Effective Regulator in the Public's Interest

Annual Report 2013 • ROYAL COLLEGE OF DENTAL SURGEONS OF ONTARIO

Royal College of
Dental Surgeons of Ontario

Ensuring Continued Trust

CONTENTS

The Royal College of Dental Surgeons of Ontario (RCDSO) has a long and illustrious history. On March 4, 1868, the first Dental Act in the world received Royal Assent in the Ontario Legislature, creating the Royal College of Dental Surgeons of Ontario.

Today our mission continues to be to protect the public's right to quality dental services. Our goal is a responsible and responsive system of self-regulation in partnership with the public. We are committed to the principles of transparency, accessibility, openness and fairness.

The College issues certificates of registration to dentists to allow them to practise dentistry, monitors and maintains standards of practice, investigates complaints against dentists on behalf of the public, and disciplines dentists who may be incompetent or have committed an act of professional misconduct.

The dental profession has been granted a significant authority by provincial law, and that authority is exercised through the College. This system of self-regulation is based on the premise that the College must act first and foremost in the interest of the public. The governing Council of the College is composed of 12 dentists elected by dentists registered to practise in Ontario, nine to 11 members of the public nominated by the provincial government, and two dentists appointed by each of the university dental faculties in Ontario – the University of Toronto and the University of Western Ontario.

The public members are not dentists. Their responsibility is to speak for the public. They play a vital part in the College's work at the Council and on committees. The full involvement of public members is central to the College's desire for inclusiveness and accountability.

The governing Council is chaired by the President who is elected from within the Council. Supporting the work of the Council are seven statutory committees, with membership of these committees comprised of a mix of both dentists and public members, and a staff team led by the Registrar who is the chief executive officer of the College and is appointed by Council.

The public, government and our members can have full confidence that we are a regulator that understands our mandate to regulate in the public's interest.

PRESIDENT'S MESSAGE

RAISING THE BAR FOR REGULATORY EXCELLENCE

In the business world, benchmarking is a proven tool in the measurement of performance. Smart companies benchmark results as part of ongoing programs to drive process improvements. Why would the world of regulation be any different?

The College scored a national first with the independent assessment by Harry Cayton, chief executive of The Professional Standards Authority (PSA) for Health and Social Care in London, England. PSA and Mr. Cayton are recognized world experts in the area of health care regulation.

How did we do? In many instances, RCDSO was described in the final report as a model for other regulators around the world. The College is an effective regulator which is strongly focused on patient safety and protection of the public's interest.

The report states that the College is widely recognized for the high quality of its advice and guidance to dentists. Even better, the College is commended for demonstrating agility in its reaction to developments in clinical practice and risk.

This is a clear affirmation that the College continues to keep a sharp focus on providing dentists with practice information they need to provide safe care to their patients.

We are particularly proud that the report notes how the level of engagement of public members in the work of the College is a great strength with public members valued, respected and supported to play important roles in the College's work.

All in all, the report's findings clearly demonstrate that the Ontario model of self-regulation can and does work well in the interests of the public's safety and protection.

Peter Trainor
PRESIDENT

OUR VALUES AND HOW WE MEASURE UP

Benchmarking the College's approach to international standards of good regulation reveals how the findings of the report align with our core values.

EFFECTIVE REGULATOR
RCDSO meets or exceeds all standards of good regulation and is strongly focused on patient safety and the public's interest.

RESPONSIVENESS
The College demonstrates agility in its reaction to developments in clinical practice and risk.

QUALITY ASSURANCE
Strong internal quality assurance ensures that standards and guidance are widely published and accessible.

ADVICE
The College draws on the best possible advice and makes sure a wide-range of expertise is engaged.

PUBLIC MEMBERS
Engagement of public members is a great strength. Public members are valued, respected and supported, playing important roles in the College's work.

REGISTRATION
A fair and effective registration process provides applicants with comprehensive and clear information needed.

COMMUNICATIONS
The RCDSO website is an excellent resource that is clear and comprehensive, while Dispatch magazine is an important vehicle for guidance and standards for registrants.

PUBLIC'S INTEREST
There is no doubt the College is committed to patient safety and meets all the standards for handling complaints.

INQUIRIES, COMPLAINTS AND REPORTS COMMITTEE

MEMBERS

Dr. Joseph Stasko, Chair
Dr. Lorne Akler
(*as of Aug 15, 2013*)
Mr. Ted Callaghan
Dr. Robert Carroll
Dr. David Clark
Dr. Lawrence Davidge
Dr. Robert Hindman (Non-Council)
Mr. Kurisummoottil Joseph
Dr. John Kalbfleisch
Ms. Catherine Kerr
Dr. Neil Moss (Non-Council)
Ms. Marianne Park
Dr. Kathryn Towarnicki
(*until Aug 15, 2013*)
Dr. Peter Trainor
Mr. Abdul Wahid
Dr. Robert White (Non-Council)
Dr. Ron Yarascavitch

MANDATE

The Inquiries, Complaints and Reports (ICR) Committee reviews member-specific concerns that are brought to the College's attention from various sources, such as formal complaints, mandatory reports and information brought to the attention of the Registrar. Such concerns include allegations of professional misconduct, incompetence and incapacity.

The ICR Committee meets in panels of no less than three and no more than five members. The Committee currently has five standing panels that review formal complaints and one standing panel that reviews reports, including Registrar's reports, incapacity matters and other reports concerning members' compliance with undertaking/agreements, ICR Committee decisions and Discipline Committee orders.

A panel of the ICR Committee, after investigating a formal complaint or a Registrar's report, may do any one or more of the following:

1. Refer a specified allegation of the member's professional misconduct or incompetence to the Discipline Committee if the allegation is related to the complaint or report.
2. Refer the member to a panel of the Inquiries, Complaints and Reports Committee under Section 58 for incapacity proceedings.
3. Require the member to appear before a panel of the Inquiries, Complaints and Reports Committee to be cautioned.
4. Take action it considers appropriate that is not inconsistent with the Dentistry Act, the Code, the regulations or by-laws, which may include requiring the member to complete a specified continuing education or remediation program.

The College also has an alternative dispute resolution (ADR) program, as permitted by the Regulated Health Professions Act. Any resolutions reached through the ADR program are ratified by a panel of the ICR Committee.

COMMITTEE HIGHLIGHTS

Transparency Initiative

In an era where the public, the government and the media have expectations of both increased transparency and the information that should be available to the public regarding members' conduct, a multi-college transparency review project was launched by the Advisory Group for Regulatory Excellence (AGRE). The AGRE comprises Registrars from six Colleges – dentistry, nursing, optometry, pharmacy, physicians and physiotherapists. The AGRE and its working group developed transparency principles which were unanimously adopted by all six College councils in the fall of 2013, and were specifically adopted by the RCDSO Council on November 14, 2013.

In summary, the eight transparency principles are as follows:

1. The mandate of regulators is public protection and safety. The public needs access to appropriate information in order to trust that this system works effectively.
2. Providing information to the public has benefits, including improved patient choice and increased accountability for regulators.
3. Any information provided should enhance the public's ability to make decisions or hold the regulator accountable. This information needs to be relevant, credible and accurate.
4. In order for information to be helpful to the public, it must:
   - be timely and easy to find and understand;
   - include context and explanation.
5. Certain regulatory processes intended to improve competence may lead to better outcomes for the public if they happen confidentially.
6. Transparency discussions should balance the principles of public protection and accountability with fairness and privacy.
7. The greater the potential risk to the public, the more important transparency becomes.
8. Information available from Colleges about members and processes should be similar.

Following approval of the transparency principles, AGRE has been engaging in consultations and implementation planning. AGRE has engaged Pollara Strategic Insights, a well-respected polling company, to conduct a public survey about transparency and the public's expectations, and desires about the types of information that should be public. The AGRE will continue its work on this initiative in 2014, with further consultations, implementation planning and reporting to Executive Committees and Councils.

COMMITTEE ACTIVITY

Formal Complaints

From January 1, 2013 to December 31, 2013, the College received 554 letters of complaint or inquiry, of which 368 became formal complaints. Panels of the ICR Committee met on 56 occasions during this period to review the results of investigations of formal complaints. A summary of the panels' activities is shown below.

