

## Practice Models and Corporate Dentistry Consultation Survey

### Practice Models and Corporate Dentistry Consultation

**Dental practice models are the types of operational or business arrangements in which dentistry is practised. Dentists and the public have raised questions about the care provided through different dental practice models, including emerging models such as corporate dentistry and direct-to-consumer dentistry.**

**For this reason, the College has committed to ‘Practice Models and Corporate Dentistry’ as a three-year Strategic Project under the Emerging Issues pillar of the College’s [2023-25 Strategic Plan](#) (more detailed information about the project can also be found [here](#)).**

**The objectives for this strategic project are:**

- **to better understand dental practice models that are operating in Ontario**
- **to identify issues and opportunities related to various dental practice models, including corporate dentistry**
- **to develop options to promote and assure quality of care and ensure effective regulation of dentists regardless of practice model type.**

**We are seeking your feedback to better understand dentists’, patients’, and other interested parties’ experiences and opinions concerning dental practice models in Ontario.**

**Key findings and options identified through this project will be presented in a research report which will be shared with Council to support decision-making. This report will also be published.**

#### **Tell us what you think:**

- **The survey should take approximately 15 to 25 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.**
- **All responses will be reviewed. All individual responses will remain anonymous. Organizational respondents will be identified as having responded to the survey in the Council meeting materials that are available publicly. A summary of all feedback received through the survey/via e-mail will be included in a research report on Practice Models and Corporate Dentistry and shared with College Council.**

If you have any questions, please email [consultations@rcdso.org](mailto:consultations@rcdso.org)

Thank you for participating!



## Practice Models and Corporate Dentistry Consultation Survey

### Respondent type

**We have tailored some of the survey questions for different participants. We would like to better understand who you are and direct you to the appropriate questions.**

\* 1. Are you a:

- Dentist (including retired)
- Dental student
- Member of the public
- Other oral health care professional (including retired)
- Person responding on behalf of a dental service organization, direct-to-consumer dentistry company, or law firm/brokerage specializing in matters related to dental practices
- Person responding on behalf of another type of organization (please specify the organization)
- I prefer not to say



## Practice Models and Corporate Dentistry Consultation Survey

### Questions for Dentists - General Demographics

**Tell us about yourself and your practice.**

\* 2. What kind of dentist are you?

- General
- Specialist

3. If you are a Specialist, please indicate your specialty:

\* 4. Where did you complete your General Dentist degree?

- Australia
- Canada
- Ireland
- New Zealand
- United States of America
- Another country (please specify)

\* 5. If applicable, where did you complete your specialty education and training?

- Australia
- Canada
- Ireland
- New Zealand
- United States of America
- Another country (please specify)

- Not applicable

\* 6. How many years have you been in practice?

- 0-10 years
- 11-25 years
- 26+ years
- I prefer not to answer

\* 7. Which of the following best describes your role in your primary practice? Please select all that apply:

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

\* 8. Do you provide clinical care at your primary practice?

- Yes
- No
- I prefer not to answer

\* 9. Do you offer services in French?

- Yes
- No
- I prefer not to answer

\* 10. Which of these describes the general area(s) where you practice? Please select all that apply:

- Large urban Area (population of 100,000 or more)
- Medium urban Area (population between 30,000 and 99,000)
- Small urban Area (population between 1,000 and 29,999 and a population density of 400 persons or more per square kilometer)
- Rural (population less than 1,000; may contain agricultural, undeveloped, and non-developed lands)
- Remote (population greater than 0; are only accessible by seasonal ferries, boat/water taxis, air, or a combination of these)
- Other (please specify)

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## Practice Models and Corporate Dentistry Consultation Survey

### Questions for Dentists and other Oral Health Care Professionals - Dental Practice Elements

**Dental practice models are the types of operational or business arrangements in which dentistry is practised. The questions on this page will help us understand the elements of different dental practice models that may impact patient care.**

**Here is a list of definitions for less commonly known dental practice models, and organizations that may operate certain dental practice models, to assist you in answering these questions.**

**\* 11. Which of the options below best describes the practice model of your primary practice?**

(If you have more than one practice or practice model that you consider to be ‘primary’ please select the model of the practice that you would like to provide your perspectives on through this survey. If you would like to provide feedback on a second practice or practice model type after you have reached the end of this survey, you may do so by filling in a second survey using a different web browser).

