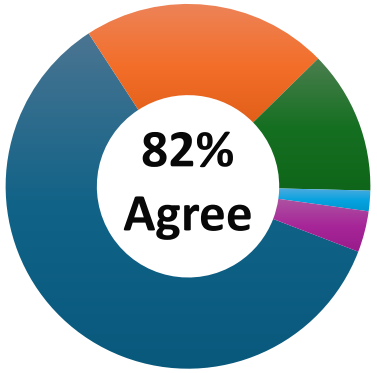


Overall Assessment

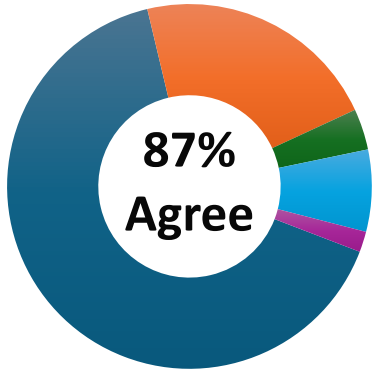


"The draft Standard is…"

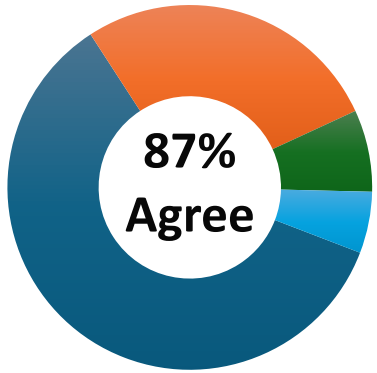
Accurate



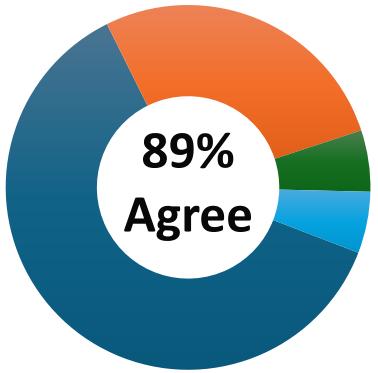
Comprehensive



Easy to understand



Clearly written



Constructive Feedback

Council materials
Page 240

- Overall, constructive feedback was minimal
  - *Adjust some terminology*
  - *Soften tone*
  - *Address “delegation” of the consent discussion*
  - *Simplify advice for documentation*
  - *Adjust advice for discussing fees*

Image(s): Flaticon.com

Additional Feedback

Public consultation

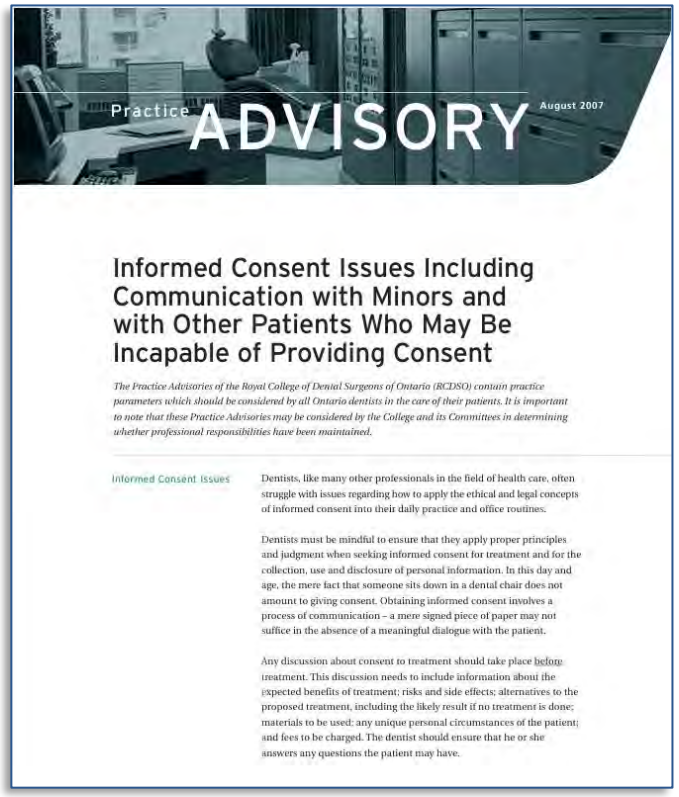
Staff dentists

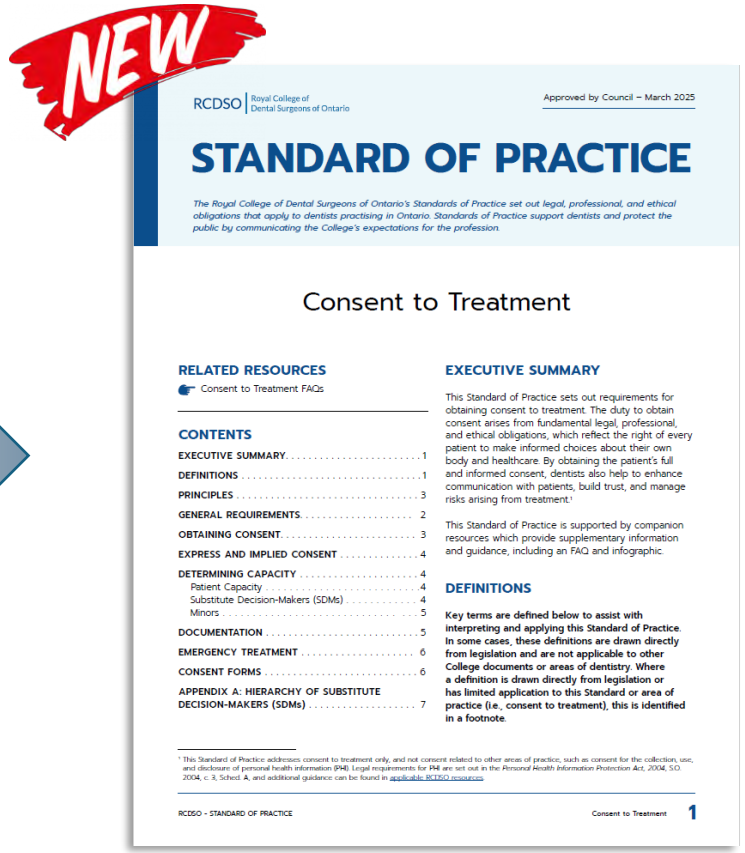
Standing Policy Working Group A

QAC

Revised Draft Standard

Council materials
Pages 243 - 252





Image(s): Flaticon.com

What's new?

Council materials
Pages 240 - 241

The fundamental requirements for consent have not changed

- ✓ The Standard has been reformatted for clarity and accuracy
- ✓ Content has been corrected, updated, and expanded
- ✓ Supplementary resources have been added to assist decision-making

Content (Comparison)

Current Practice Advisory	Draft Standard
Fundamentals of consent (HCCA)	Fundamentals of consent (expanded)
Recordkeeping (basics)	Recordkeeping (expanded)
Consent from minors (basics)	Consent from minors (clarified)
Incapable adults and SDMs (basics)	Incapable adults and SDMs (expanded)
	Definitions **(New)**
	Express vs. implied consent **(New)**
	Hierarchy of SDMs **(New)**
	Emergency treatment **(New)**
	Consent forms **(New)**

Key Revisions

Council materials
Pages 240 - 241

- General copy editing (throughout)
- Revised terminology (e.g., lines 61 – 62)
- “Delegation” of the consent discussion (lines 96 – 99)
- Advice for documentation (lines 226 – 257)

Supplementary Resources

CONSENT TO TREATMENT

gives the dentist the authority to proceed with treatment and the confidence to know that the patient is making an informed, voluntary decision that they have the capacity to make

WHY DO YOU NEED CONSENT FOR TREATMENT[1]?

LEGAL

Treatment (other than in an emergency) may only happen when there is consent. In the absence of consent, there may be legal consequences (e.g., battery, negligence)

ETHICAL

Consent embodies the principle of autonomy and lets the patient decide what treatment or care they receive.

PROFESSIONAL

Misconduct occurs when there is treatment without consent.

[1]Treatment is defined as anything done for a therapeutic, preventive, palliative, diagnostic, cosmetic or other health-related purpose

WHAT ACTIONS MUST YOU TAKE AS A DENTIST?

CARE Have you described the:

- ✓ Nature of the treatment?
- ✓ Alternative courses of action?
- ✓ Expected benefits?
- ✓ Relevant fees?
- ✓ Risks and side effects?
- ✓ Consequences of NOT having treatment?

CAPACITY Does the patient:

- ✓ Understand the information relevant to the treatment and the decision they must make?
- ✓ Appreciate the consequences of the decision or lack of decision?
- ✓ If not, have you contacted the patient's substitute decision maker using the following hierarchy?

1. Guardian of the person
2. Power of attorney
3. Personal representative
4. Spouse/partner
5. Child, custodial parent, or CAS
6. Access parent
7. Brother/sister
8. Any other relative

COMMUNICATION Have you asked yourself:

- ✓ What would a reasonable person want to know in these same circumstances?
- ✓ What are the specific circumstances or concerns that are uniquely important to this patient?
- ✓ Have you documented the consent discussion.

WHERE CAN YOU GET MORE INFORMATION?[2]

Link

[2]This infographic is intended to be a convenient reference. Please refer to the Standard for complete information.

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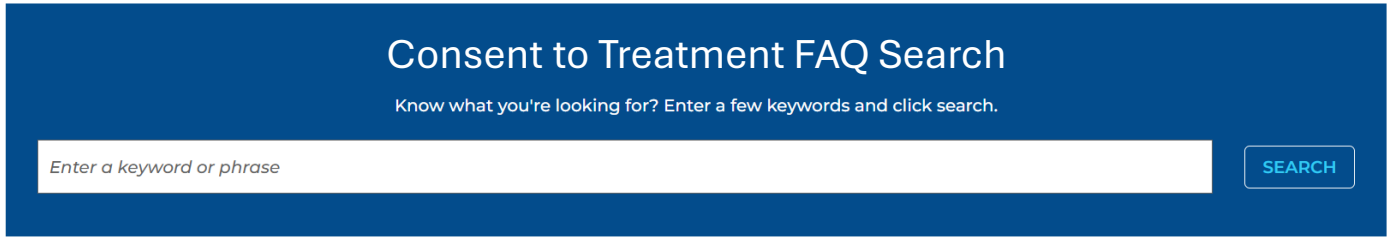
Frequently Asked Questions



Examples:

- ✓ Fundamental requirements
- ✓ Defining “material risks”
- ✓ Divorced and/or separated parents
- ✓ “Informed refusal”
- ✓ “Delegation” of the consent discussion
- ✓ Creating consent forms

Questions

1. Does Council have any feedback on the revised Draft **Consent to Treatment** Standard?

2. Does Council approve the revised Draft **Consent to Treatment** Standard as a Standard of Practice of the RCDSO?

MINUTES OF THE 449th SPECIAL MEETING OF COUNCIL

Tuesday, May 13, 2025

Via Zoom videoconference and live streamed via YouTube

The 449th Special Meeting of the Council of the Royal College of Dental Surgeons of Ontario was held on Tuesday, May 13, 2025, at 5:00 p.m.

Attendance:

Chair
Hanno Weinberger

Council members

Elected Representatives:

Nalin Bhargava	District 1
Robyn Somerville	District 2
Peter Delean	District 3
Neil Gajjar	District 4
Daniel Fortino	District 5
Harinder Sandhu	District 6
Erin Walker	District 7
Osama Soliman	District 8
Antony Liscio	District 9
Deborah Wilson	District 10
Eilyad Honarparvar	District 11
Anthony Mair	District 12

Western University Representative:
Noha Gomaa

Lieutenant- Governor- in- Council Representatives:
Ram Chopra
James Colliver
Eleonora Fisher

Vivian Hu
Nizar Ladak
Brian Smith
Roderick Stableforth
Marc Trudell
Judith Welkovitch

Regrets:

Cristina Cordeiro	Public Appointee
Daniel Haas	University of Toronto Representative

General Legal Counsel:
Alan Bromstein

Registrar & CEO:
Daniel Faulkner

1. CALL TO ORDER AND LAND ACKNOWLEDGEMENT

The Chair called the meeting to order at 5:00 p.m. He welcomed Council members, staff and guests to the meeting and all those watching the meeting via YouTube. He offered a land acknowledgement to recognize the traditional lands of Indigenous peoples in Ontario.

2. ROLL CALL

D. Faulkner conducted the roll call.

3. *IN-CAMERA* BUSINESS

The Special meeting was moved *in-camera* for confidential discussion. Live-streaming ended.

MOTION #1:

Moved by: **A. Liscio**
Seconded by: **M. Trudell**

THAT Council excludes the public from the meeting to receive legal advice and/or opinions from the College's solicitors in accordance with clause 7(2)(e) of the Health Professions Procedural Code which is Schedule 2 to the *Regulated Health Professions Act*, 1991.

CARRIED

(Unanimously)

Following the *in-camera* discussion, the meeting resumed to open session.

4. DATE OF NEXT COUNCIL MEETING

The Chair advised that the next meeting of Council is scheduled for Thursday, June 19, 2025. It will be held virtually and live-streamed.

5. ADJOURNMENT

There being no further business, the meeting was adjourned at 7:00 p.m.

MOTION #2:

Moved by: **R. Stableforth**
Seconded by: **E. Honarparvar**

THAT the 449th meeting of RCDSO Council be adjourned.

CARRIED
(Unanimously)

SIGNED: _____
Signature of President

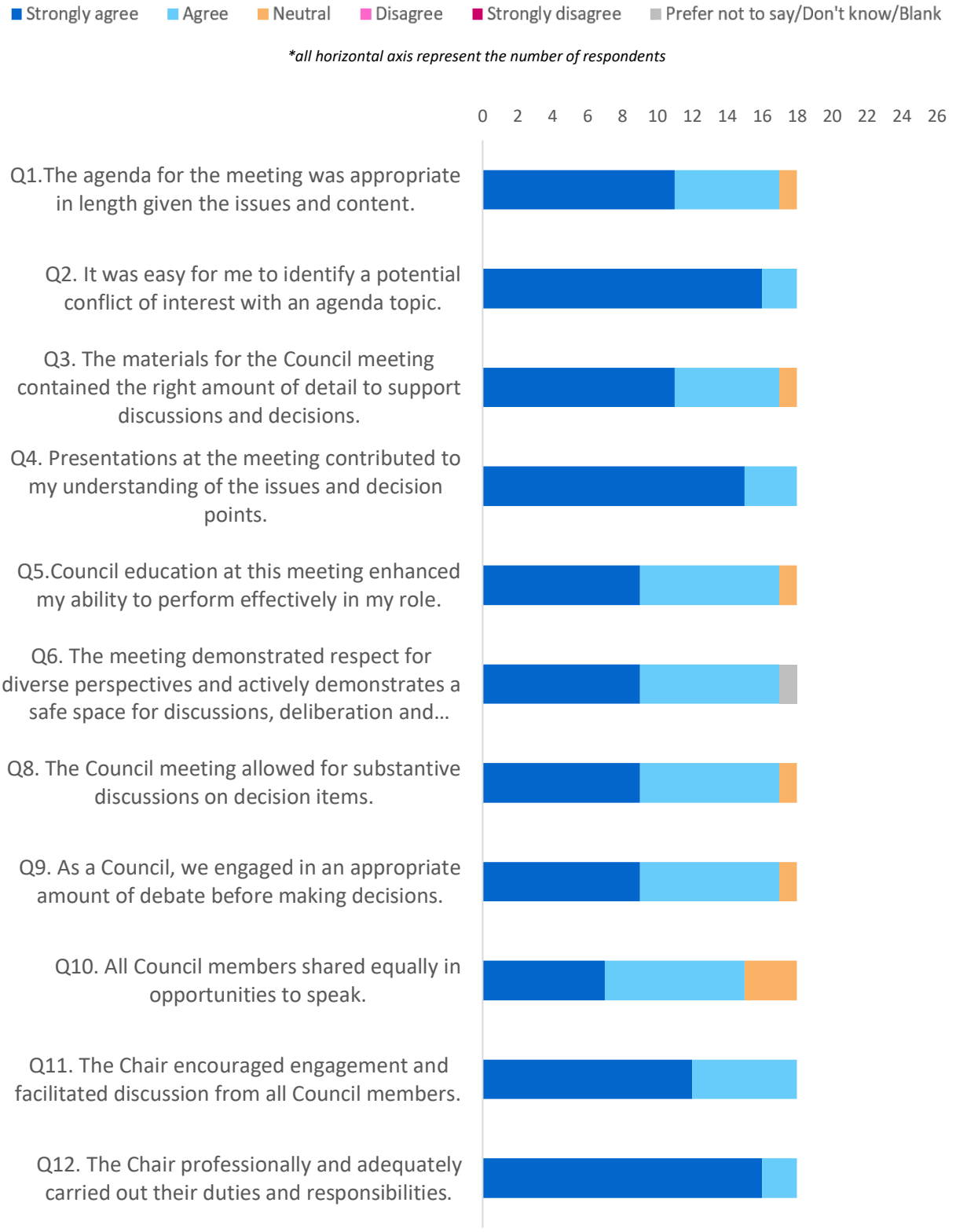
_____
Signature of Recording Officer

_____
Date

Council Meeting Evaluation Survey Report

Council Meeting #448 March 27, 2025

Quantitative Results



Council Meeting Evaluation Survey Report

Council Meeting 448 March 27, 2025

Qualitative Results

Q7. Additional Comments to Q6. *The meeting demonstrated respect for diverse perspectives and actively demonstrates a safe space for discussions, deliberation and equitable decision-making.*

- none
- no
- None
- Amazing Staff! Keep up the good work!!
- When deciding on vote can we make it more clear on what we are voting on I.e. draft options being the final published document with no changes after vote
- A very good and worthwhile meeting with plenty of opportunities to ask questions, hear other members input, and provide feedback on a wide variety of topics. We completed a great deal of important business topics within our strategic plan priorities, accomplished a number of decisions on timely topics.
- There were a few different perspectives and opinions, but members were noticeably respectful of each other's point of view, which was a good situation.

Council Meeting Evaluation Survey Report

Council Meeting #448 March 27, 2025

Qualitative Results

Q13. What is one thing that will improve the next Council meeting?

- I thoroughly enjoyed meeting council members and staff in person.
- Continuation of " in person " Council meetings. Interactions are best when in person versus virtual
- Keep tweeking the process to make it even more effecient and productive.
- Nothing to suggest at this time
- Pen and paper helped today. Need that every time.
- Offer the opportunity for council members to ask questions prior to the YouTube council meeting regarding the council materials provided. This would allow council members to ask detailed questions prior to the meeting to seek clarification on any issue. This will help the chair present motions without having to edit them on the YouTube council meeting.
- Make it more clear on what we are voting on and how it will be carried forward
- Nothing
- Following the same process and procedures we utilized at this meeting. I believe all members were encouraged to participate and share their views. Cheers & thanks.
- If members can be more mindful of the break times, the audience online would not have to wait unnecessarily.

Registrar & CEO Report to Council
Prepared by Daniel Faulkner
June 19, 2025

GOVERNANCE & REGULATORY LANDSCAPE

- In March 2025 the Dennis O'Connor report, prepared for Convocation of the Law Society of Ontario (which serves as the oversight Board of Directors), was released to the public. The O'Connor investigation and report was established to review the circumstances leading to the amendment of the CEO's employment contract without Convocation approval. The report is instructive in a number of ways including the need for appropriate documentation, access to documents and approvals for compensation issues, and a need to ensure explicit responsibilities and ownership for decisions. The circumstances leading to the appointment of Dennis O'Connor were the subject of great interest by certain media outlets as an example of a failure of regulatory governance.

- As the federal and provincial governments across Canada actively work to break down barriers to inter-provincial mobility, health care professionals continue to be part of the storyline. The following are brief updates on some initiatives that are happening in Ontario and beyond.

    - The Ontario Government introduced Bill 2, *Protect Ontario Through Free Trade Within Canada Act, 2025*. The impact of this legislation, often called "As of Right", is that multiple health professions (including dentists) who are licensed in another Canadian jurisdiction, could begin to practice immediately in Ontario while awaiting the outcome of their application for registration. The RCDSO and the Health Profession Regulators of Ontario (HPRO) have expressed support for any legislation that removes barriers to inter-provincial mobility, and also ensures patient safety. Regulations to support the legislation were posted in April and the RCDSO and HPRO submitted our response and suggestions (included in the Council June 19, 2025 Information Items).
    - Related to the "As of Right" legislation, the Ontario Government is also making it easier for US licensed nurses and board-certified physicians to move and practice in Ontario at an expedited pace. Interested practitioners can begin work in Ontario health care settings for up to six months while finalizing their registration with the provincial regulator. It is conceivable that this same rule might apply to dentists, and RCDSO is working to ensure that good standing is known before any individual begins to work in Ontario, and that the potential place of practice will provide appropriate supervision structure.
    - Similar fast-track legislation is being introduced in most other provinces and by the federal government. Colleges will continue to support the reduction and removal of unnecessary barriers to provincial licensure, but always within a framework of patient and public safety.
    - As provinces rapidly remove barriers, regulators will continue to monitor performance, care and safety by members of their professions. A recent news article focused on Manitoba's nursing regulator and its concerns that some applicants will seek licensure in the province with the lowest level of requirements and due diligence. Once licensed in one province or territory, an individual becomes mobile and can practice rapidly

elsewhere. The potential perils were reported by Manitoba's nurse regulator and include practitioners not being able to perform basic skills of the profession and changes to the volume and severity of complaints received by the regulator. This is a good example of how regulators can use its data to evaluate government policy. The College is considering ways to monitor our experience as new legislation and rules take hold in Ontario.

- Council recently held a 1.5 day retreat to consider a 10-year outlook on oral health care delivery and the changes required to appropriately regulate dentistry. At the time of Council, the College will have just wrapped up its retreat and will commit to reporting its discussion outcomes in the coming months. The next strategic plan of the RCDSO will be based on the retreat's findings.

- In September 2024, I reported on a Government of Ontario consultation on the role of Preferred Provider Networks (PPN) in Ontario's employer-sponsored drug insurance sector and whether a regulatory framework is necessary. As background, a PPN is a contractual agreement between an insurer and pharmacy operator(s) providing for discounts on pharmacy mark-ups; preferential access to plan members; and/or specialized handling services for high-cost medications. It can limit the insured member (the patient) to a small number of pharmacy operators, and does not permit patient choice. The Government of Ontario is now consulting further on two policy options. The first option relates to mandating any pharmacy PPN be open to any pharmacy operator that meets a PPN's terms. The second option relates to standardizing mandatory exemptions to pharmacy PPNs so consumers can access pharmacies outside of their network. There is no suggestion this will expand to non-pharmacy contractual arrangements, but RCDSO staff will continue to monitor the consultation and solutions pursued by the Government.

PARTNERS AND COLLABORATORS

- On May 10, 2025 the University of Toronto, Faculty of Dentistry celebrated its 150th anniversary with an open house for alumni, faculty, students and the wider community within dentistry. The College sent a congratulatory letter to the Dean, and both the President and the Registrar were able to attend the open house.

- The University of Toronto announced the appointment of Dr. Anil Kishen as the Dean of the Faculty of Dentistry, commencing on July 1, 2025 for a five-year term. The announcement can be found here. The President and the Registrar have sent the new Dean a congratulatory letter.

- College staff had three submissions selected for presentations at the October 2025 CNAR Annual Conference. Each of the presentations are being done in collaboration with other regulatory partners:

    - ***From Bottleneck to Breakthrough: Tackling Investigation Backlogs***; Gillian Slaughter with colleagues from the College of Immigration and Citizenship Consultants; Professional Engineers Ontario and the Ontario College of Pharmacists;

- ***Regulating Health Professions in the Context of For-Profit Ownership***; Andréa Foti and Dan Faulkner with colleagues from the College of Veterinarians of Ontario and the Nova Scotia College of Pharmacists; and
- ***Measuring What Matters: Building Effective Regulatory Performance Frameworks***; Dan Faulkner with colleagues from Ontario College of Pharmacists, College of Licensed Practical Nurses of Saskatchewan; and the British Columbia College of Oral Health Professionals.

AROUND THE COLLEGE (REGULATORY, OPERATIONS, COMMUNICATION)

- Encouraging an environment for staff engagement and feedback continues to be a top priority for leaders at the College. Since the last Council meeting, staff have participated in feedback discussions about the themes emerging from the biennial staff survey, and an action plan is being developed. Staff also were provided with an opportunity to contribute to the strategic vision and their input was included in the report for Council's retreat. An all-staff town hall was held in late May 2025 with team building events, sessions to keep staff informed about program activities at the College, and an opportunity to contribute to a culture statement.

- The leadership team has continued to support its growth and development by participation in 360 feedback. Eight senior leaders initiated their feedback loop in mid-May, building off the experiences of the senior leadership team. The purpose of the 360 feedback loop is to identify how one is perceived by trusted stakeholders on a series of relationship and behavioural competencies. All participants are also provided with a limited number of facilitated sessions with an individual who provides perspective and challenges to strengthen leadership competence and confidence.

- The College staff is pleased to provide Council with the quarterly Dashboard Report: Operational Highlights, for your information (included with the written Registrar's Report). The report continues to provide quantitative updates on the regulatory programs operated by the College.

- The College recently completed its annual renewal cycle for dentists who provide sedation in their practice. The Facilities Inspection Program team and numerous staff from supportive departments completed another successful renewal cycle.

- RCDSO Connect webinars continue to be a successful way to build the College's relationship with the profession and to impart current and practical information to the profession. Attendance at the events is now always approaching 2,000 participants and if a session is missed, it can be viewed at a later date on the College's YouTube Channel. Council members Antony Liscio and Deborah Wilson hosted a webinar following the March Council meeting to present the following standards to the profession: Prevention of Boundary Violations and Sexual Abuse and Consent to Treatment. And in June, our topic looked at perspectives from two legal representatives highlighting best practices for clinical communication and practical strategies to strengthen patient interactions, support informed consent, and maintain professional boundaries in both clinical and non-clinical settings.

- The College leadership team is finalizing a crisis management plan, including a crisis communications plan, to ensure an effective and structured approach in the event of a declared crisis. More information will be provided to a future Executive Committee meeting.

Respectfully submitted,
Daniel Faulkner, Registrar & CEO

Council Dashboard Report

Operational Highlights

June 2025

Royal College of
Dental Surgeons of Ontario

Current Metrics

Program Area	Metrics
Quality	Regulatory Requirements Dashboard, 2025
Registration	Average Application Processing Timelines, by Month Average Application Decision Timelines, by Month
FIP	Open CT Facility Permit Applications by Year of Submission, by Month Sedation Applications Processed Within Target Timeframe for 2025 ***NEW***
PCRA	Total Active Cases by Number of Days ***NEW***

Notable Acronyms

CRM	Customer Relationship Management
CE	Continuing Education
ERP	Enterprise Resource Planning
FIP	Facility Inspection Program
HPC	Health Profession Corporation
IT	Information Technology
MRC	Member Resource Centre
PCRA	Professional Conduct and Regulatory Affairs
PET	Practice Enhancement Tool
QA	Quality Assurance
UX/UI	User Experience/User Interface

For a full list of acronyms, refer to "Lexicon of Commonly Used Acronyms" in the Council Materials

Quality | Regulatory Requirements Dashboard - O. Reg. 27/10 QUALITY ASSURANCE

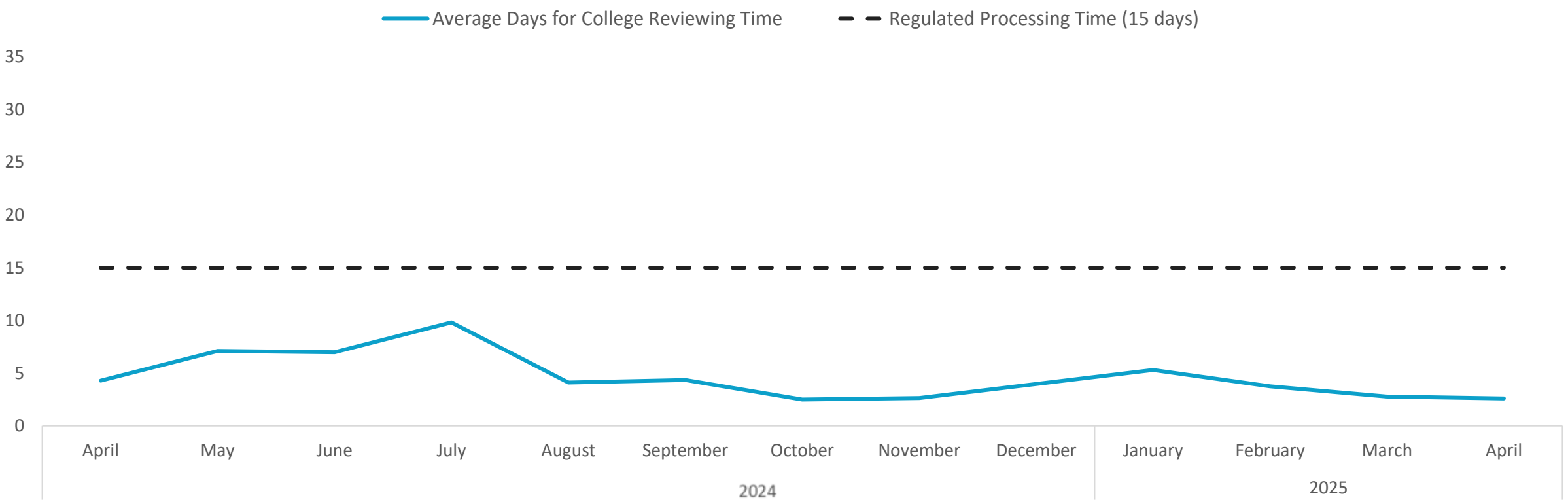
- Upcoming activity
- On track per project plan
- No activity planned
- Minor variation, managed within department
- Course correction required

Components of QA Program	Jan-Mar	Apr-Jun	Jul-Sep	Oct-Dec
Continuing Education audits	n=6737 (100%)	First reminders		
CE Category 1 course approval		n=32 (27 new; 5 resubmissions)		
PET administration (2025-2029)		Launch April 1		
PET new question development		1 review complete, 1 in progress		
Peer and Practice Assessments		As required		
Annual Declaration of Compliance		99.6% declared compliance		

Key Points

- **CE Audits** - First reminder messages sent to cohort who will finish their CE cycle in Dec-2025 (n=1687).
- **32 Category 1** courses have been approved by the QAC in 2025 YTD, bringing the total available to **over 200.**
- **PET launch complete** – For the cohort scheduled to start April 1-June 30, 553 of 1143 complete (passed) as of May 22
- **PET New Questions** – completed for Medical Emergencies and in progress for Oral Medicine & Pathology. Questions will be refreshed and available for use in Q3.

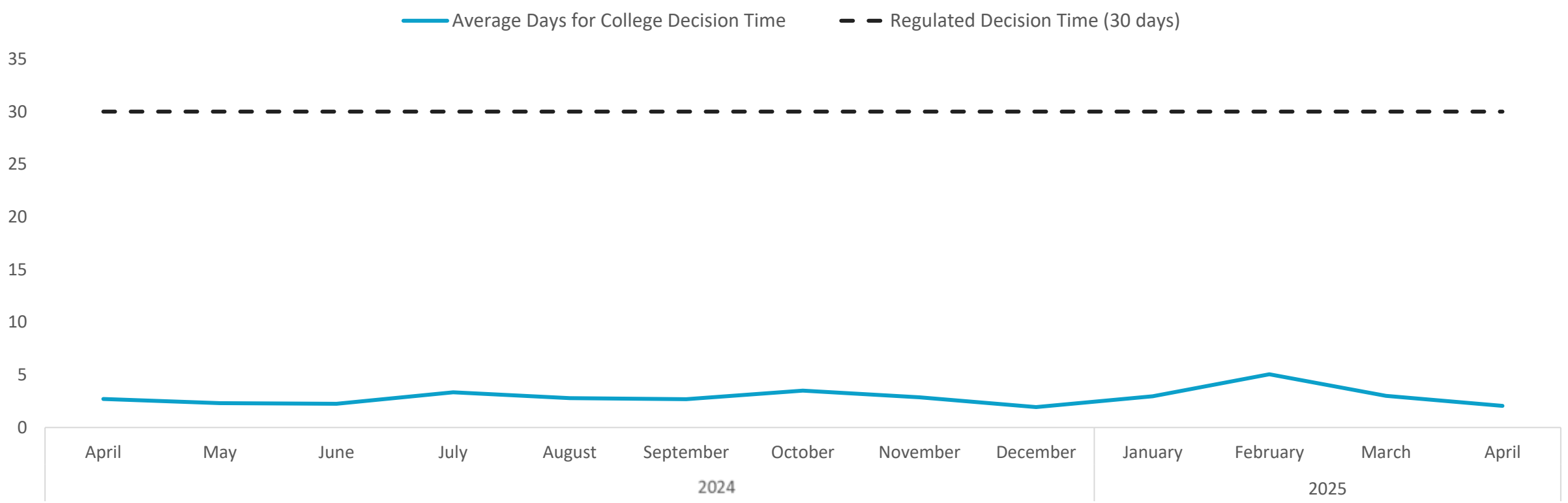
Registration | Average Application Processing Timelines, by Month



Key Points

- The Registration Department continues to meet the regulated timelines for application processing in 2025.
- The **blue line** represents the average time (days) it takes to process an application from the time it is initially received by the College to when staff correspond with the dentist to indicate that the application is either complete, or there are outstanding requirements to be met. This timeline must be less than 15 days (dotted black line).

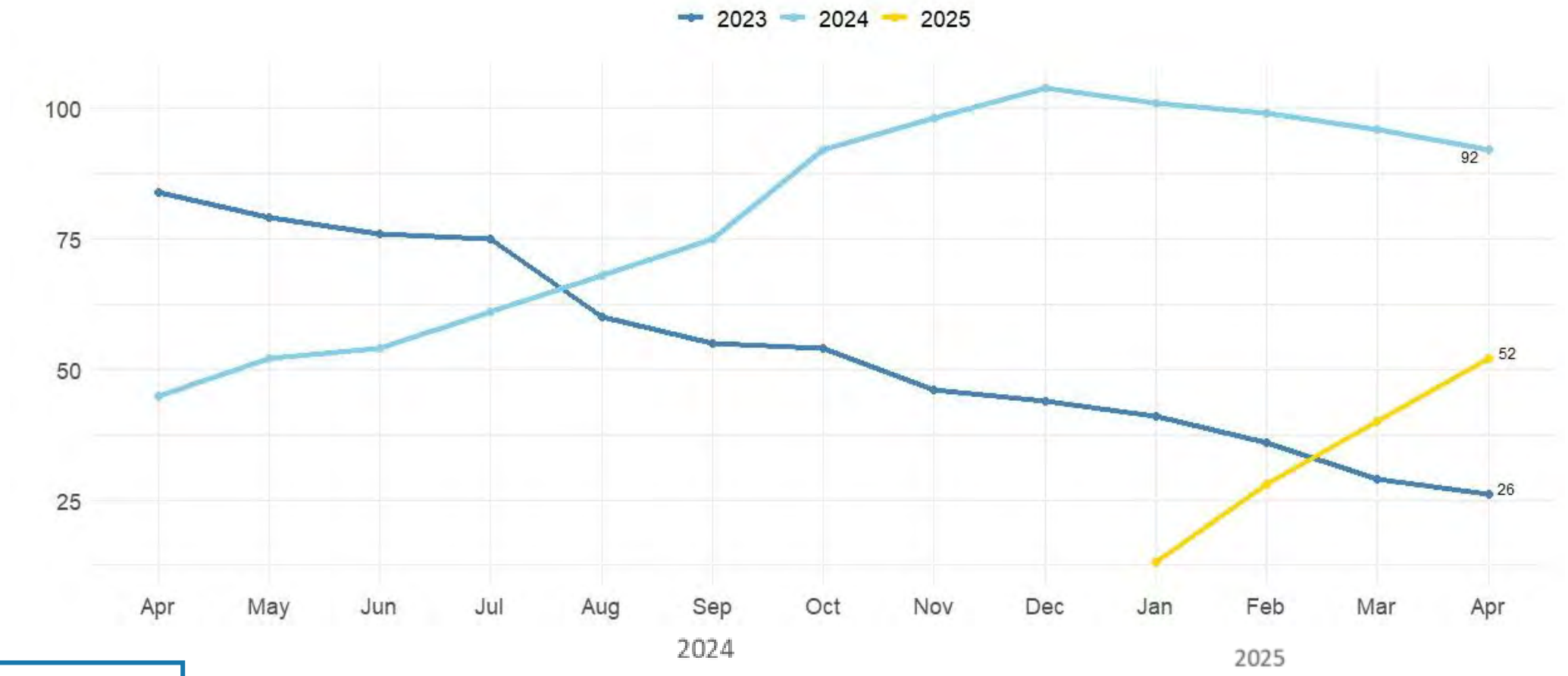
Registration | Average Application Decision Timelines, by Month



Key Points

- The Registration Department continues to meet the regulated timelines for application decisions in 2025.
- The **blue line** represents the average time (days) it takes to make a decision on an application once it is complete, which must be less than 30 days (dotted black line).

Facilities Inspection Program (FIP) | Open CT Facility Permit Applications by Year of Submission, by Month



Key Points

- Since January 2025, the FIP Department is has closed 16 applications filed in 2023 and 11 applications filed in 2024.
- The FIP Department will continue to prioritize closing 2023 applications through the remainder of the year by proactively engaging applicants with open files.

Facilities Inspection Program (FIP) | Sedation Applications Processed Within Target Timeframe for 2025

All sedation facility permit applications

Processing targets: 75% new sedation facility permit applications processed and assigned to an inspector in 45 days

All non-visiting sedation members authorizations applications

Processing target: 80% new non-visiting sedation applications processed and approved in 60 days

All visiting sedation members authorizations applications

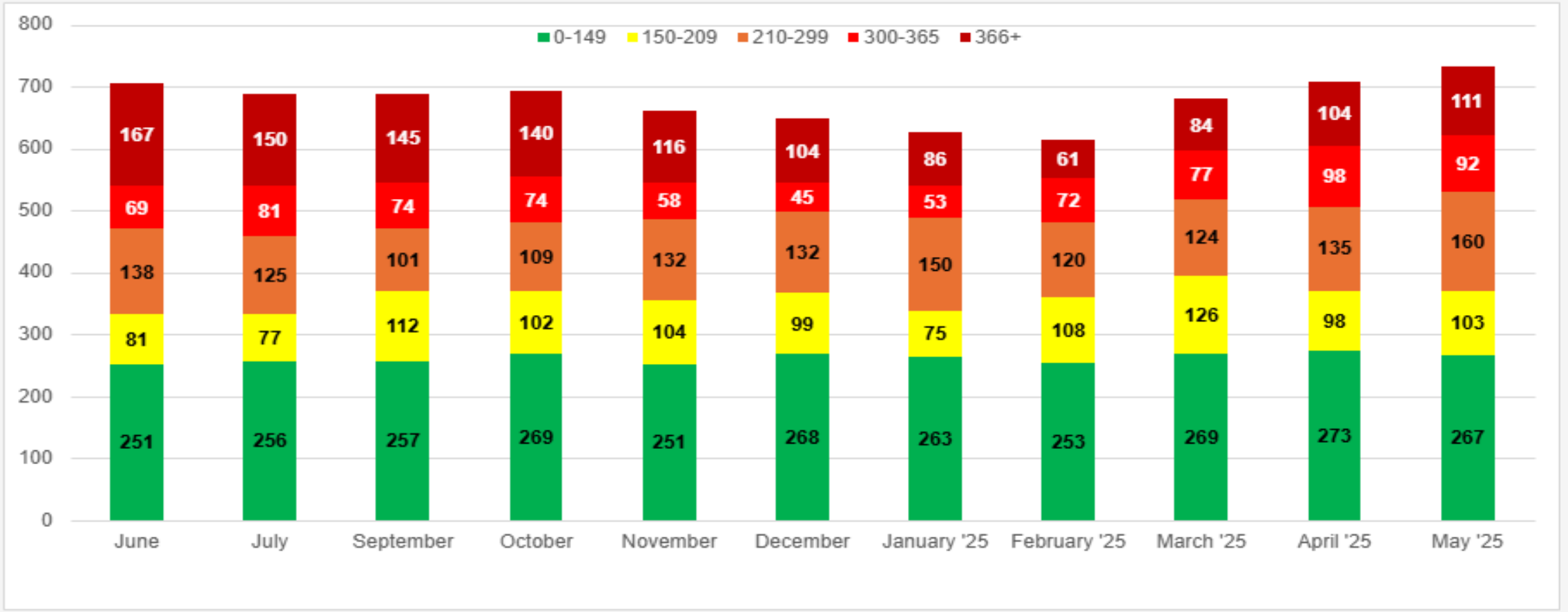
Processing target: 80% new visiting sedation applications processed and assigned to an inspector in 60 days

Key Points

- The FIP Department is introducing new metrics for sedation which better reflect the Department's performance based on established target application processing timelines.
- The FIP Department has surpassed its target in all three sedation application categories for filed from January to April 2025.

Professional Conduct and Regulatory Affairs (PCRA)

Total Active Cases By Number of Days



Key Points

- Since June 2024, the number of cases 366 days or older has decreased by 15%.
- 72% of active cases are less than 300 days old.

Retired Metrics

- Current metrics reported to Council highlight key initiatives departments prioritize to monitor progress and measure success
- Once the departmental objectives are accomplished and reported to Council, the metrics are removed, clearing space for reporting on new initiatives
    - These metrics are often continued to be monitored internally for operational purposes
- For reference, a list of previously reported (retired) metrics along with their duration are found on the following slide
- Following this are a historical account celebrating **Key Accomplishments** stemming from these **Retired Metrics**

Retired Metrics

Program Area	Retired Metrics	Duration on Council Dashboard Report
PCRA	Number of Open Casefiles by Month, 2021-2023*	● ● ● ● ● ● ● ● ● ● ●
	Open Casefiles by Year the Case Commenced, rolling 12-Months*	● ● ● ● ● ● ● ● ● ● ●
IT	The Bridge Journey (2019-2021) * The Bridge Journey (2021-2022)* The Bridge Journey (2023 Q1 & Q2)*	● ● ●
	The Bridge Journey (2023 Q3)*	●
	IT Projects and Initiatives Summary, 2023	●
FIP	Completed & Remaining Backlog of Provisional CT Facility Permits, by Month*	● ● ●
Quality	Development Milestones for New ePortfolio Platform*	● ● ● ●
	PET – New Question Development 2023, 2024	● ● ● ● ● ● ● ●

2021 | 2022 | 2023 | 2024

Quarters: 1 2 3 4 | 1 2 3 4 | 1 2 3 4 | 1 2 3 4

First Council Dashboard Report (September 2021)

*Retired Metrics associated with Key Accomplishments (see next slides)

Key Accomplishments of Retired Metrics

Objectives

With an increasing number of new, open and backlog of casefiles, PCRA undertook dramatic process, information audit and strategic changes with the goal of reducing the number of active casefiles.

Metrics

1. Number of Open Casefiles by Month, 2021-2023
2. Open Casefiles by Year the Case Commenced, rolling 12-Months

Accomplishments

Over a 2½ year period, the PCRA team decreased the number of open casefiles by 55%. This can be attributed to a combination of factors including increasing the number of ICRC panel meetings per year, adding additional cases to review during each panel meeting, investigation process changes, data quality cleanup within the CRM (the Bridge) and auditing information of active casefiles.

PCRA

Reducing the number of Open Casefiles and backlog of older Casefiles

Key Accomplishments of Retired Metrics

Objectives

The Bridge metrics were developed to monitor the progress towards technical and program-oriented milestones.

Metrics

1. The Bridge Journey (2019-2021)
2. The Bridge Journey (2021-2022)
3. The Bridge Journey (2023 Q1 & Q2)
4. The Bridge Journey (2023 Q3)

Accomplishments

The Bridge was successfully launched in 2020 along with major and minor releases throughout 2021-2023. This key accomplishment was a major financial and operational success for the College that unified access to information across departments and teams.

Information Technology

Developing and Releasing an entirely new CRM platform ("the Bridge") to modernize College Information Systems

Key Accomplishments of Retired Metrics

Objectives

The FIP Department was tasked with converting older Provisional CT Facility Permits to Annual Permits to improve application processing timelines.

Metrics

1. Completed & Remaining Backlog of Provisional CT Facility Permits, by Month

Accomplishments

In under a year (9 months), the FIP Department were successful in converting all Provisional CT Facility Permits to Annual Permits. This was well-ahead of the projected timeline of 12 months.

FIP *Eliminating the backlog of older Provisional CT Facility Permits*

Key Accomplishments of Retired Metrics

Objectives

Quality partnered with the IT Department to improve Dentists' ability to submit, record and track their CE credits with the overarching goal to help them abide by their Quality Assurance requirements.

Metrics

1. Development Milestones for New ePortfolio Platform

Accomplishments

Over the course of 12 months, the Quality and IT Departments developed a revolutionary new system for Dentists to manage their CE credits and transitioning from small sample random audits to automated audits for 100% of current cycle registrants. Additionally, the feedback received from community Dentists was an invaluable source of information the helped refine the development process.

Quality

Modernizing the ePortfolio Platform to improve Dentists' interactions with submitting, recording and tracking their Continuing Education (CE) credits

Key Accomplishments of Retired Metrics

Objectives

Establish a rigorous process to review PET questions and regular cycle for planned reviews.

Metrics

1. Milestones for PET New Question development

Accomplishments

1. Development and implementation of a rigorous process to develop new PET questions, including:
   - Statistical analysis and selection of current questions
   - Development of blueprint
   - Training and coaching of Writing Group
   - Review Group recommendations
2. Random assignment of questions proportionate to blueprint areas
3. Identification of regular (5 year) review cycle with 4 competencies/year

Quality

Practice Enhancement Tool (PET) New Question Development 2023, 2024

RCDSO COUNCIL WORK PLAN 2025

Category	Item	Responsibility	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
Strategic Plan	Review progress on strategic objectives	Council			C			C			C			C
	Discuss and refresh strategic plan	Council w/Registrar						C						
Finance	Approve annual budget	Council												C
	Approve audited financial statements	Council						C						
	Review quarterly results	Executive/Council			C	E		C	E		C	E		C
	Review financial policies and procedures	TBD												
Registrar and CEO	Registrar's Report	Council			C	E		C	E		C	E		C
	Establish performance goals for Registrar and CEO	Exec/Council/Registrar										E		C
	Performance check-in	Exec/Registrar							E					
	Prepare new CEO evaluation form	Executive										E		
	Performance appraisal	President/VP												C
	Review succession planning	Exec/Council										E		C
Council Affairs	Consider/approve governance modernization in line with Ontario MOH proposal and best practices	Governance Committee/Council			GC		GC	C		GC	C		GC	C
	Council education sessions	Council	C	C	C			C			C			C
	Consider/approve bylaw amendments re elections, selections and committee appointments	Governance Committee/Council						C			C			

Royal College of
Dental Surgeons of Ontario

COUNCIL
BRIEFING NOTE

TOPIC: Financial Update

FOR INFORMATION

June 19, 2025

ISSUE:

Financial Results: To ensure that Council receives regular updates on the College's financial position.

PUBLIC INTEREST:

- This matter relates to the College financial position and maintaining fiscal responsibility to support the public interest by putting patients first and fulfilling legislative obligations.

BACKGROUND:

- Staff regularly report to the Finance, Audit & Risk (FAR) Committee with respect to the College's financial performance.
- FAR provides oversight on financial results throughout the year.

ANALYSIS:

April 2025 Fiscal Results

- Attached in Appendix A are the Statement of Financial Position and Statement of Operations at April 30, 2025 (4 months into the year).
- FAR receives quarterly updates with detailed commentary from staff to remain well informed on the financial position of the organization. It is also important for Council to be up to date on financial matters.
- Although it is too early in the year to develop a forecast, the College has already recorded 91% of the annual revenue budget. The majority proportion of the revenues are registration and annual fees, at 95% of the budget.
- Investment income has a positive income of approximately $865 thousand, comprised of interest income on GICs and long-term bonds, dividend income, partially offset by an unrealized loss on the fair market value of equity holdings.
- Expenses, at 32% of the budget, are right on track four months into the fiscal year.
- Staff will prepare the year-end forecast when June financial results are available.

NEXT STEPS:

- Continue to report results throughout the year to the FAR Committee and Council.

DECISION FOR COUNCIL:

None at this time

CONTACT:

Kelly Tripp, ktripp@rcdso.org

Jeffrey Gullberg, jgullberg@rcdso.org

Attachment:

Appendix A: Statement of Financial Position at April 30, 2025
Statement of Operations for the four-months ending April 30, 2025

RCDSO | Royal College of Dental Surgeons of Ontario

Statement of Financial Position

as at April 30

	2025	2024
Assets	$	$
Cash	8,294,337	6,168,234
Short-term investments	12,439,046	895,009
Accounts receivable	194,364	150,922
Prepaid expenses	451,533	205,270
	21,379,280	7,419,435
Long-term investments	63,531,691	68,171,911
Pension plan assets	28,400	-
Capital assets	8,666,013	9,352,521
Total Assets	93,605,384	84,943,867
Liabilities		
Accounts payable & accrued liabilities	733,593	56,263
Deferred revenue	391,808	366,701
Accrued claims liability	25,380,334	27,006,942
Pension plan liabilities	-	2,364
Post-retirement benefit plan liability	3,955,300	3,935,700
	30,461,035	31,367,969
Net Assets		
PLP Reserve	22,522,275	22,522,275
Operating Reserve	3,521,121	1,521,121
Unrestricted	37,100,953	29,532,504
	63,144,349	53,575,898
Total Liabilities and Net Assets	93,605,384	84,943,867

RCDSO | Royal College of Dental Surgeons of Ontario

Statement of Operations

For the Four Months Ending April 30, 2025

	Year to Date (YTD)	Annual Budget	% of Budget Used	Prior Year (PY)
Revenue	$	$		$
Registration and annual fees	39,654,394	41,780,350	95%	37,332,121
Investment income	865,732	2,099,855	41%	1,396,639
Professional liability program recoveries	74,750	235,000	32%	67,000
Professional conduct recoveries	87,850	305,000	29%	81,500
Other income	18,550	180,625	10%	14,950
TOTAL REVENUES	40,701,276	44,600,830	91%	38,892,210
Expenses				
Staffing costs	6,768,160	21,804,943	31%	6,564,428
Professional liability program provision	2,500,000	7,500,000	33%	2,333,333
Consulting and professional fees	776,385	4,020,119	19%	469,601
Telecommunications and technology	878,809	2,333,575	38%	786,587
Amortization	576,885	1,683,500	34%	588,581
Operations and facilities	181,734	637,905	28%	175,426
Administration	244,216	1,552,689	16%	218,515
Council and committees	322,144	1,303,468	25%	220,921
Insurance and brokerage	716,755	742,480	97%	695,179
Faculty payments and fees	531,821	623,160	85%	564,473
TOTAL EXPENSES	13,496,909	42,201,839	32%	12,617,044
Excess (deficiency) of revenue over expenses	**27,204,367**	**2,398,991**		**26,275,165**

Royal College of
Dental Surgeons of Ontario

Strategic Plan 2023-25
Report to Council

FOR INFORMATION

June 2025

This Report provides Council with an update on the projects arising from the College's Strategic Plan 2023-25

BACKGROUND:

- Council approved the College's 2023-25 Strategic Plan (attached as **Appendix A**) in September 2022.

- The 2023-25 Strategic Plan was deliberately drafted to be a high-level document that describes the strategic direction of the RCDSO over three years.

- The 2023-25 Strategic Plan is grounded by three Pillars, together with their corresponding objective. They are as follows:

- These strategic objectives will be advanced through six comprehensive Strategic Projects, each of which is located under one of the strategic pillars.

- Based on the RCDSO's experience under the 2020-23 Strategic Plan, we have focused on a smaller number of strategic projects that will achieve broader, aspirational change and transformation.

- This approach will allow the RCDSO to take a more rigorous approach to each project and strike a better balance between strategic work and the ongoing work of the College that is not captured in the Strategic Plan.

- The Strategic Projects are:

1. College Standards
2. Access to Care
3. Service Experience
4. Equity, Diversity & Inclusion
5. Governance Review & Modernization
6. Practice Models & Corporate Dentistry

- The Strategic Projects are intended to span multiple years. The projects have deliberately been chosen to focus on externally facing issues and developments, not on College operations[1].

- Council will be kept apprised of the College's progress on these projects through two tools:

  1. This Report, which provides Council with a summary of projects and a status report containing highlights of ongoing projects.

  2. A Council Dashboard Report-Strategic Projects, which will chart the impact of specific projects through metrics.

2023-25 Strategic Projects: *Status at-a-Glance*

- Highlights of progress made in each project since the March 2025 Council meeting are included in the charts below.

[1] Updates on key operational projects and initiatives will be provided to Council through a separate report: Council Dashboard Report: Operational Initiatives. This Dashboard Report will supplement the Registrar/CEO's Report to Council, provided at each Council meeting.

1. STRATEGIC PROJECT: COLLEGE STANDARDS

STRATEGIC PILLAR & OBJECTIVE	PROJECT DESCRIPTION	UPDATES SINCE MARCH COUNCIL
	***Project Sponsor**: Andréa Foti* ***Project Manager**: Cameron Thompson* *College Standards will be modernized and updated on a regular basis to ensure currency.*	• Following Council's approval of RCDSO's new "Consent to Treatment" and "Prevention of Boundary Violations and Sexual Abuse" Standards of Practice, both Standards were highlighted as part of the April 2nd RCDSO Connects virtual webinar. • The College's Standing Policy Working Group has met to consider a new draft Standard of Practice: "Managing Conflicts and Ending the Dentist Patient Relationship". This draft Standard will update and replace the current "Maintaining a Professional Patient-Dentist Relationship" Practice Advisory. Council will receive more information on this work under a dedicated briefing note as part of the June Council meeting package. • Public consultations have been completed in relation to two new draft resources: RCDSO's draft "Foundations of Professionalism" document, which will replace the College's Code of Ethics, and new draft guidance for the use of artificial intelligence in dentistry. • RCDSO's Standards Webpage has been updated to include new definitions of key terminology that will support registrants in understanding and complying with College Standards.

2. STRATEGIC PROJECT: ACCESS TO CARE

STRATEGIC PILLAR & OBJECTIVE	PROJECT DESCRIPTION	UPDATES SINCE MARCH COUNCIL
	***Project Sponsor**: Andréa Foti* ***Project Manager**: Michelle Cabrero Gauley* *Building on initiatives under the 2020-23 Strategic Plan, this project will focus on professionalism and advancing equitable access to oral health care in Ontario.*	• Council reviewed and approved the draft Foundations of Professionalism document for public consultation at its March 2025 meeting and the consultation was held from March 31-May 30, 2025. The Professionalism Working Group will be reviewing the consultation feedback and proposing revisions to the Foundations of Professionalism document at its June and July 2025 meetings. A summary of the consultation feedback will be shared with the Quality Assurance Committee (QAC) and Council when the revised draft document is considered for final approval. • The Professionalism Working Group met in April and May 2025 to draft the new Standard of Practice on accepting patients into dental

		practices. That document will come to Council for consideration over the coming months. • College staff have been exploring bringing the Indigenous Primary Health Care Council (IPHCC) to the QAC for recognition as an approved sponsor for continuing education (CE) in Ontario. The IPHCC offers Indigenous Cultural Safety training and resources for health care providers.

3. STRATEGIC PROJECT: SERVICE EXPERIENCE

STRATEGIC PILLAR & OBJECTIVE	PROJECT DESCRIPTION	UPDATES SINCE MARCH COUNCIL
	***Project Sponsor**: Lesley Byrne* ***Project Manager**: Michelle Tremblay* *This project focuses on the opportunities that will transform RCDSO processes, systems and corporate culture as it relates to enhancing service experience and user experience.*	• Staff have developed key principles around our annual renewal modernization efforts. Staff have discussed at length the role the annual renewal plays in collecting required information from dentists about their practice while maintaining a modern user experience and protecting security and privacy. • The French Committee completed several tests of our environment to scan for gaps and opportunities in our French service delivery. Staff are reflecting on the findings and building out solutions.

4. STRATEGIC PROJECT: EQUITY, DIVERSITY & INCLUSION

STRATEGIC PILLAR & OBJECTIVE	PROJECT DESCRIPTION	UPDATES SINCE MARCH COUNCIL
	***Project Sponsor**: Lesley Byrne* ***Project Manager**: Michelle Tremblay* *This project intends to demonstrate the RCDSO's firm commitment towards becoming an equity-focused diverse and inclusive employer and actively leading by example to impact*	• In honour of Women's History Month, staff participated in a Women's History Month half- day learning session called "Making Connections & Building a Community of Support. This half-day experience featured guest speaker Michelle Johnston from WorkingWell who discussed "Women, Work & Well-Being". The program agenda also included a panel discussion with senior RCDSO leaders on how they build connections and community in their roles. Flowing out of this powerful day eighteen staff signed up to be matched in pairs to participate in an informal mentorship pilot program for four months. • The IDEA Committee continues to diligently review internal policies that impact how we work and the equitable and inclusive environment we are trying

STRATEGIC PILLAR & OBJECTIVE	PROJECT DESCRIPTION	UPDATES SINCE MARCH COUNCIL
	change in dental regulation.	to create. Since last Council, IDEA has successfully recruited three new committee members and reviewed four internal policies including Human Rights. • All staff have been invited to participate in professional development learning on an assessment tool called the Equity Sequence©. This tool is designed to help staff innovate and consider equity in the workplace, how they design processes and how to support the College in thinking about equity while we deliver service to the public. The training on the Equity Sequence© will be available for several months and an in-person community of practice learning day is scheduled for summer 2025.

5. STRATEGIC PROJECT: GOVERNANCE REVIEW & MODERNIZATION

STRATEGIC PILLAR & OBJECTIVE	PROJECT DESCRIPTION	UPDATES SINCE MARCH COUNCIL
	***Project Sponsor**: Dan Faulkner* ***Project Manager**: Lara Thacker* *This project will analyze emerging governance changes in Ontario and beyond, and implement governance proposals for RCDSO, including the implementation of reforms proposed by the Ministry of Health.*	• Since the last report to Council the Governance Committee met twice to consider design options, research and analysis pertaining to the three integrated governance modernization concepts that Council approved in principle in June 2024: 1. adopting a province-wide election; 2. reducing the number of elected Council members from 12 to 10; and 3. implementing staggered terms for Council members. • In addition, the Governance Committee considered and discussed eligibility requirements for university selected (academic) Council members that may present barriers to equity and capacity to serve on Council. • Council will receive dedicated briefing materials on these issues as part of the June Council meeting package.

6. STRATEGIC PROJECT: PRACTICE MODELS & CORPORATE DENTISTRY

STRATEGIC PILLAR & OBJECTIVE	*PROJECT DESCRIPTION*	*UPDATES SINCE MARCH COUNCIL*
	***Project Sponsors**: Dan Faulkner & Andréa Foti* ***Project Manager**: Deni Ogunrinde* *This project will analyze various dental practice models, including corporate ownership models, and the implication on quality of care and dental regulation.*	• A report and briefing note on the Practice Models and Corporate Dentistry strategic project is included in the Council package for the June meeting as a decision item. • The report analyzes and recommends options for the RCDSO to address issues and harness opportunities related to dental practice models. • A plan to implement the options that are approved by Council in June will be developed and shared with Council later in 2025.

METRICS

- Project Managers have worked closely with Eric de Sa, the RCDSO's Data Scientist to develop key performance indicators (KPIs) for each strategic project.

- With the support of Helen Qu, Data and Reporting Analyst, these KPIs are incorporated into the Council Dashboard Report-Strategic Projects, attached as **Appendix B**.

CONTACT:

Dan Faulkner, Registrar & CEO: dfaulkner@rcdso.org

Andréa Foti, Deputy Registrar & Privacy Officer, afoti@rcsdo.org

Attachments:

Appendix A: Strategic Plan, 2023-25
Appendix B: Council Dashboard Report -Strategic Projects

RCDSO STRATEGIC PLAN: 2023-2025

VISION

Everyone in Ontario has access to safe, high-quality oral health care.

MISSION

We act in the public interest and are committed to excellence in regulating the dental profession in Ontario.