Decisions – Formal Complaints

Number of Decisions Issued *	**383**
No further action	300
No further action (ratification of Alternative Dispute Resolution)	40
Oral caution	33
Specified Continuing Education or Remediation Program (SCERP)	7
Referral to Discipline Committee	7
Referral for incapacity proceedings	1
Interim suspension	1

** Some decisions contain more than one action (eg. SCERP & Caution). Accordingly, the total number of decisions will not always equal the total number of actions.*

Other Activity regarding Formal Complaints

Number of oral cautions delivered	17
Number of Section 75(1)(c) investigations requested by Committee	16
Voluntary undertaking/agreements signed by members*	53
Frivolous & vexatious complaints	13

** A voluntary undertaking/agreement is a mitigating factor considered by a panel when rendering one of the above decisions. Such an agreement may require a member to complete courses, a mentoring program and/or restrict his or her practise.*

Alternative Dispute Resolution (ADR)

The Health Professions Procedural Code (Code) defines ADR as follows:

> "*mediation, conciliation, negotiation, or any other means of facilitating the resolution of issues in dispute;*"

In appropriate cases, upon consent, the complainant and the dentist meet face-to-face in the presence of a facilitator, whose role is to assist the parties in resolving the dispute, or to identify and simplify the issue(s). The ADR process provides a more flexible framework for dealing effectively with issues and a more informal and direct approach to bring a rapid resolution.

Under the legislation, any complaint, other than those that involve allegations of sexual abuse and those that have been referred to the Discipline Committee, may be suitable for ADR. Some common issues that proceed through the ADR process are:

- poor communication skills
- inaccurate or poor documentation
- rude behaviour that is not indicative of serious practice deficiencies
- isolated failure to maintain standards
- breach of confidentiality
- conflict of interest
- inadequate consent involving fees

The facilitator used for the confidential meeting is an expert in the process of negotiation and has no connection to the College. The College, the complainant and the member must be in agreement as to the resolution. If a resolution is reached, it must be approved by a panel of the ICR Committee.

In the event no agreement is reached, the complaint will proceed in the normal fashion and a panel of the ICR Committee will have no knowledge of the substance of the ADR meeting.

ADR Statistics

Summary of Alternative Dispute Resolution (ADR) Program Activities January 1, 2013 – December 31, 2013

Cases eligible for ADR	141
ADR process declined by complainant and/or member[1]	41
Cases that proceeded to ADR negotiations	100
Successfully resolved	53
Unsuccessful[2]	12
Ongoing	35

[1] *In the event one or more of the parties do not agree to participate in the ADR process, the complaint is returned to the formal complaint process.*

[2] *In the event the matter is not resolved through an ADR negotiation, the complaint is returned to the formal complaint process.*

Health Professions Appeal and Review Board

If either party is not satisfied with the decision of a panel of the ICR Committee or the process, he or she has the right to request a review by the Health Professions Appeal and Review Board (HPARB). The only exceptions to this right of review are in cases where the ICR Committee has referred the matter to the Discipline Committee for a hearing or to a panel of the Inquiries, Complaints and Reports Committee for incapacity proceedings. HPARB is administered by the provincial government and is completely independent of the College. The College is required to make full disclosure of its investigation file to the HPARB. The College, however, is not a party at the HPARB.

Summary of HPARB Activity for January 1, 2013 - December 31, 2013

Number of requests for review received	46
**Not all of these requests for reviews were dealt with by HPARB in 2013.*	
Number of decisions issued by the Board[1]	**36**
Complaints Panel Decision Confirmed by HPARB	33
Frivolous & Vexatious	0
Order not to proceed with eview	0
Returned for removal of oral/written cautions	0
Returned for oral cautions	0
Returned for written cautions	0
Returned for further investigation/unreasonableness/reconsideration	2
Returned for referral to discipline	0
Request for review abandoned	0
Request for review denied/dismissed by the Board	0
Request for review withdrawn by the applicant	9
Section 28[2] Order – Request to HPARB	2
Section 28[2] Order – Denied by HPARB	1

[1] *Some decisions contain more than one action. Accordingly, the total number of decisions will not always equal the total number of actions.*

[2] *A party may apply to HPARB for an Order under Section 28 of the Health Professions Procedural Code of the Regulated Health Professions Act, 1991, which states that a panel shall dispose of a complaint within 150 days.*

REGISTRAR'S REPORTS

Section 75(1)(a) of the Health Professions Procedural Code of the Regulated Health Professions Act, 1991, provides a mechanism, other than formal complaints, for colleges to investigate concerns about the conduct of members. In order for such an investigation to be conducted, the Registrar appoints an investigator, if he or she believes on reasonable and probable grounds that the member has committed an act or acts of professional misconduct or is incompetent. The ICR Committee approves the Registrar's appointment.

In 2013, there were 46 Section 75(1)(a) Appointments and one Section 75(1)(b) Appointment by the Registrar approved by the ICR Committee. In addition, the Registrar made two emergency appointments of an investigator under Section 75(2) of the Health Professions Procedural Code of the Regulated Health Professions Act, 1991, which permits the Registrar to appoint an investigator without first obtaining the approval of the ICR Committee, if the Registrar believes on reasonable and probable grounds that the conduct of the member exposes or is likely to expose his or her patients to harm or injury, and that the investigator should be appointed immediately and there is not time to seek approval from the ICR Committee. In these particular cases, there were serious concerns raised regarding a member's infection prevention and control protocols.

The results of investigations conducted under Section 75(1)(a), 75(1)(b) and 75(2) are reported to the ICR Committee by way of a Registrar's Report. The following is a summary of Decisions issued by the ICR Committee in 2013 in relation to Registrar's Reports.

Decisions – Registrar's Reports

Number of Decisions Issued*	31
No further action	9
Oral caution	13
Specified Continuing Education or Remediation Program (SCERP)	1
Referral to Discipline Committee	9

** Some decisions contain more than one action (eg. SCERP & Caution). Accordingly, the total number of decisions will not always equal the total number of actions.*

In addition to the above decisions and dispositions, 13 members entered into voluntary undertaking/agreements to address concerns of the ICR Committee, arising out of Registrar's reports.

INCAPACITY PROCEEDINGS

The Health Professions Procedural Code of the Regulated Health Professions Act, 1991, defines "incapacitated" as follows:

> *"…that the member is suffering from a physical or mental health condition or disorder that makes it desirable in the interest of the public that the member's practice be subject to terms, conditions or limitations, or that the member no longer be permitted to practise."*

In 2013, the ICR Committee made inquiries into the possible incapacity of 10 members, three of whom entered into voluntary undertaking/agreements with the College for ongoing treatment and monitoring. Four of the inquiries resulted in a referral to the Fitness to Practise Committee. Three of the matters were resolved and no further action was taken.

MONITORING AND ENFORCEMENT

A member's practice may be monitored by the College for a specified period of time as part of an order of the Discipline Committee, or as part of a member's voluntary undertaking/agreement with the College. The purpose of a monitoring visit is to ensure that the member is rehabilitated in an area of practice that is the subject of a complaint, a report, or a subsequent discipline hearing. The monitoring visit usually takes place following the member's successful completion of a course or courses in the specific area(s) of practice. The result of each monitoring visit is reported to a panel of the ICR Committee.

In 2013, the ICR Committee reviewed 176 monitoring reports. Seventy-three files were closed and the remaining files remain open for further monitoring. Thirteen members were invited to meet personally with the ICR Committee to discuss concerns arising out of monitoring reports. Ten members have attended the ICR Committee in 2013; three members are scheduled to meet the ICR Committee in 2014.

In addition, the ICR Committee reviewed and approved requests from two members to return to practise after having voluntarily withdrawn. Another two members applied for relief from their undertaking/agreements, which relief was granted.

One member appeared before the ICR Committee regarding lack of compliance with an order of the Discipline Committee. The member addressed the concerns to the satisfaction of the committee.

MENTORING REPORTS

Members who have entered into undertakings with the College or who have been found guilty of professional misconduct, often require one-on-one mentoring from an experienced colleague in order to help improve their standards of practice, or a clinical competency assessment to assess their skills in various areas of dentistry.

In 2013, the ICR Committee reviewed 12 mentoring reports.

DISCIPLINE COMMITTEE

MEMBERS

Dr. David Segal, Chair
Dr. Richard Bohay, Vice-Chair
Dr. Lance Burnham (Non-Council)
Dr. Mark Cohen (Non-Council)
Ms. Beth Deazeley
Dr. Peter Kalman (Non-Council)
Mr. Manohar Kanagamany
Dr. Lisa Kelly
Ms. Evelyn Laraya
Dr. Elizabeth MacSween
Dr. Edelgard Mahant
Dr. Michael Perelgut (Non-Council)
Mr. Jose Saavedra
Dr. Sandy Venditti (Non-Council)

MANDATE

The Discipline Committee is responsible for hearing and determining allegations of professional misconduct or incompetence referred to it by the Inquiries, Complaints and Reports Committee.

A panel of the Discipline Committee, consisting of a minimum of two dentists and one appointed public member, and a maximum of three dentists and two appointed public members, considers each case and decides whether the allegations have been proven and if so, what penalty is appropriate.

