

FRESH PERSPECTIVES AND INNOVATION

ROYAL COLLEGE OF DENTAL SURGEONS OF ONTARIO
ANNUAL REPORT 2015



Royal College of
Dental Surgeons of Ontario

Ensuring Continued Trust

RCDSO

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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 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 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 Western University.

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 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.

Effective regulation is not passive. Regulators need to cultivate a culture of self-responsibility and accountability. Our College has a robust record of doing everything in our power to get the right results.



PRESIDENT'S MESSAGE

CONSTANTLY ALERT TO WAYS OF DOING BETTER

This year again the College worked hard to respond to challenges with fresh perspectives and an openness to new approaches to meet our mandate of public protection.

One of our key initiatives was to expand the amount of information posted on the College's Register about the conduct and practice of Ontario dentists. The guiding principle is quite straightforward: the higher the risk to the public, the higher the need to make information public. This means the public now has more meaningful information to make an informed choice of a provider right for them.

We responded quickly and eloquently to questions from the Minister of Health and Long-Term Care on how our processes are transparent to the public and how the College handles complaints about sexual abuse and boundary violations. We made detailed presentations to the provincial task force investigation into the prevention of the sexual abuse of patients and the Regulated Health Professions Act. Council also agreed to enhanced support for victims of sexual abuse by dentists.

To ensure members had the most direct and realistic advice to help them better understand appropriate professional behaviour in today's world, two new revised practice advisories were released: one on the prevention of sexual abuse and boundary violations and the other on the use of social media.

And, sensitive to the pressing societal issues around the misuse of opioids, Council approved new guidelines on the role of opioids in the management of acute and chronic pain in dental practice. These guidelines are the first on this topic for the dental profession in North America.

This kind of focused attention on important public issues is critical for us as we remain alive to the necessity of constant innovation to meet our mandate of public safety and protection.

A handwritten signature in black ink that reads "Dr. R.M. Yarascavitch". The signature is written in a cursive, flowing style.

Dr. Ronald Yarascavitch
PRESIDENT

INQUIRIES, COMPLAINTS AND REPORTS COMMITTEE

MEMBERS

Dr. Joseph Stasko (Chair)	Ms. Marianne Park
Dr. Robert Carroll	Mr. Abdul Wahid
Dr. Larry Davidge	<i>(until May 17, 2015)</i>
Dr. Elizabeth MacSween	Ms. Susan Davis
Dr. Harinder Sandhu	<i>(effective May 14, 2015)</i>
Dr. David Segal	Dr. Ali Davoudpour
Dr. Cam Witmer	Dr. John Lau
Dr. Ronald Yarascavitch	Dr. Neil Moss
Mr. Ted Callaghan	Dr. Michael Perelgut
Ms. Catherine Kerr	

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 members. The Committee currently has seven standing panels that review formal complaints and one standing panel that reviews reports, including Registrar's Reports of Section 75 investigations, incapacity matters and other reports concerning members' compliance with undertakings, specified remediation, 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 specified allegations of professional misconduct or incompetence to the Discipline Committee for a hearing.
2. Make inquiries into the member's capacity and/or refer the matter to the Fitness to Practise Committee.
3. Require the member to appear before a panel of the ICR Committee to be cautioned.
4. Take other appropriate action, such as:
 - require the member to complete a specified continuing education or remediation program (SCERP);
 - ask the member to voluntarily complete courses;
 - ask the member to voluntarily complete a mentoring and/or monitoring program;
 - ask the member to voluntarily restrict their practice;
 - provide advice and/or recommendations to the member.
5. Take no action.

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

Risk Assessment Framework

In 2015, a Risk Assessment Framework was developed to guide panels of the ICR Committee when they decide the outcomes of complaints and reports. The purpose of the framework is to ensure consistent, fair and transparent decision-making that is

ultimately guided by the panel’s assessment of risk as: no/minimal; low; moderate; or high. The framework also includes a tool for analyzing risk based on the panel’s level of concern in a number of areas such as clinical/practice issues, insight and prior history. A copy of the Risk Assessment Framework, which came into use on January 1, 2015, is available on the College’s website.

Public Outcomes

As part of the College’s ongoing transparency initiative, the Register has been expanded to include decisions of the ICR Committee, made on or after October 1, 2015, where the member is required to appear before the panel to be cautioned and where the member is required to complete a specified continuing education or remediation program (SCERP). This means that summaries of these caution and SCERP decisions are now available to the public on the College’s website. In addition, ICR Committee decisions to refer a matter to the Fitness to Practise Committee or to refer allegations of professional misconduct to the Discipline Committee, continue to be available to the public.

Caution decisions appear on the Register for 24 months after the caution is delivered to the member. SCERP decisions appear on the Register until all aspects of the SCERP have been completed.

COMMITTEE ACTIVITY

Formal Complaints

From January 1, 2015 to December 31, 2015, the College received 653 letters of complaint or inquiry, 464 of which became formal complaints. Panels of the ICR Committee met on 67 occasions during this period to review the results of investigations of formal complaints. A summary of the panels’ activities is shown here.

Decisions – Formal Complaints

Number of decisions issued ¹	429
No action	197
No Action (ratification of Alternative Dispute Resolution)	47
Advice and recommendations	94
Remedial agreement	15
Caution	32
Specified Continuing Education or Remediation Program (SCERP)	47
Undertaking	14
Referral to Discipline Committee	11
Referral to ICR Panel for incapacity proceedings	0
Interim order	0
Complaints deemed frivolous, vexatious, made in bad faith, moot or otherwise an abuse of process	12

¹ Some decisions contain more than one action, e.g. SCERP and caution. Accordingly, the total number of decisions will not always equal the total number of actions.

Alternative Dispute Resolution (ADR)

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

alternative dispute resolution means 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.

