

RCDSO  
**ANNUAL  
REPORT  
2016**



Royal College of  
Dental Surgeons of Ontario

*Ensuring Continued Trust*

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The Royal College of Dental Surgeons of Ontario (RCDSO) is the regulatory body for nearly 10,000 dentists in Ontario. Established in 1868, RCDSO acts in the public interest, with a "patients first" focus, to ensure high standards of practice, education and conduct are met by every dentist. The College's Quality Assurance program promotes the continuing competence of Ontario dentists throughout their careers so that they continue to provide safe, effective, appropriate and ethical dental care to their patients.

RCDSO has led the way in issues such as transparency and access to information, addressing sexual abuse of patients, privacy, creation of a Canada-wide standard on mercury waste, access to dental care in the long-term care sector, labour mobility, guidelines for sedation and anesthesia, incorporation for health-care professionals, dental CT scanners, electronic recordkeeping, chronic pain management, fluoridation, and wellness programs for the profession.

PRESIDENT'S MESSAGE

# New Challenges, New Opportunities



## Embracing the change is the way to move forward.

If there was a consistent theme in 2016 for RCDSO, it can best be described in one word: change.

We are used to new technologies and new techniques being a vital part of our profession. Our emphasis on continuing education demonstrates a commitment to keeping up (at least) with the curve; in 2016 we boosted the number of Core 1 courses we offer to more than 250. We continually revise guidelines and practice advice to meet the changing needs of Ontario's many diverse communities. We work hard to ensure that people who need our help, whether patient or practitioner, have access to advice and support.

In recent years we have witnessed the start of a new way of thinking about the College's mandate of putting patients first and acting in the public interest. Our leadership work on transparency is a clue to this new direction; health regulatory bodies are working to provide the best information and support they can to members of the public.

More change is on the horizon. As we learned at the end of the year, the Regulated Health Professions Act will be amended. That may be only the beginning of a series of changes to the make-up of College committees and the way we do business.

Change is frightening for some. But at RCDSO, we concentrate on the opportunities to revise and renew our work. Embracing the change is the way to move forward.

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

**Dr. Ronald Yarascavitch**  
PRESIDENT

# Inquiries, Complaints and Reports Committee

## MEMBERS

Dr. Joseph Stasko (Chair)  
Mr. Ted Callaghan  
Dr. Robert Carroll  
Dr. Lawrence Davidge  
Ms. Susan Davis  
Dr. Ali Davoudpour  
Ms. Catherine Kerr  
Dr. John Lau

Dr. Elizabeth MacSween  
Dr. Neil Moss  
Ms. Marianne Park  
Dr. Michael Perelgut  
Dr. Harinder Sandhu  
Dr. David Segal  
Dr. Cam Witmer  
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 members. In 2016, the Committee had seven standing panels that reviewed formal complaints and one standing panel that reviewed reports, including Registrar's Reports of Section 75 investigations, incapacity matters and other reports concerning members' compliance with 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 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 must be approved by a panel of the ICR Committee

## COMMITTEE ACTIVITY

### Formal Complaints

From January 1, 2016 to December 31, 2016, the College received 712 letters of complaint or inquiry, of which 525 became formal complaints. Panels of the ICR Committee met on 74 occasions during this period to review the results of investigations of formal complaints. The following is a summary of the Committee's dispositions.

## Dispositions – Formal Complaints

| Number of Decisions Issued <sup>1</sup>  | 415 |
|--|-----|
| No action  | 173 |
| No action (approval of Alternative Dispute Resolution)   | 47  |
| Advice and recommendations   | 119 |
| Remedial agreement   | 17  |
| Caution  | 41  |
| Specified Continuing Education or Remediation Program (SCERP)                                    | 59  |
| Undertaking  | 4   |
| Referral to Discipline Committee   | 10  |
| Complaints deemed frivolous, vexatious, made in bad faith, moot or otherwise an abuse of process | 10  |

<sup>1</sup> Some decisions contain more than one disposition, e.g. SCERP and caution. Accordingly, the total number of decisions will not always equal the total number of dispositions.

### 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;*

Where appropriate, the College offers a voluntary and confidential ADR program to resolve certain complaints through mediation. Through this flexible framework, a complaint is brought to a rapid resolution using a more informal and direct approach. An independent facilitator meets with the complainant and the dentist to assist them in resolving their dispute. ADR resolutions aim to satisfy both parties, while protecting the public interest.

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
- Inaccurate or poor documentation

- Rude or unprofessional behaviour that is not indicative of serious practice deficiencies
- Isolated failure to maintain standards
- Inadequate consent involving fees

The ADR facilitator is an expert in the process of negotiation and has no connection to the College. The College, the complainant and the dentist 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.

### Alternative Dispute Resolution (ADR) Program Activity January 1, 2016 – December 31, 2016

|  |     |
|--|-----|
| Cases eligible for ADR                           | 123 |
| ADR process declined by complainant <sup>1</sup> | 20  |
| ADR process declined by member <sup>1</sup>      | 6   |
| Cases that proceeded to ADR negotiations         | 90  |
| Successfully resolved                            | 54  |
| Unsuccessful <sup>2</sup>                        | 9   |
| Ongoing  | 29  |

<sup>1</sup> 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.

<sup>2</sup> 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 review.