We are asking this question of dentists’ and other oral health care professionals so that we can make connections between the practice model of your primary practice and the elements that you identify apply to your primary practice in subsequent questions.

- Solo Private Dental Clinic - 1 location with one dentist
- Group Private Dental Clinic - 1 location with >1 dentist
- Group Private Dental Clinic - >1 location with >1 dentist
- Corporate Dental Clinic with partial or total equity ownership by a corporation (practice with third-party ownership and business support)
- Corporate Dental Clinic partnered with a corporation (practice with third-party business support but no third-party ownership)
- Direct-to-Consumer Dentistry Company (e.g., self-administered whitening kits, aligners to straighten teeth, mouth guards made using a home impression kit)
- Government-funded Dental Clinic (e.g., public health unit, community health centre, correctional facility, armed forces, Indigenous Service Canada)
- Not-for-profit, Community-based Dental Clinic (not-for-profit dental clinic run by a charitable organization, clinic is funded at least in part by donations)
- Mobile Dental Clinic (travelling practitioners)
- Hospital-based Dental Clinic
- School-based Dental Clinic (e.g., college, university)
- Non-clinical setting (e.g., education, research, legal)
- Unsure
- Other (please specify)



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\* 12. Non-clinical elements of dental practice models may impact patient care. Some examples of these elements include billing and payment processes, options for accessing the clinic, and patient scheduling protocols.

We are asking the following three questions of dentists and other oral health care

professionals to better understand:

- Non-clinical elements that tend to be associated with different practice models that may impact patient care, and
- your perspectives on how these non-clinical elements may impact care.

**Do the elements below apply to your primary dental practice?**

|  | Yes                   | No                    | Unsure                | Not applicable        |
|--|-----------------------|-----------------------|-----------------------|-----------------------|
| My primary practice generally charges <i>the fees listed</i> in the current Ontario Dental Association (or other oral health association) Suggested Fee Guide for therapeutically necessary (or essential) oral health care.         | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| My primary practice generally charges <i>fees that are less than</i> the current Ontario Dental Association (or other oral health association) Suggested Fee Guide(s) for therapeutically necessary (or essential) oral health care. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| My primary practice can submit claims electronically to insurance companies on behalf of patients.   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| My primary practice accepts some patients who receive support from publicly funded oral health programs or social assistance.  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| My primary practice provides financing plans for patients (e.g., 0% financing).  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| My primary practice offers flexible clinic hours for patients (e.g., clinic hours are during weekdays, on evenings, and/or on  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

weekends).

My primary practice ensures all aspects of the practice that are required for providing oral health care are physically accessible to persons with physical disabilities.

   

My primary practice supports me in either arranging or providing emergency/urgent oral health care for patients of record (e.g., to relieve pain and/or risk of infection).

   

My primary practice schedules patients of record to see the same dentist every visit unless there are extenuating circumstances (e.g., a patient has a dental emergency or the usual dentist is on leave/vacation).

   

My primary practice provides support to ensure any transitions in care from one dentist to another are well coordinated (e.g. between diagnosis and treatment, or between different stages of treatment).

   

Are there any other non-clinical elements of your primary practice that may impact patient care? If so, please list those elements here:

13. Optional: **Are there any choices in the previous question that you would like to explain?**

- No
- If yes, please explain those choices here:

**\* 14. Overall, do you think the elements that you identified as applying to your primary practice (two questions above) impact patient care?**

- No
- If yes, please explain how:



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\* 15. Other non-clinical elements of practice models may impact the clinical care provided by oral health care professionals. Examples of these kinds of elements include specific referral policies within the practice and having a staff person at the practice who manages all day-to-day clinic operations.

We are asking the following three questions of dentists and other oral health care professionals to better understand:

- Non-clinical elements that tend to be associated with different practice models that may impact the clinical care provided by oral health care professionals, and
- your perspective on how these non-clinical elements may impact patient care.

**Do the elements below apply to your experience working in your primary dental practice?**

Please note: some of the elements listed below may come from different sources within the primary practice – e.g., another dentist, an owner, a corporation, other organization that you work for. We understand that some of these elements may not apply or may vary between practices based on various factors such as the size of, and types of services provided at each practice.

|   | Yes                   | No                    | Unsure                | Not Applicable        |
|---|-----------------------|-----------------------|-----------------------|-----------------------|
| My primary practice expects my participation and/or assists me in participating in activities that support my training and development. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| My primary practice provides some form of support or otherwise empowers me in my adherence to College                                   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

expectations for my profession.

