

CREDIBILITY & TRUST

ANNUAL REPORT 2011
ROYAL COLLEGE OF DENTAL SURGEONS OF ONTARIO



Royal College of
Dental Surgeons of Ontario
Ensuring Continued Trust

RCDSO

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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 governing Council of the College is composed of 12 dentists elected by dentists registered to practise in Ontario, nine to 11 members of the public nominated by the provincial government, and two dentists appointed by each of the university dental faculties in Ontario – the University of Toronto and the University of Western Ontario.

The public members are not dentists. Their responsibility is to speak for the public. They play a vital part in the College's work at the Council and on committees. The full involvement of public members is central to the College's desire for inclusiveness and accountability.

The governing Council is chaired by the President who is elected from within the Council. Supporting the work of the Council are seven statutory committees, with membership of these committees comprised of a mix of both dentists and public members, and a staff team led by the Registrar who is the chief executive officer of the College and is appointed by Council.



As good leaders, our Council works hard to earn the trust and confidence of dentists, of government and, most importantly, of the people of Ontario.

PRESIDENT'S MESSAGE

ACTION & RESULTS

Our patients have every right to have great confidence in the dentists in Ontario. Likewise they can be assured that self-regulation of the profession is working in their interests.

When the Regulated Health Professions Act originally became law about 25 years ago, it was the model for profession-led regulation for the rest of the world. I believe that it still is. Our College has done amazing work within this framework.

For example, this year we worked collaboratively with government to develop a Standard of Practice for Dental CT Scanners that resulted in the lifting of the moratorium on qualified dentists owning and operating a CT scanner. This expands the range of diagnostic services available to our patients and at the same time ensures that patient safety is paramount.

When it comes to our complaints and discipline process, we take a back seat to no one. There is direct and easy access to the process without any complicated forms or unnecessary formality.

We spare no expense to gather evidence and take legal action through the civil courts to shut down individuals who are putting the public in harm's way by illegally practising dentistry without a licence.

As good leaders, our Council works hard to earn the trust and confidence of dentists, of government and, most importantly, of the people of Ontario. We are committed to engagement in the continuing conversation about how to ensure that Ontarians receive the best oral health care in the country and then delivering on the results.

Peter Trainor
PRESIDENT

INQUIRIES, COMPLAINTS AND REPORTS COMMITTEE

MEMBERS

Dr. Ted Schipper, Chair	Ms. Catherine Kerr
Dr. Natalia Archer	Dr. Stan Kogon
Ms. Kelly Bolduc-O'Hare	Dr. Louis London
Mr. Mohammed Brihmi <i>(January-August)</i>	Dr. David Rowat
Dr. Robert Carroll	Dr. Austin Saldanha
Dr. David Clark	Dr. Joseph Stasko
Dr. Robert Hindman	Dr. Katherine Towarnicki
Mr. Kurisummoottil Joseph	Dr. Peter Trainor
	Mr. Abdul Wahid

MANDATE

The Inquiries, Complaints and Reports (ICR) Committee reviews member-specific concerns that are brought to the College's attention from various sources, such as formal complaints, mandatory reports and information brought to the attention of the Registrar. Such concerns include allegations of professional misconduct, incompetence and incapacity.

The ICR Committee meets in panels of no less than three and no more than five members. The Committee currently has five standing panels that review formal complaints and one standing panel that reviews reports, including Registrar's Reports, incapacity matters and other reports concerning members' compliance with undertaking/agreements, ICR Committee decisions and Discipline Committee orders.

A panel of the ICR Committee, after investigating a formal complaint or a Registrar's Report, may do any one or more of the following:

1. Refer a specified allegation of the member's professional misconduct or incompetence to the Discipline Committee if the allegation is related to the complaint or report.

