

ROYAL COLLEGE OF DENTAL SURGEONS OF ONTARIO

RCDSO



*Protecting* the Public  
& *Guiding* the Dental Profession

ANNUAL REPORT 2000

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RCDSO has approximately 7,300 members who are **dentists** in general and speciality practice.

## Introduction

The Royal College of Dental Surgeons of Ontario (RCDSO) is the regulatory body for dentists in Ontario. RCDSO has approximately 7,300 members who are dentists in general and speciality practice.

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. This body was granted full powers of licensing and regulating dentistry in the province.

Today the College continues to be legally bound to serve and protect the public interest through the regulation of the professional practice of dentists in Ontario, and the investigation of allegations of professional misconduct against dentists licensed in Ontario.

The government of Ontario has granted to the College the responsibility to administer and enforce the *Regulated Health Professions Act, 1991* and the *Dentistry Act, 1991*.

The College is governed by a Council composed of: one dentist elected by their peers from each of the 12 electoral districts in the province; one dentist appointed by each of the two dental schools in Ontario — University of Toronto and University of Western Ontario; and from nine to 11 public members appointed by the provincial government.

This report highlights the activities of the seven statutory committees that the College is legally required to have under the *Regulated Health Professions Act, 1991*, and the College's Professional Liability Program. The audited financial statements are also included.

In 2000, the College received 312 letters of complaint or *inquiry*. Of these, 187 became formal complaints.

## Complaints Committee

### COMMITTEE MEMBERS

Dr. Richard Fillion - chair  
 Dr. John Anthony  
 Mr. Victor Braney  
 Dr. Theodore Schipper  
 Ms. Joan Stewart  
 Dr. Malcolm Yasny

### MANDATE

The Complaints Committee is responsible for investigating complaints from the public regarding the conduct of dentists. Under the *Regulated Health Professions Act*, the College staff, on behalf of the Complaints Committee, has a statutory obligation to thoroughly and objectively investigate each complaint to determine if there is any evidence of professional misconduct, incompetence and/or incapacity.

A panel of the Complaints Committee, made up of two dentists and one appointed public member, reviews the results of investigations and decides what, if any, action is required.

### ACTIVITY HIGHLIGHTS

In 2000 the College received 312 letters of complaint or inquiry. Of these, 187 became formal complaints. Panels of the Complaints Committee met for 46 days during the year 2000.

### Summary of Committee Activity for the Year 2000

Number of interviews:	
Complainant	1
Member	17
Number of oral cautions delivered	30
Number of Section 75(c) investigations requested by Committee	7
Number of decisions issued <sup>1</sup>	264
No further action	178
Written caution	31
Oral caution	43
Refer to Discipline Committee	12
Undertaking/agreements signed	41

<sup>1</sup>Some decisions contain more than one action. Accordingly, the total number of decisions **will not** always equal the total number of actions.

### Alternate Dispute Resolution (ADR)

ADR is a non-statutory process for resolving certain disputes. In appropriate cases, upon consent, the complainant and the dentist meet face-to-face in the presence of a facilitator, whose role is assisting the parties in their attempt to resolve the dispute, or to identify and simplify the issue(s).

The ADR process provides a more flexible framework for dealing

## College Activities



ADR process provides a more flexible framework for dealing effectively with issues and a more **informal** and direct approach to bring a rapid resolution.

effectively with issues and a more informal and direct approach to bring a rapid resolution.

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.

In the event that no agreement is reached, the complaint will proceed in the normal fashion and the Complaints Committee will have no knowledge of the ADR meeting. Any information disclosed during the ADR process cannot be used later.

In 2000, there were 21 cases that met the eligibility criteria for ADR, of which seven proceeded to ADR negotiations.

### Summary of Alternate Dispute Resolution (ADR) Activities For the Year 2000

Proposed ADR referrals	21
ADR negotiations	7
Resolved	6
Not resolved	1
Returned to formal complaints process *	14

\* 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 complaints process.

### Summary of HPARB Activity For the Year 2000

Number of requests for review received in 2000	60*
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\*Not all of these requests for reviews were dealt with by HPARB in 2000.

Number of decisions issued by the Board in 2000 <sup>1</sup>	79
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Confirmed	61
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Frivolous and vexatious	8
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Returned for removal of oral cautions	3
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Returned for further investigation	3
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Returned for unreasonableness	2
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Returned for referral to Discipline	0
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Abandonment	0
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Withdrawn	1
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Section 28 <sup>2</sup> order-upheld	1
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Section 28 <sup>2</sup> order-denied	3
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<sup>1</sup> Some decisions contain more than one action. Accordingly, the total number of decisions **will not** always equal the total number of actions.

<sup>2</sup> As per Section 28(1) of the Health Professions Procedural Code of the Regulated Health Professions Act, 1991: "A panel shall dispose of a complaint within 120 days after filing of the Complaint".

*The Discipline Committee is responsible for hearing and **determining** allegations of professional misconduct or incompetence.*

### Health Professions Appeal and Review Board

If either party is not satisfied with the decision of a Complaints Committee panel or process, he or she has the right to request a review by the Health Professions Appeal and Review Board (HPARB).

The only exception to this right of review is in cases where the Complaints Committee has referred the matter to the Discipline Committee for a hearing or to the Executive 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.

