

ENSURING CONTINUED TRUST

Annual Report 2001



Royal College of
Dental Surgeons of Ontario

Ensuring Continued Trust

OUR MISSION IS TO PROTECT
THE PUBLIC'S RIGHT TO
QUALITY DENTAL SERVICES
BY PROVIDING LEADERSHIP
TO THE DENTAL PROFESSION
IN SELF-REGULATION.

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PROFILE

The Royal College of Dental Surgeons of Ontario (RCDSO) has a long and illustrious history. On March 4, 1868, the first Dental Act in the world received Royal Assent in the Ontario Legislature, creating the Royal College of Dental Surgeons of Ontario. Today our mission continues to be to protect the public's right to quality dental services by providing leadership to the profession in self-regulation.

The public trusts dentists to set and monitor their own professional standards. Dentists believe that it is important for the profession to demonstrate through its honesty and integrity that they deserve that trust.

Over 7,000 dentists in general and specialty practice are committed to ensuring the public receives high-quality, ethical care. That is why at the College the safe care of patients by dentists is at the heart of everything we do.



OPEN and RESPONSIVE self-regulation

Ensuring Continued Trust



Communication. The Canadian Oxford Dictionary defines it as a means of connecting, of social contact.

Connecting is what the College has been all about during the past year. During 2001, we made person-to-person contact with over 40 per cent of the dentists in Ontario. That is a simple, yet phenomenal statistic.

It means that the College did more than talk about being open, accountable and accessible. It means that we delivered...in a multitude of ways.

College staff went on the road. Road show presentations were held in Barrie, London, Hamilton, Toronto and Ottawa. Nearly 15 per cent of our total membership turned out to one of these six presentations.

Speaking engagements by the Registrar Irwin Fefergrad and I took us to dental society meetings in Brantford, Sarnia, Peterborough, Elgin, Ottawa, London, Thunder Bay, Muskoka and Belleville to name just a few. Senior dental staff lectured at both the province's dental schools, and hosted pizza and pop sessions for dental students.

Our commitment to communications manifested itself in other tangible ways. Our membership magazine is now one of the premiere dental magazines in the province, if not the country. The College's Web site has graduated to a new level to make it a valuable resource for dentists and the general public.

But we didn't stop there. We decided to shift our scrutiny to the College itself. Were we telling the right story about who we were, and what our values were?

We decided we needed to do better. We wanted to put front and centre our proud history as the oldest dental regulatory college in the world. We wanted to emphasize that dentists have been successfully leading the way in self-regulation in this province for over 130 years. We wanted to demonstrate that dental regulation professionally-led and in partnership with the public does work.

That is why the College took the bold step of reinventing the face it presents to dentists and to all our stakeholders groups. The College's new visual identity with the slogan, *Ensuring Continued Trust*, is now reflected throughout the College. From the sign outside 6 Crescent Road, to the new design of membership Guidelines and Practice Advisories, to our business cards and stationery, we are making a powerful statement about who we are.

I believe that 2001 has been a turning point in the life of our organization. We are irreversibly committed to a new kind of College – a College that is open, transparent, and responsive and fair to dentists and the public.

I could not be prouder. I want to thank members of Council and the various committees at the College for their support and enormous hard work. And equally I want to share my warmest thanks to every staff member for their tremendous efforts and obvious commitment to the values of the College.

A handwritten signature in black ink, appearing to read 'Eric Luks', with a stylized flourish at the end.

Eric Luks, DDS, Dip.Orth, MScD
President



PROTECTING the public's rights



Complaints Committee

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 2001 the College received 328 letters of complaint or inquiry. Of these, 225 became formal complaints. Panels of the Complaints Committee met on 47 occasions in 2001. A summary of the Committee's activities is shown below.

Summary of Committee Activity for the Year 2001

Number of oral cautions delivered	45
Number of Section 75(c) investigations requested by Committee	6
Voluntary undertaking/agreements signed by members	27
Decisions	
Number of Decisions Issued*	202
No further action	132
Written caution	20
Oral caution	39
Referral to Discipline Committee	11

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

COMPLAINTS COMMITTEE MEMBERS

Dr. Richard Fillion - Chair

Dr. Doug Smith - Vice-Chair

Mr. Victor Braney

Dr. David Clark

Dr. Gary Pitkin

Ms. Joan Stewart

In 2001, there were 40 cases that met the eligibility criteria for ADR, of which 10 proceeded to ADR negotiations.