PILLARS

- PROFESSIONALISM
- STAKEHOLDER ENGAGEMENT
- EMERGING ISSUES

VALUES

- ACCOUNTABLE
- COLLABORATIVE
- INNOVATIVE
- INCLUSIVE
- TRANSPARENT

Royal College of
Dental Surgeons of Ontario

OBJECTIVES

These objectives provide additional focus to the work of the College for the next three years. Objectives are anchored to a strategic pillar and define where we would like to be. The bullet points outline our areas of focus for developing strategies that will help us get there.

Our Commitment

- We take an evidence-informed approach to decision making.
- We apply a risk-based perspective in regulating the profession.
- We integrate the principles of Equity, Diversity and Inclusion in all we do.

PROFESSIONALISM

RCDSO promotes a culture of professionalism in dentistry that supports access to quality care, serves the public interest and upholds the public trust.

Areas of focus include:

- Access to care
- Practice models & quality of care
- Standards of Practice and Resources
- Continuing Professional Development

STAKEHOLDER ENGAGEMENT

RCDSO engages with the public, the profession and system partners to advance patient-centered oral health care and regulatory excellence.

Areas of focus include:

Enhancing engagement with:

- The public & the profession
- Oral Health Regulatory Colleges in Ontario & partner organizations
- Faculties of Dentistry
- Government
- RCDSO staff

EMERGING ISSUES

RCDSO anticipates and responds proactively to emerging issues and trends that may impact the public interest.

Areas of focus include:

- Emergency preparedness
- Government/political environment
- COVID-19 and post-pandemic recovery
- Technology (e.g., artificial intelligence and teledentistry)
- Governance
- Environment & sustainability

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Appendix B

Council Dashboard Report

Strategic Projects

Royal College of
Dental Surgeons of Ontario

June 2025

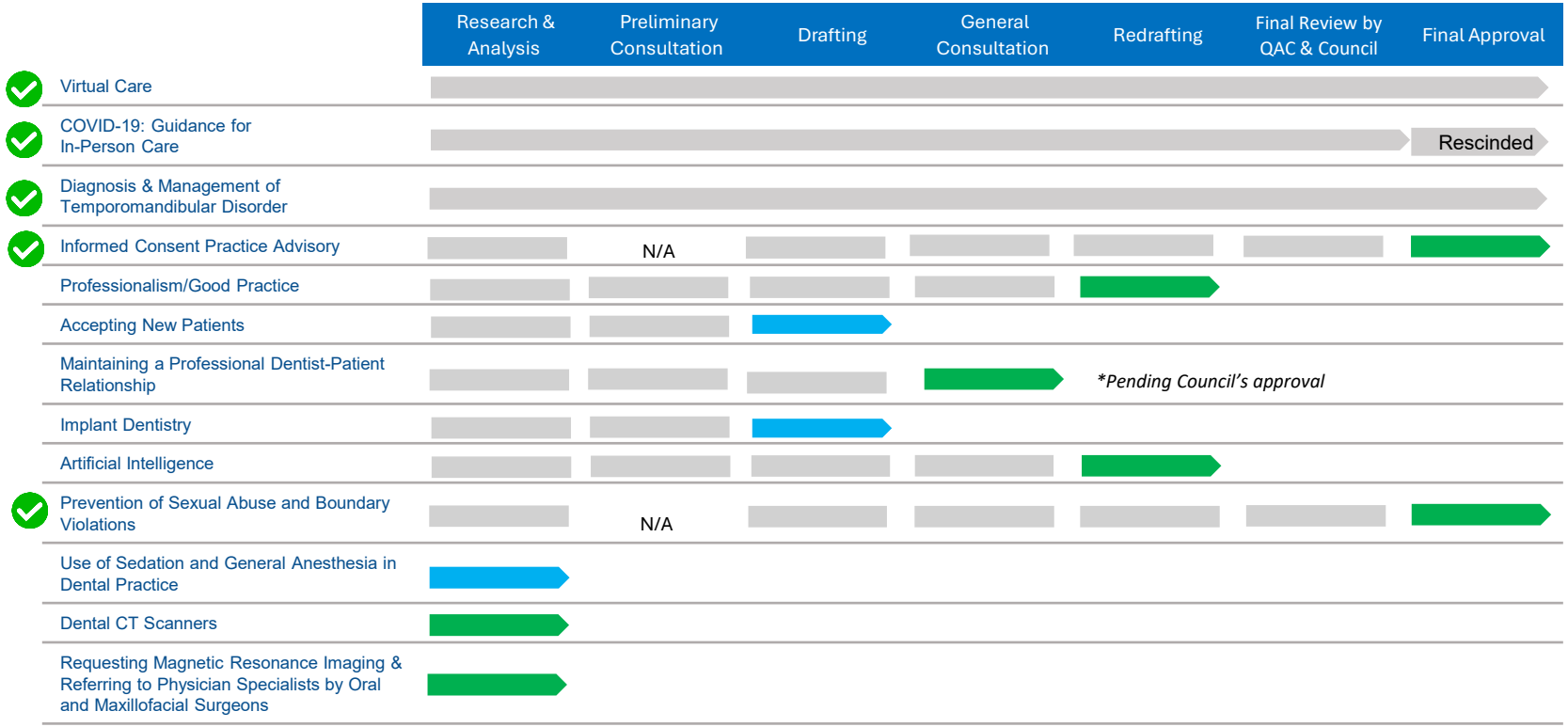
Overview

Strategic Project	Key Performance Indicators (KPIs)
College Standards	Number of college standards under review and approved Progress of standards through each phase of the standards review and development process
Access to Care	Progress on professional expectations area of focus Progress on information sharing and education area of focus
Service Experience	Number of key resources for the public and the profession that support the Active Offer of French language by 2025 Number of initiatives/projects underway towards improving service experience
Equity, Diversity and Inclusion (EDI)	Progress towards reviewing internal policies with an EDI lens Overall number of participants who have attended EDI learning opportunities from the RCDSO
Governance and Modernization	Progress on orientation and training that enhance Council mandate: Number of Council education sessions completed to date Council members who Agreed or Strongly Agreed on post-meeting evaluation survey Progress towards establishing a new Governance Committee
Practice Models and Corporate Dentistry	Progress towards developing a Report with options to promote and assure quality of care across dental practice models

College Standards | Number of college standards under review and approved

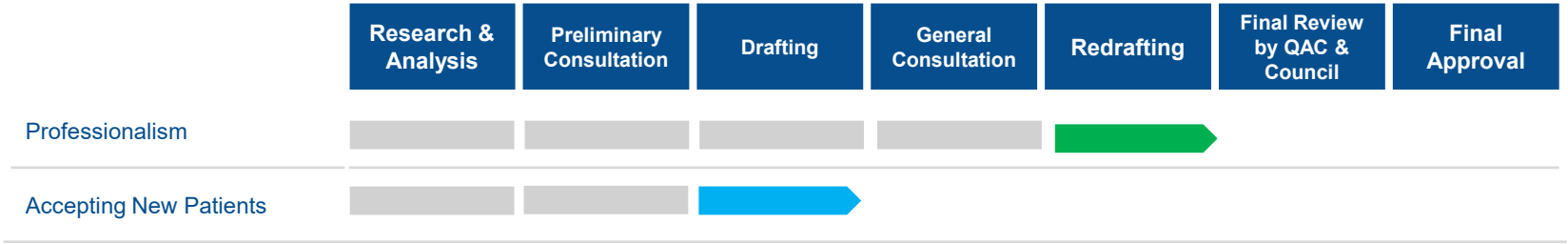
College Standards | Progress of standards through each phase of the standards review and development Process

New Phase Since Last Reported | Current Active Phase | Completed Phase | Final Approval



Access to Care | Progress on professional expectations area of focus

New Phase Since Last Reported | Current Active Phase | Completed Phase | Final Approval



Access to Care | Progress on information sharing and education area of focus

Active Retired

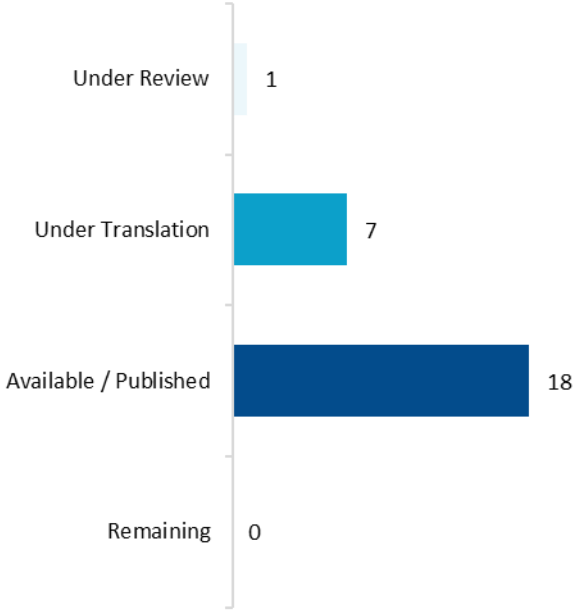
To Be Started	In Progress	Review	Complete
			Update Access to Care on RCDSO Website
			Update Low-Cost and Specialized Dental Clinic Directory for Patients
			Plan RCDSO Connect session on Access to Care (NOV 2023)
			CE: Plan enhancements to CE content and points framework for Access to Care-related activities (PHASE 1)
			Conference Series on Access to Care
			Plan RCDSO Connect session on Access to Care (June 2024)
			CE: Proposal to Expand Approved Sponsors re: Access to Care (PHASE 2)

Service Experience |

Number of key resources for the public and the profession that support the Active Offer of French language by 2025

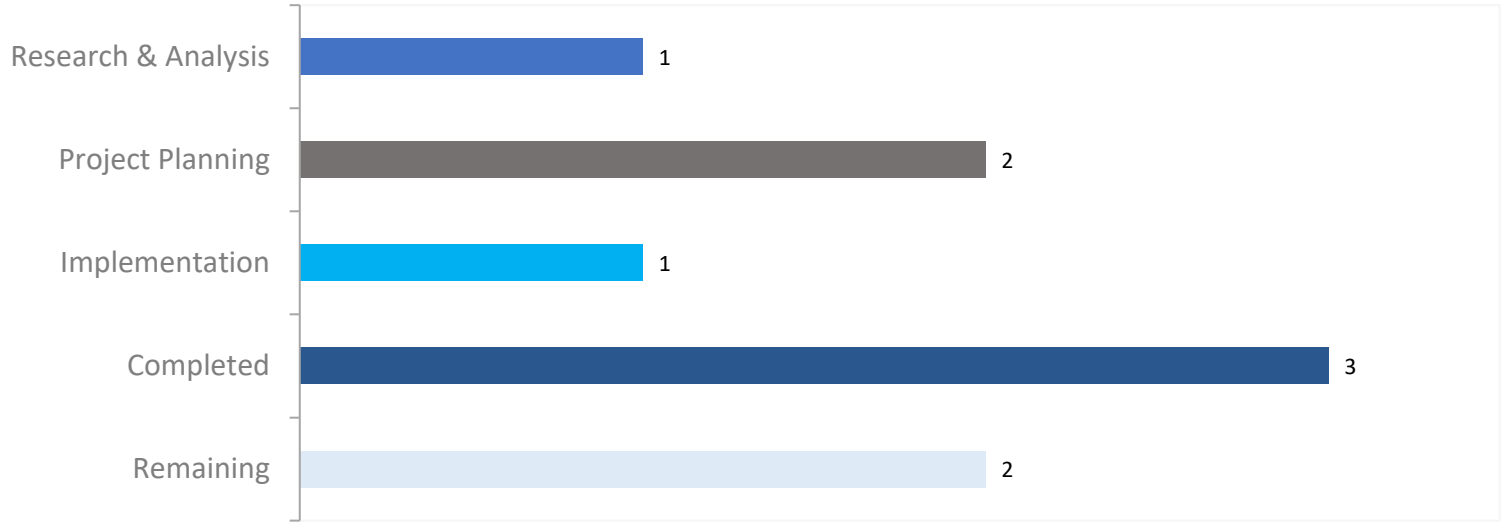
French Language Translated Material (Published to date):

1. Amalgam Waste Disposal
2. 2022 Annual Report
2. College By-laws (using translation program)
4. Complaints Brochure
5. Complaints Intake Form
6. 2022 CPMF Summary
7. Fair Registration Practices Report
7. French interpretation services on demand
9. French Phone Greetings
10. French Phone Queue
11. Medical History Form
12. PLP Intake Form
13. PLP Website
14. Sexual Abuse Therapy Funding Forms
15. Staff resources in Communications, PRCA (Intake), Practice Advisory Services and PLP
16. Strategic Plan 2020-2023
17. Strategic Plan 2023-2025
18. Medical History Handout



Service Experience |

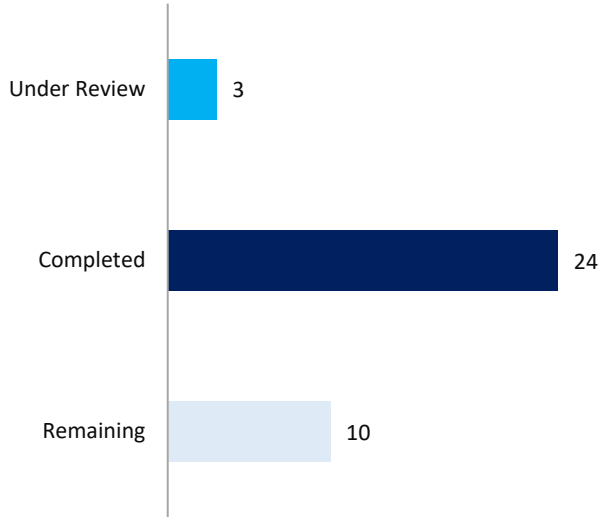
Number of initiatives/projects underway towards improving service experience



Equity, Diversity and Inclusion (EDI) | Progress towards reviewing internal policies with an EDI lens

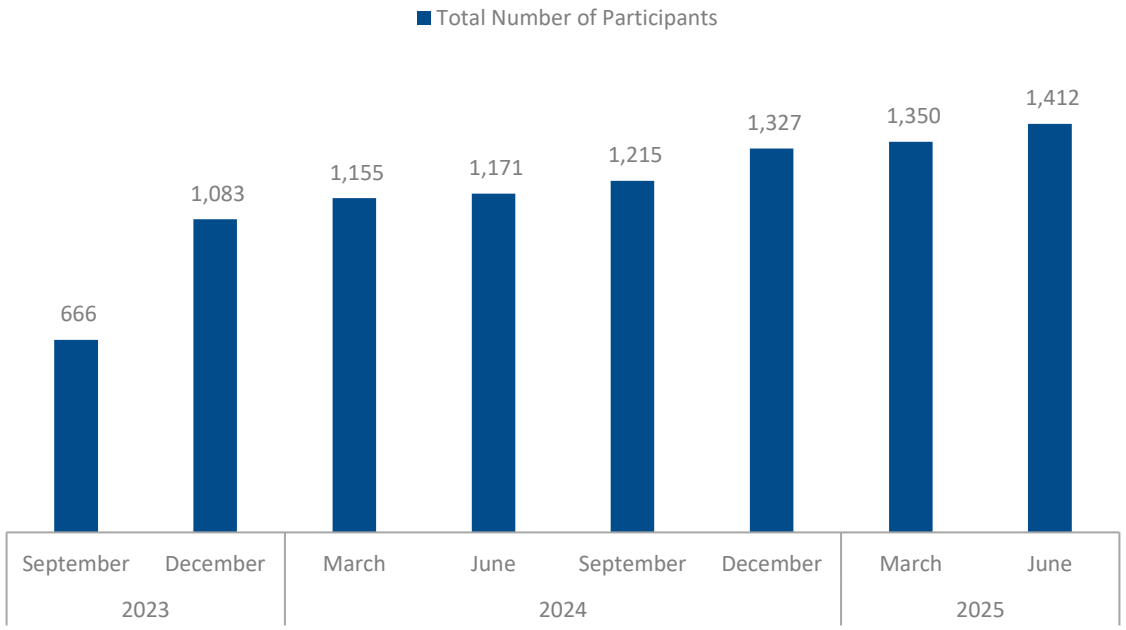
Internal Policies Completed (to date):

1. Accessibility Policy
2. Alternative Work Arrangements
3. Dressing for a flexible work environment
4. Information Security and Acceptable Use
5. Integrated Standard
6. Language Services
7. Service Standards
8. Individualized Emergency Response Plan
9. Scents and Sensibility
10. Multi-Year Accessibility Plan
11. Compassionate Leave
12. Non-Medical Leave of Absence
13. Disconnecting from work
14. Hours of work
15. Overtime and Time in Lieu
16. Health Related Absences
17. Wellness Days
18. Vacation
19. Staff Social Events
20. Third Party Gifts
21. Smoke Free and Vapour Free College
22. Contagious Illness
23. Flexible Work Location
24. Human Rights



Equity, Diversity and Inclusion (EDI) |

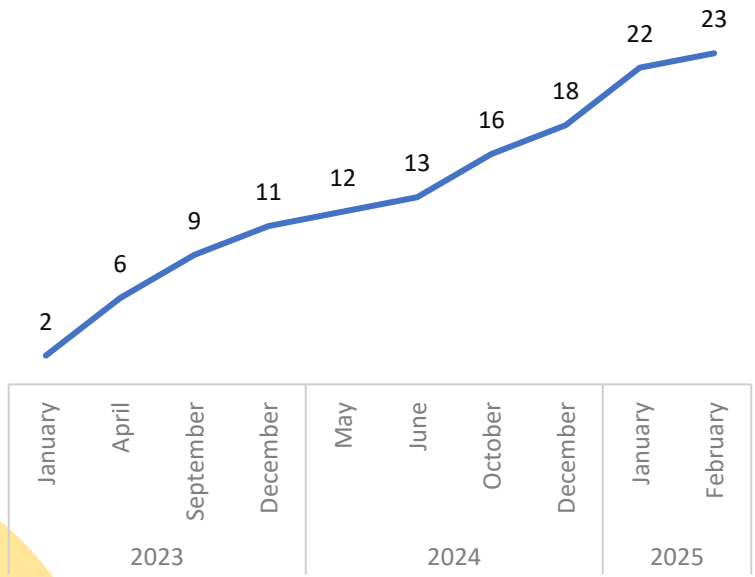
Overall number of participants who have attended EDI learning opportunities from the RCDSO



Governance Review and Modernization

Progress on orientation and training that enhance Council mandate: Number of Council education sessions completed to date

Cumulative number of Council education sessions completed to date



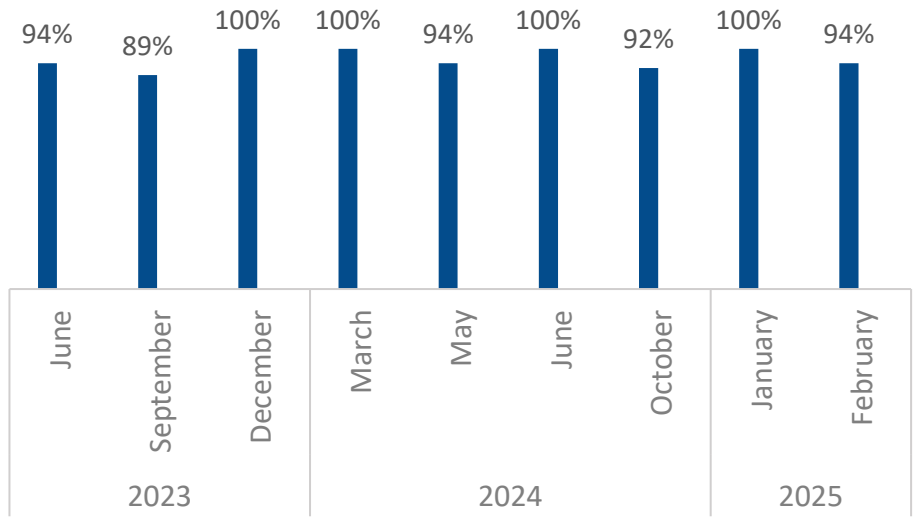
Sessions completed in 2025:

1. Navigator: Issue Management, Crisis Response, and Reputation Recovery
2. Harry Cayton: The Publics' Interests
3. Panel Discussion on Council and Registrar Roles and Responsibilities
4. Rebecca Durcan: Conflict of Interest
5. Facilitation First: Facilitative Chair Workshop

Governance Review and Modernization

Progress on orientation and training that enhance Council mandate: Council members who Agreed or Strongly Agreed on post-meeting evaluation survey

Percent of Council members who **Agreed** or **Strongly Agreed** that "Council education at this meeting enhanced my ability to perform effectively in my role"

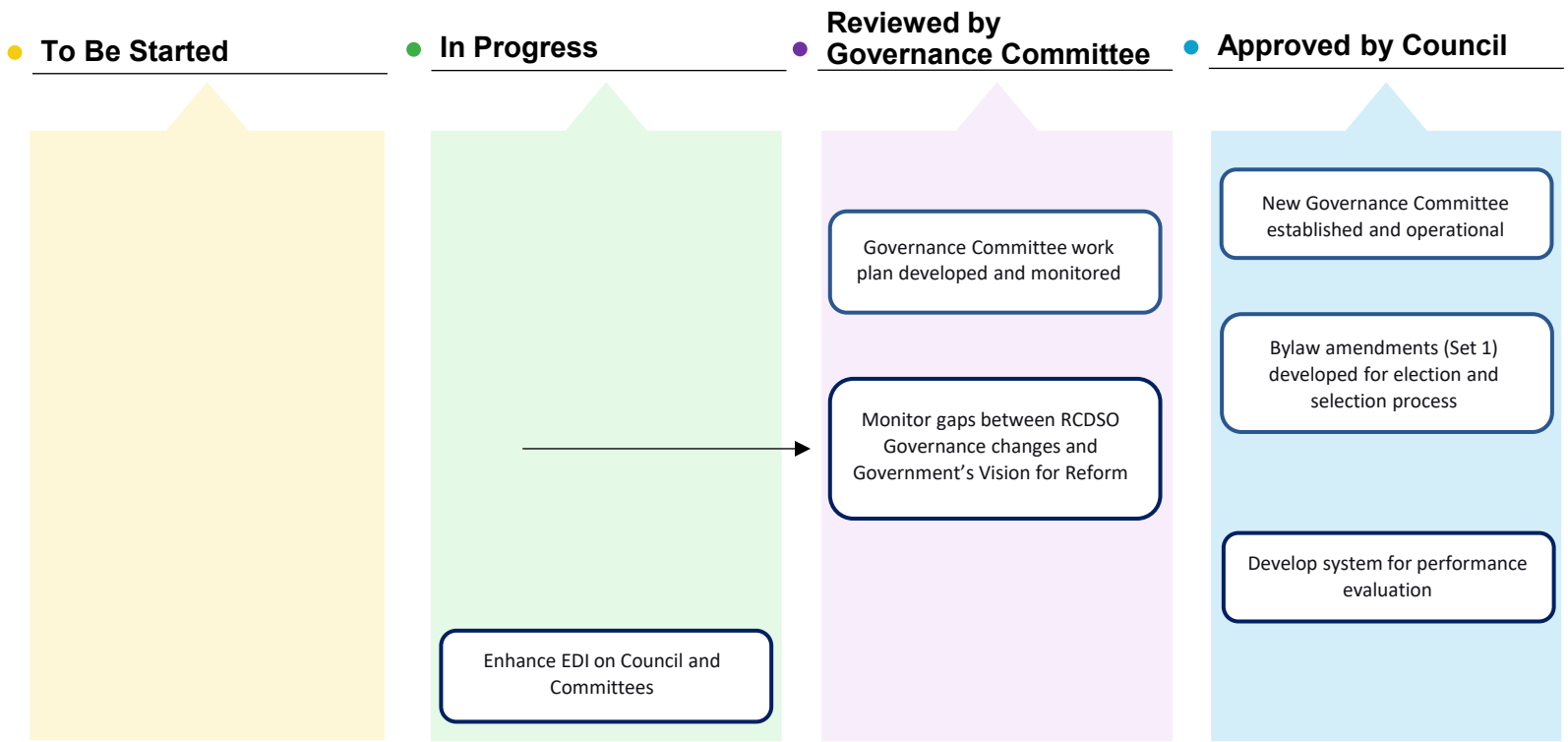


February 2025 Council Facilitation First Facilitative Chair Workshop:

94% of Council members Agreed or Strongly Agreed to the question "Would recommend this workshop to others"

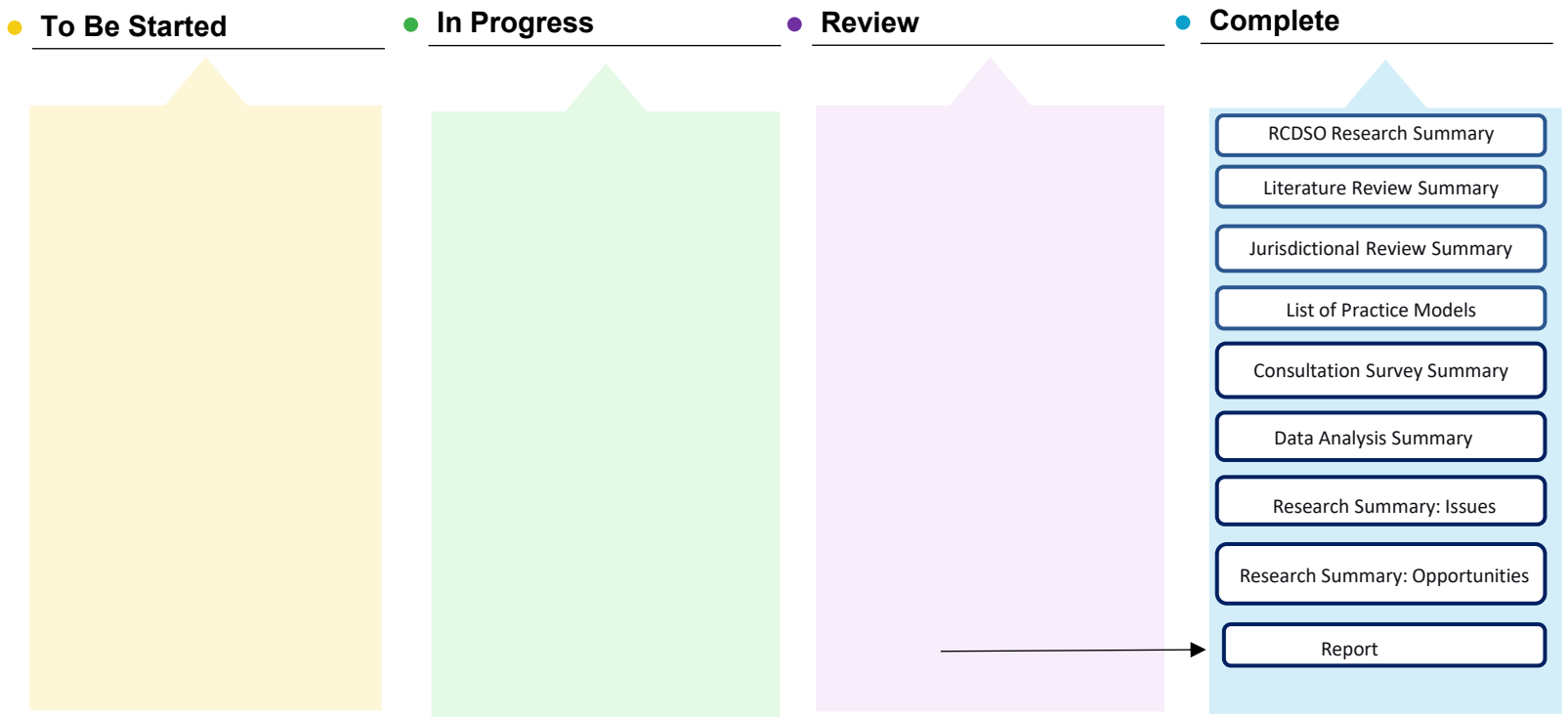
Governance Review and Modernization

Progress towards establishing a new Governance Committee



Practice Models and Corporate Dentistry

Progress towards developing a Report on dental practice models, including corporate practice models



Royal College of
Dental Surgeons of Ontario

COUNCIL BRIEFING NOTE

TOPIC: Policy Report

FOR INFORMATION

June 2025

ISSUE:

- As part of the policy team's regular reporting, Council is provided with an update on recent policy-related activities and upcoming work.
- This report does not represent the entirety of the policy team's portfolio and does not duplicate information presented to Council elsewhere (e.g., as part of the Strategic Dashboard or in a stand-alone briefing note).
- This report is presented for information.

PUBLIC INTEREST:

- Providing Council with regular updates on policy work ensures that Council is informed of important developments and activities, encourages Council to ask questions and seek additional information, and supports Council in making informed decisions.

1. Standards Update

- Since Council's last meeting, the policy team has continued its work to review and update RCDSO's high-priority Standards of Practice.
- A full update on the status of Standards under review can be found in Council's materials as part of the Strategic Dashboard; however, three updates are highlighted below related to the policy team's broader Standards review and development work.

Consultation Update

- As Council is aware, the policy team undertakes public consultation for all new and revised Standards of Practice.[1]

- Following Council's approval in March, a public consultation was launched to solicit feedback on the College's draft *Guidance on Artificial Intelligence in Dentistry*. This consultation was open for 60 days, concluding on May 30, 2025. The consultation generated significant interest, and Council will receive a summary of the feedback received as part of the materials that accompany the revised draft guidance documents at an upcoming meeting.

- Additionally, a new preliminary consultation has launched to solicit feedback on RCDSO's current *Dental CT Scanners* Standard of Practice. This consultation will be open for 60 days, concluding on August 1, 2025. Council is invited to participate in this consultation via the online survey, and will receive updates concerning the status of this review at future meetings.

Standing Policy Working Group Update

- As Council is aware, RCDSO's Standards review and development process is supported by a dedicated Working Group which provides subject matter expertise and advice to the policy team.[2]

- Since Council's last meeting, the Working Group has met twice to discuss and provide feedback on key issues and draft guidance. As part of these meetings, the Standing Policy Working Group has reviewed and provided feedback on the College's new draft *Managing Conflicts and Ending the Dentist-Patient Relationship* Standard of Practice. This draft Standard is being presented to Council at its June meeting for approval to consult externally. A dedicated briefing note will accompany the draft Standard as part of Council's meeting package.

- The Standing Policy Working Group is scheduled to meet again in July 2025, and Council will receive further updates concerning the activity of the Working Group at future meetings.

Standards Implementation and Knowledge Translation

- With work advancing quickly to review and update RCDSO's high-priority Standards of Practice, the policy team is working with colleagues in Communications, Quality, and other key program areas to ensure that effective implementation and knowledge translation strategies are in place. The overall objective of these strategies is to support registrants in understanding and complying with new and revised College guidance.

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[1] For more information about when and how we consult, see the Standards Review and Development Process infographic or the consultation page of RCDSO's website.

[2] As a reminder, the membership of the Working Group includes: Dr. Antony Liscio (Co-Chair), Dr. Deborah Wilson (Co-Chair), Dr. Harinder Sandhu, Dr. Anthony Mair, Dr. Osama Soliman, Dr. Nalin Bhargava, Dr. Nancy Di Santo, Nizar Ladak, Elenora Fisher, Patti Latimer (external public member), and Sharon Rogers (external public member).

- With Council's approval of RCDSO's new *Consent to Treatment* and *Prevention of Boundary Violations and Sexual Abuse* Standards of Practice in March, Council will have seen a number of new tactics being employed. These include (as examples):
    - The development of **more comprehensive FAQs**, drafted in collaboration with the College's Practice Advisors, which emphasize "what's new?" or changed from the former guidance.[3]
    - The identification of **educational opportunities** in the form of continuing education that can be made available in support of new Standards. As an example, the Quality Assurance Committee recently approved new continuing education on the subject of trauma and violence informed care (TVIC), which is an area of focus in the *Prevention of Boundary Violations and Sexual Abuse* Standard of Practice.
    - The introduction of new **resources to support registrants in reviewing and understanding College Standards**. As an example, policy staff have recently introduced a new terminology primer which clarifies our use of key terms, including "must" and "advised".
    - **More direct communication** with registrants about newly approved Standards of Practice. As an example, the newly approved *Consent* and *Boundaries* Standards of Practice were the focus of the April 2nd RCDSO Connect session, led by Dr. Antony Liscio and Dr. Deborah Wilson. This event was well attended by over 1000 participants.

- Council will receive status updates concerning these tactics at future meetings, and staff will continue to explore new and innovate implementation and knowledge translation strategies going forward.

2. CPMF Update

- As Council is aware, all of Ontario's health regulatory Colleges are required to submit an annual report to the Ministry of Health outlining performance in key regulatory areas defined by the Ministry's *College Performance Measurement Framework* (CPMF).

- As a brief reminder:

    - The CPMF was first launched in 2021.
    - The intent of the CPMF is to establish common performance indicators among Ontario's health regulatory Colleges, and to require annual public reporting that will drive performance improvement and accountability.
    - The RCDSO has submitted four reports previously, along with brief summaries, which can be found on the College website.

- RCDSO's most recent CPMF Report was successfully submitted to the Ministry on March 31, 2025. A copy of the full report can be found on the RCDSO website.

- As in past years, RCDSO continues to meet or exceed the Ministry's performance expectations.

[3] As examples, see the *Consent to Treatment FAQ*, *Consent to Treatment Checklist*, or *Boundaries Case Scenarios*.

DECISION FOR COUNCIL:

- This briefing note is for information.

CONTACT:

- Cameron Thompson, Manager, Standards & Strategy: cthompson@rcdso.org

Attachments:

None

Ontario

Executive Council of Ontario
Order in Council

On the recommendation of the undersigned, the Lieutenant Governor of Ontario, by and with the advice and concurrence of the Executive Council of Ontario, orders that:

Conseil exécutif de l'Ontario
Décret

Sur la recommandation de la personne soussignée, le lieutenant-gouverneur de l'Ontario, sur l'avis et avec le consentement du Conseil exécutif de l'Ontario, décrète ce qui suit :

PURSUANT TO clause 6(1)(b) of the *Dentistry Act, 1991,* **Marc Bernard Trudell** of Komoka be reappointed as a part-time member of the Council of the Royal College of Dental Surgeons of Ontario to serve at the pleasure of the Lieutenant Governor in Council for a period not exceeding three years, effective June 20, 2025 or the date this Order in Council is made, whichever is later.

EN VERTU DE l'alinéa 6 (1) b) de la *Loi de 1991 sur les dentistes*, **Marc Bernard Trudell** de Komoka est reconduit au poste de membre à temps partiel du Conseil de l'Ordre royal des chirurgiens-dentistes de l'Ontario pour exercer son mandat à titre amovible à la discrétion du lieutenant-gouverneur en conseil, pour une période maximale de trois ans, à compter du dernier en date du 20 juin 2025 et du jour de la prise du présent décret.

Recommended: Minister of Health
Recommandé par : La ministre de la Santé

Concurred: Chair of Cabinet
Appuyé par : La présidence du Conseil des ministres

Approved and Ordered: JUN 05 2025
Approuvé et décrété le :

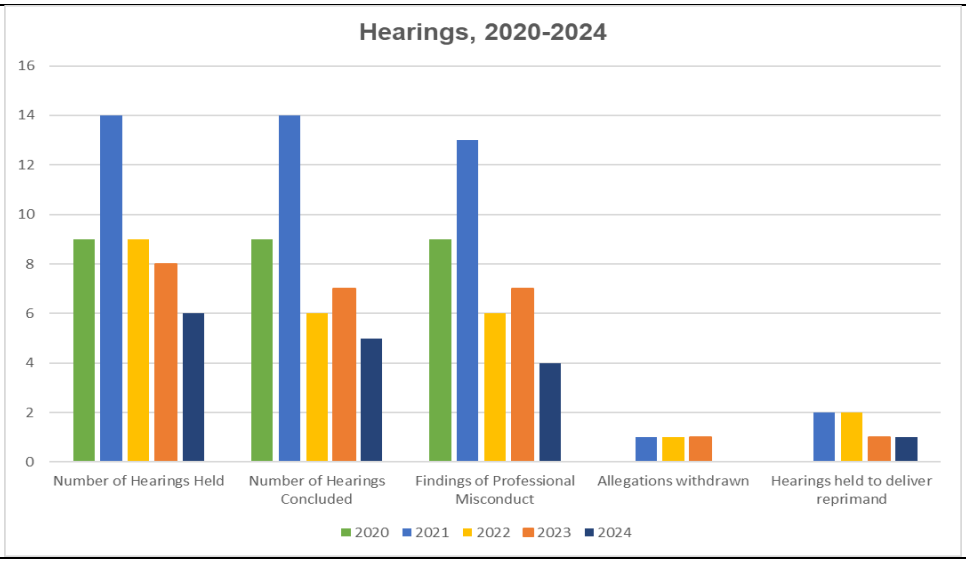
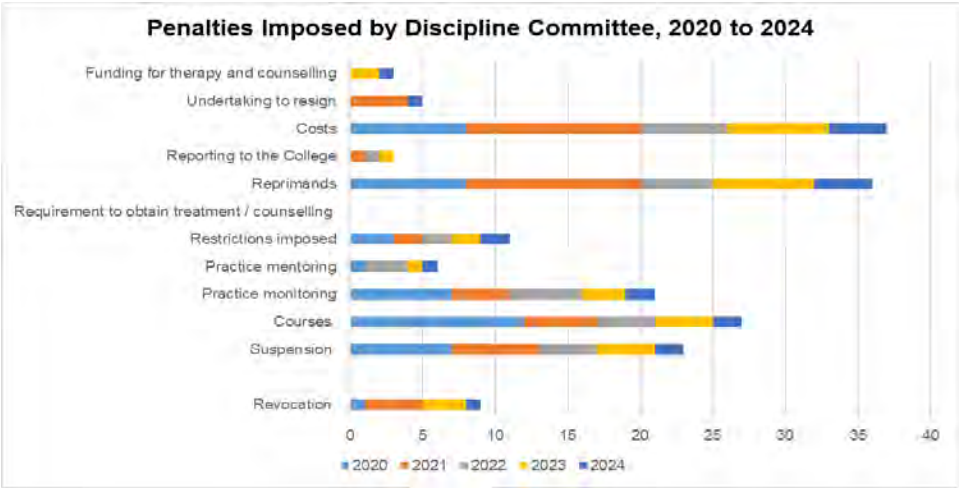
Lieutenant Governor
La lieutenante-gouverneure

O.C. | Décret : 755 / 2025

RCDSO | Royal College of Dental Surgeons of Ontario

COMMITTEE REPORT

Council Meeting Date	2025/06/19
Committee Name	Discipline Committee
Mandate	The Discipline Committee holds hearings and makes decisions about allegations of professional misconduct and incompetence about dentists referred by the Inquiries, Complaints and Reports Committee.
Opportunities and Challenges	The Discipline Committee held six hearings in 2024 and concluded five of them. Nearly 40 investigations were referred to the Discipline Committee in 2024 related to 19 dentists. In late 2024, Council passed amendments to the bylaws to add subject matter expert adjudicators to the Discipline Committee. The changes were made to create efficiencies to address the large volume of referrals before the Discipline Committee.
Activity Highlights	The most common allegations before the Discipline Committee in 2024 were disgraceful, dishonourable, unprofessional and unethical conduct There was one revocation issued in 2024. Common elements of discipline penalties were reprimands (4) and remediation by courses (2). See Figures 1-2 below for a detailed list of Discipline Committee activities from 2020-2024.

Committee Table Summary: **Fig. 1** **Hearings held and concluded, and findings of professional misconduct, 2020-2024**	
Committee Table Summary: **Fig. 2** **Penalties Imposed by Discipline Committee, 2020-2024**	
2024 Discipline Committee Members	Judith Welikovitch, Chair Dr. Noha Gomaa, Vice-Chair Dr. Nalin Bhargava Dr. Amelia Chan Dr. Peter Delean Dr. Nancy Di Santo Dr. Osama Soliman Brian Smith Rod Stableforth Marc Trudell Dr. Ian Brockhouse (Non-Council Committee Member) Dr. Rajiv Butany (Non-Council Committee Member) Dr. Virginia Luks (Non-Council Committee Member) Dr. Eilyad Honarparvar (Non-Council Committee Member) Dr. Andre Theoret (Non-Council Committee Member) Dr. Victor Kutcher (Non-Council Committee Member)

	Dr. Vanessa Theriault (Non-Council Committee Member) Dr. Harpaul Anand (Non-Council Committee Member)

Table 1. *Discipline Activity: 2020-2024*					
Pre-Hearing Conferences	**2020**	**2021**	**2022**	**2023**	**2024**
Number of Pre-Hearing Conferences	13	6	9	4	6
Hearings	**2020**	**2021**	**2022**	**2023**	**2024**
Number of Hearings Held	9	14	9	8	6
Number of Hearings Concluded	9	14	6	7	5
Findings of Professional Misconduct	9	13	6	7	4
Hearing postponed indefinitely	0	0	0	0	0
Allegations withdrawn	0	1	1	1	0
Hearings held to deliver reprimand	0	2	2	1	1
Types of Professional Misconduct Found by Discipline Committee	**2020**	**2021**	**2022**	**2023**	**2024**
Failure to meet/maintain standards of practice	1	5	3	3	0
Contravening or failing to maintain standards of practice in relation to general anesthesia or conscious sedation	1	1	0	1	0
Recommending or providing unnecessary treatment	0	1	1	1	0
Made representation about a treatment, remedy, device or procedure without scientific/empirical basis	0	1	0	0	0
Charging excessive or unreasonable fees or failure to itemize fees	1	2	1	0	0
Submitting a false/misleading account or charge/failure to collect co-pay	3	2	3	1	0
Signing or issuing a false/misleading document/falsifying a record	3	2	2	1	0
signed a certificate, report or similar document that contained a false, misleading or improper statement	0	0	0	1	0
Treated or attempted to treat a disease, disorder or dysfunction of the oral-facial complex beyond expertise and competence	0	0	0	1	0
Inappropriate advertising/advertising as a specialist when not	0	0	0	0	0
Failure to obtain consent/treating without consent	2	1	0	0	1

Gave information about a patient without their consent	0	0	0	0	1
Using another name in the course of providing/offering to provide dental services	1	0	0	0	0
Failure to cooperate with investigation under section 75 of the Code	0	0	0	0	0
Failure to reply to a written enquiry by the College	0	1	0	0	0
Failure to reply or provide accurate information to the College	0	0	0	0	0
Contravention of a term, condition or limitation on a certificate of registration	0	0	0	0	0
Failure to attend for the ICRC for a caution	0	1	0	0	0
Failure to cooperate with the QAC	0	3	0	0	0
Failure to provide accurate information to the College	0	2	0	0	0
Failure to abide by a written undertaking given to the College	1	4	0	0	0
Failure to comply with an Order of the Discipline Committee	0	0	0	0	0
Contravening a federal, provincial or territorial law, a municipal by-law or a by-law or rule of a public hospital	1	2	0	0	0
Contravened a provision of the Dentistry Act, RHPA or Regulations	0	1	0	1	0
Found guilty of an offence relevant to suitability to practice	0	2	0	0	0
Practised dentistry while certificate of registration was suspended	0	2	0	0	0
Failure to keep records as required	3	1	3	3	0
Prescribing, dispensing or selling a drug for an improper purpose or using the authority to prescribe improperly	1	1	0	2	0
Disgraceful, dishonorable, unprofessional and/or unethical conduct	10	16	2	5	3
Abused a patient	2	2	0	0	1
Sexual abuse of a patient	0	0	0	2	1
Fee sharing or income sharing with a non-dentist	0	0	0	0	1
Practised while under a conflict of Interest	0	0	0	0	1

Penalties Imposed by Discipline Committee	2020	2021	2022	2023	2024
Revocation	1	4	0	3	1
Suspension	7	6	4	4	2
Courses	12	5	4	4	2
Practice monitoring	7	4	5	3	2
Practice mentoring	1	0	3	1	1
Restrictions imposed	3	2	2	2	2
Requirement to obtain treatment / counselling	0	0	0	0	0
Reprimands	8	12	5	7	4
Reporting to the College	0	1	1	1	0
Costs	8	12	6	7	4
Undertaking to resign	0	4	0	0	1
Funding for therapy and counselling	0	0	0	2	1

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2024 EXECUTIVE COMMITTEE REPORT

Council Meeting Date	25/06/19
Committee Name	Executive Committee
Mandate	The Executive Committee is a statutory committee and has legislative authority to make certain decisions if, in its opinion, a matter cannot wait until the next Council meeting. It also provides direction to staff on issues that are in development and will ultimately be presented to Council. Decisions made by the Executive Committee are always reported to Council.
Opportunities and Challenges	• Contributed extensively to a variety of initiatives including the 2023-25 Strategic Plan, Access to Care initiatives, Equity, Diversity and Inclusion (EDI), Corporatization of dental practices and national issues. • Supported the Governance Committee in its review of governance modernization. • Supported an opportunity for staff to review the financial contributions made to the two dental faculties and look at other options to improve equality between the dental schools and better alignment with how RCDSO financial resources support strategic priorities.
Activity Highlights	• Approved establishing a Procurement Review Group, and appointed three Council members (Mark Eckler, Marc Trudell and James Colliver) and the President (*ex-officio*), to look at third-party organizations, evaluate proposals and make recommendations to Council for the PLP divestment. In November, the Executive Committee appointed Antony Liscio to replace M. Eckler, who resigned from Council. • Recommended to Council that RCDSO appoint independent legal counsel as Adjudicators to the Discipline Committee and Fitness to Practise Committee as Subject Matter Experts (SMEs) to chair discipline panels, write/assist in writing discipline panel decisions and participate in training members of the Discipline Committee.

	• Appointed Marc Trudell as Interim Chair of the Finance, Risk and Audit (FAR) Committee from November 2024 for the balance of the term of Council (expiring in January 2025). • Recommended that the Procurement Review Group Terms of Reference be amended to include Harinder Sandhu as a voting member.
Committee Meetings	The Executive Committee held four regular (hybrid and virtual) meetings. The Executive Committee held three additional (virtual) meetings to deliberate on time-sensitive, single topic issues.
2024 Committee Members	Harinder Sandhu, Chair Nalin Bhargava Brian Smith (effective March 28, 2024) Marc Trudell Erin Walker

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FAR COMMITTEE REPORT

Council Meeting Date	25/06/19
Committee Name	Finance, Audit & Risk (FAR) Committee
Mandate	The FAR Committee dealt with all aspects of the financial reporting process, from budget approval to monitoring results throughout the year. FAR reviewed financial policies, monitored the investment portfolio, and monitored the financial and property requirements of the College. FAR dealt with all aspects of the annual audit including the appointment of the external auditor, a review of the scope of the external auditor's examination, assessing the effectiveness of the external audit function and reviewing any matter, which the auditor wishes to bring to the attention of the College. The Committee recommends the College's annual audited financial statements to Council. The Committee also reviewed systems of internal control over financial reporting and reviewed risks that could have a material impact upon the financial position, operations, or reputation of the College.
Opportunities and Challenges	Operating Reserve • The CPMF requires the College to hold an Operating Reserve to be funded on an internal policy. At the end of 2024, the Reserve remains underfunded by $4 million. Volatile Accounts • The PLP Loss Provision and the performance of the College investments can swing significantly from year-to-year, which can turn a surplus year into a deficit year. Professional Liability Program (PLP) • Divestiture will provide the opportunity to reduce significant risks to the organization. • Financial implications of divestiture results remain uncertain pending a decision on the successful bidder.

Activity Highlights	
	2025 Budget • Budget principles were approved by FAR before budget work began, in Q2. These were communicated to budget holders and were considered as the budget was developed. • In Q4, the 2025 budget was reviewed in detail by FAR before it was recommended to Council. • A multi-year forecast accompanied the budget, which forecasts potential surpluses for the next few years. These will be important tools to plan to fund the Operating Reserve with future surpluses. Assumptions were outline when forecasting including 2.5% inflationary increase unless otherwise noted, final financial implications of the divestment were excluded due to too many unknowns. 2023 Audited Statements & Re-appointment of Auditors • Recommended that Council approve the December 31, 2023, RCDSO and Pension Plan Statements for approval. • Recommended that Council approve the re-appointment of Tinkham LLP to conduct the audits for 2024 year-end. Real Estate • The College has adopted a flexible work strategy as a result the building office space is under utilized. FAR has directed management to undergo environmental and geotechnical engineering assessments of the property to arm us with property information that can inform the full value of the property and to continue to explore options to further office space discussions. Risk Management • Top Risks Report was provided identifying 8 risks assessed as high. Each risk captures the potential adverse impact, existing controls and planned responses. Cyber Security • A plan was developed to regularly engage and inform FAR on different aspects of cyber security. • Cyber security is not just about technology. Cyber-attack repercussions could involve financial and reputational risks, and lead to operational disruption; it goes hand in hand with enterprise risk. • Cyber-insurance was reviewed with our insurance broker, JDIMI • Internal and external penetration testing was completed and reported, along with a mitigation plan.

Committee Members	Mark Eckler (Chair) until October 2024, Peter Delean, Marc Trudell (Interim Chair, October – December 2024), Roderick Stableforth, Neil Silver, Harinder Sandhu

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COMMITTEE REPORT

Council Meeting Date	2024-06-19
Committee Name	Fitness to Practise Committee
Mandate	The Fitness to Practise Committee holds hearings and makes decisions about allegations of incapacity about dentists referred by the Inquiries, Complaints and Reports Committee.
Opportunities and Challenges	None in 2024
Activity Highlights	The by-laws about the composition of the Fitness to Practise Committee were amended by Council in September 2024 to include at least one subject matter expert adjudicator. As such, for future hearings, the Committee will no longer retain independent legal counsel. The Committee had one referral in 2021 that has not yet proceeded to a hearing. In the previous five years, it has not been necessary to hold a hearing. Table 1 details the activity of the Committee from 2020-2024.
Committee Members	Dr. Peter Delean (Chair, Council Dentist) Dr. Robyn Somerville (Council Dentist) Brian Smith (Public Member) Judith Welikovitch (Public Member) Rajiv Butany (Non-Council Committee Member) Elliott Gnidec (Non-Council Committee Member) Andre Theoret (Non-Council Committee Member) Vanessa Theriault (Non-Council Committee Member) Andrea Gonsalves (Subject Matter Expert) Luisa Ritacca (Subject Matter Expert)

Table 1. *Fitness to Practise Committee Activity, 2020-2024*

Pre-Hearing Conferences		**2020**	**2021**	**2022**	**2023**	**2024**
	Number of Pre-Hearing Conferences Held	0	0	0	0	0
Hearings		**2020**	**2021**	**2022**	**2023**	**2024**
	Number of Hearings Held	0	0	0	0	0

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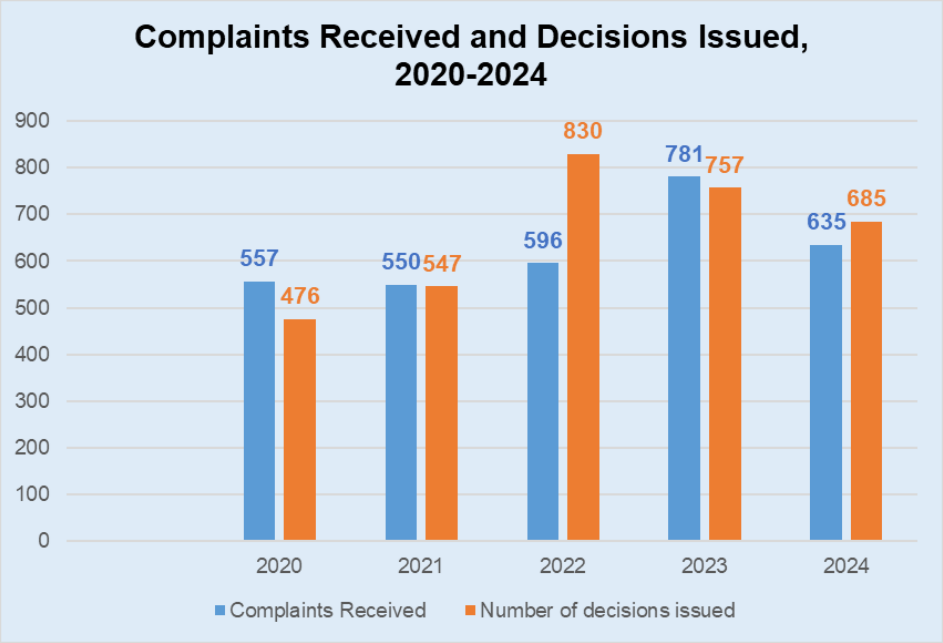
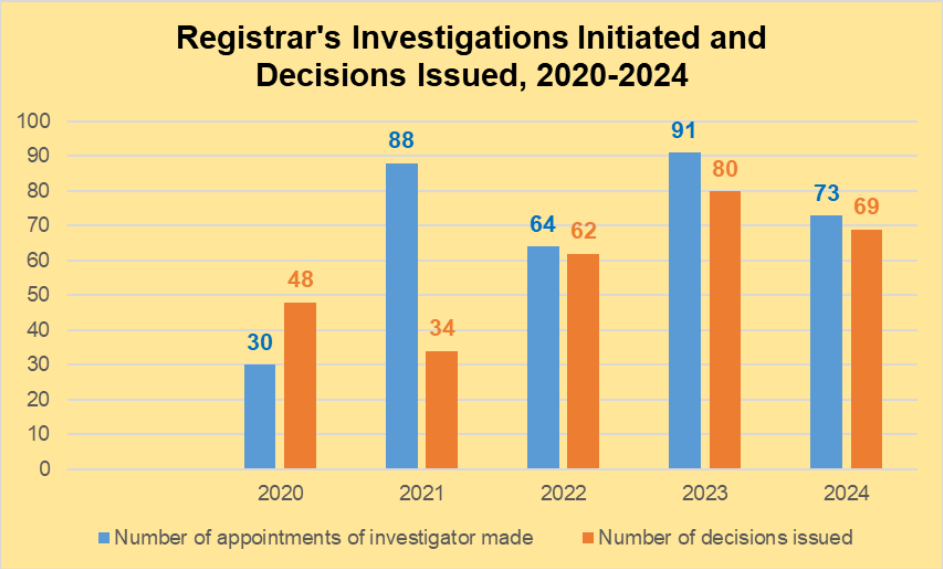
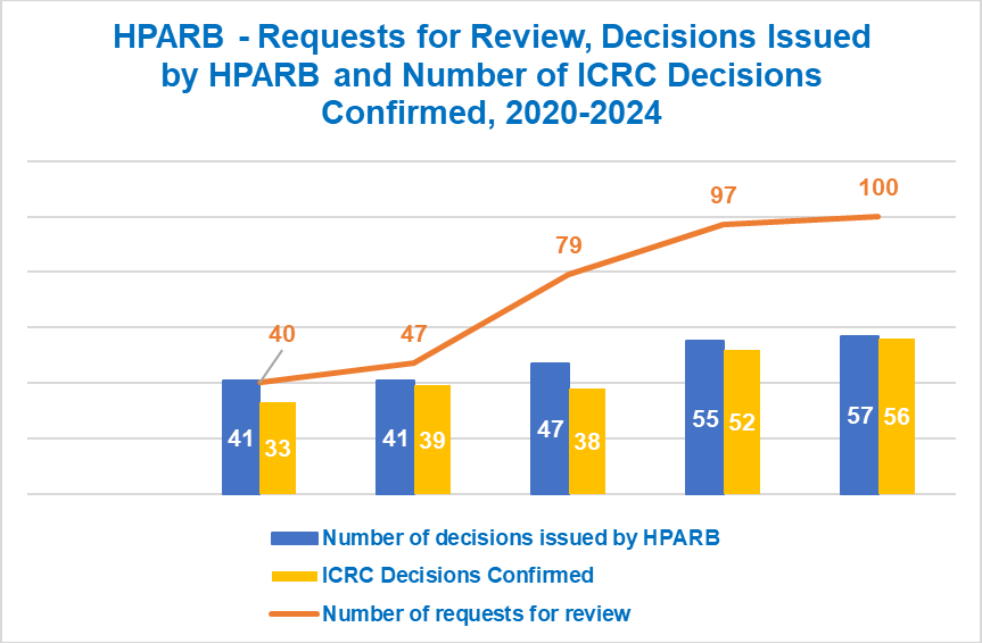
COMMITTEE REPORT

Council Meeting Date	2025/06/19
Committee Name	Inquiries, Complaints and Reports Committee
Mandate	The Inquiries, Complaints and Reports Committee (ICRC) reviews concerns about dentists that are brought to the College's attention from various sources, such as formal complaints, mandatory reports, and information brought to the attention of the Registrar. Such concerns include allegations of professional misconduct, incompetence, and incapacity.
Opportunities and Challenges	**Opportunities**: College staff continued to engage in process reviews to identify opportunities for new efficiencies across investigations. It also undertook additional training in how to apply an equity, diversity and inclusion lens to investigations. The ICRC continued to make improvements to their decision-making, with a focus on remediation. In particular, the ICRC launched three new remedial tools: self-reflection, peer review and clinical supervision. **Challenges**: The many discipline referrals made in 2024 were challenging for the ICRC members and for College staff.
Activity Highlights	In 2024, the ICRC convened 125 panel meetings and issued 685 decisions (for 616 complaints and 69 Registrar's Investigations). Over 100 of the ICRC's complaints decisions were appealed to an arm's length tribunal called the Health Professions Appeal and Review Board (HPARB) in 2024. HPARB confirmed the ICRC's decision in 56 cases and only returned one case for reconsideration by the ICRC. Like 2023, most ICRC outcomes in 2024 were no action or low risk (74%). However, about 5% of investigations resulted in a referral to the Discipline Committee (high risk). See Figures 1-5 for a detailed list of ICRC activities from 202092024.

