

Raising the quality of regulation



Royal College of
Dental Surgeons of Ontario

Ensuring Continued Trust

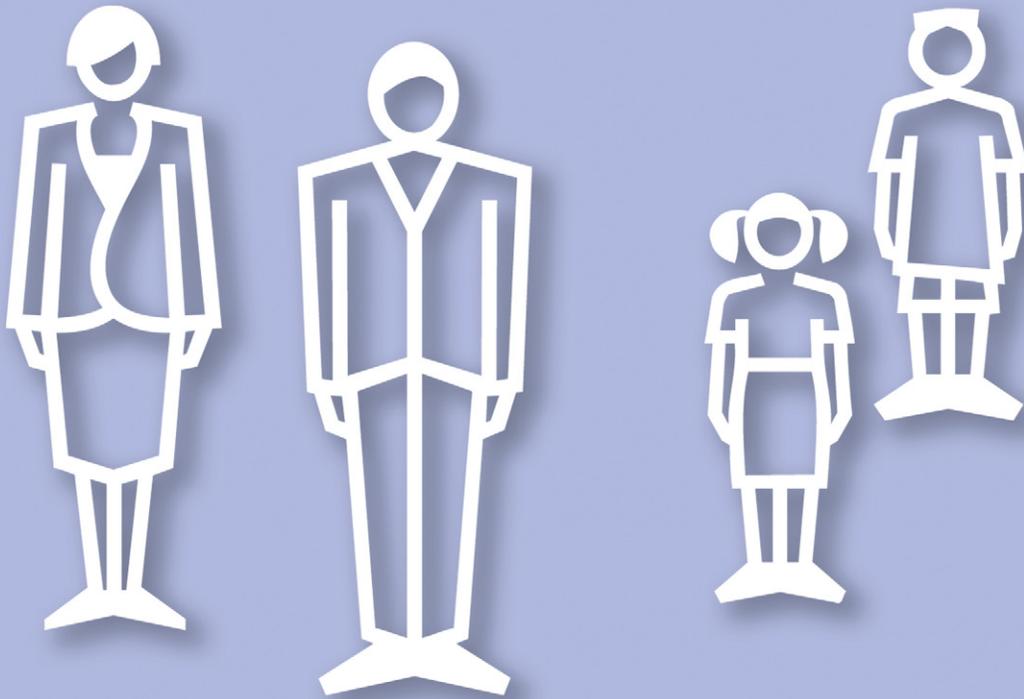
2004 ANNUAL REPORT

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.

The nearly 7,800 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.



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By raising the quality of regulation, we can better protect the public.

Working as a team with staff, our governing Council has

created a culture that encourages innovative thinking and problem-solving. Members and the public gain enormously from this fusion of creativity and fearless action.

This past year saw our College Council continue to move forward with an active and aggressive agenda.

We continued as a national leader in privacy with a special pullout insert in our membership magazine *Dispatch* to assist dentists in implementing Ontario's new health-care privacy legislation. We secured a private grant of \$100,000 to begin production of a state-of-the-art CD-ROM on medical emergencies in the dental office.

Sensitive to concerns around sexual abuse and boundary issues for both staff and patients, we revised our practice advisory on sexual impropriety. After an extensive consultation process, we made significant revisions to our Code of Ethics. We addressed our facility permit protocol to increase inspections and reporting to reduce the risks associated with sedation in the dental office. We are actively involved in the development of a provincial plan to address a flu pandemic.

We took a leadership role in the creation of the Canadian Dental Regulatory Authorities Federation, the new national voice for the nation's over 18,000 dentists on issues related to self-regulation. We released our final report on the barriers to access to dental care in the long-term care sector.

I believe that this College has got it right. Our challenge is to maintain the momentum. To continue to succeed, we need to be open and welcoming of the constant change and uncertainty that makes up our daily lives. I know that we have the maturity and confidence to do just that.

The College is convinced that professionally-led regulation, in partnership with the public, offers the best way to encourage high standards of dental practice and to ensure the safety of our patients.

We know that by raising the quality of regulation we can better protect the public. We are determined to continue to deliver what the public and the profession are entitled to expect from us – fair, transparent, responsible and effective regulation.

Cam Witmer, DDS
President

COMPLAINTS COMMITTEE

COMPLAINTS COMMITTEE

Dr. Marvin Klotz – Chair

Dr. Lorne Akler

Dr. Douglas Beaton

Ms. Kelly Bolduc-O'Hare
(from October)

Mr. Ryan Clarke
(January to October)

Dr. George Grayson

Mr. Kurisummoottil Joseph
(from October)

Dr. Hartley Kestenberg

Ms. Evelyn Laraya
(from October)

Dr. Louis London

Mr. Douglas McVeigh
(April to October)

Ms. Joan Stewart
(January to October)

Mandate

The Complaints Committee is responsible for investigating complaints from the public regarding the conduct of dentists. Under the *Regulated Health Professions Act, 1991*, 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 action, if any, is required.

