

452nd Meeting of Council

Vantage Venues, Garden Hall (16th Floor),
150 King Street West, Toronto

(and via Zoom and Livestream via YouTube)

Thursday, September 18, 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.



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



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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:

- o 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.
- o Encourage a practice of mutual respect.
- o Know that there is rigour and analysis in all materials provided to Council and Committees.
- o Ask informed questions to deepen individual and broader understanding.
- o Provide suggestions for clarity and to clarify assumptions.
- o Deliver constructive and substantive comments about content.
- o 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:

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

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

Council Member Annual Conflict of Interest Declaration Form Summary Report - September 2025										
In accordance with Bylaw 13, Council members are required to complete an online Annual Conflict of Interest Declaration Form. A summary report of Council member forms is appended to Council meeting packages and available to the public. Council 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, Council members must declare any updates to their form responses and any conflict specific to the meeting agenda.										
Full 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. 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. 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
Patrick Ballantyne	No		No		No		No		Yes	09/05/2025

						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.				
Marc B Trudell	No		No		No		No		Yes	06/17/2025
Nizar Ladak	No		No		No		No		Yes	06/10/2025

				I am a member of several professional organizations related to dentistry. These include the CDA, ODA, RCDC, 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, and the International Association for Dental, Oral and Craniofacial Research.						
Daniel Haas	No		No		Yes	Professor at the University of Toronto	No		Yes	06/10/2025
Deborah Wilson	No		No		No		No		Yes	06/09/2025
Daniel Fortino	No		Yes	Ontario Society of Periodontists ODA RCDC Canadian Academy of Periodontology KOL: zimvie, straumann	No		No		Yes	03/26/2025
Antony Liscio	No		No		No		No		Yes	03/24/2025
Rod Stableforth	No		No		No		No		Yes	03/14/2025

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 Dirextors	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
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

AGENDA

452nd MEETING – RCDSO COUNCIL

Vantage Venues, Garden Hall (16th Floor), 150 King Street West,
Toronto, ON

Thursday, September 18, 2025 – 9:00am – 4:00pm

Item	Time	Topic and Objective(s)	Purpose	Page No.
1.	9:00 am	Call to Order & Land Acknowledgement	Discussion	
2.		Roll Call		
3.	9:05 am	President's Remarks	Discussion	
4.		Declaration of Conflict of Interest Conflict of Interest Declaration Forms		9-14
5.	9:10 am	<u>Consent Agenda:</u> 5.1 Approval of Agenda 5.2 Approval of RCDSO Council Meeting Minutes, June 19, 2025 5.3 Council Evaluation Survey Results, June 19, 2025 5.4 Registrar & CEO Report 5.5 RCDSO Council Work Plan 2025 5.6 Financial Update 5.7 Policy report 5.8 RCDSO Strategic Plan	Approval (Motion)	18-105 106-108 109 110-116 117-119 120-141

		5.9 Ratification of Public Member Appointment to the Registration Committee 5.10 New Public Member Appointment 5.11 Ratification of Public Member Appointment to the Registration Committee and the Inquiries, Complaints and Reports Committee		142-143 144 145-147
6.	9:15 am	Registrar and CEO's Remarks	Discussion	
7.	9:35 am	Presentation: Reconciliation Action Plan <i>(Heather Watts and Bob Watts, First Peoples Group)</i>	Information	148-171
8.	9:55 am	Practice Models and Corporate Dentistry	Decision	172-203
	10:25 am	B R E A K		
9.	10:40 am	Governance Modernization	Discussion	204-474
10.	11:30 am	Draft Guidance: Artificial Intelligence in Dentistry	Decision	475-486
11.	11:50 am	<i>In-Camera</i> Business		
	12:15 pm	L U N C H		
12.	1:00 pm	<i>In-Camera</i> Business		
13.	1:15 pm	PLP Divestment Update	Information	
14.	1:25 pm	PLP By-Law	Decision	
15.	1:40 pm	Annual Membership Fee By-Law	Decision	487-497

16.	2:00 pm	Current Standard of Practice: • Requesting Magnetic Resonance Imaging & Referring to Physician-Specialists by Oral and Maxillofacial Surgeons	Decision	498-501
17.	2:20 pm	College Vision	Discussion	502-504
	2:35 pm	B R E A K		
18.	2:50 pm	Draft Document: • Foundations of Professionalism	Decision	505-519
19.	3:20 pm	Draft Standard of Practice: • Implant Dentistry	Decision	520-542
20.	3:50 pm	Health Profession Regulators of Ontario (HPRO)	Information	543-551
21.		Other Business		
22.	4:00 pm	Adjournment		

MINUTES OF THE 450th MEETING OF COUNCIL

Thursday, June 19, 2025

Via Zoom and You-Tube

The 450th Meeting of the Council of the Royal College of Dental Surgeons of Ontario was held on Thursday, June 19, 2025, at 8:30 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

Lieutenant- Governor- in- Council Representatives:

Ram Chopra
James Colliver
Eleonora Fisher
Vivian Hu
Nizar Ladak (left meeting at 11:30 a.m.)
Brian Smith
Roderick Stableforth

40 Marc Trudell
41 Judith Welikovitch
42

43 *University Representative:*
44 Noha Gomaa
45

46 *Regrets:*
47 Cristina Cordeiro (resigned) Public Appointee
48 Daniel Haas University of Toronto
49

50 *General Legal Counsel:*
51 Alan Bromstein
52

53 *Registrar & CEO:*
54 Daniel Faulkner
55
56

57 **1. CALL TO ORDER AND LAND ACKNOWLEDGEMENT**

58 The Chair called the meeting to order at 8:30 a.m. He welcomed Council members,
59 staff and guests to the meeting and all those watching the meeting via YouTube.
60 He offered a land acknowledgement to recognize the traditional lands of Indigenous
61 peoples in Ontario.
62

63 **2. ROLL CALL**

64 D. Faulkner conducted the roll call.
65

66 **3. PRESIDENT'S REMARKS**

67 H. Sandhu welcomed Council members, staff and guests to the Council meeting.
68

69 He reported on attending the graduations of new dentists at the University of
70 Toronto and Western University and that he was inspired by the future of dentistry.
71

72 Council members recently participated in a two-day meeting to contemplate the
73 College's vision for the next ten years. This will anchor the College's next strategic
74 plan.
75

76 H. Sandhu highlighted some of the items on the agenda: governance modernization,
77 financial report and PLP divestment update, together with ongoing improvements
78 to Standards of Practice.

E. Walker was congratulated on receiving the Young Alumni of Distinction Award by Schulich Medicine & Dentistry. E. Walker is the Chair of the Inquiries, Complaints and Reports Committee, member of the Executive Committee and a member of the Professionalism Working Group.

H. Sandhu provided updates on two public members: M. Trudell was reappointed to Council for a three-year term; C. Cordeiro resigned as a member of Council, effective June 1, 2025, which has not yet resulted in the revocation of her government appointment. He thanked each of them for their valuable contributions to the College.

H. Sandhu thanked staff for the work in preparing and organizing the meeting, as well as Council members for their engagement and thoughtful insight.

4. DECLARATION OF CONFLICT OF INTEREST

The following conflicts of interest were declared:

- H. Sandhu (item 7.2 'Staggered terms for Council members')
- E. Walker (item 7.2 'Staggered terms for Council members')
- N. Gomaa (item 8 'University Selected Council Member')
- A. Mair (item 12 'Practice Models and Corporate Dentistry')

5. CONSENT AGENDA

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

MOTION #1:

Moved by: V. Hu
Seconded by: R. Chopra

- 1. Approval of Agenda**
- 2. Approval of RCDSO Council Meeting Minutes, March 27, 2025**
- 3. Approval of RCDSO Council Meeting Minutes, May 13, 2025**
- 4. Council Evaluation Survey Results, March 27, 2025**
- 5. Registrar & CEO Report**
- 6. RCDSO Council Work Plan 2025**
- 7. Financial Update**
- 8. RCDSO Strategic Plan 2023-25**
- 9. Policy Report**
- 10. Public Member Reappointment**

118 **11. Committee Reports:**

- 119 • **Discipline Committee**
- 120 • **Executive Committee**
- 121 • **Finance, Audit & Risk Committee**
- 122 • **Fitness to Practise Committee**
- 123 • **Inquiries, Complaints & Reports Committee**
- 124 • **Governance Committee**
- 125 • **Patient Relations Committee**
- 126 • **Pension Governance Committee**
- 127 • **Professional Liability Program Committee**
- 128 • **Quality Assurance Committee**
- 129 • **Registration Committee**

CARRIED

(Unanimously)

132 **6. REGISTRAR AND CEO'S REMARKS**

133 D. Faulkner referred to his written report in the resources and highlighted the
134 following:

136 *1. Health Profession Mobility and Licensure and Registration*

137 D. Faulkner reported on recent activity with respect to reducing inter-provincial
138 barriers for the movement of products and services that include health-care
139 professionals. He reminded Council that dental regulatory authorities across the
140 country have had agreements for standard requirements and mobility for several
141 years.

142
143 He reported that the government has been provided with the College's results on its
144 licensing practices, and the Health Profession Regulators of Ontario (HPRO) has also
145 reported that all health-care professionals are expediting registrations to reduce
146 barriers.

147
148 D. Faulkner reported on the *As of Right Act* that was introduced in 2023. This
149 legislation enables members of four health professions to move to Ontario and
150 practice without being licensed in that province. A Bill has been introduced to
151 expand the legislation to some other professions that will include dentistry. He
152 explained the application process and advised that he would keep Council apprised
153 of any further developments in this regard to ensure safeguards are in place.

154
155 He referred to the letter sent to the Ministry of Health dated April 30, 2025, offering
156 support and feedback on some aspects of the proposed *As of Right* rules.

157 2. *Measles Outbreak*

158 D. Faulkner reported that staff continue to see an increase in measles cases,
159 particularly in southwestern Ontario. A message was sent to the membership on
160 June 18, 2025, with links to resources and a message from the Chief Medical Officer
161 of Health. A message was also sent from the College of Dental Hygienists of Ontario
162 and the Ontario Dental Association with consistent messaging and links to
163 resources. He added that there are also resources available on the College's
164 website.

166 3. *Governance*

167 D. Faulkner reported on governance modernization and the work of the Governance
168 Committee for discussion later in the meeting. He noted that the Canadian Network
169 of Agencies for Regulation (CNAR) conference in October will cover numerous
170 sessions on governance and ways that regulators can strengthen their governance
171 processes. Three abstracts submitted by the College, in conjunction with some
172 other colleges, have been accepted for presentation at the CNAR conference.

174 D. Faulkner thanked staff for their efforts and Council for ongoing engagement. He
175 responded to questions from Council on his report.

177 **7. GOVERNANCE MODERNIZATION**

178 The Chair reported that at the meeting in June 2024, Council approved three
179 integrated governance modernization tactics to be implemented for the 2026
180 election:

- 181 • Adopting a province-wide election;
- 182 • Reducing the number of elected Council members from 12 to 10; and
- 183 • Implementing staggered terms for Council members.

185 H. Weinberger introduced Anne Coghlan, Chair of the Governance Committee, to
186 present the report and recommendations for Council's consideration (**APPENDIX A**).

188 A. Coghlan reported that the Governance Committee has had many robust
189 discussions on operational design elements for the three governance modernization
190 initiatives approved. Council directed the Governance Committee to continue
191 operationalizing these concepts.

193 She provided background information on the governance work and reminded
194 Council that Governance Review and Modernization is one of the key projects in the
195 current strategic plan.

A. Coghlan provided a summary of the discussions and rationale for the three integrated modernization concepts:

1. Adopting a province-wide election

This will advance public interest. The current election model of district elections contributes to confusion about Council and the College's mandate. The province-wide election will help reinforce that dentists elected to Council serve the public interest.

2. Reducing the number of elected Council members from 12 to 10

Smaller boards of 10-12 in total are nimbler and more responsive. Because the *Dentistry Act* directs the number of Council members, a small reduction in the number of elected members will create more parity with public members and increase public trust.

3. Implementing staggered terms for Council members

Staggered terms are important because they support retention of institutional memory, continuity of ongoing strategic projects and help with succession planning.

1. Updated Competency and Diversity Profile for RCDSO Council

A. Coghlan presented information on an updated Competency and Diversity Profile for the RCDSO Council. She added that the Governance Committee committed to reviewing and refreshing RCDSO's current *Core Competencies for Council Members*, which was approved by Council in June 2020. She reviewed the competencies and skills identified necessary for entry as a Council member and those desired that can be developed over time in the role.

The Chair asked for Council's feedback on whether the updated Profile reflects the competencies and attributes required for Council to perform effectively. He advised that a companion document to the Profile would be developed and asked Council if any of the competencies would benefit from including further information in that document.

2. Council candidate selection process

A. Coghlan asked Council to consider and approve the enhancements to the Council candidate selection process, and she summarized the Profile provided for Council's review.

A. Coghlan added that the proposed enhancements are to a process already in place. All Council candidates in the past two election cycles underwent competency assessment reviews by the Eligibility Review Committee (2022) or the Governance Committee (2024).

She reviewed the process for the Governance Committee developing a proposed candidate profile and call for nominations that would indicate the competencies and attributes required for the next election. This would be presented to Council for ratification and feedback for each election. All candidates will be required to meet the eligibility requirements, complete an application and mandatory orientation module.

A. Coghlan provided a brief update on the electoral system. She advised that the Governance Committee has discussed different electoral systems and looking at alternatives to the current system. Further information will be provided at the next Council meeting.

3. Term of Office and Term Limits

A. Coghlan presented recommendations for changes to the term of office and term limits. She advised that the Governance Committee had fulsome discussion and recommended extending the term of office from two years to three years and that the term limit should be extended from eight years to nine years (i.e. up to three, three-year terms). The Governance Committee agreed that these changes should apply to elected and selected (faculty) members of Council.

4. Cooling-off Period

The Governance Committee recommended a three-year cooling off period. The rationale would align with other Ontario health regulators and that it should apply to elected and selected members of Council. This would be a slight change to the current cooling-off period in effect.

5. Staggered Terms

A. Coghlan reported that the Governance Committee had fulsome discussion on introducing staggered terms for RCDSO. She advised that currently all 12 districts are re-elected biennially with a risk of full turnover, jeopardizing continuity of institutional knowledge and regulatory functions.

She presented a proposed model by the Governance Committee that would include selecting the three current elected members of the Executive Committee to

continue for a further year following the election in December 2026. The remaining 7 seats would be left open for election and A. Coghlan explained the process for that election. She presented examples for implementing staggered terms for RCDSO Council members.

Discussion/Comments

1. Demographics and viewpoints from dentists practicing in rural areas are important and should be considered a competency. A. Coghlan reported that the Governance Committee spent a considerable amount of time deciding how to ensure a diverse Council.
2. A district election may better allow for a fair process for dentists in rural areas. Council wants balanced representation and wants to avoid urban bias.
3. It is good practice to reassess models that may be working already. The current election process is in need of modernization. The Governance Committee is trying to streamline the process to improve efficiency and effectiveness.
4. There was concern that the candidate with the lowest number of votes in the election would have a one-year term. An explanation was given that this would only occur once, as it is a new process.
5. A question was asked whether there are any criteria or guiding factors regarding diversity. Are there any safeguards for generalist versus specialists and what would happen if the diverse pool required is not met. A. Coghlan responded that an assessment of current Council would be undertaken to ascertain gaps on Council and the Governance Committee would then bring a recommendation back to Council of the competencies to focus on for the upcoming election.
6. A. Coghlan was asked if the guiding principles apply to public and professional members and if so, how the competencies align with the selection criteria used by the Ministry in appointments to Council. D. Faulkner did not believe that there was alignment because of a different system used by the Ministry in its selection process. However, many colleges are looking to change their governance processes for professional members which may allow for a joint request to the Ministry to review its system for public appointments. He added that the Ministry would be kept apprised of the RCDSO's governance work.
7. A member cautioned that the College should not necessarily use the CPSO model as an example, as there are many more doctors than dentists in Ontario. With a competency-based model, it may be difficult to attract new dentists to be interested in running for Council. D. Faulkner reminded Council that a competency-based approach has been used for several years and the draft Profile provided for Council's consideration is an updated version of the

document already in effect. The CPSO is not being used as a model, but rather it is being consulted to learn how its recently introduced provincial election system is working.

8. A robust communication approach will be developed to explain the implementation of Council's decisions.
9. It was suggested that the candidate statements do not list where they work to level out the playing field.
10. There was concern about the vetting process for applicants and whether some applicants will be refused as potential candidates. A. Coghlan advised that the screening process, comprised of an interview with the candidate and Governance Committee, does identify individuals who do not meet the eligibility requirements. There will also be further development of the process to define Council skills and diversity gaps and how that will work in the screening process.
11. A question was raised regarding the composition of the Governance Committee who screen candidates. A. Coghlan assured Council that the Governance Committee meets in panels to review candidates for eligibility and are required to declare any conflicts of interest with any applications.
12. Council asked for more information on the criteria used for gap analysis. A. Coghlan recognized the challenges and advised that the criteria for the gap analysis will be based on the updated Profile. The gap analysis developed will be brought to Council for approval. Further information will be shared with Council to support its understanding of the process.
13. A question was asked regarding the term of the Executive Committee. D. Faulkner advised that the Governance Committee is discussing it.

The Chair thanked the Governance Committee for its work and Council for their feedback.

MOTION #2:

Moved by: M. Trudell

Seconded by: E. Fisher

THAT Council consider and approve the updated *Competency and Diversity Profile for the Royal College of Dental Surgeons of Ontario Council, 2025* as presented.

CARRIED

(In favour: 17)

(Opposed: 4)
(Abstention: 1)

MOTION #3:

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

THAT Council approves the proposed enhancements to the current Council candidate selection process as presented.

CARRIED
(In favour: 15)
(Opposed: 3)
(Abstention: 4)

MOTION #4:

Moved by: A. Liscio
Seconded by: R. Chopra

THAT Council approves the three-year term of office and three consecutive term limit (i.e., nine consecutive years) provisions for elected and selected Council members, as described in the briefing note.

CARRIED
(Unanimously)

MOTION #5:

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

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

CARRIED
(Unanimously)

H. Sandhu, N. Bhargava and E. Walker declared a conflict of interest and were moved into a breakout room. They did not participate in discussion or vote on Motion #6.

MOTION #6:

Moved by: R. Chopra

Seconded by: B. Smith

THAT Council 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.

CARRIED

(In favour: 13)

(Opposed: 6)

A. Bromstein reminded Council that pursuant to the motions passed, by-law amendments will be prepared and brought back for final approval.

Following this discussion, H. Sandhu, N. Bhargava and E. Walker rejoined the meeting.

8. UNIVERSITY SELECTED COUNCIL MEMBER

N. Gomaa declared a conflict of interest for this item and was moved to a breakout room. She did not participate in the discussion or vote on motion #7.

The Chair reported that the *Dentistry Act* sets out that RCDSO's Council, in accordance with the College by-laws, shall include two registrants who are members of a faculty of dentistry of a university in Ontario.

A. Coghlan reported on behalf of the Governance Committee. She asked Council to consider proposed by-law amendments regarding the eligibility requirement of university selected (academic) Council members. She noted that the current eligibility requirements may present barriers to equity and capacity to serve on Council. Specifically, the by-law requires that a university selected Council member hold a "full-time appointment of professorial rank in the faculty or school of dentistry that selected the member".

The Governance Committee considered and discussed whether the university selected Council member role requires full-time status. It recognized that requiring a university selected member to hold a full-time faculty position is inconsistent with the employment status eligibility requirement for elected Council members and presents a barrier to serve on Council.

Council was provided with draft proposed amendments to Article 8.1.1 and Article 14 of the by-laws, "University Selected Council Member Eligibility Requirement" and "General Disqualification Criteria".

MOTION #7:

Moved by: A. Mair
Seconded by: E. Walker

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

CARRIED

(In favour: 20)

(Abstention: 1)

Following this discussion, N. Gomaa rejoined the meeting.

9. FINANCIAL

(a) Audited Financial Statements and Appointment of Auditor

M. Trudell, Chair of the Finance, Audit and Risk (FAR) Committee, presented a report on the audited financial statements. He thanked members of the FAR

Committee for their participation, commitment and expertise.

He referred Council to two sets of financial statements for approval:

1. RCDSO audited financial statements, at December 31, 2024.
2. Audited fund financial statements for the RCDSO Pension Fund, at December 31, 2024.

He reported that the audit firm, Tinkham LLP, has proved to be well-organized and efficient and the FAR Committee recommends it be reappointed to conduct the audit for 2025. The role of the auditor is to provide an opinion on the financial statements to ensure no significant deficiencies are made and that the necessary internal controls are in place. M. Trudell reported that in its audit report, Tinkham stated that no deficiencies were identified, and no recommendations were issued.

M. Trudell introduced Kelly Tripp, Director of Finance, to present the highlights of the financial statements.

- The College is in a strong financial position.
- Cash and short-term investments - \$24 million.
- Long-term investments - \$69.9 million.
- Internal restricted resources - \$26 million.
- PLP reserve - \$22.5 million.
- Operating reserve - \$3.5 million.
- Unrestricted resources - \$9.9 million.
- There was a surplus of \$8.9 million at the end of the year.
- The budgeted surplus was exceeded by \$8.6 million.
- Revenue was \$45 million – an increase in annual membership fees of \$2.2 million and increase in investment income of 835,000.
- Expenses were \$36 million, \$1.2 million lower than last year.

With respect to the pension fund financial statements, K. Tripp reported that the requirement for the statements is based on reporting regulations of the *Pension Benefits Act*, and they are reported to the Financial Services Regulatory Authority of Ontario (FSRA) to meet their requirements, and this is reflected in the auditor's report.

K. Tripp advised that once the financial statements are approved by Council, staff will prepare the College annual tax return for Canada Revenue Agency (CRA) due at the end of June, submit the pension statements to FSRA and include the statements in the College's annual report.

There was no discussion on the audited financial statements presented.

MOTION #8:

Moved by: D. Wilson

Seconded by: A. Liscio

THAT Council approves 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.

CARRIED

(Unanimously)

MOTION #9:

Moved by: E. Honarparvar

Seconded by: J. Welikovitch

THAT Council approves 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.

CARRIED

(Unanimously)

N. Ladak declared a conflict and abstained from voting on motion #10.

MOTION #10:

Moved by: N. Gajjar

Seconded by: N. Bhargava

THAT Council approves the appointment of Tinkham LLP to conduct the RCDSO Audit, and the RCDSO Pension Fund Audit for the year 2025.

CARRIED

(Abstention: 1)

(b) Financial Reserves

K. Tripp gave a presentation on the financial reserves (**APPENDIX B**). Council was asked for its approval to transfer \$4.0 million from the unrestricted reserve into the operating reserve. She advised that the transfer of \$4.0 million to the operating reserve would fund the minimum CPMF requirement of at least 25% (3 months) of

the operating expenses. The operating reserve would be 100% funded with the additional \$4.0 million and this would occur one year ahead of schedule.

The presentation covered background information and overviews of the operating reserve and PLP reserve.

She reported that based on 2024 audited financial statements, the target for a fully funded operating reserve is \$7.5 million. The reserve currently has a balance of \$3.5 million, leaving a \$4.0 million shortfall. The College's plan is to fully fund the operating reserve over three years with planned surpluses from 2023-2025.

With a surplus in 2024 of \$8.9 million and an unrestricted balance at the December 2024 year-end of \$9.8 million, K. Tripp reported that the College is in a good financial position to transfer \$4.0 million to the operating reserve.

In response to a question, K. Tripp advised that the FAR Committee has started discussions on long-term forecasting and updating the reserve policy when the PLP divestment is finalized.

With respect to the PLP reserve, K. Tripp reported that the reserve is \$22.5 million and after the completion of the divestment this reserve will be dissolved.

With the approval of Council for the transfer of \$4.0 million to the operating reserve, K. Tripp reported on the next steps:

1. Reflect the transfer in the June 2025 internal statements.
2. Update the reserve policy when PLP divestment is completed.
3. Confirm compliance in the next CPMF reporting cycle.

MOTION #11:

Moved by: B. Smith

Seconded by: A. Liscio

THAT Council approves the transfer of \$4 million from Unrestricted Resources to the Operating Reserve.

CARRIED

(In favour: 21)

(Abstention: 1)

(c) Annual Membership Fee

The Chair reported that as part of the divestment of the Professional Liability Program, it will be necessary to increase the membership fees for 2026.

It was reported that since the process of divestment began, it was clear that PLP has been underfunded, and the estimated cost to the members for PLP was well below current market rates for dentists in all of Canada.

D. Faulkner gave a presentation (**APPENDIX C**) and provided an update on the PLP divestment and increase to the PLP portion of the annual fees.

The presentation covered the establishment of the Task Force to conduct an initial review of PLP, risks and benefits of PLP, and the rationale for Council's decision to divest the PLP. Council was reminded of the Procurement Review Group (PRG) that was established to oversee the divestment process on behalf of Council and engagement of Price Waterhouse Coopers (PwC) as the College's merger and acquisition advisor.

D. Faulkner reported on the eight objectives expected from potential bidders in the divestment. He was confident that the divestment will move forward with most, if not all, objectives achieved.

He provided a brief update on the current status of the PLP transaction process. He reported that negotiations are being finalized with a third party. Upon completion of the transaction, public interest will be maintained, all members will continue to have malpractice liability protection, and the College will no longer operate PLP thus eliminating regulatory, reputational and financial risk.

M. Orchard presented the 2026 fee review process and a request for an increase in the PLP component of the annual renewal fee. She reported that any proposed changes to the fee (except the annual cost of living increase) requires by-law circulation and final approval by Council in advance of the annual renewal process that starts in October.

She explained the current allocation of a member's annual fee of \$3,170.00 (based on 2025 fees):

- Regulatory - \$2,170.00. This supports the College in meeting its statutory and regulatory obligations.
- PLP - \$1,000. This supports professional liability insurance for all members.

625 She noted that the \$1,000 is an estimate of direct costs and does not include
626 indirect costs, such as IT, HR, communications that are required to run the
627 program. This estimate has not changed since 2022.

628
629 M. Orchard reported that it is expected the PLP divestment transaction will take
630 place in January 2026. To support a smooth transition and ensure continuation of
631 insurance for members, the College will collect the PLP component from members
632 for 2026 to transfer directly to the new entity. The third-party has determined that
633 the 2026 allocation for professional liability insurance for dentists will be increased
634 from the current estimate of \$1,000. She emphasized that there would not be a fee
635 increase in 2026 for the regulatory portion of the fees (\$2,170).

636
637 Because certain information is still being considered in the negotiating process,
638 Council was asked to consider an increase between \$500 and \$650 for the PLP
639 portion and direct the Executive Committee to determine the exact fee for
640 circulation to members and other stakeholders. Circulation will be for at least 60
641 days before being returned to Council for final approval at its meeting on
642 September 18, 2025. It was also recommended that Council approve, in principle,
643 that the automatic cost of living increase typically applied each year be suspended
644 for 2026, keeping the regulatory component of the fee at \$2,170.

645
646 M. Orchard noted that the by-law amendments would include members who
647 receive certificates of registration after June 1 or after September 1, 2025, and
648 those fees would be calculated and adjusted accordingly.

649
650 M. Orchard reported on next steps, on the assumption that Council approve, in
651 principle, the fee increase and the suspension of cost-of-living increase:

- 652
653 1. The Executive Committee will meet and determine the fee and authorize
654 circulation of the proposed by-law amendments to the membership and
655 stakeholders for 60 days. The circulation will be required to occur by July 4,
656 2025.
- 657 2. The proposed by-law amendments will be taken to Council for approval at its
658 meeting on September 18, 2025.
- 659 3. The annual renewal period for dentists will run from October to December.

660
661 It was reported that the increase was reviewed and recommended by the FAR
662 Committee. The FAR Committee spent considerable time looking at alternative
663 options, including for the College to subsidize the increase in whole or in part.

Council was reminded that whether the PLP component is between \$1,500 and \$1,650, this amount will not be the College's revenue, but will be collected by the College in 2026 on behalf of the new PLP provider.

Some concerns were expressed with the increase. D. Faulkner elaborated that while there was a strong surplus in 2024, there remains great uncertainty related to the final negotiated costs for the PLP divestment transaction. He also reminded Council of the comparative rates for liability insurance by other dental organizations and stated the increased rate is still competitive with those other rates.

Council agreed that the communication to the profession should emphasize that the PLP was under-budgeted in the past and provide clear information and data to the membership with the rationale for the increase. Lesley Byrne, Communications Director, responded that regular updates have been provided to the profession since 2023 and news of an increase should not be unexpected.

MOTION: #12:

Moved by: A. Liscio

Seconded by: N. Gajjar

THAT Council supports an increase in the 2026 annual fee to be paid by members and delegates to the Executive Committee the authority to approve, in principle, by-law amendments required to increase the annual fee paid by members, provided the increase to a member shall not exceed \$650.00.

H. Sandhu made a friendly amendment to clarify that the increase is for the professional liability insurance component of the annual fee. Council agreed with the friendly amendment.

MOTION #12 (amended):

THAT Council supports an increase in the professional liability insurance component of the 2026 annual fee to be paid by members and delegates to the Executive Committee the authority to approve, in principle, by-law amendments required to increase the professional liability insurance component of the annual fee paid by members, provided the increase to a member shall not exceed \$650.00.

CARRIED

(In favour: 12

(Opposed: 7)

(Abstention: 1)

MOTION #13:

Moved by: D. Wilson

Seconded by: N. Gajjar

THAT Council supports the suspension of the automatic Consumer Price Index (CPI) increase on the 2026 annual fee required under Article 18.3.13.1 of By-law 18 and delegates to the Executive Committee the authority to approve, in principle, the suspension of the automatic Consumer Price Index (CPI) increase which would otherwise be applicable to the 2026 annual fee due to the provisions of that article.

CARRIED

(In favour: 20)

(Opposed: 1)

A. Bromstein informed Council that the motions passed are required to allow the Executive Committee to authorize circulation of by-law amendments to make the changes. Following circulation, the proposed by-law amendments will be brought back to Council and a two-thirds majority vote will be required for approval to effect the changes.

He added that the Executive Committee will take Council members' comments into consideration when making its decision to approve the fee, in principle, and circulate proposed by-law amendments. Council was asked to provide any additional comments directly to the Executive Committee prior to making its decision and before by-law amendments are drafted.

MOTION #14:

Moved by: B. Smith

Seconded by: N. Gajjar

THAT the Executive Committee be directed to circulate the aforementioned proposed amendments (referred to in Motions 12 and 13) to members and other stakeholders for comment for at least 60 days before

the proposed amendments are brought back to Council for final consideration.

CARRIED

(In favour: 20)

(Opposed: 1)

9. APPOINTMENT TO THE NATIONAL DENTAL ASSISTING EXAMINING BOARD (NDAEB)

A. Foti, Deputy Registrar, was moved to a breakout room for this discussion.

The Chair reported that the NDAEB is the independent Board responsible for developing and administering the national examination for Dental Assistants in Canada. The NDAEB expressed an interest in having the RCDSO participate on its Board of Directors and the Executive Committee recommended that Deputy Registrar, Andréa Foti, be appointed for this position.

D. Faulkner was of the view that appointing a representative on the NDAEB Board would be beneficial to stay apprised of issues impacting Dental Assistants, including examinations, competencies and accreditation.

MOTION #15:

Moved by: N. Gajjar
Seconded by: R. Chopra

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.

CARRIED

(Unanimously)

A. Foti re-joined the meeting following this discussion.

11. DRAFT STANDARD OF PRACTICE: MANAGING CONFLICTS AND ENDING THE DENTIST-PATIENT RELATIONSHIP

The Chair reported that this item concerns the Draft Standard of Practice on 'Managing Conflicts and Ending the Patient-Dentist Relationship'. He asked Council

for feedback on the draft Standard, and for approval to release the new draft Standard for consultation.

He introduced Deni Ogunrinde, Policy Analyst, to present this Standard. She provided background information and key findings from research conducted in the work to revise the document.

She provided an overview of the risk-based Standards prioritization initiative in 2023. The current Practice Advisory, 'Maintaining a Professional Patient-Dentist Relationship', was identified as a priority for revision as a Standard of Practice and this was approved by the Quality Assurance Committee. She reviewed the current document and the recommended areas for revision.

D. Ogunrinde reported that members of the Standing Policy Working Group were consulted in the development of this document, together with staff clinical leads to provide input.

She reported that feedback was received from the Practice Advisory Service (PAS), Professional Conduct and Regulatory Affairs (PCRA), Inquiries, Complaints and Review Committee case reviews, for drafting the document. The Patient Relations Committee and the Quality Assurance Committee were supportive of the draft document and suggested additional topics for FAQs.

D. Ogunrinde provided next steps in this process that will include external consultation for 60 days. A final draft document, with feedback from the consultation, will be brought back to Council at a future meeting for approval.

Council members were provided with the draft Standard of Practice for its review and comment. D. Ogunrinde assured Council that its feedback would be considered in the final document with consultation feedback.

Council was supportive of the draft document for external consultation. It was suggested that the Professionalism Working Group collaborate to discuss the content of this document and the Foundations of Professionalism document to ensure consistency.

MOTION #16:

Moved by: B. Smith
Seconded by: N. Goma

**THAT Council approves the release of the draft Standard of Practice:
Managing Conflicts and Ending the Patient-Dentist Relationship, as
appended, for external consultation.**

CARRIED
(Unanimously)

12. PRACTICE MODELS AND CORPORATE DENTISTRY

This item was deferred to the Council meeting on September 18, 2025. Council was asked to forward comments to Deni Ogunrinde prior to the meeting.

13. RISK MANAGEMENT

The Chair reported that one of Council's key responsibilities is overseeing risks that could have an impact on the organization and its strategic priorities. Risk reports provide guidance to the College at both the operational and strategic decision-making levels.

He introduced Jeffrey Gullberg, Chief Financial Officer, to review the updated College Risk Register, comprised of eight high risk topics with increased controls. He advised that one new risk was added to reflect the geo-political and external economic disruptors in the current environment.

J. Gullberg noted that for the risk related to Privacy, the register has been updated to show that all staff have completed mandatory training.

He reported that Crisis Management and Communication Plans are being developed to ensure a quick response in the event of a crisis. In response to a question from a Council member, J. Gullberg acknowledged that staff have discussed processes for electronic documents relevant to the plans and they would be maintained in hard copy in a separate area in the event of a cyber-attack on the College.

J. Gullberg confirmed that the College has a 'Buy Canada' guidance for staff, given the current economic situation with the United States. Staff are encouraged to use options for Canadian vendors, where possible.

859 **14. AS OF RIGHT LEGISLATION**

860 The Chair referred Council to the College's response dated April 30, 2025, on the
861 Ontario Ministry of Health's proposal to enhance labour mobility for certain health
862 professions and the expansion of the As of Right rules, for its information.

864 **15. OTHER BUSINESS**

865 There was no other business discussed.

867 **16. DATE OF NEXT COUNCIL MEETING**

868 The next meeting of Council is scheduled for Thursday, September 18, 2025, at
869 Vantage Venues, 150 King Street West, Toronto. It will be a hybrid meeting and live-
870 streamed. The Chair referred Council to the 2026 Council meeting dates in the
871 meeting resources.

873 **17. ADJOURNMENT**

874 H. Sandhu thanked the Chair for managing an efficient meeting, and Council
875 members for their thoughtful participation.

876
877 The Chair thanked all staff for their preparation for the meeting.

878
879 There being no further business, the meeting was adjourned at 1:35 p.m.

880
881 **MOTION #9:**

882
883 **Moved by:** R. Somerville

884 **Seconded by:** M. Trudell

885
886 **THAT the 450th meeting of RCDSO Council be adjourned.**

887 **CARRIED**
888 *(Unanimously)*
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SIGNED:

Signature of President

Signature of Recording Officer

Date

DRAFT

ACTION ITEM FOLLOW-UP: RCDSO COUNCIL

Date: June 18, 2025

ITEM	RESPONSIBILITY	ACTION	STATUS
1. Council evaluation	Angie Sherban	Send survey to Council	Sent, June 18, 2025
2. Minutes of March 27, 2025, meeting and May 13, 2025	Angie Sherban/ Communications	Post on website	Completed, June 25, 2025
3. Fees By-law	Communications	Post proposed by-law amendments on website for external consultation	Completed, July 07, 2025
4. Standard of Practice: Managing Conflicts and Ending the Patient/Dentist Relationship	Communications	Post draft Standard of Practice on website for external consultation.	Completed, July 22, 2025
5. University Selected Council Member Eligibility Requirement	Mark Edelstein	Revise by-law 'University Selected Council Member Eligibility Requirement, Article 8.1.1. and Article 14.	Completed, July 7, 2025

6. Audited Financial Statements, Dec 31, 2024	Jeffrey Gullberg	Have statements signed by the President.	Completed, June 26, 2025
7. Audited Fund Financial Statements, Dec 31, 2024	Jeffrey Gullberg	Have statements signed by the President.	Completed, June 26, 2025
8. Appointment of Auditors	Jeffrey Gullberg	Appoint Tinkham LLP for 2025 audit.	Completed, June 26, 2025
9. Operating Reserve	Jeffrey Gullberg	Transfer \$4 million from unrestricted reserve to Operating Reserve.	Completed, June 20, 2025

Governance Modernization

Anne Coghlan, Governance Committee Chair

June 19, 2025

Today's Presentation

1. Background
2. Province-wide election
3. Staggered terms for Council members
4. Next Steps

Today's Objectives

Recommendations
for Council's
consideration and
approval:

Updated Competency and Diversity Profile for RCDSO Council Members

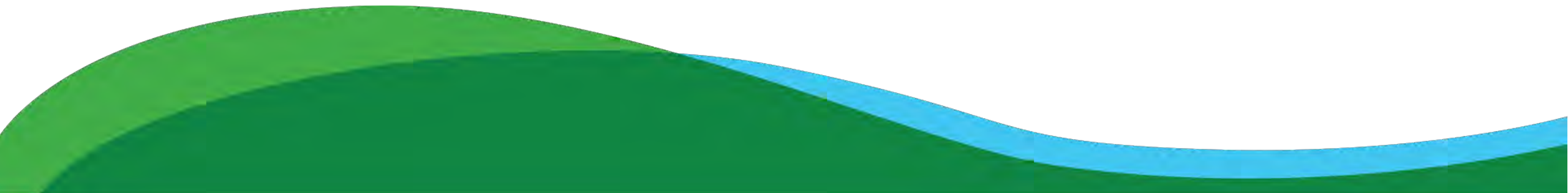
Enhancements to the current Council candidate selection process

Term of office and term limit for Council members

Cooling off period for Council members

Model for implementing staggered terms for elected Council members

① Background



Drivers

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.

MOH CPMF (2020) and Policy Proposal (2022)

Governance Reform and Regulatory Modernization
Consultation Deck

Regulatory Landscape



Governance Review and Modernization Strategic Project Key Milestones

Commencement of Strategic Project (Jan. 2023)

Council establishes Governance Committee (Sept. 2023)

Governance Committee identifies priority areas (Oct. 2023 – Feb. 2024)

Governance Committee presents high level preliminary report to Council (March 2024)

Council approves in principle 3 integrated modernization concepts (June 2024)



Three integrated concepts Council approved in principle



1. Adopting a province-wide election



2. Reducing the number of elected Council dentists from 12 to 10



3. Implementing staggered terms for Council members



② Province-wide election

Recommendation #1

That Council approve the updated *Competency and Diversity Profile for the Royal College of Dental Surgeons of Ontario Council, 2025*.

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

	UNIT 1: GOVERNANCE RESPONSIBILITIES AND FIDUCIARY DUTIES
	UNIT 2: RISK, INFORMATION AND FINANCIAL MANAGEMENT
	UNIT 3: LEADERSHIP
	UNIT 4: PROFESSIONALISM

	UNIT 5: COMMUNICATION SKILLS
	UNIT 6: THOUGHT PROCESSES AND DECISION-MAKING
	UNIT 7: KNOWLEDGE OF HEALTH SYSTEM AND HEALTH REGULATION
	UNIT 8: EQUITY, DIVERSITY AND INCLUSION

Rationale for change

- *Core Competencies for Council Members* developed in 2020
- Update Profile reflects competencies and attributes needed to **address complex regulatory issues and opportunities**, and **perspectives** and **experience** that will **enhance** Council's **foresight** and **agility**
- Expanded title *Competency and Diversity Profile* aligns with current governance trends and best practices
- **Eligibility requirement** that a Council **candidate has all of the competencies to be an effective member of Council** as set out in a list of competencies approved by Council

Discussion questions for Council

- Does the updated Profile reflect the competencies and attributes needed for Council as a whole to perform effectively?
- Are they understandable?
- There will be a companion piece to the Profile that will provide further information on the purpose of the document and the competencies. Are there competencies that would benefit from further description in the accompanying document?

Recommendation #1:

MOTION #2:

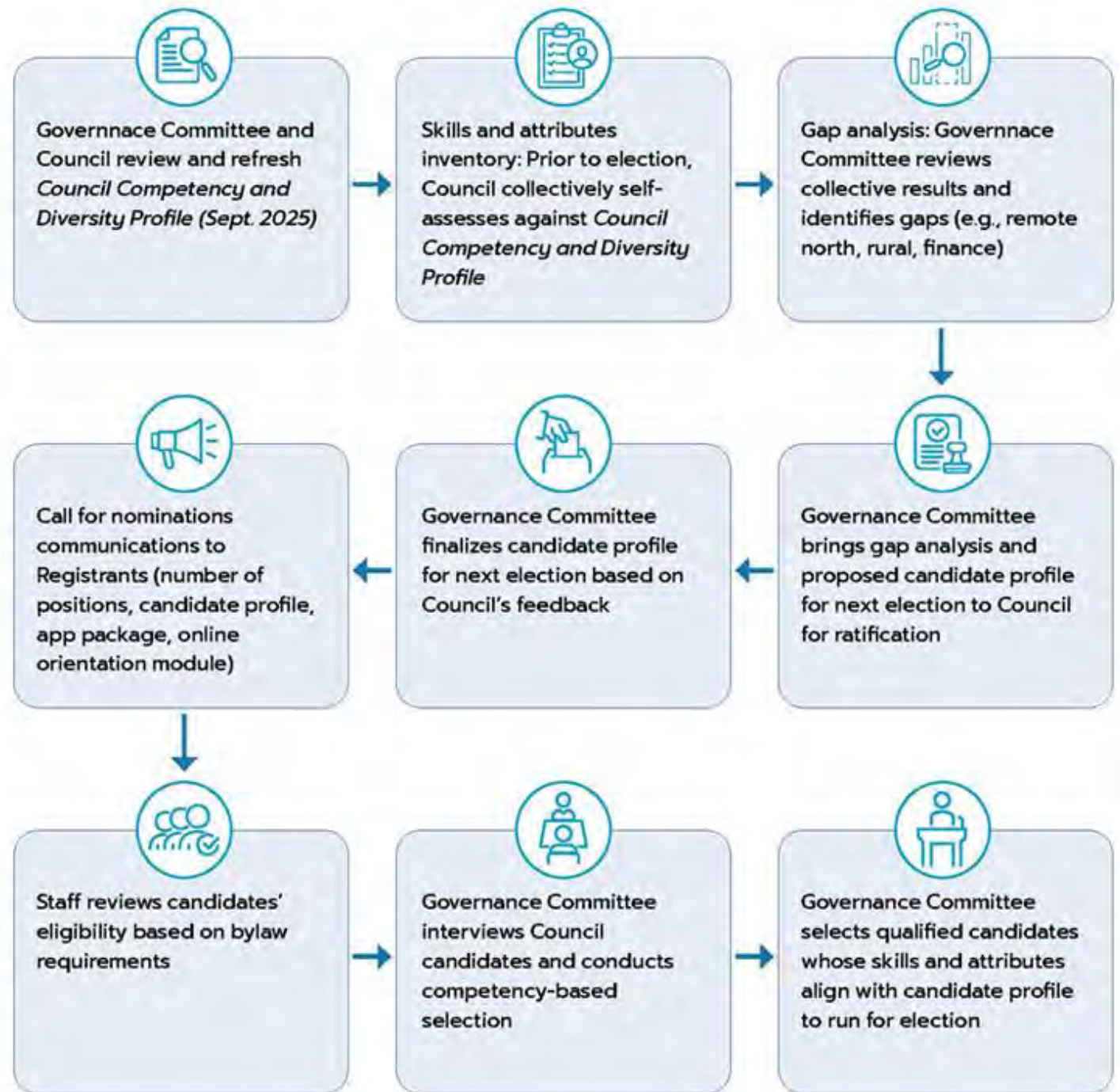
THAT Council approves the updated Competency and Diversity Profile for the RCDSO Council, 2025, as presented.

[Requires a simple majority vote]

Recommendation #2

That Council approve the proposed enhancements to the current Council candidate selection process.

Enhanced Council candidate selection process



Rationale for enhancements

- Enables prioritization and selection of candidates that have skills and perspectives that will enhance Council capacity
- Reflects Council's commitment to EDI
- Ensures the representation of important regional perspectives
- Aligns with other regulators' approaches
- Practical and straightforward to implement

Discussion questions for Council

- Does Council have any questions, comments, or concerns with respect to the proposed enhancements to the current candidate selection process?
- Does the additional step of having Council ratify the candidate profile for the next election, used in conjunction with a robust candidate recruitment process, provide Council with assurance that the call for nominations will select candidates with the competencies and attributes that will enhance Council's capacity?

Recommendation #2:

MOTION #3:

THAT Council approve the proposed enhancements to the current Council candidate selection process using the new Profile, as presented.

[Requires a simple majority vote]

Update: Electoral System

- The Governance Committee engaged in discussion regarding different electoral systems and is exploring an alternative to the current system
- Council will be provided with more information in September
- Impetus for change:
 - o Historical low voter turnout
 - o Comparing systems' abilities to deliver results that reflect voters' preferences, engage registrants and advance the public protection mandate

③ Staggered terms for Council members



Recommendation #3

That Council approve the following term of office and term limit provisions for elected and selected Council members:

- Terms of office be extended from two to **three years**;
- No Council member may serve for more than **three consecutive terms** (nine consecutive years) inclusive of years of service;
- If a Council member reaches the end of their maximum service prior to the end of their term, the Council member will cease to hold office, the vacancy procedures will apply, and the newly selected/elected/appointed Council member will hold office for the remainder of the term.

Rationale

3-year term of office

- Alignment with other health regulators
- Permits new board members to grow into the role and strengthen confidence in complex organization with steep learning curve
- Experience deepens knowledge, skill and insight

*“Regulation is a long-term business.”
(Harry Cayton)*

3 consecutive term limit

- Alignment with other health regulators
- Small change from current provisions
- Enables the College to continue to benefit from the wisdom and experience of Council
- Provides sufficient time for each school or faculty of dentistry to select a successor representative, and for candidate assessment
- Robust candidate selection process mitigates risk of Council member not contributing effectively in role

Recommendation #3:

MOTION #4:

THAT Council approves the three-year term of office and three consecutive term limit (i.e., nine consecutive years) provisions for elected and selected Council members, as described in the briefing note.

[Requires a simple majority vote]

Recommendation #4

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

Rationale

- Represents slight change to current provision
- Aligns with other Ontario health regulators
- Rigorous candidate selection process addresses risk with a board member who has served term limit returning with the same perspective as when they left
- Longer cooling off period or permanent exclusion would present a barrier

Recommendation #4:

MOTION #5:

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

[Requires a simple majority vote]

Recommendation #5

THAT Council 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.*

Proposed model for implementing staggered terms for elected Council members (Dec. 2026)

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 (2 nd most votes)		Dentist 1			
	Dentist 5 (2 nd most votes)		Dentist 2			
	Dentist 6 (2 nd most votes)		Dentist 3			
	Dentist 7 (3 rd most votes)	Dentist 4				

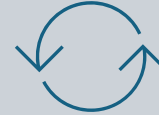
Impetus for change

- Enhances Council continuity and stability in composition
- Prevents sudden significant turnover
- Supports effective transitions and succession planning
- Ensures balance of experience and new perspectives
- Aligns with other Ontario health regulators

Benefits of proposed model



During the transition, it will be important to adopt a model that balances new perspectives with the wisdom of existing Council members.



This approach will provide the greatest stability, knowledge retention and business continuity of the options considered.



At a time of transition, the College is well served with the wisdom and experience of all three incumbent Executive Committee dentists continuing on Council for an additional year.



The current Executive Committee dentists have demonstrated their fiduciary duties to the College, have expertise and an in-depth understanding of certain issues.

Discussion question for Council

- Does Council have any questions or concerns with the proposed implementation model?

Recommendation #5:

MOTION #6:

THAT Council 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:*
 - o *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;*
 - o *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*
 - o *the one dentist who receives the seventh highest number of votes out of all dentist candidates will be elected for a one-year term.*

[Requires a simple majority vote]

Next steps



Relevant bylaws will be presented to Council for consideration and approval in September



The Governance Committee will provide Council with further information pertaining to the electoral system in September

Recommendation:

MOTION #7:

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 a 2/3rd majority vote]

Financial Reserves

Council – June 19, 2025

Kelly Tripp, Director of Finance

Purpose



DECISION REQUIRED: APPROVAL OF
\$4M TRANSFER TO OPERATING
RESERVE



PUBLIC INTEREST: ENSURES
FINANCIAL STABILITY AND
PREPAREDNESS FOR FUTURE NEEDS

Background



Reserves Policy was approved November 2020

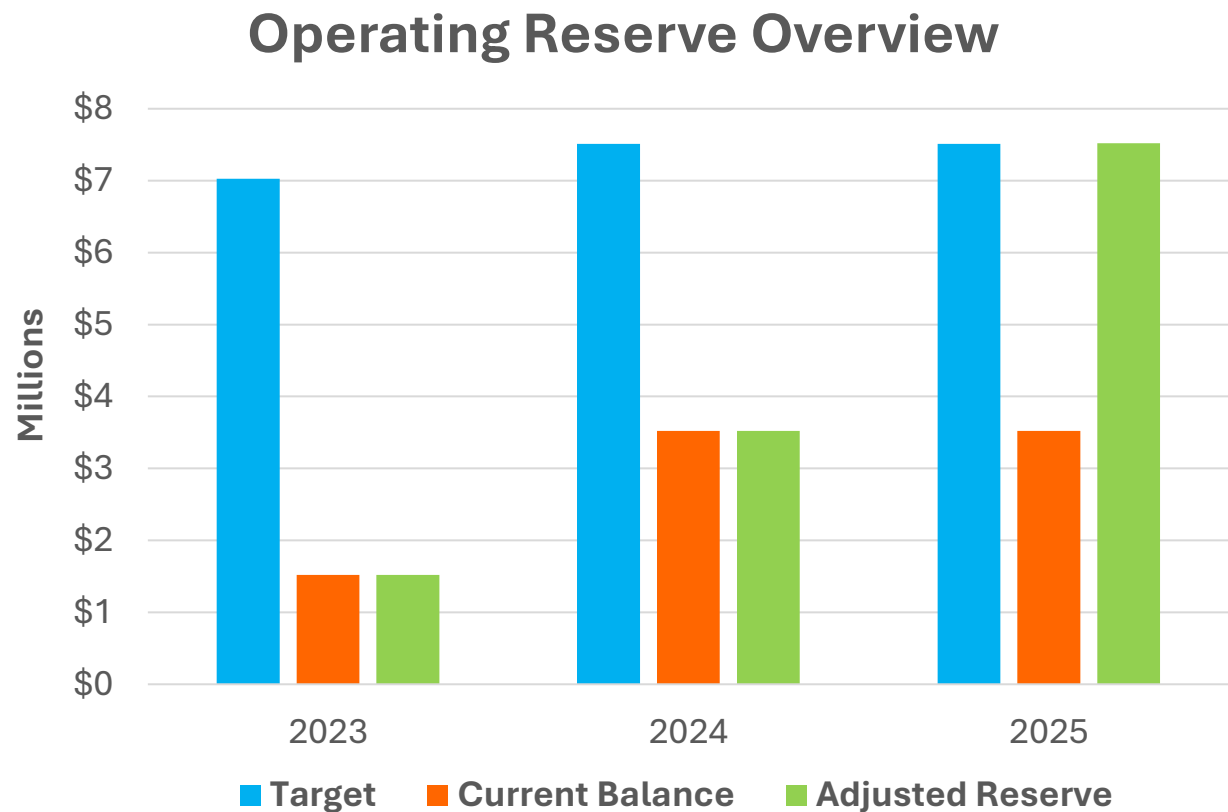
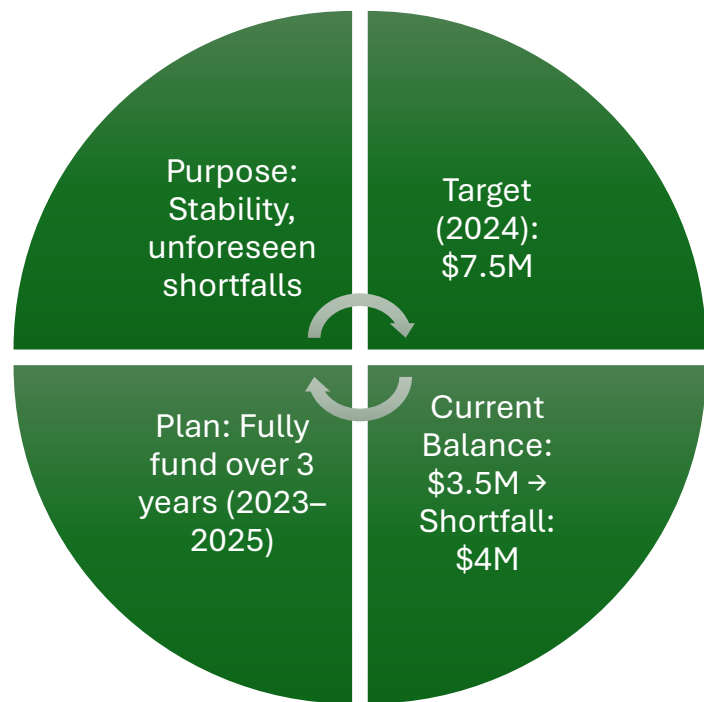
Two Key Reserves:

- Operating Reserve (Government Requirement – CPMF)
- PLP Reserve (for significant legal cases)

Council approval required

- Funding of Reserve Funds
- New reserves

Operating Reserve Overview



Operating Reserve Action



Proposal: Transfer \$4M from
Unrestricted to Operating Reserve

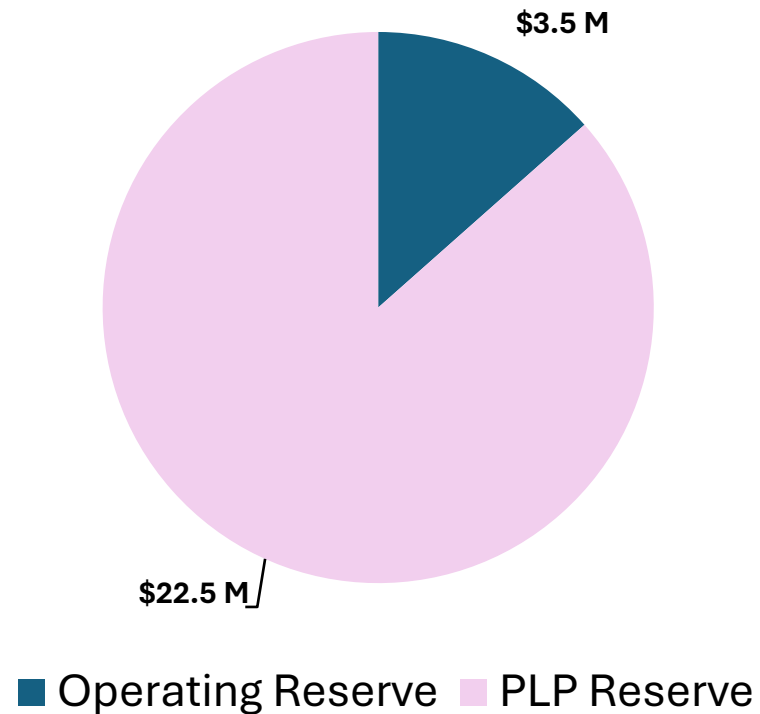
Outcome: Meets minimum 25% CPMF
requirement (3 months of expenses)

Best Practice: 6–12 months of reserves

Result: 100% funded, 1 year ahead of
schedule

PLP Reserve

Restricted Reserves



Purpose: Fund significant legal cases

Balance: \$22.5M

Status: No change; divestment in progress

Future: Fund to be dissolved post-transition

Considerations & Governance



Surplus Management: Held in Unrestricted until PLP divestment complete



Delegated Authority: Registrar/CEO & CFO with FAR Committee



Reporting: All reserve activity reported to Council

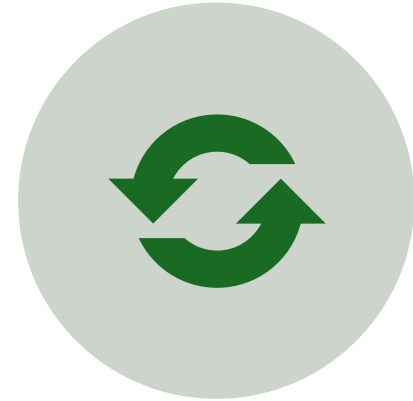
Next Steps



**FUND TRANSFER: REFLECTED
IN JUNE 2025 INTERNAL
STATEMENTS**



**POLICY UPDATES: POST-PLP
DIVESTMENT**



**CPMF REPORTING:
COMPLIANCE CONFIRMED IN
NEXT CYCLE**

Decision for Council

- Approve \$4M transfer to Operating Reserve



Questions



PLP Divestment Update

Council June 19, 2025

Purpose of today's discussion

1	Provide update on PLP divestment
2	Explain the need for a PLP fee increase
3	Obtain approval (in principle) on the increase, for final review by Executive Committee

Recall:

- PLP has been in operation for 50+ years
 - RCDSO is one of the few health regulatory Colleges in Canada that directly operates an in-house liability program.
- In 2023, Council established an Expert Review Task Force to conduct a review of PLP
 - Changing expectations of professional regulation, the RCDSO's commitment to act in the public interest, and negative media stories caused RCDSO to consider the appropriateness of this program

The Task Force analyzed the risks and benefits associated with PLP

Risks

- Reputational
- Financial
- Regulatory

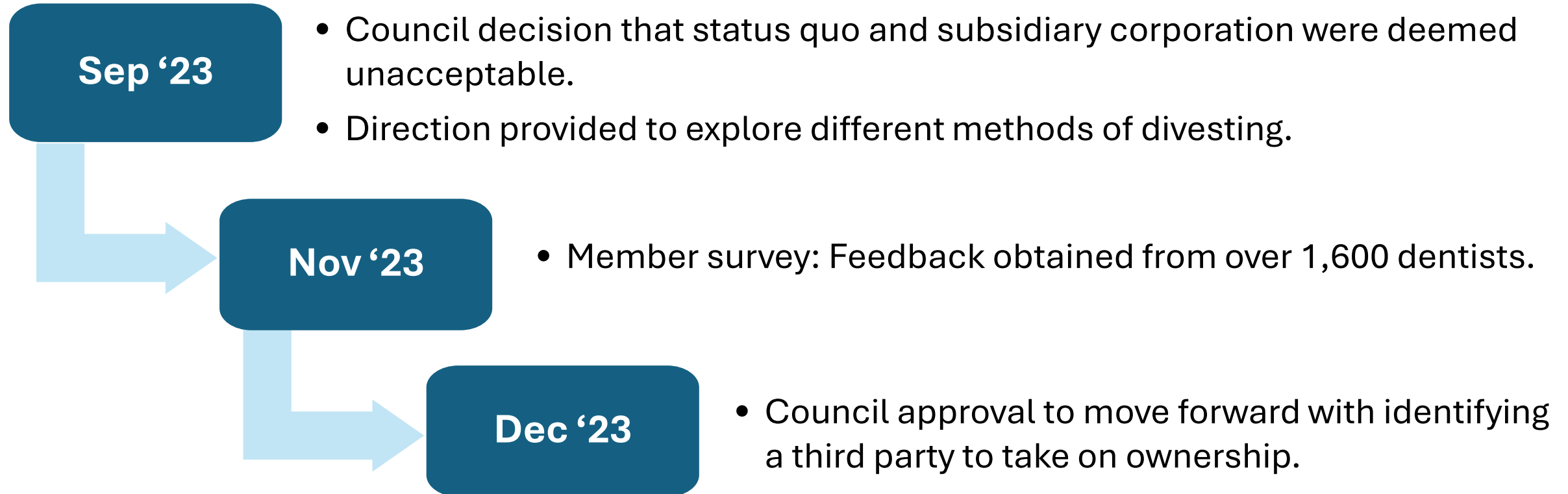


Benefits

- Protection of the public
- Access to coverage
- College influence of program objects and policies



Direction has been provided through clear and incremental steps



Procurement Review Group (PRG) was established by Executive Committee

PROCUREMENT REVIEW GROUP:

Marc Trudell (public member)

James Colliver (public member)

Dr. Antony Liscio (dentist)

Dr. Harinder Sandhu (President/dentist)

Dan Faulkner (Registrar & CEO)

Jeffrey Gullberg (CFO)

The primary role of the PRG is to:

- Review and provide guidance to management and Council with respect to the divestiture strategies of the PLP
- Oversee management of proposed divestiture, including key decision points related to deal preparation and execution
- Review activities to determine that the RCDSO is following due diligence and other disciplines appropriate to mitigate risk
- Review and make recommendations to Council regarding progress

RCDSO's Divestment Objectives

Expectations of purchasers and key considerations



Maintain minimum coverage amount of \$2M



Same fee level for all licensed dentists in Ontario



Maintain lifetime tail coverage



Materially accept the PLP policy wording



Offer coverage in the group model for all licensed dentists in Ontario



Absorb and integrate PLP employees into the new program



Provision of soft services to members (i.e., supporting dentists beyond the claims process)



PLP data sharing with the College post-transaction to support trend analysis in the dental profession

PLP Transaction Process: Current Status



Phase 1

Approached a targeted group of potential buyers



EOI

A group of diverse buyers submitted non-binding Expressions of Interest (“EOI’s”)



Phase 2

The PRG selected a small number of buyers to progress in to Phase II



LOI

The college received a number of Letters of Intent (“LOI’s”) this winter



Current

Working towards a signed agreement

Upon completion of the process, it is expected that:



Public interest will be maintained as our number one priority



All members will continue to have mandatory liability protection

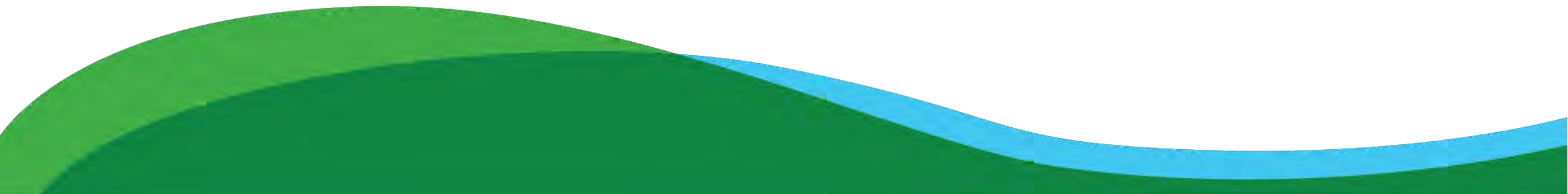


The College will no longer operate the PLP, resulting in greatly diminished financial, regulatory, and reputational risks



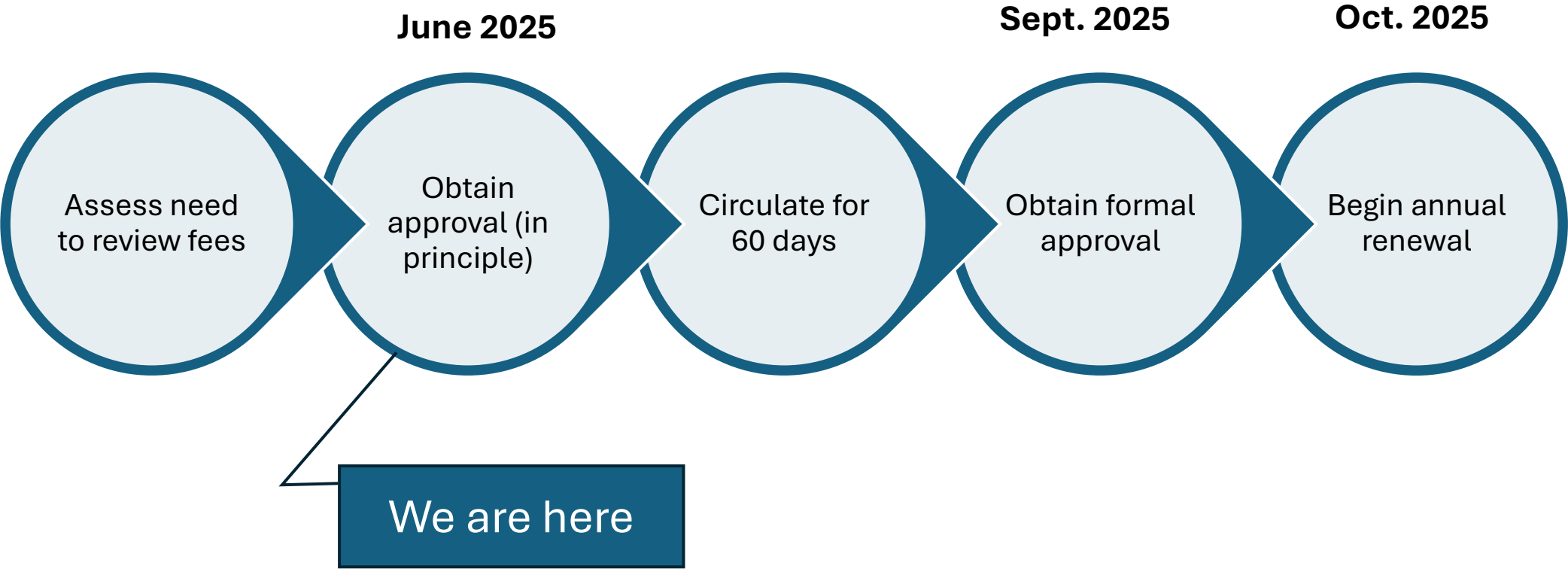
The College will have satisfied most, if not all divestment objectives

① PLP Fee Increase

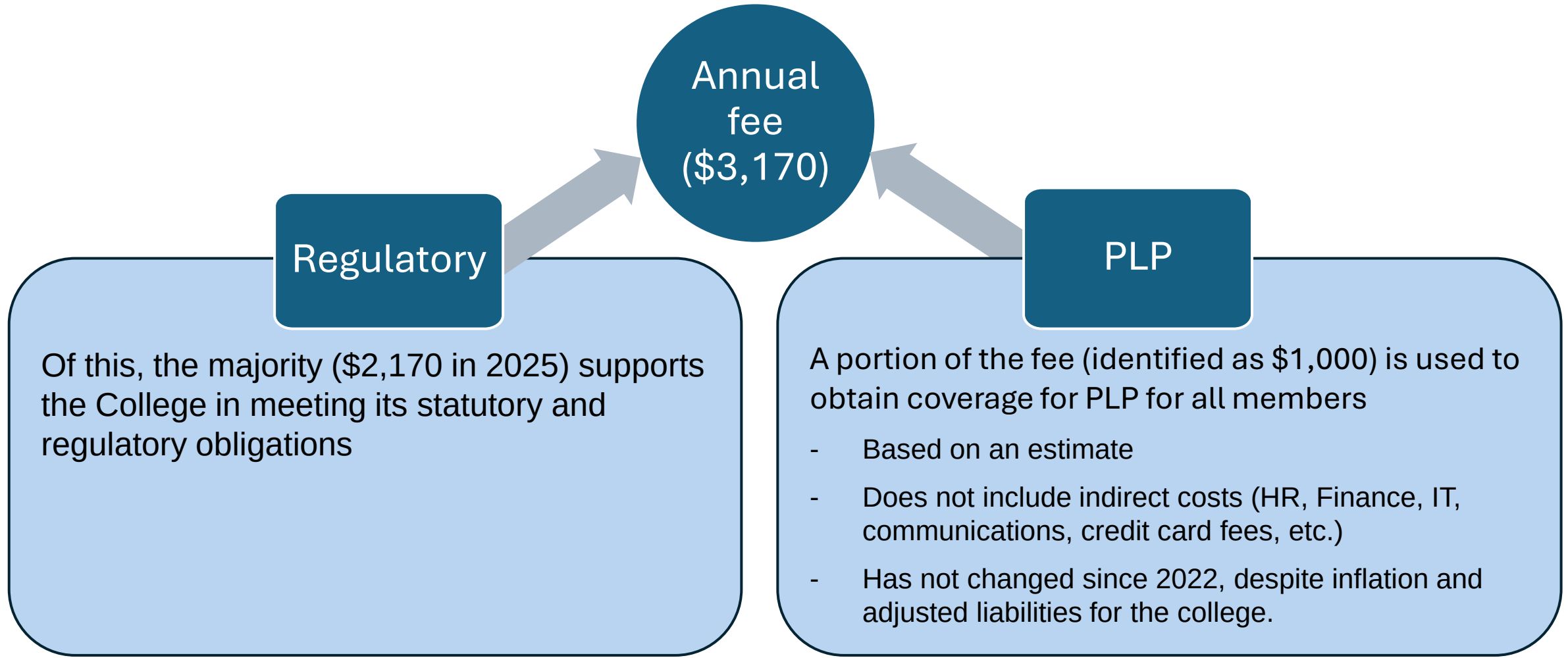


2026 Fee Review Process

Annual fees for the following calendar year are collected during the annual renewal period (starting in October). If any changes to fees are required (beyond the automatic increase for Cost-of-Living Allowance), the proposed changes must go through a review process:



Current PLP Allocation



Why is a PLP fee increase required?



The divestment process is proceeding well, and the College is anticipating the transfer to align with the annual renewal cycle (effective January 1, 2026).



To support a stable transition, the College will continue to collect fees that are sufficient to ensure that PLP coverage is provided to all members, through the third party which acquires the PLP.

Temporary – planned for year 1 (2026 - additional years TBD)

Necessary – given the timing of annual renewal and the need for a seamless transition with no gaps in coverage.

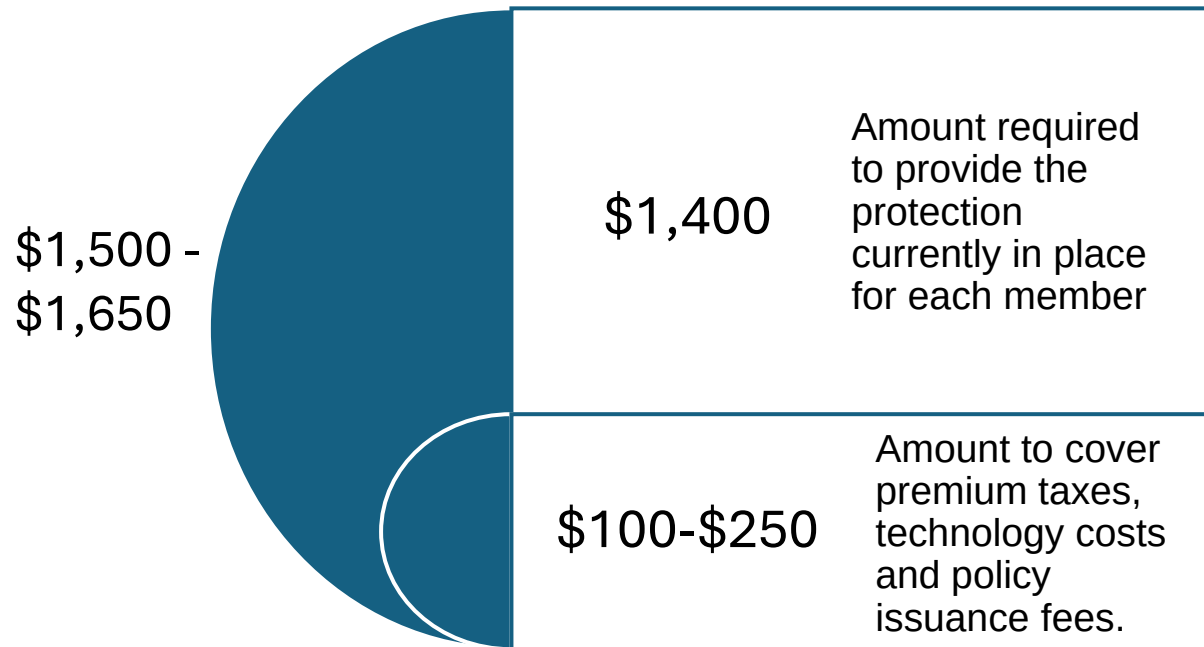


The fees required by the third party are higher than what is currently allocated for PLP.

A fee increase is required to support this.

PLP Fee Increase

- A range of \$1,500-\$1,650 was provided in the Briefing materials (uncertainties associated with tax and processing fees).
- This range is required to support the implementation of the PLP program in 2026, as operated by a new third party (an increase of \$500-\$650).



- **Appropriate:** PLP allocation of the annual fee has been artificially low, and did not include indirect costs
- **Fair and competitive:** This new amount is materially lower than fees for similar coverage in other provinces
- **Sustainable:** Allocation will allow the current program to continue to operate, under separate ownership

No increase to the allocation of Regulatory Fees

Regulatory (non-PLP) fees are essential for the College to meet its statutory and regulatory obligations.

- **Recommend that these fees remain stable for 2026:** The College's operating reserve has been established, and the 2025 financial outlook is expected to remain on budget.

The By-laws allow for an automatic increase to be applied to fees, equal to the annual increase in the Ontario Consumer Price Index.

- **Recommend a suspension to the cost-of-living increase (for 2026 only):** This increase would have amounted to ~\$50-65 per member, and a temporary suspension is recommended to offer financial relief, given the concurrent increase related to PLP.

Summary of recommended changes

Fee	PLP	Regulatory	Total
Current (2025)	\$1,000	\$2,170	\$3,170
Proposed (2026)	\$1,500-\$1,650	\$2,170 (waive COLA)	\$3,670-\$3,820
Difference (2026 fee increase)	\$500-\$650	\$0	\$500-\$650

Note: The by-laws provide for a reduced fee for new registrants at two points in the year: if a registrant 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:

Key milestones:

- **June 19, 2025:** Council meeting to seek approval (in principle) on a fee increase
- **July 4, 2025:** (latest): A specific annual fee for each class of registrant and the proposed by-law changes required to legally effect these changes will be brought to Executive Committee for review and approval (in principle)
- **July-September 2025:** 60-day circulation to registrants and other stakeholders of the proposed changes
- **September 18, 2025:** Council meeting to seek final approval to the by-law amendments
- **October-December 2025:** Annual renewal period

We are working towards signing legal agreements with a preferred party. Once signed, the College will publicly announce the new third-party provider.

Decisions for Council

- Council approval (in principle) is being sought on:
 - An annual fee increase in the range of \$500-\$650, required for the implementation of the PLP program in 2026, as operated by a new third party; and
 - The temporary suspension of the automatic CPI increase for 2026, to provide relief from the anticipated increase in the annual fee.
- Council delegation of authority to the Executive Committee is being sought:
 - To approve (in principle), and to circulate the proposed by-law amendments required to legally effect these changes, including specifying the annual fee for each class of registrant.

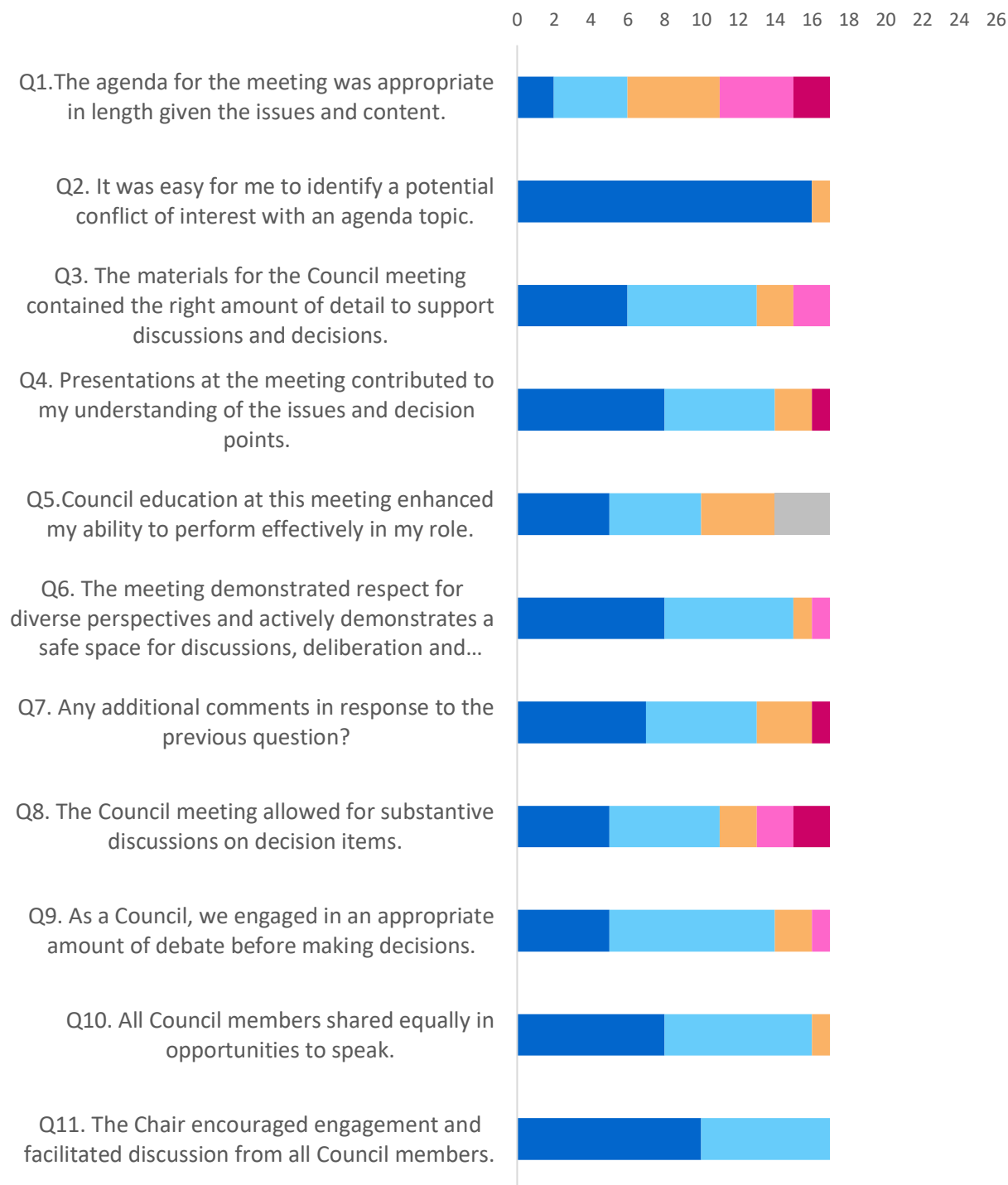
Council Meeting Evaluation Survey Report

Council Meeting #450 June 19, 2025

Quantitative Results

■ Strongly agree
 ■ Agree
 ■ Neutral
 ■ Disagree
 ■ Strongly disagree
 ■ Prefer not to say/Don't know/Blank

**all horizontal axis represent the number of respondents*



- CONFIDENTIAL -

- not to be circulated beyond intended recipients -

Council Meeting Evaluation Survey Report

Council Meeting #450 June 19, 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.

- ◇ nothing to add here
- ◇ Meeting agenda and materials were thorough and very well prepared
- ◇ There was a large speakers list. The important direction of selling PLP and the change in election for the council created a lot of discussion as we all tried to make an informed decision for the future of the college. We all want to make sure we get this right.
- ◇ Diverse perspectives are nice to have. However if different views are met with scorn or a follow up lecture then eventually the group will just remain silent. We should have respect for and recognition of the intrinsic worth that each council member brings to the meetings.
- ◇ Unfortunately it feels as if we are supposed to rubber stamp yes votes, and that everything presented is implied to pass voting every time... even if the process was brought up as an issue to be explored. This to me means a committee should explore options, make an excellent presentation which they do, but then should still be open to discussion, amendments and failure if it is not strong or if many people are dissatisfied. A long discussion is excellent, but means that the thought processes should continue and things should be improved upon before voting should happen. Pressing voting forward means opinions are not of value, and changes made might be fast and progressive but less than optimal.
- ◇ Everyone was able to express his or her opinions
- ◇ Very good meeting. Plenty of time to discuss reqd issues with diverse opinions
- ◇ The material prepared and presented by staff on a particular subject was extremely detailed. discussion went much longer than expected, so that all could voice their different perspectives, however it appeared that preparation may not have been enough because for the majority of council the logistics of the subject were clear.
- ◇ Although there were some agenda items that was a lot of material and discussion, Council in the end made some good decisions for the go forward.
- ◇ There was some confusion with the meeting content and members felt a topic was rushed to decision

Council Meeting Evaluation Survey Report

Council Meeting #450 June 19, 2025

Qualitative Results

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

- ◇ How to bring on board an Indigenous member (Dentist) on our Council.Would it require a new by-law??
- ◇ Tough question. Perhaps a shorter Agenda.
- ◇ Appropriate time for important topics.
- ◇ This was closer in content to a full day meeting. Eliminating the section on practice types was needed to stay on time. Budget lots of time on subjects you know will bring debate.
- ◇ Providing specific examples and further detail/clarification when a motion is voted on
- ◇ If a few examples of how the creation of one district and the election process will work under the new proposed rules would be very helpful for all of us to understand how the new council will be created . Please provide a four year model showing different scenarios in order to have a council with 10-12 dentists following the ideals of DEI. Thank you
- ◇ When we have issues to deal with that are complex and possibly contentious then we should 1)
- ◇ Allow more time on the agenda. 2) Have a process to prepare council thoroughly in advance. Thank you
- ◇ Every issue to be discussed should not be automatically voted on every time. If discussions are involved, and contradicting, then that should mean more work, more ideas should be done until a better consensus can be reached, which should then be even more improved than a rushed vote and forced decision making on larger issues.
- ◇ To allow adequate time for discussion on important topics
- ◇ In Preparation delve deeper into the material to better understand the complexity of the facts,so that each council member is very well informed to make a decision. Tha staff's hard work in preparing the material seemed to have been lost in the shuffle and perhaps not appreciated.
- ◇ More background on decisions?
- ◇ No advice at this time
- ◇ Reducing the size of the agenda.
- ◇ More deliberation to clarify contentious items to be voted on

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			

COUNCIL BRIEFING NOTE

TOPIC: Financial Update

FOR INFORMATION

September 18, 2025

ISSUE: **Financial Sustainability:** The College operating, regulatory, and capital budget process for the upcoming 2026 fiscal year began in June 2025 and will be presented to Council in December.

