

Managing New Patient Requests

Approved by Council – Month and Year
Effective Date: TBD
Related Resources: TBD

Contents

- Executive Summary..... 1
- Introduction 2
- Principles..... 2
- Providing Information 3
- Dentist Decision-Making 4
 - NON-EMERGENCIES 4
 - DENTAL EMERGENCIES 6
- Glossary..... 6

Executive Summary

This Standard of Practice sets out dentists’ legal, professional, and ethical obligations when managing new patient requests in either of two situations: when an individual requests to become a patient or when they need care on an emergency basis.

The obligations set out in this Standard help ensure that dentists make decisions regarding new patient requests that are fair, non-discriminatory, transparent, and clear.

This Standard of Practice applies to all dentists, including general dentists and specialists,¹ and addresses both non-emergency² and emergency situations. This Standard does not apply to referrals from other dentists or health care professionals which are addressed in the RCDSO’s [Most Responsible Dentist](#) Practice Advisory.

This Standard of Practice is supported by companion resources, including FAQs and Case Scenarios, which provide supplementary information and guidance.

*Note: **bolded terms** are defined. To view the definitions, refer to the Glossary at the end of the Standard.*

¹ In this Standard, dentist(s) refers to both general dentists and specialists unless otherwise specified.
² For example, routine, preventative, restorative, or comprehensive care.

36 Introduction

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38 Individuals³ often contact dental practices to inquire about non-emergency and emergency
39 dental care. These initial interactions usually start as general inquiries related to topics like the
40 dentist's availability, the services offered by the practice, and the cost of treatment, among
41 others. In some cases, following the initial interaction, the individual may then request to
42 become a patient of the dentist or to receive emergency dental care.

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44 In non-emergency situations, there are multiple factors for dentists to consider when
45 determining whether to accept an individual as a new patient. For example, dentists may have
46 limited ability or capacity to provide appropriate and timely care; however, a decision to not
47 accept a patient may have a significant impact on the individual's oral health and overall health.
48 Please note that requests for care in emergency situations are different, and dentists have an
49 obligation to manage **dental emergencies**.⁴

50

51 This Standard is organized into two main sections.

- 52 • The first section (**Providing Information**) outlines dentists' obligations to provide
53 information that helps individuals decide whether the dentist and practice is right for
54 them.
- 55 • The second section (**Dentist Decision-Making**) sets out dentists' obligations for
56 managing new patient requests to become a patient or to receive emergency dental
57 care. It is divided into two subsections: non-emergencies and dental emergencies.

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59 Principles

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61 The following principles are derived from RCDSO's [Foundations of Professionalism](#) document⁵
62 and form the basis for the requirements set out in this Standard.

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- 64 1. Dentists promote fair and equitable access to healthcare for all.
- 65
- 66 2. The provision of clear, true, and accurate information is essential when individuals are
67 deciding where to receive care.

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³ In this Standard, individual(s) or patient(s) refers to the individual seeking/receiving care or their substitute decision-maker(s), if applicable.

⁴ Existing obligations are set out in the RCDSO's [Professional responsibilities for managing dental emergencies](#) article published in February/March 2015. Dentists' obligations with respect to existing patients can be found in [Professional Misconduct, O. Reg. 853/93](#), enacted under the [Dentistry Act, 1991, S.O. 1991, c. 24](#). Section 2, paragraph 18 states: Failing to make arrangements for emergency dental services for the member's patients or to advise a patient how to obtain emergency dental services is an act of professional misconduct.

⁵ The [Foundations of Professionalism](#) document articulates the core principles and duties of the profession and this serves as the foundation for all RCDSO [Standards of Practice, Guidelines, and Advisories](#).

69 3. Dentists provide services and make administrative decisions in practice that are free from
70 conflicts of interest,⁶ **prejudice**, and **discrimination**.

71

72 **Providing Information**

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74 The goal of providing information is to support the individual’s autonomy and decision-making
75 about where to receive care. The type of information and level of detail that is necessary to
76 communicate will likely vary from individual to individual depending on their specific
77 circumstances and where they are in the process of becoming a new patient. Typically, dental
78 practices provide more detailed and specific information as the individual moves closer to
79 becoming a new patient.