## HPARB Activity for January 1, 2016 – December 31, 2016

|  |           |
|--|-----------|
| Number of requests for review received         | 48        |
| <b>Number of decisions issued by the Board</b> | <b>44</b> |
| ICR Committee decision confirmed               | 42        |
| Returned for further investigation             | 2         |
| Request for review denied                      | 1         |
| Request for review withdrawn by the applicant  | 6         |
| Order not to proceed                           | 1         |
| Section 28 request by HPARB <sup>1</sup>       | 0         |
| Section 28 order from HPARB                    | 0         |

<sup>1</sup> 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 (Code) 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 2016, there were 76 Section 75(1)(a) Appointments by the Registrar approved by the ICR Committee. In addition, the Registrar made four emergency appointments of an investigator under Section 75(2) of the Code, 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 there is not time to seek approval from the ICR Committee. In these four 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 of the Code are reported to the ICR Committee by way of a Registrar's report. A panel of the ICR Committee met on 18 occasions to review reports during this period. The following is a summary of dispositions in relation to Registrar's reports.

## Dispositions – Registrar's Reports

|   |           |
|---|-----------|
| <b>Number of decisions issued<sup>1</sup></b>                 | <b>36</b> |
| No action   | 7         |
| Advice and recommendations                                    | 11        |
| Remedial agreement  | 6         |
| Caution   | 10        |
| Specified Continuing Education or Remediation Program (SCERP) | 10        |
| Undertaking   | 4         |
| Referral to Discipline Committee                              | 3         |
| Interim order   | 2         |

<sup>1</sup> Some decisions contain more than one disposition, e.g. SCERP and caution. Accordingly, the total number of decisions will not always equal the total number of dispositions.

## INCAPACITY INQUIRIES

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 2016, the ICR Committee made inquiries into the possible incapacity of five members. Two members entered into voluntary undertakings with the College for ongoing treatment and monitoring. One member was suspended for failure to submit to a required health examination. One inquiry resulted in no action and another inquiry is ongoing. None of the inquiries resulted in a referral to the Fitness to Practise Committee.

## MONITORING AND ENFORCEMENT

### Practice Monitoring

A member's practice may be monitored for a specified period of time as a result of a decision of the ICR Committee or an Order of the Discipline Committee. The purpose of a monitoring program is to ensure that the member is rehabilitated in an area of practice that requires remediation. Periodical monitoring visits usually take place following the member's successful completion of a course or courses. The results of each monitoring visit are reported to a panel of the ICR Committee, which decides when monitoring is no longer necessary.

In 2016, the ICR Committee reviewed 184 monitoring reports. Fifty-three files were closed and the remaining files remain open for further monitoring. Five members were invited to meet personally with the ICR Committee to discuss specific concerns arising out of monitoring reports. Two members agreed to extend their monitoring periods (which are typically prescribed for a two-year period) for an additional year, to ensure that all issues are addressed to the satisfaction of the Committee.

### **Practice Mentoring**

Members who have received comprehensive remedial training as a result of a decision of the ICR Committee or an order of the Discipline Committee may require one-on-one mentoring from an experienced colleague as an extension of the learning process. The goal of a mentoring program is for the member to develop a level of independence and skill that allows the member to carry on in dental practice without the guidance or direction of a mentor.

In 2016, the ICR Committee reviewed mentoring reports for 16 members.

### **Illegal/Unauthorized Practice**

From time to time, the College receives information about individuals who are not registered with the College but refer to themselves as dentists who are entitled to practice dentistry in Ontario. While the authority to investigate these individuals is not granted to the College under the Regulated Health Professions Act, the College believes it has an obligation to do so in the interest of protecting the public of Ontario.

In 2016, the College investigated nine individuals and obtained two court orders from the Superior Court of Ontario to prevent those individuals from engaging in the practice of dentistry in Ontario. The remaining cases were either concluded without evidence or the investigations are ongoing.

# Discipline Committee

## MEMBERS

|                                 |  |
|---------------------------------|--|
| Dr. Richard Bohay (Chair)       | Mr. Gregory Larsen                                 |
| Dr. Richard Hunter (Vice-Chair) | Dr. Edelgard Mahant<br><i>(until May 29, 2016)</i> |
| Dr. Harpaul Anand               | Dr. David Mock                                     |
| Dr. William Coyne               | Dr. Michael O'Toole                                |
| Dr. Nancy DiSanto               | Dr. Flavio Turchet                                 |
| Mr. Manohar Kanagamany          | Mr. Derek Walter                                   |
| Dr. Lisa Kelly                  |  |

## 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 considers each case in an open hearing and decides whether the allegations have been proven and if so, what penalty is appropriate. A panel is composed of a minimum of three and no more than five persons. At least one of the members of a panel must be both a member of the College and a member of the Council. When a panel consists of five persons, two shall be public members. Three members of a panel, one of whom is a public member, constitute a quorum.

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.

## 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 14 hearings of the Discipline Committee held in 2016, requiring panels of the Discipline Committee to sit for 15 hearing days. Eleven hearings resulted in a finding or findings of professional misconduct. In one case, the allegations against the member were withdrawn. In the remaining two cases, the allegations were *adjourned sine die* since the members involved were no longer entitled to practice dentistry as a result of other College proceedings. Eleven pre-hearing conferences were also held in 2016.

