

Preliminary Consultation Survey: Educational Requirements and Professional Responsibilities for Implant Dentistry

Welcome to Our Survey

**Thank you for participating in our survey. Your feedback is important to us and will help inform the development of updated requirements and guidance to promote safe and effective care for patients.**

The Royal College of Dental Surgeons of Ontario (RCDSO) is seeking feedback on our current "Educational Requirements and Professional Responsibilities for Implant Dentistry" guideline.

The survey should take approximately 10-15 minutes to complete.

Survey responses will be saved and submitted when you click the 'Next' or 'Done' button on each page of the survey. You may complete a portion of the survey and return later to either finish the survey or edit your responses, however, you must use the same device and web browser that you used to start the survey. The deadline to provide feedback is **11:59pm on October 20th**.

All survey responses will be carefully reviewed, and a summary of the feedback received will be provided to RCDSO's Council after the consultation closes. Your feedback is anonymous. Responses submitted from individuals on behalf of organizations will be attributed to the organization and not the individual respondent.

If you have any questions about this survey or RCDSO's Standards review and development process, please see [RCDSO's website](#) or email the Policy Team [here](#).

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Participant Type

\* 1. Are you a:

- General dentist (including retired)
- Specialist dentist (including retired)
- Dental student
- Patient / Member of the public
- Oral health care professional, other than dentist (e.g., dental hygienist, denturist, dental technician, including retired)
- Non-oral health care professional (e.g., nurse, doctor, pharmacist, etc., including retired)
- Person responding on behalf of an organization
- I prefer not to answer

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Specialist Type

\* 2. What is your primary specialty or, if you have retired, what was your primary specialty?

- Dental Anesthesiology
- Dental Public Health
- Endodontology
- Oral and Maxillofacial Radiology
- Oral and Maxillofacial Surgery
- Oral Medicine and Pathology
- Orthodontics and Dentofacial Orthopedics
- Pediatrics
- Periodontics
- Prosthodontics
- Other (please specify)

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Dentist Characteristics

**If you have retired from the practice of dentistry, please respond to the questions on this page based on your experience when you were practicing.**

\* 3. Where did you complete your highest level of dental education?

- Canada
- Australia, Ireland, New Zealand or United States of America (countries that have a mutually recognized system of accreditation of training with the RCDSO)
- I prefer not to answer
- Other (please specify)

\* 4. How many years have you been in practice?

- 0-10 years
- 11-25 years
- 26+ years

\* 5. What is your primary practice environment?

- Solo private dental clinic (one or more locations with one dentist)
- Group private dental clinic (one or more locations with more than one dentist)
- Corporate dental clinic (practice with some degree of third-party ownership and/or business support)
- Not-for-profit dental clinic (e.g., public health, community health centre, hospital, school, community-based)
- Other (please specify)

\* 6. We would like to know more about your role(s) in your practice. Which of the following best describes your primary role(s) in dentistry? Please check all that apply.

- Owner/Principal
- Associate/Independent Contractor
- Employee
- Clinic/Practice Manager (either formally or informally)
- Other (please specify)

\* 7. Describe the general location(s) where you work or practice. Please check all that apply.

- Extra-large urban area (population of 500,000 or more)
- Large urban area (population between 100,000 and 499,999)
- Medium urban area (population between 30,000 and 99,999)
- Small urban area (population between 1,000 and 29,999)
- Rural and/or remote (population less than 1,000)
- Other (please specify)

\* 8. Do you currently provide clinical care?

- Yes
- No



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Implant Dentistry

\* 9. Do you perform implant dentistry?

- Yes
- No



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Implant Dentistry (Continued)

\* 10. Do you perform the surgical or prosthodontic phase of implant dentistry? Check all that apply.

- Surgical
- Prosthodontic

\* 11. Do you perform "complex" placements of dental implants, according to RCDSO's current guideline (see Appendix 1: "Guidance on 'straightforward' and 'complex' cases")?

Yes

No

\* 12. Approximately how many dental implants have you placed in the last year?

0-10

11-25

26-50

51-100

Over 100

Other (please specify)

\* 13. Approximately how many dental implants have you restored in the last year?

0-10

11-25

26-50

51-100

Over 100

Other (please specify)

14. In your opinion, how important is it for dentists to receive training in the following areas before performing dental implants?

