



EXCELLENCE IN SELF-REGULATION

THE ROYAL COLLEGE OF DENTAL SURGEONS OF ONTARIO



Royal College of
Dental Surgeons of Ontario

Ensuring Continued Trust

ANNUAL REPORT 2008

About the College

The Royal College of Dental Surgeons of Ontario (RCDSO) has a long and illustrious history. On March 4, 1868, the first Dental Act in the world received Royal Assent in the Ontario Legislature, creating the Royal College of Dental Surgeons of Ontario.

Today our mission continues to be to protect the public's right to quality dental services. Our goal is a responsible and responsive system of self-regulation in partnership with the public. We are committed to the principles of transparency, accessibility, openness and fairness.

The College issues certificates of registration to dentists to allow them to practise dentistry, monitors and maintains standards of practice, investigates complaints against dentists on behalf of the public, and disciplines dentists who may be incompetent or have committed an act of professional misconduct.

The dental profession has been granted a significant authority by provincial law, and that authority is exercised through the College. This system of self-regulation is based on the premise that the College must act first and foremost in the interest of the public.

The over 8,000 dentists in general and specialty practice are committed to ensuring the public receives high-quality and 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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PRESIDENT'S MESSAGE

EXCELLENCE IN SELF-REGULATION

We must constantly be responsive to the context, culture and times in which we exist. That is the way it should be.



Professional self-regulation is as much about sustaining, improving and assuring the practice standards of the overwhelming majority of dentists who routinely meet high standards as it is about identifying and addressing poor practice. That is why this College continues to commit significant resources to our LifeLong Learning Program and other educational initiatives like our Medical History Recordkeeping Guide.

Strengthening good professional practice is an important way that we can continue to sustain and enhance the public's trust in the ability of the profession to regulate itself in the public's interest. Dentists' patients need to have the assurance and peace of mind that they can take the quality of their care for granted.

In fact, this year the establishment and maintenance of standards and programs to promote the ability of members to respond to changes in practice environments was added as one of three new objects for health care regulatory colleges in the amendments to the Regulated Health Professions Act, our governing legislation.

We are proud that we have already made significant progress in this area. This is yet another way that we can continue to demonstrate that we are fulfilling our legislated mandate of public protection.

We understand that as a regulator we must always give our pursuit for excellence the highest priority. And we must also constantly be responsive to the context, culture and times in which we exist. That is the way it should be.

A handwritten signature in black ink, appearing to read "Frank Stechey". The signature is stylized and cursive.

Dr. Frank Stechey
PRESIDENT

ACCOMPLISHMENTS 2008



140th Anniversary Celebration

It was 140 years ago on January 23, 1868 that a bill was presented to the new Ontario Legislature to regulate the practice of dentistry in Ontario. The bill received Royal Assent on March 4 and was the first dental act to be adopted anywhere in the world.



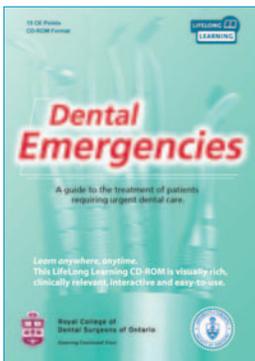
Access to Oral Health Care Summit

On April 9, the College joined with the Ontario Dental Association and the Ontario Dental Hygienists' Association to organize and host a one day summit to continue the dialogue with a wide range of organizations to find workable solutions to expand access to oral health care in the long-term care sector.



With A Common Voice

The College worked collaboratively with the College of Dental Hygienists of Ontario, the Ontario Dental Association, and the Ontario Dental Hygienists' Association to release a joint statement to address issues as dental professionals work together to put the new amendments of the Dental Hygiene Act into practice in the dental office.



LifeLong Learning Program

A new resource was added to the growing library of educational material with the release of the two-CD learning package called "Dental Emergencies: Guide to Patients Requiring Urgent Care to all dentists in Ontario."

Medical History Recordkeeping Guide

One of the College's most popular publications is updated to reflect the recently issued guidelines of the American Heart Association on the use of antibiotic prophylaxis for patients with cardiac conditions and distributed to all dentists in Ontario.

Interprofessional Collaboration

The College fully endorses the shift to an expansion of interprofessional collaboration in health care policy as yet another way to fulfill our mandate of public protection in its brief to the Health Professions Regulatory Advisory Council in its latest review.

Fair Registration Practices

The registration policies and procedures and licensing processes of the College were found to be fair, transparent and reasonable in our first compliance audit as required under the Fair Access to Regulated Professions Act, 2006 and the amended Regulated Health Professions Act, 1991.

COMPLAINTS COMMITTEE

Committee Members

DR. MARVIN KLOTZ (CHAIR)
 DR. NATALIE ARCHER
 DR. GEORGE GRAYSON
 MR. MOFAZZAL HOWLADAR
 MR. KURISUMMOOTTIL
 JOSEPH
 DR. IRA MARDER
 DR. SANGEETA PATODIA
 DR. RICHARD SPEERS
 MR. ABDUL WAHID

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 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, the Code, the regulations or bylaws.

ACTIVITY HIGHLIGHTS

Complaints Statistics

In 2008, the College received 439 letters of complaint or inquiry, of which 364 became formal complaints. Panels of the Complaints Committee met on 37 occasions in 2008.

SUMMARY OF COMMITTEE ACTIVITY

Number of oral cautions delivered	22
Number of Section 75(c) investigations requested by Committee	4
Voluntary undertaking/agreements signed by members	46
Frivolous & vexatious	4

DECISIONS

Number of Decisions Issued	376
no further action	325
written caution	3
oral caution	35
referral to Discipline Committee	13
referral to Executive Committee	0

Alternate Dispute Resolution (ADR)

ADR is a non-statutory process for resolving certain disputes. In appropriate cases, with consent, the complainant and the dentist meet face-to-face in the presence of a facilitator, whose role is to assist 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 ADR process provides a more flexible framework for dealing effectively with issues and a more informal and direct approach to bring a rapid resolution.

The facilitator used for the confidential meeting is an expert in the process of negotiation and has no connection to the College. The College, the complainant and the member must be in agreement as to the resolution.

In the event 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.

ADR Statistics

In 2008, 130 cases met the eligibility criteria for ADR, of which 36 proceeded to ADR negotiations.

SUMMARY OF ALTERNATE DISPUTE RESOLUTION (ADR) ACTIVITIES

Cases eligible for ADR	130
ADR negotiations ¹	36
Resolved	29
Not resolved	7
Returned to formal complaints process ²	93
Pending consents from dentists/complainants	0

¹ Eight ADR files were carried forward from the year 2007.

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 (HPARB)

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 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.

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 HPARB.

SUMMARY OF HPARB ACTIVITY

Number of requests for review received in 2008*	62
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*Not all of these requests for reviews were dealt with by HPARB in 2008.