## Discipline Committee

### COMMITTEE MEMBERS

Dr. Lou London - chair  
Ms. Lynne Arnill  
Dr. May Daemi  
Dr. Peter Fendrich  
Dr. Bohdan Kryshtalskyj  
Mr. Robert Metras  
Mr. Joseph Pappain  
Mr. Elesh Ruparel  
Dr. Raymond Shugar (March - December)  
Mr. Todd Taylor (January)  
Dr. Robert Turnbull

Dr. Murray Wagman  
Dr. Cameron Witmer  
Mr. Ben Wiwcharyk  
Dr. Ronald Yarascavitch

### MANDATE

The Discipline Committee is responsible for hearing and determining allegations of professional misconduct or incompetence referred to it by the Complaints Committee or the Executive Committee. A panel of the Discipline Committee, consisting of a minimum of two dentists and one appointed public member and a maximum of three dentists and two appointed public members, considers each case and decides whether the allegations have been proven, and if so, what penalty is appropriate.

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

1. Direct the Registrar to revoke the member's certificate of registration.
2. Direct the Registrar to suspend the member's certificate of registration for a specified period of time.
3. Direct the Registrar to impose specified terms, conditions and limitations on the member's certificate of registration for a specified or indefinite period of time.
4. Require the member to appear before the panel to be reprimanded.
5. Require the member to pay a fine of not more than \$35,000 to the Minister of Finance.

## College Activities



During the year 2000, 16 discipline hearings and nine **pre-hearing** conferences were held.

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 which has the final say in the matter. The Pre-Hearing Conference Presider cannot participate in the Discipline Committee hearing involving that particular member.

The pre-hearing conference program is becoming an effective way of streamlining the College's discipline process, by reducing costs and time. To date, the feedback received by participants has been positive.

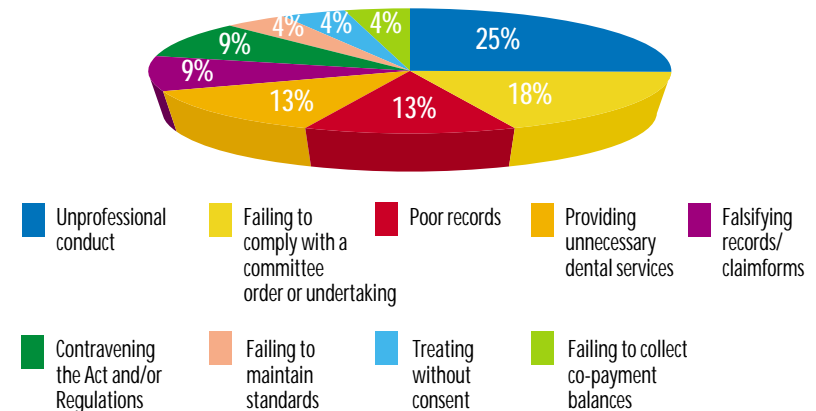
### ACTIVITY HIGHLIGHTS

During the year 2000, 16 discipline hearings and nine pre-hearing conferences were held. This required the panels of the Discipline Committee to sit for 53 hearing days.

In 12 of these hearings, there was a finding of professional misconduct involving 24 specified allegations. The certificate of registration of one member was revoked. Four hearings are ongoing and no decision has yet been made. These findings are reflected statistically in the accompanying pie chart.

The decisions and reasons, or a summary of each hearing, are published in the College newsletter *Dispatch* as soon as possible after the hearing has been concluded and the decision is final, and the period for appeal has passed. Copies of these reports are also available on request from the College.

Profile of Discipline Committee Findings - 2000



In 2000, there were 57 office monitoring visits  
**reported** to the Executive Committee.

## **Executive Committee**

### **COMMITTEE MEMBERS**

Dr. Tom McKean - chair  
Ms. Lynne Arnill  
Dr. Robert Brandon  
Dr. Eric Luks  
Mr. Doug McVeigh

### **MANDATE**

The Executive Committee provides leadership to Council. It facilitates the efficient and effective work of the Council and makes decisions on behalf of Council between Council meetings.

The Executive Committee also has certain statutory functions under legislation in addition to that noted above. It considers matters referred to it by the Complaints Committee and by the Registrar regarding members' conduct, and can refer members to the Discipline or Fitness to Practise Committees.

The Committee also receives reports of investigations carried out pursuant to Section 75 of the *Regulated Health Professions Act, 1991* for consideration and decides how to deal with them.

### **STATUTORY ACTIVITY HIGHLIGHTS**

#### **Section 75 Investigations**

Section 75 of the *Regulated Health Professions Act, 1991* provides a mechanism, other than formal complaints, for regulatory colleges to investigate concerns about particular members. In order for such an investigation to be conducted, the Registrar appoints an investigator, if he

believes, on reasonable and probable grounds, that the member has committed an act or acts of professional misconduct or is incompetent. The Executive Committee must also approve of the appointment.

In 2000, there were 19 investigations approved under Section 75 and the results of these investigations were subsequently reported to the Executive Committee.

#### **Office Monitoring Visits**

Members may require monitoring of their practices for a number of reasons, including an undertaking that is made between the member and a College committee, or by orders made by the Discipline or Fitness to Practise Committees. In 2000, there were 57 office monitoring visits reported to the Executive Committee.

#### **Referrals to the Discipline Committee**

In 2000, the Executive Committee referred 13 specified allegations of professional misconduct involving five members to the Discipline Committee.