2. Refer the member to a panel of the Inquiries, Complaints and Reports Committee under Section 58 for incapacity proceedings.
3. Require the member to appear before a panel of the Inquiries, Complaints and Reports Committee to be cautioned.
4. Take action it considers appropriate that is not inconsistent with the Dentistry Act, the Code, the regulations or by-laws, which may include requiring the member to complete a specified continuing education or remediation program.

The College also has an alternative dispute resolution (ADR) program, as permitted by the Regulated Health Professions Act. Any resolutions reached through the ADR program are ratified by a panel of the ICR Committee.

ACTIVITY HIGHLIGHTS

Formal Complaints

The College received 514 letters of complaint or inquiry, of which 369 became formal complaints. Panels of the ICR Committee met on 54 occasions during this period to review the results of investigations of formal complaints.

Decisions – Formal Complaints

Number of Decisions Issued *	362
No further action	276
No further action (ratification of alternative dispute resolution)	41
Oral caution	41
Specified Continuing Education or Remediation Program (SCERP)	6
Referral to Discipline Committee	3
Referral for incapacity proceedings	0

* Some decisions contain more than one action (eg. SCERP & caution). Accordingly, the total number of decisions will not always equal the total number of actions.

Other Activity Regarding Formal Complaints

Number of oral cautions delivered	54
Number of Section 75(1)(c) investigations requested by Committee	11
Voluntary undertaking/agreements signed by members	56
Frivolous & vexatious complaints	6

Alternative Dispute Resolution (ADR)

The Health Professions Procedural Code defines ADR as follows:

mediation, conciliation, negotiation, or any other means of facilitating the resolution of issues in dispute

In appropriate cases, upon consent, the complainant and the dentist meet face-to-face in the presence of a facilitator, whose role is to assist the parties in resolving the dispute, or to identify and simplify the issues. 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.

Under the legislation, any complaint, other than those that involve allegations of sexual abuse and those that have been referred to the Discipline Committee, may be suitable for ADR. Some common issues that proceed through the ADR process are:

- poor communication 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
- inadequate consent involving fees

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. If a resolution is reached, it must be approved by a panel of the ICR Committee.

In the event no agreement is reached, the complaint will proceed in the normal fashion and a panel of the ICR Committee will have no knowledge of the substance of the ADR meeting.

ADR Statistics

Summary of Alternative Dispute Resolution (ADR) Program Activities January – December 31, 2011

Cases eligible for ADR	153
Cases that proceeded to ADR negotiations ¹	65
Successfully resolved	53
Not resolved ²	12

¹ In the event one or more of the parties do not agree to participate in the ADR process, the complaint is returned to the formal complaint process.

² In the event the matter is not resolved through an ADR negotiation, the complaint is returned to the formal complaint process.

Health Professions Appeal and Review Board (HPARB)

If either party is not satisfied with the decision of a panel of the ICR Committee or process, he/she has the right to request a review by HPARB. The only exception to this right of review is in cases where the ICR Committee has referred the matter to the Discipline Committee for a hearing or to a panel of the Inquiries, Complaints and

Reports 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 January - December 31, 2011

Number of requests for review received	58
<i>*Not all of these requests for reviews were dealt with by HPARB in 2011.</i>	
Number of Decisions Issued by the Board¹	73
<i>*Some of these decisions relate to requests for review made prior to 2011.</i>	
Complaints Panel decision confirmed by HPARB	64
Frivolous & vexatious	0
Order not to proceed with review	1
Returned for removal of oral/written cautions	4
Returned for oral cautions	0
Returned for written cautions	0
Returned for further investigation/unreasonableness/reconsideration	4
Returned for referral to Discipline	0
Request for review abandoned	0
Request for review denied/dismissed by the Board	3
Request for review withdrawn by the applicant	9
Section 28 ² Order – request	4
Section 28 ² Order – denied/upheld	4

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 150 days after filing of the complaint."

REGISTRAR'S REPORTS

Section 75(1)(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 believes on reasonable and probable grounds that the member has committed an act or acts of professional misconduct or is incompetent. The ICR Committee approves the Registrar's appointment.

