

ROYAL COLLEGE OF DENTAL SURGEONS OF ONTARIO

Reconciliation Action Plan

RCDSO | Royal College of Dental Surgeons of Ontario

Prepared with the support of First Peoples Group

Artists Bio

The Three Sisters Artist Collective is composed of Emily Akikodjiwan Brascoupé-Hoefler, Claire Brascoupé, and Mairi Brascoupé, sisters and members of the Kitigan Zibi Anishinabeg First Nation. Based on Algonquin Territory in Ottawa, they specialize in murals, public art, and large-scale installations that blend traditional Anishinabeg art forms with contemporary techniques.

Artwork Name and Description



“Patterns of Healing”

This artwork incorporates birch bark biting, a traditional art form in which designs are created by biting folded birch bark, primarily using the incisors. Working from a mental image without preparatory sketches, the artist rotates and bites the bark. When unfolded, the impressions reveal a symmetrical design. We say the final design comes from the Creator. The birch bark biting features cedar and strawberries, or heart berries, both traditional medicines. The artwork also incorporates water, wintergreen, three-leaved gold-thread, eastern white cedar, a turtle, an owl, and a chickadee.

Land Acknowledgement

The Royal College of Dental Surgeons of Ontario (RCDSO) acknowledges that its office is located on the traditional territory of many nations, including the Mississaugas of the Credit, the Anishinaabe, the Chippewa, the Haudenosaunee, and the Wendat peoples, and is now home to many diverse First Nations, Inuit, and Métis peoples from across Turtle Island.

We acknowledge that Toronto is covered by Treaty 13 with the Mississaugas of the Credit. We are grateful to have the opportunity to work and serve on this land.

This acknowledgement reflects our commitment to learning, understanding, and taking meaningful action toward reconciliation within our regulatory mandate, and in partnership with Indigenous communities, dentists, and patients across Ontario.

Message from Leadership

Over the past several years, we have taken important steps to deepen our understanding of how we, as Ontario's dental regulator, can contribute to reconciliation. This has required honest reflection on the ways that systems, policies, and institutions have contributed to inequities experienced by First Nations, Inuit, and Métis Peoples.

We know that reconciliation is not a single moment or a standalone initiative. Rather, it is a continuing journey of learning, relationship-building, and meaningful action. Through education and engagement with Indigenous partners, dental professionals, staff, and Council and committee members, we have worked together to build this plan and establish a foundation for progress.

This Reconciliation Action Plan marks an important milestone. Council unanimously supported initiatives that will move us beyond awareness and intention toward accountable action. We are proud of these commitments and encouraged by the possibilities they create. While there is more work ahead, we are inspired by the relationships and shared sense of purpose that has shaped this journey.

Indigenous teachings encourage us to consider the impact of our actions on the next seven generations. This perspective invites us to look beyond immediate outcomes and focus on creating a lasting legacy. The programs and standards we develop, the relationships we nurture, and the values we uphold today can help shape a more equitable future for oral health care and public protection.

It's with gratitude that we thank the Indigenous dentists, Elders, Knowledge Keepers, community members, and partners who generously shared their experiences, wisdom, and guidance. We also thank First Peoples Group for helping guide this work and ensuring our commitments are grounded in lived experience.

Together, we look ahead with optimism and humility.



Dr. Harinder Sandhu
President, RCDSO



Daniel Faulkner
Registrar & CEO, RCDSO

About This Plan



How This Plan Was Developed

This Reconciliation Action Plan was developed through an extensive process of engagement with those who work within and alongside RCDSO. It began with a Council session that introduced the foundational concepts and commitments shaping this work. It continued through four virtual internal engagement sessions held between January and May 2026, facilitated by First Peoples Group with participants representing teams including Registration, Policy, Professional Conduct and Regulatory Affairs (PCRA), Practice Enhancement, Communications, and senior leadership. External engagement followed, including focus groups with Indigenous dentists and dentists who work with Indigenous communities, as well as conversations with Ontario schools of dentistry and Indigenous organizations. Together, these processes ensured that the voices shaping this plan came from inside the organization and beyond it.