#### **Illegal/Unauthorized Practice of Dentistry**

The Executive Committee reviews matters respecting the illegal or unauthorized practice of dentistry and decides what action to take. In 2000, the Executive Committee directed the Registrar to apply to the Superior Court in eight cases for Orders compelling individuals to comply with the *Regulated Health Professions Act, 1991*. The College was successful in all eight cases. The Court results, including the names of the individuals involved, are reported in the College newsletter, *Dispatch*.



## College Activities



In 2000, the Executive Committee **reviewed** over 400 applications for practice name registration.

### Practice Name Registration

In order to ensure full compliance with the Regulations and the College's Practice Advisory respecting practice names, the Executive Committee reviews applications from members for approval of practice names. In 2000, the Executive Committee reviewed over 400 applications.

- 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.

### ACTIVITY HIGHLIGHTS

It was not necessary for the Fitness to Practise Committee to hold any hearings in the year 2000.

## Fitness to Practise Committee

### COMMITTEE MEMBERS

Dr. Doug Smith - chair  
Mr. Robert Metras  
Dr. Marvin Klotz (March - December)  
Dr. Raymond Shugar (January - March)

### MANDATE

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

Incapacitated means the dentist is suffering from a physical or mental condition or disorder that makes it desirable in the interest of the public that he or she is no longer permitted to practise or that his or her practice be restricted.

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:

- Direct the Registrar to revoke the member's certificate of registration.
- Direct the Registrar to suspend the member's certificate of registration.

## Patient Relations Committee

### COMMITTEE MEMBERS

Ms. Joan Stewart - chair  
Dr. June Chithalen  
Dr. Peter Fendrich  
Mr. John Pappain  
Dr. Philip Watson

### MANDATE

*The Regulated Health Professions Act* mandates the College to have a patient relations program and requires the College to advise the Minister of Health's advisory committee, the Health Professions Regulatory Advisory Council (HPRAC,) of its programs. The Act also stipulates that the patient relations program must include "...measures for preventing or dealing with sexual abuse of patients."

In addition, the Committee also administers the funding program for therapy and counselling for dental patients who have been sexually abused. The Committee's mandate includes dealing with all

*A video on Alternate Dispute Resolution is now sent to all complainants when they are offered an **opportunity** to participate in the process.*

issues related to informing the public and the profession of the various programs and activities of the College and their rights under the *Regulated Health Professions Act, 1991*.

## ACTIVITY HIGHLIGHTS

### Alternate Dispute Resolution (ADR) Video

The Committee participated with the Complaints Committee in the production of a video to help explain the benefits of the ADR process to both the members of the profession and the public. This video is now sent out to all complainants when they are canvassed for their willingness to participate in the ADR process.

### Informed Consent

The Committee grappled with the issue of informed consent. The Committee wants to ensure that the membership, as well as the public, understands the informed consent process. In January the College held an educational session for Council and non-council members. As well the committee is planning to work with other committees of the College to publish a Practice Advisory covering the principles of informed consent; and to produce a series of articles in the College magazine, *Dispatch*, on this topic.

### Complaints Brochure - French

The Committee recently updated the French language brochure to ensure that it contains the same information as the new English version.

### The Federation Brochure

The Federation of Health Regulatory Colleges collaborated with the Patient Relations Committees of each of the Colleges to produce a general information brochure for distribution to the public, MPPs and the media.

### Request for Funding

In accordance with the RHPA, the College developed guidelines for professional behaviour regarding the prevention of sexual abuse in a dental office. To this date the Patient Relations Committee has not received any requests for funding related to sexually abused patients in a dental office.

## Quality Assurance Committee

### COMMITTEE MEMBERS

Dr. Randy Lang - chair  
Dr. Albert Bouclin  
Mr. Lloyd Pollack  
Dr. Eric Luks  
Dr. Sheryl Lipton

### MANDATE

The Quality Assurance Committee is charged with the development, administrative review and ongoing evaluation of the College's Quality Assurance Program. This program, which is mandated under the *Regulated Health Professions Act*, is designed to ensure that



The Quality Assurance Committee reiterated its support for the development nationally of **evidence-based** clinical practice guidelines.

the knowledge and skill of Ontario's dentists remain current throughout their careers, and to support dentists to continue to provide safe, effective, appropriate and ethical dental care to their patients.

#### ACTIVITY HIGHLIGHTS

The College's Quality Assurance Program is composed of the following components:

- development of clinical practice guidelines
- mandatory continuing dental education
- quality assessment that consists of dental practice review, dentist evaluation and dentist remediation

#### Clinical Practice Guideline Development

During 2000, the Committee reiterated its support for the Canadian Collaboration for Clinical Practice Guidelines in Dentistry (CCCD) as the autonomous, national body to assume responsibility for the production of evidence-based clinical practice guidelines. The College Council endorsed this support and agreed to again fund the CCCD on the basis of \$5.00 per member for the year 2001.

#### Revision of Dental Practice Review Checklist

In preparation for the official beginning of the Quality Assurance Program, the Committee revised the checklist that is used for the dental practice review component of the program. This revision was made with extensive input from all dental and dental speciality societies, the current dental practice reviewers and stakeholders such as the Ontario Dental Association.

#### Review of College Guidelines

As part of its terms of reference, the Committee is responsible for the development and regular revision of College guidelines and standards of practice documents. The Committee has authorized the review and revision of the following guidelines with work continuing in 2001:

- *Guidelines for the Use of Sedation and General Anaesthesia in Dental Practice (last revision - November 1995)*
- *Guidelines Respecting Educational Requirements and Professional Responsibilities for Implant Dentistry (last revision - June 1995)*
- *Guidelines Respecting Infection Control in the Dental Office (last revision - June 1995)*

#### Review of the RCDSO's Quality Assurance Program By the Health Professions Regulatory Advisory Council

On March 1, 2000, the College submitted its final report to the consultants engaged by the Health Professions Regulatory Advisory Council (HPRAC) to review and evaluate the quality assurance programs of the health-care regulatory colleges.