In 2011, there were 22 Section 75(1)(a) appointments by the Registrar approved by the ICR Committee.

The results of investigations conducted under Section 75(1)(a) are reported to the ICR Committee by way of a Registrar's Report. The following is a summary of Decisions issued by the ICR Committee in relation to Registrar's Reports.

Decisions – Registrar's Reports

Number of Decisions Issued *	14
No further action	2
Oral caution	8
Specified Continuing Education or Remediation Program (SCERP)	2
Referral to Discipline Committee	4

* Some decisions contain more than one action (eg. SCERP & Caution). Accordingly, the total number of decisions will not always equal the total number of actions.

In addition to the above decisions and dispositions, four members entered into voluntary undertaking/agreements to address concerns of the ICR Committee, arising out of Registrar's Reports.

INCAPACITY PROCEEDINGS

The Health Professions Procedural Code of the Regulated Health Professions Act, 1991, defines incapacitated as follows:

...that the member is suffering from a physical or mental health condition or disorder that makes it desirable in the interest of the public that the member's practice be subject to terms, conditions or limitations, or that the member no longer be permitted to practise.

In 2011, the ICR Committee made inquiries into the possible incapacity of two members, one of whom entered into a voluntary undertaking/agreement in which the member agreed to cease practising dentistry until approval is obtained from a physician and the ICR Committee. The other member underwent an assessment and no concerns were found with respect to the member's ability to practise dentistry safely.

In addition, the ICR Committee reviewed and approved a request from one member to return to practice under certain terms, conditions and limitations, after having been assessed.

MONITORING REPORTS

A member's practice may be monitored by the College for a specified period of time as part of an order of the Discipline Committee, or as part of a member's voluntary undertaking/agreement with the College.

The purpose of a monitoring visit is to ensure that the member is rehabilitated in an area of practice that is the subject of a complaint, a report, or a subsequent discipline hearing. The monitoring visit usually takes place following the member's successful completion of a course or courses in the specific area(s) of practice. The result of each monitoring visit is reported to a panel of the ICR Committee.

In 2011, the ICR Committee reviewed 225 monitoring reports. Seventy-three files were closed and the remaining files remain open for further monitoring. Sixteen

members were invited to meet personally with the ICR Committee to discuss concerns arising out of monitoring reports.

MENTORING REPORTS

Members who have entered into undertakings with the College or who have been found guilty of professional misconduct, often require one-on-one mentoring from an experienced colleague in order to help improve their standards of practice, or a clinical competency assessment to assess their skills in various areas of dentistry. In 2011, the ICR Committee received mentoring reports concerning 29 members.

COMPLIANCE ISSUES

In 2011, compliance concerns were brought to the attention of the ICR Committee involving four members. Three members had been the subject of an order of the Discipline Committee and one had entered into a voluntary undertaking/agreement. All matters were resolved to the satisfaction of the ICR Committee.

DISCIPLINE COMMITTEE

MEMBERS

Dr. John McComb, Chair	Ms. Evelyn Laraya
Dr. Ron Yarascavitch, Vice-Chair	Dr. Paul Ling
Dr. Harpaul Anand	Dr. Edelgard Mahant
Dr. Harpal Buttar	Dr. Larisa Naderiani
Dr. Gary Cousens	Dr. Lawrence Rogers
Mr. Mofazzal Howladar	Mr. Jose Saavedra
Dr. Peter Kalman	Dr. Peter Trainor

MANDATE

The Discipline Committee is responsible for hearing and determining allegations of professional misconduct or incompetence referred to it by the Inquiries, Complaints and Reports Committee.

A panel of the Discipline Committee, 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 Committee 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, the results of the proceeding must be contained on the College's Register which is available on the College's website, as required by the Regulated Health Professions Act. In addition, the Act requires the College to publish a summary of each case.