Number of decisions issued by the Board in 2008¹	55
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Complaints Panel decision confirmed by HPARB	18
Frivolous & vexatious	1
Intention not to proceed	11
Order not to proceed	9
Returned for removal of oral/written cautions	0
Returned for oral cautions	0
Returned for written cautions	0
Returned for further investigation/unreasonableness	2
Returned for referral to Discipline	0
Request for review abandoned	1
Request for review denied/dismissed by the Board	3
Request for review withdrawn by the applicant	8
Section 28 ² order - request	1
Section 28 ² order - denied/upheld	1

¹ Some decisions contain more than one action; therefore, 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

Committee Members

DR. STANLEY KOGON (CHAIR)
 DR. JOHN McCOMB
 (VICE-CHAIR)
 DR. ALBERT BOUCLIN
 MR. MOHAMMED BRIHMI
 DR. LANCE BURNHAM
 MR. PARMINDER CHAHAL
 DR. ROBERT CLINTON
 MS. EVELYN LARAYA
 DR. EDELGARD MAHANT
 DR. BRUCE PYNN
 MR. JOSE SAAVEDRA
 DR. AUSTIN SALDANA
 DR. LYON SCHWARTZBEN
 DR. PETER TRAINOR

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. The Pre-Hearing Conference Presider cannot participate in the Discipline Committee hearing involving that particular member.

ACTIVITY HIGHLIGHTS

Nine hearings of the Discipline Committee were held in 2008, requiring panels of the Discipline Committee to sit for 10 hearing days. Of the nine members who were before the Discipline Committee, six were found guilty of professional misconduct. In one case, the allegations against the member were withdrawn and, in another case, the allegations were adjourned *sine die*. In the remaining case, the hearing was not concluded in 2008.

Nine pre-hearing conferences were held in 2008.

Publication of Decisions

A summary of the decision and the panel's reasons for each decision 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 2008 are included, by reference only, in this annual report.

Nine hearings of the Discipline Committee were held in 2008, requiring panels of the Discipline Committee to sit for 10 hearing days.

PROFILE OF DISCIPLINE FINDINGS 2008



EXECUTIVE COMMITTEE (PART B)

Committee members

DR. FRANK STECHEY (CHAIR)
 DR. HARTLEY KESTENBERG
 DR. ELIZABETH MACSWEEN
 MS. KELLY BOLDOC-O'HARE
 MR. KURISUMMOOTTIL
 JOSEPH

MANDATE

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

In addition to this overall responsibility, the Executive Committee also has certain statutory functions under the legislation. 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 can refer matters of incapacity to the Fitness to Practise Committee.

STATUTORY ACTIVITY HIGHLIGHTS

The Executive Committee met on 13 occasions in 2008 to review matters relating to members' conduct.

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 2008, 21 Section 75(a) investigations were approved and the results of those investigations were subsequently reported to the Executive Committee.

Practice Monitoring Visits

Monitoring visits are conducted as a result of either a voluntary agreement by the member to have his or her practice monitored following the completion of a remedial course or as a result of an order of the Discipline Committee following a hearing. The purpose of the monitoring visit is to ensure that the member has adequately addressed the College's concerns in a specific area of practice and that the member is practising within the standards of practice of the profession.

The Executive Committee reviewed the results of 112 practice monitoring visits in 2008. It was necessary for the Executive Committee to meet with four members regarding deficient monitoring results.

One-to-One Mentoring Program

Since 2005, the College has offered a mentoring program for dentists in the College's process who could benefit from regular contact or support from a more experienced and senior colleague in order to improve their practice of dentistry. Typically, these are members who need one-to-one ongoing tutoring in one or more areas of practice.

In 2008, the Executive Committee reviewed reports respecting the mentoring of three members.

Referrals to the Discipline Committee

In 2008, the Executive Committee referred 21 specified allegations of professional misconduct involving four members to the Discipline Committee.

The alleged misconduct included:

- falsifying records or submitting false or misleading documents and/or accounts;
- charging excessive or unreasonable fees;
- failure to keep records as required by the regulations;
- ordering a person to perform an intraoral procedure, or delegating or assigning such a procedure to a person, without first ensuring that the person is qualified to perform the procedure safely and competently;
- treatment of a condition that is beyond the member's expertise or competence;
- failure to provide accurate information to the College;
- failure to abide by an undertaking/agreement given to the College;
- failure to comply with an order of the Discipline Committee;
- failure to maintain the standards of practice of the profession;
- failure to maintain the standards of practice of the profession in relation to inducing general anaesthesia or conscious sedation;
- disgraceful, dishonourable, unprofessional, unethical conduct.

Incapacity

Under the Health Professions Procedural Code of the Regulated Health Professions Act, 1991, 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 no longer be permitted to practise or that the member's practice be restricted.

The Executive Committee reviewed the results of 112 practice monitoring visits in 2008.

In 2008, the Executive Committee reviewed information related to the possible incapacity of two members.

In the first case, the member was referred to the Fitness to Practise Committee. However, in order to avoid the necessity of a full Fitness to Practise hearing, the member entered into a voluntary undertaking/agreement to cease practising dentistry.

In the second case, a Board of Inquiry was appointed and the member subsequently entered into a voluntary undertaking/agreement to have terms, conditions and limitations placed on his certificate of registration.

Requests for Removal or Modification of Practice Restrictions

The Executive Committee considers requests from members for removal or modification of practice restrictions that are either imposed by an order of the Discipline or Fitness to Practise Committee, or that are voluntarily placed on the certificate of registration of members to address issues of concern.

The Committee considered eight such requests in 2008.

Professional Advertising

In 2008, the Executive Committee reviewed six cases of inappropriate advertising by members. In most of these cases, the members voluntarily authored apologies to the dental profession and agreed to have future advertisements reviewed by the College prior to their dissemination to the public. Members' apologies are published in the College's magazine, Dispatch.

Practice Name Registration

Members who practise under a name other than their surname are required by the regulations to have their practice name approved by the Executive Committee. The College's Practice Advisory on Practice Names assists members in understanding what is considered appropriated.

In 2008, the Executive Committee reviewed 172 applications and approved the use of 161 practice names.

Illegal Practice of Dentistry

In 2008, the College obtained court orders restraining three individuals from performing controlled acts and/or holding themselves out as a person who is qualified to practise dentistry in Ontario. Summaries of these court results were reported to the membership through publication in the College magazine, Dispatch.

In 2008, the Executive Committee reviewed six cases of inappropriate advertising by members.

FITNESS TO PRACTISE COMMITTEE

Committee Members

DR. DAVID CLARK (CHAIR)
MS. EVELYN LARAYA
DR. LAWRENCE ROGERS

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 limitation on the member's certificate of registration for a specified or indefinite period of time.

ACTIVITY HIGHLIGHTS

It was not necessary for the Fitness to Practise Committee to hold any hearings in 2008.

PATIENT RELATIONS COMMITTEE

Committee Members

DR. PETER TRAINOR (CHAIR)
MR. MOHAMMED BRIHMI
DR. RICHARD DENSTON
MR. UJJAL DEOL
DR. KARLIS GRAVITIS

MANDATE

The Regulated Health Professions Act, 1991, mandates the College to have a patient relations program and requires the College to advise the Health Professions Regulatory Advisory Council (HPRAC) of its programs.