Committee Table Summary: **Fig. 1 Complaints Received and Decisions Issued, 2020-2024**	
Committee Table Summary: **Fig. 2 Registrar's Investigations Received and Decisions Issued, 2020-2024**	

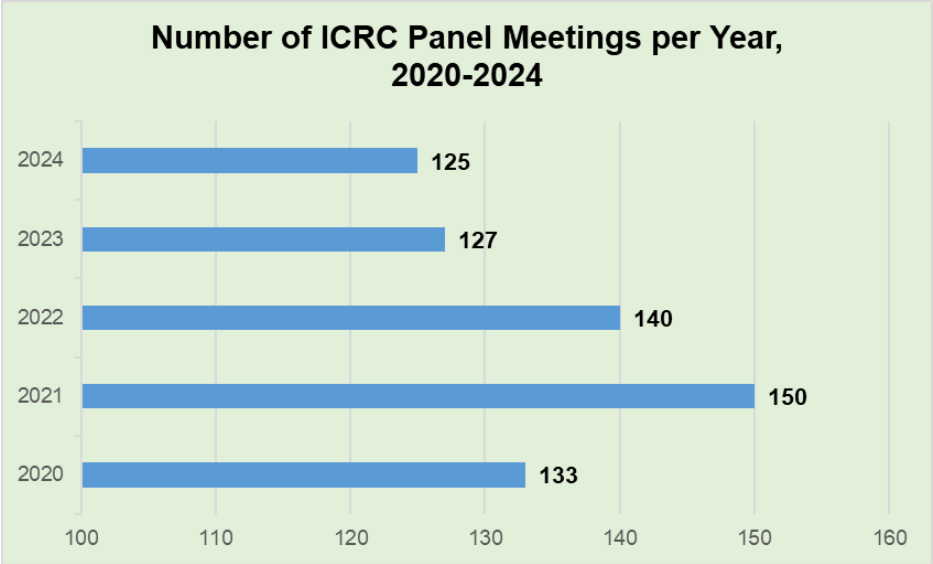
Committee Table Summary:

Fig. 3 HPARB – Requests for Review, Decisions Issued by HPARB and Number of ICRC Decisions Confirmed, 2020-2024



Committee Table Summary:

Fig. 4 Number of ICRC Panel Meetings per Year 2020-2024



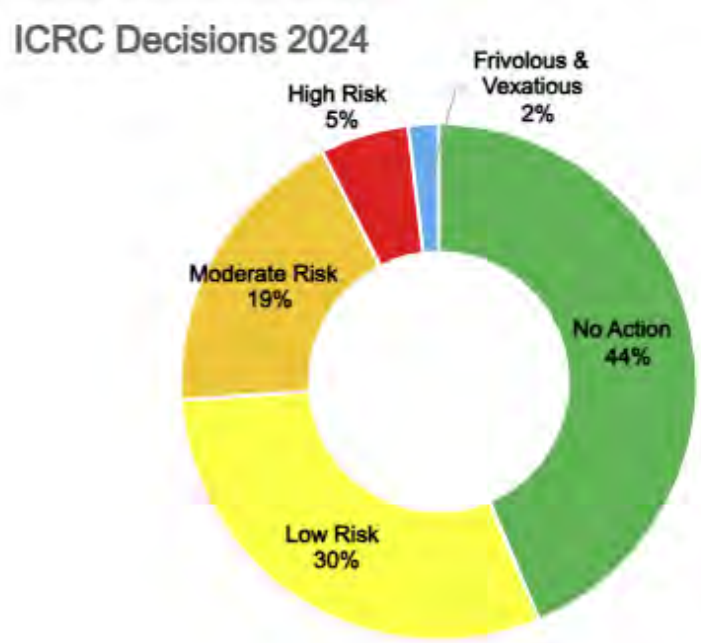
Committee Table Summary: **Fig. 5 Distribution of ICRC Decision by risk level, 2024**	
Committee Members	Dr. Erin Walker (Chair, Council Dentist) Dr. Deborah Wilson (Council Dentist) Dr. Antony Liscio (Council Dentist) Ram Chopra (Public Member) Cristina Cordeiro (Public Member) Eleonora Fisher (Public Member) Vivian Hu (Public Member) Nizar Ladak (Public Member) Brian Smith (Public Member) Jocelyne Abi-Nahed (Non-Council Committee Member) Hanin Abdullah (Non-Council Committee Member) Jessica Aiello (Non-Council Committee Member) Kateryna Antonova (Non-Council Committee Member) Saurabh Chhabra (Non-Council Committee Member) May Daemi (Non-Council Committee Member) Priscilla Sampaio de Araujo (Non-Council Committee Member) Parminder Dulay (Non-Council Committee Member) Nicole Greenwood (Non-Council Committee Member) Jaffer Kermalli (Non-Council Committee Member) Amro Mahder Bashi (Non-Council Committee Member) Laura Minea (Non-Council Committee Member) Christina Oprescu-Havriliuc (Non-Council Committee Member) Jay Rabinovich (Non-Council Committee Member) Sakshi Rai (Non-Council Committee Member) Arnold Reich (Non-Council Committee Member) Sweetu Shah (Non-Council Committee Member) Kate Towarnicki (Non-Council Committee Member) Lise Betteridge (Subject Matter Expert) Angela Carter (Subject Matter Expert) Barry Gang (Subject Matter Expert) Christina Van Sickle (Subject Matter Expert)

Table 1. *ICRC Activity, 2020-2024*						
Complaints		**2020**	**2021**	**2022**	**2023**	**2024**
Complaints Received		557	550	596	781	635
Number of decisions issued		476	547	830	757	685
	No action*	215	262	421	381	290
	Advice and recommendations*	158	184	233	234	183
	Remedial Agreements*	16	28	38	39	29
	Specified Continuing Education or Remediation Programs (SCERP) *	48	78	110	105	97
	Cautions*	26	36	30	23	15
	Undertakings*	3	5	2	2	1
	Referrals to Discipline Committee*	3	13	2	6	21
	Referrals to Fitness to Practise Committee*	0	0	0	0	0
	Interim orders*	2	1	1	1	2
	Interim orders – varied/lifted*	2	0	0	0	0
	Frivolous, vexatious, made in bad faith, moot or otherwise an abuse of process*	12	7	18	12	13
Approved Complaints Withdrawals		16	18	12	14	8
Registrar's Investigations		**2020**	**2021**	**2022**	**2023**	**2024**
Number of appointments of investigator made		30	88	64	91	73
Number of decisions issued		48	34	62	80	69
	No action*	15	9	19	31	9
	Advice and recommendations*	11	7	24	23	21
	Remedial Agreements*	4	4	4	3	1
	Specified Continuing Education or Remediation Programs (SCERP) *	8	10	12	17	14
	Cautions*	1	5	11	8	12
	Undertakings*	0	0	4	3	6
	Referrals to Discipline Committee*	11	5	3	3	17
	Referrals to Fitness to Practise Committee*	0	1	0	0	0
	Interim orders*	3	2	0	0	1
	Interim orders – varied/lifted*	1	0	0	0	0

Resolution Program (formerly ADR)	2020	2021	2022	2023	2024
Cases that proceeded to RP	56	59	57	58	46
ICRC decisions to approve resolution**	46	47	5	25	0
Health Professions Appeal and Review Board	**2020**	**2021**	**2022**	**2023**	**2024**
Number of requests for review	40	47	79	97	100
Number of decisions issued by HPARB	41	41	47	55	57
ICRC Decisions Confirmed	33	39	38	52	56
ICRC Decisions Returned (inadequate investigation)	2	1	9	2	0
ICRC Decisions Returned (unreasonable decision)	6	1	0	1	1
HPARB Substituted Decision	0	0	0	0	0
Request for review or reconsideration denied	1	2	0	0	8
Withdrawals by Applicant	3	3	7	14	10
Section 28 Applications	1	2	1	1	0
Incapacity Inquiries	**2020**	**2021**	**2022**	**2023**	**2024**
Incapacity Inquiries	1	8	8	5	8
Number of ICRC Meetings	**2020**	**2021**	**2022**	**2023**	**2024**
ICRC Panel Meetings	133	150	140	127	125
Compliance Monitoring and Mentoring	**2020**	**2021**	**2022**	**2023**	**2024**
Monitoring reports reviewed by ICRC	174	261	282	354	373
Ongoing monitoring cases	125	198	211	267	239
Closed monitoring cases	49	63	71	87	135
Monitoring reports reviewed by ICRC	39	26	29	41	28
Ongoing mentoring cases	32	20	24	32	22
Closed mentoring cases	7	6	5	9	6

Notes:

*Tallies of ICRC decisions by subtype do not equal number of decisions issued because the ICRC decisions may result in blended outcomes (for example, one investigation may result in a decision to issue advice and recommendation about one issue, and a remedial agreement about another issue).

** After March 31, 2023, Resolution Program cases were not sent to ICRC to approve resolution.

COMMITTEE REPORT

Council Meeting Date	2025/06/19
Committee Name	Governance Committee
Mandate	The Governance Committee makes recommendations to Council, the Executive Committee and the Registrar on governance matters including: • Eligibility requirements, competencies and skills matrices relating to Council elections and appointments, and committee appointments; • assessment of Council and committee candidate applications and eligibility; • succession planning, recruitment and onboarding of Council and committee members; • Council and committee training, education, and performance evaluation; and • expectations relating to conduct of Council and committee members and management of conflicts of interest.
Opportunities and Challenges	• The Governance Committee's focus for the first half of 2024 centered on discussing priority areas of focus and key considerations specific to RCDSO's path forward for governance modernization, providing input on research and analysis for further development of proposals, and bringing forward to Council preliminary information about concepts that advance governance modernization in line with the 2022 Ontario Ministry of Health Governance Reform and Regulatory Modernization Policy Proposal and best practices. • In June, Council approved in principle the Governance Committee's proposed three integrated modernization concepts including: adopting a province-wide election; reducing the number of elected Council dentists; and

	implementing staggered terms for Council members. Council directed the Committee to explore continued development on the concepts. • The Governance Committee considered and brought forward to Council a proposal for the 2025 Council Performance Evaluation Framework, which includes third-party vendor observation of Council meetings. Council approved the proposal. • For the first time in RCDSO's history, Council and committee member demographic data were analyzed to inform the 2024 equity statements for calls for nominations and committee expressions of interest, strengthening recruitment from registrants whose identities and voices have historically been underrepresented.
Activity Highlights	• The Governance Committee recommended to Council a bylaw amendment to add the registrant's electoral district to the public register to promote transparency and improve efficiency in elections administration. • The Governance Committee reviewed a new anti-bias vodcast training module developed to support the Governance Committee's candidate selection processes. The module enhanced Committee members' awareness and understanding of their own identities, social location, perspectives and biases, and served as a catalyst for discussion, prompting the Committee to engage in reflection, and share learnings and insights. • Panels of the Governance Committee interviewed and conducted competency-based assessments of Council candidates for the 2024 general election. • The Governance Committee reviewed Committee candidate applications and developed a committee slate of chairs and members for the 2025-2027 term, for Council's consideration. • The Governance Committee provided feedback on the draft language for the RCDSO Equity, Diversity and Inclusion Commitment Statement, and recommended that the revised Statement be brought forward to Council for consideration. Council approved the Statement, publicly signaling RCDSO's commitment to EDI and transparency of actions.
Committee Table Summaries	N/A
Suggested Graph and Description	N/A
Committee Members	Anne Coghlan (Chair, Subject Matter Expert) Daniel Haas (Council, Professional Member) Nizar Ladak (Council, Public Member)

	Anthony Mair (Council, Professional Member) Judy Welikovich (Council, Public Member) Kathy Wilkie (Subject Matter Expert) – resigned July 8, 2024.

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COMMITTEE REPORT

Council Meeting Date	June 19, 2025
Committee Name	Patient Relations Committee (PRC)
Mandate	**The Patient Relations Committee** is responsible for advising Council on the College's Patient Relations Program. The Patient Relations Program establishes supports for patients who have been sexually abused by dentists and it is a legislative requirement for all health colleges in Ontario. Through its various initiatives, the committee promotes and enhances the relationship between the College and Ontario dentists, other health profession colleges, key stakeholders, and the public. A key part of the Committee's work is addressing the sexual abuse of patients through: • Education for dentists regarding sexual abuse and boundary issues, • Guidelines for the conduct of dentists with their patients, • Training for College staff, • Education and information for the public, • Funding for therapy and counselling for patients who have been sexually abused by a dentist. The Committee's work contributes to numerous objectives of the College as set out in the *Regulated Health Professions Act, 1991* (*RHPA*) and the College's Strategic Plan, which includes measures to help prevent and deal with sexual abuse of patients.
Opportunities and Challenges	**Trauma Informed Care Education** • Knowledge of trauma informed care and continuing education specific to dentistry is not easily accessible to the profession – there are very few providers at this time. **Use of funding** • Not all funding is utilized by applicants. There may be a variety of reasons why the funds for therapy are not fully utilized and this issue is not well understood.

Activity Highlights	• The PRC reviewed and approved two funding applications for therapy and counselling in 2024. • As part of the College's Access to Care Strategic Project, the PRC updated a low-cost and specialized clinic resource in 2023. This list grew to over 160 locations in 2024. The information continues to be shared on the RCDSO website. • RCDSO staff attended the Spring ODA ASM in 2024 and were able to speak with dentists about the program and answer questions. • The PRC participated in a two-part training on Trauma Informed Care. During this training, the PRC explored the topic of trauma-informed approaches to care and shared their learnings and best practices with the Council at the end of 2024. • The PRC participated in a learning session about how sexual abuse complaints are handled at the College. • The PRC was consulted on the revised draft Prevention and Sexual Abuse and Boundary Violations Standard of Practice. Dr. Ruth Gallop who is a confidential support person for the College also participated in the review of this standard. • The PRC simplified the process of applying for funding by, for example, creating a fillable PDF form that can be signed and submitted electronically in 2023 – In 2024, the process of translating the application information into French occurred.

Committee Table Summaries	Patients who allege their dentist sexually abused them while in a dentist-patient relationship can apply for funding for therapy and counselling. The PRC reviews these funding applications, and if the applicants meet the eligibility criteria set out in legislation, they are awarded funding for therapy or counselling. Ontario Regulation 50/94 under the *RHPA* states that the maximum amount of funding the PRC can award is the amount that OHIP would pay for: 200 half-hour sessions of individual out-patient psychotherapy with a psychiatrist. The maximum amount of funding has increased over time following changes to the OHIP rate. Payment for the therapy and counselling is made directly to the therapist/counsellor. The therapists/counsellors are paid as applicants use therapy and counselling. Most patients do not use the maximum amount of funding available to them, and some may use it at different intervals over time. Patients have five years to use their funding. Information about sexual abuse and the supports available to patients, including the funding program, is available on the College website: • Sexual Abuse Concerns and Complaints • Supports for Patients Who Experienced Sexual Abuse • How to Recognize Sexual Abuse and Boundary Violations • Sexual Abuse Protection In total, the PRC has received and approved eleven funding applications since the inception of the funding program. Table 1 shows that the PRC has received nine applications for funding from patients who have alleged sexual abuse in the past six years. The PRC has approved funding for all nine applications. Additionally, the table outlines the amount of funding paid to patient's therapists/counsellors since 2019.

Committee Members	• Ms. Vivian Hu, (Chair, Public Member) • Mr. Brian Smith (Public Member) • Dr. Amelia Chan (Council Dentist) • Dr. Maryam Pezeshki (Non-Council Committee Member) • Dr. Peter Derham (Non-Council Committee Member) • Dr. Ramona Motakef (Non-Council Committee Member)

Table 1. *Applications processed by PRC and funding disbursed to therapists/counsellors*							
Number of applications processed		2019	2020	2021	2022	2023	**2024***
	Number of applications reviewed by PRC	1	0	4	0	2	**2**
	Number of applications approved by PRC	1	0	4	0	2	**2**
	Number of applications denied by PRC	0	0	0	0	0	**0**
Amount of funding disbursed for patient therapy/counselling							
	Dollars ($)	5,400.00	1,300.00	10,280.00	6,541.56	2,970.02	**7,095.00**

Note* all frequency counts within each reporting year are based on calendar years (January 1 to December 31 inclusive)

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2024 PENSION GOVERNANCE COMMITTEE REPORT

Council Meeting Date	25/06/19
Committee Name	Pension Governance Committee
Mandate	The purpose of the Pension Governance Committee is to monitor the operation and administration of the College Pension Plan as well as the investment of the Funds on behalf of the College in their capacities as sponsor and administrator of the Plan. In addition, the Committee ensures the College meets all legal and statutory compliance obligations and reviews the appropriateness of pension plan documents and policies. Established in 1962, the College Pension Plan is a combination of a Defined Benefit (DB) and a Defined Contribution (DC) Plan. The DB portion was closed for any new enrollments in 2007. The DB Plan is going through an annuitization process, which will transfer all future obligations and risks to Industrial Alliance and will be finalized in 2025. All staff now participate in the DC Plan. The Plan is supported by staff and third-party providers: Industrial Alliance (iA) acts as the investment manager for the Plan, is the custodian of the funds, and provides support to staff in the DC Plan; Gallagher (formerly Buck Consultants) provide actuarial support for the DB Plan; and Bell Financial administers financial and pension education sessions for staff. At each meeting the Committee receives governance presentations and investment performance reports from iA.
Opportunities and Challenges	Competitive pension • Total compensation, which includes pension benefits, provides employees with a sense of financial security. When employees feel secure, they are more likely to stay with an organization for the long term. Regular comparisons to market, to ensure the RCDSO pension plan is competitive and not losing ground to other regulatory agencies on benefit offerings is important. Risk to staff of investment performance • All staff are now members of the DC Plan and must select their own funds to invest their pension, from a list of available funds, and may have limited investment knowledge. The College will continue to provide regular economic and investment education sessions to

	provide the opportunity of increasing investment acumen amongst employees.
Activity Highlights	De-risking the plan by way of Annuitization of the DB portion of the Pension Plan • The Committee determined the College annuitize the DB portion of the Pension Plan in 2023. Work continued in 2024 to move to a buy-out annuity in 2025 when the DB pension obligations will be fully assumed by iA. New Committee structure • With the move to annuitize the DB plan, the College has significantly reduced: exposure to pension risk; complexity of administering the plan; and the cost of running a DB plan. Based on this information the Committee reviewed and accepted a proposal to restructure to a staff-led committee and developed Terms of Reference. This new committee gives the opportunity for staff to be involved in the Pension and provides appropriate oversight of the Plan, and will report activities to FAR. Amendment to the Pension Plan Text • The annuity initiative resulted in required changes to the language of the Pension Plan Text, which is a fundamental regulatory document that describes the Plan, to be in compliance with the Plan redesign. Amendments were approved by Council and then submitted to Canada Revenue Agency (CRA) and the Financial Services Regulatory Authority (FSRA). Education sessions of investment and benefit topics offered to staff • The College continued its commitment to educating staff on financial matters, covering topics such as economic updates, retirement planning, and staff benefits. These sessions are regularly discussed during Committee meetings. In 2024, five sessions were conducted, featuring presentations from Industrial Alliance and/or Bell Financial.
2024 Committee Members	Jamie Colliver (Chair), Mark Eckler, Nalin Bhargava, Harinder Sandu

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COMMITTEE REPORT

Council Meeting Date	June 19, 2025
Committee Name	Professional Liability Program Committee
Mandate	The College's Professional Liability Program (PLP) provides errors and omissions protection to the College's current, former, retired, and deceased members, as well as dental partnerships and health profession corporations holding valid College certificates of authorization. This protection, for all Ontario dentists, to the extent reasonably possible, ensures mechanisms are in place to protect the public in the event of injury resulting from negligent dental treatment. The PLP Committee oversees the policies and practices of the Program. It reviews settlements reached within the limit of the authority delegated by Council, approves settlements exceeding the delegated authority, provides authorization for legal actions to proceed to trial and approves the appeal of adverse trial decisions. The Committee also provides guidance with respect to the Program.
Opportunities and Challenges	**Policy** The College's policy with the insurer, Victor Canada, was renewed in late 2024 for the 2025 year with a 3% increase in premium. The increase is 1% lower than the increase for the 2024 year. Arrangements were made with the College's insurance broker for dentists to continue to obtain excess malpractice protection in 2025 for up to $23 million above the $2 million provided through PLP. The rates remain the same as they have been for the last 5 years. The College is not involved in

	the retailing of excess protection, nor does it receive any of the funds. Excess is also available from sources other than the College's broker. **Cross Canada Protection** Effective January 1, 2024, PLP protection was extended to dentists holding an Ontario licence who also seek to be licenced in another Canadian province or territory, provided the regulator accepts PLP protection. In other words, a dentist registered with the RCDSO would not have to purchase additional malpractice insurance to cover treatment rendered elsewhere in Canada. Not all regulators accept PLP, but quite a few do. Coverage letters were provided to <20 dentists to utilize this new feature.
Activity Highlights	**Incidents Reported** In 2024, the number of incidents reported for which PLP files were opened due to potential or actual demands for compensation was 1,860. **Types of Claims** PLP categorizes incidents reported as follows: Precautionary, Releases, Threatened Litigation and Legal Actions (lawsuits). *Precautionary* matters are incidents which have occurred but no demand for compensation has been made as yet, and advice to the dentist is provided. *Release* matters involve PLP assisting dentists who have decided to refund patients, or pay small amounts of re-treatment costs, on their own. Release documentation is provided. *Threatened Litigation* consists of demands for compensation actively involving PLP Legal Advisors who may step in on behalf of the dentist and deal with patients or their lawyers directly. *Legal Actions* are lawsuits patients or their lawyers issue at the Ontario Courts which are handled by PLP Legal Advisors or PLP external counsel.

PricewaterhouseCoopers (PwC)

PLP undergoes actuarial evaluations by PricewaterhouseCoopers (PwC) annually. Its report includes projections for total claim payouts for each year of reported matters.

The projected payouts are based on three factors:

i) payments to injured patients,
ii) legal fees to PLP external counsel; and
iii) fees for expert opinions.

The projected claim payouts for each year changes, based on actuarial modelling, which includes updated reserve estimates on files.

For 2024, PwC estimates payouts to be $4,992,495 (refer to Committee Table Summaries).

The average claim cost is also determined by the actuary (refer to Committee Table Summaries).

Class Action Litigation

Two class action lawsuits were commenced in 2017. Claim payments were less than predicted due to fewer patients signing on to participate in the class. This resulted in the return of ~$600,000 in settlement funds advanced. All payments have been distributed, and the matters are fully resolved and closed.

Risk Management

Since the pandemic, PLP has continued to present its educational courses, which include four Category 1 Core Courses, to external stakeholders. In 2024, PLP presented 21 times to dental organizations and universities.

In 2024, the PLP Committee met four times. It reviewed:

- 17 matters seeking settlement authority over $50,000
- 4 matters seeking instructions to proceed to trial
- 54 matters which resolved for less than $50,000
- 12 matters seeking a deductible waiver or reduction due to lack of merit or humanitarian grounds, and
- 2 deductible waivers due to bankruptcy or death.

Committee Table Summaries

The table below shows the number of reported incidents for the past 5 years.

Year	2020*	2021	2022	2023	2024
Incidents Reported	1,249*	1,678	1,553	1,761	1,860

** Dental offices were closed for 3 months due to the COVID-19 pandemic*

The table below shows the number of incidents categorized in 2024.

Year	2024
Precautionary	434
Release	397
Threatened Litigation	957
Legal Action	72

The table below shows the 2024 PwC estimate payout projections (MM) for the past 5 years.

Year	2020*	2021	2022	2023	2024
Projected Payouts	$3.52*	$4.94	$4.51	$4.74	$4.99

** Dental offices were closed for 3 months due to the COVID-19 pandemic.*

The table below shows the average claim cost predictions determined by the actuary for the past 5 years.

Year	2020	2021	2022	2023	2024
Average Claim	$38,634	$41,501	$46,456	$40,837	$40,589

Committee Members

Chair: Mr. James Colliver
Dr. Vincent Carere
Dr. Ousama Damlaj
Dr. Irwin Golosky
Dr. Gehan Ibrahim
Dr. Jennifer Tse

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COMMITTEE REPORT

Council Meeting Date	25/06/19
Committee Name	Quality Assurance Committee
Mandate	• The Quality Assurance Committee (QAC) is a statutory committee that has oversight for the development, administrative review and ongoing evaluation of the RCDSO's QA Program. It is mandated under the Regulated Health Professions Act, 1991, and designed to ensure that the knowledge, skill and judgment of Ontario dentists remains current throughout their careers, and that they continue to provide safe, timely, effective, efficient, equitable and patient-centred dental care to their patients. • The QAC supports the broader quality focus by advancing Standards of Practice and strategic projects, including Access to Care and Equity, Diversity and Inclusion. It serves as the CT Scanner Committee, as well as the Sedation and Anaesthesia Committee.
Opportunities and Challenges	• The QAC has been systematically reviewing its practices to be risk-based and align with the principles of right-touch regulation, creating processes to increase consistency and transparency of decisions. • The second (and largest) cohort of dentists completed their three-year continuing education cycle in December 2024 using new e-Portfolio. • Previously deferred PET assessments (n=27) for the 2018-2023 cycle were completed. The primary accomplishment of the year was in modernizing PET with a new platform, including streamlined and automated workflows. • The QAC continued to provide oversight to the ongoing processes for development of Standards, to the Facility Inspection Program (FIP), and to the Quality department. • By embedding risk-based principles into Committee decisions and associated department policies, the QAC protected the public interest by supporting access to care while managing patient safety.
Activity Highlights	• In 2023, the RCDSO launched a new e-Portfolio, a secure online platform for dentists to record their continuing education (CE) activities and store their verification documents. Audits were completed for 100% (n=6737) of the registrants who

	completed their cycle in 2024. A total of 93.5% (n=6302) satisfied requirements or had an inconsequential shortfall. The remaining 435 were noted to have a moderate or significant shortfall, and follow-up was completed according to defined thresholds and actions. • All dentists are required to complete the Practice Enhancement (PET) five years after registering with the College and every five years thereafter. In 2024, a new platform was selected and configured to deliver the PET, allowing us to reflect the test blueprint in question selection and to tag questions related to specific strategic areas (e.g., Access to Care, Standards). This will be part of the knowledge translation activity and impact evaluation. PET questions for three competencies were refreshed in 2024 and Dental Public Health was added. • The 2025 Annual Renewal was consistent with 2024, with 99.6% reporting that they were in compliance with the QA Program. Additional analysis will compare self-reporting with known CE audit and PET results and educate accordingly. • FIP received input and direction on its risk-based approach to implementation of the current training or experience requirement for authorization applicants and on its risk-based approach to enforcement of the annual sedation case count requirements for sedation authorized registrants. • The QAC performs a critical review and oversight role in the Standards review and development process. In 2023, it provided feedback and approval of the RCDSO's Standards review and development process, including a new Prioritization Framework. The QAC reviews and approves all draft Standards on route to Council for approval to consult publicly, and all draft Standards on route to Council for final approval. • The QAC has contributed to the cross-departmental collaboration to launch and reinforce new Standards and advance access to care and EDI. In 2024, it approved new approaches to CE, new approved sponsors to host CE, and new principles to guide future decisions.
Committee Table Summaries	Five-year reporting - data tables for previous four years plus current year: • Total CE audits completed • Total Practice Enhancement Tool assessments completed • Total Peer and Practice Assessments completed • Percent who answered "yes, I am in compliance with the QA program" (annual declaration) • Standards, Guidelines and Advisories (new)
Suggested Graph and Description	• The number of annual CE audits increased significantly in 2023 with the introduction of the new e-Portfolio and ability to audit 100% dentists who completed their 3-year cycle. • The QAC defined risk-based thresholds to determine consistent, "right-touch" responses to registrants who were noted to have a shortfall, as well as an escalation protocol for those who have a consecutive shortfalls.
Committee Members	Dr. Nancy Di Santo (chair), Mr. Ram Chopra, Dr. Nicole Greenwood, Dr. Dan Haas, Dr. Anita Moosani

Table 1. *Quality Assurance Program*[1]					
Continuing Education (CE)	2020	2021	2022	2023	2024
[2]Total CE audits completed	**284**	**247**	**323**	**1688**	**6737**
Requirements Met/Minor Shortfall	214	187	205	1573	6302
Requirements Not Met	68	60	61	Replaced by thresholds below	
[3]Assigned review – successful	1	0	39		
[4]Assigned review – unsuccessful	1	0	18		
[5]Moderate shortfall	New in 2023: Thresholds & actions defined for shortfalls			7	21
[5]Significant shortfall				108	414
Practice Enhancement Tool (PET)	2020	2021	2022	2023	2024
[6]Total assessments completed	**760**	**1126**	**2418**	**2140**	**27**
First Attempt – Pass	730	1116	2382	2090	27
Second Attempt – Pass	27	10	35	46	0
Second Attempt – Fail	3	0	1	4	0
Peer & Practice Assessments	2020	2021	2022	2023	2024
Total Assessments completed	**5**	**2**	**10**	**4**	**3**
[6]Peer Assessment	2	1	10	2	2
[7]Practice Assessment	3	1	0	2	1
Annual Declaration of QA Compliance	2020	2021	2022	2023	2024
Total number of renewals	New in 2022	10,531	10,694	10,979	11,315
Number who are in compliance		9,198	10,027	10,944	11,268
[9]Percent who are in compliance		87.3%	93.8%	99.7%	99.6%
Standards, Guidelines & Advisories	2020	2021	2022	2023	2024
# QAC approved for consultation	New in 2023: new process approved for developing and updating Standards			1[10]	2[11]
# QAC approved (final)				1[12]	0
# Council approved (final)	0	1[13]	0	2[14]	0

Notes

1. All frequency counts within each reporting year are based on calendar years (January 1st to December 31st, inclusive)
2. In 2023, the approach to audits shifted from a random, manual process to an automated process, allowing us to audit 100% registrants who complete their cycle.
3. **RETIRED in 2023:** Number of registrants who had a shortfall of CE points in one CE cycle and made up for their shortfall in the following CE cycle. This approach ended in 2022.
4. **RETIRED in 2023:** Number of registrants who had a shortfall of CE points in one CE cycle and did not make up for their shortfall in the following CE cycle. This approach ended in 2022.
5. **NEW in 2023:** QAC defined risk-based thresholds to determine consistent, "right-touch" responses to registrants who were noted to have a shortfall in their CE audit.
6. Registrants must successfully pass all six competencies to pass the PET. If they are unsuccessful with the first attempt, they may make a second attempt within six months. If they are unsuccessful on their second attempt, they are reviewed by the QA Committee.
7. Number of registrants who completed a Peer Assessment after a shortfall of CE points.
8. Number of registrants who completed a Practice Assessment after unsuccessful completion of the PET.
9. **NEW in 2022:** Percentage of registrants who answered "yes, I am in compliance" to the question at renewal "Do you declare that you are in compliance with the requirements of the QA Program?"
10. Virtual Care
11. Draft Guidance on Artificial Intelligence in Dentistry; Draft Foundations of Professionalism Document
12. Virtual Care
13. Performance of Intra-Oral Procedures that are Not Controlled Acts by Preventive Dental Assistants, Level II Dental Assistants and Registered Dental Hygienists
14. Virtual Care; Diagnosis and Management of Temporomandibular Disorders

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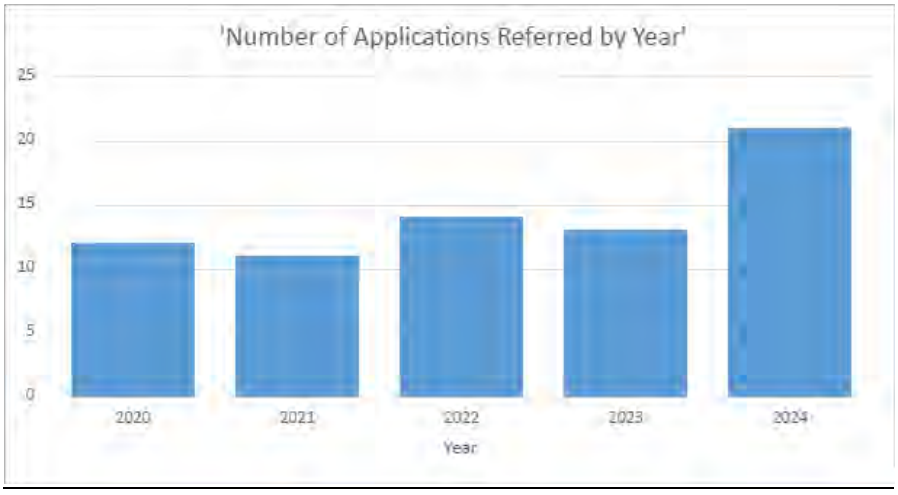
2024 COMMITTEE REPORT

Council Meeting Date	2025/06/19
Committee Name	Registration Committee
Mandate	The Registration Committee reviews and approves applications for registration with the College. The Registrar can refer an application for registration to the Committee where there are doubts as to whether an applicant fulfills the registration requirements as set out in the College's Registration Regulation. The Committee is also responsible for setting registration policies, and for advising Council on entry to practice requirements and national issues related to registration.
Opportunities and Challenges	1. **Increase in application volume and complexity**: the Committee saw a notable increase in the volume and complexity of registration applications in 2024. The volume of applications referred and considered by the Committee nearly doubled over the previous year (from 12 to 21). Additionally, the matters considered were more complex: the Committee refused two applications for licensure and cancelled one general certificate of registration. Comparatively, the Committee had refused only one application in the preceding 5 years. While the reason for the increase in complexity is unknown, the volume of application referrals coincides with an overall increase in submitted applications to the RCDSO (approx. 675 in 2023 vs. 850 apps in 2024) 2. **Risk framework and tools**: the Committee received training on the new cross-department Risk Framework which was developed by regulatory program heads in 2024 to enable transparent, consistent and fair decision-making across the College and committees. The risk-framework and supporting committee tools will be used to inform decision-making starting in 2025. The committee also reviewed a new policy and risk tool specific to continuous practice files which was developed in conjunction with the new risk framework. The tool will support consistent and risk-based decision-making where an applicant has been out of practice for more than three years. 3. **Language Proficiency Policy Update**: A new language proficiency test, The Pearson Test of English (PTE), was added to the RCDSO's language proficiency policy in 2024: The update to the policy was required to ensure that the RCDSO is compliant with regulatory requirements under the RHPA to accept the language proficiency tests approved under the *Immigration and Refugee Protection Act*.

	4. **Registration Regulation Amendment**: The Committee reviewed proposed amendments to the Registration Regulation required to support the divestment of the Professional Liability Program. The Committee also considered additional proposed amendments intended to streamline processes and reduce registration barriers related to work authorization, continuous practice requirements and additional exclusions to the reinstatement provisions. The proposed regulation amendments were subsequently brought to Council for approval in March 2025: 2025-03-27 Council Meeting_20250318050451.pdf. Staff will work closely with the Ministry to carry-out the remainder of the regulation amendment process. Registration staff will simultaneously plan for process changes necessary to implement the regulation amendments once approved.
Activity Highlights	• The Registration Committee held six meetings in 2024, plus one additional teleconference meeting. • The Committee considered twenty (21) applications for registration, reinstatement or certificate extensions and four (4) matters returning from a previous meeting. This is a notable increase from the volume of applications in the previous year. See Table 1 for details on outcomes. • The Committee considered issues related to conduct history, practising while suspended and illegal practice, criminal conduct, academic misconduct, health issues, and issues related to continuous practice. • Three applications resulted in refusal or cancellation of certificates. • The Committee also approved one course at the University of Toronto: General Practice Oral and Maxillofacial Surgery Fellowship. Applicants to the program will be eligible to apply for an Education Certificate.
Committee Table Summaries	Table 1: Registration Committee Decisions (approvals, deferrals and refusals by year, 2020-2024)
Graph and Description	

Committee Members	Dr. Osama Soliman, Chair Dr. Anthony Mair, Council Member Cristina Cordeiro, Public Member Eli Fisher, Public Member Dr. Robyn Somerville, Council Member Dr. Melissa Xie, Non-Council Committee Member

Table 1. *Registration Committee Decisions*						
		2020	2021	2022	2023	2024
No. of applications referred to Committee		12	11	14	12	21
Approvals (by certificate type)[1]						
	General	7	5	6	5	4
	Speciality	2	0	1	1	5
	Education	1	0	0	0	3
	Graduate	0	0	0	0	0
	Post-Specialty	0	0	0	0	1
	Academic Visitor	0	1	0	0	0
	Reinstatement	1	4	4	4	4
Deferrals						
		1	0	3	3	3
Refusals or Cancellations						
	General	0	0	0	0	1
	Specialty	0	0	1	0	0
	Reinstatement	0	0	0	0	2

Notes

* all frequency counts within each reporting year are based on calendar years (January 1st to December 31st, inclusive)

** all category values within a sub-heading should equal the total number of the heading *unless specified otherwise*

[1] 21 applications were referred to the Registration Committee in 2024. Table 1 shows 22 outcomes in 2024 because one application for reinstatement considered in 2024 was referred to Committee in 2023.

Royal College of
Dental Surgeons of Ontario

COUNCIL
BRIEFING NOTE

TOPIC: Governance Modernization

FOR DECISION

June 2025

STRATEGIC PROJECT: GOVERNANCE REVIEW AND MODERNIZATION

ISSUE:

- In accordance with Council's direction, development has continued on the following three integrated governance modernization components Council approved in principle on June 20, 2024:
    - Adopting a province-wide election;
    - Reducing the number of elected Council members from 12 to 10; and
    - Implementing staggered terms for Council members.
- This briefing note will provide Council with research, analysis and recommendations on operational design elements relating to the above noted modernization concepts for Council's consideration and decision at the June 19, 2025 Council meeting.
- Subject to Council's approval of the operational design outlined in the briefing note, relevant bylaws will be brought forward to Council for consideration and approval.
- In addition, this briefing note will provide Council with information on another specific issue being considered for potential changes by the Governance Committee, the electoral system. It will include a summary of the issue and the impetus for change. Further information will be presented to Council for consideration and discussion in September 2025.

PUBLIC INTEREST:

- Good governance is the foundation for effective regulation, accountability, and public trust. It ensures that decision-making is made in the public interest. Advancing governance modernization is in line with the Ontario Ministry of Health (Ministry) Governance Reform and Regulatory Modernization Policy Proposal (January 2022), trends and best practices. The proposed operational design elements outlined in this briefing note relating to modernization concepts previously approved by Council are intended to enhance transparency and accountability in Council's ability to execute its mandate and to increase public confidence and trust.
- This matter meets the RCDSO's Strategic Plan: 2023 – 2025 objective of responding proactively to emerging issues (governance reform) that impact the public interest.
- Governance is a critical input for regulatory performance and the Ministry College Performance Measurement Framework (CPMF).

BACKGROUND:

- In 2020, the Ministry instituted the CPMF, which includes significant governance expectations.
- In 2021, RCDSO's Council approved *Guiding Principles for Governance at RCDSO* to reflect its commitment to sound governance practices and to support effective decision-making in the public

interest (**Appendix A**). The first principle states: *"Our fundamental responsibility is to regulate in the interests of patients and the public."* The fourth principle is to *"embrace opportunities for regulatory and governance modernization."*

- In January 2022, the Ministry circulated a Governance Reform and Regulatory Modernization Policy Proposal on a range of reforms that included a smaller board, parity, and competency-based appointment of professional Council members, intended to improve decision-making, bolster transparency and support high-quality health care for Ontarians. Regulatory bodies were invited to provide consultation feedback to inform legislative amendment, and in February 2022, Council prepared and submitted a response.
- The Ministry did not articulate a timeline on which Colleges could expect to see any resulting legislative change. Although there is no indication that the current provincial government will proceed in the near term with governance reforms to the Regulated Health Professions Act, 1991, the College should continue with its own governance modernization in line with other regulators, to demonstrate leadership and to mitigate the imposition of changes for which we are unprepared.
- In January 2023, staff began work on the Governance Review and Modernization Strategic Project, one of six strategic projects in RCDSO's Strategic Plan: 2023 – 2025. This project builds on previous Council and committee work as well as current board governance trends, emerging best practices, and reform initiatives in Ontario, across Canada, and abroad.
- In September 2023, Council established the inaugural Governance Committee with a specific mandate to explore governance modernization to the extent possible within the parameters of the current legislative framework.
- Shortly after being constituted the Governance Committee reviewed a range of possible governance modernization components in line with the 2022 Ministry Policy Proposal and best practices and aligned these with RCDSO's path forward for modernization.
- Staff conducted research and analysis to identify and propose options for optimizing governance changes within the confines of the legislative framework. The Governance Committee provided input for further development of proposals and asked staff to explore the possibility of creating, through bylaw, a province-wide election for implementation in the December 2026 election.
- In March 2024, the Governance Committee presented to Council for consideration and discussion a high-level preliminary report about concepts that advance governance modernization. Council was not asked to make decisions on any of the issues at that time.
- The Governance Committee took Council's feedback and completed additional research and analysis with the goal of bringing forward to Council a proposal on integrated modernization concepts. Other concepts were considered and tabled for future discussion.
- In June 2024, Council approved in principle the Governance Committee's proposal to develop and implement for the December 2026 general election, the following three integrated modernization concepts:
    - Adopting a province-wide election;
    - reducing the size of Council from 12 to 10 elected dentists; and
    - implementing staggered terms for Council members.
- Council directed the Governance Committee to continue development on operationalizing the above noted three concepts.

CURRENT STATUS:

Development of operational design elements

- In August 2024, the Governance Committee met to consider further research and analysis on operational design elements and to provide feedback to help guide continued development. The Governance Committee had extensive discussion around broad categories of patient populations whose perspectives enhance Council's capacity to perform its mandate effectively, bringing the public

interest front and centre in the Council member election process. The Committee also discussed proposed changes to the *Core Competencies for Council Members*, and considerations when designing a candidate selection process and ballot structure to support competency and diversity-based selection in a province-wide election.
- In March and May 2025, the Governance Committee met to consider design options, research and analysis pertaining to adopting a province-wide election (board profile, candidate selection process, electoral system), and implementing staggered terms for Council members (term of office and term limit, cooling off period, and model for implementing staggered terms).

Legal considerations

- The Dentistry Act requires holding an election in accordance with the bylaws. The authority for the manner in which Council members are elected is set out in the bylaws. It is at Council's discretion to define the form of the election and the nature of the districts. As such, Council may ultimately decide to not use references to "electoral districts" should it choose to do so.
- Transitioning to a province-wide election, a reduction in the number of elected dentists, and implementing staggered terms for Council members would require bylaw amendments. These bylaw amendments would not require external circulation.

Implementation timeline

- Subject to Council's direction, relevant bylaws will be presented to Council for consideration and approval.
- Beginning with the Council election in December 2026 and for all elections, thereafter:
    - Elected Council members will be elected in a province-wide election that encompasses all of Ontario; and
    - Ten dentists will be elected to Council.

Decisions for Council on June 19, 2025

- At its meeting on June 19, 2025, Council will be asked to consider and approve five recommendations the Governance Committee is bringing forward regarding operational design elements for adopting a province-wide election, reducing the number of elected Council dentists from 12 to 10, and implementing staggered terms for Council members. The recommendations will ask Council for consideration and approval of the following:
    - Updated *Competency and Diversity Profile for RCDSO Council Members, 2025*;
    - Enhancements to the current Council candidate selection process;
    - Term of office and term limit for Council members;
    - Cooling off period for Council members; and
    - Model for implementing staggered terms for elected Council members.
- Staff will use Council's feedback on the above noted issues to prepare a compendium of relevant bylaws for Council's consideration and approval.
- Council will also be updated on the electoral system, to inform future recommendations.

ANALYSIS:

PART ONE: PROVINCE-WIDE ELECTION

Advancing the public interest

- The current geographic district elections model contributes to confusion about Council and the College's mandate. District elections exacerbate the perception that eligible and successful candidates represent the interests of the electorate (the profession), which is contrary to the fiduciary duty of every Council member to the College's public interest mandate.

- The province-wide election will help reinforce that dentists elected to Council serve the public interest.

Strengthening competency-based selection

- The Governance Committee's June 2024 Governance Modernization proposal to Council noted several Ontario health regulatory colleges that have implemented electoral reform to strengthen their competency and diversity-based selection frameworks.
- While a stronger outreach and targeted recruitment strategy will accompany any election model, registrants' lack of engagement in running for Council can be partly attributed to the current geographic district electoral framework, which precludes more than one high calibre candidate from the same district from serving concurrently on Council. Unsuccessful candidates must wait until the conclusion of the two-year term to run in the subsequent election. The new province-wide model will enable multiple high calibre candidates from the same region to stand for election, with other means to ensure regional diversity.

Equity, Diversity and Inclusion on Council

- Greater diversity on boards leads to innovation, robust policy, and risk mitigation. The perspectives of traditionally underrepresented communities are essential to reflect the diversity of the public and communities the College serves.
- The *Guiding Principles for Governance at RCDSO* state: *"We seek diversity and inclusion among Council, committees and staff as well as the perspectives of patients and the public so that our decisions reflect the needs and lived experiences of the communities we serve"* (**Appendix A**).
- Council's broader commitment to EDI is reflected in RCDSO's Equity, Diversity and Inclusion Commitment Statement, approved by Council in September 2024.
- Best practices in board governance support the adoption of a competency and diversity-based assessment framework that sets out the requisite knowledge, skills, experience, and attributes required for the board to perform effectively. Board directors' collective competence and diversity enables evidence-informed decisions, strategic direction, oversight, and accountability.

Issue #1: Updated Competency and Diversity Profile for RCDSO Council

Recommendation: That Council consider and approve the updated *Competency and Diversity Profile for the Royal College of Dental Surgeons of Ontario Council, 2025* as set out in **Appendix B**.

Purpose of the Profile

- Board competency profiles articulate the requisite knowledge, skills and judgment required for boards to perform effectively.
- The updated *Competency and Diversity Profile for the Royal College of Dental Surgeons of Ontario Council, 2025* (the Profile) articulates the expectations for Council members and will guide the selection of Council candidates, provide the basis for the Council performance evaluation, and inform the development of Council training and education.
- The updated Profile will replace RCDSO's current *Core Competencies for Council Members*.
- The Profile represents the desired/ aspirational composition of Council and the collective knowledge, skills, experiences, and diversity attributes needed to achieve a Council composed of qualified members who reflect the diverse public and the communities the College serves and protects.
- The Profile aims to clearly differentiate the individual skills required for the role at entry (e.g., the public interest, conflict of interest, fiduciary duty, etc.) versus the desired proficiency and experience that can be developed over time in role and achieved collectively so that Council has the full constellation of competencies. This distinction will help in assessing Council candidates and guiding the development of individuals within the role.
- Some technical competencies (e.g., cybersecurity, artificial intelligence) may be enhanced in role or acquired through engaging the services of external subject matter experts.

- It is not expected that any one Council member would possess all the competencies, but collectively, the Council will strive to cultivate these skills to be effective. It may not be possible for Council to achieve strength in all competencies and diversity attributes every year and some may be better reflected than others at certain times.

Impetus for change

- In its June 2024 Governance Modernization proposal to Council, the Governance Committee committed to reviewing and refreshing RCDSO's current *Core Competencies for Council Members*, which was approved by Council in June 2020.
- Board competencies should be viewed as dynamic and should be reviewed regularly to reflect changes in the environment and to ensure they remain relevant to the organization's current and future needs.
- It is recommended that the final version of the Profile, once approved by Council, be reviewed at a minimum once every five years to ensure it keeps pace with evolving organizational needs.
- Articles 7.2.4(q) and 8.1.1(q) of the College bylaws set out that it is an eligibility requirement that a Council candidate has satisfied the former Eligibility Review Committee or the Governance Committee that the member has all of the competencies to be an effective member of Council as set out in a list of competencies approved by Council. This eligibility requirement is not applicable to a candidate who has previously been determined to have met the above noted requirement provided there has been no change to the list of competencies approved by Council since the determination was made.

Competency and Diversity

- The expanded title of the updated Profile aligns with current governance trends and best practices that integrate diversity attributes into board competency frameworks.
- Assessing the qualifications, skills and experience of board members means considering factors beyond traditional expertise, including diverse backgrounds, perspectives and experiences, to ensure a wider range of voices and viewpoints are represented in decision-making to effectively govern.
- Regional and patient population diversity remain important factors in Council composition and have been incorporated into the Profile. This includes dentists who have served traditionally underrepresented, marginalized, and equity-deserving groups and are able to bring those perspectives to deliberations. This aligns with the *Guiding Principles for Governance at RCDSO* and Council's broader commitment to diversity as articulated in RCDSO's Equity, Diversity and Inclusion Commitment Statement.

Development of the new Profile

- Since June 2024, the Governance Committee has engaged in several extensive discussions regarding the competencies needed to address complex regulatory issues and opportunities, and perspectives and experience that will enhance Council's foresight and agility in the next 10 years.
- An updated Profile was prepared and presented to the Governance Committee for consideration and discussion in March and May 2025. The Committee and the Senior Leadership Team provided feedback on the depth and breadth of the competencies and diversity attributes, language, and prerequisites to serve at entry.
- At the June 19, 2025 meeting, Council will be asked for feedback on the updated Profile content.
- Staff will finalize the document based on Council's feedback and bring to Council for final approval on September 18, 2025.

Issue #2: Council candidate selection process

Recommendation: That Council consider and approve the proposed enhancements to the current Council candidate selection process using the new Profile as summarized below and visually represented in **Appendix C:**

- Each year Council will assess itself against the Profile skills and attributes in advance of the election to identify whether and where gaps exist.
- The Governance Committee will review the collective results, conduct an analysis and use the analysis to develop a proposed candidate profile for the next election. The Governance Committee will present the analysis and proposed candidate profile to Council for ratification and Council's feedback will be incorporated into the candidate profile for the upcoming election.
- The College will issue a call for nominations to registrants that articulates the number of vacant election seats, the candidate profile, and contains links to the application package and online orientation module.
- Candidates interested in running will be required to meet the eligibility requirements, submit an application form, and complete the mandatory orientation module. Staff will screen application packages for completion and initial bylaw eligibility requirements (e.g., conduct).
- The Governance Committee will interview and screen applicants against the Profile prerequisites and will select candidates whose skills and attributes align with the needs identified in the gap analysis and candidate profile to appear on the election ballot. For example, if the gap analysis revealed that important regional perspectives (e.g. rural/remote/small to medium communities) were missing in the current Council complement, the candidate profile/ call for nominations for that election would stipulate selection for candidates that bring those perspectives.

Enhancing the current Council candidate selection process

- The Governance Committee's June 2024 Briefing Note to Council on Governance Modernization set out proposed enhancements to the Council candidate selection process that build upon the current selection process. The current selection process requires candidates to submit a complete application form (including a self-assessment against a skills matrix, competency-based essay questions, and a voluntary diversity questionnaire), complete the mandatory orientation module, and meet the eligibility requirements as set out in bylaw including undergoing a competency-based assessment interview conducted by the Governance Committee.
- Strengthening the existing candidate competency and diversity-based selection process will achieve Council competency and diversity in a province-wide election by enabling the prioritization and selection of candidates that have the skills and perspectives that will enhance Council capacity.
- This approach will ensure dentists come to the table with current experience serving a variety of patient groups or communities (e.g., rural, remote, marginalized, etc.) and are able to bring their perspective, rather than simply designating electoral seats for dentists who work or reside in particular regions.
- This approach will bring the public interest front and centre in the Council member election process and reflects Council's commitment to EDI as expressed in *Guiding Principles for Governance at RCDSO* and RCDSO's Equity, Diversity and Inclusion Commitment Statement.
- At the June 2024 Council meeting, Council members articulated that rural, remote and small to moderate communities' perspectives are important and proposed that mechanisms be put in place to ensure the representation of the rural voice and other important regional perspectives, and to prevent over-representation from large urban areas as well as disproportional concentration in the Greater Toronto Area.
- Strengthening the current candidate selection process will address Council's concerns regarding the need to maintain regional diversity and will ensure that any gaps on Council are prioritized and selected for in the candidate selection process. The accountability for addressing gaps on Council rests with the Governance Committee and its ability to execute its mandate by exercising its authority in selecting candidates for the ballot.
- The College of Physicians and Surgeons of Ontario's 2025 Board Election Website content is attached as an example of particular skills and attributes sought in CPSO's inaugural province-wide election (see **Appendix D**).

- The Governance Committee was in agreement that this approach will be the most practical and straightforward candidate selection process to implement. The additional step of having Council ratify the gap analysis and proposed candidate profile before the call for nominations is issued will enable Council to have input into the call each election.

Alternative considered

- The Governance Committee also considered and discussed the option of designating a certain number of seats for certain perspectives. The Committee was in unanimous agreement that this option was not favourable for numerous reasons.
- The Committee agreed that it would be difficult to identify specific patient population perspectives, regional or otherwise, over all other skills and diversity attributes that would warrant protected seats around the Council table. This approach would create rigidity and diminish flexibility to adapt to the specific gaps and needs identified in the skills and attributes inventory prior to each election. Protected seats today may not be desirable tomorrow.
- It would be further challenging to determine the number of protected seats out of the 10 to reserve for dentists with a particular perspective, and the rationale to support such a policy.
- The Committee noted that designating protected seats would entail creating separate categories of seats on the ballot in election years where the gap analysis reveals a particular perspective is missing, adding unnecessary complexity to the ballot structure.
- It was noted that creating protected seats for certain perspectives would add further operational complexity at the inaugural 2026 province-wide election when staggered terms will be implemented. Multiple categories of seats on the ballot would require consideration to be given as to how to award the initial terms of successful candidates as the percentage of votes received would vary depending on which category the candidates run in.
- For the above noted reasons, the Governance Committee was strongly opposed to this option.

Issue #3: Electoral System

- The Governance Committee is providing Council with preliminary information on the Committee's exploration of this issue. Council will not be asked to engage in discussion or to make a decision on this issue at the June 19, 2025 Council meeting.
- The Governance Committee engaged in extensive discussion regarding different electoral system models and the advantages and disadvantages associated with each.
- The Governance Committee expressed support for exploring the option of Proportional Representation Ranked Ballot/ Single Transferable Vote method as an alternative to RCDSO's current Plurality (First Past the Post) electoral system.
- The Governance Committee will provide Council with more information on this topic at the September 18, 2025 Council meeting.

Impetus for change

- Historically, voter turnout at the general election has been low. RCDSO 2022 and 2024 elections candidate engagement and voter turnout data are presented in **Appendix E.**
- RCDSO's electoral system should deliver democratic results that reflect voters' preferences, engage registrants and advance the public protection mandate.
- An electoral system's design has consequences for representation and its propensity to deliver certain outcomes (e.g., distribute seats proportionally to votes cast) and can influence the electorate's voting behaviour.
- The Governance Committee has noted advantages associated with Proportional Representation electoral systems, which include:
  - Votes are not "wasted" and voters are less likely to engage in strategic voting;

- The election results present a more comprehensive representation of voters' preferences than a plurality system; and
- The electorate feels that their vote counts, which would translate into greater confidence in and support for Council.

PART TWO: STAGGERED TERMS FOR COUNCIL MEMBERS

Issue #4: Council Member Term of Office and Term Limit

Recommendation: That Council considers and approves the following proposed term of office and term limit provisions for elected and selected (academic) Council members:

- That the elected and selected (academic) Council member terms of office be extended from two to three years;
- That no elected Council member who is first elected in the December 2026 election or any subsequent election, nor an elected Council member who is a member of Council on the date this bylaw comes into effect, may serve as a Council member for more than nine consecutive years, inclusive of years of service prior to the date this bylaw comes into effect;
- If an elected Council member reaches the end of their maximum service prior to the end of their term, the elected Council member will cease to hold office, the vacancy procedures will apply, and the newly elected/appointed Council member will hold office for the remainder of the term;
- That no selected (academic) Council member who is first selected in 2026 or thereafter, nor any selected Council member who is a member of Council on the date this bylaw comes into effect, may serve as a Council member for more than nine consecutive years, inclusive of years of service prior to the date this bylaw comes into effect; and
- If a selected (academic) Council member reaches the end of their maximum service prior to the end of their term, the selected Council member will cease to hold office, the vacancy procedures will apply, and the newly selected/appointed Council member will hold office for the remainder of the term.

Term of office

- Currently, elected and selected (academic) Council members serve a two-year term in accordance with the biennial election/selection cycle set out at articles 6.2.2 and 6.3.2 of the bylaws.
- At the June 2024 Council meeting, when the concept of implementing staggered terms for Council members was discussed, a Council member expressed the view that the current two-year term seemed too short and asked that consideration be given to extending the term to three years.
- Over the past year, the Governance Committee has had extensive discussion regarding the term of office and has expressed unanimous support for extending the term from two to three years.
- The Governance Committee agreed that the term of office for elected and selected (academic) Council members should be the same.
- In his *Inquiry into the performance of the College of Dental Surgeons of British Columbia and the Health Professions Act*, governance expert Sir Harry Cayton recommends:

> *"Terms of office should be extended to three years, renewable for a further three years, to provide continuity and the expertise which comes with experience. This should apply to elected as well as appointed members. The current structure encourages amateurism and short-term planning. Regulation is a long-term business."*[1]

[1] Cayton, H. An Inquiry into the Performance of the College of Dental Surgeons of British Columbia and the Health Professions Act. December 2018. The Professional Standards Authority for Health and Social Care, London.

- A recent environmental scan of Ontario health regulatory bodies showed that all have three-year terms for Council members. The Ontario College of Teachers, under different legislation, has two-year terms of office.
- The Governance Committee was of the view that a three-year term would permit new board members to grow into the role, strengthen confidence, and would support long-term planning. The Committee noted that the learning curve for a board member of a complex organization such as a regulatory body is steeper than in other organizations, and the longer term will help to retain institutional memory.
- The Governance Committee noted that Council members' contributions toward the end of their terms were significantly more valuable than at commencement. The Committee was of the view that experience deepens knowledge, understanding, skill, and insight, and that extending the term would enable Council to continue to benefit from the wisdom and experience of the board.

Term Limit

- Articles 6.2.3 and 6.3.2 of the bylaws permit elected and selected Council members to serve a maximum of up to four consecutive terms. Extending the term of office from two to three years will require changing the term limit bylaw provisions.
- The Governance Committee discussed proposed options and analysis pertaining to the term limit and agreed that Council members should have the opportunity to serve three consecutive terms (i.e., nine consecutive years), including prior years of service, and that term limits for elected and selected (academic) Council members should be the same.
- The 2022 Ministry Policy Proposal identified *"Consistency in expectations regarding term limits"* for professional members of Council as a key component of regulatory reform and governance modernization that *"protects against entrenched professional interests dominating Council"*.
- The Health Professions Procedural Code stipulates that elected Council members shall not serve on Council longer than nine consecutive years.
- A recent environmental scan of Ontario health regulatory bodies showed that most colleges have a term limit of nine consecutive years (i.e. three consecutive terms). Some have a limit of six years (i.e., two consecutive terms).
- Extending the term limit from eight to nine consecutive years will increase the time Council members can serve and will enable the College to continue to benefit from the wisdom and experience of Council.
- The new term limit may permit all incumbent elected Council members to run in the inaugural December 2026 province-wide election. A table of current Council members' years of service is attached (see **Appendix F**).
- A term limit change from eight to nine years is small and in conjunction with the proposed model for implementing staggered terms (outlined below under Issue #5) addresses the issue of fresh perspective on Council.
- The Governance Committee was mindful that board members can lose objectivity, perspective and independence after serving too long; extensive terms can lead to board members seeing themselves as part of the organization.
- The Governance Committee noted that while a longer term can be disadvantageous when a board member is not contributing positively or effectively in role, having a robust candidate selection process in place mitigates the likelihood of this potential issue.
- It was noted that the pool for university selected Council members is significantly smaller than the pool of registrants eligible to run for election to Council. A three-year term with the opportunity to serve two additional terms should provide sufficient time for each school or faculty of dentistry to select a successor representative, and for the Governance Committee to reassess the representatives.

Issue #5: Cooling off period

Recommendation: That Council considers and approves a three-year cooling off period for elected and selected (academic) Council members who have served the term limit (i.e., three consecutive terms or nine-consecutive years).

Purpose of a cooling off period

- A cooling off period is intended to prevent conflicts of interest, and to ensure that new board members bring new ideas and fresh perspectives to board deliberations and organizational vitality.
- The current cooling off period for elected and selected (academic) Council members is four years given the biennial election/selection cycle, and the provisions are set out at articles 6.2.4 and 6.3.4 of the bylaws.

Impetus for change

- Extending the term of office to three years requires amending the cooling off period bylaw provisions, which are based on the biennial cycle.
- The Governance Committee engaged in extensive discussion regarding research and analysis pertaining to several proposed options for cooling off periods for Council members.
- The Committee noted that many comparator Ontario health regulators have three-year cooling off periods for board members who have served the term limit.
- The Committee noted that a three-year cooling off period would represent a slight change to RCDSO's current provision and aligns with other Ontario health regulators.
- The Governance Committee agreed that the cooling off periods should be the same for elected and selected (academic) Council members, and that provisions should clarify that an elected Council member who has served the term limit must serve the cooling off period prior to being eligible to serve as a selected (academic) Council member and vice versa.
- The Governance Committee noted that there is a small risk with a board member who has served a term limit returning to the board later (after three years) with the same perspective as when they left.
- The Governance Committee also noted that a longer cooling off period or permanently excluding a board member would present a barrier for skilled and committed individuals returning to serve.

Issue #6: Implementing staggered terms for elected Council members

Recommendation: That Council considers and approves the following model for implementing staggered terms for elected Council members at the December 2026 inaugural province-wide election:

- Extending the terms on Council of all three current Executive Committee elected Council members by one year following the December 2026 election; and
- designating the remaining seven elected Council member seats as open for the December 2026 province-wide election.
- The terms of office of the seven elected Council members would commence at the first meeting of Council following the December 2026 election and end as follows:
  - The three elected dentists who receive the highest number of votes out of all dentist candidates in the province-wide election would be elected for a three-year term;
  - the three dentists who receive the fourth to sixth highest number of votes out of all dentist candidates would be elected for a two-year term; and
  - the one dentist who receives the seventh highest number of votes out of all dentist candidates will be elected for a one-year term.
- A visual representation of this implementation model is provided in **Appendix G**.

What is a staggered board?

- A staggered term system means that no more than a certain number of board members' terms expire at any given time.
- Implementing staggered terms will mean holding a smaller number of elections (three or four) every year. Each December, elections will be held for those seats for which the terms of office are ending.
- Some governance resources suggest a general guideline/best practice for board turnover is to replace no more than one-third of the board members annually.[2] One-third turnover allows for a blend of new perspectives with experienced members, creating a more diverse and balanced board.