The findings of professional misconduct made against the 11 members, related to:

- Sexual abuse of a patient;
- Failing to keep records as required by the legislation;
- Failing to meet and/or maintain the standards of practice of the profession;
- Failing to meet and/or maintain the standards of practice of the profession in relation to inducing general anesthesia or conscious sedation;

- Charging excessive or unreasonable fees;
- Submitting a false or misleading account or charge;
- Signing or issuing a document that contains a false, misleading or otherwise improper statement;
- Recommending and/or providing an unnecessary dental service;
- Treating without consent;
- Failing to reply to an enquiry by the College/failing to provide accurate information to the College;
- Contravening a term, condition and limitation on the member’s certificate of registration;
- Failing to abide by a written undertaking given by the member to the College;
- Failing to comply with an agreement with a patient;
- Contravening a provision of at Act in relation to employing/using an unlicensed person;
- False or misleading advertising;
- 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 – 2016



## Penalties

The penalties imposed by the Discipline Committee included:

- Revocations of a members' certificates of registration – 2
- Reprimands – 10
- Suspensions of members' certificates of registration, ranging from 2 months to 12 months in length – 7
- Practice restrictions/requirements were imposed in relation to the provision of sedation and anesthesia – 2
- Courses to be taken by members in the following subject areas: ethics, recordkeeping/financial recordkeeping, informed consent, sedation and anesthesia, diagnosis and treatment planning, prescribing practices, pediatric dentistry, restorative dentistry – 9
- Members' practices to be monitored following their completion of courses – 9
- Cases in which costs were awarded to the College, ranging from \$1,250 to \$318,298 – 10

## Publication of Decisions

The 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, including the full decision and reasons of the Discipline Committee. 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 2016 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  
*(until May 29, 2016)*  
Dr. Christine Cho  
Dr. Katherine Zettle

## 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 2016.

# 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 (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

### Report of the Task Force on the Prevention of Sexual Abuse of Patients and the Regulated Health Professions Act, 1991.

In September 2016, the Ministry of Health and Long-Term Care released the report of the Task Force on the Prevention of Sexual

Abuse of Patients and the Regulated Health Professions Act, 1991: "To Zero: Independent Report of the Minister's Task Force on the Prevention of Sexual Abuse of Patients and the Regulated Health Professions Act, 1991."

Subsequent to the release of the report, the College provided two responses to the Ministry about proposed changes to the RHPA. In keeping with the recommendations in the report, the Committee continued to develop policies and procedures to facilitate the public's access to the College's complaints process, to support people who bring forward concerns about sexual misconduct and to educate the profession in order to prevent boundary violations and the sexual abuse of patients.

### Legal Support for Individuals

In November 2015, Council approved a policy to provide support, at the College's expense, for people who are inquiring about the College's investigation processes, are in the complaints or Registrar's investigation processes or are testifying at a discipline hearing about sexual abuse and/or boundary violations of a sexual nature by making available the services of a regulated health professional to provide support.

Since June 2015, the College has retained Dr. Ruth Gallop, RN, PhD, an expert in sexual abuse and boundary violations. Dr. Gallop continues to provide support for individuals who report sexual misconduct or boundary violations of a sexual nature to the College. This confidential and independent support service helps to facilitate an individual's ability to access the College's regulatory processes. No specific complainant information is provided to the College. Individuals who use this service may, if they wish, provide

anonymous feedback to the College on the usefulness of this service. On a monthly basis, the Dr. Gallop reports to the College the number of individuals who have contacted her and the general nature of the support provided, while maintaining the utmost confidentiality.

In keeping with this initiative and the government's intention to expand supports for patients, in November 2016, Council approved a policy to provide independent legal support to people testifying at a discipline hearing about sexual abuse and/or boundary violations of a sexual nature. The purpose of this policy is to provide independent advice, as requested, to help with their testimony at a discipline hearing. The lawyer will be retained by the individual and chosen from a roster of lawyers approved by the College. Fees will be paid by the College on a reimbursement basis.

RCDSO is the first regulatory college to provide legal support for individuals who have experienced sexual abuse and/or boundary violations of a sexual nature. This policy is consistent with the government's statements about legislative change to enhance support for those in the regulatory process.

### Communications Strategy

As part of its strategic plan, the Committee developed a patient-focused brochure about sexual abuse entitled, "Courage to be Heard." This brochure provides information about:

- the definition of sexual abuse
- what someone can do if they think that a dentist has violated patient-dentist boundaries or engaged in sexual misconduct or abuse
- the types of concerns addressed by the College
- College resources to discuss concerns or how to file a complaint
- what happens once a complaint is filed
- why issues should be brought to the College's attention
- the support available during the investigation process
- funding for therapy and counselling
- confidentiality

This brochure is posted on the College's website will be distributed to the province's community resources for sexual assault victims.

### Website Content

As part of its ongoing work, the Committee reviewed, added and updated content on the College's website about its Sexual Abuse Program. The website was enhanced to include information about:

- what to do if someone thinks that a dentist has engaged in sexual misconduct or abuse;
- the College's new support program;
- funding for therapy and counselling;
- community resources for sexual abuse victims;
- dentists' mandatory reporting obligations;
- guidance provided to dentists about the prevention of sexual abuse and boundary violations of a sexual nature.

### Member Guidance and Education

The Committee continued its efforts to enhance member education to prevent sexual abuse and boundary violations. The Committee developed a video, *Understanding Appropriate Patient Boundaries*, which is posted on the College's YouTube channel.

Member education has also been enhanced through a series of articles published in the College's *Dispatch* magazine. These articles included advice about the use of video cameras in the dental office and provided guidance on members' mandatory reporting obligations, including obligations to report sexual abuse of patients, suspected child abuse and professional misconduct, incompetence and incapacity.

Articles were also published to raise awareness about the College's revised practice advisories, approved in 2015, on the *Prevention of Sexual Abuse and Boundary Violations and Guidance on the Use of Social Media*.