The Act 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.

The Health System Improvements Act of 2007 broadened the scope of the Patient Relations Committee to include a responsibility "to promote and enhance relations between the College and its members, other health profession colleges, key stakeholders and the public."

ACTIVITY HIGHLIGHTS

Mission Statement and Strategic Plan

The draft strategic plan and the mission statement for the College developed by a working group formed by the Committee was approved at the June 2008 Council meeting. The mission statement was incorporated into the goals of each College committee of the College and the committees educated about the patient relations program as set out by HPRAC.

An article discussing the College's new mission statement was published in the August/September 2008 issue of Dispatch magazine.

Mission Statement

The Royal College of Dental Surgeons of Ontario (RCDSO) is the statutory governing body for dentists in Ontario that protects the public's right to quality oral health services by providing leadership and education to the dental profession in self-regulation.

Core Purpose

- Sets the qualifications to enter the profession.
- Develops programs to ensure that dentists continue to enhance their knowledge and skills and to promote high standards of continuing dental education.
- Ensures the continued development of professional standards for all of dentistry.
- Ensures the development and continued adherence to ethical principles for all of dentistry.
- Ensures public protection and safety through effective self-regulation.

Core Values

- Trust
- Transparency
- Accountability
- Equality
- Accessibility
- Fairness
- Responsiveness

The mission statement of the College was incorporated into the goals of each College committee.

In 2007, at the recommendation of this Committee, Council approved the exploration and possible development of a program or service for dentists dealing with addictions and substance abuse.

Core Goals

- To regulate the practice of the profession and to govern the members in accordance with the Dentistry Act, 1991, the Health Professions Procedural Code and the Regulated Health Professions Act, 1991, and the regulations and bylaws.
- To develop, establish and maintain standards of qualifications for persons to be issued certificates of registration.
- To develop, establish and maintain programs and standards of practice to assure the quality of the practice of the profession.
- To develop, establish and maintain standards of knowledge and skill and programs to promote continuing competence among the members.
- To develop, establish and maintain standards of professional ethics for the members.
- To develop, establish and maintain programs to assist individuals to exercise their rights under this Code and the Regulated Health Professions Act.
- To administer the Dentistry Act, the Regulated Health Professions Act, the Health Professions Procedural Code as it relates to the profession and to perform the other duties and exercise the other powers that are imposed or conferred on the College.
- To address any other goals relating to human health care that the Council considers desirable.

Sexual Abuse Prevention and Boundary Issues

To make information about sexual abuse education more prominent, the College's website was revised. The information on sexual abuse prevention, including the current Practice Advisory on Prevention of Sexual Impropriety in the Dental Office, was placed in a prominent position under the section on the website called Public Protection available right on the home page of the site.

In 2008, two of the four issues of the College's magazine, Dispatch, contained articles on boundary issues: one in February/March 2008 titled "Mandatory Reports of Sexual Abuse of a Patient by a Regulated Health Professional" and an article on the dentist's role in domestic violence prevention in the November/December 2008 issue.

Wellness Service for Dentists Dealing with Addictive Diseases

In 2007, at the recommendation of this Committee, Council approved the exploration and possible development of a program or service for dentists dealing with addictions and substance abuse. A Wellness Working Group was formed in collaboration with the Ontario Dental Association.

The proposed service would see the College and the Ontario Dental Association working with three centres to create a resource network for Ontario dentists. These centres are Homewood Health Centre in Guelph, Ontario; The Farley Center in Williamsburg, Virginia; and the Talbott Recovery Campus in Atlanta, Georgia.

On November 13, 2008, College Council unanimously passed a motion to authorize staff to take all the necessary steps to move the implementation of a wellness program forward.

A delegation made up of members from the ODA/RCDSO Wellness Working Group made several fact-finding trips to investigate the facilities and services offered in the three facilities, all of which are well-regarded for the assessment and/or treatment services that they offer for health care professionals in crisis.

Public Education About Regulatory Colleges

The Committee recognizes the importance of providing information to the public about the existence and role of regulatory colleges; however, it appreciates that this would involve considerable expense. To support this goal, the Committee chair agreed to participate in a specific promotional initiative being carried out by the Federation of Health Regulatory Colleges of Ontario.

On November 13, 2008, College Council unanimously passed a motion to authorize staff to take all the necessary steps to move the implementation of a wellness program forward.

Review of Practice Advisory on the Prevention of Sexual Impropriety in the Dental Office

The Committee reviewed the College's current Practice Advisory on the Prevention of Sexual Impropriety in the Dental Office of November 2003. In addition, it completed a thorough review of similar material from other provincial health care regulatory colleges.

The Committee decided that the College's current Practice Advisory on the Prevention of Sexual Impropriety in the Dental Office is straightforward and adequately addresses the topic.

Request for Funding

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

QUALITY ASSURANCE COMMITTEE

Committee Members

DR. DAVID CLARK (CHAIR)
MS. KELLY BOLDOC-O'HARE
DR. SUSAN MARKIC
DR. TED SCHIPPER
DR. SUSAN SUTHERLAND

MANDATE

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

ACTIVITY HIGHLIGHTS

Quality Assurance Regulation

The QA Committee gained Council's approval of a draft quality assurance regulation. This creative and educationally-based regulation meets legislative requirements and, at the same time, nurtures the integrity of the membership and its desire to strive for continued improvement of the care they provide to their patients.

The requirements of this regulation were set out in legislation as part of the Health System Improvements Act.

The QA regulation was submitted to the Ministry of Health and Long-Term Care for review and ultimately approval.

Review of College Guidelines

Infection Prevention and Control in the Dental Office

An Infection Prevention and Control Working Group was appointed to review the College's current Guidelines on Infection Control in the Dental Office and make recommendations about any necessary updates.

Chaired by Dr. John McComb, the working group conducted an in-depth review of a number of existing documents, including those published by the Centers for Disease Control and Prevention, the Canadian Dental Association, the College of Physicians and Surgeons of Ontario and several Ministry of Health and Long Term Care publications/standards from the Provincial Infectious Diseases Advisory Committee (PIDAC).

The draft document will be presented to Council in May 2009 for review and approval.

Guidelines on Sedation and General Anaesthesia in Dental Practice

The Committee struck a working group, chaired by Dr. Daniel Haas of the University of Toronto Faculty of Dentistry, to review the current guidelines. These guidelines were last modified in January 2005.

The working group developed a draft document that contains a number of practice enhancement changes designed to ensure that patients will receive sedation and/or anaesthesia in as safe a manner as possible.

The draft Guidelines were approved in principle by Council in November 2008 and were then again circulated to members for comment. The final version of the Guidelines will return to Council in May 2009 for approval.

Guidelines on Education Requirements & Professional Responsibilities for Implant Dentistry

The Quality Assurance Committee received a referral from the Executive Committee to review the current guidelines for improvements. These guidelines were developed in 2002. It is anticipated that a working group will be appointed in 2009 to address this matter. The Committee believes there is merit in including representatives from other provincial regulatory bodies in this review.