Pre-Hearing Conferences

The College and the member may agree to this informal, confidential and without prejudice meeting, which takes place prior to the formal hearing. In attendance are the member, his or her legal counsel and counsel for the College. The meeting is chaired by a Pre-Hearing Conference Presider selected by the Chair of the Discipline Committee.

The objectives of the pre-hearing conference are:

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

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

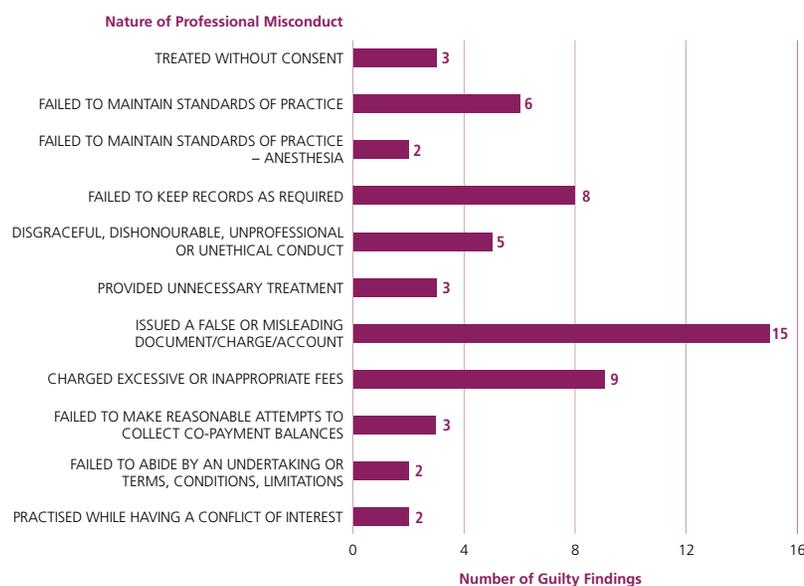
ACTIVITY HIGHLIGHTS

There were 13 hearings of the Discipline Committee held in 2011, requiring panels of the Discipline Committee to sit for 13 hearing days. All 13 members who were before the Discipline Committee were found guilty of professional misconduct. There were also 13 pre-hearing conferences held.

The findings of professional misconduct made against the 13 members, related to:

- treating without consent;
- providing an unnecessary dental service;
- failure to meet and/or maintain the standards of practice of the profession;
- failure to meet and/or maintain the standards of practice of the profession in relation to inducing general anesthesia or conscious sedation;
- charging excessive, unreasonable or inappropriate fees;
- signing or issuing a document that contains a false, misleading or otherwise improper statement;
- submitting a false, misleading account or charge;
- charging a laboratory fee that was more than the laboratory cost incurred;
- practising dentistry while having a conflict of interest;
- failure to abide by a written undertaking given to the College;
- contravening a term, condition or limitation on the member's certificate of registration;
- failure to make reasonable attempts to collect co-payment balances;
- failure to keep records as required by the legislation;
- disgraceful, dishonourable, unprofessional or unethical conduct.

TABLE 1
PROFILE OF DISCIPLINE FINDINGS – 2011



Publication of Decisions

A summary of the decision and the panel's reasons for each decision are published in the College newsletter Dispatch as soon as possible after the hearing has been concluded and the decision and panel's reasons are final. The summary is also contained on the College's Register, which is available on the College's website. Full text versions are available from the College upon request. The decisions and reasons that were published in 2011 are included, by reference only, in this annual report.

FITNESS TO PRACTISE COMMITTEE

MEMBERS

Dr. Ronald Yarascavitch, Chair

Dr. David Segal

Ms. Kelly Bolduc-O'Hare

Mr. Mofazzal Howladar

Dr. Robert Hindman (non-Council)

Dr. Lawrence Rogers (non-Council)

MANDATE

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

Incapacitated means that the member is suffering from a physical or mental condition or disorder that makes it desirable in the interest of the public that the member's certificate of registration be subject to terms, conditions or limitations, or that the member no longer be permitted to practise.