	Not at all important	Not so important	Somewhat important	Very important	Extremely important
Basic surgical and/or prosthodontic principles (depending on phase(s) being taught)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Biology, anatomy, osseointegration, etc. (primary didactic principles)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Infection prevention and control	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Patient selection	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Treatment planning	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Patient engagement, patient's role in maintaining implants, and valid consent	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Placing implants	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Preventative measures for peri-implant mucositis and peri-implantitis	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Recent technology (e.g., digital workflows, robotics)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Teamwork and communication	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Recordkeeping (for meeting educational requirements and professional responsibilities)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Other (please specify area(s) and their importance)

\* 15. Mentoring is an adjunct to basic training and has been defined as “a process whereby a dentist undertaking training in implant dentistry is guided by a suitably trained and experienced practitioner to develop the clinical skills required to carry out implant dentistry, as well as an exploration of the mentee’s ideas and learning.” (United Kingdom, College of General Dentistry, Mentoring in Implant Dentistry, p. 9).

In your opinion, how important is mentoring to the ongoing training of dentists performing implant dentistry?

- Extremely important
- Very important
- Somewhat important
- Not so important
- Not at all important



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Organization Type

\* 16. Which organization are you responding on behalf of?

\* 17. What type of organization do you represent?

- Dentist-facing organization (e.g., dental office, dental corporation, vendor in dental industry, professional association)
- Patient-facing organization (e.g., advocacy group for patients)
- Other (please specify)



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Use and Usefulness of Current Guideline

**We want to know if and how you have used the current "Educational Requirements**

**and Professional Responsibilities for Implant Dentistry" guideline.**

\* 18. Have you read the current guideline?

- Yes, I have read the entire guideline
- I have read parts of the guideline (e.g., the sections most applicable to my practice)
- No, I have not read the guideline (you will be asked for your final feedback on the guideline if you check this response)



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Use and Usefulness of Current Guideline (Continued)

19. In your opinion, how important is it for RCDSO's guidelines to address the following topics?

	Not at all important	Not so important	Somewhat important	Very important	Extremely important
Educational Requirements / Initial Educational Requirements	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Educational Requirements / Educational Requirements for Complex Cases	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Educational Requirements / Ongoing Educational Requirements	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Professional Responsibilities / Preliminary Evaluation and Treatment Planning	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Professional Responsibilities / Pre-Surgical Assessment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Professional Responsibilities / Finalization of the Treatment Plan and Informed Consent	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Professional Responsibilities / Surgical Treatment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



Professional Responsibilities / Post-Surgical Follow-up	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Professional Responsibilities / Post-Surgical Pre-Prosthetic Assessment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Professional Responsibilities / Prosthetic Treatment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Professional Responsibilities / Long-term Follow-up and Maintenance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Professional Responsibilities / Management of Complications	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Professional Responsibilities/ Recordkeeping	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Appendices / Guidance for "Straightforward" and "Complex" Cases	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Appendices / American School of Anesthesiology Physical Status Classification System	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Appendices / Pre-surgical, Surgical and Post-Surgical Checklists	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Appendices / Checklist for Confirming Implant Osseointegration	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Appendices / Checklist for Long-term Follow-up and Maintenance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

\* 20. How often do you refer to this document to inform your work?

- More frequently than five times a year
- Three to five times a year
- Once or twice a year
- Less than once a year
- Never



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Use and Usefulness of Current Guideline (Continued)

\* 21. What are the reasons you refer to this guideline? Please check all that apply.

- To better understand my professional responsibilities (e.g., to ensure compliance with practice requirements)
- To improve quality of care
- To educate patients (e.g., explaining practice standards, answering questions, managing concerns and/or expectations)
- To teach and/or conduct research
- Other (please specify)



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Review of Current Guideline

\* 22. Have you read the current "Educational Requirements and Professional Responsibilities for Implant Dentistry" guideline?

- Yes, I have read the entire guideline
- I have read parts of the guideline
- No, I have not read the guideline (you will be asked for your final feedback on the guideline if you check this response)

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Review of Current Guideline (Continued)

The following questions will help us understand if the current guideline meets your needs and expectations, and if not, why not.

\* 23. In your opinion, how clear is the current guideline?

- Extremely clear
- Very clear
- Somewhat clear
- Not so clear
- Not at all clear

24. Optional: What about the current guideline is unclear, if anything?

\* 25. In your opinion, do you think the current guideline includes the important and relevant topics related to educational requirements and professional responsibilities for implant dentistry?

- Yes
- Partially
- No
- I'm not sure

Optional: If any are missing, which important and relevant topics should be included, and why?

\* 26. Do you think the current guideline includes any unnecessary information (e.g., unnecessary requirements, guidance, or other content)?

- No
- I'm not sure
- Yes

Optional: What information is unnecessary, if any, and why?

\* 27. Do you think the current guideline includes reasonable expectations for dentists?

- Yes, all are reasonable
- Some are reasonable
- No, none are reasonable
- I'm not sure

Optional: Which expectations are unreasonable, if any, and why?