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:

- The annual budget provides staff, the Finance, Audit & Risk Committee (FAR) and Council with an opportunity to discuss policy issues and determine how to fulfil the College mission within a finite budget envelope. The budget process begins mid-year, and the final budget is presented at the Q4 meeting of Council, after substantial analysis and review.
- FAR receives quarterly updates with detailed commentary from staff to remain well informed on the financial position of the organization.
- The FAR Committee and staff continue to develop multi-year forecasting reports in conjunction with the budget to support the College's planning process and make course corrections when necessary.

ANALYSIS:

2025 Fiscal Year

- Attached in Appendix A is the forecast for 2025, which was presented to FAR in July, based on Q2 (six months) numbers.
- Included as Appendix B are July 31, 2025, statement of financial position and statement of operations.
- It is anticipated the College will end the year in a surplus position, consistent with the 2025 budget. Currently this is projected to be approximately \$2.7 million from regular operations.
- Investment income results have continued to outperform expectations and account for revenue of \$2.7 million for the year to date, which is \$575 thousand above the annual

budget. Investment income is dependent on uncontrollable factors and may change significantly by year-end.

- The PLP Divestment agreements will have a significant impact on the financial statements and the year-end surplus. The specifics of the impact are still unknown and therefore not accounted for in the forecast at this time.
- The Operating Reserve has been funded in accordance with the Reserve Policy, as of June 2025, which is ahead of schedule.

NEXT STEPS:

- Pressure points and uncertainties, including completion of the PLP Divestment will be reviewed as part of the budget presentation in December. Accompanying the budget will be a three-year forecast so Council can make well-informed decisions.
- Revise the Reserves Policy to account for the PLP Divestment.

DECISION FOR COUNCIL:

None at this time. The 2026 budget will be presented at the December 4, 2025, Council meeting.

CONTACT:

Jeffrey Gullberg, jgullberg@rcdso.org

Kelly Tripp, ktripp@rcdso.org

Attachment:

Appendix A: 2025 Forecast

Appendix B: July 31, 2025, Statement of Financial Position & Statement of Operations

2025 YEAR END FORECAST

For the year ended December 31, 2025

	2024 Year End Actual	2025 Annual Budget	2025 Year End Forecast	Notes
Revenue	\$	\$	\$	
Registration and annual fees	39,687,350	41,780,350	41,535,081	Registration and annual fees are slightly below budget expectations. The new applications and reinstatements are lower than anticipated at this point in the fiscal year.
Investment income	4,388,378	2,099,855	2,944,526	The budget was built on a conservative assumption the market rates would decrease and that a portion of the investments would be liquidated earlier. Investment income is anticipated to be slightly over budget due to the gain on the fair market value of the equity investments and interest earned on investment holdings. We are cautiously optimistic that positive returns will continue for the remainder of the year.
Professional liability program recoveries	306,060	235,000	255,250	Professional liability program recoveries are expected to be slightly higher than budget as more files have moved toward resolution/closure and deductibles are billed accordingly.
Professional conduct recoveries	297,850	305,000	274,350	Professional conduct recoveries is less than expected due to timing of monitoring visits and associated recoveries with monitoring and hearings.
Other income	292,849	180,625	170,082	Other income expected to be slightly lower than budget due to less individuals renewing beyond the due date.
TOTAL REVENUE	44,972,487	44,600,830	45,179,289	

2025 YEAR END FORECAST

For the year ended December 31, 2025

	2024 Year End Actual	2025 Annual Budget	2025 Year End Forecast	Notes
Expenses				
Staffing costs	21,124,491	21,804,943	21,838,976	Staffing costs have increased from budget due to increases in Extended Health Benefits usage costs.
PLP Loss Provision	4,311,236	7,500,000	7,500,000	The provision reflects an estimated provision of actuarial expectation of ultimate losses and other trends in PLP program costs. This expense can be volatile from year to year.
Insurance and brokerage	704,012	742,480	725,589	Insurance premiums are lower than budget due to lower than expected premiums for D&O Liability & Excess.
Council and committees	971,208	1,303,468	1,317,268	Expect per diem costs to be slightly over budget at year end due to extra meetings needed regarding PLP Divestment. Budget reflects meeting in a mix of virtual and in-person meetings.
Consulting and professional fees	2,694,457	4,020,119	4,135,019	Legal fees are expected to be slightly less than budget, consulting fees are expected to come in over budget due to additional costs related to the PLP divestment that were not known at the time the budget was built.
Administration	1,364,479	1,552,689	1,550,460	These costs are tracking closely to budget.
Amortization	1,682,914	1,683,500	1,731,928	The increase in amortization expense relative to budget is primarily due to the timing of asset in-service dates. When the budget was developed, several capital projects were expected to be commissioned later in the year, resulting in a lower projected amortization. However, these assets were placed into service earlier than anticipated, leading to a higher amortization expense for the period. This variance reflects a timing difference rather than a change in overall capital investment.

2025 YEAR END FORECAST

For the year ended December 31, 2025

	2024 Year End Actual	2025 Annual Budget	2025 Year End Forecast	Notes
<i>Expenses Cont'd</i>				
Faculty payments and fees	567,201	623,160	577,821	Savings experienced as faculty payments for academic members are invoiced at a lower rate than budgeted.
Telecommunications and technology	2,090,253	2,333,575	2,398,245	Expenses are expected to be close to budget due to savings associated with telephony moving from Bell to Zoom.
Operations and facilities	526,690	637,905	625,546	Small savings expected in a few areas but mostly expenses are tracking closely to budget.
TOTAL EXPENSES	36,036,941	42,201,839	42,400,852	
TOTAL SURPLUS (DEFICIT)	8,935,546	2,398,991	2,778,437	

Statement of Financial Position

as at July 31

	2025	2024
	\$	\$
Assets		
Cash	4,233,774	8,937,971
Short-term investments	18,088,153	2,595,180
Accounts receivable	761,517	606,048
Prepaid expenses	598,570	489,124
	23,682,014	12,628,323
Long-term investments	56,635,212	58,088,267
Pension plan assets	109,400	76,222
Capital assets	8,359,332	9,361,674
Total Assets	88,785,958	80,154,486
Liabilities		
Accounts payable & accrued liabilities	807,543	326,038
Deferred revenue	1,474,591	1,419,120
Accrued claims liability	25,915,702	27,033,273
Post-retirement benefit plan liability	3,955,300	3,935,700
	32,153,136	32,714,131
Net Assets		
PLP Reserve	22,522,275	22,522,275
Operating Reserve	7,521,121	3,521,121
Unrestricted	26,589,426	21,396,959
	56,632,822	47,440,355
Total Liabilities and Net Assets	88,785,958	80,154,486

Statement of Operations

For the Seven Months Ending July 31, 2025

	Year to Date (YTD)	Annual Budget	% of Budget Used	Prior Year (PY)
	\$	\$		\$
Revenue				
Registration and annual fees	41,236,956	41,780,350	99%	38,906,191
Investment income	2,677,209	2,099,855	127%	2,870,534
Professional liability program recoveries	207,264	235,000	88%	117,604
Professional conduct recoveries	159,850	305,000	52%	150,250
Other income	35,407	180,625	20%	46,875
TOTAL REVENUES	44,316,686	44,600,830	99%	42,091,453
Expenses				
Staffing costs	12,543,775	21,804,943	58%	12,086,562
Professional liability program provision	4,375,000	7,500,000	58%	4,083,333
Consulting and professional fees	1,677,058	4,020,119	42%	1,000,294
Telecommunications and technology	1,329,125	2,333,575	57%	1,298,173
Amortization	1,010,651	1,683,500	60%	1,037,406
Operations and facilities	308,919	637,905	48%	314,000
Administration	446,992	1,552,689	29%	365,859
Council and committees	666,124	1,303,468	51%	496,340
Insurance and brokerage	725,589	742,480	98%	704,012
Faculty payments and fees	540,612	623,160	87%	565,851
TOTAL EXPENSES	23,623,845	42,201,839	56%	21,951,832
Excess (deficiency) of revenue over expenses	20,692,842	2,398,991		20,139,622

COUNCIL BRIEFING NOTE

TOPIC: Policy Report

FOR INFORMATION

September 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 the 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 June, a public consultation was launched to invite feedback on the RCDSO's draft Standard, [Managing Conflicts and Ending the Dentist-Patient Relationship](#). This consultation is currently active, concluding on September 22, 2025. Council is invited to comment via the RCDSO's [consultation homepage](#).
 - Additionally, a preliminary consultation was undertaken to invite feedback on the RCDSO's current [Dental CT Scanners](#) Standard of Practice. This consultation generated significant interest and concluded on August 1, 2025. Over 300 survey submissions were received, and Council will receive further updates concerning the substance of the feedback at a future meeting.

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 Working Group has reviewed and provided feedback on the following topics:
 - the proposed rescission of the RCDSO's current *Requesting Magnetic Imaging & Referring to Physician Specialists by Oral and Maxillofacial Surgeons* Standard of Practice (a briefing note describing this recommendation is included in Council's meeting package);
 - a new draft Standard of Practice related to *Implant Dentistry* (Council will be asked to review and approve this draft for consultation at its September meeting); and
 - a revised draft guidance document related to the use of *Artificial Intelligence in Dentistry* (Council will be asked to review and approve this draft at the September meeting).
- The Standing Policy Working Group is scheduled to meet again in October 2025, and Council will receive further updates concerning the activity of the Working Group at future meetings.

Introduction of Effective Dates for New Standards of Practice

- Beginning in September 2025, Council will see "effective dates" included on all new Standards of Practice.
- Historically, the RCDSO has relied on an implicit understanding that Standards of Practice come into effect the moment they are approved by Council.

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).

- This approach raises an important question of fairness, in that registrants are held to a new Standard at the moment it is approved, even though they may not yet be aware it exists (e.g., via the RCDSO's usual post-Council updates).
- Under the new model, Standards approved by Council will “come into effect” on the date specified in the Standard. For consistency, this will be **two weeks** following Council's approval.
- This change was prompted by feedback from RCDSO staff and registrants, and is intended to:
 - o bring RCDSO into alignment with best practices adopted by other health regulatory Colleges;
 - o provide clarity to all parties concerning the date on which a new or revised Standard comes into effect (i.e., the point in time at which a registrant is expected to be in compliance with new requirements);
 - o ensure that registrants have a reasonable opportunity to learn about, review, and ask questions about new Standards and requirements before they are in effect; and
 - o ensure that College staff (including staff in PAS and PCRA) are able to effectively apply Standards of practice to answer questions and adjudicate matters with fairness and transparency.
- The decision to introduce effective dates was made in collaboration with key RCDSO staff, including the Deputy Registrar, Andréa Foti; former Director of Professional Conduct and Regulatory Affairs, Gillian Slaughter; Director of Quality, Susan Taylor; Director of Communications, Lesley Byrne; and others.
- A communications strategy will be developed to ensure that this change is clearly understood by registrants and other interested parties, and effective dates will appear on all new Standards of Practice following September Council.

DECISION FOR COUNCIL:

- This briefing note is for information.

CONTACT:

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

Attachments:

None

Strategic Plan 2023-25

Report to Council

FOR INFORMATION

September 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:



PROFESSIONALISM

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



STAKEHOLDER ENGAGEMENT

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



EMERGING ISSUES

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

- 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 operations¹.
- 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 June 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 JUNE COUNCIL
 PROFESSIONALISM RCDSO promotes a culture of professionalism in dentistry that supports the provision of quality care, serves the public interest and upholds the public trust.	Project Sponsor: <i>Andréa Foti</i> Project Manager: <i>Cameron Thompson</i> <i>College Standards will be modernized and updated on a regular basis to ensure currency.</i>	• Since Council's June meeting, significant progress has been made in relation to all of the RCDSO's active Standards work (see Council's Strategic Dashboard Report for a complete update). • Public consultations have been launched on both the draft Managing Conflicts and Ending the Patent-Dentist Relationship Standard of Practice (as approved by Council) and the current Standard of Practice, Dental CT Scanners. • Additionally, the College's Standing Policy Working Group has met to consider important new policy work, including a new draft Standard on Implant Dentistry, revised draft guidance on Artificial Intelligence, and the potential rescission of the RCDSO's current Standard on ordering MRIs and making physician-specialist referrals. • Council will receive more information about this work within dedicated briefing notes as part of the September Council meeting package.

2. STRATEGIC PROJECT: ACCESS TO CARE

STRATEGIC PILLAR & OBJECTIVE	PROJECT DESCRIPTION	UPDATES SINCE JUNE COUNCIL
 PROFESSIONALISM RCDSO promotes a culture of professionalism in dentistry that supports the provision of quality care, serves the public interest and upholds the public trust.	Project Sponsor: <i>Andréa Foti</i> Project Manager: <i>Michelle Cabrero Gauley</i> <i>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.</i>	• At its July 2025 meeting, the Quality Assurance Committee (QAC) recognized the Indigenous Primary Health Care Council (IPHCC) as an approved sponsor for continuing education in Ontario. The IPHCC offers Indigenous Cultural Safety training and resources for health care providers. • A series of RCDSO Connect webinars are being planned for Fall 2025 that relate to access to care, professionalism, and trauma and violence-informed care. • The Professionalism Working Group reviewed the consultation feedback that was received on the new draft Foundations of Professionalism document and proposed revisions to the document. Council is considering this item at its September 2025 meeting, and a separate briefing note can be found in the meeting

		materials. The Professionalism Working Group is continuing to meet to refine the new draft Standard of Practice on accepting patients into dental practices. It is anticipated that the new draft Standard will be presented to the QAC and Council for approval to release it for public consultation by the end of 2025.

3. STRATEGIC PROJECT: SERVICE EXPERIENCE

STRATEGIC PILLAR & OBJECTIVE	PROJECT DESCRIPTION	UPDATES SINCE JUNE COUNCIL
 STAKEHOLDER ENGAGEMENT RCDSO enhances collaboration and engagement with the public, the profession and system partners to advance patient-centered oral health care and regulatory excellence.	Project Sponsor: Lesley Byrne Project Manager: Michelle Tremblay <i>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.</i>	- Our French staff are currently reviewing the remaining six resources as laid out in the strategic project. They have all been translated by a professional translator and they are currently being reviewed before being posted. - Staff have continued to examine the modernization of the Annual Renewal Questionnaire for dentists including the requirements the College will have in the future to make this annual process clear, easy to navigate and timely.

4. STRATEGIC PROJECT: EQUITY, DIVERSITY & INCLUSION

STRATEGIC PILLAR & OBJECTIVE	PROJECT DESCRIPTION	UPDATES SINCE JUNE COUNCIL
 STAKEHOLDER ENGAGEMENT RCDSO enhances collaboration and engagement with the public, the profession and system partners to advance patient-centered oral health care and regulatory excellence.	Project Sponsor: Lesley Byrne Project Manager: Michelle Tremblay <i>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 change in dental regulation.</i>	- All staff were invited to participate in professional development learning on an assessment tool called the Equity Sequence®. - An e-module training was available for several months and we completed the training with a facilitated session from Anna Dewar-Gully Co-Founder of Tidal Equality in June 2025. - We also extended this learning opportunity to our colleagues from the College of Dental Hygienists of Ontario (CDHO). - The Equity Sequence® is designed to help us innovate and consider equity in our work, how to design processes and how to support the

STRATEGIC PILLAR & OBJECTIVE	PROJECT DESCRIPTION	UPDATES SINCE JUNE COUNCIL
		College in thinking about equity while we deliver service to the public. • We are considering this helpful training for Council and Committees in 2026. • In conjunction with the Health Professions Regulators Ontario, College staff co-led the planning of the first HPRO EDI Network Conference in June 2025. • This full day of learning and collaboration was attended by staff leading EDI work at the 26 RHPA Colleges. • Elder Abuse Prevention Ontario led a power discussion on ageism and what regulators should be considering in writing standards and supporting health professionals deliver care. • The day closed with a panel discussion about the Future of EDI in Health Regulation featuring: Dr. Tony Debono - Registrar, College of Psychologists & Behavioural Analysts, Dr. Wendy Cukier - Director of The Diversity Institute at Toronto Metropolitan University, Preeya Singh - Director of Professional Conduct, General Counsel of CASLPO and Moderated by Michelle Tremblay from the RCDSO. • Registrar & CEO Daniel Faulkner closed the day with words of reflection for the attendees. Next steps include the network developing a series of initiatives for all Colleges to share resources and learning opportunities together.

5. STRATEGIC PROJECT: GOVERNANCE REVIEW & MODERNIZATION

STRATEGIC PILLAR & OBJECTIVE	PROJECT DESCRIPTION	UPDATES SINCE JUNE COUNCIL
 EMERGING ISSUES RCDSO anticipates and responds proactively to emerging issues and trends that may impact the public interest.	Project Sponsor: Dan Faulkner Project Manager: Lara Thacker <i>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.</i>	• In June 2025, Council approved the Governance Committee's recommended operational design elements that support the three integrated modernization concepts Council approved in principle in June 2024. • Since the last report to Council, the Governance Committee met once to consider and discuss material for the Governance Committee's upcoming educational presentation to Council in September 2025, including draft bylaws intended to address the contemplated governance reforms. Council will have an educational session on this topic. • Staff engaged in further research regarding alternative voting systems and the Governance Committee heard a presentation from a subject matter expert on inclusive voting systems. • Staff conducted an analysis of the current Council demographic data and presented the analysis and key findings to the Governance Committee to support the governance modernization discussion. • The 2025 Council Performance Evaluation is scheduled to take place this fall/winter. Staff presented proposed implementation timeline options to the Executive Committee for consideration and feedback. Staff issued a request for quotes, evaluated submissions, and selected a successful vendor. The Governance Committee was presented with a project update for consideration and feedback and will review draft 2025 Council Performance Evaluation tools with the vendor at its next meeting.

6. STRATEGIC PROJECT: PRACTICE MODELS & CORPORATE DENTISTRY

STRATEGIC PILLAR & OBJECTIVE	PROJECT DESCRIPTION	UPDATES SINCE JUNE COUNCIL
 RCDSO anticipates and responds proactively to emerging issues and trends that may impact the public interest.	Project Sponsors: Dan Faulkner & Andréa Foti Project Manager: Deni Ogunrinde <i>This project will analyze various dental practice models, including corporate ownership models, and the implication on quality of care and dental regulation.</i>	- A report and briefing note on the Practice Models and Corporate Dentistry strategic project is included in the Council package for the September meeting as a decision item. - As outlined in that briefing note, 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. - In fall 2025, RCDSO staff will develop a Practice Models and Corporate Dentistry Implementation Plan to incrementally implement the options that Council approves at its September meeting.

METRICS

- Project Managers have worked closely with Eric de Sa, 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

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

Council Dashboard Report

Strategic Projects

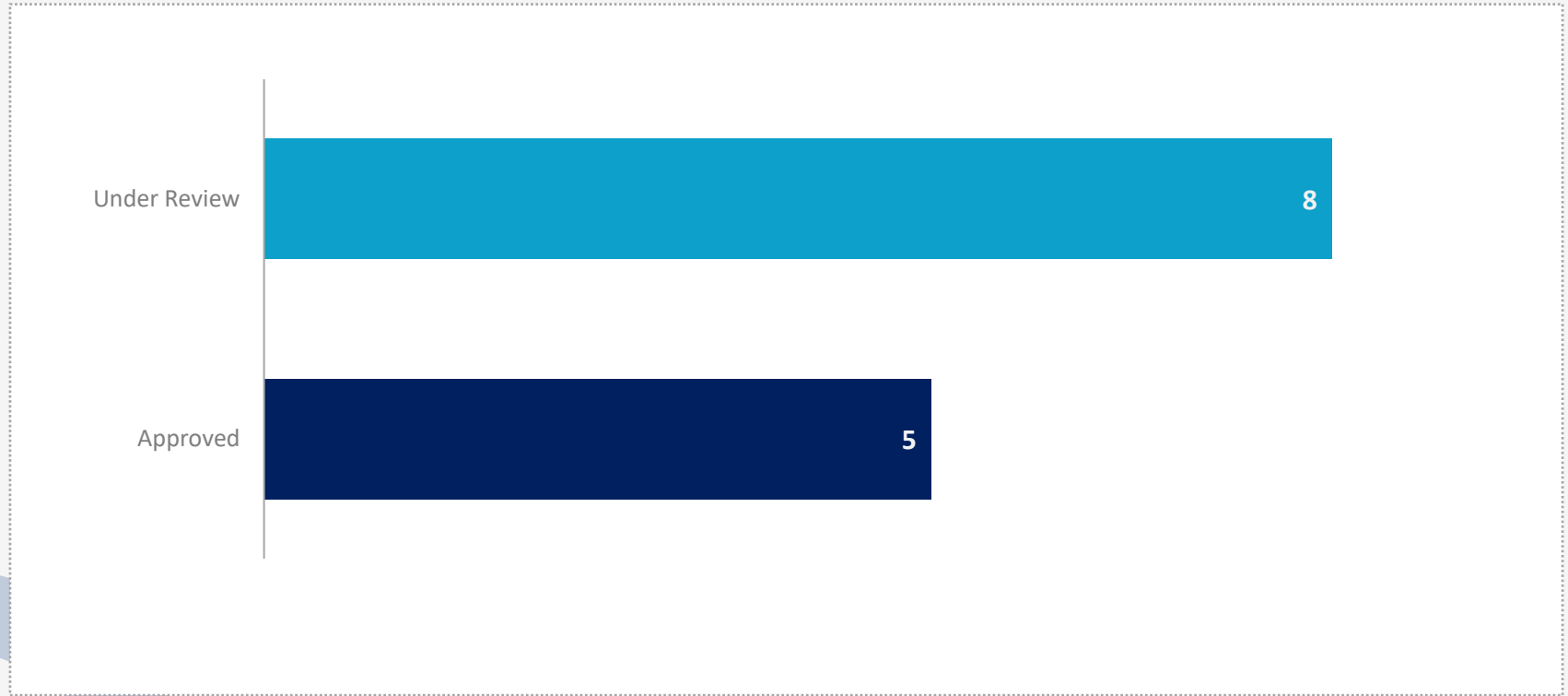
Royal College of
Dental Surgeons of Ontario

September 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

	Research & Analysis	Preliminary Consultation	Drafting	General Consultation	Redrafting	Final Review by QAC & Council	Final Approval
✓ Virtual Care							
✓ COVID-19: Guidance for In-Person Care							Rescinded
✓ Diagnosis & Management of Temporomandibular Disorder							
✓ Informed Consent Practice Advisory							
Professionalism/Good Practice							
Accepting New Patients							
Maintaining a Professional Dentist-Patient Relationship							
Implant Dentistry							
Artificial Intelligence							
✓ Prevention of Sexual Abuse and Boundary Violations							
Use of Sedation and General Anesthesia in Dental Practice							
Dental CT Scanners							
Requesting Magnetic Resonance Imaging & Referring to Physician Specialists by Oral and Maxillofacial Surgeons							

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



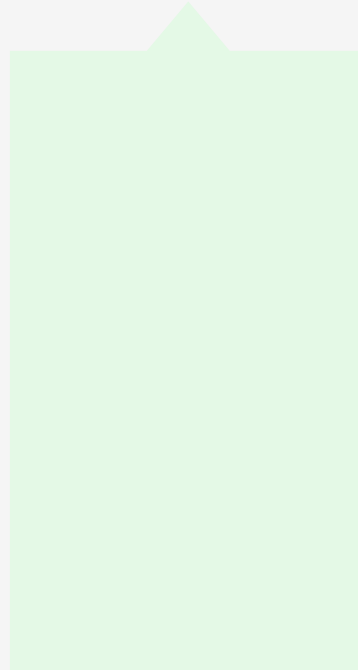
Retired

● 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)

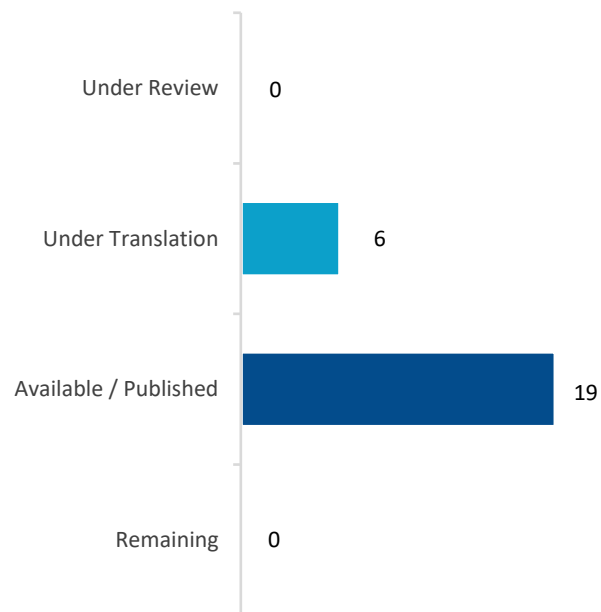
Service Experience |

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):

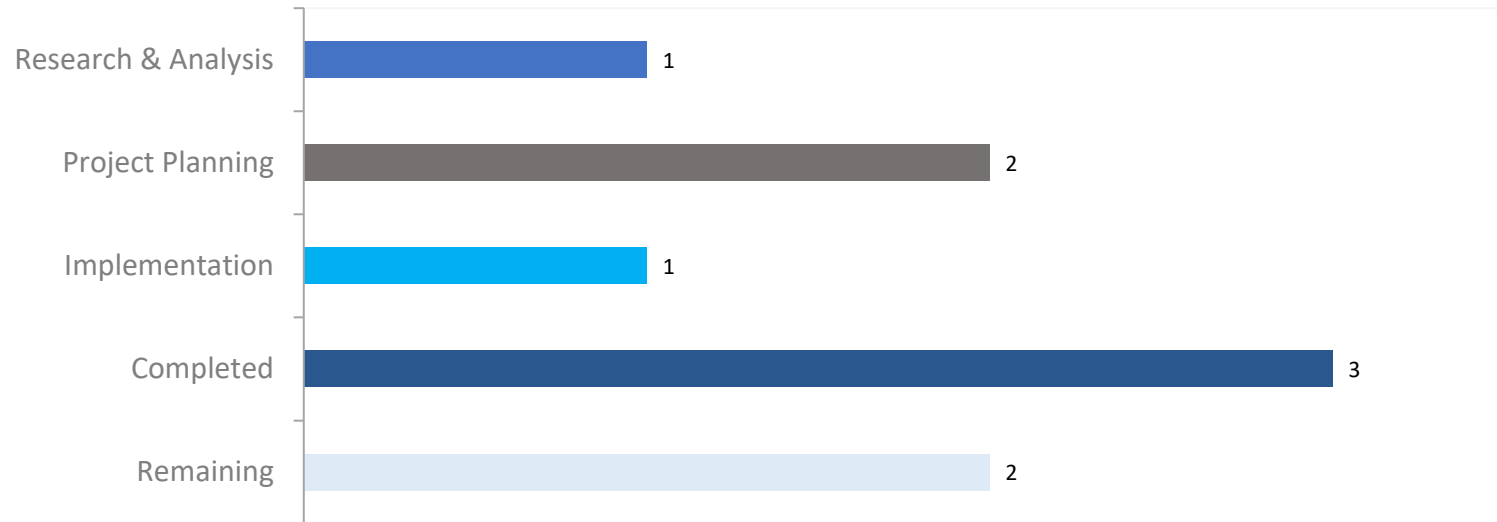
1. Amalgam Waste Disposal	12. PLP Intake Form
2. 2022 Annual Report	13. PLP Website
2. College By-laws (using translation program)	14. Sexual Abuse Support Information Brochure
4. Complaints Brochure	15. Sexual Abuse Therapy Funding Form
5. Complaints Intake Form	16. Staff resources in Communications, PRCA (Intake), Practice Advisory Services and PLP
6. 2022 CPMF Summary	17. Strategic Plan 2020-2023
7. Fair Registration Practices Report	18. Strategic Plan 2023-2025
7. French interpretation services on demand	19. Medical History Handout
9. French Phone Greetings	
10. French Phone Queue	
11. Medical History Form	

Note: The total number of resources decreased from 26 to 25 because the Policy and Standards team will not be reviewing the IPAC standards until 2026



Service Experience |

Number of initiatives/projects underway towards improving service experience

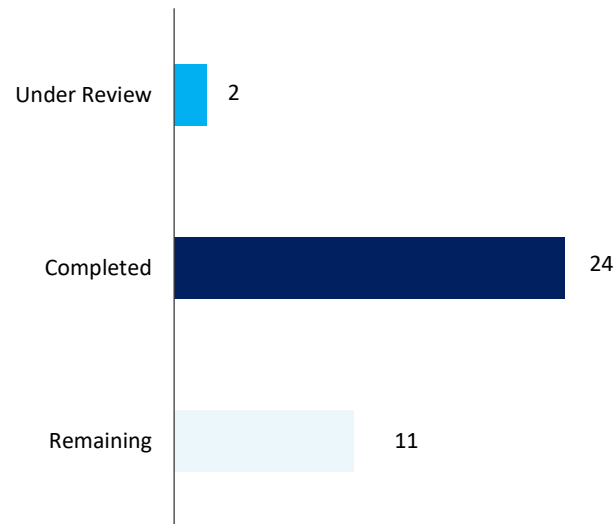


Equity, Diversity and Inclusion (EDI) |

Progress towards reviewing internal policies with an EDI lens

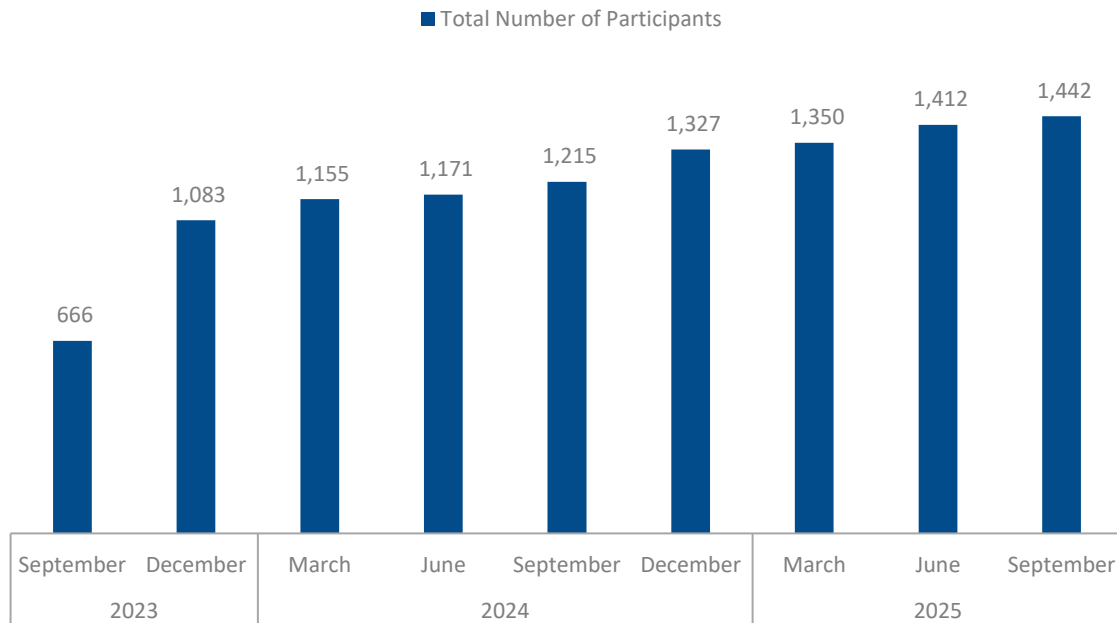
Internal Policies Completed (to date):

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



Equity, Diversity and Inclusion (EDI) |

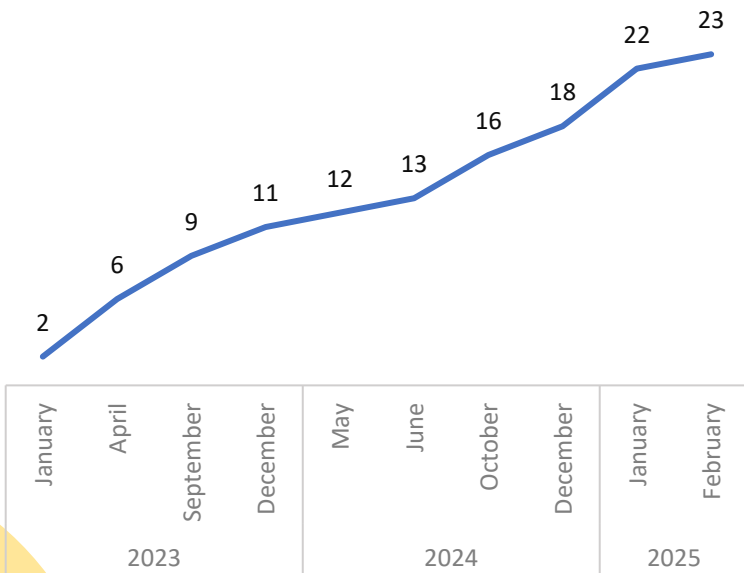
Overall number of participants who have attended EDI learning opportunities from the RCDSO



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

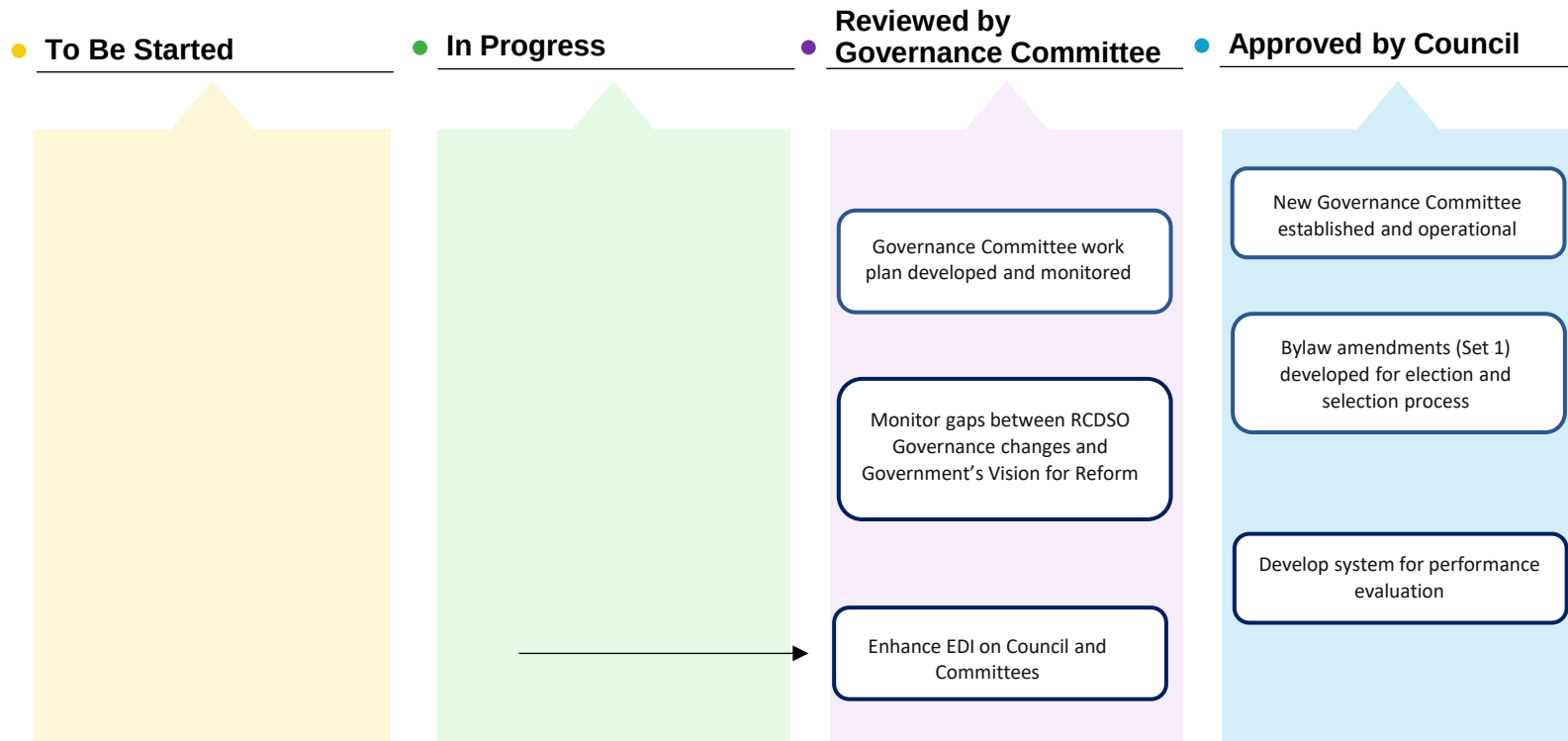


Sessions completed in 2025:

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

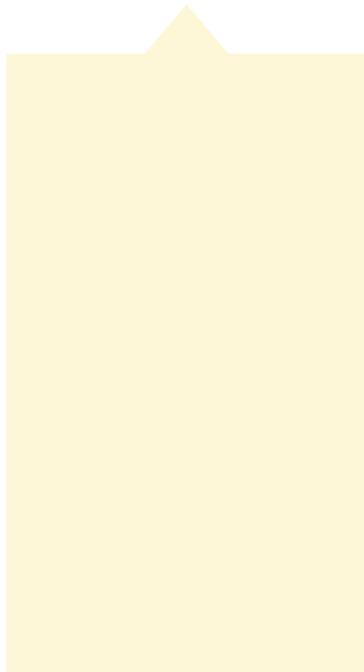
Progress towards establishing a new Governance Committee



Practice Models and Corporate Dentistry

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

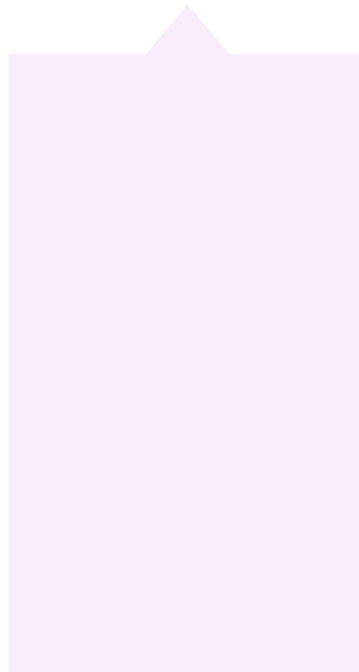
● To Be Started



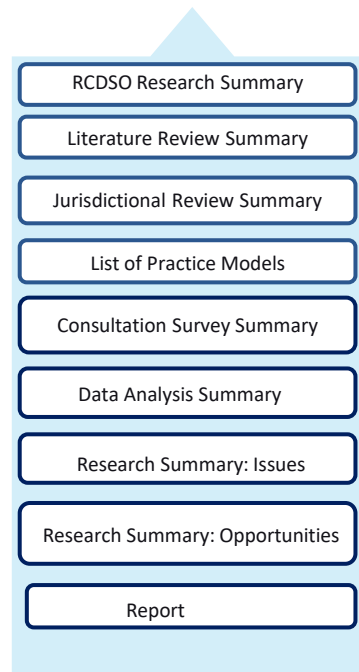
● In Progress



● Review



● Complete



COUNCIL BRIEFING NOTE

TOPIC: Appointment of public member Ram Chopra to fill a vacancy
on the Registration Committee

September 2025

FOR RATIFICATION

ISSUE:

- Council will be asked to ratify the Executive Committee's appointment of public member Ram Chopra to fill a vacancy on the Registration Committee.

PUBLIC INTEREST:

- This matter advances the public interest by filling a statutory committee vacancy to address a potential risk of business continuity and meeting the committee composition requirements as set out in bylaw.

BACKGROUND:

- The Registration Committee is a statutory committee that reviews all applications for registration referred by the Registrar.
- The Registration Committee is also responsible for setting registration policies, advising Council on entry to practice and reinstatement requirements and on national issues related to registration.
- The Bylaws set out that the Registration Committee shall be composed of:
 - a. at least three (3) members of Council who are members of the College;
 - b. at least one (1) public member of Council; and
 - c. one (1) non-Council committee member ([Article 4.2.1](#)).
- In January 2025, Council approved the Registration Committee slate for the 2025-2027 term, which included three Council dentists, two Council public members, and one non-Council committee member.
- The procedure for filling vacancies on a committee and the term of filled vacancies are set out in [Bylaw 5](#).

CURRENT STATUS:

- At its meeting on September 18, 2025, Council will be asked to ratify the Executive Committee's appointment of public member Ram Chopra to the Registration Committee for the remainder of the 2025-2027 term.
- Cristina Cordeira, one of two public members appointed to the Registration Committee, resigned from Council for personal reasons on June 1, 2025.
- The Council term of the second Registration Committee public member, Eleonora Fisher, ended on July 23, 2025. Ms. Fisher was not reappointed to Council.

- The Registration Committee needs two public members to ensure quorum to carry out College business and to mitigate the risk of having to cancel meetings.
- Mr. Chopra currently serves on RCDSO's Inquiries, Complaints and Reports Committee and Quality Assurance Committee.
- Mr. Chopra agreed to have his name put forward for consideration for the Registration Committee.
- On July 11, 2025, the Executive Committee considered and appointed Mr. Chopra to the Registration Committee. The appointment became effective immediately. The member was oriented to the Committee and has commenced Committee work.
- On August 18, 2025, the Executive Committee appointed a second public member, Patrick Ballantyne, to the Registration Committee for the remainder of the 2025-2027 term.

CONSIDERATIONS:

- Between meetings of Council, the Executive Committee has all the powers of Council with respect to any matter that, in the Executive Committee's opinion, requires immediate attention, other than the power to make, amend or revoke a regulation or by-law ([Article 4.1.7](#)).
- The Bylaws set out that if the Executive Committee exercises a power of Council under article 4.1.7 (Powers of the Executive Committee), it must report on its actions to Council at the next Council meeting ([Article 4.1.8](#)). This matter will come to Council for ratification in September 2025.

NEXT STEPS

- If Council ratifies the appointment on September 18, 2025, Mr. Chopra will continue as a public member on the Registration Committee.

DECISION FOR COUNCIL:

Council will be asked for its decision on the following recommendation:

Appointment of Ram Chopra to the Registration Committee

Recommendation #1:

That Council ratifies the Executive Committee's appointment of public member, Ram Chopra, to the Registration Committee.

[Requires simple majority vote]

CONTACT:

Daniel Faulkner, dfaulkner@rcdso.org

Lara Thacker, lthacker@rcdso.org



**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*, **Patrick Ballantyne** of Oakville be appointed 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 the date this Order in Council is made.

EN VERTU DE l'alinéa 6 (1) b) de la *Loi de 1991 sur les dentistes*, **Patrick Ballantyne** d'Oakville est nommé 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 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:
Approuvé et décrété le : AUG 14 2025

**Administrator of the Government
L'administratrice du gouvernement**

COUNCIL BRIEFING NOTE

TOPIC: Appointment of public member Patrick Ballantyne to fill vacancies on the Registration Committee and Inquiries, Complaints and Reports Committee

September 2025

FOR RATIFICATION

ISSUE:

Council is being asked to ratify the Executive Committee's appointment of public member Patrick Ballantyne to fill vacancies on the Registration Committee and Inquiries, Complaints and Reports Committee (ICRC).

PUBLIC INTEREST:

- This matter advances the public interest by filling statutory committee vacancies to address a potential risk of business continuity and meeting the committee composition requirements as set out in legislation and bylaw.

BACKGROUND:

Registration Committee

- The Registration Committee is a statutory committee that reviews all applications for registration referred by the Registrar.
- The Registration Committee is also responsible for setting registration policies, advising Council on entry to practice and reinstatement requirements and on national issues related to registration.
- The Bylaws set out that the Registration Committee shall be composed of:
 - a. at least three (3) members of Council who are members of the College;
 - b. at least one (1) public member of Council; and
 - c. one (1) non-Council committee member ([Article 4.2.1](#)).
- In January 2025, Council approved the Registration Committee slate for the 2025-2027 term, which included three Council dentists, two Council public members, and one non-Council committee member.

Inquiries, Complaints and Reports Committee

- The ICRC is a statutory committee that reviews member-specific concerns 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.
- The ICR Committee meets in panels of no less than three and no more than five members.
- The Bylaws set out that the ICRC shall be composed of:
 - a. at least eight (8) members of the College who are either elected or selected members of Council, or non-Council committee members;

- b. at least one (1) public member of Council; and
 - c. up to four (4) subject matter experts who meet the competencies specified by the Governance Committee ([Article 4.3.1](#)).
- In January 2025, Council approved the ICRC slate for the 2025-2027 term, which included three Council dentists, six Council public members, 18 non-Council committee members, and four subject matter experts.
 - The procedure for filling vacancies on a committee and the term of filled vacancies are set out in [Bylaw 5](#)

CURRENT STATUS:

- At its meeting on September 18, 2025, Council will be asked to ratify the Executive Committee's appointment of public member Patrick Ballantyne to the Registration Committee and ICRC for the remainder of the 2025-2027 term.
- Cristina Cordeira, one of two public members appointed to the Registration Committee and ICRC, resigned from Council for personal reasons on June 1, 2025.
- The Council term of the second Registration Committee public member and ICRC public member, Eleonora Fisher, ended on July 23, 2025, and Ms. Fisher was not reappointed to Council.
- The Executive Committee appointed public member Ram Chopra to the Registration Committee on July 11, 2025.
- Patrick Ballantyne was appointed as a public member to RCDSO's Council by the Lieutenant Governor of Ontario on August 14, 2025.
- Mr. Ballantyne is the former CEO and General Manager of the Registered Insurance Brokers of Ontario (RIBO) and was responsible for providing strategic direction and overseeing all business operations in alignment with the goals and objectives set by legislation and the RIBO Council.
- The Registration Committee needs a second public member to ensure quorum to carry out College business and to mitigate the risk of having to cancel meetings.
- The ICRC has typically comprised six public members. The four remaining public members appointed to ICRC are stretched thin.
- Mr. Ballantyne agreed to have his name put forward for consideration for both Committees.
- In August 2025, the Executive Committee considered and appointed public member Patrick Ballantyne to both the Registration Committee and ICRC for the remainder of the 2025-2027 term.

CONSIDERATIONS:

- Between meetings of Council, the Executive Committee has all the powers of Council with respect to any matter that, in the Executive Committee's opinion, requires immediate attention, other than the power to make, amend or revoke a regulation or by-law ([Article 4.1.7](#)).
- The Bylaws set out that if the Executive Committee exercises a power of Council under article 4.1.7 (Powers of the Executive Committee), it must report on its actions to Council at the next Council meeting ([Article 4.1.8](#)). This matter will come to Council for ratification on September 18, 2025.

NEXT STEPS:

- In accordance with the Executive Committee's direction, the appointments were effective August 28, 2025. Staff are in the process of orienting the member to the Registration Committee and ICRC. The member will commence Registration Committee and ICRC work immediately thereafter.

- If Council ratifies the appointment on September 18, 2025, Mr. Ballantyne will continue as a public member on the Registration Committee and ICRC.

DECISION FOR COUNCIL:

Council will be asked for its decision on the following recommendation:

Appointment of Patrick Ballantyne to the Registration Committee and Inquiries, Complaints and Reports Committee

Recommendation #1:

That Council ratifies the Executive Committee's appointment of public member, Patrick Ballantyne, to the Registration Committee and Inquiries, Complaints and Report Committee.

[Requires simple majority vote]

CONTACT:

Daniel Faulkner, dfaulkner@rcdso.org

Lara Thacker, lthacker@rcdso.org

COUNCIL BRIEFING NOTE

TOPIC: Supporting the Reconciliation Journey – Development of a
Reconciliation Action Plan for the RCDSO
FOR INFORMATION

September 2025 Meeting

ISSUE: Reconciliation action plans are increasingly prevalent in many sectors to guide and support organizations on their journey in responding to the [Truth and Reconciliation Commission of Canada's 94 Calls to Action](#). Council will be provided with a presentation by First People's Group related to the RCDSO's engagement in developing an action plan.

PUBLIC INTEREST:

- The RCDSO's strategic priorities set out in the [2023-25 Strategic Plan](#) include improving access to oral health care and embedding the principles of Equity, Diversity and Inclusion (EDI) in all that we do.
- In serving the public interest, it is critical for organizations to reflect on the history of harm faced by First Nations, Inuit and Métis People in Canada and the barriers, policies and systems the 94 Calls to Action seek to address.
- 2021 census reports Ontario to have the highest Indigenous population of any province or territory (Government of Canada, Focus on Geography Series). Nationally, First Nations and Inuit experience nearly twice the amount of dental disease and have more unmet oral health needs than other Canadians (Office of the Auditor General).

BACKGROUND:

[RCDSO Territorial/Land Acknowledgement](#) states that "We are committed to actively supporting the necessary work towards truth, reconciliation, and equity. We embrace the role we play in regulating dentists; in protecting the public interest; and in strengthening our partnerships with Indigenous communities to advance access to safe and equitable oral health care."

It's with that sentiment in mind that RCDSO has partnered with First People's Group (FPG).

FPG offers community-based Indigenous knowledge and management consulting by a strong team of First Nation, Métis, and Inuit professionals. Based in Ottawa (head office), with branch locations in Six Nations (Ontario), Winnipeg (Manitoba), Calgary (Alberta) and Victoria (BC), FPG is 100% Indigenous owned and operated. Their team has a deep understanding of vision, communications, business strategy, project management and quality assurance. With respect to this project, FPG is working with the RCDSO to achieve its goal of engaging with Indigenous nations and communities to understand their diverse views and perspectives on the creation of a Reconciliation Action Plan.

Development of the RCDSO's reconciliation action plan will be a multi-step process including:

- o Identifying key voices
- o Current state analysis
- o Listening and Learning (Focus Groups)
- o Data Review and Analysis
- o Goal Setting and Measuring Key Results
- o Finalizing and Launch of Action Plan

ANALYSIS:

Reconciliation takes different forms. FPG categorizes these actions into three categories: **Symbolic, Substantive and Systemic**. *Appendix A* outlines a scan of the RCDSO's actions to date and provides a high-level review of the learning, experiences and partnerships that the RCDSO has built during the 2023-2025 strategic plan period.

In partnership with RCDSO staff, the FPG research team prepared *Appendix B* an environmental scan and literature review on the oral health experiences of Indigenous Peoples in Ontario. In summary, the document outlines data and information related to the:

- o Experiences of oral health care and dentistry for First Nations, Métis and Inuit Peoples
- o Disparities in access to oral health care, clean water and hygiene products
- o Need for cultural safety in the provision of care
- o Systemic issues with the provision of NIHB
- o Historical trauma and traditional practices
- o Oral Health and Indigenous Children

NEXT STEPS:

The key to the success of this work is understanding the state of oral health for Indigenous Peoples in Ontario and the ways in which organizations like the RCDSO can participate in taking significant actions toward reconciliation. The RCDSO and FPG will be working together over the coming months to develop a comprehensive action plan by spring/summer 2026.

DECISION FOR COUNCIL:

This briefing note is for Council's information.

CONTACT:

Michelle Tremblay, Organizational Transformation & College Equity Officer, mtremblay@rcdso.org

Attachments:

Appendix A: RCDSO Reconciliation Analysis

Appendix B: Oral Health Experiences of Indigenous Peoples in Ontario



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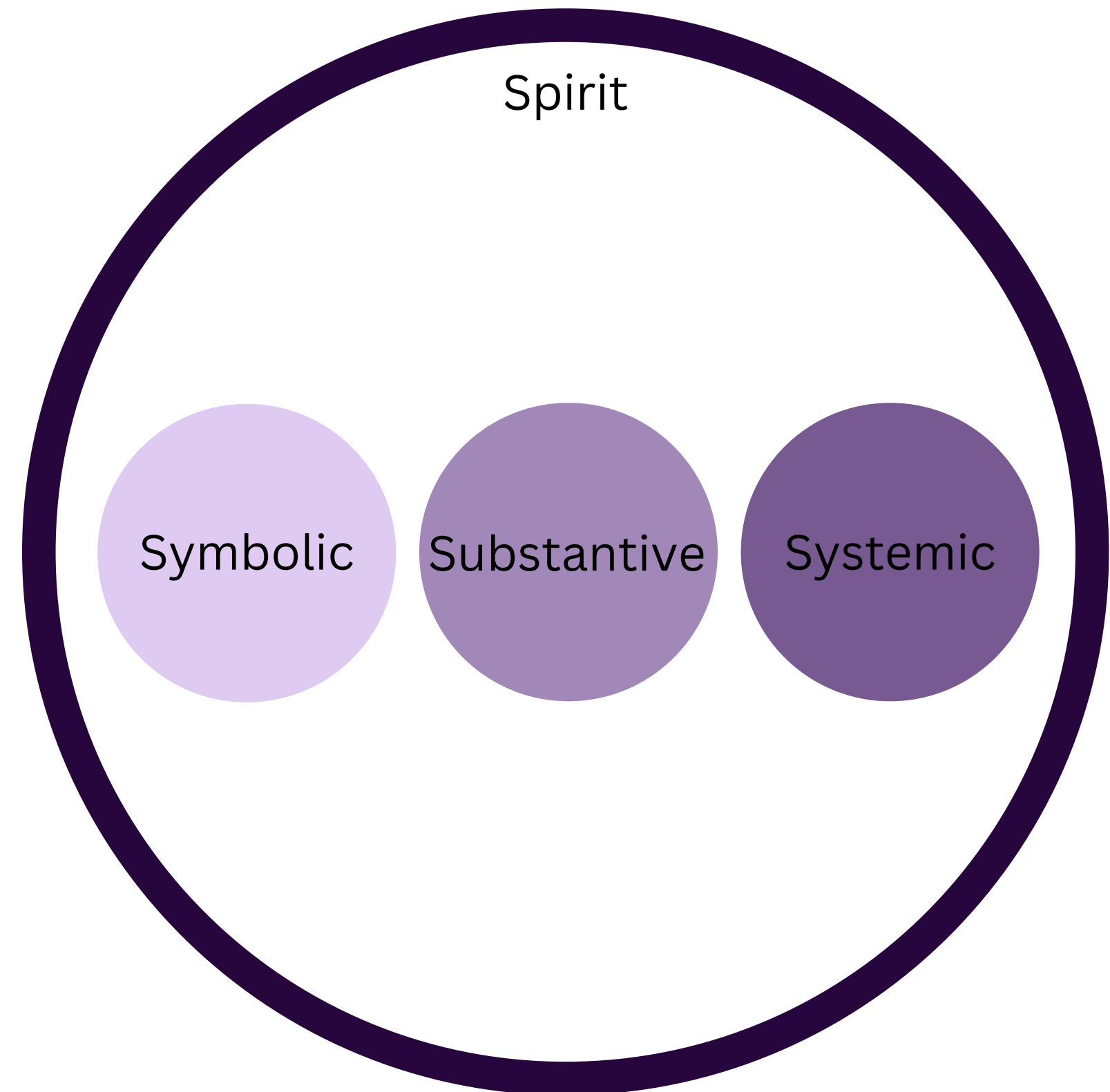


ROYAL COLLEGE OF DENTAL SURGEONS OF ONTARIO ANALYSIS OF TRUTH & RECONCILIATION INITIATIVES

FOUR S FRAMEWORK



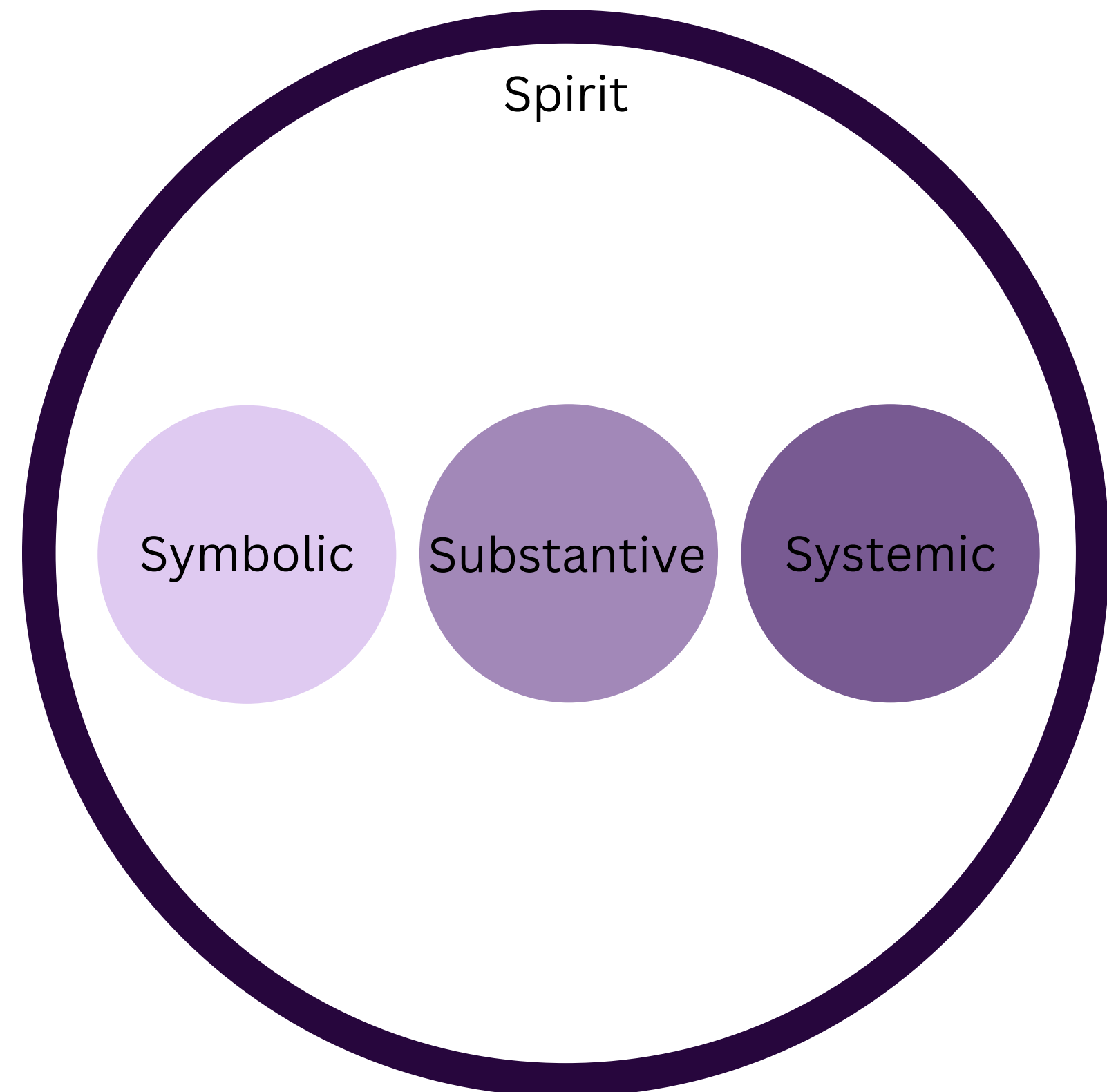
Reconciliation can take different forms; some acts are symbolic, while others are substantive, and some are systemic.



FOUR S FRAMEWORK



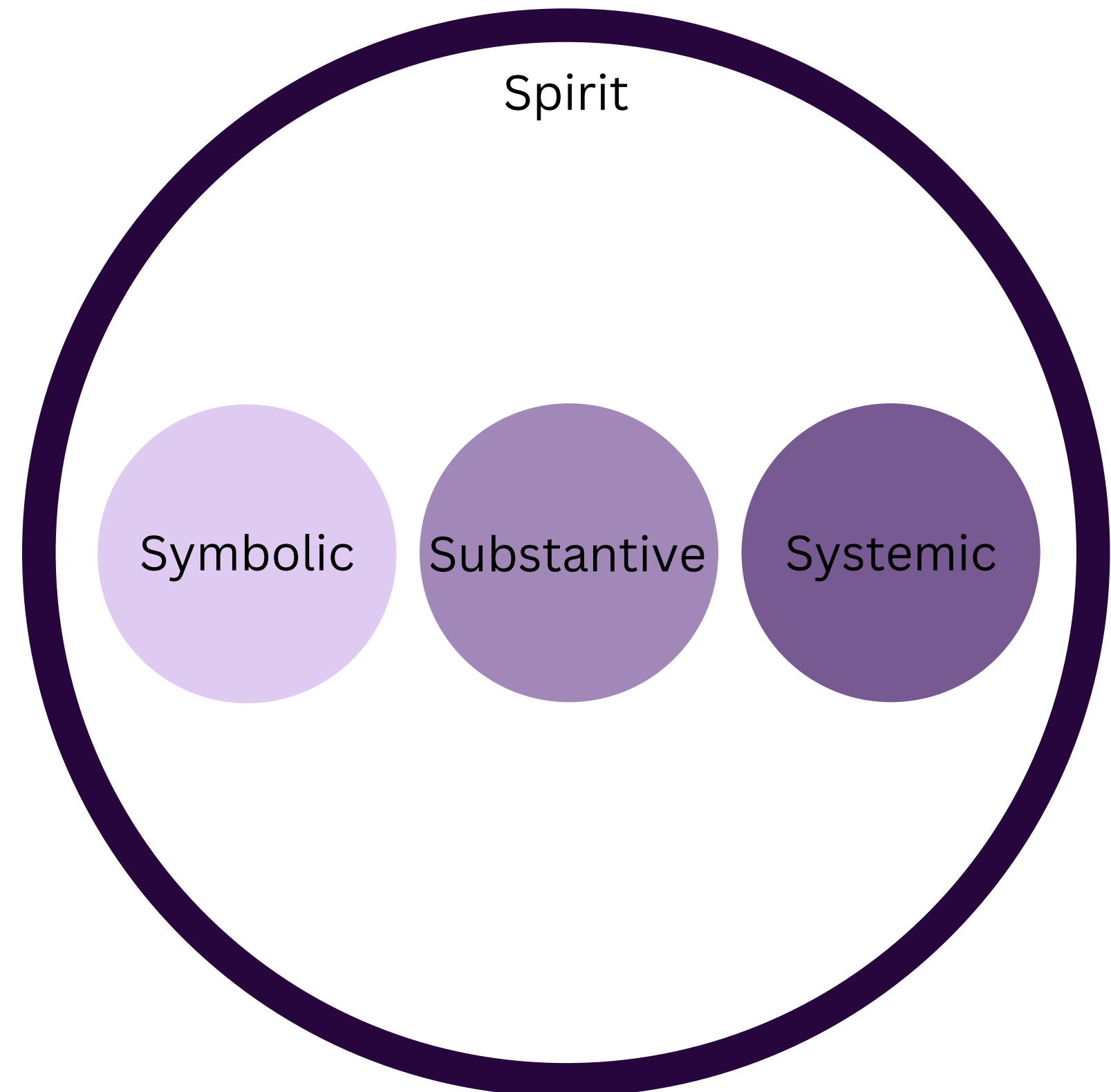
Symbolic Reconciliation may take the form of a plaque explaining Indigenous history in a lobby or naming a building after a prominent Indigenous figure from the territory. **Symbolism should not be conflated with 'performance,'** as some may like to classify it. Symbolism can be an entry point for someone to begin their Reconciliation journey.



FOUR S FRAMEWORK



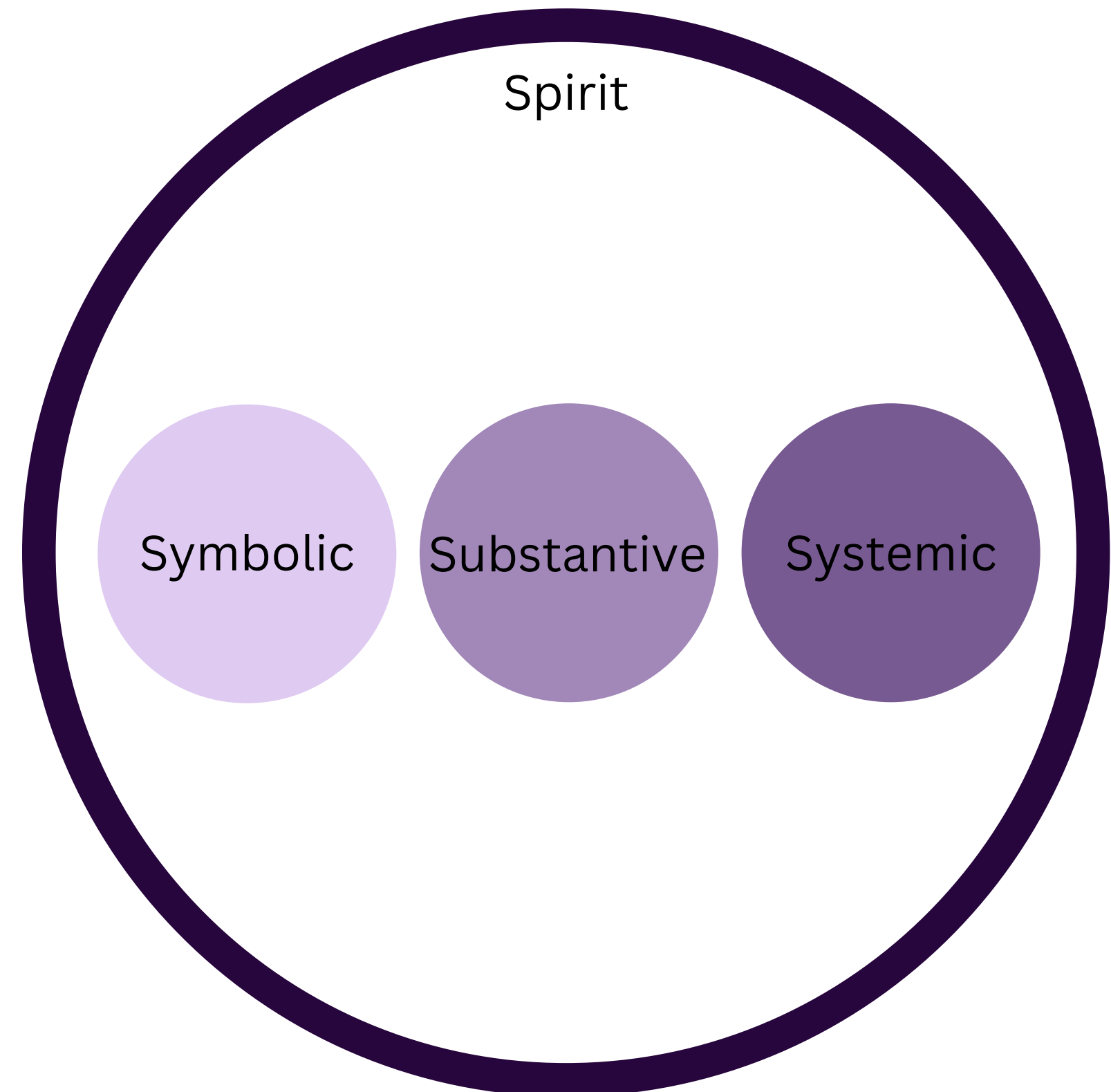
Substantive Reconciliation could involve creating a pathway for Indigenous folks that was not previously available, such as a summer internship program for Indigenous students interested in learning about a career in healthcare.



FOUR S FRAMEWORK



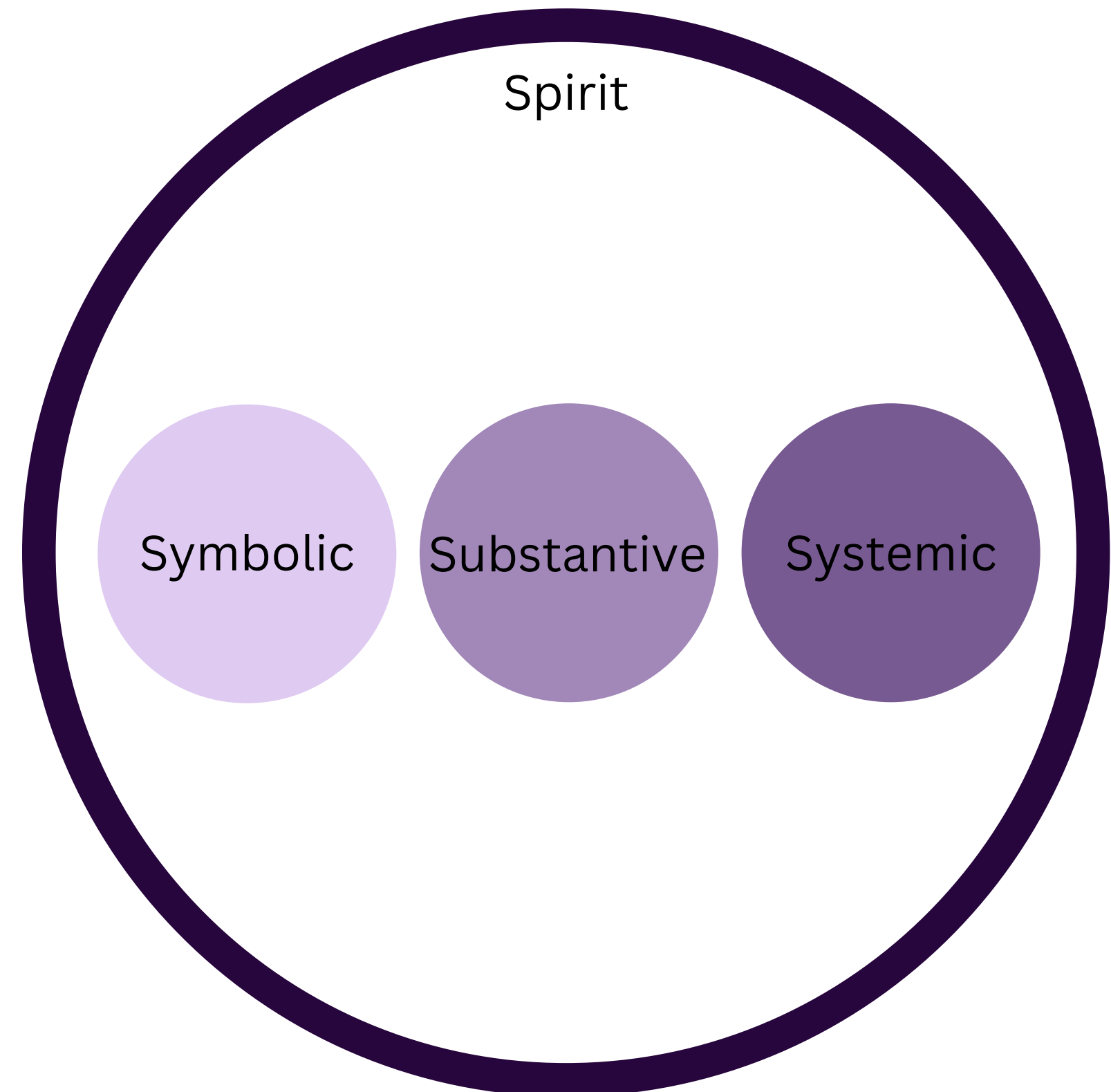
Lastly, **Systemic Reconciliation** is as the name suggests, about system-level change. This could mean changes to regulations, the introduction of new policies and/or procedures, or the appointment of Indigenous voices to governing structures.



FOUR S FRAMEWORK



All three forms of Reconciliation are important and needed for effective change. Reconciliation needs to be guided by *spirit*, and not become a 'check-box' initiative.



RCDSO WORK TO DATE



Symbolic

- **Territorial/Land Acknowledgement**
- **Staff presentation: “Why Land Acknowledgements?”**
- **Support for National Indigenous Oral Health Day**
- **Support and promotion of “Joyce’s Tooth Tales”**
- **Leadership Retreat film screening – For Love (2024)**
- **Truth & Reconciliation Day – Office closure**
- **EDI Spotlight stories on reconciliation**

Substantive

- **Council Orientation – Dr. Sheri McKinstry presentation**
- **Joint Colleges Board Training facilitated by FPG**
- **Leadership Retreat – “7 Grandfather Teachings and Leadership”**
- **Staff training: Indigenous Works – Cultural Capabilities**
- **University of Alberta’s “Indigenous Canada” certificate**
- **Presentation by Ashley Jacobs (Ministry of Indigenous Affairs)**
- **Webinar for dentists: NIHB Access to Care**
- **Newsletter articles on NIHB (2024 and 2025)**
- **Continuing Education credits – Indigenous Primary Health Care Council**

Systemic

- **IDEA Committee Terms of Reference**
- **Biennial staff and board demographic surveys**
- **Facilitated leadership idea generation sessions**
- **Employer partner – Canadian Centre for Diversity and Inclusion**
- **Employer partnership with Indigenous Works (in progress)**
- **Discussions to create a bursary/award for Indigenous Dental Students**

ORAL HEALTH EXPERIENCES OF INDIGENOUS PEOPLES IN ONTARIO



Prepared by:

Hannah Martin, Associate, First Peoples Group
Heather Watts, Principal, First Peoples Group





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Introduction

The Royal College of Dental Surgeons of Ontario (RCDSO or 'The College') has committed to forging a path of Reconciliation with Indigenous peoples in Ontario - especially in response to the Truth and Reconciliation Commission's Call to Action #22, which calls upon "those who can effect change within the Canadian health-care system to recognize the value of [Indigenous healing practices and use them in the treatment of [Indigenous] patients in collaboration with [Indigenous]* healers and Elders where requested by [Indigenous] patients."

As the regulatory college for standards of care, ethics and workplace safety in dental offices across Ontario, the RCDSO's commitment to understanding and improving Indigenous experiences in oral health will continue to enhance their efforts towards its commitment to the practice of dentistry in Ontario.

The RCDSO sets education and professional standards, creates and runs quality assurance and continuing education programs, develops professional guidelines and standards, conducts dental office inspections, investigates complaints received about dentists, and conducts discipline hearings for cases of professional misconduct.

First Peoples Group is pleased to support the RCDSO in their reconciliation journey through the development of a Reconciliation Action Plan, and the following scan of current literature on the experiences of Indigenous peoples with oral health in Ontario.

The following overview discusses findings from known literature on Indigenous oral health in Canada and Ontario, and highlights pertinent recommendations found in the literature. The findings from this literature review will provide the RCDSO with an understanding of Indigenous experiences in oral health and action items based on evidence. These findings may include potential gaps in care and areas of success.

*The term Indigenous has been used here in place of the word Aboriginal, which appeared in the original wording of Call to Action #22 (2015).



Indigenous Oral Health

Where few statistics exist for Indigenous oral health specific to Ontario, understanding the national scope is useful, especially considering that the 2021 census reported Ontario to have the highest Indigenous population of any province or territory (Government of Canada, Focus on Geography Series). Nationally, First Nations and Inuit experience nearly twice the amount of dental disease and have more unmet oral health needs than other Canadians (Office of the Auditor General).

In Ontario, 28% of the off-reserve Indigenous population only visits the dentist for emergencies, versus 19.3% of non-Indigenous Ontarians. Males and individuals who smoke also have a higher prevalence of visits to the dentist only during emergencies in the overall Ontario population (Mehra, V. M., et al, p. 99).

A 2010 study on four-year-olds living in the Sioux Lookout Zone found that the number of decayed, missing, and filled teeth was 11.9 for Indigenous children compared to 5.9 for off-reserve children in the Thunder Bay district (Native Women's Association of Canada, p. 5).

First Nations Oral Health

In 2008, only 56.8% of First Nations reported having visited a dentist in the previous 12 months. The main reason for this was that dental service providers were not available in their community; 75% of First Nations had to travel outside of their community to receive oral health care (First Nations Oral Health Survey, p. 7).

The First Nations Oral Health Survey reported a prevalence of dental caries among 91.4% of First Nations adolescents survey respondents, versus a prevalence of 57.7% in the non-Indigenous adolescent population reported by the Canadian Health Measures Survey (First Nations Oral Health Survey, p. 57).

Oral health issues were reported to have a major impact on quality of life for First Nations, affecting attendance of activities and school in children, and lost time from work and regular activities in adolescents and adults (First Nations Oral Health Survey, p. 33).

It should be noted that non-status First Nations cannot qualify for the Non-Insured Health Benefits program, creating systemic challenges for generations of First Nations who, due to the Indian Act legislation, are not eligible for Indian Status (Who is eligible for the Non-Insured Health Benefits Program, Government of Canada).



Métis Oral Health

In the 2022 Canadian Community Health Survey, it was found that in the 12 months preceding the survey, 28% of Métis surveyed reported that cost was a barrier for accessing oral health services, compared to 24% of the overall non-Indigenous population (More than one-third of Canadians, Government of Canada). This is important to consider as, similarly to non-Status First Nations, Métis are not covered under the Non-Insured Health Benefits program, and are also not covered under the Children's Oral Health Initiative (Who is eligible for the Non-Insured Health Benefits Program, Government of Canada). This means they have lesser oral health care support from the federal government. Mehra et al. found that people in Ontario without dental insurance were more likely to only visit the dentist during emergencies than those who had dental insurance (p. 99).

Inuit Oral Health

Because there are no Inuit land masses in Ontario, Inuit in Ontario are often overlooked. However, of the 4,310 Inuit in Ontario (Government of Canada, Focus on Geography Series), over 3000 live in Ottawa (About Canadian Inuit, Inuit Tapiriit Kanatami), and Ottawa-Gatineau also holds the largest Inuit population in Canada (City of Ottawa, p. 15). This points to the fact that urban Inuit face their own unique set of challenges in accessing dental care.

In comparison to non-Indigenous Canadians, Inuit in all northern regions except Nunavik had a higher frequency of poor oral health, oral pain, and food avoidance (Health Canada, p. 1), often caused by pain when chewing food (The Inuit Oral Health Action Plan, p. 9).

According to the Inuit Oral Health Survey, over 85% of all Inuit preschoolers had dental caries. By adolescence, 97.7% had been affected and, by adulthood (40+), all Inuit surveyed had experienced this disease (p. 29). Instances of untreated oral disease were higher for Inuit adolescents and young adults than for non-Indigenous populations of these age categories (p. 29). Instances of decayed, missing or filled permanent teeth in Inuit increased at every age, from age 2 to late adulthood (p. 29), and were much higher for Inuit than non-Indigenous Canadians.



Barriers

Historic and Systemic Barriers

Lower access to affordable and nutritious food is a major factor contributing to poorer oral health in First Nations and Inuit populations (Office of the Auditor General, p. 4). Studies have also noted that over-access to sugar diets, lack of access to fluoridated water, lack of access to dentists, and lack of oral health services are all barriers to good oral health in Indigenous communities (Native Women's Association of Canada, p. 5). However, these factors are not stand-alone. Even when these needs are met, several systemic barriers exist for Indigenous peoples when accessing oral health care.

For example, the direct and systemic impacts of colonization, such as historic relocations of Inuit to the remote north, racism, the legacy of abuse, and fear of judgment resulting from such events, are key systemic barriers and deterrents which impact both Indigenous peoples' ability and willingness to access oral health care (Watts). The Report on the Findings of the First Nations Oral Health Survey reported that 9.5% of First Nations surveyed were afraid of the dentist and/or had a previous traumatic experience during treatment (p. 35).

Various negative experiences with oral healthcare were described by Indigenous participants in the Native Women's Association of Canada oral health study. Participants indicated that they were not provided with painkillers, were in pain during procedures with no relief, experienced rude and hurtful looks and comments, felt suicidal, and were lied to about their needs (Native Women's Association of Canada, p. 18).

The result of poor oral health and, in particular, cavities and gum disease, contributes to various health conditions including diabetes, cardiovascular disease, and respiratory disease (Inuit Tapiriit Kanatami, p. 14). Untreated cavities can lead to serious infection, heart disease and babies born at low weights (p. 14). Further, poor oral health can affect quality of life, for example, one's ability to find employment and be productive in employment (Canadian Dental Hygienists Association, p. 1).



Barriers Specific to Inuit

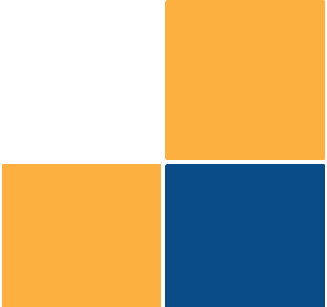
Inuit in the north, at large, do not receive proper oral health care (Inuit Oral Health Action Plan, p. 9). When considering the context of Inuit, it is imperative to recognize how the impacts of colonization have imposed social determinants of health, such as high rates of tobacco use, food insecurity, and crowded living conditions (Government of Canada, Inuit Oral Health Survey Report, p. 1) and systemic barriers. Archaeological evidence indicates that prior to European contact, the Inuit were largely free of dental caries (Government of Canada, Inuit Oral Health Survey Report, p. 9). Systemic barriers, in combination with factors such as the introduction of refined sugars post-contact have, over time, led to a decline in oral health in Inuit Nunangat (Government of Canada, Inuit Oral Health Survey Report, p. 9).