Each session was organized around four thematic areas: understanding the current state of reconciliation at RCDSO; regulatory practices and barriers; culture and learning; and accountability. Participants shared their perspectives through facilitated discussion and interactive digital boards, contributing a wide range of insights, experiences, and ideas.

Those contributions were synthesized into a What We Heard report and have directly shaped the commitments in this plan. What follows reflects the collective voice of RCDSO staff, their honesty, their care, and their readiness for this work.

> **Indigenous Peoples experience nearly twice the rate of dental disease compared to other Canadians.**
> Office of the Auditor General of Canada, 2017



The ‘Why’ Behind This Plan

This plan is grounded in a body of evidence. As part of the engagement process, First Peoples Group conducted a scan of the literature on Indigenous oral health experiences in Ontario and across Canada. The findings are significant. Nationally, First Nations and Inuit experience nearly twice the rate of dental disease and have greater unmet oral health needs than other Canadians (Office of the Auditor General of Canada, 2017). In Ontario, 28% of the off-reserve Indigenous population visits the dentist only for emergencies, compared to 19.3% of non-Indigenous Ontarians (Mehra et al., 2020, p. 99). Among First Nations adolescents, the prevalence of dental caries is 91.4%, compared to 57.7% in the non-Indigenous adolescent population (First Nations Information Governance Centre, 2012, p. 57). For Inuit, over 85% of preschoolers already have dental caries, and by adulthood virtually all Inuit surveyed have been affected (Government of Canada, 2011, p. 29). Métis, like non-status First Nations, are not covered under the Non-Insured Health Benefits (NIHB) program, compounding already significant cost barriers to care (Government of Canada, 2023).

These disparities are not inevitable. They are the product of specific, documented barriers: the legacy of colonization and residential schools, which created deep and lasting mistrust of health systems (Native Women’s Association of Canada, 2023); structural failures in the NIHB program, including lengthy predetermination processes, reimbursement rates below ODA fee schedules, and lack of direct billing that forces patients to pay upfront (Office of the Auditor General of Canada, 2017); geographic isolation and workforce shortages that mean some communities have no resident dental provider (Inuit Tapiriit Kanatami, 2013); and a profession that has, by its own account, not always been adequately prepared to provide culturally safe care (Native Women’s Association of Canada, 2023, p. 16). Fifty-three of 94 oral health professionals surveyed reported feeling unsure they had adequate training in Indigenous oral health care. RCDSO is positioned to act on all of these fronts. This plan is its commitment to do so.



What This Plan Is

This Reconciliation Action Plan is RCDSO's formal commitment to taking meaningful, sustained, and accountable action toward reconciliation within its regulatory mandate and in relationship with Indigenous Peoples across Ontario.

It is grounded in the Truth and Reconciliation Commission of Canada's Calls to Action, particularly those concerned with closing the gap in health outcomes between Indigenous and non-Indigenous peoples. Call to Action 22 calls upon those who can influence medical and nursing school curricula to require all students to take a course dealing with Indigenous health issues, including the history and legacy of residential schools, the United Nations Declaration on the Rights of Indigenous Peoples, Treaties and Aboriginal rights, and Indigenous teachings and practices. Call to Action 23 calls upon medical and dental schools to increase the number of Indigenous professionals working in health care. Call to Action 24 calls upon medical and dental schools to provide cultural competency training for all health care professionals. Taken together, these Calls to Action place a direct and explicit responsibility on the dental profession and its regulatory bodies to act. RCDSO's mandate to protect the public and to set standards for the profession puts it in a unique position to advance these commitments, not only within its own walls, but across the profession it regulates and the communities that profession serves.

This plan also recognizes that Indigenous Peoples have a distinct constitutional, historical, and lived relationship with Canada that cannot be fully addressed through a general equity or inclusion framework, and that reconciliation requires its own commitments, its own structures, and its own accountability. It is not enough to fold this work into existing diversity initiatives or to treat it as one priority among many. The harms are specific, the obligations are specific, and the response must be too.

What This Plan Is Not

This plan is not a statement that RCDSO has arrived at reconciliation, or that the work is complete. It is a beginning, or more accurately, an articulation of where we are and where we are committed to going. We expect this plan to evolve as we learn, as we build relationships with Indigenous communities and dentists, and as we better understand the impacts of our actions.