Guidelines on Electronic Recordkeeping

Aware of the technological advances in recordkeeping technology, as well as government initiatives in the area of electronic health records, the QA Committee is working on revisions to the electronic recordkeeping section of the current Recordkeeping Guidelines.

A working group, chaired by Dr. Gordan Markic, a dentist with two Masters degrees in technology information, will study all aspects related to electronic recordkeeping technology and standards. The final goal is the development of new Guidelines on Electronic Recordkeeping.

LifeLong Learning Programs

All members received the interactive CD-ROM titled “Dental Emergencies: A guide to the treatment of patients requiring urgent dental care” in January 2008 as part of the College’s continuing education program.

Work commenced on a new learning package called “Informed Consent: A guide to understanding the consent process in the dental office.” This project is developed in association with the Ontario Dental Association. It is scheduled for distribution at no charge to all Ontario dentists in October 2009.

Work commenced on a new learning package called “Informed Consent: A guide to understanding the consent process in the dental office.”

In anticipation of the new QA regulation, the Committee streamlined the current continuing education program to make it much simpler and more straightforward.

Continuing Dental Education

Under the proposed QA regulation, members will need to complete continuing education activities that address continuing competence, continuous quality improvement, changes in practice environments and incorporate standards of practice, advances in technology and changes made to entry to practice competencies.

In anticipation of the new QA regulation, the Committee streamlined the current continuing education program to make it much simpler and more straightforward and eliminated the need for members to send in their documentation to the College.

The totally revised continuing education (CE) package was mailed to members in mid-August 2008. The feedback was overwhelmingly positive. This new program will continue until the College moves into implementation of the Quality Assurance regulation.

Once the regulation is effective, a CE Portfolio will be distributed to all Ontario dentists to support them in this new exciting approach to continuing education.

Teleseminar Programs

The QA Committee continues to actively look for new educational opportunities that are user-friendly, cost-effective, and most importantly, level the playing field for members across the province so geography is not a barrier to accessing top quality educational experiences.

The QA Committee chair and staff have met with the deans at both the University of Toronto and the University of Western Ontario to discuss a joint project to develop a series of teleseminars that would bring access to interesting and useful dental topics to every dentist in the province.

New Approach to Ethics and Jurisprudence

It is a non-exemptible requirement of the College's registration regulation that every applicant for registration must successfully complete a course in ethics and jurisprudence.

Historically this two-day course is delivered by staff at the College offices in Toronto. However, the QA Committee has agreed to develop a new course that will become the College's first web-based learning program.

The online interactive course will engage the user with interactive exercises, case studies, and questions and answers. All the background reference material will also be available online. This will reduce costs, allow for easy updates, and make it more convenient for applicants for registration to fulfill this requirement.

The course is to be available as of January 1, 2010.

REGISTRATION COMMITTEE

Committee Members

DR. ELIZABETH MACSWEEN
(CHAIR)
DR. NATALIE ARCHER
DR. ALBERT BOUCLIN
MR. UJJAL DEOL

MANDATE

The Registration Committee reviews all applications for registration that the Registrar refers to it. The Registrar is required to refer an application if he or she has doubts that the applicant meets the requirements, considers imposing terms, conditions and limitations, or intends to refuse the application.

The Committee provides each applicant with an opportunity to make written submissions prior to rendering its decision. In addition, it routinely offers applicants the opportunity to personally attend a committee meeting 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 (HPARB).

The Registration Committee is also responsible for setting registration policies and advising College Council on entry to practice and reinstatement requirements, as well as on national issues.

ACTIVITY HIGHLIGHTS

Anaesthesia

An amended Registration Regulation was passed by government on August 27, 2007 that contained clauses related to the newly recognized specialty of anaesthesia. At its March 2008 meeting, Council passed a motion approving the examinations created for RCDSO by the American Dental Board of Anesthesiology (ADBA), as well as the ADBA's Diplomate examinations, for the purpose of registration.

In order to be eligible to sit the RCDSO anaesthesia examination, candidates must have satisfied the Registration Committee that they possess the knowledge, skill and judgment at least equivalent to that expected of a current graduate of the specialty program in dental anaesthesia offered by the Faculty of Dentistry of the University of Toronto.

At its meetings on September 18 and October 16, 2008, the Registration Committee reviewed applications for a specialty certificate of registration in anaesthesia. Ultimately 19 practitioners were registered as dental anaesthesiologists in 2008.

Internationally Trained Dental Specialists

In March 2008, Dr. Elizabeth MacSween, the chair of the Registration Committee, reported to Council on the development of a national Memorandum of Understanding (MOU) on internationally trained dental specialists. A considerable amount of work continued throughout 2008 and, as a result, the country now has a national pathway for assessing internationally trained dental specialists. After successful completion of the National Dental Specialty Examination given by the Royal College of Dentists of Canada, these candidates will be eligible for a specialty certificate of registration.

Office of the Fairness Commissioner

The Office of the Fairness Commissioner has been operating for about a year. The College has participated in numerous studies and consultation requests. One of the requirements of the Fair Access to Regulated Professions Act is that the registration practices of all regulatory colleges be audited. At the end of 2008 the College was one of the first to have its registration practices audited. The audit found the College to be compliant in all respects.

Statistics from January 1, 2008 to December 31, 2008

The Registration Committee convened on seven occasions and handled 32 requests for registration and/or reinstatement and two requests for variation of terms, conditions and limitations were considered.

After reviewing these applications, reports from the jurisdictions where the applicants were currently licensed or registered (if applicable) and other information related to each applicant, the Committee:

- issued two general certificates of registration;
- issued seven specialty certificates of registration;
- issued one post-specialty training certificate of registration;
- reinstated three general certificates of registration, one with an undertaking and two with terms, conditions and limitations;
- deferred 16 applications for certificates of registration in the specialty class (awaiting anaesthesia exam results), and deferred two applications for certificates of registration, general class;
- approved two applications for variation of terms, conditions and limitations;
- refused one application for a specialty certificate of registration.

As a requirement of the Fair Access to Regulated Professions Act, the College's registration practices were audited and found to be compliant in all respects.

STATISTICS (As of December 31, 2008)

ADDITIONS TO THE REGISTER	
University of Toronto (General)	54
University of Western Ontario (General)	49
Other Canadian Graduates (NDEB) (General)	46
USA (NDEB) (General)	39
International Graduates (NDEB) (General)	75
Specialty Certificates	58*
Academic Certificates	3
Graduate Certificates	9
Education Certificates	7
Post-Specialty Training Certificates	4

* Nine were new members to the College and 49 were general members adding a specialty register.

The Registration Committee convened on seven occasions and handled 32 requests for registration and/or reinstatement.