Dental professionals in Ontario should consider that, while there are no northern communities situated in Ontario, many Inuit living in communities outside of Ontario must travel to the south to access dental care when their community does not have access to a dental therapist, hygienist, or itinerant dentist (or other oral health professional) (Inuit Tapiriit Kanatami, p. 10). For this reason, some Inuit can only access dental care once a year (Native Women's Association of Canada, p. 20).

Improved oral health awareness, prevention activities and early intervention treatments in combination with accessible treatment approaches, good oral habits, smoking cessation programs, and strengthened partnerships with communities, can result in change in oral health for Inuit (The Inuit Oral Health Action Plan, p. 10). Systemic barriers must also be adequately addressed for preventative measures to be most effective (Government of Canada, Inuit Oral Health Survey Report, p. 29).

Oral Hygiene Products

The high cost and low accessibility of oral hygiene products factor into Indigenous peoples' oral health (Canadian Dental Association, p. 25). While tooth brushing twice daily with fluoride paste is one of the best practices to maintain good oral health (The First Nations Oral Health survey p. 34), only 52.2% of First Nations children and 54.7% of First Nations adolescents and adults reported brushing their teeth twice a day (p. 34). Furthermore, some children did not learn the importance of proper oral hygiene practices or as their parents did not have access to such information or resources in Residential School or as Sixties Scoop Survivors (Native Women's Association of Canada, p. 19-20).





Cultural Safety is Key

Considering the history of Indigenous peoples in Canada, cultural safety in oral health care provided to First Nations, Métis, and Inuit is of ultimate importance. Dr. Sheri McKinstry, founder of the Indigenous Dental Association of Canada, emphasizes the importance of understanding how social determinants of health, such as the impacts of Residential Schools, have created mistrust in the health care system that prevent Indigenous people from visiting the dentist. (Canadian Dental Association, p. 23).

Fostering an environment of cultural safety should similarly be top of mind for dental professionals from the south who are working in the north. The following comment was collected through a study conducted by the Native Women's Association of Canada on Indigenous experiences with oral health:

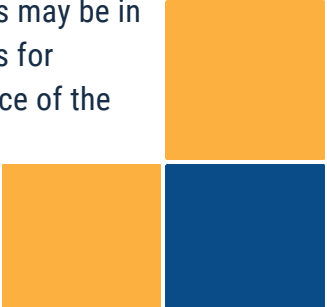
"I provided care on reserves when I was unequipped to understand the patients I was treating. This may have been reflective of the colonialist attitude of the sponsoring organization, to send Southerners without any cultural competence to reserves, but it was also my responsibility to prepare myself better and reflect afterward about how it really went."

In the same study, the NWAC found that 53 oral health professionals of the total 94 who completed the survey, stated that they felt unsure that they had adequate training around Indigenous oral health care (Native Women's Association of Canada, p. 16).

On a similar note, building respectful and trusting relationships with Indigenous patients that are both trauma-informed and based on consent is critical (Native Women's Association of Canada, p. 23). Indigenous peoples can feel that they are not consulted on their own oral healthcare, especially when clear communication using accessible language is not used by dental professionals (p. 23).

Systemic Issues with NIHB

Through the Non-Insured Health Benefits (NIHB) program, 40% of dental services require a predetermination, or "pre-approval" (The Office of the Auditor General, p. 3). The Dental Predetermination Centre at NIHB adjudicates whether the type of service qualifies for coverage under the NIHB program (Indigenous Services Canada, p. 118). Sometimes this process can be lengthy, causing long wait times to receive services (Watts). This may be in part due to the federal government traditionally having unclear service standards for decision-making around NIHB predeterminations and complex appeals (The Office of the Auditor General, p. 11).





There have also been instances where Health Canada did not take action when made aware of shortages in dental therapists in two regions, also affecting the delivery of services to Indigenous peoples (Office of the Auditor General, p. 7). Such wait times and shortages can mean oral health conditions go untreated and lead to worsened conditions, such as a case described at the Assembly of First Nations (AFN) NIHB National Dialogue Session, where a participant shared a story about a man who was denied coverage for orthodontics, which led to drifts in his teeth (Assembly of First Nations, p. 22).

The following story was also shared by a participant at the 2023 AFN NIHB National Dialogue Session:

“In a northern isolated fly-in community, a mom of five children needed to arrange root canal surgery. It cost \$400 for the pre-op consultation. After six months, she is still waiting for “timely” reimbursement.” (Assembly of First Nations, p. 8)

Despite knowing the disparities in oral health for Indigenous peoples (Office of the Auditor General, p. 4), in 2017 Health Canada was found to have no strategic approach for delivering their oral health programs to Indigenous populations through NIHB, no assessments in place to measure their impact, and no criteria to determine which services should be offered through NIHB (Office of the Auditor General, p. 14). Therefore, Health Canada was not aware if their programs were benefiting Indigenous populations. The Auditor General also found that NIHB was often delayed in informing clients and service providers of changes in NIHB services (p. 7).

As of 2025, it is not evident through First Peoples Group’s research that there is a strategic plan for the oral health of Indigenous peoples.

Dental providers may also find the NIHB process challenging and/or a lack of incentive to want to engage with the process, where they receive less for their services from NIHB than they do from a third-party provider (Oral Health Challenges in Indigenous Communities, Canadian Dental Association).

Some dental providers do not offer direct billing with NIHB for services. This puts the onus on individuals to file for reimbursement, and can be a major barrier for Indigenous people who simply cannot afford to pay upfront for services.



Systemic issues with Jordan's Principle

Similarly to NIHB, clinics can be daunted by navigating applications to Jordan's Principle for their clients which creates another systemic barrier for Indigenous children. The Indigenous Dental Association of Canada (IDAC) has responded by opening up a Jordan's Principle Centre. This Centre will support clinics with this process, ensuring Indigenous families have better access to dental care.

Children's Oral Health Initiative

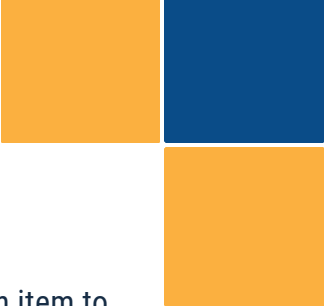
The Children's Oral Health Initiative (COHI) is one of the federal health programs that supports Indigenous oral health. Throughout the program's history, it has been found to elicit positive results in the communities that it has served. Children living in communities who participated in the program for eight years had fewer cavities, more treated teeth, and less restorative procedures than First Nations and Inuit children who did not participate (Office of the Auditor General, p. 9). The COHI, however, only operates in several communities due to a limited number of dental professionals and funding restrictions (Inuit Oral Health Action Plan 10), and there was a notable decrease in participation between 2014 and 2017 for reason(s) unknown to Health Canada (Office of the Auditor General, p. 9).

Preventative measures to ensure good oral health in Indigenous communities are underfunded. The CDHA reported that in 2008-09, the NIHB spent \$2,479 per child, while the COHI spent \$110 per child, which includes "education, oral health assessments, fluoride varnishes, sealants, and dental hygiene services" (Canadian Dental Hygienists Association, p. 3). According to recommendations found in the literature, more emphasis is needed on preventative measures.



Recommendations

1. The **Auditor General** recommended that Health Canada finalize and implement a strategic approach for First Nations and Inuit oral health that includes an action plan and timelines, and to monitor its implementation (The Office of the Auditor General, p. 22).
2. The **Auditor General** recommended that Health Canada develop a plan that will enable them to understand the efficacy of the NIHB in First Nations and Inuit communities (The Office of the Auditor General, p. 22).
3. The **Auditor General** recommended that Health Canada improve its data analysis, including the information that is collected and recorded in its dental database, so that its information on the Children's Oral Health Initiative is accurate and comprehensive enough to contribute effectively to Health Canada's management of its oral health programs (The Office of the Auditor General, p. 23).
4. The **Auditor General** recommended that Health Canada improve the process for making changes to its list of oral health services covered by the NIHB by: including which elements should be considered, including the requirement to document when and how decisions are made, specifying who holds final decision making authority, and updating clients and service providers on changes (The Office of the Auditor General, p. 23).
5. The **Auditor General** recommended that Health Canada improve NIHB program management by: clarifying what its service standard for pre-approvals is measuring, clarifying the service standard for complex appeals, and improving data entry so that NIHB has accurate and reliable information in its appeals database (The Office of the Auditor General, p. 23).
6. The **Auditor General** recommended that Health Canada implement strategies to ensure it has adequate human resources to deliver oral health programs and related services to First Nations and Inuit populations long-term (Office of the Auditor General, p. 24).
7. The **Canadian Dental Hygienists Association** called on the Government of Canada's First Nations and Inuit Health Branch (FNIHB) for increased investment in Indigenous oral health promotion and disease prevention, through the expansion of the NIHB program and Children's Oral Health Initiative, the expansion of provider status to dental hygienists across Canada, and the implementation of equitable reimbursement rates for dental hygiene services.
8. The **Inuit Oral Health Action Plan** identified strengthening leadership as an action item to achieve better overall Inuit oral health.
9. The **Inuit Oral Health Action Plan** identified linking oral health to overall health as an action item to achieving better overall Inuit oral health.
10. The **Inuit Oral Health Action Plan** identified linking increased intervention to overall health as an action item to achieving better overall Inuit oral health.

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11. The **Inuit Oral Health Action Plan** identified improving treatment as an action item to achieve better overall Inuit oral health.
 12. The **Inuit Oral Health Action Plan** identified engaging and mobilizing parents and caregivers as an action item to achieve better overall Inuit oral health.
 13. The **Inuit Oral Health Action Plan** identified engaging and mobilizing adolescents as an action item to achieve better overall Inuit oral health.
 14. The **Inuit Oral Health Action Plan** identified increasing the number of Inuit oral health service providers as an action item to achieve better overall Inuit oral health.
 15. The **Inuit Oral Health Action Plan** identified improving use and access to nutritional foods as an action item to achieve better overall Inuit oral health.
 16. The **AFN NIHB National Dialogue Session** noted that the federal government must invest directly into First Nations in order to “enhance the response of community-driven, holistic health and wellness activities and infrastructure, and decrease reliance on external healthcare service providers.”
 17. The **AFN NIHB National Dialogue Session** recommended the expansion of NIHB program coverage for mouth guards and spacers, in particular.
 18. The **AFN NIHB National Dialogue Session** recommended the federal government fund an oral health strategy by First Nations for First Nations with explicit timelines and measurable action plans.
 19. The **AFN NIHB National Dialogue Session** recommended that the NIHB Program focuses more on prevention.
 20. The **AFN NIHB National Dialogue Session** recommended the increased availability of dental therapists in First Nations communities.
 21. Oral healthcare professionals who participated in the **Native Women’s Association of Canada’s** oral health study recommended providing additional Anti-Indigenous Racism training to oral healthcare professionals
 22. Oral healthcare professionals who participated in the **Native Women’s Association of Canada’s** oral health study recommended receiving teachings about the specific oral healthcare needs of Indigenous communities
 23. Oral healthcare professionals who participated in the **Native Women’s Association of Canada’s** oral health study recommended that oral healthcare professionals have additional time to have with Indigenous patients
 24. Oral healthcare professionals who participated in the **Native Women’s Association of Canada’s** oral health study recommended finding ways to improve accessibility of regular, proper oral healthcare for Indigenous peoples.
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COUNCIL BRIEFING NOTE

**TOPIC: Practice Models and Corporate Dentistry Strategic
Project: Report and Proposal**

FOR DECISION

September 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
 - o 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.
 - o 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.
 - o 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:
 - o evidence from academic literature and media;
 - o regulatory approaches used by various domestic and international regulatory authorities to address similar challenges;
 - o findings from an analysis of RCDSO data (e.g., complaints data and responses to the Annual Renewal Questionnaire) related to dental practice models; and
 - o 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 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 options⁴ that are proposed to direct the RCDSO's ongoing work on this topic. The Report is attached as **Appendix A**.
- As Council may recall, the Report was shared as part of the June 2025 Council materials, but it was not discussed as the presentation of the item was postponed. The Report remains largely the same from the June 2025 Report though some language has been slightly amended.
- 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.

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** which are linked in the body of the Report (they can be found on page 9 and throughout).

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 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:
 - o a detailed overview of the option and its rationale;
 - o intended outcomes related to the RCDSO's public interest mandate;
 - o explanation of regulatory tools associated with the option;
 - o list of issues and opportunities identified by the research that are addressed by the option;
 - o potential risks (for example, to the College or registrants, if applicable);
 - o qualitative assessment of resources and costs that may be needed to implement the option;
 - o estimated implementation timeframe; and
 - o 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 eight Appendices that are linked in the body of the Report (see page 9). 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 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 over the next few years 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, Council will be updated, and its 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:
 - o 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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Attachments:

Appendix A: Report on Practice Models and Corporate Dentistry

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).

Royal College of Dental Surgeons of Ontario

Report on Practice Models and Corporate Dentistry

September 18, 2025

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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, required resources, risks) and additional information for each option to support Council's decision on the proposal set out in the briefing note. The proposal 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; and
- 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 issues and opportunities associated with various dental practice models 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 opportunities and issues for patients. For this reason, the College adopted a **practice model-agnostic approach** to options development. This means that 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 regulatory tools** (e.g., Standard of Practice, educational resources) and **anticipatory regulation** to address known and unknown risks—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.² Examples of anticipatory regulatory tools leveraged in this Report include regulatory sandboxes, and engagement with experts and other interested parties.

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.

¹ See Appendices B to I of this report for highly abbreviated summaries of research and analysis. Appendices are linked on page 9.

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 a summary of all five 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 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 (i.e., for compliance with relevant legislation, regulation, and Standards related to practice management); and responsibility for providing current practice information to the RCDSO (e.g., the contact information for the lead registrant, whether the practice is affiliated with a third-party).
- b. Develop new College guidance to ensure continuity of care (e.g., to ensure coordination of patient care between dentists where the patient is under the care of a practice, and does not have an individual dentist who is primarily responsible for their care).

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.

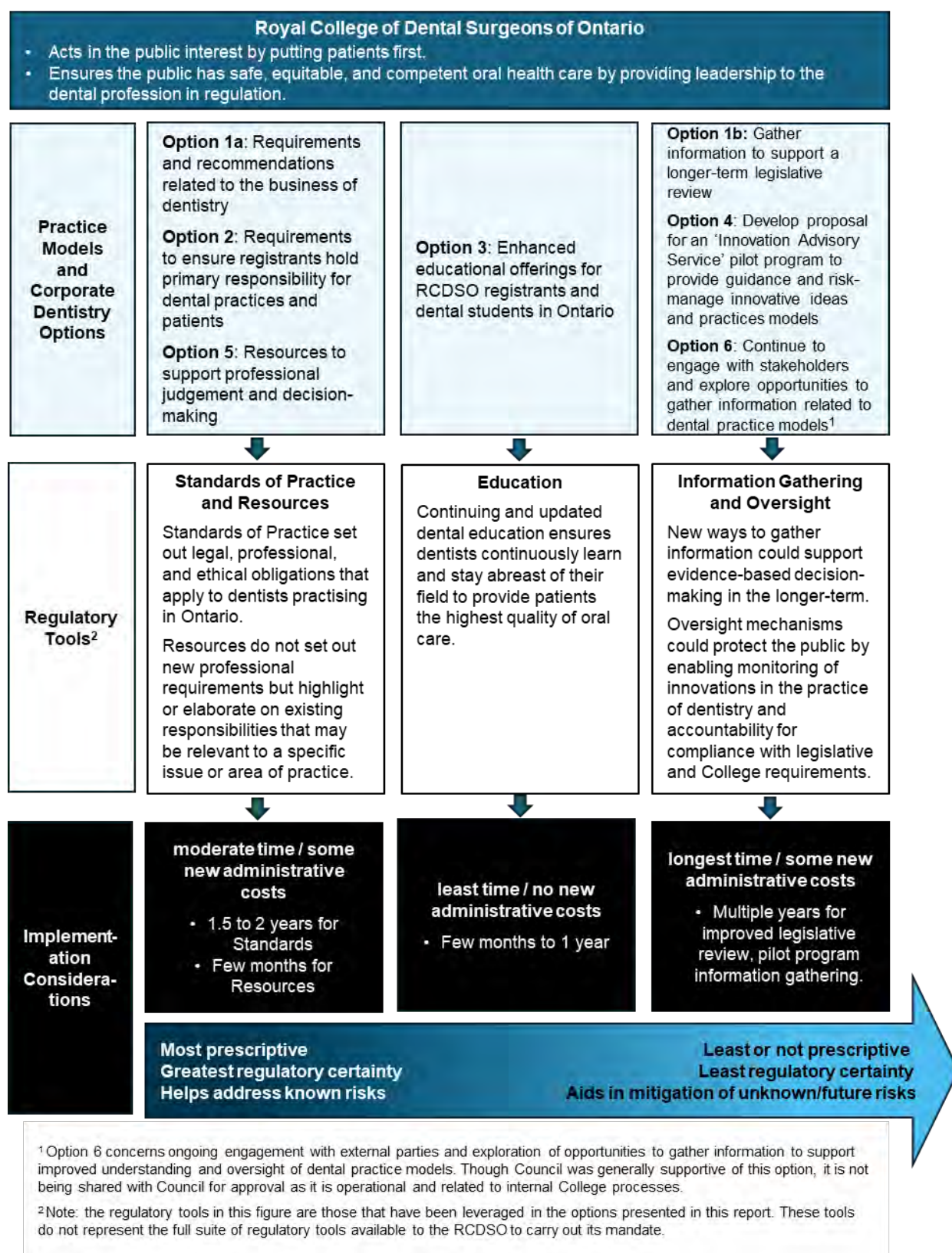
Option 4: Develop a proposal for an ‘Innovation Advisory Service’ (IAS) pilot program.

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 regarding the current regulatory framework for dentists in Ontario 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 treatment through a DTC practice model.

Figure 1. Summary of Options and Implementation Considerations



Next Steps

If Council approves the proposal, RCDSO staff will develop a plan to incrementally implement the approved all 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 practices, 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.

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.aqilitycms.com/rcdso/annual-report-2024/content/index.html#/lessons/RWPcFStRtAK_9MhIKd4rwYgNy6fd6W_v

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*. Objectives include, but are not limited to, the responsibility to develop, establish and maintain standards and programs: to assure the quality of the practice of the profession⁸ and promote the ability of registrants to respond to changes in practice environments and other emerging issues,⁹ such as those related to dental practice models. In achieving its objectives, the College has a duty to serve and protect the public interest.¹⁰

Notably, however, 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.¹¹ As some illustrative examples, the RCDSO does not have the authority to accredit dental practices or investigate their business operations,¹² or hold non-registrants (e.g., non-registrant 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, given that changes in dental practice models may impact the safety and quality of patient care, an exploration of dental practice models, their impacts on quality of patient care, and regulatory decision-making on this topic fall directly within the scope of the RCDSO's mandate.

⁸ pursuant to paragraph 3 (1) (3) of the Health Professions Procedural Code under *Regulated Health Professions Act, 1991*, S.O. 1991, c. 18

⁹ pursuant to paragraph 3 (1) (10) of the Health Professions Procedural Code under *Regulated Health Professions Act, 1991*, S.O. 1991, c. 18

¹⁰ pursuant to paragraph 3 (2) of the Health Professions Procedural Code under *Regulated Health Professions Act, 1991*, S.O. 1991, c. 18

¹¹ Excluding the issuance of Certificates of Authorization for Health Professional Corporations incorporated under the *Business Corporations Act, 1990*.

¹² 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 (that is, the research and analysis) that informed the options in this Report. Abbreviated summaries of research and analysis can be found in the appendices that are linked in Table 1:

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 B: RCDSO Research Summary • Appendix C: List of Practice Models • Appendix D: Jurisdictional Review Summary • Appendix E: Literature Review Summary • Appendix F: 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., complaints, 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 G: Data Analysis Summary • Appendix H: Issues Summary • Appendix I: 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 D](#)) 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-registrants' business interests and registrants' 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.¹³

Additional review of College data (i.e., complaints data; [Appendix G](#)) was undertaken based on feedback from Council at its March 2025 meeting. This review suggests that while examples of some issues related to practice models can be found in complaints data, others may be less common in complaints data.

- 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.¹⁴ This may be a result of patients not having a line of sight into these matters, 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 potentially 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 ability 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 including some aspects of Ontario's regulatory framework for registrants that do not apply to non-registrants who work in arrangements 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 is not included in the Report, but

¹³ College of Optometrists of Ontario. (2014, April 15). INDEPENDENT CONTRACTOR: REGULATORY STANDARDS INTERPRETED. <https://collegeoptom.on.ca/resource/independent-contractor-regulatory-standards-interpreted/>

¹⁴ Based on a preliminary review of approximately 25 complaints from 2022 and 2023.

involves continued engagement with stakeholders and exploration of opportunities to gather information related to dental practice models. (As previously noted, Option 6 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/ Disenabling legislation/ regulation (where applicable)
Regulation of the profession	May practice dentistry in Ontario	✓	✗	<i>Dentistry Act, 1991</i>
	Must meet professional and ethical standards established by the RCDSO and can be held accountable by the RCDSO	✓	N/A	<i>Dentistry Act, 1991 through the Health Professions Procedural Code</i>
	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 <i>Dentistry Act, 1991</i>
	Registrant fee splitting with a non-registrant of the profession (other than a registered dental hygienist).	✗	N/A	Professional Misconduct Regulation under the <i>Dentistry Act, 1991</i>
	Registrant enters into an arrangement respecting a lease or use of premises or equipment, under which any amount payable by or to a registrant, a related person or related corporation is related to the amount of fees charged by the registrant.	✗	N/A	Professional Misconduct Regulation under the <i>Dentistry Act, 1991</i>

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 potential legislative changes. Support from the Provincial Government would also be needed to make any legislative and/or regulatory changes.

These changes would help to address the following issues and opportunities (see [Appendix H](#) and [Appendix I](#) for the full list of issues and opportunities, respectively):

- **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. The RCDSO has a mandate to develop, establish and maintain: programs and standards of practice to assure the quality of the practice of the profession, and standards of professional ethics for its registrants.¹⁵ Option 1b does not present legal risks; however, since it depends on information the College gathers through other options (i.e., Option 2 and Option 6) its implementation timeframe and outcomes are less clear. The concepts underlying Option 1a and Option 1b do not present real or perceived risks for patients.
- **Resources/Costs:** The development of new requirements via a Standard of Practice and resources are within the capacity of existing College staff. It 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 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

¹⁵pursuant to paragraph 3(1)(3) and paragraph 3(1)(5) of the Health Professions Procedural Code under *Regulated Health Professions Act, 1991*, S.O. 1991, c. 18.

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 in the [2023-25 Strategic Plan](#)) is deprioritized in the near term. As described under the 'Risks' for this Option 1b, the timeframe for implementing this options 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 are anticipated 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

The proposed guidance under Option 2a would help protect the public by identifying the 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 management of the practice. Option 2a would also introduce reporting requirements that would help the RCDSO oversee dental practices, including their operational structures.

The proposed guidance under Option 2b would help protect the public by setting expectations for dentists related to continuity of care (e.g., 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 E](#)) 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.¹⁶
- 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.

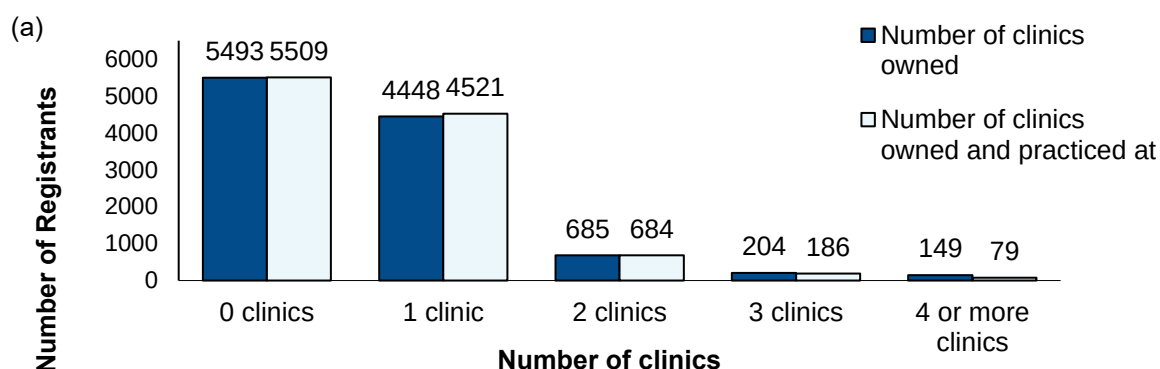
Analysis of the RCDSO clinic ownership data ([Appendix G](#)) and feedback from Ontario dentists ([Appendix F](#)) raise questions about continuity of care and accountability for dental practices that are not directly managed by the registrants who own them.

- 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 their 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

¹⁶ 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>

registrants regarding who holds certain leadership roles in the practice (e.g., the health information privacy lead).

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.¹⁷



(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, referred to as a 'Practice Director', to oversee and supervise the dental practice in the context of relevant provincial legislation, regulation, bylaws, and practice standards.^{18, 19}
- 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

¹⁷ Note that 'clinics' is used in this figure rather than 'practice' as clinics was the term used in the Annual Renewal Questionnaire data set.

¹⁸ 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>

¹⁹ Newfoundland and Labrador Dental Board. (2020, November). Standards of Practice for Dentistry in Newfoundland and Labrador. p 2-7. <https://nlldb.ca/Downloads/Standards-Practice-Dentistry-20240404.pdf>

information about the practice to the Registrar including the names of each individual or entity providing management services and their roles and responsibilities.²⁰

- 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.²¹

Council's feedback

Council expressed support for Option 2a and Option 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 the proposed new guidance.

Implementation Considerations

- **Regulatory Tools:** As described above, under Option 2a, a Standard of Practice would be developed that requires a 'lead' registrant for 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). Every registrant would continue to be responsible for the care they provide to patients and their existing responsibilities under legislation, regulation, and Standards of Practice.

Under Option 2b, a Standard would be modernized or developed that would set guidance for registrants to ensure continuity of care for patients such as those 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 [Appendix I](#) for the full list of issues and opportunities, respectively):

- **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:** Improving the College's understanding and oversight over dental clinics and; consequently, issues that can arise at the practice-level.
- **Risks:** As previously noted, the RCDSO has a mandate to develop, establish and maintain programs and standards of practice to assure the quality of the practice of the profession.²² Unlike the practice of pharmacy in Ontario, however, there is no legislative framework that

²⁰ 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>

²¹ Staff from the College of Dental Surgeons of Alberta and the College of Dental Surgeons of Saskatchewan (personal communication, 2024).

²² pursuant to paragraph 3(1)(3) and paragraph 3(1)(5) of the Health Professions Procedural Code under *Regulated Health Professions Act, 1991*, S.O. 1991, c. 18.

sets out requirements for a lead registrant in a dental practice.²³ For this reason, the College would need to ensure that the responsibilities for a lead registrant, as proposed under Option 2a, do not overstep its regulatory authority (e.g., the RCDSO does not have the authority to prescribe standards for the accreditation of dental clinics). Option 2b presents no legal risks as a concept, as it relates to the College setting out guidance for registrants in relation to continuity of care.

- **Resources/Costs:** The development of new requirements via a Standard 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. New staffing resources (e.g., in the Facility Inspection Program area) would be needed to support the development and implementation of new practice information tracking processes and record management.
- **Time to Implement:** It is estimated that a new Standard 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 to 36 months would be needed to adjust internal processes.
- **Anticipated Reactions:** Registrants may have concerns about potential administrative burden concerning Option 2a; however, administrative burden should be minimal for dental practices that are already in compliance with existing legislative and College requirements concerning practice management, and for registrants who already have chief responsibility for their practice (i.e., private practice owners).

²³ 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.

Chapter 3: Enhanced educational offerings for registrants and dental students

Option 3: Enhance educational offerings for RCDSO registrants and dental students in Ontario 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:

Academic literature suggests that strengthening registrants' ethical reasoning may help mitigate the possibility of financially-driven treatment decisions based on registrant-specific factors or internal motivations.²⁴

- 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.²⁵ 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.²⁶
- 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.

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.²⁷

²⁴ 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>

²⁵ Ibid

²⁶ Ibid

²⁷ See page 147 in the [September 2024 Council meeting materials](#)

- 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.^{28, 29}
- A study by Badger et al., (2015) previously noted that the majority of U.S. dental practice management education concern traditional private practice models and may not prepare students for changing dental practice landscape including the legal structures and dentist's rights and responsibilities in emerging practice models.³⁰
- Additionally, inquiries with staff at the Faculty of Dentistry at the University of Toronto and the Schulich School of Medicine and Dentistry reveal that both faculties have practice management or practice administration courses that introduce the basics of corporate practice models and direct-to-consumer dentistry, however, it may be possible to further engage students on this topic, particularly in the context of their ethical responsibilities as registrants of the profession.

Council's feedback

Council expressed support for this option, recommending that Options 3a and 3b be coordinated and comprise the main focus of this work. If the proposal is approved by Council, Options 3a and 3b will be coordinated and prioritized as part of the PMCD Implementation Plan.

Implementation Considerations

- **Regulatory Tools:** Under Option 3, various educational 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 [Appendix I](#) for the full list of issues and opportunities, respectively):

- 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 has a mandate to develop, establish and maintain standards of knowledge, skill, and programs to

²⁸ 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.

²⁹ 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.

³⁰ Ibid

promote continuing evaluation, competence and improvement among the members.³¹ 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 QAC 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. Additionally, new material may need to be approved by QAC and receive permission from the university (e.g., for a Category 1 continuing education course).
- **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 across the three continuing education course categories (Category 1, Category 2 and Category 3).

³¹ 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 a time-limited, RCDSO ‘Innovation Advisory Service’ (IAS) pilot program for Council’s approval. The pilot program would be comparable to an ‘innovation hub’ (described below) in that it would be an avenue through which the College could 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 members of the public could engage with the College to receive advice (not approval) regarding how the regulatory framework for dentists in Ontario applies to their innovative idea (e.g., a technology) and/or practice model. This would encourage innovators to share new initiatives with the College to help enable compliance with existing legislation and College requirements, and help the College protect the public interest by enabling more proactive, risk-based decision-making.

Rationale:

The Jurisdictional Review ([Appendix D](#)) identified ‘regulatory sandboxes’ and ‘innovation hubs’ as useful tools to enable effective regulation of new technologies and business models in the energy, law, and veterinary medicine sectors, to name a few.

- 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.³²
- 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 negative impacts of regulation on competition for patients (such as increased prices or the maintenance of unaffordable prices).³³

- Although competition is often viewed as playing a limited role in Canada’s health system,³⁴ it plays an important role ensuring patients have access to the broadest range of services that meet their needs at the most competitive prices. Recent work by the Competition Bureau suggests this to be true. In the past year, the Competition Bureau has investigated and/or analyzed anti-competitive business practices of pharmacy retailers,³⁵ competition in the

³² 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>

³³ 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](#)

³⁴ Competition Bureau (2007, October). Generic Drug Sector Study. <https://competition-bureau.canada.ca/en/generic-drug-sector-study>

³⁵ 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>

veterinary drug sector,³⁶ and preferred provider networks³⁷ in the employer-sponsored drug insurance sector.³⁸

- 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.³⁹

Council’s feedback:

There was some concern among Council members that this option might not produce substantive benefit. This concern is partially addressed by the ‘time-limited’ nature of the pilot program – this means that the pilot program would be concluded and reviewed for its effectiveness after an initial period (e.g., 12-18 months) to determine if achieved its objectives and if it should be extended, shut-down, or otherwise changed. Additionally, a fulsome proposal that sets out more detail about the pilot program would be prepared and shared with Council for its approval, to enable an informed-decision regarding whether the RCDSO should implement the program. If Council approves this option, a fulsome proposal for an IAS pilot program would be shared with Council for its approval at a future meeting.

Implementation Considerations:

- **Regulatory Tools:** As described above, Option 4 proposes a program that 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 College departments, as necessary, to drive greater engagement with proponents who would like to implement an innovative idea or practice model. The program would help 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, or otherwise brought to the College for discussion.

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 suitable for achieving the intended outcomes.

This pilot program would help to address the following issues and opportunities (see [Appendix H](#) and [Appendix I](#) for the full list of issues and opportunities, respectively):

- **Issue 3:** May support innovative ideas that have the potential to address organizational inefficiencies in dental practices (described in Chapter 2).

³⁶ 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>

³⁷ ‘Preferred provider networks’ are a feature of employer-sponsored benefit plans that requires or expects patients to fill prescriptions at particular pharmacies in order to receive either discounts or reimbursement.

³⁸ 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-foster-competition/education-and-outreach/competition-bureau-submission-ontario-ministry-finance-consultation-preferred-provider-networks#sec01>

³⁹ 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>

- **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 a liability risk to the College due to the potential for to misinterpret the College's advice as endorsement or approval of innovative ideas, rather than advice. However, this risk can be mitigated with clear communication regarding the pilot program's purpose and service offering. Furthermore, it is an objective of the College 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.⁴⁰ This option provides the College with a progressive and proactive opportunity to achieve this objective.
- **Resources/Costs:** The service provided through the IAS pilot program would largely fall within the expertise of PAS; however, inquiries related to practice models are some of the most challenging for the College to address and require more extensive investigation where they relate to matters or concepts that PAS staff don't regularly advise on. For this reason, the IAS would likely benefit from the support of a **voluntary advisory body** consisting of qualified subject matter experts, who have no conflict of interest, to enhance the College's ability to provide well-informed advice on new ideas or practice models.⁴¹ At least one additional staff resource 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.⁴² As described above, the pilot program could be reviewed for its effectiveness after an initial period (e.g., 12 to 18 months) to determine if it achieved its objectives, and if it should be extended, shut-down, or otherwise changed. This will help mitigate the risk that the College invests substantial 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.

⁴⁰pursuant to paragraph 3(1)(10) of the Health Professions Procedural Code under *Regulated Health Professions Act, 1991*, S.O. 1991, c. 18.

⁴¹ 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 who work under strict obligations to ensure confidentiality and avoid conflicts of interest. The Advisory Council is outlined here: <https://lso.ca/about-lso/access-to-innovation/a2i-team>

⁴² 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 and enable information gathering to support proactive risk-management by the College.	To help dentists and the public access information on safe, competent and ethical oral health care.
Main 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. Provides general information/resources and discusses options when a patient has a conflict with their dentist.
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 would provide strategic advice to the IAS team. Could consult internally with various College departments and occasionally seek the advice of external legal counsel.	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 to support the development of well-informed advice.	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 could 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 Professions Act, 1991*.

2. Section 3(1)(3) under of the Health Professions Procedural Code under the *Regulated Health Professions Act, 1991*.

3. Intake form example from the Ontario Energy Board: <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 E](#)) 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,⁴³ the patient does not see the same dentist at each appointment, and the patient 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.⁴⁴

- Benefits of DTC orthodontic treatment include financial and physical access to care and convenience. In a survey of 470 patients who underwent or were undergoing DTC orthodontic aligner treatment, most respondents (93%) indicated that cost and (65%) convenience, were their main reasons for opting for DTC aligner treatment. Only 13 percent 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.⁴⁵
- The greatest risks for DTC orthodontic treatment can occur 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 there is 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

⁴³ 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.

⁴⁴ 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/>

⁴⁵ Ibid.

limited engagement with the dentist, and that dental impression errors that may be carried over into aligner treatment.⁴⁶ 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 (see [Appendix H](#) and [Appendix I](#) for the full list of issues and opportunities, respectively):
 - **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 patients associated with Option 5a or 5b. The College occasionally provides advice on issues that affect the practice of dentistry in Ontario in accordance with its public protection mandate. For example, in March 2024, the College provided general guidance for registrants in its [newsletter](#) regarding how to manage patients of a former DTC orthodontics company, SmileDirectClub. Advice 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., PAS, 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

⁴⁶ 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

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.

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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RCDSO staff across College departments contributed their time, insights, and expertise to support the development of the options presented in this report. This includes but is not limited to: Daniel Faulkner and Andréa Foti (Project Sponsors), Deni Ogunrinde (Strategic Project Lead), Dr. Vicky Nguyen (Staff Clinical Advisor), and additional contributors – Angelo Avecillas, Stephanie Bickford, Lesley Byrne, Michelle Cabrero Gauley, Meaghan Carter, Helen Qu, Kate Ratinsky, Caitlin Regina, Danielle Rodé, Sara Rydall, Eric de Sa, Shivani Sharma, Gillian Slaughter, Susan Taylor, Cameron Thompson, Amandine Viaud, and Alex Wong.

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.

RCDSO's Governance Modernization Objectives



Being seen to regulate in the public interest legitimizes authority and fairness of regulatory decisions. This builds public trust and confidence.



Shared leadership by professional and public members broadens perspective and ensures balanced and trustworthy decisions in the public's interest.



Annual province-wide election reinforces that dentists elected to Council serve the public interest and enables prioritization of candidates that have the skills and perspectives that will enhance Council capacity.



Enhancing equity, diversity and inclusion on Council enhances innovation, robust policy and oversight, and ensures that decisions reflect the diverse needs and experiences of the groups and communities we serve.



Updated *Competency and Diversity Profile for RCDSO Council Members* will help ensure Council stays relevant, effective and future-ready.



Three-year term and three consecutive term limit provide continuity and expertise that comes with experience and protects against entrenched professional interests dominating Council.



Enhancements to the current candidate assessment process support competency and diversity-based assessment through strategic calls for candidates with skills and attributes that will enhance Council's capacity.



Three-year cooling off period prevents conflict of interest, ensures new ideas and encourages diversity of thought.



Smaller Councils are more effective, accountable, cohesive and engaged.



Staggered terms for Council members promotes continuity, institutional memory and balance of experience and new perspectives.

COUNCIL BRIEFING NOTE

TOPIC: Governance Modernization FOR INFORMATION

September 2025

STRATEGIC PROJECT: GOVERNANCE REVIEW AND MODERNIZATION

ISSUE:

- In accordance with Council's direction, development has continued on the three integrated governance modernization components Council approved in principle on June 20, 2024, and the supporting operational design elements approved by Council on June 19, 2025.
- This briefing note provides context and background to prepare Council for the Governance Modernization Educational Session at the September Council meeting. The session is designed to reflect on RCDSO's Governance Modernization journey — past, present, and future — to reinforce shared understanding and set the stage for implementation.
- The Educational Session will:
 - Revisit modernization drivers, key milestones and Council decisions over the past five years;
 - Clarify how the changes will advance RCDSO's Governance Modernization objectives;
 - Support Council's understanding of the enhancements to the current Council candidate assessment process leveraging simulation gap analysis data and sample calls for applications to demonstrate how the process will be operationalized; and
 - Provide Council with an opportunity to ask any remaining clarifying questions.
- The appendices to this briefing note include draft bylaw amendments that support the implementation of the contemplated reform. Council will not be asked to approve the draft bylaw amendments at the September meeting. Following the September meeting, the Governance Committee will revise the amendments as needed, and present final draft bylaw amendments to Council for consideration and approval at the December 2025 Council meeting.

PUBLIC INTEREST:

- Good governance is the foundation for effective regulation, accountability, and public trust and confidence. 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 integrated modernization concepts and design elements approved by Council reinforce the perception that dentists are elected to represent the public, and ensure Council has the competencies to stay relevant, effective and future-ready. Enhancing equity, diversity and inclusion ensures that Council decisions reflect the diverse needs and experiences of the groups and communities we serve.
- 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:

- RCDSO continues its governance modernization journey with changes that reflect regulatory governance best practices in Ontario, across Canada and abroad.
- A Memo to Council provides background information on the impetus for change, the origins of RCDSO's governance modernization journey, and factors that have led to the current state (**see Appendix A**). This summary reference document captures the external and internal forces, Council education sessions, and Council decisions that have shaped RCDSO's efforts to improve governance structures, processes, and practices — enhancing transparency, accountability, and public protection.
- The *Guiding Principles for Governance at RCDSO* are attached for reference in **Appendix B**.

CURRENT STATUS:

Development of operational design elements

- In August 2024, the Governance Committee considered research and analysis on operational design elements that would support the three integrated modernization concepts approved by Council in June 2024, and had extensive discussion around broad categories of patient populations whose perspectives enhance Council's capacity to perform its mandate effectively.
- The Committee discussed changes to the [Core Competencies for Council Members](#), and considerations when designing enhancements to the current candidate assessment process in the context of a province-wide election.
- In March and May 2025, the Governance Committee considered and discussed further research, analysis, and options pertaining to operational design elements and agreed on recommendations to bring forward to Council at the June 2025 Council meeting.
- In June 2025, Council approved the following Governance Committee recommended modernization operational design elements:
 - An updated *Competency and Diversity Profile for RCDSO Council Members, 2025* (**Appendix C**);
 - Proposed enhancements to the current Council candidate assessment process;
 - A three-year term of office and three consecutive term limit for Council members;
 - A three-year cooling off period for Council members; and
 - A proposed model for implementing staggered terms for elected Council members (**Appendix D**).
- In August 2025, the Governance Committee met to discuss and provide feedback on draft material for the September 2025 Council meeting Governance Modernization Educational Session.

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.
- A draft bylaw shows the proposed changes intended to address the contemplated governance reforms including:
 - The structural changes pertaining to the dissolution of districts;
 - The assignment of elected Council dentists' terms for the 2026 transition election year;
 - The reduction in elected Council dentists; and
 - Enhancements to the current candidate assessment process (**Appendix E**).
- Effective dates (i.e., how and when various provisions need to take effect) will be drafted after the September 2025 Council meeting. Final draft bylaws will be presented to Council for consideration and approval in December 2025.
- An additional Compendium Comparison Chart sets out the existing bylaw provision, the proposed changes and an explanation (**Appendix F**). The Chart captures only the provisions that are being revised.

- Related proposed amendments are noted below:
 - o The *Dentistry Act* requires that the Council President and Vice President be elected every two years by Council. In the new model, where there will be elections annually for vacant seats, the proposed bylaw provides for election of President, Vice President and the remaining members of the Executive Committee every two years, rather than after every general election; and
 - o The amendments propose that committee appointments continue to occur after each general election (which will be annually going forward). As Council members' terms will expire on different schedules, annual review of committee appointments will be required, and annual appointments will be most efficient. These amendments will require a review and slight changes to the *Operational Policy of the Governance Committee: Committee Appointments*.
- The bylaw amendments that reflect the contemplated reforms do not require external circulation.

Implementation timeline

- Starting with the 2026 Council election, the following key changes will take effect:
 - o An annual province-wide election and voting for vacant seats for which the terms of office are ending;
 - o A smaller Council (10 elected dentists);
 - o Three-year terms of office with a three consecutive term limit;
 - o Staggered terms for Council members; and
 - o The candidate assessment process will be guided by the updated *Competency and Diversity Profile for RCDSO Council Members*.
- In 2026, the first election held under the new model will see seven dentists elected to one, two, or three-year terms, based on their vote totals. This will happen only once during the transition year to establish staggered terms for future elections. The three incumbent Executive Committee elected dentists' terms on Council will be extended by one year to provide stability and continuity during the transition year.
- From 2027 onward:
 - o Three or four dentists will be elected each year to serve a standard three-year term with approximately one third turning over each year thereafter;
 - o To support a competency and diversity-based election, a gap analysis will be conducted before each election, comparing the current Council makeup to the *Competency and Diversity Profile for RCDSO Council Members* to determine underrepresented skills and/or attributes to be targeted in the next election; and
 - o Based on the gap analysis, the Governance Committee will present a proposed Candidate Profile for the next election to Council for approval. The College will issue a Call for Applications inviting dentists to apply who align with skills and/or attributes specified in the Council-approved Candidate Profile. The Governance Committee will assess candidates' eligibility and will identify candidates whose skills and/or attributes align with the Candidate Profile to run in the election.

RCDSO'S GOVERNANCE MODERNIZATION OBJECTIVES:

Public confidence and trust

- The modernization contemplated improves accountability to the Ontario public. Being seen to regulate in the public interest legitimizes authority and fairness of regulatory decisions, which builds public trust and confidence.

Province-wide election

- Adopting a province-wide election will reinforce that dentists elected to Council serve the public interest rather than the interests of the electorate, which is contrary to the fiduciary duty of Council members.

- A province-wide election will enable prioritization of candidates that have the skills and perspectives that will enhance Council's capacity to perform its mandate effectively.

Updated Competency and Diversity Profile for RCDSO Council Members

- The updated *Competency and Diversity Profile for RCDSO Council Members, 2025* will help ensure Council members have the necessary skills and perspectives to address the topics of the day and that Council stays relevant, effective and future-ready.

Competency-based assessment

- CPMF requires that Council members have the knowledge and skills needed to effectively execute their fiduciary role and responsibilities pertaining to the College's public interest mandate, and that professional members are eligible to stand for election to Council only after meeting pre-defined competency and suitability criteria.
- Enhancements to the current candidate assessment process support competency and diversity-based assessment through strategic calls for candidates with skills and attributes that are underrepresented in the current Council makeup and that will enhance Council's ability to execute its public protection mandate effectively.
- The new province-wide election model will address the issue of acclamations that have resulted in recent elections and will enable multiple high calibre candidates from the same region to stand for election, with other means to ensure regional diversity.

Smaller Council

- Reducing the number of elected Council members within the bounds of the legislative framework provides strategic and operational advantages. Smaller Councils are more effective, accountable, cohesive and engaged.

Public member parity on Council

- Reducing the number of elected Council dentists will also strengthen public and professional member parity on Council. Shared leadership by professional and public members is not just a symbolic gesture – it's a structural safeguard that ensures balanced and trustworthy decisions in the public's interest with a focus on safety, fairness and accountability.

Equity, Diversity and Inclusion on Council

- Governance best practices support the adoption of competency- and diversity-based assessment frameworks that consider factors beyond traditional expertise to integrate a wider range of voices and viewpoints in decision-making. Enhancing equity, diversity, and inclusion on Council ensures that Council reflects the varied identities, lived experiences, and perspectives of the communities it serves and is better equipped to foster innovation, develop robust policy, and provide effective oversight, leading to more responsive and equitable outcomes.

Extending term of office and term limit

- Extending the term of office to three years and term limit to three consecutive terms provides continuity and expertise that comes with experience and protects against entrenched professional interests dominating Council.

Cooling off period

- Implementing a three-year cooling off period for Council members who have served the term limit prevents conflict of interest, ensures new ideas and encourages diversity of thought.

Staggered terms for Council Members

- Implementing staggered terms for elected Council members with approximately one third turning over each year will promote continuity, institutional memory and a balance of experience and new perspectives on Council.

ENHANCEMENTS TO THE CURRENT CANDIDATE ASSESSMENT PROCESS:

Competency and Diversity Profile for RCDSO Council Members, 2025

- In June 2025, Council approved the updated *Competency and Diversity Profile for the RCDSO Council Members, 2025*. The Profile reflects the desired and/or 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 communities the College serves and protects.
- The Profile identifies specific prerequisites candidates must meet to run for election or to be appointed as a selected Council member.
- The Profile reflects Council's view that Council shall be comprised of members who collectively reflect, serve or have experience working with diverse patient populations and communities.

Candidate assessment process for 2026 election (transition year)

- The candidate assessment process for the 2026 election is outlined in **Appendix G**.
- As this represents a transitional year, the existing candidate assessment process will remain in place. However, it will be guided by the updated *Competency and Diversity Profile for RCDSO Council Members, 2025* and candidates will be required to demonstrate the prerequisite competencies.

Candidate assessment process for 2027 election and beyond

- The enhancements to the current Council candidate selection process, as approved by Council, are detailed in **Appendix H**.
- This enhanced process will commence with the December 2027 election.
- A gap analysis will be conducted before each election, comparing the current Council makeup to the *Competency and Diversity Profile for RCDSO Council Members* to determine underrepresented skills and/or attributes to be targeted in the next election.
- Based on the gap analysis, the Governance Committee will present a proposed Candidate Profile for the next election to Council for approval. The Candidate Profile, developed and proposed by the Governance Committee and approved by Council in advance of each upcoming election, reflects an assessment of the gaps in the skills and attributes of Council as constituted at any given time and as determined with reference to the *Competency and Diversity Profile for RCDSO Council Members*. With the approval of Council, the Governance Committee will rely on the Candidate Profile to assess the eligibility of candidates seeking election to Council at the next election.
- For example, if the Spring 2027 gap analysis reveals that important regional perspectives (e.g., small/rural/remote/underserved communities) are missing in the Council complement, the Candidate Profile in the Call for Applications for the December 2027 Election will articulate that the College is seeking candidates that bring those perspectives.
- This approach will ensure dentists come to the table with current experience serving a variety of patient groups or communities and are able to bring knowledge about the unique needs and challenges of the demographic, rather than simply designating electoral seats for dentists who work or reside in particular regions.
- See **Appendix I** for examples of simulation gap analysis data and corresponding sample calls for applications.

NEXT STEPS:

- Following the September meeting, the Governance Committee will revise the draft bylaw amendments as needed, and present final draft bylaw amendments to Council for consideration and approval at the December 2025 Council meeting.

DECISION FOR COUNCIL:

- This briefing note is for Council's information. Council will not be asked to approve any decisions at the September 18, 2025 Council meeting.

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ATTACHMENTS

- Appendix A: Memo to Council regarding Background and Impetus for Governance Modernization
- Appendix B: *Guiding Principles for Governance at RCDSO*
- Appendix C: *Updated Council Competency and Diversity Profile for RCDSO Council, 2025*
- Appendix D: Approved Model for Implementing Staggered Terms for Elected Council Members at the 2026 Election
- Appendix E: Draft bylaw amendments – Redlined Version
- Appendix F: Compendium Comparison Chart of Draft Bylaw Amendments
- Appendix G: Current Council Candidate Assessment Process for 2026 Election
- Appendix H: Council Candidate Selection Process for 2027 Election and Beyond
- Appendix I: Simulation Council Gap Analysis Data for Demonstration Purposes and corresponding sample Calls for Applications

MEMO

TO Council

FROM Governance Committee

DATE September 8, 2025

REGARDING:

Background and Impetus for RCDSO's Governance Modernization

OVERVIEW

- Executive Summary
- Introduction
- Drivers
- RCDSO Council Education Sessions
- RCDSO Council Decisions

1. EXECUTIVE SUMMARY

The Royal College of Dental Surgeons of Ontario (RCDSO) continues its governance modernization journey with changes that reflect regulatory governance best practices in Ontario, across Canada and abroad.

The following key changes approved by Council will take effect with the 2026 RCDSO Council election:

- An annual province-wide election and voting for vacant seats;
- A smaller Council (10 elected dentists);
- Three-year terms of office with a three consecutive term limit;
- Staggered terms for Council members; and
- An updated *Competency and Diversity Profile for RCDSO Council Members*.

In 2026, the first election held under the new model will see seven dentists elected to one, two, or three-year terms, based on their vote totals. This will happen only once during the transition year to establish staggered terms for future elections.

From 2027 onward, three or four dentists will be elected each year to serve a standard

three-year term with approximately one third turning over every year. To support a competency and diversity-based election, a gap analysis will be conducted before each election, comparing the current Council makeup to the *Competency and Diversity Profile for RCDSO Council Members* to determine underrepresented skills and/or attributes to be targeted in the next election.

Based on the gap analysis, the Governance Committee will present a proposed Candidate Profile for the next election to Council for approval. The College will issue a Call for Applications inviting dentists to apply who align with skills and/or attributes specified in the Council-approved Candidate Profile. The Governance Committee will assess candidates' eligibility and will identify candidates whose skills and/or attributes align with the Candidate Profile to run in the election. See **Appendix I** for examples of how the Call for Applications will reflect the new competency-based assessment process.

This model ensures that Council is composed of individuals who are not only elected democratically, but also assessed strategically to reflect the public interest, enhance competency and diversity, and advance governance excellence.

These reforms are designed to advance public protection by:

- Strengthening transparency in decision-making;
- Improving accountability to the Ontario public;
- Enhancing Council's ability to fulfill its public protection mandate; and
- Ensuring RCDSO remains a forward-thinking, responsive regulator.

2. INTRODUCTION

This summary reference document captures the key drivers and milestones in RCDSO's governance modernization journey. It outlines the external and internal forces, Council education sessions, and Council decisions that have shaped RCDSO's efforts to improve governance structures, processes, and practices—enhancing transparency, accountability, and public protection.

3. DRIVERS

The table below summarizes the external and internal drivers that have contributed to RCDSO's governance modernization and regulatory reform, including government expectations and public accountability standards, public trust demands, sector-wide best practices, an evolving risk landscape, and strategic plan.

Date	External Driver	Intended Effect
May 2017	The College of Nurses of Ontario submitted to the Ontario Ministry of Health, <i>Vision 2020</i> , a plan to modernize CNO's governance structure to better protect the public and strengthen public trust in nursing regulation.	CNO underwent an external review of its governance structure and developed <i>Vision 2020</i> , which was intended to enhance CNO's ability to respond to change, improve patient safety, and promote regulatory excellence. The plan involved restructuring CNO's Council, making it smaller and more

		focused on the public's needs and interests, and requested the Ontario government to enact the necessary legislative changes to implement the proposed governance model.
December 2018	<u>Inquiry into the performance of the College of Dental Surgeons of British Columbia and the Health Professions Act</u> submitted by Harry Cayton (The Cayton Report) describes the issues that the CDSBC had and recommendations for improved governance, regulatory performance and public protection.	The BC Minister of Health commissioned a report of an inquiry into the CDSBC and the workings of the Health Professions Act. The CDSBC has since reformed its governance, and the provincial government implemented significant health professional regulatory reform.
2020	The Ministry of Health instituted the <u>College Performance Measurement Framework</u> (CPMF), an annual reporting tool for all health regulatory colleges on a common set of measures to increase accountability and oversight of Ontario's health regulatory colleges. The first domain, Governance, includes significant governance expectations.	CPMF was developed with the aim of answering the question "how well are Colleges executing their mandate to act in the public interest?" CPMF provides information that is transparent, consistent and aligned across all health regulatory colleges on their performance in executing their public interest mandate. Results are used to establish benchmarks for future reporting cycles and colleges' performance improvement commitments. This information strengthens accountability and supports continuous improvement.
January 2022	The Ontario Ministry of Health circulated a <u>Governance Reform and Regulatory Modernization Policy Proposal</u> on a range of reforms that included a smaller board, parity, competency-based appointment of professional Council members, and the establishment of a Nomination and Selection Committee to oversee the selection of professional Council members. Regulatory bodies were invited to provide consultation feedback to inform legislative amendment.	This reform was intended to improve decision-making, bolster transparency and support high-quality health care for Ontarians. 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, many Ontario health regulators have proceeded with their own governance modernization in line with the Ministry Proposal to demonstrate leadership and to mitigate the imposition of changes for which they are unprepared.
September 2022	The <u>British Columbia College of Oral Health Professionals (BCCOHP)</u> was established through the amalgamation of four previously separate regulatory bodies: the	This amalgamation was part of a broader initiative to modernize the health regulatory system in the province and improve patient care, transparency, and public confidence. The amalgamation

	College of Dental Hygienists of BC, the College of Dental Surgeons of BC, the College of Dental Technicians of BC, and the College of Denturists of BC.	aims to improve patient safety and outcomes; promote team-based care; provide a single point of contact; increase transparency and accountability and modernize the regulatory framework.
January 2023	RCDSO staff began work on the Governance Review and Modernization Strategic Project, one of six strategic projects in RCDSO's Strategic Plan: 2023 – 2025 .	Governance has been identified as an emerging issue to be addressed in RCDSO's Strategic Plan 2023-2025 . The Ontario Ministry of Health's Proposal for health regulatory body governance modernization and regulatory reform (January 2022) and British Columbia's Bill 36: Health Professions and Occupations Act (November 2022) signaled extensive change on the horizon. The Governance Review and Modernization Strategic 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.

4. RCDSO COUNCIL EDUCATION SESSIONS

4.1 Council Education Sessions: 2022 to present

Council members participated in targeted education sessions to build governance capacity. These sessions laid the foundation for a shared understanding of modern governance principles necessary to integrate modernization structures into RCDSO's governance framework. By prioritizing continuous learning, Council has reinforced its commitment to innovative leadership and public protection. The table below summarizes education undertaken over the past four years.

Council Meeting	Council Education Session	Intended Effect
June 2022	RCDSO staff presented Council with key updates on initiatives aimed at strengthening governance and promoting equity, diversity and inclusion in the Council candidate selection process: • Demographic Questionnaire (voluntary) • Draft Council Skills Matrix Questionnaire	A new diversity questionnaire was developed to support the College's commitment to equity, diversity, and inclusion by gathering meaningful demographic data to inform future governance and policy decisions. Council was asked for feedback on the new Council Skills Matrix intended to help identify current competencies and guide future recruitment and development efforts. CPMF requires prospective

	Review of Council candidate governance policies to enhance currency, relevance, efficacy, and clarity.	professional Council members to meet articulated competencies. In June 2020, Council approved competencies that must be demonstrated as a pre-condition to eligibility for candidates seeking election or selection to serve on Council.
April 2023	<i>Governance Modernization and The Public Interest</i> presentation to Council by Deanna Williams of Dundee Consulting Group Ltd	Calls for modernization have been driven by external reviews and international trends, media attention, loss of public interest and confidence in regulators. The presentation highlighted recent external reviews of the Ontario College of Teachers, the College of Dental Surgeons of British Columbia, the Law Society of British Columbia and the Ontario College of Social Workers and Social Service Workers and common findings from those reviews. The speaker reported on governance initiatives that have been made by health regulators to date.
April 2023	<i>Ontario College of Teachers Governance Overview</i> presentation to Council by Jason Bennett, Director of Policy, Governance and Tribunals, and Adam Tracey, Manager of Policy and Governance	Concerns about low levels of election participation and the health of governance culture led to an external governance review of OCT's governance structure, the dissolution of Council, and a new competency-based appointment of a 12-member Council comprised of: 6 OCTs (appointed by Council on recommendation of OCT's Selection and Nominating Subcommittee) and 6 public members (appointed by Government on recommendation of Council/SNS).
June 2023	Presentation to RCDSO Council on <i>Governance Revision Within the Constraints of the RHPA: The Experience of the Ontario College of Pharmacists</i> by OCP Board Chair James Morrison and Registrar/CEO Shenda Tanchak	Presenters reviewed the revisions to the governance structure including adopting a province-wide election, reduced board size, parity between public and professional Council members, separation of Council and statutory committees, the process for competency-based selection based on skills and patient population gap analysis, board terms and term limits, staggered terms, and nomenclature.
March 2024	RCDSO's Governance Committee presented to Council for consideration and discussion a high-level preliminary report on priority areas for governance modernization, including:	Council was asked to provide feedback on the preliminary report. 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

	- Reducing the size of Council; - revisions to electoral districts to strengthen competency-based selection of candidates; and - staggered terms for Council members.	modernization concepts. Other concepts were considered and tabled for future discussion.
September 2024	An analysis of 2024 Council and committee member demographic data was presented to Council.	Council was provided with the first ever report of an analysis of its current demographic data. Factors reported on included: Gender identity, age, religion/creed, and cultural background. Understanding the diverse perspectives of our decision makers helps us better provide support, training and learning to Council and Committees. The process of gathering and analyzing the data highlighted the relationship between equity, diversity and inclusion and good governance. Key findings were used to inform updates to the equity statement in the 2024 Election Call for Nominations.

5. RCDSO COUNCIL DECISIONS

5.1 Council decisions: 2020 to present

This table summarizes key governance modernization decisions made by RCDSO's Council over the past five years. These reflect Council's sustained commitment to transparency, accountability, and public protection within the bounds of Ontario's legislative framework.

Council Meeting	Council Motions Carried	Intended Effect
May 2021	THAT Council approves the <i>Guiding Principles for Governance at RCDSO</i> .	Reflects RCDSO's Council's 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.
November 2021	THAT Council approves the Council Performance Evaluation Framework, including the survey.	Council approved the framework for RCDSO's first third-party administered Council Effectiveness Evaluation. CPMF requires that Council implement a Council Performance Evaluation Framework that

		includes third-party assessments at least once every three years. The third-party vendor presented the results of the evaluation to Council at the public March 2022 Council meeting in accordance with CPMF's requirement.
February 2022	THAT Council approve the draft RCDSO submission to the Ministry, subject to any amendments requested by Council and direct that the submission be forwarded to the Ministry in accordance with its February 23, 2022 deadline.	Regulatory bodies were invited to provide consultation feedback on the Ministry's Governance Reform and Regulatory Modernization Policy Proposal to inform legislative amendment. In February 2022, Council prepared and submitted a response .
March 2022	Council MOTIONS carried regarding conflict of interest bylaw amendments, including: • Broadening language regarding holding positions of responsibility in conflicting organizations/ groups • changing cooling off period from two to three years after holding an office or a position of decision-making responsibility in conflicting organizations/ groups • application of COI provisions to both professional and public members • requirement for all Council and Committee members to complete an annual COI declaration form • Council members' signed COI declaration forms be made public	The second standard of CPMF relates to conflict of interest and requires the College to periodically review conflict of interest bylaws/policies and to demonstrate how Council decisions are made in the public interest through bylaw or policy, and administrative mechanisms.
June 2022	THAT Council approves disbanding the Governance Working Group	Governance Working Group disbanded after achieving its mandate. Further exploration will be done to ascertain whether a standing Governance Committee should be established
September 2022	THAT Council approves the terms of reference for a new Governance Committee THAT Council approves the amendments to Policy: Campaign Material Guidance for Candidates Seeking Election to Council	The Ministry's Policy Proposal (January 2022) includes establishing a Nomination and Selection Committee to oversee the selection of professional Council and Committee members. Council approved proposed amendments to governance policies on election

	THAT Council approves the amendments to Operational Policy of the Nominations Committee THAT Council approves the revocation of the Policy: Election Self-Nomination and Eligibility Form or Application and Eligibility Form for Non-Council Committee Appointments THAT Council approves the revocation of the Policy: E-mail Blast for Council Members THAT Council approves the revocation of the Policy: E-mail Blasts to Constituents in Election Year THAT Council approves the bylaw amendment (Article 5.1.3) regarding committee appointments expiry date.	processes as certain references no longer exist, contain outdated terminology, and require a stronger focus on the role of competencies.
June 2023	THAT Council approves the proposed Competencies for the Governance Committee THAT Council approves the proposed bylaw amendment to establish the Governance Committee as a standing committee of the College and provisions regarding the composition for that Committee. THAT Council directs the Eligibility Review Committee to bring forward to Council recommendations regarding the inaugural Governance Committee members and Chair. THAT Council approves the reappointment of all 10 members from the last election cycle to the Eligibility Review Committee.	The Governance Committee will encompass the functions of the current Elections Committee, Eligibility Review Committee and Nominations Committee. A major function of the Governance Committee will be the assessment and selection of candidates. For the inaugural Governance Committee, the Executive Committee recommends that the Eligibility Review Committee (ERC) selects candidates and make recommendations regarding Committee appointments directly to Council.
September 2023	THAT Council approves amendments to Bylaws 1, 2, 4 & 5. THAT Council appoints the inaugural Governance Committee	Council approved bylaws to establish “subject matter experts” as a new category of committee members. SMEs are included in the composition of the

	slate, comprised of the following individuals: • Anne Coghlan (Chair, Subject Matter Expert) • Daniel Haas (Council Professional Member) • Nizar Ladak (Council Public Member) • Anthony Mair (Council Professional Member) • Judy Welikovitich (Council Public Member) • Kathy Wilkie (Subject Matter Expert).	Governance Committee. These provisions give the College flexibility in its recruitment for SMEs on other committees. Council approved bylaw amendments to operationalize the Governance Committee, assign committee appointment functions to the Governance Committee; and remove redundant committees that performed functions now assigned to the Governance Committee. This direction is consistent with other organizations and supports the development of a strategic and structured approach to governance. The Governance Committee reviewed a range of possible governance modernization options in line with the 2022 Ministry Policy Proposal and best practices and aligned these with RCDSO's path forward for modernization. The Committee asked staff to explore the possibility of creating, through bylaw, a province-wide election for implementation in the December 2026 election.
December 2023	THAT Council approves proposed amendments to the Operational Policy of the Governance Committee: Committee Appointments	Council considered and approved proposed amendments to the Operational Policy of the Governance Committee re: Committee Appointments and bylaw amendments regarding operational improvements to the elections process.
June 2024	THAT Council directs the Governance Committee to continue development with the following three modernization concepts: • Adopting a province-wide election (i.e., One district); • reducing the size of Council from 12 to 10 elected dentists; and • implementing staggered terms for Council members.	Council approved in principle the Governance Committee's proposal to develop and implement three integrated modernization concepts for implementation at the December 2026 general election. Council directed the Governance Committee to continue development on operationalizing the three concepts.
September 2024	THAT Council approves the draft RCDSO EDI Commitment Statement, as sent out and revised at today's meeting	Council approved a draft EDI Committee Statement recommended by the Governance Committee for Council's approval. Drivers included: • <i>Guiding Principles for Governance at RCDSO</i> • RCDSO's current Strategic Plan; and

		The HPRO EDI Action Guide in alignment with the CPMF
September 2024	THAT Council approves the proposed Council Performance Evaluation Framework for 2024/2025.	CPMF requires Council to undergo a third party administered evaluation of Council effectiveness at least every three years. The goal is to perform an objective assessment of how well Council is executing its public protection mandate.
June 2025	That Council approve the updated <i>Competency and Diversity Profile for the RCDSO Council, 2025</i>. THAT Council approve the proposed enhancements to the current Council candidate selection process using the new Profile. THAT Council approves the three-year term of office and three consecutive term limit (i.e., nine consecutive years) provisions for elected and selected Council members. THAT Council approves a three-year cooling off period for elected and selected Council members who have served the term limit (i.e., three consecutive terms or nine consecutive years). THAT Council approves the proposed model for implementing staggered terms for elected Council members at the December 2026 inaugural province-wide election (Extending terms on Council of three current Executive Committee elected dentists 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 (one to three year terms based on the number of votes received)).	Council approved operational design elements that support the three integrated governance modernization concepts approved by Council in June 2024. Beginning with the 2026 election, the following key changes will take effect: - An annual province-wide election for vacant seats; - A smaller Council (10 elected dentists); - Three-year terms of office with a three consecutive term limit; - Staggered terms for Council members (approximately a third will turnover every year starting in 2027); and - An updated Competency and Diversity Profile for RCDSO Council Members. In 2026, seven dentists will be elected to one, two, or three-year terms, based on their vote totals. From 2027 onward, three or four dentists will be elected each year to serve a standard three-year term. To support a competency and diversity-based election, a gap analysis will be conducted before each election, comparing the current Council makeup to the <i>Competency and Diversity Profile for RCDSO Council Members</i> to determine underrepresented skills and/or attributes to be targeted in the next election. Based on the gap analysis, the Governance Committee will present a proposed Candidate Profile for the next election to Council for approval. The Governance Committee will assess candidates' eligibility and will identify candidates whose skills and/or attributes align with the Candidate Profile to run in the 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.

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 underserved areas of Ontario who bring diverse and unique perspectives and experiences to Council discussions and deliberations.

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

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

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

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1 DEFINITIONS AND INTERPRETATION

1.1 Definitions

1.1.1 General definitions

In these by-laws,

“**Act**” means the *Dentistry Act, 1991*, Statutes of Ontario, 1991, Chapter 24 and includes the RHPA.

“**Code**” means the *Health Professions Procedural Code* being Schedule 2 to the RHPA.

“**College**” means the Royal College of Dental Surgeons of Ontario.

“**committee**” means a committee of the College, including a statutory, standing, or ad hoc committee, and includes a panel of that committee.

“**Council**” means the Council of the College.

“**member’s electoral district**” means the electoral district in which the member is eligible to vote and stand for election.

“**elected member of Council**”, or “**elected Council member**” means a member elected to Council in accordance with the by-laws and includes a member elected in a by-election or appointed to fill a vacancy created by an elected Council member ceasing to be a member of Council prior to the completion of his or her term.

“**general election**” means the election of the elected members of Council conducted in December ~~2014 and in every second year thereafter.~~ annually.

“**member of Council**” or “**Council member**” means an elected member of Council, public member of Council, or selected member of Council.

“**Ministry**” means the Ministry of Health and Long-Term Care.

“**non-Council committee member**” means a member of a committee of the College who is a member of the College but not a member of Council.

“**public member of Council**” or “**public Council member**” means a member of Council appointed by the Lieutenant Governor in Council.

“**regulation**” means a regulation passed pursuant to the Act or RHPA.

“**RHPA**” means the *Regulated Health Professions Act, 1991*, Statutes of Ontario, 1991, Chapter 18 and includes the Code.

“**selected member of Council**” or “**selected Council member**” means 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 and includes a member selected or appointed to fill a vacancy created by a selected Council member ceasing to be a member of Council prior to the completion of his or her term.

“standing committee” means a committee of the College established by the by-laws.

“statutory committee” means a committee of the College established by the Code.

“subject matter expert” means an individual with specific expertise required for certain committees as set out in the by-laws.

“teleconference” means any conference held by telephone, computer network, or any other similar means that allows all participants to communicate with each other simultaneously and instantaneously.

1.2 Interpretation

1.2.1 Singular includes the plural

In these by-laws, the singular shall include the plural, and the plural shall include the singular, unless context dictates otherwise.

1.2.2 Person includes corporation

In these by-laws, the term “person” shall include corporations.

1.2.3 References to statutes, etc.

In these by-laws, any reference to a statute, regulation, or by-law, or a section or provision thereof, shall be deemed to extend and apply to any amendment or re-enactment of such statute, regulation, or by-law, or section or provision thereof.

1.2.4 Severability

All articles of these by-laws shall be interpreted in a manner consistent with the Act, and where any inconsistency is found to exist between the Act and the by-laws, the inconsistent article shall be severed, and the remaining articles shall continue in force.

1.2.5 Computation of time

Except as otherwise provided by the Act, regulations, or by-laws, in the computation of time under these by-laws the following conventions shall apply:

- a. Where there is a reference to a number of days between two events, the number of days shall be counted by including the day on which the earlier event occurs and excluding the day on which the latter event occurs.
- b. All days, including Saturdays, Sundays, and holidays, shall be counted.

- c. Where the time for the doing of an act expires on a Saturday, Sunday, or holiday, the act may be done on the next day that is not a Saturday, Sunday, or holiday.

1.2.6 Written includes electronic

In these by-laws, unless otherwise required by the Act or regulations, the term “written” shall include any electronically generated text-based format, whether in purely electronic or paper form.

2 MEETINGS OF COUNCIL

2.1 Prior to Initial Meeting of Council

2.1.1 Registrar to provide list of new Council members

Following a general election, the Registrar shall prepare a list of persons who are expected to constitute Council and shall send the list to all of the persons named on the list.

2.1.2 Registrar to circulate agenda

Prior to the initial meeting of Council following a general election, the Registrar shall send to all persons expected to constitute Council the agenda for the initial meeting of Council.

2.2 ~~Initial First Regular~~ Meeting of Council

2.2.1 ~~Registrar President~~ as Presiding Officer

~~At the initial meeting of Council following a general election, the Registrar shall call the meeting to order and act as the interim Presiding Officer.~~

Subject to article 2.2.2, at the first regular meeting of the Council after the general election each December, the President shall assume the role of chair of the meeting of Council.

2.2.2 ~~Transition to new Council Registrar~~ as Presiding Officer

~~The mandate of the previous Council expires, and the mandate of the new Council begins at the point of calling to order of the initial meeting of Council following a general election.~~

~~If the term of incumbent President is expired at the first regular meeting of the Board after the general election, the Registrar shall call the meeting to order and act as the interim Presiding Officer until a new President is elected.~~

2.2.3 Report on elections

Once the initial meeting of Council following a general election has been called to order, the Registrar shall present a report on elections and then call the roll.

2.3 Election of President, Vice-President and the Executive Committee

2.3.1 Call for nominations for President

~~After calling the roll of the initial meeting of Council following a general election, the Registrar shall call for nominations for the office of the President.~~

Where the term of the incumbent President has expired, at the first regular meeting of the Council after the general election, the Registrar shall call for nominations for the office of the President.

2.3.2 Acclamation of President

Where there is only one member of Council nominated for the office of the President, the Registrar shall declare such member of Council elected by acclamation.

2.3.3 Election of President by secret ballot

Where more than one member of Council is nominated for the office of the President, an election shall be conducted by secret ballot.

2.3.4 Candidates may address Council

Members of Council nominated for the office of the President may briefly address Council prior to the election for that office.

2.3.5 Returning officers

The Registrar shall appoint two returning officers, approved by Council, to conduct the election for the office of the President, to count the votes cast, and to report the results to Council.

2.3.6 Majority

The member of Council who receives a majority of the votes cast on a ballot in an election for the office of the President shall be declared elected.

2.3.7 Where no majority

Where more than two members of Council are nominated for the office of the President, and no member receives a majority of the votes cast on the ballot, the member who received the lowest number of votes shall be removed from the ballot and the voting process repeated.

2.3.8 Tied votes

Where two or more candidates for the office of the President receive an equal number of votes, and the tie must be broken in order to continue the election or declare one candidate elected, a vote by secret ballot shall be conducted for the purpose of breaking the tie.

2.3.9 Tied candidates may address Council

Prior to the vote conducted under article 2.3.8 (Tied votes), each candidate who received an equal number of votes may briefly address Council.

2.3.10 Tied vote broken by lot after second attempt

Unless provided otherwise by article 2.3.11 (Council may adopt alternative), where the candidates in a vote to break a tie conducted under article 2.3.8 (Tied votes) receive an equal number of votes on two successive attempts, the tie shall be broken by lot in the presence of the returning officers.

2.3.11 Council may adopt alternative

Where the candidates in a vote to break a tie conducted under article 2.3.8 (Tied votes) receive an equal number of votes on two successive attempts, Council may adopt by resolution any procedure it deems fit for the breaking of the tie, including holding a new election.

2.3.12 ~~President to assume chair~~ Term of President, Vice-President and remaining members of the Executive Committee

The President, Vice-President and remaining members of the Executive Committee shall be appointed for two-year terms. ~~shall immediately assume the chair of the meeting of Council upon election to office.~~

2.3.13 Election of Vice-President, members of Executive Committee

The Vice-President and the remaining members of the Executive Committee shall be elected according to the same procedure as provided for the election of the President.

2.4 Nominations to Committees, Other Appointments

2.4.1 Governance Committee as nominations committee

The Governance Committee shall present to Council a slate of nominees for all committee memberships and other appointments in accordance with the policy established by Council.

2.5 Scheduling of Meetings of Council

2.5.1 Initial meeting within two months of elections

Council shall hold a meeting within two months after a general election-, which shall be the first regular meeting of Council.

2.5.2 Regular Council meetings

Council shall hold at least three regular Council meetings per calendar year, called by the President, at least one of which shall fall during each of the following times:

- a. between 01 January and 30 March

- b. between 01 April and 30 August
- c. between 01 September and 30 December

2.5.3 Location of regular Council meetings

The Registrar shall determine the location of regular Council meetings.

2.5.4 Special Council meetings

A special Council meeting may be called by

- a. the President;
- b. the Executive Committee; or
- c. any eight members of Council who submit to the Registrar a written request specifying the matters for decision at the meeting.

2.5.5 Location of special Council meetings

The Registrar shall determine the location of special Council meetings.

2.5.6 Teleconference

The Registrar may, with the approval of Council or the Executive Committee, determine to hold a special Council meeting by teleconference.

2.6 Notice of Council Meetings

2.6.1 Registrar to provide notice

The Registrar shall provide written notice of Council meetings to members of Council, to be received at least

- a. 14 days before a regular Council meeting; and
- b. 3 days before a special Council meeting.

2.6.2 Contents of notice

The notice of Council meetings provided by the Registrar shall include, as applicable,

- a. whether the meeting will be conducted in person or by teleconference;
- b. the place, date, and time of the meeting; and
- c. the specified matters for decision at a special Council meeting.

2.7 Council Meeting Business and Agendas

2.7.1 Business at special Council meetings

At a special Council meeting, Council may only consider and act on

- a. the matters specified in the request for the special Council meeting provided to the Registrar;
- b. any other matters that a majority of the members of Council in attendance determine to be of an urgent nature; and
- c. routine and procedural matters, which shall be dealt with in accordance with the rules of order.

2.7.2 Business at regular Council meetings

At a regular Council meeting, Council may only consider and act on

- a. matters brought by the Executive Committee;
- b. recommendations in reports by committees;
- c. motions for which notice was provided by a member of Council
 - i. at the preceding Council meeting, or
 - ii. in writing at least thirty (30) days in advance of the meeting;
- d. any other matters that a majority of the members of Council in attendance determine to be of an urgent nature; and
- e. routine and procedural matters to be dealt with in accordance with the rules of order.

2.7.3 Meeting agendas set by the President

The President shall set an agenda for each meeting of Council.

2.8 Presiding Officer

2.8.1 Presiding Officer as chair

Council or the Executive Committee may appoint a Presiding Officer who is not a member of Council to act as the chair of Council meetings.

2.8.2 Term of office

The Presiding Officer shall continue in his or her role until dismissed by Council or the Executive Committee.

2.8.3 Duties of Presiding Officer

The Presiding Officer shall act solely as arbiter of Council meeting proceedings in accordance with the Rules of Order and shall not take a role in Council deliberations.

2.8.4 Duty of confidentiality

Prior to assuming his or her duties, the Presiding Officer shall agree to maintain the same standard of confidentiality applicable to a member of Council regarding all matters coming before the Council.

2.8.5 Acting chair

The following rules shall apply with respect to selecting an acting chair of Council meetings:

- a. Where no Presiding Officer has been appointed, the President or his or her designate shall act as chair of Council meetings.
- b. Where the President is absent and no chair has been designated, the Vice President shall act as chair of Council meetings.
- c. Where both the President and Vice-President are absent and no chair has been designated, the members of the Council in attendance at a Council meeting shall elect one of their numbers to act as chair of the meeting.

2.9 Quorum

2.9.1 Quorum as majority

Except as otherwise provided by the Act, a majority of members of Council constitutes a quorum for any Council meeting.

2.9.2 Effect of vacancy on quorum

A vacancy on Council is not counted in determining whether a quorum is present.

2.10 Voting

2.10.1 Default method

Except as otherwise provided in these by-laws, or as determined by Council, every vote at a Council meeting shall be by a show of hands and verbal affirmation.

2.10.2 Roll call vote at teleconference

All votes at a Council meeting held by teleconference or in any manner other than in person shall be by roll call vote.

2.10.3 Roll call vote by request

Except where Council determines to vote by secret ballot, a vote at a Council meeting shall be by roll call vote when requested by a member of Council.

2.10.4 Roll call vote recorded in the minutes

Where a vote at a Council meeting is taken by roll call, the Registrar shall request each member of Council to indicate his or her vote, and each vote will be recorded in the minutes of the matter under consideration.

2.10.5 Roll call vote for regulations

A vote at a Council meeting on a motion to propose or amend a regulation, or to submit a proposed regulation or regulation amendment to the Ministry

- a. shall be by roll call vote; and
- b. the minute of such vote shall record those members of Council in favour, those opposed, those who abstained, and those who were not present.

2.10.6 Default is simple majority

Except as otherwise provided for in the Act, regulations, or by-laws, each vote at a Council meeting shall be decided by a majority of votes cast at the meeting.

2.10.7 Vote of chair to be counted

Where a member of Council is acting as chair of a Council meeting, his or her vote is counted in any matter brought to a vote.

2.10.8 Tied votes decided in the negative

Where there are an equal number of votes at a Council meeting in favour of and opposed to a matter brought to a vote, the matter shall be deemed to have been opposed.

2.10.9 Record of dissent upon request

The dissent of a member of Council who votes against a resolution shall be recorded in the minutes where the member of Council makes such a request at the time that the vote is taken.

2.11 Minutes and Adjournments

2.11.1 Minutes of Council meetings

The proceedings of Council meetings shall be recorded in written minutes in the form and manner determined by Council.

2.11.2 Accuracy of minutes

Minutes of a Council meeting that have been

- a. approved by Council at a subsequent Council meeting, subject to any corrections made at that meeting, and
- b. signed by the recording officer,

are presumed to be an accurate record of the Council meeting that they record.

2.11.3 Adjournments

The Presiding Officer or chair of a Council meeting may adjourn the Council meeting whether or not a quorum is present.

2.11.4 Reconvening after an adjournment

The Presiding Officer or chair of a Council meeting may reconvene a previously adjourned Council meeting provided that either

- a. all members of Council are provided with notice of the reconvened Council meeting in the same manner as for special Council meetings, or
- b. all members of Council are present.

2.12 Deputations

2.12.1 Deputations at the request of Council, committees

At the request of Council or any committee, the President shall designate topics relevant to the affairs of the College as deputation matters and schedule such topics for deputation on a Council meeting agenda.

2.12.2 Written request for deputation

Any person or party may submit to the Registrar a written request to make a deputation to Council at a Council meeting.

2.12.3 Timing of written request for deputation

A written request for a deputation must be received by the Registrar at least thirty (30) days prior to the Council meeting at which the deputation is to take place.

2.12.4 Waiver of deputation request period

The President, in his or her sole discretion, may waive the thirty (30) day period required to request a deputation.