Where a panel of the Discipline Committee finds a member guilty of professional misconduct, it may make one or a combination of the following orders:

1. Direct the Registrar to revoke the member's certificate of registration.
2. Direct the Registrar to suspend the member's certificate of registration for a specified period of time.
3. Direct the Registrar to impose specified terms, conditions and limitations on the member's certificate of registration for a specified or indefinite period of time.
4. Require the member to appear before the panel to be reprimanded.
5. Require the member to pay a fine of not more than $35,000.00 to the Minister of Finance.

If a panel of the committee is of the opinion that the commencement of the proceedings is unwarranted, it may make an order requiring the College to pay all or part of the member's legal costs.

In appropriates cases, and where there is a finding of professional misconduct or incompetence, a panel may make an order requiring the member to pay all or part of the College's costs and expenses.

In cases where there is a finding of professional misconduct, the results of the proceeding must be contained on the College's Register which is available on the College's website, as required by the Regulated Health Professions Act. In addition, the Act requires the College to publish a summary of each case.

Pre-Hearing Conferences

The College and the member may agree to this informal, confidential and without prejudice meeting, which takes place prior to the formal hearing. In attendance are the member, his or her legal counsel and counsel for the College. The meeting is chaired by a Pre-Hearing Conference Presider selected by the Chair of the Discipline Committee. The objectives of the pre-hearing conference are:

- to simplify the issues;
- to reach agreement on some or all of the evidence;
- to reach agreement on some or all of the allegations;
- to resolve any matter that might assist in the just and efficient disposition of the proceedings.

Any agreement reached must be confirmed by a panel of the Discipline Committee. The Pre-Hearing Conference Presider cannot participate in the Discipline Committee hearing involving that particular member.

ACTIVITY HIGHLIGHTS

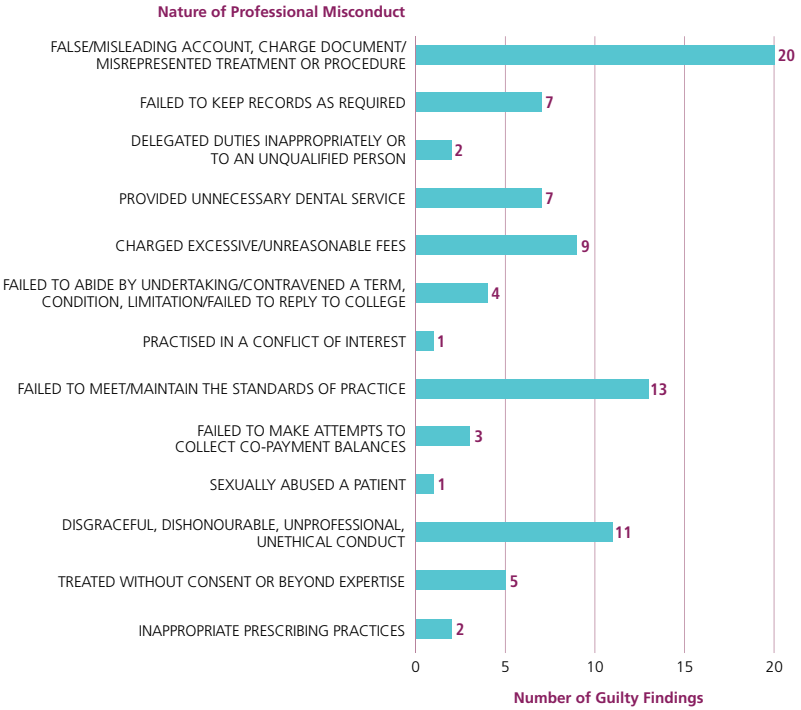
Sixteen hearings of the Discipline Committee were held in 2013, requiring panels of the Discipline Committee to sit for 17 hearing days. Fifteen hearings resulted in a finding or findings of professional misconduct. In the remaining hearing, the panel heard a preliminary motion and made an order regarding the setting of 2014 hearing dates. Nine pre-hearing conferences were also held in 2013.

The findings of professional misconduct made against the fifteen members, related to:

- submitting a false, misleading account or charge;
- charging excessive, unreasonable or inappropriate fees;
- signing or issuing a document that contains a false, misleading or otherwise improper statement;
- falsifying a record;
- recommending and/or providing an unnecessary dental service;
- failing to meet and/or maintain the standards of practice of the profession;
- treating without consent;
- failing to abide by a written undertaking given to the College;
- failing to make reasonable attempts to collect co-payment balances;
- failing to keep records as required by the legislation;
- sexual abuse of a patient;
- practising dentistry while having a conflict of interest;
- inappropriate prescribing practices;
- inappropriate delegation of duties;
- treating beyond the member's expertise;
- contravening a term, condition or limitation on the member's certificate of registration;
- failing to reply to a written enquiry made by the College;
- ordering a person to perform an intra-oral procedure or delegated or assigned such a procedure to a person without first ensuring that the person is qualified to perform the procedure safely and competently;
- making a misrepresentation about a remedy, treatment, device or procedure, or failing to reveal the exact nature of a remedy, treatment, device or procedure;
- disgraceful, dishonourable, unprofessional or unethical conduct.

TABLE 1

PROFILE OF DISCIPLINE FINDINGS – 2013



Penalties

The penalties imposed by the Discipline Committee included:

- 1 revocation of the member's certificate of registration;
- 15 reprimands;
- 13 suspensions of members' certificates of registration, ranging from 6 weeks to 9 months in length;
- 3 practice restrictions;
- 1 mentoring program;
- Courses to be taken by 13 members in the following subject areas: boundaries, ethics, recordkeeping, implant dentistry, periodontics, pharmacology, restorative dentistry, prosthodontics;
- 13 members' practices to be monitored following their completion of courses;
- Costs awarded to the College in 14 cases, ranging from $1,000 to $10,000.

Publication of Decisions

A summary of the decision and the panel's reasons for each hearing are published in the College's magazine, Dispatch, as soon as possible after the hearing has been concluded and the decision and panel's reasons are final. The summary is also contained on the College's Register, which is available on the College's website. Full text versions are available from the College upon request. The decisions and reasons that were published in 2013 are included, by reference only, in this annual report.

FITNESS TO PRACTISE COMMITTEE

MEMBERS

Ms. Kelly Bolduc-O'Hare, Chair
Dr. Shabbir Bakhshi (Non-Council)
Dr. Peter Kalman (Non-Council)
Dr. Lisa Kelly
Dr. David Mock
Mr. Jose Saavedra

MANDATE

The Fitness to Practise Committee determines if a dentist is incapacitated and, if so, how to deal with the member.

"Incapacitated" means that the member is suffering from a physical or mental condition or disorder that makes it desirable in the interest of the public that the member's certificate of registration be subject to terms, conditions or limitations, or that the member no longer be permitted to practice.

If a panel of the Fitness to Practise Committee finds that a member is incapacitated, it will make an order doing any one of the following:

1. Direct the Registrar to revoke the member's certificate of registration.
2. Direct the Registrar to suspend the member's certificate of registration.
3. Direct the Registrar to impose specified terms, conditions and limitation on the member's certificate of registration for a specified or indefinite period of time.

ACTIVITY HIGHLIGHTS

It was not necessary for the Fitness to Practise Committee to hold any hearings in 2013.

PATIENT RELATIONS COMMITTEE

MEMBERS

Dr. Elizabeth MacSween, Chair
Dr. Carlo Biasucci (Non-Council)
Mr. Manohar Kanagamany
Ms. Marianne Park
Dr. Sandy Venditti (Non-Council)

MANDATE

The Regulated Health Professions Act, 1991, mandates the College to have a patient relations program and requires the College to advise the Health Professions Regulatory Advisory Council (HPRAC) of its programs.

The Act also stipulates that the patient relations program must include "…measures for preventing or dealing with sexual abuse of patients." In addition, the Committee administers the funding program for therapy and counselling for dental patients who have been sexually abused.

The Committee's mandate also includes dealing with all issues related to informing the public and the profession of the various programs and activities of the College and their rights under the Regulated Health Professions Act, 1991.

The Health System Improvements Act of 2007 broadened the scope of the Patient Relations Committee to include a responsibility "to promote and enhance relations between the College and its members, other health profession colleges, key stakeholders and the public."

ACTIVITY HIGHLIGHTS

During the year, the Committee's meetings focused on discussions regarding possible initiatives to address the issue of working with people with disabilities, where a disability is deemed as any condition that limits a person's movement, senses or activity. The Committee was mindful of several barriers to persons with disabilities, including both physical and attitudinal barriers.