Summary of Alternative Dispute Resolution (ADR) Program Activities January 1, 2015 – December 31, 2015

Cases eligible for ADR	140
ADR process declined by complainant ¹	20
ADR process declined by member ¹	8
Cases that proceeded to ADR negotiations	86
Successfully resolved	56
Unsuccessful ²	15
Ongoing	26

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 ICR 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, 2015 – December 31, 2015

Number of requests for review received	55
Number of decisions issued by the Board	39
ICR Committee decision confirmed	38
Returned for further investigation	1
Request for review withdrawn by the applicant	8
Order not to proceed	1
Section 28 request by HPARB ¹	6
Section 28 order from HPARB	0

¹ 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 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 2015, there were 46 Section 75(1)(a) appointments and two Section 75(1)(b) appointments by the Registrar approved by the ICR Committee. In addition, the Registrar made six 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 cases, there were serious concerns raised regarding members' infection prevention and control protocols and with the members' provision of sedation and anesthesia.

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. A panel of the ICR Committee met on 26 occasions to review reports during this period. Below is a summary of decisions issued by the ICR Committee in 2015 in relation to Registrar's Reports.

Decisions – Registrar's Reports

Number of Decisions Issued¹	35
No action	7
Advice and recommendations	5
Remedial agreement	3
Caution	12
Specified Continuing Education or Remediation Program (SCERP)	1
Undertaking	4
Referral to Discipline Committee	6
Interim order	1
Referral to ICR panel for incapacity proceedings	2
Referral to Fitness to Practise Committee	0

¹ Some decisions contain more than one action, e.g. SCERP and caution. Accordingly, the total number of decisions will not always equal the total number of actions.

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 2015, the ICR Committee made inquiries into the possible incapacity of 12 members. Four members entered into voluntary undertakings with the College for ongoing treatment and monitoring. Four of the 12 matters are still ongoing with the remaining four matters resolved with no action taken. None of the inquiries resulted in a referral to the Fitness to Practise Committee.

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 ICR Committee, or as part of an undertaking or remedial 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 2015, the ICR Committee reviewed 209 monitoring reports. Sixty-two files were closed and the remaining files remain open for further monitoring. Ten members were invited to meet personally with the ICR Committee to discuss specific concerns arising out of monitoring reports. Eight members agreed to extend their monitoring periods for an additional year to ensure that all issues are addressed to the satisfaction of the committee.

MENTORING REPORTS

Members who have entered into undertakings with the College, have been ordered by the ICR Committee 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 2015, the ICR Committee reviewed mentoring reports for 11 members.

DISCIPLINE COMMITTEE

MEMBERS

Dr. Richard Bohay (Chair)	Ms. Beth Deazeley
Mr. Gregory Larsen <i>(effective Nov 19, 2015)</i>	Dr. Flavio Turchet
Dr. Richard Hunter (Vice-Chair)	Dr. Nancy DiSanto
Dr. Edelgard Mahant	Mr. Jose Saavedra <i>(until August 24, 2015)</i>
Dr. Harpaul Anand	Mr. Manohar Kanagamany
Dr. David Mock	Mr. Derek Walter <i>(effective August 20, 2015)</i>
Dr. William Coyne	Dr. Lisa Kelly
Dr. Michael O'Toole	

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.

Hearings

A panel of the Discipline Committee, consisting of a minimum of three and no more than five persons, two of whom must be public members and one of whom must be a dentist member of Council, considers each case in an open hearing 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 to the Minister of Finance.

If a discipline panel 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 appropriate 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. These summaries are contained as an insert to Dispatch magazine and are also available on the College's website.

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

There were 12 hearings of the Discipline Committee held in 2015, requiring panels of the Discipline Committee to sit for 18 hearing days. Eleven hearings resulted in a finding or findings of professional misconduct. In the remaining hearing, the panel granted a motion made by the College to have the allegations against the member withdrawn. Twelve pre-hearing conferences were also held in 2015.

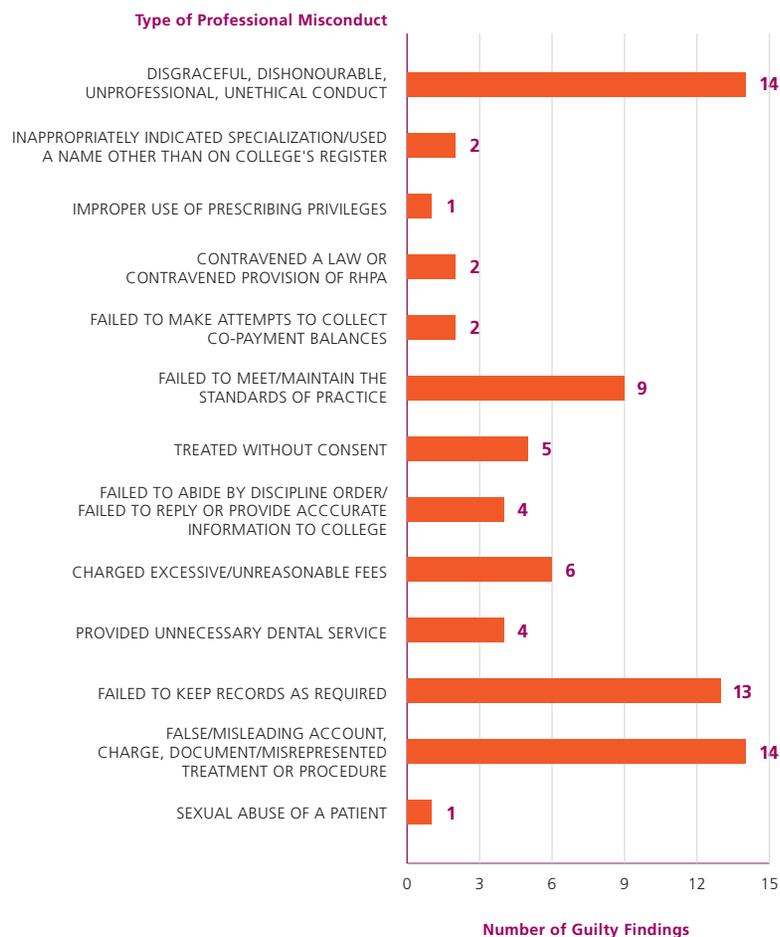
The findings of professional misconduct made against the 12 members, related to:

- sexual abuse of a patient;
- failing to meet and/or maintain the standards of practice of the profession;
- signing or issuing a document that contains a false, misleading or otherwise improper statement/falsifying a record;

- failing to keep records as required by the legislation;
- submitted a false or misleading account or charge;
- recommending and/or providing an unnecessary dental service;
- charging excessive, unreasonable or inappropriate fee;
- failing to make reasonable attempts to collect co-payment balance;
- treating without consent;
- improper use of prescribing privileges;
- failing to reply to an enquiry by the College/failing to provide accurate information with the College;
- inappropriately used a term, title or designation indicating specialization in dentistry/used a name other than the member's name as set out in the Register;
- making a misrepresentation about a remedy, treatment, device or procedure or failing to reveal the exact nature of a remedy, treatment, device or procedure;
- failing to comply with an order of the Discipline Committee;
- contravening a law/contravened a provision of an Act;
- disgraceful, dishonourable, unprofessional or unethical conduct.

Table 1 contains a profile of the number of findings with respect to the above-noted categories of professional misconduct.

TABLE 1

PROFILE OF DISCIPLINE FINDINGS – 2015**Penalties**

The penalties imposed by the Discipline Committee included:

- Revocation of a member's certificate of registration – 1
- Reprimands – 10
- Suspensions of the members' certificates of registration, ranging from 1 month to 18 months in length – 8
- Mentoring programs – 2
- Practice restrictions/requirements – 6
- Courses to be taken by members in the following subject areas: ethics, recordkeeping, financial recordkeeping, infection control, appropriate prescribing and pain management, standards regarding dental CT scans – 7
- Members' practices to be monitored following their completion of courses – 7
- Cases in which costs were awarded to the College, ranging from \$1,500 to \$10,000 – 8

Publication of Decisions

The College's Register, which is found on the College's website, contains the result of every discipline hearing where there has been a finding of professional misconduct against a member. In addition, a summary of every case is published as an insert in the College's membership magazine, Dispatch, as soon as possible after the panel's decision and reasons are final. These summaries are also available on the College's website.

The decisions and reasons that were released in 2015 are included, by reference only, in this annual report.

FITNESS TO PRACTISE COMMITTEE

MEMBERS

Dr. Richard Hunter (Chair)

Dr. Elizabeth MacSween

Mr. Manohar Kanagamany

Dr. Edelgard Mahant

Dr. Christine Cho

Dr. Katherine Zettle

ACTIVITY HIGHLIGHTS

In 2015, the Fitness to Practise Committee held hearings involving two members. In both cases, the members were found to be incapacitated. In the first case, the member's certificate of registration was suspended until certain criteria are met. In the second case, the member was permitted to engage in the practice of dentistry, subject to terms, conditions and limitations on the member's certificate of registration.

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.

PATIENT RELATIONS COMMITTEE

MEMBERS

Ms. Catherine Kerr (Chair)
Dr. Nancy DiSanto
Ms. Marianne Park

Dr. Harinder Sandhu
Dr. Katherine Zettle

MANDATE

The Regulated Health Professions Act, 1991 (RHPA), 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 stipulates that the patient relations program must include "...measures for preventing and dealing with sexual abuse of patients." These measures include establishing educational requirements for members, setting guidelines for the conduct of members with their patients, training College staff and providing information to the public. 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 RHPA. Further, 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

Submissions to Government

In December 2014, the Minister of Health and Long-Term Care established the Task Force on the Prevention of Sexual Abuse of Patients and the Regulated Health Professions Act, 1991, and asked Colleges to provide him with information on the current status and operation of its patient relations program's measures for preventing and dealing with the sexual abuse of patients.

In January 2015, the College provided the Minister with a report outlining the activist agenda of the Patient Relations Committee since its inception in 1994, which has gone beyond its legislative mandate. The report included information on the patient relations program's educational requirements for members, guidelines for the conduct of members, training for College staff and measures regarding the provision of information to the public.

In March 2015, the College submitted an extensive report to the task force which included details about each complaint, mandatory report and Registrar's investigation from 2004 to 2014. A supplementary report was provided in April 2015 outlining the College's best practices related to the investigation of sexual misconduct matters and boundary violations. It also provided key recommendations for the task force's consideration. In addition to the written reports, the College made oral submissions before the task force on two occasions.

Strategic Planning

At the beginning of 2015, the Committee worked with an expert in the areas of sexual abuse prevention, equity and gender related issues to develop a strategic plan for its two year term and beyond. The plan focused on guidance to members

about the prevention of sexual abuse and boundary violations of a sexual nature and support for individuals reporting these allegations to the College, as well as education for staff who conduct investigations and Committee members who make decisions in these cases. The Committee also planned to continue its work on treating patients with disabilities and to formalize a protocol around accessibility and accommodation in the complaints process.

Support Initiatives

The Committee recognized that the experience of reporting, discussing and being questioned about details of alleged sexual abuse or boundary violations of a sexual nature can be difficult and distressing. Therefore, the Committee developed a policy to provide individuals with a level of support throughout the investigation and discipline processes in order to encourage reporting of sexual misconduct and boundary violations of a sexual nature.