While HPRAC's final report is not expected until later this year, the consultant did provide RCDSO with a draft of comments and recommendations about RCDSO. The Quality Assurance Committee was very pleased with the draft report and believes that it fairly reflects the content of the College's submission.

Some of the consultant's remarks from his final report are quoted as follows:

- The Royal College of Dental Surgeons of Ontario has developed a quality assurance (QA) program that is in keeping with the princi-

*Some 200 dentists volunteered to assist in the development of the **peer-review** component of the Quality Assurance program.*

ples and components of the model QA program described in an earlier report by Harry Cummings and Associates (the consulting firm).

- The RCDSO has defined appropriate performance indicators to facilitate program decision-making. The College recognizes the importance of providing feedback through multiple channels to maintain members' awareness of the program, and to help members identify opportunities for ongoing improvement.
- Peer-review is an integral component of the QA program. This component has been developed based on some 200 voluntary members' participation. This participation speaks strongly to the willingness of the RCDSO's members to develop a meaningful and efficient QA program, and to the RCDSO's commitment to have a member-based program. Formal implementation of the peer-review process will occur following approval of the QA regulation. Once HPRAC's final report is released, the College's Quality Assurance Committee will review the recommendations and consider any needed change in the program design and focus of plans for ongoing evaluation.

#### Medical History Forms

The Committee continues its research on the development of a prototype medical history form for use by members. This project is to be completed in 2001.

#### Reappointment of Dental Practice Reviewers

Although the QA program does not formally begin until the government approves the Quality Assurance Regulation currently under review by the Ministry of Health and Long-Term Care, the Committee

has reappointed the following dentists as assessors for the QA program. These members have ably served during the volunteer phase of the dental practice review program.

Dr. Karen Aiken, Collingwood  
Dr. Anne Lawlor, Don Mills  
Dr. Michael Bouris, Ottawa  
Dr. Brenda MacDonald, Collingwood  
Dr. Mark Cohen, Don Mills  
Dr. Bruce Minielly, Tillsonburg  
Dr. Ross Erwin, Bowmanville  
Dr. Ruth Spieker, Forest  
Dr. Peter Hong, Toronto  
Dr. Malcolm Wood, St. Thomas

#### Standards of Practice

The Committee is reviewing a document prepared by Dr. Eric Luks which, when finalized, would be helpful to members as an adjunct to the College's current guidelines, future evidence-based guidelines and the RCDSO's Code of Ethics. Work on this project continues into 2001.



The Registration Committee considered 20 requests for **registration** and/or reinstatement in the year 2000.

## Registration Committee

### COMMITTEE MEMBERS

Dr. Larry Parker - chair  
Dr. David Charles  
Ms. Joan Stewart

### MANDATE

The Registration Committee reviews all applications for registration referred to it by the Registrar. The Registrar is required to refer an application to the Committee if he has doubts that the applicant meets the 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. As well, the Committee routinely offers the applicant with the opportunity to personally attend a meeting to make an oral representation should he wish to do so.

The Committee's decisions are subject to review by the government-appointed Health Professions Appeal and Review Board (HPARB).

### ACTIVITY HIGHLIGHTS

The Committee considered 20 requests for registration and/or reinstatement. After reviewing information related to each case, the Committee directed the Registrar to issue the following:

- three new general certificates of registration with restriction,
- one new general certificate of registration with terms, conditions and limitations,

- three new specialty certificates of registration without restriction,
- two new restricted education certificates, and,
- one new academic certificate of registration with terms, conditions and limitations.

The Registrar was also directed to reinstate three general certificates of registration, all upon completion of the College's ethics and jurisprudence requirement.

The Committee directed that two applications, one for general certificate of registration and another for a specialty certificate, be refused. Five applications were deferred pending receipt of additional information/submissions.

The Committee is also responsible for setting registration policies and advising College Council on entry to practice/reinstatement requirements. In 2000, considerable time was spent on reviewing the registration regulations, and the Committee proposed new regulations to better serve the needs of the dental schools and membership. Broader issues, such as the federal and provincial governments' initiatives on labour mobility, were also intensively reviewed.

# Statistics

(As of December 31, 2000)

## Additions to the Register

University of Toronto	78
University of Western Ontario	44
Other Canadian Graduates (NDEB)	50
U.S.A./Foreign Graduates (NDEB)	128
Specialty Certificates	30*
Academic Certificates	0
Instructional Certificates	1

\* Three were new members to the College and 27 were general members adding a specialty register.

