

Accepting New Patients & Professionalism – Summary of Preliminary Consultation Feedback

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Introduction

As an initial step in the development of the College's *Accepting New Patients* Standard of Practice and *Professionalism* document, a preliminary consultation was undertaken to invite feedback from the public, profession, and other interested parties on key concepts and issues.

The RCDSO's Professionalism Working Group will consider the consultation feedback, along with the research and feedback collected using other tactics, when developing the draft documents. The Quality Assurance Committee and Council will receive a high-level summary of the consultation feedback.

This consultation was undertaken between January 30 and April 21, 2024. The profession, public, and other interested parties were invited to provide feedback via an online survey or email.

This summary report provides an overview of the feedback received.

Caveats:

1. All feedback is self-reported. The goal of this consultation was to obtain opinions, perspectives, lived experiences, and feedback from diverse participants. It is not a formal research study.
2. Participation in the online survey was voluntary. No attempt has been made to ensure that the feedback is "representative" of any group or sub-population.
3. Participation in the online survey was largely anonymous. Only organizational respondents were asked to self-identify which organization they were responding on behalf of.
4. No statistical analyses have been undertaken. The results are presented with the number of respondents denoted by n.
5. Given the amount of written feedback provided in response to the open-ended online survey questions, the comments in full have not been included in this summary. However, the key themes of these comments have been provided.
6. The key points from written submissions from organizations have been included. In some cases, these submissions have been edited for length. Wherever possible, the feedback is presented verbatim.

Table 1: Preliminary Consultation Overview

Total number of responses received ¹ = 628				
Respondent Type	Email = 4	Online Survey = 624	Total Number = 628	Percentage
Dentist (including retired)	1	419	420	67%
Dental student	0	1	1	0%
Member of the public	0	82 ²	82	13%
Other health care professional	0	78	78	12%
Organization	3	24	27	4%
Prefer not to say	0	20 ³	20	3%

Table 2: List of Organizational Respondents

Organizational respondents (self-identified)		
1. Canadian Dental Protective Association (CDPA)	10. Ontario Dental Association (ODA)	19. Public Health
2. Centre de santé communautaire de Kapuskasing et région	11. Ontario Oral Health Alliance	20. Public Health
3. Community Health Centre	12. Ontario Society of Senior Citizens Organization	21. Public Health Organization

¹ Includes feedback received via email and the online survey.

² 24 of these respondents were members of the [Citizen Advisory Group \(CAG\)](#); 4 of these respondents were RCDSO staff.

³ 3 of these respondents were RCDSO staff.

4. Community Health Centre	13. Peel Region Oral Health	22. Public Health Unit
5. Dementia Care Home	14. Pinecrest-Queensway Community Health Centre	23. Public Health Unit
6. Flemingdon Health Centre	15. Public Health	24. Public Health Unit
7. Green Shield Canada	16. Public Health	25. Region of Peel
8. HIV & AIDS Legal Clinic Ontario (HALCO)	17. Public Health	26. Sisters of St. Joseph
9. Huron Perth Public Health	18. Public Health	27. Working for Change

High-Level Summary of Consultation Feedback

The consultation generated significant interest and a diversity of perspectives were expressed in the feedback.

Some dentist respondents interpreted the survey questions negatively, and this is reflected in their feedback. This may have been exacerbated by the timing of the consultation, which coincided with the launch of the federal Canadian Dental Care Plan (CDCP).

Dentists and other respondents (members of the public, other health care professionals, and organizations) generally have divergent views on many of the topics explored in the survey, signaling a potential disconnect in their expectations regarding accepting new patients and professionalism. However, there are some important nuances to note:

- A minority of dentists share similar views as members of the public, other health care professionals, and organizations.
- A few members of the public and other health care professionals share the predominant views expressed by dentists.

The quantitative feedback can be summarized as follows:

- There were mixed views⁴ on the following:

⁴ Dentists generally felt differently than other respondents (members of the public, other health care professionals, and organizations).

- whether dentists have an obligation to treat patients who rely on publicly funded government programs in private practice;⁵
- whether it is appropriate for dentists to balance bill;⁶ and
- whether dentists should explore and implement innovative ways to structure their practices and/or deliver services to make their fees more affordable.⁷
- The top three factors that respondents' thought were appropriate for dentists to consider when deciding whether or not to accept a new patient into their practice or clinic were:
 1. Whether the care the person requires is within the dentist's clinical competence, scope of practice, and/or area of focus.
 2. Whether the dentist has space or time in their practice to accept a new patient.
 3. Whether the person is in most need of care (e.g., experiencing pain).
- The majority of respondents indicated that the Association of Canadian Faculties of Dentistry (ACFD) definition of "professionalism" very strongly/strongly resonated with them.
- There was strong support for all of the principles/values listed as being important in dentistry. The top 3 were:
 1. Competence
 2. Honesty
 3. Trustworthy
- The majority of respondents thought that it was very important/important for dentists to uphold their end of the "social contract".
- When asked what do you think dentists should do to uphold their end of the social contract, the top three responses were:
 1. Provide high-quality dental care and maintain competence.
 2. Provide patient-centered care.
 3. Establish and maintain appropriate dentist-patient relationships.

⁵ Dentists generally thought they did not have an obligation; other consultation respondents (members of the public, other health care professionals, and organizations) generally thought dentists have an obligation.

⁶ Dentists were generally supportive of balance billing; other respondents (members of the public, other health care professionals, and organizations) were generally not supportive.

⁷ Dentists generally did not think they should, or are not able to, explore and implement innovative ways to structure their practices and/or deliver services to make their fees more affordable; other respondents (members of the public, other health care professionals, and organizations) generally thought dentists should.

- When asked which actions do you think dentists should take to promote equitable access to care, the top three responses were:
 1. Take steps to make their practice more accessible for people living with disabilities.
 2. Accept some patients who are covered by publicly funded government dental programs into their practice.
 3. Practise dentistry, or volunteer to provide services in rural or remote areas.
- The majority of respondents thought that all of the Canadian Dental Association's (CDA) duties⁸ were very important/important.
- When asked which actions do you think dentists have in relation to equity, diversity, and inclusion (EDI), the top three responses were:
 1. Provide care that is free from discrimination.
 2. Reflect on their own implicit and unconscious biases.
 3. Provide disability-informed care (e.g., by accommodating patients' needs).

The qualitative feedback can be categorized into the following themes:

- The majority of responses related to the financial aspects of dental practices and concerns regarding publicly funded government programs.
 - Comments related to financial aspects of dental practices included:
 - Dentists are concerned about the financial viability of their practices (e.g., due to cost of dental education, inflation, IPAC/regulatory costs, health human resource issues).
 - Dentists should be remunerated appropriately.
 - Dentists should not subsidize care or provide care at a financial loss.
 - Dentists should be able to choose how much they charge.
 - The perception that dentists put their financial interests first.
 - Concerns regarding publicly funded government programs included:
 - Publicly funded programs do not pay dentists enough.
 - There is an administrative burden treating patients who rely on publicly funded programs.

⁸ Duty to patients, duty to the profession, duty to society, duty to themselves.

- Patients who rely on publicly funded government programs are taking advantage of the program, do not show up for appointments, etc.
- Divergent views were expressed regarding dentists' obligations to accept/treat patients:
 - Some respondents argued that dentists should be able to choose who they want to treat in their practice and which methods of payment they accept (e.g., private insurance, public program).
 - Other respondents felt that dentists should accept all patients and publicly funded government programs (some respondents noted that this is part of the social contract).
 - Some respondents thought that dentists should only be obligated to provide care in emergencies.
- Other consultation feedback themes included the following:
 - Patients have difficulties accessing oral health care (e.g., finding a dentist who will accept publicly funded government programs, not being able to afford care).
 - The government should be responsible for ensuring patients access oral health care (e.g., via public clinics), not dentists.
 - Higher fees mean higher quality; lower fees may result in compromised quality (i.e., you get what you pay for).
 - The survey was poorly worded, biased, and offensive to dentists.

Table 3: Online Survey Responses

These questions were posed to all respondents.

Notes: the table below includes the key themes raised in written comments (e.g., open-ended responses). Given the number of written comments, they have not been included in this document but examples of comments that reflect the key themes were shared with the Professionalism Working Group.

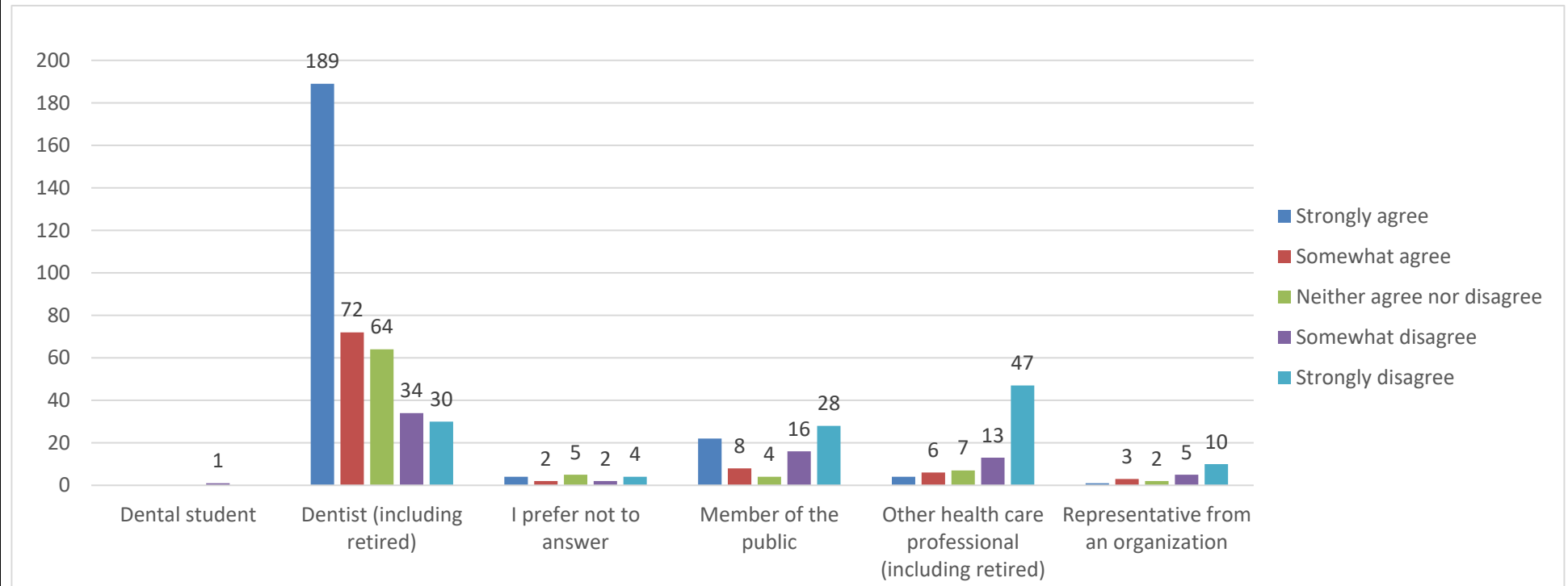
Survey question	Summary of feedback																												
<p>Q1: Background: There are provincial and federal publicly funded dental programs to help eligible people in need access dental care. They include the following: Healthy Smiles, Ontario Works, Ontario Disability Support Program, Ontario Seniors Dental Care Program, Veterans Affairs Canada, Interim Canada Dental Benefit, and Non-Insured Health Benefits Program. One of the ways in which people can access dental services under these programs is via private dental providers' offices.</p> <p>Do you think that dentists have an obligation to treat patients who rely on provincial or federal publicly funded dental programs in private practice?</p>	<p>Q1 (n=617)</p> <table border="1"> <caption>Survey Response Data for Q1</caption> <thead> <tr> <th>Professional Category</th> <th>Yes</th> <th>Unsure</th> <th>No</th> </tr> </thead> <tbody> <tr> <td>Dental student</td> <td>1</td> <td>0</td> <td>0</td> </tr> <tr> <td>Dentist (including retired)</td> <td>106</td> <td>52</td> <td>253</td> </tr> <tr> <td>I prefer not to answer</td> <td>3</td> <td>5</td> <td>12</td> </tr> <tr> <td>Member of the public</td> <td>53</td> <td>6</td> <td>23</td> </tr> <tr> <td>Other health care professional (including retired)</td> <td>68</td> <td>5</td> <td>5</td> </tr> <tr> <td>Representative from an organization (please specify the organization)</td> <td>22</td> <td>1</td> <td>2</td> </tr> </tbody> </table>	Professional Category	Yes	Unsure	No	Dental student	1	0	0	Dentist (including retired)	106	52	253	I prefer not to answer	3	5	12	Member of the public	53	6	23	Other health care professional (including retired)	68	5	5	Representative from an organization (please specify the organization)	22	1	2
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<p>Q1: Open-ended comments</p>	<p>Q1: (n=414)</p> <p>The majority of the open-ended comments were in regards to financial issues. The key themes are as follows:</p> <p><i>Financial:</i></p> <ul style="list-style-type: none">• Dentists are concerned about the financial viability of their practices (e.g., due to cost of dental education, inflation, IPAC/regulatory costs, health human resource issues).• Dentists should be remunerated appropriately• Dentists should not subsidize care or provide care at a financial loss.• Dentists put their financial interests first. <p><i>Dentists' choice:</i></p> <ul style="list-style-type: none">• Dentists should be able to choose who they want to treat in their practice; whether they want to accept publicly funded programs. <p><i>Concerns about publicly funded government programs:</i></p> <ul style="list-style-type: none">• Publicly funded programs do not pay dentists enough.• There is an administrative burden associated with treating patients who rely on publicly funded programs.• Patients who rely on publicly funded programs are taking advantage of the program, do not show up for appointments, etc. <p><i>Government responsibility:</i></p> <ul style="list-style-type: none">• The government should be responsible for ensuring patients can access oral health care, not dentists.• The government should increase access to oral health care by having more publicly funded dental clinics. <p><i>Access to oral health care and dentists' obligations to patients and the public:</i></p> <ul style="list-style-type: none">• It is challenging to find a dentist that accepts patients who rely on publicly funded government programs.• Dentists should see everyone in need; oral health is important (oral health=health).• Dentists should accept publicly funded programs.
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Q2: Background: Publicly funded government programs generally reimburse dentists at a lower rate than private insurance, and some dentists have cited this as a reason why they decline to see patients who are covered by publicly funded government programs. **Please indicate the extent to which you agree or disagree with the following statements:**

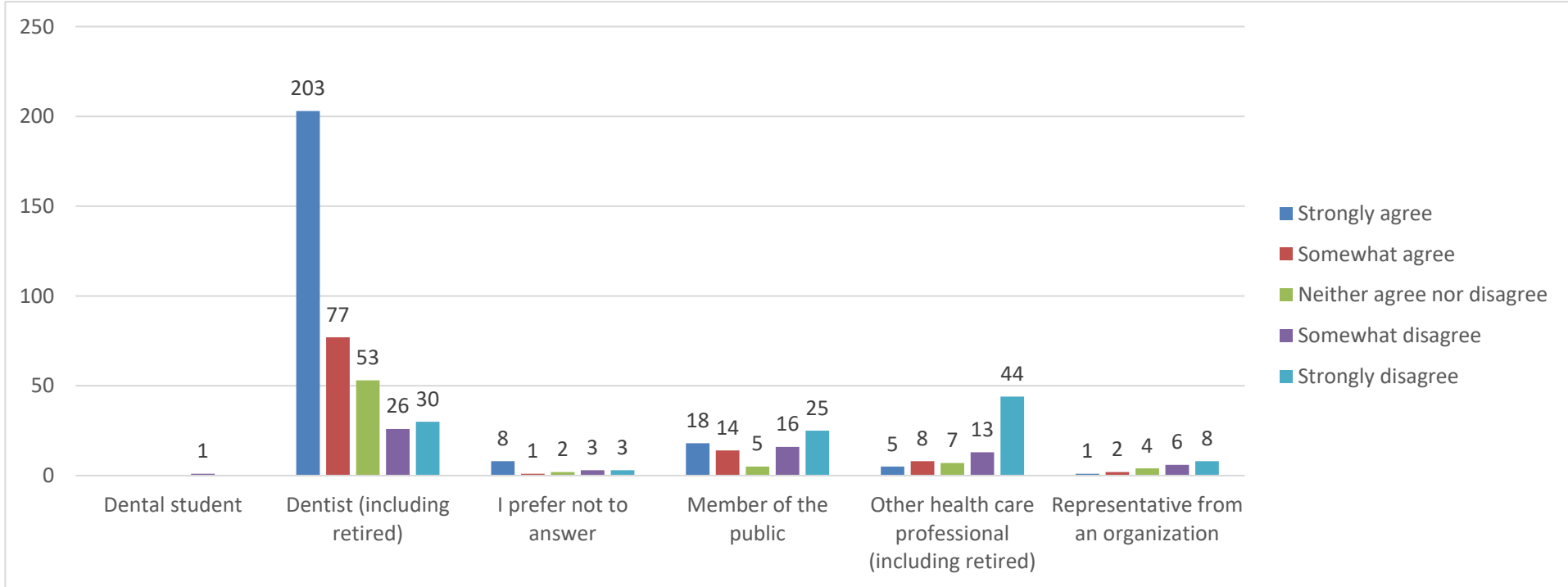
Q2a: It is appropriate for a dentist to decline to accept a person as a patient because they cannot pay the dentist more than the amount a publicly funded government program would pay for the service.