The policy sets out that the College would retain a registered social worker or other appropriate regulated professional to provide support for those individuals who are inquiring about the College's investigation processes, are in the complaints or Registrar's investigation process, or are testifying at a discipline hearing. This resource is provided at the College's expense. This new policy was put in place in November.

In addition, for those individuals testifying at a discipline hearing about sexual abuse or boundary violations of a sexual nature, the College has made available a private space for them while waiting to testify.

Member Guidance and Education

The Committee undertook a number of initiatives to enhance member education to prevent sexual abuse of patients and boundary violations of a sexual nature. The College's practice advisory on this issue was renamed and updated to reflect current teachings and societal norms. The advisory provides guidance to members about creating and maintaining professional boundaries, explains mandatory reporting obligations and outlines support for individuals reporting allegations of sexual abuse or boundary violations of a sexual nature.

In addition, while the College's practice advisory, which provides guidance on the use of social media, was only three years old, the Committee determined that it should also be updated to reflect this quickly evolving area given the extensive personal and professional use of social media by members and the public alike. This practice advisory focuses on a member's obligation to maintain professional boundaries in all forms of communication, technology-related or not.

Member education has also been enhanced through a series of articles published in the College's membership magazine, Dispatch, which focused on sexual abuse and boundary violations issues. This year, articles on the meaning of touch and understanding patient boundaries were published.

In July 2015, the College was invited by McGill University to participate as a partner in an application to the Social Sciences and Humanities Research Council for a \$2.5 million, seven-year research grant. The title of the project is "A Multi-Sector

Partnership to Investigate and Develop Policy and Practice Models to Dismantle ‘Rape Culture’ in Universities.” The study hopes to mobilize systemic change in universities and mainstream social contexts. It is expected that a response to this funding application will be received in early 2016.

Council and Staff Training

In addition to education of the membership, the Committee provided additional information about sexual misconduct and boundary violations to the College’s Council, some of whom make decisions about members’ conduct, and College staff.

Educational sessions were held for Council members and staff where experts in the field provided information about sexual abuse prevention, maintaining appropriate boundaries in dentist/patient relationships, and the perspective and experience of complainants and those reporting sexual abuse and harassment, including coping mechanisms.

Accessibility and Accommodation Policy

As well as the numerous Committee initiatives around the prevention of sexual abuse and boundary violations of a sexual nature, the Committee brought forward a policy to formalize the current practices of the Professional Conduct and Regulatory Affairs department of the College around accessibility and accommodation of needs

protected by the Ontario Human Rights Code during College investigations. This resulted in the development of a new policy, Accessibility and Accommodation: Professional Conduct and Regulatory Affairs Procedures. While the focus of the policy is to facilitate patient access to the College’s investigation processes, the policy may also assist members’ participation.

Treating Patients with Disabilities

The Committee also continued its work to enhance member education on the topic of treating patients with disabilities. The Committee developed a short YouTube video based on the series of articles published in Dispatch magazine on treating patients with disabilities. This video is posted on the College’s website and the RCDSO YouTube channel.

Requests for Funding for Therapy and Counselling

To date, the Patient Relations Committee has not received any requests for funding by patients sexually abused by a dentist.

QUALITY ASSURANCE COMMITTEE

MEMBERS

Dr. David Mock (Chair)
Dr. Bohdan Kryshchalskyj
Ms. Catherine Kerr

Dr. Randy Lang
Dr. Anita Moosani

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 Professions 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 200 approved core courses, which are listed on the College website.

In addition, all members are required to record their CE activities in their online e-Portfolio, and to retain original documents, e.g. course certificates and other proof of attendance documents, that provide evidence of their successful participation in CE activities for five years from the end of each three-year cycle.

For most members, December 14, 2014, marked the end of their first three-year cycle. In April 2015, the College began the random selection of members to have their e-Portfolio reviewed. As of December 31, 2015, 200 members had been randomly selected. A summary of their status is reflected in the following table.

Current status of members for the period of April 1, 2015 to December 31, 2015

Total number of members randomly selected	200
Removed from selection list*	3
Active (in progress)	44
Completed – successful	138
Completed – unsuccessful (shortfall of CE points)	15
Under review by Committee	4
Explanation accepted/no further action	8
Assigned for review of next CE cycle	3

* Members may be removed from the random selection list for full-time post-graduate programs, registration in a specialty and other reasons that result in a reset of their CE 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.

From January 1, 2013 to December 31, 2015, the College randomly selected 4,537 members to complete the PET assessment. A summary of their status is reflected in the following table.

Table 1: Current status of members randomly selected to complete the PET assessment for the period of January 1, 2013 to December 31, 2015

Total number of members randomly selected	4,537
Removed for retirement/resignation	97
Removed for full-time post-graduate program	20
Active (in progress)	168
Completed – successful (1 st attempt)	4,151
Completed – unsuccessful (1 st attempt)	10
Completed – successful (2 nd attempt)	22
Completed – unsuccessful (2 nd attempt)	0
Failed to complete	1
Extension	0
Deferral	59
Request for consideration	0
Undertaking/Agreement	6
Refer to ICR Committee	3

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

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

In November 2015, Council gave final approval to the proposed Guidelines on The Role of Opioids for the Management of Acute and Chronic Pain in Dental Practice. The new guidelines are divided into four major sections, dealing with: the management of acute pain, the management of chronic pain, the management of risk for opioid use, and additional issues, such as the use of analgesics for pediatric patients, the content and clarity of prescriptions, securely issuing written prescriptions, and safeguarding the dental practice by securing and monitoring in-office drugs, along with staff education. The document also includes two appendices, providing screening tools for the assessment of risk, as well as additional resources and reference materials available on the internet.

The new guidelines were posted on the College’s website and an article was published in the November/December 2015 issue of Dispatch magazine to inform members about this important document. As well, a series of articles has been planned for each issue of Dispatch magazine in 2016 to maintain members’ focus on this subject.