Working collaboratively with the College's Communications department, the Committee has accepted a proposal from the Director of Communications that would see several articles in Dispatch magazine for the 2014 publication year. The goal of the series will be to raise awareness of dentists about the issues and give them some specific and helpful advice for communicating and working with patients with disabilities. The theme of the articles will be Treating Patients with DisAbilities. The first article is appearing in the February/March 2014 issue of Dispatch magazine.

These articles, once printed, will then be redesigned as a fact sheet series and uploaded to the College website as an ongoing resource for the membership.

The Committee began discussions regarding the topic of ethics and a dentist's social responsibility to help those in need. The Committee discussed inviting experts in these areas to speak at their meetings to assist in possible future initiatives.

During the year, the Committee continued to focus on the issue of dentist health and wellness, especially in the context of support for dentists dealing with addiction diseases and substance abuse through the College's wellness support service for Ontario dentists.

To date, the Patient Relations Committee has not received any requests for funding related to sexually abused patients.

QUALITY ASSURANCE COMMITTEE

MEMBERS

Dr. David Clark, Chair
Dr. Mark Bostock
Mr. Kurisummoottil Joseph
Dr. Meetu Mahendra
Dr. David Mock

MANDATE

The Quality Assurance (QA) Committee is the statutory committee that is charged with the development, administrative review and ongoing evaluation of the College's QA Program. This program, which is mandated under the Regulated Health Profession's Act, 1991, is designed to ensure that the knowledge, skill and judgment of Ontario dentists remains current throughout their careers, and that they continue to provide safe, effective, appropriate and ethical dental care to their patients.

ACTIVITY HIGHLIGHTS

Quality Assurance Program

All members with a general or specialty certificate of registration are required to participate in the College's QA Program. As outlined in the QA Regulation, the key components of the QA Program are:

Continuing Education and the e-Portfolio: All members are required to pursue continuing education (CE) activities as part of their commitment to the profession and lifelong learning. This includes obtaining at least 90 CE points in each three-year cycle. There are three categories in which members may obtain CE points: core courses, courses offered by approved sponsors and other courses.

The QA Committee continues to receive course proposals from numerous organizations for review and consideration in core courses, the highest CE category. Members now may choose from over 130 approved core courses, which are listed on the College website.

In April 2013, the College launched the e-Portfolio, an online program that allows members to enter and keep track of their CE points by category for each three-year cycle.

Practice Enhancement Tool: This is an online self-assessment program that allows members to evaluate and assess their practice, knowledge, skill and judgement based on peer-derived standards. All members are required to complete an assessment at least once every five years.

The Practice Enhancement Tool (PET) was launched in January 2013. From January 1 to December 31, 2013, the College randomly selected 1,200 members to complete the PET. A summary of their status is reflected in the table below.

Total number of members randomly selected	**1,200**
Removed for retirement/resignation	23
Removed for full-time post-graduate program	4
Active (in progress)	149
Completed – successful (1st attempt)	972
Completed – unsuccessful (1st attempt)	9
Completed – successful (2nd attempt)	2
Completed – unsuccessful (2nd attempt)	0
Failed to complete	9
Extension	0
Deferral	32
Request for consideration	0
Undertaking/Agreement	1
Refer to ICRC	1

Practice Enhancement Consultant: A consultant is available to assist members at any time to interpret and discuss the results of their assessment and in identifying appropriate continuing education or professional development activities, regardless of the outcome.

Annual Declaration: All members are entrusted with the responsibility of completing a section on their annual membership renewal form to self-declare whether they are in compliance with the QA Program requirements.

Review of College Standards and Guidelines

Standard of Practice for the Use of Sedation and General Anesthesia in Dental Practice

The College has published a Standard of Practice for the Use of Sedation and General Anesthesia in Dental Practice. The Standard sets out requirements for the training and qualifications of members and physicians to safely administer the various modalities of sedation and/or general anesthesia at a dental facility. In addition, the Standard sets out requirements for a dental facility, including equipment and emergency drugs, which are necessary to safely use the various modalities of sedation and/or general anesthesia.

In November 2013, Council approved, in principle, a proposed College By-Law No.13: Sedation and General Anesthesia, which formalizes and streamlines the College's administrative process and incorporates specific provisions that provide the Registrar with powers to deal with situations where there is a risk of harm to the public. In addition, Council approved, in principle, proposed amendments to By-Law No.4: Fees and By-Law No.7: The Register and Related Matters, which are necessary to align such issues with the proposed by-law.

The proposed by-law and by-law amendments were circulated to members and other stakeholders for feedback and comments. This matter has now been forwarded to the Legal and Legislation Committee for review and consideration.

Guidelines for Educational Requirements & Professional Responsibilities for Implant Dentistry

In May 2013, Council gave final approval to the proposed Guidelines for Educational Requirements & Professional Responsibilities for Implant Dentistry, which describes education requirements that dentists must successfully complete to undertake implant cases, and emphasizes the necessity for careful patient evaluation and treatment planning, followed by meticulous execution of treatment steps, to achieve the desired outcome.

The document was then posted on the College's website. A paper copy was distributed to all members with the August/September 2013 issue of Dispatch magazine.

Guidelines for the Role of Opioids in the Management of Acute and Chronic Pain in Dental Practice

The Management of Pain Working Group held several meetings in 2013 on the development of draft Guidelines for the Role of Opioids in the Management of Acute and Chronic Pain in Dental Practice. Additional meetings have been scheduled for 2014.

Use of Botulinum Toxin and Dermal Fillers in Dental Practice

In May 2013, Council approved a new College position on the use of botulinum toxin and dermal fillers by Ontario dentists. The key points of the College position on this issue are:

- Members who wish to use botulinum toxin and dermal fillers may do so, but only for procedures that are within the scope of practice of dentistry.
- Members may inject botulinum toxin and/or dermal fillers intra-orally for either therapeutic or cosmetic purposes, or botulinum toxin extra-orally for therapeutic purposes, but in either case only if they are appropriately trained and competent to perform the procedures.
- It is not within the scope of practice of dentistry and members are not authorized in Ontario to inject botulinum toxin or dermal fillers extra-orally for cosmetic purposes.

The College published its position in the August/September 2013 issue of Dispatch magazine, as well as guidance on educational requirements for the use of botulinum toxin and dermal fillers in dental practice in the November/December 2013 issue of Dispatch magazine.

AAOS-ADA Guideline for the Prevention of Orthopaedic Implant Infection in Patients Undergoing Dental Procedures

In December 2012, the American Academy of Orthopaedic Surgeons (AAOS) and the American Dental Association (ADA) released a new guideline on the Prevention of Orthopaedic Implant Infection in Patients Undergoing Dental Procedures. Based on a collaborative systematic review of the scientific literature, they found that the evidence does not support routine prescription of antibiotic prophylaxis for patients with joint replacement undergoing dental procedures. The new guideline provides three recommendations and replaces the previous 2009 AAOS Information Statement on Antibiotic Prophylaxis for Bacteremia in Patients with Joint Replacement.

In May 2013, Council adopted the position that it supports the 2012 AAOS-ADA guideline. Members were advised in the May/June 2013 issue of Dispatch magazine to review the 2012 AAOS-ADA guideline and implement it in their offices. Members were also advised that they should not prescribe antibiotic prophylaxis unless patients have a medical condition that may compromise their immune system, such that they may be at greater risk for implant infections. For patients with such medical conditions, decisions about antibiotic prophylaxis should be made in consultation with their physicians in a context of open communication and informed consent.

Performance of Acupuncture

On April 1, 2013, the Traditional Chinese Medicine Act, 2006, was proclaimed in force. This was the triggering event for making acupuncture, a procedure performed on tissue below the dermis, a controlled act and imposing a restriction on who may perform it in Ontario.

Subject to certain requirements, Ontario Regulation 107/96, made under the Regulated Health Professions Act, 1991, exempts members of specified colleges, including dentists, from the restriction to performing acupuncture if they have met the standards and qualifications set by their respective colleges.

In May 2013, Council approved the preparation of a Practice Advisory on the use of complimentary and alternative therapies in dental practice, including acupuncture.

REGISTRATION COMMITTEE

MEMBERS

Dr. Sven Grail, Chair
Beth Deazeley
Dr. John Kalbfleisch
Dr. Joseph Stasko

MANDATE

The Registration Committee reviews all applications for registration that the Registrar refers to it. The Registrar is required to refer an application if he/she has doubts that the applicant meets the legislated requirements, considers imposing terms, conditions, and limitations, or intends to refuse the application.

The Committee provides each applicant with an opportunity to make written submissions prior to rendering its decision. In addition, it routinely offers applicants the opportunity to personally attend to make oral representations should he/she wish to do so. The Committee's decisions are subject to review by the government-appointed Health Professions Appeal and Review Board (HPARB).