Q2a (n=583)

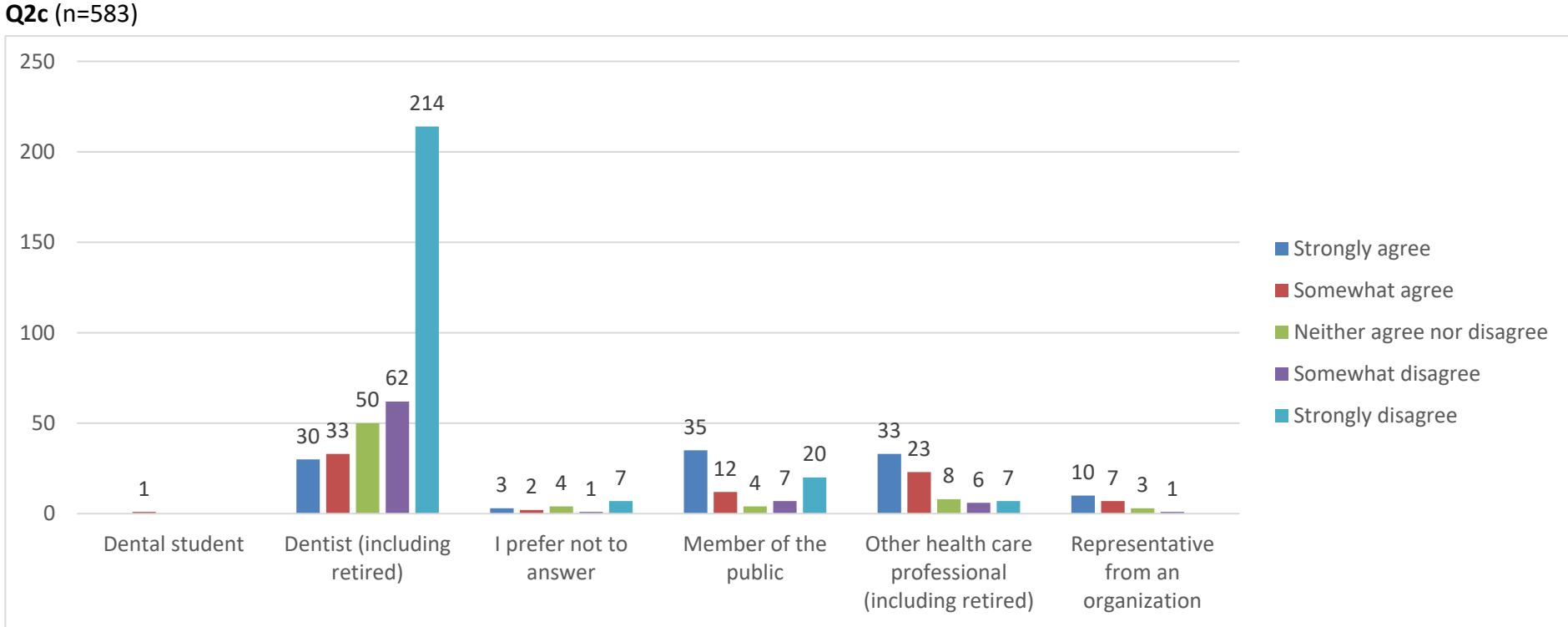


Q2b: It is appropriate for a dentist to charge a patient more than the amount the publicly funded government programs would pay for the services. Note: this is often referred to as “balance billing”.

Q2b (n=583)



Q2c: I expect that dentists would follow the fee schedules set out by publicly funded government programs, even if the fees for the services are less than they would normally charge in private practice.



<p>Q2d: I expect that dentists would not charge patients more than the amount the publicly funded government programs would pay for the services (i.e., dentists would not “balance bill”).</p>	<p>Q2d: (n=583)</p> <table border="1"> <caption>Data for Q2d Bar Chart (n=583)</caption> <thead> <tr> <th>Group</th> <th>Strongly agree</th> <th>Somewhat agree</th> <th>Neither agree nor disagree</th> <th>Somewhat disagree</th> <th>Strongly disagree</th> </tr> </thead> <tbody> <tr> <td>Dental student</td> <td>0</td> <td>1</td> <td>0</td> <td>0</td> <td>0</td> </tr> <tr> <td>Dentist (including retired)</td> <td>38</td> <td>31</td> <td>61</td> <td>75</td> <td>184</td> </tr> <tr> <td>I prefer not to answer</td> <td>5</td> <td>1</td> <td>3</td> <td>1</td> <td>7</td> </tr> <tr> <td>Member of the public</td> <td>31</td> <td>14</td> <td>9</td> <td>8</td> <td>16</td> </tr> <tr> <td>Other health care professional (including retired)</td> <td>39</td> <td>16</td> <td>5</td> <td>10</td> <td>7</td> </tr> <tr> <td>Representative from an organization</td> <td>10</td> <td>9</td> <td>2</td> <td>0</td> <td>0</td> </tr> </tbody> </table>	Group	Strongly agree	Somewhat agree	Neither agree nor disagree	Somewhat disagree	Strongly disagree	Dental student	0	1	0	0	0	Dentist (including retired)	38	31	61	75	184	I prefer not to answer	5	1	3	1	7	Member of the public	31	14	9	8	16	Other health care professional (including retired)	39	16	5	10	7	Representative from an organization	10	9	2	0	0
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<p>Q2: Open-ended comments</p>	<p>Q2 (n=355)</p> <p>The majority of the open-ended comments were in regards to financial issues. The key themes are as follows:</p> <p><i>Balance billing:</i></p> <ul style="list-style-type: none"> • Dentists should be able to balance bill. • Dentists should not balance bill. • Dentists are not allowed to, or should not, charge different fees for different patients. <p><i>Financial:</i></p> <ul style="list-style-type: none"> • Dentists have to make a living/practices have to be sustainable. • Dentists should be remunerated appropriately. 																																										

- Dentists should not subsidize care or provide care at a financial loss.
- Dentists put their financial interests first.

Dentists' choice:

- Dentists should be able to choose who they want to treat in their practice; whether they want to accept publicly funded programs.

Concerns about publicly funded government programs:

- Publicly funded programs do not pay dentists enough.
- Concerns about the patients who rely on publicly funded government programs.

Government responsibility:

- The government should be responsible for ensuring patients can access oral health care (e.g., via public clinics).

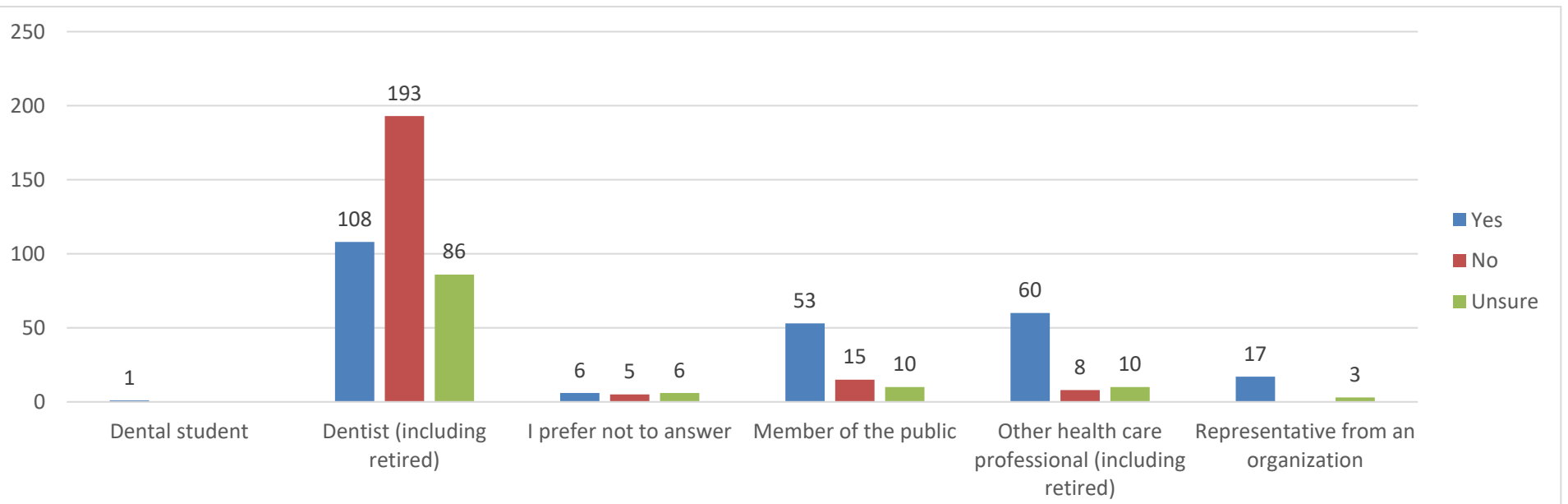
Access to oral health care and dentists' obligations to patients and the public:

- It is challenging to find a dentist that accepts patients who rely on publicly funded government programs.
- Patients have difficulties accessing oral health care if they have to pay out-of-pocket.
- Dentists should put patients' best interests first; not business interests.
- Dentists should provide emergency care to all patients.

Quality of care:

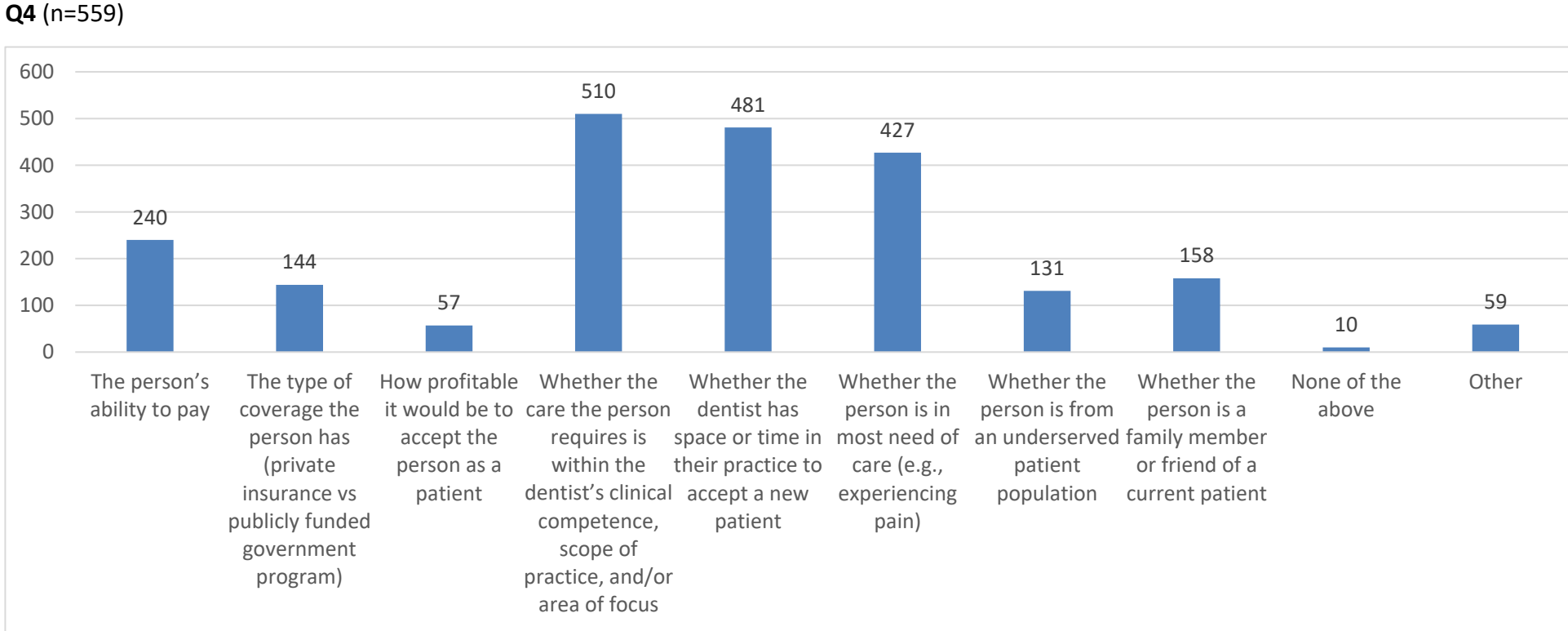
- Higher fees means higher quality; lower fees may result in compromised quality (i.e., you get what you pay for).

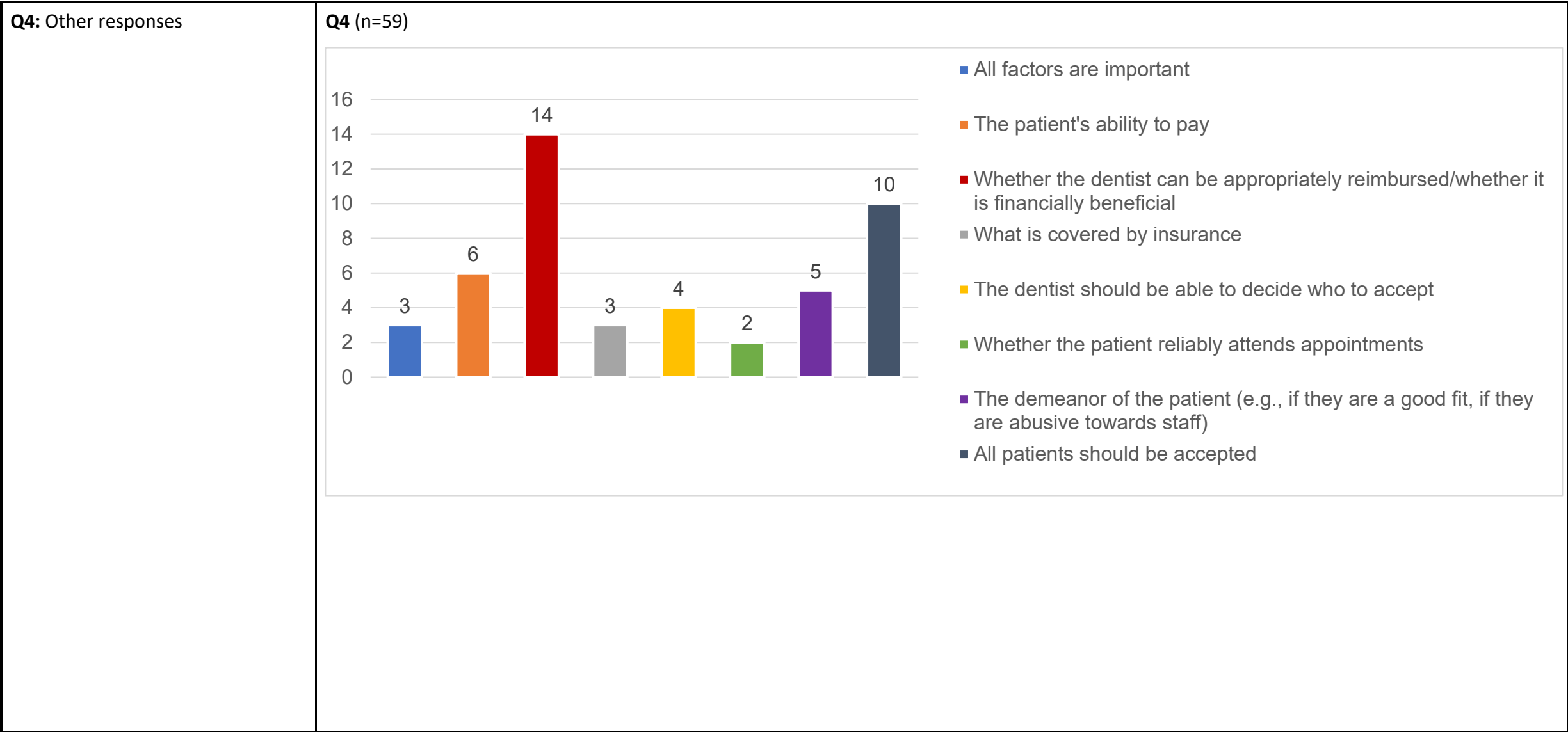
The question is biased.

<p>Q3: Do you think dentists should explore and implement innovative ways to structure their practices and/or deliver services to make their fees more affordable for patients?</p>	<p>Q3 (n=581)</p>  <table border="1"> <thead> <tr> <th>Professional Group</th> <th>Yes</th> <th>No</th> <th>Unsure</th> </tr> </thead> <tbody> <tr> <td>Dental student</td> <td>1</td> <td>0</td> <td>0</td> </tr> <tr> <td>Dentist (including retired)</td> <td>108</td> <td>193</td> <td>86</td> </tr> <tr> <td>I prefer not to answer</td> <td>6</td> <td>5</td> <td>6</td> </tr> <tr> <td>Member of the public</td> <td>53</td> <td>15</td> <td>10</td> </tr> <tr> <td>Other health care professional (including retired)</td> <td>60</td> <td>8</td> <td>10</td> </tr> <tr> <td>Representative from an organization</td> <td>17</td> <td>0</td> <td>3</td> </tr> </tbody> </table>	Professional Group	Yes	No	Unsure	Dental student	1	0	0	Dentist (including retired)	108	193	86	I prefer not to answer	6	5	6	Member of the public	53	15	10	Other health care professional (including retired)	60	8	10	Representative from an organization	17	0	3
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<p>Q3: Open-ended comments</p>	<p>Q3 (n=342)</p> <p>The majority of the open-ended comments were in regards to reasons why dentists are unable to make fees more affordable, and why dentists should have the freedom to set their own fees. There were also quite a few comments regarding the reasons why dentists should explore and implement innovative ways to structure their practices and/or deliver services to make their fees more affordable for patients, including lots of examples of how dentists could do this. Other themes included the following:</p> <p><i>Financial:</i></p> <ul style="list-style-type: none"> • Dentists are concerned about the financial viability of their practices (e.g., due to cost of dental education, inflation, IPAC/regulatory costs, health human resource issues). • Dentists should be remunerated appropriately. • Dentists should not subsidize care or provide care at a financial loss. • Dentists put their financial interests first (e.g., over patients' interests). <p><i>Dentists' choice:</i></p>																												

	<ul style="list-style-type: none">• Dentists should be able to choose how much they charge for services. <p><i>Concerns about publicly funded government programs:</i></p> <ul style="list-style-type: none">• Publicly funded programs do not pay dentists enough.• Dentists should be remunerated appropriately.• There is an administrative burden treating patients who rely on publicly funded programs.• Patients who rely on publicly funded programs are taking advantage of the program, do not show up for appointments, etc. <p><i>Government responsibility:</i></p> <ul style="list-style-type: none">• The government should be responsible for making care more affordable/providing access to care. <p><i>Quality of care:</i></p> <ul style="list-style-type: none">• Lower fees may result in compromised quality (i.e., you get what you pay for). <p><i>The question is poorly worded/biased.</i></p>
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Q4: Which factors do you think are appropriate for dentists to consider when deciding whether or not to accept a new patient into their dental practice or clinic? Please select all that apply:

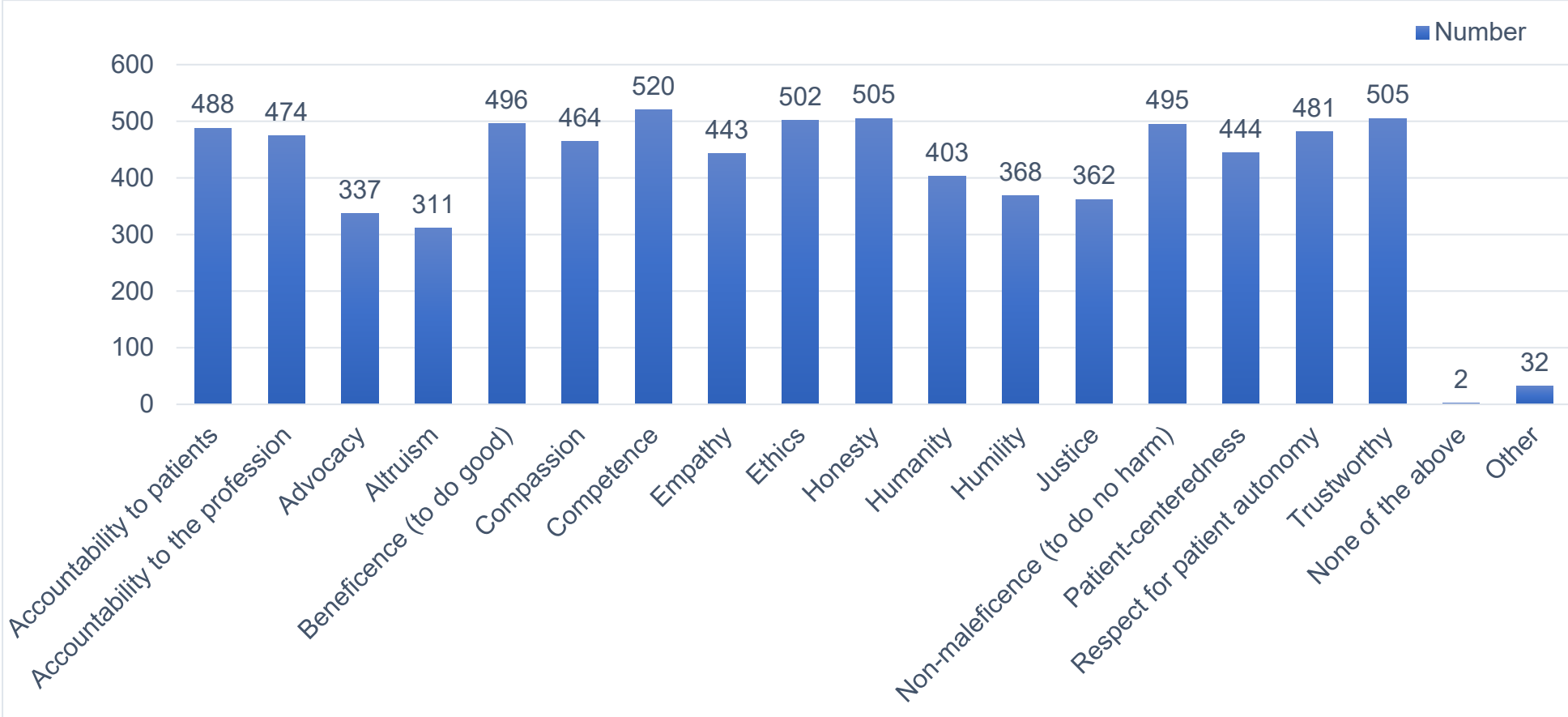




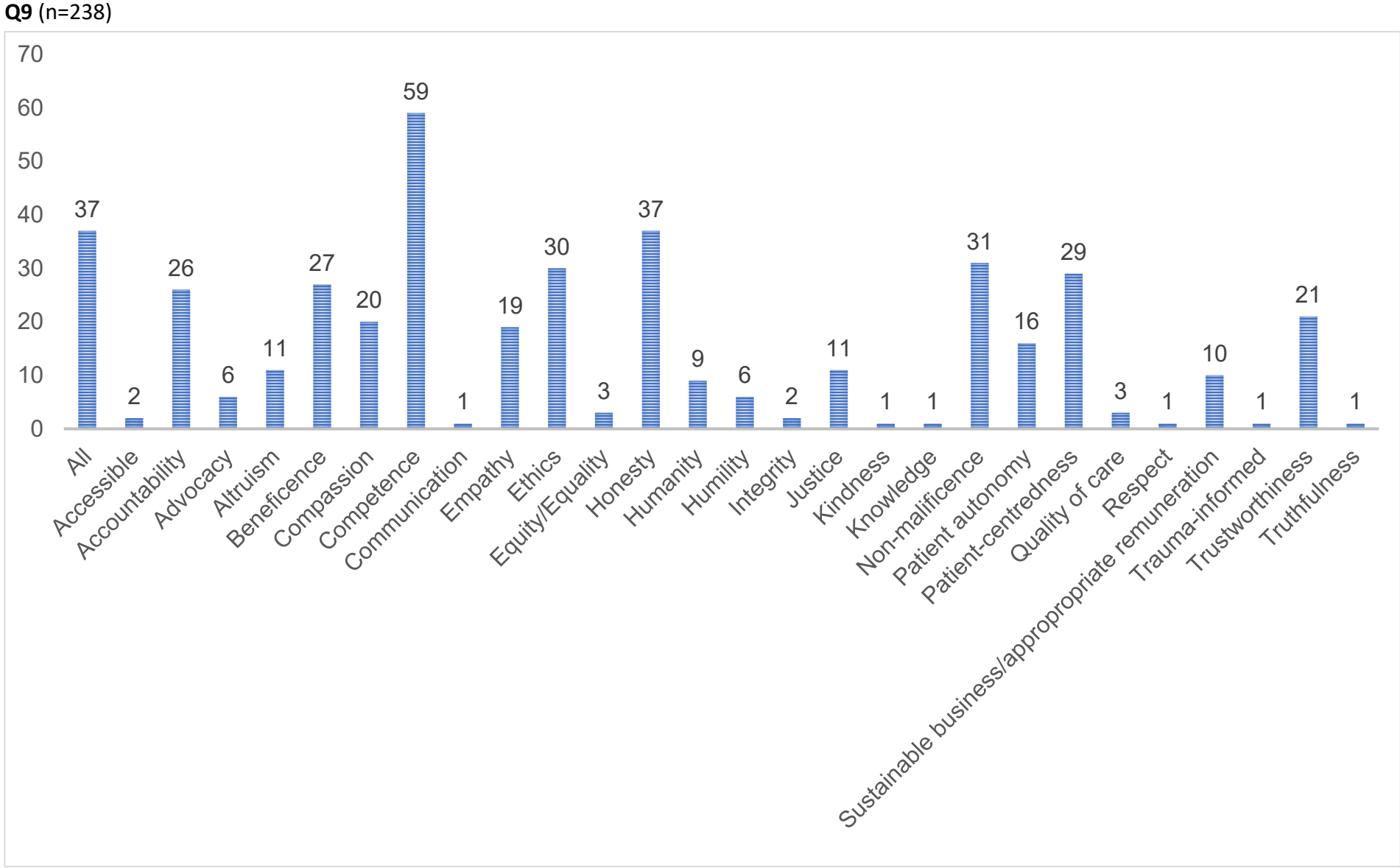
<p>Q5: The definition of dental professionalism is influenced by cultural norms and changes over time. The Association of Canadian Faculties of Dentistry (ACFD) defines “professionalism” as: the commitment to the oral health and well-being of individuals and society through ethical practice, reflective learning, self-regulation, and high personal standards of behaviour.</p> <p>Please indicate how strongly this definition of “professionalism” resonates with you.</p>	<p>Q5 (n=560)</p> <table border="1"> <caption>Data for Q5: Resonance with Definition</caption> <thead> <tr> <th>Respondent Group</th> <th>Very strongly</th> <th>Strongly</th> <th>Neutral</th> <th>Not strongly</th> <th>Not strongly at all</th> </tr> </thead> <tbody> <tr> <td>Dental student</td> <td>0</td> <td>1</td> <td>0</td> <td>0</td> <td>0</td> </tr> <tr> <td>Dentist (including retired)</td> <td>188</td> <td>123</td> <td>51</td> <td>4</td> <td>6</td> </tr> <tr> <td>I prefer not to answer</td> <td>3</td> <td>7</td> <td>5</td> <td>0</td> <td>0</td> </tr> <tr> <td>Member of the public</td> <td>36</td> <td>18</td> <td>18</td> <td>5</td> <td>1</td> </tr> <tr> <td>Other health care professional (including retired)</td> <td>42</td> <td>28</td> <td>2</td> <td>3</td> <td>0</td> </tr> <tr> <td>Representative from an organization</td> <td>6</td> <td>12</td> <td>0</td> <td>0</td> <td>1</td> </tr> </tbody> </table>	Respondent Group	Very strongly	Strongly	Neutral	Not strongly	Not strongly at all	Dental student	0	1	0	0	0	Dentist (including retired)	188	123	51	4	6	I prefer not to answer	3	7	5	0	0	Member of the public	36	18	18	5	1	Other health care professional (including retired)	42	28	2	3	0	Representative from an organization	6	12	0	0	1
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<p>Q6: Please feel free to elaborate on what you like and/or don't like about this definition.</p>	<p>Q6 (n=146)</p> <p>Many respondents indicated that the definition was good as is. Many respondents also specified what they like about the definition or what they think is important, what they do not like about the definition, and what they think is missing (a key theme being financial/business concerns). Some respondents also commented on whether dentists are practising in accordance with the definition.</p>																																										
<p>Q7: What does dental professionalism mean to you? Please describe in your own words.</p>	<p>Q7 (n=279)</p> <p>These open-ended responses varied greatly as respondents provided their own definitions of dental professionalism. Many definitions were similar to the ACFD definition and touched on the principles/values set out in question 8. Some definitions addressed the business aspect of dentistry.</p>																																										

Q8: Review the following principles or values and select which ones you think are important in the practice of dentistry. Please select all that apply:

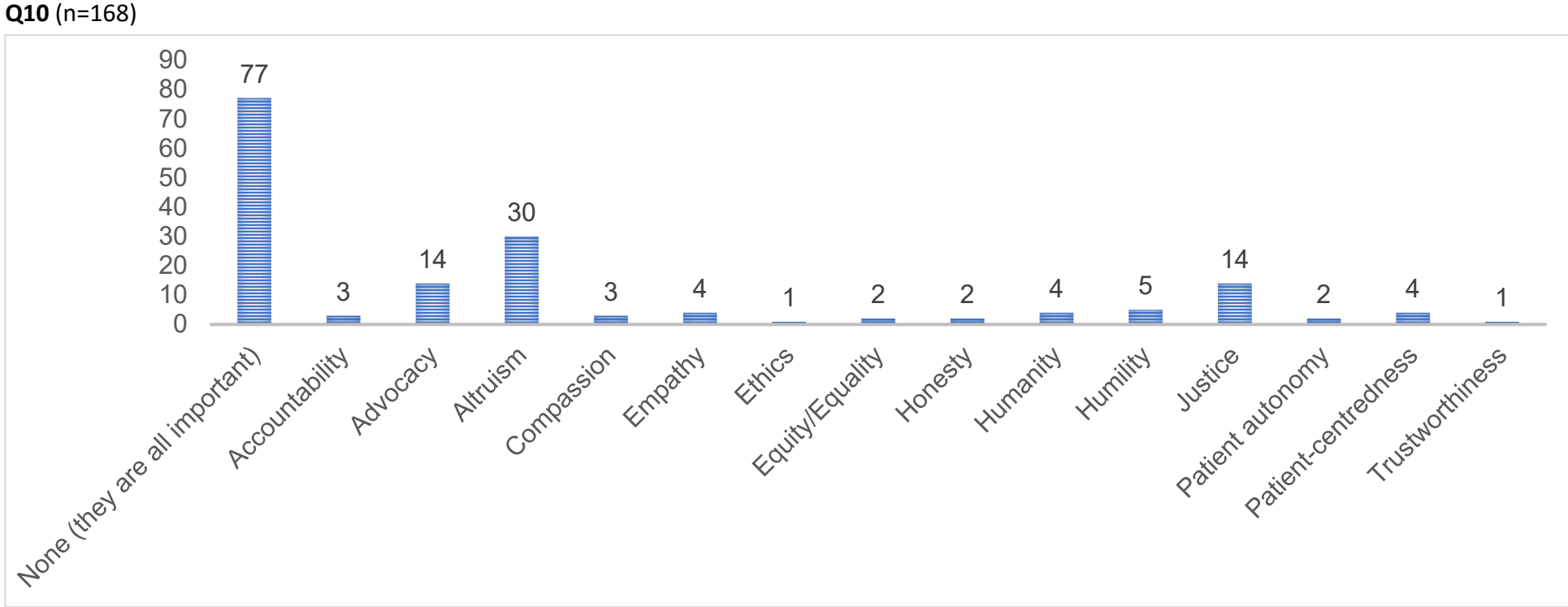
Q8 (n=543)



Q9: Are there any principles or values on the above list that you think are the **most important** in the practice of dentistry?



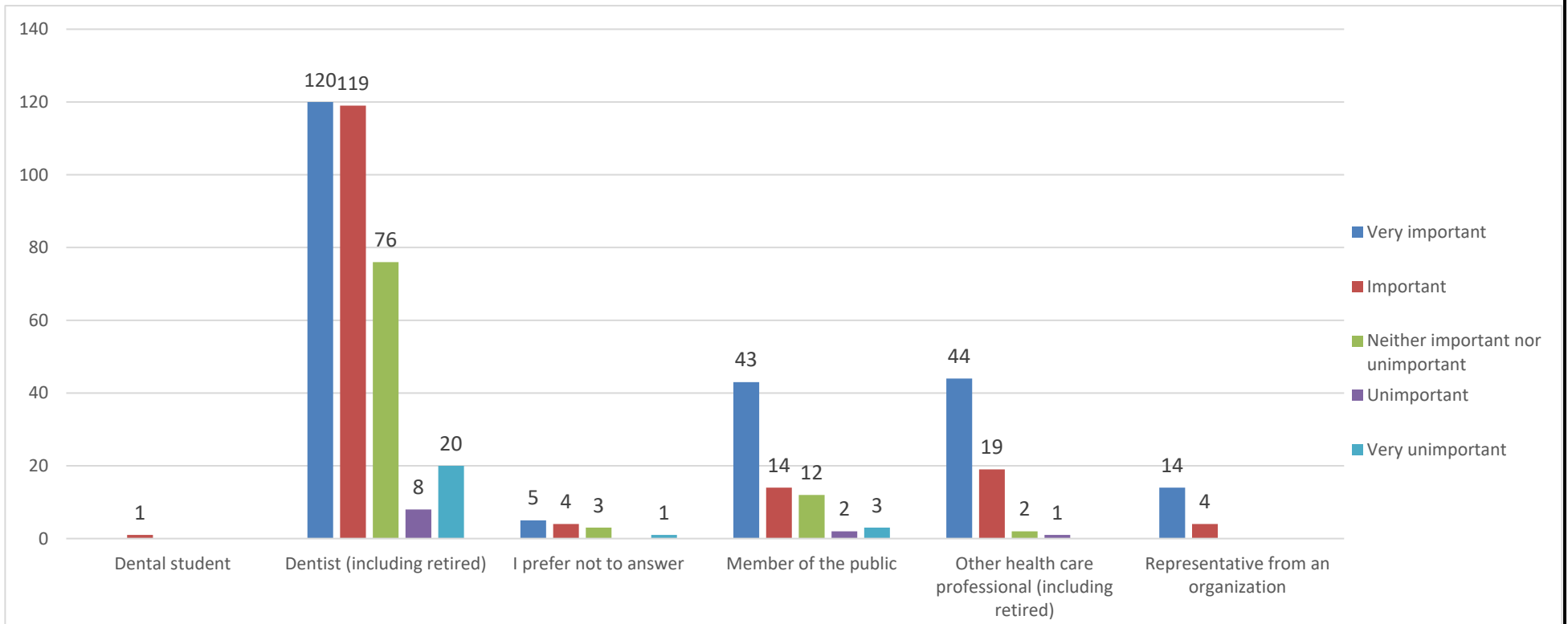
Q10: Are there any principles or values on the above list that you think are **not important** in the practice of dentistry?



Q11: Background: Cruess & Cruess (2008) describe the “social contract” as a series of generally unwritten expectations between a profession and society. With respect to health care professions, the profession is given certain rewards, such as a monopoly, respect, status and higher than average income, in exchange for looking after the health needs of society and being bound by certain expectations, such as virtuous action (e.g., altruism, competence, trustworthiness).

How important do you think it is for dentists to uphold their end of the social contract?