## Specialty Certificates Granted

The College granted 30 certificates during the year 2000 in the following dental specialties:

Endodontics	1
Oral and Maxillofacial Surgery	6
Orthodontics	11
Paediatric Dentistry	2
Periodontics	8
Prosthodontics	1
Public Health Dentist	1

## Removals and Reinstatements

Deceased	12
Resigned	118
Reinstated	43

## Total Membership Certificates by Category

General Certificates	6,276
Specialty Certificates	68
Combined General/Specialty Certificates	871
Academic Certificates	10
Education Certificates	4
Graduate Certificates	30
Instructional Certificates	1

**Total Number of Membership Certificates 7,260**



# Statistics

(As of December 31, 2000)

## 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	TOTAL
<b>District #1</b>							
Dundas	0	0	2	1	0	1	4
Frontenac	1	26	25	17	2	4	75
Glengarry	0	0	2	1	0	0	3
Grenville	1	1	4	0	1	1	8
Lanark	2	3	7	7	1	1	21
Leeds	0	8	8	11	2	3	32
Lennox Addington	0	4	0	2	0	1	7
Ottawa Carlton	36	168	148	121	17	24	514
Prescott	2	2	3	1	2	2	12
Renfrew	8	10	10	10	0	1	39
Russell	1	4	3	2	0	0	10
Stormont	2	3	14	5	2	3	29
<b>District Total</b>	<b>53</b>	<b>229</b>	<b>226</b>	<b>178</b>	<b>27</b>	<b>41</b>	<b>754</b>
<b>District #2</b>							
Durham	17	97	70	49	10	12	255
Haliburton	0	1	1	1	1	0	4
Hastings	2	12	12	20	3	6	55
Northumberland	2	6	9	5	0	0	22
Peterborough	1	20	11	17	2	2	53
Prince Edward	0	0	3	1	0	0	4
Victoria	0	8	1	7	0	0	16
York	37	160	151	72	6	10	436
<b>District Total</b>	<b>59</b>	<b>304</b>	<b>258</b>	<b>172</b>	<b>22</b>	<b>30</b>	<b>845</b>
<b>District #3</b>							
Algoma	4	18	14	11	5	4	56
Cochrane	5	12	12	6	0	2	37
Kenora	3	8	10	6	0	1	28
Manitoulin	1	2	3	0	0	0	6
Nipissing	1	11	10	13	1	5	41
Rainy River	0	5	2	1	0	0	8
Sudbury	4	17	28	16	3	8	76
Thunder Bay	1	19	26	19	7	5	77
Timiskaming	2	3	6	6	0	0	17
<b>District Total</b>	<b>21</b>	<b>95</b>	<b>111</b>	<b>78</b>	<b>16</b>	<b>25</b>	<b>346</b>
<b>District #4</b>							
Halton	14	67	76	44	16	17	234
Peel	30	197	173	93	15	17	525
<b>District Total</b>	<b>44</b>	<b>264</b>	<b>249</b>	<b>137</b>	<b>31</b>	<b>34</b>	<b>759</b>
<b>District #5</b>							
Bruce	1	7	7	7	0	0	22
Dufferin	3	6	7	5	1	1	23
Grey	1	4	10	17	3	3	38
Huron	1	6	4	8	0	1	20
Muskoka	0	4	13	2	2	2	23

COUNTY	Less than 31	31 - 40	41 - 50	51 - 60	61 - 65	Over 65	TOTAL
<b>District #5 (con't)</b>							
Parry Sound	1	1	5	4	0	1	12
Simcoe	10	45	52	35	4	8	154
<b>District Total</b>	<b>17</b>	<b>73</b>	<b>98</b>	<b>78</b>	<b>10</b>	<b>16</b>	<b>292</b>
<b>District #6</b>							
Elgin	2	4	8	7	1	2	22
Essex	14	75	61	41	7	10	194
Kent	3	9	11	17	1	1	39
Lambton	3	4	28	13	0	2	47
Middlesex	18	62	93	69	17	30	271
<b>District Total</b>	<b>40</b>	<b>154</b>	<b>201</b>	<b>147</b>	<b>26</b>	<b>45</b>	<b>573</b>
<b>District #7</b>							
Brant	0	17	14	17	2	3	53
Haldimand Norfolk	3	7	10	9	4	6	36
Oxford	1	8	9	12	2	4	35
Perth	3	5	5	9	2	3	24
Waterloo	15	65	71	49	11	11	207
Wellington	6	24	23	27	5	5	84
<b>District Total</b>	<b>28</b>	<b>126</b>	<b>132</b>	<b>123</b>	<b>26</b>	<b>32</b>	<b>439</b>
<b>District #8</b>							
Hamilton Wentworth	17	66	88	59	11	26	250
Niagara	5	47	71	49	7	22	196
<b>District Total</b>	<b>22</b>	<b>113</b>	<b>159</b>	<b>108</b>	<b>18</b>	<b>48</b>	<b>446</b>
<b>District #9</b>							
Metro Toronto (North)	18	147	143	108	43	78	519
<b>District Total</b>	<b>18</b>	<b>147</b>	<b>143</b>	<b>108</b>	<b>43</b>	<b>78</b>	<b>519</b>
<b>District #10</b>							
Metro Toronto (West)	24	152	143	120	30	53	498
<b>District Total</b>	<b>24</b>	<b>152</b>	<b>143</b>	<b>120</b>	<b>30</b>	<b>53</b>	<b>500</b>
<b>District #11</b>							
Metro Toronto (Central)	40	153	154	117	26	62	512
<b>District Total</b>	<b>40</b>	<b>153</b>	<b>154</b>	<b>117</b>	<b>26</b>	<b>62</b>	<b>518</b>
<b>District #12</b>							
Metro Toronto (East)	36	233	228	138	39	55	693
<b>District Total</b>	<b>36</b>	<b>233</b>	<b>228</b>	<b>138</b>	<b>39</b>	<b>55</b>	<b>694</b>
<b>PROVINCIAL TOTALS</b>	<b>402</b>	<b>2043</b>	<b>2102</b>	<b>1504</b>	<b>314</b>	<b>519</b>	<b>6685</b>

RCDSO Data/Dec. 2000 (These figures represent all classes of certificates of registration for members with a registered practice address in the province of Ontario)

*Under the Professional Liability Program, each member obtains the **benefit** of mandatory errors and omissions coverage for professional liability or malpractice claims.*

## The Professional Liability Program

Under the Professional Liability Program, each member of the College obtains the benefit of mandatory errors and omissions coverage for professional liability or malpractice claims. The program is supported by a policy of insurance, which provides coverage, subject to its terms and conditions, for all of the College's members in Ontario.