My primary practice ensures or enables my access to the right types and quantities of dental supplies/equipment when I need them.

   

My primary practice enables me to provide any type of treatment that is within my clinical expertise.

   

My primary practice enables my access to my patients' records without delay whenever I need them.

   

My primary practice assumes responsibility for all business and administrative activities (e.g., inventory management, employee recruitment and training, billing and payroll).

   

My primary practice assumes total responsibility for the financial success of the practice.

   

My primary practice has an identifiable 'clinic manager' or other staff person who is responsible for the day-to-day oversight of the clinic.

   

My primary practice has an identifiable infection prevention and control (IPAC) lead who works in the practice.

   

My primary practice has an identifiable Radiation Protection Officer (if applicable) who works in the practice.

My primary practice has an identifiable patient health information privacy lead who works in the practice.

My primary practice has an identifiable occupational health and safety lead or representative who works in the practice.

My primary practice enables me to make recommendations to my patients for referrals to any registrant(s) or clinic(s) that I think can best meet my patients' needs.

My primary practice enables me to work with dental laboratories of my choosing.

My primary practice expects me to meet implied or stated, production- or earnings-based quotas.

My primary practice enables me the freedom to adjust fees at my discretion.

Are there any other elements of your primary practice that may impact your provision of clinical care? If so, please explain here:

16. Optional: **Are there any choices in the previous question that you would like to explain?**

- No
- If yes, please explain those choices here:

**\* 17. Overall, do you think the elements that you identified as applying to your primary practice (two questions above) impact patient care?**

- No
- If yes, please explain how:



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**Question for the General Public - Usual Dental Practice Model**

**Dental practice models are the types of operational/business arrangements in which dentistry is practised.**

**Here is a list of definitions for less commonly known dental practice models, and organizations that may operate certain dental practice models, to assist you in answering the first question.**

**We are asking this question of all members of the public so that we know which practice model you are providing your feedback on through this survey.**

**\* 18. From which type of dental clinic or company have you received the most dental care in the past few years? Please select one option.**

- Solo Private Dental Clinic - a clinic with one dentist
- Group Private Dental Clinic - a clinic with more than one dentist
- Corporate Dental Clinic (examples include Altima Dental ® and docbraces © clinics, and clinics operated in partnership with 123Dentist ©, Canadian Orthodontic Partners ©, Corus Orthodontists ©, dentalcorp ©, Dentallook ©, MCA Dental Group Limited ©, or Teeth First Dental Network ©)
- Direct-to-Consumer Dentistry Company (examples include SmileDirectClub© which shut down operations in December of 2023, ALIGNERCO ©, NewSmile Canada ©, Smartguards ©)
- Government-funded Dental Clinic (examples include a public health unit, community health centre, correctional facility, armed forces, Indigenous Services Canada)
- Not-for-profit, Community-based Dental Clinic (examples include, The Wright Clinic in London, Ontario; The Community Dental Clinic in Kitchener, Ontario)
- Mobile Dental Clinic (travelling practitioners)
- Hospital-based Dental Clinic
- School-based Dental Clinic (at a college or university)
- I am unsure of my usual dental clinic’s practice model
- Other (please specify)



Flexible hours (e.g., clinic or company is open during the day or on evenings and/or weekends)

Short wait times to see the dentist after arriving at the dental clinic or company for an appointment

Easy physical access to all aspects of the clinic or company that are necessary for receiving dental care

See the same dentist every visit

Know the name of the dentist responsible for your/patients' dental care

Well-coordinated transitions in care from one oral health care provider to another, when applicable (e.g., referrals are sent/received in a timely manner, new provider receives relevant records and understands dental history)

Can see a dentist quickly for **urgent** dental care (e.g., constant or severe tooth pain)

Can see a dentist in a timely manner for **routine** dental care (e.g., preventative care such as cleanings and check-ups)

Full-service dental care (all dental care needs can be met at one clinic such as cleanings, fillings, braces or aligners, implants, crowns)

Dental records are released to

you/patients in a timely fashion (when requested)

Recommendations are only provided for therapeutically necessary, or essential, dental treatments (e.g., does not recommend treatments that are solely cosmetic)

Recommendations are provided for cosmetic dental treatments (e.g., treatments that are not therapeutically necessary or essential but may improve the appearance of your teeth)

Recommendations for dental treatments feel like they are based on you/patients' needs rather than profit (e.g., I do not feel like I am being sold treatments that I do not need or that I am not interested in)

Personalized care (needs are well understood and treatment is catered to you as a patient)

Information about the practice model of the dental clinic or company (e.g., verbal or written information regarding the type of operational/business arrangement of the dental clinic or company)

Are there any other elements that you value (or that the patients/community your organization represents value) when it comes to receiving oral health care? If so, please explain here:

\* 20. Think of the dental clinic or company from which you (or the patients/community your organization represents) have received the most dental care in the past few years.