The Registration Committee is also responsible for setting registration policies, advising College Council on entry to practice and reinstatement requirements and on national issues related to registration.

ACTIVITY HIGHLIGHTS

The Registration Committee convened on three occasions in 2013. Five requests for registration and/or reinstatement plus one request to vary the imposed conditions for registration of one applicant were considered by the Registration Committee. After reviewing these applications, reports from the jurisdictions where the applicants were currently licensed or registered, if applicable, and other information related to each applicant, the Committee:

- approved one application for a general certificate of registration.
- approved one application for reinstatement of a general certificate with terms, conditions and limitations.
- approved one application for reinstatement of a general certificate.
- deferred one application for reinstatement of a general certificate.
- refused one application for a specialty certificate.
- approved to vary imposed conditions for an applicant for a specialty certificate.

STATISTICS (As at December 31, 2013)

Additions to the Register

University of Toronto (General)	60
University of Western Ontario (General)	48
Other Canadian Graduates (NDEB) (General)	60
U.S.A. (NDEB) (General)	58
International Graduates (NDEB) (General)	167
Specialty Certificates	61*
Academic Certificates	0
Academic Visitor Certificates	3
Graduate Certificates	8
Education Certificates	14
Post-Specialty Training Certificates	2

* Of this total, 23 were new members to the College and 38 were general members adding a specialty register.

Specialty Certificates Granted

The College granted 61 specialty certificates during 2013 in the following dental specialties:

Dental Anesthesiology	0
Endodontics	9
Oral and Maxillofacial Surgery	10
Oral Medicine	1
Oral Pathology	4
Oral and Maxillofacial Radiology	0
Orthodontics and Dentofacial Orthopedics	15
Pediatric Dentistry	5
Periodontics	6
Public Health Dentistry	6
Prosthodontics	5

Removals and Reinstatements

Deceased	15
Resigned	142
Revoked – Conditions Expired	37
Reinstated	32

Total Membership Certificates by Category

General Certificates	8,995
Specialty Certificates	178
Combined General/Specialty Certificates (Already counted in total number of General Certificates)	1,293
Academic Certificates	21
Academic Visitor Certificates	3
Graduate Certificates	30
Education Certificates	15
Post-Specialty Training Certificates	2
Total Number of Membership Certificates	**9,244**

PROFESSIONAL LIABILITY PROGRAM COMMITTEE

MEMBERS

Ms. Kelly Bolduc O'Hare (Chair)
Dr. Karen Aiken (Non-Council)
Dr. Vincent Carere (Non-Council)
Dr. Michael Glogauer (Non-Council)
Dr. Gurneen Sidhu (Non-Council)
Dr. Gordon Sylvester (Non-Council)
Dr. Flavio Turchet

MANDATE

The College's Professional Liability Program (PLP) provides each member of the College with errors and omissions protection for professional liability or malpractice claims. This protection is also extended to former, retired, and deceased members, as well as to dental partnerships and health profession corporations holding a valid certificate of authorization from the College.

This automatic provision of protection by the College to all Ontario dentists ensures to the extent reasonably possible that mechanisms are in place to protect the public in the event of injury resulting from the negligence or wrongdoing of its members.

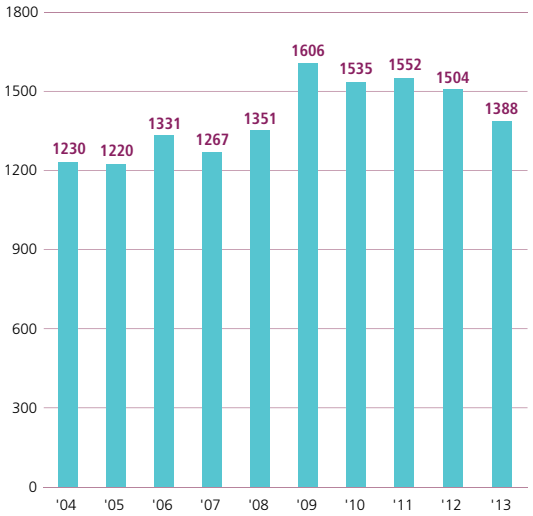
The PLP Committee oversees the policies and practices of the program and has responsibility for approving all settlements exceeding internal staff authority. The Committee also provides leadership with respect to program enhancements, including risk management and practice improvement initiatives that may be required from time to time.

ACTIVITY HIGHLIGHTS

1. Incidents Reported

Between January 1 and December 31, 2013, 1,388 incidents/potential incidents were reported to PLP, a decrease of 116 from the previous year. Table 1 shows the number of files opened for the ten-year period 2004-2013.

TABLE 1
INCIDENTS REPORTED TO PLP 2004 - 2013



PLP staff continues to be very active in the area of incident and risk management. As a result, it is expected that upwards of 90% of its files will eventually be closed with no payment being made by PLP. In many of those files, PLP staff would have provided advice to members and, when requested, drafted correspondence and releases for out of pocket refunds/reimbursements to allow members to resolve matters themselves.

2. Branding Initiative

Council approved a new logo and letterhead for PLP at its meeting of May 9, 2013 and the new brand was introduced to the College's members in August 2013.

3. ENCON Audit

On July 10 and July 11, 2013, two representatives of ENCON Insurance Managers conducted an on-site audit of 60 PLP files between the years of 2008 and 2012, focusing on files close to the ENCON reporting criteria.

The auditors were pleased with the overall evolution of the files and believe that the program continues to benefit from its new management, noting that the open claim files for years 2001 to 2012 decreased from 822 to 490 between June 2012 and March 2013, for a total reduction of 332 files within a nine month period. The auditors also reported that between January and July 2013, 756 new incidents had been reported and 872 claims remained active as of July 2013.

The auditors were very pleased with the program and the changes implemented to date. They were especially complimentary of PLP's guidelines and performance metrics for external defence counsel and believe this performance management system is effective in ensuring that PLP staff and defence counsel are actively working toward resolution of each file. They were also pleased with PLP's increased use of templates and the development of reserve-setting protocols. The auditors concluded that the program is well-managed and communication between ENCON and PLP staff is respectful, cooperative, and effective. After the audit report was issued, ENCON decided that annual audits of PLP are no longer required and the next audit will be conducted in 2015.

4. Contract Renewal

The College's contract with ENCON expired on December 31, 2013 and a new contract was approved by Council increasing PLP's risk retention to $2 million per file with a stop loss of $10 million. Due to its increased exposure, PLP will undergo annual audits by an accounting firm.

5. Risk Management

PLP continues its emphasis on risk management and incident prevention. Participation by PLP staff in presentations to local dental societies, dental students, and other groups are means of communicating with its members. A PLP Category 1 Core Course on risk management was created and presented to over 100 participants at the 2013 Ontario Dental Association Spring Meeting as well as to two other societies. PLP staff continues to prepare regular articles for publication in Dispatch magazine.

FINANCIAL STATEMENTS OF

ROYAL COLLEGE OF DENTAL SURGEONS OF ONTARIO

December 31, 2013

INDEPENDENT AUDITOR'S REPORT

To the Members of the Council of the
Royal College of Dental Surgeons of Ontario

We have audited the accompanying financial statements of the Royal College of Dental Surgeons of Ontario, which comprise the balance sheet as at December 31, 2013, the statements of operations, changes in fund balances, and cash flows for the year then ended, and a summary of significant accounting policies and other explanatory information.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with Canadian accounting standards for Not-for-Profit Organizations, and for such internal control as management determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

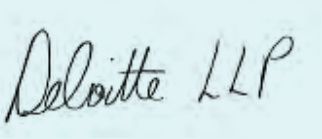
Our responsibility is to express an opinion on these financial statements based on our audit. We conducted our audit in accordance with Canadian generally accepted auditing standards. Those standards require that we comply with ethical requirements and plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Opinion

In our opinion, the financial statements present fairly, in all material respects, the financial position of the Royal College of Dental Surgeons of Ontario as at December 31, 2013 and the results of its operations and its cash flows for the year then ended in accordance with Canadian accounting standards for Not-for-Profit Organizations.