2.12.5 Approval of deputation

The President or Executive Committee may approve a written request for deputation.

2.12.6 Notice of approval of deputation

Where a written request for deputation has been approved, the Registrar shall inform the person or party who made the request of the time at which the deputation has been scheduled, as directed by the President.

2.12.7 Deputation limited to two speakers

A deputation shall have only one or two speakers.

2.12.8 Deputation limited to ten minutes

A deputation is limited to a maximum of ten (10) minutes in total, subject to extension by the chair of the Council meeting.

2.12.9 Chair may extend deputation

The chair of a Council meeting may allocate additional time to a deputation, in his or her sole discretion, to be utilized in the manner he or she deems fit.

2.12.10 Clarifying questions only

The chair of a Council meeting may accept questions from members of Council regarding a deputation solely for the purpose of clarification, and may permit the deputation speaker(s) to respond to such questions.

2.12.11 No interaction with members during deputation

Members of Council and the persons or parties making a deputation to Council shall not engage in any direct or indirect exchanges during the Council meeting, except as provided in these by-laws.

2.13 Rules of Order

2.13.1 Rules of order

The Standard Code of Parliamentary Procedure shall be the rules of order of the Council.

2.13.2 Rules inconsistent with Act, etc.

The Act, regulations, or by-laws govern to the extent of any inconsistency with the rules of order.

3 OFFICERS OF THE COLLEGE

3.1 General

3.1.1 Officers of the College

The officers of the College shall be the President, Vice-President, Registrar, and such other officers as the Council may determine.

3.1.2 Duties of officers may be delegated

Where an officer of the College is absent or otherwise unable to act for any reason, the Council may delegate any or all of the duties and powers of such officer to any other officer or any member of Council.

3.2 President

3.2.1 Duties of the President

The President is responsible for

- a. providing leadership to Council and carrying out his or her responsibilities in accordance with the Act, regulations and by-laws;
- b. overseeing the performance of the duties of the officers of the College;
- c. taking reasonable steps to ensure Council adheres to its governance and policy-making role;
- d. representing Council and its decisions to stakeholders; and
- e. such other duties as assigned by Council or the Executive Committee, or as are reasonably required by the office of President.

3.2.2 Powers of the President

The President shall have all powers assigned by the Act, regulations, by-laws, or Council and as are necessary and incidental to the performance of his or her duties.

3.3 Vice-President

3.3.1 Duties of the Vice-President

The Vice-President is responsible for providing the President any assistance that he or she reasonably requests in carrying out his or her responsibilities under the Act, regulations, or by-laws.

3.3.2 Powers of the Vice-President

The Vice-President shall have all the powers and perform all the duties of the President where the President is absent or is unable or refuses to act.

3.4 Registrar

3.4.1 Duties of the Registrar

In addition to the duties set out in the RHPA, the Act, and the regulations thereunder, the Registrar is responsible for

- a. managing the day-to-day operations of the College in accordance with the mandate of Council and generally accepted business and financial practices;
- b. providing leadership and management to College staff;
- c. advising Council on the requirements of and compliance with the by-laws and College policies;
- d. translating the goals, objectives and strategic directions of Council into operational plans and implementing the decisions of Council;
- e. keeping Council, the Executive Committee and the President informed with respect to the operations of the College and implementation of policy;
- f. supporting the President in meeting his or her responsibilities;
- g. supporting Council and the Executive Committee in meeting their responsibilities;
- h. acting as the recording officer for meetings of Council and the Executive Committee and ensuring that minutes and other records of College business are kept in accordance with good recordkeeping practices;
- i. coordinating preparation of annual reports, business plans and other documents for Council as directed by Council, the Executive Committee or the President;
- j. having care and custody of all funds and securities of the College and depositing such funds and securities in the name of the College;
- k. paying all orders drawn on the accounts of the College;
- l. keeping a correct account of all funds received and disbursed on behalf of the College; and
- m. ensuring that the state of the finances of the College are reported to Council annually and at such other times as requested by Council or the Executive Committee.

3.4.2 Powers of the Registrar

The Registrar shall have all powers assigned by the Act, regulations, by-laws, or Council and as are necessary and incidental to the performance of his or her duties.

3.4.3 Direction by Council, Executive Committee

The Registrar shall act in accordance with the direction of the Council and the Executive Committee in carrying out the business and affairs of the College in a timely and accountable fashion.

3.4.4 Custodian of seal and other documents

The Registrar shall act as the custodian of the seal of the College and of all books, papers, records, correspondence, contracts and other documents belonging to the College.

3.4.5 Delegation of authority

The Registrar may delegate any of his or her powers or duties to other officers, agents, or employees of the College.

3.5 Acting Registrar

3.5.1 Acting Registrar during absence

Where the Registrar is absent or otherwise temporarily unable to act, the Deputy Registrar shall have all the powers and perform all the duties of the Registrar until such time as the Registrar is able to resume his or her duties, or the Executive Committee or Council appoints another Acting Registrar.

3.5.2 Duty to consult regarding appointment

Where reasonably practicable, the Executive Committee shall consult the Registrar regarding its appointment of an Acting Registrar.

3.5.3 Remuneration of Acting Registrar

The Executive Committee shall determine the remuneration of any Acting Registrar it appoints.

3.6 Inspectors

3.6.1 Appointment of inspectors

The Registrar may appoint persons to act as inspectors for the College and to perform such duties as the Registrar may determine.

3.7 Hiring of Registrar

3.7.1 Definition

In this chapter, “**search committee**” means a search committee constituted under article 3.7.2.

3.7.2 Search committee

Where a need arises to hire a Registrar, Council shall constitute a search committee composed of the President and such other members as determined by Council on the recommendation of the Executive Committee.

3.7.3 Avoidance of conflict of interest

Where a member of a search committee becomes a candidate for the post to be filled, he or she shall immediately resign as a member of the search committee.

3.7.4 Executive recruitment service

A search committee shall engage a company providing executive recruitment services to assist in all aspects of the hiring process, unless Council, in its sole discretion, approves otherwise.

3.7.4.1 Engagement of Executive Recruitment

Where the Search Committee decides to engage a firm to provide executive recruitment services, the terms of the engagement, including the fees and expenses related to the engagement, shall be approved by the Executive Committee prior to the College entering into the engagement.

3.7.5 Search committee to review job criteria

A search committee shall review with the representative of the executive recruitment service the job description and essential criteria of the post to be filled.

3.7.6 Position to be advertised

A search committee shall ensure that the position is broadly advertised, which shall include posting the position on the College’s website.

3.7.7 Short list of candidates

A search committee shall review a short list of candidates compiled by the executive recruitment service after the deadline for receipt of applications.

3.7.8 Recommendation to Council

A search committee shall interview the candidates on the short list compiled by the executive recruitment service with a representative from the executive recruitment service and shall report to Council with its recommendation.

3.7.9 Council may approve recommendation

Council may approve the recommendation made by a search committee or make such other direction as it deems fit.

3.8 Remuneration of Registrar

3.8.1 Remuneration set by resolution

The remuneration of the Registrar shall be determined by resolution of Council.

3.9 Removal of President, Vice-President or other officers

3.9.1 Two-thirds vote to remove President, Vice-President

Council may remove the President or Vice-President from office by a two-thirds vote of the members of Council, excluding vacancies.

3.9.2 Replacement of President, Vice-President after removal

Where the President or Vice-President is removed from office, Council shall elect a new President or Vice-President from among its members to hold office for the remainder of the term.

3.9.3 Removal of other officers

Council may remove officers, other than the President or Vice-President, from office by resolution.

3.9.4 Removal from office not termination

Where an officer is an employee of the College, removal from office does not constitute, in itself, termination of employment.

3.10 Vacancies

3.10.1 President, Vice-President

If the President or Vice-President resigns, dies, or otherwise becomes unable to act due to a physical or mental infirmity, Council shall elect a new President or Vice-President from among its members, to hold office for the remainder of the term.

4 COMMITTEES OF THE COLLEGE

4.1 Executive Committee

4.1.1 Composition

The Executive Committee shall be composed of five (5) members of Council, three (3) being elected or selected members of Council and two (2) being public members of Council.

4.1.2 President and Vice-President

The President and Vice-President shall be two (2) of the five (5) members of the Executive Committee.

4.1.3 President as chair

The President shall act as the chair of the Executive Committee, but he or she may delegate the function to another member of the Executive Committee.

4.1.4 Registrar as secretary

The Registrar shall act as the secretary of the Executive Committee.

4.1.5 Quorum

A majority of members of the Executive Committee constitutes quorum.

4.1.6 Procedure for meetings

The procedure for the calling and conduct of meetings of the Executive Committee shall be determined by the Executive Committee.

4.1.7 Invitation to attend

The Executive Committee may invite officers, members of Council, members of College staff, or any other individuals to attend meetings of the Executive Committee and to participate in the discussion and consideration of the affairs of the College as determined by the Executive Committee.

4.1.8 Powers of the Executive Committee

Between the meetings of Council, the Executive Committee has all the powers of Council with respect to any matter that, in the Executive Committee's opinion, requires immediate attention, other than the power to make, amend or revoke a regulation or by-law.

4.1.9 Report to Council

If the Executive Committee exercises a power of the Council under article 4.1.7 (Powers of the Executive Committee), it shall report on its actions to the Council at the Council's next regular meeting.

4.2 Registration Committee

4.2.1 Composition

The Registration Committee shall be composed of the following members:

- a. at least three (3) members of Council who are members of the College;

- b. at least one (1) public member of Council; and
- c. one (1) non-Council committee member.

4.3 Inquiries, Complaints and Reports Committee

4.3.1 Composition

The Inquiries, Complaints and Reports Committee shall be composed of the following members:

- a. at least eight (8) members of the College who are either elected or selected members of Council, or non-Council committee members; and
- b. at least one (1) public member of Council.
- c. up to four (4) subject matter experts who meet the competencies specified by the Governance Committee.

4.4 Discipline Committee

4.4.1 Composition

The Discipline Committee shall be composed of the following members:

- a. at least three (3) members of Council who are members of the College;
- b. at least four (4) public members of Council;
- c. at least five (5) non-Council committee members; and
- d. At least one (1) subject matter expert who has been specifically appointed to chair panels of the committee or to assist in adjudicating hearings.

4.4.2 Vice-chair, Discipline Committee

Council shall appoint a vice-chair of the Discipline Committee from among the members of the Discipline Committee.

4.4.3 Powers of vice-chair, Discipline Committee

The vice-chair of the Discipline Committee shall have all of the authority of the chair of the Discipline Committee where any of the following occurs:

- a. The chair requests the vice-chair to assume any or all of the duties of the chair.
- b. The position of chair becomes vacant for any reason.
- c. The Registrar is unable to reach the chair despite reasonable efforts, and there is a matter of urgency that requires the action of the chair.

4.5 Fitness to Practise Committee

4.5.1 Composition

The Fitness to Practise Committee shall be composed of the following members:

- a. two (2) members of Council who are members of the College;
- b. two (2) public members of Council;
- c. at least two (2) non-Council committee members; and
- d. At least one (1) subject matter expert who has been specifically appointed to chair panels of the committee or to assist in adjudicating hearings.

4.6 Quality Assurance Committee

4.6.1 Composition

The Quality Assurance Committee shall be composed of the following members:

- a. two (2) members of Council who are members of the College;
- b. at least one (1) public member of Council; and
- c. two (2) non-Council committee members.

4.7 Patient Relations Committee

4.7.1 Composition

The Patient Relations Committee shall be composed of the following members:

- a. one (1) member of Council who is a member of the College;
- b. two (2) public members of Council; and
- c. at least two (2) non-Council committee members.

4.8 [Revoked] (September 15, 2022, effective January 19, 2023)

4.9 Dental CT Scanner Committee

4.9.1 Composition

The Dental CT Scanner Committee shall be composed of those persons who are members of the Quality Assurance Committee, and its chair shall be the chair of the Quality Assurance Committee.

4.9.2 Terms of Reference

The Dental CT Scanner Committee shall perform

- a. such functions as required of it under the by-laws; and
- b. such other functions as may be assigned from time to time by Council or the Executive Committee.

4.10 [Revoked] (September 21, 2023)

4.11 Finance, Audit and Risk Committee

4.11.1 Composition

The Finance, Audit and Risk Committee shall be composed of the following members:

- a. the President;
- b. two (2) members of Council who are members of the College;
- c. two (2) public members of Council;
- d. two (2) non-Council committee members.

4.11.2 Terms of reference

The Finance, Audit and Risk Committee may exercise any authority given to it under the by-laws of the College and, in addition thereto, shall study and make recommendations to Council or the Executive Committee on the following matters:

- a. the financial and property requirements of the College;
- b. the financial implications of proposed changes to the College's policies and programs;
- c. the annual budget of the College;
- d. the disbursement of the funds of the College;
- e. allowances paid to and reimbursements of expenses for Council members;
- f. the appointment or reappointment of an Auditor, after reviewing the remuneration and other terms of such appointment;
- g. the scope of the Auditor's examination, the nature and level of support provided by the College's internal accounting function, and any staff reports arising from these matters;
- h. the College's annual audited financial statements;

- i. the effectiveness of the external audit function and any matter which the Auditor wishes to bring to the attention of the College;
- j. appropriate systems of internal control over financial reporting;
- k. any litigation, claim or other contingency that could have a material effect upon the financial position or operating results of the College; and
- l. such other matters as may be assigned by Council or the Executive Committee.

4.11.3 Report to Council

The Finance, Audit and Risk Committee shall report to Council at least once per year.

4.12 [Revoked] (September 21, 2023)

4.13 Professional Liability Program Committee

4.13.1 Composition

The Professional Liability Program Committee shall be composed of the following members:

- a. one (1) public member of Council, who shall act as chair of the committee; and
- b. five (5) non-Council committee members.

4.13.2 Limitation on chair

The chair of the Professional Liability Program Committee shall not be a member of any statutory committee of the College.

4.13.3 Terms of reference

The Professional Liability Program Committee shall study and make recommendations to Council or the Executive Committee on the following matters:

- a. the policies and practices of the Professional Liability Program; and
- b. such other matters as may be assigned by Council or the Executive Committee.

4.13.4 Approval of claims

The Professional Liability Program Committee shall consider and may approve all claims expenditures for sums in excess of the limit authorized for the individual responsible for managing the claims administered through the Professional Liability Program.

4.13.5 Report to Council

The Professional Liability Program Committee shall report to Council at least once per year.

4.14 Sedation and General Anaesthesia Committee

4.14.1 Composition

The Sedation and General Anaesthesia Committee shall be composed of those persons who are members of the Quality Assurance Committee, and its chair shall be the chair of the Quality Assurance Committee.

4.14.2 Terms of Reference

The Sedation and Anaesthesia Committee shall perform

- a. such functions as required of it under the by-laws; and
- b. such other functions as may be assigned from time to time by Council or the Executive Committee.

4.15 [Revoked] (November 18, 2021)

4.16 [Revoked] (October 24, 2024, effective January 23, 2025)

4.17 [Revoked] (September 21, 2023)

4.18 Governance Committee

4.18.1 Composition

The Governance Committee shall be composed of the following members:

- a. two (2) members of Council who are members of the College;
- b. two (2) public members of Council; and
- c. at least two (2) subject matter experts with expertise relating to professional regulation and governance.

4.18.2 Terms of Reference

The Governance Committee shall perform all functions provided under the by-laws and, in addition, make recommendations to Council, the Executive Committee or the Registrar, as appropriate, on matters related to governance including but not limited to:

- a. the eligibility requirements, competencies and skills matrices relating to persons seeking election or appointment to Council, committees or to act as chair of Council or any committee;
- b. the assessment of applications and eligibility of persons seeking election or appointment to Council, committees or to act as chair of Council or any committee;

- c. the performance evaluation of Council, committees, Council members, committee members and chairs;
- d. the expectations related to the conduct of Council and committee members, management of conflicts of interest and the adequacy of by-law 12 (CODE OF CONDUCT);
- e. the governance policy review cycle;
- f. training and education for Council and committees;
- g. succession planning, recruitment and onboarding of Council and committee members; and
- h. other matters as may be assigned by Council or the Executive Committee.

4.18.3 Quorum

A quorum of the Governance Committee at a meeting shall be a majority of members; however, no meeting of the Governance Committee shall be required to conduct candidate interviews, which may be conducted by one or more members of the Governance Committee.

5 COMMITTEE PROCEDURE

5.1 Appointments to Committees

5.1.1 Appointment to statutory committees

Except as provided otherwise by the Act, Council shall appoint the members of each statutory committee in accordance with the by-laws.

5.1.2 Chair of statutory committees

Except as provided otherwise by the Act, Council shall appoint a chair for each statutory committee from among the members of the committee in accordance with the by-laws.

5.1.3 Term of committee appointment

Unless otherwise provided for in the by-laws; and subject to article 2.3.13, every appointment to a committee expires after Council has completed its appointments for that committee at the first regular meeting of Council following the next general election.

5.1.4 Non-Council committee members permitted

Except as provided otherwise by the Act or by-laws, Council may appoint members of Council or individuals who are not members of Council to committees.

5.2 Standing and Ad Hoc Committees

5.2.1 Creation of standing and ad hoc committees

Council may appoint one or more standing or ad hoc committees.

5.2.2 Terms of reference for standing, ad hoc committees

Council shall establish the terms of reference for any standing or ad hoc committee at the time of its appointment.

5.2.3 Members, chair of standing and ad hoc committees

Unless otherwise delegated by Council, Council shall appoint the members of any standing or ad hoc committee and shall appoint a chair from among the members of the committee in accordance with the by-laws.

5.2.4 Quorum, standing, ad hoc committees

A majority of members of a standing or ad hoc committee shall constitute a quorum, unless otherwise specified in the by-laws.

5.2.5 Standing committees

The following are the standing committees of the College:

- a. [Revoked] (September 15, 2022, effective January 19, 2023)
- b. [Revoked] (September 21, 2023)
 - i. b1. [Revoked] (September 21, 2023)
- c. Finance, Audit and Risk Committee
- d. [Revoked] (September 21, 2023)
- e. Professional Liability Program Committee
- f. Sedation and General Anaesthesia Committee
- g. Dental CT Scanner Committee
- h. [Revoked] (November 18, 2021)
- i. [Revoked] (October 24, 2024)
- j. Governance Committee

5.3 Delegation to Committees

5.3.1 Delegation to committees

Council may delegate to any committee any power or authority to manage and direct the affairs of the College, except as provided otherwise by the Act, regulations, or by-laws.

5.3.2 Delegated powers subject to approval

The exercise of any power delegated by Council to a committee is subject to approval by Council, unless the delegation of such power by Council expressly provides otherwise.

5.4 Vacancies on a Committee

5.4.1 Committee continued during vacancy

Where there is a vacancy in the membership of a committee, the remaining members of the committee shall constitute the committee until the vacancy is filled, provided that there are sufficient members to constitute a quorum.

5.4.2 Effect of vacancy on quorum

A vacancy on a committee is counted in determining whether quorum exists.

5.4.3 Vacancy of committee chair

Except in the case of the Discipline Committee, where a vacancy on a committee is the chair of the committee, the remaining members of the committee shall select a member of the committee to act as chair until the vacancy is filled.

5.4.4 Vacancy of Discipline Committee chair

Where the chair of the Discipline Committee becomes vacant, the vice chair shall assume the chair of the committee.

5.4.5 Filling vacancies on committees

The Executive Committee may appoint persons to fill any vacancies in the membership of a committee, other than the Executive Committee, and it shall make an appointment to fill a vacancy on a committee where necessary for the committee to achieve quorum or to comply with the Act or regulations.

5.4.6 Filling vacancy of committee chair

Where the Executive Committee makes an appointment to fill a vacancy created by the departure of the chair or vice chair of a committee, the Executive Committee shall appoint a new chair or vice chair of the committee from among the members of the committee.

5.4.7 Term for filled vacancies

Every individual appointed by the Executive Committee to fill a vacancy on a committee shall remain a member or chair of the committee, as applicable, until the earliest of the following events occurs:

1. The individual is replaced or removed in accordance with the by-laws.
2. The first regular meeting of Council following the general election is held.

5.4.8 Confirming, replacing vacancy appointments

Council shall confirm an appointment by the Executive Committee to fill a vacancy on a committee or replace the appointed individual at its next regular meeting, or such later meeting as Council may determine.

5.4.9 Replacing appointed chair

Where Council replaces an individual appointed by the Executive Committee to serve as chair or vice chair of a committee following a vacancy, Council shall appoint a new chair or vice chair of the committee from among the members of the committee.

5.5 Removing Committee Members

5.5.1 Automatic removal of former Council members

A member of a committee who is also a member of Council ceases to be a member of the committee upon ceasing to be a member of Council.

5.5.2 Removing Council member of statutory committee

Council may remove any member of a statutory committee who is also a member of Council by a two-thirds vote of the members of Council present at a meeting of Council.

5.5.3 Replacement, member of Council

Where Council removes a member of a statutory committee who is also a member of Council, Council may select a replacement from among the members of Council to hold membership on the committee for the remainder of the term.

5.5.4 Replacement chair, statutory committee

Where Council removes the chair of a statutory committee and selects a member of Council to fill the vacancy, Council shall appoint a new chair from among the members of the committee.

5.5.5 Removing non-Council member, member of standing, ad hoc committee

Council may remove any member of a statutory committee who is not a member of Council or any member of a standing or ad hoc committee by resolution.

5.5.6 Replacement, non-Council, standing or ad hoc

Where Council removes a member of a statutory committee who is not a member of Council or a member of a standing or ad hoc committee, Council may appoint an individual to hold membership on the committee for the remainder of the term.

5.5.7 Replacement chair, standing or ad hoc committee

Where Council removes the chair of a standing or ad hoc committee and makes an appointment to fill the vacancy, Council shall appoint a new chair from among the members of the committee.

5.6 Committee Meetings

5.6.1 Scheduling

Committees shall meet at the direction of Council, Executive Committee, or chair of the committee, or as required by the Act, regulations, or by-laws, on a date and time designated by the committee chair.

5.6.2 No formal notice required

No formal notice is required for a meeting of a committee, unless otherwise required by law.

5.6.3 Informal notice

The chair of a committee shall direct College staff to make reasonable efforts to notify all members of the committee of every meeting of the committee, and to arrange the meeting date and time for the convenience of the members.

5.6.4 Chair or designate presides

The chair of a committee or his or her designate shall preside over meetings of the committee.

5.6.5 Panel chair

Where a chair of a committee selects a panel of the committee that does not include the chair, he or she shall designate a member of that panel to act as chair of the panel.

5.6.6 Selection by panel

Where a committee chair does not designate a panel chair, the members of the panel shall select a chair from among the panel.

5.6.7 Decision by majority

Every question before a committee shall be decided by a majority of votes cast by the members present.

5.6.8 Tied votes decided in the negative

Where there are an equal number of votes at a committee meeting in favour of and opposed to a matter brought to a vote, the matter shall be deemed to have been opposed.

5.6.9 Minutes of committee meetings

The proceedings of committee meetings, except for hearings held pursuant to the Act, shall be recorded in written minutes in the form and manner determined by the presiding committee member.

5.6.10 Accuracy of committee minutes

Minutes of a committee meeting that have been

- a. approved by the committee at a subsequent meeting, subject to any corrections made at that meeting, and
- b. signed by the presiding and recording committee member,

are presumed to be an accurate record of the committee meeting.

5.6.11 Committee meetings by teleconference

Subject to the Act, any meeting of a committee, other than one held to conduct a hearing, may be held by teleconference with the approval of the committee chair.

5.6.12 Voting at teleconference

A vote at a meeting of a committee held by teleconference shall be taken in the manner determined by the chair of the committee.

5.6.13 Roll call vote by request

Where requested by a member of the committee, a vote taken at a meeting of a committee held by teleconference shall be by roll call.

6 MEMBERS OF COUNCIL

6.1 Electoral Districts Transition Provision

6.1.1 Electoral districts established

Subject to article 6.1.4, The twelve electoral districts set out in appendix 28.2.5 ~~are established~~ continue for the purpose of the election of members to Council.

6.1.2 Counties, etc. set

The counties, united counties, regional municipalities, municipalities, district municipalities and territorial districts described in appendix 28.2.5 are those that existed as at December 31, 1996.

6.1.3 Electoral districts complete

The geographical territory of each electoral district set out in appendix 28.2.5 shall be interpreted to ensure that all parts of Ontario fall into one of the counties, united counties, regional municipalities, municipalities, district municipalities or territorial districts described therein.

6.1.4 Dissolution of electoral districts

The twelve electoral districts shall remain in effect until the election taking place December 2026, at which time all electoral districts are dissolved, to be replaced by province-wide elections in accordance with this by-law.

6.1.5 Extension of Term of Office for Members of Council who Sit on Executive Committee

The term of office of the three (3) elected directors who are members of Council and who sit on the Executive Committee as of the date this by-law comes into effect will have their terms of office as elected members continue for one additional year, with their term ending the date of the first general meeting of Council held after the election in December 2027.

For greater certainty, the term of office of all other members of Council elected in December 2024 shall continue until the date of the first meeting of Council held after the election in December 2026.

6.2 Elected Members of Council

6.2.1 Number of elected members before December 2026

Subject to article 6.2.1.1, there shall be one elected member of Council from each electoral district.

6.2.1.1 Number of elected members –December 2026 election and after

Effective the first meeting of Council held after the election in December 2026, there shall be ten (10) elected members of Council.

6.2.2 Term of office – December 2026

The terms of office of the seven (7) elected Council members elected in December 2026 will commence at the first meeting of Council following the election and will end, as follows:

- (a) the three elected Council members who receive the highest number of votes out of all candidates will be elected for a three (3) year term, commencing at the first regular meeting of

Council following the December 2026 election and ending after three years when their successor takes office at the first regular meeting of Council following the successor's election.

(b) the three elected Council members who received the second highest number of votes of all candidates will be elected for a two (2) year term, commencing at the first regular meeting of Council following the December 2026 election and ending after two years when their successor takes office at the first regular meeting of Council following the successor's election.

(c) the one elected Council member who receives the third highest number of votes of all candidates will be elected for a one (1) year term, commencing at the first regular meeting of Council following the December 2026 election and ending after one year when their successor takes office at the first regular meeting of Council following the successor's election.

~~The term of office of an elected member of Council commences at the initial regular meeting of Council following the general election and continues until his or her successor takes office at the initial regular meeting of Council following a subsequent general election.~~

6.2.2.1 Term of Office - After December 2026

The term of office of an elected Council member elected in a general election beginning with the election in December 2027 election will be three (3) years, commencing at the first regular meeting of Council after the election and ending after three years when his or her successor takes office at the initial first regular meeting of Council following the successor's election.

6.2.3 Maximum term

Effective the election in December 2026, ~~a~~A member of the College may be elected to Council in ~~four (4)~~ three (3) consecutive ~~general~~ elections.

No member of Council may serve on Council for more than nine (9) consecutive years (inclusive of years of service prior to the date this by-law comes into effect).

If an elected member reaches the end of his or her maximum service prior to the end of his or her term, the elected member will cease to hold office and his or her position on Council will be filled by way of a by-election in accordance with article 7.10.

6.2.4 Cooling off period, elected Council members

Effective the general election in December 2026, ~~A~~a member of the College who has been elected to Council in ~~four~~ for three (3) consecutive ~~terms~~ ~~general elections~~ or who has otherwise served 9 consecutive years on Council, is ineligible to stand for election to Council until the general election that is more than three (3) ~~five (5)~~ calendar years after the member completed their last term ~~was last elected as a member of Council.~~

6.2.5 By-election counted

An election in a by-election shall be counted in determining whether a member of the College is eligible to stand for election under article 6.2.4.

6.2.6 Selected member of Council counted

Service as a selected member of Council shall be counted in determining whether a member of the College is eligible to stand for election under article 6.2.4.

6.3 Selected Members of Council

6.3.1 Number of selected members

For the purposes of clause 6(1)(c) of the Act, one member of Council shall be selected by the Faculty of Dentistry at the University of Toronto and one member of Council shall be selected by the Schulich School of Medicine and Dentistry at Western University.

6.3.2 Term of office

The term of office of a selected member of Council commences after the member completes and submits to the Registrar an eligibility questionnaire in the form approved by Council and satisfies the Registrar and Governance Committee that the member is eligible to be selected and ends after three years when their successor is selected and takes office at ~~continues until~~ the first regular meeting of Council following the next general election after their ~~his or her~~ successor's selection.

6.3.3 Maximum term

~~A selected member of Council may be selected for four consecutive terms.~~

Effective the general election in December 2026, a member of the College may be selected to Council in three (3) consecutive terms.

No selected member of Council may serve on Council for more than nine (9) consecutive years (inclusive of years of service prior to the date this by-law comes into effect).

If a selected member reaches the end of his or her maximum service prior to the end of his or her term, the selected member will cease to hold office and his or her position on Council will be filled by selection in accordance with 6.5.5.

6.3.4 Cooling off period, selected Council members

A selected member of Council who has been selected and served for three (3) ~~four (4)~~ consecutive terms or who has otherwise served 9 consecutive years on Council, is ineligible to be re-selected until more than five ~~three~~ calendar years after the member ~~was last selected to be a member of Council.~~ completed their last term as ~~was last elected~~ a member of Council.

6.3.5 Vacancy counted

A selection as a selected member of Council to fill a vacancy shall be considered as a selection for the purposes of determining eligibility under article 6.3.4.

6.3.6 Elected member of Council counted

Service as an elected member of Council shall be counted in determining eligibility for under article 6.3.4.

6.4 Resignations

6.4.1 Notice of resignation

An elected or selected member of Council may resign by providing written notice to the President, Vice-President, or Registrar.

6.4.2 Effective date of resignation

The resignation of an elected or selected member of Council is effective upon the date set out in the written notice or, where no date is specified, immediately upon receipt by the President, Vice-President, or Registrar.

6.4.3 Resignation irrevocable

The resignation of an elected or selected member of Council is irrevocable and may not be withdrawn or rescinded.

6.5 Vacancies

6.5.1 Vacancies

The seat of an elected or selected member of Council becomes vacant upon the death, resignation, or disqualification of the member.

6.5.2 Short-term vacancy

Where the seat of an elected member of Council becomes vacant ~~in an electoral district~~ not more than six months before the date of the next scheduled general election, the Council may

- a. leave the seat vacant,
- b. appoint a member of the College who would be eligible for election ~~in that electoral district~~ as of the date of his or her appointment, or
- c. direct the Registrar to hold a by-election, ~~in that electoral district.~~

6.5.3 Long-term vacancy

Where the seat of an elected member of Council becomes vacant more than six months before the date of the next scheduled general election, the Registrar shall hold a by-election. ~~in that electoral district.~~

6.5.4 Where no candidates apply nominations

Where no eligible candidates ~~apply are nominated~~ during a by-election to fill a vacancy on Council, Council may

- a. leave the seat vacant, or
- b. appoint a member of the College who would be eligible for election ~~in that electoral district~~ as of the date of his or her appointment.

6.5.5 Vacancy, selected member

Where the seat of a selected member of Council becomes vacant, the Council shall request the faculty or school of dentistry from which the member was selected to select an eligible candidate to serve for the remainder of the term.

7 ELECTIONS TO COUNCIL

7.1 Timing of Elections

7.1.1 Election date

A general election shall be held on the second Wednesday of December in 2026~~14~~ and annually thereafter. ~~the second Wednesday of December in every second year thereafter.~~

7.2 Eligibility

7.2.1 Definitions

The “voting eligibility date” is the day that is eighty (80) days before the date of the election.

A “member’s electoral district” (transitional) is the electoral district in which the member is eligible to vote and stand for election on the voting eligibility date, and up to the December 2026 general election after which time electoral districts are dissolved in accordance with this by-law:

- a. if the member practises at a single location in Ontario, the member’s electoral district is the electoral district in which the member practises;
- b. if the member does not practise in Ontario, the member’s electoral district is the electoral district in which the member resides; or
- c. if the member practises at more than one location in Ontario, the member’s electoral district is the electoral district in which the member’s primary practice address is located, unless

the member has designated, on or before the voting eligibility date, another electoral district in which the member practises.

The “Competency and Diversity Profile for RCDSO Council Members”, approved by Council, reflects the desired and/or 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 diverse communities the College serves and protects. The Competency and Diversity Profile for RCDSO Council Members may identify specific prerequisites for candidates to be selected to run for election or to be appointed as a selected Council member. The Competency and Diversity Profile for RCDSO Council Members reflects Council’s view that Council shall be comprised of members who collectively reflect, serve or have experience working with diverse patient populations and communities.

The “Candidate Profile” developed and proposed by the Governance Committee and approved by Council in advance of each upcoming election, reflects an assessment of the gaps in the skills and attributes of Council as constituted at any given time and as determined with reference to the Competency and Diversity Profile for RCDSO Council Members. With the approval of Council, the Governance Committee will rely on the Candidate Profile to assess the eligibility of candidates seeking election to Council at the next upcoming election.

7.2.2 Eligibility to vote

A member of the College may vote in a general election provided that he or she satisfies all of the following conditions on the voting eligibility date:

- a. the member holds a general or specialty certificate of registration;
- b. the member practises dentistry or resides in Ontario;
- c. the member is not in default of payment of any fees, fines, or other amounts owed to the College; and
- d. the member is not in default of completing and submitting any form prescribed by the regulations or required by the by-laws.

7.2.3 [Revoked] (December 7, 2023)

7.2.3.1 Council Competencies and Candidate Profile

Prior to the Registrar’s call for applications under article 7.4.3, Council shall review and approve the proposed Candidate Profile, prepared by the Governance Committee in conjunction with and in reference to Council’s Competency and Diversity Profile for RCDSO Council Members.

7.2.4 Eligibility to stand for election

Subject to article 7.2.5, a member of the College is eligible to stand for election to Council ~~in the member’s electoral district~~ provided that he or she satisfies all of the following conditions on the deadline for receipt of applications ~~nominations~~:

- a. the member holds a general or specialty certificate of registration;
- b. the member practises dentistry in or, if the member does not practise dentistry, resides in ~~the member's electoral district~~ Ontario;
- 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.03 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.04 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.05 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.06 the member does not have a notation on the Register of a finding of professional negligence or malpractice made against the member;
 - e.07 the member is not currently the subject of an interim order made by a panel of the Inquiries, Complaints and Reports Committee;
 - e.08 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 or provincial dental association or organization, including a specialty association or organization, or other similar national, international, 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.01 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.02 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.01 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 7.2.4.1 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.
 - q.01 possesses all the competencies required to be an effective member of Council, as approved by Council and set out in the **Competency and Diversity Profile for RCDSO Council Members** all of the competencies to be an effective member of Council in a list of competencies approved by Council.
 - q.02 meets the requirements set out in the **Candidate Profile** approved annually by Council.

7.2.4.1 Exception

~~Paragraph q of article 7.2.4 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.~~

7.2.5 Review by Governance Committee

A member who would not otherwise be eligible to stand for election to Council under one or more of paragraphs e.1, e.3, e.4, e.6, j, j.1, and k of article 7.2.4 or who may have a disqualifying conflict under paragraph g of article 7.2.4 may submit to the Registrar, along with the member's ~~nomination~~ application a written request, a current Curriculum Vitae, and supporting documentation for review by the Governance Committee so as to allow the Governance Committee time to decide if the member shall be deemed to be eligible to stand for election.

7.2.5.1 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 7.2.5 and 7.2.8, the member continues to be eligible to stand for future elections 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 stand for election.

7.2.6 Criteria for review

Without limiting Governance Committee's decision making authority to refuse a written request made under article 7.2.5 for other reasons, the Governance Committee shall not exercise its discretion under article 7.2.5 in respect of paragraphs e.1, e.3, e.4, e.6, j, j.1, and k of article 7.2.4 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 7.2.4 is at least five (5) years
 - a. in the case of the event or conduct referred to in paragraph e.1 of article 7.2.4, 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 7.2.4, 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 7.2.4, 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 7.2.4, 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 7.2.4, 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 7.2.4, 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.

7.2.7 Criteria for Governance Committee consideration

Before making any decision to allow a member to stand for election, the Governance Committee will consider the following criteria in making a decision under article 7.2.5 in respect of paragraphs e.1, e.3, e.4, e.6, j, j.1, and k of article 7.2.4:

- a. the time elapsed since the event or conduct which caused the member not to be eligible under article 7.2.4;
- b. the severity of the event or conduct which caused the member not to be eligible under article 7.2.4;
- c. the relevance of the event or conduct which caused the member not to be eligible under article 7.2.4 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 7.2.4 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 7.2.4 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 7.2.4; and
- g. any written submission provided by the member to the Governance Committee.

7.2.7.1 Governance Committee and Competency Requirement

In order to ~~A member wishing to satisfy the competency requirements~~ of paragraph q of article 7.2.4, the member shall, within the time period specified by the Registrar or Governance Committee;

- a. ~~provide to the Registrar, along with the member's nomination,~~ a current Curriculum Vitae, together with the member's application;
- b. ~~any and~~ supporting documentation required by the Registrar; and,
- c. any other information deemed necessary by the Governance Committee, which may include requiring the applicant to attend for an interview, ~~so as to allow the Governance Committee time to decide if the member meets the requirement of that paragraph.~~

7.2.8 Decisions of the Governance Committee

The Governance Committee shall notify each member affected and the Registrar of any decision made by it under article 7.2.5 and/or article 7.2.7.1 at least forty-five (45) days before the date of the election.

7.2.8.1 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.

7.2.8.2 Decision final

The Governance Committee's decisions under articles 7.2.5 and 7.2.7.1 are solely within the discretion of that Committee, final and not subject to challenge and an election result is not subject to challenge on the basis that a member of the College was not permitted to stand for election as a result of the decision of the Governance Committee.

7.3 Disputes

7.3.1 Disputed eligibility to vote

Any dispute with respect to the eligibility of a member of the College to vote in a general election shall be decided by the Governance Committee.

7.3.2 Disputed candidacy

A member of the College standing for election to Council ~~in an electoral district~~ may dispute the eligibility of another candidate ~~standing for election in the same district~~ by filing a written notice with the Registrar.

7.3.3 Registrar to refer

Where the Registrar receives a written notice of disputed candidacy under article 7.3.2, or receives information which, if true, may disqualify or render ineligible a candidate for election to Council, the Registrar shall refer the matter to the Governance Committee to determine the candidate's eligibility.

7.3.4 Registrar may postpone election

The Registrar shall take all reasonable steps to ensure that all candidates are eligible to stand for election, and if for any reason, including a candidate's disqualification or a candidate's withdrawal, the Registrar may postpone the election in the impacted electoral district for such time as necessary to ensure the election is fair and reasonable.

7.3.5 Independent legal consultant

In determining a candidate's eligibility in a matter referred to it under article 7.3.3, the Governance Committee may obtain the assistance of an independent legal consultant with respect to any issues of law.

7.3.6 Full disclosure

The Governance Committee shall provide a candidate whose eligibility it is considering with full disclosure of any information it receives with respect to the matter, including any information it receives from an independent legal consultant retained under article 7.3.5.

7.3.7 Submissions from disputed candidate

The Governance Committee shall provide a candidate whose eligibility it is considering with a reasonable opportunity to make submissions.

7.3.8 Notice of decision

The Governance Committee shall notify the Registrar of its decision concerning the eligibility of a candidate referred to it under article 7.3.3, and the Registrar shall immediately notify the

candidate and any member who filed a notice under article 7.3.2 of the decision of the Governance Committee.

7.3.9 Decision final

A decision of the Governance Committee under article 7.3.1 or 7.3.8 is final and not subject to challenge, and an election result is not subject to challenge on the basis that a member of the College was not entitled to vote, or a candidate was not permitted to stand for election as result of a decision of the Governance Committee.

7.4 ~~Nominations~~ Application and Election Procedure

7.4.1 Registrar to supervise ~~applications~~ nominations and elections

The Registrar shall supervise the ~~nomination~~ application of candidates for and the election of members to Council.

7.4.2 Registrar to set nominations deadline

The Registrar shall set a deadline for the receipt of ~~nominations~~ applications of candidates for election to Council that is at least eighty (80) days before the date of the election.

7.4.3 ~~Registrar to notify~~ Notice of election and call for applications

The Registrar shall notify every member of the College who is eligible to vote of the following information at least one hundred and ten (110) days prior to the date of an election:

- a. the date, time, place, and method of the election;
- b. ~~the procedure for standing for election; and~~ the number of available positions on Council;
- c. ~~the deadline for receipt of nominations.~~ the procedure for standing for election including the Candidate Profile approved by Council; and
- d. the deadline for receipt of ~~nominations~~ applications.

Such notification shall be by electronic mail, shall include the Candidate Profile and a link to the application form for election and shall be addressed to each such member at his or her electronic address that is on file with the College. Such notice shall also be published on the website of the College.

7.4.4 ~~Nomination~~ Application procedure

A member of the College wishing to stand for election to Council shall submit the following information to be received by the Registrar on or before the deadline for the receipt of ~~nominations~~ applications set by the Registrar:

- a. a completed ~~nomination~~ application using the method and the form approved by the Registrar;

- b. a completed and signed declaration using the method and the form approved by the Registrar; and
- c. if required to be eligible to stand for election, the written request referred to in article 7.2.5. and/or article 7.2.7.1.

7.4.4.1 Decisions on Eligibility

No later than 45 days before the election, the Governance Committee shall provide the Registrar with a list of all eligible candidates.

7.4.5 [Revoked] (December 7, 2023)

7.4.6 [Revoked] (December 7, 2023)

7.4.7 Where no ~~nominated~~ eligible candidates apply ~~candidates~~

Where no eligible candidate apply ~~is nominated in an electoral district~~, the Registrar shall hold a by-election ~~for that electoral district~~ in accordance with the by-laws.

7.4.8 Where no ~~nominated~~ candidates in by-election

Where no eligible candidate ~~is nominated~~ applies during a by-election, ~~in an electoral district~~, Council may

- a. leave the seat vacant, or
- b. appoint a member of the College who would be eligible for election ~~in that electoral district~~ as of the date of his or her appointment.

7.5 Acclamation

7.5.1 Election by acclamation

~~Where there is only one eligible candidate nominated to stand for election to Council in an electoral district, the Registrar shall declare that candidate to be elected by acclamation.~~

If the number of candidates who have applied for and are eligible for election to Council is less than or equal to the number of members to be elected in that election, the Registrar shall declare the candidate or candidates elected by acclamation.

If the number of candidates elected by acclamation is less than the number of members that were to be elected in that election, the Registrar shall, as soon as possible, call a by-election for the remaining seat or seats.

7.6 Voting Procedure

7.6.1 Electronic voting

Voting for eligible candidates shall be by electronic ballot cast in the manner determined by the Registrar.

7.6.1.1 Access to ballot

The Registrar shall provide a ballot of all eligible candidates and voting instructions to every member eligible to vote at least ten (10) days before the election.

7.6.2 ~~One vote per member~~ Voting

In each annual election, each member of the College eligible to vote may vote for up to the number of candidates as there are vacancies on Council. A member of the College shall not cast more than one vote ~~in a general election.~~ for any one candidate.

7.6.2.1 Deadline for ballots

Only ballots cast before 2:00 pm Eastern Standard Time on the day of the election shall be tabulated.

7.6.3 Registrar to supervise election

The Registrar shall supervise and administer the election of candidates and, without limiting the generality of the foregoing, shall

- a. retain an independent organization to receive the ballots cast and to tabulate the results of each election; and
- b. provide for the notification of all candidates and members of the College of the results of the election; and
- c. take such steps as the Registrar considers appropriate to ensure that the election is appropriately administered in the circumstances.

7.6.4 [Revoked] (December 7, 2023)

7.6.5 [Revoked] (December 7, 2023)

7.6.6 Registrar may extend deadline

Where there are extraordinary circumstances and the Registrar believes for any reason that the timelines provided under these by-laws were not adequate in those circumstances, the Registrar may extend the deadline for such period as the Registrar considers appropriate.

7.6.7 Ballots to be opened, counted

Ballots cast in an election on or before 2:00 pm Eastern Standard Time on the day of an election shall be tabulated by an independent organization appointed by the Registrar.

7.7 Election Results ~~Tied Votes~~

7.7.1 Successful candidates

Successful candidates in an election will be those with the highest and next highest number of votes, and so on until the number of successful candidates equals the number of members to be elected in that election.

7.7.2 Registrar to notify

As soon as possible following the tabulation of the vote in an election, the Registrar shall:

- a. notify each eligible candidate of the results of the election and the number of votes cast for each candidate;
- b. notify each eligible candidate that he or she may require a recount; and
- c. where the Registrar broke a tie vote by lot, notify each eligible candidate of the manner in which the tie was broken and who was present when the Registrar broke the tie.

~~7.7.1 Full equality of votes determined by lot~~

~~Where in an election to Council all of the candidates in an electoral district receive an equal number of votes, the Registrar shall break the tie by lot in a meeting, held in person or electronically as the Registrar shall determine, to which at least one member of the Governance Committee is present.~~

~~7.7.2 Partial equality of votes determined by run-off election~~

~~Where in an election to Council in an electoral district at least two candidates receive the highest number of votes and at least one candidate receives fewer votes, a run-off election shall be conducted between only those candidates who received the highest number of votes in the manner provided in article 7.7.3.~~

~~7.7.3 Run-off election procedure~~

~~A run-off election shall be conducted in the same manner as provided in chapter 7.6 (Voting Procedure) with such necessary modifications, including that~~

- ~~a. chapter 7.1 (Timing of Elections) and chapter 7.4 (Nominations and Election Procedure) shall not apply;~~
- ~~b. the only candidates for election shall be those who obtained the highest number of votes in the election that gave rise to the run-off election;~~

- ~~c. the Registrar shall determine the date of the run-off election and the deadline for receipt of ballots, bearing in mind the need to complete the run-off election prior to the next regular meeting of Council; and~~
- ~~d. where the run-off election results in a full or partial equality of votes cast for the candidates, the registrar shall break the tie between those candidates holding the highest number of votes by lot in a meeting, held in person or electronically as the Registrar shall determine, to which at least one member of the Governance Committee is present.~~

7.8 Election Results Tied Votes

7.8.1 Successful candidate Determined by Lot

~~The successful candidate in a general election is the eligible candidate who received the highest number of votes or whose name was chosen by the Registrar by lot in accordance with article 7.7.1 or article 7.7.3.~~

If there is a tie in an election of elected members and it is necessary to break the tie to determine who will be the successful candidate, the Registrar shall break the tie, by lot, and then declare the candidate elected.

7.8.2 Registrar to notify

~~As soon as possible following the tabulation of the vote in an election, the Registrar shall~~

- ~~a. notify each eligible candidate of the results of the election and the number of votes cast for each candidate;~~
- ~~b. notify each eligible candidate that he or she may require a recount; and~~
- ~~c. where the registrar broke a tie vote by lot, notify each eligible candidate of the manner in which the tie was broken and who was present when the registrar broke the tie.~~

7.9 Verification

7.9.1 Candidate may require verification

An eligible candidate in an election may require a verification of the results of the election by providing a written request to the Registrar no more than two (2) days after being advised of the results of the election.

7.9.2 Registrar to hold verification

The Registrar shall arrange for a verification of the results of an election no more than five (5) days after receiving a request under article 7.9.1.

7.9.3 Verification procedure

The results of a verification shall be reported to the Governance Committee and the Registrar shall report the results of the verification to the candidates involved in the verified election, including the number of votes cast for each candidate.

7.9.4 Destruction of ballots

Unless otherwise directed by the Registrar, the ballots cast in an election and information held by the independent organization appointed by the Registrar to tabulate the votes cast, shall be destroyed

- a. following the first regular meeting of Council after the election provided that no verification has been requested under article 7.9.1 (Candidate may require verification) and the period of time in which to request such a verification has expired, or
- b. following the first regular meeting of Council following a verification conducted under article 7.9.1 (Candidate may require verification).

7.10 By-Elections

7.10.1 By-election procedure

A by-election ~~in an electoral district~~ shall be held in the same manner as a general election ~~in that district~~, and the provisions of this by-law applicable to a general election shall apply with such necessary modifications, except

- a. all time limits and deadlines specified for the holding of a general election do not apply with respect to the by-election, and
- b. the Registrar shall be responsible for all aspects of the by-election, including setting the date of the by-election and determining all other dates and deadlines required to hold the by-election.

7.11 Validity of Elections and By-Elections

The failure by the Registrar or the College to comply with any of the timelines set out in this by-law shall not be sufficient to change the results of any election or by-election for any electoral district unless the Governance Committee is satisfied that the failure likely resulted in a result which would not have occurred if the timelines had been followed.

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 satisfies all of the following conditions on the date of his or her selection:

- a. the member holds an appointment of Assistant Profession, Associate Professor or Full Professor in the faculty or school of dentistry that selected him or her;
- 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.03 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.04 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.05 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.06 the member does not have a notation on the Register of a finding of professional negligence or malpractice made against the member;
 - e.07 the member is not currently the subject of an interim order made by a panel of the Inquiries, Complaints and Reports Committee;
 - e.08 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.01 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.02 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.01 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.~~
 - q.02 possesses all the competencies required to be an effective member of Council, as approved by Council and set out in the **Competency and Diversity Profile for RCDSO Council Members**; and,
 - q.02 meets the requirements set out in the **Candidate Profile** approved annually 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 or who may have a disqualifying conflict under paragraph g 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 in respect of paragraphs e.1, e.3, e.4, e.6, j, j.1, and k of article 8.1.1 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 in respect of paragraphs e.1, e.3, e.4, e.6, j, j.1, and k of article 8.1.:

- 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~~ In order to satisfy the requirements of paragraph q of article 8.1.1, the member shall, within the time period specified by the Registrar or Governance Committee:

- a. provide to the Registrar a current Curriculum Vitae, together with the member's application 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.
- b. any supporting documentation required by the Registrar; and,
- c. any other information deemed necessary by the Governance Committee, which may include requiring the applicant to attend for an interview.

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.

9A NON-COUNCIL COMMITTEE MEMBERS

9A.1 General

9A.1.1 Definition

In this by-law, the “**eligibility date**” means, in the case of a member of the College applying for appointment as a non-Council committee member, 9:00 a.m. on the day upon which applications for the appointment must be submitted to the Registrar, as provided in this by-law.

9A.1.2 Non-Council committee members

Council shall appoint non-Council committee members from among eligible candidates in accordance with the by-laws.

9A.2 Eligibility

9A.2.1 Eligibility for non-Council committee members

A member of the College is eligible for appointment as a non-Council committee member provided that the member satisfies all of the following conditions on the eligibility date:

- a. the member has filed a completed application in the form approved by the Registrar;
- b. the member is not ineligible for election or selection as a member of Council under article 6.2.3 (Maximum term - elected) or article 6.3.3 (Maximum term - selected);
- c. the member is not in default 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;
 - i. 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;
 - ii. e.02 the member is not the subject of an incapacity inquiry under section 57 or 58 of the Code;
 - iii. 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 Inquiries, Complaints and Reports Committee, in connection with the maintaining of professional boundaries;

- iv. e.2 the member is not currently the subject of an interim order made by a panel of the Inquiries, Complaints and Reports Committee;
- 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 is not the subject of a charge under the Criminal Code (Canada) or the Controlled Drugs and Substances Act (Canada);
- k. 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. where a member has served as a non-Council committee member for three (3) consecutive terms on one or more committees, other than the Professional Liability Program Committee, or two (2) consecutive terms on the Professional Liability Program Committee,

at least one year has expired since the member last served as a non-Council committee member.

9A.2.2 Vacancy counted

An appointment as a non-Council committee member to fill a vacancy shall be considered an appointment for the purposes of determining eligibility under article 9A.2.1.

9A.2.3 Reappointment permitted

Subject to meeting the eligibility criteria set out in article 9A.2.1, a non-Council committee member may be reappointed.

9A.2.4 Members of Council disqualified

A member of the College may not be a member of Council and a non-Council committee member at the same time.

9A.2.5 Automatic termination

The appointment of a non-Council committee member automatically terminates if the member becomes a member of Council.

9A.3 Resignation

9A.3.1 Resignation by non-Council committee member

A non-Council committee member may resign his or her appointment by giving written notice.

9A.3.2 Effective date of resignation

The resignation of a non-Council committee member is effective upon the date set out in the written notice or, where no date is specified, immediately upon receipt by the President, Vice-President, or Registrar.

9A.3.3 Resignation irrevocable

The resignation of a non-Council committee member is irrevocable and may not be withdrawn or rescinded.

9A.4 Disqualification

9A.4.1 Termination by Council

The Executive Committee shall terminate the appointment of a non-Council committee member where it is satisfied that the member meets any of the following criteria:

- a. the Executive Committee determines that the member had not met one or more of the eligibility conditions in article 9A.2.1;

- b. the member, after being appointed, ceases to meet one or more of the eligibility conditions set out in article 9A.2.1;
- c. the member fails, without reasonable cause, to attend three consecutive meetings of a committee of which he or she is a member;
- d. the member fails, without reasonable cause, to attend a hearing of a committee for which he or she has been appointed;
- e. [Revoked] (March 10, 2022)
- f. the member breaches section 36 of the RHPA (duty of confidentiality); or
- g. the member breaches any of the rules respecting conflicts of interest set out in bylaw 13 (CONFLICTS OF INTEREST).

9A.5 Procedure

9A.5.1 Registrar to notify

Subject to article 9A.5.2, the Registrar shall notify every member of the College of the following information no later than sixty (60) days prior to the anticipated termination of the term of office of a non-Council committee member:

- a. the opportunity to be appointed as a non-Council committee member;
- b. the eligibility date set by the Registrar;
- c. the eligibility criteria to be appointed as a non-Council committee member; and
- d. the procedure to apply for appointment.

9A.5.2 Exception

The provisions of article 9A.5.1 do not apply where the Registrar is seeking applications to fill a vacancy.

9A.5.3 Registrar to set application procedure

The Registrar shall establish the procedure for applying for appointment as a non-Council committee member, in consultation with the Governance Committee.

9A.5.4 Application procedure may include forms, documentation

The procedure to apply for appointment as a non-Council committee member shall include the completion of a form set by the Registrar and the submission of relevant documentation, including the applicant's curriculum vitae.

9A.5.5 Registrar may extend deadline

Where there are extraordinary circumstances and the Registrar believes for any reason that the timelines provided under these by-laws were not adequate in those circumstances, the Registrar may extend the deadline for such period as the Registrar considers appropriate.

9A.5.6 Registrar to prepare list of candidates

After the eligibility date or any extension under article 9A.5.5, the Registrar shall

- a. prepare a list of all eligible candidates for appointment as non-Council committee members, and
- b. submit the list, along with any documentation received from the candidates, to the Governance Committee.

9A.5.7 Governance Committee to present slate

Following receipt of the list of eligible candidates for appointment as non-Council committee members, the Governance Committee shall present a slate of members for appointment for each committee, having regard for the composition requirements of each committee as set out in the by-laws.

9A.5.7.1 Selection criteria

Before selecting any member to present to Council for appointment as a non-Council committee member, the Governance Committee shall consider applicable competencies and/or attributes, the member's history with the College as well as whether the member would have been eligible for election to Council under the existing eligibility requirements including paragraphs e.1, e.3, e.4, e.6, j, j.1 and k of article 7.2.4, taking into consideration the criteria set out for eligibility reviews in articles 7.2.6 and 7.2.7.

9A.5.8 Council to appoint non-Council committee members

After receiving the recommendations of the Governance Committee and subject to any amendments by Council, Council shall appoint members of the College as non-Council committee members to the committees.

9A.6 Revoked (March 10, 2016)

9A.7 Term of Office

9A.7.1 Members not on the Professional Liability Program Committee

Subject to article 9A.7.3, the term of office of a non-Council member of a committee other than the Professional Liability Program Committee commences on the date of his or her appointment and terminates after Council has completed its appointments for that committee at the first regular Council meeting following the next general election.

9A.7.2 Members on the Professional Liability Program Committee

Subject to article 9A.7.3, the term of office of a non-Council member of the Professional Liability Program Committee commences on the date of his or her appointment and terminates after Council has completed its appointments for that committee at the first regular Council meeting in the third calendar year after the date of appointment.

9A.7.3 Term of office, vacancies

The term of office of a non-Council committee member appointed to fill a vacancy commences on the date of his or her appointment and continues for the balance of the term of office of the member whom he or she replaced.

9A.7.4 Termination

Council may, by resolution, terminate the appointment of a non-Council committee member at any time and for any reason without notice, and with or without cause.

9A.8 Vacancies

9A.8.1 Vacancies

A vacancy occurs where for any reason, a member appointed as a non-Council committee member ceases to act in that capacity, including as a result of the member's death, resignation, disqualification or termination of the appointment by Council prior to the completion of the term.

9A.8.2 Appointment of replacement member

Where a vacancy occurs, as contemplated by article 9A.8.1, the Executive Committee may appoint, in accordance with this article and effective immediately, a member who had made application to be appointed to be a non-Council committee member when the College last sought applications from members for appointment or may direct additional recruitment.

9A.8.3 Verify willingness, eligibility

Before making the appointment, the Executive Committee shall verify that the proposed replacement member appointed pursuant to article 9A.8.2 is both willing and eligible to be appointed as a non-Council committee member.

9A.8.4 Eligibility of replacement member

A proposed replacement member appointed pursuant to article 9A.8.2 is eligible to be appointed as a non-Council committee member provided that the member meets the eligibility criteria set out in article 9A.2.1 on the date of his or her appointment.

9A.8.5 Where no suitable member

Where no willing, eligible, and otherwise suitable member can be found under article 9A.8.2, the Executive Committee shall direct the Registrar to seek applications for appointment in accordance with the procedure set out in article 9A.5 or an abbreviated procedure.

9A.8.6 Council to confirm appointment

Council shall be asked to confirm an appointment by the Executive Committee under article 9A.8.2 at its next regular meeting, or such later meeting as Council may determine.

9A.8.7 Council refusal to appoint

In the event Council refuses to confirm an appointment to fill a vacancy under article 9A.8.2 the member appointed shall immediately cease to be a non-Council committee member and shall immediately cease to be a member of the committee or committees to which he or she was appointed.

9A.8.8 Clarification

Subject to the requirements of these by-laws, the Executive Committee may fill a committee vacancy with a member who is currently a non-Council committee member of another committee, in which event article 9A.8 would not apply.

9A.9 Additional Non-Council Committee Members

9A.9.1 Additional non-Council committee members

Where the Executive Committee believes that one (1) or more additional non-Council committee members is required by the College, the Executive Committee may appoint, in accordance with this article, and effective immediately, one (1) or more members who had previously made application to be appointed to be a non-Council committee member when the College last sought applications from members for appointment or one (1) or more members who responded to a targeted recruitment who are recommended by the Governance Committee for appointment.

9A.9.2 Verify willingness, eligibility

Before making the appointment, the Executive Committee shall verify that the proposed additional member appointed pursuant to article 9A.9.1 is both willing and eligible to be appointed as a non-Council committee member.

9A.9.3 Eligibility of additional member

A proposed additional member appointed pursuant to article 9A.9.1 is eligible to be appointed as a non-Council committee member provided that the member meets the eligibility criteria set out in article 9A.2.1 on the date of his or her appointment or an abbreviated procedure.

9A.9.4 Where no suitable member

Where no willing, eligible, or otherwise suitable member can be found under article 9A.9.1, the Executive Committee may direct the Registrar to seek applications for appointment in accordance with the procedure set out in article 9A.5.

9A.9.5 Council to confirm appointment

Council shall be asked to confirm an appointment by the Executive Committee under article 9A.9.1 at its next regular meeting, or such later meeting as Council may determine.

9A.9.6 Council refusal to appoint

In the event Council refuses to confirm an appointment to fill a vacancy under article 9A.9.1, the member appointed shall immediately cease to be a non-Council committee member and shall immediately cease to be member of the committee or committees to which he or she was appointed.

9B SUBJECT MATTER EXPERTS

9B.1 Procedure

9B.1.1 Registrar to set application procedure

The Registrar shall establish the procedure for applying for appointment as a subject matter expert, in consultation with the Governance Committee.

9B.1.2 Application procedure may include forms, documentation

The procedure to apply for appointment as a subject matter expert shall include the completion of a form set by the Registrar and the submission of relevant documentation, including the applicant's curriculum vitae.

9B.1.3 Eligibility for subject matter experts

An individual shall not be eligible to apply for or to be appointed as a subject matter expert if, on the anticipated date of appointment:

- a. the individual is a current or former member of the College;
- b. the individual is a current or former member of Council; the individual is a current or former employee of the College; and
- c. the individual is or has not been for the three (3) years prior to the anticipated date of appointment, 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.

9B.1.4 Selection criteria

Before selecting any individual to present to Council for appointment as a subject matter expert, the Governance Committee shall consider applicable competencies and/or attributes.

9B.1.5 Council to appoint subject matter experts

After receiving the recommendations of the Governance Committee and subject to any amendments by Council, Council may appoint subject matter experts to the committees in accordance with the by-laws.

9B.2 Term of Office

9B.2.1 Members not on the Professional Liability Program Committee

Subject to article 9B.2.3, the term of office of a subject matter expert of a committee other than the Professional Liability Program Committee commences on the date of his or her appointment and terminates after Council has completed its appointments for that committee at the first regular Council meeting following the next general election.

9B.2.2 Members on the Professional Liability Program Committee

Subject to article 9B.2.3, the term of office of a subject matter expert of the Professional Liability Program Committee commences on the date of his or her appointment and terminates after Council has completed its appointments for that committee at the first regular Council meeting in the third calendar year after the date of appointment

9B.2.3 Term of office, vacancies

The term of office of a non-Council committee member appointed to fill a vacancy commences on the date of his or her appointment and continues for the balance of the term of office of the member whom he or she replaced.

9B.2.4 Termination by Council

Council may, by resolution, terminate the appointment of a subject matter expert at any time and for any reason without notice, and with or without cause.

9B.2.5 Termination by Executive Committee

The Executive Committee shall terminate the appointment of a subject matter expert where it is satisfied that the individual meets any of the following criteria:

- a. the individual, since being appointed as a subject matter expert, ceases to meet one or more of the eligibility conditions set out in article 9B.1.3;

- b. the individual has, since being appointed as a subject matter expert, obtained a 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;
- c. the individual fails, without reasonable cause, to attend three consecutive meetings of a committee of which he or she is a member;
- d. the individual breaches section 36 of the RHPA (duty of confidentiality); or
- e. the individual breaches any of the rules respecting conflicts of interest set out in bylaw 13 (CONFLICTS OF INTEREST).

9B.2.6 Automatic termination if Council member

The appointment of a subject matter expert automatically terminates if the individual becomes a member of Council.

9B.3 Resignation

9B.3.1 Resignation by subject matter expert

A subject matter expert may resign his or her appointment by giving written notice.

9B.3.2 Effective date of resignation

The resignation of a subject matter expert is effective upon the date set out in the written notice or, where no date is specified, immediately upon receipt by the President, Vice-President, or Registrar.

9B.3.3 Resignation irrevocable

The resignation of a subject matter expert is irrevocable and may not be withdrawn or rescinded.

9B.4 Vacancies

9B.4.1 Vacancies

A vacancy occurs where for any reason, an individual appointed as a subject matter expert ceases to act in that capacity, including as a result of the individual's death, resignation, disqualification or termination of the appointment by Council prior to the completion of the term.

9B.4.2 Appointment of replacement individual

Where a vacancy occurs, as contemplated by article 9B.4.1, the Executive Committee may appoint, in accordance with this article and effective immediately, an individual who had made application to be appointed to be a subject matter expert, or direct further recruitment.

9B.4.3 Council to confirm appointment

Council shall be asked to confirm an appointment by the Executive Committee under article 9B.4.2 at its next regular meeting, or such later meeting as Council may determine.

9B.4.4 Council refusal to appoint

In the event Council refuses to confirm an appointment to fill a vacancy under article 9B.4.2 the individual appointed shall immediately cease to be a subject matter expert and shall immediately cease to be member of the committee or committees to which he or she was appointed.

9B.5 Additional subject matter expert members

9B.5.1 Additional subject matter expert members

Where the Executive Committee believes that one (1) or more additional subject matter experts members is required by the College, the Executive Committee may appoint, in accordance with this article, and effective immediately, one (1) or more members who had previously made application to be appointed to be a subject matter expert member when the College last sought applications from members for appointment, or one (1) or more members who responded to a targeted recruitment who are recommended by the Governance Committee for appointment.

9B.5.2 Council to confirm appointment

Council shall be asked to confirm an appointment by the Executive Committee under article 9B.5.1 at its next regular meeting, or such later meeting as Council may determine.

9B.5.3 Council refusal to appoint

In the event Council refuses to confirm an appointment made under article 9B.5.1, the subject matter expert member appointed shall immediately cease to be a subject matter expert member and shall immediately cease to be member of the committee or committees to which he or she was appointed.

10 REMUNERATION OF MEMBERS OF COUNCIL AND COMMITTEES

10.1 General

10.1.1 Definitions

In this by-law,

a “**full day**” means a period of time, including time permitted for travel, that is more than six (6) hours;

a “**three-quarter day**” means a period of time, including time permitted for travel, that is more than four (4) hours but is not more than six (6) hours;

a “**half day**” means a period of time, including time permitted for travel, that is more than two (2) hours but is not more than four (4) hours;

a “**quarter day**” means a period of time, including time permitted for travel, that is not more than two (2) hours;

an “**expense**” or “**expenses**” include, but are not limited to, costs associated with travel to and from a person’s principal residence in Ontario or dental office in Ontario and a meeting destination as well as accommodation, meals, gratuities, and local travel during the period of time necessary to attend a meeting; and

a “**meeting**” means an in-person, telephone, or virtual meeting of Council or a committee, and an in-person, telephone, or virtual attendance for College business authorized or approved by Council, the Executive Committee, the President, or the Registrar, and includes hearings of a panel of a committee

10.1.2 Compensation and Reimbursement for Members of the College and Subject Matter Experts

The articles of this by-law related to the payment of compensation and the reimbursement of expenses do not apply to public members of Council, but do apply to other members of Council, members of the College and subject matter experts on committees other than subject matter experts who have specifically been appointed to the Discipline and/or Fitness to Practise Committee to chair panels of the committees or to assist in adjudicating hearings. The compensation and reimbursement for each of those subject matter experts shall be determined in accordance with an agreement approved by the Registrar between the College and the subject matter expert.

10.1.3 Other allowances and expenses

Where a person requests the payment of allowances or the reimbursement of expenses not provided for in these by-laws, the Executive Committee shall determine whether the requested amounts shall be paid.

10.2 Allowances and Per Diems

10.2.1 Revoked (November 17, 2020, effective December 31, 2020)

10.2.2 President’s annual allowance

The President shall be paid an annual allowance of \$50,000.00 in recognition of the responsibilities and activities (for example, briefings by senior management, personal contact with Council members) undertaken by the President in their role and on behalf of the Council and College. In

addition, specific per diems will be paid for any other permitted attendance provided for in this by-law.

10.2.3 President's per diem

The President shall receive a per diem of \$1,700.00 for a full day or the pro-rated amount for a quarter day, half day, or three-quarter day for attending meetings:

10.2.4 Permitted attendances

The President shall receive a per diem for attending meetings, including, but not limited to:

- a. meetings of Council, the Executive Committee, or other College committees or approved College working groups;
- b. [Revoked] (June 15, 2023);
- c. Ontario Dental Association meetings which may include Local Society meetings if deemed necessary to support College communication initiatives;
- d. [Revoked] (June 15, 2023);
- e. other federal or provincial-level meetings to which the President should attend based on College initiatives and interests;
- f. official ceremonies of Ontario faculties or schools of dentistry such as those related to convocation or for internationally trained students.

10.2.5 Chair per diem

A chair of a committee shall receive a per diem of \$1,375.00 for a full day or the prorated amount for a quarter day, half day, or three-quarter day for attending and presiding at a meeting of the committee.

10.2.6 Council, committee member per diem

Each member of Council and each member of a committee, other than the President or a chair of a committee, shall receive a per diem of \$1,150.00 for a full day or the pro-rated amount for a quarter day, half day, or three-quarter day for attending meetings.

10.2.7 Revoked

10.3 Allowances and Per Diems – Application and Limitations

10.3.1 Minimum length of time

No person shall receive a per diem for any meeting which amounts to less than fifteen (15) minutes, excluding time permitted for travel.

10.3.2 No more than a full day per diem

No more than one (1) full day per diem shall be paid to any person otherwise entitled to per diem under this by-law for meetings in a single calendar day, unless specifically provided for in this by-law or approved by the Finance, Audit and Risk Committee.

10.3.3 Preparation time not included

Except for meetings of a panel of the Inquiries, Complaints and Reports Committee, preparation time shall not be included in determining whether any per diem is payable.

10.3.4 Additional per diem, ICRC preparation

In recognition of the extraordinary amount of preparation that may be spent for meetings of panels of the Inquiries, Complaints and Reports Committee, each member of such panel shall be eligible for up to two (2) additional full day per diems at the rate for nonchair committee members for each full day attendance at a meeting of the panel.

10.3.5 Additional per diem, Discipline Committee reasons

The member of a panel of the Discipline Committee responsible for preparing the draft reasons for decision of the panel shall be paid an additional per diem at the rate for nonchair committee members for the time actually spent to prepare the reasons, up to a maximum of two (2) full days per hearing.

10.3.6 Payment for expected meeting duration

Where the actual duration of a meeting is less than the planned duration or reasonably expected duration as determined in advance of the meeting, any per diem payable under this by-law shall be paid at the rate for the planned or reasonably expected duration of the meeting.

10.3.7 Travel time included

Except as otherwise provided in this by-law, in determining whether a person's attendance at a meeting was a full day, three-quarter day, half day, or quarter day in duration, the reasonable time the person actually spent in travelling from the person's principal residence in Ontario or dental office in Ontario to the meeting shall be included.

10.3.8 Extended travel time

Except as otherwise provided in this by-law, where a person reasonably needed to travel on the day prior to or the day after the meeting, the person shall be paid an additional full day, three-quarter day, half day, or quarter day per diem, as applicable, in respect of the person's extended travel time.

10.3.9 Cancellation

Where a member of a committee is requested to attend a meeting for which the member of a committee would be entitled to a per diem, but the meeting is cancelled with less than seven (7) days' notice, the member of a committee shall be paid the per diem to which the member of a committee would have been entitled, provided that

- a. the member of a committee would have earned professional income from the practice of dentistry or would have earned other income but for the committee member's arrangement to attend the meeting; and
- b. the member of a committee made reasonable efforts to mitigate against the loss of income, but was unable to do so.

10.3.9.1 Sufficient notice of cancellation

Where a meeting is cancelled with seven (7) or more days' notice, no per diem will be payable under this by-law.

10.3.10 Partial mitigation

A member of a committee who is able to partially mitigate the committee member's loss of professional income caused by the cancellation of a meeting shall be paid a pro-rated portion of the per-diem otherwise payable under this by-law.

10.3.11 Extraordinary Preparation, ICRC Preparation and Reasons

Notwithstanding article 10.3.4, where the Executive Committee determines by unanimous vote of its members that the workload or expected workload of panels of the Inquiries, Complaints and Reports Committee is significantly greater than otherwise expected, the Executive Committee may approve policy authorizing:

- a. the payment of an additional half day per diem at the rate for non-chair committee members for each full day attendance at a meeting of the panel if the time taken to prepare for a meeting of the panel exceeds two (2) days for each full day attendance at a meeting of the panel.
- b. the payment of an additional per diem at the rate for non-chair committee members for the time spent by a member of the panel to review draft reasons for decision(s) of the panel, up to a maximum of one (1) full day per diem for each full day attendance at a meeting of the panel.

Any policy approved by the Executive Committee under article 10.3.11 automatically expires on the earlier date specified in the motion approving the policy or December 31st of the year in which the policy was approved. Any policy approved by the Executive Committee under article 10.3.11 may be expressly renewed by the Executive Committee.

10.4 Revoked

10.5 Expenses – General

10.5.1 Expenses reimbursed

The College shall reimburse all persons for valid allowable expenses incurred in attending meetings, in accordance with the College's expense policy.

10.5.2 Other sources

The College shall not reimburse any expense for which reimbursement is available from other sources.

10.6 Claims Procedure

10.6.1 Claims submitted within thirty days

All claims for payment or reimbursement under this by-law or the College's expense policy shall be submitted to the College within thirty (30) days of the close of the meeting to which they relate.

10.6.2 Claims automatically adjusted

Any claim not permitted by this by-law or in excess of the allowable maximums set in this by-law or the College's expense policy shall be adjusted before being paid.

10.6.3 Disputed claims

Except as otherwise provided in this by-law, the Finance, Audit and Risk Committee shall decide any dispute regarding the allowances, per diems, or expenses payable under this by-law or the College's expense policy.

11 CODE OF ETHICS

11.1 General

11.1.1 Council to adopt Code of Ethics

Council shall adopt a Code of Ethics for members of the College.

For ease of reference, a copy of the [Code of Ethics](#) adopted by Council is attached as appendix 28.4 to these by-laws.

11.1.2 Purpose of Code of Ethics

The purpose of the Code of Ethics is to ensure the dignity and integrity of members of the College and to define obligations and professional duties to be observed by every member of the College.

11.1.3 Members to adhere to Code of Ethics

Members of the College shall adhere to the Code of Ethics, both to its content and to its underlying spirit and precepts.

12 CODE OF CONDUCT

12.1 Preamble

12.1.1 Purpose

The purpose of the Code of Conduct is to ensure that members of Council properly perform their duties in a manner that promotes the highest standard of public trust and integrity.

12.1.2 Expectations for Council members

In order to fulfil their duties, it is expected that all members of Council shall

- a. familiarize themselves with the Regulated Health Professions Act, 1991 and its Health Professions Procedural Code, the Dentistry Act, 1991, the regulations under those Acts and the by-laws and policies of the College;
- b. place the interests of the public, the College, its Council and committees above all other competing interests;
- c. exercise reasonable care, diligence, skill and prudence in carrying out their duties;
- d. be fully prepared to participate in meetings of Council and meetings of committees or panels of committees to which they are appointed by reading background material and documents provided to them by the College and attending meetings when called on to do so; and
- e. participate in Council and committee meetings in a respectful, courteous and professional manner recognizing the diverse background, skills and experience of Council and committee members.

12.1.3 Preamble not considered

Neither article 12.1.1 (Purpose) nor article 12.1.2 (Expectations for Council members) shall be considered in determining whether a breach of the Code of Conduct has taken place.

12.2 Code of Conduct

12.2.1 Duties of Council members

In performing his or her duties, each member of Council shall

- a. comply with the provisions of the Act, the RHPA, the Code, the regulations, the by-laws, and the policies of the College;

- b. ensure that confidential information received by him or her is not disclosed by him or her except as required for the performance of his or her duties or as directed by Council;
- c. not communicate with members of any statutory committee or take any other action which could be reasonably perceived as influencing or attempting to influence any member of a committee in making a statutory decision, except where he or she is a member of the panel, which is making that decision or, where there is no panel, of the committee making that decision;
- d. comply with the College's by-laws respecting conflict of interest and bias including avoiding and, where that is not possible, declaring any appearance of or actual conflict of interest or bias in accordance with the provisions of that by-law;
- e. respect and support every decision of Council regardless of the level of prior individual disagreement with that decision;
- f. follow the established policies and processes of the College regarding College communications;
- g. be respectful of staff, fellow councillors and non-Council committee members and in particular, but without limiting the generality of the foregoing, not engage in behaviour that might reasonably be perceived as verbal, physical or sexual abuse or harassment;
- h. not use his or her position as a member of Council to obtain or attempt to obtain employment or preferential treatment for him or herself, family members, friends or associates; and
- i. refrain from including or referencing Council or committee titles or positions held at the College in any personal or business promotional material, advertisement, or business cards.

12.2.2 Communications regarding specific committee matters

The prohibition on communication contained in paragraph (c) of article 12.2.1 (Duties of Council members) includes communications with respect to the following:

- a. applications for registration or reinstatement;
- b. matters coming before the Inquiries, Complaints and Reports Committee respecting a member's conduct;
- c. an investigation by the College of a member's conduct;
- d. matters coming before the Quality Assurance Committee relating to an individual member; and
- e. matters relating to discipline or fitness to practise proceedings in relation to a member.

12.2.3 Exception, Quality Assurance Committee

The prohibition on communication contained in paragraph (c) of article 12.2.1 (Duties of Council members) does not prevent a member of Council from making a submission to the Quality Assurance Committee respecting a statutory decision that does not specifically relate to a member's conduct and/or compliance with the College's Quality Assurance Program.

12.2.4 Explanation of prior disagreement

Except as provided for by article 12.2.5 (Exception, acknowledgement of dissenting vote) and article 12.2.6 (Exception, explanation of prior disagreement), any attempt by a member of Council to explain why he or she did not support a decision of Council may be considered a breach of paragraph (e) of article 12.2.1 (Duties of Council members) regardless of how the member voted on it.

12.2.5 Exception, acknowledgement of dissenting vote

It is not a breach of paragraph (e) of article 12.2.1 (Duties of Council members) for a member of Council to state publicly that he or she did not personally support a decision of Council, provided that the member of Council voted against the decision at the time the decision was made; however, in keeping with best practices and in order to establish that such a statement was true, a member of Council in this position should ask that his or her dissenting vote be recorded at the time the vote was taken in accordance with article 2.10.9 (Record of dissent upon request).

12.2.6 Exception, explanation of prior disagreement

It is not a breach of paragraph (e) of article 12.2.1 (Duties of Council members) for a member of Council to explain his or her reasons for voting against a decision of Council when asked to do so, provided that the member

- a. does so in a manner that both respects and supports the Council's decision, and
- b. does not use the forum as an opportunity to question the decision of Council or to provoke further discussion or debate on the issue.

12.2.7 Breach of Code of Conduct

A member of Council who fails to comply with any of the provisions of article 12.2.1 (Duties of Council members) shall have breached this Code of Conduct and may be subject to disqualification under by-law 15 (DISQUALIFICATIONS).

13 CONFLICTS OF INTEREST

13.1 General

13.1.1 Application to all Council Members

This by-law applies to all members of Council, whether elected, selected or appointed by the Lieutenant Governor in Council, and to all non-Council committee members^[1]

13.1.2 Definitions

In this by-law,

a “**related corporation**” in respect of a member of Council or a committee means a corporation wholly or substantially owned or controlled by the member or a related person of that member;

a “**related person**” in respect of a member of Council or a committee means any person who has one of the following relationships to the member or the spouse of the member, whether by blood, marriage, common law, or adoption:

- a. child or spouse of a child
- b. grandchild or spouse of a grandchild
- c. parent or spouse of a parent
- d. grandparent or spouse of a grandparent
- e. sibling or spouse of a sibling
- f. aunt or uncle or spouse of an aunt or uncle
- g. niece or nephew or spouse of a niece or nephew;

a “**child**” includes an adopted child and a person towards whom a parent has demonstrated a settled intention to treat as a child of his or her family;

“**parent**” means a person who has demonstrated a settled intention to treat a child as a member of his or her family, whether or not that person is a natural parent of the child; and

“**spouse**” means a person to whom the person is married or with whom the person is living in a conjugal relationship outside marriage.

13.2 Conflicts of Interest of Council and Committee Members

13.2.1 Conflict of interest, non-hearing or meeting

In any context other than one involving a hearing or meeting related to a decision that directly affects a named person, a member of Council or a committee is in a conflict of interest where:

- a. a reasonable person knowing the relevant facts would conclude or perceive that the exercise of the member's judgement was likely to have been influenced by the personal or financial interest of the member or by the personal or financial interest of a related person or related corporation of that member, or
- b. a reasonable person knowing the relevant facts would conclude or perceive that the exercise of the member's judgement was likely to have been influenced by the member's responsibilities or duties to another organization in which the member holds a position.

13.2.2 Conflict of interest, hearing or meeting

In the context of a hearing or meeting related to a decision that directly affects a named person, a member of Council or a committee is in a conflict of interest where:

- a. the member has an association, relationship, non-financial interest or activity that is incompatible with his or her responsibilities as an impartial decision-maker; or
- b. a reasonable person knowing the relevant facts would conclude or perceive that the member's decision was not impartial nor based solely on the evidence or information properly received by Council or the committee, but rather influenced by the existence of personal extraneous factors, such as
 - i. the member's connection with the issues or decisions to be made, or
 - ii. the member's connection with any person involved in the proceeding, including the person who is the subject matter of the hearing or meeting, or any person whose evidence or information is presented at the hearing or meeting.

13.3 Procedure for Conflicts of Interest

13.3.1 Duty to consult, member of Council

Where a member of Council believes that he or she may have a conflict of interest in respect of any matter that is the subject of debate, action, or intended action by Council, the member shall, where time and circumstances permit, consult privately with the Registrar, a designated member of staff, or the Presiding Officer regarding whether a conflict of interest exists and how the member should proceed.

13.3.2 Action by member of Council

Where a member of Council believes that he or she may have a conflict of interest in respect of any matter that is the subject of debate, action, or intended action by Council, the member shall

- a. prior to any consideration of the matter at a meeting of Council, disclose to Council the fact that he or she may have a conflict of interest;
- b. not take part in the discussion of or vote on any question at Council in respect of the matter;

- c. absent himself or herself from that portion of any Council meeting relating to the matter; and
- d. not attempt in any way to influence the voting or do anything which might be reasonably perceived as an attempt to influence the other members of Council or the decision relating to that matter.

13.3.3 Conflict recorded in minutes

Where a member of Council declares a conflict of interest in accordance with article 13.3.1, that fact shall be recorded in the minutes of the Council meeting at which it was declared.