This ensures, to the extent reasonably possible, that mechanisms are in place to protect the interests of the public in the event of injury resulting from a breach of the expected standards of care by members.

The Professional Liability Program continues to focus on the prevention of claims. To this end, the program staff provides risk management education to our members as part of the efforts to fulfil the legislated mandate of the College to serve and protect the public interest. Staff makes presentations to dental societies and other interested groups, and educates members during the course of the investigation of claims or potential claims,

During 2000, Professional Liability Program staff made a number of presentations to local dental societies and study clubs, provincial groups, both dental schools in the province, and at the Ontario Dental Association Spring Meeting.

Also the staff continues to provide risk management through publication of Claims Prevention Bulletins and one-on-one visits with individuals for whom the staff has recommended some personalized attention in the area of risk management. These visits have been well received by the members who also expressed appreciation for the time and effort expended by the College.

In addition to the Committee's role in reviewing some claim files,

it was also necessary during 2000 for the Committee, through the efforts of the College's Treasurer, to seek out a new insurance carrier for the year 2001 and beyond. The goal was to ensure that members would have the same level of coverage for future years, and that the change in carriers would take place as seamlessly as possible. The College is pleased to report that the change in carriers took place effective January 1, 2001.





# Presidents

## & 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 2000

### 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 -

\*Deceased

# Financial

Statements of ROYAL COLLEGE OF DENTAL  
SURGEONS OF ONTARIO - December 31, 2000

## AUDITORS' REPORT

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

We have audited the balance sheet of the Royal College of Dental Surgeons of Ontario as at December 31, 2000 and the statements of operations, changes in fund balance and cash flows for the year then ended. These financial statements are the responsibility of the College's management. 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 plan and perform an audit to obtain reasonable assurance whether the financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation.

In our opinion, these financial statements present fairly, in all material respects, the financial position of the College as at December 31, 2000 and the results of its operations and its cash flows for the year then ended in accordance with Canadian generally accepted accounting principles.

*Deloitte & Touche LLP*

Chartered Accountants  
Toronto, Ontario March 21, 2001

## Balance Sheet

December 31, 2000

	2000	1999
<b>Assets</b>		
<b>CURRENT</b>		
Cash	\$ 155,171	\$ 1,008,080
Short-term investments	6,468,535	4,976,181
Accounts receivable	509,760	346,054
Prepaid expenses	145,160	4,468
	<u>7,278,627</u>	<u>6,334,783</u>
INVESTMENTS (Note 3)	34,784,017	37,064,040
CAPITAL ASSETS (Note 4)	4,991,231	5,024,976
	<u>\$ 47,053,875</u>	<u>\$ 48,423,799</u>
<b>Liabilities and Fund Balance</b>		
<b>CURRENT</b>		
Accounts payable and accrued liabilities	\$ 584,709	\$ 791,888
Deferred revenue	7,059,006	6,870,250
	<u>7,643,715</u>	<u>7,662,138</u>
ACCRUED CLAIMS LIABILITY (Note 5)	9,001,935	8,546,362
PENSION PLAN OBLIGATION (Note 6)	847,500	703,069
	<u>17,493,150</u>	<u>16,911,569</u>
<b>FUND BALANCE</b>		
Invested in capital assets	4,991,231	5,024,976
Restricted for specific purposes (Note 7)	20,290,120	21,475,822
Unrestricted	4,279,374	5,011,432
	<u>29,560,725</u>	<u>31,512,230</u>
	<u>\$ 47,053,875</u>	<u>\$ 48,423,799</u>



# Financial

## Statement of Operations

Year ended December 31, 2000

	2000	1999
<b>Revenue</b>		
Registration and annual fees	\$ 7,266,245	\$ 7,657,100
Interest	2,503,654	2,788,704
Prior year's unutilized loss limit (Note 8)	443,072	1,266,792
Sundry	178,902	291,835
Rental income - tenants	122,696	47,371
	<b>10,514,569</b>	<b>12,051,802</b>

### Expenditures

Salaries and benefits	3,408,605	3,220,580
Maximum loss limit provision (Note 8)	2,500,000	2,500,000
Legal fees	888,987	994,012
Insurance premiums	1,182,772	1,092,007
Litigation settlements	1,057,646	-
Consulting and professional fees	549,331	746,622
Honoraria	570,890	556,660
Printing, stationery and supplies	378,649	401,678
Administrative	460,950	349,846
Property maintenance and operating costs (Note 9)	229,652	344,020
Amortization of capital assets	270,360	270,867
Grants	182,506	187,930
Equipment - rental and maintenance	168,356	158,680
Postage and courier	159,952	139,827
Travel and accomodation	169,552	134,435
Witness and court reporter fees	36,143	58,147
Telephone	67,252	54,512