In 2016, the College continued its partnership in a \$2.5 million research grant awarded to McGill University by the Social Sciences and Humanities Research Council. This seven-year research project, "A Multi-Sector Partnership to Investigate and Develop Policy and Practice Models to Dismantle 'Rape Culture' in Universities" aims to mobilize systemic change in universities and in mainstream social contexts. The goal of this partnership is to provide insight into the roles of social/news media, the contribution of the arts/culture sector in enriching dialogue and sensitivity to these issues and how the legal frameworks that intersect with university administrative law might sustain rape culture in universities or address it through informed policies and meaningful practices. Given the integrated nature of this project, there will be ripple benefits to the College from research done in the other project areas to inform policy and provide strategic and sustainable models for universities, partners and others in order to address rape culture and sexual violence in universities.

### **Council Training**

In addition to educating the membership, the Committee received education about recognizing, documenting and reporting domestic violence, spousal/partner violence and senior and child abuse.

### **Community Consultation Group attends PRC meeting**

The College's Community Consultation Group (CCG) is an advisory group of community members which provides the College with advice from the consumer and community perspective.

To support the College's ongoing efforts to increase transparency, the Patient Relations Committee (PRC) invited the CCG to attend its November 2016 meeting. The CCG's attendance was historic and allowed its members to see first-hand the work of the Committee and to understand how its initiatives contribute to the College's mandate to act in the public interest.

### **Requests for Funding and Therapy for 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)  
Ms. Catherine Kerr  
Dr. Bohdan Kryshchalskyj  
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 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 receives course proposals from numerous organizations for review and consideration in core courses, the highest CE category. Members 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.

From April 1, 2015 to December 31, 2016, the College randomly selected 725 members to have their e-Portfolio reviewed. A summary of their status is reflected in the following table.

### Current status of members randomly selected for review of their e-Portfolio for the period of April 1, 2015 to December 31, 2016

|   |            |
|---|------------|
| <b>Total number of members randomly selected</b>  | <b>725</b> |
| Removed from selection list*                      | 7          |
| Active (in progress)                              | 190        |
| Completed – successful                            | 480        |
| Completed – unsuccessful (shortfall of CE points) | 48         |
| Under review by Committee                         | 2          |
| Explanation accepted/no further action            | 36         |
| Assigned for review of next CE cycle              | 10         |

\* 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 (PET):** 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, 2016, the College randomly selected 6,517 members to complete the PET. A summary of their status is reflected in the following table.

**Current status of members randomly selected to complete the PET for the period of January 1, 2013 to December 31, 2016**

|  |              |
|--|--------------|
| <b>Total number of members randomly selected</b>     | <b>6,517</b> |
| Removed for retirement/resignation                   | 139          |
| Removed for full-time post-graduate program          | 29           |
| Active (in progress)                                 | 164          |
| Completed – successful (1 <sup>st</sup> attempt)     | 6,055        |
| Completed – unsuccessful (1 <sup>st</sup> attempt)   | 4            |
| Completed – successful (2 <sup>nd</sup> attempt)     | 33           |
| Completed – unsuccessful (2 <sup>nd</sup> attempt)   | 0            |
| Failed to complete                                   | 5            |
| Extension  | 2            |
| Deferral   | 78           |
| Request for consideration                            | 0            |
| Undertaking/Agreement                                | 6            |
| Refer to Inquiries, Complaints and Reports Committee | 2            |
| Practice Assessment                                  | 0            |

The anonymized results of over 5,000 members who completed the PET were forwarded to the National Dental Examining Board of Canada (NDEB) for statistical analysis. Subsequently, the QA Committee received a report from Dr. Jack Gerrow, Executive Director and Registrar of the NDEB, who advised that “The results are excellent... Overall, your question selection process and the question selectors in particular have produced a very useful and reliable tool.”

The QA Committee is developing a new version of the PET for members who hold a specialty certificate of registration. The specialty areas of orthodontics and oral and maxillofacial surgery will be developed first, followed by periodontics and endodontics, as they have the largest number of members. The College has partnered with the Ontario faculties of dentistry at the University of Toronto and Western University to prepare new questions at the specialist level.

**Practice Enhancement Consultant:** A consultant is available to assist members at any time to interpret and discuss the results of their assessment and to identify 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 on the Use of Sedation and General Anesthesia in Dental Practice**

Since 1995, the College has administered a process that requires members who wish to administer moderate sedation, deep sedation and/or general anesthesia to apply for authorization and obtain a facility permit, which involves periodic inspections. This process is based on the College’s Standard of Practice and our by-laws. The importance of this Standard of Practice typically requires it to be updated every three to five years. The current document was updated and approved by Council in June 2012.

At the November 2016 meeting, Council was informed that the QA Committee decided this is an appropriate time to update the Standard of Practice, and directed the Registrar to strike a working group to review the document and provide recommendations for revision.

**Guidelines on Conflict of Interest**

At the June 2016 meeting, Council was informed that the QA Committee reviewed the Guidelines on Conflict of Interest. This document has not been revised since it was published in June 1995. The QA Committee agreed that the Guidelines should be updated for the benefit of our members, and a working group has been formed to review the document and provide recommendations for revision.

**National Opioid Conference and Summit**

On November 18, 2016, the Honourable Jane Phipott, Federal Minister of Health, and the Honourable Eric Hoskins, Ontario Minister of Health and Long-Term Care, hosted the Opioid Conference in Ottawa, Ontario. The conference was attended by numerous stakeholders from across the health care spectrum, including medicine, dentistry, nursing and pharmacy, as well as members of the public with experience of the harsh realities and consequences of the opioid crisis.