13.3.4 Participation with approval of Council

Notwithstanding article 13.3.2, a member of Council may participate in and vote on a matter in which the member has disclosed a potential conflict of interest to Council, provided that Council determines to permit such participation by a vote of at least two-thirds of the members of Council present at the meeting.

13.3.5 Duty to consult, member of committee

Where a member of a committee believes that he or she may have a conflict of interest in respect of any matter that is the subject of action or intended action by the committee, the member shall

- a. where time and circumstances permit, consult privately with the Registrar or a designated member of staff regarding whether a conflict of interest exists and how the member should proceed; or
- b. where the member is part of a panel appointed to conduct a hearing and time or circumstances prevent the member from consulting privately with the Registrar or a designated member of staff, consult privately with the panel's independent legal counsel at the earliest opportunity regarding whether a conflict of interest exists and how the member should proceed.

13.3.6 Action by member of committee, hearing

Where a committee is holding a hearing or involved in a matter that directly affects a named person and a member of that committee believes that he or she may have a conflict of interest in respect of the hearing or matter, the member shall

- a. decline to participate in any way in respect of the hearing or matter and remove himself or herself from the panel or committee, and
- b. not attempt in any way to influence or do anything that might be reasonably perceived as an attempt to influence any of the other members of the committee or the outcome of the hearing or matter.

13.3.7 Action by member of committee, non-hearing

Where a member of a committee believes that he or she may have a conflict of interest in respect of a matter that is the subject of action or intended action by the committee and that matter is not a hearing and does not directly affect a named person, the member shall either

- a. prior to any consideration of the matter,
 - i. disclose to the chair of the committee that he or she has a potential conflict of interest that prevents the member from participating, without disclosing the details of the potential conflict,
 - ii. not take part in the discussion of or vote on any question in respect of the matter,
 - iii. absent himself or herself from the portion of the meeting relating to the matter, and
 - iv. not attempt in any way to influence or do anything that might be reasonably perceived as an attempt to influence any of the other members of the committee or the decision relating to the matter; or
- b. prior to any consideration of the matter,
 - i. disclose to the committee that he or she has a potential conflict of interest and the nature of the potential conflict, and
 - ii. not take part in the vote on any question in respect of the matter.

13.3.8 Conflict recorded in minutes

Where a member of a committee declares a conflict of interest in accordance with article 13.3.7, that fact shall be recorded in the minutes of the committee meeting at which the conflict was declared.

- a. 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;

13.4 Conflict of Interest Declaration[\[2\]](#)

13.4.1 Purpose of Conflict of Interest Declaration

The purpose of the Conflict of Interest Declaration is to enhance transparency and confidence in the decisions of the College.

13.4.2 Annual Conflict of Interest Declaration

Each member of Council, whether elected, selected or appointed by the Lieutenant Governor in Council, and each non-Council committee member shall complete, sign and provide to the Registrar the College's Conflict of Interest Declaration form within 60 days after the form is approved by Council or the Executive Committee and annually thereafter.

13.4.3 Amended Conflict of Interest Declaration

Each member of Council, whether elected, selected or appointed by the Lieutenant Governor in Council, and each non-Council committee member shall immediately complete, sign and provide to the Registrar a new or amended Conflict of Interest Declaration form should the information previously provided in a prior Conflict of Interest Declaration form change.

13.4.4 Adherence to Conflict of Interest Declaration

Each member of Council, whether elected, selected or appointed by the Lieutenant Governor in Council, and each non-Council committee member shall adhere to the Conflict of Interest Declaration, both to its content and to its underlying spirit and precepts.

13.5 Public Availability

The signed Conflict of Interest Declaration form of every member of Council (or a summary of the form) shall be included in the materials sent to Council prior to its meeting and shall be publicly available.

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 ~~applications~~ ~~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 ~~applications~~ ~~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~~ ~~Governance~~ 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 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~~ Governance 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 appointment of Assistant Professor, Associate Professor or Full Professor in the faculty or school of dentistry that selected the member;
- d. the member has his or her 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 a member; or
- g. the member fails, without reasonable cause, to attend a hearing of a committee for which he or she has 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 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

14.7.1 Consideration 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 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 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, 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 served.

15 DISQUALIFICATIONS, CODE OF CONDUCT

15.1 General

15.1.1 Definitions

In this by-law,

an “**adjudication committee**” means the committee established under article 15.5.1;

“**Code of conduct**” means the obligations of members of Council under article 12.2.1 (Duties of Council members); and

a “**commissioner**” means a commissioner appointed under article 14.1.1.

15.2 Allegations of Breach

15.2.1 Statement from member of Council

Where a member of Council believes that

- i. another member of Council has breached the code of conduct, and
- ii. it is both necessary and in the interests of the College to formally deal with the alleged breach,

the member of Council may provide a written statement to the Registrar setting out the following:

- b. the name of the member of Council who he or she believes breached the Code of Conduct;
- c. the factual basis for his or her belief;
- d. the reasons that he or she believes make it necessary and in the interest of the College to formally deal with the alleged breach; and

- e. whether the decision to establish an adjudication committee under article 15.5.1 should be made by the Executive Committee or a commissioner.

15.2.2 Security for commissioner

Where a member of Council who provided a statement under article 15.2.1 directs that the decision to appoint an adjudication committee should be made by a commissioner, the member of Council shall

- a. deposit with the College the sum of \$3,500 in a form acceptable to the Registrar, and
- b. sign an agreement in a form acceptable to the Registrar that complies with article 15.2.3 (Agreement to pay cost, resign)

15.2.3 Agreement to pay cost, resign

An agreement required under article 15.2.2 (Security for commissioner) shall stipulate that if an adjudication committee finds

- i. that the allegation made by the member of Council is frivolous, vexation, or made in bad faith, or
- ii. that the member of Council knew or ought to have known that the allegation was false,

the member of Council agrees

- a. to repay the College any costs incurred as a result of the member's providing a statement under article 15.2.1, including without limitation the College's costs associated with the use of a commissioner and adjudication committee, and any legal costs paid by the College to the member of Council who was the subject of the allegation in accordance with article 15.10.2 (Recovery of legal expenses, subject member), and
- b. to resign as a member of Council immediately upon the adjudication committee's finding.

15.3 Commissioner Process

15.3.1 Registrar to refer to commissioner

Where a member of Council who provided a statement under article 15.2.1 directs that the decision to appoint an adjudication committee should be made by a commissioner and complies with the requirements of article 15.2.2 (Security for commissioner), the Registrar shall refer the matter to a commissioner within seven (7) days.

15.3.2 Commissioner to review

A commissioner shall direct the Registrar to establish an adjudication committee if and only if the commissioner is satisfied of all of the following:

- a. the facts set out in the written statement provided under article 15.2.1, if true, would constitute a breach of the code of conduct;
- b. it is in the interest of the College to further investigate and adjudicate the allegation; and
- c. there is no reason to believe, based on the information currently available to the commissioner, that the allegation is frivolous, vexatious, or made in bad faith.

15.3.3 Timeline for decision by commissioner

A commissioner shall use his or her best efforts to make a determination under article 15.3.2 as soon as reasonably possible.

15.3.4 Commissioner to notify of delay

Where a commissioner has not made a determination under article 15.3.2 within thirty (30) days of his or her appointment, the commissioner shall immediately advise the Registrar of the reasons for same.

15.3.5 Decision of commissioner final

The decision of a commissioner under article 15.3.2 is final and is not subject to review by Council or any committee.

15.3.6 Return of deposit

Where a commissioner directs the establishment of an adjudication committee under article 15.3.2, the deposit provided by the member of Council under article 15.2.2 (Security for commissioner) shall be immediately returned.

15.3.7 Forfeit of deposit

Where a commissioner does not direct the establishment of an adjudication committee under article 15.3.2, the deposit provided by the member of Council under article 15.2.2 (Security for commissioner) shall be forfeited.

15.4 Executive Committee Process

15.4.1 Registrar to notify Executive Committee

Where a member of Council who provided a statement under article 15.2.1 directs that the decision to appoint an adjudication committee should be made by the Executive Committee, the Registrar shall bring the matter forward at the next scheduled meeting of the Executive Committee.

15.4.2 Executive Committee may refer to adjudication committee

Where the Executive Committee considers a matter brought to it under article 15.4.1, the Executive Committee may

- a. direct the Registrar to appoint an adjudication committee, or
- b. take such other action as it deems appropriate in the circumstances.

15.4.3 Executive Committee to meet in camera

A meeting of the Executive Committee to consider a matter brought before it under article 15.4.1 shall be held *in camera*.

15.5 Adjudication Committee Process

15.5.1 Registrar to establish adjudication committee

The Registrar shall establish an adjudication committee where:

- a. he is directed to do so by a commissioner under article 15.3.2;
- b. he is directed to do so by the Executive Committee under article 15.4.2; or
- c. he receives information other than from a member of Council and determines that there are reasonable and probable grounds to believe that
 - i. a member of Council has breached the code of conduct, and
 - ii. it is both necessary and in the interests of the College to formally deal with the alleged breach.

15.5.2 Timeframe for establishment of adjudication committee

Where the Registrar is directed to establish an adjudication committee by the Executive Committee or a commissioner, the Registrar shall take all reasonable steps to do so within ten (10) days of receiving such a direction.

15.5.3 Composition of adjudication committee

An adjudication committee shall be composed of the following three persons:

- a. A former justice of the Ontario Superior Court of Justice selected by the Registrar, who shall act as chair.
- b. A current or former registrar or executive director of a health professional college regulated under the RHPA, or a current or former chief executive or chief administrative officer of another regulatory authority for a statutorily self-regulated profession in Ontario, selected by the Registrar.
- c. A third individual selected by the two members described above.

15.5.4 No prior knowledge

No member of an adjudication committee shall have any prior knowledge of the facts surrounding an alleged breach of the code of conduct.

15.5.5 Confidentiality

Each member of an adjudication committee shall sign a confidentiality agreement in a form acceptable to the Registrar prior to serving as a member of the committee.

15.5.6 Committee continued during vacancy

Where a member of an adjudication committee, other than the chair, is unable or unwilling to continue as a member of the committee, the remaining members of the committee shall constitute the adjudication committee.

15.5.7 Vacancy of chair

Where the chair of an adjudication committee is unable or unwilling to continue as a member of the committee, the Registrar shall select another former justice of the Ontario Superior Court of Justice to act as chair.

15.5.8 Registrar to inform committee

Within ten (10) days of selecting the two members of an adjudication committee under article 15.5.3, the Registrar shall

- a. advise the members of their responsibility to select a third member of the committee and to notify the Registrar of the identity of that member once selected, and
- b. provide the members with all of the materials and other information the Registrar has in connection with the alleged breach of the code of conduct for which the committee was established.

15.5.9 Registrar to notify member

Within ten (10) days of selecting the two members of an adjudication committee under article 15.5.3, the Registrar shall

- a. advise the member of Council who is alleged to have breached the code of conduct that an adjudication committee has been established and that he or she will be contacted by the adjudication committee regarding its process, and
- b. provide the member of Council with a copy of all materials and other information that were provided to the adjudication committee.

15.5.10 Registrar to notify Executive Committee

Within ten (10) days of selecting the two members of an adjudication committee under article 15.5.3, the Registrar shall

- a. notify the Executive Committee during an *in camera* meeting that an adjudication committee has been appointed
- b. where not previously disclosed, inform the Executive Committee of the name of the member of Council who is alleged to have breached the code of conduct, and
- c. where not previously disclosed, inform the Executive Committee of the name of the member of Council who made the written statement under article 15.2.1, as applicable.

15.5.11 Delay in establishing committee

Where an adjudication committee has not been established within twenty-five (25) days after the Registrar was required to do so under article 15.5.1, the Registrar shall notify and provide an explanation for the delay to the following parties:

- a. the member of Council who is alleged to have breached the code of conduct;
- b. the Executive Committee, during an *in camera* meeting;
- c. the member of Council who provided a written statement under article 15.2.1, as applicable.

15.5.12 Registrar to assist

The Registrar shall provide such administrative assistance as requested by an adjudication committee, but shall not participate in or be present during any deliberation or fact finding of the committee.

15.5.13 Committee to meet in camera

All meetings of an adjudication committee shall be held *in camera*.

15.5.14 Adjudication committee investigation

An adjudication committee shall

- a. take such steps as it, in its sole discretion, considers necessary to fairly investigate the matter before it, having regard to the seriousness of the allegations, and
- b. adopt such processes as it considers fair and reasonable to ensure that the member of Council who is the subject of the investigation has a reasonable opportunity to make a full answer to the allegations.

15.5.15 Timeframe

An adjudication committee shall use its best efforts to complete its responsibilities within ninety (90) days of being established.

15.5.16 Delay

Where an adjudication committee has not resolved a matter under article 15.6.1 (Informal resolution) or issued a report under article 15.7.1 within ninety (90) days of being established, the adjudication committee shall report the reasons for the delay to the Registrar immediately and every thirty (30) days thereafter until the matter is resolved or a report issued.

15.5.17 Registrar to notify

The Registrar shall relay the explanation for delay provided by the adjudication committee under article 15.5.16, to the following parties:

- a. the member of Council who is alleged to have breached the code of conduct;
- b. the Executive Committee, during an *in camera* meeting; and
- c. the member of Council who provided a written statement under article 15.2.1, as applicable.

15.6 Informal Resolutions

15.6.1 Informal resolution

An adjudication committee may attempt to resolve a matter brought before it any manner it deems acceptable without making any findings or issuing a report under article 15.7.1.

15.6.2 Approval of informal resolution

Subject to article 15.6.3, a resolution under article 15.6.1 must be acceptable to

- a. the adjudication committee;
- b. the member of Council who is alleged to have breached the code of conduct; and
 - i. the Executive Committee, where the matter was referred to the adjudication committee at the direction of the Executive Committee, or
 - ii. the member of Council who provided the written statement under article 15.2.1, where the matter was referred to the adjudication committee at the direction of a commissioner.

15.6.3 Executive committee may approve

Where a resolution under article 15.6.1 is acceptable to the adjudication committee and the member of Council who is alleged to have breached the code of conduct, but not to the member of Council who provided the written statement under article 15.2.1, the Executive Committee may approve the resolution.

15.6.4 Meeting in camera

A meeting of the Executive Committee to consider a resolution under article 15.6.1 shall be held *in camera*.

15.6.5 No further action, informal resolution

No further action shall be taken in respect of a matter referred to an adjudication committee where:

- a. the member of Council who alleged to have breached the code of conduct resigns as a member of Council, or
- b. the matter is resolved under article 15.6.1 (Informal resolution)

15.6.6 Report to Council

Where a matter referred to an adjudication committee is resolved under article 15.6.1 (Informal resolution), the Executive Committee shall report to Council at its next regular meeting that an adjudication committee was appointed and that the matter was successfully resolved.

15.6.7 Contents, manner of report

The report of the Executive Committee under article 15.6.6 shall not include the nature of the allegations, the details of the resolution, the name of the member of Council who was the subject of the matter, or the name of the individual who provided the information that gave rise to the matter, and shall be delivered at a meeting with the public excluded.

15.7 Report and Findings

15.7.1 Report

Where an adjudication committee does not resolve a matter before it under article 15.6.1 (Informal resolution), the adjudication committee shall submit a written report of its findings and the reasons for those findings to

- a. the member of Council who is the subject of the matter,
- b. the Registrar, and
- c. the member of Council who provided a written statement under article 15.2.1, as applicable.

15.7.2 Findings final

The report and findings of an adjudication committee under article 15.7.1 are final and are not subject to review by Council or any committee.

15.7.3 Findings of breach

Where an adjudication committee finds that a member of Council breached the code of conduct, the adjudication committee shall include in its report its findings and reasons as to

- a. whether it is in the interest of the College for Council to take further action in respect of the member, and
- b. whether the breach by the member is sufficiently serious that Council should consider disqualifying the member.

15.7.4 No submissions by reporting member

A member of Council who provided a written statement under article 15.2.1 shall not be permitted to make oral or written submissions to Council regarding the report of the adjudication committee under article 15.7.1.

15.7.5 Registrar to deliver to Executive Committee

The Registrar shall provide a report received under article 15.7.1 to the Executive Committee during an *in camera* meeting.

15.8 No Further Action by Council

15.8.1 Report to Council

Where an adjudication committee finds that

- a. the allegations giving rise to the matter are frivolous, vexatious, or made in bad faith
- b. the allegations giving rise to the matter have no merit, or
- c. even if a breach of the code of conduct did occur, it is not in the interests of the College to take further action in respect of the matter

the Executive Committee shall report to Council regarding the matter at its next regular meeting.

15.8.2 Contents of report

Subject to article 15.8.3, a report delivered by the Executive Committee under article 15.8.1 shall not include

- a. the nature of the allegations giving rise to the matter,

- b. the name of the member of Council who was the subject of the allegations, or
- c. the name of the individual who provided the information which gave rise to the matter.

15.8.3 Exception, contents of report

Where the member who was the subject of the matter before an adjudication committee provides a written direction to the Registrar, the report of the Executive Committee under article 15.8.1 shall include the full report of the adjudication committee.

15.8.4 Public excluded

The delivery of a report by the Executive Committee under article 15.8.1 shall be delivered with the public excluded.

15.8.5 No further action

No further action shall be taken by Council in respect of a report under article 15.8.1.

15.9 Further Action by Council

15.9.1 Report to Council

Where an adjudication committee finds that

- a. a member of Council breached the code of conduct, and
- b. it is in the interest of the College for Council to take further action in respect of the member

the Executive Committee shall deliver the report of the adjudication committee to Council at a special meeting of Council held at a date and location determined by the Registrar.

15.9.2 Public excluded

The delivery of a report by Executive Committee under article 15.9.1 and any subsequent deliberation or vote by Council regarding the subject matter of the report shall be with the public excluded.

15.9.3 Submissions by member

A member of Council who is found to have breached the code of conduct may make written and oral submissions to Council at the special meeting of Council held under article 15.9.1, but may not dispute the findings of fact made by the adjudication committee.

15.9.4 Action by Council

Where the Executive Committee delivers a report under article 15.9.1 regarding a member of Council, Council may take any of the following actions:

- a. demand an apology from the member in a form acceptable to Council;
- b. subject to article 9.6 (Conditions for resignation), demand the immediate written resignation of the member.

15.9.5 Suspension where apology not received

Where an apology from a member of Council demanded under paragraph (a) of article 15.9.4 is not received, Council may suspend the member until such apology is received or another resolution acceptable to Council is reached.

15.9.6 Conditions for resignation

Council shall not demand the resignation of a member of Council under paragraph (b) of article 15.9.4, unless Council is satisfied that

- a. the member's breach of the code of conduct 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.

15.9.7 Disqualification where resignation not received

Where the written resignation of a member of Council demanded under paragraph (b) of article 15.9.4 is not received forthwith, Council may disqualify the member.

15.9.8 Vote by secret ballot

A vote taken under article 15.9.7 to disqualify a member shall be by secret ballot.

15.10 Recovery of Costs and Expenses

15.10.1 No recovery of costs

Except as provided under articles 15.10.2 and 15.10.3, no member of Council shall be entitled to recover from or be reimbursed by the College for any costs or expenses incurred in relation to a matter dealt with under by-law 14 (DISQUALIFICATION).

15.10.2 Recovery of legal expenses, subject member

Where an adjudication committee finds that allegations against a member of Council regarding a breach of the code of conduct are frivolous, vexatious, or made in bad faith, or without merit, the member is entitled to be reimbursed by the College for his or her reasonable legal costs incurred in defending against the allegations as determined by the chair of the adjudication committee.

15.10.3 Recovery of legal expenses, reporting member

A member of Council who provided a written statement under article 15.2.1 is entitled to be reimbursed by the College for his or her reasonable legal costs incurred in pursuing the matter as determined by the chair of the adjudication committee, provided that the adjudication committee finds that a breach of the code of conduct occurred as alleged.

15.11 Additional Procedural Requirements

15.11.1 Two-thirds votes required

A two-thirds vote of the members of Council is required to take any of the following actions:

- a. take action under article 9.4;
- b. suspend a member under article 9.5; or
- c. disqualify a member of Council under article 9.7.

15.11.2 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. take action under article 9.4;
- b. suspend a member of Council under article 9.5;
- c. disqualify a member of Council under article 9.7;

15.11.3 No participation of subject member

A member of Council who is the subject of any matter under by-law 15 (DISQUALIFICATIONS)

- 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.

15.11.4 No participation of reporting member

A member of Council who provided a statement under article 15.2.1 shall not be counted in determining whether a quorum exists and shall not participate in any vote in related to the matter

15.12 Following Disqualification

15.12.1 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 served.

16 THE REGISTER

16.1 General

16.1.1 Definitions

In this by-law,

an "**associated member**" means a member of the College who engages 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, and "**associated**" has the corresponding meaning;

~~a "**designated election address**" means the address of a member of the College employed for the purpose of elections to Council, which is~~

- ~~a. the address in Ontario where the member practices~~
- ~~b. the address designated by the member, if the member practices at more than one address in Ontario, or~~
- ~~c. the address in Ontario where the member resides, if the member does not practice in Ontario;~~

DELETED [To be revoked the date of dissolution of electoral districts]

a "**practice name**" means the name associated with the location at which a member of the College practices, other than the name of a member of the College or the name of a health profession corporation; and

a "**principal member**" means

- a. a member of the College with whom an associated member practices as an employee or independent contractor, or
- b. a member of the College who practices dentistry as a member of a partnership.

16.2 Contents of the Register

16.2.1 Contents required by the Code

Subsection 23(2) of the Code requires that the Register contain specified information, subject to certain exceptions provided for in the Code.

For ease of reference only, the information specified by subsection 23(2) of the Code is attached as appendix 28.1 to these by-laws.

16.2.2 Additional information

Pursuant to paragraph 20 of subsection 23(2) of the Code, the additional information set out in appendix 28.2 shall be kept in the Register.

16.2.3 Designated information for safety exception

All of the information required to be kept in the Register under subsection 23(2) of the Code and all of the information kept in the Register under article 16.2.2 is designated as information that may be withheld from the public if the Registrar has reasonable grounds to believe that disclosure may jeopardize the safety of an individual pursuant to subsection 23(6) of the Code.

16.2.4 Name of member

Subject to article 16.2.5 (Change of name), the name of a member as it appears in the Register shall be the name of the member as it appears on the member's degree in dentistry.

16.2.5 Change of name

The Registrar shall enter the name of a member in the Register other than the name provided in article 16.2.4 (Name of member) where;

- a. the member requests that his or her name as it appears on the Register be changed,
- b. the Registrar is satisfied that the member has validly changed his or her name, and
- c. the Registrar is satisfied that the member did not change his or her name for an improper purpose.

16.2.6 Business address

For the purpose of chapter 16.2 (Contents of the Register), a member's business address shall be the address of each location at which the member practices in Ontario, or, where the member does not practice in Ontario, an address designated by the member.

16.2.7 Business telephone number

For the purpose of chapter 16.2 (Contents of the Register), a member's business telephone number shall be the telephone number or numbers associated with the member's business address under article 16.2.6 (Business address).

16.3 Removal of Information from the Register

16.3.1 Information required by the Code

Subject to the authority of the Code, all information required by the Code will remain on the Register.

16.3.2 Information required by the by-laws

Subject to the authority of the Code and the by-laws, all information required by the by-laws will remain on the Register.

16.4 Information from Members of the College

16.4.1 Notification information

A member of the College shall notify the Registrar in writing of the following information:

- a. the member's home address and home telephone number;
- b. the member's e-mail address;
- c. whether the member is practicing in Ontario;
- d. where the member is practicing, the address and telephone number of
 - i. the member's principal place of practice in Ontario, and
 - ii. all other locations at which the member practices, including any hospital or other health facility at which the member has professional privileges;
- e. where the member is not practicing, the member's designated business address and telephone number;
- f. the member's preferred address for communication by the College;
- g. where the member practices in more than one location in Ontario, the member's designated election address;
- h. where the member uses a practice name.
 - i. the locations at which the practice name is used, and

- ii. the name of every member of the College who engages in practice under the practice name and whether that member practices as a principal or associate member; and
- i. where the member is associated with a member of the College who uses a practice name, the practice name and the locations at which the associated member practices under that practice name.

16.4.2 Change to information

A member of the College shall notify the Registrar in writing of any change to the information required to be reported under article 16.4.1 within thirty (30) days of the effective date of the change.

16.4.3 Information upon request

A member of the College shall provide the following information immediately upon request of the Registrar:

- a. any information required to be provided by the member under the Act, regulations, or by-laws;
- b. the member's date of birth;
- c. the number and date of issuance of the member's certificate from the National Dental Examining Board of Canada, if any;
- d. the name of any health profession corporation that holds a certificate of authorization issued by the College where the member is a voting shareholder, officer, or director of the corporation, and the position or title held by the member with the corporation;
- e. where the member is a voting shareholder, officer, or director of a health profession corporation
 - i. the head office and mailing address of the corporation,
 - ii. the practice names or business names used by the corporation, if any, and
 - iii. the address and telephone number of each location at which the corporation carries on business;
- f. the names and telephone numbers of the member's employees;
- g. every hospital or other health facility in Ontario where the member has professional privileges;
- h. a description of the services that the member provides in each of his or her practice locations; and

- i. details of the legal and financial arrangements between the member and other members of the College practicing at the same location or under the same practice name

17 HEALTH PROFESSION CORPORATIONS

17.1 Certificates of Authorization

17.1.1 Issuance by Registrar

The Registrar shall issue a certificate of authorization on behalf of the College to an applicant health profession corporation where the Registrar is satisfied that all of the following conditions are met:

- a. the corporation has submitted an application in the form approved by Council;
- b. the corporation has paid all applicable fees for the issuance of the certificate;
- c. the corporation meets all of the eligibility requirements set out in the regulations passed pursuant to the RHPA;
- d. the corporation has submitted the certificate of status of the corporation issued by the Ministry of Consumer and Business Services not more than thirty (30) days prior to the submission of the application showing that the corporation is active;
- e. the corporation has submitted the original, or a certified or notarized copy of, the certificate of incorporation of the corporation;
- f. the corporation has submitted the original, or a certified or notarized copy of, every certificate of the corporation that has been endorsed under the *Business Corporations Act* as of the day that the application was submitted;
- g. the corporation has submitted a statutory declaration of a director of the corporation, executed not more than fifteen (15) days prior to the submission of the application, that certifies that
 - i. the corporation was in compliance with section 3.2 of the *Business Corporations Act* as of the date of the declaration,
 - ii. the corporation does not carry on and does not plan to carry on any business that is not the practice of dentistry or activities related to or ancillary to the practice of dentistry,
 - iii. there has been no change in the status of the corporation since the date of the certificate of status submitted as part of the application, and
 - iv. the information contained in the application is complete and accurate as of the date of the declaration;

- h. the corporation has submitted the name of each person who is a shareholder of the corporation as of the date of application, and, where a shareholder is a member of the College, the shareholder's business address, business telephone number, and registration number with the College as of the date of application;
- i. the corporation has submitted the names of the directors and officers of the corporation as of the date of application;
- j. the corporation has submitted the address of each premise at which the corporation carries on activities as of the date of application.

17.1.2 Annual renewal

A certificate of authorization issued under article 17.1.1 is subject to annual renewal by the College.

17.1.3 Revocation of certificate

A certificate of authorization issued under article 17.1.1 may be revoked in accordance with the regulations passed pursuant to the RHPA.

17.1.4 Revised certificate of authorization

Where an applicant corporation has changed its name following issuance of a certificate of authorization, the Registrar shall issue a revised certificate of authorization on behalf of the College to the corporation provided that the Registrar is satisfied that all of the following conditions are met:

- a. the corporation has submitted an application for a revised certificate of authorization in the form approved by Council
- b. the corporation has submitted all of the applicable fees for the issuance of the revised certificate
- c. the corporation continues to be eligible to hold a certificate of authorization

17.1.5 Renewals

The Registrar shall renew the certificate of authorization of an applicant corporation on behalf of the College where the Registrar is satisfied that all of the following conditions are met:

- a. the corporation has submitted a renewal application in the form approved by Council;
- b. the corporation has paid all applicable fees for the renewal of the certificate;
- c. the corporation has submitted the certificate of status of the corporation issued by the Ministry of Consumer and Business Services not more than thirty (30) days prior to the submission of the application showing that the corporation is active;

- d. the corporation has submitted the original, or a certified or notarized copy of, every certificate of the corporation that has been endorsed under the *Business Corporations Act* since the corporation's most recent application for a certificate of authorization or for renewal of its certificate of authorization;
- e. the corporation has submitted a statutory declaration of a director of the corporation, executed not more than fifteen (15) days prior to the submission of the renewal application, that certifies that
 - i. the corporation was in compliance with section 3.2 of the *Business Corporations Act* as of the date of the declaration,
 - ii. the corporation does not carry on and does not plan to carry on any business that is not the practice of dentistry or activities related to or ancillary to the practice of dentistry,
 - iii. there has been no change in the status of the corporation since the date of the certificate of status submitted as part of the renewal application, and
 - iv. the information contained in the renewal application is complete and accurate as of the date of the declaration;
- f. the corporation has submitted the name of each person who is a shareholder of the corporation as of the date of the renewal application, and, where a shareholder is a member of the College, the shareholder's business address, business telephone number, and registration number with the College as of the date of the renewal application;
- g. the corporation has submitted the names of the directors and officers of the corporation as of the date of the renewal application;
- h. the corporation has submitted the address of each premise at which the corporation carries on activities as of the date of the renewal application.

17.1.6 Incomplete applications rejected

The Registrar may reject an application for a certificate of authorization, a revised certificate of authorization, or for the renewal of a certificate of authorization where the application does not include all of the documents and other things required for the issuance or renewal of the certificate.

17.1.7 Return of documents

Where the Registrar rejects an application under article 17.1.6, the Registrar shall return to the applicant corporation all the documents and other things submitted with the application, except for the applicable fees.

17.1.8 Cancellation

The Registrar shall cancel the certificate of authorization of a corporation upon receipt of a written request of the corporation to that effect and a written confirmation that the corporation no longer practices dentistry.

17.2 Change of Shareholders

17.2.1 Notice of change of shareholders

A corporation that holds a certificate of authorization shall notify the Registrar of every change in the shareholders of the corporation who are members of the College in the form approved by Council.

17.2.2 Timing of notice

A corporation required to provide notice under article 17.2.1 shall submit the notice within ten (10) days of each change of shareholder.

17.2.3 Additional declaration

A corporation required to provide notice under article 17.2.1 shall in addition submit to the Registrar a statutory declaration of a director of the corporation, executed after the change of shareholders, certifying that the corporation is in compliance with section 3.2 of the *Business Corporations Act* and any regulations made under that section, as of the date of the declaration.

17.3 Interpretation

17.3.1 Time of receipt

A document, payment, or other thing that is required to be submitted under chapter 17.1 (Certificates of Authorization) or chapter 17.2 (Change of Shareholders) is deemed to be received at the following times:

- a. where the document, payment, or other thing is received at the College's offices during the normal business hours of the College on a day when the College is open for business, the actual time that the document, payment, or other thing is received by the College; or
- b. where the document, payment, or other thing is received at the College's offices at a time when the College is not open for business, 9:00AM on the next day that the College is open for business.

18 FEES

18.1 Courses and Fees

18.1.1 General, specialty, academic certificates

An applicant for the issuance of a general, specialty, or academic certificate of registration shall submit an application in the form provided by the Registrar and shall pay an application fee of \$350.⁰⁰.

18.1.2 Exemption, Remote Services Program

An applicant for the issuance of a general certificate of registration restricted to practising in the Remote Services Program of the Ontario Dental Association is exempt from the requirement to pay an application fee under article 18.1.1.

18.1.2.1 Exemption, emergency class applicant

An applicant for the issuance of a general, specialty or academic certificate of registration who held an emergency certificate of registration within three years before submitting their application for a general, specialty or academic certificate of registration is exempt from the requirement to pay an application fee under article 18.1.1.

18.1.3 Other certificates

An applicant for the issuance of a certificate of registration other than a general, specialty, or academic certificate shall submit an application in the form provided by the Registrar and shall pay an application fee of \$150.⁰⁰.

18.2 Registration Fees

18.2.1 Revoked (November 18, 2021, effective January 1, 2022)

18.2.2 Instructional, short duration

An applicant for an instructional or short duration certificate of registration shall pay a registration fee of \$500.⁰⁰ for the issuance of his or her certificate of registration.

18.2.3 Academic visitor

An applicant for an academic visitor certificate of registration shall pay a registration fee of \$750.⁰⁰ for the issuance of his or her certificate of registration.

18.3 Annual Fees

18.3.1 Registrar to Notify

The Registrar shall notify each member of the College of the amount of his or her annual fee and the day on which the fee is due.

18.3.2 Initial year of registration, new member

A member of the College who has never previously been a member of the College shall pay an annual fee in the following amount for the calendar year in which the member is first issued a general, academic, or specialty certificate of registration:

- a. \$3,170.⁰⁰, if the certificate was issued on or after 01 January and before 01 June;
- b. \$1,585.⁰⁰, if the certificate was issued on or after 01 June and before 01 September;
- c. \$910.⁰⁰, if the certificate was issued on or after 01 September.

18.3.3 Initial year of registration, returning member

A member of the College who had previously been a member of the College shall pay the annual fee required by article 18.3.7 for the calendar year in which the member is first reissued a general, academic, or specialty certificate of registration.

18.3.4 Maximum one initial annual fee

A member of the College shall only pay one annual fee under article 18.3.1 or article 18.3.3, as applicable, regardless of the number of certificates of registration issued or reissued to the member during the calendar year.

18.3.5 Initial year of registration, education or post specialty training

A member of the College shall pay an annual fee of \$3,170.⁰⁰ for the calendar year in which he or she is first issued an education or post specialty training certificate of registration.

18.3.6 Initial year of registration, graduate student

A member of the College shall pay an annual fee of \$100.⁰⁰ for the calendar year in which he or she is first issued a graduate student certificate of registration.

18.3.6.1 Initial year of registration, emergency

A member of the College shall pay an annual fee of \$1000.⁰⁰ for the calendar year in which he or she is first issued an emergency certificate of registration.

18.3.7 Annual fee, general, academic, speciality

A member of the College who holds a general, academic, or specialty certificate of registration shall pay an annual fee in the following amount for each calendar year in which the member holds the certificate:

- a. \$3,170.⁰⁰, if paid on or before 15 December of the preceding year, or \$3,670.⁰⁰ if paid thereafter.

18.3.7.2 Annual fee, general, academic, speciality

Notwithstanding Article 18.3.7, the annual fee for a member holding a general or speciality certificate of registration may be reduced by the Registrar^[3] to \$250.⁰⁰, with that fee being increased by COLA, rounded up to the nearest \$5.⁰⁰ commencing with the annual fee for the 2020 calendar year, provided the Registrar is satisfied that:

- a. the member has requested the reduction in a form approved by the Registrar;
- b. the reduction is appropriate as it supports the principle of encouraging members to perform dentistry on an unpaid charitable basis which supports access to care;
- c. the member will be engaging in the practice of dentistry, but only on a charitable basis during the calendar year for which the annual fee is being reduced;
- d. the member will be receiving no income or other monetary benefit from the practice of dentistry or from the member being a holder of a certificate of registration; and
- e. the member has signed an agreement/undertaking, in a form satisfactory to the Registrar, to ensure, among other things, that the conditions for the reduction have been and will continue to be met.

18.3.8 Single annual fee for dual certificate holders

A member of the College who holds a general and speciality certificate of registration or an academic and speciality certificate of registration shall pay a single annual fee under article 18.3.7 per calendar year.

18.3.9 Annual fee, education – speciality programs

A member of the College who holds an education certificate of registration and is enrolled in a certificate of completion program in the specialty of endodontics, oral and maxillofacial radiology, orthodontics and dental facial orthopaedics, paediatric dentistry, periodontics, prosthodontics, or public health dentistry shall pay an annual fee of \$100.⁰⁰ for each calendar year in which the member holds the certificate.

18.3.10 Annual fee, education – other program

A member of the College who holds an education certificate of registration and is enrolled in a certificate of completion program other than one listed in article 18.3.9 shall pay an annual fee of \$3,170.⁰⁰ for each calendar year in which the member holds the certificate.

18.3.11 Annual fee, post specialty training

A member of the College who holds a post specialty training certificate of registration shall pay an annual fee of \$3,170.⁰⁰ for each calendar year in which the member holds the certificate.

18.3.12 Annual fee, graduate student

A member of the College who holds a graduate student certificate of registration shall pay an annual fee of \$100.⁰⁰ for each calendar year in which the member holds the certificate.

18.3.12.1 Annual fee, emergency

A member of the College who holds an emergency certificate of registration shall pay an annual fee of \$1,000.⁰⁰ for each calendar year in which the member holds the certificate.

18.3.13 Due date, education, post specialty training, graduate student, emergency

A member of the College who holds an education, post specialty training, graduate student, or emergency certificate of registration shall pay the applicable annual fee on or before the last day of the month immediately preceding the month in which the certificate was first issued.

18.3.13.1 Automatic CPI Adjustment of fees

Each of the fees referred to in Articles 18.3.2, 18.3.5, 18.3.7, 18.3.10, and 18.3.11 of By-Law No. 18: Fees, shall be automatically adjusted effective October 1, 2023 and on October 1st in each year thereafter, by an amount equal to the annual increase in the Ontario consumer price index for the previous twelve months ending on June 30th of the year in which the adjustment is being made, rounded to the nearest five dollar (\$5.⁰⁰) increment.

18.3.14 Penalty fee for late payment

Where a member of the College who holds an education, post specialty training, or graduate student certificate of registration fails to pay the applicable annual fee on or before the date on which the fee is due shall pay an additional penalty fee of \$500.⁰⁰.

18.4 Examination Fees

18.4.1 Definition

In this chapter, “**examination**” means the examination that is a requirement for the issuance of a specialty certificate of registration in dental anaesthesia, including both the written and oral components.

18.4.2 Examination application fee

An applicant for the examination shall pay an application fee of \$100.⁰⁰

18.4.3 Written component fee

An eligible candidate for the written component of the examination shall pay a fee of \$1,600.⁰⁰ at least thirty (30) days prior to the expected date of that component, or within such other period of time approved by the Registrar.

18.4.4 Oral component fee

An eligible candidate for the oral component of the examination shall pay a fee of \$3,300.⁰⁰ at least ninety (90) days prior to the expected date of that component, or within such other period of time approved by the Registrar.

18.4.5 Re-scoring fee, written

An applicant who applies to have the results of the written component of the examination re-scored shall pay a fee of \$100.⁰⁰.

18.4.6 Re-scoring fee, oral

An applicant who applies to have the results of the oral component of the examination re-scored shall pay a fee of \$700.⁰⁰.

18.4.7 Re-administration fees

A candidate who is unsuccessful in the written or oral component of the examination and who applies and is eligible to retake that component shall pay an additional application fee under article 18.4.2 and an additional examination fee under article 18.4.3 or article 18.4.4, as applicable.

18.5 Replacement Certificates

18.5.1 Revoked (November 18, 2021, effective January 1, 2022)

18.5.2 Revoked (November 18, 2021, effective January 1, 2022)

18.6 Fees for Lifting Suspensions

18.6.1 Suspension for non-payment of fees

An applicant seeking the lifting of a suspension imposed for the non-payment of fees shall submit an application in the form provided by the Registrar and a fee of \$250.⁰⁰

18.6.2 Two certificates

Where an applicant applies at the same time for the lifting of a suspension on both a general and specialty certificate of registration or an academic and specialty certificate of registration, only one fee shall be payable under 18.6.1.

18.6.3 Fees payable on lifting of suspension

Where an applicant's certificate of registration was suspended for the non-payment of fees and the applicant is entitled to have the suspension lifted, the applicant shall pay

- a. the fees that the applicant failed to pay which gave rise to the suspension,

- b. the annual fee payable for the calendar year in which the suspension is to be lifted,
- c. the penalty fee, if applicable, and
- d. a reinstatement fee of \$100.⁰⁰.

18.7 Reinstatement Fees

18.7.1 Reinstatement hearing

An applicant requesting a hearing under the Act to consider reinstatement of his or her certificate of registration shall pay a fee of \$3,500.⁰⁰.

18.7.2 Partial refund on withdrawal

Where an applicant for a hearing under article 18.7.1 withdraws the application at least thirty (30) days prior to the scheduled date for the commencement of the hearing, the applicant shall be refunded \$3000.⁰⁰.

18.7.3 Other reinstatement

An applicant for the reinstatement of a certificate of registration, other than an applicant under article 18.7.1, shall submit an application in the form provided by the Registrar and pay a fee of \$250.⁰⁰.

18.7.4 Two certificates

Where an applicant applies at the same time for the reinstatement of both a general and specialty certificate of registration or an academic and specialty certificate of registration, only one fee shall be payable under article 18.7.1 or article 18.7.3, as applicable.

18.7.5 Fees payable on reinstatement

Where a former member of the College is entitled to the reinstatement of his or her certificate of registration, the former member shall pay

- a. the annual fee for any and all years in which the member practised in Ontario, if not previously paid,
- b. any amounts owed to the College, including any penalty fee due at the time the former member ceased to be a member of the College,
- c. the penalty fee, if applicable, and
- d. a reinstatement fee of \$100.⁰⁰.

18.8 Course Fees

18.8.1 Remedial courses

Except as otherwise set by Council, a member of the College taking a remedial course presented by the College shall pay a course fee of \$500.⁰⁰.

18.8.1.1 Course and Monitoring Fees

Where a member has been ordered to have his or her practice or office monitored as part of a decision of a Committee or panel of a Committee of the College, including without limitation, the Inquiries, Complaints and Reports Committee, the Discipline Committee, the Fitness to Practice Committee or the Registration Committee, or the member has agreed to have his or her practice or office monitored, the member shall pay a fee of \$1,000.⁰⁰ for each practice or office monitoring visit conducted by or for the College.

18.8.2 Continuing education courses

The Executive Committee shall determine what course fee, if any, to charge for a continuing education course offered by the College.

18.8.3 Different course fees by membership

The Executive Committee may set a different course fee for members and non-members of the College.

18.8.4 Course fees payable on application

An applicant for a course presented or offered by the College shall pay the applicable course fee upon application.

18.9 Sedation and General Anesthesia

18.9.1 Member's Authorization, initial application

A member applying for authorization to administer minimal sedation or moderate sedation, deep sedation, and/or general anesthesia under By-Law 21 (SEDATION AND GENERAL ANESTHESIA) shall pay a fee of \$600.⁰⁰ in the case of a Visiting Member and \$150.⁰⁰ otherwise.

18.9.2 Member's Authorization, renewal

A member applying for renewal of an authorization to administer minimal sedation or moderate sedation, deep sedation, and/or general anesthesia under By-Law 21 (SEDATION AND GENERAL ANESTHESIA) shall pay a fee of \$300.⁰⁰ in the case of a Visiting Member and \$150.⁰⁰ otherwise.

18.9.3 Member's Authorization, inspection

A member who is authorized to perform moderate sedation or deep sedation and/or general anesthesia and who is required to pay an inspection fee under By-Law 21 (SEDATION AND GENERAL ANESTHESIA) shall pay a fee of \$450.⁰⁰ in the case of a Visiting Member and \$150.⁰⁰ otherwise.

18.9.4 Member's Authorization, inspection, minimal

A member who is authorized to perform minimal sedation and who is required to pay an inspection fee under By-law 21 (SEDATION AND GENERAL ANESTHESIA), shall pay a fee of \$125.⁰⁰.

18.9.5 Member's Authorization, revision

A member applying to revise an authorization to administer minimal sedation, moderate sedation or deep sedation and/or general anesthesia under By-Law 21 (SEDATION AND GENERAL ANESTHESIA) shall pay an application fee of \$150.⁰⁰, and, where the application for revision requires an inspection, an inspection fee of \$450.⁰⁰.

18.9.6 Facility Permit, application

A member applying for a Facility Permit under By-Law 21 (SEDATION AND GENERAL ANESTHESIA) shall pay an application fee of \$750.⁰⁰.

18.9.7 Facility Permit, renewal

A member applying for renewal of a Facility Permit under By-Law 21 (SEDATION AND GENERAL ANESTHESIA) shall pay an application fee of \$350.⁰⁰.

18.9.8 Facility Permit, extension inspection

A member required to pay an inspection fee in respect of an extension of a Facility Permit under By-Law 21 (SEDATION AND GENERAL ANESTHESIA) shall pay a fee of \$600.⁰⁰.

18.9.9 Facility Permit, renewal inspection

A member required to pay an inspection fee in respect of a renewal of a Facility Permit under By-Law 21 (SEDATION AND GENERAL ANESTHESIA) shall pay a fee of \$600.⁰⁰.

18.10 Health Profession Corporation Fees

18.10.1 Certificate of authorization

A corporation applying for a certificate of authorization shall pay a fee of \$750.⁰⁰ for the issuance of the certificate.

18.10.2 Revised certificate of authorization

A corporation applying for a revised certificate of authorization shall pay a fee of \$150.⁰⁰ for the issuance of the revised certificate.

18.10.3 Renewal fee

A corporation applying for renewal of its certificate of authorization shall pay a renewal fee of \$175.⁰⁰, if paid on or before 31 July in the year in which the fee is due, and \$200.⁰⁰ if paid thereafter.

18.10.4 Revoked (November 18, 2021; effective January 1, 2022)

18.11 Dental CT Scanner Fees

18.11.1 Member's Authorization, initial application

A member applying for authorization to prescribe, order or take dental CT scans under By-law 20 (DENTAL CT SCANNERS) shall pay a fee of \$150.⁰⁰.

18.11.2 Member's Authorization, renewal

A member applying for renewal of an authorization to prescribe, order or take dental CT scans under By-law 20 (DENTAL CT SCANNERS) shall pay a fee of \$150.⁰⁰.

18.11.3 Member's Authorization, inspection

A member required to pay an inspection fee under By-law 20 (DENTAL CT SCANNERS) related to the member's authorization to prescribe, order or take dental CT scans shall pay a fee of \$175.⁰⁰.

18.11.4 Member's Authorization, revision

A member applying to revise an authorization to prescribe, order or take dental CT scans under By-law 20 (DENTAL CT SCANNERS) shall pay a fee of \$150.⁰⁰.

18.11.5 Facility Permit, application

A member applying for a Facility Permit under By-law 20 (DENTAL CT SCANNERS) shall pay an application fee of \$850.⁰⁰ per Facility Permit.

18.11.6 Facility Permit, renewal

A member applying for renewal of a Facility Permit under By-law 20 (DENTAL CT SCANNERS) shall pay an application fee of \$400.⁰⁰.

18.11.7 Facility Permit, revision

A member applying to revise a Facility Permit under By-law 20 (DENTAL CT SCANNERS) shall pay an application fee of \$850.⁰⁰ where an inspection is required and \$150.⁰⁰ otherwise.

18.11.8 Facility Permit, extension inspection

A member required to pay an inspection fee in respect of an extension of a Facility Permit under By-law 20 (DENTAL CT SCANNERS) shall pay a fee of \$700.⁰⁰.

18.11.9 Facility Permit, renewal inspection

A member required to pay an inspection fee in respect of a renewal of a Facility Permit under By-law 20 (DENTAL CT SCANNERS) shall pay a fee of \$700.⁰⁰.

18.12 Other Fees

18.12.1 Letters of standing

A member or former member of the College who requests a certificate or letter of standing shall pay a fee of \$75.⁰⁰, to be submitted with the request.

18.12.2 Registrar may waive fee

The Registrar may, in his or her sole discretion, waive the fee for a certificate or letter of standing payable under article 18.12.1.

18.12.3 Loss of prescribing privileges

Where a member of the College agrees or is required to give up his or her prescribing privileges, the member shall pay a fee equal to the costs of the College to notify all members of the Ontario College of Pharmacists of the member's loss of prescribing privileges, up to a maximum of \$500.⁰⁰.

18.12.4 Discretionary removal of obsolete, no longer relevant Register information

A member of the College requesting the Registrar to exercise his discretion under subsection 23(7) of the Code shall submit an application in the form provided by the Registrar and a fee of \$500.⁰⁰.

18.12.5 Removal of historical disciplinary and incapacity Register information

A member of the College making an application under clause (c) of subsection 23(11) of the Code shall submit an application in the form provided by the Registrar and where the application relates to a finding of professional misconduct, the member shall submit a fee of \$3500.⁰⁰.

18.12.6 Partial refund on withdrawal

Where a member of the College who was required to pay a fee under article 18.12.5 withdraws the application at least thirty (30) days prior to date on which the application is scheduled to be considered by the Discipline Committee, the applicant shall be refunded \$3000.⁰⁰.

18.12.7 Declined payment fee

A member of the College shall pay a fee of \$25.⁰⁰ where;

- a. the member purports to make payment to the College by credit card, but the payment is refused by the credit card provider on first submission by the College, or
- b. the member purports to make payment to the College by cheque, but the cheque is not honoured on first presentation to the financial institution of the payer.

18.13 Method of Payment

18.13.1 Accepted methods of payment

The College may accept payments made in cash; by credit card accepted by the College; by cheque; by money order; and by electronic bill payment, electronic funds transfer, or other electronic means approved by the Registrar.

18.13.2 Other methods of payment

Methods of payment other than those set out in article 18.13.1 are not accepted, except as authorized by Council.

18.13.3 Timing of receipt of payment

A fee or other amount is deemed to be paid to the College at the following times:

- a. where the payment is made in cash, the date upon which the cash is received at the offices of the College;
- b. where payment is made by credit card accepted by the College, the date upon which appropriate authorization is received at the offices of the College;
- c. where payment is made by cheque, the date of the cheque or the date that the cheque is received at the offices of the College, whichever is later, provided that the cheque is honoured on first presentation to the financial institution of the payer;
- d. where payment is made by money order, the date upon which the money order is received at the offices of the College; and
- e. where payment is made by electronic bill payment, electronic funds transfer, or other electronic means approved by the Registrar, the date upon which the funds are actually received by the College.

18.14 Refunds

18.14.1 All fees non-refundable

Except as otherwise provided in these by-laws, all fees or other amounts paid to the College are non-refundable.

19 EXAMINATION FOR SPECIALITY IN DENTAL ANAESTHESIA

19.1 General

19.1.1 Definition

In this by-law, “**examination**” means the examination that is a requirement for the issuance of a specialty certificate of registration in dental anaesthesia, including both the written and oral components.

19.1.2 Re-scoring

A person who is unsuccessful on either the written or oral component of the examination may have the component re-scored by filing a written request with the Registrar within thirty (30) days of receipt of the results of that component of the examination and submitting the applicable fee.

19.2 Eligibility

19.2.1 Eligibility criteria

A person is eligible to attempt the examination if he or she satisfies all of the following conditions:

- a. the person has applied for a specialty certificate of registration in dental anaesthesia and obtained the approval of the Registration Committee;
- b. the person has paid all applicable fees; and
- c. the person has not been unsuccessful on either the written or oral component of the examination on three previous occasions.

19.2.2 Additional attempts

Where a person has been unsuccessful on either the written or oral component of the examination on three previous occasions, the person may not attempt the examination again until he or she has successfully completed such additional education, training, or both approved by a panel of the Registration Committee.

19.2.3 Additional education, training may include new program

The additional education or training approved by a panel of the Registration committee under article 19.2.2 may include the completion of a new approved specialty program that is a requirement for the issuance of a specialty certificate in dental anaesthesia.

19.2.4 Attempts following additional education, training

Where a person has completed additional education, training, or both as approved by the Registration Committee under article 19.2.2, the person’s unsuccessful attempts at the examination prior to the completion of the education or training shall not be considered for the purpose of determining eligibility to attempt the examination under article 19.2.1.

20 DENTAL CT SCANNERS^[4]

20.1 General

20.1.1 Definitions

In this by-law,

“**CF scan**” means a dental CT scan with a field of view over eight (8) centimetres;

“**CF scanner**” means a craniofacial CT scanner;

“**DA scan**” means a dental CT scan with a field of view eight (8) centimetres or less;

“**DA scanner**” means a dentoalveolar CT scanner;

“**dental CT scan**” means a CT scan taken with a CF scanner or a DA scanner;

“**dental CT scanner**” means a CF scanner or a DA scanner;

“**dental facility**” means any dental office in which oral health care is provided, including, but not limited to, traditional dental practices, community and school-based dental clinics, and collective living centres and other institutional settings;

“**Facility Permit**” means a permit issued by the College authorizing the member to install and operate a dental CT scanner at a dental facility;

“**inspection**” may include:

- a. in relation to a member who prescribes, orders or takes dental CT scans, an audit of the documentation required to be filed with the College upon application for renewal of a Member’s Authorization and/or an inspection by an inspector or inspectors appointed by the Registrar and includes a re-inspection; b. in relation to a member or a dental facility which holds a Facility Permit, an inspection by an inspector or inspectors appointed by the Registrar and includes a re-inspection;
- b. in relation to a member or a dental facility which holds a Facility Permit, an inspection by an inspector or inspectors appointed by the Registrar and includes a re-inspection;

“**Member’s Authorization**” is the authorization issued by the College to a member under this by-law to permit the member to prescribe, order or take dental CT scans and, unless the context otherwise requires, includes one which has been provisionally issued under article 20.2.7;

“**Registrar**” in this by-law includes the Deputy Registrar or any person to whom the Registrar has delegated a responsibility or authority which the Registrar has under this bylaw; and

“**Standard of Practice**” means the standard of practice published by the College and entitled *Standard of Practice: Dental CT Scanners*.

20.2 Application, Provisional Authorization

20.2.1 Authorization required

A member of the College shall not prescribe, order, or take dental CT scans without obtaining appropriate authorization from the College.

20.2.2 Application for authorization

A member may apply to obtain authorization from the College to prescribe, order or take dental CT scans by submitting:

- a. a completed application in the form provided by the Registrar, along with any requested information;
- b. the written agreement required by article 20.2.5;
- c. any other documentation requested by the Registrar; and
- d. the applicable application fees.

20.2.3 Application to specify

An application under article 20.2.2 to prescribe, order or take dental CT scans shall specify whether the member is seeking authorization to take DA scans or CF scans.

20.2.4 Application for CF scans

An application to prescribe, order or take CF scans shall be deemed to be an application to prescribe, order or take CF scans and DA scans.

20.2.5 Application to cease prescribing, ordering or taking dental CT scans upon notice

A member applying for authorization to prescribe, order or take dental CT scans shall submit a written agreement, in the form provided by the Registrar, to immediately cease prescribing, ordering or taking dental CT scans in the event that the Registrar notifies the member that the Registrar has determined, as a result of an inspection or by any other means, that there is a risk of harm to the public should the member continue to prescribe, order or take dental CT scans.

20.2.6 Notice to cease prescribing, ordering or taking dental CT scans

Where the Registrar notifies the member under article 20.2.5 to cease prescribing, ordering or taking dental CT scans, the Register will indicate which dental CT scans, if any, the member can continue to prescribe, order or take.

20.2.7 Conditions for provisional authorizations

The Registrar may issue a provisional Member's Authorization to a member who has made an application under article 20.2.2 to prescribe, order or take DA scans, or both DA scans and CF

scans, where the Registrar or, failing the Registrar, the Dental CT Scanner Committee is satisfied that:

- a. the member has the requisite education and training under the Standard of Practice; and
- b. there are no concerns respecting the member's competence or prior conduct in relation to the prescribing, ordering or taking of dental CT scans for which the member is seeking authorization.

20.2.8 Contents of provisional authorizations

A provisional Member's Authorization issued under article 20.2.7 shall specify the following:

- a. whether the member is authorized to prescribe, order or take DA scans or both CF scans and DA scans; and
- b. that the Member's Authorization is subject to immediate cancellation in the event that the member fails to comply with the written agreement required by article 20.2.5.

20.2.9 Expiry of provisional authorizations

Unless extended by the Registrar, a provisional Member's Authorization expires on the earlier of:

- a. six (6) months from the date the provisional Member's Authorization was issued; and
- b. the date of issuance of an annual Member's Authorization with the same specifications.

20.2.10 Extension of provisional authorizations

The Registrar may extend a provisional Member's authorization for a period of up to three (3) months, subject to any conditions the Registrar may determine appropriate.

20.3 Annual Authorization, Renewal

20.3.1 Conditions for annual authorization

The Registrar may issue an annual Member's Authorization to prescribe, order or take dental CT scans to a member who holds a provisional Member's Authorization to prescribe, order or take dental CT scans where the Registrar is satisfied as a result of an inspection that the member's records required to be maintained with regard to the prescribing, ordering or taking dental CT scans are in compliance with the Standard of Practice.

20.3.2 Expiry of annual authorization

An annual Member's Authorization to prescribe, order or take dental CT scans, including one that has been renewed, expires on the 31st day of October following its issuance or renewal.

20.3.3 Application for renewal

A member may apply for the renewal of an annual Member's Authorization to prescribe, order or take dental CT scans by submitting the following:

- a. a completed application, in the form provided by the Registrar, along with any requested documentation;
- b. any other documentation requested by the Registrar; and
- c. the applicable renewal fees.

20.3.4 Conditions for renewal

The Registrar may renew a member's annual Member's Authorization to prescribe, order or take dental CT scans where the following conditions are met:

- a. the Registrar is satisfied as a result of an inspection conducted in the preceding 36 months that the member's records required to be maintained with regard to the prescribing, ordering or taking of dental CT scans are in compliance with the Standard of Practice; and
- b. the Registrar is satisfied that the member continues to meet all of the requirements of the Standard of Practice and this by-law related to the prescribing, ordering or taking of dental CT scans which the member is authorized to administer.

20.3.5 Where renewal prohibited

The Registrar shall not renew a member's annual Member's Authorization to prescribe, order or take dental CT scans where the most recent inspection of the member's practice found the member to not be in compliance with the Standard of Practice unless the Registrar is subsequently satisfied that all deficiencies have been addressed to the Registrar's satisfaction.

20.4 Inspection

20.4.1 Inspection for renewal of Member's Authorization

An inspection required in order to obtain renewal of an annual Member's Authorization shall include an inspection of the member's records with regard to the prescribing, ordering or taking of dental CT scans.

20.4.2 Extension of annual authorization for inspection

Where additional time is needed to allow for an inspection required by this by-law, or where the member requires additional time to rectify any deficiencies found during an inspection, the Registrar may, provided the Registrar is satisfied that there is no risk to the public in doing so, extend a member's annual Member's Authorization, including one that has expired, for a period of up to 90 days.

20.4.3 Conditions of extension

The Registrar may make an extension granted under article 20.4.2 subject to any conditions or inspections the Registrar may consider appropriate.

20.4.4 Inspection fees

A member shall pay the applicable inspection fees where an inspection is required:

- a. by the Registrar under article 20.4.1; or;
- b. in order to obtain a renewal of the member's annual Member's Authorization due to deficiencies or concerns found during a previous inspection.

20.5 Amendments to Authorizations

20.5.1 Rescinding authorization

The Registrar may rescind a Member's Authorization where the Registrar is satisfied that:

- a. the authorization was issued on the basis of information or representations that were inaccurate, false or misleading; or
- b. the member no longer meets the requirements for issuance of such authorization.

20.5.2 Application to revise authorization

A member may apply to revise his or her Member's Authorization by submitting the following:

- a. a completed application in the form provided by the Registrar, along with any requested documentation;
- b. any other documentation requested by the Registrar; and
- c. the applicable application fees.

20.5.3 Conditions for revision

The Registrar may revise the Member's Authorization provided that the Registrar or, failing the Registrar, the Dental CT Scanner Committee, is satisfied that the member would meet all of the requirements of this by-law for the issuance of a new Member's Authorization with the revisions the member is requesting.

20.6 Facility Permits: General, Application

20.6.1 Facility Permit required

A Facility Permit shall authorize the installation and operation of a dental CT scanner at a specified dental practice location.

20.6.2 One Facility Permit per dental CT scanner

Each Facility Permit shall authorize the installation and operation of one (1) dental CT scanner, and shall specify the following:

- a. whether the permit is for a DA Scanner or a CF scanner; and
- b. that the Facility Permit is subject to immediate cancellation in the event that the member who holds the Facility Permit fails to comply with the written agreement required under article 20.6.6.

20.6.3 Facility Permit issued to authorized member

A Facility Permit shall only be issued to a member who practices at the dental facility for which the permit is issued and has the appropriate Member's Authorization for the type of dental CT scanner to be installed and operated.

20.6.4 Application for Facility Permit

A member may apply for a Facility Permit by submitting the following:

- a. a completed application in the form provided by the Registrar, along with any requested documentation;
- b. any other documentation requested by the Registrar;
- c. the written agreement required under article 20.6.6; and
- d. the applicable application fees.

20.6.5 Application to specify type of Facility Permit

An application for a Facility Permit shall specify whether the application is for a DA scanner or a CF scanner.

20.6.6 Agreement to comply

A member applying for a Facility Permit shall submit a written agreement, in the form provided by the Registrar, to do the following:

- a. to comply fully with the Standard of Practice and this by-law, including the provisions of article 20.8.1 (Duties of Facility Permit holder) and 20.8.2 (Duty to provide information); and
- b. . to immediately cease the operation of a dental CT scanner at the dental facility in the event that the Registrar notifies the member that the Registrar has determined, as a result of an inspection or by any other means, that

- i. there is a risk of harm to the public should the dental facility continue the operation of a dental CT scanner; or
- ii. the member is in breach of the terms of the written agreement.

20.6.7 Conditions for Facility Permit

The Registrar may issue a Facility Permit to a member where the Registrar, or failing the Registrar, the Dental CT Scanner Committee, is satisfied on the basis of an inspection that the dental facility is in compliance with the Standard of Practice.

20.7 Facility Permits: Expiry, Renewal, Extension, Revision, Cancellation

20.7.1 Expiry of Facility Permit

A Facility Permit, including one that has been renewed, expires on the 31st day of October following its issuance or renewal.

20.7.2 Renewal application for Facility Permit

At least thirty (30) days prior to the expiry of the permit, a member who holds a Facility Permit may apply for the renewal of the permit by submitting an application in the form provided by the Registrar, along with any requested documentation and paying the applicable fees.

20.7.3 Additional documentation

In addition to the requirements of 20.7.2, a member requesting the renewal of a Facility Permit shall provide any documentation requested by the Registrar, within 10 days of receiving the request.

20.7.4 Conditions for renewal

The Registrar may renew a member's Facility Permit where the Registrar is satisfied that:

- a. the requirements of articles 20.7.2 and 20.7.3 have been met;
- b. an inspection of the dental facility has taken place within the previous 36 months;
- c. any inspection of the dental facility requested by the Registrar has been completed;
- d. any deficiencies found during any inspection of the dental facility have been rectified; and
- e. there is no reason to believe that the dental facility or the members authorized to prescribe, order or take dental CT scans at the dental facility are not in compliance with the Standard of Practice.

20.7.5 Extension of Facility Permit for inspection

Where additional time is needed to allow for an inspection required by this by-law or where the member requires additional time to rectify any deficiencies found during an inspection or where the member requires additional time to comply with article 20.7.2 or article 20.7.3, the Registrar may, provided the Registrar is satisfied that there is no risk to the public in doing so, extend a member's Facility Permit, including one that has expired, for a period of up to 90 days.

20.7.6 Conditions of extension

The Registrar may make an extension granted under article 20.7.5 subject to any conditions or inspections the Registrar may determine appropriate.

20.7.7 Inspection fees

Where an inspection is required by the Registrar under article 20.7.6, the member shall pay the applicable inspection fees.

20.7.8 Cancellation upon replacement

An existing Facility Permit shall be cancelled where any of the following circumstances occur:

- a. where a new Facility Permit is issued for a dental facility, which is replacing a dental CT scanner that is the subject of an existing Facility Permit;
- b. where the holder of a Facility Permit requests the cancellation of the Facility Permit, either because the dental CT scanner has been moved from the dental facility or for any other reason; or
- c. where the Facility Permit has expired.

20.7.9 Cancellation for non-compliance with written agreement

The Registrar may immediately cancel a Facility Permit where the Registrar determines that the member who holds the Facility Permit is not in compliance with the written agreement required under article 20.6.6.

20.7.10 Cancellation conditions for non-compliance with standard

The Registrar may cancel, refuse to renew or place conditions on a member's Facility Permit where an inspection indicates that the dental facility, or any member prescribing, ordering or taking dental CT scans at the dental facility, does not meet any requirement of the Standard of Practice.

20.7.11 Reapplication

Where a Facility Permit is cancelled by the Registrar, the former holder of the Facility Permit may apply for the issuance of a new Facility Permit.

20.7.12 Removal of conditions

Where the Registrar places a condition on a Facility Permit, the Registrar may remove the condition on being satisfied that the dental facility and any member who prescribes, orders or takes dental CT scans at the dental facility are in compliance with the Standard of Practice.

20.8 Duties of Facility Permit Holder

20.8.1 Duties of Facility Permit holder

A member who is the holder of a Facility Permit shall comply with the Standard of Practice and shall ensure that each member who prescribes, orders or takes dental CT scans at the dental facility holds an appropriate Member's Authorization to do so and has received on-site training in the safe operation of the dental CT scanner equipment at the dental facility that the member is authorized to use.

20.8.2 Duties of Facility Permit holder

A member who is the holder of a Facility Permit shall, upon request of the College, provide details of the members who have prescribed, ordered or taken dental CT scans at the dental facility during the preceding twelve (12) months.

20.9 Facility Permit Inspections

20.9.1 Facility Permit Inspections

Each dental facility for which a Facility Permit has been issued is subject to inspection at such times as the Registrar may determine.

20.9.2 Inspections for renewal

Where deficiencies were noted during any inspection of a dental facility conducted in the preceding 36 months, the Registrar may require the dental facility to undergo one or more inspections prior to determining whether to renew the Facility Permit.

20.9.3 Inspections fees

Where an inspection is required by the Registrar under article 20.9.2, the member shall submit the applicable inspection fees.

20.10 Revised Facility Permits

20.10.1 Application

A member holding a Facility Permit may apply for a revised Facility Permit by submitting an application in the form provided by the Registrar to:

- a. change the dental practice location referred to in the existing Facility Permit; or

- b. change the installed location of the dental CT scanner in the current dental practice location.

20.10.2 Required documentation

A member may apply for a revised Facility Permit by submitting the following”

- a. a completed application in the form provided by the Registrar, along with any requested documentation;
- b. any other documentation requested by the Registrar;
- c. the written agreement required under article 20.6.6; and
- d. the applicable application fees.

20.10.3 Revised Facility Permit

The Registrar may issue a revised Facility Permit provided that:

- a. the member has submitted all of the information and documentation required by article 20.10.2; and
- b. where requested by the Registrar, the dental facility and the dental CT scanner at that dental facility have undergone an inspection by an inspector appointed by the Registrar and no evidence of non-compliance with the Standard of Practice was found.

21 SEDATION AND GENERAL ANAESTHESIA¹

21.1 General

21.1.1 Definitions

In this by-law

“dental facility” means any dental office in which oral health care is provided, including, but not limited to, traditional dental practices, community and school-based dental clinics, and collective living centres and other institutional settings;

“deep sedation” means a drug-induced depression of consciousness during which patients cannot be easily aroused but respond purposefully following repeated or painful stimulation, as more particularly described in the Standard of Practice;

“Facility Permit” means a permit issued by the College authorizing the administration of moderate sedation, deep sedation and/or general anesthesia at a dental facility;

“general anesthesia” means a drug-induced loss of consciousness during which patients are not arousable, even by painful stimulation, as more particularly described in the Standard of Practice;

“inspection” may include:

- a. in relation to a member who administers minimal sedation, an audit of the documentation required to be filed with the College upon application for renewal of a Member's Authorization and/or an inspection by an inspector or inspectors appointed by the Registrar and includes a re-inspection;
- b. in relation to a member or a dental facility which holds a Facility Permit, an inspection by an inspector or inspectors appointed by the Registrar and includes a re-inspection; and
- c. in relation to a Visiting Physician, an inspection of the physician's equipment and emergency drugs by an inspector or inspectors either appointed by or approved by the Registrar and includes are-inspection;

“Member's Authorization” is the authorization issued by the College to a member under this by-law to permit the member to administer minimal sedation, moderate sedation, deep sedation and/or general anesthesia-and, unless the context otherwise requires, includes one which has been provisionally issued under article 21.3.7 of this by-law;

“minimal sedation” means a minimally depressed level of consciousness. produced by a pharmacological method that retains the patient's ability to independently and continuously maintain an airway and respond normally to tactile stimulation and verbal command, as more particularly described in the Standard of Practice;

“moderate sedation” means a drug-induced depression of consciousness during which patients respond purposefully to verbal commands, either alone or accompanied by light tactile stimulation, as more particularly described in the Standard of Practice;

“nitrous oxide and oxygen sedation” means the sedation achieved by the administration of nitrous oxide and oxygen for the purpose of minimal sedation, as more particularly described in the Standard of Practice;

“oral minimal sedation” means the sedation achieved by the oral administration of a single sedative drug for the purpose of minimal sedation, as more particularly described in the Standard of Practice;

“oral moderate sedation” means the sedation achieved by the oral administration of a sedative drug with or without nitrous oxide and oxygen for the purpose of moderate sedation, as more particularly described in the Standard of Practice;

“parenteral moderate sedation” means the sedation achieved by the administration of a drug intravenously, intramuscularly, subcutaneously, submucosally or intranasally for the purpose of moderate sedation, as more particularly described in the Standard of Practice;

“physician” means a member of the College of Physicians and Surgeons of Ontario who

- d. holds a certificate of registration issued by the College of Physicians and Surgeons of Ontario permitting the member to practise independently, and

- e. is qualified by the College of Physicians and Surgeons of Ontario to administer moderate sedation, deep sedation and/or general anesthesia in a dental facility for which a Facility Permit has been issued;

“Registrar” in this by-law includes the Deputy Registrar or any person to whom the Registrar has delegated a responsibility or authority which the Registrar has under this by-law;

“Standard of Practice” means the standard of practice published by the College and entitled *Standard of Practice: Use of Sedation and General Anesthesia in Dental Practice*;

“Type A Facility Permit” means a Facility Permit which requires the dental facility to provide and have present at all times all of the equipment and emergency drugs needed to meet the requirements of the Standard of Practice;

“Type B Facility Permit” means a Facility Permit which requires the dental facility to utilize a Visiting Member or Visiting Physician to perform moderate sedation, deep sedation and/or general anesthesia at the dental facility;

“Visiting Member” means a member who holds a Member's Authorization and who is authorized under this by-law to perform moderate sedation, deep sedation and/or general anesthesia at a dental facility for which a Type B Facility Permit has been issued; and

“Visiting Physician” means a physician who performs moderate sedation, deep sedation and/or general anesthesia at a dental facility for which a Type B Facility Permit has been issued.

¹ This by-law must be read in conjunction with the Standard of Practice of the Royal College of Dental Surgeons of Ontario.

21.2 Minimal Sedation: Application, Authorization, Renewal²

21.2.1 Modalities of minimal sedation

The following are the modalities of minimal sedation:

- a. nitrous oxide and oxygen sedation;
- b. oral minimal sedation.

21.2.2 Application for minimal sedation

A member may apply to obtain authorization from the College to administer minimal sedation by submitting:

- a. a completed application in the form provided by the Registrar, along with any requested documentation;
- b. the written agreement required by article 21.2.4;
- c. any other documentation requested by the Registrar; and

- d. the applicable application fees

21.2.3 Application to specify

An application under article 21.2.2 to administer minimal sedation shall specify the modalities of sedation which the member is seeking to be authorized to perform.

21.2.4 Agreement to cease administration upon notice

A member applying for authorization to administer minimal sedation shall submit a written agreement, in the form provided by the Registrar, to immediately cease administering minimal sedation in the event that the Registrar notifies the member that the Registrar has determined, as a result of an inspection or by any other means, that there is a risk of harm to the public should the member continue to administer minimal sedation.

21.2.5 Conditions for annual authorization to administer minimal sedation

The Registrar may issue an annual Member's Authorization to a member who has made an application under article 21.2.2 to administer minimal sedation where the Registrar or, failing the Registrar, the Sedation and Anesthesia Committee is satisfied that:

- a. the member has the requisite education and training under the Standard of Practice; and
- b. there are no concerns respecting the member's competence or prior conduct in relation to the administration of minimal sedation.

21.2.6 Expiry of annual authorization

An annual Member's Authorization for minimal sedation, including one that has been renewed, expires on the 31st day of March following its issuance or renewal.

21.2.7 Application for renewal

A member may apply for the renewal of an annual Member's Authorization for minimal sedation by submitting the following:

- a. a completed application in the form provided by the Registrar, along with any requested documentation;
- b. evidence satisfactory to the Registrar that the member has maintained the life support certification required by the Standard of Practice;
- c. any other documentation requested by the Registrar; and
- d. the applicable renewal fees.

21.2.8 Conditions for renewal to administer minimal sedation

The Registrar may renew a member's annual Member's Authorization to administer minimal sedation where the following conditions are met:

- a. The Registrar is satisfied, as a result of an inspection conducted in the manner specified by the Registrar that the member's records require to be maintained with regard to the administration of minimal sedation are in compliance with the Standard of Practice;
- b. The Registrar is satisfied that the member continues to meet all of the requirements of the Standard of Practice and this by-law related to the administration of minimal sedation;
- c. The Registrar is satisfied with the results of the inspection required by article 21.5.1.

21.2.9 Where renewal prohibited

The Registrar shall not renew a member's annual Member's Authorization for minimal sedation where the most recent inspection of the member's practice found the member to not be in compliance with the Standard of Practice.

²This Chapter shall be effective April 20, 2020

21.3 Moderate Sedation, Deep Sedation, General Anesthesia Application, Provisional Authorization

21.3.1 Modalities of moderate sedation

The following are the modalities of moderate sedation:

- a. oral moderate sedation;
- b. parenteral moderate sedation with one (1) sedative drug;
- c. parenteral moderate sedation with two (2) sedative drugs.

21.3.2 Application for moderate sedation or deep sedation and/or general anesthesia

A member may apply to obtain authorization from the College to administer moderate sedation or deep sedation and/or general anesthesia by submitting:

- a. a completed application in the form provided by the Registrar, along with
- b. the written agreement required by article 21.3.5;
- c. any other documentation requested by the Registrar; and
- d. the applicable application fees.

21.3.3 Application to specify

An application under article 21.3.2 to administer moderate sedation or deep sedation and/or general anesthesia shall specify the following:

- a. whether the member is seeking authorization to be a Visiting Member;
- b. whether the member is seeking authorization to perform general anesthesia and, if not, the modalities of sedation which the member is seeking to be authorized to perform.

21.3.4 Application for deep sedation

An application under article 21.3.2 to administer deep sedation shall be deemed to be an application to administer deep sedation and general anesthesia.

21.3.5 Agreement to cease administration upon notice

A member applying for authorization to administer moderate sedation or deep sedation and/or general anesthesia shall submit a written agreement, in the form provided by the Registrar, to immediately cease administering minimal sedation, moderate sedation or deep sedation and/or general anesthesia in the event that the Registrar notifies the member that the Registrar has determined, as a result of an inspection or by any other means, that there is a risk of harm to the public should the member continue to administer minimal sedation, moderate sedation or deep sedation and/or general anesthesia.

21.3.6 Notice to cease administration

Where the Registrar notifies the member under article 21.3.5 to cease administering minimal sedation, moderate sedation or deep sedation and/or general anesthesia, the Registrar will indicate which modalities of sedation, if any, the member can continue to use.

21.3.7 Conditions for provisional authorizations

The Registrar may issue a provisional Member's Authorization to a member who has made an application under article 21.3.2 to administer moderate sedation or deep sedation and/or general anesthesia where the Registrar or, failing the Registrar, the Sedation and Anesthesia Committee is satisfied that:

- a. the member has the requisite education and training under the Standard of Practice; and
- b. there are no concerns respecting the member's competence or prior conduct in relation to the administration of deep sedation, general anesthesia, or the modalities of moderate sedation requested by the application.

21.3.8 Contents of provisional authorization

A provisional Member's Authorization issued under article 21.3.7 shall specify the following:

- a. whether the member is authorized to administer deep sedation and general anesthesia and, if not, the modalities of moderate sedation that the member is authorized to administer;
- b. whether the member is a Visiting Member or is limited to administering moderate sedation deep sedation and/or general anesthesia at a dental facility that holds a Type A Facility Permit; and
- c. that the Member's Authorization is subject to immediate cancellation in the event that the member fails to comply with the written agreement required by article 21.3.5.

21.3.9 Expiry of provisional authorization

Unless extended by the Registrar, a provisional Member's Authorization expires on the earlier of:

- a. three (3) months from the date the provisional Member's Authorization was issued; and
- b. the date of issuance of an annual Member's Authorization with the same specifications.

21.3.10 Extension of provisional authorization

The Registrar may extend a provisional Member's authorization for a period of up to three (3) months subject to any conditions the Registrar may determine appropriate.

21.4 Moderate Sedation, Deep Sedation, General Anesthesia: Annual Authorization

21.4.1 Conditions for annual authorization to administer moderate sedation or deep sedation and/or general anesthesia

The Registrar may issue an annual Member's Authorization for moderate sedation or deep sedation and/or general anesthesia to a member who holds a provisional Member's Authorization for moderate sedation or deep sedation and/or general anesthesia where the Registrar is satisfied as a result of an inspection that the member's records required to be maintained with regard to the administration of moderate sedation or deep sedation and/or general anesthesia are in compliance with the Standard of Practice.

21.4.2 Expiry of annual authorization

An annual Member's Authorization for moderate sedation or deep sedation and/or general anesthesia, including one that has been renewed, expires on the 31st day of March following its issuance or renewal.

21.4.3 Application for renewal

A member may apply for the renewal of an annual Member's Authorization for moderate sedation or deep sedation and/or general anesthesia by submitting the following:

- a. a completed application in the form provided by the Registrar, along with any requested documentation;

- b. evidence satisfactory to the Registrar that the member has maintained the life support certification required by the Standard of Practice;
- c. any other documentation requested by the Registrar; and
- d. the applicable renewal fees.

21.4.4 Conditions for renewal to administer moderate sedation or deep sedation and/or general anesthesia

The Registrar may renew a member's annual Member's Authorization for moderate sedation or deep sedation and/or general anesthesia where the following conditions are met:

- a. the Registrar is satisfied as a result of an inspection conducted in the preceding 36 months that the member's records required to be maintained with regard to the administration of moderate sedation, deep sedation and/or general anaesthesia are in compliance with the Standard of Practice.
- b. where the member is a Visiting Member, the Registrar is satisfied as a result of an inspection conducted in the preceding 36 months that the member's equipment and emergency drugs are in compliance with the Standard of Practice.
- c. The Registrar is satisfied that the member continues to meet all of the requirements of the Standard of Practice and this by-law related to the administration of the type of sedation and/or general anesthesia which the member is authorized to administer.

21.4.5 Where renewal prohibited

The Registrar shall not renew a member's annual Member's Authorization for moderate sedation, or deep sedation, and/or general anesthesia where the most recent inspection of the member's practice found the member to not be in compliance with the Standard of Practice unless the Registrar is subsequently satisfied that all deficiencies have been addressed to the Registrar's satisfaction.

21.5 Inspection

21.5.1 Inspection for Renewal of Member's Authorization

An inspection required in order to obtain a renewal of an annual Member's Authorization shall include the following:

- a. an inspection of the member's records with regard to the administration of minimal sedation, moderate sedation or deep sedation, and/or general anesthesia: and;
- b. in the case of a Visiting Member, an inspection of the member's equipment and emergency drugs.

21.5.2 Extension of annual authorization for inspection

Where additional time is needed to allow for an inspection required by this by-law, or where the member requires additional time to rectify any deficiencies found during an inspection, the Registrar may, provided the Registrar is satisfied that there is no risk to the public in doing so:

- a. extend a member's annual Member Authorization, including one that has expired, for a period of up to 90 days; and
- b. extend a Visiting Member's Authorization, including one that has expired, for a period of up to 30 days.

21.5.3 Conditions for extension

The Registrar may make an extension granted under article 21.5.2 subject to any conditions or inspections the Registrar may determine appropriate.

21.5.4 Inspection fees

A member shall pay the applicable inspection fees where an inspection is required

- a. by the Registrar under article 21.5.1, or
- b. in order to obtain a renewal of the member's annual Member's Authorization due to deficiencies or concerns found during a previous inspection.

21.6 Amendments to Authorizations

21.6.1 Rescinding authorization

The Registrar may rescind a Member's Authorization where the Registrar is satisfied that

- a. the authorization was issued on the basis of information or representations that were inaccurate, false, or misleading; or
- b. the member no longer meets the requirements for the issuance of such authorization.

21.6.2 Application to revise authorization

A member may apply to revise his or her Member's Authorization by submitting the following:

- a. a completed application in the form provided by the Registrar, along with any requested documentation;
- b. any other documentation requested by the Registrar;
- c. the applicable application fees; and

- d. where the application includes permitting the member to be a Visiting Member, the applicable inspection fees.

21.6.3 Conditions for revision

The Registrar may revise the Member's Authorization provided that:

- a. the Registrar or, failing the Registrar, the Sedation and General Anesthesia Committee. is satisfied that the member would meet all of the requirements of this by-law for the issuance of a new Member's Authorization with the revisions the member is requesting; and
- b. where the application for revision includes permitting the member to be a Visiting

Member, the Registrar is satisfied as a result of an inspection that the member's equipment and emergency drugs are in compliance with the Standard of Practice

21.7 Facility Permits: General, Application

21.7.1 Facility Permit required

A Facility Permit shall authorize the use of one or more modalities of moderate sedation or deep sedation and/or general anesthesia at a specified dental practice location.

21.7.2 Facility Permit for deep sedation

A Facility Permit authorizing the use of general anesthesia also authorizes the administration of deep sedation and all modalities of moderate sedation.