Canadian Centre on Substance Abuse

At the November 2015 meeting, Council was informed about the strategy document *First Do No Harm: Responding to Canada's Prescription Drug Crisis*, which was released by the Canadian Centre on Substance Abuse in partnership with the National Advisory Council on Prescription Drug Misuse. Council was also informed about the preparation of draft competencies for health professionals in pain management, drug prescribing, dependency, addiction and abuse, which were proposed by the First Do No Harm Education Implementation Team. The College will be developing a response to the draft competencies.

Narcotic Use and Misuse in Ontario

At the November 2015 meeting, Council was informed about the attendance of College representatives at a meeting hosted by the College of Physicians and Surgeons of Ontario on the subject of Narcotic Use and Misuse in Ontario. The meeting was convened at the request of the Ministry of Health and Long-Term Care and was chaired by Ms. Suzanne McGurn, Assistant Deputy Minister & Executive Officer, Ontario Public Drug Program. The meeting was attended by numerous stakeholders, who reviewed the work each had underway or planned in order to deal with this subject, as well as discussed key issues and opportunities for moving forward.

REGISTRATION COMMITTEE

MEMBERS

Dr. Flavio Turchet (Chair)
Beth Deazeley

Dr. Benjamin Lin
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 the 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 2015. Six requests for registration and/or reinstatement 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 three applications for a general certificate of registration;
- approved one application for a general certificate of registration with an undertaking;
- approved one application for reinstatement of a general certificate of registration;
- approved one application for reinstatement of a general certificate of registration with an undertaking.

STATISTICS

(As at December 31, 2015)

Additions to the Register

University of Toronto (General)	54
University of Western Ontario (General)	42
Other Canadian graduates (NDEB) (General)	37
U.S.A. (NDEB) (General)	49
International graduates (NDEB) (General)	237
Specialty certificates	48*
Academic certificates	0
Academic visitor certificates	0
Graduate certificates	12
Education certificates	6
Post-specialty training certificates	1

* Of this total, 22 were new members to the College and 26 were general members adding a specialty register.

Specialty Certificates Granted

The College granted 48 specialty certificates during 2015 in the following dental specialties:

Dental Anesthesiology	2
Endodontics	7
Oral and Maxillofacial Surgery	7

Oral Medicine	2
Oral Pathology	2
Oral and Maxillofacial Radiology	2
Orthodontics and Dentofacial Orthopaedics	10
Pediatric Dentistry	6
Periodontics	8
Public Health Dentistry	0
Prosthodontics	2

Removals and Reinstatements

Deceased	11
Resigned	110
Revoked – conditions expired	25
Reinstated	21

Total Membership Certificates by Category

General certificates	9,270
Specialty certificates	201
Combined general/Specialty certificates (Already counted in General Total)	1,292
Academic certificates	17
Graduate certificates	32
Education certificates	9
Post-Specialty Training Certificates	1
Total number of membership certificates	9,530

PROFESSIONAL LIABILITY PROGRAM COMMITTEE

MEMBERS

Ms. Kelly Bolduc O’Hare, (Chair, January – August 2015)	Dr. Vincent Carere
Mr. José Saavedra (Chair, August – December 2015)	Dr. Neil Gajjar
Dr. Karen Aiken	Dr. Michael Glogauer
	Dr. Gurneen Sidhu
	Dr. Gordon Sylvester

MANDATE

The College’s Professional Liability Program (PLP) provides each member of the College with errors and omissions protection that 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.

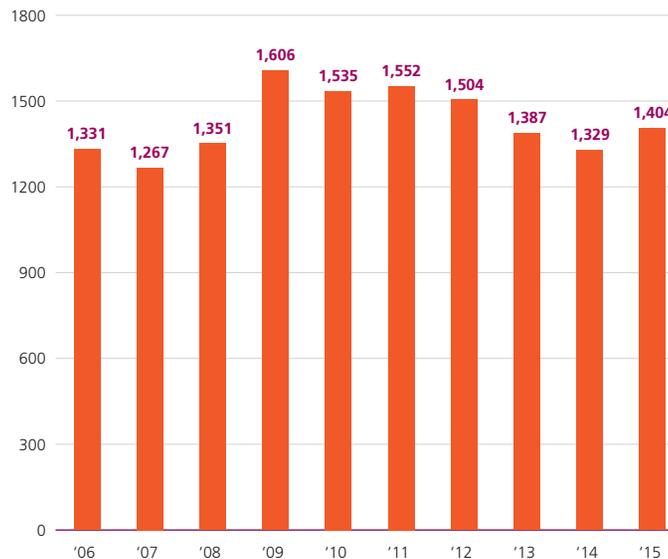
The PLP Committee oversees the policies and practices of PLP and has responsibility for reviewing staff use of delegated settlement authority, approving all settlements exceeding internal staff authority and authorizing defence of actions through trial and appeals of adverse trial decisions. The Committee also provides leadership with respect to PLP enhancements, including risk management and practice improvement initiatives that may be required from time to time.

ACTIVITY HIGHLIGHTS

Incidents Reported

Between January 1 and December 31, 2015, there were 1,404 incidents/potential incidents reported to PLP, an increase of 75 from the previous year. Table 1 shows the number of files opened for the ten-year period 2006–2015.

TABLE 1
INCIDENTS REPORTED TO PLP 2006 – 2015



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 per cent of PLP's files will eventually be closed with no payment being made by PLP. In many of those, 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.

PLP Micro-Website

PLP's micro-website went live on September 1, 2015. The website includes videos, articles, e-pamphlets, FAQs, quick hits and forms to request malpractice protection letters and pay deductibles. Members are also now able to report incidents and request dental-legal advice online. The site is easy to navigate and the search function is robust.