Chartered Professional Accountants, Chartered Accountants
Licensed Public Accountants
June 12, 2014

Royal College of Dental Surgeons of Ontario

BALANCE SHEET

as at December 31, 2013

	2013	2012
	$	$
Assets		
Current assets		
Cash and cash equivalents	**10,520,988**	6,335,141
Accounts receivable	**1,222,014**	1,137,817
Prepaid expenses	**544,789**	1,764,437
	12,287,791	9,237,395
Investments (Note 3)	**44,487,382**	44,122,576
Pension plan asset (Note 6)	**553,900**	313,600
Capital assets (Note 4)	**6,931,982**	6,738,329
	64,261,055	60,411,900
Liabilities		
Current liabilities		
Accounts payable and accrued liabilities	**891,715**	438,467
Deferred revenue	**19,126,068**	16,203,643
	20,017,783	16,642,110
Accrued claims liability (Note 5)	**14,300,042**	12,691,075
Pension plan obligation (Note 6)	**1,136,205**	1,740,705
	35,454,030	31,073,890
Fund balances		
Invested in capital assets	**6,931,982**	6,738,329
Restricted for specific purposes (Note 7)	**24,400,000**	24,400,000
Unrestricted	**(2,524,957)**	(1,800,319)
	28,807,025	29,338,010
	64,261,055	60,411,900

APPROVED ON BEHALF OF THE MEMBERS OF COUNCIL

Peter Trainor
PRESIDENT

Royal College of Dental Surgeons of Ontario

STATEMENT OF OPERATIONS

year ended December 31, 2013

	2013	2012
	$	$
Revenue		
Registration and annual fees	**17,978,874**	17,158,380
Investment Income	**1,618,274**	1,732,258
Professional liability program recoveries (Note 8)	**389,442**	293,170
Recoveries	**58,500**	42,000
Management fees	**75,000**	75,000
Sundry	**228,979**	176,665
Rental income - tenants	**83,302**	83,302
	20,432,371	19,560,775
Expenses		
Salaries and benefits	**8,874,330**	8,230,269
Loss limit provision (Note 5)	**4,000,000**	5,500,000
Insurance premiums	**1,445,159**	1,434,413
Legal fees	**674,090**	671,635
Honoraria	**804,915**	784,183
Consulting and professional fees	**730,887**	883,197
Administrative	**1,099,648**	917,472
Printing, stationery and supplies	**436,099**	354,612
Amortization of capital assets	**733,880**	606,858
Property maintenance and operating costs	**495,713**	516,192
Grants	**428,482**	269,574
Travel and accommodation	**230,354**	210,434
Equipment - rental and maintenance	**352,517**	327,573
Postage and courier	**233,675**	230,154
Expert fees	**19,541**	23,042
Telephone/Information Services	**204,707**	152,890
Staff training	**74,675**	64,357
Broker fees	**88,992**	86,400
Witness and court reporter fees	**13,026**	10,118
Translation Services	**22,666**	16,061
	20,963,356	21,289,434
Deficiency of revenue over expenses	**(530,985)**	(1,728,659)

Royal College of Dental Surgeons of Ontario

STATEMENT OF CHANGES IN FUND BALANCES

year ended December 31, 2013

	Invested in capital assets	Restricted for specific purposes (Note 7)	Unrestricted	2013 Total	2012 Total
	$	$	$	$	$
Fund balances, beginning of year	**6,738,329**	**24,400,000**	**(1,800,319)**	**29,338,010**	31,066,669
Deficiency of revenue over expenses	**(733,880)**	**-**	**202,895**	**(530,985)**	(1,728,659)
Additions to capital assets	**927,533**	**-**	**(927,533)**	**-**	-
Fund balances, end of year	**6,931,982**	**24,400,000**	**(2,524,957)**	**28,807,025**	29,338,010

Royal College of Dental Surgeons of Ontario

STATEMENT OF CASH FLOWS

year ended December 31, 2013

	2013	2012
	$	$
Operating activities		
Excess of expenses over revenue	**(530,985)**	(1,728,659)
Items not affecting cash		
Amortization of bond premiums	**317,851**	294,172
Amortization of capital assets	**733,880**	606,858
Pension plan expense (Note 6)	**554,400**	806,800
	1,075,146	(20,829)
Changes in non-cash working capital balances		
Accrued interest on long term investments	**37,842**	(5,232)
Accounts receivable	**(84,197)**	210,156
Prepaid expenses	**1,219,648**	(122,600)
Accounts payable and accrued liabilities	**453,248**	(35,977)
Government remittances	**-**	(1,556)
Deferred revenue	**2,922,425**	306,440
Accrued claims liability	**1,608,967**	1,410,489
	7,233,079	1,740,891
Financing activity		
Contributions to pension plan	**(1,399,200)**	(1,117,400)
Investing activities		
Additions to capital assets	**(927,533)**	(1,130,111)
Purchase of investments	**(5,720,499)**	(5,206,808)
Proceeds from disposal of investments	**5,000,000**	5,000,000
	(1,648,032)	(1,336,919)
Net cash inflow (outflow)	**4,185,847**	(713,428)
Cash and cash equivalents, beginning of year	**6,335,141**	7,048,569
Cash and cash equivalents, end of year	**10,520,988**	6,335,141
Cash and cash equivalents are comprised of		
Cash	**1,691,632**	483,285
Short-term investments	**8,829,356**	5,851,856
	10,520,988	6,335,141

Royal College of Dental Surgeons of Ontario

NOTES TO THE FINANCIAL STATEMENTS

December 31, 2013

1. GENERAL

Founded in 1868, the Royal College of Dental Surgeons of Ontario (the "College") was constituted under the Dentistry Act, 1991, and Regulated Health Professions Act of Ontario, 1991, as a Not-for-Profit Corporation without share capital. The purpose of the College is to regulate the practice of dentistry and govern its members in the Province of Ontario.

As a Not-for-Profit Corporation, the College is exempt from income taxes under the Income Tax Act.

2. SIGNIFICANT ACCOUNTING POLICIES

Financial statement presentation

These financial statements have been prepared in accordance with Canadian accounting standards for Not-for-Profit Organizations, using the deferral method of reporting restricted contributions.

Revenue recognition

Members of the College pay a registration fee upon joining the College. Registration fees are included in revenue upon receipt.

Members are billed for annual fees each December. These fees relate to the following fiscal year and accordingly amounts received or receivable are shown as deferred revenue at year-end.

Cash and cash equivalents

Cash and cash equivalents include cash on hand, balances with the bank and short-term investments which are readily convertible to cash and have original maturity terms of ninety days or less.

Financial instruments

Financial assets and financial liabilities are initially recognized at fair value when the College becomes a party to the contractual provisions of the financial instrument. Subsequently, all financial instruments are measured at amortized cost.

Capital assets

Capital assets are recorded at cost and are amortized on the straight-line basis over their estimated useful lives as follows:

Building	20 years
Building improvements	5 years
Computer equipment	3 years
Furniture and fixtures	5 years
Office equipment	5 years

Employee future benefits

The College accrues for its obligations under employee benefit plans and the related costs, net of plan assets. The College has adopted the following policies:

- The cost of pensions and other retirement benefits earned by employees is actuarially determined using the projected unit credit method pro-rated on service, and management's best estimate of expected plan investment performance, salary escalation, retirement ages of employees and expected health care costs.
- Fair market value is used when calculating the expected return on plan assets.
- Based on an actuarial assessment that is conducted every three years, the asset base of the pension plan may have to be topped up. The amount of the top-up could be material. The most recent actuarial valuation was performed as at January 1, 2013 and the results were projected to December 31, 2013.
- Past service costs from plan amendments are amortized on the straight-line basis over the average remaining service period of employees active at the date of amendment.
- The excess of the net actuarial gain (loss) over 10% of the greater of the benefit obligation and the fair value of plan assets is amortized over the average remaining service period of active employees. The average remaining service period for active employees is 12 years for the pension plans and 10 years for the other benefit plan.
- When the restructuring of a benefit plan gives rise to both a curtailment and a settlement of obligations, the curtailment is accounted for prior to the settlement.

Pension costs

Pension costs related to current service are charged to income during the period in which the services are rendered. These costs reflect management's best estimates of the pension plan's expected investment yields, salary, mortality of members, terminations and the ages at which members will retire. Adjustments arising from plan amendments, experience gains and losses and changes in assumptions are amortized over the expected average remaining service lives of employees. Gains and losses on settlement or partial settlement of the plan are included in income immediately.

The cumulative difference between the funding contributions and the amounts recorded as a pension expense is recorded on the balance sheet as prepaid pension plan costs or pension plan obligation.

Management estimates

The preparation of the College's financial statements in accordance with Canadian accounting standards for Not-for-Profit Organizations requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities, the disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the reporting period. Accordingly, actual results could differ from those estimates. Accounts containing significant estimates include accounts payable, accrued claims liability and the pension plan obligation.

3. INVESTMENTS

Investments consist of federal bonds, provincial bonds, and treasury bills bearing interest at rates ranging from 1.25% to 9.125% (2012 - 2.4% to 9.125%), and mature between fiscal years ending 2014 to 2023 (2013 - 2019). The carrying value of investments includes accrued interest of $212,878 (2012 - $250,720) and unamortized bond premium of $908,629 (2012 - $917,191) for a total amortized cost of $44,487,382 (2012 - $44,122,576). Investments totaling $1,017,582 (2012 - $1,033,165) mature within the next fiscal year.