## Statement of Operations (continued)

Year ended December 31, 2000

	2000	1999
<b>Expenditures (continued)</b>		
Membership education	49,433	53,497
Expert fees	87,426	46,023
Sundry expenses	46,142	16,265
Minor renovations	1,470	6,148
	<b>12,466,074</b>	<b>11,331,756</b>
<b>EXCESS (DEFICIENCY) OF REVENUE OVER EXPENDITURES</b>	<b>\$ (1,951,505)</b>	<b>\$ 720,046</b>

# Financial

## Statement of Changes in Fund Balance

Year ended December 31, 2000

	Invested in capital assets	Restricted for specific purposes (Note 7)	Unrestricted	Total 2000	Total 1999
Fund balance, beginning of year	\$ 5,024,976	\$ 21,475,822	\$ 5,011,432	\$ 31,512,230	\$ 30,792,184
Excess (deficiency) of revenue over expenditures	(270,360)	(1,185,702)	(495,443)	(1,951,505)	720,046
Investments in capital assets	236,615	-	(236,615)	-	-
Fund balance, end of year	\$ 4,991,231	\$ 20,290,120	\$ 4,279,374	\$ 29,560,725	\$ 31,512,230



## Statement of Cash Flows

Year ended December 31, 2000

	2000	1999
<b>Net (outflow) inflow of cash related to the following activities</b>		
<b>OPERATING</b>		
Excess of revenue over expenditures	\$ (1,951,505)	\$ 720,046
Items not affecting cash		
Amortization of premiums	(26,137)	(42,922)
Amortization of capital assets	270,360	270,867
	<b>(1,707,282)</b>	<b>947,991</b>
 Changes in non-cash working capital balances		
Accounts receivable	(163,706)	(2,560)
Prepaid expenses	(140,692)	15,027
Accounts payable and accrued liabilities	(207,179)	314,769
Deferred revenue	188,756	(469,850)
Accrued claims liability	455,573	(669,714)
Pension plan obligation	144,431	(60,570)
	<b>(1,430,099)</b>	<b>75,093</b>
 <b>INVESTING</b>		
Additions to capital assets	(236,615)	(517,800)
Change in investments	2,306,159	(6,243,248)
	<b>2,069,544</b>	<b>(6,761,048)</b>
<b>NET CASH (OUTFLOW) INFLOW</b>	<b>639,445</b>	<b>(6,685,955)</b>

## Statement of Cash Flows (continued)

Year ended December 31, 2000

	2000	1999
CASH, BEGINNING OF YEAR	5,984,261	12,670,216
CASH, END OF YEAR	<b>\$ 6,623,706</b>	<b>\$ 5,984,261</b>
 CASH IS COMPRISED OF:		
Cash	\$ 155,171	\$ 1,008,080
Short-term investments	6,468,535	4,976,181
	<b>\$ 6,623,706</b>	<b>\$ 5,984,261</b>

# Financial

## 1. GENERAL

Founded in 1868, the Royal College of Dental Surgeons of Ontario (the “College”) was continued under the *Dentistry Act, 1991* and *Regulated Health Professions Act of Ontario, 1991* as a not-for-profit corporation without share capital. The purpose of the College is to regulate the practice of dentistry and govern its members in the Province of Ontario.

As a not-for-profit corporation, the College is exempt from income taxes under the Income Tax Act.

The College has established the following restricted funds:

### Professional Liability Reserve Fund (Note 7)

The Professional Liability Reserve Fund was established in the event that the College is required to self-insure or cannot obtain third party professional liability insurance. Appropriations to this fund are made from the unrestricted fund balance. Use of this fund will only occur in the event that third party coverage cannot be obtained. An actuarial firm determined in 2000 that the balance of the fund is the amount which would be required to provide coverage similar to what is now in place for the membership.

### Building Reserve Fund (Note 7)

The Building Reserve Fund was established for the modernization of or restoration to the property. Appropriation to this reserve is made from the unrestricted fund balance.

### Harry R. Abbott Memorial Library Fund (Note 7)

The Harry R. Abbot Memorial Library Fund was established in 1924

as a family memorial to the late Dr. Abbott, who was president of the College from 1903 to 1907. The funds are maintained with Canada Trust and the interest earned on the funds is transferred through the College to the Faculty of Dentistry of the University of Toronto. The funds at Canada Trust are not reflected in these financial statements.

## 2. SIGNIFICANT ACCOUNTING POLICIES

### Financial statement presentation

These financial statements have been prepared in accordance with the 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 income 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.

### Short-term investments

Short-term investments are recorded at the lower of cost and market. The market value of the short-term investments approximate cost.

### Investments

Investments in fixed income securities are stated at amortized cost plus accrued interest. Gains and losses are recorded only upon realization, except where there is a decline in value which is considered



# Financial

to be other than temporary, at which time a provision for estimated losses is made.

### Capital assets

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

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

Improvements to building are amortized on a straight-line basis at a rate corresponding to the amortization rate for the related building.

### Pension costs

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

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

### Estimates

The preparation of the College's financial statements in conformity with Canadian generally accepted accounting principles requires management to make estimates and assumptions that affect certain reported amounts of assets and liabilities, 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. The amount, which the College could ultimately realize from the reserve for claims, could differ in the near term from amounts recorded, although the College believes that the reserves made are adequate.