On November 19, 2016, Ministers Phipott and Hoskins hosted the Opioid Summit where over 40 stakeholders signed the Joint Statement of Action to Address the Opioid Crisis. Stakeholders included the federal and provincial Ministries of Health, government agencies, regulatory bodies and professional associations from



across the country. On behalf of RCDSO's Registrar, Dr. David Mock, Chair of the Quality Assurance Committee, signed the Joint Statement, committing the College to the following:

*By December 2017: Requesting and reviewing narcotics monitoring system data for opioid prescriptions by dentists and dental specialists for the calendar year 2016 and comparing this data to that received for the calendar year 2014 to assess the impact of the Guidelines on the Role of Opioids in the Management of Acute and Chronic Pain in Dental Practice (published in 2015).*

### **Opioid Prescribing Practices of Ontario Dentists – Data Source: Narcotics Monitoring System, Ministry of Health and Long-Term Care**

At the June 2016 meeting, Council was informed that the QA Committee reviewed a report of anonymized data from the Narcotics Monitoring System (NMS), regarding Ontario dentists' opioid prescribing practices for the 2014 calendar year. The report appears to demonstrate that the majority of our members are prescribing opioids appropriately.

### **Competencies for Health Professionals in Pain Management, Drug Prescribing, Dependency, Addiction and 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.

At the March 2016 meeting, Council reviewed a letter from the Registrar to the Commission on Dental Accreditation of Canada (CDAC), advising of the College's support of the draft competencies. In addition, Council was informed that the QA Committee discussed a multi-faceted strategy to address this important subject with members and support patient education. Elements of the strategy include informing members about the College's Guidelines on the Role of Opioids in the Management of Acute and Chronic Pain in Dental Practice, publishing a series of articles in every issue of Dispatch for 2016 to maintain members' focus on this subject, attracting submissions and approving courses on this subject in the core courses category, and reminding members about the College's efforts to assist those in crisis with addiction issues through our wellness program and support services.

### **Safeguarding our Communities Act (Patch for Patch Return Policy)**

At the November 2016 meeting, Council reviewed the Safeguarding our Communities Act (Patch for Patch Return Policy), relating to the use of fentanyl patches. The Act provides a mechanism to address abuse, misuse, and diversion of fentanyl patches, and sets out requirements for prescribers and dispensers.

# 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 or 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 four occasions in 2016. Thirteen requests for registration and/or reinstatement plus one request to vary terms, conditions and limitations 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 two applications for reinstatement of general certificates of registration;
- approved one application for reinstatement of a general certificate of registration with terms, conditions and limitations;
- deferred four applications for reinstatement of general certificates of registration pending confirmation the applicants would meet requested conditions. All four withdrew their applications;
- approved two applications for specialty certificates of registration;
- approved one application for a specialty certificate of registration with conditions met and an undertaking;
- approved two applications for education certificates of registration;
- approved one request for variation of terms, conditions and limitations.

## STATISTICS

(As at December 31, 2016)

### Additions to the Register

|   |     |
|---|-----|
| University of Toronto (general)           | 66  |
| University of Western Ontario (general)   | 50  |
| Other Canadian graduates (NDEB) (general) | 50  |
| U.S.A. (NDEB) (general)                   | 52  |
| International graduates (NDEB) (general)  | 263 |
| Specialty certificates                    | 54* |
| Academic certificates                     | 3   |
| Academic visitor certificates             | 0   |
| Graduate certificates                     | 17  |
| Education certificates                    | 4   |
| Post-specialty training certificates      | 2   |

\* Of this total, 18 were new members to the College and 36 were general members adding a specialty register.

### Specialty Certificates Granted

The College granted 54 specialty certificates during 2016 in the following dental specialties:

|  |    |
|--|----|
| Dental Anesthesiology                    | 4  |
| Endodontics                              | 8  |
| Oral and Maxillofacial Surgery           | 11 |
| Oral Medicine                            | 0  |
| Oral Pathology                           | 0  |
| Oral and Maxillofacial Radiology         | 2  |
| Orthodontics and Dentofacial Orthopedics | 13 |
| Pediatric Dentistry                      | 7  |
| Periodontics                             | 5  |
| Public Health Dentistry                  | 2  |
| Prosthodontics                           | 2  |

### Removals and Reinstatements

|                              |     |
|------------------------------|-----|
| Deceased                     | 16  |
| Resigned                     | 118 |
| Revoked – conditions expired | 25  |
| Reinstated                   | 32  |

### Total Membership Certificates by Category

|   |              |
|---|--------------|
| General certificates  | 9,526        |
| Specialty certificates  | 216          |
| Combined general/specialty certificates<br>(Already counted in general total) | 1,371        |
| Academic certificates   | 20           |
| Graduate certificates   | 40           |
| Education certificates  | 8            |
| Post-specialty training certificates  | 2            |
| <b>Total number of membership certificates</b>                                | <b>9,812</b> |

# Professional Liability Program Committee

## MEMBERS

Ms. Elizabeth Wilfert  
(Chair, February 2016)  
Dr. Karen Aiken  
Dr. Vincent Carere  
Dr. Neil Gajjar

Dr. Gurneen Sidhu  
Dr. Gordon Sylvester  
(January 2005 –  
December 2016)

## MANDATE

The College’s Professional Liability Program (PLP) provides each member of the College with errors and omissions protection that also extends to former, retired, and deceased members, as well as to health profession corporations holding a valid certificate of authorization from the College and dental partnerships. 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 that authority and authorizing the 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.