The Complaints Committee may do any one or more of the following:

1. Refer a specified allegation of the member's professional misconduct or incompetence to the Discipline Committee if the allegation is related to the complaint.
2. Refer the member to the Executive Committee for incapacity proceedings.
3. Require the member to appear before the panel or another panel of the Complaints Committee to be cautioned.
4. Take action it considers appropriate that is not inconsistent with the *Dentistry Act, 1991*, the Code, the regulations or by-laws.

Complaints Statistics

In 2004, the College received 352 letters of complaint or inquiry, of which 255 became formal complaints. Panels of the Complaints Committee met on 36 occasions in 2004. A summary of the Committee's activities is shown below.

Summary of Committee Activity for the Year 2004

Number of Oral Cautions Delivered	29
Number of Section 75(c) Investigations Requested by Committee	5
Voluntary Undertaking/Agreements Signed by Members	29

Decisions

Number of Decisions Issued	266
No Further Action	204
Written Caution	28
Oral Caution	25
Referral to Discipline Committee	9
Referral to Executive Committee for Incapacity Proceedings	0

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

ADR Statistics

In 2004, 84 cases met the eligibility criteria for ADR, of which 21 proceeded to ADR negotiations.

Summary of Alternate Dispute Resolution (ADR) Activities for the Year 2004

Proposed ADR Referrals	84
ADR Negotiations ¹	21
Resolved	19
Not Resolved	2
Returned to Formal Complaints Process ²	51
Pending Consents from Dentists/Complainants	8

¹ Twelve ADR negotiations were carried forward from the year 2003.

² 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 HPARB. The College, however, is not a party at HPARB.

Summary of HPARB Activity for Year 2004

Number of requests for review received in 2004 ¹	50
Number of decisions issued by the Board in 2004 ¹	61
Complaints Panel Decision Confirmed by HPARB	50
Frivolous & Vexatious	1
Returned for Removal of Oral/Written Cautions	1
Returned for Oral Cautions	0
Returned for Further Investigation/Unreasonableness	5
Returned for Referral to Discipline	0
Request for Review Abandoned	1
Request for Review Denied by the Board	0
Request for Review Withdrawn by the Applicant	3
Section 28 ² Order - Request	1
Section 28 ² Order - Denied/Upheld	1

* Not all of these requests for reviews were dealt with by HPARB in 2004.

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

DISCIPLINE COMMITTEE

Dr. Eric Luks – Chair

Dr. Philip Watson – Vice-Chair

Dr. John Anthony

Dr. Albert Bouclin

Dr. Stephen Brown

Dr. Jimmy Ho

Dr. Vic Krueger

Ms. Mary Ann Labaj

Dr. Virginia Luks

Mr. Robert Marr

Mr. John Pappain
(until April 14)

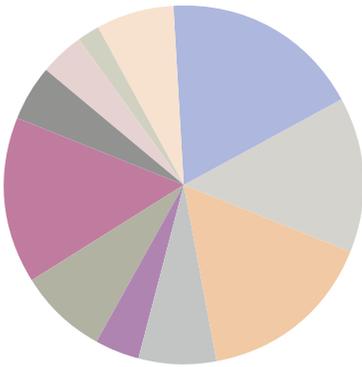
Mr. Elesh Ruparel
(until April 30)

Mr. Stan Spencer

Mr. Ben Wiwcharyk

Dr. Katherine Zettle

Profile of Discipline Findings 2004



- 18% Falsifying records/submitting false or misleading documents, accounts or charges
- 14% Failing to keep records as required by the regulations
- 16% Contravening/failing to maintain standards of practice of the profession
- 7% Providing unnecessary dental services
- 4% Failing to comply with order of Discipline Committee/failing to comply with undertaking
- 8% Charging excessive or unreasonable fees
- 15% Disgraceful, dishonourable, unprofessional or unethical conduct
- 5% Failing to provide accurate information to the College/failing to reply to the College
- 4% Abusing a patient
- 2% Contravening a provision of the Act/contravening a law
- 7% Other

College. The meeting is chaired by a Pre-Hearing Conference Presider who is selected by the Chair of the Discipline Committee. The objectives of the pre-hearing conference are:

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

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

Discipline Statistics

Twenty-one discipline hearings were held in 2004, requiring panels of the Discipline Committee to sit for 42 hearing days. Sixteen members were found guilty of professional misconduct, involving 74 specified allegations. One member was found not guilty. One case was dismissed. In one case, the allegations were withdrawn. In another case, the hearing is ongoing.

A panel of the Discipline Committee also heard a member's application for reinstatement of his certificate of registration, which had previously been revoked by the Discipline Committee. The panel made an order directing the Registrar to grant the member's application for reinstatement, subject to terms, conditions and limitations on the member's certificate of registration.

Ten pre-hearing conferences were held in 2004.

Publication of Decisions

A summary of the decision and the panel's reasons for each hearing are published in the College magazine, *Dispatch*, as soon as possible after the hearing has been concluded and the decision and panel's reasons are final. Members are urged to read these reports as they are published.

Copies of these summary reports, as well as full text versions, are available from the College upon request. The decisions and reasons that were published in 2004 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 the legislation, in addition to those noted above. It considers matters referred to it by the Registrar and the Complaints Committee regarding members' conduct, and receives reports of investigations carried out in accordance with Section 75 of the Health Professions Procedural Code of the *Regulated Health Professions Act, 1991*.