Impetus for change

- Currently, all 12 districts are re-elected biennially with a risk of full turnover, jeopardizing continuity of institutional knowledge and regulatory functions.
- Implementing staggered terms will bring RCDSO in alignment with all Ontario health regulators.
- Staggered terms on boards are considered a governance best practice. Advantages include:
  - Enhancing board continuity and stability in composition which helps retain understanding of the board's decision-making processes, institutional knowledge, expertise and valuable experience;
  - preventing a sudden significant turnover, which can disrupt and delay strategic planning and implementation, and operations;
  - supporting effective transitions of leadership and succession planning that enable board members' greater focus on long-term goals, leading to more informed and strategic decision-making; and
  - ensuring a balance of experience and new perspectives on Council.
- During the transition, it will be important to select a modern implementation model that balances new perspectives with the wisdom of existing Council members by extending a certain number of incumbent Council members' terms to maintain institutional memory and continuity and to avoid significant turnover at the inaugural 2026 province-wide election.
- The Governance Committee considered the Ontario College of Pharmacists' model for implementing staggered terms at its inaugural 2020 province-wide election. The Board selected two incumbent elected Executive Committee members to have their terms continue for one and two years respectively following the election, and the remaining seven successful elected Directors were awarded one, two and three-year terms based on the quantity of votes received.
- The proposed implementation model for RCDSO depends on the current Executive Committee elected dentists' ability and willingness to continue serving an extended one-year term on Council.
- The Governance Committee engaged in a thorough discussion on several proposed implementation model options, which included various iterations of different combinations and durations of extended terms for Council members, and determined that the model being recommended to Council is the optimal path forward for the following reasons:
  - This approach will provide the greatest stability, knowledge retention and business continuity of the options considered, which will be important at the inaugural 2026 province-wide election, when the probability of incumbent Council members' reelection is unknown;
  - At a time of transition, the College is best served with the wisdom and experience of all three incumbent Executive Committee elected dentists continuing on Council for an additional year;
  - Council has already expressed confidence in the current Executive Committee, whose members have served Council for two consecutive cycles; and
  - The current Executive Committee elected dentists have unwaveringly demonstrated their fiduciary duties to the College, have expertise and an in-depth understanding of certain issues, which will be important for enabling the business of the College to continue.

[2] Price, Nick. *Best Practices for Nonprofit Board Term Limits*. Board Effect. October 26, 2018, https://www.boardeffect.com/blog/best-practices-nonprofit-board-term-limits/

NEXT STEPS:

- Subject to Council's approval of the proposed recommendations, relevant bylaws will be presented to Council for consideration and approval.
- The Governance Committee will provide Council with further information pertaining to electoral system options and analysis on September 18, 2025.

DECISION FOR COUNCIL:

- Council is being asked for feedback on the updated *Competency and Diversity Profile for the RCDSO Council, 2025* attached as **Appendix B** and whether it approves the Profile.
- Council is being asked to consider and approve the proposed enhancements to the current Council candidate selection process as outlined in **Appendix C**.
- Council is being asked to approve a three-year term of office and three consecutive term limit (i.e., nine consecutive years) for Council members.
- Council is being asked to approve a three-year cooling off period for Council members.
- Council is being asked to approve the proposed model for implementing staggered terms for Council members at the December 2026 election.

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ATTACHMENTS

Appendix A: Guiding Principles for Governance at RCDSO

Appendix B: Updated *Council Competency and Diversity Profile for RCDSO Council, 2025*

Appendix C: Proposed enhancements to the Council candidate selection process

Appendix D: College of Physicians and Surgeons of Ontario 2025 Board Election Website

Appendix E: RCDSO 2022 and 2024 general election candidate engagement and voter turnout data

Appendix F: Current Council Members' Years of Service

Appendix G: Recommended model for implementing staggered terms in December 2026 Election

Royal College of
Dental Surgeons of Ontario

Guiding Principles for Governance at RCDSO

Council of the Royal College of Dental Surgeons of Ontario ("RCDSO") has set out the following Guiding Principles to reflect its commitment to sound governance practices and to support effective decision-making in the public interest. The Guiding Principles are intended to assist Council in the exercise of its responsibilities and serve as a framework within which Council may chart out its future governance activities.

1. **Our fundamental responsibility is to regulate in the interests of patients and the public.**
2. **Our activity is conducted transparently, reported publicly and evaluated continuously to improve our effectiveness.**
3. **Our leadership is shared by dentists and public members.**
4. **We anticipate emerging risks and embrace opportunities for regulatory and governance innovation.**
5. **We seek diversity and inclusion among Council, committees and staff as well as the perspectives of patients and the public so that our decisions reflect the needs and lived experiences of the communities we serve.**

2025

UPDATED COMPETENCY AND DIVERSITY PROFILE OF THE ROYAL COLLEGE OF DENTAL SURGEONS OF ONTARIO COUNCIL

INTRODUCTION

The Royal College of Dental Surgeons of Ontario's governing Council is the College's board of directors. Council is composed of elected dentists, public members, and academic representatives from Ontario universities' dental faculties. The *Competency and Diversity Profile of the Royal College of Dental Surgeons of Ontario Council, 2025* (the Profile) articulates the expectations for Council members and will guide the selection of Council candidates, provide the basis for the Council performance evaluation, and inform the development of Council training and education.

The Profile represents the desired/ aspirational composition of Council and the collective knowledge, skills, experiences, and diversity attributes needed to achieve a Council composed of qualified members who reflect the diverse public and the communities the College serves and protects. The collective competence of Council will be achieved through selecting candidates with specific skill sets and attributes to run in the open seats each annual election and facilitating Council training and development.

Competencies marked with an asterisk (*) are prerequisites for the role at entry to be selected to run for election or be appointed as a university selected Council member. It is not expected that any one Council member would possess all the competencies, but collectively Council will strive to cultivate these skills to be effective.

UNIT 1: GOVERNANCE RESPONSIBILITIES AND FIDUCIARY DUTIES

Governance	Understands governance principles and practices to support Council's provision of strategic direction and oversight. Understands sources of authority and accountability, and purpose and requirements of organizational reporting obligations in demonstrating accountability for regulatory performance.
***Focus on the public interest**	Demonstrates an understanding of and commitment to RCDSO's mandate to regulate the profession in the public interest. Demonstrates the ability to put the public interest ahead of other interests, including personal and professional interests. Understands the difference between regulatory bodies and professional associations.
***Conflict of interest**	Complies with RCDSO Bylaw conflict of interest requirements and Code of Conduct. Understands and readily identifies and discloses when an issue or situation presents a personal or professional gain or interest, or a decision directly or indirectly impacts them or their professional judgment.
Role of Council and Registrar and CEO	Understands the distinction between the role of Council to set direction and provide strategic oversight and the role of the Registrar and CEO to lead and direct operations. Demonstrates an understanding and respect for the role of staff members.
***Fiduciary duties**	Understands, appreciates and adheres to fiduciary duties (acting honestly, in good faith and in the best interests of the RCDSO) and maintaining confidentiality.

UNIT 2: RISK, INFORMATION AND FINANCIAL MANAGEMENT

***Risk Management**	Understands Council's role and responsibility for setting the organization's risk appetite, overseeing the development and implementation of risk management policies and procedures, monitoring significant risks facing the organization, and fostering a risk-aware culture throughout the organization.
Information Technology	Understands Information Technology and Information Management Systems and demonstrates awareness of sector changes (e.g., artificial intelligence, cyber security, privacy, etc.). Demonstrates proficiency with technology to effectively participate in Council and committee work. Adheres to security and privacy protocol and completes RCDSO cyber security and privacy training modules.
Financial Management	Understands basic finance and accounting and financial controls. Able to understand the financial position of the College as presented in the financial statements. Able to interpret and ask questions about financial statements and reports to make informed decisions and contribute to ensuring the integrity of financial information provided to Council. Supports Council in ensuring the prudent use of all assets for the College's effectiveness and sustainability.

UNIT 3: LEADERSHIP

Vision and mobilizing people	Inspires and motivates others to effectively mobilize to solve problems, advance the RCDSO's mandate, and achieve results. Takes an active role in sharing information and knowledge.
Human resource management	Knowledge and experience in human resource management or working with a board to oversee Registrar and CEO recruitment, performance management, and succession planning.
Joint leadership culture	Maintains effective Council staff relationships by providing clear direction and constructive challenges to management regarding policies and proposals. Supports the leadership team in achieving the legislative and strategic objectives.
Innovation	Embraces opportunities for regulatory and governance innovation. Fosters a culture of new thinking and approaches to improve programs and add value.

UNIT 4: PROFESSIONALISM

***Commitment and preparedness**	Able to meet the time commitment expectations required of the role including meeting, preparation, education and training requirements. Comes to Council meetings well prepared to actively contribute to discussions, activities and informed decision-making by reviewing materials in advance.
***Ethics and integrity**	Demonstrates honesty, respect and trustworthiness. Upholds the moral principles and values of the College. Acts with integrity and discretion and supports Council members in exercising good judgement and accountability.
***Collaboration and conflict resolution**	Works collaboratively and collegially with others, especially in times of conflict. Actively engages in respectful, diplomatic, and inclusive dialogue. Welcomes and values differing perspectives and encourages open and effective debate. Addresses and resolves conflicts using active listening, empathy and problem-solving.
***Teamwork and commitment to the effectiveness of Council**	Ability to work in a team-based environment and build strong working relationships within Council. Makes valuable contributions to Council discussions and the functioning of Council. Demonstrates respect for the contributions of all Council members and committees and focuses on building on their work.
Self-awareness and continuing professional development	Demonstrates self-awareness and insights into strengths and opportunities for enrichment. Actively solicits feedback. Demonstrates a commitment to continuing professional development.

UNIT 5: COMMUNICATION SKILLS

***Active listening**	Listens attentively to understand. Asks clarifying questions. Acknowledges perspective and demonstrates empathy. Paraphrases and reflects back to confirm comprehension and respond appropriately.
***Open communication**	Demonstrates courage to challenge conventional wisdom and established beliefs and explore new perspectives. Ability to express dissenting opinions to foster robust debate and identify hidden issues and opportunities. Encourages a safe environment where Council members feel comfortable expressing their opinions and questioning ideas to avoid groupthink.
***Openminded**	Considers diverse perspectives, ideas and information to enhance learning, flexibility and better communication. Demonstrates willingness to change a position if presented with new evidence or information.
Uses an inquisitive approach	Demonstrates curiosity and asks appropriate questions to understand the issues being explored and discussed and contribute effectively to discussions.

UNIT 6: THOUGHT PROCESSES AND DECISION-MAKING

Analytical thinking	Ability to break down complex information into fundamental parts, understand its components, connect ideas and concepts, and use logic and reasoning to form conclusions. Demonstrates data/analytics knowledge and skills to effectively collect, analyze, interpret, and communicate insights from data.
***Critical Thinking**	Ability to assess information objectively, identify biases, make judgements, and challenge assumptions to inform decisions. Ensures decisions are objective and evidence-informed.
Strategic Thinking	Ability to identify and assess the broader issues, opportunities and threats facing the College and Council and consider different approaches, solutions and consequences. Able to consider the implications of decisions on organization's strategic objectives and long-term goals and engage in long-term planning and prioritizing to set vision and high-level direction for the College.

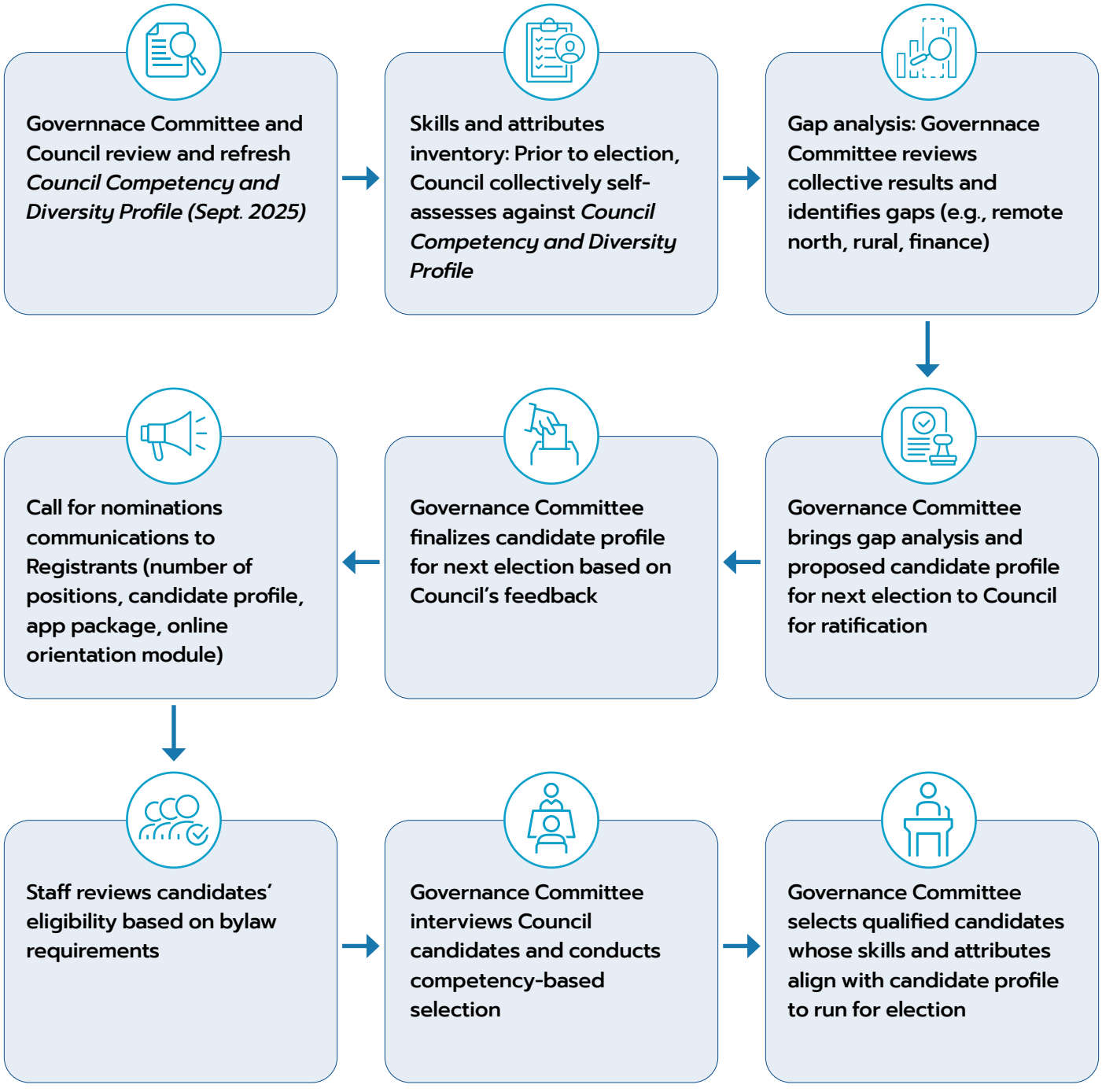
UNIT 7: KNOWLEDGE OF HEALTH SYSTEM AND HEALTH REGULATION

Understanding of Health Systems	Demonstrates basic understanding of Ontario's health care system and the roles and responsibilities of key stakeholders including government. Demonstrates awareness of current trends and recent reforms and strategies to improve oral health care services delivery, access to care and health outcomes.
Understanding of Health Regulation	Has knowledge of the health profession regulatory system, the role and purpose of a health regulatory college in the health care system and how it functions. Has knowledge of the legislative framework that governs health care professionals.

UNIT 8: EQUITY, DIVERSITY AND INCLUSION

***Commitment to Equity, Diversity and Inclusion**	Values and embraces Equity, Diversity and Inclusion (EDI) as fundamental to the College and Council's role in ensuring the public has safe, equitable and competent oral health care. Demonstrates an awareness of the needs of equity-deserving groups and a willingness to learn about EDI and how to apply an EDI lens to decision making.
Diversity on Council	Council composition reflects a range of diverse identities, the diversity of the populations served and lived experience in issues related to EDI, possibly gained through living, serving or working with diverse patient populations. Council composition encompasses a mix of individuals with different attributes including but not limited to gender identity, race/racial identity, culture, individuals with disabilities, age, and individuals who practise across urban, rural, remote and underserviced areas of Ontario who bring diverse and unique perspectives and experiences to Council discussions and deliberations.

Proposed Enhancements to the Current Council Candidate Selection Process



BOARD ELECTION

CPSO is seeking applications for the Slate of Nominees from which five new Board Directors will be elected in the spring. The deadline for applications is January 24, 2025 and the voting period will begin on April 4 and close April 25, 2025.

What is the role of the Board of Directors (Board) at the College of Physicians and Surgeons of Ontario (CPSO)?

The Board oversees CPSO's governance, strategic planning, and policy development. The Directors of the Board consist of elected physicians, public appointees, and appointed academic physicians from Ontario's medical schools. Its primary responsibility is to ensure that CPSO fulfills its mandate of serving the public interest and meeting the College's strategic priorities and legislative obligations.

Why should you run for election to CPSO's Board?

Serving on the Board provides an opportunity to oversee the governance of CPSO and make meaningful contributions that support the public interest. Directors are expected to actively participate in discussions, attend meetings, and oversee CPSO's strategic direction.

What is a Board Profile, and how is it used?

CPSO's Board Profile outlines the desired behavioural competencies, skills and experiences, and diversity attributes required for CPSO's Board as a whole to function effectively.

The Board Profile may be revised periodically to adapt to the evolving needs and priorities of CPSO.

What is the new election model?

At its December 2023 meeting, the Board approved revisions to CPSO's By-laws, which included a new competency-based election model and a move from elections by district to an annual province-wide election.

To support a competency-based election, the Governance and Nominating Committee (GNC) conducts a skills gap analysis, comparing the current Board composition to the Board Profile. The GNC then determines Board Profile skills and competencies that are to be targeted in the upcoming round of elections.

Under this new model, the GNC will determine the slate of nominees to put forward for election based on eligibility criteria and the skills gap analysis. CPSO is seeking applications from Physicians who possess several Board Profile skills and/or attributes, and especially the following as identified by the GNC:

- work in remote, rural and/or under-serviced areas
- work with diverse or marginalized populations
- have demonstrated or lived experience with equity-seeking groups

Interested Physicians can apply to be considered for the Slate of Nominees and will be reviewed by the GNC.

How do you apply?

To apply, please refer to the Candidate Information Guide for detailed information about the application process and eligibility criteria before submitting an application. Once you have reviewed the guide, and completed the Governance Orientation eLearning course, you may submit an application online.

The deadline to apply is January 24, 2025 by 4:00 pm.

When is the voting period?

The voting period begins on April 4, 2025 at 7:00 am, and closes on April 25, 2025 at 4:00 pm.

Review the Candidate Information Guide

Questions?

Contact us at govsupport@cpso.on.ca.

Appendix E

Table showing RCDSO 2022 and 2024 general election candidate engagement and voter turnout data

2022 Election	*2024 Election*
Elections in 7 Districts: 1, 3, 6, 7, 8, 11, 12	Elections in 5 Districts: 2, 4, 5, 7,11
Acclamations in 4 Districts: 2, 4, 5, 10	Acclamations in 7 Districts: 1, 3, 6, 8, 9, 10, 12
Vacancy: District 9	No vacancies
Votes cast: 1439 (26.4% of eligible votes) (49.5% via mobile device)	Votes Cast: 844 of 5851 (14.4% voted) (58.4% via mobile device)
Most Active District: District 6 – 49.2% of votes casted	Most Active District: District 5 – 18.6% of votes casted
Least Active District: District 1 – 19.2% of votes casted	Least Active District: District 11 – 11% of votes casted

Appendix F

Table Showing Current Council Members' Years of Service

Elected Council Members					
District	*Council Member*	*Elected Dec. 2018*	*Elected Dec. 2020*	*Elected Dec. 2022*	*Elected Dec. 2024*
District 1	Nalin Bhargava				
District 2	Robyn Somerville				
District 3	Peter Delean				
District 4	Neil Gajjar				
District 5	Daniel Fortino				
District 6	Harinder Sandhu				
District 7	Erin Walker				
District 8	Osama Soliman				
District 9	Antony Liscio				
District 10	Deborah Wilson				
District 11	Eilyad Honarparvar				
District 12	Anthony Mair				
University Selected (Academic) Council Members					
University	*Council Member*	*Dec. 2018*	*Dec. 2020*	*Dec. 2022*	*Dec. 2024*
Western U.	Noha Gomaa				
U of Toronto	Dan Haas				

JUNE 2025

PROPOSED MODEL FOR IMPLEMENTING STAGGERED TERMS FOR ELECTED COUNCIL MEMBERS AT DECEMBER 2026 ELECTION

Table showing proposed model for implementing staggered terms for elected Council members at the December 2026 inaugural province-wide election

2025	December 2026	December 2027	December 2028	December 2029	December 2030	December 2031
Exec Incumbent 1		Dentist 1				
Exec Incumbent 2		Dentist 2				
Exec Incumbent 3		Dentist 3				
	Dentist 1 (most votes)			Dentist 1		
	Dentist 2 (most votes)			Dentist 2		
	Dentist 3 (most votes)			Dentist 3		
	Dentist 4 (2nd most votes)		Dentist 1			
	Dentist 5 (2nd most votes)		Dentist 2			
	Dentist 6 (2nd most votes)		Dentist 3			
	Dentist 7 (3rd most votes)	Dentist 4				

Royal College of
Dental Surgeons of Ontario

COUNCIL
BRIEFING NOTE

TOPIC: University Selected Council Member Eligibility Requirement

FOR DECISION

June 2025

ISSUE:

- Council is asked to consider proposed bylaw amendments regarding the eligibility requirement that university selected (academic) Council members maintain a full-time appointment of professorial rank in the faculty or school of dentistry that selected them, and related disqualification criteria.

PUBLIC INTEREST:

- This matter pertains to the public interest as it contemplates revisions to eligibility requirements for university selected Council members that would continue to fulfill the aim of faculty appointments while promoting equity and capacity to serve on Council.
- Enhancing equity, diversity and inclusion on Council is a governance best practice and was identified as a priority area of focus by the Governance Committee with respect to RCDSO's current Governance Review and Modernization Strategic Project.

BACKGROUND:

- It came to the attention of the Registrar that the eligibility requirements for university selected (academic) Council members may present barriers to equity and capacity to serve on Council.
- These requirements include having a full-time appointment of professorial rank to be eligible for selection to Council and a requirement to maintain full-time appointment of professorial rank to avoid disqualification from Council.

CURRENT STATUS:

THE PROPOSAL: At its meeting on June 19, 2025, Council is asked to consider and approve the Governance Committee's proposed amendments to Article 8.1.1 and Article 14 as set out in the redlined version of **Appendix A.**

- The Dentistry Act sets out that RCDSO's Council shall be composed of two persons selected, in accordance with the College bylaws, from among members who are members of a faculty of dentistry of a university in Ontario.
- "Selected member of Council" under article 1.1.1 of the bylaws is defined as *"a member of Council selected in accordance with the by-laws from members of the faculty of dentistry or school of dentistry in a university in Ontario…"*.
- Bylaws 7 and 8 set out similar eligibility requirements for elected and university selected Council members. One distinguishing eligibility requirement for university selected Council members as set

out in paragraph (a) of article 8.1.1 is that they hold a full-time appointment of professorial rank in the faculty or school of dentistry that selected them.

- Article 14.3.2 of the bylaws set out general disqualification provisions for university selected Council members, including that Council shall disqualify a selected member of Council where the member is found to cease to hold a full-time appointment of professorial rank in the faculty or school of dentistry that selected the member.
- In March, the Governance Committee considered and discussed the purpose of the faculty appointments and whether the eligibility requirements set out in bylaw should be amended to fulfill the aim of the appointments in a minimally restrictive manner (i.e., to simply require university selected Council members to hold a faculty appointment that signifies their academic standing and alignment with the faculty).
- The Governance Committee considered and discussed whether the university selected Council member role requires full-time status and what would constitute sufficient alignment with the faculty (e.g., a professional title that signifies their academic standing and responsibilities within the institution and alignment with the faculty). It was agreed that the role requires a dentist knowledgeable about the current academic environment, the direction the university is headed in, and an individual who can bring the perspective of faculty to the role.
- The Governance Committee asked staff to confirm the appropriate terminology with the Deans of both universities, to have the proposed amendments vetted by external legal counsel, and to render the bylaw provisions gender neutral to the extent possible.
- The two Deans confirmed that the term professorial rank represents the academic appointed professorial ranks of Assistant Professor, Associate Professor and Full Professor.
- External legal was consulted and recommended framing the amendments to both articles as one single motion due to the dependency of one on the other.
- In May, the Governance Committee considered and approved the proposed amendments to Article 8.1.1 and Article 14 as set out in the redlined version of **Appendix A**.
- The proposed bylaw amendments would not require circulation before being passed but would require a minimum of two thirds of the Council members present at the meeting voting in favour.

ANALYSIS:

- An academic appointment of professorial rank can include Full Professor, Associate Professor, or Assistant Professor positions. Faculty members in these positions have obligations with their appointments that typically involve a combination of teaching, research, and/or other faculty responsibilities (e.g., committee work, publishing).
- The College of Physicians and Surgeons of Ontario bylaw eligibility criteria only require an Academic Director to be “a member of a faculty of medicine of a university in Ontario” (**Appendix B**).
- Requiring a dentist to hold a full-time faculty position is inconsistent with the employment status eligibility requirement for elected Council members. Currently, dentists may run for election to Council if they practise in the district or reside there if not practising in Ontario. There are no currency provisions in terms of requisite practice hours that preclude a dentist from being eligible to stand for election.

- The current full-time faculty requirement provision is dated and does not reflect equity principles or current norms regarding work flexibility. It presents a barrier to serving on RCDSO's Council. It prevents someone with personal commitments such as childcare, eldercare or health issues from being eligible to serve. This hinders opportunities for diversifying Council and reduces the number of faculty members that are eligible to serve on Council.

NEXT STEPS

- Subject to Council's approval, Bylaws 8 and 14 will be updated on the College website.

DECISION FOR COUNCIL:

This item is for Council's decision. Council is asked to consider approving the following motion:

University Selected Council Member Eligibility Requirement and General Disqualification Criteria

***THAT** Council approves the proposed bylaw amendments to Article 8.1.1 and Article 14 as shown in the redlined version of **Appendix A**.*

[Requires 2/3 majority vote]

CONTACT:

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Attachments
Appendix A – Bylaw 8 and Bylaw 14 redlined version

Appendix B – Excerpt of The Medicine Act and Excerpts of Articles 2 and 4 of the College of Physicians and Surgeons of Ontario's Bylaws

Appendix A: Bylaw 8 and Bylaw 14 redlined version

8 SELECTIONS TO COUNCIL

8.1 Eligibility

8.1.1 Eligibility for selection

Subject to article 8.1.2, a member is eligible to be selected as a selected member of Council provided that ~~he or she~~ the member satisfies all of the following conditions on the date of ~~his or her~~ the member's selection:

a. the member holds an ~~full-time~~ appointment of Assistant Professor, Associate Professor, or Full Professor ~~professorial rank~~ in the faculty or school of dentistry that selected ~~him or her~~ the member;
b. the member submitted a completed and signed written declaration in the form approved by the Registrar and that written declaration was received by the Registrar;
c. the member is not in default of payment of any fees, fines, or other amounts owed to the College;
d. the member is not in default of completing and submitting any form prescribed by the regulations or required by the by-laws;
e. the member is not the subject of any disciplinary or incapacity proceeding in Ontario or any similar proceeding in any other jurisdiction relating to dentistry or any other profession;

e.01 the member is not the subject of a Registrar's investigation under clause 75(1)(a) or subsection 75(2) of the Code;

e.02 the member is not the subject of an incapacity inquiry under section 57 or 58 of the Code;

e.1 the member has not been ordered to attend to receive a caution from a panel of the Inquiries, Complaints and Reports Committee, or been required to complete a specified continuing education or remediation program by a panel of the Inquiries, Complaints and Reports Committee, on or after October 1, 2015;

e.2 the member has not been ordered to attend to receive a caution from a panel of the Inquiries, Complaints and Reports Committee, or been required to complete a specified continuing education or remediation program by a panel of Inquiries, Complaints and Reports Committee, in connection with the maintaining of professional boundaries;

e.3 the member does not have a notation on the Register of an undertaking provided to the College in relation to a matter involving the Inquiries, Complaints and Reports Committee or the Discipline Committee;

e.4 the member does not have a notation on the Register of a finding of professional negligence or malpractice made against the member;

e.5 the member is not currently the subject of an interim order made by a panel of the Inquiries, Complaints and Reports Committee;

e.6 the member is not currently the subject of an undertaking provided to the College in relation to a fitness to practise issue;

f. the member's certificate of registration is not subject to a term, condition, or limitation, other than one applicable to all members holding that class of certificate;

g. the member is not and has not been for the previous three (3) years, in any position of responsibility with any organization, association, or group whose mandate in any way conflicts with the College's mandate to regulate dentists in the public interest, including but not limited to any national, international, or provincial dental association or organization, including a specialty association or organization, or other similar national or provincial association or organization, other than one to which the member has been appointed by Council or the Executive Committee or whose appointment has been approved by Council or the Executive Committee;

h. the member is not a salaried employee of the College or has not been a salaried employee of the College during the previous six (6) years;

i. the member is not ineligible as a result of article 6.2.4 (Cooling off period, elected Council members);

j. the member does not have a criminal finding of guilt as an adult under the Criminal Code (Canada) or the Controlled Drugs and Substances Act (Canada);

j.1 the member does not have a finding of guilt as an adult under any provincial statute for which the member received a sentence of jail or imprisonment;

j.2 the member is not the subject of a charge under the Criminal Code (Canada) or the Controlled Drugs and Substances Act (Canada);

k. the member has not been found to have committed professional misconduct by the Discipline Committee or by any discipline committee in any jurisdiction relating to dentistry or any other profession;

k.1 the member is not the subject of an order by the Fitness to Practise Committee or any similar committee in any jurisdiction relating to dentistry or any other profession;

l. the member has not been disqualified by Council from serving as a member of Council as a result of a breach of by-law 12 (CODE OF CONDUCT) or by-law 13 (CONFLICTS OF INTEREST);

m. the member is not a party to a legal proceeding against the College;

n. the member is not a dental consultant to a third party dental benefits provider or has not been a dental consultant to a third party dental benefits provider during the previous three (3) years;

o. the member has met all requirements relating to College quality assurance programs, including without limitation any mandatory continuing education requirement, and if the member has been selected to complete it, successful completion of the Practice Enhancement Tool;

p. the member has successfully completed the College's current training program relating to the duties, obligations and expectations of Council and committee members; and

q. unless article 8.1.1 applies, the member has satisfied the former Eligibility Review Committee or the Governance Committee that the member has all of the competencies to be an effective member of Council as set out in a list of competencies approved by Council.

8.1.1.1. Exception

Paragraph q of article 8.1.1 shall not be applicable to a member who has previously been determined by the former Eligibility Review Committee or the Governance Committee to have met the requirement of that paragraph provided there has been no change to the list of competencies approved by Council since the former Eligibility Review Committee or the Governance Committee made that determination.

8.1.2 Review by Governance Committee

A member who would not otherwise be eligible to be a selected member of Council under one or more of paragraphs e.1, e.3, e.4, e.6, j, j.1, and k of article 8.1.1 may submit to the Registrar a written request, a current Curriculum Vitae, and supporting documentation for review by the Governance Committee and provided the Registrar receives the request at least sixty (60) days before the expected date of selection, the Governance Committee may deem the member eligible to be a selected member of Council.

8.1.2.1 Clarification

For greater clarity, where a member has been deemed by a decision of the former Eligibility Review Committee or the Governance Committee to be eligible to stand for election to Council under articles 8.1.2 and 8.1.5, the member continues to be eligible to be selected to Council and need not re-apply to the Governance Committee unless the facts which caused the member to have had to apply to the former Eligibility Review Committee or the Governance Committee have changed since the member made the original request to that committee to be deemed eligible to be selected to Council.

8.1.3 Criteria for review

Without limiting the Governance Committee's decision-making authority to refuse a written request made under article 8.1.2 for other reasons, the Governance Committee shall not exercise its discretion under article 8.1.2 unless

i. it is satisfied that a reasonable person, knowing all of the facts, would not consider the presence of the member on Council or any of its committees as impairing the public's trust in the College; and
ii. the time elapsed since the event or conduct that caused the member not to be eligible under article 8.1.1 is at least five (5) years,
    a. in the case of the event or conduct referred to in paragraph e.1 of article 8.1.1, from when the member attended and received the oral caution, or from when the member completed the specified continuing education program, including any monitoring required,
    b. in the case of the event or conduct referred to in paragraph e.3 of article 8.1.1, from the date of the undertaking, if the undertaking related solely to a fitness to practise issue, and otherwise, from when the notation was placed on the Register,
    c. in the case of the event or conduct referred to in paragraph e.4 of article 8.1.1, from when the notation was placed on the Register,
    d. in the case of the event or conduct referred to in paragraph e.6 of article 8.1.1, from the date of the undertaking,
    e. in the case of the event or conduct referred to in paragraphs j and j.1 of article 8.1.1, from when the member finished serving and/or complied with any penalty imposed as a result of the finding of guilt, or if no penalty was imposed, from the date of the finding of guilt, and
    f. in the case of the event or conduct referred to in paragraph k of article 8.1.1, from when the member finished serving and/or complied with any penalty imposed or order made as a result of the finding of professional misconduct, or if no penalty was imposed or order made, from the date of the finding of professional misconduct.

8.1.4 Criteria for Governance Committee consideration

Before making any decision to allow a member to be a selected member of Council, the Governance Committee will consider the following criteria in making a decision under article 8.1.2:

a. the time elapsed since the event or conduct which caused the member not to be eligible under article 8.1.1;
b. the severity of the event or conduct which caused the member not to be eligible under article 8.1.1;
c. the relevance of the event or conduct which caused the member not to be eligible under article 8.1.1 in the context of serving on Council and its committees;
d. the extent to which the event or conduct which caused the member not to be eligible under article 8.1.1 calls into question the integrity and honesty of the member;
e. how the event or conduct which caused the member not to be eligible under article 8.1.1 would affect the operations of the Council and its committees, if known to the members of Council and its committees;
f. the member's history with the College both before and after the event or conduct which caused the member not to be eligible under article 8.1.1; and
g. any written submission provided by the member to the Governance Committee.

8.1.4.1. Governance Committee and Competency Requirement

A member wishing to satisfy the competency requirement of paragraph q of article 8.1.1 shall provide to the Registrar a current Curriculum Vitae, and supporting documentation, at least sixty (60) days before the expected date of selection, so as to allow the Governance Committee time to decide if the member meets the requirement of that paragraph.

8.1.5 Decision of the Governance Committee

The Governance Committee shall notify each member affected and the Registrar of the decisions made by it under article 8.1.2 and/or article 8.1.4.1 within thirty (30) days of receiving from the member a current Curriculum Vitae, and, if applicable, the supporting documentation.

8.1.5.1 Independent legal, human resources and/or diversity, equity and inclusion (DEI) consultant

The Governance Committee may obtain the assistance of an independent legal, human resources and/or diversity, equity and inclusion (DEI) consultant with respect to any issues of law, human resources and/or DEI.

8.1.5.2 Decisions final

The Governance Committee's decisions under articles 8.1.2 and 8.1.4.1 are solely within the discretion of that Committee, final and not subject to challenge.

14 DISQUALIFICATIONS, GENERAL

14.1 General

14.1.1 Commissioner

Council shall appoint a former justice of the Ontario Superior Court of Justice to act as a commissioner for the purposes set out in these by-laws, on such terms and for such duration as Council deems appropriate.

14.1.2 Definitions

In this by-law, a "**commissioner**" means a commissioner appointed under article 14.1.1.

14.1.3 Council to be mindful

In determining what actions to take regarding a member of Council who is the subject of a matter under by-law 14 (DISQUALIFICATIONS, GENERAL), Council shall be mindful of the general principle that sanctions, except in the most extreme cases, should not be used to punish a member, but rather to protect the integrity of the College and its processes.

14.2 Temporary Exclusion

14.2.1 Temporary exclusion for default

An elected or selected member of Council who becomes in default of

a. any fees, fines, or other amounts owed to the College, or
b. completing and submitting any form prescribed by the regulations or required by the by-laws,

including without limitation any default that originates after the deadline for receipt of nominations, in the case of an elected member of Council, or after the member's selection, in the case of a selected member, will not be disqualified under article 14.3.1, but shall not serve on Council or any committee until the default is remedied.

14.2.2 Temporary exclusion during proceedings

An elected or selected member of Council who becomes the subject of

a. a Registrar's investigation under clause 75(1)(a) or subsection 75(2) of the Code,
b. an incapacity inquiry under section 57 or 58 of the Code, or
c. an interim order made by a panel of the Inquiries, Complaints and Reports Committee,

that originates after the deadline for receipt of nominations, in the case of an elected member of Council, or after the member's selection, in the case of a selected member, will not be disqualified under article 14.3.1, but shall not serve on Council or any committee until the matter at issue is finally determined..

14.3 General Disqualification Criteria

14.3.1 Elected members of Council

Council shall disqualify an elected member of Council where the member is found to meet any of the following criteria:

a. Council determines that the member had not met one or more of the eligibility conditions in article 7.2.4, other than one which the member was deemed to have met as a result of the decision of the Eligibility Review Committee under article 7.2.5;
b. subject to article 14.2.1 and 14.2.2, the member, after being elected, ceases to meet one or more of the eligibility conditions set out in article 7.2.4;
c. the member fails, without reasonable cause, to attend two consecutive regular meetings of Council;
d. the member fails, without reasonable cause, to attend three consecutive meetings of a committee of which ~~he or she is~~ they are a member; or
e. the member fails, without reasonable cause, to attend a hearing of a committee for which he or she has been selected.

14.3.2 Selected members of Council

Council shall disqualify a selected member of Council where the member is found to meet any of the following criteria:

a. Council determines that the member had not met one or more of the eligibility conditions in article 8.1.1, other than one which the member was deemed to have met as a result of the decision of the Eligibility Review Committee under article 8.1.2;
b. subject to article 14.2.1 and 14.2.2, the member, after being selected, ceases to meet one or more of the eligibility conditions set out in article 8.1.1;
c. the member ceases to hold an ~~full-time~~ appointment of Assistant Professor, Associate Professor, or Full Professor ~~professorial rank~~ in the faculty or school of dentistry that selected the member;
d. the member has ~~his or her~~ their selection rescinded, withdrawn, or otherwise cancelled by the faculty or school of dentistry that selected the member;
e. the member fails, without reasonable cause, to attend two consecutive regular meetings of Council;
f. the member fails, without reasonable cause, to attend three consecutive meetings of a committee of which ~~he or she is~~ they are a member; or
g. the member fails, without reasonable cause, to attend a hearing of a committee for which ~~he or she has~~ they have been selected.

14.4 Allegations and Information

14.4.1 Information coming to Registrar's attention

Where the Registrar believes on reasonable and probable grounds that an elected or selected member of Council

i. meets one or more of the disqualification criteria set out in article 14.3.1 or 14.3.2, or
ii. may have contravened the conflict of interest articles of these by-laws or otherwise acted while in a conflict of interest

the Registrar shall

a. notify the member in writing of the basis for the Registrar's belief, and
b. provide the member with twenty (20) days in which to make a written response.

14.4.2 Statement from member of Council

Where the Registrar receives a written statement from a member of Council alleging that an elected or selected member of Council

i. meets one or more of the disqualification criteria set out in article 14.3.1 or 14.3.2, or
ii. may have contravened the conflict of interest articles of these by-laws or otherwise acted while in a conflict of interest

the Registrar shall

a. provide the member of Council who is the subject of the statement with a copy of the statement, and
b. provide that member with twenty (20) days in which to make a written response.

14.4.3 Registrar to notify Executive Committee

After receiving a response from a member of Council or the expiry of the twenty day period under article 14.4.1 or 14.4.2, the Registrar shall provide the Executive Committee with the response, if any, and the information or written statement provided for in those articles, as applicable.

14.5 Executive Committee Process

14.5.1 Preliminary determination of facts

Where the Executive Committee receives a report from the Registrar under article 14.4.3 related to a member who potentially meets one or more disqualification criteria set out in article 14.3.1 or 14.3.2, the Executive Committee shall make a preliminary

determination of the relevant facts and report its findings to the member of Council who is the subject of the matter and, where applicable, to the member of Council who provided a written statement to the Registrar under article 14.4.2.

14.5.2 Referral to Council

Where the Executive Committee is of the view that further action may be required by Council regarding a matter under article 14.5.1, the Executive Committee shall either place the matter on the agenda of the next regular meeting of Council or call a special meeting of Council to consider the matter.

14.5.3 Notification of consideration by Council

Where an issue is placed on a Council meeting agenda under article 14.5.2, the Registrar shall notify the member who is the subject of the matter of the date of the meeting at which the matter will be considered and of ~~his or her~~ their opportunity to make written and oral submissions to Council.

14.5.4 Conflicts of interest referred to Council

Where the Executive Committee receives a report from the Registrar under article 14.4.3 related to an alleged conflict of interest, the Executive Committee shall either place the matter on the agenda of the next regular meeting of Council or call a special meeting of Council to consider the matter.

14.6 Council Process, General

14.6.1 Disputed material facts

After receiving any submissions from the member who is the subject of the matter referred to it under article 14.5.2, Council shall determine whether there are any material facts in dispute.

14.6.2 Referral to commissioner

Where Council determines under article 14.6.1 that material facts are in dispute and that the facts would constitute grounds for disqualification if proven, Council shall refer the matter to a commissioner.

14.6.3 Public excluded

Any deliberation or vote by Council under article 14.6.1 or article 14.6.2 shall be with the public excluded, unless the member of Council who is the subject of the matter under consideration requests otherwise.

14.7 Council Process, Conflict of Interest

14.7.1Consideration by Council

Where Council considers a matter related to an alleged breach of the conflict of interest articles of these by-laws or other action by a member of Council while in a conflict of interest, Council shall either

a. refer the matter to a commissioner under article 7.3, or
b. adopt a process to deal with the allegation that is consistent with the rules of order and provides the member with an opportunity to explain ~~his or her~~ their actions to Council.

14.7.2 Action by Council, non-hearing process

Where Council determines, without referring the matter to a commissioner under article 14.7.3, that a member of Council breached the conflict of interest articles of these by-laws or otherwise acted while in a conflict of interest, Council may take one or more of the following actions:

a. demand an apology from the member;
b. require assurances from the member that similar behaviour will not occur in the future; or
c. suspend the member until an apology or resolution acceptable to Council is reached.

14.7.3 Referral to commissioner

Where Council determines that an alleged breach of the conflict of interest articles of these by-laws or other action by a member of Council while in a conflict of interest would constitute grounds for disqualification of the member if proven, Council shall refer the matter to a commissioner.

14.7.4 Public excluded

Any deliberation or vote by Council under article 14.7.1, 14.7.2, or 14.7.3 shall be with the public excluded, unless the member of Council who is the subject of the matter under consideration requests otherwise.

14.8 Commissioner Process

14.8.1 Commissioner to hold hearing

When a matter is referred to a commissioner, the commissioner shall hold a hearing to consider the following:

a. the relevant facts and circumstances;
b. whether the member of Council who is the subject of the hearing breached the conflict of interest articles of these by-laws or otherwise acted while in a conflict of interest, if the matter was referred under article 7.3;
c. any questions of law for which Council requested the commissioner's assistance; and

d. the effect or anticipated effect of the member's conduct on the College.

14.8.2 Interim suspension of duties

Where Council refers a matter to a commissioner and where Council considers it necessary to ensure the integrity of the College or its processes, Council may suspend the member of Council who is the subject of the matter from all of ~~his or her~~ their duties on Council, including on any committee, until the matter is finally disposed.

14.8.3 Commissioner to determine parties

A commissioner shall determine who, in addition to the member of Council who is the subject of the matter, shall be parties to the hearing, and may appoint legal counsel to present relevant evidence.

14.8.4 Commissioner hearing process

A commissioner shall adopt a hearing process that

a. provides the member of Council who is the subject of the matter with full and continuing disclosure of the evidence to be presented at the hearing,
b. provides the member with an opportunity to make written and oral submissions, and
c. is, to the extent reasonably possible, in keeping with the *Statutory Powers and Procedures Act*.

14.8.5 Commissioner time frame

A commissioner shall complete the hearing within forty-five (45) days of the matter being referred to ~~him or her~~ them, or within such longer period of time permitted by the Executive Committee.

14.8.6 Commissioner report

After considering all of the evidence presented at the hearing, a commissioner shall provide a written report to Council as soon as possible following the conclusion of the hearing that includes the following:

a. the commissioner's findings in respect of the relevant facts;
b. the commissioner's findings as to whether the member of Council who was the subject of the hearing breached the conflict of interest articles of these by-laws or otherwise acted while in a conflict of interest, if the matter was referred under article 7.3;
c. the commissioner's opinions on any question of law for which the Council sought the commissioner's assistance;
d. the commissioner's findings in respect of the actual or anticipated effect of the member's conduct on the College; and
e. the commissioner's reasons for those findings and opinions.

14.9 Actions by Council

14.9.1 Council to consider Commissioner report

Council shall consider a report from a commissioner and what action to take as a result at its next scheduled meeting, unless the Executive Committee determines to hold a special meeting of Council to consider the report.

14.9.2 Council may adopt report

Council may adopt, in whole or in part, the report of a commissioner.

14.9.3 Lifting of interim suspension

Any interim suspension imposed on a member of Council under article 14.8.2 is automatically lifted where Council determines that the member

a. does not meet any of the criteria for disqualification under article 3.1 or 14.3.2, or
b. did not breach the conflict of interest articles of these by-laws or otherwise act while in a conflict of interest.

14.9.4 Action by Council, where no breach

Council shall take no further action regarding a matter where Council determines that a member of Council

a. does not meet any of the criteria for disqualification under article 3.1 or 14.3.2, or
b. did not breach the conflict of interest articles of these by-laws or otherwise act while in a conflict of interest.

14.9.5 Action by Council, conflict of interest

Where Council determines that a member of Council breached the conflict of interest articles of these by-laws or otherwise acted while in a conflict of interest, Council may take any of the following actions:

a. demand an apology from the member in a form acceptable to Council; or
b. subject to article 9.7 (Conditions for resignation), demand the immediate written resignation of the member.

14.9.6 Suspension where apology not received

Where an apology from a member of Council demanded under paragraph (a) of article 14.9.5 is not received, Council may suspend the member until such apology is received or another resolution acceptable to Council is reached.

14.9.7 Conditions for resignation

Council shall not demand the resignation of a member of Council under paragraph (b) of article 14.9.5, unless Council is satisfied that

a. the member's breach of the conflict of interest articles of the by-laws or other action while in a conflict of interest was willful or caused by the gross neglect of the member, or
b. the member's actions have had or are likely to have serious and substantial negative implications for the College.

14.9.8 Disqualification where resignation not received

Where the written resignation of a member of Council demanded under paragraph (b) of article 14.9.5 is not received forthwith, Council may disqualify the member.

14.9.9 Public excluded

Any deliberation or vote by Council under an article of 14.9 (Actions by Council) shall be with the public excluded, unless the member of Council who is the subject of the matter under consideration requests otherwise.

14.10 Additional Procedural Requirements

14.10.1 Two-thirds votes required

A two-thirds vote of the members of Council is required to take any of the following actions:

a. referring a matter to a commissioner under article 6.2 or 14.7.3;
b. imposing an interim suspension under article 8.2;
c. taking action under article 7.2 or article 14.9.5;
d. suspending a member of Council under article 9.6; or
e. disqualifying a member of Council under article 3.1, article 14.3.2, or article 14.9.8.

14.10.2 Opportunity for submissions

Council shall provide an opportunity for a member of Council who is the subject of a matter to address Council prior to taking any of the following actions:

a. referring a matter to a commissioner under article 6.2 or 14.7.3;
b. imposing an interim suspension under article 8.2;
c. taking action under article 7.2, article 14.9.5;
d. suspending a member of Council under article 9.6; or
e. disqualifying a member of Council under article 3.1, article 14.3.2, or article 14.9.8.

14.10.3 No participation of subject member

A member of Council who is the subject of any matter under article 14 (DISQUALIFICATION)

a. shall not take part in any deliberation or vote of Council regarding the matter,
b. shall not be present during any vote of Council regarding the matter, and
c. shall not be counted as a member of Council in determining whether quorum exists or whether any motion or resolution was carried or defeated.

14.11 Following Disqualification

14.11.1 Following disqualification

Where Council disqualifies a member of Council, Council shall

a. in the case of a public member of Council, immediately advise the Ministry of its findings and suspend the member, or
b. in the case of an elected or selected member of Council, treat the situation in the same manner as if a vacancy had been created as a result of the member's resignation from Council and all committees on which ~~he or she~~ the member served.

Appendix B: Excerpt of The Medicine Act and Excerpts of Articles 2 and 4 of The College of Physicians and Surgeons of Ontario's Bylaws

Excerpt of Medicine Act, 1991, S.O. 1991, c. 30

...

Council

6 (1) The Council shall be composed of,

(a) at least 15 and no more than 16 persons who are members elected in accordance with the by-laws;

(b) at least thirteen and no more than fifteen persons appointed by the Lieutenant Governor in Council who are not,

(i) members,

(ii) members of a College as defined in the *Regulated Health Professions Act, 1991*, or

(iii) members of a Council as defined in the *Regulated Health Professions Act, 1991*; and

(c) three persons selected, in accordance with a by-law made under section 12.1, from among members who are members of a faculty of medicine of a university in Ontario. 1991, c. 30, s. 6 (1); 1998, c. 18, Sched. G, s. 35 (1, 2).

...

Excerpts of Articles 2 and 4 of The College of Physicians and Surgeons of Ontario's Bylaws

PART 2. THE BOARD

ARTICLE 2 BOARD COMPOSITION, ELIGIBILITY AND DISQUALIFICATION

2.1 Composition

2.1.1 In accordance with the Medicine Act, the Board shall be composed of:

(a) at least 15 and no more than 16 persons who are Registrants elected in accordance with the by-laws;

(b) at least 13 and no more than 15 persons appointed by the Lieutenant Governor in Council who are not:

(i) Registrants;

(ii) members of a College as defined in the Act; or

(iii) members of a Council as defined in the Act,

(the "Public Directors"); and

(c) three persons selected, in accordance with a by-law made under section 12.1 of the Medicine Act, from among Registrants who are members of a faculty of medicine of a university in Ontario, and appointed by the Board.

2.2 Eligibility Criteria

2.2.1 To be eligible to be elected to the Board as an Elected Director or selected and appointed to the Board as an Academic Director, a Registrant, on the date of the election or appointment, as the case may be:

(a) in the case of eligibility to be an Elected Director, has their Business Address (if any) in Ontario and resides in Ontario;

(b) in the case of eligibility to be an Academic Director, is a member of a faculty of medicine of a university in Ontario;

…

Section 2.2.

2.3 Disqualification Criteria

2.3.1 An Elected Director or Academic Director is automatically disqualified from sitting on the Board if the Director:

…

(b) in the case of an Academic Director, ceases to be a member of a faculty of medicine of a university in Ontario;

…

CPSO – Bylaw 4

ARTICLE 4 ACADEMIC DIRECTORS

4.1 Selection of Academic Directors

4.1.1 Subject to the eligibility criteria prescribed in Section 2.2, the Academic Directors shall be selected in accordance with Section 4.1.

4.1.2 In addition to the review contemplated under Section 3.3.1, the Governance and Nominating Committee shall identify the skills, expertise and diversity that are needed or desired when filling upcoming positions for Academic Directors.

4.1.3 At the direction of the Governance and Nominating Committee, the Registrar shall invite the dean of each faculty of medicine of a university in Ontario to propose one or more Physician Registrants who are members of the faculty to be considered as candidates for selection and appointment as an Academic Director. All candidates shall complete and submit an application in the form required by the Governance and Nominating Committee no later than the deadline specified by the Registrar.

4.1.4 The Registrar shall forward all applications received by the deadline to the chair of the Governance and Nominating Committee for consideration.

4.1.5 The Governance and Nominating Committee shall review all applications received by the deadline to verify that each candidate satisfies the eligibility criteria prescribed in Section 2.2.

4.1.6 The Governance and Nominating Committee shall review all applications received by the deadline to assess whether each candidate has skills, expertise and diversity that are within the Board Profile and identified by the Governance and Nominating Committee as needed or desired for the Board pursuant to Section 4.1.2. If an incumbent Academic Director is seeking re-appointment, the Governance and Nominating Committee shall also take into consideration the incumbent Director's performance as a Director in determining if the incumbent Director is qualified to be re-appointed as an Academic Director. To support the Governance and Nominating Committee in its deliberations, the Governance and Nominating Committee may interview short-listed candidates.

4.1.7 The Governance and Nominating Committee shall propose nominees for appointment as Academic Directors for the number of Academic Directors whose

terms are to expire at the close of the Annual Organizational Meeting that year plus the number of vacancies (if any) in Academic Director positions at the time of proposing the nominees. The Governance and Nominating Committee shall only propose nominees who (a) satisfy the eligibility criteria prescribed in Section 2.2, and (b) have skills, expertise and diversity that were identified by the Governance and Nominating Committee as needed or desired for the Board pursuant to Section 4.1.2.

4.1.8 At a meeting of the Board prior to the Annual Organizational Meeting for that year, the Board shall consider a motion to select and appoint the nominees proposed by the Governance and Nominating Committee as Academic Directors, starting upon the close of the Annual Organizational Meeting for the year until the close of the third Annual Organizational Meeting thereafter or until such earlier time as specified in the appointment.

…

Royal College of
Dental Surgeons of Ontario

COUNCIL
BRIEFING NOTE

TOPIC: Audited Financial Statements & Auditor Appointment

FOR DECISION

June 19, 2025

ISSUE: As part of compliance and good governance, the College undertakes an audit each year. Annually the Finance, Audit & Risk (FAR) Committee recommends the audited financial statements for the College and the Pension Plan to the Council for approval. The external auditor is required to be appointed by the Council each year, based upon a recommendation by the FAR Committee.

PUBLIC INTEREST:

- This matter furthers or serves the public interest by ensuring College finances are reviewed by an external body and internal controls are assessed for reasonableness.

BACKGROUND:

- Audited financial statements are a mandatory requirement for the College.
- The College went to market in 2017 as part of good due diligence and awarded Tinkham LLP ("Tinkham") the business.

CURRENT STATUS:

- Tinkham carried out an audit of the College's 2024 financial statements, including the pension plan, included in Appendices B and C.
- Attached in Appendix A are highlights from the statements including an explanation of significant variances.
- The 2024 audit concludes the seventh year using Tinkham as the College's external auditor. Staff have found the quality of work and working relationship to be excellent. The fee continues to be below market and Tinkham audits other large Colleges, including CPSO and the College of Pharmacists, and have an excellent understanding of the health regulatory space.
- The FAR Committee completed the review of the 2024 Audited Financial Statements, received the auditor's report and held an in-camera session with the external auditor.
- In its audit report, Tinkham stated that no deficiencies were identified, and no recommendations were issued.

- Once the defined benefit (DB) pension plan becomes fully annuitized it is expected that the College will no longer be required to issue pension financial statements.
- The FAR Committee recommends the appointment of Tinkham as the 2025 auditor for the College.

NEXT STEPS:

- Once the financial statements are approved by Council staff will prepare the College annual tax return for Canada Revenue Agency (CRA), which is due June 30th.
- Fulfil other compliance requirements, including upload of the Pension Financial Statements to FSRA (Financial Services Regulatory Authority, the provincial pension regulatory body).
- Submit the summary of financial statement information for the annual report.

DECISION FOR COUNCIL:

The FAR Committee recommends the following motions for Council's approval:

Approval of 2024 Audited Financial Statements

THAT the Council approve the December 31, 2024, RCDSO Audited Financial Statements as presented, and that the President be asked to sign an official copy on behalf of Council.

Approval of 2024 Audited Fund Financial Statements for the RCDSO Pension Fund

THAT Council approve the December 31, 2024, Audited Fund Financial Statements of the RCDSO Pension Fund as presented and that the President be asked to sign an official copy on behalf of Council.

Approval of 2025 Auditor

THAT Council approve the appointment of Tinkham LLP to conduct the RCDSO Audit and the RCDSO Pension Fund Audit for the year 2025.

CONTACT:

Kelly Tripp, ktripp@rcdso.org

Jeffrey Gullberg, jgullberg@rcdso.org

Attachments:

Appendix A Financial Commentary on the Financial Statements

Appendix B 2024 Audited RCDSO Financial Statements

Appendix C 2024 Audited Fund Financial Statements for the RCDSO Pension Fund

Royal College of
Dental Surgeons of Ontario

FINANCIAL COMMENTARY

For the year ended December 31, 2024

SUMMARY

Year-end audit

The audit was completed on a remote basis; all files are available in digital format, which makes pulling the supporting documentation efficient and effective.

The relationship between the auditors and finance staff remains positive with excellent cooperation experienced throughout the course of the audit.

Year-end results

The College ended the year with a **surplus of $8,935,550** (2023 – surplus of $4,813,850). These results were $6.8 million above budget (2024 budget – surplus of $2,120,141).

Compared to the previous year, total revenues are $2.9 million higher. The registration and annual fees are up by $2.2 million and investment income is up by $835 thousand.

Expenses of $36 million are $1.2 million lower than last year.

STATEMENT OF FINANCIAL POSITION

Cash & Short-Term Investments

Cash and short-term investments of $24 million were up by $1.1 million from the prior year. The 2024 renewal cycle was primarily processed in November and December of 2024. Cash and short-term investments are up from prior year at year end as a reflection on the increased membership fees collected towards year end.

Accounts Receivable

Accounts receivable is up by $186 thousand from 2023. Accounts receivable is made up primarily of members who have not yet renewed their license by December 31, 2024, net of allowances made for doubtful accounts.

Prepaid Expenses

Prepaid expenses are future expenditures paid in advance. Prepaid expenses are first recorded as an asset. After the benefits of the assets are realized over time, the amount is then recorded as an expense. The largest prepaid expenses for 2024 include payroll, teaching grants to the faculties, IT & website licenses which were paid in 2024 but cover periods in 2025 and beyond. The largest prepaid in 2024 relates to payroll of the first pay period in 2025 and this is due to the timing of the bank holidays as the payment was deducted from the bank on the last day of the calendar year.

Long-Term Investments

The College reduced its holdings in exchange-traded funds (ETFs) from $9.3 million in December 2023 to $8.4 million in 2024. The iShares Canadian Universe ETF, a bond-focused fund, was fully divested during the year due to underperformance.

Investments in long-term bonds and GICs increased from $49.2 million in 2023 to $57.9 million in 2024. Stronger returns from traditional fixed income products such as GICs, treasury bills, and corporate bonds promoted a rebalance of the investment portfolio and further strengthened the College's ability to support ongoing operations with stable and reasonable returns.

Capital Assets

Between December of 2023 and 2024, the College spent $1.1 million on capital assets, to invest in or maintain the College’s operating capacity. Expenditures focused on the CRM, website, e-portfolio and other software projects, updated laptops to equip staff to work effectively from home, and minor required improvements to the facility. Capital assets are drawn down in value over the life of usefulness; in 2024, $1.7 million in amortization was recorded.

Accounts Payable and Accrued Liabilities

The College makes its best effort to ensure all expenses related to a fiscal year are accounted for in the correct period. The accounting records are left open for two months after the year-end date to give vendors ample time to submit their invoices for services rendered prior to December 31. We also review contracts where work was scheduled to be completed during the year but no invoice has arrived. In doing this, the expense is recorded in the correct year, this is called an accrual. Also included in accruals vacation accruals which are calculated based on the number of days staff members have not yet used at December 31st. Accounts payable & accrued liabilities are up by $350 thousand from 2024 due to more large invoices being received at the end of the year.

Deferred Revenue

The College records deferred revenue as part of our month-end process for any renewal cycle being processed that relates to the following fiscal year. Every renewal program covers a 12-month period; however, some of those cycles straddle two fiscal years, resulting in a deferred portion based on the number of months that extend into the following fiscal year. At December 31, the majority of the deferred revenue balance relates to the Membership Renewal cycle billed in 2024 but relates to 2025. Another example would be Health Professional Corporation (HPC) renewal, which has a cycle of September 1, 2024 – August 31, 2025, therefore eight months of the fee is deferred revenue at year-end.

Accrued Claims Liability

This liability relates to current and expected future claims for the PLP program, determined by an actuary from PwC at year-end. During the year, the liability increases by the budgeted provision and is reduced by spending to date. At year-end, the balance is adjusted to reflect the liability as determined by the actuary. The balance has decreased by $486 thousand because there is favourable development in the claims and all class action suits are closed and have been settled with zero unpaid liabilities, and there are no new class action lawsuits for the 2024 reported year. More information can be found in the PwC Executive Report which is included in the package.