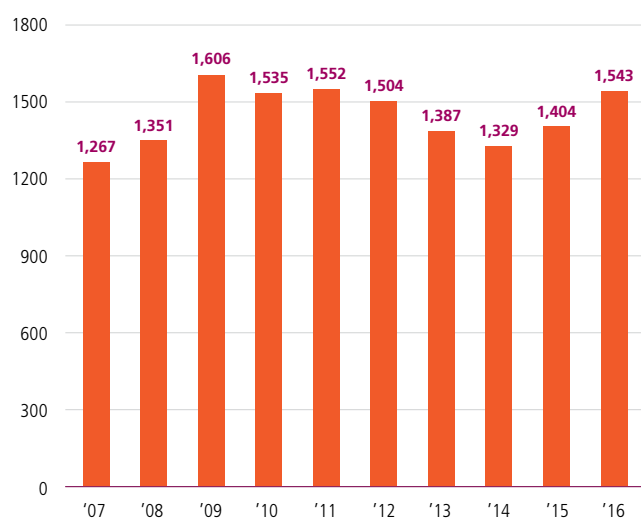
## ACTIVITY HIGHLIGHTS

### Incidents Reported

Between January 1 and December 31, 2016, there were 1,543 incidents/potential incidents reported to PLP, an increase of 144 from the previous year. Table 1 shows the number of files opened for the ten-year period 2007–2016.

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 these files, PLP staff would have provided advice to members and drafted correspondence and releases for out of pocket refunds/reimbursements to allow members to resolve matters themselves.

TABLE 1  
INCIDENTS REPORTED TO PLP 2007–2016



### **PLP Micro-Website**

PLP's micro-website went live on September 1, 2015. The website includes videos, articles, e-pamphlets, FAQ's, "quick hits" and forms to request malpractice protection letters and pay deductibles. Members are able to report incidents, request releases and dental-legal advice on-line. The site is easy to navigate and the search function is robust. PLP collects data on member inquiries and the homepage was revised to feature the most popular "quick hit" topics. Likely because of the availability of online incident reporting, PLP has experienced an uptick in new reports in 2016.

### **Contract Renewal**

RCDSO's policy with ENCON Insurance Managers was renewed for 2017. The College's risk retention is \$2 million per file with an increase in the aggregate deductible to \$15 million from the previous 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 final report on the evaluation of PLP for the year ending December 31, 2015 showed improvement in PLP's financial results over previous years with reductions in the number of effective claims, cost per member and projected losses.

### **Practice Advisory Services/PLP Collaboration**

Practice Advisory (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 2016, PLP hosted its fourth 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 other RCDSO staff and PLP Committee members. The conference was well-received.

### **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 four Category 1 core courses: "The Big Picture", "Consent to Treatment", "Communication Breakdown" and "Patient Safety Incidents and Adverse Events". The most recent course on patient safety and adverse events was approved by the QA Committee and will have its inaugural run at the Ontario Dental Association Spring Meeting in May 2017. PLP had 21 speaking engagements in 2016. PLP staff also continues to prepare risk management articles for publication in Dispatch magazine and e-pamphlets for PLP's website.

December 31, 2016

# Report of the Independent Auditor on the Summary Financial Statements

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

The accompanying summary financial statements, which comprise the summary statement of financial position as at December 31, 2016, the summary statement of operations for the year then ended, and the note to the summary financial statements, are derived from the audited financial statements of the Royal College of Dental Surgeons of Ontario for the year ended December 31, 2016. We expressed an unmodified audit opinion on those financial statements in our report dated May 11, 2017. Those financial statements and the summary financial statements do not reflect the effects of events that occurred subsequent to the date of our report on those financial statements.

The summary financial statements do not contain all the disclosures required by Canadian accounting standards for not-for-profit organizations. Reading the summary financial statements, therefore, is not a substitute for reading the audited financial statements of the Royal College of Dental Surgeons of Ontario.

## Management's Responsibility for the Summary Financial Statements

Management is responsible for the preparation of the summary of the audited financial statements on the basis described in the note to the summary financial statements.

## Auditor's Responsibility

Our responsibility is to express an opinion on the summary financial statements based on our procedures, which were conducted in accordance with Canadian Auditing Standard (CAS) 810, "Engagements to Report on Summary Financial Statements".

## Opinion

In our opinion, the summary financial statements derived from the audited financial statements of the Royal College of Dental Surgeons of Ontario for the year ending December 31, 2016 are a fair summary of those financial statements, on the basis described in the note to the summary financial statements.



## Chartered Professional Accountants

Licensed Public Accountants  
May 11, 2017

Royal College of Dental Surgeons of Ontario

## SUMMARY STATEMENT OF FINANCIAL POSITION

as at December 31, 2016

|  | 2016              | 2015              |
|--|-------------------|-------------------|
|  | \$                | \$                |
| <b>Assets</b>                            |                   |                   |
| Cash                                     | 3,429,310         | 2,183,832         |
| Accounts receivable                      | 2,248,021         | 2,314,596         |
| Prepaid expenses                         | 159,131           | 592,043           |
| Investments                              | 61,259,923        | 59,250,396        |
| Pension plan asset                       | 2,460,500         | 2,178,700         |
| Capital assets                           | 7,468,721         | 7,378,703         |
|  | <b>77,025,606</b> | <b>73,898,270</b> |
| <b>Liabilities</b>                       |                   |                   |
| Accounts payable and accrued liabilities | 968,652           | 1,023,564         |
| Deferred revenue                         | 21,798,665        | 21,072,322        |
| Accrued claims liability                 | 14,099,226        | 12,401,777        |
| Pension plan obligation                  | 2,162,000         | 2,744,600         |
|  | <b>39,028,543</b> | <b>37,242,263</b> |
| <b>Fund balances</b>                     |                   |                   |
| Invested in capital assets               | 7,468,721         | 7,826,806         |
| Restricted for specific purposes         | 24,400,000        | 24,400,000        |
| Unrestricted                             | 6,128,342         | 4,429,201         |
|  | <b>37,997,063</b> | <b>36,656,007</b> |
|  | <b>77,025,606</b> | <b>73,898,270</b> |