21.7.3 Facility Permit issued to owner or designated owner

A Facility Permit shall only be issued to the member who owns the dental facility for which the permit is issued, or, in the case of multiple owners, to the member-owner designated by the owners to be the holder of the Facility Permit.

21.7.4 Application for Facility Permit

A member may apply for a Facility Permit by submitting the following:

- a. a completed application in the form provided by the Registrar. along with any requested documentation;
- b. any other documentation requested by the Registrar;
- c. the written agreement required under article 21.7 .6; and
- d. the applicable application fees.

21.7.5 Application to specify type of Facility Permit

An application for a Facility Permit shall specify whether the application is for a Type A Facility Permit, a Type B Facility Permit, or both.

21.7.6 Agreement to comply, cease administration upon notice

A member applying for a Facility Permit shall submit a written agreement, in the form provided by the Registrar, to do the following:

- a. to comply fully with the Standard of Practice and this by-law, including the provisions of article 21.9.1 (Duties of Facility Permit holder) and 21.9.2 (Duty to provide information);
- b. to immediately cease the use of minimal sedation, moderate sedation or deep sedation and/or general anesthesia at the dental facility in the event that the Registrar notifies the member that the Registrar has determined, as a result of an inspection or by any other means, that:
 - i. there is a risk of harm to the public should the dental facility continue to use minimal sedation, moderate sedation, deep sedation, and/or general anesthesia; or
 - ii. the member is in breach of the terms of the written agreement; and
- c. to immediately cease to use a physician to administer minimal sedation, moderate sedation or deep sedation and/or general anesthesia in the event that the Registrar notifies the member that the Registrar has reasonable and probable grounds to believe that:
 - i. the physician is not in compliance with the Standard of Practice; or
 - ii. there is a risk of harm to the public should the dental facility continue to use the physician.

21.7.7 Conditions for Facility Permit

The Registrar may issue a Facility Permit to a member where the Registrar or, failing the Registrar, the Sedation and General Anesthesia Committee, is satisfied on the basis of an inspection that the dental facility is in compliance with the Standard of Practice.

21.7.8 Contents of Facility Permit

Each Facility Permit shall specify the following:

- a. whether the Facility Permit is a Type A or Type B Facility Permit;
- b. for a Type A Facility Permit, whether deep sedation and general anesthesia are authorized to be used at the dental facility, and if not, the modalities of moderate sedation authorized to be used at the dental facility;

- c. for a Type B Facility Permit. that moderate sedation or deep sedation and/or general anesthesia must be administered by a Visiting Member or by a Visiting Physician whose equipment and emergency drugs have been subject to an inspection and found to be in compliance with the Standard of Practice;
- d. that the Facility Permit is subject to immediate cancellation in the event that the member who holds the Facility Permit fails to comply with the written agreement required under article 21.7.6.

21.8 Facility Permits: Expiry, Renewal, Extension, Revision, Cancellation

21.8.1 Expiry of Facility Permit

A Facility Permit, including one that has been renewed, expires on the 31st day of March following its issuance or renewal.

21.8.2 Renewal Application for Facility Permit

At least thirty (30) days prior to the expiry of the permit it, a member who holds a Facility Permit may apply for the renewal of the permit by submitting an application in the form provided by the Registrar, along with any requested documentation and paying the applicable fees.

21.8.3 Additional Documentation

In addition to the requirements of 21.8.2, a member requesting the renewal of a Facility Permit shall provide any documentation requested by the Registrar, within 10 days of receiving the request.

21.8.4 Conditions for renewal

The Registrar may renew a member's Facility Permit where the Registrar is satisfied that

- a. the requirements of articles 21.8.2 and 21.8.3 have been met;
- b. an inspection of the dental facility has taken place within the previous 36 months;
- c. any inspection of the dental facility requested by the Registrar has been completed;
- d. any deficiencies found during any inspection of the dental facility have been rectified; and
- e. there is no reason to believe that the dental facility or the members or physicians authorized or qualified to administer moderate sedation or deep sedation and/or general anesthesia at the dental facility are not in compliance with the Standard of Practice.

21.8.5 Extension of Facility Permit for inspection

Where additional time is needed to allow for an inspection required by this by-law or where the member requires additional time to rectify any deficiencies found during an inspection or where

the member requires additional time to comply with article 21.8.2 or article 21.8.3, the Registrar may, provided the Registrar is satisfied that there is no risk to the public in doing so:

- a. extend a member's Facility Permit including one that has expired, for a period of up to 30 days in the case of a Type A Facility Permit; and
- b. extend a member's Facility Permit, including one that has expired, for a period of up to 90 days in the case of a Type B Facility Permit;

21.8.6 Conditions of extension

The Registrar may make an extension granted under article 21.8.5 subject to any conditions or inspections the Registrar may determine appropriate.

21.8.7 Inspection Fees

Where an inspection is required by the Registrar under article 21.8.6, the member shall pay the applicable inspection fees.

21.8.8 Revisions to Facility Permits

The Registrar may revise a Type A Facility Permit into a Type B Facility Permit upon application by the holder of the Facility Permit.

21.8.9 No additional revisions to Facility Permit

No revisions to a Facility Permit shall be made, other than a revision under article 21.8.8.

21.8.10 Cancellation upon replacement

Where a new Facility Permit is issued for a dental facility which has at the time of issuance an existing Facility Permit of the same type, the existing Facility Permit is automatically cancelled.

21.8.11 Cancellation for non-compliance with written agreement

The Registrar may immediately cancel a Facility Permit where the Registrar determines that the member who holds the Facility Permit is not in compliance with the written agreement required under article 21.7.6.

21.8.12 Cancellation, conditions for non-compliance with standard

The Registrar may cancel, refuse to renew, or place conditions on a member's Facility Permit where an inspection indicates that the dental facility, or any member or physician administering moderate sedation or deep sedation and/or general anesthesia at the dental facility, does not meet any requirement of the Standard of Practice.

21.8.13 Reapplication

Where a Facility Permit is cancelled by the Registrar, the former holder of the Facility Permit may apply for the issuance of a new Facility Permit.

21.8.14 Removal of conditions

Where the Registrar places a condition on a Facility Permit, the Registrar may remove the condition on being satisfied that the dental facility and any member or physician who administers moderate sedation or deep sedation and/or general anesthesia at the dental facility are in compliance with the Standard of Practice.

21.9 Duties of Facility Permit Holder

21.9.1 Duties of Facility Permit holder

A member who is the holder of a Facility Permit shall comply with the Standard of Practice and shall ensure that all of the following conditions are met:

- a. Each member who administers moderate sedation or deep sedation and/or general anesthesia in the dental facility holds an appropriate Member's Authorization to do so;
- b. Each physician, including each Visiting Physician, who administers moderate sedation or deep sedation and/or general anesthesia in the dental facility:
 - i. has notified the Out-of-Hospital Premises Inspection Program of the College of Physicians and Surgeons of Ontario of his or her intent to provide moderate sedation or deep sedation and/or general anesthesia in a dental facility and has been qualified by that College to administer the applicable modality of moderate sedation or deep sedation and/or general anesthesia for which the Facility Permit was issued; and
 - ii. has maintained the life support certification required by the standards of practice of the College of Physicians and Surgeons of Ontario applicable to the Out-of-Hospital Premises Inspection Program.
- c. The equipment and emergency drugs of each Visiting Physician have been subject to an inspection to satisfy the Registrar that the equipment and emergency drugs are in compliance with the Standards of Practice prior to the Visiting Physician's first administration of moderate sedation or deep sedation and/or general anesthesia and at least one inspection every three (3) years thereafter.

21.9.2 Duty to provide information

A member who is the holder of a Facility Permit shall, upon request of the College, provide details of the members and physicians who have administered moderate sedation or deep sedation and/or general anesthesia at the dental facility during the preceding twelve (12) months.

21.10 Facility Permit Inspections

21.10.1 Facility subject to inspection

Each dental facility for which a Facility Permit has been issued is subject to inspection at such times as the Registrar may determine.

21.10.2 Inspections for renewal

Where deficiencies were noted during any inspection of a dental facility conducted in the preceding 36 months, the Registrar may require the dental facility to undergo one or more inspections prior to determining whether to renew the Facility Permit.

21.10.3 Inspections fees

Where an inspection is required by the Registrar under article 21.10.2, the member shall submit the applicable inspection fees.

22 PROFESSIONAL LIABILITY AND INDEMNIFICATION

22.1 Professional Liability

22.1.1 Arrangements for professional liability indemnity

Council may cause the College to enter into arrangements for itself and its members respecting the indemnity of members for professional liability.

22.2 Indemnity to Members of Council, Officers and Others

22.2.1 Members of Council, officers and others indemnified

Every member of the Council, every member of a committee, every officer of the College, every employee of the College, and every investigator, inspector, assessor, monitor, and expert consultant engaged by the College or any of its committees who, in respect of the execution or intended execution of his/her duties has undertaken or is about to undertake any liability on behalf of the College, and his/her respective heirs, executors and administrators, and estates and effects shall at all times be indemnified and saved harmless out of the funds of the College from and against all costs, charges, and expenses whatsoever which such person sustains or incurs in or about any action, suit, or proceeding that is brought, commenced or prosecuted against him/her in or about the execution or intended execution of the duties of his/her office or employment or in respect of any such liabilities, save and except such costs, charges or expenses as are occasioned by his/her own willful neglect or default.

23 COLLEGE FINANCES

23.1 Banking

23.1.1 Definition

In this by-law, a “**bank**” means the bank appointed by the Executive Committee under article 23.1.2.

23.1.2 Executive Committee to appoint bank

The Executive Committee shall appoint a bank chartered under the *Bank Act* (Canada) for the use of the College.

23.1.3 All money deposited with bank

All money belonging to the College shall be deposited in the name of the College with the bank.

23.1.4 Registrar may endorse

The Registrar may endorse any negotiable instrument for collection on account of the College through the bank or for deposit to the credit of the College with the bank.

23.1.5 Endorsement by stamp

The Registrar may endorse a negotiable instrument by means of the College’s rubber stamp.

23.2 Borrowing and Security

23.2.1 Borrowing powers of Council

Council may

- a. borrow money upon the credit of the College
- b. limit or increase the amounts to be borrowed
- c. issue, sell, or pledge securities of the College for such sums or prices as may be deemed expedient, and
- d. charge, mortgage, hypothecate or pledge all or any of the real or personal property of the College, currently owned or subsequently acquired, and to secure generally any other obligation or liability of the College.

23.2.2 Authorized representative for borrowed monies

Council may authorize any member of Council, an officer or employee of the College, or any other person to perform any one or more of the following functions:

- a. make arrangements in respect of monies borrowed or to be borrowed and the terms and conditions of such related loans or securities;
- b. vary or modify the arrangements, terms and conditions of loans and securities;
- c. give additional securities for any monies borrowed or remaining due by the College; or
- d. generally manage, transact, and settle the borrowing of money by the College.

23.3 Cheques, Drafts, Notes

23.3.1 Authorized signatories on cheques, etc.

All cheques, drafts, or orders for the payment of money and all notes, acceptances, and bills of exchange shall be signed by such officers or other persons and in such manner as authorized by Council by resolution.

23.4 Investment

23.4.1 Investment of funds by officers, other persons

The Registrar, CFO, or the College's Controller and such other officers or persons authorized by Council, may invest or re-invest funds of the College, not immediately required, in accordance with the Investment Policy of the College, in any one or more of the following investments:

- a. Bonds, debentures, or other evidence of indebtedness guaranteed by
 - i. the Government of Canada,
 - ii. the Government of Ontario
 - iii. the government of any other province of Canada, which province, at the time of such investment was rated by the Dominion Bond Rating Service as one of the five best rated provinces of Canada; or
- b. Deposit receipts, deposit notes, bail-in bonds, certificates of deposit, acceptances and other similar instruments issued or endorsed by the
 - i. Bank of Montreal,
 - ii. Bank of Nova Scotia,
 - iii. Canadian Imperial Bank of Commerce
 - iv. Royal Bank of Canada
 - v. Toronto-Dominion Bank;
 - vi. National Bank; and

- c. Bonds, debentures, promissory notes and other similar instruments issued or endorsed by Canadian public corporations, the terms of which provide that the principal and interest shall be fully repaid; and
- d. Equity instruments in which a trustee may properly invest money under the *Trustee Act, Ontario* (which include common stock, preferred shares, exchange traded funds, pooled and mutual funds and structured notes).

23.4.1.1 Reporting of Investment

Each investment or reinvestment will be reported to the President and the Chair of the Finance, Audit and Risk Committee of the College within 15 business days after receipt of the trade confirmation.

23.4.2 Investment of funds by Finance, Audit and Risk Committee

The Finance, Audit and Risk Committee may by resolution invest or reinvest funds of the College not immediately required in any security in which a trustee may properly invest trust money under the *Trustee Act, Ontario*.

23.4.3 Same, delegation to officer

The Finance, Audit and Risk Committee may authorize by resolution officers of the College to implement its decisions related to the investment or re-investment of funds of the College.

23.5 Custody of Shares and Securities

23.5.1 Shares and securities to be held in bank, etc.

All shares and securities owned by the College shall be lodged in the name of the College and held

- a. with a chartered bank or a trust company
- b. in accounts with brokerage houses authorized by the Finance, Audit and Risk Committee, or
- c. with such other depositories or in such manner as determined by Council.

23.5.2 Bonds, etc. held by nominees

All share certificates, bonds, debentures, notes or obligations belonging to the College shall be held or issued in the name of a nominee or nominees of the College or jointly in the name of more than one nominee of the College with the right of survivorship.

23.5.3 Certificates, etc. endorsed in blank, guaranteed

All share certificates, bonds, debentures, notes or obligations belonging to the College and held or issued in the name of a nominee or nominees of the College shall be maintained in a manner that enables the transfer and registration of such instruments.

23.6 Fiscal Year

23.6.1 Fiscal year is calendar year

The fiscal year of the College shall be the calendar year, 01 January to 31 December inclusive.

23.7 Auditors

23.7.1 Council to appoint auditor annually

The Council shall appoint an Auditor for a term of one year to audit the accounts of the College.

23.8 Reserve Funds

23.8.1 Reserve funds established by resolution

Council may establish, in accordance with Council's policy on Reserve Funds, either by a separate motion or as a consequence of a motion to approve a budget, such reserve funds as Council considers prudent.

24 SIGNING AUTHORITIES

24.1 College Seal

24.1.1 Official seal

The seal impressed in the margin of this document is the official seal of the College.

24.1.2 Use of College seal

The official seal of the College may be affixed to any duly signed contracts, documents, or other written instruments.

24.2 Execution of Contracts, Documents, and Other Instruments

24.2.1 Appointment of additional signing officers

Council may appoint by resolution any person to sign any, or any specified contracts, documents, or other written instruments on behalf of the College.

24.2.2 Signing of contracts, etc.

24.2.2.1 Budgeted matters

Contracts, documents or any other instrument requiring the signature of the College, if included in a Council approved budget, shall be signed by

- a. one of the Registrar, CFO, Deputy Registrar, or Controller, where the total value of the contract, excluding taxes, is not greater than \$50,000.00,

- b. two of the Registrar, CFO, Deputy Registrar, and Controller, where the total value of the contract excluding taxes, is equal to or greater than \$50,000.00 but not more than \$100,000.00, and
- c. two of the Registrar, CFO and Deputy Registrar, where the total value of the contract, excluding taxes, is equal to or greater than \$100,000.00.

24.2.2.2 Unbudgeted matters

Contracts, documents or any other instrument requiring the signature of the College, if not included in a Council approved budget, shall be signed by

- a. two of the Registrar, CFO, Deputy Registrar, and Controller, where the total value of the contract, excluding taxes, is not greater than \$50,000.00, or
- b. the President or Vice President, together with one of the Registrar, CFO or Deputy Registrar, where the total value of the contract, excluding taxes, is equal to or greater than \$50,000.00.

24.2.3 Binding on signature

All contracts, documents, and other written instruments signed in in accordance with article 24.2.2 shall bind the College without any further authorization or formality.

24.2.4 Signing of summonses, notices, etc.

The Registrar may sign summonses, notices, and other similar documents on behalf of the College or any committee, except where proscribed by law.

25 ACCESS TO INFORMATION

25.1 Information Available to Members

25.1.1 Members cannot require disclosure of information

Except as provided by the Act, regulations, by-laws, or as required by law, no member of the College is entitled to or can require disclosure of any information regarding the affairs or business of the College that would, in the opinion of Council, be inexpedient, inadvisable, or otherwise not in the interests of the College to communicate to the public.

25.1.2 Council determines access to College records

Except as otherwise provided by the Act, regulations, by-laws, or as required by law, Council may determine whether, to what extent, and under what conditions, the documents, books, registers, books of account, and accounting records of the College shall be opened to inspection by members of the College.

25.1.3 Access to College records granted by statute, Council

No member of the College may inspect any document, book, register, book of account, or accounting record of the College except as provided by the Act, regulations, by-laws, or as required by law or authorized by Council.

26 PROCEDURE

26.1 Enactment, Amendment and Revocation of By-Laws

26.1.1 Two-thirds vote needed to enact, amend, or revoke a by-law

By-laws may be enacted, amended, or revoked by a two-thirds vote of the members of Council present at a Council meeting called for that purpose.

26.2 Notices

26.2.1 Method of service

Subject to the Act, regulations, and by-laws, any notice or other document to be given by the College to any member of the College, any member of Council, or any other person, shall be served either personally, by post, or by courier.

26.2.2 Electronic service

Except as otherwise provided by the Act or regulations, a notice or other document to be given by the College to any member of the College, any member of Council, any member of a committee, or any other person, may be given by facsimile, electronic mail or similar electronic means.

26.2.3 Address of service

Subject to the Act, regulations, and by-laws, any notice or other document to be given by the College to any member of the College, any member of Council, any member of a committee, or any other person, shall be sent to the recipient's current address as it appears in the books of the College, or where no such address is available, to the recipient's last known address.

26.2.4 Personal service

Subject to the Act, regulations, and by-laws, every notice or other document sent by personal service shall be deemed to have been given when it is delivered.

26.2.5 Service by post

Subject to the Act, regulations, and by-laws, every notice or other document sent by post shall be deemed to have been given five days after the notice or other document was deposited in a post office or public letter box, provided that the notice or other document was addressed in the manner provided for in article 26.2.2 and affixed with sufficient postage.

26.2.6 Service by courier

Subject to the Act, regulations, and by-laws, every notice or other document sent by courier shall be deemed to have been given when the notice or other document was delivered.

26.2.7 Service by other means

Subject to the Act, regulations, and by-laws, every notice or other document delivered by means other than personal delivery, post, or courier shall be deemed to have been given at the time it arrived at the address provided for in article 26.2.3.

26.2.8 Signatures

The signatures to any notice or other document given by the College may be written, stamped, typewritten, or printed, in whole or in part.

26.2.9 Counting of notice period

Except as otherwise provided by the Act, regulations, or by-laws, when counting a period of time required for the giving of notice, each and every day, including holidays, non-judicial days, and the day of service or posting of the notice, shall be counted in such period of time, but the day on which the notice is given shall not be counted.

27 DECLARED EMERGENCY

27.1 General

27.1.1 Definition of “emergency”

In this by-law, “**emergency**” has a meaning ascribed to by the Emergency Management and Civil Protection Act, Ontario.

27.1.2 Declared emergency

A declared emergency shall occur where;

- a. the executive committee has, by majority resolution, declared there to be an emergency; or
- b. the registrar has declared there to be an emergency provided that the registrar may only do so if there has been a declared emergency under the Emergency Management and Civil Protection Act anywhere in the province of Ontario and the executive committee is unable to meet within twenty-four hours of such declaration.

27.1.3 Effective during emergency

The provisions of by-law 27 (DECLARED EMERGENCY) shall only take effect during a declared emergency.

27.1.4 By-law takes priority

In the event of a conflict between this by-law and any other by-law of the College, the provisions of this by-law shall prevail.

27.2 Procedures During a Declared Emergency

27.2.1 Emergency Procedures

In the event of a declared emergency the following provisions shall apply to the governance of Council:

- a. the Registrar, or if the Registrar is unable to do so the President, or if the President is unable to do so the Vice-President, shall immediately give notice to every member of Council that a declared emergency exists;
- b. the quorum for a meeting of the executive committee shall be two, at least one of whom shall be the President or the Vice-President;
- c. all members of Council shall be members of the Registration Committee;
- d. in the event that the Registrar determines that an election of members of Council is not able to be held, the term of office of each elected and selected member of Council shall continue until the first regular meeting of Council held after the next election; and
- e. a special Council meeting either held in person or by teleconference may be called by the President or the Registrar at any time on such notice as is sufficient for a quorum to be present in person or by teleconference and at such meeting Council may consider and deal with any matter that Council agrees to consider by a majority vote of those in attendance and voting.

27.2.2 End of “declared emergency”

A declared emergency shall cease when

- a. the Registrar notifies members of Council that the emergency is over; or
- b. the Executive Committee or Council declares by a majority resolution that the emergency is over.

27.2.3 Reversion of Registration Committee

Upon cessation of a declared emergency, the members of the Registration Committee that were added as a result of the operation of article 27.2.1 (Emergency Procedures) shall be automatically removed and the Registration Committee shall be comprised of only those members who were members of that committee immediately prior to the emergency being declared.

27.2.4 Delayed elections

Upon cessation of declared emergency, the Registrar shall immediately take steps to conduct any election that was affected as a result of the operation of article 27.2.1 (Emergency Procedures).

28 APPENDICES

28.1 Appendix – Register Information required by subsection 23(2) of the Code

For ease of reference only, the following information is required to be kept in the Register pursuant to subsection 23(2) of the Code:

1. Each member's name, business address and business telephone number, and, if applicable, the name of every health profession corporation of which the member is a shareholder.
2. Where a member is deceased, the name of the deceased member and the date upon which the member died, if known to the Registrar.
3. The name, business address and business telephone number of every health profession corporation.
4. The names of the shareholders of each health profession corporation who are members of the College.
5. Each member's class of registration and specialist status.
6. The terms, conditions and limitations that are in effect on each certificate of registration.
7. A notation of every caution that a member has received from a panel of the Inquiries, Complaints and Reports Committee under paragraph 3 of subsection 26 (1) of the Code, and any specified continuing education or remedial programs required by a panel of the Inquiries, Complaints and Reports Committee using its powers under paragraph 4 of subsection 26 (1) of the Code.
8. A notation of every matter that has been referred by the Inquiries, Complaints and Reports Committee to the Discipline Committee under section 26 of the Code and that has not been finally resolved, including the date of the referral and the status of the hearing before a panel of the Discipline Committee, until the matter has been resolved.
9. A copy of the specified allegations against a member for every matter that has been referred by the Inquiries, Complaints and Reports Committee to the Discipline Committee under section 26 of the Code and that has not been finally resolved.
10. Every result of a disciplinary or incapacity proceeding.
11. A notation and synopsis of any acknowledgements and undertakings in relation to matters involving allegations of professional misconduct or incompetence before the Inquiries,

Complaints and Reports Committee or the Discipline Committee that a member has entered into with the College and that are in effect.

12. A notation of every finding of professional negligence or malpractice, which may or may not relate to the member's suitability to practise, made against the member, unless the finding is reversed on appeal.
13. A notation of every revocation or suspension of a certificate of registration.
14. A notation of every revocation or suspension of a certificate of authorization.
15. Information that a panel of the Registration Committee, Discipline Committee or Fitness to Practise Committee specifies shall be included.
16. Where findings of the Discipline Committee are appealed, a notation that they are under appeal, until the appeal is finally disposed of.
17. Where, during or as a result of a proceeding under section 25 of the Code, a member has resigned and agreed never to practise again in Ontario, a notation of the resignation and agreement.
18. Where the College has an inspection program established under clause 95 (1) (h) or (h.1) of the Code, the outcomes of inspections conducted by the college.
19. Information that is required to be kept in the Register in accordance with regulations made pursuant to clause 43 (1) (t) of the *Regulated Health Professions Act, 1991*.
20. Information that is required to be kept in the Register in accordance with the by-laws.

28.2 Appendix – Additional Register Information under Article 16.2.2

28.2.1 Information in respect of members

The following additional information shall be kept in the Register in respect of each member of the College:

1. Any changes in the member's name that have been made since he or she obtained a degree in dentistry, if known to the College.
2. The member's registration number.
3. The date when the member's certificate of registration was first issued or, if the member was licensed under Part II of the *Health Disciplines Act*, the date when the member was first licensed by the College.
4. Where the member resigned, the last year during which the person was a member.
5. The university from which the member received his or her degree in dentistry and the year in which the degree was obtained.

6. The classes of certificates of registration held by the member, the date on which each was issued and, if applicable, the termination or expiration date of each.
7. Where the member holds a certificate of registration in a specialty class, the member's specialty and the name of the university and the year in which the member completed his or her specialty training.
8. The address and telephone number of
 - a. the member's principal place of practice in Ontario, and
 - b. all other locations where the member practises.
9. Omitted
10. Omitted
11. Where the member uses or is associated with a member or members who use a practice name, the practice name and the locations for which the name is used.
12. Any information in respect of the member that the member and the College agreed should be included in the Register.
13. Where the member's certificate of registration is subject to any terms, conditions or limitations, other than those applicable to all members holding that class of certificate, the date upon which the terms, conditions or limitations were effective and whether the terms, conditions or limitations were imposed or voluntary.
14. Where the member's certificate of registration was suspended or revoked, the date upon which the suspension or revocation was effective, and where the suspension or revocation was lifted, the date upon which the suspension or revocation was lifted.
15. Where the Inquiries Complaints and Reports Committee has imposed an interim term, condition or limitation on the certificate of registration of a member in connection with an investigation which did not result in a referral to the Discipline Committee or the Fitness to Practise Committee, a notation of that fact, the nature of the order and its effective date, until the matter which was the subject of the investigation is finally concluded by the Inquiries, Complaints and Reports Committee
 - i. 15.1 Where the Inquiries, Complaints and Reports Committee has imposed an interim term, condition or limitation on the certificate of registration of a member in connection with an investigation which resulted in a referral to the Discipline Committee or the Fitness to Practise Committee, a notation of that fact, the nature of the order and its effective date, until the referral is finally concluded by the Discipline Committee or the Fitness to Practise Committee.

16. Where a decision of a panel of the Inquiries, Complaints and Reports Committee made on or after October 1, 2015, includes a requirement that the member attend before a panel of that committee to be cautioned as authorized by paragraph 3 of subsection 26(1) of the Code,
 - a. a notation of that fact, including a summary of the caution,
 - b. the date of the panel's decision, and
 - c. if applicable, a notation that the panel's decision is subject to a review or appeal and therefore not yet final.
17. Where a decision of a panel of the Inquiries, Complaints and Reports Committee made on or after October 1, 2015, includes a requirement that the member complete a specified continuing education or remediation program as authorized by paragraph 4 of subsection 26(1) and subsection 26(3) of the Code,
 - a. a notation of that fact, including the continuing education or remediation program,
 - b. the date of the panel's decision, and
 - c. if applicable, a notation that the panel's decision is subject to a review or appeal and therefore not yet final.
18. Where a member's certificate of registration is suspended for non-payment of a fee, a notation of that fact and the date upon which the suspension took effect.
19. Where a member's certificate of registration is suspended for failure to submit to a physical or mental examination as required by a board of inquiry or the Inquiries, Complaints and Reports Committee, a notation of that fact and the date upon which the suspension took effect and, if applicable, the date upon which the suspension was lifted.
20. Where one or more allegations of professional misconduct or incompetence in respect of the member have been referred to the Discipline Committee on or after October 1, 2015, and have not yet been disposed of,
 - a. a copy of the specified allegations that have been referred,
 - b. the date of the referral,
 - c. the status of the discipline hearing and, if the hearing date has been set, the date set for the hearing, and
 - d. the Notice of Hearing.
21. Where a question of the member's capacity has been referred to the Fitness to Practise Committee and not yet disposed of, a notation of that fact.

22. Where a member resigned while a fitness to practise proceeding was outstanding, a notation of that fact.
23. A summary of any existing restriction on the member's right to practise that has resulted from an undertaking given by the member to the College or an agreement entered into between the member and the College.
24. A summary of any finding of guilt of which the College is aware made by a court on or after January 1, 2015, against a member, in respect of any offence, in any jurisdiction, that the Registrar has reviewed and believes is in the public interest to be posted on the Register.
25. A summary of any existing restriction on the member's right to practise that has been imposed by a court or other lawful authority, if the College is aware of the restriction, including the name of the court or other lawful authority that imposed the restriction and the date the restriction was imposed.
26. Where a decision of the Discipline Committee has been published by the College after March 30, 2000, with the member's name included,
 - a. a notation of that fact, and
 - b. identification of the specific publication containing that information.
27. Where the result of a disciplinary proceeding in respect of the member is contained in the Register, the date on which the panel of the Discipline Committee made its decision.
28. Where the result of an incapacity proceeding in respect of the member is contained in the Register, the date on which the panel of the Fitness to Practise Committee made the finding of incapacity.
29. Where the member is authorized by the College to administer minimal sedation, moderate sedation, deep sedation, and/or general anesthesia,
 - a. a notation of the highest modality of sedation and/or general anesthesia that the member is authorized to administer;
 - b. where the member is a Visiting Member as defined in By-Law 21 (SEDATION AND GENERAL ANAESTHESIA), a notation of that fact and the date of the last inspection carried out under By-Law 21 (SEDATION AND GENERAL ANAESTHESIA) related to that member; and
 - c. a summary of each deficiency found during any inspection carried out under By-Law 21 (SEDATION AND GENERAL ANAESTHESIA) related to the member until the Registrar is satisfied that the deficiency has been rectified.
30. Where the member is the holder of a facility permit issued by the College permitting the administration of moderate sedation, deep sedation, and/or general anesthesia,

- a. a notation of that fact;
- b. the dental practice location named in the facility permit;
- c. a notation of the type of facility permit;
- d. the date of the last inspection of the facility carried out under By-Law 21 (SEDATION AND GENERAL ANAESTHESIA); and
- e. a summary of each deficiency found during any inspection of the facility carried out under By-Law 21 (SEDATION AND GENERAL ANAESTHESIA), until the Registrar is satisfied that the deficiency has been rectified.

31. Where the member is authorized by the College to prescribe, order or take dental CT scans,

- a. a notation of the type(s) of dental CT scans the member is authorized to prescribe, order or take; and
- b. a summary of each deficiency found during any inspection carried out under By-Law 20 (DENTAL CT SCANNERS) related to the member until the Registrar is satisfied that the deficiency has been rectified.

32. Where the member is the holder of a facility permit issued by the College permitting the installation and operation of a dental CT scanner,

- a. a notation of that fact;
- b. the dental practice location named in each facility permit;
- c. a notation of each type of facility permit;
- d. the date of the last inspection of the facility carried out under By-Law 20 (DENTAL CT SCANNERS); and
- e. a summary of each deficiency found during any inspection of the facility carried out under By-Law 20 (DENTAL CT SCANNERS), until the Registrar is satisfied that the deficiency has been rectified.

33. The member's electoral district.

28.2.2 Information in respect of sedation/anesthesia facilities

The following information shall be kept in the Register:

- 1. A listing of each dental practice location for which a facility permit authorizing the administration of moderate sedation, deep sedation, and/or general anesthesia has been issued by the College, including
 - a. the name of the member who is the holder of the facility permit

- b. the type(s) of facility permit(s) issued by the College in relation to that dental practice location;
- c. in the case of a dental practice location for which a Type A Facility Permit has been issued, a notation of the highest modality of sedation and/or general anesthesia that is authorized to be administered at the location;
- d. the name of the dental practice location; and
- e. a summary of each deficiency found during any inspection of the facility carried out under By-Law 21 (SEDATION AND GENERAL ANAESTHESIA) until the Registrar is satisfied that the deficiency has been rectified.

28.2.3 Information in respect of sedation/anesthesia providers

The following information shall be kept in the Register:

1. A listing of each member who has been authorized by the College to administer minimal sedation, moderate sedation, deep sedation, and/or general anesthesia at a dental practice location, including
 - a. the name and registration number of the member;
 - b. a notation of the highest modality of sedation and/or general anesthesia that the member is authorized to administer;
 - c. if the member is a Visiting Member as defined under By-Law 21 (SEDATION AND GENERAL ANAESTHESIA), a notation of that fact and the date of the last inspection carried out under By-Law 21 (SEDATION AND GENERAL ANAESTHESIA) related to the member; and
 - d. a summary of each deficiency found during any inspection carried out under By-Law 21 (SEDATION AND GENERAL ANAESTHESIA) related to the member until the Registrar is satisfied that the deficiency has been rectified.

28.2.4 Information in respect of health professional corporations

The following information shall be kept in the Register in respect of each health profession corporation for which the College has issued a certificate of authorization:

1. The date of issuance of each certificate of authorization of a health profession corporation and whether it is current, suspended, cancelled or revoked.
2. Where the certificate of authorization of a health profession corporation has been suspended or revoked, the date of the suspension or revocation and the reason for the suspension or revocation.

3. Where the certificate of authorization of a health profession corporation has been cancelled, the date of cancellation and a notation that the certificate was cancelled at the request of the corporation which no longer practises dentistry.

28.2.5 Information in respect of dental CT scanner facilities

The following information shall be kept in the Register:

1. A listing of each dental practice location for which a facility permit authorizing the installation and operation of a dental CT scanner has been issued by the College, including
 - a. the name of the member who is the holder of the facility permit;
 - b. the type(s) of facility permit(s) issued by the College in relation to that dental practice location;
 - c. the name of the dental practice location; and
 - d. a summary of each deficiency found during any inspection of the facility carried out under By-Law 20 (DENATL CT SCANNER) until the Registrar is satisfied that the deficiency has been rectified.

28.2.6 Information in respect of dental CT scan providers

The following information shall be kept in the Register:

1. A listing of each member who has been authorized by the College to prescribe, order or take a dental CT scan at a dental practice location, including
 - a. the name and registration number of the member;
 - b. a notation of the type(s) of dental CT scans the member is authorized to prescribe, order or take; and
 - c. a summary of each deficiency found during any inspection carried out under By-Law 20 (DENTAL CT SCANNERS) related to the member until the Registrar is satisfied that the deficiency has been rectified.

~~2.8.3 Appendix—Electoral Districts~~

~~The following are the electoral districts for the purpose of article 6.1.1:~~

- ~~• **District 1**, composed of the counties of Frontenac, Renfrew and Lanark, the united counties of Lennox and Addington, Stormont, Dundas and Glengarry, Prescott and Russell, Leeds and Grenville, and The Regional Municipality of Ottawa Carleton.~~
- ~~• **District 2**, composed of the counties of Hastings, Northumberland, Peterborough, Prince Edward, Victoria and Haliburton, and the regional municipalities of Durham and York.~~

- ~~**District 3**, composed of the territorial districts of Algoma, Cochrane, Kenora, Manitoulin, Nipissing, Rainy River, Thunder Bay and Timiskaming and The Regional Municipality of Sudbury.~~
- ~~**District 4**, composed of the regional municipalities of Halton and Peel.~~
- ~~**District 5**, composed of the counties of Bruce, Dufferin, Grey, Huron and Simcoe, the Territorial District of Parry Sound and The District Municipality of Muskoka.~~
- ~~**District 6**, composed of the counties of Elgin, Essex, Kent, Lambton and Middlesex.~~
- ~~**District 7**, composed of the counties of Brant, Oxford, Perth and Wellington and the regional municipalities of Haldimand Norfolk and Waterloo.~~
- ~~**District 8**, composed of the regional municipalities of Hamilton Wentworth and Niagara.~~
- ~~**District 9**, composed of those portions of The Municipality of Metropolitan Toronto bounded on the north side by Steeles Avenue, on the east by the centre of Bayview Avenue and the centre of the Bayview Extension, on the south by the centre of St. Clair Avenue and easterly projection of St. Clair Avenue to the Bayview Extension, and on the west by the centre of Dufferin Street from St. Clair Avenue to Wilson Avenue, its northerly projection to the recommencement of Dufferin Street at Sheppard Avenue and the centre of Dufferin Street to the centre of Steeles Avenue.~~
- ~~**District 10**, composed of those portions of The Municipality of Metropolitan Toronto bounded on the north by Steeles Avenue, on the west by the westerly boundary of the City of Etobicoke, on the south by the shore of Lake Ontario and on the east by the centre of Dufferin Street from Steeles Avenue to Sheppard Avenue, its southerly projection to the recommencement of Dufferin Street at Wilson Avenue, the centre of Dufferin Street to its southerly terminus and the southerly projection of Dufferin Street to the shore of Lake Ontario.~~
- ~~**District 11**, composed of those portions of The Municipality of Metropolitan Toronto bounded on the north by the centre of St. Clair Avenue and the easterly projection of St. Clair Avenue to the Bayview Extension, on the east by the centre of the Bayview Extension to Pottery Road, the centre of Pottery Road to the Don River and the Don River to the shore of Lake Ontario, on the south by the shore of Lake Ontario and on the west by the centre of Dufferin Street from St. Clair Avenue to its southerly terminus and its southerly projection to the shore of Lake Ontario, and including the Toronto Islands.~~
- ~~**District 12**, composed of those portions of The Municipality of Metropolitan Toronto bounded on the north by Steeles Avenue, on the east by the easterly boundary of the City of Scarborough, on the south by the shore of Lake Ontario and on the west by the centre of Bayview Avenue, the centre of the Bayview Extension to Pottery Road, the centre of Pottery Road to the Don River and the Don River to the shore of Lake Ontario.~~

DELETED ((To be revoked the date of dissolution of electoral districts

28.4 28.3 Code of Ethics

For ease of reference, the following Code of Ethics was adopted by Council under article 11.1.1 (Council to adopt Code of Ethics)

PREAMBLE

The dental profession holds a special place of trust within society. As a result, society extends opportunities and privileges to the profession that are not available to the public at large. In return, the profession makes a commitment that its members will adhere to high standards of clinical expertise and ethical conduct.

The ethical behaviour of dentists is one of the most important factors in the promotion of quality dental care and recognition of dentists as professionals.

Continued public trust in the dental profession and in the principle of profession-led self-regulation is dependent on the commitment of individual dentists to high standards of ethical conduct.

Ethical behaviour is the foundation of the public's continuing trust in the effectiveness of self-regulation.

PRINCIPLES

The following are the primary ethical principles for the practice of dentistry; they are based on the core ethical values of integrity, fairness, beneficence, compassion and respect for patient autonomy.

- The paramount responsibility of a dentist is to the health and well-being of patients.
- Be truthful, obey the law, and provide care with respect for human rights and dignity and without discrimination.
- Commit to the highest level of professionalism by maintaining current competency.
- Respect the right of patients to be cared for by the dentist of their choice.
- Provide timely and competent care that is consistent with the standards of the profession.
- Provide unbiased explanation of options with associated risks and costs, and obtain consent before proceeding with investigations or treatment.
- Recognize limitations and refer patients to others more qualified when appropriate.
- Make the well-being of patients the primary consideration when making referrals to other health-care workers.
- Never overstate or embellish qualifications, including advertising or speech, that could mislead a reasonable person.

- Maintain a safe and healthy office environment for both patients and staff.
- Accept responsibility for the care provided by authorized dental personnel.
- Only provide compromised or unconventional treatment with full disclosure and consent of patients.
- Only make evaluative remarks about the work of others after making reasonable efforts to understand the prior treatment history of patients.
- Maintain appropriate and dignified boundaries in the patient/dentist relationship.
- Protect the confidentiality of the personal and health information of patients.

CORE VALUES

The following core values represent a guide for ethical behaviour for members of the College and are the foundation from which the ethical principles for the practice of dentistry are derived.

- **AUTONOMY**
 - Understanding and respecting patients' rights to make informed decisions based on personal values and beliefs.
- **BENEFICENCE**
 - Maximizing benefits and minimizing harm for the welfare of the patient.
- **COMPASSION**
 - Acting with sympathy and kindness to all patients in alleviating their concerns and pain.
- **FAIRNESS**
 - Treating all individuals, patients, colleagues and third parties in a just and equitable manner.
- **INTEGRITY**
 - Being truthful, behaving with honour and decency and upholding professional standards.

[\[1\]](#) On March 10, 2022, Council passed a motion to amend by-law 13 by adding this article 13.1.01 to by-law 13, which is to take effect on at 12:01am on June 30, 2022.

[\[2\]](#) On March 10, 2022, Council passed a motion to amend by-law 13 by adding this chapter 13.4 to by-law 13, which is to take effect at 12:01am on June 30, 2022.

[3] There is no obligation on the Registrar to reduce the annual fee under this Article as the authority is discretionary, and the Registrar may refuse to reduce the fee for any reason including without limitation the prior conduct of the applicant.

[4] This by-law must be read in conjunction with the Standard of Practice of the Royal College of Dental Surgeons of Ontario.

DRAFT

**COMPENDIUM COMPARISON CHART OF PROPOSED BY-LAW CHANGES –
GOVERNANCE MODERNIZATION RCDSO**

CURRENT	PROPOSED DRAFT	DESCRIPTION/EXPLANATION
DEFINTION “general election” means the election of the elected members of Council conducted in December 2014 and in every second year thereafter;	DEFINTION “general election” means the election of the elected members of Council conducted in December 2014 ~~and in every second year thereafter~~ <u>annually</u> .	Moving to staggered terms means that elections will be held annually in respect of the seats that become vacant every year (four vacant seats in the first year, three in the next year, and three in the following year)
2 MEETINGS OF COUNCIL		
2.2 Initial Meeting of Council 2.2.1 Registrar as Presiding Officer At the initial meeting of Council following a general election, the Registrar shall call the meeting to order and act as the interim Presiding Officer.	2.2 Initial <u>First Regular</u> Meeting of Council 2.2.1 Registrar <u>President</u> as Presiding Officer ~~At the initial meeting of Council following a general election, the Registrar shall call the meeting to order and act as the interim Presiding Officer.~~ <u>Subject to article 2.2.2, at the first regular meeting of the Council after the general election each December, the President shall assume the role of chair of the meeting of Council.</u>	- The implementation of staggered terms means there will be continuity year to year on Council rather than Council election of all seats every two years. Accordingly, the Council meeting after the election is better characterized as the “first” meeting after the general election, rather than initial meeting of a new council. - Under the <i>Dentistry Act</i>, the President and Vice-President must be elected every two years. At the first meeting of Council, if the President’s term is not expired, the President will assume the role of chair – there is no need for an interim Presiding Officer. (See article

CURRENT	PROPOSED DRAFT	DESCRIPTION/EXPLANATION
		2.2.2. below which applies where the President's term expires).
2.2.2 Transition to new Council The mandate of the previous Council expires and the mandate of the new Council begins at the point of calling to order of the initial meeting of Council following a general election.	2.2.2 ~~Registrar as Presiding Officer~~ Registrar as Presiding Officer ~~The mandate of the previous Council expires, and the mandate of the new Council begins at the point of calling to order of the initial meeting of Council following a general election.~~ If the term of incumbent President is expired at the first regular meeting of the Board after the general election, the Registrar shall call the meeting to order and act as the interim Presiding Officer until a new President is elected.	• The new provision allows the Registrar to preside over Council and run the election for President in the alternating years where the incumbent President's term expires. • The implementation of staggered terms means there will be continuity year to year on Council, and accordingly, the notion of the mandate expiring every two years is no longer applicable.
2.3 Election of Executive Committee	2.3 Election of <u>President, Vice-President and</u> Executive Committee	• In the current model, with elections every second December, the President, Vice President and remaining members of the Executive Committee are elected at the first meeting after the general election. In the new model, where there will be elections annually for vacant seats, the proposed by-law provides for election of President, Vice President and the remaining members of Executive every

CURRENT	PROPOSED DRAFT	DESCRIPTION/EXPLANATION
		two years, rather than after every general election.
2.3.1 Call for nominations for President After calling the roll of the initial meeting of Council following a general election, the Registrar shall call for nominations for the office of the President.	2.3.1 Call for nominations for President ~~After calling the roll of the initial meeting of Council following a general election, the Registrar shall call for nominations for the office of the President.~~ Where the term of the incumbent President has expired, at the first regular meeting of the Council after the general election, the Registrar shall call for nominations for the office of the President.	This provision sets out the process for the election of the President every second year.
2.3.12 President to assume chair The President shall immediately assume the chair of the meeting of Council upon election to office.	<u>2.3.12 ~~President to assume chair~~ Term of President, Vice-President and remaining members of the Executive Committee</u> ~~The President, Vice-President and remaining members of the Executive Committee shall immediately assume the chair of the meeting of Council upon election to office.~~	This provision establishes a two-year term for the Executive Committee. The <i>Dentistry Act</i> requires two-year terms for the President and Vice-President. For continuity and efficiency and to mirror current practice, we are proposing a two-year term for the remaining members of the Executive Committee.

CURRENT	PROPOSED DRAFT	DESCRIPTION/EXPLANATION
2.5.1 Initial meeting within two months of elections Council shall hold a meeting within two months after a general election.	2.5.1 Initial meeting within two months of elections Council shall hold a meeting within two months after a general election-, <u>which shall be the first regular meeting of Council.</u>	This change is proposed to ensure clarity and is not intended to and should not change current practice.
5 COMMITTEE PROCEDURE		
5.1.3 Term of committee appointment Unless otherwise provided for in the by-laws, every appointment to a committee expires after Council has completed its appointments for that committee at the first regular meeting of Council following the next general election.	5.1.3 Term of committee appointment Unless otherwise provided for in the by-laws, <u>and subject to article 2.3.13,</u> every appointment to a committee expires after Council has completed its appointments for that committee at the first regular meeting of Council following the next general election.	Currently, Committee appointments occur every two years after the election. We are proposing that Committee appointments continue to occur after each general election (which will be annually going forward). As Council members' terms will be expiring on different schedules, annual review of Committee appointments will be required in any event, and we believe annual appointments will be most efficient.
6 MEMBERS OF COUNCIL		
6.1 Electoral Districts	6.1 Electoral Districts – <u>Transition Provision</u>	The changes in this section address the move towards province-wide elections.
6.1.1 Electoral districts established The twelve electoral districts set out in appendix 28.2.5 are established for the	6.1.1 Electoral districts established <u>Subject to article 6.1.4,</u> ~~The~~ twelve electoral districts set out in appendix 28.2.5 ~~are established~~ <u>continue</u> for the	

CURRENT	PROPOSED DRAFT	DESCRIPTION/EXPLANATION
purpose of the election of members to Council.	purpose of the election of members to Council.	
**NEW	<u>6.1.4 Dissolution of electoral districts</u> <u>The twelve electoral districts shall remain in effect until the election taking place December 2026, at which time all electoral districts are dissolved, to be replaced by province-wide elections in accordance with this by-law.</u>	• This provision addresses the intended dissolution of electoral districts.
**NEW	<u>6.1.5 Extension of Term of Office for Members of Council who Sit on Executive Committee</u> <u>The term of office of the three (3) elected directors who are members of Council and who sit on the Executive Committee as of the date this by-law comes into effect will have their terms of office as elected members continue for one additional year, with their term ending the date of the first general meeting of Council held after the election in December 2027.</u> <u>For greater certainty, the term of office of all other members of Council elected in December 2024 shall continue until the</u>	• To implement staggered terms, prior to the dissolution of the electoral districts, the terms of three elected Council members who sit on the Executive Committee are to be extended so there will be no election for their seats in December 2026 as they will remain on Council for one additional year. • This will provide continuity, which will be particularly important given the intended changes. The seats of the three Executive Committee members whose terms on Council were extended for an additional year will be up for election in December 2027.

CURRENT	PROPOSED DRAFT	DESCRIPTION/EXPLANATION
	<u>date of the first meeting of Council held after the election in December 2026.</u> .	
6.2.1 Number of elected members There shall be one elected member of Council from each electoral district.	6.2.1 Number of elected members - <u>before December 2026</u> <u>Subject to article 6.2.1.1, t</u> There shall be one elected member of Council from each electoral district.	The changes proposed in 6.2.1 and 6.2.1.1 reflect the reduction from 12 Council members who are members of the College to 10, commencing with the December 2026 election.
**NEW	<u>6.2.1.1 Number of elected members – December 2026 election and after</u> <u>Effective the first meeting of Council held after the election in December 2026, there shall be ten (10) elected members of Council.</u>	The changes proposed in 6.2.1 and 6.2.1.1 reflect the reduction from 12 Council members who are members of the College to 10 commencing with the December 2026 election.
6.2.2 Term of office The term of office of an elected member of Council commences at the initial regular meeting of Council following the general election and continues until his or her successor takes office at the initial regular meeting of Council following a subsequent general election.	6.2.2 Term of office – <u>– December 2026</u> ~~The term of office of an elected member of Council commences at the initial regular meeting of Council following the general election and continues until his or her successor takes office at the initial regular meeting of Council following a subsequent general election.~~	To achieve staggered terms, at the next election in December 2026, 7 seats will be open for election and will be accompanied by terms with varying length as follows: the terms of the Council members elected in December 2026 will expire in either 3, 2 or 1 year, depending on how many votes the successful candidate received in December 2026 election.

CURRENT	PROPOSED DRAFT	DESCRIPTION/EXPLANATION
	<u>The terms of office of the seven (7) elected Council members elected in December 2026 will commence at the first meeting of Council following the election and will end, as follows:</u> <u>(a) the three elected Council members who receive the highest number of votes out of all candidates will be elected for a three (3) year term, commencing at the first regular meeting of Council following the December 2026 election and ending after three years when their successor takes office at the first regular meeting of Council following the successor's election.</u> <u>(b) the three elected Council members who received the second highest number of votes of all candidates will be elected for a two (2) year term, commencing at the first regular meeting of Council following the December 2026 election and ending after two years when their successor takes office at the first regular meeting of Council following the successor's election.</u> <u>(c) the one elected Council member who receives the third highest number of</u>	• These staggered term limits based on number of votes will be in place for only one year to achieve the desired result of ensuring continuity on Council. Going forward, in all subsequent elections commencing in December 2027, terms are set at 3 years.

CURRENT	PROPOSED DRAFT	DESCRIPTION/EXPLANATION
	<u>votes of all candidates will be elected for a one (1) year term, commencing at the first regular meeting of Council following the December 2026 election and ending after one year when their successor takes office at the first regular meeting of Council following the successor's election.</u>	
**NEW	<u>6.2.2.1 Term of office - after December 2026</u> <u>The term of office of an elected Council member elected in a general election beginning with the election in December 2027 election will be three (3) years, commencing at the first regular meeting of Council after the election and ending after three years when his or her successor takes office at the initial first regular meeting of Council following the successor's election.</u>	• Going forward, commencing December 2027, all Council members will be elected for three-year terms • In December 2027, four Council members' terms will expire, opening 4 seats for the December 2027 election. The following year, December 2028, there will be 3 seats open for election. The following year, December 2029, there will be 3 seats open for election. This cycle will continue annually.
6.2.3 Maximum term	6.2.3 Maximum term <u>Effective the election in December 2026, ~~a~~A member of the College may be elected</u>	• This extends term limits to three consecutive terms (9 consecutive years on Council). Under the current model, term limits are set to 8

CURRENT	PROPOSED DRAFT	DESCRIPTION/EXPLANATION
A member of the College may be elected to Council in four (4) consecutive general elections.	to Council in ~~four (4)~~ <u>three (3)</u> consecutive ~~general~~ elections. <u>No member of Council may serve on Council for more than nine (9) consecutive years (inclusive of years of service prior to the date this by-law comes into effect).</u> <u>If an elected member reaches the end of his or her maximum service prior to the end of his or her term, the elected member will cease to hold office and his or her position on Council will be filled by way of a by-election in accordance with article 7.10.</u>	years. This is consistent with the Health Professions Procedural Code which provides that a person may be a Council member for more than one term but no person who is elected may be a Council member for more than nine consecutive years.
6.2.4 Cooling off period, elected Council members A member of the College who has been elected to Council in four consecutive general elections is ineligible to stand for election to Council until the general election that is more than five (5) calendar years after the member was last elected as a member of Council.	6.2.4 Cooling off period, elected Council members <u>Effective the general election in December 2026, A</u> ~~a~~ member of the College who has been elected to Council ~~in four~~ <u>for three (3)</u> consecutive ~~terms general elections~~ <u>or who has otherwise served 9 consecutive years on Council</u>, is ineligible to stand for election to Council until the general election that is more than <u>three (3)</u> ~~five (5)~~ calendar years after the member <u>completed their last term</u> ~~was last elected as a member of Council.~~	• This provision modifies the cooling off period to 3 years; it would require an applicant who hits the terms limits to sit out for a 3-year period before running again.

CURRENT	PROPOSED DRAFT	DESCRIPTION/EXPLANATION
**NEW	6.2.6 <u>Selected member of Council counted</u> <u>Service as a selected member of Council shall be counted in determining whether a member of the College is eligible to stand for election under article 6.2.4.</u>	If the candidate served as a “selected” member of Council this would count towards term limits
6.3.2. Term of office The term of office of a selected member of Council commences after the member completes and submits to the Registrar an eligibility questionnaire in the form approved by Council and satisfies the Registrar that the member is eligible to be selected, and continues until the first regular meeting of Council following the next general election after his or her selection.	6.3.2. Term of office The term of office of a selected member of Council commences after the member completes and submits to the Registrar an eligibility questionnaire in the form approved by Council and satisfies the Registrar <u>and Governance Committee</u> that the member is eligible to be selected <u>and ends after three years when their successor is selected and takes office at</u> ~~continues until~~ the first regular meeting of Council following the next general election after <u>their</u> ~~his or her~~ <u>successor's</u> selection.	The terms of office of selected members is the same as the elected members (3 years).

CURRENT	PROPOSED DRAFT	DESCRIPTION/EXPLANATION
6.3.3 Maximum term A selected member of Council may be selected for four consecutive terms.	6.3.3. Maximum Term <u>Effective the general election in December 2026, a member of the College may be selected to Council in three (3) consecutive terms.</u> <u>No selected member of Council may serve on Council for more than nine (9) consecutive years (inclusive of years of service prior to the date this by-law comes into effect).</u> <u>If a selected member reaches the end of his or her maximum service prior to the end of his or her term, the selected member will cease to hold office and his or her position on Council will be filled by selection in accordance with 6.5.5.</u>	The same changes regarding maximum terms and cooling off provisions that apply to elected members also apply to selected members
6.3.4 Cooling off period, selected Council members A selected member of Council who has been selected and served for four (4) consecutive terms is ineligible to be re-selected until more than five calendar years after the member was last selected to be a member of Council.	6.3.4 Cooling off period, selected Council members A selected member of Council who has been selected and served for <u>three (3)</u> ~~four (4)~~ consecutive terms <u>or who has otherwise served 9 consecutive years on Council</u>, is ineligible to be re-selected until more than <u>five three</u> calendar years after the member ~~was last selected to be a member of Council.~~ <u>completed their last</u>	The same changes regarding maximum terms and cooling off provisions that apply to elected members also apply to selected members

CURRENT	PROPOSED DRAFT	DESCRIPTION/EXPLANATION
	<u>term</u> was last elected as a member of Council.	
**NEW	<u>6.3.6 Elected member of Council counted</u> <u>Service as an elected member of Council shall be counted in determining eligibility for under article 6.3.4.</u>	• If the candidate served as an “elected” member of Council this would count towards term limits
6.5.2 Short-term vacancy Where the seat of an elected member of Council becomes vacant in an electoral district not more than six months before the date of the next scheduled general election, the Council may - leave the seat vacant, - appoint a member of the College who would be eligible for election in that electoral district as of the date of his or her appointment, or	6.5.2 Short-term vacancy Where the seat of an elected member of Council becomes vacant ~~in an electoral district~~ not more than six months before the date of the next scheduled general election, the Council may - leave the seat vacant, - appoint a member of the College who would be eligible for election ~~in that electoral district~~ as of the date of his or her appointment, or	• Removing reference to electoral districts

CURRENT	PROPOSED DRAFT	DESCRIPTION/EXPLANATION
c. direct the Registrar to hold a by-election in that electoral district.	c. direct the Registrar to hold a by-election. ~~in that electoral district.~~	
6.5.3 Long-term vacancy Where the seat of an elected member of Council becomes vacant more than six months before the date of the next scheduled general election, the Registrar shall hold a by-election in that electoral district.	6.5.3 Long-term vacancy Where the seat of an elected member of Council becomes vacant more than six months before the date of the next scheduled general election, the Registrar shall hold a by-election. ~~in that electoral district.~~	• Removing reference to electoral districts
6.5.4 Where no nominations Where no eligible candidates are nominated during a by-election to fill a vacancy on Council, Council may a. leave the seat vacant, or b. appoint a member of the College who would be eligible for election in that electoral district as of the date of his or her appointment.	6.5.4 Where no candidates <u>apply</u> nominations Where no eligible candidates <u>apply</u> ~~are nominated~~ during a by-election to fill a vacancy on Council, Council may d. leave the seat vacant, or e. appoint a member of the College who would be eligible for election ~~in that electoral district~~ as of the date of his or her appointment.	• “Nominations” has been changed to “applications” to better reflect the process employed • Removing reference to electoral districts

CURRENT	PROPOSED DRAFT	DESCRIPTION/EXPLANATION
7 ELECTIONS TO COUNCIL		
7.1.1. Election date A general election shall be held on the second Wednesday of December in 2014 and the second Wednesday of December in every second year thereafter.	7.1.1. Election date A general election shall be held on the second Wednesday of December in 2026 ~~14~~ and <u>annually thereafter.</u> ~~the second Wednesday of December in every second year thereafter.~~	In the new model, elections will be held annually
7.2.1 Definitions A “ member’s electoral district ” is the electoral district in which the member is eligible to vote and stand for election on the voting eligibility date, and a. if the member practises at a single location in Ontario, the member’s electoral district is the electoral district in which the member practises; b. if the member does not practise in Ontario, the member’s electoral district is the electoral district in which the member resides; or	7.2.1 Definitions A “ member’s electoral district ” <u>(transitional)</u> is the electoral district in which the member is eligible to vote and stand for election on the voting eligibility date, ~~and~~ <u>up to the December 2026 general election after which time electoral districts are dissolved in accordance with this by-law:</u> a. if the member practises at a single location in Ontario, the member’s electoral district is the electoral district in which the member practises;	The definition of member’s electoral district will be obsolete after December 2026 election. However, in the event of a by-election between when the bylaw amendments are passed and when they take effect, this definition should remain in place.

CURRENT	PROPOSED DRAFT	DESCRIPTION/EXPLANATION
c. if the member practises at more than one location in Ontario, the member's electoral district is the electoral district in which the member's primary practice address is located, unless the member has designated, on or before the voting eligibility date, another electoral district in which the member practises.	b. if the member does not practise in Ontario, the member's electoral district is the electoral district in which the member resides; or c. if the member practises at more than one location in Ontario, the member's electoral district is the electoral district in which the member's primary practice address is located, unless the member has designated, on or before the voting eligibility date, another electoral district in which the member practises.	
7.2.1 Definitions **NEW	<u>The “Competency and Diversity Profile for RCDSO Council Members”, approved by Council, reflects the desired and/or 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 diverse communities the College serves and protects. The Competency and Diversity Profile for RCDSO Council Members may identify specific prerequisites for</u>	• This proposed definition formally defines the Competency and Diversity Profile as a document that is approved by Council which reflects core competencies expected of Council members. It makes explicit that Council may identify required skills in the Competency and Diversity Profile. These required skills will be relied on by the Governance Committee in determining eligibility.

CURRENT	PROPOSED DRAFT	DESCRIPTION/EXPLANATION
	<u>candidates to be selected to run for election or to be appointed as a selected Council member. The Competency and Diversity Profile for RCDSO Council Members reflects Council's view that Council shall be comprised of members who collectively reflect, serve or have experience working with diverse patient populations and communities.</u>	
7.2.1 Definitions **NEW	<u>The “Candidate Profile” developed and proposed by the Governance Committee and approved by Council in advance of each upcoming election, reflects an assessment of the gaps in the skills and attributes of Council as constituted at any given time and as determined with reference to the Competency and Diversity Profile for RCDSO Council Members. With the approval of Council, the Governance Committee will rely on the Candidate Profile to assess the eligibility of candidates seeking election to Council at the next upcoming election.</u>	• This new definition formally defines the Candidate Profile which the Governance Committee will propose for Council's consideration annually, in advance of each election. • The Candidate Profile will identify the specific attributes that a candidate will be required to demonstrate/possess to be eligible to stand for election. • The attributes will be identified by the Governance Committee upon completion of the “gap analysis”. During this process, the Governance Committee will engage in a thorough review of the present composition of Council and identify strengths and weakness which will inform

CURRENT	PROPOSED DRAFT	DESCRIPTION/EXPLANATION
		what type of candidates are required for the upcoming election. • Example: RCDSO is seeking applications from dentists who possess the following skills and attributes: ○ Experience working with patients in small/ rural/ remote/ underserved areas and knowledgeable about the unique needs and challenges of the demographic.
**NEW	<u>7.2.3.1 Council Competencies and Candidate Profile</u> <u>Prior to the Registrar’s call for applications under article 7.4.3, Council shall review and approve the proposed Candidate Profile, prepared by the Governance Committee in conjunction with and in reference to Council’s Competency and Diversity Profile for RCDSO Council Members.</u>	• This operationalizes the process described above.
7.2.4 Eligibility to stand for election Subject to article 7.2.5, a member of the College is eligible to stand for election to	7.2.4 Eligibility to stand for election Subject to article 7.2.5, a member of the College is eligible to stand for election to	• “Nominations” has been changed to “applications” to better reflect the process employed

CURRENT	PROPOSED DRAFT	DESCRIPTION/EXPLANATION
Council in the member's electoral district provided that he or she satisfies all of the following conditions on the deadline for receipt of nominations: [...] b. the member practises dentistry in or, if the member does not practise dentistry, resides in the member's electoral district;	~~Council in the member's electoral district~~ provided that he or she satisfies all of the following conditions on the deadline for receipt of <u>applications</u> ~~nominations~~: [...] b. the member practises dentistry in or, if the member does not practise dentistry, resides in ~~the member's electoral district~~ Ontario;	Removing reference to electoral districts
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) year;	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) year<u>s</u>;	Fixing a typo
q. unless article 7.2.4.1 applies, the member has satisfied the	q. ~~unless article 7.2.4.1 applies, the~~ member has satisfied ~~the former~~	The revision to paragraph q makes it explicit that candidates must (a) meet the

CURRENT	PROPOSED DRAFT	DESCRIPTION/EXPLANATION
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.	~~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.~~ <u>q.01 possesses all the competencies required to be an effective member of Council, as approved by Council and set out in the Competency and Diversity Profile for RCDSO Council Members all of the competencies to be an effective member of Council in a list of competencies approved by Council.</u> <u>q.02 meets the requirements set out in the Candidate Profile approved annually by Council.</u>	required elements of the Competency and Diversity Profile and (b) meet the specifications in the Candidate Profile. • If the applicant does not, the Governance Committee will make a determination that they are not eligible for election.

CURRENT	PROPOSED DRAFT	DESCRIPTION/EXPLANATION
7.2.4.1 Exception Paragraph q of article 7.2.4 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.	Deleted	• This appears obsolete given the new Competency and Diversity Profile
7.2.5 Review by Governance Committee A member who would not otherwise be eligible to stand for election to Council under one or more of paragraphs e.1, e.3, e.4, e.6, j, j.1, and k of article 7.2.4 may submit to the Registrar, along with the member's nomination a written request, a current Curriculum Vitae, and supporting documentation for review by the Governance Committee so as to allow the Governance Committee time to decide if the member shall be deemed to be eligible to stand for election.	7.2.5 Review by Governance Committee A member who would not otherwise be eligible to stand for election to Council under one or more of paragraphs e.1, e.3, e.4, e.6, j, j.1, and k of article 7.2.4 <u>or who may have a disqualifying conflict under paragraph g of article 7.2.4</u> may submit to the Registrar, along with the member's ~~nomination~~ <u>application</u> a written request, a current Curriculum Vitae, and supporting documentation for review by the Governance Committee so as to allow the Governance Committee time to	• "Nominations" has been changed to "applications" to better reflect the process employed • Paragraph (g) of article 7.2.4 provides: 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 or provincial dental association or organization, including a specialty association or organization, or other similar national, international, or provincial association or

CURRENT	PROPOSED DRAFT	DESCRIPTION/EXPLANATION
	decide if the member shall be deemed to be eligible to stand for election.	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 • The question of a disqualifying qualifying interest is a matter of judgment. This provides the Governance Committee with the ultimate authority to determine whether a conflict of interest exists
7.2.5.1 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 7.2.5 and 7.2.8, the member continues to be eligible to stand for future elections 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	7.2.5.1 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 7.2.5 and 7.2.8, the member continues to be eligible to stand for future elections 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	• Removed reference to the Eligibility Review Committee as it is likely obsolete. The Governance Committee may nonetheless consider whether an applicant was deemed eligible by the Eligibility Review Committee, but the applicant must apply.

CURRENT	PROPOSED DRAFT	DESCRIPTION/EXPLANATION
eligible to stand for election.	deemed eligible to stand for election.	
7.2.6 Criteria for review Without limiting Governance Committee's decision making authority to refuse a written request made under article 7.2.5 for other reasons, the Governance Committee shall not exercise its discretion under article 7.2.5 unless:	7.2.6 Criteria for review Without limiting Governance Committee's decision making authority to refuse a written request made under article 7.2.5 for other reasons, the Governance Committee shall not exercise its discretion under article 7.2.5 <u>in respect of paragraphs e.1, e.3, e.4, e.6, j, j.1, and k of article 7.2.4</u> unless:	• See change at 7.2.5 above

CURRENT	PROPOSED DRAFT	DESCRIPTION/EXPLANATION
7.2.7 Criteria for Governance Committee consideration Before making any decision to allow a member to stand for election, the Governance Committee will consider the following criteria in making a decision under article 7.2.5:	7.2.7 Criteria for Governance Committee consideration Before making any decision to allow a member to stand for election, the Governance Committee will consider the following criteria in making a decision under article 7.2.5 <u>in respect of paragraphs e.1, e.3, e.4, e.6, j, j.1, and k of article 7.2.4:</u>	• See change at 7.2.5 above
7.2.7.1 Governance Committee and Competency Requirement A member wishing to satisfy the competency requirement of paragraph q of article 7.2.4 shall provide to the Registrar, along with the member's nomination, a current Curriculum Vitae, and supporting documentation so as to allow the Governance Committee time to decide if the member meets the requirement of that paragraph.	7.2.7.1 Governance Committee and Competency Requirement <u>In order to</u> ~~A member wishing to satisfy the competency requirements of~~ paragraph q of article 7.2.4, <u>the member shall, within the time period specified by the Registrar or Governance Committee:</u> <u>a. provide to the Registrar, along with the member's nomination, a current Curriculum Vitae, together with the member's application;</u>	• The language has been revised to make it clear that satisfaction of paragraph q is required • The by-law anticipates that the Registrar will set requirements as will the Governance Committee. It also grants the Governance Committee the discretion to request/require an applicant to attend for an interview.

CURRENT	PROPOSED DRAFT	DESCRIPTION/EXPLANATION
	<u>b.</u> any ~~and~~ supporting documentation required by the Registrar; and, <u>c.</u> any other information deemed necessary by the Governance Committee, which may <u>include requiring the applicant to attend for an interview.</u> ~~so as to allow the Governance Committee time to decide if the member meets the requirement of that paragraph.~~	
7.3.2 Disputed candidacy A member of the College standing for election to Council in an electoral district may dispute the eligibility of another candidate standing for election in the same district by filing a written notice with the Registrar.	7.3.2 Disputed candidacy A member of the College standing for election to Council ~~in an electoral district~~ may dispute the eligibility of another candidate ~~standing for election in the same district~~ by filing a written notice with the Registrar.	• Removing references to electoral districts
7.4 Nominations and Election Procedure 7.4.1 Registrar to supervise nominations and elections	7.4 ~~Nominations~~ <u>Application</u> and Election Procedure 7.4.1 Registrar to supervise <u>applications</u> ~~nominations~~ and elections	• “Nominations” has been changed to “applications” to better reflect the process employed

CURRENT	PROPOSED DRAFT	DESCRIPTION/EXPLANATION
The Registrar shall supervise the nomination of candidates for and the election of members to Council.	The Registrar shall supervise the ~~nomination~~ <u>application</u> of candidates for and the election of members to Council.	
7.4.3 Registrar to notify The Registrar shall notify every member of the College who is eligible to vote of the following information at least one hundred and ten (110) days prior to the date of an election: - the date, time, place, and method of the election; - the procedure for standing for election; and - the deadline for receipt of nominations. 7.4.4 Nomination procedure	7.4.3 ~~Registrar to notify~~ <u>Notice of election and call for applications</u> The Registrar shall notify every member of the College who is eligible to vote of the following information at least one hundred and ten (110) days prior to the date of an election: The Registrar shall notify every member of the College who is eligible to vote of the following information at least one hundred and ten (110) days prior to the date of an election: - the date, time, place, and method of the election; ~~the procedure for standing for election; and~~ <u>the number of available positions on Council;</u> ~~the deadline for receipt of nominations. the procedure for standing for election~~ <u>including the</u>	• Modifications to the provisions of the by-law setting out the process for elections, to make clear that the call for applications will include the distribution of the Candidate Profile

CURRENT	PROPOSED DRAFT	DESCRIPTION/EXPLANATION
	<u>Candidate Profile approved by Council;</u> and <u>d.</u> the deadline for receipt of ~~nominations~~ <u>applications</u>. <u>Such notification shall be by electronic mail, shall include the Candidate Profile and a link to the application form for election and shall be addressed to each such member at his or her electronic address that is on file with the College. Such notice shall also be published on the website of the College.</u>	
7.4.4 Nomination procedure A member of the College wishing to stand for election to Council shall submit the following information to be received by the Registrar on or before the deadline for the receipt of nominations set by the Registrar: a. a completed nomination using the method and the form approved by the Registrar;	7.4.4 ~~Nomination~~ <u>Application</u> procedure A member of the College wishing to stand for election to Council shall submit the following information to be received by the Registrar on or before the deadline for the receipt of ~~nominations~~ <u>applications</u> set by the Registrar: r. a completed ~~nomination~~ <u>application</u> using the method and	• “Nominations” has been changed to “applications” to better reflect the process employed

CURRENT	PROPOSED DRAFT	DESCRIPTION/EXPLANATION
b. a completed and signed declaration using the method and the form approved by the Registrar; and c. if required to be eligible to stand for election, the written request referred to in article 7.2.5. and/or article 7.2.7.1.	the form approved by the Registrar; s. a completed and signed declaration using the method and the form approved by the Registrar; and t. if required to be eligible to stand for election, the written request referred to in article 7.2.5. ~~and/or article 7.2.7.1.~~	
**NEW	7.4.4.1. <u>Decisions on Eligibility</u> <u>No later than 45 days before the election, the Governance Committee shall provide the Registrar with a list of all eligible candidates.</u>	After applications are received, Staff and Governance Committee vet for eligibility, and eligibility determinations are made. The Governance Committee provides the Registrar with a list of all eligible candidates
7.4.7 Where no nominated candidates Where no eligible candidate is nominated in an electoral district, the Registrar shall hold a by-election for that electoral district in accordance with the by-laws.	7.4.7 Where no ~~nominated~~ <u>eligible candidates apply</u> ~~candidates~~ Where no eligible candidate <u>apply</u> is ~~nominated in an electoral district~~, the Registrar shall hold a by-election ~~for that electoral district~~ in accordance with the by-laws.	“Nominations” has been changed to “applications” to better reflect the process employed; - References to electoral districts have been removed

CURRENT	PROPOSED DRAFT	DESCRIPTION/EXPLANATION
7.4.8 Where no nominated candidates in by-election Where no eligible candidate is nominated during a by-election in an electoral district, Council may - leave the seat vacant, or - appoint a member of the College who would be eligible for election in that electoral district as of the date of his or her appointment.	7.4.8 Where no ~~nominated~~ candidates in by-election Where no eligible candidate is ~~nominated~~ <u>applies</u> during a by-election, ~~in an electoral district~~, Council may - leave the seat vacant, or - appoint a member of the College who would be eligible for election ~~in that electoral district~~ as of the date of his or her appointment.	“Nominations” has been changed to “applications” to better reflect the process employed; - References to electoral districts have been removed
7.5.1 Election by acclamation Where there is only one eligible candidate nominated to stand for election to Council in an electoral district, the Registrar shall declare that candidate to be elected by acclamation.	7.5.1 Election by acclamation ~~Where there is only one eligible candidate nominated to stand for election to Council in an electoral district, the Registrar shall declare that candidate to be elected by acclamation.~~ <u>If the number of candidates who have applied for and are eligible for election to Council is less than or equal to the number of members to be elected in that election, the Registrar shall declare the</u>	The acclamation process revised to match the format of province-wide elections

CURRENT	PROPOSED DRAFT	DESCRIPTION/EXPLANATION
	<u>candidate or candidates elected by acclamation.</u> <u>If the number of candidates elected by acclamation is less than the number of members that were to be elected in that election, the Registrar shall, as soon as possible, call a by-election for the remaining seat or seats.</u>	
7.6.2 One vote per member A member of the College shall not cast more than one vote in a general election.	7.6.2 ~~One vote per member~~ <u>Voting</u> <u>In each annual election, each member of the College eligible to vote may vote for up to the number of candidates as there are vacancies on Council.</u> A member of the College shall not cast more than one vote ~~in a general election.~~ <u>for any one candidate.</u>	• With province wide elections, members may vote for as many different candidates as there are number of seats available on Council but cannot vote for the same candidate more than once.