The Executive Committee can refer specified allegations of professional misconduct and/or incompetence to the Discipline Committee, and matters of incapacity to the Fitness to Practise Committee.

Statutory Activity Highlights

Section 75 Investigations

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

In 2004, there were 26 Section 75(a) investigations were approved and the results of those investigations were reported to the Executive Committee.

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 the College, or by orders made by the Discipline or Fitness to Practise Committees. Results of 92 monitoring visits were reported to the Executive Committee in 2004.

EXECUTIVE COMMITTEE

Dr. Cameron Witmer – Chair

Dr. David Charles
(until August 31)

Ms. Krystyna Rudko

Dr. Douglas Smith

Mr. Ben Wiwcharyk

Referrals to the Discipline Committee

In 2004, the Executive Committee referred 49 specified allegations of professional misconduct involving 12 members to the Discipline Committee. The allegations related to the following types of misconduct:

- disgraceful, dishonourable, unprofessional, unethical conduct;
- contravention of a standard of practice of the profession;
- recommending or providing unnecessary dental services;
- falsifying records or submitting false or misleading documents and/or accounts;
- charging excessive or unreasonable fees;
- failure to collect or attempt to collect co-payment balances;
- failure to keep records as required by the regulations;
- failure to ensure that information provided to the College was accurate;
- prescribing, dispensing or selling a drug for an improper purpose or otherwise using improperly the authority to prescribe, dispense or sell drugs;
- failure to reply appropriately or within a reasonable time to a written enquiry made by the College;
- failure to comply with an order of a panel of the Discipline Committee;
- failure to abide by a written undertaking given by the member to the College;
- benefiting from the practice of dentistry while the member's certificate of registration was suspended;
- contravening a provision of the *Dentistry Act, 1991*, the *Regulated Health Professions Act, 1991* or the regulations under either of those Acts.

Incapacity

Under the Health Professions Procedural Code of the *Regulated Health Professions Act, 1991*, (Code) incapacitated means, in relation to a member, that the member is suffering from a physical or mental condition or disorder that makes it desirable, in the interest of the public, that the member is no longer permitted to practise, or that the member's practice is restricted.

In accordance with the provisions set out in the Code, the Executive Committee dealt with six matters involving incapacity of members.

Substance Abuse

Substance abuse issues involving seven members were reviewed by the Executive Committee. In most cases, the member voluntarily agreed to have practice restrictions such as withdrawal from practice, withdrawal of prescribing privileges, substance abuse treatment and/or counselling, and frequent reporting to the Registrar.

Requests for Removal or Modification of Practice Restrictions

The Executive Committee considers requests from members for removal or modification of practice restrictions that are imposed by an order of the Discipline Committee or Fitness to Practise Committee, or voluntarily placed on members' certificates of registration to address issues of concern. The Committee considered seven such requests in 2004.

Professional Advertising

In 2004, the Executive Committee reviewed eight 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 its dissemination to the public. Members' apologies are published in the College's quarterly magazine, *Dispatch*. In some cases, members also 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 on practice names, the Executive Committee reviews applications from members for approval of practice names. In 2004, the Executive Committee reviewed 117 applications.

Amalgam Waste Disposal

In May 2003, the Ontario government passed a regulation that requires every dental office in Ontario in which dental amalgam is placed, repaired or removed, to have a properly installed dental amalgam device which meets or exceeds the Standard for Amalgam Separators as determined by the International Organization for Standardization (ISO). The regulation came into effect on November 15, 2003.

The College's renewal form for 2004 was changed to include a series of questions regarding dental amalgam waste disposal. Members who were required to have an amalgam separator, but did not, were contacted by the College. Those members who failed to comply with the regulation were brought to the attention of the Executive Committee. The Committee communicated specifically with 12 members to bring them into full compliance with this regulation.

Other Items

Other issues before the Executive Committee included unfavourable results of sedation/anaesthesia facility permit inspections, members' compliance with orders of the Discipline Committee, and members' failure to pay fees owing to the College.

FITNESS TO PRACTISE COMMITTEE

FITNESS TO PRACTISE COMMITTEE

Dr. Randy Lang – Chair

Mr. Lloyd Pollack

Dr. Terry Witzu

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 is 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 2004.

PATIENT RELATIONS COMMITTEE

PATIENT RELATIONS COMMITTEE

Mr. John Pappain – Chair
(January to April)

Ms. Krystyna Rudko – Chair
(April to December)

Ms. Mary Ann Labaj

Dr. Virginia Luks

Dr. George Trigylidas

Dr. Malcolm Yasny

Mandate

The *Regulated Health Professions Act, 1991*, (RHPA) 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, 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 RHPA.

Activity Highlights

Articles in Dispatch

In 2004, articles were printed in the College's magazine, *Dispatch*, on issues of patient relations, prevention of sexual abuse in the dental office and mandatory reporting of health professionals.

Request for Funding

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

QUALITY ASSURANCE COMMITTEE

Mandate

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

Activity Highlights

Canadian Collaboration on Clinical Practice Guideline Development (CCCD)

The Quality Assurance Committee reviewed the College's participation in this program and recommended to Council that a letter be sent to CCCD approving its 2005 contribution, subject to certain requirements.