Q6 (n=515)



Q11: Open-ended comments

Q11 (n=193)

The majority of the comments expressed concerns regarding the question, and a number of comments also related to dentists’ financial concerns. However, a number of comments expressed the importance of dentists putting patients interests first (before their business interests) and fulfilling the social contract. The key themes are as follows:

Concerns about the social contract/question:

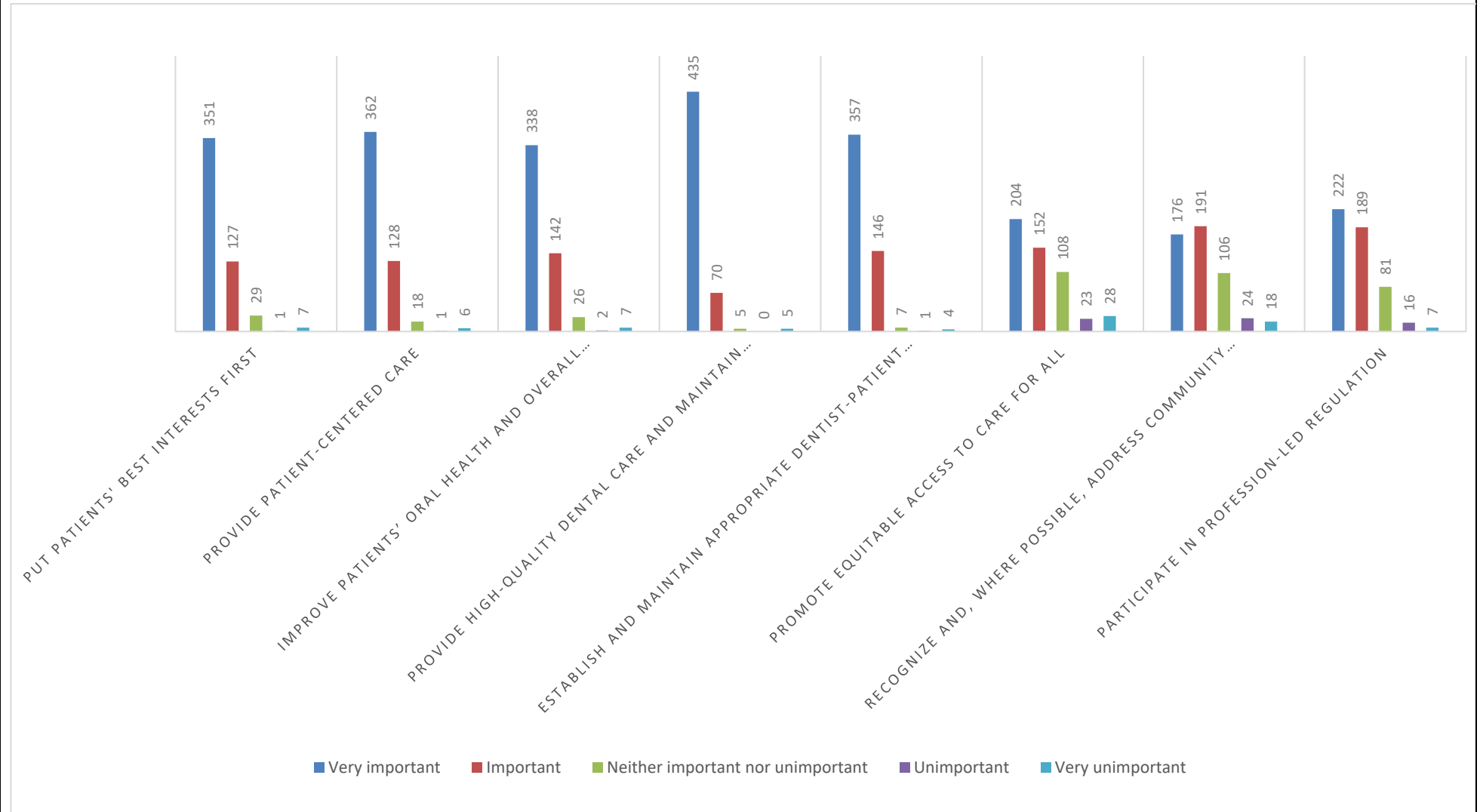
- The description of “social contract” is inaccurate/inappropriate and is biased/offensive.
- The social contract does not exist, or respondents don’t agree with it.
- Dentists should have a say in the social contract and how they practice.

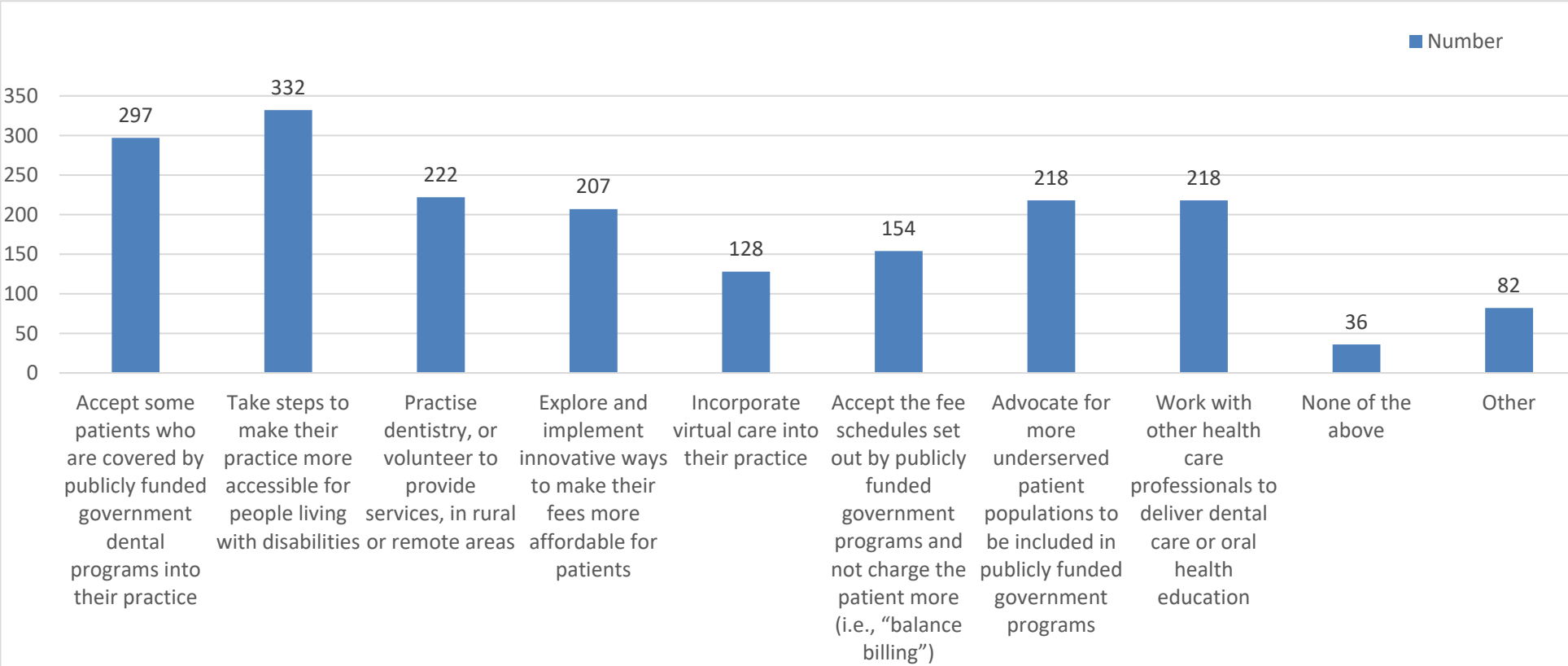
	<p><i>Opinions on whether the social contract is being held up by parties:</i></p> <ul style="list-style-type: none">• Dentists are not holding up their end of the social contract.• Patients/society are not holding up their end of the social contract.• Government is not holding up their end of the social contract. <p><i>Financial:</i></p> <ul style="list-style-type: none">• Dentists expressed financial concerns (e.g., the amount of debt dentists have early in their careers, the stress of running a dental practice, the low amount of government programs which means providing care at a loss).• Dentists put their own interests first.• Patients need to pay for services.• Patients should all be charged the same rate. <p><i>Support for social contract:</i></p> <ul style="list-style-type: none">• Dentists putting patients’ best interests first (before their business interests and fulfilling the social contract is important).• It is a privilege to be a dentist.• Dentists have responsibilities to society.• Upholding public trust is important.
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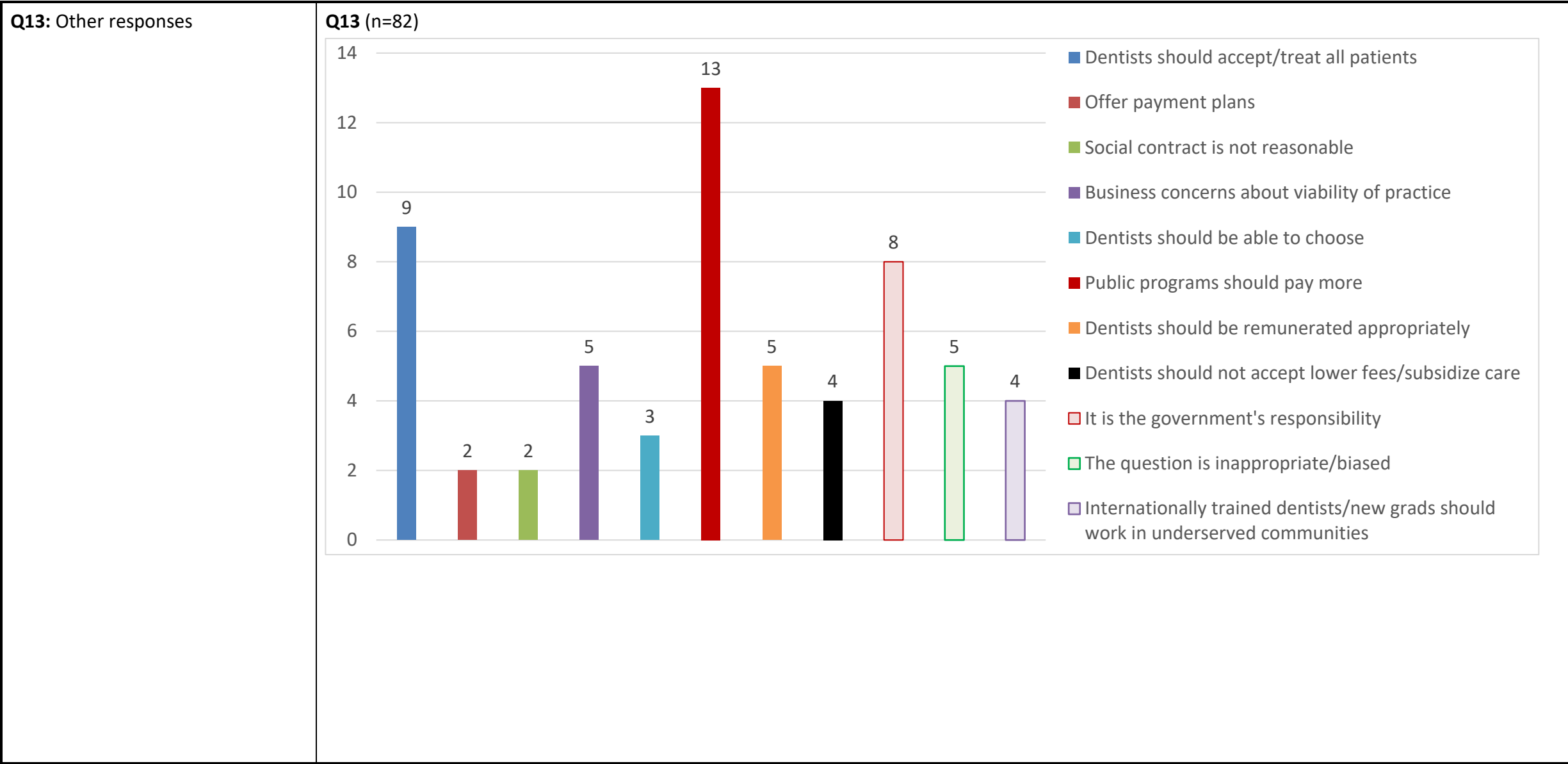
Q12: What do you think dentists should do to uphold their end of the social contract? Please review the list below and tell us how important each is in fulfilling the social contract.

- Put patients' best interests first
- Provide patient-centered care
- Improve patients' oral health and overall wellbeing, recognizing the interconnectedness between both
- Provide high-quality dental care and maintain competence
- Establish and maintain appropriate dentist-patient relationships
- Promote equitable access to care for all
- Recognize and, where possible, address community and population dental care need
- Participate in profession-led regulation

Q12 (n=515)

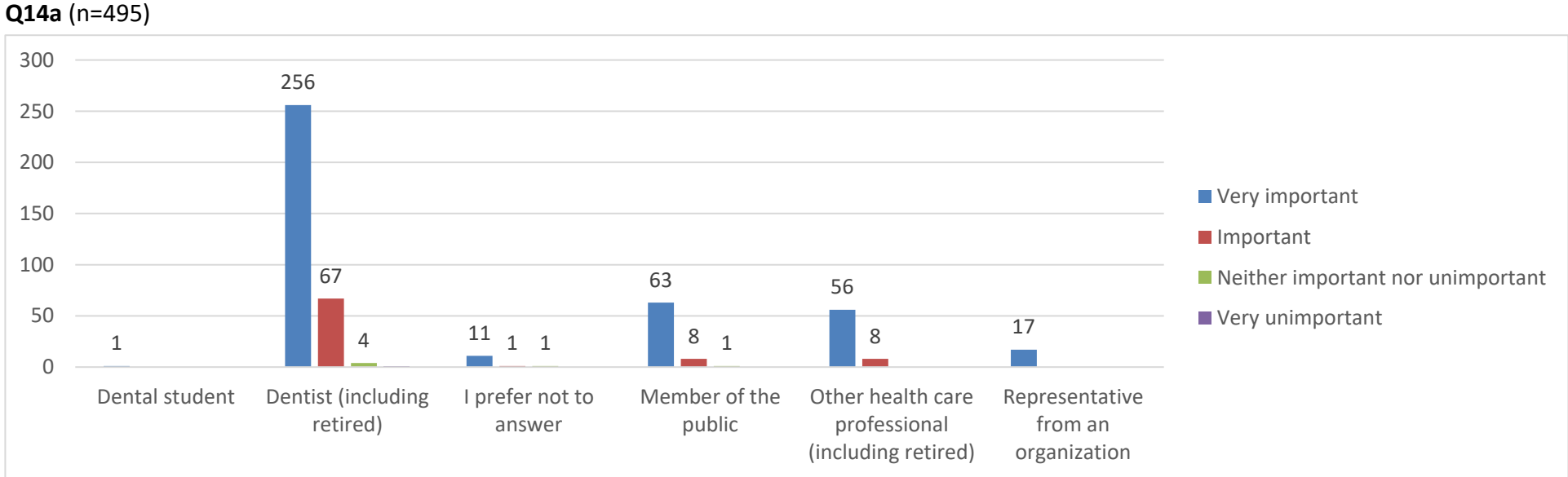


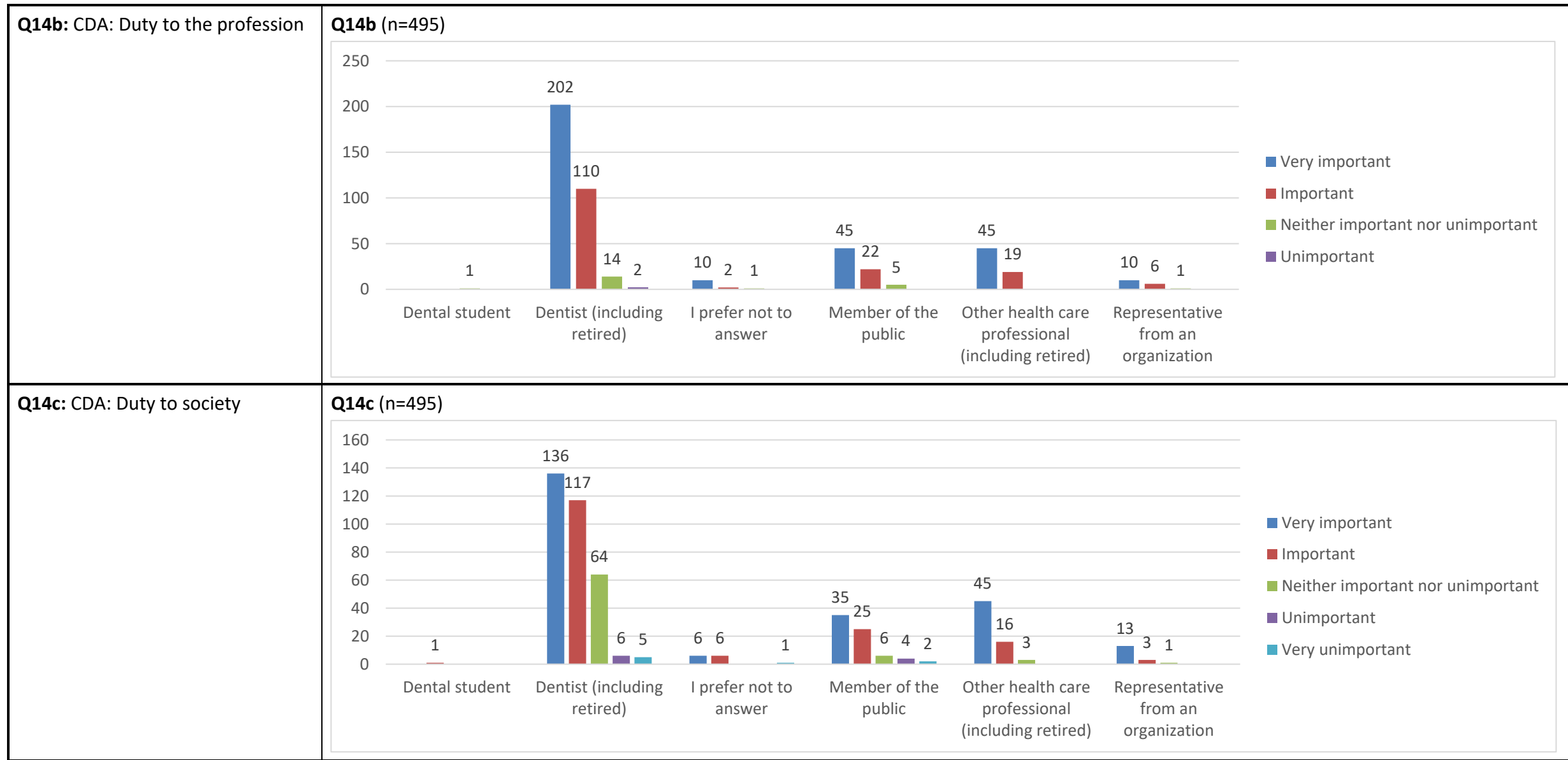
<p>Q12: Open-ended comments</p>	<p>Q12 (n=36) The comments centered around the following themes: financial; dentists’ best interests; not dentists’ responsibility; social contract; profession-led regulation; equity; advocacy; and concerns about the question.</p>																						
<p>Q13: In fulfilling the social contract, which actions do you think dentists should take to promote equitable access to care for all? Please review the list below and select all that apply:</p>	<p>Q13 (n=514)</p>  <table border="1"> <thead> <tr> <th>Action</th> <th>Number</th> </tr> </thead> <tbody> <tr> <td>Accept some patients who are covered by publicly funded government dental programs into their practice</td> <td>297</td> </tr> <tr> <td>Take steps to make their practice more accessible for people living with disabilities or remote areas</td> <td>332</td> </tr> <tr> <td>Practise dentistry, or volunteer to provide services, in rural or remote areas</td> <td>222</td> </tr> <tr> <td>Explore and implement innovative ways to make their fees more affordable for patients</td> <td>207</td> </tr> <tr> <td>Incorporate virtual care into their practice</td> <td>128</td> </tr> <tr> <td>Accept the fee schedules set out by publicly funded government programs and not charge the patient more (i.e., “balance billing”)</td> <td>154</td> </tr> <tr> <td>Advocate for more underserved patient populations to be included in publicly funded government programs</td> <td>218</td> </tr> <tr> <td>Work with other health care professionals to deliver dental care or oral health education</td> <td>218</td> </tr> <tr> <td>None of the above</td> <td>36</td> </tr> <tr> <td>Other</td> <td>82</td> </tr> </tbody> </table>	Action	Number	Accept some patients who are covered by publicly funded government dental programs into their practice	297	Take steps to make their practice more accessible for people living with disabilities or remote areas	332	Practise dentistry, or volunteer to provide services, in rural or remote areas	222	Explore and implement innovative ways to make their fees more affordable for patients	207	Incorporate virtual care into their practice	128	Accept the fee schedules set out by publicly funded government programs and not charge the patient more (i.e., “balance billing”)	154	Advocate for more underserved patient populations to be included in publicly funded government programs	218	Work with other health care professionals to deliver dental care or oral health education	218	None of the above	36	Other	82
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None of the above	36																						
Other	82																						



Q14: The Canadian Dental Association (CDA) Principles of Ethics state that dentists have professional duties or responsibilities to patients, the profession, society, and themselves. Please tell us how important you think each duty is.