Complaints that raise issues about the following may be suitable for ADR:

- > poor communication skills;
- > inaccurate or poor documentation;
- > rude behaviour that is not indicative of serious practice deficiencies;
- > poor recordkeeping;
- > isolated failure to maintain standards;
- > breach of confidentiality;
- > conflict of interest.

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 2001, there were 40 cases that met the eligibility criteria for ADR, of which 10 proceeded to ADR negotiations.

Summary of Alternate Dispute Resolution (ADR)

Activities For the Year 2001

Proposed ADR referrals	40
Volunteered for ADR	10
Successful	10
Returned for formal complaints process*	30
Complainants refused	25
Members refused	5

* 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.

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
MEMBERS

Dr. Lou London - Chair

Dr. Ron Yarascavitch
Vice-Chair

Ms. Lynne Arnill
(January - March &
July - December)

Ms. Roberta Corey
(March - July)

Dr. Peter Fendrich

Dr. Mike Hamilton
(January - April)

Dr. Victor Krueger

Dr. Virginia Luks

Mr. Robert Metras

Mr. John Pappain

Dr. Marisa Pavone

Mr. Elesh Ruparel

Dr. Philip Watson

Dr. Henri Wilson

Mr. Ben Wiwcharyk

Dr. Malcom Yasny
(April - December)

Summary of HPARB Activity for Year 2001

Number of requests for review received in 2001*	51
*Not all of these requests for reviews were dealt with by HPARB in 2001.	
Number of decisions issued by the Board in 2001'	95
Complaints panel decision confirmed by HPARB	77
Frivolous & vexatious	2
Returned for removal of oral/written cautions	4
Returned for further investigation/unreasonableness of decision of Committee	8
Returned for inadequate investigation	0
Returned for referral to Discipline	0
Request for review abandoned	0
Request for review withdrawn	4
Section 28 ² order - requested	1
Section 28 ² order - denied	1

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

2. 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."

Discipline Committee

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.

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

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

In cases where there is a finding of professional misconduct and where the Discipline panel orders a suspension or revocation, a reprimand and/or imposes terms, conditions and limitations on the member's certificate of registration, the results of the proceeding must be contained on the public portion of the College's Register for a period of six years. In addition, the legislation requires the College to publish a summary of the case, including the member's name and address.

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 in open session. The Committee 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.

Profile of Discipline Committee Findings 2001



ACTIVITY HIGHLIGHTS

During the year 2001, 27 discipline hearings and 13 pre-hearing conferences were held. This required the panels of the Discipline Committee to sit for 60 hearing days.

In 20 of these hearings, there was a finding of professional misconduct involving 55 specified allegations. In one case, the member was found not guilty. Two hearings are ongoing. The allegations in the remaining four hearings were withdrawn, dismissed or adjourned *sine die*.

The decisions and reasons, or a summary of each hearing, are published in the College magazine *Dispatch* as soon as possible after the hearing has been concluded and the decision is final. Copies of the full reports are also available on request from the College. Those decisions and reasons that were published in 2001 are included, by reference only, in this Annual Report.

Executive Committee

MANDATE

The Executive Committee provides leadership to Council. It facilitates its efficient and effective functioning 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* 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 or she believes on reasonable and probable grounds that the member has committed an act or acts of professional misconduct or is incompetent.

EXECUTIVE COMMITTEE MEMBERS

Dr. Eric Luks - Chair

Ms. Lynne Arnill

Dr. Robert Brandon
(January - July)

Dr. Richard Filion
(November - December)

Mr. Elesh Ruparel

Dr. Cameron Witmer

The Executive
Committee provides
leadership to Council
and facilitates its
efficient and effective
functioning.

In 2001, there were 53 potential Section 75 investigations of which the Registrar exercised his discretion in 27 of them believing that a member had committed an act or acts of professional misconduct. The Executive Committee approved the appointment of the investigators.

Practice Monitoring Visits

Members may require monitoring of their practices for a number of reasons, including a voluntary undertaking/agreement that is made between the member and a College committee, or by orders made by the Discipline or Fitness to Practise Committees. In 2001, there were 62 office monitoring visits reported to the Executive Committee.