College of Nurses of Ontario Request for an Amendment to the Guidelines on Sedation and Anaesthesia

As a result of a concern from the College of Nurses of Ontario about wording in our College's Guidelines on Use of Sedation and General Anaesthesia in Dental Practice, the Committee recommended that these Guidelines be amended to clarify that the phrase "nurse currently registered with the College of Nurses of Ontario" refers only to those nurses in the Registered Class.

Amendment to the Sedation and Anaesthesia Guidelines

The Guidelines on Use of Sedation and General Anaesthesia in Dental Practice, in place for over 10 years, made provision for those members who

QUALITY ASSURANCE COMMITTEE

Dr. Randy Lang – Chair

Dr. Leslie Armstrong

Dr. Sven Grail

Dr. Bohdan Kryshchalskyj

Mr. Lloyd Pollack
(January to October)

Mr. Robert Marr
(October to December)

have long since been recognized in the permit issuance process as able to use multiple sedative agents.

This grandfathering provision has now been removed, limiting the use of more than one agent to those practitioners with extensive and exquisite training, namely oral and maxillofacial surgeons and dentists with post-graduate training in dental anaesthesia. This change does not impact those practitioners who had received facility permits prior to January 1, 2005.

Guidelines on Infection Control in the Dental Office

The Committee decided to place the entire report from the Centers for Disease Control (CDC) in Atlanta, Georgia on the College's Web Site together with a statement that reflected the American Dental Association's position on the CDC's new guidelines.

A report from the Ministry of Health and Long-Term Care recommending procedures to be followed for febrile respiratory illnesses was also posted on the College's Web Site.

Guidelines on Diagnosis & Management of Temporomandibular Disorders

The Alberta Dental Association and College approached RCDSO to enter into a joint project to update the Guidelines respecting the diagnosis and treatment of temporomandibular disorders.

The Committee recommended to Council that Dr. David Mock from the University of Toronto undertake a review of the Guidelines and make recommendations for any necessary changes. This project is to be cost-shared by the College and the Alberta Dental Association and College.

LifeLong Learning Program

As a result of the broad membership consultation during the Fresh Look At Member Education (FLAME) project, the College made a strong commitment to continuous learning and initiated its LifeLong Learning Program with the production of an interactive CD-ROM called "Medical Emergencies in the Dental Office."

The project was part of the College's commitment to assist members in their goal of lifelong learning throughout their career. This interactive, educational CD is state-of-the-art in distance education, and allows members to review the material as often as they wish at no cost and in the comfort of their office or home.

Pilot Mentorship Program

The pilot mentorship program, that pairs each one of 10 recently registered members with an experienced member, was designed to operate for one

year. After reviewing the project evaluation, the Quality Assurance Committee will make a final recommendation for the future status of this program.

On-line Drug Interaction Program

This on-line program allows members to obtain instant information on possible drug interactions that might occur as a result of prescribing a new drug to a patient who is already on one or more other medications. Evidence continues to indicate an increased awareness and utilization of the program. The College has negotiated an extension of the original contract for three additional years.

Road Shows

The Road Shows involve College dental staff going out to various dental societies across the province to put on a full-day program covering regulatory and medical-legal requirements in areas such as recordkeeping and informed consent, and communication issues that arise in the practice of dentistry.

REGISTRATION COMMITTEE

Mandate

The Registration Committee reviews all applications for registration that are referred by the Registrar. The Registrar is required to refer an application if he or she 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 as routinely offering applicants the opportunity to personally attend to make oral representations should they wish to do so. The Committee's decisions are subject to review by the government-appointed Health Professions Appeal and Review Board.

The Committee is also responsible for setting registration policies and advising Council on entry to practice/reinstatement requirements. In 2004, a considerable amount of time was spent on establishing a new Registration Regulation, and on finding a protocol respecting the processing of applicants from non-accredited specialty programs. This was done to assist this category of applicants, and to reply to the request from the provincial ministries of Health and Long-Term Care, and Training, Colleges and Universities; and from Citizenship and Immigration Canada.

REGISTRATION COMMITTEE

Dr. Larry Parker – Chair
Dr. Virginia Luks
Dr. Frank Stechey
Ms. Joan Stewart

Activity Highlights

The Registration Committee met on seven occasions in 2004. It considered 29 requests for registration and/or reinstatement, and one request for variation of terms, conditions and limitations. After reviewing information related to each applicant, the following occurred:

- issuance of one new general certificate of registration;
- issuance of 13 certificates of registration with terms, conditions and limitations including general, specialty, and education certificates of registration;
- issuance of seven reinstated general certificates of registration upon successful completion of the College's jurisprudence and ethics requirement;
- approval of one application for variation;
- refusal of one graduate certificate of registration and refusal of reinstatement of one general certificate of registration;
- deferral of five applications for specialty and education certificates of registration.

The Committee is also pleased to announce the passage by government in December 2004 of a new Registration Regulation.