**How well does the experience receiving dental care from this dental clinic or company align with the values you identified in the previous question?**

- Almost Completely
- Very Well
- Somewhat
- Very Little
- Not At All
- Unsure
- Not Applicable

**21. Why does the experience receiving dental care align or not align with the values you identified? Please explain all reasons:**



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**Question for Dentistry-related Organizations - Organization Name**

\* 22. What is the name of the dental service organization, direct-to-consumer dentistry company, law firm, or brokerage that you are responding on behalf of?

- I prefer not to answer
- Organization Name:



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**Questions for Everyone - Opinions on Corporate Dentistry & Direct-to-Consumer Dentistry**

**The following questions will help us better understand your opinions regarding the oral health care that is provided to patients through dental practice models that have become more common in recent years - corporate dentistry and direct-to-**

**consumer dentistry. These questions are open to everyone, regardless of your primary or usual dental practice model.**

**Two definitions and some examples have been provided below to support you with answering these questions:**

**Corporate dentistry is a dental practice model whereby a corporation (which may or may not be partially or wholly owned by a dentist or dentists) owns, aligns, or partners with multiple dental clinics and generally provides centralized operational support for the business elements of the dental clinics (such as, procurement of dental equipment or supplies, management of billing processes, and clinic staffing, to name a few). Dental clinics operating in this practice model are referred to as corporate dental clinics.**

**Corporations involved in corporate dentistry may be referred to as central management organizations, dental service or support organizations (DSOs), dental management service organizations (DMSOs), or franchises.**

**Examples of corporations that own, have aligned, or partnered with dental clinics in Ontario include but are not limited to:**

- **123Dentist © (which merged with Altima Dental ®)**
- **Canadian Orthodontic Partners ©**
- **Corus Orthodontists ©**
- **dentalcorp ©**
- **MCA Dental Group Limited ©**
- **Teeth First Dental Network ©**
- **Dentalook ©**

**Direct-to-consumer 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 and mouth guards or aligners (to straighten teeth) made using an at-home impression kit.**

**Examples of direct-to-consumer dentistry companies include but are not limited to:**

- **SmileDirectClub © (which stopped providing aligner treatment in December 2023)**
- **ALIGNERCO ©**
- **NewSmile Canada**
- **Smartguards ©**

23. Optional: What **opportunities or benefits**, if any, do you or your organization think may be provided by **corporate dentistry for patients** in Ontario (for example, compared with solo or group private practices)? Please explain your response:

24. Optional: What **issues or risks**, if any, do you or your organization think may be provided by **corporate dentistry for patients** in Ontario (for example, compared with solo or group private practices)? Please explain your response:

25. Optional: What **opportunities or benefits**, if any, do you or your organization think may be provided by **direct-to-consumer dentistry for patients** in Ontario (for example, compared with solo or group private practices)? Please explain your response:

26. Optional: What **issues or risks**, if any, do you or your organization think may be provided by **direct-to-consumer dentistry for patients** in Ontario (for example, compared with solo or group private practices)? Please explain your response:

27. Optional: Is there any other feedback you would like to provide on the topic of practice models?

28. Optional: Are there any other dental practice models in Ontario or other jurisdictions that may pose unique opportunities or issues for patients?

\* 29. Do you live in:

- Ontario
- Another province or territory in Canada
- Outside of Canada (please specify)

- I prefer not to answer

\* 30. Describe the general area where you live. Please select all that apply:

- Large Urban Area (population of 100,000 or more)
- Medium Urban Area (population between 30,000 and 99,000)
- Small Urban Area (population between 1,000 and 29,999 and a population density of 400 persons or more per square kilometer)
- Rural (population less than 1,000; may contain agricultural, undeveloped, and non-developed lands)
- Remote (population greater than 0; only accessible by seasonal ferries, boat/water taxis, air, or a combination of these)
- Other (please specify)

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### Questions for Individuals - Demographics