Referrals to the Discipline Committee

In 2001, the Executive Committee referred 15 specified allegations of professional misconduct involving six members to the Discipline Committee. The allegations related to the following types of misconduct:

- > failure to reply appropriately or within a reasonable time to a written enquiry made by the College
- > failure to take reasonable steps to ensure that information provided to the College was accurate
- > signing or issuing a false and/or misleading certificate
- > submitting a false and/or misleading account
- > failure to keep records as required by the Regulations
- > falsifying a record
- > contravening a standard of practice and/or failing to maintain the standards of practice of the profession
- > contravening the standards of practice, as published by the College, in relation to inducing general anaesthesia or conscious sedation
- > offering, making or conferring a rebate, credit or other benefit to a person by reason of the referral of a patient to the member
- > failure to comply with an order of a panel of the Complaints Committee requiring the member to appear before the panel to be cautioned
- > unprofessional and/or unethical conduct.

Requests for Removal or Variance of Practice Restrictions

The Executive Committee considers requests from members for removal or variance of practice restrictions that are imposed or voluntarily placed on members' certificates of registration due to physical or psychological conditions, or substance abuse issues. The Committee considered four such requests in 2001.

Professional Advertising

In 2001, the Executive Committee reviewed 20 cases of inappropriate advertising on the part of members. In most of these cases, members voluntarily authored apologies to the dental profession and agreed to have future advertising reviewed by the College prior to their dissemination to the public. The apologies are published in the College's newsletter, *Dispatch*. In some cases, members voluntarily printed retractions in the same publication as the offending advertisement appeared.

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 2001, the Executive Committee reviewed over 170 applications.

Fitness to Practise Committee

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:

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 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 2001.

FITNESS TO PRACTISE COMMITTEE MEMBERS

Dr. Randy Lang - Chair

Mr. John Pappain

Dr. Gerald Weisberg

PATIENT RELATIONS
COMMITTEE MEMBERS

Mr. Ben Wiwcharyk - Chair

Mr. Elesh Ruparel

Dr. Cameron Witmer

Dr. David Johnston

Dr. Katherine Zettle

Patient Relations Committee

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 and Long-Term Care'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 administers the funding program for therapy and counselling for dental patients who have been sexually abused. The Committee's mandate also includes dealing with all issues related to informing the public and the profession of the various programs and activities of the College and their rights under the *Regulated Health Professions Act, 1991*.

ACTIVITY HIGHLIGHTS

Co-payment Communications Project

The Committee reviewed the final report prepared by Dr. Malcolm Yasny, Chair of the Committee on Insurance Co-payment. Dr. Yasny's report suggested initiatives for the College to implement to encourage dentists to collect insurance co-payment and to educate patients about dentists' obligations in respect of co-payments. The Committee decided that it would like to take some action to educate dentists and patients about co-payment obligations. The Committee will meet in 2002 in order to consider its options regarding how to effectively implement the communications project.

Alternative Dispute Resolution (ADR)

In 2000, 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. The Committee received an update from the Registrar, who advised that the ADR process has been gaining in popularity, at least part of which was attributable to the success of the ADR video.

Response to HPRAC Report

The Committee received and reviewed the report of the Minister of Health and Long-Term Care's Health Professions Regulatory Advisory Council (HPRAC), which suggested amendments to the *Regulated Health Professions Act, 1991* (RHPA). In its report to the Minister, HPRAC recommended that Colleges must have a patient relations program, which will have an expanded mandate to address all issues relating to patient relations and not simply issues relating to sexual abuse. However, HPRAC recommended the elimination of the Patient Relations Committee as a statutory committee. It is the view of the Committee that the Patient Relations Committee

has worked well at the College, producing a number of effective initiatives to educate and benefit patients. If the RHPA is amended to remove the statutory requirement for a Patient Relations Committee, it is the opinion of the Committee that the College should constitute a patient relations standing committee to administer the program.

Informed Consent

The Committee commissioned a scholarly article on informed consent from Eleanore A. Cronk, now a judge in the Court of Appeal for Ontario. This article was circulated to all members with an issue of *Dispatch*, the College's membership magazine. In addition, a special educational session on informed consent for the College Council and committee members was lead by The Honourable Eleanor Cronk before her appointment to the Bench.