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 2011.

PATIENT RELATIONS COMMITTEE

MEMBERS

Dr. Ted Schipper, Chair
Dr. Harpal Buttar
Ms. Catherine Kerr

Dr. Larisa Naderiani
Dr. Julian Tsafaroff

MANDATE

The Regulated Health Professions Act, 1991, requires the College to have a patient relations program and to advise 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 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

Wellness Support Services

During the year, the Committee continued to focus on the issue of dentist health and wellness, especially in the context of support for dentists dealing with addiction diseases and substance abuse through the College's wellness support service for Ontario dentists.

The program involves the College and the Ontario Dental Association (ODA) signing memos of understanding with three treatment facilities that specialize in the evaluation and treatment of health care professionals with addiction diseases: The Farley Center in Williamsburg, Virginia, Homewood Health Centre in Guelph, and the Talbott Recovery Campus in Atlanta, Georgia.

The College has brought Dr. Graeme Cunningham on board as a special consultant to assist College members in dealing with addiction or substance abuse issues. Dr. Cunningham was the Director of the Addiction Division at Homewood Health Centre in Guelph, Ontario.

Dr. Cunningham will be providing regular articles in Dispatch as a service to members, as well as providing ongoing educational outreach to Council and College committees.

Boundary Issues

Boundary issues education is an ongoing area of interest of the Committee. The Committee recognized that boundary issues encompass a wide and diverse range of topics. The Committee agreed that boundary issues also encompasses issues relating to the cultural backgrounds of patients, and includes such things as personal distance, body language and customs, and, therefore, needs to be understood from the patient's cultural and personal perspective.

As such, the Committee invited Dr. Karen Mock to speak with the Committee. Dr. Mock informed the Committee that she has been speaking on multicultural and racism issues for many years to diverse groups and has written courses and manuals for intercultural and race relations training. Dr. Mock's presentation covered many aspects of cultural issues including intercultural communication, anti-racism, and cultural sensitivity.

The Committee noted that the College's website has information on sexual abuse prevention, including the current Practice Advisory on Prevention of Sexual Impropriety in the Dental Office, in a prominent position under the section on the website called Public Protection.

The Committee also met with the Ethics Committee as an Ad Hoc Committee to discuss common issues. The Committees identified a number of areas of overlap, including boundary issues, professional and ethical treatment, and sexual abuse prevention.

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

QUALITY ASSURANCE COMMITTEE

MEMBERS

Dr. David Clark, Chair

Dr. Peter Delean

Mr. Kurisummoottil Joseph

Dr. Eric Luks

Dr. Richard Rayman

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, which is mandated under the Regulated Health Profession's Act 1991, is designed to ensure that the knowledge, skill and judgment of Ontario's dentists remains current throughout their careers and that they continue to provide safe, effective, appropriate and ethical dental care to their patients.

ACTIVITY HIGHLIGHTS

Quality Assurance Program

The College's Quality Assurance (QA) Program was launched on December 15, 2011, which marks the official start of a new continuing education (CE) cycle for all current members with a general or specialty certificate of registration.

The QA Program is designed to sustain, improve and assure the professional standards of our members through continuing education and practice enhancement. The QA Program:

- recognizes that the overwhelming majority of Ontario dentists are competent practitioners who continually upgrade their knowledge and skills;
- meets the demands of changing practice environments and patient needs;
- ensures members can and do demonstrate their continued competence.

As outlined in the Quality Assurance Regulation, the key components of the QA Program are:

Continuing Education (CE): All members are required to obtain at least 90 CE points in each three-year cycle. Members may obtain their CE points by pursuing CE activities in three categories: core courses, courses offered by approved sponsors and other courses.