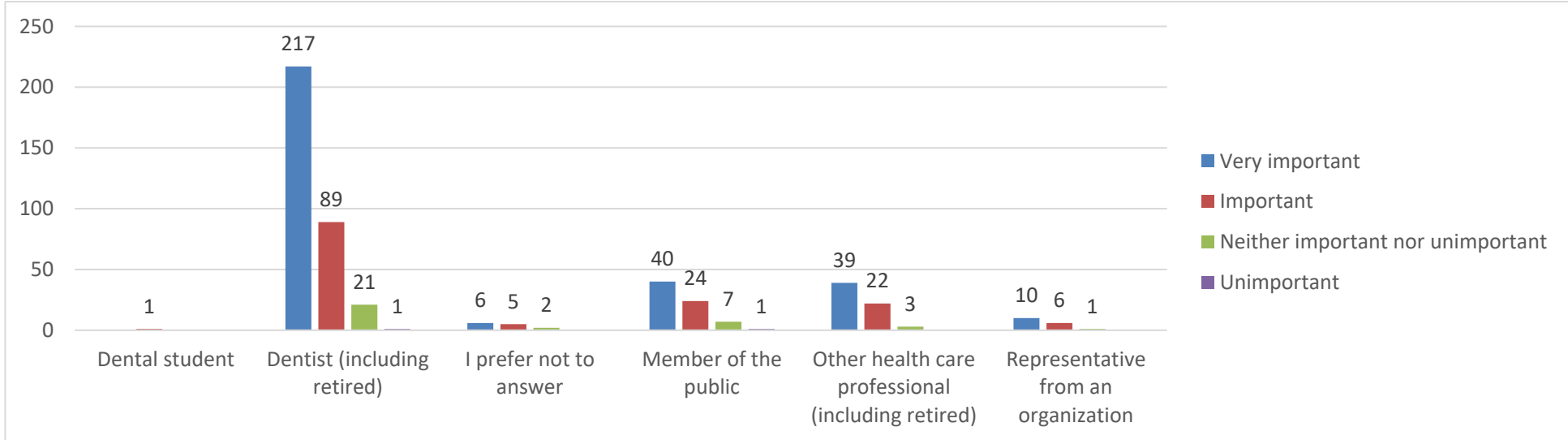
Q14a: CDA: Duty to patients





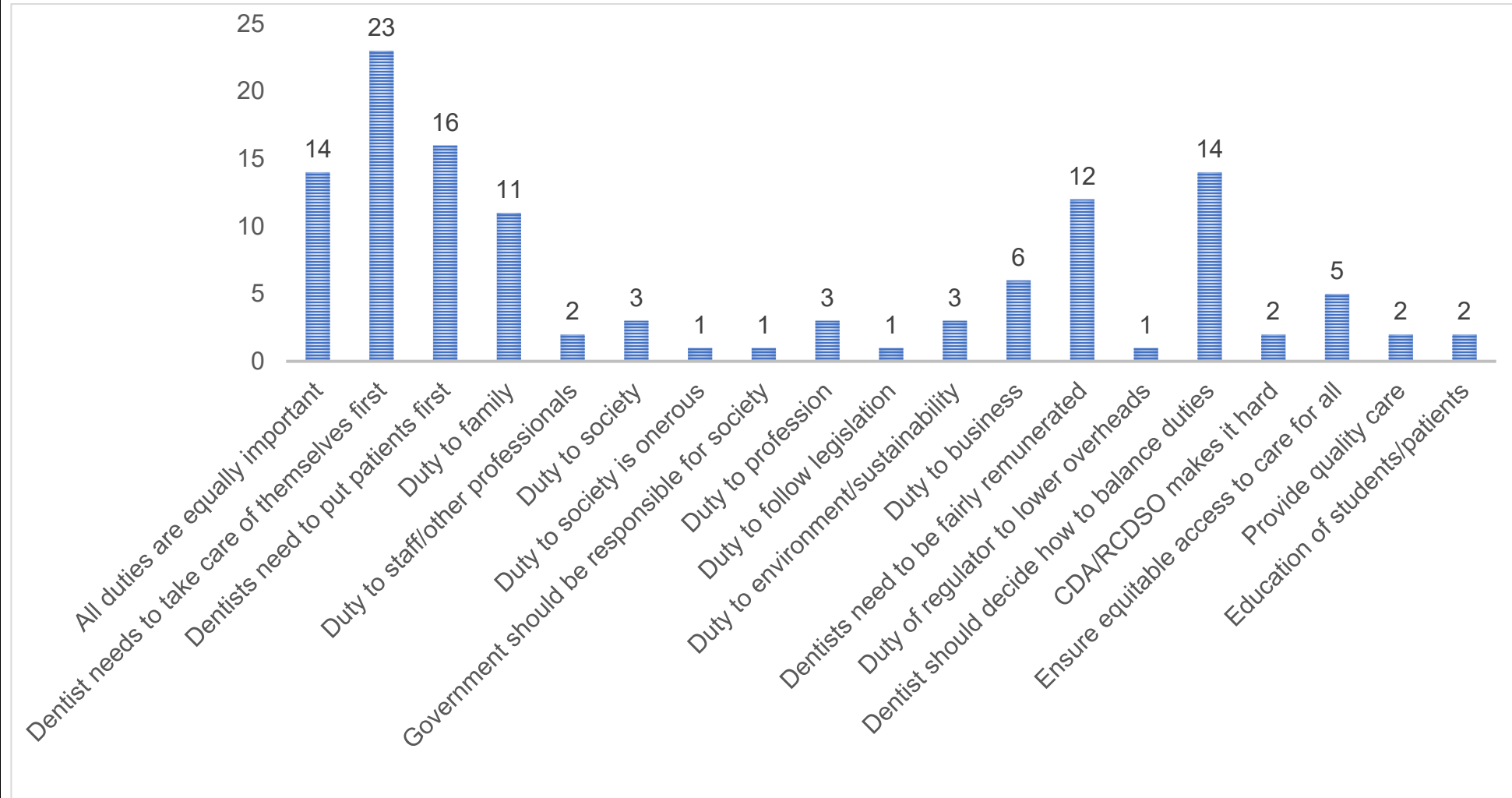
Q14d: CDA: Duty to themselves (dentists)

Q14d (n=495)



Q15: Please feel free to elaborate on how important the above duties or responsibilities are and/or tell us which duties or responsibilities you think are missing from this list.

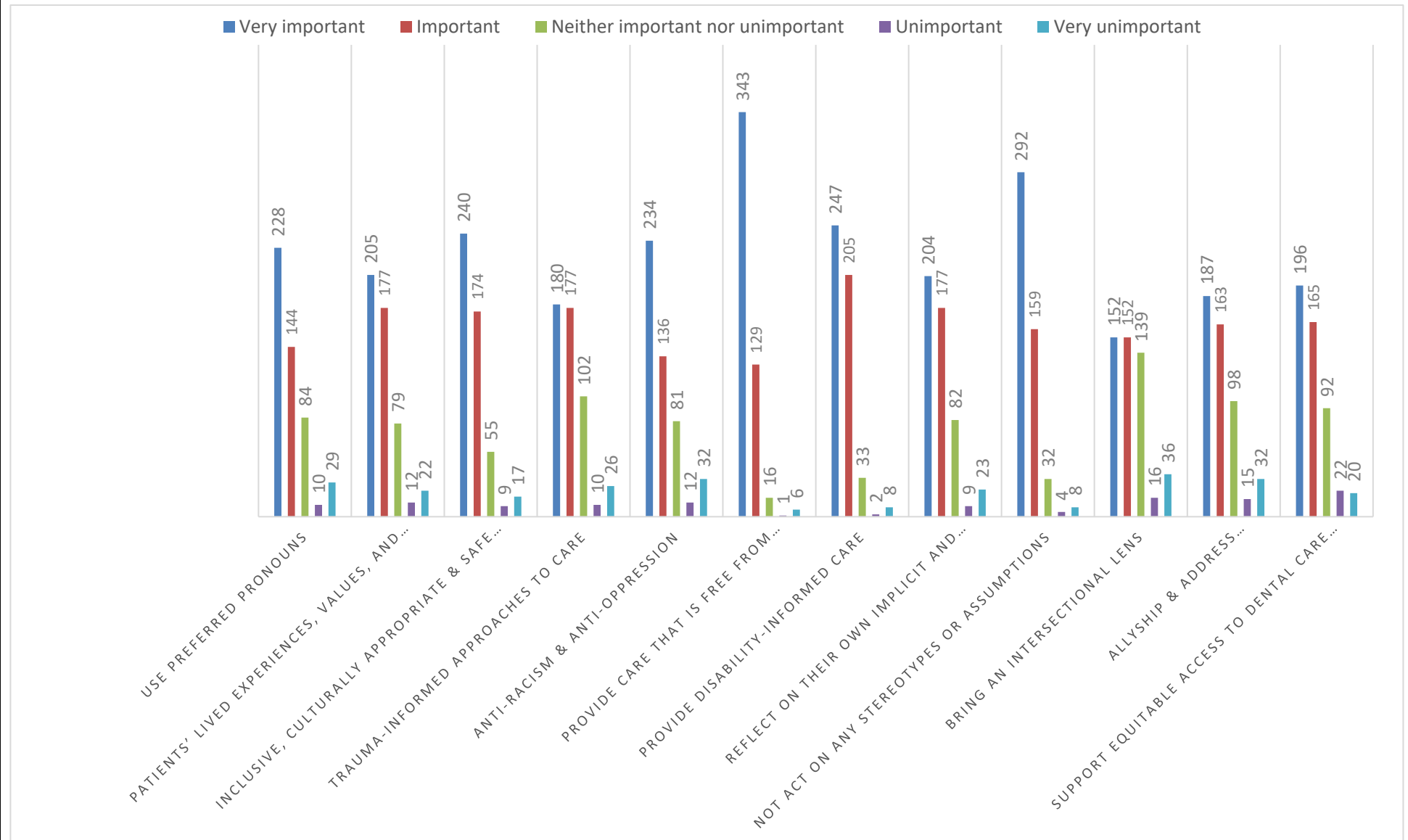
Q15 (n=104)



Q16: Which duties or responsibilities do you think dentists have in relation to equity, diversity, and inclusion? Please review the list below and tell us how important it is for dentists to have each.

- Address patients and colleagues by their preferred name, title, and pronoun
- Learn about and respect patients' lived experiences, values, and beliefs
- Provide inclusive, culturally appropriate, and safe care (e.g., by asking patients about their preferences regarding the care they receive)
- Learn about and employ trauma-informed approaches to care
- Learn about and incorporate anti-racism and anti-oppression into their practice
- Provide care that is free from discrimination

Q16 (n=495)



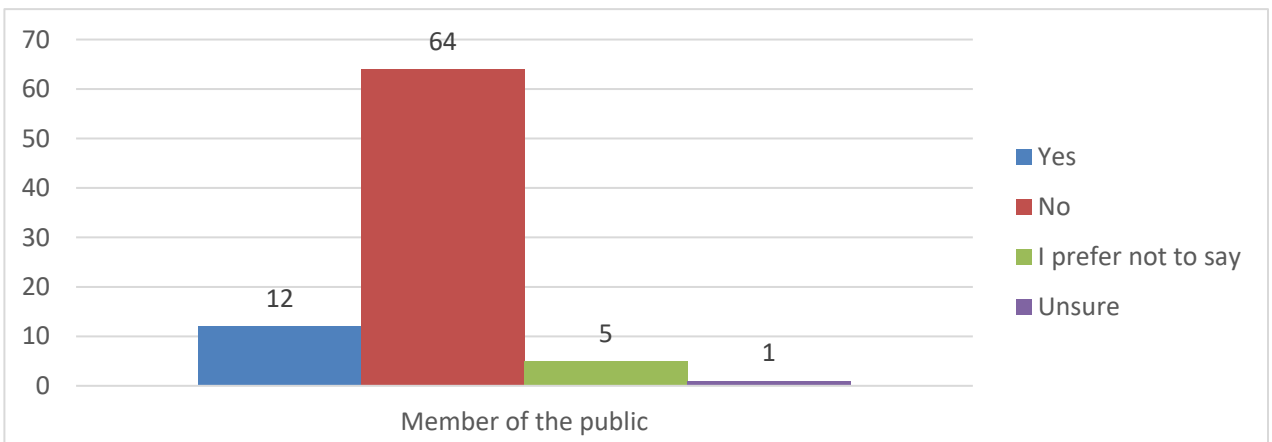
<ul style="list-style-type: none"> – Provide disability-informed care (e.g., by accommodating patients’ needs) – Reflect on their own implicit and unconscious biases – Not act on any stereotypes or assumptions – Bring an intersectional lens to their daily processes and practices – Commit to allyship and strive to address discrimination and oppression in dental care – Support equitable access to dental care for all 	
<p>Q17: Are there any other duties or responsibilities you think dentists have with respect to equity, diversity, and inclusion? Please describe:</p>	<p>Q17 (n=99)</p> <p>The open-ended comments were mixed. Many respondents felt that EDI was not important or relevant (in general, and in dentistry specifically), and didn’t think that dentists should focus on this. On the other hand, many respondents felt EDI was important (in general, and in dentistry specifically). The key themes are as follows:</p> <p><i>EDI is not important or relevant:</i></p> <ul style="list-style-type: none"> • EDI is not important or relevant in general and/or in dentistry. • EDI is racist/reverse discrimination. • Too much focus is being placed on EDI. • Dentists are not discriminating/being racist/oppressive.