Request for Funding

To this date, the Patient Relations Committee has not received any requests for funding related to sexually abused patients in the dental office. The College has a policy of zero tolerance with respect to complaints of a sexual nature.

Quality Assurance Committee

QUALITY ASSURANCE COMMITTEE MEMBERS

Dr. Randy Lang - Chair

Dr. Albert Bouclin
(June - December)

Dr. Bohdan Kryshchalskyj

Mr. Lloyd Pollack

Dr. George Trigylidas

Dr. Malcolm Yasny
(January - June)

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 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 2001, 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 2002.

The Quality Assurance Committee is charged with the development, administrative review & ongoing evaluation of the College's Quality Assurance Program.

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. In accordance with its mandate, the Committee authorized the review and necessary revision of the *Guidelines for the Use of Sedation and General Anaesthesia in Dental Practice (last revision – November 1995)*. A revised version of this Guideline was approved by Council in June 2001 and distributed to members later that year.

In addition, the Committee authorized the review of the *Guidelines Respecting Infection Control in Dental Office (last revision – June 1995)*. The Committee engaged the services of an expert in the field of infection control to conduct an extensive evidence-based review of the current Infection Control Guideline. While the Committee was impressed with the extent of the literature review, it concluded that there was insufficient scientific evidence in the literature to build upon its current Guidelines.

The literature review did highlight some serious concerns including but not limited to the following:

1. That the high level of latex utilization in dentistry is a significant source for latex allergy for patients, health-care workers and their families;
2. That the use of potent surface and waterline disinfectants may cause the development of more resistant strains of micro-organisms which may elevate future risks.

It is expected that ways to address these matters will be developed by the Committee in 2002.

Review of the RCDSO's Quality Assurance Program by HPRAC

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 submitted their final report to the College in 2001.

The College's Quality Assurance Committee reviewed the recommendations as outlined in the report and is pleased to announce that no changes were needed in the program design. The Committee worked with College staff to develop a response to the Minister of Health and Long-Term Care on the effectiveness of the College's quality assurance programs as outlined in the report and a joint submission to HPRAC was made through the office of the Registrar.

Medical History Forms

The Committee is in the final stages of the development of a prototype medical history form and educational package for use by members. This project is to be completed in 2002.

REGISTRATION COMMITTEE
MEMBERS

Dr. Larry Parker - Chair

Dr. David Charles

Dr. Virginia Luks

Ms. Joan Stewart

Registration Committee

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/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 Committee is also responsible for setting registration policies and advising College Council on entry to practice/reinstatement requirements. In 2001, considerable time was spent on reviewing the registration Regulations and proposed new Regulations to better serve the needs of the universities and membership. Broader issues, such as the federal and provincial government's initiatives on labour mobility, were also heavily reviewed and an agreement reached.

ACTIVITY HIGHLIGHTS

The Registration Committee met on five occasions in 2001 and held one separate telephone conference meeting. It considered 26 requests for registration and/or reinstatement. After reviewing information related to each case, the Committee directed the Registrar to issue the following:

- > one new general certificate of registration with terms, conditions and limitations;
- > one new general certificate of registration upon receipt of an undertaking from the applicant;
- > one new graduate certificate of registration with terms, conditions, and limitations;
- > three new education certificates with terms, conditions, and limitations;
- > two new academic certificates of registration with terms, conditions and limitations.

The Registrar was also directed to reinstate three general certificates of registration without restrictions, three general certificate of registration with terms, conditions and limitations, all conditional upon successful completion of the College's ethics and jurisprudence requirement, and one specialty certificate of registration with terms, conditions and limitations.

In 2001,
considerable time
was spent on
reviewing the
registration
Regulations and
proposed new
Regulations.

The Committee directed that two applications, one for general certificate of registration and one for reinstatement of a general certificate of registration, be refused. Six applications and one application for variation of terms, conditions, and limitations were deferred pending receipt of additional information/submissions.