CURRENT	PROPOSED DRAFT	DESCRIPTION/EXPLANATION
7.7 Tied Votes 7.7.1 Full equality of votes determined by lot Where in an election to Council all of the candidates in an electoral district receive an equal number of votes, the Registrar shall break the tie by lot in a meeting, held in person or electronically as the Registrar shall determine, to which at least one member of the Governance Committee is present.	7.7 <u>Election Results</u> ~~Tied Votes~~ 7.7.1 <u>Successful candidates</u> <u>Successful candidates in an election will be those with the highest and next highest number of votes, and so on until the number of successful candidates equals the number of members to be elected in that election.</u>	• In the proposed revised by-law, the section on Election Results precedes the section on Tied Votes to assist with readability • The tabulation of results is revised to match the format of province-wide elections
7.7.2 Partial equality of votes determined by run-off election Where in an election to Council in an electoral district at least two candidates receive the highest number of votes and at least one candidate receives fewer votes, a run-off election shall be conducted between only those candidates who received the highest number of votes in the manner provided in article 7.7.3.	DELETED (and replaced with 7.8.2)	• The provisions for partial equality of votes are not necessary or operable where there are province-wide elections for multiple seats • Example: There are 4 seats open for election and 10 candidates: Three candidates, A, B and C each receive 10 votes; One candidate, D, receives 8 votes and the remaining candidates E- J receives less than 8 votes. A, B, C and D are elected. There is no need for run-off election.
7.7.3 Run-off election procedure	DELETED	• See above. The provisions for partial equality of votes and the procedure for run-off

CURRENT	PROPOSED DRAFT	DESCRIPTION/EXPLANATION
A run-off election shall be conducted in the same manner as provided in chapter 7.6 (Voting Procedure) with such necessary modifications, including that a. chapter 7.1 (Timing of Elections) and chapter 7.4 (Nominations and Election Procedure) shall not apply; b. the only candidates for election shall be those who obtained the highest number of votes in the election that gave rise to the run-off election; c. the Registrar shall determine the date of the run-off election and the deadline for receipt of ballots, bearing in mind the need to complete the run-off election prior to the next regular meeting of Council; and d. where the run-off election results in a full or partial equality of votes cast for the candidates, the registrar shall break the tie between those candidates holding the highest number of votes by lot in a meeting, held in person or electronically as the Registrar		elections are not necessary or operable where there are province wide elections for multiple seats

CURRENT	PROPOSED DRAFT	DESCRIPTION/EXPLANATION
shall determine, to which at least one member of the Governance Committee is present		
	7.7.2 <u>Registrar to notify</u> <u>As soon as possible following the tabulation of the vote in an election, the Registrar shall:</u> <u>a. notify each eligible candidate of the results of the election and the number of votes cast for each candidate;</u> <u>b. notify each eligible candidate that he or she may require a recount; and</u> <u>c. where the Registrar broke a tie vote by lot, notify each eligible candidate of the manner in which the tie was broken and who was present when the Registrar broke the tie.</u>	• This provision is in the current by-laws (7.8.2)

CURRENT	PROPOSED DRAFT	DESCRIPTION/EXPLANATION
7.8 Election Results 7.8.1 Successful candidate The successful candidate in a general election is the eligible candidate who received the highest number of votes or whose name was chosen by the Registrar by lot in accordance with article 7.7.1 or article 7.7.3’[-p-	7.8 <u>Tied Votes</u> 7.81 <u>Determined by Lot</u> ~~The successful candidate in a general election is the eligible candidate who received the highest number of votes or whose name was chosen by the Registrar by lot in accordance with article 7.7.1 or article 7.7.3.~~ <u>If there is a tie in an election of elected members and it is necessary to break the tie to determine who will be the successful candidate, the Registrar shall break the tie, by lot, and then declare the candidate elected.</u>	• In the revised by-law, the section on Tied Votes precedes the section Election Results to ensure readability • In province wide elections, ties do not necessarily need to be resolved unless the tie occurs for the “last” seat available. In such cases, ties may be resolved by lot. • Example: There are 4 seats open for election and 10 candidates: Three candidates A, B and C each receive 10 votes, the highest number of votes. There is no need to break the tie, as there are 4 seats, so the 3 top candidates each get a seat. • There is one seat (the fourth seat) remaining to be filled. Three candidates, D, E and F each receive 8 votes and the remaining candidates H- J receive less than 8. • The Registrar shall break the tie for the fourth seat by drawing lots to decide who among D, E and F are declared the successful candidate.
7.8.2 Registrar to notify	Re-numbered as 7.7.2	

CURRENT	PROPOSED DRAFT	DESCRIPTION/EXPLANATION
As soon as possible following the tabulation of the vote in an election, the Registrar shall - notify each eligible candidate of the results of the election and the number of votes cast for each candidate; - notify each eligible candidate that he or she may require a recount; and - where the registrar broke a tie vote by lot, notify each eligible candidate of the manner in which the tie was broken and who was present when the registrar broke the tie.		
7.10.1 By-election procedure A by-election in an electoral district shall be held in the same manner as a general election in that district, and the provisions of this by-law applicable to a general election shall apply with such necessary modifications, except all time limits and deadlines specified for the holding of a	7.10.1 By-election procedure A by-election ~~in an electoral district~~ shall be held in the same manner as a general election ~~in that district~~, and the provisions of this by-law applicable to a general election shall apply with such necessary modifications, except all time limits and deadlines specified for the holding of a	References to electoral districts have been removed

CURRENT	PROPOSED DRAFT	DESCRIPTION/EXPLANATION
general election do not apply with respect to the by-election, and b. the Registrar shall be responsible for all aspects of the by-election, including setting the date of the by-election and determining all other dates and deadlines required to hold the by-election	general election do not apply with respect to the by-election, and b. the Registrar shall be responsible for all aspects of the by-election, including setting the date of the by-election and determining all other dates and deadlines required to hold the by-election.	
8 SELECTIONS TO COUNCIL		
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 satisfies all of the following conditions on the date of his or her selection: q. unless article 8.1.1 applies, the member has satisfied the former Eligibility Review Committee or the Governance Committee that the member	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 satisfies all of the following conditions on the date of his or her selection: a. ~~unless article 8.1.1 applies,~~ the member has satisfied the ~~former Eligibility Review Committee or the~~ Governance Committee that	These changes mirror the changes above to the eligibility requirements for elected members

CURRENT	PROPOSED DRAFT	DESCRIPTION/EXPLANATION
has all of the competencies to be an effective member of Council as set out in a list of competencies approved by Council.	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.~~ <u>q.02 possesses all the competencies required to be an effective member of Council, as approved by Council and set out in the Competency and Diversity Profile for RCDSO Council Members; and,</u> <u>q.02 meets the requirements set out in the Candidate Profile approved annually by Council.</u>	
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	Deleted	• These changes mirror the changes above to the eligibility requirements for elected members

CURRENT	PROPOSED DRAFT	DESCRIPTION/EXPLANATION
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. 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 <u>or who may have a disqualifying conflict under paragraph g of article 8.1.1</u> 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	These changes mirror the changes above to the eligibility requirements for elected members

CURRENT	PROPOSED DRAFT	DESCRIPTION/EXPLANATION
	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.	8.1.2.1 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. .	These changes mirror the changes above to the eligibility requirements for elected members
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	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	These changes mirror the changes above to the eligibility requirements for elected members

CURRENT	PROPOSED DRAFT	DESCRIPTION/EXPLANATION
its discretion under article 8.1.2 unless:	<u>in respect of paragraphs e.1, e.3, e.4, e.6, j, j.1, and k of article 8.1.1</u> unless:	
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:	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 <u>in respect of paragraphs e.1, e.3, e.4, e.6, j, j.1, and k of article 8.1.:</u>	These changes mirror the changes above to the eligibility requirements for elected members
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.	8.1.4.1 Governance Committee and Competency Requirement ~~A member wishing to satisfy the competency~~ <u>In order to satisfy the requirements</u> of paragraph q of article 8.1.1, <u>the member shall, within the time period specified by the Registrar or Governance Committee:</u> <u>a. provide to the Registrar a current Curriculum Vitae, together with the member's application and supporting documentation, at</u>	These changes mirror the changes above to the eligibility requirements for elected members

CURRENT	PROPOSED DRAFT	DESCRIPTION/EXPLANATION
	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. <u>b. any supporting documentation required by the Registrar; and,</u> <u>c. any other information deemed necessary by the Governance Committee, which may include requiring the applicant to attend for an interview.</u>	
14 DISQUALIFICATIONS, GENERAL		
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	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	• “Nominations” has been changed to “applications” to better reflect the process employed;

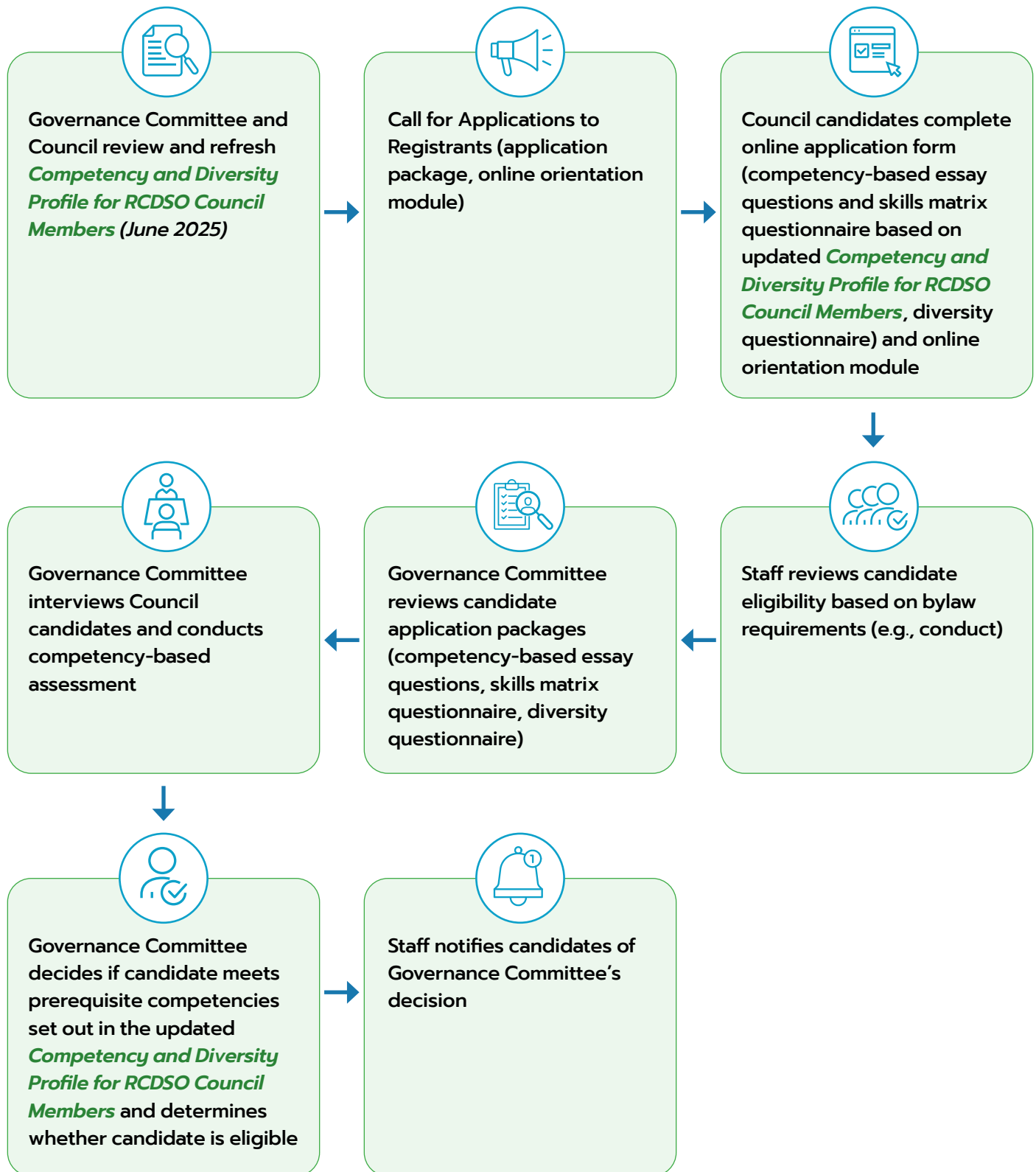
CURRENT	PROPOSED DRAFT	DESCRIPTION/EXPLANATION
or required by the by-laws, including without limitation any default that originates after the deadline for receipt of nominations, in the case of an elected member of Council, or after the member's selection, in the case of a selected member, will not be disqualified under article 14.3.1, but shall not serve on Council or any committee until the default is remedied.	or required by the by-laws, including without limitation any default that originates after the deadline for receipt of <u>applications</u> ~~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,	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,	• "Nominations" has been changed to "applications" to better reflect the process employed;

CURRENT	PROPOSED DRAFT	DESCRIPTION/EXPLANATION
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.	that originates after the deadline for receipt of ~~nominations~~ applications, 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.	
14.3.1 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;	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~~ Governance Committee under article 7.2.5;	• The reference to the Eligibility Review Committee is replaced by reference to the Governance Committee

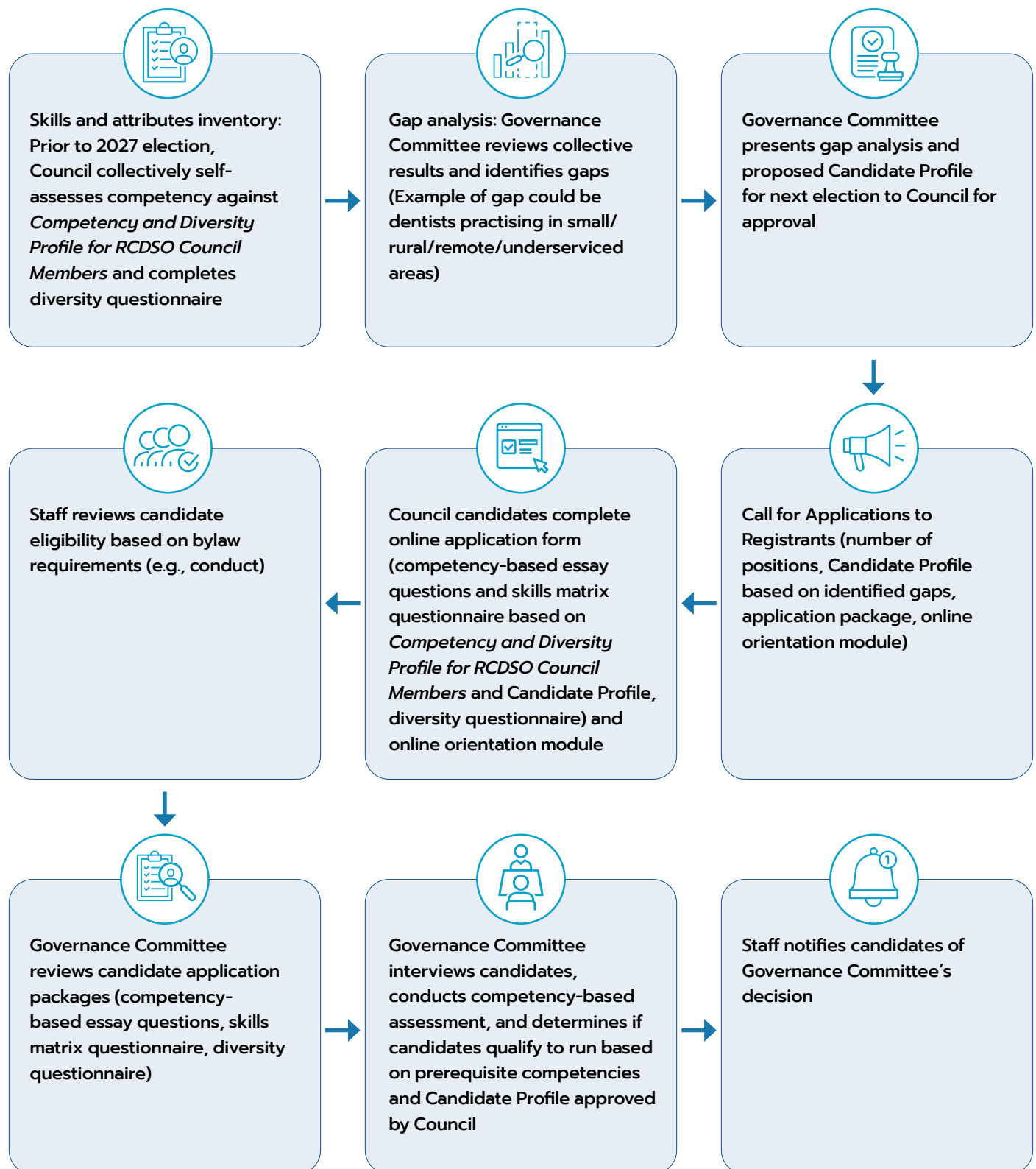
CURRENT	PROPOSED DRAFT	DESCRIPTION/EXPLANATION
Selected members of Council 14.3.2. Council shall disqualify a selected member of Council where the member is found to meet any of the following criteria: a. Council determines that the member had not met one or more of the eligibility conditions in article 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;	Selected members of Council 14.3.2. 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~~ Governance Committee under article 8.1.2;	
16 THE REGISTER		
16.1.1 Definitions In this by-law, a “designated election address” means the address of a member of the College employed for the purpose of elections to Council, which is a. the address in Ontario where the member practices b. the address designated by the	DELETED (To be revoked the date of dissolution of electoral districts)	The definition is no longer necessary when the RCDSO moves to province wide elections

CURRENT	PROPOSED DRAFT	DESCRIPTION/EXPLANATION
member, if the member practices at more than one address in Ontario, or c. the address in Ontario where the member resides, if the member does not practice in Ontario;		
28.3 Appendix Electoral Districts	DELETED (To be revoked the date of dissolution of electoral districts)	• The Appendix is no longer necessary when the RCDSO moves to province wide elections

Council candidate assessment process for the 2026 election (current process), guided by the updated *Competency and Diversity Profile for RCDSO Council Members*



Enhancements to the Council candidate assessment process that will take effect for the 2027 election and beyond



Call for Applications for Inaugural Province-wide 2026 Council Election

The Royal College of Dental Surgeons of Ontario (RCDSO) is inviting applications from dentists to run for seven open seats on Council in our first-ever province-wide election, happening in December 2026.

Council is the College's governing body. It sets strategy, develops policy and makes decisions that protect the public and guide the dentistry profession in Ontario.

Council includes elected dentists, public members and representatives from Ontario's dental schools.

This election marks a shift from past elections. Key changes include:

- Annual province-wide elections and voting for vacant seats
- A smaller Council (10 elected dentists)
- Three-year terms of office
- Staggered terms

Transition year terms

In this first election under the new model, seven dentists will be elected to serve terms of one, two, or three years. Term length will be based on the number of votes each candidate receives.

We're looking for dentists with a wide range of skills, experiences and backgrounds that can also support [RCDSO's Equity, Diversity and Inclusion Commitment Statement](#).

How to apply

1. Complete a short online orientation
2. Review the *Competency and Diversity Profile for RCDSO Council Members*
3. Fill out the online application form
4. Participate in a competency-based assessment

Deadline to apply: September 20 at 4:00 p.m.

Visit our [Election 2026 webpage] to learn more about the 2026 Council elections or email us at elections@rcdso.org with questions. We look forward to hearing from dentists who want to help shape the future of the profession.

Simulation Data for Demonstration Purposes: 2027 Council Gap Analysis

Governance Committee presentation to Council – April 2027

The following is simulation
data for demonstration
purposes only

①

Patient populations served by Council professional members in the past 5 years: Key findings based on survey data (n=12)



Indigenous
(75%)

Mental health/
addictions needs
(92%)

Rural/remote
communities (22%)

Presented at low-cost
dental clinics/
patients in low-
income communities
(90%)

Immigrant status
(90%)

April 2027 public and professional Council member Diversity Questionnaire results: Key findings based on survey data (n=23)



Practise/reside in GTA (78%)

Call for Applications for 2027 Council Election

The Royal College of Dental Surgeons of Ontario (RCDSO) is inviting applications from dentists to run for four open seats on Council in the annual province-wide election, happening in December 2027.

Council is the College's governing body. It sets strategy, develops policy and makes decisions that protect the public and guide the dentistry profession in Ontario.

Council includes elected dentists, public members, and representatives from Ontario's dental schools.

In this second election under the new model, four dentists will be elected to serve full three-year terms.

To support a competency and diversity-based election, RCDSO conducted a gap analysis comparing the current Council makeup against the *Competency and Diversity Profile for RCDSO Council Members* to determine the skills and attributes to be targeted in the upcoming 2027 election.

The Candidate Profile approved by Council for the 2027 election reflects an assessment of the current gaps in the skills and attributes of Council. RCDSO is seeking applications from dentists who possess the following skills and attributes:

- **Experience working with patients in small/rural/remote/underserviced areas and knowledgeable about the unique needs and challenges of the demographic.**

Interested dentists can apply to be considered for the 2027 candidate slate. The Governance Committee will assess the eligibility of candidates seeking election to Council and will identify candidates whose skills and attributes align with the needs identified in the Candidate Profile to appear on the election ballot.

How to apply

1. Complete a short online orientation
2. Review the *Competency and Diversity Profile for Council Members*
3. Fill out the online application form
4. Participate in a competency-based assessment

Deadline to apply: September 20 at 4:00 p.m.

Visit our [Election 2027 webpage] to learn more about the 2027 Council elections or email us at elections@rcdso.org with questions. We look forward to hearing from dentists who want to help shape the future of the profession.

Simulation Data for Demonstration Purposes: 2028 Council Gap Analysis

Governance Committee presentation to Council – April 2028

The following is simulation
data for demonstration
purposes only

①

April 2028 Professional Council Member Diversity Questionnaire Results: Key findings based on survey data (n=12)



Less than 10 years of dentistry practice (0%)

Call for Applications for 2028 Council Election

The Royal College of Dental Surgeons of Ontario (RCDSO) is inviting applications from dentists to run for three open seats on Council in the annual province-wide election, happening in December 2028.

Council is the College's governing body. It sets strategy, develops policy and makes decisions that protect the public and guide the dentistry profession in Ontario. Council includes elected dentists, public members and representatives from Ontario's dental schools.

In this election, three dentists will be elected to serve full three-year terms.

To support a competency and diversity-based election, RCDSO conducted a gap analysis comparing the current Council makeup against the *Competency and Diversity Profile for RCDSO Council Members* to determine the skills and attributes to be targeted in the upcoming 2028 election.

The Candidate Profile approved by Council for the 2028 election reflects an assessment of the current gaps in the skills and attributes of Council. RCDSO is seeking applications from dentists who possess the following skills and attributes:

- **Dentists with 10 or less years in dentistry practice.**

Interested dentists can apply to be considered for the 2028 candidate slate. The Governance Committee will assess the eligibility of candidates seeking election to Council and will identify candidates whose skills and attributes align with the needs identified in the Candidate Profile to appear on the election ballot.

How to apply

1. Complete a short online orientation
2. Review the *Competency and Diversity Profile for Council Members*
3. Fill out the online application form
4. Participate in a competency-based assessment

Deadline to apply: September 20 at 4:00 p.m.

Visit our [Election 2028 webpage] to learn more about the 2028 Council elections or email us at elections@rcdso.org with questions. We look forward to hearing from dentists who want to help shape the future of the profession.

COUNCIL BRIEFING NOTE

TOPIC: Revised Draft *Artificial Intelligence in Dentistry* Guidance for Final Approval

September 18, 2025

FOR DECISION

ISSUE:

- A revised draft *Artificial Intelligence (AI) in Dentistry* Guidance document has been developed following external public consultation in spring of 2025. Council is provided with an overview of the consultation feedback received and the proposed revisions made to the draft Guidance in response.
- Council is asked for its feedback on the revised draft *AI in Dentistry* Guidance and whether it approves the revised draft Guidance as a Guidance document of the College.

PUBLIC INTEREST:

- RCDSO Standards of Practice and other resources support the public interest by ensuring that dentists understand and fulfil their legal, professional, and ethical obligations when providing care.
- The *AI in Dentistry* Guidance serves the public interest by ensuring that dentists use AI responsibly and ethically in their professional practice, guided by the patients' best interest.

BACKGROUND:

- In 2024, the Policy Team put forward a recommendation to the Quality Assurance Committee (QAC) that the RCDSO develop guidance for dentists on the use of AI as part of the Standards Prioritization project.¹ Following QAC's approval, work has been underway to develop guidance for registrants on the use of AI in dentistry, consistent with the [Standards Review and Development Process](#).
- To help inform this work, a preliminary public consultation was held from May 13 to July 14, 2024 to better understanding various parties' views (including dentists, patients, system partners, and subject-matter experts) on AI in dentistry.
- RCDSO also obtained feedback from the Health Profession Regulators of Ontario's (HPRO) [Citizen Advisory Group](#) (CAG) via a virtual session co-sponsored by nine Ontario regulatory health colleges.²
- Following analysis of preliminary research (primarily a jurisdictional and literature review) and the preliminary consultation feedback, a draft *AI in Dentistry* Guidance document was developed. The document sets out guidance for registrants on the use of AI, including foundational principles, recommendations for assessing and using AI, transparency and disclosure, and protecting personal health information.

¹ See [page 120 of the June 2023 Council Meeting materials](#) for an overview of the Policy Team's "Standards Prioritization Framework". As part of the Standards prioritization analysis, AI was deemed a high priority by policy staff, due to the rapidly evolving nature of this technology and its potential to directly impact patient care and pose a risk to patients.

² CAG is a group composed of patients and caregivers who provide feedback to health regulatory colleges on topics such as standards of practice, policies, strategic priorities, and communications directed to the public.

- The draft Guidance was also developed with input from RCDSO's Standing Policy Working Group (SPWG)³, staff Clinical Leads (Drs. Vicky Nguyen and Kalyani Baldota), external subject-matter experts (Drs. Peter Fritz and Zubin Austin)⁴, and CAG.
- To ensure accuracy, comprehensiveness, and clarity of the draft Guidance, RCDSO released the draft for general consultation from March 31 to May 30, 2025, which was principally undertaken via online survey.⁵ In addition, a survey was sent to the CAG to obtain patient and caregiver perspectives.⁶

CURRENT STATUS:

- The draft *AI in Dentistry* Guidance (**Appendix A**) has been revised, informed by all feedback received to date. Revisions following the recent consultation were made to increase clarity and readability.
- A companion FAQ document has been developed to answer common questions and provide additional detail on topics found in the draft Guidance, for example: ensuring an AI tool is safe and secure, reporting AI errors or incidents, using AI in an environmentally sustainable way, disclosure to patients, documentation when using AI, and accommodating patient's wishes around use of AI.

Overview of Consultation Feedback

- A total of 38 responses were received during the consultation period through online surveys and email:
 - o 22 survey responses were received in response to RCDSO's general consultation survey. A majority of respondents were dentists (77%), and the rest were patients/members of the public (9%), other oral health care professionals (5%), and unknown (9%).
 - o 13 surveys were received from CAG members, providing patient and caregiver perspectives.
 - o Three organizations provided feedback by email: the [Ontario Dental Association](#) (ODA), [Canadian Dental Protective Association](#) (CDPA), and [Canadian Life & Health Insurance Association](#) (CLHIA).
- As a caveat, participation in the consultation was voluntary and no attempt has been made to ensure that the sample of participants is representative of any sub-population. As a result, the feedback is not representative of the opinions of any general demographic group and cannot be generalized.
- A high-level overview of key themes and findings from the feedback is provided below. For optional reading, survey reports for the [general consultation survey](#) and [CAG survey](#) contain a more comprehensive summary of the feedback.

General Consultation and CAG Feedback

- Overall, respondents across both surveys supported the principles and recommendations within the draft Guidance. Some respondents recognized that AI is new and evolving, and that the Guidance may need to be modified as the circumstances and technology changes and develops.
- A majority of dentist respondents (69%) reported that they were not currently using AI in their practice. The top reasons cited included not being knowledgeable enough about the technology or not being confident in the accuracy or validity of AI.

³ The SPWG consists of Dr. Harinder Sandhu, Dr. Antony Liscio, Dr. Anthony Mair, Dr. Osama Soliman, Dr. Nalin Bhargava, Dr. Nancy DiSanto, Dr. Deborah Wilson, Sharon Rogers, Nizar Ladak, Patti Latimer, and Eleonora Fisher.

⁴ Dr. Fritz is a practicing periodontist in Fonthill, Ontario; Chair of RCDC's Task Force on AI and Emerging Digital Technology; and Adjunct Professor at McMaster University and Brock University. Dr. Austin is a Professor at the Leslie Dan Faculty of Pharmacy and Academic Director for the Centre for Practice Excellence at the University of Toronto, whose research focuses on health professionals and the health workforce, and the use of AI in professional regulation.

⁵ RCDSO sent invitations to participate in the consultation to registrants and a broad range of interested parties. A notice was posted on RCDSO's [website](#) and social media platforms and reminders were sent at strategic points during the consultation period.

⁶ A joint consultation survey seeking feedback on the draft *Foundations of Professionalism* and draft *AI in Dentistry* Guidance was sent to the CAG. The section on AI in dentistry was a condensed version of the general consultation survey posted by RCDSO.

- o When asked to what extent they would be more likely to adopt AI if RCDSO developed guidance, most indicated they were much more likely (27%) or somewhat more likely (45%).
- A very small minority of survey respondents expressed overall concern about the use of AI and were generally against the use of AI or fearful of the potential harms AI could cause.

Draft Guidance: Principles

- Survey respondents were asked about the following principles in the draft *AI in Dentistry* Guidance:
 1. The responsible and ethical use of AI in dentistry is guided by what is in the best interests of patients.
 2. The responsible and ethical use of AI involves implementation of AI in a manner that is safe, transparent, unbiased, non-discriminatory, and safeguards patient privacy and confidentiality.
 3. AI in dentistry has the potential to benefit dentists and patients by improving the delivery of safe and quality oral health care, improving patient outcomes, and enhancing the patient experience.
 4. AI is not a substitute for dentists' clinical or professional judgment. Dentists remain responsible and accountable for their clinical care, decision-making, and documentation.
- In general, most respondents agreed with the draft principles above.
- Across both surveys, principle 4 (above) had the highest level of agreement (81% of general consultation survey respondents and 92% of CAG survey respondents strongly agreed).
- Across both surveys, principle 3 (above) had the lowest level of agreement (43% of general consultation survey respondents and 46% of CAG survey respondents strongly agreed).
 - o Some respondents noted that the benefits of AI may not yet be proven and that there is also the potential for AI to result in harm. It was suggested that this principle could be clarified by noting that there are benefits *after* AI has been tested and shown to be effective.

Draft Guidance: Using AI

- Survey respondents were asked to assess the following recommendations for dentists in the draft Guidance based on their ease of understanding, importance, and reasonableness:
 1. Critically review and evaluate all AI-generated outputs for accuracy, completeness, and biases and/or stereotypical associations.
 2. Ensure that decisions made and implemented with the support of AI take into consideration the patient's unique characteristics, circumstances, and clinical presentation.
 3. Maintain an audit system which allows AI-generated outputs and AI-supported decision-making to be tracked and AI performance to be monitored.
 4. Review and evaluate AI-generated gaps, errors, and adverse events to identify contributing factors, implement improvements, and take appropriate corrective actions (e.g., report problems to the manufacturer and developer of the AI tool, report privacy breaches to the Information and Privacy Commissioner, ensure the tool is up-to-date, discontinue use of the AI tool).
- The majority of respondents in both surveys agreed with the importance of these recommendations.
 - o CAG members expressed greater overall agreement with these recommendations (77% to 85% strongly agreed) compared to general consultation respondents (57% to 71% strongly agreed).
 - o In terms of importance, general consultation respondents agreed the most with recommendation 2 (71% strongly agreed) and the least with recommendations 3 and 4 (57% and 67% strongly agreed, respectively). In particular, recommendation 3 had a lower level of agreement (53% strongly agreed) compared to other recommendations in terms of its reasonableness for dentists to apply in practice.

- Both groups expressed some concerns about the implementation of the recommendations, indicating that it could be difficult, time-consuming, and an additional burden for dentists.

Draft Guidance: Transparency and Disclosure

- Survey respondents were asked to assess the following recommendations for dentists in the draft Guidance based on their ease of understanding, importance, and reasonableness:
 1. Inform individuals when they are interacting with AI rather than with a human.
 2. Prior to its use, inform patients when AI will be used in a manner that will directly impact their care or clinical decision-making (e.g., what AI is being used, for what purposes, its benefits and limitations). Document these discussions.
 3. Provide reasonable accommodation, when possible, to patients who express a desire for no or minimal involvement of AI in the delivery of their care.
- The majority of respondents in both surveys agreed with the importance of these recommendations.
 - o CAG members expressed greater agreement overall with these recommendations (85% to 92% strongly agreed) compared to general consultation respondents (55% to 65% strongly agreed).
 - o In open-ended feedback, CAG members tended to emphasize the importance of patient choice and the ability of patients to refuse or opt out from dentists using AI in their care.
 - o General consultation respondents expressed a lower level of agreement than CAG members around how reasonable it would be for dentists to apply the recommendations in practice.
- Some respondents asked for greater clarity and specificity around what documentation under recommendation 2 would consist of when discussing AI use with patients.

Evaluating the Draft Guidance

- This summary includes only general consultation survey respondents, as CAG members were not asked to read the draft Guidance in full. Respondents were asked to what extent they agreed that the draft Guidance is easy to understand, comprehensive, and reasonable for dentists to apply in practice.
 - o Most respondents agreed that the draft Guidance is easy to understand (69% strongly or somewhat agreed) and comprehensive (70% strongly or somewhat agreed).
 - o While nearly half of respondents agreed that the draft Guidance is reasonable to apply in practice (46% strongly or somewhat agreed), this statement had the highest level of disagreement (38% somewhat or strongly disagreed).
- Open-ended feedback included suggestions to improve the draft such as with further explanation of terminology and concepts; specific direction on documentation; greater emphasis on the limitation of data sets; and reflecting the role RCDSO should play in approving use of AI products.

Organizational feedback

- A summary of feedback from the ODA, CDPA, and CLHIA is provided below. In general, the organizations recognized the role and potential of AI in dentistry and supported the draft Guidance.
- The ODA stated it was supportive, in principle, of RCDSO's balanced, evidence-informed approach toward AI in dentistry. The ODA agreed that dentists should exercise their professional judgement regarding the use of AI applications to ensure alignment with the best interests of patients and the highest standards of dental care. The ODA referenced their Position Statement on AI in Dentistry, which emphasizes the importance of AI being designed to align with ethical, professional, and legal norms and states that ethical collaboration and sharing of data and best practices must be prioritized.
- The CDPA made additional suggestions for the use of AI in dentistry, including that:
 - o Use of AI analysis in clinical diagnostics should be overseen only by a registered member of the RCDSO, until further study of AI has been evaluated.

- o Any time that AI is employed, it should be noted in the output(s). AI-generated findings should be clearly indicated as having been generated by AI.
- o Uses (e.g., transcribing chart notes, converting speech to text) should comply with recordkeeping guidelines.
- CLHIA members overall agreed that the draft Guidance is easy to understand, comprehensive, and reasonable for dentists to apply in practice. CLHIA shared suggestions for improvement, including:
 - o Use a more specific definition of AI to refer to newer techniques that use machine learning models, and which may therefore present new risks, to avoid capturing traditional statistical or mathematical models used in the insurance sector.
 - o Emphasize that it is extremely important for a dentist to validate any diagnosis and the appropriate treatment plan before recommending and proceeding with recommendations.
 - o Include what AI should *not* be used for, such as manipulation of images.
 - o Recommend that dentists:
 - Only use AI tools whose training data and algorithms have been independently reviewed for medical appropriateness;
 - Establish a feedback loop from users to ensure retraining of models.
 - Inform patients how and why AI will be used and what the dentists' responsibilities are;
 - Document consent. Appropriate consent should be obtained to use AI tools to communicate on behalf of a patient with a third party (e.g., insurance company.)
 - Disclose to individuals and insurers an associated fee changes for services when using AI, and inform individuals that use of AI could affect their insurance coverage eligibility.

Revised Draft Guidance

- As noted, revisions have been made to the draft *AI in Dentistry* Guidance to enhance clarity and reflect feedback received in the consultation. Additional key revisions are highlighted as follows:
 - o **Definitions:** The definition of “artificial intelligence” is unchanged. New definitions of “generative AI” and “machine learning” have been added to clarify the focus of the document on specific types of AI (lines 42-48). A reference to the distinct and heightened risks that generative AI tools can present (i.e., of producing outputs that may be inaccurate, misleading, or biased) is now included within the box titled “Risk-Based Approach” (Text box on page 3).
 - o **Principles:** In response to feedback indicating draft Principle 3 had the lowest level of agreement, it was rewritten and combined with draft Principle 2 to strengthen the principle. It is now Principle 2 in the revised draft Guidance (lines 56-58). Draft Principle 4 was revised and strengthened to express the idea that AI is not to be used to provide care that a dentist is not otherwise competent to provide, and is now Principle 3 in the revised draft (lines 59-62).
 - o **Assessing AI tools:** In response to feedback, the list of information for dentists to consider when assessing whether an AI tool is appropriate has been revised to increase clarity (e.g., explaining “clinical validity” and “accuracy”). Items have been added related to data protection, security, storage, use, and retention (Text box on page 4).
 - o **Using AI:** In response to feedback that recommendation 9 (related to maintaining an audit trail) could be difficult to implement, this recommendation has been revised to indicate “where available” through the AI tool's functionality (lines 127-128).
 - o **Transparency and Disclosure:** In response to organizational feedback, a recommendation has been added to document when AI is being used (lines 148-150). For clarity, the recommendation on documentation has been separated into its own recommendation, and FAQs have been developed to further address the topics of disclosure, documentation, and accommodation.

- o **Protecting Patient Health Information:** No changes have been made to this section. FAQs have been drafted related to ensuring that an AI tool is safe and secure, and additional resources have been added, including information on privacy impact assessments.

SPWG and QAC feedback

- In July 2025, an overview of consultation feedback and proposed revisions to the draft Guidance were presented to the SPWG. Overall, the SPWG was supportive of the revised draft Guidance, and agreed that it was ready to proceed to QAC and Council for final consideration.
 - o The SPWG also provided specific feedback, including a recommendation to provide more information about data retention expectations, which will be incorporated into the FAQ. The draft Guidance was also revised to clarify that transparency around AI use relates to the dentist's use within their clinical practice, rather than disclosure of AI use by third parties (e.g., dental labs).
- At its July 29, 2025, meeting, QAC supported the revised draft Guidance and approved the revised draft Guidance in its current form to go forward to Council for consideration for final approval.

NEXT STEPS:

- If Council approves the revised draft *AI in Dentistry* Guidance, the Guidance and companion FAQ will be posted on RCDSO's website and interested parties will be notified proactively, including through the upcoming September RCDSO Connect newsletter.
- RCDSO's policy team, in collaboration with staff in Communications, Quality, and other program areas, will continue to explore opportunities to communicate the College's new Guidance and support dentists in practice, such as at conferences.
 - o The *AI in Dentistry* Guidance will be presented at a pre-conference workshop, *AI in Professional Practice: Setting and Applying Principles and Expectations for Public Protection*, at the [Canadian Network of Agencies of Regulation \(CNAR\) Conference](#) in October 2025.

DECISION FOR COUNCIL:

- Council is being asked whether it has any feedback on the revised draft *AI in Dentistry* Guidance and whether it approves the revised draft *AI in Dentistry* Guidance?
- The motion before Council is as follows:
 - o THAT Council approves the revised draft *AI in Dentistry* Guidance as set out in **Appendix A**, as a Guidance document of the RCDSO.

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Attachments:

Appendix A: Revised Draft *Artificial Intelligence in Dentistry* Guidance

GUIDANCE: Artificial Intelligence in Dentistry

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Introduction

The use of artificial intelligence (AI) in dentistry can significantly impact professional practice and patient care. Dentists can use AI for various purposes, such as improving efficiency, supporting practice management, and assisting with creating documentation, diagnosis and detection of conditions and diseases, developing treatment plans, predicting outcomes, patient monitoring, and patient education. Though the use of AI is growing, there is currently no clear body of research or established best practices to guide dentists' ethical and professional conduct.

Due to the rapidly evolving nature of AI, the Royal College of Dental Surgeons of Ontario (RCDSO) has created this guidance to support registrants exploring and using AI for professional purposes. This document further supports patients and the public in understanding what to expect from their dentist if they are using AI in their clinical practices.

This document does not set out new professional requirements, but instead highlights existing responsibilities that may be relevant to the use of AI in dentistry. It also makes recommendations to support dentists in exercising their professional judgement and making decisions in patients' best interests when using AI for professional purposes.

Definitions

Artificial intelligence (AI) refers to computer systems that can perform tasks commonly associated with human intelligence, such as finding patterns in data, problem solving, learning, and making predictions, recommendations, and decisions.¹

¹ For definitions of related terms, visit the University of Saskatchewan's [Glossary of AI Related Terms](#).

Generative AI (GenAI) refers to AI models that use machine learning techniques to create new content (e.g., text, images, audio, video) based on patterns learned from large data sets. These can include large language models which can understand context and generate human-like text.

Machine Learning is a branch of AI where computer systems can learn from data, recognize patterns, and make predictions or decisions without being explicitly programmed. They can improve their performance over time as they are exposed to more data.

Principles

The following principles form the foundation for the guidance set out in this document:

1. The responsible and ethical adoption and use of AI in dentistry is guided, first and foremost, by the patients' best interests.
2. AI in dentistry has the potential to benefit dentists and patients when implemented in a manner that is safe, transparent, unbiased and non-discriminatory, and safeguards patient privacy and confidentiality.
3. AI is not a substitute for dentists' clinical skills, knowledge, and professional judgement, and is not to be used to provide care that a dentist is not otherwise competent to provide. Dentists remain responsible and accountable for their clinical care, decision-making, and documentation.

Existing Professional Requirements

Dentists are reminded that adopting AI for professional purposes does not change their fundamental duties and responsibilities, which can be found in RCDSO's Foundations of Professionalism, RCDSO Standards of Practice and resources, and law. These include, but are not limited to:

- principles and duties in RCDSO's [Foundations of Professionalism](#);²
- professional requirements articulated in RCDSO's [Standards of Practice, Guidelines, and Practice Advisories](#), including, but not limited to those relating to consent to treatment, conflicts of interest, professional advertising, and dental recordkeeping;
- legal and regulatory requirements, including, but not limited to those under the [Professional Misconduct regulation](#) under the [Dentistry Act, 1991](#); Ontario's [Personal Health Information Protection Act, 2004](#) (PHIPA) with respect to consent for the use, collection, and disclosure of personal health information;³ and Ontario's [Accessibility for Ontarians with Disabilities Act, 2005](#).

² The *Foundations of Professionalism* document has not yet been approved, but is anticipated to be finalized and published when this document is published.

³ Dentists must be aware of whether they have obligations under the federal [Personal Information Protection and Electronic Documents Act](#), SC 2000, c 5, which applies to commercial activities relating to the exchange of personal health information between provinces and territories and to information transfers outside of Canada.

Guidance for the Adoption and Use of AI in Dentistry

This guidance is grounded in existing professional and ethical duties and is intended to assist dentists in interpreting how these can be applied when using AI in practice. Dentists who are exploring and adopting AI in their practices are advised to adopt this guidance to help ensure AI is used responsibly and ethically.

Risk-Based Approach

Generally, the greater the risk posed by an AI tool to patients, the greater the need for caution and oversight by dentists using the tool.

The degree of risk depends on the nature and intended use of an AI tool. While AI can encompass a broad range of tools, GenAI tools can present distinct or heightened risks due to their potential to produce inaccurate, misleading, or biased outputs.

Risk to patients also increases when use of an AI tool:

- directly influences clinical decision-making (e.g., helps formulate a diagnosis or treatment plan for a patient);
- affects patient health and/or safety (e.g., informs the diagnosis and treatment of an oral disease or condition); and/or
- uses the patient's personal health information.

1. Accountability and Responsibility

Assessing the Appropriateness of AI

Dentists have a professional responsibility to prioritize the wellbeing of patients.⁴ This responsibility applies when providing care with the support of AI. The following guidance can help dentists fulfill their obligations while assessing whether it is appropriate to use AI within their practice:

1. Prioritize patients' best interests when making decisions to adopt and use AI in dentistry.
2. Understand whether an AI tool is appropriate for its intended uses. When there is insufficient information to form a clear understanding of the tool's appropriateness, avoid using the AI tool.
3. Understand the risks (including the nature of the risk, severity, and likelihood of harm) and limitations associated with the AI tool, including, for example, the potential for inaccuracies, errors, and biased outputs and whether it impacts patient care directly or indirectly.
4. Take steps to prevent and mitigate the potential risks associated with the AI tool.

⁴ Royal College of Dental Surgeons of Ontario, *Foundations of Professionalism*.

Assessing AI Tools

To make informed decisions about whether to adopt a particular AI tool for professional purposes, it is important for dentists to understand the following details about the AI tool, where applicable:

- Whether the tool complies with relevant laws and regulations, including privacy laws (e.g., *PHIPA*);
- Data protection, security, use, storage (including what data is stored and where), and retention policies and procedures;
- If used for clinical purposes, how the AI tool performs, including its clinical validity (how well it predicts or aids diagnoses), accuracy (correct results versus false positives/negatives), reliability, safety, effectiveness, and consistency across different population groups;
- The data sets used to train the AI tool and any limitations (e.g., underrepresented patient demographics, such as by race, ethnicity, age, gender, or socioeconomic status);
- How end users (e.g., health care practitioners) and impacted populations (e.g., patients) may have been involved in the design, development, and testing of the AI tool;
- What the tool is meant to be used for (intended uses);
- Limitations and risks of the AI tool, and steps taken to mitigate risks, including risk of bias, errors, and data breaches;
- How the tool's performance is monitored, feedback can be provided, improvements are made, and updates are communicated.

Dentists may seek information about the AI tool from the AI manufacturer and developer, as well as external sources (e.g., independent expert or peer reviews).

Using AI

It is important for dentists to be aware that AI can produce outputs which contain inaccuracies, errors, and misleading information, or which may be incomplete or outdated. For instance, AI scribes can generate documentation that includes information that was not discussed, or AI diagnostic tools can suggest treatment that is not necessary. AI may also unintentionally perpetuate biases, for example, if the data used to train the tool is not representative of the patient population being served, or if there are biases in the way the tool was developed and designed.

Dentists play a critical role in actively overseeing the use of AI and exercising their clinical judgement to prevent adverse impacts on patients. The following guidance can help dentists using AI to provide care that mitigates risks and is appropriate to the patient and their circumstances:

5. Complete relevant and ongoing training and education, as needed, in order to use AI competently, safely, and effectively, and to stay up to date with developments in the technology.
6. Ensure any staff who will be involved in using any AI tools are competent to use the tool and trained on appropriate uses, limitations, risks, and steps to mitigate risks.

7. Critically review and evaluate all AI-generated outputs for accuracy, completeness, and biases and/or stereotypical associations before including them in the patient record, or proceeding with a clinical decision (e.g., diagnosis, treatment recommendation, or plan).
8. Take into consideration the patient's unique characteristics, circumstances, and clinical presentation when making and implementing decisions with the support of AI tools.
9. Where available, use the AI tool's functionality to maintain an audit trail which enables AI-generated outputs to be recorded, tracked, and monitored.
10. Review significant AI-generated errors or incidents to identify contributing factors, implement improvements, and take actions as appropriate (e.g., inform the patient, report problems to the AI manufacturer/developer, report privacy breaches to the [Information and Privacy Commissioner](#), ensure the tool is up-to-date, discontinue use of the AI tool).

2. Transparency and Disclosure

Transparency with patients about the use of AI means informing patients when they are interacting with AI and when the dentist is using AI directly in their care. Transparency is especially important as the use of AI in dentistry is new and evolving. Being transparent and involving patients in decision-making supports patient autonomy, informed decision-making, and patient trust. The following guidance can help dentists be transparent about their use of AI in their practice:

11. Inform individuals when they are interacting with AI rather than with a human (e.g., when using a virtual assistant chatbot that simulates human conversation).
12. Prior to using an AI tool that will directly impact a patient's care or clinical decision-making, inform patients (e.g., about how AI will be used and the benefits and limitations of the tool). The level of information provided may be tailored based on how and when AI is being used, as well as the patient's technological literacy.
13. Document discussions with patients about the use of AI in their care, and record whether AI tools have been used to develop patient records or formulate a diagnosis, treatment plan, or other clinical decisions.
14. Provide reasonable accommodation, when possible, to patients who express a desire for no or minimal involvement of AI in their care.

3. Protecting Patient Health Information

In keeping with dentists' obligation to safeguard patient privacy and confidentiality in accordance with *PHIPA*, the following guidance can help dentists meet these obligations while using AI:

15. Understand the privacy and security settings and measures of the AI tool being used and be satisfied that any patient data involved is securely stored.
16. Do not permit AI-generated outputs containing personal health information to be used for other purposes (e.g., training the AI tool, sharing with third parties), unless patients have provided express and knowledgeable consent to the specific use of their information for that purpose.⁵

⁵ Section 18 of the [Personal Health Information Protection Act, 2004](#), S.O. 2004, c. 3, Sched. A.

Additional Resources

It is important for dentists to seek continuing learning and educational opportunities on the responsible and ethical use of AI. Registrants may find the following resources helpful for understanding the various uses of AI in healthcare, learning the principles around the responsible and ethical use of AI, and evaluating and assessing AI tools.

General Information and Resources

- **American Dental Association**, [Dentistry – Overview of Artificial and Augmented Intelligence Uses in Dentistry](#)
- **Canadian Centre for Cyber Security**, [Cyber security guidance](#)
- **Centre for Effective Practice**, [Artificial Intelligence \(AI\) Learning Centre](#)
- **National Institute of Standards and Technology**, [AI Risk Management Framework](#)

General Principles

- **Government of Canada**, [Responsible use of artificial intelligence in government](#)
- **Government of Ontario**, [Responsible use of AI principles](#)
- **Health Canada**, [Good Machine Learning Practice for Medical Device Development: Guiding Principles](#)
- **Health Canada**, [Transparency for machine learning-enabled medical devices: Guiding principles](#)
- **World Health Organization**, [Harnessing Artificial Intelligence for Health](#)

Guidance: Evaluating and Assessing AI

- **Accessibility Standards Canada**, [Accessible and Equitable Artificial Intelligence Systems – Technical Guide](#)
- **Government of Canada**, [Algorithmic Impact Assessment tool](#)
- **Information and Privacy Commissioner of Ontario**, [Privacy Impact Assessment Guidelines for the Ontario Personal Health Information Protection Act](#)

Guidance: Using Generative AI

- **Canada Health Infoway**, [How Ready is Your Practice for an AI Scribe?](#)
- **Canadian Medical Protective Association**, [AI Scribes: Answers to frequently asked questions](#)
- **Government of Canada**, [Guide on the use of generative artificial intelligence](#)
- **Healthcare Excellence Canada**, [Implementing Artificial Intelligence in Canadian Healthcare: A Kit for Getting Started](#)
- **Office of the Privacy Commissioner of Canada**, [Principles for responsible, trustworthy and privacy-protective generative AI technologies](#)

COUNCIL BRIEFING NOTE

TOPIC: Annual Membership Fee By-law 18 Fees Amendments

FOR DECISION

September 18, 2025

ISSUE:

- At the June 19, 2025 meeting, Council supported an increase in the professional liability insurance component of the 2026 annual fee to be paid by members and delegated to the Executive Committee the authority to approve, in principle, by-law amendments required to increase the professional liability insurance component of the annual fee paid by members, provided the increase to a member shall not exceed \$650.
- At the July 3, 2025 meeting, Executive Committee approved, in principle, changes to By-law 18 Fees to increase the annual fee by \$500, and that the proposed by-law amendment be circulated to members and stakeholders for at least 60 days for comment in accordance with RHPA.

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 the RCDSO supporting a stable transition to the new provider is essential to the success of the transaction.

BACKGROUND:

- At its June 19, 2025 meeting, Council received a presentation regarding the requirement to increase the annual membership fee to fund PLP while holding the regulatory fee flat by suspending the automatic cost of living adjustment applied annually. The amount the third party will require for professional liability protection in 2026 for each member is \$1,500.
- To support a stable transition, the College will continue to collect, on a temporary basis, the annual fee to ensure that PLP coverage is provided to each member as a flow-through to the third party. 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.
- Executive approved in principle changes to By-law 18 regarding membership fees, which would result in a \$500 increase for the 2026 annual fees, raising it from \$3,170 to \$3,670. The regulatory fee remains unchanged at \$2,170, while the liability protection component will increase from \$1,000 to \$1,500. The full \$1,500 liability protection cost will be passed through to the new provider.
- Per the Regulated Health Professions Act, 1991 (RHPA), any by-law change regarding fees requires at least 60 days for comment as part of mandatory circulation to the profession.

CURRENT STATUS:

- The circulation period was from July 7th to September 6th, 2025.
- The Finance, Audit and Risk Committee received a copy of all submitted comments.
- Staff respond to comments that require clarification on any misunderstanding or questions specifically requesting a response.

ANALYSIS:

- In total 3 comments were received, one from Ontario Dental Association (ODA) and two from members.
- The ODA's letter indicated that a survey they conducted resulted in dentists expressing concern that the proposed increase is too high and would have a significant impact on them financially, especially for those new to practice.
- Due to the limited number of direct independent responses to the College, no clear themes or trends emerged from the consultation. Nonetheless, all feedback submitted has been reviewed and taken into consideration. We remain committed to engaging with stakeholders and encourage further contributions as opportunities for input arise.

CONSIDERATIONS:

- The cost of renewal for 2026 includes regulatory fees and liability protection. The increase applies to renewing or new registrants with a general, academic or specialty certificate. The costs will include \$2,170 in regulatory fees (no automatic cost of living adjustment over the 2025 fee) and \$1,500 for liability protection which will be passed directly to the new liability program provider.
- 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 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.

NEXT STEPS:

- Update the schedule of fees on the website.
- Continue coordinated communications on 2026 membership renewal through the established cross-department committee, building on initial outreach via Council Highlights, newsletters and e-blasts.
- Update the fees in the College system.

DECISION FOR COUNCIL:

Council is asked to finalize the approval of the following motions:

1. THAT Council amend By-law 18 to amend the College's fees, as set out in Appendix A, such amendments to be effective on October 1, 2025.
2. THAT Council amend article 18.3.13.1 of By-law 18 to replace 'October 1, 2023' with 'October 1, 2026' thereby suspending the CPI adjustment of fees.

CONTACT:

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Jeffrey Gullberg, jgullberg@rcdso.org

Kelly Tripp, ktripp@rcdso.org

Attachments

Appendix A – Clean version – Amended By-law 18 Fees

Appendix B – Red-lined version – Amended By-law 18 Fees

Appendix A - Clean Version - Amended By-Law 18 Fees

18 FEES

18.1 Courses and Fees

18.1.1 General, specialty, academic certificates

An applicant for the issuance of a general, specialty, or academic certificate of registration shall submit an application in the form provided by the Registrar and shall pay an application fee of \$350.⁰⁰.

18.1.2 Exemption, Remote Services Program

An applicant for the issuance of a general certificate of registration restricted to practising in the Remote Services Program of the Ontario Dental Association is exempt from the requirement to pay an application fee under article 18.1.1.

18.1.2.1 Exemption, emergency class applicant

An applicant for the issuance of a general, specialty or academic certificate of registration who held an emergency certificate of registration within three years before submitting their application for a general, specialty or academic certificate of registration is exempt from the requirement to pay an application fee under article 18.1.1.

18.1.3 Other certificates

An applicant for the issuance of a certificate of registration other than a general, specialty, or academic certificate shall submit an application in the form provided by the Registrar and shall pay an application fee of \$150.⁰⁰.

18.2 Registration Fees

18.2.1 Revoked (November 18, 2021, effective January 1, 2022)

18.2.2 Instructional, short duration

An applicant for an instructional or short duration certificate of registration shall pay a registration fee of \$500.⁰⁰ for the issuance of his or her certificate of registration.

18.2.3 Academic visitor

An applicant for an academic visitor certificate of registration shall pay a registration fee of \$750.⁰⁰ for the issuance of his or her certificate of registration.

18.3 Annual Fees

18.3.1 Registrar to Notify

The Registrar shall notify each member of the College of the amount of his or her annual fee and the day on which the fee is due.

18.3.2 Initial year of registration, new member

A member of the College who has never previously been a member of the College shall pay an annual fee in the following amount for the calendar year in which the member is first issued a general, academic, or specialty certificate of registration:

- a. \$3,670.⁰⁰, if the certificate was issued on or after 01 January and before 01 June;
- b. \$1,835.⁰⁰, if the certificate was issued on or after 01 June and before 01 September;
- c. \$1,035.⁰⁰, if the certificate was issued on or after 01 September.

18.3.3 Initial year of registration, returning member

A member of the College who had previously been a member of the College shall pay the annual fee required by article 18.3.7 for the calendar year in which the member is first reissued a general, academic, or specialty certificate of registration.

18.3.4 Maximum one initial annual fee

A member of the College shall only pay one annual fee under article 18.3.1 or article 18.3.3, as applicable, regardless of the number of certificates of registration issued or reissued to the member during the calendar year.

18.3.5 Initial year of registration, education or post specialty training

A member of the College shall pay an annual fee of \$3,670.⁰⁰ for the calendar year in which he or she is first issued an education or post specialty training certificate of registration.

18.3.6 Initial year of registration, graduate student

A member of the College shall pay an annual fee of \$100.⁰⁰ for the calendar year in which he or she is first issued a graduate student certificate of registration.

18.3.6.1 Initial year of registration, emergency

A member of the College shall pay an annual fee of \$1,500.⁰⁰ for the calendar year in which he or she is first issued an emergency certificate of registration.

18.3.7 Annual fee, general, academic, specialty

A member of the College who holds a general, academic, or specialty certificate of registration shall pay an annual fee in the following amount for each calendar year in which the member holds the certificate:

- a. \$3,670.⁰⁰, if paid on or before 15 December of the preceding year, or \$4,170.⁰⁰ if paid thereafter.

18.3.7.1 Annual fee, general, academic, specialty

Notwithstanding Article 18.3.7, the annual fee for a member holding a general or specialty certificate of registration may be reduced by the Registrar^[3] to \$250.⁰⁰, with that fee being increased by COLA, rounded up to the nearest \$5.⁰⁰ commencing with the annual fee for the 2020 calendar year, provided the Registrar is satisfied that:

- a. the member has requested the reduction in a form approved by the Registrar;
- b. the reduction is appropriate as it supports the principle of encouraging members to perform dentistry on an unpaid charitable basis which supports access to care;
- c. the member will be engaging in the practice of dentistry, but only on a charitable basis during the calendar year for which the annual fee is being reduced;
- d. the member will be receiving no income or other monetary benefit from the practice of dentistry or from the member being a holder of a certificate of registration; and
- e. the member has signed an agreement/undertaking, in a form satisfactory to the Registrar, to ensure, among other things, that the conditions for the reduction have been and will continue to be met.

18.3.8 Single annual fee for dual certificate holders

A member of the College who holds a general and specialty certificate of registration or an academic and specialty certificate of registration shall pay a single annual fee under article 18.3.7 per calendar year.

18.3.9 Annual fee, education – specialty programs

A member of the College who holds an education certificate of registration and is enrolled in a certificate of completion program in the specialty of endodontics, oral and maxillofacial radiology, orthodontics and dental facial orthopaedics, paediatric dentistry, periodontics, prosthodontics, or public health dentistry shall pay an annual fee of \$100.⁰⁰ for each calendar year in which the member holds the certificate.

18.3.10 Annual fee, education – other program

A member of the College who holds an education certificate of registration and is enrolled in a certificate of completion program other than one listed in article 18.3.9 shall pay an annual fee of \$3,670.⁰⁰ for each calendar year in which the member holds the certificate.

18.3.11 Annual fee, post specialty training

A member of the College who holds a post specialty training certificate of registration shall pay an annual fee of \$3,670.⁰⁰ for each calendar year in which the member holds the certificate.

18.3.12 Annual fee, graduate student

A member of the College who holds a graduate student certificate of registration shall pay an annual fee of \$100.⁰⁰ for each calendar year in which the member holds the certificate.

18.3.12.1 Annual fee, emergency

A member of the College who holds an emergency certificate of registration shall pay an annual fee of \$1,000.⁰⁰ for each calendar year in which the member holds the certificate.

18.3.13 Due date, education, post specialty training, graduate student, emergency

A member of the College who holds an education, post specialty training, graduate student, or emergency certificate of registration shall pay the applicable annual fee on or before the last day of the month immediately preceding the month in which the certificate was first issued.

18.3.13.1 Automatic CPI Adjustment of fees

Each of the fees referred to in Articles 18.3.2, 18.3.5, 18.3.7, 18.3.10, and 18.3.11 of By-Law No. 18: Fees, shall be automatically adjusted effective October 1, 2026 and on October 1st in each year thereafter, by an amount equal to the annual increase in the Ontario consumer price index for the previous twelve months ending on June 30th of the year in which the adjustment is being made, rounded to the nearest five dollar (\$5.⁰⁰) increment.

18.3.14 Penalty fee for late payment

Where a member of the College who holds an education, post specialty training, or graduate student certificate of registration fails to pay the applicable annual fee on or before the date on which the fee is due shall pay an additional penalty fee of \$500.⁰⁰.

Appendix B - Red-lined Version - Amended By-law 18 Fees

18 FEES

18.1 Courses and Fees

18.1.1 General, specialty, academic certificates

An applicant for the issuance of a general, specialty, or academic certificate of registration shall submit an application in the form provided by the Registrar and shall pay an application fee of \$350.⁰⁰.

18.1.2 Exemption, Remote Services Program

An applicant for the issuance of a general certificate of registration restricted to practising in the Remote Services Program of the Ontario Dental Association is exempt from the requirement to pay an application fee under article 18.1.1.

18.1.2.1 Exemption, emergency class applicant

An applicant for the issuance of a general, specialty or academic certificate of registration who held an emergency certificate of registration within three years before submitting their application for a general, specialty or academic certificate of registration is exempt from the requirement to pay an application fee under article 18.1.1.

18.1.3 Other certificates

An applicant for the issuance of a certificate of registration other than a general, specialty, or academic certificate shall submit an application in the form provided by the Registrar and shall pay an application fee of \$150.⁰⁰.

18.2 Registration Fees

18.2.1 Revoked (November 18, 2021, effective January 1, 2022)

18.2.2 Instructional, short duration

An applicant for an instructional or short duration certificate of registration shall pay a registration fee of \$500.⁰⁰ for the issuance of his or her certificate of registration.

18.2.3 Academic visitor

An applicant for an academic visitor certificate of registration shall pay a registration fee of \$750.⁰⁰ for the issuance of his or her certificate of registration.

18.3 Annual Fees

18.3.1 Registrar to Notify

The Registrar shall notify each member of the College of the amount of his or her annual fee and the day on which the fee is due.

18.3.2 Initial year of registration, new member

A member of the College who has never previously been a member of the College shall pay an annual fee in the following amount for the calendar year in which the member is first issued a general, academic, or specialty certificate of registration:

- a. ~~\$3,170.⁰⁰~~\$3,670.⁰⁰, if the certificate was issued on or after 01 January and before 01 June;
- b. ~~\$1,585.⁰⁰~~\$1,835.⁰⁰, if the certificate was issued on or after 01 June and before 01 September;
- c. ~~\$910.⁰⁰~~\$1,035.⁰⁰, if the certificate was issued on or after 01 September.

18.3.3 Initial year of registration, returning member

A member of the College who had previously been a member of the College shall pay the annual fee required by article 18.3.7 for the calendar year in which the member is first reissued a general, academic, or specialty certificate of registration.

18.3.4 Maximum one initial annual fee

A member of the College shall only pay one annual fee under article 18.3.1 or article 18.3.3, as applicable, regardless of the number of certificates of registration issued or reissued to the member during the calendar year.

18.3.5 Initial year of registration, education or post specialty training

A member of the College shall pay an annual fee of ~~\$3,170.⁰⁰~~\$3,670.⁰⁰ for the calendar year in which he or she is first issued an education or post specialty training certificate of registration.

18.3.6 Initial year of registration, graduate student

A member of the College shall pay an annual fee of \$100.⁰⁰ for the calendar year in which he or she is first issued a graduate student certificate of registration.

18.3.6.1 Initial year of registration, emergency

A member of the College shall pay an annual fee of ~~\$1000.⁰⁰~~\$1,500.⁰⁰ for the calendar year in which he or she is first issued an emergency certificate of registration.

18.3.7 Annual fee, general, academic, ~~speciality~~specialty

A member of the College who holds a general, academic, or specialty certificate of registration shall pay an annual fee in the following amount for each calendar year in which the member holds the certificate:

- a. ~~\$3,170.⁰⁰~~\$3,670.⁰⁰, if paid on or before 15 December of the preceding year, or ~~\$3,670.⁰⁰~~\$4,170.⁰⁰ if paid thereafter.

18.3.7.1 Annual fee, general, academic, ~~speciality~~specialty

Notwithstanding Article 18.3.7, the annual fee for a member holding a general or specialty certificate of registration may be reduced by the Registrar^[3] to \$250.⁰⁰, with that fee being increased by COLA, rounded up to the nearest \$5.⁰⁰ commencing with the annual fee for the 2020 calendar year, provided the Registrar is satisfied that:

- a. the member has requested the reduction in a form approved by the Registrar;
- b. the reduction is appropriate as it supports the principle of encouraging members to perform dentistry on an unpaid charitable basis which supports access to care;
- c. the member will be engaging in the practice of dentistry, but only on a charitable basis during the calendar year for which the annual fee is being reduced;
- d. the member will be receiving no income or other monetary benefit from the practice of dentistry or from the member being a holder of a certificate of registration; and
- e. the member has signed an agreement/undertaking, in a form satisfactory to the Registrar, to ensure, among other things, that the conditions for the reduction have been and will continue to be met.

18.3.8 Single annual fee for dual certificate holders

A member of the College who holds a general and ~~speciality~~specialty certificate of registration or an academic and specialty certificate of registration shall pay a single annual fee under article 18.3.7 per calendar year.

18.3.9 Annual fee, education – ~~speciality~~specialty programs

A member of the College who holds an education certificate of registration and is enrolled in a certificate of completion program in the specialty of endodontics, oral and maxillofacial radiology, orthodontics and dental facial orthopaedics, paediatric dentistry, periodontics, prosthodontics, or public health dentistry shall pay an annual fee of \$100.⁰⁰ for each calendar year in which the member holds the certificate.

18.3.10 Annual fee, education – other program

A member of the College who holds an education certificate of registration and is enrolled in a certificate of completion program other than one listed in article 18.3.9 shall pay an annual fee of ~~\$3,170.⁰⁰~~\$3,670.⁰⁰ for each calendar year in which the member holds the certificate.

18.3.11 Annual fee, post specialty training

A member of the College who holds a post specialty training certificate of registration shall pay an annual fee of ~~\$3,170.⁰⁰~~\$3,670.⁰⁰ for each calendar year in which the member holds the certificate.

18.3.12 Annual fee, graduate student

A member of the College who holds a graduate student certificate of registration shall pay an annual fee of \$100.⁰⁰ for each calendar year in which the member holds the certificate.

18.3.12.1 Annual fee, emergency

A member of the College who holds an emergency certificate of registration shall pay an annual fee of \$1,000.⁰⁰ for each calendar year in which the member holds the certificate.

18.3.13 Due date, education, post specialty training, graduate student, emergency

A member of the College who holds an education, post specialty training, graduate student, or emergency certificate of registration shall pay the applicable annual fee on or before the last day of the month immediately preceding the month in which the certificate was first issued.

18.3.13.1 Automatic CPI Adjustment of fees

Each of the fees referred to in Articles 18.3.2, 18.3.5, 18.3.7, 18.3.10, and 18.3.11 of By-Law No. 18: Fees, shall be automatically adjusted effective ~~October 1, 2023~~October 1, 2026 and on October 1st in each year thereafter, by an amount equal to the annual increase in the Ontario consumer price index for the previous twelve months ending on June 30th of the year in which the adjustment is being made, rounded to the nearest five dollar (\$5.⁰⁰) increment.

18.3.14 Penalty fee for late payment

Where a member of the College who holds an education, post specialty training, or graduate student certificate of registration fails to pay the applicable annual fee on or before the date on which the fee is due shall pay an additional penalty fee of \$500.⁰⁰.

COUNCIL BRIEFING NOTE

TOPIC: Requesting Magnetic Resonance Imaging & Referring to Physician Specialists by Oral and Maxillofacial Surgeons Standard of Practice: Option to Rescind

FOR DECISION

September 2025

ISSUE:

- RCDSO's Standard of Practice [Requesting Magnetic Resonance Imaging and Referring to Physician Specialists by Oral and Maxillofacial Surgeons](#) is currently out of date, and no longer aligns with applicable regulations or relevant provisions in the OHIP Schedule of Benefits.
- The policy team has explored options to update the Standard and is recommending instead that it be rescinded and replaced by an FAQ.
- Council is asked to provide feedback on the policy team's analysis and to approve the rescission of this Standard.

PUBLIC INTEREST:

- The rescission of RCDSO's current Requesting Magnetic Resonance Imaging & Referring to Physician Specialists by Oral and Maxillofacial Surgeons Standard, and the development of an FAQ, will serve the public interest by ensuring that dentists have clear, comprehensive, and up-to-date information to support the effective provision of care.

BACKGROUND:

- In May 2019, RCDSO received a letter from Ms. Christine Elliot, then Deputy Premier and Minister of Health, advising that the Ministry was committed to streamlining pathways for the patients of oral and maxillofacial surgeons (OMFSs) by ensuring access to appropriate diagnostic testing and physician specialist care.
- The Ministry's stated objectives were to:
 1. authorize OMFSs to order magnetic resonance imaging (MRI) tests via an update to applicable regulations (i.e., controlled acts), and
 2. to update the OHIP Schedule of Benefits to enable physician remuneration for MRIs ordered by an OMFS, and for physician specialist consultations provided to patients referred by an OMFS.
- These objectives were aligned with system changes for which OMFSs had long been advocating.

- At the request of RCDSO's Executive Committee, the Registrar at the time formed a Working Group to develop a draft Standard of Practice that would establish appropriate expectations for OMFSs when ordering MRIs and referring patients to physician specialists.

RCDSO's Standard

- The Standard that was ultimately produced, titled [Requesting Magnetic Resonance Imaging & Referring to Physician Specialists by Oral and Maxillofacial Surgeons](#), was drafted by the Working Group and approved by Council in 2019.
- Because the Standard was developed in advance of the expected regulatory change and accompanying updates to the OHIP Schedule, it did not immediately come into effect following Council's approval.
- In March 2022, amendments were made to [Ontario Regulation 107/96 \(Controlled Acts\) under the Regulated Health Professions Act, 1991](#), which enabled OMFSs to order MRIs. At this time the Standard came partially into effect: the section related to physician specialist referrals did not come into effect, as updates to the OHIP Schedule enabling physician remuneration were pending.

The Updated OHIP Schedule of Benefits

- In July 2023, the anticipated updates to the [OHIP Schedule](#) came into effect, as described in this [bulletin](#).
- However, following a careful review, RCDSO staff determined that the updates made to the OHIP Schedule deviated from the College's expectations, and were not aligned with the new Standard.
- Differences identified between the OHIP Schedule and the Standard include the following:
 - o In relation to ordering MRIs, the new OHIP Schedule does not permit all OMFSs to order MRIs, as expected. Instead, the OHIP Schedule limits the circumstances in which an OMFS can order an MRI in the following ways:
 - The MRI must be ordered for dental surgery and it must be medically necessary for the patient to receive the dental surgery in a hospital, OR
 - The OMFS must have reasonable grounds to believe that dental surgery will be required in connection with the test, and that it will be medically necessary for the patient to receive the dental surgery in a hospital.
 - o In relation to physician-specialist referrals, the OHIP Schedule does not limit referrals to OMFSs, as expected. Instead, it enables physician payment for referrals submitted by any dentist with an OHIP billing number.
- Because the updated OHIP Schedule is not aligned with RCDSO's Standard, this section of the Standard has not come into effect.

CURRENT STATUS:

- Given the misalignment between the revised OHIP Schedule and the current Standard, staff are undertaking a review to determine the appropriate next steps. Options include updating or rescinding the Standard.

Analysis and SME engagement:

- To inform our analysis, staff have engaged with relevant subject matter experts, including Dr. Nick Blanas, OMFS, Dr. Trevor Thang, oral and maxillofacial radiologist, and RCDSO's Dr. Mary Kolivaris, practice advisor.
- As part of our analysis, policy staff considered a variety of factors, including:
 - archived emails from the original working group (2019), to determine the original intent of the current Standard;
 - relevant legislation and the OHIP Schedule, together with PAS staff;
 - the use, usefulness and reach of the current Standard;
 - alignment with the RCDSO's Standards development criteria and well as right-touch regulation principles (e.g., to determine whether the content of the Standard was suited to a Standard, or better suited to another regulatory tool, such as an FAQ); and
 - the patient safety and public interest perspective, including a review of ICRC and Discipline data.
- Based on the analyses above, staff have concluded that:
 - the Standard no longer serves a clear and important purpose (e.g., it is not accurate, it is not frequently referenced by OMFSs, and it is not cited in any complaint to the College);
 - the Standard is not aligned with right-touch regulation principles or RCDSO's Standards development criteria; and
 - retaining the Standard would present the College with some ongoing challenges, including the responsibility to explain and clarify complex requirements that anchor to external authorities.
- Based on the analysis above, it is recommended that RCDSO's Standard "Requesting Magnetic Resonance Imaging & Referring to Physician Specialists by Oral and Maxillofacial Surgeons" be rescinded and replaced with an FAQ that provides dentists with basic information about ordering MRIs and making physician specialist referrals, including where to submit questions for authoritative answers (e.g., the Ministry of Health).

Standing Policy Working Group (SPWG):

- The Standing Policy Working Group¹ was provided an overview of the policy team's analyses and asked for feedback related to the current Standard at their July meeting.
- The Working Group, which includes Dr. Osama Soliman, OMFS, agreed with the policy team's analysis above, and recommending that:
 - the rescinded Standard be replaced by an FAQ, and

¹ The Standing Policy Working Group asked to review this Standard consists of Dr. Harinder Sandhu, Dr. Antony Liscio, Dr. Anthony Mair, Dr. Osama Soliman, Dr. Nalin Bhargava, Dr. Nancy DiSanto, Dr. Deborah Wilson, Sharon Rogers, Nizar Ladak, Patti Latimer, and Eleonora Fisher.

- o the FAQ be developed with input from representatives of the Ontario Society of Oral and Maxillofacial Surgeons (OSOMS).

Quality Assurance Committee (QAC):

- The QAC reviewed the analyses conducted by policy staff in July, supported its conclusions, and approved that the decision to rescind this Standard be forwarded to Council for decision in September.

CONSIDERATIONS:

- A communications strategy and FAQ is being developed in anticipation of Council's decision. This FAQ is being developed with input from RCDSO staff dentists, SMEs, and interested parties (e.g., OSOMS). Examples of information provided in the FAQ include:
 - o OMFS requirements for ordering MRIs and referring to physician specialists,
 - o references to authoritative documents, including provincial regulations and the OHIP Schedule of Benefits, and
 - o recommendations on how to obtain additional information.

NEXT STEPS:

- If Council approves the recommendation to rescind this Standard, the Standard will cease to be in effect. Rescission will be supported by a communications strategy and supportive resources (e.g., an FAQ), which will be posted on the RCDSO website.

DECISION FOR COUNCIL:

- Does Council have any questions or feedback on the analysis set out above?
- The motion before Council is as follows:
 - o THAT Council approves the RCDSO's Standard "Requesting Magnetic Resonance Imaging & Referring to Physician Specialists by Oral and Maxillofacial Surgeons" be rescinded and replaced with an FAQ.

CONTACT:

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Cameron Thompson, Manager, Standards and Strategy, cthompson@rcdso.org

COUNCIL BRIEFING NOTE

TOPIC: Visioning Retreat June 2025: Next Steps

FOR INFORMATION

September 2025

ISSUE:

- Council's June 2025 retreat focused on articulating ideas to comprise a 10-year vision: the RCDSO of 2035. This briefing note will discuss the next steps that will be taken to develop two deliverables: a Vision document, and RCDSO's next Strategic Plan.
- This item is for Council's information.

PUBLIC INTEREST:

- Both the Vision and the Strategic Plan will shape RCDSO's priorities and deliverables for the next several years.
- As with all College work, both documents and the resulting work and efforts will be focused on issues that advance and serve the interests of the Ontario public and that guide the profession in the delivery of excellent, professional oral health care.

BACKGROUND:

- RCDSO's current Strategic Plan spans from 2023 to the end of 2025. In keeping with regular practice, an update on the most recent progress under the Strategic Plan is set out in a dedicated report, included in the Council meeting package.
- In the first quarter of 2025, RCDSO's Senior Leadership Team began planning for the development of the next Strategic Plan. A key goal was to ensure that Council members had time and space for blue-sky thinking to conceptualize where RCDSO should focus its efforts over the next 10 years, and what priorities should guide its work.
- With this goal in mind, the Senior Team, with guidance from Dr. Harinder Sandhu and Dr. Nalin Bhargava, worked with consulting firm, The Regulator's Practice, to develop and deliver the June 2025 Council Retreat.
- The Retreat provided Council and the Senior Team to consider a range of informational inputs, including feedback from 1:1 interviews with Council and members of the Senior Team, a

keynote address from Professor Steven Lewis, desktop research, advice from external thought leaders, and feedback from RCDSO staff.

- Facilitators Bradley Chisholm and Kevin McCarthy then led Council through a series of exercises and discussion sessions aimed to identify the top issues, topics and themes that Council believe should be included in RCDSO's Vision.
- Following the Retreat, Council members received a Report, prepared by The Regulator's Practice, which included a summary of the key thoughts and feedback Council provided over the course of the Retreat.

CURRENT STATUS:

- Informed by Council's feedback at the Retreat, RCDSO Senior Staff will focus on the development of two documents: a Vision document, and a Strategic Plan.
- These two documents will work in tandem. The Vision will set the high-level direction for the RCDSO over the next ten years. The Strategic Plan will guide the specific priorities and project work that will enable the RCDSO to make progress against the Vision.
- Our current thinking is that RCDSO will likely have two consecutive Strategic Plans, each spanning five years, that will serve to realize RCDSO's ten-year Vision.
- Work will start with the Vision. RCDSO will contract The Regulator's Practice to develop a short Vision document, likely 1-2 pages. This document will pull together the top themes and areas of focus that most resonated with Council.
- From there, RCDSO staff will develop a Strategic Plan. At this point, we are anticipating that the Strategic Plan will follow a similar structure to the 2023-25 Plan but we will remain open to new ideas or thoughts in terms of structure.
- The projected timelines associated with this work are:
 - o **Vision:** Development of the draft document will take place over the fall of 2025. We anticipate having a draft ready for Council's approval at its December 2025 meeting.
 - o **Strategic Plan:** Development of the Strategic Plan will take place over the first quarter of 2026. We anticipate having a draft Strategic Plan ready for Council's review in late Winter/early spring, with an external consultation to follow. The goal will be to bring a final draft to Council in June 2026 for final approval.

CONSIDERATIONS:

- In early 2026, staff will develop a Report for the 2023-25 Strategic Plan, capturing highlights from the work undertaken over the course of the Plan.
- At that point, in tandem with work to develop the next Strategic Plan, Senior staff will determine next steps with the current strategic projects. This will involve determining whether the current projects are complete and can be closed, or whether remaining work is required and either should be completed as an operational project or considered for inclusion in the next Strategic Plan.
- Council will receive further information on these matters in 2026 and will have opportunities to provide feedback and direction.

DECISION FOR COUNCIL:

- This briefing note is for Council's information.

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COUNCIL BRIEFING NOTE

TOPIC: Foundations of Professionalism: Draft for Final Approval

FOR DECISION

September 2025

ISSUE:

- In accordance with Council's direction, a new College document on professionalism was developed as part of the Access to Care Strategic Project and released for public consultation in March 2025.
- Council is provided with an overview of the consultation feedback and the proposed revisions made to the draft document.
- Council is asked for any remaining feedback on the draft document, and whether it approves the revised draft *Foundations of Professionalism* document as a final document of the College.

PUBLIC INTEREST:

- The draft *Foundations of Professionalism* document serves the public interest by reflecting the high standard of professionalism with which dentists practice. By adhering to this high standard of professionalism, dentists maintain the highest possible level of confidence and trust with respect to patients and society, and support the provision of safe, high-quality oral health care.
- The draft document is being developed as part of the Access to Care Strategic Project. Professionalism can help increase access to oral health care by fostering a culturally safe, inclusive, equitable, and accessible environment that is free from discrimination. Improving access to oral health care has a direct connection to the RCDSO's mandate and will support patients' and society's overall health and wellbeing.

BACKGROUND:

- Improving access to oral health care is a priority for the RCDSO and it is a strategic project under the [2023-25 Strategic Plan](#).
- Council provided direction regarding the project's areas of focus and the primary focus for this phase of the strategic project is to develop two new College documents regarding professionalism and accepting patients into oral health practices.
- The development of these two new College documents is being supported by a Working Group, chaired by Dr. Carlos Quiñonez, and comprised of Council members (Dr. Erin Walker, Dr. Noha Gomaa, Mr. Brian Smith, and Ms. Vivian Hu), faculty representatives (Dr. Sonica Singhal, Dr. Keith Da Silva), and subject matter experts (Dr. Clive Friedman, Dr. Ian McConnachie). The Working Group is supported by Michelle Cabrero Gauley, policy lead, and Dr. Bonnie Yu, clinical lead.

- The Working Group has met regularly since April 2024 to review desktop research, feedback obtained via consultation/engagement and outreach, and to provide direction on the contents of the two College documents.
- More specifically, the Working Group has considered the following research and feedback:
 - o literature and jurisdictional reviews on professionalism and accepting new patients (key findings were reported to Council in September 2024¹);
 - o RCDSO Inquiries, Complaints, and Discipline information and data;
 - o an overview of dentists' key legal duties under fiduciary and human rights law;
 - o feedback obtained from the profession², public, [Citizen Advisory Group \(CAG\)](#), and other interested parties via the external consultation held in Q1 2024 (Consultation Report provided to Council in June 2024³ and available [online](#));
 - o feedback obtained from attendees at the [Alliance for Healthier Communities Conference](#) and RCDSO Connect event in June 2024 (key feedback reported to Council in September 2024⁴); and
 - o [results of a public poll](#) conducted by an external research firm in Q4 2024 that asked questions regarding access to care, professionalism, and accepting patients into dental practices.
- The Working Group decided to focus on developing the document on professionalism first, as it is foundational in nature and will help inform the policy positions in the document on accepting patients into oral health practices.
- In December 2024, Council was provided with an overview of the key positions the Working Group was considering for the draft *Foundations of Professionalism* document, and then in March 2025, Council reviewed the draft document and approved releasing it for public consultation.
- Council provided the following feedback on the draft document to be considered by the Working Group as part of the consultation:
 - o move the description regarding participating in the regulation of the profession from a footnote into the body of the document; and
 - o add examples to the definition of 'Professionalism' in the Glossary.
- The Working Group's proposed response to Council's feedback is as follows:
 - o The Working Group elected to describe how dentists can participate in professional regulation in the companion resources. Upon further consideration, the Working Group did not think it was necessary to have a specific provision in the revised draft document regarding participating in the regulation of the profession, as this would be captured under the provision to comply with legal, professional, and ethical obligations set out in law and by the RCDSO (Provision 3a).

¹ See pages 330-338 of the [September Council meeting materials](#).

² This included inviting Ontario Dental Association Annual Spring Meeting attendees to participate in the external consultation in April 2024.

³ See pages 222-278 of the [June Council meeting materials](#).

⁴ See pages 330-338 of the [September Council meeting materials](#).

- o The Working Group decided to describe how Committees would use the *Foundations of Professionalism* document to evaluate dentists' conduct in the companion resources instead of adding a non-exhaustive list of examples to the definition of 'Professionalism' in the Glossary.

CURRENT STATUS:

- The draft *Foundations of Professionalism* document was released for public consultation between March 31st and May 30th, 2025.
- Below, Council is provided with an overview of the consultation feedback received, the key revisions the Working Group has proposed to the revised draft *Foundations of Professionalism* document, and the key feedback that the Working Group ultimately decided not to incorporate.
- Council is also provided with a summary of the feedback received from the Quality Assurance Committee (QAC) and the Working Group's proposed response to the feedback.

A. Consultation Feedback Summary

Process

- As per the policy team's usual process, this public consultation was undertaken principally via an online survey. The survey consisted of 56 questions: 31 questions explored the draft document directly, while the remaining questions collected relevant contextual and demographic detail.
- Notification of the consultation was sent via e-mail to a broad range of stakeholders, including the entire RCDSO membership, patient and public organizations, key system partners, and the policy team's dedicated stakeholder contact list⁵. In addition, passive notification was made via RCDSO's website and social media platforms. Reminders were also sent at strategic points during the consultation cycle.
- Senior staff took the extra step of personally reaching out to representatives from the Ontario Dental Association, Ontario Oral Health Colleges, Ontario Faculties of Dentistry, Public Health Units, and organizations with a patient and/or equity focus to help us hear directly from health system partners and those with diverse perspectives.
- Internally, RCDSO staff were invited to participate in the online survey and consultation sessions were held with the RCDSO [Practice Advisory Service \(PAS\)](#) team (our front line resource that assists dentists and the public) and staff dentists.

Response Rate & Respondent Type

- A total of 69 respondents participated in this consultation. The breakdown of how respondents participated is as follows:
 - o 52 online surveys, which included 13 surveys completed by members of the [CAG](#) and 4 organizations⁶.
 - o 6 emails, which included two from dentists and 4 from organizations⁷.

⁵ The policy team maintains and updates an evolving list of key stakeholders who are contacted in relation to all new active consultations. More information concerning the membership of that list can be provided upon request, but it includes provincial and national health regulatory bodies, government, patient advocacy groups, and many others.

⁶ The College of Denturists of Ontario, The Denturist Association of Canada, Vendor in Dental Industry, and York Region Public Health.

⁷ The Canadian Dental Protective Association, the College of Dental Technologists of Ontario, the Ontario Dental Association, and Rainbow Health Ontario.

- o 11 RCDSO staff participated in consultation sessions.
- Of all 69 respondents, the majority were dentists (n = 41), a smaller number represented patients/the public, including CAG (n = 17), and 8 responses were received from organizations.

Feedback: Key Themes & Findings

- Overall, the draft document was well received. Respondents generally thought the draft document was clear and comprehensive and set out appropriate principles and duties. Some respondents provided minor suggestions for edits or improvements.
- Key themes and findings from the consultation feedback, regardless of how it was provided (i.e., survey, email, consultation session), are set out below.
 - o Clarity and readability: some respondents found the draft document clear and concise, others found it vague and wordy; some respondents suggested edits to improve clarity (e.g., explaining what is “harm”, using more plain language to make it accessible to patients/the public).
 - o Scope and use: some respondents suggested clarifying who the draft document applies to (e.g., all dentists), and how the RCDSO will use it (e.g., will enforce compliance).
 - o Principles: most respondents supported them; however, some thought the principles would be challenging for dentists to apply in practice (e.g., in fee-for service models).
 - o Equity, Diversity, and Inclusion (EDI): some respondents suggested including additional terms and concepts (e.g., cultural awareness and competence, intersectionality), and encouraging continuing education in EDI.
 - o Interprofessional collaboration: one respondent suggested emphasizing this throughout the draft document.
 - o Additional issues to address in draft document: some respondents suggested addressing patient choice in health care provider, patient access to records, advertising, referrals, selection and use of dental products, materials, devices or services.
 - o Examples and case scenarios: some respondents suggested developing examples and case scenarios to help dentists understand how to apply the principles and duties.
 - o Communication and implementation: some respondents suggested how to communicate content, promote awareness of the document once approved by Council, and support dentist implementation.
- Optionally, a more substantive summary of the consultation feedback can be viewed at this [link](#). Council is not required or expected to review the full consultation report and is welcome to rely on the summary provided in this briefing note.

B. Key Revisions in Response to Feedback

- Based on the feedback received, the Working Group elected to maintain the structure of the draft document and the core principles and duties set out within it. The Working Group has also proposed minor revisions to improve the overall clarity and comprehensiveness of the revised draft document and to make it as concise as possible.

- Those revisions are highlighted for Council's information below; however, a track changes version of the revised draft document containing key proposed edits is available at **Appendix A**.⁸
 - o Scope: clarifies who the draft document applies to (e.g., all dentists).
 - o Plain language: is incorporated into the description of the principles and throughout the draft document, as appropriate.
 - o Added: references to existing obligations regarding consent and referrals; being open, receptive, and committed to understanding emerging issues; being accountable and taking responsibility; ensuring patients' best interests remain paramount when making administrative and clinical decisions; a reference to the Ontario Human Rights Commission's Policies and Guidelines; and examples of how dentists can address the determinants of health.
 - o Clarified: description of duties under fiduciary law; that the standards of practice of the profession have to be maintained when providing patient-centered care; and what is "harm" and to whom it must be disclosed.
 - o Updated: some of the definitions in the Glossary are new (e.g., harm, patient-centered care) or revised (e.g., discrimination, professional relationships).