The accompanying note to the financial statements is an integral part of this financial statement.

Royal College of Dental Surgeons of Ontario

## SUMMARY STATEMENT OF OPERATIONS

year ended December 31, 2016

|  | 2016              | 2015              |
|--|-------------------|-------------------|
|  | \$                | \$                |
| <b>Revenue</b>                         |                   |                   |
| Registration and annual fees           | 23,457,700        | 22,658,820        |
| Investment income                      | 1,457,906         | 1,591,344         |
| Other income                           | 542,507           | 522,913           |
|  | <b>25,458,113</b> | <b>24,773,077</b> |
| <b>Expenses</b>                        |                   |                   |
| Staffing costs                         | 11,787,763        | 10,741,594        |
| Corporate services                     | 5,221,826         | 4,627,125         |
| Professional liability program         | 3,747,903         | 1,661,978         |
| External providers                     | 2,299,208         | 2,161,445         |
| Council and committees                 | 864,208           | 818,104           |
| Faculty payments and fees              | 438,649           | 227,406           |
|  | <b>24,359,557</b> | <b>20,237,652</b> |
| <b>Excess of revenue over expenses</b> | <b>1,098,556</b>  | <b>4,535,425</b>  |

The accompanying note to the financial statements is an integral part of this financial statement.

December 31, 2016

# Note to the Summary Financial Statements

## **Basis of the summary financial statements**

The criteria applied by management in the preparation of these summary financial statements are as follows:

- a) The information in the summary financial statements is in agreement with the related information in the audited financial statements;
- b) A summary statement of changes in net assets and a summary statement of cash flows has not been presented, as the relevant information can be obtained from the audited financial statements.

The audited financial statements may be obtained from the Royal College of Dental Surgeons of Ontario at [www.rcdso.org](http://www.rcdso.org).



# 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    |
|------------------------------|--------------|------------|------------|------------|------------|------------|
| <b>DISTRICT 1</b>            |              |            |            |            |            |            |
| Dundas                       | 0            | 0          | 1          | 2          | 0          | 0          |
| Frontenac                    | 6            | 33         | 22         | 27         | 8          | 11         |
| Glengarry                    | 0            | 1          | 1          | 0          | 2          | 1          |
| Grenville                    | 0            | 7          | 4          | 3          | 0          | 1          |
| Lanark                       | 2            | 9          | 6          | 8          | 1          | 5          |
| Leeds                        | 3            | 7          | 4          | 7          | 2          | 6          |
| Lennox Addington             | 0            | 1          | 5          | 1          | 0          | 1          |
| Ottawa Carlton               | 57           | 171        | 231        | 170        | 58         | 67         |
| Prescott                     | 1            | 2          | 5          | 3          | 2          | 0          |
| Renfrew                      | 4            | 13         | 20         | 7          | 4          | 11         |
| Russell                      | 3            | 3          | 2          | 3          | 2          | 1          |
| Stormont                     | 7            | 8          | 13         | 3          | 5          | 1          |
| <b>District Total: 1,075</b> | <b>83</b>    | <b>255</b> | <b>314</b> | <b>234</b> | <b>84</b>  | <b>105</b> |
| <b>DISTRICT 2</b>            |              |            |            |            |            |            |
| Durham                       | 27           | 95         | 101        | 100        | 33         | 43         |
| Haliburton                   | 0            | 0          | 2          | 0          | 0          | 2          |
| Hastings                     | 4            | 21         | 18         | 7          | 4          | 12         |
| Northumberland               | 4            | 9          | 4          | 11         | 3          | 3          |
| Peterborough                 | 4            | 18         | 15         | 17         | 5          | 7          |
| Prince Edward                | 2            | 1          | 2          | 1          | 1          | 0          |
| Victoria                     | 1            | 10         | 7          | 1          | 0          | 2          |
| York                         | 75           | 228        | 239        | 236        | 62         | 69         |
| <b>District Total: 1,506</b> | <b>117</b>   | <b>382</b> | <b>388</b> | <b>373</b> | <b>108</b> | <b>138</b> |

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

### DISTRICT 3

|                            |           |           |           |           |           |           |
|----------------------------|-----------|-----------|-----------|-----------|-----------|-----------|
| Algoma                     | 8         | 21        | 10        | 13        | 7         | 6         |
| Cochrane                   | 5         | 6         | 10        | 3         | 4         | 3         |
| Kenora                     | 2         | 3         | 9         | 9         | 1         | 3         |
| Manitoulin                 | 1         | 1         | 2         | 2         | 1         | 0         |
| Nipissing                  | 1         | 7         | 6         | 10        | 4         | 6         |
| Rainy River                | 1         | 2         | 4         | 3         | 1         | 1         |
| Sudbury                    | 9         | 18        | 20        | 23        | 10        | 8         |
| Thunder Bay                | 9         | 28        | 14        | 19        | 10        | 10        |
| Timiskaming                | 2         | 6         | 2         | 3         | 2         | 3         |
| <b>District Total: 372</b> | <b>38</b> | <b>92</b> | <b>77</b> | <b>85</b> | <b>40</b> | <b>40</b> |