Statistics (As at December 31, 2001)

Additions to the Register

University of Toronto	68
University of Western Ontario	43
Other Canadian Graduates (NDEB)	55
U.S.A./Foreign Graduates (NDEB)	85
Specialty Certificates*	28
Academic Certificates	7
Instructional Certificates	0

Specialty Certificates Granted

The College granted 28 certificates during 2001 in the following dental specialties:	
Endodontics	5
Oral and Maxillofacial Surgery	6
Orthodontics	6
Paediatric Dentistry	5
Periodontics	5
Prosthodontics	1

Removals and Reinstatements

Deceased	15
Resigned	143
Reinstated	36

Total Membership Certificates by Category

General Certificates	6,372
Specialty Certificates	85
Combined General/Specialty Certificates	883
Academic Certificates	16
Education Certificates	5
Graduate Certificates	27
Instructional Certificates	0
Total Number of Membership Certificates	7,388

* Two were new members to the College and 26 were general members adding a specialty register.

COMMITTEE MEMBERS

Ms. Krystyna Rudko - Chair

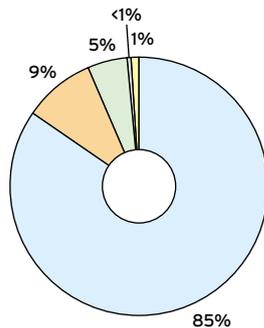
Dr. Steven Cohen

Dr. Leon Freudman

Dr. Norman Goldberg

Dr. Ronald Palinka

Closed Files by Payment
Range 1991 to 2001



- No payments
- \$1 to \$10,000
- \$10,001 to \$35,000
- \$35,001 to \$50,000
- > \$50,000

The Professional Liability Program

MANDATE

Under the Professional Liability Program (PLP), each member of the College obtains the benefits of 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 and former members for negligent acts which occur 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 the negligence of our members.

The PLP Committee oversees policies and practices of PLP and personally approves all claim settlements that exceed the internal staff authority.

ACTIVITY HIGHLIGHTS

Claims Activity for 2002

As of December 31, 2001, 875 PLP files were opened. This number is higher than originally anticipated by approximately 100 reports.

There are a number of reasons for this increased reporting including:

- > The push for members to report any and all potential incidents in 2000 out of an abundance of caution because of the changeover from Reliance to another insurance carrier may have spilled over to 2001.
- > The higher visibility of PLP within the College and the greater accessibility that has been created has made members more aware of their responsibility to report possible claims.
- > RCDSO road show and other PLP presentations emphasized the "when in doubt, call PLP" philosophy, resulting in additional reports.

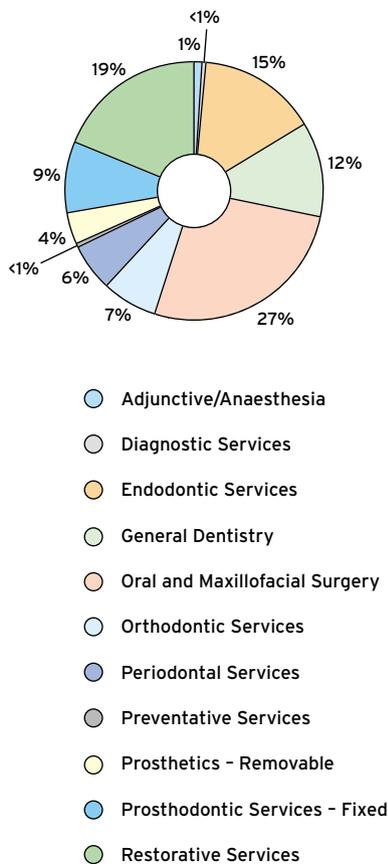
It is expected, however, that as in other years, at least 70% of these files will eventually be closed with no payments made.

Other Program Statistics

Some relevant statistical information is provided below as a broad snapshot of PLP claims activity. This information is presented in the accompanying charts:

- > Closed Files by Payment Range 1991 to 2001
- > Cases by Types of Service 1991 to 2000

Cases by Types of Service 1991 to 2000



Insurance Update

As reported in last year's Annual Report, the College ended its 10-year relationship with Reliance Insurance Company. A similar form of coverage is now being provided through ENCON Insurance Managers. The current policy extends to the end of December 2003.