SPECIALTY CERTIFICATES GRANTED

The College granted 58 specialty certificates during 2008 in the following dental specialties:

Endodontics	3
Oral and Maxillofacial Surgery	3
Oral Pathology	1
Oral Radiology	1
Orthodontics	13
Paediatric Dentistry	10
Periodontics	6
Prosthodontics	2
Dental Anaesthesiology	19

REMOVALS AND REINSTATEMENTS

Deceased	11
Resigned	130
Reinstated	30

TOTAL MEMBERSHIP CERTIFICATES BY CATEGORY

General Certificates	8069
Specialty Certificates	92
Combined General/Specialty Certificates	996*
Academic Certificates	19
Graduate Certificates	35
Education Certificates	9
Post-Specialty Training Certificates	7
Total Number of Membership Certificates	8231

*Already counted in total of General Certificates.

PROFESSIONAL LIABILITY PROGRAM COMMITTEE

Committee Members

MR. PARMINDER CHAHAL
(CHAIR)
DR. STEVEN COHEN
DR. MICHAEL GLOGAUER
DR. STAN KOGON
DR. GURNEEN SIDHU
DR. GORDON SYLVESTER
DR. RONALD YARASCAVITCH

MANDATE

The College's Professional Liability Program (PLP) provides each member of the College with errors and omissions coverage for professional liability or malpractice claims. This coverage is also extended to former, retired or deceased members, as well as dental partnerships and health professional corporations that hold a valid certificate of authorization from the College.

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.

ACTIVITY HIGHLIGHTS

Claims Activity

As of December 31, 2008, a total of 1348 potential claims were reported to the PLP area of the College. This is an increase of 81 over the previous year.

PLP staff continues to be very active in the area of claims management and, as a result, it is expected that at least three-quarters of these files will not develop into actual claims. The files will therefore eventually be closed with no payment of any type being made by PLP. This means that the affected dentists would not incur any deductible payment.

In some of these closed cases, while no payments were made by PLP, the dentist may have decided to offer some form of compensation or refund as a goodwill gesture in order to deal with an unsatisfied patient. In these matters, PLP assists the dentist by providing appropriate correspondence and release forms.

Risk Management

Risk management is still very much a watchword at PLP. During discussions with members, the claims examiners regularly review the shortcomings, if any, that were noted in the internal dental review and how such problems make defending the dentist difficult and sometimes impossible.

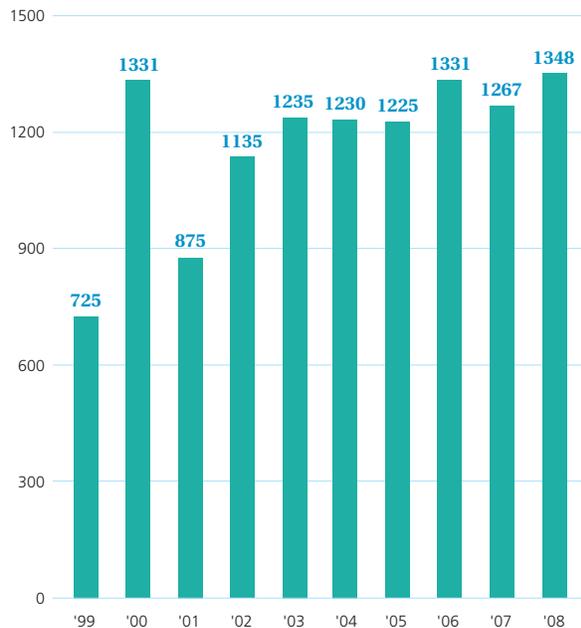
In addition, PLP staff continue to make presentations at local dental society meetings and to senior dental students, as well as participating in the College's presentation at the annual spring meeting and convention of the Ontario Dental Association.

Encouragement of Practice Improvement Initiatives by Members

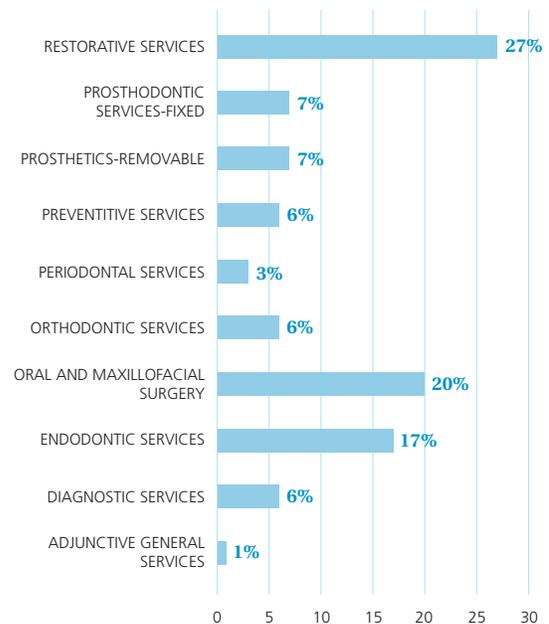
In June 2008, Council approved in principle the concept of an altered PLP individual deductible formula and strategy designed to encourage practice improvement initiatives by members with multiple claims of a similar nature.

Then, at its November 2008, Council approved the details as recommended by the PLP Committee. These recommendations, when fully implemented, will provide dentists with an opportunity to implement remedial measures which, it is hoped, will ultimately have the effect of minimizing future claims of a similar nature. Obviously this would be of benefit to all: the public, the members and the College. The changes will be effective as of January 1, 2010.

NUMBER OF FILES REPORTED 1999-2008



INCIDENTS REPORTED BY TYPE OF SERVICE 2008



In essence these changes would:

- increase the amounts of the step-ups;
- add a third step-up;
- extend the length of time during which the step-up is applicable from the current 60 months to 84 months;
- provide an opportunity for dentists with a history of multiple claims of a similar nature to request the PLP Committee to reduce their applicable deductible.

The factors which the PLP Committee could consider in determining whether to reduce an insured's deductible include but are not limited to the following:

- There were no similarities between the conduct/circumstances of the current and previous claim(s).
- The new claim, which gave rise to the stepped-up deductible, was related to conduct which took place prior to the member taking remedial action and the PLP Committee is satisfied that the deficiencies which gave rise to the claim(s) have been appropriately addressed by the member.
- The claim payment(s) was primarily to defence cost and, in the PLP Committee's view, the member was not likely to have been found to be negligent.
- The insured dentist had already proactively addressed any shortcoming identified by the PLP Committee as contributing to the claim.
- The member agreed to enter into an agreement with the College through the PLP Committee whereby the member agreed to successfully complete such remedial action (e.g. a course(s) or additional training) as the PLP Committee considered appropriate in order to minimize the likelihood of claims of a similar nature occurring in the future.

New individual deductible formula is designed to encourage practice improvement initiatives by members.