80

81 Dentists' obligations for how and what information to provide are as follows:

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83 1. Dentists must ensure that individuals receive a response to reasonable requests for
84 information regarding the dentist and/or practice. This may include, but is not limited to,
85 information regarding:

- 86 a. the scope of services offered by the practice (e.g., limited, comprehensive,
87 specialty);
- 88 b. the registration class of the dentist(s) at the practice (e.g., general, specialty,
89 academic license[s] issued by RCDSO);⁷ and
- 90 c. the practice’s policies and procedures (e.g., how appointments are scheduled and
91 cancelled, how and when payments are made).⁸

92

93 2. Dentists must ensure that the information communicated about themselves and/or the
94 practice:

- 95 a. is clear, true, and accurate;

⁶ For more information, see the RCDSO’s [Conflict of Interest](#) Guidelines and Section 5 (3) and (4) of [Ontario Regulation 853/93](#) made under the *Dentistry Act, 1991*.

⁷ The RCDSO issues several classes of certificates of registration, commonly referred to as licenses. These licenses authorize different forms of dental practice and there are specific rules for how dentists can represent themselves to the public. For example, dentists with a general license may practice general dentistry. Dentists with a general license may not imply that they practice a specialty unless they hold a specialty license. Dentists with a specialty license have completed an approved dental specialty program and obtained specialty certification. A specialty license authorizes them to practice only within the specialty for which they are registered. Dentists who have a specialty license may describe themselves using the protected specialty titles. For more information on how dentists can represent themselves to the public, see the RCDSO’s [Use of qualifications, titles, and designations](#) article.

⁸ See the FAQs (*to be developed at a future date*) for additional examples of information individuals may want to know about the dentist and/or practice, as well as relevant RCDSO [Standards of Practice, Guidelines, and Advisories](#).

- 96 b. complies with the requirements set out in the RCDSO’s [Professional Advertising](#)
97 Practice Advisory and the [Professional Misconduct](#) regulation⁹, regardless of how
98 the information is being communicated;¹⁰ and
99 c. complies with **accessibility** requirements set out in law.¹¹
100
- 101 3. When communicating information, dentists must comply with their legal **duty to**
102 **accommodate** under the Ontario *Human Rights Code*:¹²
103 a. when an individual makes their needs known; and
104 b. up to the point of undue hardship,¹³ as set out in the Ontario *Human Rights Code*.
105 The duty to accommodate is established in law and not created or imposed by the RCDSO.
106 More information about this legal duty and the limit of ‘undue hardship’ can be found in
107 resources published by Ontario human rights bodies.¹⁴
108
- 109 4. Dentists must ensure that the information is communicated in accordance with the
110 Standard, regardless of who provides it (e.g., office staff) or how it is shared.
111 a. If office staff communicate information on the dentist’s behalf, dentists are advised
112 to ensure that office staff receive appropriate training to communicate in
113 accordance with the Standard.
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115 Dentist Decision-Making

116 117 **NON-EMERGENCIES**

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119 In non-emergency situations, dentists are not required to accept every individual requesting to
120 become a patient. However, dentists are subject to a number of legal, professional, and ethical
121 obligations that apply when deciding whether or not to accept an individual as a patient. They
122 are as follows:
123

- 124 5. Dentists must ensure that decisions regarding who to accept as a patient are fair,
125 transparent, and supported by a clear rationale.¹⁵

⁹ 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](#).

¹⁰ Orally and/or in writing.

¹¹ [Accessibility for Ontarians with Disabilities Act, 2005 \(AODA\)](#). For example, practice websites are AODA compliant. See the FAQs (*to be developed at a future date*) for more information about accessibility.

¹² Ontario [Human Rights Code, R.S.O. 1990, c. H.19](#).

¹³ Limits to the duty to accommodate include undue hardship (based on excessive cost or health and safety issues) or significant interference with the rights of others.

¹⁴ For more information, see the following resources:

- Human Rights Legal Support Centre: [Understanding the Duty to Accommodate](#)
- Ontario Human Rights Commission: [Disability and human rights brochure](#)
- Ontario Human Rights Commission: [Policy on ableism and discrimination based on disability](#)

¹⁵ For example, based on scope of practice, practice capacity. See the FAQs (*to be developed at a future date*) for more information.

- 126
127 6. When making decisions regarding whether or not to accept an individual as a patient,
128 dentists must:
- 129 a. consider whether they have the ability and capacity to do so and refer out any
130 elements of care that are outside their scope of practice¹⁶, in accordance with the
131 RCDSO's [Most Responsible Dentist](#) Practice Advisory;
 - 132 b. consider whether any **bias** or **prejudice** might influence their decision-making and
133 take reasonable steps to prevent it from having a negative influence on their
134 decision; and
 - 135 c. ensure that their decision aligns with their legal obligations under the Ontario
136 *Human Rights Code* to provide dental services free from discrimination.^{17, 18}
- 137
- 138 7. If dentists decide to accept an individual as a patient, they must comply with their legal
139 duties under the Ontario *Human Rights Code* to ensure that the patient receives equal
140 opportunities with respect to services. For example, this may include, but is not limited to:
- 141 a. ensuring that practice policies and procedures do not disadvantage patients based
142 on **protected grounds**; and
 - 143 b. when a patient makes their needs known, ensuring that dentists comply with their
144 duty to accommodate under the Ontario *Human Rights Code*, up to the point of
145 undue hardship¹⁹.
- 146 More information about this legal duty and the limit of 'undue hardship' can be
147 found in resources published by Ontario human rights bodies.²⁰
- 148
- 149 8. If dentists decide not to accept an individual as a patient, dentists:
- 150 a. must communicate their rationale for the decision if asked by the individual or by
151 the RCDSO; and
 - 152 b. are advised, where possible, to provide the individual with suggestions regarding
153 where they can obtain oral health care.²¹