STATISTICS

As at December 31, 2004

Additions to the Register

University of Toronto	57
University of Western Ontario	35
Other Canadian Graduates (NDEB)	58
USA/Foreign Graduates (NDEB)	90
Specialty Certificates*	25
Academic Certificates	1
Instructional Certificates	0

* Two were new members to the College and 23 were general members adding a specialty register.

Specialty Certificates Granted

The College granted 25 certificates during 2004 in the following dental specialties:

Endodontics	5
Oral and Maxillofacial Surgery	9
Orthodontics	7
Paediatric Dentistry	3
Periodontics	1

Removals and Reinstatements

Deceased	7
Resigned	106
Reinstated	25

Total Membership Certificates by Category

General Certificates	7,670
Specialty Certificates	67
Combined General/Specialty Certificates	(already counted in total) 922
Academic Certificates	23
Education Certificates	7
Graduate Certificates	23
Instructional Certificates	0
Total Number of Membership Certificates	7,790

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 provides coverage for all of the College’s members currently practising in Ontario and former/retired/deceased members for negligent acts that occurred in Ontario when they were members.

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.

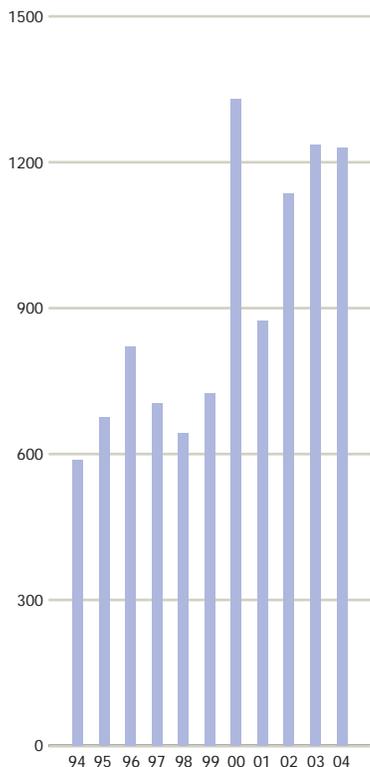
The PLP Committee oversees policies and practices of the Professional Liability Program and has the responsibility of approving all claim settlements that exceed the internal staff authority. The Committee also provides leadership with respect to program enhancements that may be required from time to time.

THE PROFESSIONAL LIABILITY PROGRAM COMMITTEE

- Ms. Krystyna Rudko – Chair**
- Dr. Domenic Belcastro**
- Dr. David Charles**
- Dr. Steven Cohen**
- Dr. Mary Krywulak**
- Dr. Ronald Palinka**
- Dr. Ronald Yarascavitch**

Table 1

Number of Files per Year



Activity Highlights

Claims Activity

As of the end of December 2004, 1,230 potential claims had been reported to the PLP area of the College. This number compares to 1,235 cases in 2003. Table 1 shows the number of claim files opened for the 10-year period from 1994 to 2004.

As in past years, we expect that at least three quarters of these files will not develop into actual claims and therefore will be closed with no payment of any type being made. This means that the affected dentists will not incur any deductible payment. Table 2 shows the claim payment profile for files that were closed during the years 1994 to 2004.

Risk Management Advice for Members

PLP presently uses a number of risk management strategies to encourage members to survey their own practices for risks and potential sources of lawsuits, and then to take action to reduce injuries or claims. Some of these strategies include:

- Using the College publication, *“Taking the Bite Out of Dental Malpractice – A Risk Management Guide for Ontario Dentists,”* in presentations made to dental groups, senior dental students and attendees of the College’s jurisprudence and ethics courses.
- Providing preventive advice on specific practice-related topics using actual PLP cases in the risk management articles called “Ounce of Prevention” in each issue of *Dispatch*, the College’s quarterly magazine.
- Speaking to dental audiences, such as dental associations, societies, study clubs, and participating in the successful RCDSO Road Shows to spread the risk management/claims prevention message to members.
- Providing individual risk management to members as part of the claims handling process.

File Audit

In September 2004, representatives of ENCON Insurance Managers conducted an audit of a selection of files for each of the five PLP claims examiners. As with a similar review that was conducted in 2003, the auditors were very complimentary of the way that claims are being handled and comfortable with the various internal processes that are used to assess and/or manage new and existing matters.

Committee Composition

Changes were implemented in January 2003 in the way in which non-Council members of the PLP Committee are chosen, and at this time, the concept of variable length terms of appointment was introduced.

These changes mean that, for the first time, there will be continuity in the Committee membership. The Committee will move into 2005 with the terms of only two of the five non-Council members expiring at the end of this year. Because of the considerable learning curve required for the review of claims, the Committee can be much more productive than ever before.