This plan also does not replace the need for continuous external engagement. RCDSO is committed to ongoing engagement with Indigenous dentists, dental students, patients, and community organizations as this work continues. Their voices will shape the next chapter of this plan.

Scope and Duration

This plan covers the period from 2026 to 2030 and is organized into five potential action areas that reflect RCDSO's regulatory mandate and the themes that emerged most strongly from engagement. It is a living document. RCDSO commits to reviewing and reporting on progress annually, and to revisiting and updating commitments in response to what we learn.



An inukshuk, inspired by the traditional stone structures built by Inuit across the Arctic, stands by the river's edge.

What Reconciliation Means at RCDSO

Before setting out commitments, it is worth pausing on meaning. Participants in our engagement sessions were thoughtful about what reconciliation actually requires of an organization like RCDSO, a regulatory college whose primary mandate is public protection. The following five themes emerged consistently across all consultation sessions.

1. Acknowledging harm, including harm done by systems we are part of

Reconciliation begins with honest acknowledgement. Indigenous Peoples have experienced profound harm within health and oral health systems in Canada, harm rooted in colonization, residential schools, forced family separation, and generations of underfunded and inaccessible care. RCDSO is part of the health system. That means some of this history is ours to acknowledge too.

2. Understanding our role and the limits of our lane

Participants were clear-eyed about what RCDSO can and cannot do. Registration fees, dental school pipelines, geographic access to care, internet infrastructure in remote communities: these are not problems RCDSO can solve alone. But RCDSO has a lane, regulatory processes, professional standards, the conduct of registrants, and the culture of the organization. Within that lane, there is significant room to act. And beyond it, there is significant opportunity to advocate, partner, and use our voice.

3. Improving outcomes, not just intentions

Reconciliation at RCDSO must be oriented toward real change: improved oral health outcomes, more equitable regulatory processes, and a profession better equipped to provide culturally safe care. It is not a reputational exercise or a compliance function. As one participant put it plainly: "We need to see some outcomes."



A close-up of a hand drum, central to ceremonies, songs, and teachings across many Indigenous cultures.

4. Reconciliation is not only an EDI matter

Several participants raised an important caution: reconciliation is frequently housed within equity, diversity and inclusion functions, as though one staff member or one committee can own the work. Indigenous Peoples have a distinct constitutional and historical relationship with Canada that weaves within and beyond the broader equity conversation. Reconciliation at RCDSO must be embedded across all functions of the College, not delegated to a single desk.