4. CAPITAL ASSETS

			2013	2012
	Cost	**Accumulated amortization**	**Net book value**	Net book value
	$	**$**	**$**	$
Land	**4,320,183**	**-**	**4,320,183**	4,320,183
Building and building improvements	**3,458,608**	**2,143,287**	**1,315,321**	1,271,054
Computer equipment	**2,628,681**	**1,579,050**	**1,049,631**	884,145
Furniture and fixtures	**439,027**	**195,622**	**243,405**	257,397
Office equipment	**49,851**	**46,409**	**3,442**	5,550
	10,896,350	**3,964,368**	**6,931,982**	6,738,329

5. ACCRUED CLAIMS LIABILITY

The Professional Liability Program was established by the College to provide a first level of defense and management of professional liability claims against dentists. In 2013, dentists were each covered for a maximum liability of $2,000,000 (2012 - $2,000,000) for each validated claim. The College is liable for the first $250,000 (2012 - $250,000) of a validated claim, subject to a maximum aggregate loss limit of 100 percent of the first $5,000,000, and 50 percent of the aggregate loss between $5,000,000 and $7,000,000 (2012 - $6,000,000 total limit), Management expensed an amount of $4,000,000 (2012 - $5,500,000) based on its estimate of the ultimate exposure for the claim year on an annual basis. Management makes use of actuarial analysis in order to form such estimates. Unutilized loss limits of previous years are recorded as revenue. For a validated claim in excess of $250,000 and for total claims in a year in excess of $5,000,000, the College has obtained insurance having an upper limit of $2,000,000 for each claim. An individual claim in excess of $2,000,000 is the responsibility of the individual member(s). The dentists are liable to the College for a deductible portion on each validated claim of $2,000 on any one occurrence, including defense costs, increasing to $5,000 for a second claim, $10,000 for a third claim and $20,000 for the fourth and subsequent claims in a 84 month period. Deductibles are recorded when received. These assessments are recorded when the file is closed. Members may request that the Professional Liability Committee of the College reduce the assessment in exchange for agreement to take remedial training in the specific area of dentistry on which the claim was based. The College is additionally liable for all loss adjustment expenses, which are expensed as incurred, related to claims arising since January 1, 1977. Final settlement of claims is subject to satisfactory resolution between the insurance company and the College. The accrued claims liability represents the accumulated difference of the total unpaid estimated loss limit for all years with outstanding claims.

6. PENSION PLAN OBLIGATION

The College maintains a combined defined benefit and supplementary pension plan, which covers substantially all of its employees. The College measures its obligation as at January 1 of each year. The most recent actuarial valuation prepared was as of January 1, 2013.

A reconciliation of the College's accrued benefit obligation to the accrued benefit assets (liability) is as follows:

	Defined benefit plan	Supplementary plan	2013 Total
	$	$	$
Accrued benefit obligation	(7,712,600)	(4,331,000)	(12,043,600)
Fair value of plan assets	8,213,600	1,459,800	9,673,400
Funded status - plan deficit	501,000	(2,871,200)	(2,370,200)
Unamortized net actuarial loss (Note 2)	52,900	1,734,995	1,787,895
Accrued benefit asset (liability)	553,900	(1,136,205)	(582,305)

	Defined benefit plan	Supplementary plan	2012 Total
	$	$	$
Accrued benefit obligation	(7,450,000)	(2,914,700)	(10,364,700)
Fair value of plan assets	6,506,700	907,900	7,414,600
Funded status - plan deficit	(943,300)	(2,006,800)	(2,950,100)
Unamortized net actuarial loss (Note 2(i))	1,256,900	266,095	1,522,995
Accrued benefit asset (liability)	313,600	(1,740,705)	(1,427,105)

Details of the accrued benefit obligation are as follows:

	Defined benefit plan	**Supplementary plan**	**2013 Total**	2012 Total
	$	**$**	**$**	$
Accrued benefit obligation, beginning of year	**7,450,000**	**2,914,700**	**10,364,700**	9,520,900
Current service cost	**351,100**	**6,600**	**357,700**	530,500
Interest cost on obligation	**308,600**	**114,800**	**423,400**	446,300
Actuarial loss	**(397,100)**	**1,398,000**	**1,000,900**	(38,200)
Benefit payments	**-**	**(103,000)**	**(103,000)**	(94,800)
Accrued benefit obligation, end of year	**7,712,600**	**4,331,100**	**12,043,700**	10,364,700

The plan expense for the year is determined as follows:

	Defined benefit plan	**Supplementary plan**	**2013 Total**	2012 Total
	$	**$**	**$**	$
Current service cost	**351,100**	**6,600**	**357,700**	530,500
Interest cost on obligation	**308,600**	**114,800**	**423,400**	446,300
Expected return on plan assets	**(355,500)**	**(31,700)**	**(387,200)**	(361,400)
Amortization of net actuarial losses	**154,400**	**6,100**	**160,500**	191,400
Plan expense	**458,600**	**95,800**	**554,400**	806,800

The employer contributions to the pension plans amounted to $698,900 (2012 - $645,100) for the defined benefit plan and $700,300 (2012 - $472,300) for the supplementary plan.

The significant actuarial assumptions adopted in measuring the College's accrued benefit obligation are as follows:

	Defined benefit plan	Supplementary plan
	%	%
Discount rate	4.75	2.38
Expected long-term rate of return on plan assets	5.50	2.38
Inflation rate	2.25	2.25
Rate of compensation increase	3.50	3.50

7. FUND BALANCE RESTRICTED FOR SPECIFIC PURPOSES

The College has no net assets with external restrictions. Certain net assets have been internally restricted as follows:

Professional Liability Reserve Fund

The Professional Liability Reserve Fund was established to secure the liability for future claims in accordance with industry standards. Appropriations to this fund are made from the unrestricted fund balance. Internally restricted fund balance is $24,400,000 (2012 - $24,400,000).

8. PROFESSIONAL LIABILITY PROGRAM RECOVERIES

The Professional Liability Program recoveries balance is comprised mainly of the member assessments on closed files, referred to in Note 5. Other recoveries, when experienced, would also be included in this balance. Such recoveries could include costs awarded to the Professional Liability Program on a matter that went to litigation, or amounts expensed in prior years to cover the cost of that claim year which is no longer required.

9. CREDIT FACILITY

The College has a credit facility with a Canadian chartered bank of up to $500,000, which is secured by a collateral security pursuant to a General Security Agreement. $Nil has been drawn from this facility as at year-end (2012 - $Nil).

10. COMMITMENTS

The College has operating leases expiring at dates up to 2017 on office equipment requiring minimum annual lease payments as follows:

	$
2014	106,355
2015	27,966
2016	25,527
2017	10,636
	170,484

11. CONTINGENCIES

In the ordinary course of business the College is a defendant in various legal actions, the outcomes of which are not determinable at this time. Settlements, if any, will be accounted for in the period when these amounts can be reasonably determined and to the extent that the amounts are not recoverable from insurers. The College is vigorously defending these actions.

12. GUARANTEE

In the normal course of business, the College enters into agreements that meet the definition of a guarantee. The College's primary guarantees subject to the disclosure requirements of AcG-14 are as follows:

a) The College indemnifies all directors for various items, including but not limited to, all costs to settle suits or actions due to services provided to the College, subject to certain restrictions. The College has purchased liability insurance to mitigate the cost of any potential future suits or actions. The amount of any potential future payment cannot be reasonably estimated.

b) In the normal course of business, the College has entered into agreements that include indemnities in favour of third parties, such as purchase and sale agreements, confidentiality agreements, outsourcing agreements, leasing contracts, information technology agreements and service agreements. These indemnification agreements may require the College to compensate counterparties for losses incurred by the counterparties as a result of breaches in representation and regulations or as a consequence of the transaction. The terms of these indemnities are not explicitly defined and the maximum amount of any potential reimbursement cannot be reasonably estimated.

The nature of these indemnification agreements prevents the College from making a reasonable estimate of the maximum exposure due to the difficulties in assessing the amount of liability which stems from the unpredictability of future events and the unlimited coverage offered to counterparties. Historically, the College has not made any significant payments under such or similar indemnification agreements and therefore no amount has been accrued in these financial statements with respect to these agreements.