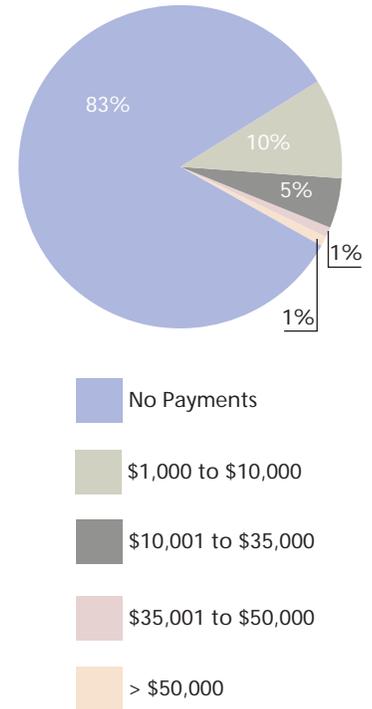
Other Issues

PLP staff report that, for those claims that require settlement, the reparative costs are rising as are the expectations of claimants and their legal representatives. The long-term impact of these increased costs on the funding and/or design of the Professional Liability Program remains to be seen.

In the meantime, proactive meetings have been scheduled with the College's broker, Marsh Canada Limited, to discuss the errors and omissions insurance market in general, and PLP in particular, with a view to exploring available options for consideration.

Table 2

**Closed Files by Payment Range
1994 to 2004**



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Balance Sheet	19
Statement of Operations	20
Statement of Changes in Fund Balance	21
Statement of Cash Flows	22
Notes to the Financial Statements	23

Financial Statements of
ROYAL COLLEGE OF DENTAL
SURGEONS OF ONTARIO
December 31, 2004

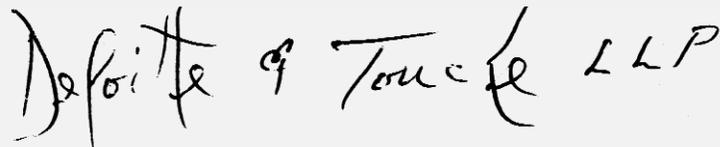
AUDITORS' REPORT

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, 2004, 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, 2004, 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 4, 2005

BALANCE SHEET

December 31, 2004

	2004	2003
ASSETS		
CURRENT		
Cash	\$ 182,685	\$ 398,471
Short-term investments	2,102,230	3,876,303
Accounts receivable	1,634,585	1,133,566
Prepaid expenses	79,455	71,481
	3,998,955	5,479,821
INVESTMENTS (Note 3)	36,750,832	34,546,919
CAPITAL ASSETS (Note 4)	5,741,523	5,958,099
	\$ 46,491,310	\$ 45,984,839
LIABILITIES AND FUND BALANCE		
CURRENT		
Accounts payable and accrued liabilities	\$ 201,349	\$ 292,439
Deferred revenue	11,700,738	11,334,397
	11,902,087	11,626,836
ACCRUED CLAIMS LIABILITY (Note 5)	5,987,055	6,633,646
ACCRUED PENSION LIABILITY (Note 6)	1,019,200	872,600
	18,908,342	19,133,082
FUND BALANCE		
Invested in capital assets	5,741,523	5,958,099
Restricted for specific purposes (Note 7)	19,300,000	19,250,000
Unrestricted	2,541,445	1,643,658
	27,582,968	26,851,757
	\$ 46,491,310	\$ 45,984,839

APPROVED ON BEHALF OF THE MEMBERS OF COUNCIL



Cam Witmer, DDS
President

STATEMENT OF OPERATIONS

Year ended December 31, 2004

	2004	2003
REVENUE		
Registration and annual fees	\$ 11,984,749	\$ 10,547,793
Interest	1,633,226	1,781,804
Prior year's unutilized loss limit (Note 8)	427,373	640,143
Recoveries	95,534	33,127
Rebate of insurance premiums	194,800	179,850
Sundry	131,626	132,041
Rental income – tenants	198,504	146,118
	14,665,812	13,460,876
EXPENDITURES		
Salaries and benefits	4,799,730	4,728,251
Maximum loss limit provision (Note 8)	2,750,000	2,750,000
Insurance premiums	1,824,464	1,581,288
Legal fees	916,271	762,589
Honoraria	533,860	630,220
Consulting and professional fees	300,787	308,663
Administrative	444,114	474,312
Printing, stationery and supplies	621,165	783,736
Amortization of capital assets	320,416	390,453
Property maintenance and operating costs	406,026	419,006
Grants	250,174	255,563
Travel and accommodation	165,527	192,945
Equipment – rental and maintenance	214,732	234,328
Postage and courier	169,801	225,887
Expert fees	28,808	53,707
Telephone	77,742	72,249
Membership education	25,709	52,846
Broker fees	30,000	30,000
Bad debt expense	23,190	–
Sundry expenses	2,182	4,676
Witness and court reporter fees	29,903	59,507
	13,934,601	14,010,226
EXCESS (DEFICIENCY) OF		
REVENUE OVER EXPENDITURES	\$ 731,211	\$ (549,350)

STATEMENT OF CHANGES IN FUND BALANCE

Year ended December 31, 2004

	Invested in Capital Assets	Restricted for Specific Purposes (Note 7)	Unrestricted	Total	
				2004	2003
Fund balance, beginning of year	\$5,958,099	\$19,250,000	\$1,643,658	\$26,851,757	\$27,401,107
Excess (deficiency) of revenue over expenditures	(320,416)	–	1,051,627	731,211	(549,350)
Investment in capital assets	103,840	–	(103,840)	–	–
Inter-fund transfer (Note 7)	–	50,000	(50,000)	–	–
FUND BALANCE, END OF YEAR	\$5,741,523	\$19,300,000	\$2,541,445	\$27,582,968	\$26,851,757