In December 2001, it was learned that Reliance Insurance Company had been placed in liquidation. While initially this information caused some concern, we were pleased to learn, from preliminary reports, that the company's reserves will be more than sufficient to pay the vast majority of our PLP claims. In addition, payments related to each claim up to \$250,000 are protected by an insurance industry organization called Property and Casualty Insurance Compensation Corporation (PACICC). PLP is responsible for the first \$50,000 of each claim (until PLP's aggregate deductible is reached) and PACICC will pay the next \$250,000. Any payments in excess of these amounts may have to await the final liquidation of Reliance before they can be realized.

Risk Management

During the year 2001, PLP staff made a number of risk management presentations to local dental societies, senior dental students at both Ontario dental schools and as part of continuing dental education programs.

In addition, risk management advice is provided through a regular feature called "An Ounce of Prevention" in *Dispatch*, the College magazine. The purpose of this feature is to offer guidance to members regarding the prevention of malpractice claims or the minimization of the magnitude of an existing claim.



Financial Section

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24	Statement of Changes in Fund Balance
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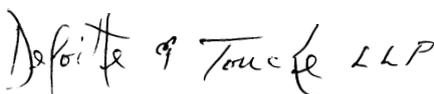
Auditors' Report

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, 2001 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, 2001 and the results of its operations and its cash flows for the year then ended in accordance with Canadian generally accepted accounting principles.



Chartered Accountants

Toronto, Ontario
March 11, 2002

Balance Sheet

December 31, 2001

	2001	2000
ASSETS		
CURRENT		
Cash	\$ 756,691	\$ 155,172
Short-term investments	3,850,661	6,468,535
Accounts receivable	1,066,481	509,760
Prepaid expenses	25,592	145,160
	5,699,425	7,278,627
INVESTMENTS (Note 3)	36,286,726	34,784,017
CAPITAL ASSETS (Note 4)	5,170,877	4,991,231
	\$47,157,028	\$47,053,875
LIABILITIES AND FUND BALANCE		
CURRENT		
Accounts payable and accrued liabilities	\$ 361,259	\$ 584,709
Deferred revenue	9,644,020	7,059,006
	10,005,279	7,643,715
ACCRUED CLAIMS LIABILITY (Note 5)	8,919,202	9,001,935
PENSION PLAN OBLIGATION (Note 6)	748,600	847,500
	19,673,081	17,493,150
FUND BALANCE		
Invested in capital assets	5,170,877	4,991,231
Restricted for specific purposes (Note 7)	20,210,000	20,290,000
Unrestricted	2,103,070	4,279,494
	27,483,947	29,560,725
	\$47,157,028	\$47,053,875

Approved on Behalf of the Members of Council


Eric Luks, DDS, Dip.Orth, MScD
President

Statement of Operations

Year ended December 31, 2001

	2001	2000
REVENUE		
Registration and annual fees	\$7,349,092	\$7,266,245
Interest	2,268,969	2,503,654
Prior year's unutilized loss limit (Note 8)	388,129	443,072
Recoveries	341,003	92,939
Sundry	127,603	85,963
Rental income – tenants	203,289	293,890
	10,678,085	10,685,763
EXPENDITURES		
Salaries and benefits	3,710,286	3,408,605
Maximum loss limit provision (Note 8)	2,750,000	2,500,000
Insurance premiums	1,357,337	1,182,772
Litigation settlements	–	1,057,646
Legal fees	1,029,059	888,987
Honoraria	597,589	570,890
Consulting and professional fees	697,947	570,473
Administrative	475,961	460,950
Printing, stationery and supplies	465,060	378,649
Amortization of capital assets	292,768	270,360
Property maintenance and operating costs	385,352	400,846
Grants	259,100	182,506
Travel and accommodation	159,297	169,552
Equipment – rental and maintenance	185,401	168,356
Postage and courier	143,337	159,952
Expert fees	62,311	87,426
Telephone	75,854	67,252
Membership education	42,846	49,433
Other expenses	27,997	25,000
Witness and court reporter fees	35,271	36,143
Minor renovations	2,090	1,470
	12,754,863	12,637,268
EXCESS OF EXPENDITURES OVER REVENUE	\$(2,076,778)	\$(1,951,505)