Financial statements of

ROYAL COLLEGE OF DENTAL SURGEONS OF ONTARIO

December 31, 2008

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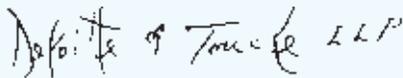
AUDITORS' REPORT

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 (the College) as at December 31, 2008 and the statements of operations, changes in fund balances 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, 2008 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

LICENSED PUBLIC ACCOUNTANTS
MARCH 13, 2009

Royal College of Dental Surgeons of Ontario

BALANCE SHEET

as at December 31, 2008

	2008	2007
	\$	\$
Assets		
Current		
Cash and cash equivalents	6,237,234	6,229,550
Accounts receivable	1,032,919	1,329,445
Prepaid expenses	110,745	88,356
	7,380,898	7,647,351
Investments (Note 4)	44,631,897	39,625,227
Capital assets (Note 5)	5,392,295	5,505,796
	57,405,090	52,778,374
Liabilities and fund balances		
Current		
Accounts payable and accrued liabilities	458,508	341,809
Deferred revenue	14,924,501	14,643,873
	15,383,009	14,985,682
Accrued claims liability (Note 6)	8,325,388	6,971,111
Pension plan obligation (Note 7)	1,795,400	1,630,700
	25,503,797	23,587,493
Fund balances		
Invested in capital assets	5,392,295	5,505,796
Restricted for specific purposes (Note 8)	21,900,000	20,600,000
Unrestricted	4,608,998	3,085,085
	31,901,293	29,190,881
	57,405,090	52,778,374

APPROVED ON BEHALF OF THE MEMBERS OF COUNCIL



Dr. Frank Stechey
PRESIDENT

Royal College of Dental Surgeons of Ontario

STATEMENT OF OPERATIONS

year ended December 31, 2008

	2008	2007
	\$	\$
Revenue		
Registration and annual fees	15,485,562	15,291,443
Interest	1,774,831	1,588,796
Prior year's unutilized loss limit (Note 9)	267,900	305,318
Recoveries	42,500	100,777
Sundry	305,719	139,200
Rental income – tenants	152,164	155,811
	18,028,676	17,581,345
Expenses		
Salaries and benefits	5,829,804	5,744,677
Maximum loss limit provision (Note 9)	4,000,000	3,500,000
Insurance premiums	1,707,919	1,887,499
Legal fees	530,243	647,234
Honoraria	511,222	507,550
Consulting and professional fees	857,167	803,672
Administrative	652,129	582,352
Printing, stationery and supplies	520,985	536,978
Amortization of capital assets	343,096	321,130
Property maintenance and operating costs	383,235	394,932
Grants	280,636	175,446
Travel and accommodation	174,382	166,187
Equipment – rental and maintenance	244,444	219,586
Postage and courier	267,265	228,092
Expert fees	28,720	27,323
Telephone	98,995	91,546
Membership education	66,398	44,786
Broker fees	60,000	62,000
Witness and court reporter fees	8,154	7,622
Sundry expenses	4,831	716
	16,569,625	15,949,328
Excess of revenue over expenses	1,459,051	1,632,017

Royal College of Dental Surgeons of Ontario

STATEMENT OF CHANGES IN FUND BALANCES

year ended December 31, 2008

	Invested in capital assets	Restricted for specific purposes (Note 8)	Unrestricted	Total 2008	Total 2007
	\$	\$	\$	\$	\$
Fund balances, beginning of year	5,505,796	20,600,000	3,085,085	29,190,881	27,576,717
Excess (deficiency) of revenue over expenses	(343,096)	–	1,802,147	1,459,051	1,632,017
Additions to capital assets	229,595	–	(229,595)	–	–
Reclassification adjustment for gains recognized during the year in the Statement of operations on available for sale financial assets	–	–	(36,885)	(36,885)	–
Change in fair value of investments classified as available for sale	–	–	1,288,246	1,288,246	(17,853)
Inter-fund transfer	–	1,300,000	(1,300,000)	–	–
Fund balances, end of year	5,392,295	21,900,000	4,608,998	31,901,293	29,190,881

Royal College of Dental Surgeons of Ontario

STATEMENT OF CASH FLOWS

year ended December 31, 2008

	2008	2007
	\$	\$
Operating activities		
Excess of expenses over revenue	1,459,051	1,632,017
Items not affecting cash		
Amortization of capital assets	343,096	321,130
	1,802,147	1,953,147
Changes in non-cash working capital balances		
Accounts receivable	296,526	(232,956)
Prepaid expenses	(22,389)	(12,727)
Accounts payable and accrued liabilities	116,699	(11,693)
Deferred revenue	280,628	207,203
Accrued claims liability	1,354,277	813,761
Pension plan obligation	164,700	254,900
	3,992,588	2,971,635
Investing activities		
Additions to capital assets	(229,595)	(259,984)
Change in investments	(5,006,670)	(5,032,319)
Change in fair value of investments classified as available for sale	1,251,361	(17,853)
	(3,984,904)	(5,310,156)
Net cash inflow (outflows)	7,684	(2,338,521)
Cash and cash equivalents, beginning of year	6,229,550	8,568,071
Cash and cash equivalents, end of year	6,237,234	6,229,550
Cash equivalents is comprised of:		
Cash	397,145	434,439
Short-term investments	5,840,089	5,795,111
	6,237,234	6,229,550

Royal College of Dental Surgeons of Ontario

NOTES TO THE FINANCIAL STATEMENTS

December 31, 2008

1. GENERAL

Founded in 1868, the Royal College of Dental Surgeons of Ontario (the College) was constituted 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.

2. ACCOUNTING CHANGES

Adoption of accounting policies

Derivatives and financial contracts

On April 23, 2008 the Canadian Institute of Chartered Accountants (CICA) amended Section 3855, “Financial Instruments – Recognition and Measurement” of the CICA Handbook. As permitted by the amendments, the College has elected not to account for certain non-financial contracts as derivatives and also not to account for certain derivative features embedded in non-financial contracts, leases and insurance contracts as embedded derivatives. The adoption of the amendment did not have an impact on the current or prior years’ financial statements.

Capital disclosures

In December 2007, the CICA issued Section 1535 “Capital Disclosures”. On January 1, 2008, the Organization adopted Section 1535 “Capital Disclosures”. The adoption of this new standard has not resulted in any change in how the Organization accounts for its transactions, but has required additional disclosure in the financial statements, which is presented in Note 8.

Future accounting changes

Standards for Not-For-Profit Organizations

In September 2008, the CICA issued amendments to several of the existing sections in the Not-for-Profit Organizations 4400 series of standards (4400-4470). Changes apply to annual financial statements relating to fiscal years beginning on or after January 1, 2009. Accordingly, the College will have to adopt the amended standards for its fiscal year beginning January 1, 2009. Based on a preliminary assessment of the amendments, management believes that the adoption will not have a significant impact on the financial statements.

3. SIGNIFICANT ACCOUNTING POLICIES

Financial statement presentation

These financial statements have been prepared in accordance with Canadian generally accepted accounting principles 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.

Cash and cash equivalents

Cash and cash equivalents include cash on hand, balances with the bank and short term investments which are readily convertible to cash and have original maturity terms of ninety days or less.