STATEMENT OF CASH FLOWS

Year ended December 31, 2004

	2004	2003
NET (OUTFLOW) INFLOW OF CASH RELATED TO THE FOLLOWING ACTIVITIES		
OPERATING		
Excess of expenditures over revenue	\$ 731,211	\$ (549,350)
Items not affecting cash		
Amortization of premiums on investments	–	(42,379)
Amortization of capital assets	320,416	390,453
	1,051,627	(201,276)
Changes in non-cash working capital balances		
Accounts receivable	(501,019)	(227,618)
Prepaid expenses	(7,974)	(11,170)
Accounts payable and accrued liabilities	(91,090)	(53,530)
Deferred revenue	366,341	1,444,817
Accrued claims liability	(646,591)	(786,528)
Pension plan obligation	146,600	119,500
	317,894	284,195
INVESTING		
Additions to capital assets	(103,840)	(360,830)
Change in investments	(2,203,913)	(345,051)
	(2,307,753)	(705,881)
NET CASH OUTFLOW	(1,989,859)	(421,686)
CASH, BEGINNING OF YEAR	4,274,774	4,696,460
CASH, END OF YEAR	\$ 2,284,915	\$ 4,274,774
CASH IS COMPRISED OF		
Cash	\$182,685	\$398,471
Short-term investments	2,102,230	3,876,303
	\$ 2,284,915	\$ 4,274,774

NOTES TO THE FINANCIAL STATEMENTS

December 31, 2004

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.

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.

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

Pension costs

Pension costs related to current service are charged to income during the period in which the services are rendered. These costs reflect management's best estimates of the pension plan's expected investment yields, salary, mortality of members, terminations and the ages at which members will retire. Adjustments arising from plan amendments, experience gains and losses and changes in assumptions are 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.

Management 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

	2004		2003	
	Carrying Value	Market	Carrying Value	Market
Bonds and coupons				
Government of Canada	\$14,839,185	\$15,217,641	\$17,442,996	\$17,912,551
Provinces of Canada	21,911,647	22,159,226	17,103,923	17,474,817
	\$36,750,832	\$37,376,867	\$34,546,919	\$35,387,368

The carrying value of investments includes accrued interest of \$8,470,538 (2003 – \$11,848,564).

4. CAPITAL ASSETS

	2004			2003
	Cost	Accumulated Amortization	Net Book Value	Net Book Value
Land	\$ 3,746,281	\$ –	\$ 3,746,281	\$ 3,746,281
Building improvements	2,747,696	975,695	1,772,001	1,902,292
Computer equipment	1,294,141	1,158,533	135,608	180,290
Furniture and fixtures	174,633	119,182	55,451	74,268
Office equipment	194,161	161,979	32,182	54,969
	\$ 8,156,912	\$ 2,415,389	\$ 5,741,523	\$ 5,958,099

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 2004, dentists were covered for a maximum liability of \$2,000,000 (2003 – \$2,000,000) for each validated claim. The College is liable for the first \$75,000 (2003 – \$75,000) of a validated claim subject to a 2004 maximum aggregate loss limit of \$2,750,000 (2003 – \$2,750,000), which amount is expensed on an annual basis. Unutilized loss limits of previous years are recorded as revenue. 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 36-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 supplementary pension plan, which covers substantially all of its employees. The College measures its obligation as at January 1 of each year. The most recent actuarial valuation prepared was as of January 1, 2003 and the next expected valuation will be as of January 1, 2006.

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

	Defined Benefit Plan	Supplementary Plan	Total 2004
Accrued benefit obligation	\$ 2,985,200	\$ 1,564,000	\$ 4,549,200
Fair value of plan assets	2,666,600	–	2,666,600
Funded status – plan deficit	(318,600)	(1,564,000)	(1,882,600)
Unamortized transitional asset	(242,600)	(63,400)	(306,000)
Unamortized net actuarial loss	738,300	431,100	1,169,400
Accrued benefit asset (liability)	\$ 177,100	\$ (1,196,300)	\$ (1,019,200)

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

	Defined Benefit Plan	Supplementary Plan
Discount rate	6.00%	6.00%
Rate of compensation increase	4.00%	4.00%

The estimated average remaining service life of the employee groups covered by the plan is 14 years. Other information about the College's plan is as follows:

	Defined Benefit Plan	Supplementary Plan	Total 2004
Plan expense	\$225,800	\$195,300	\$421,100
Contributions	237,700	36,800	274,500

7. FUND BALANCE RESTRICTED FOR SPECIFIC PURPOSES

	2004	2003
Internally restricted		
Professional Liability Reserve Fund	\$19,250,000	\$19,250,000
Building Reserve Fund	50,000	–
	<u>\$19,300,000</u>	<u>\$19,250,000</u>

During the year, Council approved an interfund transfer of \$50,000 from the unrestricted fund to a building reserve fund.