Pension Plan Liability

The College has a defined benefit (DB), supplementary and defined contribution (DC) pension plan. Details around the DB and DC Plan are included in the Pension Fund Financial Statements.

The pension liability relates to the Supplemental Pension Plan. The Supplemental Plan is set up as a Retirement Compensation Agreement (RCA) with CRA, which requires that all contributions to Royal Trust, who administers the plan, have matching payments to CRA as refundable tax. At December 31 2024, CRA held $2.1 million in refundable tax.

Post Retirement Benefit Plan Liability

The liability relates to Post-Retirement Benefits other than pension, a program that entitles certain staff to have health and dental claims covered after they retire. The plan was closed to new employees in 2002 to manage the long-term exposure to the College.

The liability of $3.96 million is an estimate, based on actuarial assumptions, of liabilities that will settle over the long-term. There are no resources set aside to fund this liability, which is common practice in the non-profit sector.

The liability increased slightly from last year due to changes in assumptions, including an decrease of the discount rate and changes to the Post-Retirement Plan coverages.

Internally Restricted Resources

The College has internally restricted resources of $26 million. This is comprised of the PLP Reserve of $22.5 million and the Operating Reserve of $3.5 million.

Unrestricted Resources

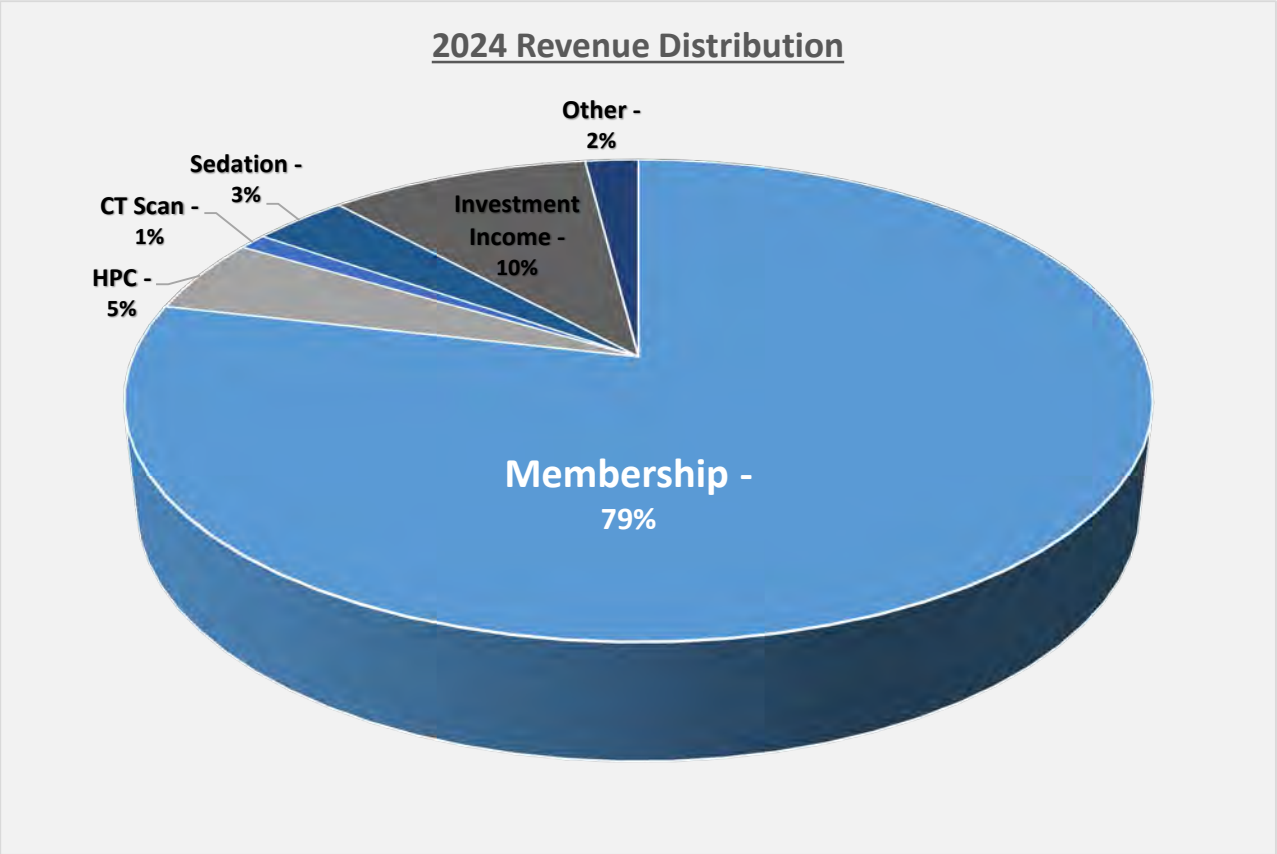
Unrestricted resources of $9.9 million is the amount available for the general operations of the College and represents accumulated net surplus of income over expenses.

STATEMENT OF OPERATIONS

Revenue

Total revenue for the year was $45 million, up $2.9 million (7%) from the prior year, and at 109% of budget.

The College's revenue streams are dependent on membership dues, although all revenue streams are important to support carrying out our mandate. The program revenue, investment and all other revenue is detailed below.

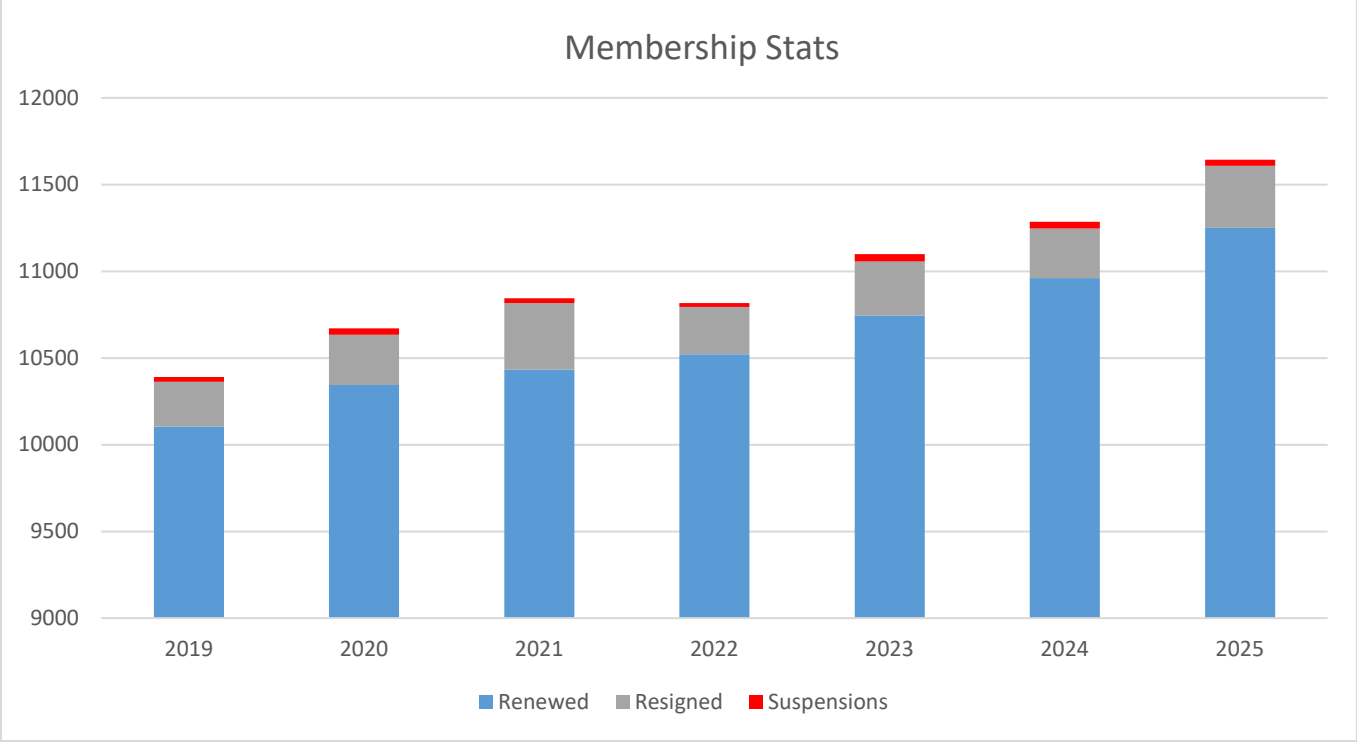


Registration and annual fees

This category comprises membership renewal fees, new dentists joining the College, HPC (health professional corporations), CT scan permits and authorizations, and sedation and anesthesia permits and authorizations. Each program has separate renewal cycles.

As demonstrated below, membership renewals continue to increase year over year with a net positive increase in dentists per year. Just over 846 (2023 – 692) new dentists joined the College that contributes to additional revenue. The annual fee increased by $95 from 2023, based on the June CPI of 3%.

Suspensions remain low each year – 36 for the 2025 campaign (2024 – 39). The number of resignations was 358 (2024 - 286); trending averages are 308 per year between 2019-2025 renewal cycles.



Health Professional Corporations continued to experience a high volume of new applicants in 2024 with an average of 80 applications per month consistent with the prior year.

The participation in minimal sedation, facility permits and authorizations have remained fairly consistent year over year. Sedation and anesthesia permits/authorizations increased year over year by $90 thousand.

Investment income

Investment income increased $835 thousand year over year. Interest income on the bank balance and long-term bonds/GICs is up $597 thousand from the prior year due to the higher-than-expected interest rates. The high performing market in 2024 resulted in an unrealized gain on the fair market value (FMV) adjustment of $1.5 million at year end.

PLP Recoveries

Recoveries are up by $80 thousand from the prior year. In 2024, there were 101 (2023 – 71) files billed for the base deductible and 25 (2023 – 17) files invoiced for the step-up deductible, which range from $2,500 - $18,000 per file. Deductibles are invoiced when files are closed, and the increase in recoveries is the result of more files processed in the year.

Professional conduct recoveries

Professional conduct recoveries are down by $267 thousand due to no large recovery from serious offenses in the year. In 2024, there were 4 (2023 – 10) files and the files were billed at an average rate of $8,750 per file.

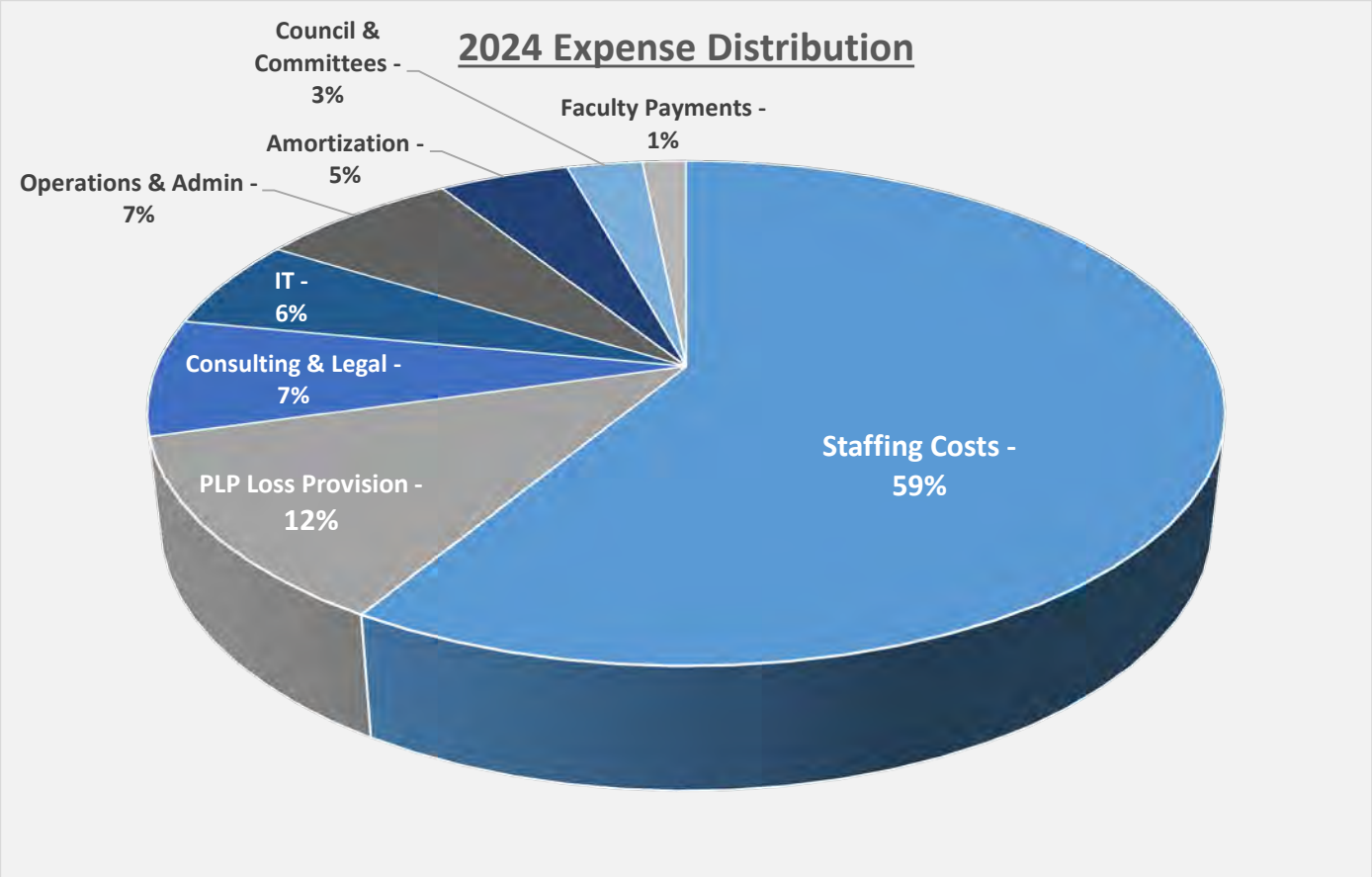
Monitoring recoveries are up $22 thousand from last year, due to more monitoring being completed in 2024 than 2023.

Other income

This line item is up by $78 thousand. It includes the late fees on membership renewals and course registration fees, and the increase is attributed to the carbon tax recovery received from the government.

Expenses

The distribution of expenses represented below by line item demonstrates staffing costs account for 59% of the 2024 College expenses, which is 7% higher than the prior year (52%). Following the chart is an explanation of noteworthy changes in account balances year over year.



Staffing Costs

This category includes salaries and benefits, temporary staff, external inspectors/monitoring officers, staff development and professional dues.

The increase in staffing costs year over year of $1.84 million is mainly attributable to three factors: increased staffing costs in the policy department (full year of salaries vs 4 months in the prior year), retention bonus booked for the PLP divestment project, and lastly, the expenses related to extended health benefits was higher year over year due to increase in claims made.

Professional Liability Program (PLP) Provision

The liability represents the actuarial assessment on cases still open from 2010 through to 2024 and future claims not yet reported. In 2024, intake processed 1,861 cases compared to 1,764 in 2023. Throughout the year, new cases are added to the portfolio and monthly both the provision and liability line items are increased to reflect anticipated costs associated with the new cases. At the same time, as cases experience costs, such as legal, expert or settlements, the liability is drawn back down. The actuaries gather all case related activity at year end and assess the value of the total program at that point in time which determines the reported liability amount. The adjustment required reflects the difference between the anticipated costs and the actuarial assessment. In 2024, the anticipated costs per the budget were higher than the final assessed value at year end by $3.1M. Total open cases for 2024 was 755 compared to 781 in 2023, and the lower cost is mainly due to the year-end actuarial adjustment of $2.69 million as all class action suits are now closed, and there are no new class action lawsuits for 2024.

Total costs of the PLP program for 2024 are $7.8 million (2023 - $10.3 million) and account for 27% (2023 - 27%) of College's expenses.

Consulting and Professional Fees

Legal decreased by $82 thousand attributed to change in more affordable quality legal counsel in PCRA. Consulting services increased by $421 thousand compared to the prior year mainly due to the PLP divestment project, it should be noted that the overall consulting spend was still below budget.

Administration

Administration expenses are down by $132 thousand from the prior year mostly due to a decrease in bad debt expense from the prior year as there were no large doubtful accounts in 2024; there were some increases in in-person meetings resulting in $37 thousand in catering costs; and an increase of $6 thousand in credit card fees due to increases in membership dues rate.

Telecommunications and Technology

This line item consists primarily of internet/data centre services, cyber security, service agreements and application support & maintenance and telecommunication expenses are up by $192k. Internet/data centre services have increased due to the Azure subscription moved to Internet/Data from IT service agreements and the cost increased in 2024.

Amortization and Write Offs

Amortization expenses are slightly lower than the prior year due to capital asset policy changes in the year as the College extended the amortization period for building, building improvement, and furniture.

Council and Committees

Council and Committees expenses are down by $274 thousand. Council and committee work continues predominately in a remote environment although more committees are participating in at least one in-person meeting per year. There was a significant decrease in ICRC meetings in 2024, as in prior year ICRC had to work towards clearing out older files off the docket to meet CPMF targets, which led to a higher cost in 2023.

Statements of Operations – Actual to Budget – December 31, 2024

In addition to looking at the year-end results as a comparison to actual year over year, it is also important to summarize the actual results to budget.

Revenue

Registration and annual fees

Registration and annual dues are slightly above budget. There were more new applicants and semi-annual membership joins than expected. Sedation programs and CT programs experienced an increase in applications than was anticipated and HPC applications continued to increase slightly beyond expectations.

Investment income

Investment income is well above budget due to favourable rates and the recovery in the markets. The unrealized gain on the equity investments was $1.54 million and it was $1.35 million higher than budget.

PLP Recoveries

PLP recoveries exceeded budget by $73 thousand. We anticipate that 100 cases per year will become resolved/closed and yield a deductible of $2,500. The overall recoveries are high because more cases were processed during the year, and there were more recent files processed with the higher individual deductible amount of $2,500 per file.

Professional conduct recoveries

Professional conduct recoveries are slightly above budget. Hearing cost recoveries were $45 thousand below budget, whereas monitoring cost recoveries were $55 thousand higher than budget.

Other income

Other income is higher than budget mostly due to the unexpected carbon tax rebate received from the government for $95 thousand. This rebate, averaging $19 thousand annually, relates to fuel charges paid during the 2019 to 2023 periods. The carbon tax rebate intends to return a portion of federal fuel charge proceeds directly to eligible businesses.

Expenses

Staffing Costs

Staffing costs are above budget by $220 thousand mainly due to the PLP retention bonus. The vacation accrual was $103 thousand below budget due to staff using their vacation time instead of carrying over to the following year.

Professional Liability Program (PLP) Provision

Throughout the year, new cases are added to the portfolio and monthly both the provision and liability line items are increased to reflect anticipated costs associated with the new cases. At the same time, as cases experience costs, such as legal, expert or settlements, the liability is drawn back down. The actuaries gather all case related activity at year-end and assess the value of the total program at that point in time which determines the reported liability amount. The adjustment required reflects the difference between the anticipated costs and the actuarial assessment. In 2024, the anticipated costs per the budget was $2.69 million lower than the final assessed value at year end, which is primarily due to favourable developments on the cases, leading to a lower expected ultimate loss on the open files compared to what was previously projected in past actuarial assessments.

Consulting and Professional Fees

Consulting and professional fees are slightly lower than budget due to less spending in legal fees than budgeted due to an RFP that was executed to engage good quality legal services for less money, while allowing the existing files with the older law firms to wrap up their work. Consulting fees are above budget mostly due to spending related to the PLP divestment project.

Administration

Savings in administration costs due to savings from remote working, less than expected travel costs and catering.

Operations and Facilities

Savings in operations and facilities due to continued savings experienced due to remote working.

Amortization

Reduction in amortization to budget is mostly attributable to the timing of projection completion and deferral of some capital projects altogether.

Council and Committees

Higher than budget due to a few more in-person meetings than budgeted which results in an increase of per diem charges for travel time, etc.

Faculty payments and fees

Savings are due to the lower amount paid to CDAC as it was $100 thousand below budget.

Fund Financial Statements of the RCDSO Pension Fund

The second set of financial statements requiring approval is the Fund financial statements of the RCDSO Pension Fund.

The requirement for the pension audited financial statements is based on reporting regulations of the Pension Benefits Act, and they are reported to FSRA (Financial Services Regulatory Authority of Ontario) to meet their requirements and this is reflected in the auditor's report.

Under this basis, the actuary's liabilities of the plan are excluded, so these financial statements are not an indication of the adequacy of the Plan's assets to meet its pension obligations and should not be used for purpose other than satisfy our regulatory obligations.

Kelly Tripp - Director, Finance
Alice Men – Senior Accountant
April 29, 2025

ROYAL COLLEGE OF DENTAL SURGEONS OF ONTARIO

Financial Statements

December 31, 2024

ROYAL COLLEGE OF DENTAL SURGEONS OF ONTARIO

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December 31, 2024

TINKHAM LLP | CHARTERED PROFESSIONAL ACCOUNTANTS

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INDEPENDENT AUDITOR'S REPORT

To the Members of the Council of the
ROYAL COLLEGE OF DENTAL SURGEONS OF ONTARIO

Opinion

We have audited the financial statements of the Royal College of Dental Surgeons of Ontario (the "College"), which comprise the statement of financial position as at December 31, 2024, and the statements of operations, changes in net assets, and cash flows for the year then ended, and notes to the financial statements, including a summary of significant accounting policies.

In our opinion, the accompanying financial statements present fairly, in all material respects, the financial position of the College as at December 31, 2024, and the results of its operations and its cash flows for the year then ended in accordance with Canadian accounting standards for not-for-profit organizations.

Basis for Opinion

We conducted our audit in accordance with Canadian generally accepted auditing standards. Our responsibilities under those standards are further described in the *Auditor's Responsibilities for the Audit of the Financial Statements* section of our report. We are independent of the College in accordance with the ethical requirements that are relevant to our audit of the financial statements in Canada, and we have fulfilled our other ethical responsibilities in accordance with these requirements. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

Responsibilities of Management and Those Charged with Governance for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with Canadian accounting standards for not-for-profit organizations and for such internal control as management determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, management is responsible for assessing the College's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless management either intends to liquidate the College or to cease operations, or has no realistic alternative but to do so.

Those charged with governance are responsible for overseeing the College's financial reporting process.

Auditor's Responsibilities for the Audit of the Financial Statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with Canadian generally accepted auditing standards will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.

As part of an audit in accordance with Canadian generally accepted auditing standards, we exercise professional judgment and maintain professional skepticism throughout the audit. We also:

- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, design and perform audit procedures responsive to those risks, and obtain audit evidence that is sufficient and appropriate to provide a basis for our opinion. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the College's internal control.
- Evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by management.
- Conclude on the appropriateness of management's use of the going concern basis of accounting and, based on the audit evidence obtained, whether a material uncertainty exists related to events or conditions that may cast doubt on the College's ability to continue as a going concern. If we conclude that a material uncertainty exists, we are required to draw attention in our auditor's report to the related disclosures in the financial statements or, if such disclosures are inadequate, to modify our opinion. Our conclusions are based on the audit evidence obtained up to the date of our auditor's report. However, future events or conditions may cause the College to cease to continue as a going concern.
- Evaluate the overall presentation, structure and content of the financial statements, including the disclosures, and whether the financial statements represent the underlying transactions and events in a manner that achieves fair presentation.

We communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant deficiencies in internal control that we identify during our audit.

TORONTO, Ontario
DATE **Licensed Public Accountants**

ROYAL COLLEGE OF DENTAL SURGEONS OF ONTARIO

Statement of Financial Position

As at December 31	2024	2023
Assets		
Cash	**$ 19,949,368**	$ 15,227,098
Short term investments (note 3)	**4,168,613**	7,816,809
Accounts receivable	**899,261**	713,024
Prepaid expenses	**1,049,016**	815,924
	26,066,258	24,572,855
Long term investments (note 3)	**69,914,289**	60,055,368
Capital assets (note 4)	**9,133,120**	9,748,206
Pension plan asset (note 7)	**-**	61,400
	$ 105,113,667	$ 94,437,829
Liabilities		
Accounts payable and accrued liabilities	**$ 2,693,229**	$ 2,343,724
Deferred revenue	**37,698,587**	35,454,146
	40,391,816	37,797,870
Accrued claims liability (note 5)	**24,773,967**	25,260,325
Post-retirement benefit plan liability (note 6)	**3,955,300**	3,935,700
Pension plan liability (note 7)	**52,600**	143,200
	69,173,683	67,137,095
Net assets		
Internally restricted (note 8)	**26,043,396**	24,043,396
Unrestricted	**9,896,588**	3,257,338
	35,939,984	27,300,734
	$ 105,113,667	$ 94,437,829

Approved on behalf of the Members of Council

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Dr. Harinder Sandhu, President

The accompanying notes to the financial statements are an integral part of these financial statements.

ROYAL COLLEGE OF DENTAL SURGEONS OF ONTARIO

Statement of Operations

Year ended December 31	2024	2023
Revenue		
Registration and annual fees	**$ 39,687,349**	$ 37,475,204
Investment income (note 3)	**4,388,378**	3,553,801
Professional liability program recoveries	**306,060**	225,539
Professional conduct recoveries	**297,850**	564,855
Other income	**292,849**	214,479
	44,972,486	42,033,878
Expenses		
Staffing costs	**21,124,489**	19,284,126
Professional liability program provision (note 5)	**4,311,236**	7,404,741
Consulting and professional fees	**2,694,458**	2,413,179
Telecommunications and technology	**2,090,253**	1,956,428
Amortization and write offs of capital assets	**1,682,914**	1,702,992
Administration	**1,364,478**	1,496,543
Council and committees	**971,208**	1,245,144
Insurance and brokerage	**704,012**	675,240
Faculty payments and fees	**567,201**	489,778
Operations and facilities	**526,687**	551,857
	36,036,936	37,220,028
Excess of revenue over expenses for the year	**$ 8,935,550**	$ 4,813,850

ROYAL COLLEGE OF DENTAL SURGEONS OF ONTARIO

Statement of Changes in Net Assets

Year ended December 31	**Internally Restricted** (note 8)	**Unrestricted**	**2024 Total**	2023 Total
Balance, beginning of year	**$ 24,043,396**	**$ 3,257,338**	**$ 27,300,734**	$ 25,240,184
Excess of revenue over expenses for the year	**-**	**8,935,550**	**8,935,550**	4,813,850
Inter-fund transfers	**2,000,000**	**(2,000,000)**	**-**	-
Remeasurements and other items:				
Post-retirement benefit plan (note 6)	**-**	**(61,000)**	**(61,000)**	(268,400)
Pension plans (note 7)	**-**	**(235,300)**	**(235,300)**	(2,484,900)
Balance, end of year	**$ 26,043,396**	**$ 9,896,588**	**$ 35,939,984**	$ 27,300,734

The accompanying notes to the financial statements are an integral part of these financial statements.

ROYAL COLLEGE OF DENTAL SURGEONS OF ONTARIO

Statement of Cash Flows

Year ended December 31	2024	2023
Operating activities		
Excess of revenue over expenses for the year	**$ 8,935,550**	$ 4,813,850
Item not affecting cash		
Amortization of bond discounts, net	**(119,791)**	(30,844)
Amortization and write off of capital assets	**1,682,914**	1,702,992
Pension plan expense	**57,900**	135,200
Post-retirement benefit plan expense	**191,300**	197,800
Change in unrealized gain on long term investments	**(1,538,987)**	(1,394,745)
	9,208,886	5,424,253
Changes in non-cash working capital balances		
Short term investments	**3,648,196**	(2,250,757)
Accrued interest on long-term investments	**276,488**	104,172
Accounts receivable	**(186,237)**	122,226
Prepaid expenses	**(233,092)**	48,680
Accounts payable and accrued liabilities	**349,505**	(147,173)
Deferred revenue	**2,244,441**	1,799,430
Accrued claims liability	**(486,358)**	4,229,382
Contributions to post-retirement benefit plan	**(232,700)**	(175,300)
Contributions to pension plan	**(322,400)**	(633,800)
	14,266,729	8,521,113
Investing activities		
Purchase of investments, net	**(8,476,631)**	(4,129,627)
Additions to capital assets	**(1,067,828)**	(1,573,683)
	(9,544,459)	(5,703,310)
Net cash inflow	**4,722,270**	2,817,803
Cash, beginning of year	**15,227,098**	12,409,295
Cash, end of year	**$ 19,949,368**	$ 15,227,098

1 Organization

The Royal College of Dental Surgeons of Ontario (the "College") was founded in 1868 and was constituted under the Dentistry Act, 1991 and Regulated Health Professions Act, 1991 as a Not-for-Profit Corporation without share capital. The purpose of the College is to regulate the practice of dentistry and govern its members in the Province of Ontario.

As a Not-for-Profit Corporation, the College is exempt from income taxes under the Income Tax Act (Canada).

2 Significant accounting policies

These financial statements have been prepared by management in accordance with Canadian accounting standards for not-for-profit organizations.

a) Financial Instruments

Financial assets and financial liabilities are initially recognized at fair value when the College becomes a party to the contractual provisions of the financial instrument. Subsequently, all financial instruments are measured at amortized cost, except for exchange traded funds included in long term investments which are measured at fair value.

b) Capital assets

Capital assets are recorded at cost and are amortized on the straight-line basis over their estimated useful lives, commencing at the time the assets are placed into use, as follows:

(i) Tangible assets

Building	25 years	Computer equipment	4 years
Capital improvements	15 years	Furniture, office equipment and fixtures	7 years

(ii) Intangible assets

Computer software and development	5 years

The above rates are reviewed annually to ensure they are appropriate. Any changes are adjusted for on a prospective basis. If there is an indication that the assets may be impaired, an impairment test is performed that compares carrying amount to net recoverable amount.

During the year, the College changed the useful life of its building from 20 to 25 years, capital improvements from 5 to 15 years and furniture, office equipment and fixtures from 5 to 7 years. This change in accounting estimates was accounted for prospectively as of the current year and reduced amortization expense for the year by $80,125.

c) Employee future benefits

The cost of the College's deferred benefit pension and other post-retirement benefit plans are determined periodically by independent actuaries using the projected benefit method pro-rated on service. The College uses the most recently completed actuarial valuation prepared for funding purposes for measuring its pension plan asset. A funding valuation is prepared in accordance with pension legislation and regulations, generally to determine required cash contributions to the plan. The College uses the most recently completed actuarial valuation for accounting purposes for measuring its pension liability. The post-retirement benefit plan is valued using an accounting valuation.

2 Significant accounting policies (continued)

c) Employee future benefits (continued)

The College recognizes:

i) The pension plan obligation, net of the fair value of any plan assets, adjusted for any valuation in the statement of financial position;

ii) The cost of the plan for the year in the statement of operations; and

iii) Remeasurements and other items in the statement of changes in net assets.

The most recent actuarial valuation was performed as at January 1, 2023 and the results were projected to December 31, 2024.

The cost of the College's defined contribution pension plan is recorded as an expense as payments are made.

d) Revenue recognition

i) Registration and annual fees

The College's principal source of revenue is registration and annual fees which are recognized as revenue in the period to which these fees relate. Annual fees received or receivable in the current year, applicable to a subsequent year are recorded as deferred revenue in the statement of financial position and will be accounted for in revenue in the year to which they pertain.

ii) Investment income

Investment income consists of interest and dividends earned and unrealized gains and losses on exchange traded funds. The income is recognized as earned.

iii) Professional conduct recoveries

Revenues are recognized in the year in which the files have been settled and costs have been awarded or when monitoring services are rendered.

iv) Professional liability program recoveries

Recoveries are recognized in the year in which the files are closed and costs have been incurred on the file in excess of the minimum applicable deductible.

v) Other income

All other income, consisting of late payment penalty fees, course registration fees and other miscellaneous income are recognized as revenue when services are provided or as earned.

e) Management estimates

The preparation of the College's financial statements in conformity with Canadian accounting standards for not-for-profit organizations requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities, disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the year.

Key areas where management has made difficult, complex or subjective judgments, often as a result of matters that are uncertain, include, among others, accounts receivable valuation, useful lives for amortization of capital assets, accounts payable and accrued liabilities, accrued claims liability, post-retirement benefit plan liability and the pension plan asset and liability. Actual results could differ from these and other estimates, the impact of which would be recorded in future periods. Estimates and underlying assumptions are reviewed on an ongoing basis.

3 Investments

As at December 31	**2024**	2023
Short term investments		
Cash	**$ 40,189**	$ 22,141
Bankers' acceptances and discount notes	**4,128,424**	7,794,668
	4,168,613	7,816,809
Long term investments		
Fixed income	**58,386,986**	49,358,357
Exchange traded funds		
Equity funds	**11,527,303**	9,516,653
Bond index	**-**	1,180,358
	69,914,289	60,055,368
	$ 74,082,902	$ 67,872,177

The College's short term investments consist of provincial treasury bills with maturity dates of 180 days or less from the year end date and cash held in an investment account.

The College's long term investments consist of fixed income and equity investments.

i) Fixed income investments

Fixed income investments consist of federal, provincial and corporate bonds and guaranteed investment certificates, maturing between fiscal years ending 2025 to 2029 (2023 - 2024 to 2029). The carrying value of these fixed income investments includes accrued interest of $712,181 (2023 - $435,693) and amortized bond premiums, net of discounts of $254,843 (2023 - $270,153) for a total unamortized cost of $57,929,648 (2023 - $49,192,817). Fixed income investments totaling $19,214,508 (2023 - $18,729,974) mature within the next fiscal year.

ii) Equity investments

As at December 31	**2024**		2023	
	Market Value	**Cost**	Market Value	Cost
Exchange traded funds	**$ 11,527,303**	**$ 8,366,675**	$ 10,697,011	$ 9,282,436

The College's investment income for the year is comprised of the following:

Year ended December 31	**2024**	2023
Interest and dividend income	**$ 2,849,391**	$ 2,159,056
Change in unrealized gain on equity investments	**1,538,987**	1,394,745
	$ 4,388,378	$ 3,553,801

4 Capital assets

As at December 31	2024		2023	
	Cost	**Accumulated Amortization**	Cost	Accumulated Amortization
Tangible assets				
Land	**$ 4,320,183**	**$ -**	$ 4,320,183	$ -
Building and capital improvements	**5,695,732**	**4,165,759**	5,600,345	4,045,415
Computer equipment	**1,149,409**	**713,152**	1,014,306	653,840
Furniture, office equipment and fixtures	**891,521**	**876,244**	893,650	867,740
Intangible assets				
Computer software and development	**7,211,663**	**4,380,233**	6,954,123	3,467,406
	$ 19,268,508	**$ 10,135,388**	$ 18,782,607	$ 9,034,401
Net book value		**$ 9,133,120**		$ 9,748,206

5 Accrued claims liability

The Professional Liability Program was established by the College to provide a first level of defence and management of professional liability claims against dentists. The accrued claims liability represents the accumulation of estimated unpaid losses of the College for all years with outstanding claims. Management expensed an amount of $4,311,236 (2023 - $7,404,741) based on its estimate of the ultimate exposure for the current claim year.

In 2024, dentists were each protected for a maximum indemnity of $2,000,000 (2023 - $2,000,000) for each validated claim. The College is liable up to $2,000,000 (2023 - $2,000,000) of a validated claim, subject to a maximum aggregate loss limit of $10,000,000 (2023 - $10,000,000).

Management makes use of actuarial analysis in order to form such estimates. The accrued claims liability takes into account factors such as maximum aggregate loss limits for the specific claim year, overall performance and loss experience and anticipated inflationary trends. The estimates are subject to variability and this variability can have a material impact. The possibility of variability arises because all factors affecting the ultimate liability for loss and loss adjustment have not taken place and cannot be evaluated with absolute certainty. Differences in the estimate of the accrued claims liabilities are accounted for as claims are settled.

For total claims in a year in excess of $10,000,000 (2023 - $10,000,000), the College has obtained insurance. The individual member is responsible for any amounts in excess of $2,000,000 on any claim. The dentists are liable to the College for a deductible portion on each claim of $2,500 on any one occurrence, including defence costs, increasing to $5,500 for a second claim, $10,500 for a third claim and $20,500 for the fourth and subsequent claims in an 84 month period. These assessments are recorded when the file is resolved or closed. Members may request that the Professional Liability Committee of the College reduce the assessment in exchange for agreement to take remedial training in the specific area of dentistry on which the claim was based.

The College has undertaken a procurement process to transfer the Professional Liability Program (including current liabilities and staff) to a third party, with the goal of allowing the program to continue to operate, under separate ownership.

6 Post-retirement benefit plan

The College provides, for eligible employees, a plan that includes lifetime benefits for dental, extended health, vision and life insurance subject to certain limits as defined in the plan.

The remeasurements and other items for 2024 amounted to a loss of $61,000 (2023 - $268,400) which is reported in the statement of changes in net assets. The expense for the year related to the plan is $191,300 (2023 - $197,800). The College's contributions to the plan amounted to $232,700 (2023 - $175,300).

As at December 31, 2024, the College's obligation for the post-retirement benefit plan is unfunded and is calculated as $3,955,300 (2023 - $3,935,700). The discount rate used in measuring the College's obligation was 4.70% (2023 - 4.65%).

7 Pension plan asset and liability

The College maintains defined benefit and supplementary pension plans, for eligible employees. The pension plans provide pension benefits based on length of service and final average earnings. The College measures its defined benefit obligations and the fair value of plan assets for accounting purposes as at December 31 each year. The most recently completed actuarial valuation of the pension plans for valuation purposes was as of January 1, 2023.

A reconciliation of the College's accrued benefit obligation to the accrued benefit asset (liability) is as follows:

2024	**Defined benefit plan**	**Supplementary plan**	**Total**
Accrued benefit obligation	**$ (11,627,900)**	**$ (3,749,700)**	**$ (15,377,600)**
Fair value of plan assets	**11,627,900**	**3,697,100**	**15,325,000**
Funded status - plan deficit and accrued benefit asset (liability)	**$ -**	**$ (52,600)**	**$ (52,600)**

2023	Defined benefit plan	Supplementary plan	Total
Accrued benefit obligation	$ (12,307,800)	$ (3,773,200)	$ (16,081,000)
Fair value of plan assets	12,369,200	3,630,000	15,999,200
Funded status - plan deficit and accrued benefit asset (liability)	$ 61,400	$ (143,200)	$ (81,800)

Changes in actuarial assumptions used in estimating pension obligations and the value of plan assets may result in annual gains or losses. In 2024, losses of $235,300 (2023 - $2,484,900) are reported as remeasurements in the statement of changes in net assets.

The expense for the year related to the College's pension obligation was $57,900 (2023 - $135,200).

The employer contributions to the pension plans amounted to $nil (2023 - $388,700) for the defined benefit plan and $322,400 (2023 - $245,100) for the supplementary plan.

In 2023, the College purchased an annuity buy-in with an investment company to transfer the assets and obligations of the defined benefit plan. The College can terminate the buy-in agreement at any time by converting to a buy-out contract. The College has transferred significant risks associated with the defined benefit plan (mortality risk, change in inflation rate) to the investment company, but retains credit risk associated with solvency of the investment company until the buy-out is complete.

7 Pension plan asset and liability (continued)

The significant actuarial assumptions adopted in measuring the College's accrued benefit obligation are as follows:

	2024		2023	
	Defined benefit plan	**Supplementary plan**	Defined benefit plan	Supplementary plan
	%	**%**	%	%
Discount rate	**4.70**	**4.40**	4.60	4.60

The College maintains a defined contribution plan for certain employees. During the year, the College contributed $1,065,096 (2023 - $986,260) which has been expensed through the statement of operations.

8 Internally restricted net assets

The Council of the College has internally restricted funds to be used for specific purposes. These funds are not available for unrestricted purposes without approval of the Council.

As at December 31	**2024**	2023
Professional liability reserve fund	**$ 22,522,275**	$ 22,522,275
Operating reserve fund	**3,521,121**	1,521,121
	$ 26,043,396	$ 24,043,396

i) Professional liability reserve fund

The professional liability reserve fund was established to fund the liability for future claims.

ii) Operating reserve fund

The operating reserve fund has been established to help sustain long-term stability, and provide for extraordinary events or unforseen shortfalls.

9 Guarantees

The College enters into agreements that meet the definition of a guarantee. The College's primary guarantees subject to disclosure requirements are as follows:

i) The College indemnifies all directors for various items, including but not limited to, all costs to settle lawsuits or actions due to services provided to the College, subject to certain restrictions. The College has purchased liability insurance to mitigate the cost of any potential future lawsuits or actions. The amount of any potential future payment, if any, cannot be reasonably estimated.

ii) In the normal course of operations, the College has entered into agreements that include indemnities in favour of third parties, such as purchase and sale agreements, confidentiality agreements, outsourcing agreements, leasing contracts, information technology agreements and service agreements. These indemnification agreements may require the College to compensate counterparties for losses incurred by counterparties as a result of breaches in representation and regulations or as a consequence of the transaction. The terms of these indemnities are not explicitly defined and the maximum amount of any potential reimbursement cannot be reasonably estimated.

The nature of these indemnification agreements prevents the College from making a reasonable estimate of the maximum exposure due to the difficulties in assessing the amount of liability which stems from the unpredictability of future events and the unlimited coverage offered to counterparties. Historically, the College has not made any significant payments under such or similar indemnification agreements and therefore no amount has been accrued in these financial statements with respect to these agreements.

10 Financial instrument risk

The College is exposed to various risks through its financial instruments. The following analysis provides a measure of the College's risk exposure at the statement of financial position date.

General objectives, policies and processes

Council has overall responsibility for the determination of the College's risk management objectives and policies.

Credit risk

Credit risk is the risk that one party to a financial instrument will cause a financial loss for the other party by failing to discharge an obligation. The College is exposed to credit risk through its cash balances with banks, accounts receivable and investments.

Accounts receivable are unsecured. This risk is mitigated by the College's requirement for members to pay their fees in order to renew their annual license to practice. The College also has collection policies in place.

Credit risk associated with cash and short term and fixed income long term investments is minimized by ensuring that these assets are invested in financial obligations of major financial institutions, Canadian public corporations or government bodies. Cash balances are held by one major Canadian financial institution and therefore a concentration risk exists. Balances exceed the maximum insured amount.

Liquidity risk

Liquidity risk is the risk that the College will not be able to meet a demand for cash or fund its obligations as they come due. The College meets its liquidity requirements and mitigates this risk by monitoring cash activities and expected outflows and holding assets that can be readily converted into cash, so as to meet all cash outflow obligations as they fall due.

10 Financial instrument risk (continued)

Market risk

Market risk is the risk that the fair value or future cash flows of a financial instrument will fluctuate because of changes in market prices. Market risk is comprised of currency risk, interest rate risk and equity risk. The College is not exposed to currency risk.

Interest rate risk

Interest rate risk refers to the risk that the fair value of financial instruments or future cash flows associated with the instruments will fluctuate due to changes in market interest rates. The exposure of the College to interest rate risk arises from its interest bearing investments and cash. The primary objective of the College with respect to its fixed income investments ensures the security of principal amounts invested, provides for a high degree of liquidity, and achieves a satisfactory investment return giving consideration to risk.

Equity risk

Equity risk is the uncertainty associated with the valuation of assets arising from changes in equity markets. The College is exposed to this risk to the extent of the exchange traded funds held.

Changes in risk

There have been no significant changes in risk exposures from the prior year.

Fund Financial Statements of

ROYAL COLLEGE OF DENTAL SURGEONS OF ONTARIO PENSION FUND
(Ontario Registration Number 0567172)

December 31, 2024

ROYAL COLLEGE OF DENTAL SURGEONS OF ONTARIO PENSION FUND
(Ontario Registration Number 0567172)

December 31, 2024

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INDEPENDENT AUDITOR'S REPORT

To the Administrator of the
Royal College of Dental Surgeons of Ontario Pension Fund

Opinion

We have audited the fund financial statements of the Royal College of Dental Surgeons of Ontario Pension Fund (Ontario Registration Number 0567172) (the "Fund"), which comprise the statement of net assets available for benefits as at December 31, 2024, the statement of changes in net assets available for benefits for the year then ended, and notes to the fund financial statements including a summary of significant accounting policies.

In our opinion, the accompanying fund financial statements present fairly, in all material respects, the net assets available for benefits of the Fund as at December 31, 2024, and the changes in its net assets available for benefits for the year then ended in accordance with the financial reporting provisions of Regulation 909, Section 76 of the Pension Benefits Act (Ontario).

Basis for Opinion

We conducted our audit in accordance with Canadian generally accepted auditing standards. Our responsibilities under those standards are further described in the *Auditor's Responsibilities for the Audit of the Fund Financial Statements* section of our report. We are independent of the Fund in accordance with the ethical requirements that are relevant to our audit of the fund financial statements in Canada, and we have fulfilled our other ethical responsibilities in accordance with these requirements. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

Emphasis of Matter – Basis of Accounting and Restriction on Use

We draw attention to Note 2(a) to the fund financial statements, which describes the basis of accounting. The fund financial statements are prepared to assist the Administrator of the Fund to meet the requirements of the Financial Services Regulatory Authority of Ontario under Section 76 of the Regulation to the Pension Benefits Act (Ontario) and should not be used by parties other than the Administrator of the Fund or the Financial Services Regulatory Authority of Ontario.

Responsibilities of Management and Those Charged with Governance for the Fund Financial Statements

Management is responsible for the preparation and fair presentation of the fund financial statements in accordance with the financial reporting provisions of Regulation 909, Section 76 of the Pension Benefits Act (Ontario) and for such internal control as management determines is necessary to enable the preparation of fund financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the fund financial statements, management is responsible for assessing the Fund's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless management either intends to liquidate the Fund or to cease operations, or has no realistic alternative but to do so.

Those charged with governance are responsible for overseeing the Fund's financial reporting process.

Auditor's Responsibilities for the Audit of the Fund Financial Statements

Our objectives are to obtain reasonable assurance about whether the fund financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with Canadian generally accepted auditing standards will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these fund financial statements.

As part of an audit in accordance with Canadian generally accepted auditing standards, we exercise professional judgment and maintain professional skepticism throughout the audit. We also:

- Identify and assess the risks of material misstatement of the fund financial statements, whether due to fraud or error, design and perform audit procedures responsive to those risks, and obtain audit evidence that is sufficient and appropriate to provide a basis for our opinion. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control.

- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Fund's internal control.

- Evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by management.

- Conclude on the appropriateness of management's use of the going concern basis of accounting and, based on the audit evidence obtained, whether a material uncertainty exists related to events or conditions that may cast doubt on the Fund's ability to continue as a going concern. If we conclude that a material uncertainty exists, we are required to draw attention in our auditor's report to the related disclosures in the fund financial statements or, if such disclosures are inadequate, to modify our opinion. Our conclusions are based on the audit evidence obtained up to the date of our auditor's report. However, future events or conditions may cause the Fund to cease to continue as a going concern.

- Evaluate the overall presentation, structure and content of the fund financial statements, including the disclosures, and whether the fund financial statements represent the underlying transactions and events in a manner that achieves fair presentation.

We communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant deficiencies in internal control that we identify during our audit.

TORONTO, Ontario
DATE

Licensed Public Accountants

ROYAL COLLEGE OF DENTAL SURGEONS OF ONTARIO
PENSION FUND
Statement of Net Assets Available for Benefits

As at December 31	**2024**	2023
Assets		
Investments (note 3)		
Defined benefit	**$ -**	$ 61,400
Defined contribution	**18,913,603**	14,928,725
Total investments	**18,913,603**	14,990,125
Annuity buy-in contract - defined benefit (note 4)	**11,627,900**	12,307,800
	30,541,503	27,297,925
Liabilities		
Accrued liabilities	**2,678**	2,678
Net assets available for benefits	**$ 30,538,825**	$ 27,295,247

On behalf of the Administrator,
Royal College of Dental Surgeons of Ontario

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The accompanying notes are an integral part of these fund financial statements.

ROYAL COLLEGE OF DENTAL SURGEONS OF ONTARIO
PENSION FUND
Statement of Changes in Net Assets Available for Benefits

Year ended December 31	**2024**	2023
Net assets available for benefits, beginning of year	**$ 27,295,247**	$ 26,540,349
Increases in net assets available for benefits		
Realized gains on dispositions	**761,854**	786,468
Interest and dividend income	**1,184**	6,416
Employer contributions	**1,065,096**	1,365,560
Employee contributions	**1,108,157**	984,080
	2,936,291	3,142,524
Decreases in net assets available for benefits		
Termination payments	**(513,254)**	(1,640,773)
Annuity payments	**(699,321)**	(606,501)
Death payments	**-**	(90,773)
Withdrawals	**-**	(128,758)
Actuary and audit fees	**(61,503)**	(111,229)
Portfolio management fees	**(67,321)**	(70,808)
Valuation adjustment	**-**	(765,779)
	(1,341,399)	(3,414,621)
Increase (decrease) in net assets available for benefits	**1,594,892**	(272,097)
Change in unrealized gain in market value of investments	**1,648,686**	1,026,995
Net assets available for benefits, end of year	**$ 30,538,825**	$ 27,295,247

The accompanying notes are an integral part of these fund financial statements.

1 Description of plan

(a) General

These fund financial statements comprise the accounts of the Pension Fund of the Royal College of Dental Surgeons of Ontario Pension Plan (the "Plan"). The Plan is registered in the Province of Ontario under registration number 0567172. The Plan is a combined defined benefit and defined contribution plan that provides pension benefits to past and current employees of the College with a vested pension. Benefits paid from the defined benefit component of the Plan are contingent on earnings and years of service. During 1990, the College adopted a general policy of purchasing annuities for retirees' pension benefits.

(b) Funding policy

The Ontario Pension Benefits Act requires that the Royal College of Dental Surgeons of Ontario (the "College"), being the Plan sponsor, fund the benefits under the Plan. The determination of the value of these benefits is made on the basis of actuarial valuations.

(c) Eligibility

Each full time employee is required to join the Plan on their date of hire. A part time employee is eligible to become a member of the Plan on the first day of the month on or next following completion of 24 months of continuous service, provided that they have:

i) Earned at least 35% of the Year's Maximum Pensionable Earnings ("YMPE"); or
ii) Worked at least 700 hours in each of the 2 immediately preceding consecutive calendar years.

(d) Member participation election and contribution

Prior to January 1, 2007, each employee upon becoming a member of the Plan, on or after January 1, 1991, could have elected to participate under the Defined Benefit Formula, the Defined Contribution Formula, or another option which has been discontinued. A member who joined the Plan prior to January 1, 2007 was neither required nor permitted to make contributions to the Plan.

On and after January 1, 2007, each employee upon becoming a member of the Plan must join the Defined Contribution Formula and shall contribute a minimum of 5% of their earnings to the Plan.

Effective December 31, 2024 the College froze the accrual benefits for active members, under the defined benefit formula, including for any such member during their period of total disability, and to provide for their continued participation under the defined contribution formula under the Plan effective January 1, 2025.

(e) Normal retirement benefit

The Normal Retirement Date of a member shall be the first day of the month coincident with, or next following, their 65th birthday. Each member who retires at their Normal Retirement Date either directly from the employer, or from an authorized disability leave of absence shall be entitled to receive an annual pension benefit, commencing on their Normal Retirement Date and payable in equal monthly installments for their remaining lifetime.

1 Description of plan (continued)

(f) Termination

A member whose employment is terminated shall receive a termination benefit in an amount equal to the commuted value of the pension benefit accrued under the Defined Benefit Formula plus the balance of the member account under the Hybrid Formula, if any, or the member account balance under the Defined Contribution Formula.

(g) Survivor benefits

i) Prior to commencement of pension payments

If a member dies prior to when their pension commences, a death benefit will be payable in an amount equal to the commuted value of the pension benefit accrued under the Defined Benefit Formula, under the Hybrid Formula, if any, or the member account balance under the Defined Contribution Formula, plus the balance of the member account, if any.

ii) After commencement of pension payments

In the event of the death of a member who is in receipt of pension payments under the plan, a death benefit shall be paid in accordance with the normal form of pension benefit, unless the member had elected an optional form of pension benefit. The optional forms available to a member who does not have a spouse are Life-Ceasing at Death and Guaranteed Five or Fifteen-Year Option.

2 Significant accounting policies

(a) Basis of presentation

The Plan follows Part IV of the CPA Accounting Handbook, "Canadian accounting standards for pension plans" modified for Pension Plans filed in accordance with the significant accounting policies set out below to comply with the accounting requirements prescribed by the Financial Services Regulatory Authority of Ontario ("FSRA") for financial statements under Regulation 909, Section 76 of the Pension Benefits Act (Ontario).

The basis of accounting used in these financial statements materially differs from Canadian accounting standards for pension plans because it excludes the actuarial liabilities of the Plan. Consequently, these financial statements do not purport to show the adequacy of the Plan's assets to meet its pension obligations.

As required by Canadian accounting standards for pension plans, the Fund follows the standards in Part II of the CPA Accounting Handbook "Accounting standards for private enterprises" for its accounting policies for items that do not relate to its investment portfolio, to the extent that those standards do not conflict with the requirements of Canadian standards for pension plans or the requirements prescribed by the FSRA for financial statements under Regulation 909, Section 76 of the Pension Benefits Act (Ontario).

(b) Investments

Pooled fund investments are valued at market.

2 Significant accounting policies (continued)

(c) Valuation of investment assets and liabilities

Investment assets and liabilities are stated at their fair values in the Statement of Net Assets Available for Benefits. Fair value is the amount for which an asset can be exchanged, or a liability settled, between knowledgeable, willing parties in an arm's length transaction. If the financial instrument has a quoted price in an active market, the quoted price is the fair value of the financial instrument. If the market for a financial instrument is not active, fair value is established by using a valuation technique. Valuation techniques include using recent arm's length market transactions between knowledgeable, willing parties, if available, reference to the current fair value of another instrument that is substantially the same, discounted cash flow analysis and option pricing models. If there is a valuation technique commonly used by market participants to the price the instrument and that technique has been demonstrated to provide reliable estimates of prices obtained in actual market transactions, that technique is used. A valuation technique incorporates all factors that market participants would consider in setting a price. Fair value is estimated on the basis of the results of a valuation technique that makes maximum use of market inputs, and relies as little as possible on entity-specific inputs.

(d) Fair value hierarchy

Investment assets and investment liabilities are classified and disclosed in one of the following categories reflecting the significance of inputs used in making the fair value measurement:

- Level 1 - quoted prices (unadjusted) in active markets for identical assets or liabilities;
- Level 2 - inputs other than quoted prices included in Level 1 that are observable for the assets or liabilities, either directly (i.e. as prices) or indirectly (i.e. derived from prices); and
- Level 3 - inputs for the assets or liabilities that are not based on observable market data (unobservable inputs).

If different levels of inputs are used to measure the fair value of an investment, the classification within the hierarchy is based on the lowest level input that is significant to the fair value measurement.

(e) Trade date accounting

Purchases and sales of financial instruments are recorded on their trade dates.

(f) Interest and dividends on investments and changes in fair values of investments

Interest and dividends from investments in money market instruments, bonds, equities, pooled funds and mortgages are recorded separately from the change in fair value of such investments as interest income and dividends in the Statement of Changes in Net Assets Available for Benefits. Interest, dividends, and distributions from pooled funds are recorded on the accrual basis. Dividend income is accrued as of the ex-dividend date. The realized and unrealized gains and losses are determined using the average cost basis.

(g) Transaction costs

All transaction costs in respect of purchases and sales of investments are recorded as part of portfolio management fees in the Statement of Changes in Net Assets Available for Benefits.

2 Significant accounting policies (continued)

(h) Foreign exchange

Transactions denominated in foreign currencies are translated into Canadian dollars at the rates of exchange in effect on the dates of the transactions. At each reporting date, the market value of foreign currency denominated assets and liabilities is translated using the rates of exchange at that date. The resulting gains and losses from changes in these rates are recorded as part of the change in fair values of investments in the Statement of Changes in Net Assets Available for Benefits.

(i) Realized gains on dispositions

Realized gains on dispositions is the difference between proceeds received and the average cost of investments sold.

(j) Interest income and dividends

Interest income and dividends, which are recorded on the accrual basis, include interest income, dividends and distributions from funds.

(k) Internal costs

Internal costs to administer the fund are incurred by the College and are not charged to the Plan. Professional fees and service fees are paid for by the Plan.

(l) Income taxes

The Plan is a registered pension plan, as defined by the Income Tax Act (Canada) and is exempt from tax under Part 1 of the Income Tax Act.

(m) Use of estimates

The preparation of fund financial statements in accordance with Section 76 of Regulation 909 of the Pension Benefits Act of the Province of Ontario, requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities at the date of the financial statements and the reported amount of changes in net assets available for benefits for the year. These estimates are reviewed periodically and, as adjustments become necessary, they are reported in the Statement of Changes in Net Assets Available for Benefits in the year in which they become known.

Amounts requiring significant estimates and assumptions include investments and accrued expenses.

3 Investments

Investments are carried at market value. The plan is administered by iA Financial Group ("iA"). The underlying investments comprise investment units in pooled funds. All investments held by the Plan are considered to be Level 2. There were no transfers between Level 2 and Level 3 investments during the year. Due to the number of funds held, it is not practicable to provide the fund operator and underlying investment details for all investments with a market value in excess of 1% of the cost or market value of the plan. This information is available from the Plan administrator.

Funds held in the plan as at December 31, 2024, were invested in the following pooled funds:

As at December 31	**2024**	2023
Guaranteed Investments (at rates ranging from 0.65% to 4.65%)	**$ 36,405**	$ 95,109
Asset Allocation Funds		
Asset Allocation - Balanced (iA)	**505,673**	420,543
Asset Allocation - Growth (iA)	**1,632,311**	1,665,308
Asset Allocation - Aggressive Growth (iA)	**597,704**	487,416
Income Funds		
Money Market (iA)	**146,956**	140,277
Canadian Bond Index (Blackrock)	**87,786**	66,087
Green Bond (AlphaFixe)	**1,780**	1,316
Bond (iA)	**1,916,536**	1,458,450
Bond (PH&N)	**27,351**	20,666
Core Plus Bond (PIMCO)	**9,908**	9,486
Global Fixed Income (PIMCO)	**593,175**	413,769
Floating Rate Bank Loan (AlphaFixe)	**152,166**	115,879
Diversified Funds		
Diversified Security (iA)	**111,698**	100,647
Diversified (iA)	**34,392**	-
Balanced Growth (MFS)	**324,827**	240,379
Canadian Equity Funds		
Canadian Equity Index (BlackRock)	**177,421**	91,407
Dividend (iA)	**945,801**	571,682
Canadian Equity Low Volatility (TD)	**-**	502,609
Canadian Equity (Beutel Goodman)	**56,969**	62,944
Canadian Focused Equity (Fidelity)	**1,016,150**	623,070
Canadian Equity Growth (iA)	**1,017,585**	622,823
Canadian Ethical Equity Fossil Fuel Free (FieraCapital)	**4,065**	2,640
Canadian Equity (MFS)	**981,758**	793,550
Canadian Equity Small Cap (iA)	**23,207**	14,423
Subtotal	**$ 10,401,624**	$ 8,520,480

3 Investments (continued)

Funds held in the plan as at December 31, 2024 were invested in the following pooled funds (continued)

As at December 31	**2024**	2023
Subtotal forward	**$ 10,401,624**	$ 8,520,480
Foreign Equity Funds		
Global Equity Index ACWI (BlackRock)	**73,848**	25,096
Global Equity (iA)	**341,826**	-
Global Equity Low Volatility ACWI (TD)	**346,549**	526,324
Global Equity Fossil Fuel Free (Jarislowsky)	**3,906**	2,564
Global Research Equity (MFS)	**596,396**	429,325
Global Equity (Mawer)	**831,682**	649,910
Global Equity (Walter Scott)	**682,377**	521,359
Global Equity (Baillie Gifford)	**821,881**	653,525
Global Equity Small Cap (Fisher)	**258,168**	199,175
Global Equity Small Cap (Mawer)	**280,319**	212,561
International Equity Index (BlackRock)	**646,154**	465,296
International Equity (Mawer)	**98,435**	50,434
U.S. Equity Index (BlackRock)	**219,456**	119,186
U.S. Equity Index Non-Registered (BlackRock)	**776,302**	600,556
U.S. Equity (Mawer)	**63,399**	77,013
Emerging Markets (Templeton)	**16,315**	10,312
Emerging Markets (Baillie Gifford)	**510,476**	406,295
Alternative / Specialty Funds		
Balanced-Risk Allocation (Invesco)	**-**	25,129
Global Real Estate (Fidelity)	**32,696**	25,850
Global Infrastructure Equity Index (BlackRock)	**1,277**	841
Diversified Fixed Income Alternatives (iA)	**511,602**	395,101
Diversified Alternatives (iA)	**1,398,915**	1,073,793
	$ 18,913,603	$ 14,990,125

4 Annuity buy-in contract - defined benefit

In 2023, the College, as administrator of the Plan, purchased an annuity buy-in with an investment company to transfer the assets and obligations of the defined benefit plan. The College can terminate the buy-in agreement at any time by converting to a buy-out contract. The College has transferred significant risks associated with the defined benefit plan (mortality risk, change in interest rate and in inflation rate) to the investment company, but retains credit risk associated with solvency of the investment company until the buy-out is complete.