Practice Enhancement Tool (PET): This is a computer-based self-assessment program that allows members to evaluate and assess their practice, knowledge, skill and judgment based on peer-derived standards. All members are required to complete a self-assessment at least once every five years. Starting in 2012, the College will begin the random selection of members to complete their self-assessment.

Practice Enhancement Consultant: A consultant will be available to assist members at any time to interpret and discuss the results of their self-assessment and in identifying appropriate continuing education or professional development activities to help them address any weaknesses.

Annual Declaration: Starting in 2012, all members will be entrusted with the responsibility of completing a section on their registration renewal form to self-declare whether they are in compliance with the QA Program requirements.

A communications strategy was developed and implemented throughout the year to provide members with additional information about the QA Program and prepare them for the beginning of a new three-year cycle in December.

Review of College Guidelines

Standard of Practice for Dental CT Scanners

On April 18, 2011, Council unanimously passed a motion to approve the final version of the Standard of Practice for Dental CT Scanners and forwarded the document to the provincial government by the April 19 deadline.

The regulatory amendments to the Healing Arts Radiation Protection (HARP) Act were subsequently approved by government and came into force on July 1, 2011. They provided for the lifting of the moratorium and will allow all dentists who comply with the Standard to install and operate a dental CT scanner.

At the October meeting, Council approved, in principle, a draft by-law for dental CT scanners to authorize the use by members of dental CT scanners and the issuance of facility permits. The draft by-law will be circulated to members and other stakeholders for comment.

Guidelines for Educational Requirements & Professional Responsibilities for Implant Dentistry

In November 2009, Council approved the QA Committee's recommendation to strike a working group to review the College's Guidelines for Educational Requirements & Professional Responsibilities for Implant Dentistry and make recommendations regarding educational requirements, treatment planning, informed consent and the management of failures.

The working group met several times through 2010 and 2011. A draft document is nearing completion and will be presented to the QA Committee in 2012.

Guidelines for Electronic Records Management

At its November 2010 meeting, Council approved, in principle, the proposed Guidelines for Electronic Records Management. The draft document was then circulated to members and other stakeholders for review. The College received several submissions and at the direction of the QA Committee, the Electronic Records Management Working Group was reconvened to consider and address them.

The working group met twice in the summer of 2011 to review the submissions received and make appropriate changes to the proposed Guidelines. A revised document has been forwarded to the QA Committee for its review and consideration.

Guidelines for the Use of Sedation and General Anesthesia in Dental Practice

In November 2010, Council approved the QA Committee's recommendation to strike a working group to review the College's Guidelines for the Use of Sedation and General Anesthesia in Dental Practice and recommend changes to align it with the College of Physicians and Surgeons of Ontario's Out-of-Hospital Premises Standards.

The working group met twice in the summer of 2011 and presented a draft document for the QA Committee's review and consideration in October.

At the October meeting, Council approved, in principle, the proposed Guidelines and directed that it be circulated to members and other stakeholders for comment.

Webinars

In the fall of 2011, the College launched its second series of live webinars to dentists from Ontario and British Columbia.

Produced in partnership with the College of Dental Surgeons of British Columbia, the series of three webinars included presentations on:

- X-rays, Dentists and the 21st Century by Dr. Richard Bohay;
- Minimally Invasive Dentistry – Current Principles of Caries Diagnosis and Management by Dr. Dorothy McComb;
- The Nature, Complexity and Mechanisms of Acute and Chronic Craniofacial Pain by Dr. Barry Sessle.

Once again, the webinars were a tremendous success with registrations of approximately 250 dentists from Ontario and British Columbia for each webinar and the College received extremely positive reviews.

All six of the 2010 and 2011 webinars have been archived and are available to members from the College's website.

Opioid Prescribing for the Management of Pain in Dental Practice

At the May 2011 meeting, Council approved the striking of a multidisciplinary working group to review the challenges identified in the final report of the College's symposium on the management of pain in dental practice and to develop a strategy for action that addresses the recommendations made in the five key areas of education of: undergraduate dentists, continuous education of dentists in practice, improvements in the education of patients, use of technology to support patient care, and College support of interprofessional collaboration.