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 (2003 – \$2,750,000) annually. The prior year's unutilized loss limit of \$427,373 (2003 – \$640,143) includes 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:

2005	\$ 190,826
2006	189,496
2007	160,437
2008	105,087
2009	9,881
	<u>\$ 655,727</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. GUARANTEE

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

- (a) The College indemnifies all directors for various items including but not limited to all costs to settle suits or actions due to services provided to the College, subject to

certain restrictions. The College has purchased liability insurance to mitigate the cost of any potential future suits or actions. The amount of any potential future payment cannot be reasonably estimated.

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

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

DISTRIBUTION OF DENTISTS

RCDSO Data — as of December 31, 2004
(These figures represent all classes of certificates of registration for members with a registered practice address in the province of Ontario.)

County	Less Than 31	31-40	41-50	51-60	61-65	Over 65	Total
District #1							
Dundas	2	0	2	1	0	1	
Frontenac	6	29	26	17	2	2	
Glengarry	1	0	2	1	0	0	
Grenville	3	1	3	0	0	0	
Lanark	6	3	6	7	1	1	
Leeds	2	7	6	9	1	2	
Lennox Addington	1	4	0	1	0	1	
Ottawa Carlton	91	181	146	115	13	13	
Prescott	4	2	4	1	1	1	
Renfrew	17	5	12	11	0	1	
Russell	3	4	3	1	0	0	
Stormont	5	4	13	4	2	3	
District Total	141	240	223	168	20	25	817
District #2							
Durham	49	102	72	49	8	8	
Haliburton	0	1	1	1	0	0	
Hastings	10	13	10	15	3	4	
Northumberland	7	7	10	4	0	0	
Peterborough	8	20	12	11	1	0	
Prince Edward	1	0	3	0	0	0	
Victoria	2	8	1	9	0	0	
York	69	178	159	66	4	7	
District Total	146	329	268	155	16	19	933
District #3							
Algoma	6	17	14	10	3	1	
Cochrane	5	12	14	6	1	2	
Kenora	5	5	9	6	0	1	
Manitoulin	1	2	3	0	0	0	
Nipissing	1	13	10	14	1	3	
Rainy River	1	5	2	1	0	0	
Sudbury	13	17	27	16	4	7	
Thunder Bay	7	20	25	18	7	4	
Timiskaming	2	3	5	5	0	0	
District Total	41	94	109	76	16	18	354
District #4							
Halton	41	75	76	39	12	13	
Peel	96	212	181	91	15	17	
District Total	137	287	257	130	27	30	868

County	Less Than 31	31-40	41-50	51-60	61-65	Over 65	Total
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District #5

Bruce	2	7	7	7	0	0	
Dufferin	6	7	7	4	1	1	
Grey	3	7	10	17	1	1	
Huron	3	6	4	5	1	1	
Muskoka	1	4	14	2	1	2	
Parry Sound	3	1	5	2	0	1	
Simcoe	38	49	55	29	3	5	
District Total	56	81	102	66	7	11	323

District #6

Elgin	4	4	7	8	1	2	
Essex	35	74	60	35	3	5	
Kent	10	10	10	13	1	1	
Lambton	11	4	37	16	0	4	
Middlesex	39	69	93	67	7	16	
District Total	99	161	207	139	12	28	646

District #7

Brant	6	14	17	16	1	2	
Haldimand Norfolk	3	6	10	9	4	6	
Oxford	8	10	9	14	2	3	
Perth	6	5	5	7	1	2	
Waterloo	36	78	70	43	6	5	
Wellington	19	29	24	27	4	3	
District Total	78	142	135	116	18	21	510

District #8

Hamilton Wentworth	44	70	88	58	9	16	
Niagara	35	49	65	46	6	16	
District Total	79	119	153	104	15	32	502

District #9

Metro Toronto (North)	49	163	146	110	40	60	
District Total	49	163	146	110	40	60	568

District #10

Metro Toronto (West)	62	191	172	126	33	50	
District Total	62	191	172	126	33	50	634

District #11

Metro Toronto (Central)	91	150	156	115	22	39	
District Total	91	150	156	115	22	39	573

District #12

Metro Toronto (East)	93	239	225	138	33	45	
District Total	93	239	225	138	33	45	773

Provincial Totals	1072	2196	2153	1443	259	378	7501
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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. Fillion

January 1983 – January 1985

G.E. Pitkin

January 1985 – January 1987

G. Nikiforuk

January 1987 – January 1989

W.J. Dunn

January 1989 – January 1991

R.M. Beyers

January 1991 – March 1994

G. P. Citrome

March 1994 – February 1997

M. Yasny

February 1997 – January 1999

T. W. McKean

January 1999 – January 2001

E. Luks

January 2001 – January 2003

C. Witmer

January 2003 –

REGISTRARS

J. O'Donnell

April 1868 – July 1870

J.B. Willmott

July 1870 – June 1915

W.E. Willmott

July 1915 – May 1940

D.W. Gullett

May 1940 – July 1956

W.J. Dunn

July 1956 – February 1965

K.F. Pownall

February 1965 – July 1990

R.L. Ellis

July 1990 – November 1996

M.H. Stein

November 1996 – January 2000

I.W. Fefergrad

June 2000 –



**Royal College of
Dental Surgeons of Ontario**

Ensuring Continued Trust

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