The annuity buy-in is an investment of the Plan, and is measured at a value equal to the related benefit obligation adjusted for amounts receivable under the annuity contract that are not collectible. The value of the benefit obligation is actuarially determined. Any gain or loss arising from the purchase of the annuity contract is recognized in the statement of changes in net assets available for benefits in the year the annuity contract is purchased.

The annuity buy-in contract offsets the College's accrued benefit obligation of $11,627,900 (2023 - $12,307,800).

5 Financial instruments

Fair values

The fair value of pooled fund investments is the aggregate of the market values which are based on quoted market price and other information available at the year end.

The fair value of accrued liabilities approximates their carrying value due to their short-term nature.

6 Actuarial valuation

Independent actuarial valuations are obtained periodically to establish funding requirements and are filed with the Financial Services Regulatory Authority of Ontario as required by statute. The latest actuarial valuation for funding purposes of the Plan was completed as of January 1, 2023. The actuarial valuation was prepared by an independent actuary engaged by the Plan.

7 Financial risk management

Risk management

In the normal course of operations, the Plan's activities are exposed to a variety of financial risks: credit risk, liquidity risk and market risk (defined as interest rate risk, currency risk and other price risk). The value of investments in a Plan's portfolio can fluctuate on a daily basis as a result of changes in interest rates, economic conditions and market news related to specific securities in the portfolio. The level of risk depends on the Plan's objectives and the type of securities it holds. In order to mitigate risk, depending on conditions, the Manager diversifies the portfolio based on criteria such as asset class, country, industry and currency. Significant risks that are relevant to the Plan are described below.

Additional information pertaining to the risks of each fund can be obtained from the Plan administrator.

Credit risk

Credit risk is the risk that a financial loss could arise from a security issuer or counterparty to a financial instrument not being able to meet its financial obligations. The Plan's main exposure to credit risk consists of investments in funds which hold debt instruments, including bonds and preferred shares, as well as other assets such as amounts due from brokers and subscriptions receivable. The carrying amount of debt instruments, as presented in Note 3, represents the maximum credit risk exposure as at December 31, 2024.

Where applicable, the portfolio managers review the Plan's credit positions as part of the investment management process. To minimize this risk, the manager monitors the Plan's credit exposure and counterparty ratings regularly.

Liquidity risk

Liquidity risk is the risk that a Plan will encounter difficulty in meeting its obligations associated with its daily cash redemption of units. Liquidity risk is managed by investing the majority of each Plan's assets in investments that are traded in an active market and which can be readily disposed of, and also by retaining sufficient cash and cash equivalent positions.

7 Financial risk management (continued)

Market risk

i) Interest rate risk

Interest rate risk is the risk that the fair value or future cash flows of a financial instrument will fluctuate because of changes in market interest rates. The value of fixed income securities will generally increase if interest rates fall and decrease if interest rates rise. The Plan's exposure to interest rate risk is concentrated in its investment in debt securities such as bonds and short term investments. To mitigate interest rate risk, the Manager monitors exposure and adjusts duration where appropriate in accordance with the investment policies and objective of the Plan.

ii) Currency risk

Currency risk arises when the value of investments denominated in currencies other than the functional currency of the Plan fluctuates due to changes in exchange rates. Securities trading in foreign markets are also exposed to currency risk as the price in local terms in the foreign market is converted to Canadian dollars to determine fair value. The Plan's exposure to currency risk is displayed below net of hedging strategies. Where applicable, the portfolio managers review the Plan's currency positions as part of the investment management process.

iii) Other price risk

Other price risk is the risk that the fair value of financial instruments will fluctuate as a result of changes in market prices (other than those arising from interest rate risk or currency risk), whether these changes are caused by factors specific to an individual investment or its issuer or by factors affecting all similar instruments traded in a market or market segment. All securities present a risk of loss of capital. The Manager moderates this risk through a careful selection of securities and other financial instruments within the parameters of the investment strategy and by maintaining a well-diversified portfolio. The maximum risk resulting from financial instruments is equivalent to their fair value.

Royal College of
Dental Surgeons of Ontario

COUNCIL
BRIEFING NOTE

TOPIC: Financial Reserves

FOR DECISION

June 19, 2025

ISSUE:

Review of reserves for the College in accordance with the Financial Reserves Policy

PUBLIC INTEREST:

- This matter furthers or serves the public interest by preparing for future strategic expenditures and ensure adequate resources are in place to continue the mandate in the event of unforeseen shortfalls.

BACKGROUND:

As part of long-range financial planning, Council approved a Financial Reserves Policy in November 2020. Highlights of the policy include:

- It was reviewed by the external auditor.
- It was determined there would be two on-going College reserve funds: an Operating Reserve and a PLP Reserve.
- If required, additional reserves may be created.
- Funding of new reserves must be approved by Council.
- The College's priority is to fund the Operating Reserve as it is a government requirement.

ANALYSIS:

A. Operating Reserve

- Purpose of the reserve is to help sustain long-term stability for the College and provide for extraordinary events or unforeseen shortfalls. It is also prudent financial practice to hold a reserve.
- A fully funded Operating Reserve is required as part of the College Performance Management Framework (CPMF) reporting.
- Based on 2024 Audited Financial Statements, the target is $7.5 million.
- With a current balance of $3.5 million, the Reserve is in a $4.0 million shortfall.
- The established plan is to prioritize fully funding the Operating Reserve over three years, with planned surpluses from 2023-2025.
- The surplus for 2024 is $8.9 million.
- The unrestricted balance at December 2024-year end is $9.8 million.
- Achieving the minimum level of the Operating Reserve will necessitate transferring $4 million from Unrestricted Resources to the Operating Reserve.

- This would fund the minimum CPMF requirement of at least 25% (3 months) of the operating expenses which should be held in the Operating Reserve. According to the auditors, it is common practice for organizations to maintain operating reserves equivalent to 6 to 9 months of operating expenses, with reserves up to 12 months generally considered prudent and reasonable.
- The addition of $4 million will mean the minimum Operating Reserve is 100% funded; a significant increase and this will be achieved one year earlier than forecasted.

B. PLP Reserve

- This reserve was set up several years ago to fund cases with significant outcomes, such as class action cases. The current balance as of December 31, 2024, is $22.5 million.
- At the December 2023 meeting Council passed a motion to divest the PLP program from the College. The process of divestment is well underway therefore no changes are recommended to the fund at this time, the PLP Reserve fund will remain at $22.5 million.
- Upon completion of the transition to a new carrier, the PLP fund will be dissolved.

CONSIDERATIONS:

- The excess of the 2024 surplus will be held in Unrestricted Resources until the PLP divestment is complete. The dollars involved in the transaction are significant and the College needs to be responsible in managing funds and risks and be prepared for unforeseen risks.
- The Reserves Policy delegates authority of the Operating Reserve and PLP Reserve to the Registrar & CEO and/or Chief Financial Officer in consultation with the Finance, Audit & Risk Committee.
- Any activity in Financial Reserves approved by the FAR Committee must be reported to Council at the subsequent meeting.

NEXT STEPS:

- Once approved, the movement of funds between Unrestricted Resources and the Operating Reserve will be recognized in the June 2025 internal financial statements.
- Changes to the Reserves Policy will be brought to FAR Committee and Council as part of the completion of the PLP Divestment.
- In the next CPMF the College will report compliance by maintaining a minimum Operating Reserve.

DECISION FOR COUNCIL:

THAT Council approves the transfer of $4 million from Unrestricted Resources to the Operating Reserve.

CONTACT:

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Royal College of
Dental Surgeons of Ontario

COUNCIL BRIEFING NOTE

TOPIC: **Annual Membership Fee**

FOR DECISION

ISSUE:

- The divestment of the College's Professional Liability Program (PLP) will affect annual fees for 2026. An increase for the 2026 annual fee is required to support a smooth divestment of the PLP and transition to a third party.
- Annual fees for the following calendar year are collected during the annual renewal period (starting this year in the second week of October 2025). If any changes to fees are required (beyond the automatic increase for Cost-of-Living Allowance), the proposed changes and the by-law amendment supporting the changes must be circulated to members and other stakeholders for at least 60 days and thereafter Council must approve these changes. Typically, fee increases are approved by Council at the June meeting, to allow time for the required 60-day circulation period,[1] followed by final approval at the September Council meeting.
- Legal agreements with a third party who is negotiating to acquire the PLP have not yet been signed, and the specific fee required for PLP through the new provider may not be known in time for the June Council meeting. As a result, some adaptations to the typical process will be required.

PUBLIC INTEREST:

- Fees enable the RCDSO to execute on its statutory mandate and legislative requirements. Ensuring the College is fiscally sustainable in the long-term and can adequately fund regulatory programs is essential to support the public interest.
- Divesting the PLP by transferring it to a third party is also in the public interest, and it is critical that the RCDSO undergoes the process with due diligence. This includes considering the best interests of the public, dentists and the College.

BACKGROUND:

PLP Divestment

- The RCDSO is in the process of divesting its Professional Liability Program (PLP), as approved by Council in December 2023.[2] A Procurement Review Group (PRG) is overseeing the divestment on behalf of Council (appointed by the Executive Committee in spring of 2024), and Price Waterhouse

[1] Subsection 94(2) of the Health Professions Procedural Code of the RHPA states that: A by-law shall not be made under clause (s) requiring members to pay annual fees unless the proposed by-law is circulated to every member at least 60 days before it is approved by the Council.
[2] Materials available online: Council meeting materials - December 7, 2023.

Coopers (PwC) has been retained as the RCDSO's merger and acquisition ("M&A") advisor. The PRG is using the assumptions and key elements outlined at Council's December 2023 meeting as a basis for all decision-making, summarized in the divestment objectives listed in Figure 1 below, related to the divestment of the PLP:

Figure 1: RCDSO's Divestment Objectives

- The divestment process is well underway, with offers (through Letters of Intent ("LOI's")), received this winter. The next major milestone will be the signing of an agreement with a third party, with the intent that the full transfer will take place effective January 1, 2026, to align with the College's annual "license" period.

PLP Fees

- Historically, the College has collected an annual fee and used those monies to fund both the regulatory objectives of the College and (since 1974) to obtain errors and omissions coverage for all members.
- To provide transparency to the profession, an estimate of the portion of the annual fee related to PLP, namely $1000, was first communicated to the profession in 2022. This amount was an estimate and did not include indirect costs (such as costs related to human resources, finance, information technology, and communications).
- In 2025, members holding a General, Academic or Specialty Certificate,[3] as well as certain other Certificate holders,[4] were charged annual fees of $3,170.[5] This is referred to in this briefing document as the "full" fee. Of this, $2,170 was allocated towards regulatory fees, to fulfill the College's statutory and regulatory mandate.

Current annual fee breakdown:

	2025 fees
Regulatory funding	$2,170
PLP funding	$1,000
Total 2025 Annual membership fee	**$3,170**

[3] As referenced in articles 18.3.2 and 18.3.7 of the By-laws.
[4] Specifically, members in the Post-specialty training class, Education class (initial year), Education class (other program), as outlined in articles 18.3.11, 18.3.5, and 18.3.10 of the By-laws, respectively.
[5] The College also issues other classes of license, with varying fees (see https://cdn.agilitycms.com/rcdso/pdf/2025%20RCDSO%20Fees%20Schedule%20FINAL.pdf). Historically, there have been fewer than 100 people registered in these categories in a year. No changes to the fees for these other categories are being proposed.

- To support a stable transition, the College will continue to collect, on a temporary basis,[6] an annual fee sufficient to ensure that PLP coverage is provided to each member through the third party which acquires the PLP. This will provide critical continuity to members during the transition, ensuring that all members will retain appropriate professional liability protection, and that all patients will be able to access compensation for damages caused by the errors and/or omissions of members.
- It is expected that the amount the third party will require for professional liability protection for each member will be higher than the current estimated amount allocated for PLP, resulting in the need for an increase in the annual fee for 2026.

ANALYSIS:

1. PLP Allocation for 2026

- **PLP allocation of the annual fee has been artificially low**: The PLP allocated estimate has been held at an artificially stable rate at $1,000 since 2023. This allocation has not increased, despite several factors including cost-of-living increases and adjusted liabilities for the College. Furthermore, the fee is materially lower than comparable fees for similar dental coverage in other provinces. Benchmarking was undertaken to review regulatory fees and the cost of professional liability protection for dentists in jurisdictions across Canada. It was found that dentists in other provinces pay higher amounts for similar coverage (see Appendix A).

- **PLP costs are expected to increase:** The cost for PLP is being negotiated as part of the divestment process, under the oversight of the PRG. An amount of $1,400 has been determined to be a fair, competitive, sustainable amount for the protection which is currently in place for each member. However, there is uncertainty in the exact amount that will be required to support the newly transitioned program. Details around whether the third party will be required to charge sales tax and administrative fees remain to be negotiated, and will not be confirmed legally until after the June Council meeting. It is expected that the total amount required for PLP will be in the range of $1,500-$1,650 per dentist. The Finance Audit and Risk Committee (FAR) has recommended that the College collect the full amount required to be paid to the new third-party provider, once an amount has been determined.

- **Council approval of a conservative range in fees is being sought**: As noted, the College will be collecting the monies needed to secure adequate protection of all members for errors and omissions on behalf of the third party, to support a stable transition of the PLP. This will require an annual fee increase, and as noted above, proposed changes in fees must be circulated for at least 60 days before being approved by Council. Because an exact annual fee cannot be determined at this time during active negotiations, adaptations to the typical Council fee approval process are required. The following is being suggested for Council's consideration:
    - To preserve the transparency offered at a public meeting, Council is being asked to consider approving a range of increase or alternatively a maximum increase in the annual fee for 2026.
    - Once a specific per member PLP fee has been confirmed, the Executive Committee would be authorized by Council to circulate the changes in the annual fee and the by-law amendments required to effect those changes, provided the annual fee increase is within the range or equal to or less than the maximum increase approved by Council at this meeting.
    - This approach allows for both the transparency needed from a regulatory perspective, and the agility needed to complete the transaction of the divestment of PLP.

2. Regulatory requirements for 2026

- **No regulatory allocation increase is being proposed:** In 2025, the regulatory (non-PLP) allocation of the annual fee accounted for $2,170 of the total $3,170. These fees are essential for the College to meet its statutory and regulatory obligations. No changes to the regulatory allocation

[6] The length of the temporary period is under active consideration.

are being proposed for 2026. The College's operating reserve has been established, and the 2025 financial outlook is expected to remain on budget, barring any unforeseen expenses related to the divestment and transition to the new PLP provider.

- **No cost-of-living increase is being proposed**: Article 18.3.13.1 of By-Law No. 18 requires that an automatic COLA increase be applied to members paying the "full" fee, by an amount equal to the annual increase in the Ontario consumer price index (CPI). However, it is suggested that this typical automatic CPI increase (approximately $80 for 2026) be suspended for 2026, to provide relief from the increase in fee apportioned to PLP for each member).[7]

3. Member impact

- The proposed annual fee, including the cost to provide PLP to each member, is projected to increase by a range of $500-$650 in 2026, representing a 16-21% increase compared to the 2025 annual fee:

Fee	PLP	Regulatory	Total
Current	$1,000	$2,170	$3,170
Proposed (low)	$1,500	$2,170	$3,670
(high)	$1,650	$2,170	$3,820
Difference (range)	$500-$650	$0	$500-$650

- This is an increase to the annual fee. FAR considered the option of the College absorbing all or a portion of this increase internally. However, in its view this could result in the College being required to cover a shortfall of more than $5 million and would bring financial uncertainty, as well as violating the principles of good management practices that have been cornerstones of College governance and operations. Considering this, FAR has recommended raising member fees to collect the amount of money needed to provide for the regulatory operation as well as the cost to secure appropriate professional liability protection for each member.

CONSIDERATIONS:

- The proposed increase applies only to members who are required to pay the "full" annual fee currently outlined in the By-laws[8] at $3,170 and to new members (registered for the first time in 2026) who are required to pay a pro-rata of the "full" fee as provided for in article 18.3.2 of By-law 18.[9] The College also issues other classes of license, such as educational and for training purposes (these individuals make up less than 1% of the membership). They will continue to be provided with professional liability protection in 2026, but no changes to their annual fees are being proposed at this time.
- The divestment process is proceeding well, and the College is anticipating the transfer to take place effective January 1, 2026. However, any transaction of this kind is associated with uncertainty, and the College is prepared, should there be any unexpected delays in the transaction. The current protection offered through PLP will continue throughout the 2025 calendar year, regardless of when the divestment of PLP to a new entity takes place. Furthermore, should the transaction be delayed, the PLP will continue to operate in its current format until divestment on appropriate terms can be achieved.

[7] The By-laws require automatic COLA increases to other certificates (namely, the reduced fee of $250 for dentists acting on a charitable basis, outlined in article 18.3.7.1). For consistency, a suspension to this automatic adjustment is also being recommended.
[8] Identified in articles 18.3.2, 18.3.5, 18.3.7, and 18.3.10, and 18.3.11 of the By-laws.
[9] Article 18.3.2 of the By-laws provide for a pro-rated fee, if a member is first issued a general, academic, or specialty certificate of registration later than June 1st or September 1st. It is expected that this same approach be applied for 2026, with details to be confirmed by Executive Committee.

NEXT STEPS:

- Council approval on a fee range and or a maximum fee increase is being sought. A specific annual fee for each class of registrant and the proposed by-law changes required to legally effect these changes, would be brought to Executive Committee (before July 4) for review and approval in principle such that circulation to members and other stakeholders of the proposed changes could be made for the required minimum 60 days. The Executive Committee would only be authorized to circulate the proposed changes if the amount of the annual fee (or increase to the annual fee) was within the range approved by Council at this meeting. After the proposed by-law changes have been circulated for at least 60 days, feedback received will be provided to Council and Council will be asked to give final approval to the by-law amendments at the September Council meeting.
- Once a successful bidder has been identified and legal agreements are signed, the College will publicly announce the new third-party provider. Transition planning has begun, and a communications plan has been developed.

DECISION FOR COUNCIL:

- To address the uncertainty related to the cost to secure appropriate PLP for each member and to maintain transparency, Council approval on an annual fee increase in the range of $500-$650 is being sought, the precise amount to be approved by the Executive Committee for circulation to members and other stakeholders for at least 60 days before being returned to Council for final approval.
- That Council delegate to the Executive Committee the authority to approve, in principle, and to circulate the proposed by-law amendments, including any increase to the annual fee for 2026, provided the increase is less than $650.
- To provide relief from the anticipated increase in the annual fee, it is also recommended that the automatic CPI increase be suspended for 2026.

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Attachments

Appendix A – Fee facts & jurisdictional analysis of fees

Appendix A: Fee facts & jurisdictional analysis of fees

Jurisdictional analysis: Regulatory and professional liability costs by province/territory

Province	Regulatory Fees	Liability (through College)	Liability (through third party)*	Total (Regulatory + Liability)
Manitoba***	$3,750	Not included	$2,097	$5,847
Saskatchewan***	$3,700	Not included	$2,097	$5,797
New Brunswick	$3,637	Not included	$2,097	$5,734
Alberta	$4,725			$4,725
Quebec**	$2,545	$1,275		$3,820
BC	$1,639	Not included	$2,097	$3,736
Ontario	**$2,170**		**$1,500-$1,650**	**$3,670-$3,820**
Nova Scotia	$1,502	Not included	$2,097	$3,599
NFLD	$1,200	Not included	$2,097	$3,297

* All other provincial bodies except for Alberta, Ontario and Quebec use CDSPI as the professional liability insurance provider. CDSPI's premium of $2,097 provides $3M per claim, maximum $9M per calendar year (assumes $2,500 deductible). Posted rate available at: https://www.cdspi.com/insurance/malpractice/plansheet/#premiums.

**Taxes not included.

***Regulatory fees include association fees.

Fee Facts:

- In the past 19 years, fees have been kept at the previous year's cost 10 times (see Table below).
- Fees were frozen from 2007-2014, from 2017-2018 and from 2021-2022.
- RCDSO By-law's require that fees shall be automatically adjusted by an amount equal to the annual increase in the Ontario consumer price index (18.3.2, 18.3.5, 18.3.7, 18.3.10, and 18.3.11 of By-Law No. 18)

RCDSO Fee History		
Year	RCDSO Fee	Inflation rate (CPI)
2007	$ 1,760	1.8%
2008	$ 1,760	2.3%
2009	$ 1,760	0.4%
2010	$ 1,760	2.5%
2011	$ 1,760	3.1%
2012	$ 1,760	1.4%
2013	$ 1,760	1.0%
2014	$ 2,035	2.4%
2015	$ 2,160	1.2%
2016	$ 2,160	1.8%
2017	$ 2,160	1.7%
2018	$ 2,160	2.4%
2019	$ 2,360	1.9%
2020	$2,450	0.7%
2021	$2,510	3.5%
2022	$2,510	6.8%
2023	$2,995[10]	3.8%
2024	$3,075	2.4%
2025	$3,170	

[10] The increase of $485 was almost exclusively to correct historical PLP underfunding.

Royal College of
Dental Surgeons of Ontario

COUNCIL BRIEFING NOTE

TOPIC: National Dental Assisting Examining Board (NDAEB)

June 19, 2025

FOR DECISION

ISSUE:

- The NDAEB expressed an interest in having the RCDSO participate on its Board of Directors.
- The Executive Committee is recommending to Council that Andréa Foti, Deputy Registrar, be confirmed as the College appointment to the NDAEB's Board of Directors.

PUBLIC INTEREST:

- Dental Assistants are an important part of the oral health care team and the delivery of quality care to patients.
- There are current risks and opportunities that will require the RCDSO's attention including, Dental Assistant labour supply, the possibility of Dental Assistant regulatory oversight in Ontario, and the continued uncertainty of oral health regulatory amalgamation.

CURRENT STATUS:

- In the past four years, the NDAEB's Executive Director and President have communicated with the Registrar on several occasions, about their preference to have greater participation by the RCDSO in the NDAEB's oversight functions.
- The NDAEB is an independent body responsible for the administration and delivery of the national examination for Dental Assistants.
- There may be some benefits to having a RCDSO representative connected to the NDAEB's Board and the issues that may come to that table (eg. Access to the DA examination by internationally trained dentists, DA competencies, program accreditation).
- Dental Assistants are regulated in most other provinces (often by the regulator for dentists) but the profession is not currently regulated in Ontario.
- The association (ODAA) has approached both the RCDSO and the Health and Supportive Care Providers Oversight Authority (HSCPOA) in Ontario to discuss regulatory oversight.
- The RCDSO does set standards for dentists that impact dental assistants for example, the performance by dental assistants of intra-oral procedures that are not controlled acts.
- Given the current context (DAs are not regulated in Ontario, the College does not have a formal connection to the national DA examination, overlap with operational issues of the

RCDSO) the Executive Committee is recommending that the Board position be a senior RCDSO staff person in the short term. Should there be changes to the environment, such as Dental Assistant regulation in Ontario, the College can re-consider the most appropriate appointment to this Board.

DECISION FOR COUNCIL:

- Council is asked for a decision based on the recommendation of the Executive Committee.
- The motion before Council is:
    - THAT Council confirms Andréa Foti, Deputy Registrar, as the RCDSO representative to the Board of Directors of the National Dental Assisting Examining Board, to be reviewed no later than December 31, 2026.

CONTACT:

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Royal College of
Dental Surgeons of Ontario

COUNCIL BRIEFING NOTE

TOPIC: Managing Conflicts and Ending the Dentist-Patient Relationship: Draft Standard for External Consultation

FOR DECISION

June 2025

ISSUE:

- Council is presented with a new draft Standard of Practice: Managing Conflicts and Ending the Dentist-Patient Relationship.
- Council is asked for feedback on the draft Standard, and for approval to release the new draft Standard for consultation.
- This item is for decision.

PUBLIC INTEREST:

- RCDSO Standards of Practice support the public interest by setting out legal, professional, and ethical obligations that apply to dentists practising in Ontario.
- The new draft Standard of Practice serves the public interest by setting out legal, professional, and ethical obligations that Ontario dentists must meet when managing conflicts that affect the dentist-patient relationship, and when ending the dentist-patient relationship.

BACKGROUND:

- RCDSO's guidance for building the dentist-patient relationship, resolving conflicts with patients, and ending the dentist-patient relationship is currently set out in the Maintaining a Professional Patient-Dentist Relationship Practice Advisory (2018).
- This Practice Advisory is currently being reviewed and updated through the policy team's Standards review and development process, and a new draft Standard has been developed for feedback and consultation.

Standards Prioritization Process and QAC's Direction

- As a reminder, in 2023, the Maintaining a Professional Patient-Dentist Relationship Practice Advisory was reviewed by policy staff as part of the Standards prioritization exercise.[1] As part of this exercise, this Practice Advisory was determined to be a high priority for review based on a consideration of key factors, including (as examples):

[1] See pages See pages 277-283 of the May Council Meeting Materials for a full overview of this process.

  - **Key omissions:** The Practice Advisory does not set out clear requirements for addressing conflicts with patients and includes advice, but not requirements, for ending the patient-dentist relationship.
  - **Lack of detail:** The current Practice Advisory lacks clarity regarding circumstances in which a dentist 'must' or 'must not' end the patient-dentist relationship.
  - **Alignment with other active Standards work:** A strong case was identified for reviewing the Practice Advisory now as a new draft Standard is being developed regarding accepting new patients (as part of the Access to Care Strategic Project), and guidance related to accepting new patients and ending the dentist-patient relationship will inform and must be consistent with each other.[2]

- Based on this analysis, Quality Assurance Committee (QAC) approved the priority review of the current Practice Advisory in January 2024.

- Following QAC's direction, the policy team initiated the development of a new draft Standard in accordance with the RCDSO's Standards review and development process.

- This review has been supported by the staff clinical lead, Dr. Helene Goldberg, and also by Dr. Mary Kolivaris.

Research and Analysis

- Key findings from research and analysis conducted per the Standards review and development process is outlined below for Council's information (more information can be provided upon request).

1. Jurisdictional scan

- In general, the RCDSO's current Practice Advisory is consistent with guidance from other health regulatory authorities that concerns ending the practitioner-patient relationship.[3]

- The topics most frequently addressed by other health regulatory authorities include: steps practitioners must take when ending the relationship, and situations where it is appropriate or inappropriate to end the relationship.

- Most health regulatory authorities reviewed as part of this scan also provide guidance on the topics of effective communication, establishing boundaries, and/or appropriate professional behavior with patients, in separate, stand-alone documents (e.g., a Guideline, Policy, or other resource).

2. Literature review

- A non-exhaustive review of academic literature, dental blogs, and grey literature (e.g., educational resources from dentistry associations) on the topics of establishing, maintaining, and ending the practitioner-patient relationship was conducted to support this work.

- Common themes identified as part of this literature review include the following:
  - Good communication provides the foundation upon which trust and respect are built in the practitioner-patient relationship.

[2] The new document regarding accepting new patients and the draft Managing Conflicts and Ending the Dentist-Patient Relationship Standard will be aligned later this year, before the draft Managing Conflicts and Ending the Dentist-Patient Relationship Standard is shared with Council for final approval.

[3] Health regulatory authorities reviewed as part of this scan include: All dental regulatory authorities in Canada, dental regulatory authorities in the United Kingdon, Australia, New Zealand, United States (Texas and Ohio); 12 health regulatory colleges in Ontario (including the other oral health colleges), and the Alberta College of Dental Hygienists.

- In the event a conflict arises, good communication skills, such as active listening and acknowledging the patient's feelings and concerns, are paramount. Good communication is also important in re-establishing boundaries once they have been crossed.
- Key themes for ending the practitioner-patient relationship include having office policies for termination that are applied consistently for all patients, being clear with patients about why a relationship is ending, and supporting the patient in finding another practitioner and with interim emergency care, as needed.

3. Inquiries and complaints staff feedback

- Staff in RCDSO's Practice Advisory Service (PAS) suggested that more specific guidance/tips on the following topics be included in the new draft Standard: conflict resolution with patients, dismissal of orthodontic patients, duty to take on patients in emergency situations, transitioning into retirement, and what to do when patients dictate or refuse treatment.

- Staff in RCDSO's Professional Conduct and Regulatory Affairs Department (PCRA) noted that it would be helpful to have general guidance about conduct and communication, clear steps for managing conflicts (including those related to non-payment for treatment), and a reminder about legal requirements related to patient confidentiality. Staff also noted the importance of addressing circumstances where the patient is under the care of a practice rather than an individual dentist.

4. Complaints decision summary review

- When ending the dentist-patient relationship, RCDSO's Inquiries, Complaints and Reports Committee (ICRC) is generally concerned with whether a registrant followed the steps in the Practice Advisory to dismiss a patient, including issuing a dismissal letter, and whether a registrant abandoned the patient mid-treatment.

- Risks in these cases are generally deemed to be low, minimal or non-existent in relation to the impacts of communication issues or improper dismissal on patient care, except in circumstances where the dentist's communication is aggressive or unprofessional, the dentist has not maintained boundaries, the dentist has abandoned the patient, or the dentist has dismissed the patient when it was not warranted.

Preliminary Consultation Feedback Summary

- A 60-day, preliminary consultation was held on the current Practice Advisory in fall 2024. The consultation sought feedback from registrants, patients, and other interested parties regarding their perspectives and experiences with the Practice Advisory and dentist-patient relationships.

- In total, 168 responses were received to this consultation. 167 online survey responses were submitted including responses from 146 dentists, 18 members of the public, 2 oral health care professionals, and one organization – the Ontario Association of Interval and Transition Houses (OAITH). One written submission was received from the Ontario Dental Association (ODA).

- The ODA's suggestions to improve the current Practice Advisory were three-fold:
  - to make the Practice Advisory more informative, for example, in situations where patients and/or staff safety is threatened due to patient behavior, patient dismissals should be considered alongside health and safety practices and possible formal reporting (e.g. the police);
  - to include references in the Practice Advisory to other relevant RCDSO Practice Advisories and resources for greater integration and accessibility; and
  - to maintain the current position that if the dentist-patient relationship is no longer co-operative and trusting, or if it becomes antagonistic, it may be best for the parties to go their separate ways.

- Most respondents noted that they find the current Practice Advisory to be clear (71%), include relevant topics (67%), and include reasonable expectations for dentists (90%).

- The following feedback was received in relation to various stages of the dentist-patient relationship.
  - **Building the relationship**: Some dentists noted that building trust with patients (through good communication) is important, as are transparent communications with patients.
  - **Resolving Conflicts**: Generally, dentists and public respondents indicated that it is important for dentists to speak with the patient, acknowledge the patient's perspectives, and discuss options to resolve a conflict.
  - **Ending the relationship**: Generally, dentists and public respondents believe it is important for dentists to provide a rationale to the patient for ending the relationship, a written notice, and an offer to provide interim emergency care.

- Additionally, some dentist respondents suggested that the Practice Advisory should include information that advises dentists on what they can do to protect themselves in situations where patients and/or staff safety is threatened due to patient behavior.

CURRENT STATUS:

- Based on the research, analysis, and consultation feedback described above, a new draft Standard of Practice titled 'Managing Conflicts and Ending the Dentist-Patient Relationship' (as set out in **Appendix A**) has been drafted.

- The draft Standard has been developed using the policy team's new drafting conventions as approved by QAC at its November 2022 meeting and approved by Council.[4]

- Compared to the current Practice Advisory, the new draft Standard of Practice sets out expanded and clarified requirements for dentists when managing conflicts that can affect the dentist-patient relationship, and when ending the dentist-patient relationship for reasons other than the natural or expected conclusion of the patient's care.

- To keep the draft Standard focused strictly on conflicts and ending the dentist-patient relationship, advice for 'building a dentist-patient relationship', which is included in the current Practice Advisory, will be transitioned to a separate document (Council will hear more about this in a future Policy Report). Additional, guidance related to 'moving beyond a professional relationship' has been transitioned to the RCDSO's new Prevention of Boundary Violations and Sexual Abuse Standard.

Standard Overview

- An overview of each of the sections in the new draft Standard is provided below.

Definitions

- The draft Standard includes a new section with definitions that support the understanding of requirements and guidance in the document. Note, the definition for 'Conflict' has been intentionally broadened to apply to unintentional boundary violations as the requirements set out in the Standard for managing conflicts apply to the management of unintentional boundary violations.

[4] Key improvements that were approved by QAC include: reducing the overall length of documents, introducing executive summaries, introducing guiding principles of good practice and professionalism, use of "plain language", and improved knowledge translation and supports (e.g., strategies, aside from text, that can be used to communicate key messages within Standards and as part of accompanying documents).

Principles

- The draft Standard sets out principles that form the foundation for the College's requirements and advice, with particular emphasis on prioritizing the well-being of patients and ensuing continuity of care.

Updated requirements

- The following topics are addressed in the current Practice Advisory, but have been expanded, revised, or made into explicit requirements:
  - a requirement to make reasonable efforts to resolve conflicts prior to ending the relationship (provision 1);
  - requirements to formally notify patients when ending the dentist-patient relationship (provision 6);
  - guidance to ensure dentists advise patients how they can seek emergency care after the relationship has ended (provision 14 & 15); and
  - record keeping requirements related to conflicts and ending the relationship (provisions 16 & 17).

New requirements or advice

- The following topics are new to the draft Standard:
  - Clarification that dentists are under no obligation to make efforts to resolve a conflict or engage directly with a patient if there are reasonable grounds to believe that the patient poses a genuine risk of harm to the dentist, staff, or other patients (preambles under 'Managing Dentist-Patient Conflicts' and 'Ending the Dentist-Patient Relationship');
  - requirements for ending the relationship where the patient is undergoing active, long-term treatment (provision 8);
  - legal requirements related to discontinuing care and the provision of dental services under an agreement or arrangement with a patient (provision 9);
  - situations where dentists must not end the relationship (provision 10);
  - requirements for ending the relationship due to changes in the dentist's employment (provisions 11 to 13).

Additional Consultation and QAC's Approval

- To help inform the development of the new draft Standard, policy staff consulted with the RCDSO's Standing Policy Working Group (SPWG)[5] and the Patient Relations Committee (PRC).

- The purpose of these meetings was to seek feedback on expanded and clarified requirements and new requirements and advice (e.g., related to ending the dentist-patient relationship where the patient is undergoing active, long-term treatment).

- Based on feedback received from the SPWG and PRC, some topics were revised to include more detail (e.g., situations in which a dentist must not end the relationship), and other topics were suggested for potential case scenarios and/or FAQs.

- The draft Standard was reviewed and approved by QAC in May for external consultation and Council's feedback. QAC expressed support for the new draft Standard, appreciated its comprehensiveness, and suggested some additional topics for future case scenarios and/or FAQs.

[5] Members of the Standing Policy Working Group are: Dr. Nalin Bhargava, Dr. Nancy Di Santo, Eleonora Fisher, Nizar Ladak, Patti Latimer, Dr. Antony Liscio, Dr. Anthony Mair, Sharon Rogers, Dr. Harinder Sandhu, Dr. Osama Soliman, and Dr. Deborah Wilson.

CONSIDERATIONS:

Supplementary Resources

- As per the policy team's usual processes, the following companion resources will be developed to support this Standard of Practice if/when it receives final approval from Council: case scenarios, FAQs and a template dismissal letter.

- Potential topics that may be addressed via case scenarios and FAQs include (as examples):
  - regarding communication strategies that the dentist may use to address a conflict with a patient;
  - considerations for managing interactions with patients who dictate or refuse treatment;[6] and
  - various examples of conflicts and circumstances where a dentist may be considering ending the dentist-patient relationship, such as:
    - where a patient exhibits rude, disruptive, or abusive behaviour;
    - where a patient fails to keep appointments or pay for treatment;
    - where a patient has left a negative online review;
    - where a patient asks the dentists many questions about their treatment; and
    - where there is a conflict between the dentist and the parent of a patient.

Consultation Launch Date

If Council approves the draft Standard of Practice for public consultation at its June meeting, the consultation will launch in July. Delaying the launch of the consultation until July is a strategic decision to avoid conflicting with other active consultations underway at the same time (e.g., concerning the Dental CT Scanners Standard of Practice).

NEXT STEPS

- If Council approves, the draft Standard of Practice will be released for 60 days of public consultation following the policy team's usual consultation process.

- Following the consultation, the new draft Standard will be revised and brought back to QAC and Council for consideration prior to final approval.

DECISION FOR COUNCIL:

- Council is being asked whether it has any feedback on the draft Standard, and whether it approves the draft Standard of Practice: Managing Conflicts and Ending the Dentist-Patient Relationship, as set out in Appendix A, for external consultation.

- The motion before Council is as follows:
  - THAT Council approves the release of the draft Standard of Practice: Managing Conflicts and Ending the Dentist-Patient Relationship, as appended, for external consultation.

[6] Case scenarios/FAQs on this topic may reference or include existing College resources on these topics.

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Attachments:

Appendix A: Draft Managing Conflicts and Ending the Dentist-Patient Relationship Standard of Practice

Managing Conflicts and Ending the Dentist-Patient Relationship

Date:

Contents

Executive Summary

This Standard of Practice sets out requirements for dentists related to managing conflicts that can affect the dentist-patient relationship and ending the dentist-patient relationship[1] for reasons other than the natural or expected conclusion of the patient's care. [2]

The expectations set out in this Standard apply to all treating relationships, including those where patients are also employees of the dentist or the dental practice. This Standard does not apply in circumstances where it is the patient who ends the dentist-patient relationship.

This Standard is supported by companion resources which provide supplementary information and guidance. These include FAQs, Case Scenarios, and a template patient dismissal letter *(to be developed)*.

[1] In this Standard, "dentist-patient relationship" refers to the treating relationship that exists between a dentist and their patient. It does not address other relationships that may exist between a dentist and a patient, such a personal, familial, or employment relationship.

[2] See FAQ concerning the application of this standard to acute care (e.g., short-term specialist care, consultations), and leaves of absence *(to be developed at a future date)*.

Definitions

A breakdown in the dentist-patient relationship occurs when the mutual trust and/or respect that is essential to an effective dentist-patient relationship has been lost and cannot be regained.

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).

Persons closely associated with a patient include, but are not limited to:

- a spouse or partner of a patient;
- a friend of a patient;
- a parent or guardian of a patient;
- a substitute decision-maker for the patient; or
- a person who holds power of attorney for personal care for the patient.

For definitions of **emergency care**, **urgent care** and **non-emergent/non-urgent care** see the RCDSO FAQs.

Principles

The following principles form the foundation for the requirements set out in this Standard.

1. An effective dentist-patient relationship requires mutual trust and respect.

2. The paramount responsibility of a dentist is to the health and well-being of their patients. This includes addressing conflicts, behaviours, or circumstances that could compromise the provision of safe and effective care, facilitating continuity of care, and not abandoning their patients.[3]

[3] Principle #1 in RCDSO's Code of Ethics states "the paramount responsibility of dentists is to the health and well-being of patients."

3. The principles above continue to apply when managing conflicts with patients and persons closely associated with patients, and when ending the dentist-patient relationship.

Managing Dentist-Patient Conflicts

In some cases, conflicts can arise which can lead to a breakdown in the dentist-patient relationship and compromise the effective provision of care. This can occur, for example, when the patient or a person closely associated with the patient is rude or disruptive; repeatedly fails to comply with established office policies (e.g., concerning cancellation of appointments); or engages in fraud (e.g., prescription-based).

The following requirements apply when conflicts arise that affect the dentist-patient relationship unless there are reasonable grounds to believe that the patient poses a genuine risk of harm to the dentist, staff, or other patients. In these circumstances, dentists are under no obligation to attempt to resolve the conflict with the patient. [4]

1. Dentists must make reasonable efforts to resolve conflicts in the best interest of the patient and preserve the dentist-patient relationship. Reasonable efforts may include (as examples): [5]
    a. having a direct conversation with the patient or person closely associated with the patient (where possible), either in person or virtually; [6]
    b. actively listening and trying to understand any conflicting points of view;
    c. acknowledging differing perspectives and/or concerns;
    d. identifying the underlying cause of the conflict;
    e. 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
    f. 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.

2. Dentists must communicate in a professional and empathetic manner when making efforts to resolve conflicts.

[4] Depending on a dentist's role in the dental practice, the dentist may have specific responsibilities related to workplace harassment and workplace violence, for example, under the *Occupational Health and Safety Act, R.S.O. 1990*, c. O.1.

[5] See the Case Scenarios for Managing Conflicts with Patients for examples *(to be developed at a future date)*.

[6] Dentists' are reminded that their obligations for professional conduct extend to non-regulated staff who work in the dental practice and non-regulated staff's communication with patients (e.g., when discussing matters related to consent to treatment on behalf of the dentist).

3. Dentists must only end the dentist-patient relationship due to a conflict where reasonable efforts to resolve the conflict in the best interest of the patient have failed.

4. Dentists must not disclose any personal health information when resolving conflicts with persons closely associated with patients without the patient's consent unless the person is the patient's substitute decision-maker.[7]

5. Dual relationships, conflicts of interest, and boundary violations with patients can lead to conflicts, complicate the treating relationship and risk undermining the provision of safe and effective care. Dentists must address these matters in accordance with relevant requirements set out in the RCDSO's Prevention of Boundary Violations and Sexual Abuse Standard.

Ending the Dentist-Patient Relationship

The following general requirements apply whenever a dentist ends the dentist-patient relationship prior to the natural or expected conclusion of the patient's care. In circumstances where there are reasonable grounds to believe that the patient poses a genuine risk of harm to the dentist, staff, or other patients, dentists are under no obligation to engage directly with the patient (e.g., in person) when ending the relationship.

Whether it is necessary or appropriate to end the dentist-patient relationship is often a matter of professional judgment which must be guided by this Standard of Practice, its accompanying resources, the facts of the situation, and the best interests of the patient.

GENERAL REQUIREMENTS

In most circumstances, the dentist-patient relationship only ends when it is has been formally ended by the dentist or the patient.[8]

6. To end the dentist-patient relationship, dentists must first:
    a. formally notify the patient of the decision to end the relationship in a written notice (physical or electronic) that includes:[9]
        - the reason(s) for the decision;
        - the date when care will no longer be provided;[10]
        - whether they may return to the practice to receive treatment from any other oral health care professional who works at the practice;

[7] Legislative requirements for the collection, use, disclosure, and transfer of personal health information are set out in the *Personal Health Information Protection Act, 2004*, S.O. 2004, c. 3, Sched. A.

[8] For greater clarity see the FAQ regarding when the dentist-patient relationship ends *(to be developed at a future date).*

[9] The requirement to provide a written notice does not preclude the dentist from also notifying the patient verbally that the dentist-patient relationship is ending.

[10] This may be a specific date or after stabilizing treatment has been provided, if applicable.

- instructions for accessing or transferring dental records;[11] and
- any instructions regarding outstanding payments for treatment provided, or payments that have previously been made for treatment that will not be completed.[12]

b. ensure any urgent or emergency treatment needs are addressed, and the patient's condition is stable;
c. communicate to the patient any outstanding, non-urgent or non-emergent treatment needs, and when they should be addressed; and
d. provide the patient with reasonable assistance in finding a new dentist. [13]

7. If the patient has a substitute decision-maker (e.g., the patient is a child or incapable adult), the dentist must provide the written notice to the patient's substitute decision-maker.

8. If the patient is undergoing active, long-term treatment (e.g., orthodontic treatment), dentists must also:
   a. 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;
   b. inform the patient of options to stabilize their condition, if applicable; and
   c. offer and/or arrange a transfer or referral to another dentist for stabilizing or ongoing treatment, if appropriate (e.g., based the patient's treatment needs and the rationale for ending the dentist-patient relationship).

9. Dentists must establish and satisfy the terms of an agreement or arrangement with a patient and, if necessary, discontinue needed dental services in accordance with legal requirements.[14]

[11] Legislative requirements for the collection, use, disclosure, and transfer of personal health information are set out in the *Personal Health Information Protection Act, 2004*, S.O. 2004, c. 3, Sched. A. Additional guidance for dentists related to personal health information, including the transfer of records, can be found in applicable RCDSO resources, including (among others) the College's Practice Advisory on Release and Transfer of Patient Records.

[12] Dentists are reminded that if they agree to provide a course of dental treatment on a fee for service basis and accept payment in advance of completion of the course of treatment, a failure to specify, in an agreement with the patient, obligations of the dentist and the patient in the event the dentist is unable to complete the course treatment could result in a finding of professional misconduct under s. 2(21) of the Professional Misconduct Regulation under the *Dentistry Act, 1991*, S.O. 1991, c. 24.

[13] Reasonable assistance 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. See the FAQ regarding helping a patient to find a new dentist *(to be developed at a future date)*.

[14] See s. 2 (14)-(16), s. 3, and s. 4 of the Professional Misconduct Regulation under the *Dentistry Act, 1991*, S.O. 1991, c. 24, and see FAQ/RCDSO resource for more detail *(to be developed at a future date).*

10. Dentists must not end the dentist-patient relationship in the following situations (this list is not exhaustive):
    a. where it is prohibited by legislation, including where it would constitute discrimination based on protected grounds under the Ontario *Human Rights Code*, *1990*;[15]
    b. 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, non-payment of fees);
    c. prior to providing treatment that is needed to stabilize the patient;
    d. 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;[16]
    e. 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;[17]
    f. 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.

ENDING THE RELATIONSHIP DUE TO RETIREMENT OR OTHER CIRCUMSTANCES RELATED TO THE DENTIST'S EMPLOYMENT

This section sets out requirements for ending the dentist-patient relationship due to changes in the dentist's employment.

11. In addition to the general requirements for ending the dentist-patient relationship set out above, dentists must provide notice to patients, and, if applicable, the patient's substitute decision-maker as soon as reasonably possible, where the dentist-patient relationship will be ending due to:
    a. the dentist's retirement or ceasing to practice dentistry;
    b. the closing of a dental practice;

[15] The Ontario *Human Rights Code, 1990*, prohibits actions that discriminate against people based on protected grounds in protected social areas (including goods, services, and facilities, such as hospitals and health services). Protected grounds include age; ancestry, colour, race; citizenship; ethnic origin; place of origin; creed; disability (including addictions to drugs or alcohol); family status; marital status; gender identity, gender expression; receipt of public assistance (in housing only); record of offences (in employment only); sex (including pregnancy and breastfeeding); and sexual orientation.

[16] See the Case Scenarios/FAQ regarding informed refusal *(to be developed at a future date)*.

[17] The RCDSO's Most Responsible Dentist Practice Advisory provides guidance for referrals to specialists.

c. a change in the business or ownership structure of the dental practice that results in changes in dental care providers or their capacity to see patients (e.g., selling the dental practice to a new owner, decreasing practice size);[18] or
d. relocation of the dentist or dental practice.

12. Dentists must inform patients of the plan for their continuity of care, including who will take over their care and if there will be a transition period when the dentist will remain with the dental practice and can continue to provide care.[19]

13. Where the outgoing dentist is unable to notify patients that the dentist-patient relationship is ending (e.g., due to the dentist's incapacity, restrictions on the dentist's license, or death),[20] the incoming dentist or the dentist who takes over the patient's care must provide the notification.

EMERGENCY TREATMENT

14. As part of the ending of the dentist-patient relationship, dentists must advise patients of how they can seek care in case of an emergency after the dentist-patient relationship has ended. [21] As examples, advice could 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).

15. Dentists must use their professional judgement when deciding:
    a. which option(s) for emergency dental services are the most appropriate to advise or offer to patients when ending of the dentist-patient relationship; and
    b. if it is appropriate, based on the patient's circumstances, to set a time limit for the offer of emergency dental services. [22]

[18] Dentists are reminded that changes in practice ownership must be made in accordance with the all applicable legal and professional obligations including the Change of Practice Ownership Practice Advisory.
[19] Dentists who continue to work at the practice are reminded that in these circumstances they must communicate professionally with patients and avoid any misleading statements, disparaging remarks about colleagues, or attempts to inappropriately solicit patients. Soliciting, causing, or permitting the solicitation of a principal member's patients, except as otherwise agreed in writing, could result in a finding of professional misconduct under the O. Reg. 853/93: Professional Misconduct under the *Dentistry Act, 1991*, S.O. 1991, c. 24.
[20] For more information about what happens when a dentist dies, see the Change of Practice Ownership and Retiring FAQs and Dental Record Keeping FAQs.
[21] Dentists are reminded that failing to make arrangements for emergency dental services for a dentist's patients, or to advise a patient how to obtain emergency dental services could result in a finding of professional misconduct under the Professional Misconduct Regulation made under the *Dentistry Act, 1991*, S.O. 1991, c. 24.
[22] Both decisions will depend on the nature of care the patient requires as well as their ability to obtain care from another dentist. For more information related to putting a time limit on the offer to see a patient on an emergency basis, see the Professional Dentist-patient Relationship FAQs *(may be revised at a future date)*.

Record Keeping Requirements

16. When ending the dentist-patient relationship, dentists must ensure appropriate documentation in accordance with RCDSO's Dental Recordkeeping Guidelines and Electronic Records Management Guidelines.

17. When there has been a conflict and/or when ending the dentist-patient relationship, dentists must document the following information:
    a. details concerning any conflicts that affect the dentist-patient relationship, including any instances where the patient does not follow the dentist's treatment advice or refuses treatment;
    b. details concerning any communication with the patient in relation to the conflict (e.g., in-person discussion, e-mails, phone calls with the dentist or staff members)
    c. any efforts made to resolve the conflicts;
    d. steps taken to stabilize the patient's condition prior to ending the relationship, if applicable;
    e. a copy of the written notice provided to the patient to end the dentist-patient relationship;
    f. any obligations that were met by the dentist and patient in relation to dental services that were not completed when the relationship ended (e.g., any refunds of paid fees, or transfer of paid fees to another dentist for completion of treatment); [23]
    g. the date the relationship ended; and
    h. any advice provided to the patient related to seeking ongoing treatment or care in case of an emergency.

Appendices

- Template Dismissal Letter *(to be developed at a later date)*
- Case Scenarios on Managing Conflicts and Ending the Dentist-Patient Relationship *(to be developed at a later date)*
- FAQs *(to be developed at a later date)*

[23] Dentists are reminded that a failure to record information in the patient record related to a course of dental treatment where they have accepted payment in advance of the completion of the course of treatment could result in a finding of professional misconduct under s. 2(21) of the Professional Misconduct Regulation under the *Dentistry Act, 1991*, S.O. 1991, c. 24.

Royal College of
Dental Surgeons of Ontario

COUNCIL BRIEFING NOTE

TOPIC: Practice Models and Corporate Dentistry Strategic Project: Report and Proposal

FOR DECISION

June 2025

ISSUE:

- Council is presented with a Report on the work completed to date on the Practice Models and Corporate Dentistry (PMCD) Strategic Project.
- Council is asked whether it supports the proposal set out in this briefing note: that the RCDSO proceed with all of the identified options contained in the Report, and that implementation of those options will proceed in a phased manner.
- This item is for decision.

PUBLIC INTEREST:

- The Practice Models and Corporate Dentistry Strategic Project is a three-year project under the Emerging Issues pillar of the 2023-25 Strategic Plan.
- This project serves the public interest by identifying and supporting implementation of options for the effective regulation of dentists in all practice models, including corporately-owned practices.

BACKGROUND:

- Due to an increase in the number of dental practices owned by corporations in Ontario, and questions regarding the risks and benefits of emerging practice models for patients, 'Practice Models and Corporate Dentistry' (PMCD) was established as a strategic project in the RCDSO's 2023-25 Strategic Plan.

Objectives and Scope of Work

- The PMCD Strategic Project includes three phases of work:[1]
  - Phase 1 (complete) involved gathering information to better understand the types of dental practice models operating in Ontario and the issues and opportunities they may present for patients.
  - Phase 2 (complete) involved an analysis of the information gathered in Phase 1 to support the development of evidence-informed options to protect the public interest.
  - Phase 3 (in progress) involves Council's decision-making on options presented in the Report and the development of an implementation plan to guide timelines and next steps.

[1] See page 9 'Objectives and Scope of Work' in the Practice Models and Corporate Dentistry Report for more detail about the phases of work and the research summaries that were developed.

Options Development Process

- As part of this strategic project, options were developed to help the RCDSO assure quality of care regardless of dental practice model.

- Six draft options were developed in the fall of 2024 based on research and analysis conducted as part of Phase 1 and Phase 2.[2]

- Options were developed using a risk-based, evidence-informed approach that involved considering:
    - evidence from academic literature and media;
    - regulatory approaches used by various domestic and international regulatory authorities to address similar challenges;
    - findings from an analysis of RCDSO data (e.g., complaints data and responses to the Annual Renewal Questionnaire) related to dental practice models; and
    - survey-based consultation feedback from registrants, the public, and other interested parties.[3]

- From October 2024 through to March 2025, input was sought at different stages from the Quality Assurance Committee, the Executive Committee, and Council.

- Council received its first extensive project update at its meeting in October 2024, and then in December 2024 and March 2025 Council received information on the proposed options, with the March 2025 meeting including a detailed conversation on the options.

- At the March 2025 meeting, Council expressed its support for the work completed to date, provided some suggestions and issues to consider, and highlighted areas where additional analysis would be useful.

CURRENT STATUS:

- The Practice Models and Corporate Dentistry strategic project has now reached an important milestone.

- A fulsome Report, entitled, '**Report on Practice Models and Corporate Dentistry**' has been prepared which includes an overview of the research and analysis conducted to date, together with five options[4] that are proposed to direct the RCDSO's ongoing work on this topic. The Report is attached as **Appendix A**.

- The following section of this briefing note will provide Council with an overview of the Report and a proposal for how the RCDSO will approach this work moving forward.

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[2] Five of the six draft options include two or three components.
[3] Abbreviated summaries of this research and analysis are presented in **Appendices B, C, D, E, F, and G** to this briefing note.
[4] As Council may recall from its March 2025 meeting, all six options were presented for Council's discussion but only Options 1 to 5 are being presented for Council's approval, given that Option 6 – which concerns ongoing engagement and exploration of new opportunities to gather information – is operational and largely relates to internal College processes.

I. PROPOSAL:

It is proposed that the RCDSO proceed with all of the options identified in the Report, as they are interrelated and together represent a comprehensive and strategic response to issues and opportunities related to dental practice models.

It is further proposed that this work be undertaken in a phased approach that takes into account interdependencies between the options and ensures adequate resourcing.

II. REPORT:

- The Report responds to feedback provided by Council and Committees throughout the project including Council's feedback from the March 2025 meeting.

- Following Council's direction, additional jurisdictional research (including a review of approaches taken in select U.S. states) and review of RCDSO's complaints data (concerning issues that may be related to practice models) was conducted to support the development of implementation considerations. Findings from this additional research are described in the Report and its Appendices.

- An overview of the key sections of the Report is set out below.

- The '**Executive Summary**' sets out a summary of key messages from the Report including: the purpose of the Report, the approach taken to options development, a summary of the options recommended for Council's approval, and proposed next steps.

- The '**Background**' provides an overview of the issue along with a description of the relevant regulatory context in Ontario.

- The '**Objectives and Scope of Work**' sets out key objectives for the PMCD Strategic Project, an explanation of each phase of work, and lists the summaries of research corresponding to each phase.

- Each of the **five options** and **findings** from additional analysis are presented in a distinct chapter of the Report. Each chapter includes:
    - a detailed overview of the option and its rationale;
    - intended outcomes related to the RCDSO's public interest mandate;
    - explanation of regulatory tools associated with the option;
    - list of issues and opportunities identified by the research that are addressed by the option;
    - potential risks (for example, to the College or registrants, if applicable);
    - qualitative assessment of resources and costs that may be needed to implement the option;
    - estimated implementation timeframe; and
    - anticipated reactions (i.e., from registrants, the public, patients, and/or non-registrants who work in arrangements with registrants).

- Each chapter also sets out Council's feedback on the draft option from its March 2025 meeting, and steps that were either taken, or will be taken, should the options be approved.

- Highly abbreviated summaries of research that helped to inform the options are set out in nine Appendices to the report which are listed at the end of this briefing note. The Appendices include:

summaries of RCDSO Research, List of Practice Models, Jurisdictional Review, Literature Review, Consultation Feedback, Data Analysis, and Identification and Analysis of Issues and Opportunities.[5]

CONSIDERATIONS:

- The options set out in the Report represent a comprehensive, integrated and strategic approach to address the issues and harness the opportunities that have been identified in relation to dental practice models.

- While the options are presented individually in the Report, they are complementary, leveraging Standards of Practice, resources, education, and information gathering activities to help address known issues and aid in the mitigation of unknown/future issues.

- Options have been recommended for their potential to address issues and/or opportunities related to dental practice models and protect the public interest. Options have not been recommended with an aim to minimize administrative burden to the College (i.e., resources or costs).

- While estimated resources and costs were not factored into decisions to recommend options, they will be factored into the development of a **phased PMCD Implementation Plan** – that is, an implementation plan that prioritizes the gradual implementation of options with an aim to minimize the amount of (new) resources and costs needed to achieve intended outcomes.

NEXT STEPS:

- To ensure a responsible and resource-wise approach, RCDSO staff will develop a PMCD Implementation Plan to incrementally implement this work if Council approves the proposal. As work proceeds on the options in the Report, Council will be updated, and Council's direction will be sought at different stages.

DECISION FOR COUNCIL:

- Council is being asked for its final feedback on the options set out in the Report.

- Council is asked whether it approves the proposal set out in this briefing note: that RCDSO proceed with the implementation of all identified options and do so in a phased manner.

- The Motion for Council's decision is as follows:
  - THAT Council approves the proposal to proceed with all of the identified options set out in the Practice Models and Corporate Dentistry Report, and that this work will proceed in a phased manner.

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[5] More detailed abbreviated summaries can be found in Council materials from: December 2023 (pages 287 to 297 include the RCDSO Research and List of Practice Models summaries) September 2024 (pages 137 to 147 include the Jurisdictional Review and Literature Review summaries), October 2024 (pages 260 to 287 include the Consultation and Data Analysis summaries), and March 2025 (pages 115 to 125 include the summaries Identifying and Analyzing Issues and Opportunities).

Attachments:
Appendix A: Report on Practice Models and Corporate Dentistry
Appendix B: RCDSO Research Highly Abbreviated Summary
Appendix C: List of Practice Models Highly Abbreviated Summary
Appendix D: Jurisdictional Review Highly Abbreviated Summary
Appendix E: Literature Review Highly Abbreviated Summary
Appendix F: Consultation Highly Abbreviated Summary
Appendix G: Data Analysis Highly Abbreviated Summary
Appendix H: Abbreviated Research Summary Identifying and Analyzing Issues
Appendix I: Abbreviated Research Summary Identifying and Analyzing Opportunities

Royal College of Dental Surgeons of Ontario

Report on Practice Models and Corporate Dentistry

June 19, 2025

Table of Contents

Executive Summary

Report Overview and Decision for Council

This Report sets out five options that the RCDSO has identified to address issues and harness opportunities related to dental practice models as part of the Practice Models and Corporate Dentistry (PMCD) Strategic Project.

Each option is presented as a distinct chapter of this Report. Each chapter includes an analysis of implementation considerations (e.g., regulatory tools, resources, risks) and additional information to support Council's decision on the proposal outlined in the briefing note which is as follows:

- That the RCDSO proceed with all of the options identified in the Report, as they are interrelated and together represent a comprehensive and strategic response to the issues and opportunities related to dental practice models.
- That this work will be undertaken in a phased approach to take into account interdependencies between the options and to ensure adequate resourcing for this work.

This Report does not assess the relative merits of different dental practice models, or comment on the benefits and risks of various dental practice model types for dentists.