The working group held its first meeting in October 2011 and a second meeting has been scheduled in February 2012.

REGISTRATION COMMITTEE

MEMBERS

Dr. Joseph Stasko, Chair
Mr. Parminder Chahal

Dr. Peter DeGiacomo
Dr. John Kalbfleisch

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 has doubts that the applicant meets the legislated requirements, considers imposing terms, conditions, and limitations, or intends to refuse the application.

The Committee provides each applicant with an opportunity to make written submissions prior to rendering its decision. In addition, it routinely offers applicants the opportunity to personally attend to make oral representations should he/she wish to do so. The Committee's decisions are subject to review by the government-appointed Health Professions Appeal and Review Board (HPARB).

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

ACTIVITY HIGHLIGHTS

The Registration Committee met four times in 2011. Nine requests for registration and/or reinstatement were considered by the Registration Committee. After reviewing these applications, reports from the jurisdictions where the applicants were currently licensed or registered, if applicable, and other information related to each applicant, the Committee:

- approved one application for a general certificate of registration.
- refused one application for a general certificate of registration.
- deferred one application for a general certificate of registration pending investigation.
- deferred two applications for a specialty certificate of registration pending completion of an examination.
- approved two applications for Specialty Certificates of registration.
- approved two applications for reinstatement with undertakings.

STATISTICS (As at December 31, 2011)

Additions to the Register

University of Toronto (General)	72
University of Western Ontario (General)	52
Other Canadian Graduates (NDEB) (General)	59
U.S.A. (NDEB) (General)	51
International Graduates (NDEB) (General)	98
Specialty Certificates	62*
Academic Certificates	3
Graduate Certificates	17
Education Certificates	6
Post-Specialty Training Certificates	2

* Of this total, 20 were new members to the College and 42 were general members adding a specialty register.

Specialty Certificates Granted

The College granted 62 specialty certificates during 2011 in the following dental specialties:

Dental Anesthesiology	5
Endodontics	10
Oral and Maxillofacial Surgery	9
Oral Medicine	0
Oral Pathology	0
Oral and Maxillofacial Radiology	0

Orthodontics and Pentofacial Orthopedics	12
Pediatric Dentistry	8
Periodontics	10
Public Health Dentistry	0
Prosthodontics	8

Removals and Reinstatements

Deceased	16
Resigned	115
Reinstated	35

Total Membership Certificates by Category

General Certificates	8,646
Specialty Certificates	139
Combined General/Specialty Certificates	1,196
(Already counted in total number for General Certificates.)	
Academic Certificates	24
Graduate Certificates	42
Education Certificates	12
Post-Specialty Training Certificates	6
Total Number of Membership Certificates	8,869

PROFESSIONAL LIABILITY PROGRAM COMMITTEE

MEMBERS

Mr. Mohammed Brihimi, Chair
(January to July)

Mr. Parminder Chahal, Chair
(August to October)