Statement of Changes in Fund Balance

Year ended December 31, 2001

	Invested in capital assets	Restricted for specific purposes (Note 7)	Unrestricted	TOTAL	
				2001	2000
Fund balance, beginning of year	\$4,991,231	\$20,290,000	\$4,279,494	\$29,560,725	\$31,512,230
Excess of expenditures over revenue	(292,768)	–	(1,784,010)	(2,076,778)	(1,951,505)
Investments in capital assets	472,414	–	(472,414)	–	–
Inter-fund transfer	–	(80,000)	80,000	–	–
FUND BALANCE, END OF YEAR	\$5,170,877	\$20,210,000	\$2,103,070	\$27,483,947	\$29,560,725

Statement of Cash Flows

Year ended December 31, 2001

	2001	2000
NET (OUTFLOW) INFLOW OF CASH RELATED TO THE FOLLOWING ACTIVITIES		
OPERATING		
Excess of expenditures over revenue	\$(2,076,778)	\$(1,951,505)
Items not affecting cash		
Amortization of premiums		
on investments	(72,776)	(26,137)
Amortization of capital assets	292,768	270,360
	<u>(1,856,786)</u>	<u>(1,707,282)</u>
Changes in non-cash working capital balances		
Accounts receivable	(556,721)	(163,706)
Prepaid expenses	119,568	(140,692)
Accounts payable and accrued liabilities	(223,450)	(207,179)
Deferred revenue	2,585,014	188,756
Accrued claims liability	(82,733)	455,573
Pension plan obligation	(98,900)	144,431
	<u>(114,008)</u>	<u>(1,430,099)</u>
INVESTING		
Additions to capital assets	(472,414)	(236,615)
Change in investments	(1,429,932)	2,306,159
	<u>(1,902,346)</u>	<u>2,069,544</u>
NET CASH (OUTFLOW) INFLOW	(2,016,354)	639,445
CASH, BEGINNING OF YEAR	6,623,706	5,984,261
CASH, END OF YEAR	<u>\$4,607,352</u>	<u>\$6,623,706</u>
CASH IS COMPRISED OF:		
Cash	\$ 756,691	\$ 155,171
Short-term investments	3,850,661	6,468,535
	<u>\$4,607,352</u>	<u>\$6,623,706</u>

Notes to the Financial Statements

December 31, 2001

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

The Harry R. Abbott 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.

2. SIGNIFICANT ACCOUNTING POLICIES (continued)

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 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

	2001		2000	
	Carrying value	Market	Carrying value	Market
Bonds and coupons				
Government of Canada	\$19,740,446	\$20,399,289	\$18,151,182	\$18,389,387
Provinces of Canada	16,546,280	17,016,114	16,632,835	16,776,915
	\$36,286,726	\$37,415,403	\$34,784,017	\$35,166,302

The carrying value of investments includes accrued interest of \$14,389,428 (2000 – \$12,958,672).

(Notes to the Financial Statements continued)

4. CAPITAL ASSETS

	2001			2000
	Cost	Accumulated Amortization	Net Book Value	Net Book Value
Land	\$3,746,281	\$ –	\$3,746,281	\$3,746,281
Building	551,884	234,374	317,510	304,239
Building improvements	1,021,586	377,667	643,919	633,694
Computer equipment	1,020,350	687,221	333,129	143,909
Furniture and fixtures	255,779	195,221	60,558	68,886
Office equipment	432,464	362,984	69,480	94,222
	\$7,028,344	\$1,857,467	\$5,170,877	\$4,991,231

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 2001 dentists were covered for a maximum liability of \$2,000,000 (2000 – \$2,000,000) for each validated claim. The College is liable for the first \$75,000 (2000 - \$50,000) of a validated claim subject to a 2001 maximum aggregate loss limit of \$2,750,000 (2000 - \$ 2,500,000), which amount is expensed on an annual basis, net of unutilized loss limits of previous years \$388,129 (2000 - \$443,072). For a validated claim in excess of \$75,000 and for total claims in a year in excess of \$2,750,000 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 \$2,073,100 at December 31, 2001 (2000 – \$2,694,000). The present value of accrued pension benefits attributable to services rendered to December 31, 2001 was \$2,498,200 (2000 – \$2,963,100). Pension expense for the year ended December 31, 2001 was \$196,100 (2000 – \$349,100).

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.