¹⁶ Some dentists may limit the scope of their practice to specific areas of focus (e.g., cosmetic, implants, orthodontics) or patient populations (e.g., pediatric, geriatric). The following factors impact a dentist's scope of practice: their competence, comfort level, and preferences, and the terms and conditions of their practice certificate and any associated practice restrictions.

¹⁷ If dentists are unsure about whether their decision aligns with their legal obligations under the *Ontario Human Rights Code*, they may want to seek independent legal advice.

¹⁸ See Part 1-Freedom from Discrimination in the Ontario Human Rights Commission's [Guide to your rights and responsibilities under the Human Rights Code](#).

¹⁹ Limits to the duty to accommodate include undue hardship (based on excessive cost or health and safety issues) or significant interference with the rights of others.

²⁰ For more information, see the following resources:

- Human Rights Legal Support Centre: [Understanding the Duty to Accommodate](#)
- Ontario Human Rights Commission: [Disability and human rights brochure](#)
- Ontario Human Rights Commission: [Policy on ableism and discrimination based on disability](#)

²¹ For example, this may include, but is not limited to: suggesting a local dental practice, suggesting that individuals ask their friends and family for recommendations, and directing individuals to use online search tools (e.g.,

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DENTAL EMERGENCIES

Dentists have an obligation to manage dental emergencies for all individuals seeking care. Dentists’ obligations are as follows:

9. When individuals present with a dental emergency, dentists must either provide emergency dental care or direct individuals to where such care can be obtained.^{22, 23}
10. When dentists provide emergency dental care directly to an individual who was not an existing patient, they must discuss the following topics after care is delivered:
 - a. if there are any outstanding treatment needs that were observed during the dental emergency;
 - b. if the individual wishes to receive ongoing care and if the dentist will be accepting the individual as a patient to provide that care; and
 - c. how copies of dental records concerning the dental emergency can be accessed or transferred,²⁴ if appropriate.
11. When making decisions about whether or not to accept the individual into the practice in Provision 10b, dentists must comply with the general requirements for decision-making set out in the subsection above on non-emergencies.

While the dental emergency is being managed, the individual would be considered a patient. Once the dental emergency is resolved, the dentist-patient relationship²⁵ naturally ends for people who were not existing patients and the dentist who provided emergency dental care does not automatically become responsible for ongoing care needs.

Glossary

Accept or Accepting: In this Standard of Practice, the terms ‘accept’ or ‘accepting’ have a very specific meaning. They refer to the mutual decision to establish a dentist-patient relationship.

RCDSO’s [Low-cost and specialized clinics](#) search tool, RCDSO’s [Find a dentist](#) search tool, Ontario Dental Association’s [Find an ODA Dentist](#) search tool).

²² Dentists’ obligations with respect to managing dental emergencies for existing patients can be found in [Professional Misconduct, O. Reg. 853/93](#), enacted under the [Dentistry Act, 1991, S.O. 1991, c. 24](#). Section 2, paragraph 18 states: Failing to make arrangements for emergency dental services for the member’s patients or to advise a patient how to obtain emergency dental services is an act of professional misconduct.

²³ This provision does not apply to an existing patient who has been dismissed from a practice and returns to request emergency dental care. For more information, see the RCDSO’s Managing Conflicts and Ending the Dentist-Patient Relationship Standard of Practice and related FAQs.

²⁴ For more information, see the RCDSO’s [Release and Transfer of Patient Records](#) Practice Advisory.

²⁵ In this Standard, “dentist-patient relationship” refers to the treating relationship that is established between a dentist and their patient. It does not address other relationships that may be established between a dentist and a patient, such a personal, familial, or employment relationship.

185 Once that decision is made, the individual becomes a patient and the dentist assumes
186 responsibility for providing ongoing care to the patient until that dentist-patient relationship is
187 formally ended²⁶.