Contract Renewal

RCDSO's policy with ENCON Insurance Managers was renewed for 2016. RCDSO's risk retention is \$2 million per file with a stop loss of \$10 million as in the previous year. However, ENCON insisted at capping its exposure at \$5 million over the stop loss and only agreed to raise the ceiling to \$10 million with an increase in premium. The contract calls for a partial premium rebate of up to 28 per cent if it is terminated within 48 months after the end of the claim year.

Excess Malpractice Coverage

Excess malpractice protection of up to \$23 million is available to RCDSO members above the \$2 million provided through PLP. The College has no involvement in the excess coverage.

PLP Financial Performance

Because of heightened risk exposure, PLP undergoes annual evaluations by an accounting firm. The 2015 analysis estimates losses for the last four claim years (2012–2015) to be less than \$3 million per year, well below any claim year in the prior decade, despite a significant increase in membership during that period. There

has been a corresponding reduction in the average claim size of \$2,000 and in the average loss per member of \$245 since 2001 (\$9,500 and \$405 adjusted for inflation). In 2015, PLP's legal and indemnity costs were approximately \$1.7 million lower than in 2014 and approximately \$2.3 million lower than in 2011.

Practice Advisory Services/PLP Collaboration

Practice Advisory Services (PAS) and PLP continue to collaborate in developing responses to frequently asked questions affecting both departments. A series of email templates has been created to ensure uniformity in messaging. PLP has seen an increase in non-file related dental-legal inquiries as a result of its collaboration with PAS and because members are now able to request information online through PLP's website.

External Defence Counsel Conference

In September 2015, PLP hosted its third annual External Defence Counsel Conference featuring presentations by PLP staff, external defence counsel and dental experts on dental and legal topics relevant to PLP matters. The conference is an excellent forum for sharing ideas and experiences in order to improve efficiency and file outcomes. Participants included College staff and PLP Committee members. The conference was well-received and another is planned for 2016.

Risk Management

PLP continues its emphasis on risk management and incident prevention. PLP staff has created a number of presentations addressing risk management issues that are presented at no charge to local dental societies, dental students and other groups. PLP now has three Category 1 core courses: "The Big Picture", "Consent to Treatment" and "Communication Breakdown." The most recent course on communication was approved by the Quality Assurance Committee and will have its inaugural run at the ODA Spring Meeting in May 2016. The number of PLP speaking engagements has increased over previous years. PLP staff also continues to create risk management articles for publication in Dispatch magazine and e-pamphlets for PLP's website.

Royal College of Dental Surgeons of Ontario

FINANCIAL STATEMENTS

December 31, 2015

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FINANCIAL STATEMENTS OF

ROYAL COLLEGE OF DENTAL SURGEONS OF ONTARIO

December 31, 2015

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, 2015, 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.

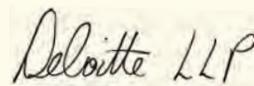
An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material

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, 2015 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

Licensed Public Accountants

June 16, 2016

STATEMENT OF OPERATIONS

year ended December 31, 2015

	2015	2014
	\$	\$
Revenue		
Registration and annual fees	22,658,820	20,883,849
Investment Income	1,591,344	1,574,019
Professional liability program recoveries (Note 8)	216,380	305,812
Recoveries	61,250	73,300
Management fees	5,000	85,000
Sundry	240,283	520,467
Rental income - tenants	-	87,079
	24,773,077	23,529,526
Expenses		
Salaries and benefits	10,681,761	9,993,819
Loss limit provision (Note 5)	1,661,978	4,000,000
Insurance premiums	465,477	425,828
Legal fees	857,695	758,956
Honoraria	818,104	831,700
Consulting and professional fees	1,143,714	992,022
Administrative	1,166,004	1,176,759
Printing, stationery and supplies	321,443	346,658
Amortization of capital assets	913,580	822,677
Property maintenance and operating costs	555,851	498,746
Grants	227,406	265,207
Travel and accommodation	228,081	246,459
Equipment - rental and maintenance	316,740	360,176
Postage and courier	201,411	218,354
Expert fees	13,950	43,683
Telephone/Information services	458,538	319,556
Staff training	59,833	70,295
Broker fees	108,000	64,800
Witness and court reporter fees	17,531	13,661
Translation services	20,555	36,718
	20,237,652	21,486,074
Excess of revenue over expenses before the undernoted	4,535,425	2,043,452
Loss limit provision adjustment (Note 5)	-	3,000,000
Excess of revenue over expenses	4,535,425	5,043,452

STATEMENT OF CHANGES IN FUND BALANCES

year ended December 31, 2015

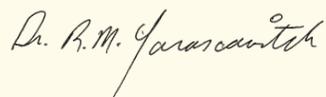
	2015				2014
	Invested in capital assets	Restricted for specific purposes (Note 8)	Unrestricted	Total	Total
	\$	\$	\$	\$	\$
Fund balances, beginning of year	7,126,920	24,400,000	2,415,762	33,942,682	27,019,130
Deficiency of revenue over expenses	(913,580)	-	5,449,005	4,535,425	5,043,452
Additions to capital assets	1,165,363	-	(1,165,363)	-	-
Remeasurement and other items (Note 6)	-	-	(1,822,100)	(1,822,100)	1,880,100
Fund balances, end of year	7,378,703	24,400,000	4,877,304	36,656,007	33,942,682