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

	2001	2000
Internally restricted		
Professional Liability Reserve Fund	\$19,250,000	\$19,250,000
Building Reserve Fund	960,000	1,040,000
	\$20,210,000	\$20,290,000

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 \$2,750,000 (2000 - \$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. 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.

10. COMMITMENTS

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

2002	89,071
2003	74,894
2004	64,170
2005	63,394
2006	63,394
	<u>\$354,922</u>

11. 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.

Concentration of credit risk

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

12. 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.

13. COMPARATIVE FIGURES

Certain of the prior year's figures have been reclassified to conform with the current year's presentation.

Distribution of Dentists

Distribution of Dentists Practising in Ontario by Age Range, County and Electoral District.

COUNTY	Less than 31	31 - 40	41 - 50	51 - 60	61 - 65	Over 65
District #1						
Dundas	0	0	2	1	0	1
Frontenac	2	25	25	17	2	4
Glengarry	0	0	1	1	0	0
Grenville	2	1	3	0	0	0
Lanark	4	3	6	7	1	1
Leeds	0	9	6	11	2	3
Lennox Addington	0	4	0	2	0	1
Ottawa Carlton	55	178	147	120	13	19
Prescott	2	2	4	1	2	2
Renfrew	10	6	11	10	0	1
Russell	1	4	3	2	0	0
Stormont	2	3	13	6	2	3
District Total (769)	78	235	221	178	22	35
District #2						
Durham	27	99	74	49	9	11
Haliburton	0	1	1	1	1	0
Hastings	4	15	12	20	3	4
Northumberland	1	7	9	5	0	0
Peterborough	4	20	11	15	2	2
Prince Edward	0	0	3	1	0	0
Victoria	1	8	1	7	0	0
York	53	166	158	72	5	10
District Total (892)	90	316	269	170	20	27
District #3						
Algoma	4	17	14	11	5	3
Cochrane	4	11	14	6	0	1
Kenora	2	7	10	6	0	1
Manitoulin	1	2	3	0	0	0
Nipissing	1	11	10	13	1	4
Rainy River	1	5	2	3	0	0
Sudbury	7	17	28	16	3	7
Thunder Bay	1	20	27	19	7	4
Timiskaming	3	4	5	6	0	0
District Total (347)	24	94	113	80	16	20
District #4						
Halton	19	71	75	42	16	17
Peel	44	202	183	95	15	18
District Total (797)	63	273	258	137	31	35

COUNTY	Less than 31	31 - 40	41 - 50	51 - 60	61 - 65	Over 65
District #5						
Bruce	1	7	7	7	0	0
Dufferin	3	6	8	4	1	1
Grey	2	4	10	16	3	3
Huron	1	6	4	8	1	2
Muskoka	0	5	14	2	2	2
Parry Sound	1	1	5	3	0	1
Simcoe	19	51	53	34	5	9
District Total (312)	27	80	101	74	12	18
District #6						
Elgin	3	3	8	8	1	2
Essex	17	74	60	42	5	8
Kent	5	8	11	16	1	1
Lambton	4	3	28	12	0	2
Middlesex	18	69	92	69	12	25
District Total (607)	47	157	199	147	19	38
District #7						
Brant	3	15	15	17	2	3
Haldimand Norfolk	4	4	10	9	4	6
Oxford	2	9	8	12	2	3
Perth	3	4	5	8	2	3
Waterloo	19	66	70	46	10	9
Wellington	3	29	23	27	5	5
District Total (465)	34	127	131	119	25	29
District #8						
Hamilton Wentworth	21	68	87	59	10	22
Niagara	11	46	73	48	7	21
District Total (473)	32	114	160	107	17	43
District #9						
Metro Toronto (North)	24	153	149	103	43	72
District Total (544)	24	153	149	103	43	72
District #10						
Metro Toronto (West)	27	165	146	121	29	48
District Total (536)	27	165	146	121	29	48
District #11						
Metro Toronto (Central)	51	153	150	118	25	54
District Total (551)	51	153	150	118	25	54
District #12						
Metro Toronto (East)	47	232	226	232	38	54
District Total (829)	47	232	226	232	38	54
Provincial Totals (7122)	544	2099	2123	1586	297	473

RCDSO Data/December 2001
 (These figures represent all classes of certificates of registration for members with a registered practice address in the province of Ontario.)

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***E. Luks***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**



**Royal College of
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