Financial Instruments

The College has classified each of its financial instruments into accounting categories. The category of an item determines its subsequent accounting treatment. The classification of each item is as follows:

Account	Classification
Cash	Held for trading
Investments	Available for sale
Accounts receivable and prepaid expenses	Loans and receivables
Accounts payable	Other liabilities
Accrued liabilities	Other liabilities

Held for trading items are carried at fair value, with changes to the fair value recognized in the Statement of Operations – Operating Fund in the current period. Available for Sale items (such as investments) are carried at fair value with changes in the fair value recognized directly in the Statement of Changes in Fund Balances until they are realized through disposal or impairment. Investments are accounted for on a settlement date basis, and related transaction costs are expensed as incurred.

Loans and receivables are carried at amortized cost, using the effective interest method net of impairment. Other liabilities are carried at amortized cost using the effective interest method.

Premiums and discounts on bond purchases are amortized using the effective interest method.

The College has elected to follow the disclosure requirements of section 3861 of the CICA Handbook.

Capital assets

Capital assets are recorded at cost and are 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 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 the reported amounts of assets and liabilities, the disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the reporting period. Accordingly, actual results could differ from those estimates. 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.

4. INVESTMENTS

	2008		2007	
	Cost	Fair value	Cost	Fair value
	\$	\$	\$	\$
Bonds and coupons				
Government of Canada	8,220,623	8,475,970	11,652,227	11,675,168
Provinces of Canada	35,491,005	36,155,927	27,990,853	27,950,059
	43,711,628	44,631,897	39,643,080	39,625,227

Investments consist of federal bonds, provincial bonds, and treasury bills bearing interest at rates ranging from 3.1% to 6.1% (2007 – 3.1% to 6.1%), and mature between fiscal years ending 2009 to 2015 (2007 – 2008 to 2015). The carrying value of investments includes accrued interest of \$356,541 (2007 – \$3,718,012).

5. CAPITAL ASSETS

	Cost	Accumulated amortization	2008 Net book value	2007 Net book value
	\$	\$	\$	\$
Land	3,746,281	–	3,746,281	3,746,281
Building and building improvements	2,779,060	1,527,097	1,251,963	1,376,316
Computer equipment	1,965,938	1,644,876	321,062	312,007
Furniture and fixtures	235,450	191,668	43,782	36,486
Office equipment	258,370	229,163	29,207	34,707
	8,985,099	3,592,804	5,392,295	5,505,797

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

6. 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 2008, dentists were each covered for a maximum liability of \$2,000,000 (2007 – \$2,000,000) for each validated claim. The College is liable for the first \$100,000 (2007 – \$100,000) of a validated claim, subject to a 2008 maximum aggregate loss limit of \$4,000,000 (2007 – \$3,500,000), 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 \$100,000 and for total claims in a year in excess of \$4,000,000, 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 \$2,000 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.

7. 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, 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 2008
	\$	\$	\$
Accrued benefit obligation	(4,277,900)	(1,720,400)	(5,998,300)
Fair value of plan assets	3,530,000	–	3,530,000
Funded status – plan deficit	(747,900)	(1,720,400)	(2,468,300)
Unamortized transitional obligation	(134,600)	(35,000)	(169,600)
Unamortized net actuarial loss	925,500	(83,000)	842,500
Accrued benefit asset (liability)	43,000	(1,838,400)	(1,795,400)

Details of the accrued benefit obligation are as follows:

	Defined benefit plan	Supplementary plan	Total 2008
	\$	\$	\$
Accrued benefit obligation, beginning of the year	4,871,200	1,795,900	6,667,100
Current service cost	492,900	115,400	608,300
Interest cost on obligation	263,800	94,600	358,400
Actuarial gain	(1,172,600)	(247,400)	(1,420,000)
Benefit payments	(177,400)	(38,100)	(215,500)
Accrued benefit obligation, end of the year	4,277,900	1,720,400	5,998,300

The plan expense for the year is determined as follows:

	Defined benefit plan	Supplementary plan	Total 2008
	\$	\$	\$
Current service cost	492,900	115,400	608,300
Interest cost on obligation	263,800	94,600	358,400
Expected return on plan assets	(282,200)	–	(282,200)
Amortization of transitional asset	(27,000)	(7,100)	(34,100)
Amortization of net actuarial loss	39,600	–	39,600
Plan expense	487,100	202,900	690,000

The employer contributions to the pension plans amounted to \$487,100 for the defined benefit plan and \$38,100 for the supplementary plan.

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

	Defined benefit plan %	Supplementary plan %
Discount rate	6.5%	6.5%
Expected long-term rate of return on plan assets	7%	NA
Rate of compensation increase	4%	4%

8. FUND BALANCE RESTRICTED FOR SPECIFIC PURPOSES

The College has no net assets with external restrictions. Certain of these net assets have been internally restricted as follows:

The College has established the following restricted funds:

Professional Liability Reserve Fund

The Professional Liability Reserve Fund was established in the event that the College chooses to self-insure or cannot obtain third party professional liability insurance. Appropriations to this fund are made from the unrestricted fund balance.

Building Reserve Fund

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

The remaining unrestricted net assets are available to be used for operations or other purposes at the desrection of the College. Internally restricted fund balances are as follows:

	2008 \$	2007 \$
Internally restricted		
Professional liability reserve fund	21,600,000	20,400,000
Building reserve fund	300,000	200,000
	21,900,000	20,600,000

9. PRIOR YEAR'S UNUTILIZED LOSS LIMIT AND MAXIMUM LOSS LIMIT PROVISION

As described in Note 6, the College provides for the maximum aggregate loss limit of \$4,000,000 (2007 – \$3,500,000) annually. The prior year's unutilized loss limit of \$267,900 (2007 – \$305,318) represents the difference between the amount expensed in the prior years and the actual costs incurred to settle such claims.

10. CREDIT FACILITY

The College has a credit facility with a Canadian chartered bank of up to \$500,000, which is secured by a collateral security pursuant to a General Security Agreement. No amount has been drawn from this facility as at year-end (2007 – \$Nil).

11. COMMITMENTS

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

	\$
2009	112,911
2010	112,911
2011	108,364
2012	93,795
2013	46,434
	474,415

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 College's primary guarantees subject to the disclosure requirements of AcG-14 are as follows:

- a) The College indemnifies all directors for various items, including but not limited to, all costs to settle suits or actions due to services provided to the College, subject to certain restrictions. The College has purchased liability insurance to mitigate the cost of any potential future suits or actions. The amount of any potential future payment cannot be reasonably estimated.