13. FINANCIAL INSTRUMENT RISK

The College is exposed to the following risks related to its financial assets and liabilities:

a) *Credit risk*
The College is subject to credit risk through its trade receivables and investments. Credit risk arises from the potential that a counterparty will fail to perform its obligations. Credit risk with respect to the trade receivables is limited due to the nature of the College activities which consist of providing Membership services in exchange for practice licenses. Credit risk with respect to investments is limited due to the types of instruments held, which are described in Note 3.

b) *Interest rate risk*
Interest rate risk is the risk that the fair value or future cash flows of a financial instrument will fluctuate because of changes in market interest rates. The College is exposed to this risk through its investments as this balance bears interest at varying rates and are subject to change due to, without limitation, such factors as interest rates and general economic conditions.

DISTRIBUTION OF DENTISTS

DISTRIBUTION OF DENTISTS PRACTISING IN ONTARIO BY AGE RANGE, COUNTY AND ELECTORAL DISTRICT

COUNTY	LESS THEN 31	31 – 40	41 – 50	51 – 60	61 – 65	OVER 65
DISTRICT 1						
Dundas	0	0	0	3	0	1
Frontenac	4	32	24	28	7	12
Glengarry	0	1	1	1	1	1
Grenville	1	5	1	2	1	0
Lanark	0	7	4	8	2	4
Leeds	3	9	5	7	8	5
Lennox Addington	0	1	3	1	0	1
Ottawa Carlton	67	171	208	153	49	64
Prescott	1	4	3	4	0	0
Renfrew	11	9	16	7	8	5
Russell	2	4	3	2	3	0
Stormont	5	11	8	8	2	3
District Total: 1025	**94**	**254**	**276**	**224**	**81**	**96**
DISTRICT 2						
Durham	22	80	96	95	30	32
Haliburton	0	1	1	1	1	1
Hastings	4	17	18	5	5	13
Northumberland	2	9	8	6	6	2
Peterborough	2	12	20	13	6	5
Prince Edward	2	2	1	2	1	0
Victoria	4	7	6	1	2	5
York	69	219	215	191	51	55
District Total: 1346	**105**	**347**	**365**	**314**	**102**	**113**

COUNTY	LESS THEN 31	31 – 40	41 – 50	51 – 60	61 – 65	OVER 65
DISTRICT 3						
Algoma	10	14	14	10	9	7
Cochrane	3	5	10	5	3	4
Kenora	1	4	6	6	2	3
Manitoulin	0	0	1	4	0	0
Nipissing	0	6	9	11	5	4
Rainy River	1	1	5	3	1	0
Sudbury	6	17	24	22	8	10
Thunder Bay	8	23	11	24	12	13
Timiskaming	3	4	2	5	1	3
District Total: 363	**32**	**74**	**82**	**90**	**41**	**44**
DISTRICT 4						
Halton	24	114	113	74	19	38
Peel	59	237	226	210	70	60
District Total: 1244	**83**	**351**	**339**	**284**	**89**	**98**
DISTRICT 5						
Bruce	2	4	9	6	6	2
Dufferin	2	6	6	7	3	2
Grey	3	9	10	8	9	7
Huron	0	5	6	5	1	2
Muskoka	1	7	9	16	0	4
Parry Sound	0	4	2	5	0	1
Simcoe	13	61	64	60	17	28
District Total: 412	**21**	**96**	**106**	**107**	**36**	**46**

COUNTY	LESS THEN 31	31 – 40	41 – 50	51 – 60	61 – 65	OVER 65
DISTRICT 6						
Elgin	2	4	6	6	3	4
Essex	18	45	79	62	28	19
Kent	2	12	10	9	7	5
Lambton	8	14	6	14	10	4
Middlesex	35	86	83	88	39	36
District Total: 744	**65**	**161**	**184**	**179**	**87**	**68**
DISTRICT 7						
Brant	7	21	15	16	7	11
Haldimand Norfolk	0	14	5	4	5	5
Oxford	3	13	11	9	10	6
Perth	2	8	10	3	3	5
Waterloo	24	82	91	75	22	20
Wellington	6	28	35	28	12	10
District Total: 626	**42**	**166**	**167**	**135**	**59**	**57**
DISTRICT 8						
Hamilton Wentworth	26	71	77	76	43	36
Niagara	14	50	52	58	27	29
District Total: 559	**40**	**121**	**129**	**134**	**70**	**65**
DISTRICT 9						
Toronto North	30	98	153	156	55	94
District Total: 586	**30**	**98**	**153**	**156**	**55**	**94**

COUNTY	LESS THEN 31	31 – 40	41 – 50	51 – 60	61 – 65	OVER 65
DISTRICT 10						
Toronto West	29	96	151	156	50	93
District Total: 575	**29**	**96**	**151**	**156**	**50**	**93**
DISTRICT 11						
Toronto Central	59	145	128	159	57	78
District Total: 626	**59**	**145**	**128**	**159**	**57**	**78**
DISTRICT 12						
Toronto East	36	159	238	246	73	93
District Total: 845	**36**	**159**	**238**	**246**	**73**	**93**
Provincial Totals: 8951	**636**	**2068**	**2318**	**2184**	**800**	**945**

RCDSO Data – as of December 31, 2013
(These figures represent all classes of certificates of registration for members with a registered practice address in the province of Ontario.)

PRESIDENTS AND REGISTRARS

PRESIDENTS

B.W. Day
April 1868 – June 1870

H.T. Wood
June 1870 – July 1874

C.S. Chittenden
July 1874 – May 1889

H.T. Wood
May 1889 – March 1893

R.J. Husband
March 1893 – April 1899

G.E. Hanna
April 1899 – April 1901

A.M. Clark
April 1901 – April 1903

H.R. Abbott
April 1903 – April 1907

R.B. Burt
April 1907 – April 1909

G.C. Bonnycastle
April 1909 – May 1911

W.J. Bruce
May 1911 – May 1913

D. Clark
May 1913 – May 1915

W.C. Davy
May 1915 – May 1917

W.C. Trotter
May 1917 – May 1918

W.M. McGuire
May 1918 – May 1921

M.A. Morrison
May 1921 – May 1923

A.D. Mason
May 1923 – May 1925

E.E. Bruce
May 1925 – May 1927

R.C. McLean
May 1927 – May 1929

S.S. Davidson
May 1929 – June 1931

S.M. Kennedy
June 1931 – May 1933

H. Irvine
May 1933 – May 1935

G.H. Holmes
May 1935 – May 1937

E.C. Veitch
May 1937 – May 1939

L.D. Hogan
May 1939 – May 1941

F.A. Blatchford
May 1941 – May 1943

G.H. Campbell
May 1943 – May 1945

S.W. Bradley
May 1945 – May 1947

H.W. Reid
May 1947 – May 1949

S.J. Phillips
May 1949 – May 1951

R.O. Winn
May 1951 – May 1953

C.M. Purcell
May 1953 – May 1955

R.J. Godfrey
May 1955 – May 1957

M.C. Bebee
May 1957 – May 1959

M.V. Keenan
May 1959 – May 1961

A.H. Leckie
May 1961 – April 1963

W.G. Bruce
April 1963 – April 1965

J.P. Coupland
April 1965 – February 1967

J.D. Purves
February 1967 – January 1969

H.M. Jolley
January 1969 – January 1971

N.L. Diefenbacher
January 1971 – January 1973

P.P. Zakarow
January 1973 – January 1975

R.P. McCutcheon
January 1975 – January 1977

E.G. Sonley
January 1977 – January 1979

A.J. Calzonetti
January 1979 – January 1981

C.A. Doughty
January 1981 – January 1983

R.L. Filion
January 1983 – January 1985

G.E. Pitkin
January 1985 – January 1987

G. Nikiforuk
January 1987 – January 1989

W.J. Dunn
January 1989 – January 1991

R.M. Beyers
January 1991 – March 1994

G.P. Citrome
March 1994 – February 1997

M. Yasny
February 1997 – January 1999

T.W. McKean
January 1999 – January 2001

E. Luks
January 2001 – January 2003

C.A. Witmer
January 2003 – January 2007

F.M. Stechey
January 2007 – January 2011

W.P. Trainor
January 2011 –

REGISTRARS

J. O'Donnell
April 1868 – July 1870

J.B. Willmott
July 1870 – June 1915

W.E. Willmott
July 1915 – May 1940

D.W. Gullett
May 1940 – July 1956

W.J. Dunn
July 1956 – February 1965

K.F. Pownall
February 1965 – July 1990

R.L. Ellis
July 1990 – November 1996

M.H. Stein
November 1996 – January 2000

I.W. Fefergrad
June 2000 –

Design: Public Good Social Marketing Communications | public-good.com
Illustration: John-Patrick Thomas (The Loud Cloud Creative Agency)

Royal College of
Dental Surgeons of Ontario

Ensuring Continued Trust

6 Crescent Road
Toronto, ON Canada M4W 1T1
T: 416-961-6555 F: 416-961-5814
Toll Free: 1-800-565-4591
www.rcdso.org