C. Working Group's Response to Other Key Feedback

- There is some feedback that the Working Group elected not to incorporate into the revised draft document because it felt that it would be best addressed in companion resources, such as FAQs and case scenarios.
- The Working Group's proposed approach to the *Foundations of Professionalism* document was to make it high-level and address specific issues, including application of the document, in companion resources. This would help ensure the document has longevity, while allowing us to be nimble in updating the companion resources to be responsive to new issues and developments related to professionalism.
- Key feedback that the Working Group is proposing to address in companion resources includes, but is not limited to:
 - o how the RCDSO (including Committees) will use the document;
 - o what is professional regulation and how can dentists participate in it?;
 - o requirements related to patient access to dental records and advertising;
 - o how continuing education can build and maintain competence;
 - o how to acknowledge, respect and be responsive to the unique histories, experiences, and needs of Indigenous Peoples;
 - o reference other resources on professionalism (e.g., [Canadian Dental Association](#) and [Ontario Dental Association](#)); and
 - o examples and case scenarios.

⁸ The Appendix does not include every single edit that has been proposed; only key edits have been included for readability.

- The key feedback that was not incorporated, along with the Working Group's rationale, is set out in the table below.

Key Feedback	Rationale for Not Incorporating
Suggestions to add EDI terms (e.g., cultural awareness and competence, intersectionality).	- The Working Group carefully considered the use of EDI terms when developing the draft document and decided to embed EDI concepts in the draft document without using specific EDI terms (e.g., cultural awareness, competence, and safety). - The Working Group initially took and subsequently reconfirmed this approach because EDI language is constantly changing, and the Working Group wanted the draft document to have longevity.
Suggestions to incorporate additional content regarding interprofessional collaboration.	- The Working Group noted that the draft document already included content related to interprofessional collaboration and felt it was sufficient. - The Working Group thought that adding additional details regarding collaboration with other oral health care professionals may lead some to believe that the draft document applies to them, which is not the case (the RCDSO only has jurisdiction over dentists).
Suggestions to add "respecting patients' choice in health care provider" and "patients' right to access records."	The Working Group felt these concepts were already addressed in the draft document, as patient autonomy would include respecting patients' choice in health care provider, and providing patient access to records is included as a duty dentists have under fiduciary law.

D. Feedback from QAC and Working Group's Response

- The consultation feedback received and the Working Group's proposed response to the feedback were shared with the QAC in July 2025.
- The QAC was supportive of the revised draft document and suggested that the Working Group consider specifically addressing Indigenous Peoples and adding financial harm (e.g., overbilling) to the definition of 'harm' in the Glossary.
- The Working Group's proposed response to the QAC's feedback is as follows:
 - The Working Group wanted to specifically recognize Indigenous Peoples in the companion resources so it could provide comprehensive information and guidance, including links to Indigenous cultural safety resources.
 - The Working Group added financial considerations (e.g., overbilling) to the definition of 'Harm' in the Glossary but has otherwise decided to elaborate on professionalism issues related to billing in the companion resources.

CONSIDERATIONS:

- As per RCDSO's new approach to communicating guidance, the development of supplementary resources, including FAQs and case scenarios, will be critical to supporting dentists, patients, and other interested parties in understanding the new *Foundations of Professionalism* document.

- The companion resources are still in development.⁹ Some of the resources (e.g., FAQs, checklists) will be released when the *Foundations of Professionalism* document receives final approval by Council and other resources (e.g., case scenarios) will follow.
- Staff have developed a comprehensive Communication Strategy Framework to help ensure that dentists and other interested parties are aware of this new document following Council's approval and understand how to apply it.

NEXT STEPS:

- Council is being asked whether it has any feedback on the revised draft *Foundations of Professionalism* document and whether Council approves it as a final document of the College.
- If Council approves the revised draft document, the *Foundations of Professionalism* document and any accompanying resources will be posted on the RCDSO's website and interested parties will be notified proactively.
- The new document would replace the RCDSO's [Code of Ethics](#).

DECISION FOR COUNCIL:

- Does Council have any feedback on the revised draft *Foundations of Professionalism* document?
- The motion before Council is as follows:
 - o THAT Council approves the revised draft *Foundations of Professionalism* document, as set out in **Appendix A** of the resources, as a final document of the College.

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Attachment:

Appendix A: Revised Draft *Foundations of Professionalism*

⁹ Some key topics that may be addressed in the FAQs have been noted in the section above.

Foundations of Professionalism

Approved by Council – Month and Year

Effective Date: TBD

Related Resources: TBD

Contents

- Executive Summary
- Introduction
- Principles and Duties
 - 1) Patient Autonomy
 - 2) Beneficence
 - 3) Nonmaleficence
 - 4) Justice
- Glossary

Executive Summary

Foundations of Professionalism reflects the individual and collective commitments to professionalism that dentists uphold throughout their careers. This document articulates the core principles and duties that dentists exemplify in managing and supporting the oral health care needs of individuals and communities, and in promoting and advocating for the health and wellbeing of patients and society.

Foundations of Professionalism replaces the *Code of Ethics* and serves as a foundation for all Royal College of Dental Surgeons of Ontario (RCDSO) [Standards of Practice, Guidelines, and Advisories](#) and related resources that inform dentists' conduct, [such as Frequently Asked Questions and news articles](#). [Dentists are expected to practice in accordance with the](#) core principles and duties set out in this document, which are organized by the bioethical principles of:

- patient autonomy;
- beneficence;
- nonmaleficence; and
- justice.

*Note: **bolded terms** are defined. To view the definitions, hover over the **bolded terms** in the digital version or refer to the Glossary at the end of the print version.*

Introduction

As health care professionals, dentists' primary objective is to maintain or improve the oral health of individuals and communities, while upholding the trust of patients and society.

Continued trust in the dental profession is dependent on dentists' individual and collective commitment to a high standard of **professionalism**. This commitment begins with entry into dental school and continues through education, training, and becoming a regulated health care professional. It extends throughout one's career in the profession, right through to retirement.

One of the most important components of professionalism is to ~~act in the best~~ interests prioritize the wellbeing of patients and society. Dentists demonstrate this commitment by consistently placing patients' best interests first and actively promoting and advocating for the health and wellbeing of all.

The obligation to put patients' interests first is rooted in **fiduciary law**, which governs the special legal and ethical relationship between dentists (fiduciaries) and their patients (beneficiaries). Key fiduciary duties include, but are not limited to:

- Acting in patients' best interests;
- Acting with integrity, loyalty, honesty, trustworthiness, and the utmost good faith;
- Avoiding conflicts of interest;
- Protecting patient confidentiality; and
- Providing access to patient records.

The **principles** and **duties** of professionalism described in this document:

- Build on the core components of professionalism, including the prioritization of patient and societal wellbeing and adherence to fiduciary duties;
- Reflect dentists' broad responsibilities to patients, society, the profession, and themselves;¹
- Represent what patients, society, and dentists consider important;
- Serve as a framework for dentists' individual and collective conduct;
- Help dentists navigate clinical and professional practice and the ethical complexities that are certain to arise; and
- Support dentists in maintaining the highest possible level of confidence and trust with respect to patients and society.

The RCDSO believes it is important to clearly articulate the principles and duties of the profession. ~~particularly for new dentists~~ This helps dentists, patients, and the public understand the high standard of professionalism that is expected of and demonstrated by dentists.

Principles and Duties

This section is structured around the bioethical principles of patient autonomy, beneficence, nonmaleficence, and justice.²

¹ These broad responsibilities are set out in the Canadian Dental Association's [Principles of Ethics](#).

² Beauchamp, T.L. & Childress, J.F. (2019). *Principles of Biomedical Ethics* (8th ed). Oxford University Press.

81 The principles and duties are not listed in any order of priority. They are all important, yet some
82 may carry greater relevance depending on the specific circumstance. Dentists will need to rely
83 on their professional judgement to determine which principles and duties are most applicable,
84 and how best to apply them.

1) PATIENT AUTONOMY (*Respecting patient choices*)

Patients have a right to self-determination, including the right to make their own decisions about their health care, and to privacy and confidentiality of their personal health information. These rights need to be acknowledged and respected by health care professionals.

85 Dentists respect patient autonomy by:

- 86 a. Being fully present, focused, and responsive during interactions with patients.
- 87 b. Providing clear and accurate information in a manner that the patient understands.
- 88 c. Encouraging active collaboration and shared decision-making with patients, or, when
- 89 authorized, with their substitute decision-maker, family, or caregiver.
- 90 d. Obtaining consent for treatment in accordance with legal and professional obligations.³
- 91 e. Providing **patient-centered care** that upholds the standards of practice of the
- 92 profession.

2) BENEFICENCE (*Doing good*)

Health care professionals actively serve and benefit patients and society. They also do good by maintaining and enhancing the health and wellbeing of patients and society, recognizing the interconnectedness between both.

93 Dentists demonstrate beneficence by:

- 94 a. Acting, first and foremost, for the benefit of patients and in service to their health and
- 95 wellbeing ~~of patients and society.~~
- 96 b. Creating a safe environment and treating others with kindness, compassion, and
- 97 respect.⁴
- 98 ~~c. Recognizing and honouring the inherent worth, rights, and dignity of all people.~~
- 99 ~~d. Being kind, empathetic, and compassionate.~~
- 100 ~~e. Creating a safe environment where all feel welcome, respected, and valued.~~
- 101 ~~f. Building and maintaining professional relationships based on mutual trust, and respect.~~
- 102 ~~g-c.~~ Collaborating and communicating effectively within **professional relationships** and
- 103 facilitating continuity of care, including:
- 104 i) supporting patients throughout the entire treating relationship;

³ Health Care Consent Act, 1996, S.O. 1996, c. 2, Sched. A and RCDSO's Standard of Practice on Consent to Treatment. This would include providing information about the nature of the treatment, the treatment's expected benefits, the treatment's material risks and material side effects, alternative courses of action, and the likely consequences of not receiving the treatment.

⁴ For more information, see the RCDSO's Standard of Practice on Prevention of Boundary Violations and Sexual Abuse and Infection Prevention and Control.

- ii) coordinating care with patients' other health care professionals, as necessary; and
- iii) providing emergency care or advising where it can be obtained.
- ~~h.d.~~ Leading or participating in initiatives that address the oral health and oral health care needs of individuals, communities, and society.
- ~~i.e.~~ Being open, receptive, and committed to understanding emerging issues to advance the health and wellbeing of all.
- ~~j.~~ Participating in the regulation of the profession.

3) **NONMALEFICENCE** (*Doing no harm*)

Health care professionals do no harm to patients and society and protect them from harm.

Dentists demonstrate nonmaleficence by:

- a. Complying with legal, professional, and ethical obligations set out in law and by the RCDSO.^{5,6}
- b. Being truthful and providing accurate information about themselves (e.g., education, qualifications, competence) and/or their practice.⁷
- c. Being accountable and taking responsibility for their actions or inactions, decisions, judgement, and competence.
- d. Maintaining competence, recognizing limitations, and referring patients to other health care professionals, when necessary.⁸
- e. Ensuring patients' best interests remain paramount, including when:
 - i) identifying, preventing, and managing conflicts of interest;⁹ and
 - ii) making administrative and clinical decisions (e.g., regarding practice policies and procedures, the selection and use of dental products, materials, devices, or services).
- f. Maintaining appropriate and dignified boundaries in professional relationships.¹⁰
- g. Being collegial and maintaining objectivity when communicating about services provided by other health care professionals.

⁵ This includes an obligation to participate in the regulation of the profession.

⁶ For clarity, dentists are ultimately responsible for meeting their legal, professional, and ethical obligations regardless of whether they assign tasks to staff or other health care professionals, or work with an organization or other party in the course of practicing dentistry.

⁷ For example, the information must not be false, misleading, fraudulent, deceptive, ambiguous or confusing. For more information, see the RCDSO's Practice Advisory on [Professional Advertising](#) and [Section 2 paragraphs 40, 41, 45, 60, 61, and sections 8, 9 of Professional Misconduct](#), O. Reg. 853/93, enacted under the *Dentistry Act, 1991*, S.O. 1991, c. 24.

⁸ For more information, see the RCDSO's [Quality Assurance](#) webpage and Practice Advisory on [Most Responsible Dentist](#). The Practice Advisory on Most Responsible dentists includes requirements for referrals.

⁹ This includes ensuring that business interests and practices do not influence professional judgement. For more information, see the RCDSO's Guidelines on [Conflict of Interest](#) and [Section 2 paragraph 38 and section 5 of Professional Misconduct](#), O. Reg. 853/93, enacted under the *Dentistry Act, 1991*, S.O. 1991, c. 24.

¹⁰ For more information, see the RCDSO's Standard of Practice on [Prevention of Boundary Violations and Sexual Abuse](#).

- h. Using technology in a responsible and ethical manner.¹¹
- i. Addressing **harm** and misconduct, including:
 - i) disclosing harm resulting from their actions or inactions, decisions, judgement, or competence, to the appropriate person or authority;
 - ii) making mandatory reports as required by law;¹² and
 - iii) where a mandatory report is not required, 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.
- j. Balancing personal and professional priorities to maintain dentists' own health and wellbeing.

4) **JUSTICE** (*Being fair*)

Health care professionals treat all people fairly and equitably.

Dentists demonstrate justice by:

- a. Complying with legal obligations with respect to human rights and accessibility.¹³ This includes providing services and making administrative decisions in practice that are free from **prejudice** and **discrimination**, including in accordance with the [Ontario Human Rights Code](#), which prohibits discrimination based on protected grounds.¹⁴
- b. Promoting fair and equitable access to oral health care for all.
- c. Seeking to recognize **bias** and taking reasonable steps to prevent it from negatively influencing professional relationships and patient care.
- d. Recognizing differences in power that exist in professional relationships with patients, staff, colleagues, or other health care professionals, and exploring ways to support or empower the other person.
- e. Recognizing the unique opportunities and barriers **each person experiences created by each person's social identities** and taking reasonable steps to provide appropriate support ~~them~~.
- f. Promoting health and preventing oral disease by understanding and taking reasonable steps to address the **determinants of health** (e.g., by participating in initiatives to reduce **health inequities** that are driven by the determinants of health).¹⁵

¹¹ For clarity, this provision applies to all technologies, including, but not limited to those that the RCDSO has set out expectations or guidance on (e.g., Dental CT Scanners, Virtual Care, Artificial Intelligence).

¹² For more information, see the RCDSO's [Mandatory Reporting](#) webpage.

¹³ [Ontario Human Rights Code](#) and [Accessibility for Ontarians with Disabilities Act, 2005 \(AODA\)](#). For more information, see [Working Together: The Code and the AODA](#) by the Ontario Human Rights Commission and Policies and Guidelines on the Ontario Human Rights Commission webpage.

¹⁴ For more information, see the Ontario Human Rights Commission's Guide to your rights and responsibilities under the Human Rights Code.

¹⁵ This may include, but is not limited to: offering financial accommodations (e.g., payment plans), participating in government programs, volunteering, doing outreach, participating in or supporting innovative care models (e.g., mobile or community clinics), and pursuing relevant education or training (e.g., cultural safety, trauma and violence-informed care).

Glossary

Bias: An inclination to think something or someone is better or preferred, usually in a way considered to be unfair. Bias can be explicit (or conscious) or implicit (or unconscious). Bias inhibits impartial judgement, thought, or analysis. Biases (particularly implicit or unconscious) are built into and perpetuated by societal systems and structures through socialization and may conflict with our declared beliefs and how we see ourselves.

Determinants of health: A broad range of personal, social, economic, commercial, political, and environmental factors that determine-influence individual and population health. These include both modifiable and non-modifiable factors.

Discrimination: Is defined in case law¹⁶ as when a distinction is made according to which some benefit is withheld or burden assigned to an individual or group of individuals on the basis of a personal characteristic that is irrelevant to the distinction which was made.¹⁷ Discrimination exists where a discriminatory practice occurs on the basis of a prohibited ground¹⁸ for which no valid justification has been made. Discrimination is also defined by the Canadian Human Rights Commission.¹⁹

Duties: Positive actions that dentists are expected to take in fulfilling their role as a regulated health care professional. These actions are informed by the legal, professional, and ethical obligations of the profession set out in law and by the RCDSO.

Fiduciary law: A specific area of law through which key duties are assigned to fiduciaries (i.e., dentists) and owed to beneficiaries (i.e., patients). Fiduciaries have these duties due to the nature of the relationship with beneficiaries, namely that the fiduciary is in a position of power and has the unilateral ability to act and impact the beneficiary's interests. The specific duties fiduciaries have include, but are not limited to:

- Acting in beneficiaries' best interests
- Acting with integrity, loyalty, honesty, and trustworthiness
- Avoiding conflicts of interest
- Not acting in self-interest/profit
- Protecting patient confidentiality
- Providing access to patient records
- Disclosing error, misconduct, and whistleblowing

¹⁶ Case law refers to judge-made law, or common law: law that is created through judicial decisions.

¹⁷ Most human rights legislation does not include a formal definition of discrimination. The definition included in this document is from the judgement of McIntyre J. in *Law Society of British Columbia v. Andrews*, [1989] S.C.J. No. 6.

¹⁸ The grounds in the Ontario Human Rights Code are: citizenship, race, place of origin, ethnic origin, colour, ancestry, disability, age, creed, sex/pregnancy, family status, marital status, sexual orientation, gender identity, and gender expression.

¹⁹ Canadian Human Rights Commission. (2025). About discrimination.

- Acting with the utmost good faith.

Harm: Any negative impact or damage that patients ~~or society~~ experience including physical (e.g., nerve damage), psychological (e.g., violations of trust), emotional (e.g., lack of respect), social (e.g., discrimination), or financial (e.g., overbilling).

Health inequities: Systematic differences in health-related exposures and outcomes among different population groups that are unnecessary, avoidable, unfair, unjust, and can be addressed through policy intervention.²⁰

Patient-centered care: Care that acknowledges, respects, and is responsive to a patient's preferences, values, beliefs, goals, and economic circumstances. This approach supports the role of patients making informed and active decisions regarding their care, rather than being passive recipients.²¹

Prejudice: ~~Refers to a~~ Preconceived judgement, opinion or attitude directed toward certain people based on their membership in a particular group. It is a set of attitudes, which supports, causes, or justifies discrimination. Prejudice is a tendency to rely on stereotypes or assumptions.²²

Principles: Fundamental truths or propositions that serve as the foundation for a system of values or behaviours. They are often universal, objective, and used to guide actions and judgements in a consistent manner.

Professionalism: The conduct, aims, and qualities that characterize a profession. It involves a commitment to mastering a complex body of knowledge and skills in the service of others. For health care professionals, it includes commitments to ethical practice, clinical competence, cultural ~~humility~~ competence, integrity, morality, altruism, and the promotion of the public good. Members of a profession are accountable both to those they serve and to society at large.²³

Professional relationships: Relationships between dentists and patients, staff, colleagues, or other health care professionals that are developed through the practice of dentistry.

²⁰ Adapted from Whitehead, M. (1992). The concepts and principles of equity and health. *International Journal of Health Services*, 22(3), 429-445.

²¹ Adapted from Grover, S., Fitzpatrick, A., Azim, F.T., Ariza-Vega, P., Bellwood, P., Burns, J., Burton, E., Fleig, L., Clemson, L., Hoppmann, C.A., Madden, K.M., Price, M., Langford, D., Ashe, M.C. (2022). Defining and implementing patient-centered care: An umbrella review. *Patient Educ Couns.*, 105(7), 1679-1688.

²² Rouse, L., Booker, K., Stermer, S.P. (2011). Prejudice. In: Goldstein, S., Naglieri, J.A. (eds) *Encyclopedia of Child Behavior and Development*. Springer.

²³ Adapted from Cruess, S. R., Johnston, S., & Cruess, R. L. (2004). "Profession": A Working Definition for Medical Educators. *Teaching and Learning in Medicine*, 16(1), 74–76.

Protected grounds: The Ontario *Human Rights Code* prohibits actions that discriminate against people based on protected grounds in protected social areas (including goods, services, and facilities). The protected grounds for services are as follows: citizenship, race, place of origin, ethnic origin, colour, ancestry, disability, age, creed, sex/pregnancy, family status, marital status, sexual orientation, gender identity, and gender expression.²⁴

²⁴ Adapted from: Ontario Human Rights Commission. (2013). *Guide to your rights and responsibilities under the Human Rights Code*.

COUNCIL BRIEFING NOTE

TOPIC: Implant Dentistry: Draft Standard for General Consultation

FOR DECISION

September 2025

ISSUE:

- RCDSO's [Educational Requirements and Professional Responsibilities for Implant Dentistry Guideline](#) is under review as part of the policy team's Standards modernization efforts.
- A draft "Implant Dentistry" Standard has been prepared to replace the current Guideline.
- Council is asked for feedback on the draft Standard and for approval to release the new draft Standard for public consultation.

PUBLIC INTEREST:

- The draft *Implant Dentistry* Standard of Practice supports the public interest by ensuring that dentists understand and fulfill their legal, professional, and ethical obligations, and provide safe and competent care to patients when performing implant dentistry.

BACKGROUND:

Standards Prioritization Process and QAC's Direction

- RCDSO's guidance for implant dentistry is currently set out in the following guideline: [Educational Requirements and Professional Responsibilities for Implant Dentistry](#) (2013).
- In 2023, this guideline was reviewed by policy staff as part of the Standards prioritization exercise.¹ The guideline was determined to be a high priority for review based on the following factors:
 - o important shortcomings identified in the existing guidelines,
 - o significant patient safety risks associated with implant dentistry (as identified in the literature),
 - o high proportion of complaints received by RCDSO's Inquiries, Complaints and Reports Committee (ICRC) related to dental implants², and
 - o lack of consistent and rigorous training in implant dentistry due to educational requirements that are open to interpretation.

¹ See pages 277-283 of the [May Council Meeting Materials](#) for a full overview of this process.

² Based on RCDSO's complaints data from Professional Conduct and Regulatory Affairs (PCRA), implant dentistry is a relatively high contributor to patient risk issues and complaints, and aggregate data from the professional liability program confirm the same trend about risk.

- Based on the policy team's analysis and recommendation, in January 2024, the RCDSO's Quality Assurance Committee (QAC) approved the priority development of a revised Standard of Practice.

Standard Development Process & Research

- 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](#).
- As per the Policy Team's usual processes, preliminary research and analysis was undertaken to support the development of the draft Standard, including the following:
 - Literature review,³
 - Jurisdictional scan,⁴
 - Analysis of RCDSO's inquiries, complaints, and discipline data,
 - Review of feedback from RCDSO's Practice Advisory Service (PAS) and Professional Conduct and Regulatory Affairs (PCRA) department, and
 - Preliminary consultation, which solicited stakeholder feedback on the existing guidelines. (Preliminary consultation feedback is summarized below, however a more substantive summary of the consultation feedback can be viewed at this [link](#). Council is not required or expected to review the full consultation report and is welcome to rely on the summary provided in this briefing note)
- In general, the literature review found that educational requirements and professional responsibilities related to implant dentistry have evolved significantly over the past 10-20 years. This includes important developments related to digital workflows, robotics, regenerative dentistry, and registries that track implants. Research shows that this changing landscape requires flexible training pathways that accommodate innovation and change, while including defined learning outcomes, and placing patients' best interests at the forefront.
- The jurisdictional scan identified very few regulators with a guideline or standard regulating the performance of implant dentistry. Inter-jurisdictional variation was found in the scope of issues addressed by each regulatory body, and the level of detail provided for practitioners. Importantly, the RCDSO's current guideline covers a broader range of topics and provides much greater detail than any other regulator reviewed, however, it appears some Canadian regulators have adapted RCDSO's guideline for their use.

Consultation with RCDSO Clinical Leads and Subject Matter Experts

- Given the highly clinical and technical nature of this review, the draft Standard was developed over an extended period of time with significant involvement of key subject matter experts.
- Policy staff consulted with staff dentists working at RCDSO who have extensive knowledge of, or experience performing, implant dentistry. This included Dr. Parvaneh Bahrami (periodontist), who performs implant dentistry; Dr. Peter Hong (general dentist), who works in the College's professional liability program (PLP); and Dr. Helene Goldberg (general dentist), who manages complaints related to implant dentistry.
- Externally, policy staff have engaged:

³ A brief description of the literature review is included in this briefing note; however, a complete summary is available upon request.

⁴ A brief description of the jurisdictional scan is included in this briefing note; however, a complete summary is available upon request.

- o Dr. David Chvartzsai, a subject matter expert who is a highly credentialed academic and a double specialist in Periodontics and Prosthodontics, and
- o Dr. Peter Fritz, Assistant Clinical Professor, McMaster University, and Chair of the Royal College of Dentists of Canada's Committee on Artificial Intelligence and Emerging Digital Technology. (Dr. Fritz's expertise was sought in relation to the impact of AI on implant dentistry).
- The expert clinical working group (consisting primarily of Drs. Bahrami, Hong and Chvartzsai) met numerous times over several months to ensure that the draft Standard:
 - o is up to date, aligns with best practices, and maximizes quality of care,
 - o contains educational and professional requirements that ensure patient safety is protected, and the best interests of patients are promoted,
 - o is clear, succinct, relevant, and important,
 - o aligns with RCDSO's other Standards, and
 - o retains all of the important details contained in the current guidelines.

Preliminary Consultation Feedback Summary

- A public consultation was held between Aug 20 – Oct 20, 2024, to solicit feedback on RCDSO's current Guidelines. This approach followed RCDSO's usual [survey-based consultation process](#).
- In addition to our general stakeholder contact list, additional, targeted invitations were sent to RCDSO staff, HPRO's Citizen's Advisory Group⁵, and subject matter experts in the fields of implant dentistry.
- A total of 107 survey responses were received in response to this consultation and 2 organizations provided feedback by e-mail.⁶ 72% of consultation respondents were general dentists (including retired), 25% were specialists, and no members of the public responded.
- Overall, the consultation feedback was largely supportive of the current Guidelines. The consultation feedback can be categorized into the following themes:
 - o General support for the current guideline: Overall, respondents were very supportive of the current guideline's educational and professional requirements, with very strong agreement that the three types of educational requirements were either "extremely" or "very important":
 - Straightforward (87%, n=100)
 - Complex (85%, n=100)
 - Ongoing (75%, n=100)
 - o Additionally, respondents reported that they found the current guideline clear (71%, n=100), reasonable (95%, n=96), and important / relevant (91%, n=96).
 - o Requests for clarification and additional detail include:
 - which courses meet the criteria of the guidelines,
 - clarity in relation to requirements for straightforward vs complex implant dentistry,
 - guidance for interprofessional collaboration (e.g., working with denturists),
 - recordkeeping, and
 - more clearly distinguishing requirements from recommendations.
 - o Importantly, a recurring theme in the feedback related to how patients can obtain information about the qualifications of their dentists to perform implant dentistry.

⁵ The Citizen Advisory Group (CAG), which operates under the [Health Profession Regulators of Ontario \(HPRO\)](#), is a shared resource of Ontario's health regulatory Colleges, and brings patient and caregiver voices and perspectives to inform health regulatory initiatives (e.g., Standards development).

⁶ The organizations were: Ontario Dental Association and the Association of Prosthodontists of Ontario.

Organizational Feedback

- 1) **Ontario Dental Association (ODA):** The ODA provided simple feedback asking RCDSO to address the use of AI in implant dentistry.
- 2) **The Association of Prosthodontists of Ontario:** The Association of Prosthodontists of Ontario suggested that the draft Standard address dentists' training needs when providing complex implant dentistry and that specific requirements be established that include formal evaluations.

CURRENT STATUS:

Draft Standard

- A draft Standard (**Appendix A**) has been developed to reflect the feedback and comments received from the preliminary consultation, as well as the recommendations of the expert clinical working group.
- In developing the draft, the working group recommended less prescriptive provisions for common elements of implant dentistry (e.g., step-by-step processes for assessing patients), and enhanced provisions for high-risk complex implant dentistry and continuing education requirements. They also ensured accuracy and clarity while applying “right-touch regulation principles”⁷, and focused the draft guidance on reducing risks and improving patient safety and quality of care.
- The following are key features of the draft Standard:
 - o New formatting, consistent with the policy team's best practices for Standards development.
 - o Principles that align with RCDSO's draft Professionalism document.⁸
 - o Expanded requirements related to:
 - **straightforward implant dentistry:** all dentists must meet the updated educational requirements regardless of prior education and/or experience; certain specialists are exempt (Provisions 5-7, and Appendix 2);
 - **complex implant dentistry educational requirements:** a new appendix has been created specifying course criteria, learning outcomes and formal evaluations (Provisions 8-11, and Appendix 3);
 - **continuing educational requirements:** all dentists performing implant dentistry must acquire 9 continuing education credits every cycle (Provision 12);
 - **new requirements for the disclosure of harm to patients:** dentists must disclose harm, consistent with RCDSO's draft Professionalism document (Provision 34); and
 - **provisions that promote a culture of patient safety:**⁹ dentists must track, document and review all sentinel and adverse events arising from their performance of implant dentistry (Provisions 35-37).
 - o Reduced requirements throughout the Standard:
 - Fewer specific evaluations, assessments and tests; and
 - Fewer step-by-step instructions.

⁷ Right-touch regulation is an approach to regulatory decision-making that emphasizes using the minimum necessary regulatory force to achieve desired outcomes and protect the public interest. It helps to ensure that requirements are tailored and proportionate to the level of risk, that requirements are not overly prescriptive, and that guidance is focused on patients' safety and best interest.

⁸ RCDSO's draft [Professionalism](#) document is part of RCDSO's Access to Care Strategic Project and will be considered by Council at its September meeting. The draft document outlines key principles and duties of professionalism and will replace RCDSO's Code of Ethics.

⁹ See Padmanabhan V, Islam MS, Rahman MM, Chaitanya NC, Sivan PP. Understanding patient safety in dentistry: evaluating the present and envisioning the future—a narrative review. *BMJ Open Quality*. 2024;13:e002502. <https://doi.org/10.1136/bmjog-2023-002502>

Standing Policy Working Group (SPWG) - Feedback Received and Incorporated

- The RCDSO's Standing Policy Working Group (SPWG) consists of Council members and external public contributors who meet to provide subject matter expertise to the policy team on active Standards work.¹⁰
- The SPWG was asked for their feedback on the draft Implant Dentistry Standard July 7th and 8th, 2025. Their feedback was generally supportive of the draft, and included the following themes:
 - o **Educational Requirements:**
 - All members agreed that straightforward educational requirements should be mandatory and apply to all dentists, as stated in the draft Standard.
 - Some members were in favor of increasing the number of straightforward educational hours. *This will be explored during the general consultation.*
 - Continuing education (CE) credits should include categories 1 or 2; not just category 1. *This change has been made to the draft Standard* (see Provision 12).
 - o **Professional Requirements:**
 - Several members recommended that policy staff consider including or referencing implant dentistry risk assessment tools in the Standard. *This change has been made to the draft Standard* (see Provision 19).
 - Public members were very much in favor of promoting a culture of patient safety by explicitly requiring dentists to disclose harm and track near misses, adverse events and sentinel events, as stated in the draft Standard.
 - Several working group members requested additional detail around disclosure of harm and tracking of “near misses”, “adverse events” and “sentinel events” (e.g., more explicit definitions). *This will be provided during the general consultation.*
 - The SPWG was generally supportive of the overall edits made to reduce the prescriptiveness and detail of the draft's professional requirement provisions.
 - o **Operational Recommendations for RCDSO:**
 - Many members expressed interest in having registrants who perform implant dentistry monitor their CE credits through e-Portfolio. *This will be explored during the general consultation.*
 - The Working Group felt strongly that RCDSO should support the public in understanding the qualifications of their dentists to perform implant dentistry (e.g., via FAQs). *This resource will be developed following the general consultation.*

Approval of the Quality Assurance Committee (QAC) - Feedback Received and Incorporated

- QAC reviewed and approved the draft Standard in July for Council's feedback and external consultation. QAC expressed support for the draft Standard and recommended the following:
 - o One additional principle be added to the draft, reflecting the importance of minimizing harm. *This change has been made to the draft Standard* (see Principle 4).
 - o Definitions be added which clarify patient safety terms (e.g., “near miss”). *A resource, providing definitions and patient safety references, will be posted online during and after the general consultation.*
 - o Minor changes to clarify and enhance the text. *These changes have been made to the draft Standard* (e.g., Provisions 3, 19, 26).

¹⁰ The Standing Policy Working Group consists of Dr. Harinder Sandhu, Dr. Antony Liscio, Dr. Anthony Mair, Dr. Osama Soliman, Eleonora Fisher, Dr. Nalin Bhargava, Dr. Nancy Di Santo, Dr. Deborah Wilson, Nizar Ladak, Sharon Rogers (external), and Patti Latimer (external).

- o Specific stakeholders to contact as part of the external consultation. These stakeholders will be contacted during the general consultation.

CONSIDERATIONS:

Setting Educational Requirements

- Although the draft Standard describes learning outcomes for education in implant dentistry, it is important to note that RCDSO does not regulate / control course providers nor their course content. It is the opinion of the expert clinical working group that by setting requirements for acceptable education in implant dentistry (i.e., the educational offerings that dentists are expected to engage in), course providers would be expected to adjust their educational offerings to reflect these requirements.

Consultation Planning and Anticipating Feedback

- In developing the draft Standard, the expert clinical working group has considered potential differences of opinion concerning key new requirements, whether from dentists already performing implant dentistry, dentists considering performing implant dentistry, course providers, or other stakeholders.
- The following topics are highlighted for Council's feedback and awareness. Each will be considered as part of a general communications strategy that will accompany the release of the draft Standard, should it be approved by Council, and targeted questions will be developed to solicit stakeholder feedback on these critical issues.
 - o Educational requirements (e.g., appropriate number of training hours and course criteria for both straightforward and complex, appropriate number of continuing education points per cycle).
 - o Effective dates for obtaining new educational requirements (e.g., completing newly required training hours for complex implant dentistry that must meet new course criteria, completing newly required continuing education).
 - o Mentorship (e.g., should mentorship be required or simply encouraged?).
- In addition, the general consultation survey will cover a broad range of topics and invite respondents to comment on all aspects of the draft implant dentistry Standard.

NEXT STEPS

- As per the policy team's usual Standards review and development process, if Council approves, the draft Standard will be released for 60 days of public consultation this fall.
- Policy staff will then solicit feedback on the draft from interested parties with expertise in implant dentistry (e.g., dental faculties, Ontario Society of Oral and Maxillofacial Surgeons).
- A communications strategy will accompany the draft Standard for consultation, providing definitions of key terms, in anticipation of questions and concerns.
- Following the consultation, the draft Standard will be revised and brought back to Council for consideration prior to final approval next year.

DECISION FOR COUNCIL:

- Council is asked whether it has any feedback on the draft Standard and whether it approves the draft Standard of Practice: “Implant Dentistry” be released for general consultation.
 - The motion before Council is as follows:
 - o THAT Council approves the release of the draft Standard of Practice: “Implant Dentistry” as appended, for external consultation.
-

CONTACT:

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Attachment:

Appendix A. Draft Standard of Practice: “Implant Dentistry”

Appendix A

Draft Standard of Practice: Implant Dentistry

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Executive Summary

This Standard of Practice sets out educational and professional requirements for dentists who perform implant dentistry. It is based on current evidence and best practices, and supports the provision of safe, effective and patient-centred care.

Implant dentistry is a safe and effective option for many people. However, the potential for irreversible damage and high-risk complications require dentists to obtain adequate training, in addition to their undergraduate education, to reach and maintain competency.

Requirements in this Standard are structured around the two phases of implant dentistry, and two levels of complexity:

Phases:

- Surgical phase (placement/insertion) of dental implant(s), and
- Prosthetic phase (restoring the dental implant[s])

Levels of complexity:

- Straightforward placement and/or restoration of dental implant(s), and
- Complex placement and/or restoration of dental implant(s).

This Standard of Practice is supported by companion resources that provide supplementary information and guidance. This includes the appendices found at the end of this document as well as an Implant Dentistry FAQ.

Principles

The following principles form the foundation for the requirements set out in this Standard:

1. Dentists act, first and foremost, for the benefit of, and in service to, the health and wellbeing of patients and society.
2. Dentists protect patients by maintaining their competence, recognizing limitations, and referring patients to other health care professionals, when necessary.
3. Dentists uphold patient and public trust by disclosing harm resulting from their actions or inactions, decisions, judgment, or competence.
4. Dentists minimize harm while promoting patient choice by assessing risks, obtaining consent to treatment, and adhering to best practices that minimize the likelihood of harm or adverse events.

Educational Requirements

General Requirements

- 71
- 72 1. All dentists who perform implant dentistry must ensure that they have the necessary
- 73 training and experience to do so safely and effectively.¹ In general, the more complex the
- 74 clinical case, the greater the level of training that is required.
- 75
- 76 2. Dentists intending to perform implant dentistry (other than those exempt by provision 3
- 77 below) must meet all education requirements outlined in this Standard regardless of prior
- 78 training or experience in implant dentistry.
- 79
- 80 3. Registered specialists in oral and maxillofacial surgery, periodontics and prosthodontics who
- 81 have received comprehensive training to perform dental implant treatment as part of an
- 82 accredited postgraduate specialty training program, have the most advanced mode of
- 83 training, in their respective field, and must only meet the continuing education
- 84 requirements in this Standard.
- 85
- 86 4. Dentists who perform implant dentistry must keep records of their training in implant
- 87 dentistry, including courses they have attended, mentorship, clinical supervision and
- 88 required continuing education.²
- 89

90 **Educational Requirements for Straightforward Placement/Restoration**

91

- 92 5. Dentists who limit their practice to only one phase of dental implant treatment (i.e., surgical
- 93 or prosthetic) must successfully complete a course or courses involving a minimum of 35
- 94 hours of instruction for the practiced phase and 14 hours of instruction for the phase not
- 95 practiced.
- 96
- 97 6. Dentists who perform both phases of dental implant treatment (i.e., surgical and prosthetic)
- 98 must successfully complete a course or courses involving a minimum of 35 hours of
- 99 instruction for each of the surgical and prosthetic phases, for a total of 70 hours of training.
- 100
- 101 7. Dentists must ensure that any course(s) taken to fulfill the requirements above meet the
- 102 criteria and learning outcomes set out in Appendix 2.
- 103

104 **Educational Requirements for Complex Placement/Restoration**

105

- 106 8. Before beginning training for complex placements and/or restorations of dental implants,
- 107 dentists must have competence and experience in the straightforward placement and/or
- 108 restoration of dental implant(s).
- 109

¹ [S. 2. 5. O. Reg. 853/93, Professional Misconduct.](#)

² RCDSO does not approve courses. Dentists should consider the learning outcomes in Appendix 2 and 3 to determine if the course(s) they have taken meet this Standard.

- 110 9. Before beginning training for complex placements of dental implants, dentists must have
111 achieved a high level of general dentoalveolar surgical proficiency.
112
- 113 10. Before beginning training for complex restorations of dental implants, dentists must have
114 achieved a high level of general prosthodontics proficiency.
115
- 116 11. Dentists must ensure that any course(s) and/or mentoring/clinical supervision taken to
117 perform complex implant dentistry meet the course criteria and learning outcomes set out
118 in Appendix 3.
119

120 **Continuing Education Requirements**

121

- 122 12. Dentists who perform implant dentistry must maintain their knowledge, skills, and clinical
123 judgement by obtaining at least nine category one or two continuing education (CE) points
124 within each CE cycle and selecting courses that would allow them to build/enhance their
125 skills and understanding of treatments involving dental implants.
126

127 **Adopting New Technology, Products and Techniques**

128

- 129 13. Dentists intending to incorporate new technology,³ products and techniques must ensure
130 these are supported by adequate scientific evidence, and that necessary Health Canada
131 approvals are in place.⁴
132
- 133 14. Dentists must use their professional judgement to assess whether they require additional
134 training before using new technology, products and techniques (including new implant
135 systems or materials).
136
- 137 15. Dentists using artificial intelligence (AI) tools to perform implant dentistry must consider
138 RCDSO's Guidance document on AI.⁵
139
140

141 **Professional Requirements**

142

143 **Preliminary Evaluation, Case Selection and Treatment Plan**

144

145 *This section applies to dentists who perform the prosthetic phase of treatment.*
146

³ Including artificial intelligence (AI).

⁴ All medical devices listed for sale in Canada are listed in a searchable online Health Canada database:
www.mdall.ca or <https://health-products.canada.ca/mdall-limh/>.

⁵ See [RCDSO's Artificial Intelligence draft guidance document](#), which will be reviewed for decision by RCDSO's Council September 18, 2025.

16. Dentists must evaluate the patient to determine the appropriateness of the case for implant treatment by collecting relevant clinical and radiographic imaging records on a patient-specific basis.
17. When keeping natural teeth is still an option, dentists must carefully weigh the long-term benefits and risks⁶ of extracting natural teeth and clearly discuss with the patient why dental implants may or may not be in the patient's best interest.⁷
18. When keeping natural teeth is no longer an option and/or is not indicated, dentists must have a documented rationale for recommending extraction.
19. Dentists must establish the physical and medical suitability of the patient before prescribing implant dentistry,⁸ preferably using a validated risk assessment tool. Their evaluation must include:
1. the patient's primary concern(s) as well as functional and aesthetic expectation(s);
 2. a complete dental history;
 3. a complete medical history;
 4. an assessment including, but not limited to:
 - I. a clinical extra-/intra-oral examination;
 - II. oral hygiene status;
 - III. appropriate images of the proposed dental implant site(s) and adjacent site(s);
 - IV. appropriate diagnostic records (such as study models, photographs, radiographic imaging, etc.) and aids (diagnostic set-ups, radiographic guides, etc.) as indicated based on the complexity of the case, to determine or identify, for example:
 - i. presence of oral pathologies;
 - ii. periodontal condition of the remaining dentition;
 - iii. occlusion; presence of parafunction; etc
 - iv. the volume and quality of bone, as well as its position relative to the planned prosthesis, and the characteristics of the overlying soft tissues, as they affect the probability of successful integration and long-term maintenance;
 - v. the number and location of dental implants to be placed based on the prosthetic treatment plan and the patient's anatomy;
 - vi. risk factors that could contribute to implant failure and peri-implantitis;
 - vii. the patient's need for additional orthodontic, surgical, periodontal, endodontic or prosthodontic intervention before dental implant treatment can proceed; and
 - viii. vital structures and anatomical risks.

⁶ Including financial costs from potential complications (e.g., repair, replacement), and long-term maintenance.

⁷ See [RCDSO's Consent to Treatment Standard of Practice](#).

⁸ See [RCDSO Medical History Recordkeeping Guide](#).

20. Dentists must develop a treatment plan for the prosthetic component and provide a suggested surgical prescription setting out the preferred number and positions of dental implants to be placed.

Presurgical Assessment and Surgical Treatment Plan

This section applies to dentists who perform the surgical phase of treatment.

21. Dentists must:

- a. determine the patient's suitability for surgical treatment based on the prosthetic prescription,
- b. identify any need for additional records, imaging or any other investigations,
- c. determine the details of surgical intervention,
- d. discuss any concerns that may require modification of the prosthetic prescription with the dentist providing the prosthetic phase and arrive at an agreement with the overall treatment plan, and
- e. determine the patient's medical status, the scope of the surgical treatment plan, and patient preference when recommending sedation or general anaesthesia.⁹

Finalization of the Treatment Plan

This section applies to dentists who perform the surgical and prosthetic phases of treatment.

Proper patient evaluation and treatment planning is of utmost importance in dental implant treatment.

22. Dentists must consider the need for a transitional strategy during implant treatment and be prepared to adopt a different transitional strategy based on the outcome of the surgical phase.

Surgical Treatment

This section applies to dentists who perform the surgical phase of treatment.

23. Dentists must execute the surgical treatment plan in accordance with the prosthetic treatment plan and advise the patient and the dentist performing the prosthetic phase if there was any deviation from the original prosthetic treatment plan.

Post-Surgical Follow-Up

⁹ See RCDSO's [Use of Sedation and General Anesthesia in Dental Practice Standard of Practice](#).

This section applies to dentists who perform the surgical phase of treatment.

24. Dentists must confirm appropriate clinical outcomes following surgery and monitor the patient during the healing period.

25. Dentists must assess the patient to confirm successful osseointegration of the dental implants following an appropriate healing period.

26. Dentists must assume responsibility for the management of complications related to dental implants in accordance with their role and scope of practice.

Post-Surgical Assessment and Treatment

This section applies to the dentist performing the prosthetic phase of treatment.

27. Dentists must confirm patient's suitability for the prosthetic phase, following the healing period.

28. Dentists must ensure the fabrication of an accurate definitive prosthesis that satisfies the requirements for function, cleanability, durability and aesthetics.

Long-Term Maintenance and Managing Complications

This section applies to the dentist performing the prosthetic phase.

29. Dentists must provide long-term maintenance, or refer the patient to another dentist, or provide recommendations for long-term maintenance to the patient's most responsible dentist.¹⁰

30. Dentists are advised to consider referring patients with implant treatment complications back to their original treating dental implant team (e.g., dentist, denturist, hygienist).

31. Dentists must assume responsibility for making a timely diagnosis of implant treatment complications.

32. Dentists must assume responsibility for the management of complications related to dental implants in accordance with their role and scope of practice.

¹⁰ See RCDSO's [Most Responsible Dentist Practice Advisory](#).

Patient Safety and Consent

Obtaining Consent to Treatment

33. Dentists must obtain consent prior to the initiation of dental implant treatment, in accordance with RCDSO's *Consent to Treatment* Standard of Practice.¹¹ In addition to the general requirements for obtaining consent, elements that are specific to dental implant treatment, such as the risk of dental implants failing to osseointegrate, must be addressed.

Disclosing Harm

34. Dentists must disclose relevant information about patient harm to the patient or their substitute-decision maker,¹² regardless of the cause, as soon as reasonably possible.^{13 14}

Establishing a Patient Safety Culture

35. Dentists must track and document all sentinel and adverse events arising from their performance of implant dentistry, which must include a review of relevant contributing factors and strategies to reduce patient risk.
36. Dentists are strongly advised to foster a culture of patient safety by tracking near-misses and discussing contributing factors with the dental implant team, thereby reducing patient's risk of adverse and sentinel events in the future.¹⁵
37. Dentists must only perform implant dentistry when all members of the dental implant team are acting within their scope of practice.

Recordkeeping

¹¹ See [RCDSO's Consent to Treatment Standard of Practice](#).

¹² And/or the estate trustee, as the case may be.

¹³ Healthcare Excellence (2011). Canadian disclosure guidelines: Being open with patients and families. Retrieved August 27, 2025 at <https://www.healthcareexcellence.ca/media/v4zni14t/cpsi-canadian-disclosure-guidelines-final-ua.pdf>

¹⁴ Registrants have an obligation under common law to disclose error to their patients, in keeping with a patient's right to information about their medical treatment, and the fiduciary nature of the patient-registrant relationship. Disclosure does not imply blame or fault but refers to open and timely communication with a patient or their substitute decision-maker concerning an adverse or harmful event. (Adapted from College of Physicians and Surgeons of British Columbia. Practice Standard: Disclosure of adverse or harmful events (2022). Retrieved August 27, 2025 at <https://www.cpsbc.ca/files/pdf/PSG-Disclosure-of-Adverse-or-Harmful-Events.pdf>)

¹⁵ The decision whether to disclose a no harm incident or near-miss should only be made after careful consideration of the best interests of the patient.

- 297 38. In addition to the general recordkeeping requirements, including standard surgical
298 notation,¹⁶ dentists performing the surgical phase must record the following information in
299 their surgical notes:
- 300 a. dental implant location, size and type, manufacture brand, design name of implant,
301 diameter and length, lot and/or catalogue/reference number, and expiry date, as
302 applicable;
 - 303 b. difficulties encountered during surgical treatment, if any;
 - 304 c. all materials used during surgery;
 - 305 d. size and type of abutment placed at uncover;
 - 306 e. osseointegration status using standardized measurement or descriptive criteria;
 - 307 f. any significant findings that may affect the expected outcome; and
 - 308 g. any recommendations, instructions or advice given to the patient about the surgical
309 treatment.
- 310
- 311 39. Dentists performing the surgical phase must provide the following information about the
312 dental implant to the patient in writing:
- 313 a. dental implant location;
 - 314 b. size and type;
 - 315 c. manufacture brand, design name of implant;
 - 316 d. diameter and length;
 - 317 e. lot and/or catalogue/reference number; and
 - 318 f. expiry date, as applicable.
- 319
- 320 40. In addition to the general recordkeeping requirements, including standard prosthetic
321 notation, dentists must record the following information in their prosthetic notes:
- 322 a. dental implant location, size and type, manufacture brand, design name of implant,
323 diameter and length, lot and/or catalogue/reference number, and expiry date, as
324 applicable;
 - 325 b. difficulties encountered during prosthetic treatment, if any;
 - 326 c. a record of all components secured for function in the patient's mouth;
 - 327 d. size and type of abutment used;
 - 328 e. osseointegration status using standardized measurement or descriptive criteria;
 - 329 f. type of prosthesis fabricated, and materials used;
 - 330 g. type of connection — screw or cement;
 - 331 h. any pain or discomfort reported by the patient during prosthodontic treatment,
332 particularly at the time of delivery of the prosthesis; and
 - 333 i. any recommendations, instructions or advice given to the patient about the
334 prosthodontic treatment.
- 335
- 336 41. Dentists are advised to consider maintaining working models for documentary purposes, as
337 well as long-term maintenance of the case.

¹⁶ See [RCDSO Dental Recordkeeping Guidelines](#).

Appendices

Appendix 1: Guidance for Differentiating “Straightforward” and “Complex” Cases

Few treatment episodes will fall exactly into either category; however, the definitions here should help to identify the degree of complexity and potential risks involved in individual cases. Dentists can better match cases to their level of experience and skills, as well as determine their professional development and training requirements. (Adapted from the Faculty of General Dental Practice (United Kingdom), the Royal College of Surgeons of England: “[Training Standards in Implant Dentistry](#)” (2016)).

Factor	Straightforward	Complex
Perception of Case	You can easily visualise the end result and the treatment stages are predictable. There are no aesthetic risk factors.	The end result cannot be easily visualised without extensive diagnostic and planning techniques. Requires higher level surgical and prosthetic skills. Treatment will include multiple stages to achieve the desired outcome and may involve multidisciplinary planning. The risk and the impact of complications may be higher than with straightforward cases. The aesthetic requirement or limitations of the case are high, as are the expectations of the patient.
Medical History	There are no medical risk factors.	There are physical/medical compromises, requiring special care, considerations and management.
Tooth Position	The teeth to be replaced conform to the existing arch form, and the adjacent and opposing teeth easily determine the optimal prosthetic tooth position. There are no aesthetic risk factors.	There are no adjacent teeth and/or opposing teeth, or those present are in an unsuitable position. There is a need to carry out extensive diagnostic procedures to determine the optimal tooth/implant position for aesthetics and function.
Implant Surgery	The implant surgical procedure is without anatomical risks and can be carried out without the need for significant hard and soft tissue modification, such as significant ridge reduction or significant bone grafting (e.g., onlay bone grafting and sinus grafting).	The implant surgery is a more difficult procedure that may involve: • significant alteration to anatomical structures with potential risk of damage to vital structures (e.g., significant bone reduction/modification); • anatomically related risks that require significant hard tissue reduction or grafting (including onlay bone grafting and sinus grafting);

		• placement of implant in combination or preceded by significant grafting; • placement of implant in non-healed sites; and • use of advanced implant designs/approaches (e.g., zygomatic implant, pterygoid implant).
Soft Tissue	There is no need to augment or alter the position of the peri-implant mucosa. Soft tissues biotype (quality and quantity) is satisfactory.	There is a need to significantly augment or alter the position of the peri-implant mucosa, requiring soft tissue grafting with autogenous tissue or a substitute.
Occlusion	The teeth can be replaced conforming to the existing occlusal scheme and at the same vertical dimension.	There is a need to substantially change the existing occlusal scheme or the occlusal vertical dimension.
Periodontal Status	The patient has healthy periodontal status.	The patient has compromised periodontum (e.g., advanced horizontal/vertical bone loss and tooth mobility) especially in the presence of risk factors such as smoking and diabetes.
Placement Timing	Implant placement in a healed site.	Immediate and early implant placement.
Loading Protocols	Implants are loaded following complete osseointegration.	Implants are loaded/temporized immediately or soon after their placement (early loading).
Prosthesis Type	Replacement of a single tooth or a small edentulous span without significant prosthetic risk factors (e.g., bruxism). Replacement of teeth with a removable overdenture supported or retained by implants without significant prosthetic risk factors.	Replacement of a tooth/teeth with any prosthesis in the presence of significant prosthetic risk factors. Replacement of teeth with a full-arch bridge.
Biologic Complications	Management of peri-implant mucositis or peri-implantitis requires non-surgical therapy.	Surgical management of peri-implantitis or implants that require removal by surgical approach.
History of implant treatment failure	There is no history of implant treatment failure or significant implant treatment complications.	There is a history of implant treatment failure or significant implant treatment complications.

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Appendix 2: Course Criteria and Learning Outcomes for Straightforward Implant Dentistry

Course Criteria

Dentists performing straightforward implant dentistry must ensure courses taken to meet the required hours of education also meet the following course criteria:

- be conducted by persons with recognized comprehensive formal, university-based training and significant experience performing dental implant procedures, preferably specialists (i.e., prosthodontists, periodontist and oral and maxillofacial surgeons);
- have didactic and clinical-related components with formal evaluation;
- have a hands-on clinical simulation component with formal evaluation; and
- teach methods and systems that have been shown to be successful and safe by published scientific research, preferably supported by well-designed, low risk of bias, longitudinal clinical studies that demonstrate the efficacy and effectiveness of the method and biocompatibility of the materials.

Learning Outcomes

Dentists performing straightforward implant dentistry must have an understanding¹⁷ of:

- the biological basis of healing and osseointegration (including materials, biomechanics and bone physiology) for dental implants and their interactions with host tissues, and the implications regarding dental implant loading;
- the anatomical considerations and limitations in relation to dental implant placement;
- diagnostic and imaging procedures that are available for the assessment of desired prosthetic tooth position and corresponding bone quantity and quality at the planned dental implant site(s);
- local systemic and behavioural conditions that may influence the surgical, prosthetic or maintenance aspects of dental implant treatment;
- sequential planning procedures for dental implant treatment;
- limitations and the need for appropriate and timely referral;
- the various site-development and implant placement surgical procedures including intra-operative complications;
- pre-surgical prosthodontic preparation procedures, such as surgical and radiographic guides, and the basis for specific dental implant selection;
- the importance of post-surgical follow-up and the management of post-surgical complications;
- the various provisional and definitive prosthodontic procedures for dental implant supported and/or retained prostheses;
- the importance of post-insertion follow-up and the management of post-insertion complications;

¹⁷ “Understanding” indicates adequate knowledge with the ability to apply, as per “Levels of Knowledge” described by the Commission on Dental Accreditation of Canada. (n.d.) retrieved August 27, 2025, at https://www.cdac-cadc.ca/wp-content/uploads/2025/03/Prosthodontics_Program_Standards_2024.pdf

- the importance of effective communication between the various members of the dental implant team and other providers, and especially with the patient.
- RCDSO's "Guidance for Differentiating 'Straightforward' and 'Complex' Cases" (Appendix 1); and
- the importance of implant maintenance protocols and the need for regular follow up;

Appendix 3: Course/Mentoring/Clinical Supervision Learning Outcomes for Complex Implant Dentistry

Course Criteria

Dentists performing complex implant dentistry must ensure courses taken to meet the required hours of education also meet the following course criteria:

- be conducted by dental specialists (i.e., prosthodontists, periodontist and oral and maxillofacial surgeons) with significant experience performing dental implant procedures;
- have didactic and clinical-related components with formal evaluation;
- have a hands-on clinical simulation component with formal evaluation; and
- teach methods and systems that have been shown to be successful and safe by published scientific research, preferably supported by well-designed, low risk of bias, longitudinal clinical studies that demonstrate the efficacy and effectiveness of the method and biocompatibility of the materials.

Learning Outcomes (Surgical Component)

The learning outcomes below are categorized according to the Commission on Dental Accreditation of Canada's Levels of Knowledge.^{18 19}

Dentists performing the surgical component of complex implant dentistry must have:

- in-depth understanding of the biological basis of healing and osseointegration (including materials, biomechanics and bone physiology) for dental implants and their interactions with host tissues, and the implications regarding dental implant loading;
- in-depth understanding of the anatomical considerations and limitations in relation to dental implant placement;
- in-depth understanding and are competent and experienced in the current diagnostic and imaging procedures that are available for the assessment of corresponding bone quantity and quality at the planned dental implant site(s); and recognition of the desired prosthetic tooth position. This includes:

¹⁸ See "Levels of Knowledge" by the Commission on Dental Accreditation of Canada. (n.d.) retrieved August 27, 2025, at https://www.cdac-cadc.ca/wp-content/uploads/2025/03/Prosthodontics_Program_Standards_2024.pdf

¹⁹ "In-depth" indicates a thorough knowledge of concepts and theories for the purpose of critical analysis and the synthesis of more complete understanding; "Understanding" indicates adequate knowledge with the ability to apply; "Familiarity" indicates a simplified knowledge for the purpose of orientation and recognition of general principles; "Exposure" indicates the level of skill attained by observation of/or participation in a particular activity.

- treatment with a need to carry out extensive diagnostic procedures to determine the optimal tooth/implant position for aesthetics and function.
- in-depth understanding and are competent and experienced in managing the local, systemic and behavioural conditions that may influence the surgical, prosthetic or maintenance aspects of dental implant treatment. This includes:
 - managing patient relations, including patients with high expectations of aesthetic outcomes,
 - managing patients with physical/medical compromises, and
 - managing patients with a history of implant treatment failure or significant implant treatment complications.
- in-depth understanding and are competent and experienced in sequential planning procedures for dental implant treatment. This includes:
 - treatments where the end result cannot be easily visualised without extensive diagnostic and planning techniques, treatments requiring multiple stages to achieve the desired outcome, and treatments requiring multidisciplinary planning.
- in-depth understanding and are competent and experienced in the pre-surgical prosthodontic preparation procedures, such as surgical and radiographic guides, and the basis for specific dental implant selection;
- in-depth understanding and are competent and experienced in the various site-development and implant placement surgical procedures including intra-operative complications. This includes:
 - implant surgical treatment involving:
 - significant alteration to anatomical structures with potential risk of damage to vital structures (e.g., significant bone reduction / modification),
 - anatomically related risks that require significant hard tissue reduction or grafting (including onlay bone grafting and sinus grafting),
 - placement of implant in combination or preceded by significant grafting,
 - placement of implant in non-healed sites (such as immediate and early implant placement),
 - use of advanced implant designs/approaches (e.g., ultrashort implant, zygomatic implant, pterygoid implant), and
 - soft tissue augmentation with autogenous tissue or a substitute;
- in-depth understanding and are competent and experienced in the post-surgical follow-up and the management of post-surgical complications;
- understanding of the various provisional and definitive prosthodontic procedures for dental implant supported and/or retained prostheses. This includes:
 - treatments requiring to substantially change the existing occlusal scheme or the occlusal vertical dimension,
 - treatments involving immediate and early implant loading,
 - replacement of a tooth/teeth with any prosthesis in the presence of significant prosthetic risk factors, and

- replacement of teeth with a full-arch bridge;
- understanding of the importance of post-insertion follow-up and the management of post-insertion complications. This includes:
 - surgical management of peri-implantitis and surgical approach to removal of implants.

Practitioners are reminded of the importance of:

- effective communication between the various members of the dental implant team and other providers, and especially with the patient,
- RCDSO's "Guidance for Differentiating 'Straightforward' and 'Complex' Cases" (Appendix 1)
- appropriate and timely referrals,
- implant maintenance protocols, and
- appropriate time management

Learning Outcomes (Prosthodontic Component)

Dentists performing the prosthodontic component of complex implant dentistry must have:

- in-depth understanding of the biological basis of healing and osseointegration (including materials, biomechanics and bone physiology) for dental implants and their interactions with host tissues, and the implications regarding dental implant loading;
- in-depth understanding of the anatomical considerations and limitations in relation to dental implant placement;
- in-depth understanding and are competent and experienced in the current diagnostic and imaging procedures that are available for the assessment of desired prosthetic tooth position and corresponding bone quantity and quality at the planned dental implant site(s). This includes:
 - treatment with a need to carry out extensive diagnostic procedures to determine the optimal tooth/implant position for aesthetics and function.
- in-depth understanding and are competent and experienced in managing the local, systemic and behavioural conditions that may influence the surgical, prosthetic or maintenance aspects of dental implant treatment. This includes:
 - managing patient relations, including patients with high expectations of aesthetic outcomes,
 - managing patients with physical/medical compromises, and
 - managing patients with a history of implant treatment failure or significant implant treatment complications.
- in-depth understanding and are competent and experienced in the sequential planning procedures for dental implant treatment. This includes:
 - treatments where the end result cannot be easily visualised without extensive diagnostic and planning techniques, treatments requiring multiple stages to

- 506 achieve the desired outcome, and treatments requiring multidisciplinary
507 planning;
- 508 • in-depth understanding and are competent and experienced in the pre-surgical
509 prosthodontic preparation procedures, such as surgical and radiographic guides, and the
510 basis for specific dental implant selection;
 - 511 • understanding of the various site-development and implant placement surgical
512 procedures including intra-operative complications. This includes:
 - 513 ○ implant surgical treatment involving:
 - 514 ■ significant alteration to anatomical structures with potential risk of
515 damage to vital structures (e.g., significant bone reduction/modification),
 - 516 ■ anatomically related risks that require significant hard tissue reduction or
517 grafting (including onlay bone grafting and sinus grafting),
 - 518 ■ placement of implant in combination or preceded by significant grafting,
 - 519 ■ placement of implant in non-healed sites (such as immediate and early
520 implant placement),
 - 521 ■ use of advanced implant designs/ approaches (e.g., ultrashort implant,
522 zygomatic implant, pterygoid implant), and
 - 523 ■ soft tissue augmentation with autogenous tissue or a substitute.
 - 524 • understanding of the importance of post-surgical follow-up and the management of
525 post-surgical complications;
 - 526 • in-depth understanding and are competent and experienced in the various provisional
527 and definitive prosthodontic procedures for dental implant supported and/or retained
528 prostheses. This includes:
 - 529 ○ treatments requiring to substantially change the existing occlusal scheme or the
530 occlusal vertical dimension,
 - 531 ○ treatments involving immediate and early implant loading,
 - 532 ○ replacement of a tooth/teeth with any prosthesis in the presence of significant
533 prosthetic risk factors, and
 - 534 ○ replacement of teeth with a full-arch bridge;
 - 535 • in-depth understanding and are competent and experienced in the post-insertion
536 follow-up and the management of post-insertion complications. This includes:
 - 537 ○ surgical management of periimplantitis and surgical approach to removal of
538 implants.

539
540 Practitioners are reminded of the importance of:

- 541 • effective communication between the various members of the dental implant team
542 and other providers, and especially with the patient,
- 543 • RCDSO's "Guidance for Differentiating 'Straightforward' and 'Complex' Cases"
544 (Appendix 1),
- 545 • appropriate and timely referrals,
- 546 • implant maintenance protocols, and
- 547 • the need for regular follow up.

HEALTH PROFESSION REGULATORS OF ONTARIO

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Sharing highlights between HPRO’s 2024 and 2025 Annual Meetings.

The Health Profession Regulators of Ontario (HPRO) is a not-for-profit incorporated organization, which, since 1998, has brought together the Colleges under the *Regulated Health Professions Act’s (RHPA’s)*. There are currently 26 Colleges, representing 30 distinct professions, regulating almost 400,000 practicing healthcare professionals in the Province.

Ontario’s health profession regulators are committed to distinct purpose, to protect the public, making sure healthcare professionals are safe, ethical, and competent. HPRO exists to help Colleges do just that by **advocating for ongoing regulatory improvement that supports the public interest**. That’s our statement of purpose, and we fulfill that purpose through three priority areas:

- ⇒ **Government Relations**
- ⇒ **Equity, Diversity, and Inclusion (EDI)**
- ⇒ **Excellence in Member Services**

HPRO is able to do its work through the dedication of exceptional volunteers, including all College Registrars who make up the Board of Directors. Sincere appreciation is extended to our Officers and Board members and our Committee members and chairs, Network leads, and all who share their expertise. HPRO is staffed by a full-time Executive Director and other HPRO team members—more about our volunteers and support team on the pages that follow.



HPRO welcomed **Deputy Premier and Health Minister Sylvia Jones** to its Annual Meeting, held at the College of Chiropractors of Ontario (and by Teams virtually) on June 3, 2024.

**Management
Committee Members:**

Dan Faulkner,
Chair

Maureen Boon,
Vice-Chair

Shenda Tanchak,
Treasurer
(to August 30, 2024)

Elinor Larney,
Past Chair

Craig Roxborough,
Member

Melanie Woodbeck,
Member

Nicole Zwiers,
Member



Heartfelt thanks are extended to Dan Faulkner for his exemplary service and leadership throughout his two years as HPRO's Chair.

CHAIR & MANAGEMENT COMMITTEE REPORT

This report covers HPRO's corporate year from the June 3, 2024, Annual Meeting, reporting to the June 23, 2025, Annual Meeting.

MINISTRY OF HEALTH

HPRO was delighted to welcome the Hon. Sylvia Jones, Deputy Premier and Minister of Health, to our 2024 Annual Meeting. Joined by Assistant Deputy Minister Dr. Karima Velji, Director Allison Henry, and Stakeholder Relations Manager Abby Hourigan, the Minister thanked HPRO's members for their commitment, engagement, and implementing the regulation of healthcare professionals, ensuring professional competency, patient safety and public trust in the Province's healthcare providers.

HPRO raised issues with the Minister, including access to care, scopes of practice, and focusing on the patient experience. And Chair Dan Faulkner confirmed that "HPRO is prepared to be a partner as issues move forward," committing to be a valuable system partner in the health regulatory sector.

Following the provincial election, HPRO wrote to the Minister, congratulating her on her re-appointment and re-committing HPRO's support for the Ministry and inviting her to our 2025 Annual Meeting.

During the year, HPRO also wrote to the Government on a number of issues, including:

- RHPA College quarterly data collection processes
- "As of Right" rules legislation
- Submission to the Standing Committee on Finance and Economic Affairs re. Bill 2, *Protect Ontario Through Free Trade Within Canada Act, 2025*

HPRO has also appreciated the many opportunities for information-sharing and updates with Health Workforce Regulatory Oversight Branch Director Allison Henry, Strategic Regulatory Policy Unit Manager Stephen Cheng, Regulatory Oversight and Performance Unit Manager Jason Maurier, and their team members during a very active year.

With government relations being a priority, HPRO was also pleased to add Rubicon Strategy as registered lobbyists in 2024. HPRO's appreciation is extended to Sarah Letersky, Mustapha Khamissa, and Veronique Parry for their wise guidance and support.



*Hon. Sylvia Jones
at HPRO's 2024 Annual Meeting*

CHAIR & MANAGEMENT COMMITTEE REPORT (CONT.)

OFFICE OF THE FAIRNESS COMMISSIONER (OFC)

HPRO welcomed Ontario's Fairness Commissioner Irwin Glasberg and Director Ming-Young Tam to our June 3, 2024 Board of Directors Meeting. Mr. Glasberg shared, "The OFC and Colleges are in one ecosystem, needing to be efficient in registering health professionals." We discussed the OFC's risk registry, data collection, and areas for collaboration.

Those discussions continued throughout the year, with plans for a webinar series on data collection which should begin in the Summer of 2025.



*Fairness Commissioner
Irwin Glasberg
at HPRO's June 23,
2024 Board Meeting*



*HPRO's EDI Network
Co-Chair Michelle
Tremblay at our
June 23, 2024
Board Meeting*

EQUITY, DIVERSITY, AND INCLUSION (EDI)

Equity, diversity, and inclusion (EDI) is a priority area for HPRO. We are pleased to have an active and vibrant EDI Network, being led by Michelle Tremblay (RCDSO) and Preeya Singh (CASLPO). The Network meets for an hour most months to hear presentations, share information, and build resilience during an unprecedented time of challenges in the sector.

June 17, 2025, was the date of our EDI Network Conference, being held at The Hub (home of CDHO and CASLPO, College of Denturist of Ontario, and College of Dietitians of Ontario) with a virtual option. Session included a presentation by Elder Abuse Prevention Ontario on the prevention of elder abuse and ageism, an update from our Anti-Racism in Health Regulation consultants Graybridge Malkam on current trends and more about HPRO's equity impact assessment, and a panel focusing on the future of EDI in health regulation.

CANADIAN NETWORK OF AGENCIES OF REGULATION (CNAR)

In 2024, HPRO became a member of CNAR and we were pleased to have been a part of the October 2024 conference with Executive Director Beth Ann Kenny and Jennifer Hemeon of the Nova Scotia Regulated Health Professions Network sharing a Pecha Kucha presentation for the **Canadian Provincial and Territorial Network of Health Profession Regulators (CAPTNOPR)** entitled, "An Oxymoron: An Association of Regulators". HPRO is pleased to help organize CAPTNOPR and share information with HPRO-like organizations across the country.



CHAIR & MANAGEMENT COMMITTEE REPORT (CONT.)

CITIZEN ADVISORY GROUP (CAG)

The CAG brings patient and caregiver voices and perspectives to health care regulation in Ontario. Officially, as of March 17, 2025, the CAG is now being managed by HPRO. CPSO had been responsible for the CAG, following management by CPO who formed this patient feedback mechanism in 2015.

CAG Coordinator, Thamesha Tharmarajah provides administrative support and the CAG is led by a Committee, chaired by Delia Sinclair Frigault (OCP) with members Craig Roxborough (CPO—Past Chair), Nadja Gale (CMO), Tanya Terzis (CPSO), Cameron Thompson (RCDSO), and Kimberly Woodland (COTO).

Thanks are extended to CPSO for its support in the transition and to the dedicated regulators who are leading the program. Sincere appreciation is also extended to the CAG members themselves who provide all-important insight into the patient perspective.

QUALITY ASSURANCE NETWORK

Early in 2024, planning began for a Regulatory QA Event—“What’s Now? What’s New? What’s Next”—held on May 30, 2025. It was a wonderful success with over 100 people involved onsite at OCP or attending virtually. Featured speakers included Dr. Zubin Austin, Dr. Liz Wenghofer, Dr. Glenn Pettifer, and a panel discussion re. AI.



The Planning Group, right, included the following: Brian Fehst (CKO) - Lead, Bonnie Wong (College of Dietitians of Ontario), Christina Van Sickle (OCSWSSW), Terri-Lynn Macartney (CDHO), Shelley Martin (CPO), Carole Chatalalsingh (College of Dietitians of Ontario), Claudia Frisch (CMTO), and Lesley Krempulec (OTO).

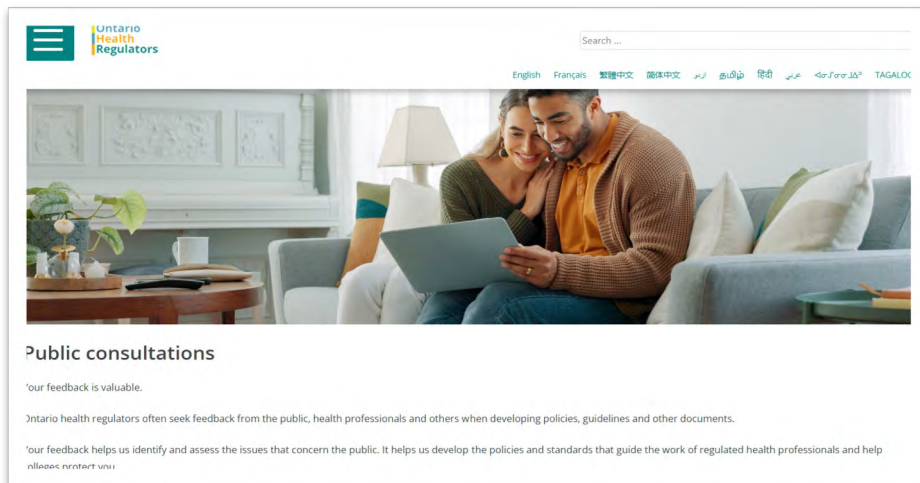
A FOCUS ON EXCELLENCE IN MEMBER SERVICES

HPRO has a focus, too, on excellence in member services. This is wide-ranging and incorporates some of the above, and much more happening every day behind the scenes.

HPRO’s leadership is thankful to all for their support, allowing us to continue to advocate for ongoing regulatory improvement that supports the public

COMMUNICATIONS COMMITTEE

HPRO's Communications Committee, led by Chair Michelle Price, focuses both on supporting Communications Network members and promoting the public-facing website ontariohealthregulators.ca (OHR). This site provides links to Colleges' general information for the public, their public registers, information about complaints, articles of interest, and public consultations.



Colleges have a duty to promote and enhance relations between Colleges and the public, and this site supports those efforts.

The Communications Network enjoyed two education events during the past year:

- **July 24, 2024** — “It’s All About Race: Developing Raced-Based Data in Your Organization” workshop led by Brie Berry Crossfield
- **February 6, 2025** — Communicators’ Half-Day Conference, featuring
 - * “Practical Tools and Tactics for AODA Compliance” by Matisse Hamel-Nelis (ADS, CPACC)
 - * “What You Should Know About Launching a New Public Register” by the team at CMLTO
 - * “Health Professions Discipline Tribunal (HPDT)—What It Is and How It Works (from the Communications Perspective)” by David Wright, HPDT Chair

Communications Committee:

- Michelle Price, Chair (CMLTO)
- Jef Ekins (CMRITO)
- Maria Feldman (CMTO) (to February 7, 2025)
- Victoria Marshall (CMO)
- Mark Sampson (CPSO) (to March 4, 2025)
- Amandine Viaud (RCDSO)

Communicators’ Network Event Planning Subcommittee :

- Michelle Price (CMLTO)
- Amandine Viaud (RCDSO)

NOMINATIONS COMMITTEE

The Nominations Committee facilitated the call for nominations for HPRO's Officers and Management Committee members

Nominations Committee:

- Elinor Larney (COTO), Chair
- Carole Hamp (CRTO)
- Kelly Dobbin (CMO)
- Nancy Leris (CKO)

DISCIPLINE ORIENTATION COMMITTEE

Discipline Orientation Committee Members:

- Tina Langlois (CMRITO), Chair (to November 2024)
- Genevieve Plummer (OCP)
- Cara Moroney (COTO)

Discipline Orientation Faculty:

- Luisa Ritacca (Stockwoods, LLP)
- Julie Maciura (SML-Law) through 2024
- Rebecca Durcan (SML-Law) beginning 2025

The Discipline Orientation Committee continues to deliver quality education and training programs, providing comprehensive orientation for regulatory adjudicators who will be panel members or chairs of discipline hearings. Sessions continue to be held virtually, consistent with Colleges’ practices.

Sessions continue to be held twice each year.

Fall 2024 Workshops

- October 24 – Basic Session: 29 registrants (10 Colleges)
- November 14 – Advanced Session: 13 registrants (9 Colleges)

Spring 2025 Workshops

- May 5 – Basic Session: 9 registrants (5 Colleges)
- May 8 – Advanced Session: 12 registrants (3 Colleges)

REASONS WRITING WORKSHOP

HPRO provides an interactive workshop that directly addresses a major subject from the Discipline Orientation sessions — writing reasons for regulatory decisions. The session covers the identification of issues that need to be addressed, developing deliberation styles that provide content of the reasons, providing explanations for the decision made and wording those explanations persuasively, and more.

Julie Maciura serves as faculty for workshop.

November 5, 2024 Workshop – 19 registrants (7 Colleges)

GOVERNANCE TRAINING FOR RHPA COLLEGES

This two half-day webinar for College Staff, Board/Council, and Committee Members focuses on Colleges’ core public interest functions, providing a comprehensive understanding of governance for regulators. This includes the concept of governance, setting goals and strategies, fiduciary obligations, and a focus on the roles of various members of the governors and staff at Colleges.

Faculty for this training is Julie Maciura.

September 19 & 26, 2024 – 27 registrants (9 Colleges)

April 16 & 23, 2025 – 12 registrants (5 Colleges)



TRANSITIONS

HPRO MEMBERS:

- **College of Audiologists and Speech-Language Pathologists of Ontario (CASLPO):** Margaret Drent became CASLPO's Registrar when **Brian O'Riordan** retired on January 17, 2025.
- **College of Occupational Therapists of Ontario (COTO):** on February 28, 2025, **Elinor Larney** announced her retirement, planned for July 2025.
- **College of Traditional Chinese Medicine Practitioners and Acupuncturists of Ontario (CTCMPAO):** **Sean Cassman**, who was serving as Acting Registrar and CEO since February 1, 2024, was officially appointed Registrar and CEO, effective August 1, 2024.
- **Ontario College of Pharmacists (OCP):** **Shenda Tanchak** left her role as Registrar and CEO, effective March 17, 2025; **Susan James** has been serving as OCP's Director on HPRO's Board in her role of Acting Registrar with Thomas Custers is serving as OCP's Acting CEO.

HPRO:

- **Affiliate Program:** HPRO initiated a program to allow non-RHPA regulators to access benefits of HPRO. In 2024, the **Ontario College of Social Workers and Social Service Workers (OCSWSSW), Registrar & CEO Denitha Breau**, joined the program.
- **Citizen Advisory Group (CAG):** in 2025, HPRO assumed the management of the CAG, contracting its first **CAG Coordinator, Thamesha Tharmarajah**. The CAG is led by a Committee, chaired by **Delia Sinclair Frigault (OCP)** with members **Craig Roxborough (CPO—Past Chair)**, **Nadja Gale (CMO)**, **Tanya Terzis (CPSO)**, **Cameron Thompson (RCDSO)**, and **Kimberly Woodland (COTO)**.
- **Ontario Regulators for Access Consortium (ORAC):** in 2025, ORAC transitioned to HPRO's **Registration Network**, led by **Deborah Cohen [Health and Supportive Care Providers Oversight Authority (HSCPOA)]**, and **Alicia Lockey (CMTO)**, and **Fiona Teape (CKO)**.

HPRO NETWORKS

College staff have access to Networks that focus on key areas of College activity:

• CPMF (with no changes to the CPMF in 2024/2025, the Network did not meet)	• Investigations and Hearings
• Communications	• Patient Relations
• Corporate Services	• Policy Advisors
• Deputy Registrars	• Practice Advisors
• EDI	• Quality Assurance
• Enterprise Risk Management and Business Continuity	• Registration (Previously ORAC)
• Executive Assistants	



Members:

College of Audiologists and Speech-Language Pathologists of Ontario (CASLPO)

College of Chiropodists of Ontario (COCOO)

College of Chiropractors of Ontario (CCO)

College of Dental Hygienists of Ontario (CDHO)

College of Dental Technologists of Ontario (CDTO)

College of Denturists of Ontario

College of Dietitians of Ontario

College of Homeopaths of Ontario (CHO)

College of Kinesiologists of Ontario (CKO)

College of Massage Therapists of Ontario (CMTO)

College of Medical Laboratory Technologists of Ontario (CMLTO)

College of Medical Radiation and Imaging Technologists of Ontario (CMRITO)

College of Midwives of Ontario (CMO)

College of Naturopaths of Ontario (CONO)

College of Nurses of Ontario (CNO)

College of Occupational Therapists of Ontario (COTO)

College of Opticians of Ontario

College of Optometrists of Ontario

College of Physicians and Surgeons of Ontario (CPSO)

College of Physiotherapists of Ontario (CPO)

College of Psychologists and Behaviour Analysts of Ontario (CPBAO)

College of Registered Psychotherapists Therapists of Ontario (CRPO)

College of Respiratory Therapists of Ontario (CRTO)

College of Traditional Chinese Medicine Practitioners and

Acupuncturists of Ontario (CTCMPAO)

Ontario College of Pharmacists (OCP)

Royal College of Dental Surgeons of Ontario (RCDSO)

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FOR IMMEDIATE RELEASE: Beaverton, Ontario – Monday, June 23, 2025 – The Health Profession Regulators of Ontario (HPRO) has elected its Officers for the 2025-2026 year:

- **Maureen Boon, College of Massage Therapists of Ontario – Chair**
- **Craig Roxborough, College of Physiotherapists of Ontario – Vice-Chair**
- **Carole Hamp, College of Respiratory Therapists of Ontario – Treasurer**

In addition to the Officers, the following were elected as members of the Management Committee:

- **Fazal Khan, College of Opticians of Ontario**
- **Melanie Woodbeck, College of Dietitians of Ontario**
- **Nicole Zwiers, College of Chiropodists of Ontario**

And, HPRO's Past Chair will continue to serve on the Management Committee:

- **Daniel Faulkner, Royal College of Dental Surgeons of Ontario – Past Chair**

HPRO is the organization for Ontario's 26 health regulatory colleges, which govern almost 400,000 health professionals. HPRO advocates for ongoing regulatory improvement that supports the public interest, helping Colleges to fulfill their regulatory mandate. For more information about HPRO, visit our website: regulatedhealthprofessions.on.ca.

HPRO's member Colleges individually focus on the public interest, working to provide the people of Ontario with safe, competent, and ethical health care and holding healthcare professionals accountable for their conduct and practice. Colleges also have a duty to provide information to the public, and, to that end, a public-facing website is a resource provided by HPRO that shares helpful links to all regulatory Colleges' websites. The site offers straightforward information about healthcare providers and regulations in the 10 most commonly used languages in the province. See ontariohealthregulators.ca to learn more and discover how Colleges support safe healthcare in Ontario.

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