	<ul style="list-style-type: none"> • Staff should be hired on merit, not EDI. <p><i>EDI is important:</i></p> <ul style="list-style-type: none"> • All duties listed are important. • Education/ongoing professional development on EDI is important. • Dentists should respect the identities/experiences of all. • Dentists should provide support/resources/referrals beyond dentistry. • EDI principles/duties should also apply to staff/work environment. • Should be reflected in hiring/management of staff. • Duty to lead by example and learn alongside staff. • Diversity in dental school/practices is important. • Examples of other duties with respect to EDI. <p><i>How to treat patients/others:</i></p> <ul style="list-style-type: none"> • Treat everyone the way you want to be treated. • Patients should be treated the same. • Patients should be treated with respect. • To treat all patients and staff with equity and understanding. • Advocate and stand up to ensure people are being respected. • Accept/treat all patients who need care. <p><i>Financial:</i></p> <ul style="list-style-type: none"> • Dentists need to be remunerated appropriately.
<p>Q18: Please feel free to share any additional information about what you think makes a good dentist.</p>	<p>Q18 (n=102)</p> <p>As the responses were quite diverse, they have not been summarized or included here. Examples were shared with the Professionalism Working Group.</p>

<p>Q19: If you have any additional comments that you have not yet provided, please provide them below or by email.</p>	<p>Q19 (n=86) As the responses were quite diverse, they have not been summarized or included here. Examples were shared with the Professionalism Working Group.</p>
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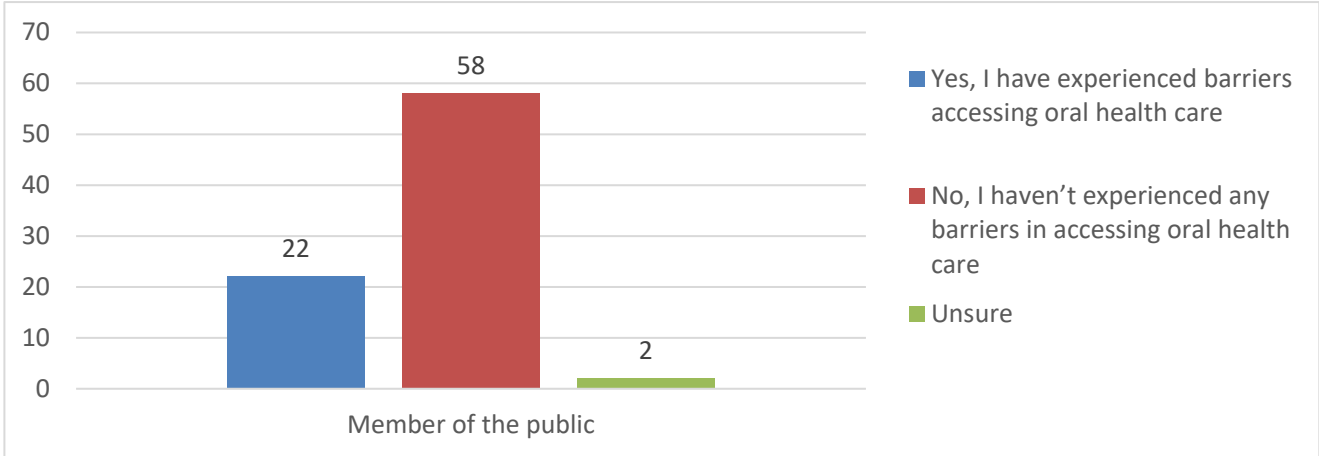
Table 4: Online Survey Responses: Patient Experience

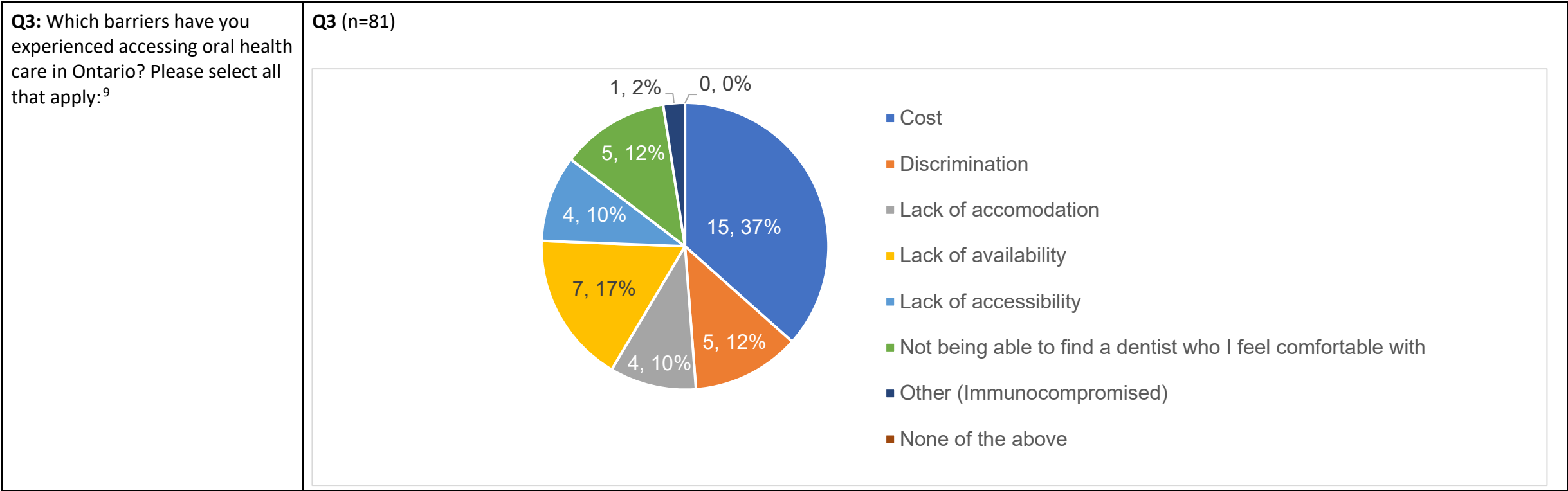
These questions were posed to respondents who identified themselves as ‘Member of the public’.

Survey question	Summary of feedback										
<p>Q1: Do you currently rely on any publicly funded government programs to access oral health care (e.g., Healthy Smiles, Ontario Works, Ontario Disability Support Program, Ontario Seniors Dental Care Program, Veterans Affairs Canada, Interim Canada Dental Benefit, Non-Insured Health Benefits Program)?</p>	<p>Q1 (n=82)</p>  <p>A bar chart titled 'Member of the public' showing the distribution of responses for question Q1. The y-axis represents the number of respondents, ranging from 0 to 70 in increments of 10. The x-axis lists the response categories. The bars are: 'Yes' (blue, 12), 'No' (red, 64), 'I prefer not to say' (green, 5), and 'Unsure' (purple, 1). A legend on the right side of the chart identifies the colors for each response category.</p> <table border="1"> <thead> <tr> <th>Response</th> <th>Count</th> </tr> </thead> <tbody> <tr> <td>Yes</td> <td>12</td> </tr> <tr> <td>No</td> <td>64</td> </tr> <tr> <td>I prefer not to say</td> <td>5</td> </tr> <tr> <td>Unsure</td> <td>1</td> </tr> </tbody> </table>	Response	Count	Yes	12	No	64	I prefer not to say	5	Unsure	1
Response	Count										
Yes	12										
No	64										
I prefer not to say	5										
Unsure	1										

Q2: Have you experienced any barriers accessing oral health care in Ontario?

Q2 (n=82)





⁹ Note: this question was posed to respondents who indicated that they have experienced barriers accessing oral health care in Ontario and those who were unsure.

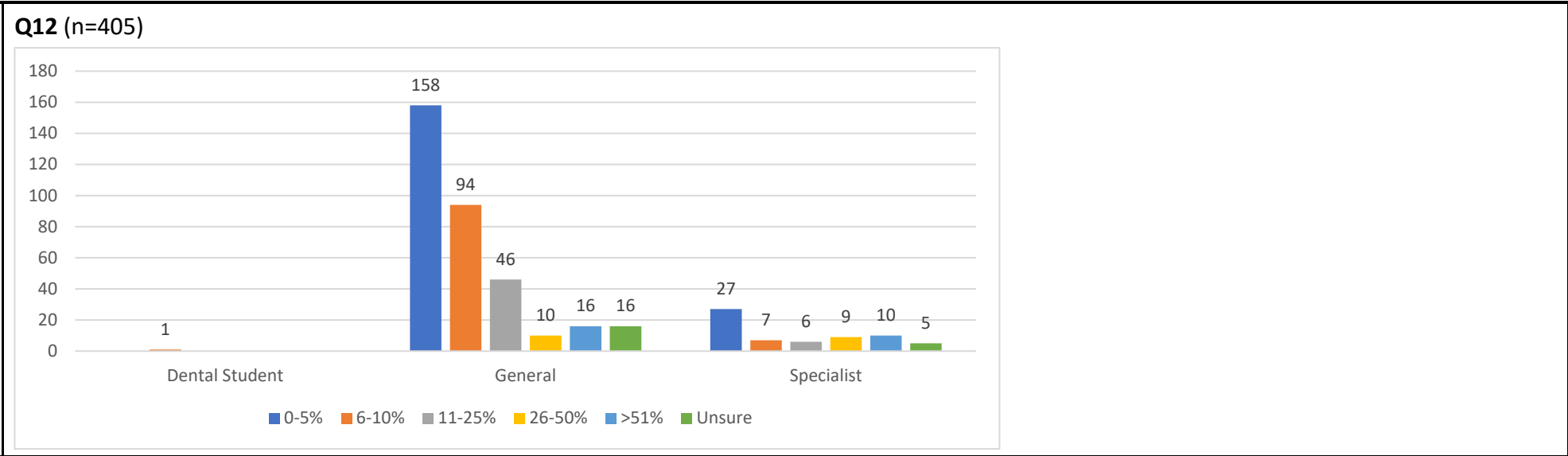
Table 5: Online Survey Responses: Dentist Practice Demographics

These questions were posed to respondents who identified themselves as ‘Dentist’ and ‘Dental student’.

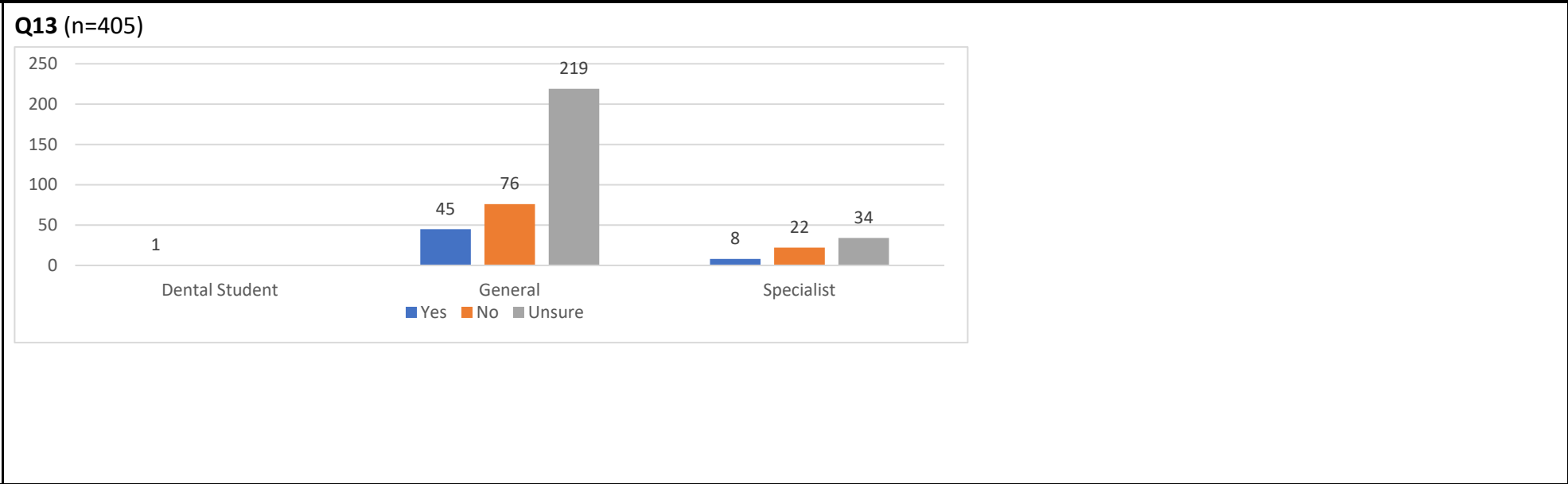
Survey question	Summary of feedback									
<p>Q1: What kind of dentist are you?</p>	<p>Q1 (n=420)</p> <table border="1"> <caption>Dentist Practice Demographics Data</caption> <thead> <tr> <th>Category</th> <th>Dental student</th> <th>Dentist (including retired)</th> </tr> </thead> <tbody> <tr> <td>Specialist</td> <td>1</td> <td>67</td> </tr> <tr> <td>General</td> <td>0</td> <td>352</td> </tr> </tbody> </table>	Category	Dental student	Dentist (including retired)	Specialist	1	67	General	0	352
Category	Dental student	Dentist (including retired)								
Specialist	1	67								
General	0	352								

<p>Q2: If you are a Specialist, please indicate your specialty:</p>	<p>Q2 (n=68)</p> <table border="1"> <thead> <tr> <th>Specialty</th> <th>Count</th> </tr> </thead> <tbody> <tr> <td>Advanced Education in General Dentistry (AEGD)</td> <td>1</td> </tr> <tr> <td>Dental Anesthesia</td> <td>7</td> </tr> <tr> <td>Dental Public Health</td> <td>3</td> </tr> <tr> <td>Endodontist</td> <td>9</td> </tr> <tr> <td>Oral and Maxillofacial Surgery</td> <td>4</td> </tr> <tr> <td>Oral Pathology</td> <td>1</td> </tr> <tr> <td>Oral Surgery</td> <td>4</td> </tr> <tr> <td>Orthodontics</td> <td>10</td> </tr> <tr> <td>Pediatrics</td> <td>15</td> </tr> <tr> <td>Periodontics</td> <td>11</td> </tr> <tr> <td>Prosthodontics</td> <td>4</td> </tr> </tbody> </table>	Specialty	Count	Advanced Education in General Dentistry (AEGD)	1	Dental Anesthesia	7	Dental Public Health	3	Endodontist	9	Oral and Maxillofacial Surgery	4	Oral Pathology	1	Oral Surgery	4	Orthodontics	10	Pediatrics	15	Periodontics	11	Prosthodontics	4
Specialty	Count																								
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Oral Surgery	4																								
Orthodontics	10																								
Pediatrics	15																								
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Prosthodontics	4																								
<p>Q11: Are you currently accepting new patients into your practice who rely on publicly funded government programs to access oral health care (e.g., Healthy Smiles, Ontario Works, Ontario Disability Support Program, Ontario Seniors Dental Care Program, Veterans Affairs Canada, Interim Canada Dental Benefit, Non-Insured Health Benefits Program)?</p>	<p>Q11 (n=405)</p> <table border="1"> <thead> <tr> <th>Category</th> <th>Yes</th> <th>No</th> <th>Unsure</th> </tr> </thead> <tbody> <tr> <td>Dental Student</td> <td>0</td> <td>1</td> <td>0</td> </tr> <tr> <td>General</td> <td>204</td> <td>111</td> <td>25</td> </tr> <tr> <td>Specialist</td> <td>42</td> <td>21</td> <td>1</td> </tr> </tbody> </table>	Category	Yes	No	Unsure	Dental Student	0	1	0	General	204	111	25	Specialist	42	21	1								
Category	Yes	No	Unsure																						
Dental Student	0	1	0																						
General	204	111	25																						
Specialist	42	21	1																						

Q12: Approximately what percentage of your patients are covered by publicly funded government programs (e.g., Healthy Smiles, Ontario Works, Ontario Disability Support Program, Ontario Seniors Dental Care Program, Veterans Affairs Canada, Interim Canada Dental Benefit, Non-Insured Health Benefits Program)?



Q13: Do you intend to sign up for the new Canadian Dental Care Plan (CDCP)?



Q13: If you selected no, please explain why not:

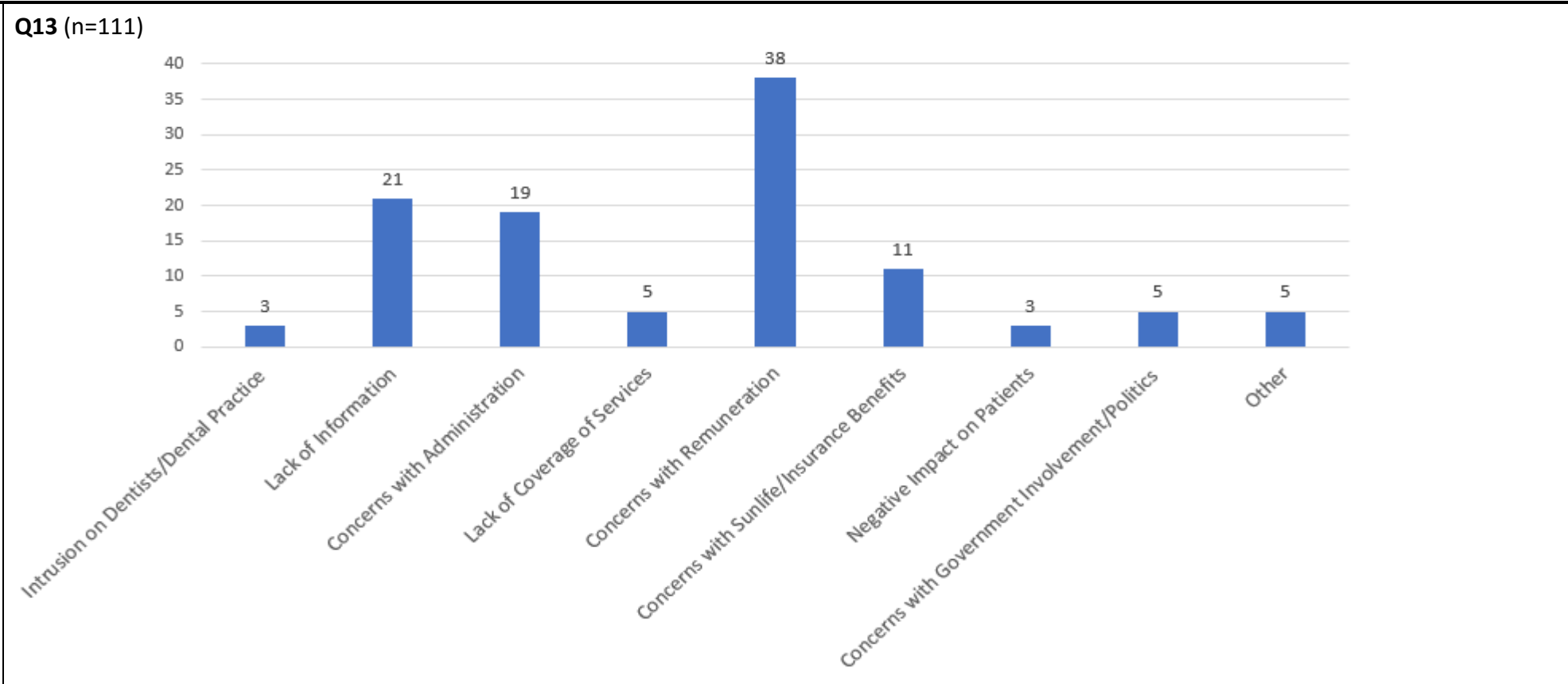
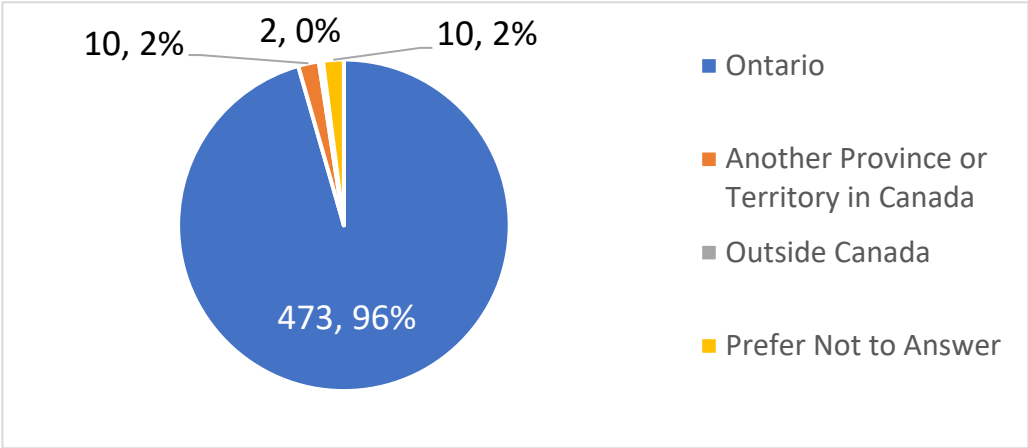
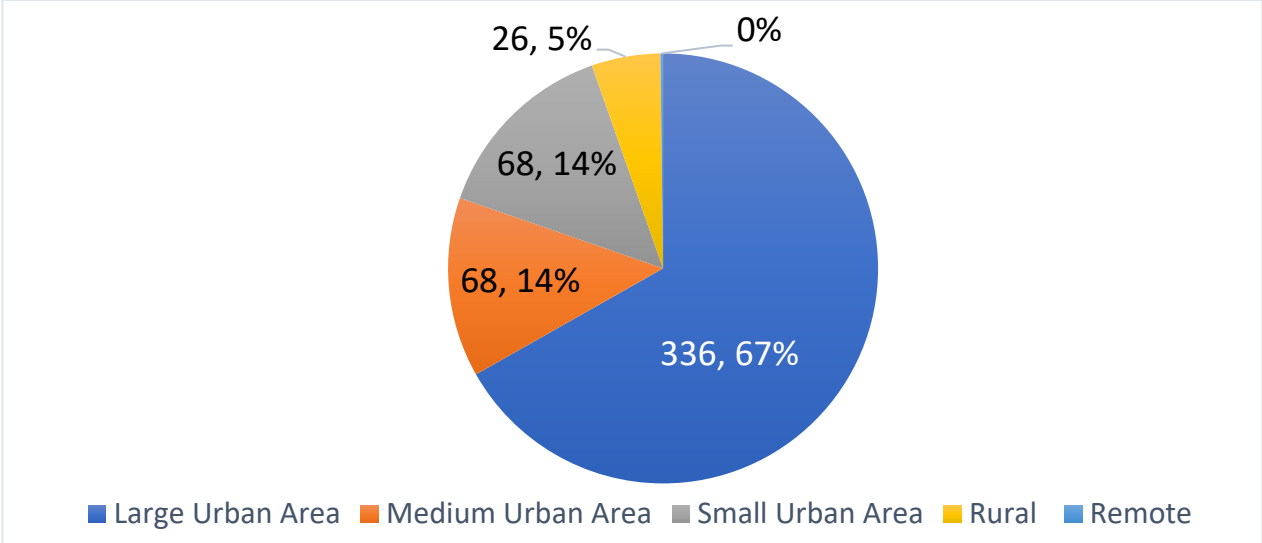
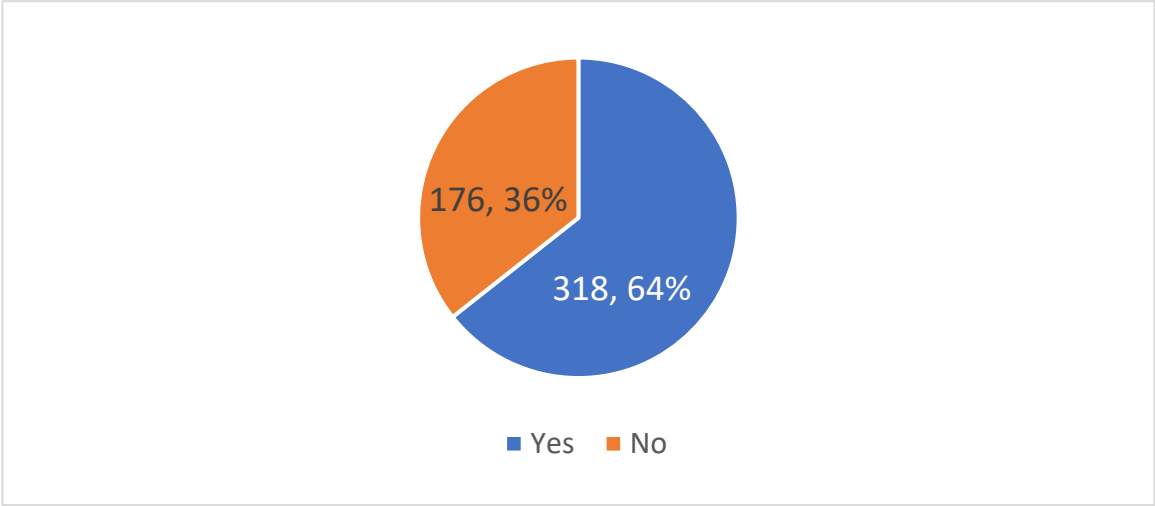
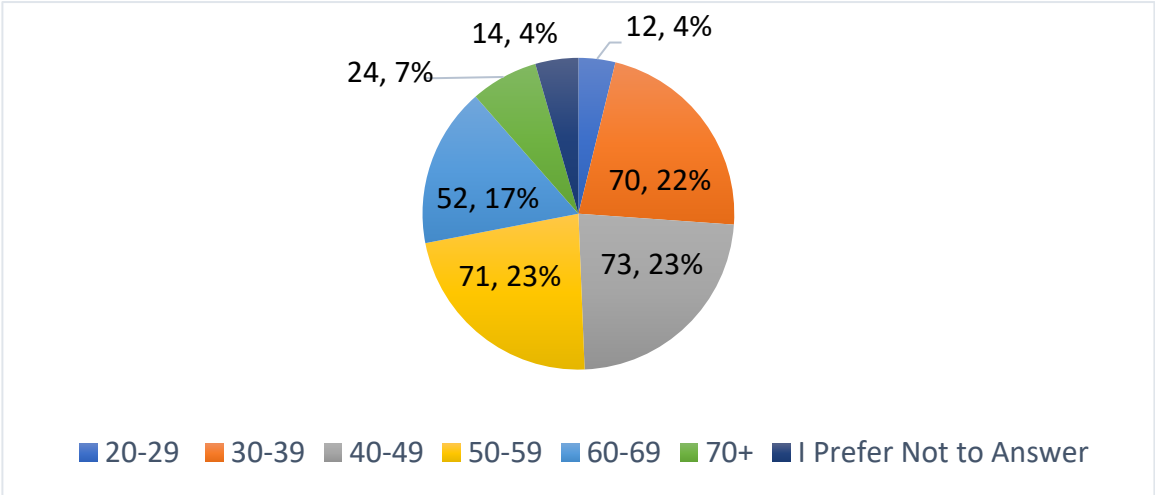
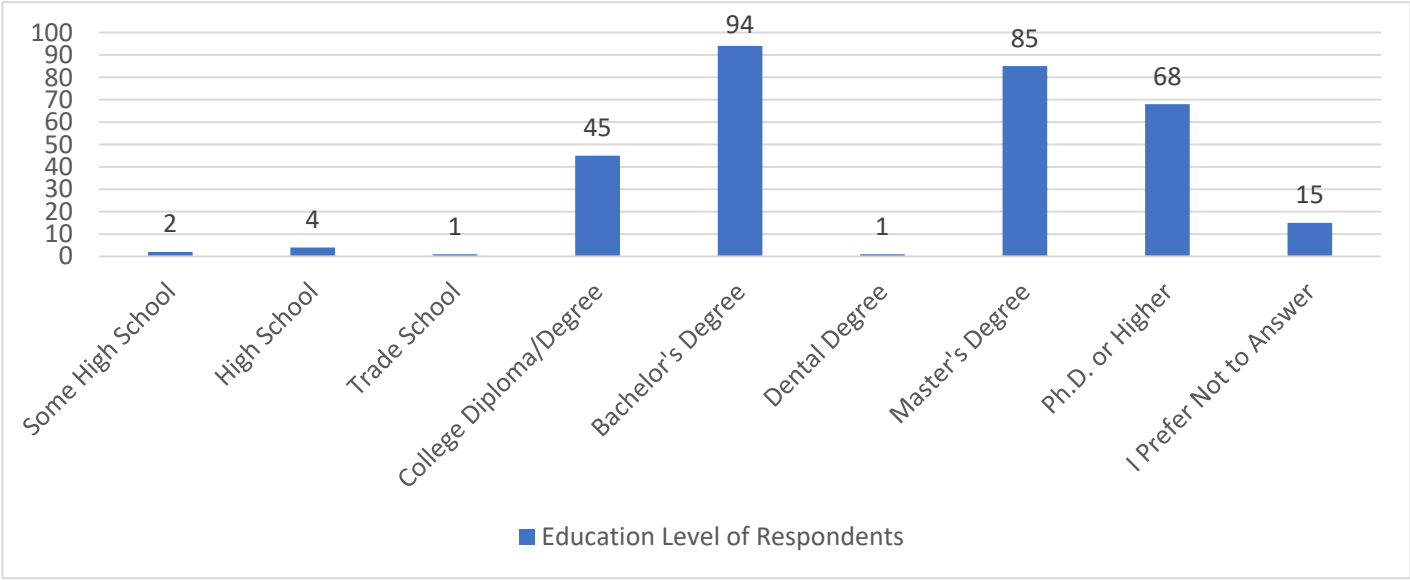


Table 6: Online Survey Responses: Individual Respondent Demographics

These questions were posed to all individual respondents ('Dentist', 'Dental student', 'Member of the public', 'Other health care professional', 'I prefer not to answer').

Survey question	Summary of feedback															
<p>Q1: Do you live in:</p>	<p>Q1 (n=495)</p>  <table border="1"> <caption>Data for Q1: Do you live in:</caption> <thead> <tr> <th>Location</th> <th>Count</th> <th>Percentage</th> </tr> </thead> <tbody> <tr> <td>Ontario</td> <td>473</td> <td>96%</td> </tr> <tr> <td>Another Province or Territory in Canada</td> <td>10</td> <td>2%</td> </tr> <tr> <td>Outside Canada</td> <td>10</td> <td>2%</td> </tr> <tr> <td>Prefer Not to Answer</td> <td>2</td> <td>0%</td> </tr> </tbody> </table>	Location	Count	Percentage	Ontario	473	96%	Another Province or Territory in Canada	10	2%	Outside Canada	10	2%	Prefer Not to Answer	2	0%
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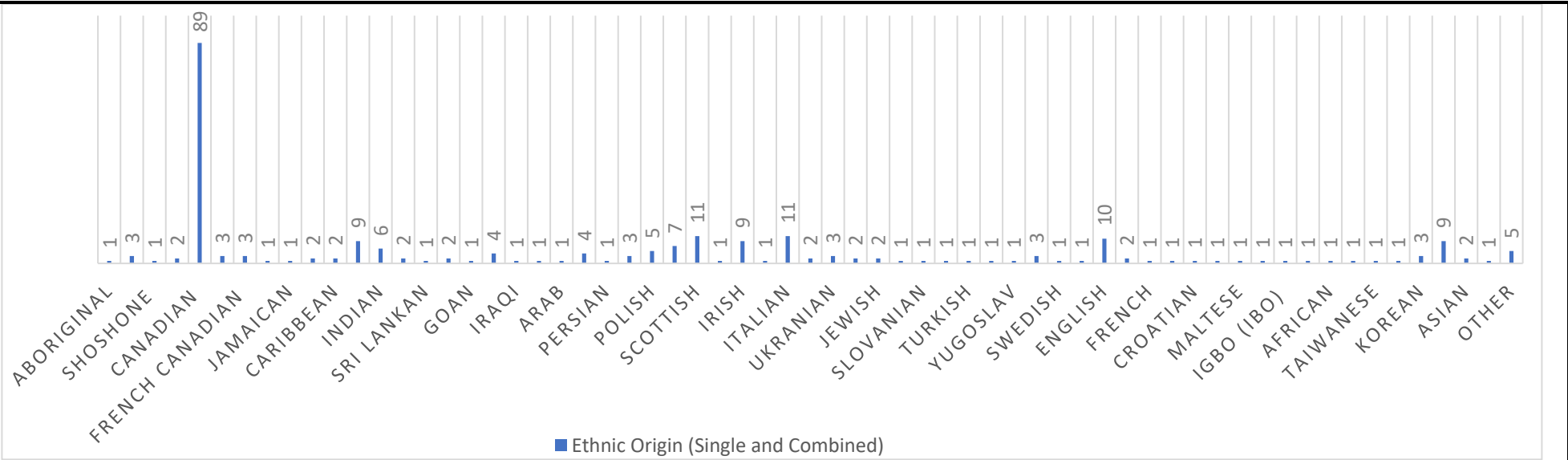
<p>Q2: Describe the general area where you live. Please select all that apply:</p>	<p>Q2 (n=495)</p>  <table border="1"><thead><tr><th>Area</th><th>Count</th><th>Percentage</th></tr></thead><tbody><tr><td>Large Urban Area</td><td>336</td><td>67%</td></tr><tr><td>Medium Urban Area</td><td>68</td><td>14%</td></tr><tr><td>Small Urban Area</td><td>68</td><td>14%</td></tr><tr><td>Rural</td><td>26</td><td>5%</td></tr><tr><td>Remote</td><td>0</td><td>0%</td></tr></tbody></table>	Area	Count	Percentage	Large Urban Area	336	67%	Medium Urban Area	68	14%	Small Urban Area	68	14%	Rural	26	5%	Remote	0	0%
Area	Count	Percentage																	
Large Urban Area	336	67%																	
Medium Urban Area	68	14%																	
Small Urban Area	68	14%																	
Rural	26	5%																	
Remote	0	0%																	
<p>Q3: Would you like to complete some or all of these demographic questions?</p>	<p>Q3 (n=494)</p>  <table border="1"><thead><tr><th>Response</th><th>Count</th><th>Percentage</th></tr></thead><tbody><tr><td>Yes</td><td>318</td><td>64%</td></tr><tr><td>No</td><td>176</td><td>36%</td></tr></tbody></table>	Response	Count	Percentage	Yes	318	64%	No	176	36%									
Response	Count	Percentage																	
Yes	318	64%																	
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<p>Q4: How old are you?</p>	<p>Q4 (n=314)</p>  <table border="1"> <thead> <tr> <th>Age Group</th> <th>Count</th> <th>Percentage</th> </tr> </thead> <tbody> <tr> <td>20-29</td> <td>12</td> <td>4%</td> </tr> <tr> <td>30-39</td> <td>70</td> <td>22%</td> </tr> <tr> <td>40-49</td> <td>73</td> <td>23%</td> </tr> <tr> <td>50-59</td> <td>71</td> <td>23%</td> </tr> <tr> <td>60-69</td> <td>52</td> <td>17%</td> </tr> <tr> <td>70+</td> <td>14</td> <td>4%</td> </tr> <tr> <td>I Prefer Not to Answer</td> <td>24</td> <td>7%</td> </tr> </tbody> </table>	Age Group	Count	Percentage	20-29	12	4%	30-39	70	22%	40-49	73	23%	50-59	71	23%	60-69	52	17%	70+	14	4%	I Prefer Not to Answer	24	7%
Age Group	Count	Percentage																							
20-29	12	4%																							
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70+	14	4%																							
I Prefer Not to Answer	24	7%																							
<p>Q5: What is the highest degree or level of education you have completed?</p>	<p>Q5 (n=315)</p>  <table border="1"> <thead> <tr> <th>Education Level</th> <th>Count</th> </tr> </thead> <tbody> <tr> <td>Some High School</td> <td>2</td> </tr> <tr> <td>High School</td> <td>4</td> </tr> <tr> <td>Trade School</td> <td>1</td> </tr> <tr> <td>College Diploma/Degree</td> <td>45</td> </tr> <tr> <td>Bachelor's Degree</td> <td>94</td> </tr> <tr> <td>Dental Degree</td> <td>1</td> </tr> <tr> <td>Master's Degree</td> <td>85</td> </tr> <tr> <td>Ph.D. or Higher</td> <td>68</td> </tr> <tr> <td>I Prefer Not to Answer</td> <td>15</td> </tr> </tbody> </table>	Education Level	Count	Some High School	2	High School	4	Trade School	1	College Diploma/Degree	45	Bachelor's Degree	94	Dental Degree	1	Master's Degree	85	Ph.D. or Higher	68	I Prefer Not to Answer	15				
Education Level	Count																								
Some High School	2																								
High School	4																								
Trade School	1																								
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Bachelor's Degree	94																								
Dental Degree	1																								
Master's Degree	85																								
Ph.D. or Higher	68																								
I Prefer Not to Answer	15																								