***Note: If you are responding on behalf of an organization, please skip to the end of the survey as these questions are for those who are responding as individuals.***

**As part of RCDSO's commitment to equity, diversity, inclusion, and accessibility, we welcome you to share some demographic information about yourself for the following reasons:**

- **It helps us evaluate if we are hearing diverse voices from the public, the profession, and other interested parties**
- **We want to demonstrate meaningful equity, diversity, inclusion, and accessibility outcomes across all of our regulatory processes, programs, projects, and policies**
- **We want to measure demographic elements so that we can make progress in capturing diverse viewpoints and improving outcomes for patients, the profession, and other interested parties**

**More specifically, we are collecting demographic information about those engaging with our Practice Models and Corporate Dentistry Strategic Project survey to help us identify whether our consultation process is inclusive, and whether we are receiving**

**a diversity of perspectives to help inform evidence-based decision-making.**

**Please note that any demographic information you provide us will be anonymous. It will be stored securely in Survey Monkey (see their [Data Security and Compliance](#) information) and on our internal data management system which requires multifactor identification to log in. Your demographic information will be used in aggregate form for internal/external reporting purposes and will not be linked to you.**

**We encourage you to answer some or all of the following demographic questions, however this is voluntary and anonymous.**

\* 31. Would you like to complete some or all of these demographic questions?

- Yes
- No (skip me to the end of the survey)



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32. 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

33. What is the highest degree or 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)
- Trade School
- I prefer not to answer

34. Please indicate which of the following terms best describes your gender identity. Please select all that apply (options are in alphabetical order):

- Genderfluid
- Genderqueer
- Man
- Nonbinary
- Questioning
- Two-Spirit
- Woman
- I identify with a gender not listed (please specify)

- I prefer not to answer

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

- Yes
- No
- Unsure
- I prefer not to answer

36. Please indicate which of the following terms best describe your sexual orientation. Please select all that apply (options are in alphabetical order):

- Asexual
- Bisexual
- Gay
- Heterosexual
- Lesbian
- Pansexual
- Queer
- Questioning
- Two-Spirit
- I identify with an identity not listed (please specify)

- I prefer not to answer

37. Do you identify as an Indigenous person? Please select all that apply

- Yes, First Nations (Status and Non-Status)
- Yes, Inuit
- Yes, Métis
- Yes, an Indigenous person from outside of Canada
- No
- Yes, other

- I prefer not to answer

38. Ethnic origin refers to the ethnic or cultural origins of a person’s ancestors. Some examples include: Anishinaabe, Brazilian, Canadian, Chinese, Colombian, Cree, Dutch, South Asian (e.g., Indian, Nepalese, Pakistani, Sri Lankan), English, Ethiopian, Filipino, French, German, Ghanaian, Guyanese, Haitian, Haudenosaunee, Inuit, Iranian, Irish, Italian, Jamaican, Korean, Lebanese, Nigerian, Mi'kmaq, Métis, Ojibway, Polish, Portuguese, Scottish, Somali, Trinidadian, Ukrainian, etc.

What is your ethnic or cultural origin(s)?

If you would like to answer this question, please specify:

39. What is your faith, religion and/or spiritual affiliation? Please select all that apply (options are in alphabetical order):

- Agnostic
- Atheist
- Buddhist
- Christian
- Hindu
- Indigenous spirituality
- Jewish
- Muslim
- Sikh
- No religion or spiritual affiliation
- I identify with another faith, religion or spiritual affiliation not listed:

- I prefer not to answer

40. Do you speak French?

- Yes
- No
- I prefer not to answer

41. Do you identify as a person with a (dis)ability or (dis)abilities?

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



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42. How would you describe the symptoms or functions/systems that are impacted by the type of (dis)ability or (dis)abilities that you identify with? Please select all that apply (options are in alphabetical order)

- Auditory
- Cognitive (memory, focus, attention, consciousness etc.)
- Dexterity (relating to use of fingers, hand etc.)
- Developmental
- Fatigue-related
- Flexibility
- Gastrointestinal
- Intellectual (e.g., Learning)
- Mobility (movement, balance, coordination etc.)
- Mental health-related
- Pain-related
- Sight
- Speech
- Urinary
- Not applicable
- Other (please specify):

- I prefer not to answer

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

43. If you have any comments on the survey please provide your feedback below or reach out to [consultations@rcdso.org](mailto:consultations@rcdso.org) :