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189 **Accessibility:** In this Standard of Practice, we are using the term ‘accessibility’ to refer to the
190 degree to which people can access a device, service, or environment without barriers.
191 Accessibility is also a process – it is the proactive identification, removal or reduction, and
192 prevention of barriers for all people, including those living with disabilities.²⁷ The [Accessibility
193 for Ontarians with Disabilities Act, 2005](#)²⁸ sets out a process for developing and enforcing
194 accessibility standards that government, businesses, non-profits, and public sector
195 organizations must follow to become more accessible.²⁹ See the Government of Ontario’s
196 [Accessibility Standards Checklist](#), which is a self-assessment tool that identifies the
197 requirements that apply.

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199 **Bias:** An inclination to think something or someone is better or preferred, usually in a way
200 considered to be unfair. Bias can be explicit (or conscious) or implicit (or unconscious). Bias
201 inhibits impartial judgement, thought, or analysis. Biases (particularly implicit or unconscious)
202 are built into and perpetuated by societal systems and structures through socialization and may
203 conflict with our declared beliefs and how we see ourselves.

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205 **Dental Emergencies:** See the RCDSO’s [FAQs](#) for the definition.

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207 **Discrimination:** Is defined in case law³⁰ as when a distinction is made according to which some
208 benefit is withheld or burden assigned to an individual or group of individuals on the basis of a
209 personal characteristic that is irrelevant to the distinction which was made.³¹ Discrimination
210 exists where a discriminatory practice occurs on the basis of a protected ground for which no
211 valid justification has been made. Discrimination is also defined by the Canadian Human Rights
212 Commission.³²

213

214 **Duty to Accommodate:** The duty to accommodate under the Ontario [Human Rights
215 Code](#) requires service providers and employers to make reasonable adjustments to policies,
216 rules, requirements and/or the built environment to ensure that people with *Code*-related

²⁶ For more information, see the RCDSO’s Managing Conflicts and Ending the Dentist-Patient Relationship Standard of Practice.

²⁷ Adapted from: [College of Physicians and Surgeons of Ontario. \(ND\). Equity, Diversity and Inclusion Glossary.](#)

²⁸ [Accessibility for Ontarians with Disabilities Act, 2005, S.O. 2005, c. 11.](#)

²⁹ Adapted from: [Government of Ontario. \(2024\). About accessibility laws.](#)

³⁰ Case law refers to judge-made law, or common law: law that is created through judicial decisions.

³¹ 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.

³² [Canadian Human Rights Commission. \(2025\). About discrimination.](#)

217 needs have equal opportunities, access, and benefits.³³ Common grounds for accommodation
218 requests are disability, creed, family status, gender identity, gender expression, and sex.³⁴

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220 The nature of the accommodation both requested and required will vary according to each
221 individual's unique needs, and these needs must be considered, assessed, and accommodated
222 individually.³⁵ Some general examples of accommodation may include, but are not limited to:

- 223 • permitting a service dog to accompany a patient into the dental office;
- 224 • using interpreters or other aides to overcome communication barriers;
- 225 • designing areas (e.g. reception, hallways) to be navigable by wheelchair-dependent
226 patients;
- 227 • ensuring signage and forms reflect diverse family configurations (e.g., families with two
228 mothers or fathers, foster parents, guardians, caretakers of seniors); and
- 229 • using forms that reflect the diversity of patients' gender identities and expression.

230

231 **Prejudice:** Preconceived judgement, opinion, or attitude directed toward certain people based
232 on their membership in a particular group. It is a set of attitudes, which supports, causes, or
233 justifies discrimination. Prejudice is a tendency to rely on stereotypes or assumptions.³⁶

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235 **Protected Grounds:** The Ontario [Human Rights Code](#) prohibits actions that discriminate against
236 people based on protected grounds in protected social areas (including goods, services, and
237 facilities). The protected grounds for services are as follows: citizenship, race, place of origin,
238 ethnic origin, colour, ancestry, disability, age, creed, sex/pregnancy, family status, marital
239 status, sexual orientation, gender identity, and gender expression.³⁷

³³ Adapted from: [Ontario Human Rights Commission. \(ND\). Policy statement on the duty to accommodate under the Ontario Human Rights Code.](#)

³⁴ Adapted from: [Ontario Human Rights Commission. \(2013\). A policy primer: Guide to developing human rights policies and procedures.](#)

³⁵ [Human Rights Legal Support Centre. \(2021\). Understanding the Duty to Accommodate.](#)

³⁶ Rouse, L., Booker, K., Stermer, S.P. (2011). Prejudice. In: Goldstein, S., Naglieri, J.A. (eds) Encyclopedia of Child Behavior and Development. Springer.