<p>Q6: Please indicate which of the following terms best describes your gender identity. Please select all that apply:</p>	<p>Q6 (n=314)</p> <table border="1"> <caption>Gender Identity of Respondents</caption> <thead> <tr> <th>Gender Identity</th> <th>Count</th> </tr> </thead> <tbody> <tr> <td>Genderfluid</td> <td>3</td> </tr> <tr> <td>Genderqueer</td> <td>1</td> </tr> <tr> <td>Man</td> <td>112</td> </tr> <tr> <td>Woman</td> <td>177</td> </tr> <tr> <td>Non-Binary</td> <td>5</td> </tr> <tr> <td>Questioning</td> <td>0</td> </tr> <tr> <td>Two-Spirit</td> <td>0</td> </tr> <tr> <td>I Prefer Not to Answer</td> <td>23</td> </tr> </tbody> </table>	Gender Identity	Count	Genderfluid	3	Genderqueer	1	Man	112	Woman	177	Non-Binary	5	Questioning	0	Two-Spirit	0	I Prefer Not to Answer	23
Gender Identity	Count																		
Genderfluid	3																		
Genderqueer	1																		
Man	112																		
Woman	177																		
Non-Binary	5																		
Questioning	0																		
Two-Spirit	0																		
I Prefer Not to Answer	23																		
<p>Q7: Do you identify as trans/transgender or consider yourself to be a part of a trans/transgender community?</p>	<p>Q7 (n=313)</p> <table border="1"> <caption>Responses to Q7</caption> <thead> <tr> <th>Response</th> <th>Count</th> <th>Percentage</th> </tr> </thead> <tbody> <tr> <td>Yes</td> <td>5</td> <td>1%</td> </tr> <tr> <td>No</td> <td>290</td> <td>93%</td> </tr> <tr> <td>Prefer Not to Answer</td> <td>18</td> <td>6%</td> </tr> </tbody> </table>	Response	Count	Percentage	Yes	5	1%	No	290	93%	Prefer Not to Answer	18	6%						
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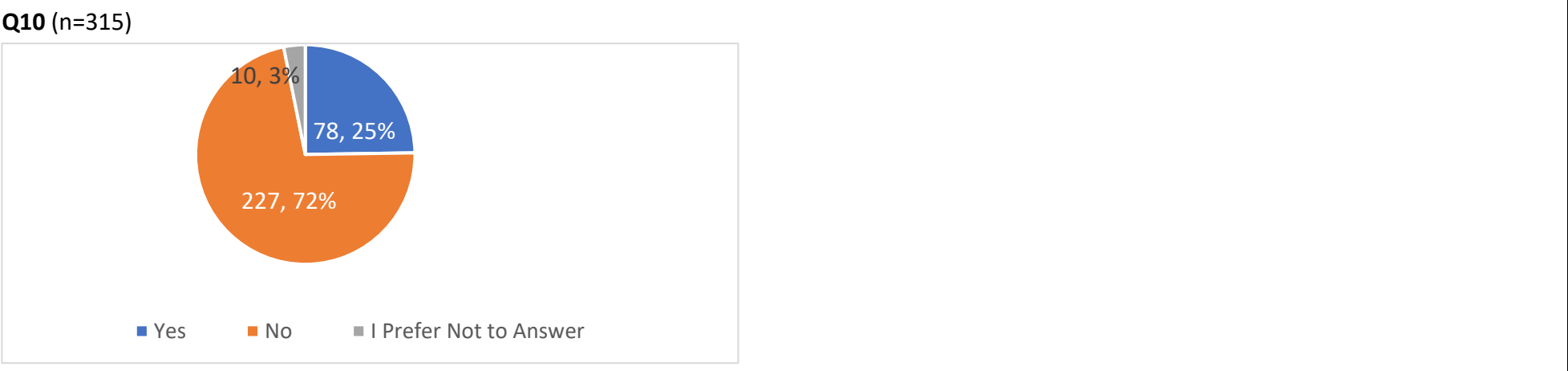
<p>Q8: Please indicate which of the following terms best describe your sexual orientation. Please select all that apply:</p>	<p>Q8 (n=310)</p> <table border="1"> <thead> <tr> <th>Sexual Orientation</th> <th>Number of Respondents</th> </tr> </thead> <tbody> <tr> <td>I prefer Not to Answer</td> <td>38</td> </tr> <tr> <td>Asexual</td> <td>11</td> </tr> <tr> <td>Bisexual</td> <td>1</td> </tr> <tr> <td>Gay</td> <td>5</td> </tr> <tr> <td>Heterosexual</td> <td>243</td> </tr> <tr> <td>Lesbian</td> <td>3</td> </tr> <tr> <td>Pansexual</td> <td>3</td> </tr> <tr> <td>Queer</td> <td>3</td> </tr> <tr> <td>Questioning</td> <td>1</td> </tr> <tr> <td>Two-Spirit</td> <td>0</td> </tr> </tbody> </table>	Sexual Orientation	Number of Respondents	I prefer Not to Answer	38	Asexual	11	Bisexual	1	Gay	5	Heterosexual	243	Lesbian	3	Pansexual	3	Queer	3	Questioning	1	Two-Spirit	0
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<p>Q9: Ethnic origin refers to the ethnic or cultural origins of a person’s ancestors. Examples include: Anishinaabe, Canadian, Chinese, Colombian, Cree, Dutch, East Indian, English, Filipino, French, German, Guyanese, Haudenosaunee, Inuit, Iranian, Irish, Italian, Jamaican, Korean, Lebanese, Mi’kmaq, Métis, Ojibway, Pakistani, Polish, Portuguese, Scottish, Somali, Sri Lankan, Ukrainian, etc. What is your ethnic or cultural origin(s)? If</p>	<p>Q9 (n=212)</p>																						

you would like to answer this question, please specify:

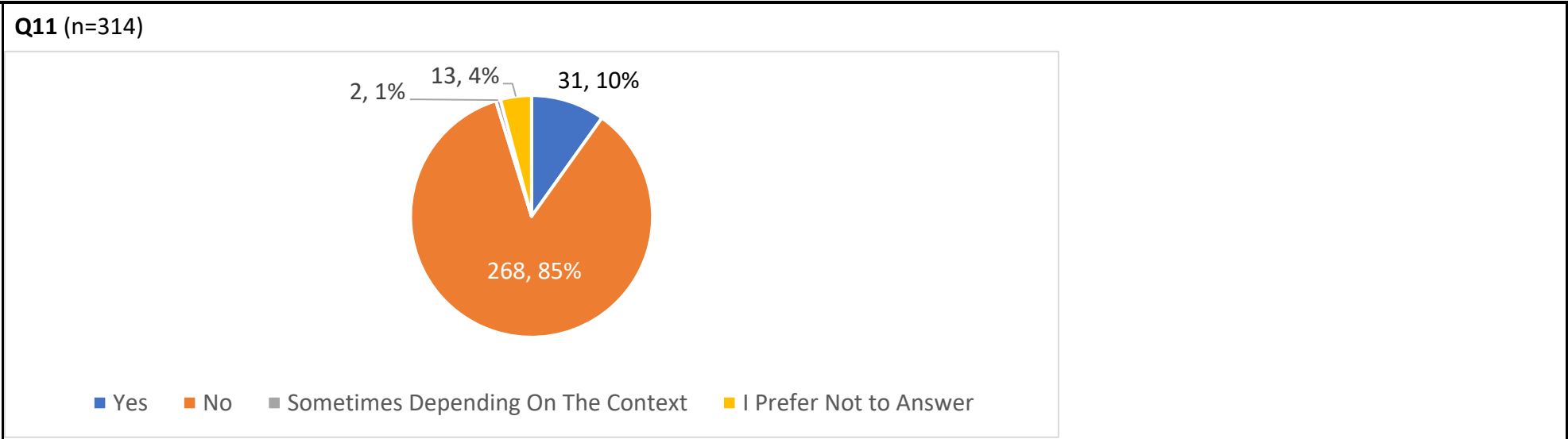


Note: the chart above represents all ethnic origins identified by respondents. In some cases, respondents identified with more than one category.

Q10: Do you speak French?



Q11: Do you identify as a person with a (dis)ability?



Q12: How would you describe the type of (dis)ability? Please select all that apply:

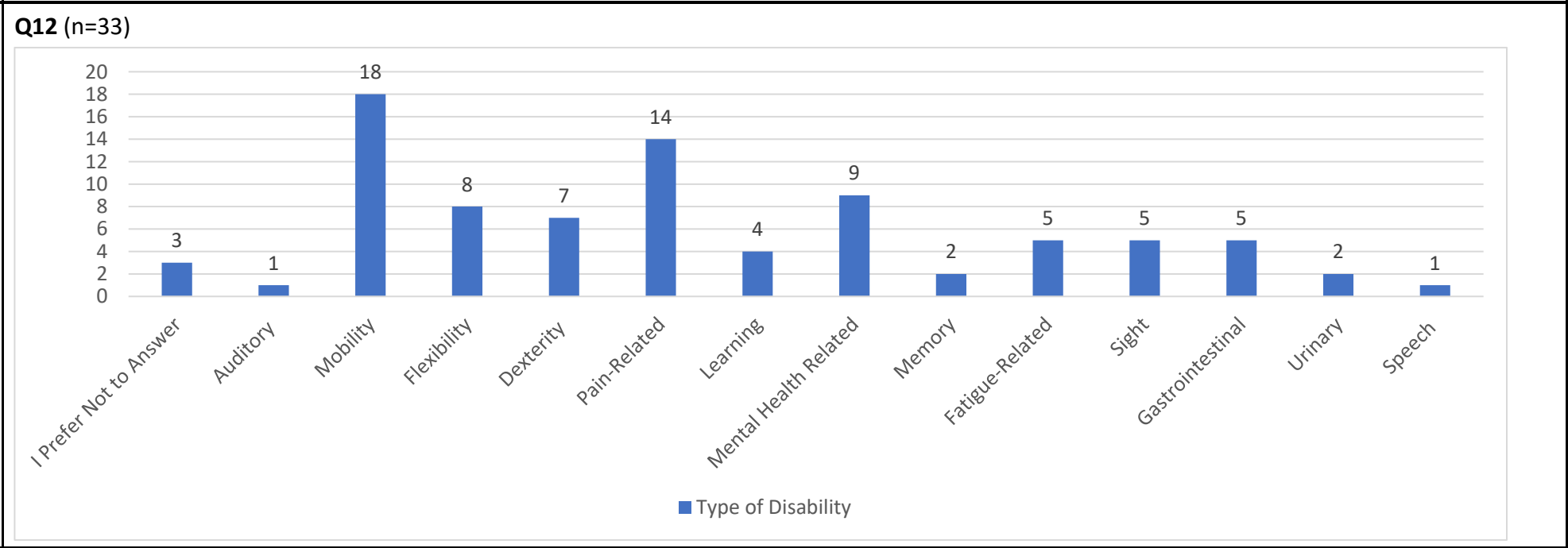


Table 7: Organizational Consultation Responses (Received by Email)

Ref #	Name of Organization	Key points (as written by respondents)
1	Canadian Dental Protective Association (CDPA)	<ul style="list-style-type: none"> • The Canadian Dental Protective Association firmly believes that access to care is one of the pillars of the profession. • We firmly agree that the development of a guidance document outlining the responsibility of dentists in treating the entirety of the patient population of Ontario, will benefit the patients who are experiencing difficulty in receiving dental care. • It will also provide a framework for practitioners to understand their professional and social responsibilities in treating this population, with a view to accommodating them in private practice settings and resolving this problem.
2	HIV & AIDS Legal Clinic Ontario (HALCO)	<ul style="list-style-type: none"> • HIV-related stigma arises from fear and ignorance about HIV and/or hostility and existing prejudices about the groups most affected by it (e.g., gay, bisexual and other men who have sex with men, people who use drugs, Indigenous people, and Black persons). <ul style="list-style-type: none"> ○ The most recent Canadian studies found that 40% of people in Canada would not use the services of a dentist or doctor living with HIV, 24% would not use the services of a hairstylist or barber living with HIV, and 88% believe that people living with HIV can experience difficulty getting housing, health care, and employment because of HIV-related stigma.¹⁰ ○ Another Canadian study on access to dental care for people living with HIV found that most of the participants had experienced negative interactions with dental health professionals.¹¹ • Our submission focusses on issues related to discriminatory barriers to care for people living HIV. For example: <ul style="list-style-type: none"> ○ We are contacted by people who were referred to other dental services, including general dentistry services, after disclosing their HIV positive status. ○ We continue to receive enquiries about delays or refusals of dental services based on our client’s HIV positive status. In particular, we highlight delays that result from a requirement for people to provide their HIV viral load information and/or obtain for the dentist a physician’s “medical clearance” before routine dental care such as exams and cleaning can proceed. When these circumstances occur, people we speak with report frustration and humiliation when they are not given a clinical

¹⁰ EKOS for the Public Health Agency of Canada, “2012 HIV/AIDS Attitudinal Tracking Survey,” October 2012, 45-58, 66-72, <https://www.catie.ca/sites/default/files/2012-HIV-AIDS-attitudinal-tracking-survey-final-report.pdf>; EKOS for the Public Health Agency of Canada, “Canadians’ Awareness, Knowledge and Attitudes Related to Sexually Transmitted and Blood-Borne Infections: 2018 Findings Report,” August 2018, 41-45, https://epe.lac-bac.gc.ca/100/200/301/pwgsc-tpsgc/por-ef/public_health_agency_canada/2018/056-17-e/report.pdf.

¹¹ Mario A. Brondani, DDS, MPH, PhD; J. Craig Phillips, RN, PhD; R. Paul Kerston; Nardin R. Moniri, “Stigma Around HIV in Dental Care: Patients’ Experiences” BSc J Can Dent Assoc. 2016;82:g1, at p.5. Available at: https://www.cda-adc.ca/_images/jcdatempimages/g1/g1.pdf, accessed May 10, 2024.

		<p>explanation of the necessity for the delay and the collection/sharing of information. The net result of these experiences is a significant barrier to accessing dental care. In fact, in some cases people do not return for care at all.</p> <ul style="list-style-type: none"> ○ Additionally, when immune compromise is a clinical concern, a focus on a patient’s HIV viral load rather than markers of immune health such as CD4 or CD4/8 ratios, can be stigmatizing and breach human rights and privacy protections. As HIV viral load is a marker of transmissibility, requests for such information is associated with an interrogation of the risk of transmission, rather than an assessment of appropriate clinical care. There may be a belief that viral load count is a proxy for immune health where immune health is at issue, but a request for viral load could very well signal to the patient that the dental practice has unrealistic and discriminatory concerns about occupational transmission. ● In addition to above concerns, we routinely assist people with issues related to Ontario Disability Support Program (ODSP) benefits, including dental benefits. For ODSP recipients, it is not unusual for there to be financial barriers, in addition to those related to HIV-related stigma and discrimination, to obtaining dental care. <ul style="list-style-type: none"> ○ Those seeking care using public dental care coverage such as ODSP dental coverage should be provided care without additional billing. This coverage should not be refused and doing so is ethically¹² and legally improper. The stigma associated with public benefits and/or poverty may compound the stigma experienced by the people living with HIV & AIDS and exacerbate the negative experience of accessing dental care. ● Recommendations for the RCDSO include: <ul style="list-style-type: none"> ○ We recommend that the RCDSO include guidance in the new materials about limiting collection of personal health information to only that which is necessary to comply with the informed consent process (as set out in privacy legislation). A close consideration of what personal health information is truly relevant for clinical diagnosis, procedure or treatment needs should be followed by a clear explanation of the needs to the patient. ○ Additional guidance should be included on the indicators of immune health in order to ensure the rights of people living with HIV. ○ Provide clarification about the role of CD4/8 ratios as the true indication of immune health would reduce unnecessary and improper demands for HIV viral load information ○ Communication and guidance to members about welcoming people with public dental care coverage could reduce the barriers for those in receipt of such coverage.
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¹² Canadian Dental Association Principles of Ethics, for example, includes a duty to care. Available here: <http://cda-adc.ca/en/about/ethics/>, accessed May 17, 2024.

		<ul style="list-style-type: none"> – People living with HIV in receipt of public coverage should not have to endure the discriminatory hardship of refusal, nor should they face delays trying to locate a provider that accepts such coverage. – HIV-related stigma is already an unnecessary barrier to care and those in receipt of public coverage are generally already particularly vulnerable.
3	Ontario Dental Association (ODA)	<ul style="list-style-type: none"> • ODA members understand how important access to dental care is for Ontario patients. Untreated dental issues can result in social, physical, academic, and financial repercussions, in addition to burdening hospital emergency rooms. • For our patients to have access to quality and reflective dental care, those who deliver care – dentists and their teams – need to be properly supported. This means that the government dental programs that dentists participate in, the regulations they comply with, the health human resources they have access to, and the education provided must all help facilitate this goal. • Access to care requires a collaborative approach from government partners, health care regulators, and the profession of dentistry. • A large and growing barrier to access to dental care is the lack of sustainable funding support for government funded dental programs. <ul style="list-style-type: none"> ○ Among the provinces and territories, Ontario spends the least on its dental programs – only \$4.99 per person in comparison to the national average of \$15.536. To treat patients under these provincial government programs, dentists are expected to accept a cost of care reimbursement of only 33 per cent of their normal and customary fees — far below the costs of delivering care. ○ These programs have been severely underfunded for more than 15 years, yet a large majority of dentists continue to participate to support Ontario patients. The ODA estimates that dentists have been subsidizing provincial dental programs by up to \$150 million each year. • Dentists observe their ethical obligations by exercising caution when determining if and how they should participate in government programs to protect the sustainability of their practices and their continued ability to provide the care that all of their patients rely on. The dentist’s time, dedication, and staff deserve to be appropriately compensated. To improve accessibility to oral health care for all Ontarians, it is imperative the province’s dental programs be fixed through proper funding. • This, however, is not the only concern. When low reimbursement rates are coupled with layers of regulatory requirements, some of which may not be evidence-based, an environment of multi-level barriers is created, which does not serve the public interest. Ontario’s dentists are committed to the delivery of safe and effective patient care and take their ethical, legal, and fiduciary responsibilities to patients, their staff, and the public seriously.

		<ul style="list-style-type: none">○ In 2020, to ensure patient and staff safety in response to COVID-19, our members reported spending on average \$25,000 each for infrastructure changes (e.g. heating and ventilation, air filtration, closing operatories into single rooms, etc.), as required by the RCDSO at the time. This and other spending came at a time when dentists had severely reduced workloads and incomes.○ We also note that during the COVID-19 pandemic, certain infection prevention and control measures – such as fallow times – had an impact on access to dental care. The RCDSO must protect the public’s right to safe, quality oral health care services, and it should also recognize that the regulations it sets can impact access to that care.● The ODA notes that the RCDSO has recently expressed intent to provide guidance on the Canadian Dental Care Plan (CDCP), specifically as it relates to the issue of balance billing and on-site audits of dental offices. We hope that the RCDSO will carefully consider the advice we have provided when commenting on these issues.● Dentists demonstrate unwavering commitment to their communities and their patients, but there are repercussions when health care professionals cannot extend that same care to themselves. In developing the new guidelines and standards, dentists’ professional autonomy in the voluntary participation of dental programs must be respected. The time has come for their contributions to be acknowledged. Without the consideration of reimbursement levels and regulatory barriers in the pursuit of improved access to oral health care for patients, serious unintended consequences may arise.● As a strategic partner to the RCDSO, we ask for a commitment to be consulted on the development of standards and guidelines on the issue of access to care. As you will be aware, the Ontario government has engaged in a confidential negotiation process with the ODA provincial dental care programs and continue to work in good faith to resolve longstanding issues. It is important that all decision makers work closely together to forge a path towards permanent and lasting change to support dental patients and the providers who deliver their care.
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