### 3. INVESTMENTS

	2000		1999	
	Carrying value	Market	Carrying value	Market
Bonds and coupons				
Government of Canada	\$18,151,182	\$18,389,387	\$ 19,215,171	\$ 18,955,001
Provinces of Canada	16,632,835	16,776,915	17,326,582	17,132,833
Corporate	-	-	522,287	523,445
	<b>\$34,784,017</b>	<b>\$35,166,302</b>	<b>\$ 37,064,040</b>	<b>\$ 36,611,279</b>

The carrying value of investments includes accrued interest of \$12,958,672 (1999 - \$12,034,180).

# Financial

## 4. CAPITAL ASSETS

	2000		1999	
	Cost	Accumulated Amortization	Net Book Value	Net Book Value
Land	\$ 3,746,281	-	\$ 3,746,281	\$ 3,746,281
Building	461,008	156,769	304,239	249,246
Building improvements	1,005,954	372,260	633,694	700,487
Computer equipment	671,084	527,175	143,909	96,938
Furniture and fixtures	243,239	174,353	68,886	73,222
Office equipment	428,364	334,142	94,222	158,802
	<u>\$ 6,555,930</u>	<u>\$ 1,564,699</u>	<u>\$ 4,991,231</u>	<u>\$ 5,024,976</u>

The amount of land and building shown above represents the College's 90% ownership in the property.

## 5. ACCRUED CLAIMS LIABILITY

The Professional Liability Program was established by the College to provide a first level of defence and management of professional liability claims against dentists. In 2000 dentists were covered for a maximum liability of \$2,000,000 (1999 - \$2,000,000) for each validated claim. The College is liable for the first \$50,000 (1999 - \$50,000) of a validated claim subject to a 2000 maximum aggregate loss limit of \$2,500,000 (1999 - \$ 2,500,000), which amount is expensed on an annual basis, net of unutilized loss limits of previous years \$443,072 (1999 - \$1,266,792). For a validated claim in excess of \$50,000 and for total claims in a year in excess of \$2,500,000 the College has obtained insurance having an upper limit of \$2,000,000 for each claim. The dentists are liable to the

College for a deductible portion on each validated claim of \$1,000 on any one occurrence, including defence costs, increasing at a rate of \$1,000 for each additional claim in a thirty-six month period. Deductibles are recorded when received. The College is additionally liable for all loss adjustment expenses, which are expensed as incurred, related to claims arising since January 1, 1977. Final settlement of claims is subject to satisfactory resolution between the insurance company and the College. The accrued claims liability represents the accumulated difference of the annual maximum loss limit and paid claims and expenses, net of experience gains.

## 6. PENSION PLAN OBLIGATION

The College maintains a combined defined benefit and money purchase pension plan, which covers substantially, all of its employees. Pension fund assets at market value were \$2,694,000 at December 31, 2000 (1999 - \$2,365,242). The present value of accrued pension benefits attributable to services rendered to December 31, 2000 was \$2,963,100 (1999 - \$2,403,673). Pension expense for the year ended December 31, 2000 was \$349,100 (1999 - \$215,055).

In determining the actuarial present value of accrued pension benefits and pension costs, the College used a discount rate of 6.75% and a salary escalation rate of 4%. The estimated average remaining service life of the employee groups covered by the plan is 14 years.





# Financial

## 7. FUND BALANCE RESTRICTED FOR SPECIFIC PURPOSES (Note 1)

	2000	1999
Internally restricted		
Professional Liability Reserve Fund	\$ 19,250,000	\$ 20,033,576
Building Reserve Fund	1,040,000	1,440,000
Externally restricted		
Harry R. Abbot Memorial Library Fund	120	2,246
	<b>\$ 20,290,120</b>	<b>\$ 21,475,822</b>

## 8. PRIOR YEAR'S UNUTILIZED LOSS LIMIT AND MAXIMUM LOSS LIMIT PROVISION

As discussed in Note 5, the College provides for the maximum aggregate loss limit of \$2,500,000 (1999 - \$2,500,000) annually. The prior year's unutilized loss limit represents the difference between the amount expensed in the prior year and the actual costs incurred to settle such claims.

## 9. PROPERTY MAINTENANCE AND OPERATING COSTS

Property maintenance recoveries of \$171,194 (1999 - \$102,340) have been offset against this expense.

## 10. 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. No amount has been drawn from this facility as at year-end.

## 11. COMMITMENTS

The College has operating leases on office equipment and vehicles requiring minimum annual lease payments as follows:

2001	\$ 78,704
2002	52,182
2003	38,004
2004	14,028
	<b>\$ 182,918</b>

## 12. FINANCIAL INSTRUMENTS

### Fair value

The major categories of the College's financial instruments are comprised of cash, investments, accounts receivable, accounts payable, deferred revenue, reserve for claims and the pension plan obligation. For financial instruments that are short-term in nature such as cash, accounts receivable, accounts payable and deferred revenue, their carrying value approximates their fair values.

The fair value of investments is the aggregate of their market values that are based on quoted market prices and information available at that time as disclosed in Note 3 to these financial statements.

The fair value of the pension plan obligation is the actuarial present value of accrued pension benefits and pension costs calculated as described in Note 6 to these financial statements.

The fair value of the accrued claims liability cannot be determined with sufficient reliability as the timing of the payment of claims is uncertain. Further information on the principal characteristics of the accrued claims liability is disclosed in Note 5.

# *Financial*



## Concentration of credit risk

The College's exposure to concentration of credit risk is limited as the accounts receivable are substantially from its members.

## 13. 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.

## 14. COMPARATIVE FIGURES

The prior year's figures have been reclassified to conform to the current year's presentation.