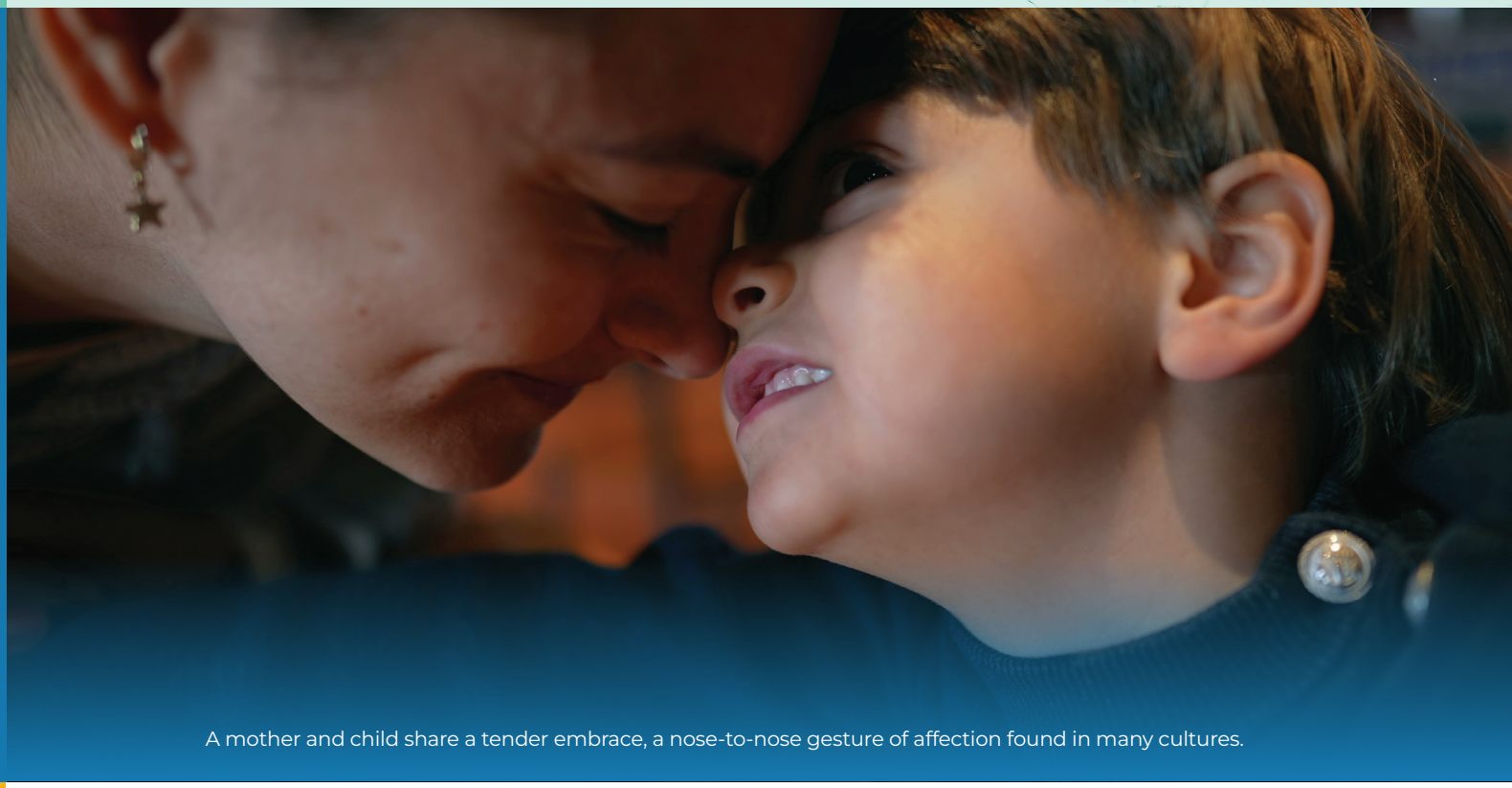
5. This is a shared responsibility

Participants spoke with real conviction about shared ownership of this work. The work of reconciliation belongs to every staff member, every committee member, every Council member. What they asked for were the tools, the time, and the structures to actually do it.

Where RCDSO Is Already Taking Steps

RCDSO has not been standing still. Before this plan was written, meaningful work was already underway, work that reflects a genuine and growing commitment to reconciliation. First Peoples Group's analysis of RCDSO's initiatives to date organized this work using the Four S Framework: Symbolic, Substantive, and Systemic acts of reconciliation, all guided by Spirit.

The Four S Framework recognizes that reconciliation takes different forms, and that all forms matter. Symbolic acts can be a meaningful entry point for individuals beginning their reconciliation journey. Substantive acts create new pathways and deepen learning. Systemic acts change the structures, policies, and governance that shape outcomes over time. All three are needed, and all three must be animated by spirit, a genuine commitment that keeps reconciliation from becoming a check-box exercise.



A mother and child share a tender embrace, a nose-to-nose gesture of affection found in many cultures.



Symbolic

Symbolic acts of reconciliation are often visible expressions of respect, acknowledgement, and commitment. They are not merely performative; for many people, they serve as a meaningful entry point into a deeper reconciliation journey. RCDSO has taken a number of symbolic steps that signal its values and create regular moments of reflection for staff and leadership.

RCDSO opens its meetings and events with a Territorial and Land Acknowledgement, recognizing the Indigenous nations on whose lands the College operates. Each year, the office closes on September 30 in recognition of Truth and Reconciliation Day, a practice that honours Survivors and creates space for staff to reflect on the history and ongoing legacy of residential schools. The College has hosted staff presentations on the meaning and purpose of land acknowledgements, ensuring this practice is understood rather than simply recited. RCDSO has also shown support for National Indigenous Oral Health Day and for initiatives like Joyce's Tooth Tales, a resource that brings Indigenous perspectives on oral health to children and families. A film screening of For Love (2024) at the Leadership Learning Day and EDI Spotlight stories focused on reconciliation have further contributed to building a culture of awareness and reflection.