BALANCE SHEET

as at December 31, 2015

	2015	2014
	\$	\$
Assets		
Current assets		
Cash and cash equivalents	15,163,024	13,629,303
Accounts receivable	2,314,596	2,124,176
Prepaid expenses	592,043	193,439
	18,069,663	15,946,918
Investments (Note 3)	46,271,204	45,034,995
Pension plan asset (Note 6)	2,178,700	2,578,100
Capital assets (Note 4)	7,378,703	7,126,920
	73,898,270	70,686,933
Liabilities		
Current liabilities		
Accounts payable and accrued liabilities	1,023,564	1,302,827
Deferred revenue	21,072,322	20,598,181
	22,095,886	21,901,008
Accrued claims liability (Note 5)	12,401,777	12,726,543
Pension plan obligation (Note 6)	2,744,600	2,116,700
	37,242,263	36,744,251
Fund balances		
Invested in capital assets	7,378,703	7,126,920
Restricted for specific purposes (Note 7)	24,400,000	24,400,000
Unrestricted	4,877,304	2,415,762
	36,656,007	33,942,682
	73,898,270	70,686,933

APPROVED ON BEHALF OF THE MEMBERS OF COUNCIL



Dr. Ronald Yarascavitch
PRESIDENT

STATEMENT OF CASH FLOWS

year ended December 31, 2015

	2015	2014
	\$	\$
Operating activities		
Excess of expenses over revenue	4,535,425	5,043,452
Items not affecting cash		
Amortization of bond premiums	195,378	219,198
Amortization of capital assets	913,580	822,677
Pension plan expense (Note 6)	244,100	366,500
	5,888,483	6,451,827
Changes in non-cash working capital balances		
Accrued interest on long term investments	4,848	8,610
Accounts receivable	(190,420)	(902,162)
Prepaid expenses	(398,604)	351,350
Accounts payable and accrued liabilities	(279,263)	411,112
Deferred revenue	474,141	1,472,113
Accrued claims liability	(324,766)	(1,573,499)
	5,174,419	6,219,351
Financing activity		
Contributions to pension plan	(1,038,900)	(1,318,000)
Investing activities		
Additions to capital assets	(1,165,363)	(1,017,615)
Purchase of investments	(3,948,591)	(3,250,000)
Proceeds from disposal of investments	2,512,156	2,474,579
	(2,601,798)	(1,793,036)
Net cash inflow	1,533,721	3,108,315
Cash and cash equivalents, beginning of year	13,629,303	10,520,988
Cash and cash equivalents, end of year	15,163,024	13,629,303
Cash and cash equivalents are comprised of		
Cash	2,183,832	728,768
Short-term investments	12,979,192	12,900,535
	15,163,024	13,629,303

Royal College of Dental Surgeons of Ontario

NOTES TO THE FINANCIAL STATEMENTS

December 31, 2015

1. GENERAL

Founded in 1868, the Royal College of Dental Surgeons of Ontario (the College) was constituted under the Dentistry Act, 1991, and the 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

Pension plans

The cost of the College's deferred benefit pension plans are determined periodically by independent Actuaries using the projected benefit method pro-rated on service. The College uses the most recently completed actuarial valuation prepared for funding purposes (but not one prepared using a solvency, wind-up, or similar valuation basis) for measuring its pension plan assets/obligations. A funding valuation is prepared in accordance with pension legislation and regulations, generally to determine required cash contributions to the plan.

The College recognizes:

- a) The pension plan asset/obligation, net of the fair value of any plan assets, adjusted for any valuation in the balance sheet;
- b) The cost of the plan for the year in the statement of operations;
- c) Re-measurements and other items in the statement of changes in fund balances

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, 2015 and the results were projected to December 31, 2015.

The cost of the College’s defined contribution pension plan is recorded as an expense as payments are made.

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 0.75% to 9.125% (2014 - 1.25% to 9.125%), and mature between fiscal years ending 2016 to 2025 (2014 - 2023). The carrying value of investments includes accrued interest of \$199,420 (2014 - \$204,268) and unamortized bond premium of \$532,871 (2014 - \$728,249) for a total amortized cost of \$46,271,204 (2014 - \$45,034,995). Investments totaling \$6,948,983 (2014 - \$2,613,148) mature within the next fiscal year.

4. CAPITAL ASSETS

	2015			2014
	Cost	Accumulated amortization	Net book value	Net book value
	\$	\$	\$	\$
Land	4,320,183	-	4,320,183	4,320,183
Building and building improvements	3,879,185	2,397,427	1,481,758	1,390,701
Computer equipment	4,356,076	2,906,073	1,450,003	1,224,448
Furniture and fixtures	474,033	348,837	125,196	189,345
Office equipment	49,851	48,288	1,563	2,243
	13,079,328	5,700,625	7,378,703	7,126,920

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 2015, dentists were each covered for a maximum liability of \$2,000,000 (2014 - \$2,000,000) for each validated claim. The College is liable for up to \$2,000,000 (2014 - \$2,000,000) of a validated claim, subject to a maximum aggregate loss limit of \$10,000,000 (2014 - \$10,000,000). Management expensed an amount of \$1,661,978 (2014 - \$4,000,000) based on its estimate of the ultimate exposure for the current claim year.

Management makes use of actuarial analysis in order to form such estimates. Unutilized loss limits of previous years are recorded as revenue. For total claims in a year in excess of \$10,000,000, the College has obtained insurance. The individual member is responsible for any amounts in excess of \$2,000,000 on any claim. 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. 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 of estimated unpaid losses for all years with outstanding claims.

The accrued claims liability is estimated actuarially taking into account factors such as maximum aggregate loss limits for the specific claim year, overall performance and loss experience and anticipated inflationary trends. The estimates are subject to variability and this variability can have a material impact. The possibility of variability arises because all factors affecting the ultimate liability for loss and loss adjustment have not taken place and cannot be evaluated with absolute certainty.

6. PENSION PLAN ASSET/OBLIGATION

The College maintains a combined defined benefit and supplementary pension plan, for certain employees. The pension plans provide pension benefits based on length of service and final average earnings. The College measures its defined benefit obligations and the fair value of plan assets for accounting purposes as at December 31 each year. The most recently completed actuarial valuation of the pension plans for valuation purposes, was as of December 31, 2015. The College measures its obligation as at January 1 of each year. The most recent actuarial valuation prepared was as of January 1, 2015.