Approach to Options Development

The options were developed using a **risk-based, evidence-informed approach** that considered academic literature and media; regulatory approaches used by various domestic and international regulatory authorities; relevant RCDSO data (e.g., complaints data and responses to the Annual Renewal Questionnaire); and survey-based consultation feedback from registrants, the public, and other interested parties.[1]

The College recognizes that each dental practice model offers its own benefits and risks for patients. For this reason, the College adopted a **practice model-agnostic approach** to options development. This means options were developed to address specific issues or harness specific opportunities for patients and were unbiased toward particular practice model types.

The options include a combination of **traditional** (e.g., Standard of Practice, educational resources) and **anticipatory regulation** – anticipatory regulation involves using processes that build knowledge and capacity in key areas so that regulatory authorities can better anticipate issues and opportunities, and identify potential regulatory solutions (e.g., regulatory sandboxes, engagement with experts and other interested parties).[2]

While the options in this Report are presented individually, they are complementary. **Multiple options could be implemented in a phased manner, as part of a strategic framework**, to address issues and harness opportunities related to dental practice models for patients.

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[1] See Appendices B to I of this report for highly abbreviated summaries of research and analysis.
[2] Armstrong, H. and Rae, J. (2017, November). A working model for anticipatory regulation: A working paper. Nesta. https://media.nesta.org.uk/documents/working_model_for_anticipatory_regulation_0.pdf

Options

Below is an overview of all of the options that are being put forward for Council's approval.

Regulatory tools and implementation considerations for the options are summarized at a high-level in **Figure 1**, and the detailed text for each option can be found in the corresponding chapters of the report (i.e., Chapter 1 through Chapter 5).

Option 1: Update and develop new College requirements and recommendations for registrants to address unique issues for patients related to the business of dentistry. This option includes two components:

a. Updating existing College resources and developing new College guidance (e.g., a Standard of Practice) for registrants that clarify and address unique issues for patients related to the business of dentistry.
b. Gathering information to support a longer-term legislative/regulatory review that would aim to explore potential amendments to the Professional Misconduct Regulation under the *Dentistry Act, 1991*, and potential options for new legislation that would help to assure quality of care in an evolving dental practice landscape.

Option 2: Develop new requirements to ensure that a registrant holds primary responsibility for each dental clinic, and to ensure that registrant responsibilities for continuity of patient care are clear regardless of the practice model. This option includes two components:

a. Developing new requirements for a 'lead' registrant in each clinic who has primary responsibility for the oversight and supervision of the clinic (i.e., for compliance with relevant legislation, regulation, and Standards related to practice management); and responsibility for providing current practice information (such as whether the practice is affiliated with a third-party) to the RCDSO.
b. Develop new requirements to ensure continuity of care, for example, the coordination of patient care between dentists within a practice where the patient is under the care of a practice rather than an individual registrant.

Option 3: Enhance educational offerings for dental students in Ontario and RCDSO registrants that will help reinforce and illustrate their ethical and professional responsibilities regardless of the practice model. This option includes three components:

a. Developing new College resources (e.g., an RCDSO Connect session or ODA New Dentist Symposium session) focused on upholding ethical and professional responsibilities across various practice models;
b. Engaging with dental faculties in Ontario to implement strategies – e.g., course material, presentations – to reinforce for dental students their responsibility to protect the public interest respecting the practice of dentistry, regardless of their practice model.
c. Adding new scenarios to the College's Jurisprudence and Ethics Course and new resources and questions to the College's Practice Enhancement Tool concerning ethical and professional responsibilities and proliferating and emerging practice models – i.e., corporate dentistry, direct-to-consumer (DTC) dentistry.

Option 4: Develop a proposal for an 'Innovation Advisory Service' (IAS) pilot program.

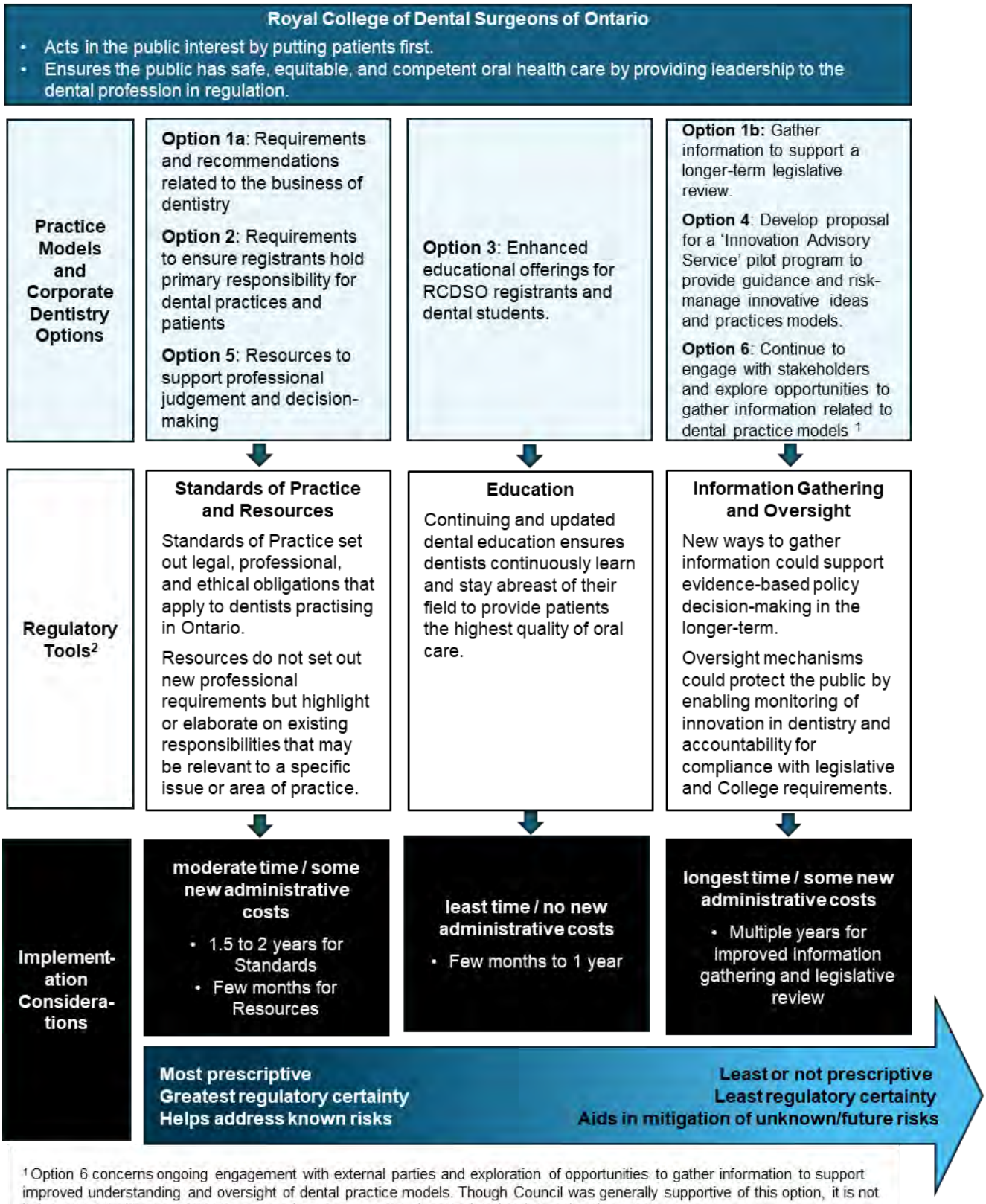
The RCDSO would develop a proposal for an 'Innovation Advisory Service' (IAS) pilot program **for Council's approval**. The program would be comparable to an innovation hub (described in Chapter 4) in that it would provide non-binding guidance to innovators and enable proactive risk-management of innovative ideas or practice models that have the potential to improve quality or delivery of services for patients.

Option 5: Develop resources to support patients' decision making and registrants' professional judgement related to dental practices or dental practice models. This option includes two components:

a. Developing new College resources and/or sharing pre-existing resources to help patients determine if the care provided by a particular dental practice is right for them (e.g., "five questions to ask your dentist about their practice").

b. Developing a resource that provides general guidance to support the professional judgement of registrants who are considering providing orthodontic treatment through a DTC practice model.

Figure 1. Summary of Options and Implementation Considerations



[1] Option 6 concerns ongoing engagement with external parties and exploration of opportunities to gather information to support improved understanding and oversight of dental practice models. Though Council was generally supportive of this option, it is not being shared with Council for its approval as it is operational and related to internal College processes.

[2] Note: the regulatory tools in this figure are those that have been leveraged in the options presented in this report. These tools do not represent the full suite of regulatory tools available to the RCDSO to carry out its mandate.

Next Steps

If Council approves the proposal, RCDSO staff will develop a plan to incrementally implement the approved options to ensure a responsible and resource-wise approach.

Some recommendations may require additional resources and/or support from external partners. These considerations will be fleshed out in the PMCD Implementation Plan.

As work proceeds on the options in the Report, Council will be updated, and Council's direction will be sought at different stages.

Background

Dental Practice Models Context

Dentists work in various types of practice models. These include private practices, which are owned and operated by a single dentist (solo private dental practice) or multiple dentists (group private dental practice), corporately owned dental clinics, and other types of clinical and non-clinical settings (for example, hospitals, educational institutions, and governments).

In recent years, models for dental practice ownership and operation have become more diverse, including a notable shift towards various corporate ownership models[3, 4] and the emergence of direct-to-consumer (DTC) dentistry.[5]

While corporate ownership models and DTC dentistry have the potential to improve access to care and provide patients with more choice, they also raise questions about how business objectives of dental practice owners (particularly non-dentist practice owners) interact with the obligation of dentists to prioritize the health and well-being of their patients, and with the core objectives of dental regulators to protect the public interest and ensure quality of care.

'Practice Models and Corporate Dentistry' (PMCD) was established as a Strategic Project under the Royal College of Dental Surgeons' 2023-25 Strategic Plan. The project was designed to advance the College's understanding of dental practice models, their implications for patient care, and to enable decision-making on options that support the effective regulation of dentists in all practice models, including corporate dentistry.

Regulatory Context

As of 2023, Ontario had the largest number of registered dentists (almost 11,000),[6] and the largest number of dental clinics (over 7,000),[7] of all Canadian provinces and territories.

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[3] Group Dentistry Now. (2020, May 27). Largest Majority Canadian-Owned Network Of Dental Practices Poised For More National Expansion. https://www.groupdentistrynow.com/dso-group-blog/largest-majority-canadian-owned-network-of-dental-practices-poised-for-more-national-expansion/

[4] 'Corporate dentistry' is as a dental practice model wherein a corporation, also known as a dental service organization or 'DSO', owns, aligns, or partners with multiple dental clinics and provides centralized operational support for the business and operational elements of the clinics. DSOs may be owned by dentists or non-dentists.

[5] 'Direct-to-consumer (DTC) dentistry' is a dental practice model that involves treatments which are largely self-administered with limited supervision from a dentist such as at-home whitening kits, mouthguards or aligners (to straighten teeth) made using a home impression kit.

[6] Royal College of Dental Surgeons of Ontario (2024). 2023 Annual Report. https://cdn.agilitycms.com/rcdso/annual-report-2024/content/index.html#/lessons/RWPcFStRtAK_9MhIKd4rwYgNy6fd6W_y

[7] Statistics Canada (2024, November 27). Businesses - Canadian Industry Statistics: Offices of dentists https://ised-isde.canada.ca/app/ixb/cis/businesses-entreprises/6212

As the regulator for dentists in Ontario, the Royal College of Dental Surgeons of Ontario (RCDSO) ensures the public has safe, equitable, and competent oral health care by providing leadership to the dental profession in regulation.

The mandate and objectives of the College are set out in the *Regulated Health Professions Act, 1991*, and include the responsibility to develop, establish and maintain standards and programs to promote the ability of registrants to respond to changes in practice environments and other emerging issues,[8] such as those related to dental practice models. In achieving its objectives, the College has a duty to serve and protect the public interest.[9]

Notably, the regulatory authority of the College extends only to dentists who are registered with the College (or 'registrants'). The RCDSO does not have the authority to regulate non-registrants or the ownership structures through which registered dentists practice.[10] As some illustrative examples, the RCDSO does not have the authority to accredit dental practices or investigate their business operations,[11] or hold non-registrants (e.g., clinic owners) accountable for their influence (if any) on the conduct and practice of registrants within their clinics. **Table 2** provides select topics related to RCDSO's regulatory authority, the regulatory framework for registrants and its application to non-RCDSO registrants.

Notwithstanding constraints on the RCDSO's regulatory authority, an exploration of dental practice models, their impacts on quality of patient care, and regulatory decision-making on this topic for the profession, fall directly within the scope of the RCDSO's mandate as changes in dental practice models may impact the safety and effectiveness of patient care.

[8] pursuant to paragraph 3 (1) (10) of the Health Professions Procedural Code under *Regulated Health Professions Act, 1991*, S.O. 1991, c. 18

[9] pursuant to paragraph 3 (2) of the Health Professions Procedural Code under *Regulated Health Professions Act, 1991*, S.O. 1991, c. 18

[10] Excluding the issuance of Certificates of Authorization for Health Professional Corporations incorporated under the *Business Corporations Act, 1990*.

[11] With the exception of facility permit authorizations and inspections of dental facilities where dentists administer sedation and general anesthesia, and where dental CT scanners are installed and operated.

Objectives and Scope of Work

The objectives of the PMCD project are three-fold:

1. to better understand the types of dental practice models operating in Ontario;
2. to identify issues and opportunities related to various dental practice models, including corporate dentistry, for patients; and
3. to develop options to promote and assure quality of care and ensure effective regulation of dentists regardless of practice model type.

Table 1 provides an overview of the scope of work (research and analysis) that informed the options in this Report. Abbreviated summaries of the research and analysis can be found in corresponding appendices:

Table 1. Scope of Work: Project Phases and Status

Phase and Status	Phase Summary	Appendices
Phase 1: Information Gathering **COMPLETE**	This phase involved gathering information through desktop research (e.g., jurisdictional and literature review) and consultation activities (including a consultation survey, and conversations with staff at the RCDSO and other regulatory colleges), to better understand: ○ the RCDSO's approach to its work including expectations/guidance related to practice models; ○ the types of practice models that exist in Ontario; ○ how practice models are regulated in other jurisdictions; and ○ issues and opportunities related to practice models for patients.	• Appendix A: RCDSO Research Summary • Appendix B: List of Practice Models • Appendix C: Jurisdictional Review Summary • Appendix D: Literature Review Summary • Appendix E: Consultation Summary
Phase 2: Analysis & Options Development **COMPLETE**	This phase involved reviewing previously gathered information, conducting additional research as needed, and analyzing RCDSO data (e.g., responses to the Annual Renewal Questionnaire) to develop options to address issues and harness opportunities that practice models, including corporate dentistry, present for patients.	• Appendix F: Data Analysis Summary • Appendix G: Issues Summary • Appendix H: Opportunities Summary
Phase 3: Decision-making & Implementation **IN PROGRESS**	This phase involves seeking Council's feedback and approval to implement options and establishing an Implementation Plan to guide timelines and next steps for the approved options.	• This Report and the associated briefing note.

Options

Chapter 1. Guidance related to the business of dentistry

Option 1: Update and develop new College requirements and recommendations for registrants to address unique issues for patients related to the business of dentistry. This option includes two components:

a. Updating existing College resources and developing new College guidance (e.g., a Standard of Practice) for registrants that clarify and address unique issues for patients related to the business of dentistry.

b. Gathering information to support a longer-term legislative/regulatory review that would aim to explore potential amendments to the Professional Misconduct Regulation under the *Dentistry Act, 1991*, and potential options for new legislation that would help to assure quality of care in an evolving dental practice landscape.

Rationale:

Findings from the Literature Review (Appendix E) and the consultation (Appendix F) concerning practice models and corporate dentistry suggest that requirements imposed on registrants by dental practices can have a direct impact on their practice of the profession.

- Organizational practices that prioritize business interests, such as maximizing profit or minimizing costs, can create conflicts of interest and/or lead to losses in clinical autonomy which can negatively impact quality of care (e.g., increase the risk of unnecessary treatments and lead to changes in treatment plans that are not made in patients' best interests). These negative impacts can manifest in various practice models.

Although the current regulatory framework for registrant dentists in Ontario (i.e., legislation, regulation and College guidance) addresses some issue related to practice arrangements for registrants it may not be as effective in the current dental practice landscape.

- The current regulatory framework for dentists in Ontario may not address all issues that can arise in dental practice arrangements. For example, the current regulatory framework does not specifically address earnings- or production-based targets in dentistry,[7] or independent contractor or employee agreements.[8]

The Jurisdictional Review (Appendix C) revealed that prescriptive requirements for non-registrants (e.g., dental service organizations, private equity) and registrants have been put forward in some jurisdictions to address issues for patient care associated with non-registrant business interests and control in health professions.

- U.S. states of Texas, California, and Florida have proposed or established legislation that prohibits non-registrants from certain acts related to dentistry (e.g., directing or controlling the selection of treatments; controlling, owning, or otherwise determining the content of patient records; receiving payment for practice management services that does not reflect the fair market value of those services).
- Further, in Ontario, where a registrant optometrist engages in the practice of optometry as an independent contractor, they are required, by the Professional Misconduct Regulation under the *Optometry Act, 1991*, to include provisions in a written agreement that ensure they bear the financial risk, and have control of all aspects of their practice. In accordance with these requirements, the College of Optometrists of Ontario may request that its

registrants practising in an optical/corporation setting share their agreements with the College at any time for the purpose of verifying their status as independent contractors.[12]

Additional review of College data (i.e., complaints data; Appendix G) was undertaken based on Council feedback. This review suggests that while examples of some issues related to practice models can be found in complaints data, others may not be as likely to come through complaints.

- Where patients are directly affected by issues identified in the research (e.g., unnecessary treatment, overcharging, and continuity issues) we can find examples in complaints data and some corresponding decisions by the Inquiries, Complaints and Reports Committee (ICRC).
- However, issues that may not impact patients as obviously or directly – such as those concerning the clinical autonomy of dentists, financial conflicts of interest, or practice management issues – may be less common in complaints data.[13] This may be a result of patients not having a line of sight into these topics, and registrants or other staff in dental practices not feeling comfortable bringing issues related to these topics forward.

Intended outcomes

The proposed requirements under Option 1a would protect the public interest by addressing ethical challenges that can arise in dentistry as a result of business interests (such as the pursuit of profits or business efficiencies) which have the potential to conflict with ethical and professional obligations to provide care in the best interest of patients.

Information gathering proposed under Option 1b would protect the public interest by supporting a review of the regulatory framework for dentistry in Ontario. The aim of the review would be to ensure that current legislation and regulation are effective in assuring quality of care in an evolving dental practice landscape.

Council's feedback

At its March 2025 meeting, Council raised questions about the College's inability to obtain information about dental practice arrangements and the College's ability to develop requirements that can remain flexible enough to meet the needs of patients in the evolving dental practice landscape. In partial response to these concerns, **Table 2** was developed to illustrate some of the limits of the RCDSO's regulatory authority with respect to non-RCDSO registrants and demonstrate some aspects of Ontario's regulatory framework for registrants that do not apply to non-registrants who work with registrants.

Council also noted that the RCDSO could capitalize on lessons learned from other jurisdictions, particularly in the U.S., where corporate dentistry is also a growing trend. College staff have implemented this feedback in two ways:

- Additional desktop research into a sample of U.S. states, where new legislation has been proposed or come into effect related to non-dentist involvement in dentistry, has been conducted and considered as part of this option (see references to research concerning California and Florida above and in Appendix D).
- In the longer-term, engagement with dental regulatory authorities in other jurisdictions can be integrated into the implementation of Option 6 which involves continued engagement with

[12] College of Optometrists of Ontario. (2014, April 15). INDEPENDENT CONTRACTOR: REGULATORY STANDARDS INTERPRETED. https://collegeoptom.on.ca/resource/independent-contractor-regulatory-standards-interpreted/

[13] Based on a preliminary review of 25 complaints

stakeholders and exploration of opportunities to gather information related to dental practice models. As previously noted, this option will be included in the PMCD implementation plan but is not being put forward for Council's approval given that it is operational in nature.

Table 2. Select topics related to RCDSO's regulatory authority, the regulatory framework for registrants in Ontario and its application to non-RCDSO registrants

Legend:
✓ – Prescribed or permitted by legislation/regulation
✗ – Prohibited by legislation/regulation
N/A – Not prohibited by legislation/regulation

Topic	Sub-topic	Registrants of the RCDSO	Non RCDSO-registrants	Enabling legislation/ regulation (where applicable)
Regulation of the profession	May practice dentistry in Ontario	✓	✗	*Dentistry Act, 1991*
	Must meet professional and ethical standards established by the RCDSO and can be held accountable by the RCDSO	✓	N/A	*Dentistry Act, 1991* through the *Health Professions Procedural Code*
	May have their business practices or contractual arrangements investigated by the RCDSO, outside of the College's complaint and investigation process.	✗	N/A	N/A
Practice Arrangements	Registrant engages in the practice of dentistry by employment, association, partnership or otherwise with a non-registrant (other than as an employee or agent of government, agency of government, community health centre, university, or hospital).	✗	N/A	Professional Misconduct Regulation under the *Dentistry Act, 1991*
	Registrant fee splitting with a non-registrant of the profession (other than a registered dental hygienist).	✗	N/A	Professional Misconduct Regulation under the *Dentistry Act, 1991*
	May pay rent based on the amount of fees charged by the dentist for dental services.	✗	N/A	Professional Misconduct Regulation under the *Dentistry Act, 1991*

Implementation Considerations

- **Regulatory Tools**: Under Option 1a, new requirements, clarified expectations and formalized RCDSO positions related to business interests would be codified in a Standard of Practice and other college resources. Guidance related to business interest in dentistry would address, among other topics, the ownership of dental clinics (e.g., records, goodwill), financial conflicts of interest (e.g., regarding maximizing profits, business efficiencies), and the maintenance of clinical autonomy (e.g., control over services provided) particularly for dentists practicing as independent contractors/employees.

Under Option 1b, information gathering (e.g., as proposed in Options 2 and 6) and legal input would be needed before the College could make a recommendation, and Council could make a decision, on any legislative changes. Support from the Provincial Government would also be needed to make any legislative and/or regulatory changes.

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These changes would help to address the following issues and opportunities (see Appendix H and I for the full list of issues and opportunities):

- Issue 1: Loss of clinical and non-clinical autonomy due to contractual requirements or practice policies/procedures that support business objectives (e.g., maximize profit, minimize costs) and may not be compatible with professional and/or ethical expectations of the profession.
- Issue 2: Financial conflicts of interest that prevent, or could be seen to prevent, registrants from properly exercising their professional judgement (e.g., income sharing arrangements).
- Issue 7: Lack of formal RCDSO positions on key topics, or "informal" positions that are out-of-date. For example, existing legislation, regulation, and College standards are silent on some topics related to practice ownership and practice arrangements, while some topics are only addressed informally by RCDSO Dispatch articles.

- **Risks**: Option 1a presents no legal risks, however, it is worth nothing the College can only set new requirements that apply to registrants. Option 1b does not present legal risks; however, since its implementation partially depends on information the College gathers through other options (i.e., Option 2 and Option 6) its implementation timeframe is less clear. There are no real or perceived risks to patients as a result of this recommendation.
- **Resources/Costs:** The development of new requirements via a Standard of Practice and resources are within the capacity of existing College staff and would follow the existing Standards Review and Development Process and be guided by the College's Risk Assessment Framework and direction from the Quality Assurance Committee (QAC). The development of these documents would not generate new administrative costs for the College. A legislative review would require additional resources to support information gathering activities and/or to obtain legal input or advice.
- **Time to Implement:** The Standards Review and Development Process is a 1.5-to-2-year process. A new standard and supporting resources under Option 1a could be developed in this timeframe as part of the PMCD implementation plan and if other standards-related work (currently being undertaken as part of the College Standards Strategic Project as part of the 2023-25 Strategic Plan) is deprioritized in the near term. As described under the 'Risks' for this option, the timeframe for the implementation of Option 1b is less clear, but it is expected to be a multi-year process.
- **Anticipated Reactions:** Patients, patient-focused organizations and registrants would likely appreciate the enhanced clarity and patient protection that may result from Option 1a and 1b. Some registrants, and non-registrants who work in arrangements with registrants, may be concerned that Option 1a or 1b will result in an increase in regulatory burden, particularly if new legislation or regulations are proposed in the long-term.

Chapter 2. Guidance concerning responsibilities for dental practices and patients

Option 2: Develop new requirements to ensure that a registrant holds primary responsibility for each dental practice, and to ensure that registrant responsibilities for continuity of patient care are clear regardless of the practice model. This option includes two components:

a. Developing new College guidance (e.g., a Standard of Practice) for a 'lead' registrant in each clinic who has primary responsibility for the oversight and supervision of the clinic and responsibility for providing current practice information to the RCDSO.

b. Develop new College guidance (e.g., a Standard of Practice) to ensure continuity of care including coordination of patient care between dentists within a practice where the patient is under the care of the practice rather than an individual registrant.

Intended outcomes

Guidance under Option 2a would help protect the public by identifying accountabilities of registrants with respect to the practice in which they provide patient care and set new requirements that would add a level of oversight to the practice. Option 2a would also introduce reporting requirements that would help the RCDSO oversee dental practices, including their operational structures.

The proposed new requirements under Option 2b would help protect the public by setting expectations for dentists when treating patients of record who are under the care of a practice, and do not have an individual dentist who is primarily responsible for their care.

Rationale:

Findings from the Literature Review (Appendix D) suggest that continuity of care and poor practice management can have negative impacts on patient care.

- Systems for efficient practice management and follow-up enable registrants to provide comprehensive diagnosis and treatment. If a practice is disorganized, more attention may need to be allocated to dealing with managerial tasks, which can detract from clinical care. [14]
- Further, a loss of continuity of care may occur in dental practices that are disorganized or where patients are viewed as belonging to a practice, rather than an individual dentist.

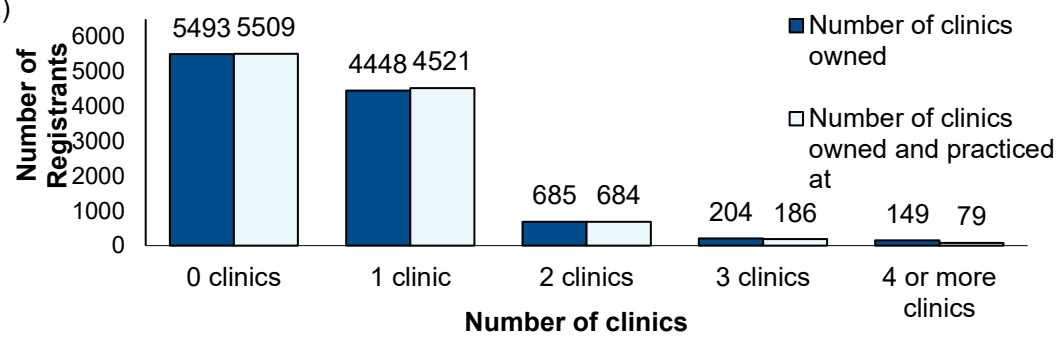
Analysis of the RCDSO' clinic ownership data (Appendix G) and feedback from Ontario dentists (Appendix F) raise questions about continuity of care and accountability for dental practices that are not directly managed by the registrants who own them.

- Analysis of Annual Renewal Questionnaire (ARQ) responses suggests that as registrants own more practices, less of those practice owners practice at all of their clinics (see **Figure 2** below). This finding raises the question – in scenarios where the owner of a clinic does not practice dentistry at the clinic, how are the day-to-day clinic operations managed so as to ensure quality of care?
- Further, consultation feedback from dentists and other oral health care professionals identified the following issues based on personal experience and perspectives: low practice oversight where owner(s) do not practise in their clinic; low accountability and continuity of care for patients in 'associate-led' practices; involvement of non-regulated clinic staff in clinical decision-making; high-turnover of registrants, and uncertainty among registrants regarding who holds practice leadership roles (e.g., the health information privacy lead).

[14] Levin. R. (2004). The correlation between dental practice management and clinical excellence. *The Journal of the American Dental Association 135*(3), 345-356. https://doi.org/10.14219/jada.archive.2004.0185

Figure 2. How many clinics do you own and how many clinics do you own and practice dentistry at? Frequency comparison (Figure 2a) and percent difference (Figure 2b) between the number of registrants that own a given number of clinics and the number of registrants that own and practice at a given number of clinics.[15]

(a)



(b)	0 clinics	1 clinic	2 clinics	3 clinics	4 clinics
% difference between number of clinics owned, and number of clinics owned and practiced at	0.29% ↑	1.64% ↑	-0.15% ↓	-8.82% ↓	-46.98% ↓

Similar requirements to those proposed in Option 2a have been established for registrant dentists in Alberta, Saskatchewan and Newfoundland and Labrador, with some positive outcomes.

- Dental regulators in Saskatchewan and Newfoundland & Labrador expect a primary dentist 'Connected' to a practice to oversee and supervise the dental practice in the context of relevant provincial legislation, regulation, bylaws, and practice standards. [16, 17]
- The College of Dental Surgeons of Alberta (CDSA) has similar expectations of a 'Responsible Dentist' in a dental clinic but also requires the Responsible Dentist to provide information about the practice to the Registrar including the names of each individual or entity providing management services and their roles and responsibilities.[18]
- Perspectives from staff at the dental regulators in Saskatchewan and Alberta suggest that while some of these requirements are more recent, they have been helpful in enabling more efficient investigations by providing a clear point of contact for the Colleges.[19]

[15] Notes that 'clinics' is used in this figure rather than 'practice' as clinics was the term used in the Annual Renewal Questionnaire data set.
[16] College of Dental Surgeons of Saskatchewan. (2024, February). Practice of Dentistry, Clinic Facilities Standard. https://saskdentists.com/wp-content/uploads/2025/04/04.08.2025-Practice-of-Dentistry-Clinic-Facilities-Standard.pdf
[17] Newfoundland and Labrador Dental Board. (2020, November). Standards of Practice for Dentistry in Newfoundland and Labrador. p 2-7. https://nldb.ca/Downloads/Standards-Practice-Dentistry-20240404.pdf
[18] College of Dental Surgeons of Alberta. (2022, January). Standard of Practice: Practice Arrangements and Provision of Professional Services. https://www.cdsab.ca/wp-content/uploads/2021/12/CDSA-SoP-Practice-Arrangements-and-Provision-of-Professional-Services-1.pdf
[19] Staff from the College of Dental Surgeons of Alberta and the College of Dental Surgeons of Saskatchewan (personal communication, 2024).

Council's feedback

Council expressed support for Option 2a and 2b noting that they are essential for continuity of care and for strengthening accountability for patient care. If the proposal is approved by Council, new standard(s) could be developed or an existing standard could be modernized through the RCDSO's Standards Review and Development Process to include new guidance, as proposed under Option 2a and 2b.

Implementation Considerations

- **Regulatory Tools**: As described above, under Option 2a, a Standard of Practice would be developed that requires a 'lead' registrant in each practice. The lead registrant would have primary responsibility for the oversight and supervision of the practice for compliance with relevant legislation and standards related to practice management (e.g., IPAC, training new staff), and responsibility for providing current practice information to the RCDSO (e.g., contact information of the lead registrant and the name of any affiliated third-party).

  Under Option 2b, a Standard of Practice would be modernized or developed that would set requirements and/or advice for registrants to ensure continuity of care for patients who are under the care of a practice, rather than an individual dentist who is primarily responsible for their care.

  These changes would help to address the following issues and opportunities (see Appendix H and I for the full list of issues and opportunities):

  - Issue 3: Organizational inefficiencies in dental practices due to low clinic oversight and other practice management-related issues (described above).
  - Issue 4: Lack of accountability and responsibility for patient care (e.g., because patients are treated by a new registrant at each appointment).
  - Opportunity 2: Ensuring that a registrant has responsibility for overseeing and supervising the clinic for compliance with relevant legislation, regulation, and standards related to practice management can help to assure quality of care.
  - Opportunity 7: The College improving its understanding and oversight over dental clinics and, consequently, issues that can arise at the practice-level.
- **Risks**: Unlike the practice of pharmacy in Ontario, there is no legislative framework that sets out requirements for a lead registrant in a dental practice. For this reason, the College would need to ensure that responsibilities for a lead registrant, as proposed under Option 2a, fall within existing authorities.[20] Option 2b presents no legal risks as it relates to requirements/advice that would help to ensure continuity of care.
- **Resources/Costs:** The development of new requirements via a Standard of Practice and any supplementary resources would follow the existing Standards Review and Development Process and be guided by the College's Risk Assessment Framework and direction from QAC. The development of these documents would not generate new administrative costs for the College though some planned Standards work may need to be reprioritized. Current staffing resources (e.g., in the Facility Inspection Program) may need to be adjusted to support the development and implementation of new practice information tracking processes.

[20] As an example, under the *Drug and Pharmacies Regulations Act, 1990*, designated managers have the same liability as pharmacy owners with respect to any offences under the act. The *Dentistry Act, 1991*, does not establish the same liability for RCDSO registrants.

- **Time to Implement:** It is estimated that a new standard (or more than one, if needed) and supporting resources under Option 2a and 2b could be developed within 1 to 1.5 years, as part of the PMCD implementation plan, should other standards related work (currently being undertaken as part of the College Standards Strategic Project as part of the 2023-25 Strategic Plan) be reprioritized in the near term. The timeframe to develop and implement a process to track clinic information would depend on the scope of information that is gathered but an estimated 24-36 would be needed to adjust internal processes.
- **Anticipated Reactions:** Registrants may have concerns with Option 2a, given that it would result in additional responsibilities for the lead registrant in each practice; however, administrative burden should be minimal for registrants where their practice is already in compliance with existing legislative and College requirements concerning practice management. Additionally, registrants who work in practices with third-party support, and registrants who have sole responsibility for their practice (i.e., solo private practice owners) may find it easier to implement new requirements.

Chapter 3: Enhanced educational offerings for registrants and dental students

Option 3: Enhance educational offerings for dental students in Ontario and RCDSO registrants that will help reinforce and illustrate their ethical and professional responsibilities regardless of the practice model. This option includes three components:

d. Developing new College resources (e.g., an RCDSO Connect session or ODA New Dentist Symposium session) focused on upholding ethical and professional responsibilities across various practice models;

e. Engaging with dental faculties in Ontario to implement strategies – e.g., course material, presentations – to reinforce for dental students their responsibility to protect the public interest respecting the practice of dentistry, regardless of their practice model.

f. Adding new scenarios to the College's Jurisprudence and Ethics Course and new resources and questions to the College's Practice Enhancement Tool concerning ethical and professional responsibilities and proliferating and emerging practice models – i.e., corporate dentistry, DTC dentistry.

Intended Outcomes:

The proposed educational enhancements would help protect the public by reinforcing and illustrating dentists' ethical and professional responsibilities across all practice models, including emerging dental practice models where the application of these responsibilities in practice may be less understood.

Rationale:

The Literature Review (Appendix E) suggests there may be an opportunity to improve practice management courses in dental education programs to help equip dental students with skills needed to uphold key principles of dental professionalism in all practice models, not just private practice models.[21]

- Studies from Australia, the U.S. and Canada recommend dentists receive more education in dental school concerning dentistry as a business so that they are better equipped to withstand commercial influences on their practice.[22, 23]
- A study by Badger et al., (2015) previously noted that the majority of U.S. dental practice management education concerns traditional private practice models and may not prepare students for changing dental practice landscape including the legal structure, and dentist's rights and responsibilities in emerging practice models.[24]
- Inquiries with staff at the Faculty of Dentistry at the University of Toronto and the Schulich School of Medicine and Dentistry reveal that while both faculties have practice management or practice administration courses that introduce the basics of corporate practice models and direct-to-consumer dentistry; it may be possible to further engage students on this topic.

[21] See page 147 in the September 2024 Council meeting materials
[22] Holden, A.C.L., Adam, L., and Thomson, W.M. (2020). Dentists' Perspectives on Commercial Practices in Private Dentistry. *JDR Clinical & Translational Research 7(*1), 29-40.
[23] Badger, G.R., Fryer, C.E.S., Giannini, P.J., Townsend, J.A., and Huja, S. (2015). Helping Dental Students Make Informed Decisions About Private Practice Employment Options in a Changing Landscape. *Journal of Dental Education 79*: (12) 1396-1401.
[24] Ibid

Strengthening registrants' ethical reasoning may help mitigate the possibility of financially-driven treatment decisions based on registrant-specific factors or internal motivations. [25]

- A 2020 survey-based study of 1075 Ontario dentists by Ghoneim et al., (2021) found that registrants who were younger than 40 years old, American trained, and who perceived their practice loans as large, were more aggressive in their treatment decisions.[26] The survey also found that dentists perceived professional role (PPR) – defined as the belief that they are healthcare professionals versus businesspersons – had a significant relationship to the aggressiveness of treatment decisions. Those who saw themselves as businesspersons were more likely to make aggressive treatment decisions. [27]
- While these characteristics are not specific to a particular practice model, dentists with these characteristics may be more biased towards working in particular types of practice models, or more likely to be influenced into making aggressive treatment decisions when working in models with profit-driven objectives.

Council's feedback

Council expressed support for this option, recommending that sub-options 3a and 3b be coordinated and comprise the main focus of this recommendation. If the proposal is approved by Council, sub-options 3a and 3b will be coordinated and prioritized as part of the PMCD Implementation Plan.

Implementation Considerations

- **Regulatory Tools:** Under Option 3, various education resources and strategies (e.g., Jurisprudence and Ethics Course enhancements, presentations) would be pursued to provide greater certainty and clarity to registrants regarding the application of existing ethical and professional responsibilities to emerging practice models.

  These changes would help to address the following issues and opportunities (see Appendix H and I for the full list of issues and opportunities):

  - Issue 1: Loss of clinical and non-clinical autonomy due to contractual requirements or practice policies/procedures that support business objectives (e.g., maximize profit, minimize costs) which may not be compatible with professional and/or ethical expectations of the profession.
  - Issue 2: Financial conflicts of interest that prevent, or could be seen to prevent, registrants from properly exercising their professional judgement (e.g., income sharing arrangements).
  - Opportunity 3: Education concerning practice models can better support registrants to uphold their ethical and professional responsibilities regardless of the practice model.
- **Risks:** There are no legal risks associated with this recommendation. The RCDSO is the only organization with a mandate to develop, establish and maintain standards of knowledge, skill, and programs to promote continuing evaluation, competence and

[25] Ghoneim, A., Yu, B., Lawrence, H., Glogauer, M., Shankardass. K., and Quiñonez, C. (2021). What influences the clinical decision-making of dentists? A cross-sectional study. *PLOS ONE 16*(6): e0253183. https://doi.org/10.1371/journal.pone.0233652
[26] Ibid
[27] Ibid

improvement among the members.[28] There are also no real or perceived risks to patients or registrants.

- **Resources/Costs:** Proposed enhancements to the RCDSO's QA program are within the capacity of existing College staff and the Quality Assurance Committee and would follow existing processes. The development of new educational resources will not generate new administrative costs for the College.
- **Time to Implement:** This recommendation is estimated to take a few months to a year to implement. The implementation timeframe would depend on the outcomes of engagement with dental faculties in Ontario (i.e., Option 3b), and timing for the implementation of other options (e.g. Option 1 and Option 2) as it may be prudent for QA program enhancements to follow the development of guidance related to dental practice models that is set out in new Standards of Practice.
- **Anticipated Reactions:** Reactions from registrants are expected to be neutral or positive, given that the College has received questions from some registrants about how to uphold ethical and professional responsibilities when working in certain dental practice models. Reactions from the public are also expected to be neutral or positive. Reactions from non-registrants involved in emerging practice models are not expected to be negative as resources will be clarifying the application of existing (rather than new) ethical and professional expectations to emerging practice models.
- **Other Considerations:** Longer-term, the RCDSO may consider other opportunities to promote education for registrants related to business interests and dental practice models, including identifying relevant courses (new or existing) across the three continuing education (CE) categories.

[28] The Quality Assurance (QA) Program, mandated by the Regulated Health Professions Act, 1991 and guided by the Quality Assurance Regulation 27/10 under the *Dentistry Act*, is administered by the Quality Assurance Committee of the RCDSO to ensure the ongoing competence of dentists practicing in Ontario.

Chapter 4. Proposal for an 'Innovation Advisory Service' pilot program

Option 4: Develop a proposal for an RCDSO 'Innovation Advisory Service' (IAS) pilot program **for Council's approval**. The program would be comparable to an innovation hub in that it would provide non-binding guidance to innovators and enable proactive risk-management of innovative ideas or practice models that have the potential to improve quality or delivery of services for patients.

Intended Outcomes: Registrants and the public could engage with the College to receive advice (not approval) regarding how the regulatory framework for RCDSO registrants applies to their innovative idea or practice model. This would encourage innovators to share new initiatives with the College to promote compliance with existing legislation and College requirements, and help the College protect the public interest by enabling more proactive, risk-based regulatory decision-making.

Rationale:

The Jurisdictional Review (Appendix D) identified 'regulatory sandboxes' and 'innovation hubs' as useful tools to ensure effective regulation of new technologies and business models.

- An **innovation hub** is a program that provides a point of contact within the regulator for innovators to raise inquiries and seek non-binding guidance on the application of regulatory requirements to their ideas. It does not provide temporary exemptions from requirements set by the regulator.[29]
- Conversely, a **regulatory sandbox** is a program that may provide temporary exemptions from its regulatory requirements (e.g., Standards of Practice) to enable piloting of innovative solutions that have the potential to improve the quality or delivery of services. Innovation hubs generally have lower resource requirements than innovation sandboxes and require less regulatory risk-management.

Separately, a better understanding of innovative concepts and practice models may enable regulatory decision-making that enables patient protection and limits the negative impacts of regulation on competition (such as increased prices or the maintenance of unaffordable prices).[30]

- Although competition is often viewed as playing a limited role in Canada's health system,[31] it plays an important role ensuring patients have access to the broadest range of services that meet their needs at the most competitive prices. For instance, in the past year, the Competition Bureau has investigated and/or analyzed anti-competitive business practices of pharmacy retailers,[32] competition in the veterinary drug sector,[33] and preferred provider networks[34] in the employer-sponsored drug insurance sector.[35]

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[29] See page 10 in Scassa, T., Kumru, E.N., & the Office of the Information Privacy Commissioner of Ontario. (December, 2024). Exploring the Potential for a Privacy Regulatory Sandbox for Ontario. https://www.ipc.on.ca/en/media/5116/download?attachment

[30] C.D. Howe Institute. (2020, July). Commentary No. 575: Licence to Capture: The Cost Consequences to Consumers of Occupational Regulation in Canada. Commentary_20575_0-2.pdf

[31] Competition Burean (2007, October). Generic Drug Sector Study. https://competition-bureau.canada.ca/en/generic-drug-sector-study

[32] Competition Bureau. (2025, April 11). Competition Bureau advances an investigation into Express Scripts Canada's business practices in the pharmacy sector. https://www.canada.ca/en/competition-bureau/news/2025/03/competition-bureau-advances-an-investigation-into-express-scripts-canadas-business-practices-in-the-pharmacy-sector.html

[33] Competition Bureau. 2024, October 30). Pets, vets and meds: The case for more competition. https://competition-bureau.canada.ca/en/how-we-foster-competition/education-and-outreach/pets-vets-and-meds-case-more-competition#sec04

[34] Preferred provider networks are a feature of employer-sponsored benefit plans that require patients to fill prescriptions at particular pharmacies in order to receive either discounts or reimbursement.

[35] Competition Bureau. (2024, October 22). Competition Bureau submission to the Ontario Ministry of Finance consultation on the preferred provider networks in the employer-sponsored drug insurance sector. https://competition-bureau.canada.ca/en/how-we-

- Additionally, the Competition Bureau has long maintained the position that restrictions imposed by self-regulated professions, such as those related to business structures, "may have anticompetitive effects… which could result in consumers paying higher prices for services, and firms reducing the supply of services they provide and being less likely to develop innovative services." For this reason, the Competition Bureau encourages self-regulated professions to evaluate regulatory responses for their impact on competition and with 'net public benefit' in mind.[36]

Council's feedback:

There was some concern among Council members that this option might not produce substantive benefit. This concern is addressed by the time-limited nature of the pilot program – that is, the pilot program would be reviewed after an initial period (e.g., 12-18 months) to determine if it is achieving its objectives and if it should be expanded, shut-down, or otherwise changed. Additionally, a proposal for the pilot program would be shared with Council for its approval to implement the program.

Implementation Considerations:

- **Regulatory Tools:** As described above, Option 4 is similar to an innovation hub. The IAS pilot program would be a time-limited program that would leverage the expertise and processes of the Practice Advisory Service (PAS) department, and other departments as necessary, through a program that is designed to enable greater engagement with proponents who have an innovative idea or practice model to (1) protect the public from innovations that may otherwise contravene the existing regulatory framework for dentists and (2) enable proactive regulation of innovations that may not be contemplated by the existing regulatory framework. **Table 3** demonstrates the similarities between the current PAS and the proposed IAS pilot program, as well as the program design elements of the IAS that would be more fit for purpose.

  This pilot program would help to address the following issues and opportunities (see Appendix H and I for the full list of issues and opportunities)

  - Issue 3: May support innovative ideas that have the potential to address organizational inefficiencies in dental practices due to low clinic oversight and other practice management-related issues (described in Chapter 2).
  - Opportunity 3: May support practice elements that have potential to improve physical access to oral health care for patients.
  - Opportunity 6: Overall, this option may help support innovative concepts or models that have the potential to improve the quality or delivery of services for patients.

- **Risks**: This option poses liability risks due to the potential for expectations of endorsement or approval of innovative ideas. These risks could be mitigated with clear communication regarding the pilot program's purpose and intended outcomes. Otherwise, this option has the potential to *mitigate* potential risks to patients related to innovative ideas or practice models.
- **Resources/Costs:** The IAS would fall within the expertise of Practice Advisory Service; however, inquiries related to practice models are some of the most challenging for the College to address. For this reason, the IAS would likely benefit from the support of a

foster-competition/education-and-outreach/competition-bureau-submission-ontario-ministry-finance-consultation-preferred-provider-networks#sec01

[36] Competition Bureau. (last updated 2022, January 20). Self-regulated Professions—Balancing Competition and Regulation. Government of Canada. https://competition-bureau.canada.ca/self-regulated-professions-balancing-competition-and-regulation

voluntary advisory body of subject matter experts to enable improved understanding of innovative concepts and the provision of well-informed advice on new ideas or practice models.[37] Additional staff resources would also be required to develop and implement the program.

- **Time to Implement:** The IAS is estimated to take 6 to 12 months to implement as it would require the development of: a pilot program proposal (including Council's approval of the proposal), distinct intake/response processes, the assembly of a voluntary advisory body, and supporting communication materials.[38] See **Table 3** below for an overview of proposed strategic and design elements for the pilot program. As described above, the pilot program could be reviewed after an initial period (e.g., 12 to 18 months) to determine if it is achieving its objectives, and if it should be expanded, shut-down, or otherwise changed. This will help mitigate the risk that the College invests time and resources into a program that may not produce substantive benefit.
- **Anticipated reactions:** Registrants and the public are expected to have a neutral or positive reaction to the IAS, as it would provide a new avenue for innovators to engage more directly with the College on new ideas or business practices that have the potential to improve the quality or delivery of services for patients.
- **Other considerations:** Given the described risks associated with this option, and that it would be novel among health regulatory Colleges in Ontario, staff are proposing that the RCDSO bring an IAS pilot program proposal to Council for approval to implement the program.

[37] The Law Society of Ontario (LSO) launched a regulatory sandbox called the Access to Innovation (A2I) program in November, 2021. The A2I program leverages a voluntary advisory council of subject-matter experts which is outlined here: https://lso.ca/about-lso/access-to-innovation/a2i-team

[38] As an example, LSO's regulatory sandbox was launched 6 months after it was approved by LSO's Board of Directors.

Table 3. Proposed elements of an Innovation Advisory Service (IAS) pilot program

Aspect	Innovation Advisory Service (pilot program)	Practice Advisory Service
Primary Mission	**To help dentists and the public better understand how the regulatory framework for dentists in Ontario applies to innovative ideas or new dental practice models.**	**To help dentists and the public access information on safe, competent and ethical oral health care.**
Corresponding College object under the *Regulated Health Professions Act, 1991*	To develop, establish, and maintain standards and programs to **promote the ability of members to respond to changes in practice environments, advances in technology and other emerging issues**.[1]	To develop, establish and maintain programs and standards of practice to **assure the quality of the practice of the profession**.[2]
Objectives	1. Encourages registrants and members of the public to proactively seek advice from the College on innovative ideas or practice models. 2. Helps the RCDSO stay up to date on new trends to inform the regulation of new innovations or practice models.	1. Helps registrants identify resources to guide decision-making and understand their responsibilities. 2. Helps the public understand what they should expect from their dentist by offering resources and discussing options available to them.
Program Design Elements		
Scope	Answers questions involving regulatory and ethical issues **related to an innovative idea or practice model**.	Answers questions involving a **broad range of** clinical, regulatory, and ethical issues.
Enlists subject-matter experts	Designated **voluntary advisory body** composed of independent subject matter experts in dental practice models and regulation that would provide strategic advice to the IAS team. Could consult internally with various College departments and occasionally seek the advice of external legal counsel, if needed.	Consults internally within the PAS team and with other College departments (e.g. Policy, PCRA, Registration, FIP). Occasionally seeks advice from **external legal counsel**.
Time limited	Yes – e.g., **12 to 18 months**, after which the program would undergo an effectiveness review.	No – PAS exists in perpetuity.
Intake process	Would use an **intake form**[3] to solicit detailed information about the innovative idea or practice model and support an informed response.	Receives telephone and **e-mail inquiries** either directly or indirectly from other College departments, with various levels of detail.
Response	• The IAS would likely have **longer response times** than PAS given that inquiries are likely to be more complex in nature and may require engagement with the voluntary advisory body. • Responses may be provided over e-mail, telephone and/or video call depending on their complexity.	• In 2024, PAS responded to 99% of inquiries within **5 business days**, with follow-up timelines as necessary.[4] • Responses are provided over telephone and by e-mail.

1. Section 3(1)(10) under of the Health Professions Procedural Code under the *Regulated Health Professionals Act, 1991*.
2. Section 3(1)(3) under of the Health Professions Procedural Code under the *Regulated Health Professionals Act, 1991*.
3. Intake form example: https://www.oeb.ca/_html/sandbox/Sandbox-Project-Proposal-Form-template-2.0.docx
4. RCDSO. (2025). 2024 College Performance Measurement Framework. Link.

Chapter 5. Resources to support decision-making and professional judgement

Option 5: Develop resources to support patients' decision making and registrants' professional judgement related to dental practices or dental practice models. This options includes two components:

a. Developing new College resources and/or sharing pre-existing resources to help patients determine if the care provided by a particular dental practice is right for them.

b. Developing a resource that provides general guidance to support the professional judgement of registrants who are considering providing orthodontic treatment through a DTC practice model.

Intended Outcomes:

Guidance proposed under Option 5a and 5b would help protect the public interest by enabling more informed decision-making by patients, and by supporting the professional judgement of registrants when working in DTC models of care.

Rationale:

Feedback from the consultation concerning practice models and corporate dentistry (Appendix F) revealed that sometimes patients' usual dental practice does not always align with their needs or values.

- Some patient respondents noted that their usual dental practice does not meet their expectations because the practice does not have evening/weekend appointments, the practice/dentist does not accept the assignment of benefits,[39] and the patient does not see the same dentist at each appointment and does not feel like a trusting dentist-patient relationship has been established.

Additionally, findings from the Literature Review (Appendix E) suggest that DTC orthodontic treatment, specifically, has the potential to improve access to care but can result in poor treatment outcomes for some patients if registrants are not appropriately involved in the provision of care and if the standards of the profession are not met. [40]

- Benefits of DTC orthodontic treatment include financial and physical access to care and convenience. In a survey of 470 patients who had undergone/were undergoing DTC orthodontic aligner treatment, respondents (93%) indicated that cost and convenience (65%), were their main reasons for opting for DTC aligner treatment. Only 13% of respondents indicated that they chose DTC aligners because they did not have access to a dentist/orthodontist and/or their dentist/orthodontist did not provide aligner-based treatment.[41]
- The greatest risks for DTC orthodontic treatment are if there is no full clinical evaluation prior to approving patients for orthodontic treatment (e.g., no review of recent radiographs or other dental records prior to treatment) and/or little to no supervision, monitoring, or dentist-patient communication throughout the course of orthodontic treatment. Other risks include the possibility that the patient may not be provided with all the information that is necessary to inform their decision to proceed with treatment if they have limited engagement with the

[39] The assignment of benefits means that a patient's insurer pays the patient's dentist directly, and any fees not covered by the patient's plan must be paid by the patient to the dentist. See the Ontario Dental Association's Making a Dental benefits Claim webpage (Last accessed, June 2025) for more information.
[40] Wexler, A. Nagappan, A., Beswerchij, A. and Choi, R. (2020) Direct-to-consumer orthodontics: Surveying the user experience. *The Journal of the American Dental Association* 151(8), 625-636. https://pmc.ncbi.nlm.nih.gov/articles/PMC7391059/
[41] Ibid.

dentist, and dental impression errors that may be carried over into aligner treatment.[42] Collectively, these risks have the potential to lead to poor treatment outcomes or damage to patients' oral health.

Council's feedback:

Council appreciated that this option would provide additional protection for patients. If the proposal is approved, this option could be implemented in an earlier phase of the PMCD Implementation Plan.

Implementation Considerations

- **Regulatory Tools:** Under Option 5a, new guidance (in the form of College articles, case scenarios etc.) could be developed with the aim to improve patient awareness of different practice model elements and support patients in considering the advantages and disadvantages of different dental practices depending on their needs (e.g., "five questions to ask your dentist about their practice").
- Under Options 5b general guidance (e.g., in the form of an RCDSO Connect Newsletter article) could be developed with the aim to highlight College standards and other resources that are of particular importance to consider when practising in DTC companies/models.
- These resources would help to address the following issues (see Appendix H and I for the full list of issues and opportunities):
    - Issue 5: DTC orthodontic treatment that lacks necessary clinical oversight in one or more steps of treatment.
    - Issue 6: Provision of orthodontic treatment directly to the consumer with the involvement of a dentist, but where one or more of the steps in treatment are not carried out in accordance with regulatory requirements and/or do not meet the standard of care.
- **Risks**: There are no risks to registrants or patients associated with Option 5a or 5b. The College previously provided general guidance for registrants in its March 2024 newsletter regarding how to manage patients of a former DTC orthodontics company, SmileDirectClub. Additional guidance on the topic of working in DTC orthodontic treatment models would follow a similar approach. A more prescriptive regulatory approach (i.e., new requirements for the provision of care in DTC models) was considered but is not recommended for several reasons including the risk that it would encroach on registrants' clinical autonomy.
- **Resources/Costs**: The development of proposed resources for the public and registrants is within the capacity of existing College staff (e.g., Practice Advisory Service, Policy, Communications) and would follow existing processes. The development of new resources would not generate new administrative costs for the College.
- **Time to Implement:** College resources, such as case scenarios, FAQs, webpages or RCDSO Connect articles, can be developed in a few months.
- **Anticipated reactions:** Registrants and the public are expected to have a neutral or positive reaction to the development of new resources as they would clarify existing expectations for registrants (rather than set new requirements), and support patient decision-making. DTC orthodontic companies may react negatively to new College guidance for registrants working in DTC orthodontic models if there are perceived negative impacts of the guidance on their business.

[42] Belgal, P., Mhay, S., Patel, V., and Nalliah, R.P. (2022). Adverse Events Related to Direct-To-Consumer Sequential Aligners—A Study of the MAUDE Database. Dentistry Journal 11(174) 1-9. p 2

Conclusion

As the dental practice landscape in Ontario continues to change, so may its impacts on patient care. The options presented in this Report provide the RCDSO with an opportunity to leverage Standards of Practice, resources, education, and information gathering activities to help address known issues and opportunities, and aid in the mitigation of unknown/future issues related to dental practice models.

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Engagement with staff from other regulatory authorities enabled information gathering that supported the RCDSO's research and analysis. This includes engagement with staff from the College of Audiologists and Speech-Language Pathologists of Ontario, College of Dental Surgeons of Alberta, College of Dental Surgeons of Saskatchewan, College of Optometrists of Ontario, College of Veterinarians of Ontario, Law Society of Ontario, Ontario College of Pharmacists, and the Ontario Energy Board.

Appendix B: RCDSO Research Highly Abbreviated Summary

OVERVIEW:

- This document provides a highly abbreviated summary of research gathered on the RCDSO's approach to its work across five key areas.

SUMMARY:

1. **RCDSO's Approach to Regulation (Context)**
    - The RCDSO's approach to its work is guided by its mandate, strategic plan, and strategic commitments. This project will enable the RCDSO to proactively respond to Practice Models and Corporate Dentistry (PMCD) as an emerging issue under its 2023-25 Strategic Plan and help the RCDSO to deliver on its mandate to regulate the practice of dentistry in Ontario in the public's interest.
2. **RCDSO's Core Regulatory Areas, Functions & Programs**
    - Issues and opportunities related to PMCD, identified through the next phase of this project, must be evaluated through the lens of the eight areas/functions and programs at the RCDSO: Registration, Quality, Policy, Communications, Professional Conduct, Facility Inspection Program, Patient Relations Program, and Professional Liability Program.
3. **Regulatory Topics that Need to be Addressed**
    - Broader regulatory topics, not specific to PMCD, that are being worked through by the College will be considered as part of PMCD work. These issues include needs for Standards modernization and right-touch regulation which aims to ensure that regulation is proportionate to the level of risk to the public.
4. **Existing Obligations & Guidelines that relate to Practice Models & Corporate Dentistry**
    - The RCDSO has set out obligations and guidelines that relate to PMCD in a variety of publications, including Standards, Guidelines, Practice Advisories, Dispatch articles, FAQs, and By-Laws.
    - Relevant obligations are also set out in legislation such as Professional Misconduct Regulation enacted under the *Dentistry Act, 1991*, under the *Drug and Pharmacies Regulation Act* and the *Personal Health Information Protection Act, 2004 (PHIPA)*.
    - Understanding these obligations and guidelines will help to identify and develop regulatory options to address any issues and harness opportunities related to PMCD.
5. **RCDSO's Annual Renewal Survey Data regarding Practice Ownership and Operations**
    - The RCDSO's 2023 Annual Renewal Questionnaire asked dentists five questions regarding practice ownership and operations. 10,694 responses were received. Reponses suggest that most dentists own either no practices (49%) or one practice (41%) and most dentists work at a private dental practice (92%).
    - 2023 Annual Renewal Questionnaire data, and questionnaire data for 2024, will help provide insight into the types of practice models in which Ontario dentists tend to work.