Substantive

Substantive acts of reconciliation involve creating new pathways, deepening knowledge, and building the capacity of individuals and organizations to engage with Indigenous communities and issues in more meaningful ways. RCDSO has invested significantly in this area across both internal staff development and outreach to registrants.

Council members have received orientation through a presentation by Dr. Sheri McKinstry, and Joint Colleges Board Training facilitated by First Peoples Group has brought reconciliation into governance-level conversations. At the Leadership Learning Day, a session on the Seven Grandfather Teachings connected Indigenous ways of knowing to questions of organizational leadership. Staff have completed training through Indigenous Works on Cultural Capabilities, and have had the opportunity to pursue the University of Alberta's Indigenous Canada certificate. A presentation by Ashley Jacobs of the Ministry of Indigenous Affairs brought government perspectives directly into the organization's learning.

RCDSO has also invested in the knowledge of its registrants. A webinar on NIHB Access to Care and newsletter articles on NIHB in 2024 and 2025 have helped dentists better understand this program and their role in serving Indigenous patients. Continuing education credits through the Indigenous Primary Health Care Council have further supported this learning. Staff are currently exploring RCDSO's bursary/awards at Ontario's two dental schools to better support Indigenous dental students, as well as an employer partnership with Indigenous Works, both of which represent meaningful steps toward creating new pathways within the profession.



Systemic

Systemic acts of reconciliation address the structures, policies, and governance frameworks that shape outcomes over time. These are often the least visible but the most consequential changes an organization can make. RCDSO has begun to take steps in this direction, though participants in the engagement sessions were clear that this is where the most significant work still lies ahead.

The IDEA Committee's Terms of Reference represent a structural commitment to embedding equity and inclusion in organizational governance. Biennial staff and board demographic surveys create a foundation for understanding who is represented within RCDSO and tracking change over time. Facilitated leadership idea generation sessions have begun to cultivate a culture of strategic thinking around inclusion and reconciliation at senior levels. RCDSO's partnership with the Canadian Centre for Diversity and Inclusion as an employer partner reflects a commitment to building inclusive hiring and retention practices, and the pursuit of a bursary and award for Indigenous dental students is both substantive and systemic in its reach, creating a recognized pathway where none previously existed.

This existing foundation matters. It demonstrates organizational will, builds on real learning, and creates momentum that this plan can build on. The commitments in the pages that follow are designed to deepen and extend this work, moving from early steps toward embedded, accountable, and ongoing change.

Action Areas and Commitments

The following five action areas reflect the priorities that emerged most clearly from internal engagement. Each area includes a set of commitments that RCDSO is making as part of this plan. These commitments will be supported by detailed implementation planning, including leads, timelines, and measures, as this work develops.

Action Area 1: Governance and Accountability

Participants were clear that reconciliation commitments cannot live off the side of anyone's desk. Making this plan real requires dedicated capacity, clear structures, and accountability mechanisms that are embedded in the organization, not added on top of it.

1.1 Establish a dedicated RAP Coordinator role
→ Create a staff position with primary responsibility for supporting RAP implementation, tracking progress, coordinating across departments, and maintaining relationships with Indigenous partners and the Indigenous Advisory Circle.
→ Ensure this role is resourced adequately and positioned with sufficient organizational authority to move work forward across teams.
→ Build reconciliation responsibilities into departmental work plans and individual performance goals across the organization, so that implementation is genuinely shared.

1.2 Establish an Indigenous Advisory Circle
→ Develop terms of reference for an Indigenous Advisory Circle, co-designed with Indigenous communities and experts, including a clear mandate, composition, compensation, and reporting relationship.
→ Recruit and onboard members representing First Nations, Metis, and Inuit communities, including dentists, patients, Elders, and health advocates.
→ Integrate Advisory Circle guidance into policy reviews, standards development, complex regulatory cases, and RAP accountability processes.
1.3 Commit to regular, transparent reporting on progress
→ Establish an annual internal reporting process on RAP progress, shared broadly with all staff.
→ Include annual RAP progress reporting in RCDSO's public-facing Annual Report.
→ Present RAP updates at Town Halls and virtual all-staff meetings to maintain visibility and shared ownership.
→ Embed RAP commitments in RCDSO's next Strategic Vision and Plan.
1.4 Support an Indigenous Dentists Resource Group
→ Support the establishment of an Indigenous Dentists Resource Group, in collaboration with Indigenous dental professional networks, to provide peer connection and a safe professional space for Indigenous dental registrants.
→ Establish clear and distinct mandates for the Resource Group and the Indigenous Advisory Circle so that each serves a different and complementary purpose.