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

	2015		
	Defined benefit plan	Supplementary plan	Total
	\$	\$	\$
Accrued benefit obligation	(8,329,200)	(4,907,200)	(13,236,400)
Fair value of plan assets	10,507,900	2,162,600	12,670,500
Funded status - plan deficit and accrued benefit asset (liability)	2,178,700	(2,744,600)	(565,900)

	2014		
	Defined benefit plan	Supplementary plan	Total
	\$	\$	\$
Accrued benefit obligation	(7,162,100)	(3,769,900)	(10,932,000)
Fair value of plan assets	9,740,200	1,653,200	11,393,400
Funded status - plan deficit and accrued benefit asset (liability)	2,578,100	(2,116,700)	461,400

The expense for the year related to the College's pension obligation was \$244,100 (2014 - \$365,000).

The employer contributions to the pension plans amounted to \$436,700 (2014 - \$932,000) (for the defined benefit plan and \$602,200 (2014 - \$386,000) 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	5.25	2.63
Rate of compensation increase	3.50	3.50

The College also maintains a defined contribution plan for certain employees. During the year the College contributed \$418,801 (2014 - \$395,437) which has been expensed through the statement of operations.

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. This internally restricted fund balance is \$24,400,000 (2014 - \$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 (2014 - \$Nil).

10. COMMITMENTS

The College has operating leases expiring at dates up to 2021 on office equipment requiring minimum annual lease payments as follows:

	\$
2016	132,601
2017	132,601
2018	129,553
2019	128,537
2020	58,766
2021	12,684
	594,742

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 4.

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 THAN 31	31 - 40	41 - 50	51 - 60	61 - 65	OVER 65
DISTRICT 1						
Dundas	0	0	1	2	0	0
Frontenac	5	28	20	28	8	12
Glengarry	0	1	1	0	2	1
Grenville	1	8	3	3	1	0
Lanark	1	8	7	8	1	4
Leeds	3	4	5	7	3	7
Lennox Addington	0	0	5	1	0	1
Ottawa Carlton	51	156	227	165	57	67
Prescott	1	3	4	3	1	0
Renfrew	6	11	17	9	5	9
Russell	2	4	2	2	2	2
Stormont	6	8	11	3	5	1
District Total: 1,030	76	231	303	231	85	104

DISTRICT 2						
Durham	21	87	104	94	28	40
Haliburton	0	0	2	0	0	2
Hastings	2	19	21	7	3	15
Northumberland	3	10	4	10	4	3
Peterborough	3	16	15	17	6	5
Prince Edward	1	3	1	2	1	0
Victoria	1	10	7	1	0	3
York	69	228	220	222	63	58
District Total: 1,431	100	373	374	353	105	126

COUNTY	LESS THAN 31	31 - 40	41 - 50	51 - 60	61 - 65	OVER 65
DISTRICT 3						
Algoma	4	17	9	12	9	4
Cochrane	3	7	10	3	4	3
Kenora	4	3	8	7	3	2
Manitoulin	0	1	3	2	1	0
Nipissing	0	7	9	9	4	7
Rainy River	0	2	4	3	1	1
Sudbury	7	17	23	23	8	9
Thunder Bay	10	26	10	22	10	13
Timiskaming	1	5	2	4	1	4
District Total: 361	29	85	78	85	41	43

DISTRICT 4						
Halton	27	117	121	83	21	31
Peel	63	231	256	234	70	74
District Total: 1,328	90	348	377	317	91	105

DISTRICT 5						
Bruce	3	6	8	7	7	1
Dufferin	5	4	11	4	6	3
Grey	4	10	9	9	6	8
Huron	0	5	6	6	0	2
Muskoka	3	7	7	13	4	4
Parry Sound	1	4	3	2	3	0
Simcoe	16	52	75	55	24	21
District Total: 424	32	88	119	96	50	39

COUNTY	LESS THAN 31	31 - 40	41 - 50	51 - 60	61 - 65	OVER 65
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DISTRICT 6

Elgin	3	5	9	6	3	4
Essex	27	47	77	66	19	30
Kent	4	6	14	7	4	7
Lambton	6	22	7	12	9	5
Middlesex	38	96	91	85	36	48
District Total: 793	78	176	198	176	71	94

DISTRICT 7

Brant	9	17	16	17	6	8
Haldimand Norfolk	1	13	9	4	4	3
Oxford	5	15	10	8	5	8
Perth	1	9	10	3	2	4
Waterloo	30	77	100	75	26	18
Wellington	7	37	26	32	10	12
District Total: 637	53	168	171	139	53	53

DISTRICT 8

Hamilton Wentworth	22	73	77	76	39	44
Niagara	16	49	59	49	31	32
District Total: 567	38	122	136	125	70	76

DISTRICT 9

Metro Toronto	37	105	144	172	63	100
District Total: 621	37	105	144	172	63	100

COUNTY	LESS THAN 31	31 - 40	41 - 50	51 - 60	61 - 65	OVER 65
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DISTRICT 10

Metro Toronto	30	105	159	151	59	88
District Total: 592	30	105	159	151	59	88

DISTRICT 11

Metro Toronto	60	139	125	155	56	83
District Total: 618	60	139	125	155	56	83

DISTRICT 12

Metro Toronto	44	150	213	244	93	105
District Total: 849	44	150	213	244	93	105

PROVINCIAL TOTALS: 9,251	667	2,090	2,397	2,244	837	1,016
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RCDSO Data – as of December 31, 2015
 (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 – January 2015

R. M. Yarascavitch
January 2015 –

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 –



**Royal College of
Dental Surgeons of Ontario**

Ensuring Continued Trust

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