\* 28. Do you think the current guideline adequately supports dentists in providing safe and effective oral health care?

- Yes
- Partially
- No
- I'm not sure

Optional: How could the current guideline more effectively support dentists in providing safe and effective oral health care, if at all?



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Final Feedback

29. Optional: Please share with us any feedback you have not already provided related to this guideline.



## Preliminary Consultation Survey: Educational Requirements and Professional Responsibilities for Implant Dentistry

### Demographics Introduction

#### **(Questions for all respondents, except organizations)**

We welcome you to voluntarily share some demographic information about yourself. The RCDSO strives to protect the public interest while using processes that achieve meaningful equity, diversity, inclusion and accessibility across all of our regulatory programs and projects.

Therefore, we are collecting demographic information to help us identify whether our consultation process is inclusive, and whether we are receiving a diversity of perspectives.

Please note that any demographic information that you provide through the survey will be anonymous, and your responses will be stored securely. Your demographic information will be aggregated for internal/external reporting purposes and will not be linked to you.

\* 30. Would you like to complete these demographic questions?

Yes

No



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### Demographics

#### **(Questions for all respondents, except organizations)**

\* 31. What is the location of your primary residence?

- Ontario
- Outside of Canada
- I prefer not to answer
- Another province or territory in Canada (please specify)

\* 32. Describe the general area where your primary residence is located.

- Extra-large urban area (population of 500,000 or more)
- Large urban area (population between 100,000 and 499,999)
- Medium urban area (population between 30,000 and 99,999)
- Small urban area (population between 1,000 and 29,999)
- Rural and/or remote (population less than 1,000)
- I prefer not to answer
- Other (please specify)

\* 33. How old are you?

- 19 years old or under
- 20-29 years old
- 30-39 years old
- 40-49 years old
- 50-59 years old
- 60-69 years old
- 70+ years old
- I prefer not to answer

\* 34. What is the highest level of education you have completed?

- Some high school
- High school
- College degree/diploma
- Bachelor's degree
- Master's degree
- Ph.D. or higher
- Dental degree (BDS/DDS/DMD or higher)
- Other professional degree (e.g., law, medicine, engineering)
- Trade school
- I prefer not to answer
- Other (please specify)

\* 35. Please indicate which of the following terms best describes your gender identity. Please check all that apply (options are listed in alphabetical order - click [here](#) for definitions of the following terms):

- Genderqueer
- Man
- Nonbinary
- Questioning
- Two-Spirit
- Woman
- Other (please specify)

- I prefer not to answer

\* 36. Do you identify as trans/transgender or consider yourself to be a part of a trans/transgender community?

- Yes
- No
- I'm not sure
- I prefer not to answer

\* 37. Please indicate which of the following terms best describe your sexual orientation. Check as many as apply (options are in alphabetical order).

- Asexual
- Bisexual
- Gay
- Heterosexual
- Lesbian
- Pansexual
- Queer
- Questioning
- Two-Spirit
- Other (please specify)

- I prefer not to answer

\* 38. Do you identify as an Indigenous person? Please check all that apply.

- Yes, First Nations (Status and Non-Status)
- Yes, Métis
- Yes, Inuit
- Yes, an Indigenous person from outside of Canada
- I prefer not to answer
- Yes, Other (please specify)

- No

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

\* 40. Do you speak French?

- Yes, I am fluent
- Yes, but with significant limitations
- No
- I prefer not to answer



\* 41. What is your faith, religion and/or spiritual affiliation? Please check all that apply.

- Agnostic
- Atheist
- Buddhist
- Christian
- Hindu
- Indigenous spirituality
- Jewish
- Muslim
- Sikh
- No religion or spiritual affiliation
- Other (please specify)

- I prefer not to answer

\* 42. Do you identify as a person with a disability or disabilities?

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



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Demographics (Disability Type)

**(Question for all respondents, except organizations)**

\* 43. Describe your disability. Please check all that apply (options are listed in alphabetical order).

- Auditory
- Cognitive (memory, focus, attention, consciousness, etc.)
- Dexterity (related to use of fingers, hands, etc.)
- Developmental
- Fatigue-related
- Flexibility
- Gastrointestinal
- Intellectual (e.g., Learning)
- Invisible
- Mobility (movement, balance, coordination, etc.)
- Mental Health-related
- Pain-related
- Sight
- Speech
- Urinary
- Other (please specify)

I prefer not to answer



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Survey Evaluation

**Thank you for participating in our survey!**

44. How would you rate your overall survey experience?

Very negative	Negative	Neutral	Positive	Very positive
★	★	★	★	★



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Survey Evaluation (Continued)

45. How might your survey experience be improved?