Action Area 2: Education, Culture, and Learning

Education was the most consistent theme across all engagement sessions, and participants were equally consistent about what it needs to look like: ongoing, layered, role-specific, and Indigenous-led. Not a one-time training module. Not a checkbox.

2.1 Implement mandatory, ongoing cultural safety training for all staff, Council, and committee members
→ Provide foundational Indigenous cultural safety and anti-Indigenous racism training as a requirement for all staff, Council members, and committee members.
→ Develop role-specific learning pathways that connect cultural safety to the particular nature of each team's regulatory work, including PCRA investigators, policy staff, registration staff, and communications.
→ Require annual reconciliation-related professional development as part of all staff performance goals.
→ Provide dedicated time during work hours for learning, so that this work is not done off the side of anyone's desk.
2.2 Prioritize Indigenous-led and lived-experience learning
→ Source training programs that are designed and delivered by Indigenous educators, Elders, and Knowledge Keepers.
→ Support annual speakers series featuring Indigenous dentists, community advocates, Elders, and health leaders.
→ Create regular learning spaces, such as reflective debrief sessions, We Wednesday events, and Town Hall segments, where staff can engage with reconciliation topics in psychologically safe environments.

- → Where remediation is required for registrants engaged in discriminatory conduct, develop or procure an Indigenous-led education program designed for that specific purpose.
- → Develop a process to audit accredited Core 1 and cultural safety CPD content for accuracy and Indigenous alignment, in consultation with the Indigenous Advisory Circle, and develop a process to address content that does not meet that standard.
- → Publish clear criteria for what qualifies as Indigenous-led or Indigenous-vetted CPD content, so providers and registrants can assess quality.
- → Explore whether foundational cultural safety learning should be a license renewal requirement rather than a CPD option, and whether the format should include experiential or simulated learning rather than self-directed online modules alone.

2.3 Develop practical tools to support culturally safe regulatory practice

- → Create Intake Support Resources, accommodation templates, and decision-support tools tailored to each department's workflow, so that cultural safety is operational, not aspirational.
- → Develop a shared organizational glossary of key terms related to Indigenous Peoples, cultural safety, and reconciliation, reviewed with the Indigenous Advisory Circle.
- → Ensure all staff have access to up-to-date information about Indigenous-specific oral health programs, funding streams, and community-based initiatives, including NIHB and Jordan's Principle.

Action Area 3: Regulatory Practices

RCDSO's core function is regulation, and participants were clear that this is where reconciliation has to show up most concretely. Equitable and culturally safe regulatory processes are not a nice-to-have. They are central to RCDSO's public protection mandate.

3.1	**Review registration and licensing processes through a cultural safety lens**
→	Conduct a review of registration and licensing processes to identify and address barriers related to fees, documentation requirements, timelines, technological access, and available supports for applicants.
→	Explore mechanisms to reduce financial barriers for Indigenous applicants, including fee structures and incentive pathways for those committed to practising in underserved communities.
→	Develop a voluntary self-identification mechanism so that RCDSO can better understand who is applying, track outcomes for Indigenous registrants, and identify where barriers persist, governed by Indigenous data sovereignty principles.
→	Engage directly with Indigenous dentists and dental students to understand their experiences of the registration process and the profession.
3.2	**Make complaints and discipline processes more equitable and culturally safe**
→	Review the complaints intake and investigation process through a trauma-informed and culturally safe lens, with updates to communications and acknowledgement letters.
→	Introduce and communicate options for Indigenous complainants to self-identify and request culturally appropriate accommodations, including Elder accompaniment, support persons, and translation services.
→	Explore the creation of an Indigenous patient navigator or liaison role to support Indigenous complainants through the process.