### DISTRICT 4

|                              |           |            |            |            |           |            |
|------------------------------|-----------|------------|------------|------------|-----------|------------|
| Halton                       | 24        | 121        | 132        | 89         | 22        | 34         |
| Peel                         | 64        | 222        | 285        | 240        | 73        | 80         |
| <b>District Total: 1,386</b> | <b>88</b> | <b>343</b> | <b>417</b> | <b>329</b> | <b>95</b> | <b>114</b> |

### DISTRICT 5

|                            |           |           |            |           |           |           |
|----------------------------|-----------|-----------|------------|-----------|-----------|-----------|
| Bruce                      | 4         | 5         | 7          | 7         | 7         | 1         |
| Dufferin                   | 0         | 6         | 10         | 4         | 5         | 5         |
| Grey                       | 2         | 9         | 10         | 9         | 3         | 9         |
| Huron                      | 0         | 6         | 7          | 5         | 0         | 2         |
| Muskoka                    | 3         | 6         | 7          | 12        | 6         | 4         |
| Parry Sound                | 0         | 5         | 3          | 2         | 3         | 0         |
| Simcoe                     | 13        | 60        | 81         | 51        | 24        | 22        |
| <b>District Total: 425</b> | <b>22</b> | <b>97</b> | <b>125</b> | <b>90</b> | <b>48</b> | <b>43</b> |

### DISTRICT 6

|                            |           |            |            |            |           |           |
|----------------------------|-----------|------------|------------|------------|-----------|-----------|
| Elgin                      | 2         | 5          | 8          | 5          | 5         | 4         |
| Essex                      | 27        | 40         | 78         | 69         | 21        | 30        |
| Kent                       | 3         | 9          | 12         | 6          | 3         | 8         |
| Lambton                    | 9         | 21         | 11         | 7          | 10        | 7         |
| Middlesex                  | 35        | 92         | 98         | 77         | 43        | 42        |
| <b>District Total: 787</b> | <b>76</b> | <b>167</b> | <b>207</b> | <b>164</b> | <b>82</b> | <b>91</b> |

| COUNTY                          | LESS THAN 31 | 31 - 40      | 41 - 50      | 51 - 60      | 61 - 65    | OVER 65      |
|---------------------------------|--------------|--------------|--------------|--------------|------------|--------------|
| <b>DISTRICT 7</b>               |              |              |              |              |            |              |
| Brant                           | 8            | 20           | 15           | 17           | 4          | 10           |
| Haldimand Norfolk               | 1            | 11           | 10           | 4            | 4          | 5            |
| Oxford                          | 4            | 14           | 15           | 9            | 5          | 10           |
| Perth                           | 1            | 10           | 10           | 3            | 3          | 2            |
| Waterloo                        | 29           | 81           | 100          | 78           | 22         | 23           |
| Wellington                      | 8            | 30           | 29           | 29           | 11         | 11           |
| <b>District Total: 646</b>      | <b>51</b>    | <b>166</b>   | <b>179</b>   | <b>140</b>   | <b>49</b>  | <b>61</b>    |
| <b>DISTRICT 8</b>               |              |              |              |              |            |              |
| Hamilton Wentworth              | 32           | 84           | 80           | 77           | 38         | 49           |
| Niagara                         | 14           | 44           | 62           | 48           | 28         | 38           |
| <b>District Total: 594</b>      | <b>46</b>    | <b>128</b>   | <b>142</b>   | <b>125</b>   | <b>66</b>  | <b>87</b>    |
| <b>DISTRICT 9</b>               |              |              |              |              |            |              |
| Metro Toronto                   | 42           | 115          | 140          | 177          | 64         | 104          |
| <b>District Total: 642</b>      | <b>42</b>    | <b>115</b>   | <b>140</b>   | <b>177</b>   | <b>64</b>  | <b>104</b>   |
| <b>DISTRICT 10</b>              |              |              |              |              |            |              |
| Metro Toronto                   | 35           | 116          | 146          | 146          | 74         | 88           |
| <b>District Total: 605</b>      | <b>35</b>    | <b>116</b>   | <b>146</b>   | <b>146</b>   | <b>74</b>  | <b>88</b>    |
| <b>DISTRICT 11</b>              |              |              |              |              |            |              |
| Metro Toronto                   | 68           | 150          | 124          | 147          | 68         | 80           |
| <b>District Total: 637</b>      | <b>68</b>    | <b>150</b>   | <b>124</b>   | <b>147</b>   | <b>68</b>  | <b>80</b>    |
| <b>DISTRICT 12</b>              |              |              |              |              |            |              |
| Metro Toronto                   | 44           | 150          | 221          | 244          | 100        | 109          |
| <b>District Total: 868</b>      | <b>44</b>    | <b>150</b>   | <b>221</b>   | <b>244</b>   | <b>100</b> | <b>109</b>   |
| <b>PROVINCIAL TOTALS: 9,543</b> | <b>710</b>   | <b>2,161</b> | <b>2,480</b> | <b>2,254</b> | <b>878</b> | <b>1,060</b> |

#### RCDSO Data - as of December 31, 2016

(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 –



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