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

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

14. COMPARATIVE FIGURES

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

Distribution of dentists practising in Ontario by age range, county and elected district

DISTRIBUTION OF DENTISTS

COUNTY	LESS THAN 31	31 - 40	41 - 50	51 - 60	61 - 65	OVER 65
DISTRICT #1						
Dundas	0	1	0	3	1	0
Frontenac	2	21	27	20	13	5
Glengarry	1	0	1	1	1	0
Grenville	0	6	1	3	0	0
Lanark	2	8	7	8	3	3
Leeds	1	5	5	12	5	4
Lennox Addington	0	3	4	0	0	2
Ottawa Carlton	30	171	187	151	59	41
Prescott	0	8	1	4	1	0
Renfrew	5	21	7	10	10	1
Russell	0	3	4	3	1	0
Stormont	0	9	6	9	1	3
District Total: 925	41	256	250	224	95	59
DISTRICT #2						
Durham	19	78	105	71	36	14
Haliburton	0	1	1	0	1	1
Hastings	5	19	12	7	13	5
Northumberland	1	8	9	8	2	1
Peterborough	2	15	19	13	7	3
Prince Edward	0	0	1	2	0	0
Victoria	0	6	5	2	3	5
York	45	177	196	158	41	20
District Total: 1137	72	304	348	261	103	49
DISTRICT #3						
Algoma	5	7	14	14	8	5
Cochrane	3	4	8	8	5	2
Kenora	3	5	6	9	3	3
Manitoulin	0	1	2	2	3	0
Nipissing	1	3	12	10	1	6
Rainy River	0	2	5	1	1	0
Sudbury	3	18	16	26	9	9
Thunder Bay	7	14	18	25	12	9
Timiskaming	5	1	2	4	1	3
District Total: 344	27	55	83	99	43	37
DISTRICT #4						
Halton	11	77	90	68	24	22
Peel	49	225	218	179	52	28
District Total: 1043	60	302	308	247	76	50

COUNTY	LESS THAN 31	31 - 40	41 - 50	51 - 60	61 - 65	OVER 65
DISTRICT #5						
Bruce	2	4	7	11	3	1
Dufferin	1	7	5	7	1	4
Grey	2	4	8	12	7	5
Huron	1	5	5	5	4	1
Muskoka	0	4	11	14	1	3
Parry Sound	1	4	0	5	1	1
Simcoe	13	59	47	54	21	12
District Total: 363	20	87	83	108	38	27
DISTRICT #6						
Elgin	2	6	5	8	5	3
Essex	12	68	79	58	20	8
Kent	4	14	8	13	5	2
Lambton	6	10	6	26	6	2
Middlesex	19	85	74	90	37	25
District Total: 706	43	183	172	195	73	40
DISTRICT #7						
Brant	4	15	19	17	8	5
Haldimand Norfolk	4	8	2	9	1	8
Oxford	2	12	11	12	5	7
Perth	1	9	6	5	3	3
Waterloo	13	77	85	60	23	12
Wellington	6	25	28	25	14	7
District Total: 551	30	146	151	128	54	42
DISTRICT #8						
Hamilton Wentworth	11	70	79	82	28	29
Niagara	14	51	52	64	22	24
District Total: 526	25	121	131	146	50	53
DISTRICT #9						
Metro Toronto	22	97	166	137	59	85
District Total: 566	22	97	166	137	59	85
DISTRICT #10						
Metro Toronto	18	95	165	146	57	64
District Total: 545	18	95	165	146	57	64
DISTRICT #11						
Metro Toronto	59	129	137	138	51	59
District Total: 573	59	129	137	138	51	59
DISTRICT #12						
Metro Toronto	27	157	254	210	76	66
District Total: 790	27	157	254	210	76	66
Provincial Totals: 8069	444	1932	2248	2039	775	631

RCDSO Data - as of December 31, 2008
 (These figures represent all classes of certificates of registration for members with a registered practice address in the province of Ontario.)

PRESIDENTS AND REGISTRARS

PRESIDENTS

B.W. Day
APRIL 1868 - JUNE 1870

H.T. Wood
JUNE 1870 - JULY 1874

C.S. Chittenden
JULY 1874 - MAY 1889

H.T. Wood
MAY 1889 - MARCH 1893

R.J. Husband
MARCH 1893 - APRIL 1899

G.E. Hanna
APRIL 1899 - APRIL 1901

A.M. Clark
APRIL 1901 - APRIL 1903

H.R. Abbott
APRIL 1903 - APRIL 1907

R.B. Burt
APRIL 1907 - APRIL 1909

G.C. Bonnycastle
APRIL 1909 - MAY 1911

W.J. Bruce
MAY 1911 - MAY 1913

D. Clark
MAY 1913 - MAY 1915

W.C. Davy
MAY 1915 - MAY 1917

W.C. Trotter
MAY 1917 - MAY 1918

W.M. McGuire
MAY 1918 - MAY 1921

M.A. Morrison
MAY 1921 - MAY 1923

A.D. Mason
MAY 1923 - MAY 1925

E.E. Bruce
MAY 1925 - MAY 1927

R.C. McLean
MAY 1927 - MAY 1929

S.S. Davidson
MAY 1929 - JUNE 1931

S.M. Kennedy
JUNE 1931 - MAY 1933

H. Irvine
MAY 1933 - MAY 1935

G.H. Holmes
MAY 1935 - MAY 1937

E.C. Veitch
MAY 1937 - MAY 1939

L.D. Hogan
MAY 1939 - MAY 1941

F.A. Blatchford
MAY 1941 - MAY 1943

G.H. Campbell
MAY 1943 - MAY 1945

S.W. Bradley
MAY 1945 - MAY 1947

H.W. Reid
MAY 1947 - MAY 1949

S.J. Phillips
MAY 1949 - MAY 1951

R.O. Winn
MAY 1951 - MAY 1953

C.M. Purcell
MAY 1953 - MAY 1955

R.J. Godfrey
MAY 1955 - MAY 1957

M.C. Bebee
MAY 1957 - MAY 1959

M.V. Keenan
MAY 1959 - MAY 1961

A.H. Leckie
MAY 1961 - APRIL 1963

W.G. Bruce
APRIL 1963 - APRIL 1965

J.P. Coupland
APRIL 1965 - FEBRUARY 1967

J.D. Purves
FEBRUARY 1967 - JANUARY 1969

H.M. Jolley
JANUARY 1969 - JANUARY 1971

N.L. Diefenbacher
JANUARY 1971 - JANUARY 1973

P.P. Zakarow
JANUARY 1973 - JANUARY 1975

R.P. McCutcheon
JANUARY 1975 - JANUARY 1977

E.G. Sonley
JANUARY 1977 - JANUARY 1979

A.J. Calzonetti
JANUARY 1979 - JANUARY 1981

C.A. Doughty
JANUARY 1981 - JANUARY 1983

R.L. Filion
JANUARY 1983 - JANUARY 1985

G.E. Pitkin
JANUARY 1985 - JANUARY 1987

G. Nikiforuk
JANUARY 1987 - JANUARY 1989

W.J. Dunn
JANUARY 1989 - JANUARY 1991

R.M. Beyers
JANUARY 1991 - MARCH 1994

G.P. Citrome
MARCH 1994 - FEBRUARY 1997

M. Yasny
FEBRUARY 1997 - JANUARY 1999

T.W. McKean
JANUARY 1999 - JANUARY 2001

E. Luks
JANUARY 2001 - JANUARY 2003

C.A. Witmer
JANUARY 2003 - JANUARY 2007

F.M. Stechey
JANUARY 2007 -

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: 1-800-565-4591
www.rcdso.org