- → Develop multilingual and accessible complaints materials, beginning with a needs assessment of communities with the greatest interaction with RCDSO processes.
- → Provide training for PCRA staff on cultural safety in investigations, including the systemic context of Indigenous peoples' engagement with regulatory and health institutions.
- → Analyze ICRC decision-making for themes related to Indigenous parties and report findings to Council.
- → In consultation with the Indigenous Advisory Circle, explore adding a distinct ICRC triage stream for complaints involving systemic bias, discrimination, or culturally unsafe conduct, routed to a culturally competent facilitator and oriented toward restoration and learning alongside accountability.
- → Analyze the impact of the permanence of public posting for discipline findings, with particular attention to its impact on Indigenous registrants practising in high-complexity community settings, and consider whether current policies inadvertently limit Indigenous dentists' eligibility for governance and advisory roles at RCDSO.
- → Acknowledge that complaint rates do not fully reflect Indigenous patients' experiences, and explore proactive monitoring mechanisms that do not rely solely on formal complaint initiation.

3.3 Strengthen RCDSO's response to discriminatory conduct by registrants

- → Develop explicit standards, guidance, and response frameworks related to discriminatory conduct by registrants toward Indigenous patients or colleagues.
- → Ensure that anti-Indigenous racism is named explicitly in relevant processes, not reframed as a communication issue or addressed solely through generic ethics channels.
- → Include questions in the Practice Enhancement Tool regarding equitable and culturally safe care for Indigenous Peoples, including awareness of access barriers and NIHB participation.

Action Area 4: Data and Knowledge Building

A recurring theme across all sessions was the depth of what RCDSO does not yet know about Indigenous dentists, applicants, complainants, and the barriers they face. Without this knowledge, it is difficult to understand the scale of the problem or to measure whether actions are making a difference.

4.1 Develop ethical, Indigenous-governed approaches to data collection
→ Develop a framework for collecting Indigenous-specific data across registration, complaints, and workforce experiences, grounded in OCAP principles (Ownership, Control, Access, and Possession) and co-developed with the Indigenous Advisory Circle.
→ Implement voluntary self-identification options in relevant processes, with clear explanations of how data will be used, protected, and governed.
→ Conduct targeted focus groups with Indigenous dentists, applicants, and dental students to understand their lived experiences of RCDSO's processes and the profession more broadly.
4.2 Build organizational knowledge about Indigenous oral health and the system
→ Partner with dental schools, the Ontario Dental Association, and provincial and federal agencies to better understand oral health access, workforce pipelines, and educational barriers affecting Indigenous Peoples.
→ Develop RCDSO's internal knowledge base about Indigenous-specific oral health programs, funding streams, and community-based initiatives.
→ Remain attentive to emerging research, data, and community voices that can deepen RCDSO's understanding over time.

Action Area 5: System Partnerships, Access, and Advocacy

RCDSO's jurisdiction is bounded, but its influence extends beyond the formal limits of its regulatory mandate. Participants consistently identified the importance of RCDSO using its voice as an advocate, a convener, and a system partner. There are things that RCDSO cannot fix alone, and things it can push others to fix.

5.1	**Advocate for reconciliation knowledge as a criterion for regulatory governance appointments**
→	Formally advocate to the Ontario Public Appointments Secretariat to require demonstrated knowledge of truth and reconciliation, Indigenous histories, and cultural safety as a criterion for appointment to health regulatory bodies in Ontario.
→	Work with peer health regulatory bodies and the Health Regulatory Colleges of Ontario (HPRO) to develop a shared position on reconciliation obligations for regulatory governance appointees.
→	Develop and publish a public statement articulating how RCDSO's mandate to protect the public includes protecting Indigenous patients from systemic harm.
5.2	**Use RCDSO's voice to support access to care in underserved communities**
→	Explore licensing or registration incentives for dentists committed to providing services in remote, underserved, or Indigenous communities.
→	Engage with Ontario dental schools to understand barriers facing Indigenous students in the dental education pipeline and identify where RCDSO can play a supportive or advocacy role.
→	Maintain and promote a publicly available directory of NIHB-accepting dentists and those offering culturally safe care.