Appendix C: List of Practice Models Highly Abbreviated Summary

OVERVIEW:

- This document provides an abbreviated summary of identified practice models and model sub-types. In total, seven model types and various model sub-types have been identified:

1. Private Dental Practice (Single)
2. Private Dental Practice (Multiple)
3. Corporate Dental Practice (Multiple)
4. Associate Member
5. Government/Non-profit
6. Direct-to-Consumer
7. Non-Clinical

SUMMARY TABLE:

Model Type and Description	Size and Model Variations
1. Private Dental Practice (Single) [1] • *Also known as a 'single private practice; considered a "traditional practice model"* • *Owned and operated by dentist(s)*	• Single dentist owns and operates one unincorporated (personal income tax) or incorporated (health professional corporation with corporation income tax) practice. • Two or more dentists co-own and operate one practice via a partnership (unincorporated)[2] or joint ownership of a health professional corporation; may share patients. • Two or more dentists operate individual practices (one each) and share common expenses (e.g., rent, administrative staff, and basic equipment).
2. Private Dental Practices (Multiple) [1, 3] • *Also known as 'group private practice'; considered a traditional practice model* • *NO third-party management* • *Dentist may be the proprietor, a partner, a co-owner, an employee, or an independent contractor.*	• Same as above but involves ownership and operation of more than one practice.
3. Corporate Dental Practice (Multiple) [4] • *Networks of dental practices that are aligned or affiliated with a central management organization[5] also known as Dental Service Organization, Dental Management Service Organization, or franchise (referred to as 'DSO' for short)* • *INCLUDES third party management*	• There can be significant variation in the nature of the agreements between the dentist and the DSO in terms of the ownership and operation of the practice.[3] DSOs may provide support in various areas including, but not limited to, one or more of the following: o Operations (i.e., practice management); o Human resources (e.g., hiring);

[1] Korhonen, N. (2020). *Practice Models*. Dental Career Options. https://dentalcareeroptions.ca/practice-models/

[2] Canada Revenue Agency. (2023a, June 20). *Partnership*. https://www.canada.ca/en/revenue-agency/services/tax/businesses/small-businesses-self-employed-income/setting-your-business/partnership.html

[3] Guay, A., Warren, M., Starkel, R., & Vujicic, M. (2014). A Proposed Classification of Dental Group Practices. *American Dental Association's Health Policy Institute*. https://www.ada.org/-/media/project/ada-organization/ada/ada-org/files/resources/research/hpi/hpibrief_0214_2.pdf

[4] Cain, K. (2016, April 7). *'Corporate dentistry'—defined*. Dentistry iQ. Link

[5] Guay, A. H. (2013). The Evolution of Dental Group Practices. *Journal of the California Dental Association, 41(12), 899-904.* and (Guay et al., 2014)

Model Type and Description	Size and Model Variations
• *DSOs conduct some or all of the business activities of the practice that do not involve the statutory practice of dentistry. This may include the ownership of the physical assets of the practice.* • *May be owned by dentist(s) or non-dentists and be with or without private or public equity.*	o Finance (e.g., payroll, accounting); o Procurement (i.e., equipment and supplies); o Marketing (e.g., advertising); o Training and professional development; o Legal/ regulatory support.
4. Associate Member • *Dentist works at one or more private or corporate dental practices as an employee or independent contractor.* [6] [7] • *The Professional Misconduct regulation under the Dentistry Act, 1991, provides the following definitions applicable to this model:* "*associated member" means a member who engages or engaged in the practice of dentistry as an employee of a principal member or who provides dental services to a principal member's patients at that member's office as an independent contractor.* *"principal member" means,* *(a) a member with whom an associated member practises or practised as an employee or independent contractor, or* *(b) a member with whom a member engages or engaged in the practice of dentistry as a partner.*	• Employee: follows an employer's directions and supervision as to what and how work is to be performed. o Generally paid on a fixed salary (regardless of total billings/production). o Employers are responsible for deducting and remitting Canada Pension Plan (CPP) contributions, employment insurance (EI) premiums, and income tax from employees' pay to the CRA.[8] • Independent contractor: render services specified in a contract and are self-employed. o A self-employed individual must operate a business and be engaged in a business relationship with the payer. o Usually do not have CPP, EI or income tax deducted from their pay. o Usually gets paid a percentage of their billings/ production (usually 40% associate/ 60% principal), which is considered fee-splitting/ income sharing.[6]
5. Government/Non-profit • *Dentists working in this model are employees or independent contractors and work for the organization*[3] • *Organizations are government or broader public sector (funded by government)*	Practice may be part of, and organized or managed by a government agency (e.g., prison or armed forces dental clinic) community health centre,[9] hospital or university
6. Direct-to-Consumer • *Dentists working in this model are employees or independent contractors*	For aligners, dentists are involved in assessing and monitoring patients remotely but generally do not interact directly with patients.
7. Non-Clinical • *Dentists working in this model are employees or independent contractors*	Dentists are not providing clinical care but would still be acting in their capacity as a registrant of the profession in this model/ model sub-types.

[6] V. Nguyen, Clinical Advisor, Royal College of Dental Surgeons of Ontario, personal communication, 2023

[7] American Dental Association. (2023). *Should I be a dental employee or an independent contractor?* Link.

[8] Canada Revenue Agency. (2023b, October 6). *Employee or self-employed*. Link.

[9] Government of Ontario. (2023, October 25). *Community Health Centers*. https://www.health.gov.on.ca/en/common/system/services/chc/

Appendix D: Jurisdictional Review Highlight Abbreviated Summary

OVERVIEW:

- This document provides a highly abbreviated summary of relevant legislation, policies, guidelines and approaches used by regulators in Ontario and other jurisdictions to regulate registrants working in various practice models (e.g., Canadian provinces, the UK, US).
- Five regulatory tools and/or approaches were identified through the jurisdictional review:
  1. Legislative requirements concerning practice arrangements
  2. Guidance for registrants and the public with respect to direct-to-consumer devices
  3. Professional and ethical expectations for balancing business interests and patient care
  4. Facility-based legal and professional expectations for registrants
  5. Use of a regulatory sandbox to test innovative practice models

SUMMARY:

1) Legislative requirements concerning practice arrangements

- Legislation in some jurisdictions regulates practice arrangements between registrants and non-registrants. Legislation (1) prescribes, permits, or prohibits activities in arrangements between registrants and non-registrants, (2) requires non-registrant owned corporations to register with the state or dental regulator, or (3) ensures registrants bear the financial risk and control their practice when working for non-registrants.

Examples:

- **In Texas and Arizona**, non-registered persons in an arrangement with licensed dentists must register with the state or dental regulator.[1, 2] Additionally, bills or laws in **California**, **Florida** and **Texas** prescribe activities that non-licensees are permitted and prohibited from undertaking when working in arrangements with licensed dentists.[3, 4, 5]
- **Optometrists in Ontario** working for non-registrants of optometry or medicine, must do so as independent contractors,[6] and have a written agreement with specific provisions that ensures the registrant bears financial risk and has control of all aspects of their practice.[7]

2) Guidance for registrants and the public with respect to direct-to-consumer devices

- Some regulators provide guidance to registrants and/or the public, with respect practice models wherein treatments or devices may be provided directly to the consumer.

Examples:

- **General Dental Council (GDC)**, the dental regulator in the UK, provides information to help the public determine if direct-to-consumer aligners are right for them,[8] and information for dental professionals to support their decision making when working in this model.[9]

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[1] Arizona State Board of Dental Examiners. (2023, November). Business Entity Registration Initial & Renewal Application. Link.
[2] State of Texas. (2015). Business and Commerce Code. Chapter73: Registration of Dental Support Organizations. Link.
[3] State of California. (2025, May 23). California Senate Bill 351. Link.
[4] State of Florida. (2023). Regulation of Professions and Occupations Act. Chapter 466: Dentistry, Dental Hygiene, and Dental Laboratories. Link.
[5] State of Texas. (February 20, 2001). Texas Administrative Code. Chapter 108 Professional Conduct. Link
[6] College of Optometrists of Ontario. (2014). Independent Contractor: Regulatory Standards Interpreted. Link.
[7] College of Optometrists of Ontario. (2015, June). Independent Contractor: Risk & Control. Link.
[8] General Dental Council. (n.d.). Aligners or braces sent directly to your home. Last retrieved August 27, 2024, from link.
[9] General Dental Council. (n.d.). Direct-to-consumer orthodontics: information to support professional judgement. Last retrieved August 27, 2024, from link.

- Similar to the RCDSO, the **College of Audiologists and Speech Language Pathologists of Ontario** has advised registrants of their responsibilities to patients who have used direct-to-consumer devices (that is, over-the-counter or non-prescribed hearing aids).[10]

3) Professional and ethical expectations for balancing business interests & patient care

- Some regulators have set ethical requirements that address situations where business interests or arrangements could conflict with registrants' professional responsibilities.

Example:

- The **British Columbia College of Oral Health Professionals (BCCOHP)** established a standard of practice titled 'Patient-Centred Care and the Business of Dentistry', that addresses ethical challenges in the context of dental practice models, including corporate ownership models. The standard, applies to all practice arrangements and supplements the *Health Professions Act* in British Columbia and Code of Ethics.[11]

4) Facility-based legal and professional expectations for registrants

- Some regulators have set requirements and responsibilities for a 'lead registrant' in a facility where professional services are provided.

Example:

- The **College of Dental Surgeons of Alberta (CDSA)** expects a 'Responsible Dentist' to oversee and supervise the dental practice in the context of relevant legislation, regulation, bylaws, and practice standards. CDSA also requires the Responsible Dentist to provide information about the business structure of the practice to the Registrar including names and responsibilities of each individual or entity providing management services.[12]

5) Use of a regulatory sandbox to test innovative practice models

- An innovation or regulatory sandbox is a program through which a regulator may relax or provide exemptions to its regulatory requirements to pilot innovative solutions that have the potential to improve the quality or delivery of services. Exemptions are provided on a time-limited, project-specific basis alongside appropriate monitoring processes and safeguards.
- A regulatory sandbox, or innovation hub,[13] can also enable proponents to receive input from regulatory staff regarding a project's fit within the existing regulatory framework.

Examples:

- The **Ontario Energy Board (OEB)** Innovation Sandbox supports pilot projects that test new activities and business models in Ontario's energy sectors.[14] It also includes an information service which enables proponents to speak with staff about the regulatory framework and how it applies to their ideas.

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[10] College of Audiologists and Speech-Language Pathologists of Ontario. (2023, November). Service For Over-The-Counter (Otc) And Other Non-Prescribed Hearing Aids. Link.
[11] British Columbia College of Oral Health Professionals. (n.d.). *Practice Resources - CDAs, Dental Therapists, Dentists*. (last retrieved August 27, 2024). Link.
[12] College of Dental Surgeons of Alberta. (2022, January). Standard of Practice: Practice Arrangements and Provision of Professional Services. Link.
[13] An innovation hub does not provide temporary regulatory exemptions but provides a point of contact within the regulator for innovators to raise inquiries and seek non-binding guidance on the application of regulatory requirements to their ideas. See page 10 in 'Exploring the Potential for a Privacy Regulatory Sandbox for Ontario', for more information.
[14] Ontario Energy Board. (n.d.). OEB Innovation Sandbox. Last Retrieved August 27, 2024. Link.

Appendix E: Literature Review Abbreviated Summary

OVERVIEW:

- This document provides a highly abbreviated summary of literature and media that was reviewed to better understand issues and opportunities related to emerging (corporate and direct-to-consumer) dental practice models for patients, personal factors that may impact patient care, and approaches to mitigate risks related to business interests in dentistry.

SUMMARY:

1. Issues related to emerging practice models

a. Loss of clinical autonomy and loss of independent control

- A **loss of clinical autonomy** has been attributed to the implementation of policies and procedures in practices that prioritize business goals and objectives. While this is a concern in corporately-owned dental practices, this can happen in any practice model where registrants are not in control of all elements of their practice. [1]
- In one U.K. study, associates who worked in both corporate and non-corporate practices felt they had less clinical and non-clinical control when working in corporate practices. Most dentists working in corporate practices also noted they were limited to approved lists for materials and laboratories, and in some cases, where they could make referrals.[2]
- **Social and economic work freedoms** – for example, control over earnings and the volume of tasks may be necessary for the maintenance of control in some cases but be less important if the objectives of the practice (e.g., publicly-funded dental clinics) are not profit driven.[3] [,4]

b. Financial conflicts of interest

- Profit-driven interests of corporate practice owners, including private-equity firms, may contribute to **financial conflict-of-interest risks** for registrants which can compromise their ability to make decisions in the best interests of their patients.[5]
- In particular, pressures to achieve **production- or earnings-based targets, or penalties for not achieving these targets** have been found to incent unnecessary services and overtreatment for patients.[6, 7] These risks are not exclusive to corporate practices.[8]

c. Risks to quality of care

- **Overtreatment** (providing care that is said to be therapeutically necessary when it is not), **overbilling** (charging patients' insurance for more expensive services than they received) and **upselling** can arise due to a loss of clinical autonomy and/or financial conflicts of

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[1] Holden, A., Adam, L. & Thomson, W. (2021). Rationalisation and 'McDonaldisation' in dental care: private dentists' experiences working in corporate dentistry. British Dental Journal. https://doi.org/10.1038/s41415-021-3071-3
[2] O'Selmo, E., Collin, V., Whitehead, P. (2019). Dental associates' perceptions of their working environment: a qualitative study. *British Dental Journal 226 (*12) p. 955-962. https://www.nature.com/articles/s41415-019-0258-y
[3] Holden, A.C.L. (2018) Consumer-driven and commercialized practice in dentistry: an ethical and professional problem? *Medicine, Health Care, and Philosophy 21*(4) 583-589.
[4] Doucet, B. (2023, February 21). Canada Should Nationalize Dental Corporations. *Jacobin*. Link.
[5] Langelier, M., Wang, S., Surdu, S., Mertz, E., & Wides, C. (2017). *Trends in the Development of the Dental Service Organization Model: Implications for the Oral Health Workforce and Access to Services*. Rensselaer, NY: Oral Health Workforce Research Center, Center for Health Workforce Studies, School of Public Health, SUNY Albany. p. 28 Link.
[6] O'Grady, E. (2021). DECEPTIVE MARKETING, MEDICAID FRAUD, AND UNNECESSARY ROOT CANALS ON BABIES: Private Equity Drills into the Dental Care Industry. Private Equity Stakeholder Project.
[7] Fisher, J. (2023, January). Aspen Dental Agrees to $3.5 Million Settlement in Massachusetts. *Academy of General Dentistry*. Link.
[8] Holden, A., Adam, L. & Thomson, W. (2021). Rationalisation and 'McDonaldisation' in dental care: private dentists' experiences working in corporate dentistry. *British Dental Journal.* Link.

interest that arise due to the business structure of the dental practice.[9] Other risks related to these two issues include use of lower-quality materials and dental laboratories to cut costs, and less comprehensive preventative periodontal care.[10]

- Additionally, a **loss of continuity of care** may occur where patients are seen as belonging to a practice rather than a particular dentist. In these cases, practices may not schedule patients to see the same dentist, consistency in philosophy of care between dentists may not be maintained, and a trusting dentist-patient relationship may be difficult to establish. [11]
- The greatest risks identified in direct-to-consumer (DTC) dentistry concern DTC orthodontics. The **absence of a proper clinical evaluation prior to starting treatment**, **a lack of supervision and dentist-patient communication** throughout treatment, and dental impression errors may negatively impact treatment and health outcomes.[12]

2. Opportunities related to emerging practice models

a. Enhanced focus on patient care

- Effective practice management helps to enable comprehensive diagnosis and treatment. If a practice is disorganized, more time and attention may be spent dealing with managerial tasks, which can detract from the provision of comprehensive clinical care.[13]
- It is well noted that corporately-owned practices can provide practice management support to dentists which enables them to have a greater **focus on the provision of clinical care**,[14, 15 , 16] which may have a positive impact on the quality of care received by patients.

b. Improved access to care

- Corporate dentistry has been said to achieve efficiencies and reduce costs, through economies of scale[17] and negotiating power when group purchasing supplies; billing and administrative efficiencies; and collective hiring, to name a few.[18]
- Corporately-owned practices have been said to enable greater access to care for underserved populations by: generating savings that can be flowed through to patients making their care **more affordable;**[19, 20] being able to withstand lower reimbursement rates through public programs, which enables **more patients to receive support through those programs**; [21] and by establishing clinics in **underserved areas**.[22]

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[13] Levin. R. (2004). The correlation between dental practice management and clinical excellence. *The Journal of the American Dental Association 135*(3), 345-356. Link.
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[15] DMC LLP. (n.d.) *Starting a DSO*. (last accessed February 2024). https://dentistlawyers.ca/starting-a-dso/
[16] Holden, A., Adam, L. & Thomson, W. (2021) Rationalisation and 'McDonaldisation' in dental care: private dentists' experiences working in corporate dentistry. *British Dental Journal*. https://doi.org/10.1038/s41415-021-3071-3
[17] Economies of scale are cost savings that companies experience when production becomes efficient, often by being larger.
[18] Winegarden, W., Arduin, D. (2012, October). *The Benefits Created by Dental Service Organizations.* San Francisco, CA: Pacific Research Institute. p. 17 https://www.pacificresearch.org/wp-content/uploads/2017/06/DSOFinal.pdf
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[21] Texas Health and Human Services Commission Inspector General (2017, May 31). Dental Service Organizations Information Report. https://oig.hhs.texas.gov/sites/default/files/documents/dso-informational-final-5-31-17.pdf
[22] Langelier, M., Wang, S., Surdu, S., Mertz, E., & Wides, C. (2017). *Trends in the Development of the Dental Service Organization Model: Implications for the Oral Health Workforce and Access to Services*. Rensselaer, NY: Oral Health Workforce Research Center, Center for Health Workforce Studies, School of Public Health, SUNY Albany. p. 37, link.

- As an example, in 2019, the American Dental Association found that of the 43% of dentists in the U.S. that participate in Medicaid or the Children's Health Insurance Program (programs that provide dental benefits for children), 63% were affiliated with a DSO.[23]
- Similarly, DTC dentistry can **improve access to care by reducing treatment costs and providing greater convenience**, especially for those who do not live near a dentist.[24] For example, traditional orthodontic treatments in Canada can range from $3,000 to $10,000[25] while fees from DTC aligner providers can be as low as $1,120.[26]
- A 2020 survey-based study found that patients who chose to pursue DTC aligner treatment largely did so due to its lower costs, flexible payment plans (e.g., $80/month), and the convenience associated with fewer orthodontic appointments.[27]

3. Other factors that may impact the care provided by dentists across practice models

a. Perceived professional role and values of the registrant

- The personal circumstances of dentists may be more biased towards working in particular practice models, or more likely to be influenced into making aggressive treatment decisions when working in models where there are profit-driven objectives.[28]
- For example, A 2020 survey-based study of 1075 Ontario dentists by Ghoneim et al., (2021) found that dentists who saw themselves as a businessperson were more likely to make aggressive treatment decisions.[29]

4. An approach to mitigate risks related to business interests in dentistry

- Some literature suggests dentists should receive more **education** concerning the application of professional and ethical responsibilities to **emerging practice models**.
- A 2015 U.S. study, recommend dental students be educated on corporate practice models, including their legal structure, and dentist's rights and responsibilities,[30] and the 2021 study of Ontario dentists, described above, noted a need to strengthen the ethical reasoning of dentists to mitigate financially-driven treatment decisions.[31]

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Griffith, E., and Eavis, P. (2020
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[28] Canadian Dental Association Oasis. (2014). *Corporatization of Dentistry: What Does it Mean to You?* (Discussion Board). https://oasisdiscussions.ca/2014/07/29/corp/
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Appendix F: Consultation Highly Abbreviated Summary

OVERVIEW:

- This document provides a highly abbreviated summary of feedback from registrants, patients, and other interested parties on the RCDSO's Practice Models and Corporate Dentistry consultation.
- Through the consultation, we asked respondents to share their experiences in their primary practice model and their opinions concerning corporate dentistry and direct-to-consumer dentistry. More specifically:
    - We asked dentists and other oral health care professionals what non-clinical elements tend to be associated with their primary practice out of a list of 26 elements that we identified may broadly impact patient care (more specifically, access to care, continuity of care, or clinical care).
    - We then asked dentists and other oral health care professionals for their perspectives regarding how non-clinical practice elements can impact patient care (e.g., improves/ reduces access to care).
    - Questions for the public were designed to better understand their values when receiving oral health care and the extent to which patients' experiences in various practice models align with their values.
    - We asked all respondents for their opinions regarding opportunities and issues associated with corporate dentistry and direct-to-consumer dentistry for patients.
    - Finally, we asked all respondents for any other feedback on the topic of practice models.
- Caveats, Figures and more detailed analysis can be found in the summary on pages 260 to 280 in the October 2024 Council Meeting materials.

SUMMARY:

- 595 survey responses were received in response to the consultation, including over 2100 responses to open-ended, text-box style questions.
- Most responses were from dentists including those who are retired (357), and other oral health care professionals (168), with some responses from members of the public (65), and three from organizations – the Ontario Dental Association (ODA), Ontario Dental Hygienists Association (ODHA), and MCA Dental Group which identifies as dental support organization.
- Of the three organizations that provided responses to the survey, only the Ontario Denal Association (ODA) provided a written submission; the Ontario Dental Hygienists Association and MCA Dental Group completed the survey directly. Comments from the ODA's submission have been integrated into the analysis of survey feedback presented in this summary.
- Key takeaways from survey responses are as follows:
    - Almost all non-clinical elements of a dental practice that were identified in the survey can have a positive impact on patient care. More specifically, respondents noted that the non-clinical elements can have a positive impact on continuity, consistency, convenience, timely delivery, and/or quality of care, as well as physical and/or financial access to care. The exception is 'expectations to meet implied or stated, production-or

earnings-based quotas', which respondents suggested has a negative impact on patient care.

- Some non-clinical practice elements that can have a positive impact on access to care and continuity of care may be similarly prevalent across corporately-owned practices, solo private dental practices, and group private dental practices.
- However, other elements that can have a positive impact on clinical care, such as having an identifiable Radiation Protection Officer or health information privacy lead who works in the practice, may be less prevalent in corporately-owned practices compared to solo private dental practices and group private dental practices.
- Additionally, expectations for meeting implied or stated, production- or earnings-based quotas may be more prevalent in corporate dental practices compared to solo private dental clinics and group private dental practices.
- Public/not-for-profit dental clinics[1] may be less flexible than other practice models regarding methods of payment (e.g., direct assignment of benefits) and hours of operation, as well as the ability of registrants to refer patients outside of the practice. This is likely due to the distinct objectives, operational structures and patient demographics of public/not-for-profit dental clinics.

- **Feedback from patients** generally indicated that elements related to access and continuity of care are important to them, and they generally indicated that their experience receiving dental care from their usual dental clinic aligns with their values.
- Patient respondents noted that where their experience receiving care did not align with their values it was due to poor measures to prevent the spread of airborne illness, poor communication regarding treatment and billing information, transactional and not-trusting patient-dentist relationships, and treatments occasionally feeling excessive.
- Opinion based feedback from dentists, other oral health care professionals, and patients suggests that **corporate dentistry** can improve financial access to care and enable more timely and convenient access to care for patients, but that it can place expectations on registrants to meet quotas and prioritize profit over patient care, may not enable the development of strong patient-dentist relationships, and can reduce clinical autonomy and the flexibility for oral health care professionals to provide personalized care.
- Opinion based feedback from dentists, other oral health care professionals, and patients suggests that while **direct-to-consumer dentistry** can provide greater financial and physical access to oral health care, it can pose risks to quality of patient care and patient safety due to poor treatment oversight by dentists and the inability of dentists to properly evaluate a patient's oral health and establish a safe treatment plan in the absence of in-person consultation or clinical examination.
- Additional feedback from all respondents generally suggests there is a need for greater access to care, more ethical care, and that **more accountability and regulation is needed** for corporate practice models, where owners of multiple practices do not practise at their practices, and for practices that are largely associated-led.

[1] Public/not-for-profit dental clinics include government-funded, hospital-based, and school-based dental clinics, as well as not-for-profit community-based dental clinics.

Appendix G: Data Analysis Highly Abbreviated Summary

OVERVIEW

- This document provides a highly abbreviated summary of Annual Renewal Questionnaire (ARQ) responses and complaints data that were analyzed to better understand: trends in dental practice ownership and affiliation with third-parties (e.g., dental service organizations or 'DSOs'), and trends in matters related to practice models that have been reviewed by the Inquiries, Complaints and Report Committee (ICRC).
- This analysis was exploratory using the entire cohort of registered dentists that completed the 2024 ARQ and recent referrals to the ICRC; hypothesis testing was not required and observed differences or trends were not subjected to statistical testing.
- Caveats and more detailed analysis can be found in the version of the summary on pages 281 to 287 in the October 2024 Council Meeting materials

KEY TAKEAWAYS

- Preliminary analysis of ARQ responses suggests that the percentage of registered dentists who own practices in Ontario has gradually decreased in recent years (**Table 1**); however, longer-term, and more granular data sets, including those regarding the total number of dental practices in Ontario, would be needed to draw any definitive conclusions.
- Approximately 16% of registrants practice dentistry in at least one practice that is affiliated with a third-party entity (i.e., DSO). Though data concerning third-party practice affiliation is limited, tracking these trends over time will help the RCDSO better understand the prevalence of third-party affiliation with dental practices in Ontario (**Figure 1**).
- Additionally, findings suggest that as registrants own more practices, less of those registrants practise at all of the practices that they own (see **Figure 2** in Chapter 2 of the Report).
    - For example, 99.8% of registrants that report owning two practices report working at both of the practices that they own (684 of 685). However, only 53% of registrants who own four or more practices report working at all their practices (79 of 149).
- These findings raise a few questions – in scenarios where the owner of a practice does not practice dentistry at the practice, how are the day-to-day practice operations managed so as to ensure quality of care? And what is the impact of third-party affiliation on patient care?
- Separately, the Professional Conduct and Regulatory Affairs Department (PCRA) identified less than 20 recent matters (e.g., complaints) where the practice model of the registrant may have played a role in the case. Some of those matters were referred to the Discipline Committee. Of the matters referred to the Discipline Committee, two practice models emerged:
    - Model(s) where a non-registrant(s) owns the dental practice and has responsibility for, or control over for the provision of administrative services within the practice,[1] and
    - Model(s) where aligner treatment is provided DTC. [2]
- Matters referred to the Discipline Committee include allegations that registrants: contravened a Standard of Practice or failed to maintain the Standards of Practice; failed to keep records as required by the Regulations; treated without consent; and/or engaged in

[1] Examples include Notice of Hearing 23-0841 ,and 23-0842.
[2] Examples include Notice of Hearing 24-0313, 24-0314, and 24-0317.

the practise of dentistry where the member had a conflict of interest.[3] These findings reinforce the importance of College standards and programs to ensure registrants to uphold professional and ethical expectations in various practice environments.

- After the initial complaints analysis, Council asked if key themes raised in the PMCD consultation (Appendix F) could be identified in complaints data. Based on a preliminary review of 25 additional complaints for which decisions were issued in 2022 or 2023, the answer is 'yes, for some themes':.
  - Where patients are more likely to be directly affected by the issues (e.g., unnecessary treatment, overcharging, and continuity of care) we can find examples of PMCD topics in complaints and some corresponding decisions by ICRC.
  - However, issues that may not impact patients directly – such as those related to clinical autonomy and practice management – may be infrequent in complaints data.

FIGURES

Number of practices owned	2022	2023	2024	% difference 2022 to 2023	% difference 2023 to 2024
0 practice	4,810 (47.30%)	5,252 (49.11%)	5,493 (50.03%)	+1.81%	+0.92%
1 practice	4,373 (43.00%)	4,401(41.15%)	4,448 (40.51%)	-1.85%	-0.64%
2 practices	656 (6.45%)	679 (6.35%)	685 (6.24%)	-0.10%	-0.11%
3 practices	178 (1.75%)	206 (1.93%)	204 (1.86%)	+0.18%	-0.07%
4 + practices	153 (1.50%)	156 (1.46%)	149 (1.36%)	-0.04%	-0.10%
# of registrants who answered this question	10,170[4]	10,694	10,979	+5.15%	+2.67%

Table 1. Dental practice ownership reported by RCDSO registrants in the 2022 to 2024 ARQ. Number and percent of registrants that reported that they owned any number of practices in 2022, 2023, and 2024, and year-over-year trends, excluding any invalid responses. [5]

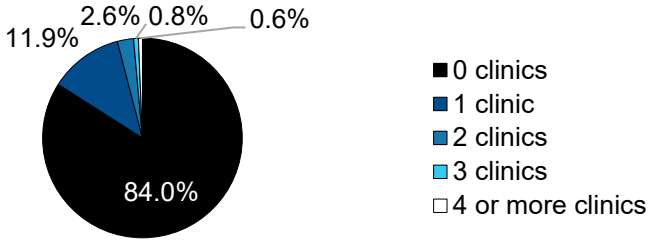


Figure 1. Percent of registrants that practice dentistry at a practice(s) that is affiliated with a third-party. Approximately 84% (8,652) of registrants who practice in a practice were estimated to practice at practices that were not affiliated with a third-party entity; 12% (1,228) of registrants reported that one practice that they practice at is affiliated with a third-party entity; 2.6% (270) of registrants reported that two practices that they practice at are affiliated with a third-party entity practice; just under 1% (81) of registrants reported that three practices that they practice at are affiliated with a third-party entity practice; and under 1% (66) reported that four or more of the practices that they practice at are affiliated with a third-party entity.

[3] Matters that have been referred to the Discipline Committee, for which the hearings have not yet taken place, can be found on the RCDSO's Discipline Hearings webpage: https://www.rcdso.org/en-ca/Complaints-and-Investigations/discipline-hearings
[4] As this question was not mandatory in 2022, approximately 356 registrants left this question blank.
[5] Registrants were asked to enter, into an open textbox, the number of practices that they own. Responses that were considered invalid (e.g., they included letters or were unrealistically large) were removed from this analysis as part of the data cleaning process.

Appendix H: Abbreviated Research Summary Identifying and Analyzing Issues

OVERVIEW

- The document provides a highly abbreviated summary of issues related to dental practice models for patients and the option(s) that have been developed to address the issues.

SUMMARY

- Issues related to practice models are complex, and most issues identified through this project can manifest across various practice models.
- Seven key issues were identified based on a review of all completed research. Descriptions of the options proposed to address the issues can be found in the Report.
- Issues, potential outcomes for patients, and impacted registrants/applicable practice models are outlined in the table below:

Issue related to dental practice models	Potential patient outcomes	Impacted registrants and/or applicable practice models	Deliverables (Sources)	Options to address the issue
1) Loss of clinical and non-clinical autonomy due to organizational policies/ procedures that are designed to achieve business objectives (e.g., generate profit) and may not be compatible with professional and/or ethical expectations.	It can increase risks of treatment decisions that may not be in patients' best interests. For example, changes to treatment plans due to restrictive referral policies, or a lack of supplies.	Could happen to registrants working in any practice model except those where registrants work entirely for themselves (e.g., solo private practice).	• Literature Review (Deliverable E) • Consultation Summary (Deliverable F)	• Option #1 • Option #3
2) Financial conflicts of interest that prevent, or would reasonably be regarded as having the effect of preventing, registrants from properly exercising their professional judgement (e.g., compensation tied to earnings targets, income sharing with non-registrants).	They can increase risks of ineffective patient care and billing fraud. For example: provision of unnecessary treatments; billing for more expensive treatments than what was provided.	Could impact registrants working in any practice model. May depend on the internal motivations and ethical reasoning skills of registrants, and requirements set by practice owner(s)/ management.	• Literature Review (Deliverable E) • Data Analysis Summary (Deliverable G) • Consultation Summary (Deliverable F)	• Option #1 • Option #3
3) Organizational inefficiencies in dental practice (e.g., low practice oversight, high-turnover of regulated staff).	They can an increase risks for poor continuity and/or consistency of care, and poor patient-dentist relationships which can lead patients to lose trust their oral	Could impact registrants working in any practice model. May depend on whether the patient is under the care of the practice, rather than an individual registrant,	• Literature Review (Deliverable E) • Consultation Summary (Deliverable F)	• Option #2 • Option #4

Issue related to dental practice models	Potential patient outcomes	Impacted registrants and/or applicable practice models	Deliverables (Sources)	Options to address the issue
	health care providers.	if there are procedures to ensure continuity of care, and if the practice is well organized.	• Data Analysis Summary (Deliverable G)	
4) Treatment of patients by different registrants where there are negative impacts on continuity, and accountability for care.	This can an increase risks for poor continuity and/or consistency of care, and a patients' loss of trust in their oral health care providers.	Could occur in any practice model where patients regularly receive care from different registrants and where procedures to ensure continuity of care are not in place.	• Consultation Summary (Deliverable F)	• Option #2
5) Provision of orthodontic treatment without the involvement of a dentist in one or more steps in treatment (e.g., appropriate evaluation prior to starting treatment, ongoing supervision, evaluation of treatment outcomes)	This can increase risks for ineffective treatment; and/or damage to patient's oral health (e.g., pain, bite issues, bone loss, tooth loss) which can be permanent.	Could occur in any practice model that includes orthodontic treatment but may be more likely in models where care is provided virtually with limited direct engagement with the dentist.	• Literature Review (Deliverable E) • Consultation Summary (Deliverable F) • Data Analysis Summary (Deliverable G)	• Option #5 • Option #6
6) Provision of orthodontic treatment with the involvement of a dentist, but where one or more of the steps in treatment is not carried out in accordance with regulatory requirements and/or does not meet the standard of care.	Can increase risks for: ineffective treatment; and/or damage to patient's oral health (e.g., pain, bite issues, bone loss, tooth loss) which can be permanent.	Could occur in any practice model that includes orthodontic treatment but may be more likely in models where care is provided virtually with limited direct engagement with the dentist.	• Literature Review (Deliverable E) • Consultation Summary (Deliverable F) • Data Analysis Summary (Deliverable G)	• Option #5 • Option #6
7) Legislation/regulation, and Standards are silent on some topics related to practice arrangements. Other topics are only addressed in articles and may be out of date.	The absence of up-to-date legislation, or College guidance on certain topics may result in an ineffective regulation.	Registrants in models affiliated with non-registrants (e.g., corporately-owned dental clinics).	• RCDSO Research Summary (Deliverable B)	• Option #1

Appendix I: Abbreviated Research Summary Identifying and Analyzing Opportunities

OVERVIEW

- The document provides a highly abbreviated summary of opportunities related to dental practice models for patients and the option(s) that have been developed to harness the opportunities.

SUMMARY

- Opportunities related to practice models are complex, and most opportunities identified through this project can manifest across various practice models.
- Seven key opportunities were identified based on a review of all completed research. Descriptions of the options proposed to address the issues can be found in the Report.
- Opportunities, potential outcomes for patients, and impacted registrants/applicable practice models are outlined in the table below.

Opportunity related to dental practice models	Potential patient outcomes	Impacted registrants and/or applicable practice models	Deliverables (Sources)	Options to harness the opportunity
1) Improved focus on the provision of clinical care due to registrants having little to no responsibility for business or administrative elements of the practice.	This may make it easier for some registrants to provide comprehensive diagnosis and treatment, though benefits for patients are less clear.	Could impact registrants working in any practice model where the principal, owner, or third-party assumes responsibility for business and administrative activities (e.g., corporately-owned practices).	• Literature Review (Deliverable D) • Consultation Summary (Deliverable E)	• Option 1
2) Elements that may improve the affordability of oral health care for patients (e.g., practices or dentists who accept patients on publicly-funded programs; and the flexibility to offer no-cost, low-cost, or discounted treatments).	Can help improve financial access to care.	Could be relevant for registrants working in any practice model, including those with a mandate to provide low or no-cost care (e.g., community health center); those that provide treatments at a lower cost compared to other practice models (e.g. DTC dentistry); or those that generate savings that are passed on to patients (e.g., due to economies of scale).	• Literature Review (Deliverable D) • Consultation Summary (Deliverable E)	• Option 4 • RCDSO's Access to Care Strategic Project is focused on improving patients' access to care.

Opportunity related to dental practice models	Potential patient outcomes	Impacted registrants and/or applicable practice models	Deliverables (Sources)	Options to harness the opportunity
3) Elements that may improve physical access to oral health care for patients (e.g., DTC dentistry, multiple providers within a clinic, flexible clinic hours/locations, and accessibility accommodations).	Can improve patients' physical access to care and convenience of care, particularly for patients who live in rural or remote communities, or have a disability or health condition that makes it challenging to seek care in person.	Could impact registrants working in any practice model, including models where: patients can go to any practice within a network or group of practices, or companies provide specialized treatments directly to patients (e.g., DTC treatments).	• Literature Review (Deliverable D) • Consultation Summary (Deliverable E)	• Option 4 • RCDSO's Access to Care Strategic Project is focused on improving patients' access to care.
4) Education concerning practice models to help reinforce registrants' ethical and professional responsibilities regardless of the practice model.	Can help to assure quality of patient care across practice models.	Registrants working in any practice model, but especially corporately-owned dental practices or DTC dentistry models, which may be less understood by dental students or new registrants.	• Literature Review (Deliverable D)	• Option 3
5) Ensuring that a registrant has responsibility for overseeing and supervising the practice.	Can help to assure quality of patient care and improve oversight within practices.	Registrants working in any clinic-based practice model may benefit from this approach.	• Jurisdictional Review Summary (Deliverable C)	• Option 2
6) Using a regulatory sandbox to pilot innovative ideas or models that have the potential to improve the quality or delivery of services.	Can enable innovation that improves access to care or service delivery for patients and enables proactive risk-management.	Registrants working in any practice model, with an innovative idea or practice model, could possibly take advantage of a regulatory sandbox.	• Jurisdictional Review Summary (Deliverable C)	• Option 4
7) Improved information gathering and oversight over dental practices by the RCDSO.	Greater oversight could identify opportunities to improve legislation/ regulation and help to assure quality care more broadly.	Could apply to registrants working in any practice model.	• Consultation Summary (Deliverable E)	• Option 2 • Option 6

Royal College of
Dental Surgeons of Ontario

COUNCIL
BRIEFING NOTE

TOPIC: Top RCDSO Risk Report 2025

FOR DISCUSSION

June 19, 2025

ISSUE: To regularly review risks rated as high or very high for the College.

PUBLIC INTEREST: Council-approved risk reports provide guidance to the College at both the operational and strategic decision-making levels. This guidance provides the basis for decision-making that facilitates the College most effectively meeting its public protection mandate.

BACKGROUND:

One of Council's key responsibilities is overseeing risks that could impact the organization and its strategic priorities. The Finance, Audit & Risk (FAR) Committee plays a critical role by reviewing materials and documentation in advance of Council meetings

- Over the past two years, management, the FAR Committee, and Council have collaborated to shape the organization's Enterprise Risk Management (ERM) strategy.
- Defining the organization's corporate risk appetite for strategic outcomes is a foundational step in building a comprehensive ERM strategy. To support this process, management engaged external expertise to develop risk appetite statements. This was presented to Council in December 2023.
- Risk registers were developed for all departments and functions – Regulatory Programs, IT, HR, Finance, Facilities, Communications, and the Office of the Registrar. For 2025, more than 100 risks were identified and assessed across likelihood and impact, and 8 were scored as high risks.
- The risk management program aims to keep SLT, FAR and Council consistently informed of the top risks facing the College, how these risks are being managed, and planned mitigation actions.
- This process ensures that the most critical and significant risks are brought to Council's attention, along with appropriate mitigation plans, to support Council's oversight responsibilities.

CURRENT STATUS:

- Staff will bring risk updates to FAR and Council at least twice per year, after SLT review.
    - In December the top risks for the subsequent year will be presented. This will involve updated risk registers being created by each of the College departments.
    - In June the top risks identified for the year (presented the previous December), are presented with further mitigation strategies included. This provides an opportunity to verify that risks still score high and also allows a chance to assess and add any emerging risks.

- The attached report highlights the same eight high-level risks that could significantly impact the College or the public, as presented in December 2024, which was vetted by SLT. These risks are still rated as high, although mitigation progress has been made against each of the risks and the matrix has been updated to reflect this progress.
- As a reminder, Appendix A risks include:
    - The first three risks relate to the PLP program, including both financial and operational risks. Once complete, the divestment will mitigate or eliminate these risks.
    - The fourth is a communications/strategic risk.
    - The fifth and sixth pertain to dental practice and standards development. The Policy team has made great strides in drafting and updating standards and there is more work to do.
    - The final two involve data protection and cyber security, which are prominent business risks that most organizations face.

- It is recommended that one additional risk be added, to reflect the geo-political and external economic disruptors in our current environment. Although largely uncontrollable, it cannot be ignored as it impacts the College, staff, dentists and the country itself. There are several adverse impacts associated with this broad risk category and a number are listed in Appendix A.

- For informational purposes also included are risks identified by the World Economic Forum. Figure B lists projected top risks for 2025, and Figure C shows proposed risks for 2 and 10 years. The results indicate a "negative outlook for the world over the next two years that is expected to worsen over the next decade[1]."

- Although not all risks are shared by the College there are several which mirror our list.

- One piece of work that has received staff and FAR attention is the creation of a Crisis Management Plan (CMP). The College has a documented Pandemic Plan, a Disaster Recovery Plan, and an IT Service Continuity-Disaster Recovery Plan and now the CMP has been drafted.

NEXT STEPS:

- Continue FAR Committee and Council oversight of the risk management program, including regular progress reviews.

DISCUSSION FOR FAR:

- There is no motion for this item.

CONTACT:

Jeffrey Gullberg, jgullberg@rcdso.org

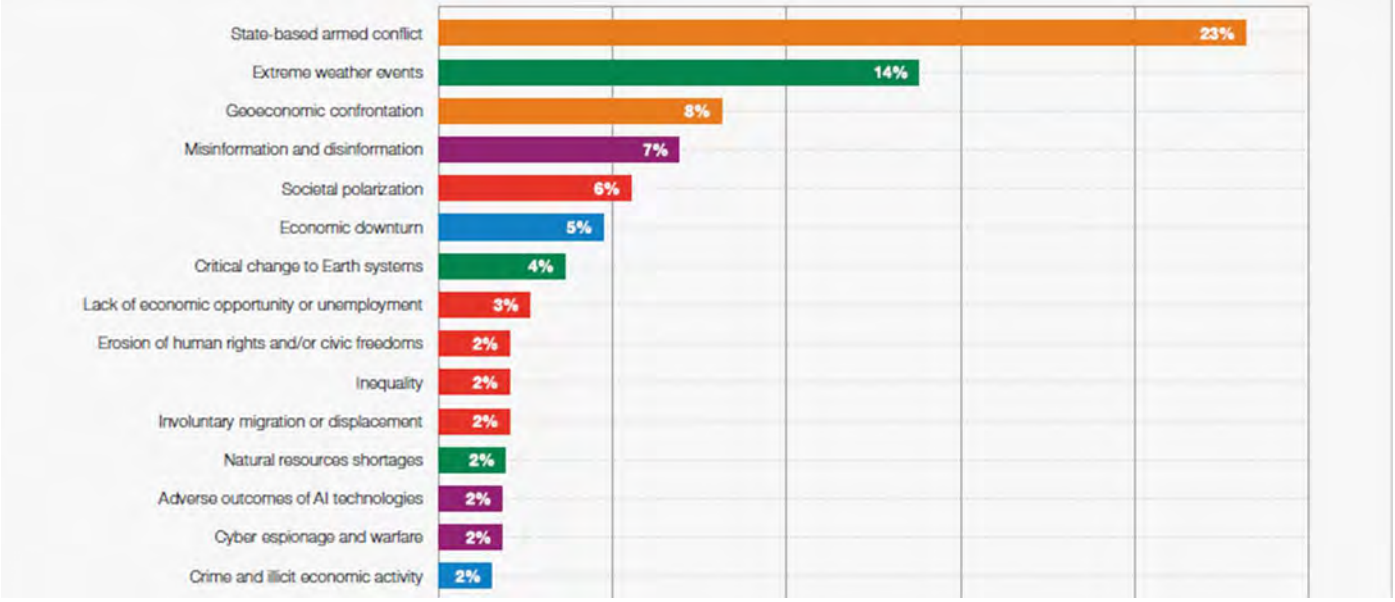
[1] The Global Risks Report 2024, 19th Edition, World Economic Forum

Appendix A: Consolidated High Risks

Current Global Risk Landscape

FIGURE B **Current Global Risk Landscape**

"Please select one risk that you believe is most likely to present a material crisis on a global scale in 2025."



Global Risk Report 2025 World Economic Forum

FIGURE C **Global risks ranked by severity over the short and long term**

"Please estimate the likely impact (severity) of the following risks over a 2-year and 10-year period."

Source
World Economic Forum Global Risks Perception Survey 2024-2025.

College Risk Register - Top Risks

Nature of risk	Potential adverse impact	Existing controls	Planned response
			
PLP Reserve Depletion Divestment transfer of liability dramatically exceeds the PLP reserve	· Paying out significantly more than the PLP Reserve could be problematic for cash flow, financial reporting · Could also place RCDSO in non-compliance with Investment Policy	· PLP Reserve of $22.5 million · Adjusted investment strategy to ensure adequate cash will be available in 2025 · Actuary calculated a discounted liability, pro forma financials prepared, to inform deal parameters	· Negotiate with preferred bidder on all financial impacts · Gain clarity on value of the PLP Program and transfer of the liability · Consider revisions to Investment Policy
PLP Settlement & Legal Costs Large cases arise, e.g. class action - impacts cash flow and amount available to invest	· Investment income reduced with less $ to invest · Could lead the budget into deficit territory · Could add risk to the divestment value of program	· Hold a PLP Reserve of $22.5 million · PLP Committee approves case settlements > $50,000 and receives a report on every file settled · Council has approved divesting the program	· Analysis and modeling on big ticket financial changes · Complete process to divest PLP program
Dental Competency Reporting Cannot access or act on competence issues that arise or are reported in PLP	· Regulatory side of the College is unaware of poor practice standards leading to injury to patients or worse	· Educate dentists on risk management, provide good information on website and other channels to raise awareness of issues	· Accept the risk as divesting the program · Would require government regulation to change · Proposed data sharing with the College post-divestment to support trend analysis in the profession
Disreputable Comments Dental members making dishonourable or disgraceful remarks, e.g. political, controversial remarks/claims	· Patients do not feel safe visiting dentist because of their public views · Reputational risk to the profession · Disinformation	· Registrant Code of Ethics · Complaints process · Cohesive internal communications tracking and priority process on the relevant issue · Engaged strategic communication experts	· Develop updated social media policy for the profession · Obtain external legal resources and supports as needed

College Risk Register - Top Risks

Nature of risk	Potential adverse impact	Existing controls	Planned response
			
Dental Practice Gaps High risk regulatory dental practice gaps in dental practice that are not addressed by College standards or other guidance (e.g., Artificial Intelligence or other new technology applications for dental practice)	· Potential harm to patients · Public concern that College was not fulfilling mandate · Could lead to media stories and reputational harm · Could also lead to government dictating the solution which may not address the problem or may do so in a cost prohibitive manner · Doing too much can remove high quality care for patients from a new way of delivery · There could be a financial and reputational risk to dentists for using tech, devices, etc. to address this gap	· Use of Issues Management Working Group to identify issues, trends, etc. in dental practice · Watching for disruptors is a core component of the Strategic Plan and a requirement of program leaders and SLT · Process for revising and developing standards is strong with upfront research/evidence review, sweeping consultation and groups to provide checks and balances - Working Groups, Committees and Council · Identified as a strategic project for the College and additional resources allocated to the Policy Dept · Communication to stakeholders about interim guidance (RCDSO Connect, e-blasts and newsletter) · Policy Team consults with programs on gaps in standards and other College authorities	· Quality and FIP visioning exercise in progress to develop inventions that address these gaps and identify evidence-based practices and realign the program to those practices · Cross-departmental working group meeting regularly · Consistent College-wide risk assessment and tools · Carry out risk research to identify gaps
College Standards Implementing or enforcing a standard/position/process that is out of date (such as with current scientific evidence; or the true standard of practice)	· Impairs the perception of the College as fair, objective and current and does not apply a right-touch approach to regulation · Safety risks to the public may arise, and risks to the registrants may arise · Currently the College has multiple standards that are out of date with current practice	· Process for revising and developing standards is strong with upfront research/evidence review, sweeping consultation and groups to provide checks and balances (WG, QAC, Council) · Strategic project for the College and additional resources allocated to the Policy Department · Embedding standards in CE through category 1 course reviews, RCDSO Connect and PET exam questions	· Committee training · Programs share information about out-of-date standards with Policy team · Continue to develop standards · Application of standards to inform right touch response

College Risk Register - Top Risks

Nature of risk	Potential adverse impact	Existing controls	Planned response
			
Privacy Breach Unauthorized access to sensitive information (PII - personal identification information, PHI - personal health info, PCI - credit card info)	· Unauthorized access to privacy information could lead to the exposure of highly sensitive information related to a member of the public or the profession which may result in governmental sanctions and a loss of public trust	· Data is released only subject to a memorandum of understanding or data sharing agreement · Where disclosures are made to parties to College matters the College uses security protocols such as secure mail · Breaches are managed in accordance with an Information Breach Protocol · Annual presentations on the number, and cause of breaches is shared with RCDSO staff, together with tips and mitigation tactics · Ticketing system specific to privacy to receive, track and manage all internal and external requests or issues related to information privacy · Mandatory Privacy training module undertaken by all staff	· Additional technology controls to identify, label and track information when it is sent outside the College · Continue to educate staff and continue reporting
Cyber Security Threats Includes Ransomware attacks, denial of service, phishing, malware	· A cyber security breach could result in significant business disruption resulting in our failure to provide services thus affecting our reputation · Potential exfiltration of information · Additionally, a major breach could result in significant cost to recover and restore services as well as an increase in select ongoing costs, such as insurance	· Governance is based on best practices (NIST Cyber Security Framework) and architected to provide a layered defense approach · Supplemented by external and internal automated audits and penetration testing · Security awareness training (available to staff, council and committee members) · Implementation of threat mitigation capabilities including active threat hunting · Disaster recovery plan; back-up and recovery policy; security incident process all documented	· Enhance resilience capabilities such as implementing Crisis Management Playbook, service continuity and security incident response plans · Optimize incident response plans to improve detection, response and recovery times · Active landscape monitoring to identify improvements to the College's security posture · Target 95% cyber awareness training participation · Prepare analysis of third-party risks · Redesign of perimeter defence systems to improve remote working protection by implementing a Zero Trust Access (ZTA) approach

College Risk Register - Top Risks

Nature of risk	Potential adverse impact	Existing controls	Planned response
			
External influences - economic/geopolitical disruptors	Short-term staff absence due to illness/stress; potential short-term impact to productivity	Contingency planning with cross training for many positions within the College - ability to reassign or reprioritize critical work; HR/leaders check in on staff they are aware of who are impacted by armed conflicts; Mental health benefits and resources	Continue staff contingency planning and cross training for areas not fully covered Continue to review benefits
	Risk to high inflation and rising costs - impact on staff and College	Continue to build responsible budgets, with small surplus to allow financial contingency planning	Closely monitor the economic environment
	Staff pension plans can be under pressure, reducing retirement funding	Many options available to structuring pension investments - 2/3 of staff invest in a target fund based on retirement date	Continue staff education sessions, e.g. info session on managing finances with volatility and tariffs
	Negative impact to College equity holdings, reduction in investment income	Maintain a prudent amount held in equity investments to reduce exposure. Regular review of investment policy	Hold fully funded Operating Reserve in case impact is material
	Recession could lead to a reduction in going concern vendors	Replacement vendors have been identified for primary College vendors. Buy Canadian guidance	Complete 3rd party vendor risk matrix to identify risk and continue to review alternate vendors
	Tariffs and inflation impact dentists, leading to pressure to reduce regulatory fees	Finance continually prepares cost analysis to fund College regulatory programs	Continue to manage in a financially prudent manner

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April 30, 2025

Via email: Allison.Henry@ontario.ca; regulatoryprojects@ontario.ca
Allison Henry
Director
Health Workforce Regulatory Oversight Branch
438 University Ave, 10th floor
Toronto, ON M7A 1N3

Re: RCDSO Comments on MOH Regulatory Registry Proposal 25-HLTC005 – Reducing Barriers to Registration and Practise for Regulated Health Professionals Registered in other Jurisdictions

Dear Allison Henry,

Thank you for the invitation to provide feedback on the Ministry of Health's proposal to enhance labour mobility for certain health professions and the expansion of the As of Right rules.

The Royal College of Dental Surgeons of Ontario (RCDSO) supports the principles of the As of Right approach: expediating the process for healthcare professionals registered in other provinces/territories to begin practice in Ontario. Indeed, since the implementation of Ontario Regulation 508/22 in 2023, RCDSO is proud to state that we consistently exceed the required registration timelines with an average processing time of less than five (5) days for completed applications.

We have reviewed the Ministry's proposal with interest and with diligence. Below, we provide commentary on six key topics flowing from the proposal. In offering these comments, our goal is to assist the Ministry in enhancing the final proposal and mitigate unintended risks.

1. Practice Setting

The RCDSO notes that the Ministry has removed previous restrictions related to the settings in which As of Right professionals can practice. We believe that the Ministry's approach is overly broad. It would permit As of Right dentists to move directly into independent practice as the only dentist in a clinic. For reasons we explain below in our commentaries on Jurisdiction and As of Right Conditions, we believe that doing so will pose risks to patient safety. We are proposing as a mitigation tactic that the Ministry adopt a modified approach which would require As of Right dentists to practice with one or more RCDSO registrants.

Further, with the understanding that the Ministry is expanding the application of As of Right to numerous professions, the Ministry should clarify whether private practice is captured in the listed practice settings. Private practice is the main setting in which dentists practice in Ontario.

Mitigation Tactics:

a) Revise the proposed approach to practice settings by requiring As of Right dentists to practice in a setting with one or more RCDSO registrants.

b) Clarify how the listed practice settings are defined.

2. Jurisdiction over As of Right dentists

Until the As of Right applicant obtains licensure from the RCDSO, the applicant is not a registrant of the RCDSO and therefore is not subject to the *Regulated Health Professions Act, 1991*, the *Dentistry Act*, *1991*, RCDSO standards, by-laws, and key regulatory processes including those related to complaints and investigations.

Further, the proposal does not include a requirement that dentists need to notify either the RCDSO or the regulator they are licensed with that they wish to practice in Ontario.

The RCDSO is concerned that these elements combined will create a regulatory gap that will put Ontario patients at risk. For instance, *which entity will be responsible for determining if candidates meet the conditions for As of Right? Who will be responsible for managing any complaints or concerns that may arise for As of Right dentists? How will Ontario patients know which regulator to contact to make a complaint or raise a concern? How can we ensure compliance with key policy objectives and obligations such as Ontario's zero tolerance for sexual abuse of patients, mandatory reporting obligations, and dentists' scope of practice?*

Mitigation Tactic: ***Require As of Right applicants to notify both their home jurisdiction as well as their Ontario regulator before they commence practice under As of Right. Notification should include information on the intended employer and location where the As of Right dentist will practice.***

Notification would allow:

a) A regulatory authority to evaluate whether a candidate has satisfied the eligibility conditions for As of Right, including those related to conduct and professional liability insurance, and thus give full effect to the objectives of those conditions.

b) RCDSO to direct any concerns or complaints it receives during the six-month period to the appropriate regulator who has jurisdiction over the As of Right dentist.

c) RCDSO to ensure that As of Right dentists are not engaging in independent practice, as proposed in our Mitigation Tactic for Practice Settings.

d) Enable the RCDSO to alert As of Right dentists to key policy objectives and obligations including those around sexual abuse of a patient, and dentists' scope of practice which can vary from province to province. Doing so would align with the Colleges' obligations under subsections 3(1) and 3(2) of the *Health Professions Procedural Code* (s.3).

3. Conditions for 'As of Right' practice in Ontario

The RCDSO strongly supports the inclusion of eligibility conditions for As of Right dentists. We believe the language of conditions two and four need to be strengthened to ensure patient safety and the provision of safe dental care.

Regarding **condition two**, the RCDSO is concerned that this language is too narrow. As currently written, the language:

- will not capture dentists who have had their certificate of registration cancelled. The RCDSO had to use this tool recently with a former Ontario registrant. (See the media story for further details.)
- will not capture dentists who have a pattern of registration refusals or have had a refusal that is just outside the Ministry's proposed two-year limit.

Mitigation Tactic: ***Revise the language of condition two to be more inclusive. For example,***

A regulatory authority in a Canadian jurisdiction has not refused to register the professional ***or has not cancelled the professional's certificate of registration*** within the past ***5*** years.

We also believe the language of **condition four** is too narrow. This provision would only disqualify dentists who are the subject of a current proceeding or who have a finding. It will not capture dentists who have significant conduct history, are the subject of a current complaint or who have significant incapacity issues but have not been subject to a proceeding. For instance, the current proposal will not capture:

- Dentists with serious health conditions including addictions or substance use matters where the regulator has managed the conditions outside of a proceeding. Tools regulators may use can include health monitoring, practice monitoring and related practice restrictions.
- Dentists with a pattern of professional misconduct or incompetence issues, evidenced by multiple complaints, investigations, and decisions/dispositions by regulators.
- Dentists who are subject to terms, conditions, and limitations (such as practice restrictions practice monitoring, clinical supervision, practice mentoring and other required remediation).
- Dentists who are the subject of a current complaint or registrar's investigation.
- Dentists who have a criminal conduct history but not a regulatory conduct history. The RCDSO does not require applicants to undergo a criminal background check.
- Dentists who are subject to temporary suspensions, pending a regulatory investigation—the equivalent to Ontario's 'interim order' tool.

Mitigation Tactic: ***Revise the language of condition four to be more inclusive. For example,***

The professional must not be the subject of any current professional misconduct, incompetence or incapacity proceeding, **investigation, or practice restriction, including temporary suspensions.**

4. Prescribing

Prior to obtaining licensure in Ontario, As of Right dentists would not have an RCDSO registration number and would not be listed on the RCDSO's public register. In these circumstances, it is not clear whether an As of Right dentist would be able to write a prescription using the registration number assigned by the regulator in their home province or territory. Of note, the *Narcotics Safety and Awareness Act*, *2010* states that dentists must provide their registration number whenever they prescribe an opioid for pain.

Mitigation Tactic: ***The Mitigation Tactic proposed in relation to Practice Setting, would assist with this challenge: RCDSO registrants who are practicing with the As of Right dentist could prescribe medication to patients where necessary.***

5. Expansion of 'As of Right' to American licensed professionals

The RCDSO acknowledges that the current proposal contemplates extending As of Right to American licensees for medicine and nursing only. It is our assumption that all the requirements and conditions for As of Right professionals would apply to American professionals just as they would to Canadian professionals. We support that and would support the application of all our Mitigation Tactics to American professionals.

We raise two issues for consideration that are specific to American professionals.

The first is Canadian work authorization. It is unclear from the proposal how Canada will ensure compliance with work authorization requirements for American professionals, and specifically who will bear responsibility for confirming those professionals obtain and maintain work authorization.

The second relates to conduct history. In the RCDSO's experience, American regulators do not readily cooperate with requests to provide complete or comprehensive regulatory history when American dentists seek Canadian licensure. In order to ensure compliance with the conditions for As of Right, it will be essential that our Mitigation Tactic of notification (set out in our commentary on Jurisdiction) is implemented and that the Ministry provide clarity as to which entity is to monitor and ensure dentists meet all the As of Right conditions.

Mitigation Tactics:

a) ***Incorporate provisions to ensure compliance with Canadian work authorization requirements for American professionals utilizing As of Right.***

b) ***Implement the notification requirements proposed in our commentary on Jurisdiction.***

c) ***Clarify which entity is responsible for ensuring candidates meet all the As of Right conditions.***

6. Automatic Recognition of Another Provincial/Territorial Certificate of Registration

The RCDSO acknowledges that the Ministry has limited the proposed automatic recognition to medicine and nursing. Our comments and suggestions offered throughout this submission would be particularly relevant and worthy of the Ministry's consideration when contemplating automatic recognition of licensure. Without clarity and information about whether or when a professional is practicing in Ontario and without disqualifying candidates with concerning regulatory history, we are not confident that the Ontario public will remain protected.

Conclusion

The RCDSO fully supports the Ministry's goals as articulated in the As of Right proposal. We offer our comments and observations in the spirit of enhancing the Ministry's proposal and ensuring that the provision of dentistry in Ontario continues to be high quality, and safe for all patients. Should the Ministry have any immediate questions about the contents of the RCDSO's submission we would be pleased to assist.

We look forward to a continued dialogue with the Ministry on this important topic.

Sincerely,

Daniel Faulkner, HBSc., MBA
Registrar and CEO

Dr. Harinder Sandhu
President and Chair

Royal College of
Dental Surgeons of Ontario

RCDSO COUNCIL MEETING DATES

2026

- Thursday, February 19, 2026, 9:00 a.m. – 12:00 p.m. (*Virtual*)
- *Thursday, April 16, 2026, 9:00 a.m. – 4:00 p.m. (*Hybrid*)
- *Thursday, June 18, 2026, 9:00 a.m. – 4:00 p.m. (*Hybrid*)
- *Thursday, September 24, 2026, 9:00 a.m. – 4:00 p.m. (*Hybrid*)
- Thursday, October 22, 2026, 9:00 a.m. – 1:00 p.m. (*Virtual*)
- *Thursday, December 3, 2026, 9:00 a.m. – 4:00 p.m. (*Hybrid*)

*There will be a dinner for Council on the evening before the meeting, i.e. Wednesday, April 15, Wednesday, June 17, Wednesday, September 23 and Wednesday, December 2, 2026.

The hybrid meetings will be held at Vantage Venues, 150 King Street West, Toronto. In-person attendance is preferred, if possible.