- → Explore recognition mechanisms for dental practices demonstrating leadership in culturally safe and accessible care for Indigenous Peoples.
- → Deepen the partnership with Ontario schools of dentistry and Indigenous institutes, including through the existing faculty representation on RCDSO Council, to co-develop Indigenous curriculum content and continuing education.
- → Advocate to Ontario schools of dentistry for mandatory community and northern rotations as a component of dental training.
- → Ensure that any bursary or award for Indigenous dental students is Indigenous-specific rather than folded into a general equity award, and apply a distinctions-based approach across First Nations, Métis, and Inuit students where feasible.
- → Advocate to Health Canada and the NIHB program for specific improvements to access and equity, including fee alignment with ODA schedules, automated billing, expanded silver diamine fluoride coverage, reformed orthodontic approval criteria, and simplified specialist referral pathways.
- → Publish resources to help providers understand how balance billing acts as a barrier to Indigenous patient access and communicate it to registrants.
- → Engage with peer dental regulatory colleges and the Health Regulatory Colleges of Ontario for cross-provincial credential recognition in border and remote areas (e.g., NW Ontario/Manitoba border communities), where licensing restrictions can be a barrier for communities from hiring the geographically closest qualified professionals.
- → Explore RCDSO's regulatory role in enabling tele-dentistry as an access pathway for Indigenous and remote communities.

5.3 Build relationships with Indigenous communities across Ontario
→ Develop a community engagement strategy to make RCDSO's mandate, processes, and complaint mechanisms better known to Indigenous communities, health centres, and organizations.
→ Ensure that contact information for RCDSO is actively shared with Indigenous community health contacts and urban Indigenous service providers across the province.
→ Approach community relationship-building with humility and a long view, recognizing that trust is earned over time, through consistent and respectful engagement.

"This Reconciliation Action Plan marks an important milestone. Council unanimously supported initiatives that will move us beyond awareness and intention toward accountable action. We are proud of these commitments and encouraged by the possibilities they create."

A Message of Gratitude

This Reconciliation Action Plan was made possible by the generosity, honesty, and expertise of many people. We are deeply grateful to everyone who contributed their time, their knowledge, and their trust to this process.

To the Indigenous dentists and dental professionals who shared their experiences

Your willingness to share what it has meant, and what it has cost, to navigate a profession and a regulatory system that was not always designed with you in mind is the foundation of this work. Your perspectives are not background context. They are the point. We are grateful, and we are listening.

To the dentists who work with and within Indigenous communities

The care you provide, often in circumstances of significant resource constraint and geographic isolation, reflects a commitment to the profession at its best. What you have shared about the realities of accessing dental care in remote and underserved communities has deepened our understanding in ways that no literature review could. Thank you.



Braided sweetgrass, one of the four sacred medicines used in ceremony, smudging, and teachings by many Indigenous peoples.

To the Indigenous organizations and communities who have engaged with RCDSO

We recognize that engaging with regulatory institutions carries real risk, particularly for communities whose relationships with health and government systems have too often been marked by harm. We do not take lightly the trust extended to us through this process, and we are committed to honouring it through action, not just words.

To the schools of dentistry in Ontario

The pipeline into this profession begins long before a candidate arrives at RCDSO's registration process. We are grateful to those in dental education who are working to make that pipeline more accessible, more inclusive, and more reflective of the communities dentists will serve. We look forward to building deeper partnership in the years ahead.

To RCDSO staff who participated in our engagement sessions

The thoughtfulness, candour, and care that staff brought to these conversations was remarkable. You asked hard questions of yourselves and of the organization. You named gaps honestly. You came with ideas, with humility, and with genuine commitment. This plan reflects your voice, and its success depends on your continued ownership of it.

To RCDSO Council

Your leadership in commissioning this work, and your commitment to seeing it through, sets the tone for what is possible. Reconciliation at RCDSO will require Council to model the values in this plan, in governance, in standards, and in the culture of the organization. We are grateful for your partnership in this journey.

Reconciliation is relational. It is built in the space between people who are willing to show up honestly, to stay in difficult conversations, and to hold each other accountable to the change they have committed to make. We are grateful to everyone named here for showing up, and we look forward to continuing this work together.



A young Anishinaabe man wears a beaded medallion, a contemporary expression of cultural identity and pride.

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