Dr. Victor Carere

Dr. Gary Cousens

Dr. Neil Gajjar

Dr. Michael Glogauer

Dr. Gurneen Sidhu

Dr. Gordon Sylvester

MANDATE

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

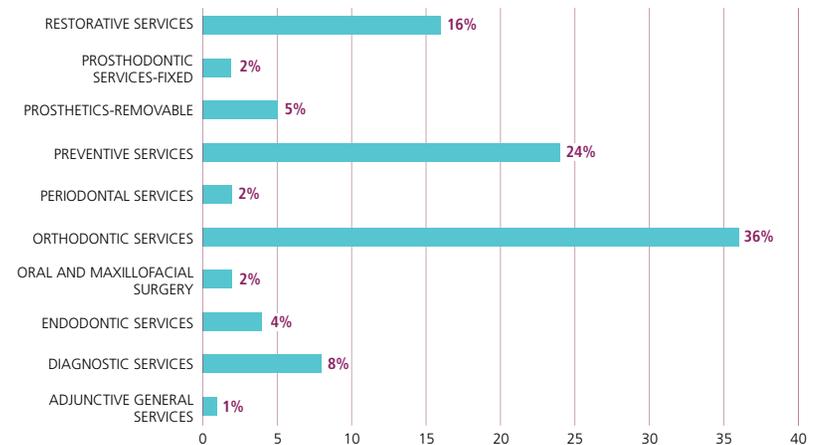
This automatic provision of protection by the College to all Ontario dentists ensures, to the extent reasonably possible, that mechanisms are in place to protect the interests of the public in the event of injuries resulting from the negligence or wrongdoing of the members.

The PLP Committee oversees the policies and practices of the Professional Liability Program and has responsibility for approving all settlements exceeding internal staff authority. The Committee also provides leadership with respect to program enhancements, including risk management and practice improvement initiatives that may be required from time to time.

TABLE 1
NEW MATTERS REPORTED TO PLP 2002 - 2011



TABLE 2
INCIDENTS REPORTED BY TYPE OF SERVICE 2002 - 2011



ACTIVITY HIGHLIGHTS

File Activity

There were 1552 incidents/potential claims reported to PLP, an increase of 24 from the previous year. Table 1 shows the number of files opened for the ten-year period 2002 – 2011. Table 2 shows a breakdown of reports by area of dentistry and the percentage in each category.

There are a number of possible reasons for this increase, including:

- PLP's encouraging members to report any and all possible claims as early as possible through College publications and risk management presentations;
- the general trend toward increased claims activity seen by other professional liability protection providers;
- the availability of contingency fee agreements for legal services;
- a better educated and more litigious society.

PLP staff continues to be very active in the area of risk management and, as a result, it is expected that upwards of 90% of these files will eventually be closed with no payment by PLP.

In approximately 40% of these closed files, however, Professional Liability Advisors will provide advice to members and, when requested, draft correspondence and releases to allow members to settle matters themselves.

Audit

Representatives of ENCON Insurance Managers conducted an on-site audit on June 29 and June 30. During the visit, 45 PLP files were reviewed with a focus on the 2008 through 2011 years, and specific focus on files nearing the ENCON reporting threshold.

As with previous reviews, the auditors were complimentary of the Program and the effectiveness of staff, as well as PLP's regular and ongoing communication with ENCON and the staff's proactive file management. It is their opinion that the review of every file by the Senior Dental Consultant remains cost-effective and assists with expediting file resolution.

Step-Up Deductible Reduction Requests

Commencing January 1, 2010, there was a significant change in the PLP step-up deductible formula. While the basic deductible for a first claim remained unchanged at \$2,000, the deductible for a second claim in the previous 84 month period (seven years) was raised to \$5,000 and the deductibles for a third and fourth or more claims in the same period were set at \$10,000 and \$20,000 respectively.

At the same time, members were given the opportunity to request to have a step-up deductible reduced by PLP Committee, provided the member has completed or is prepared to complete practice improvement courses or programs recommended by the Committee in the hopes of avoiding further incidents of a similar nature.

In 2011, eight files were brought to Committee for approval at the request of the member and/or the PLA for waiver or reduction of the step-up deductible. All eight were approved; however, in some cases the member was asked to take steps to improve his/her practice by volunteering to undertake remedial course(s).

Risk Management

The Professional Liability Program continues its emphasis on risk management and claims prevention. Participation by PLP staff in presentations to local dental societies, senior dental students and other groups are means of communicating with the members. In addition, PLP staff continues to submit regular articles for publication in Dispatch magazine.

ROYAL COLLEGE OF DENTAL SURGEONS OF ONTARIO

December 31, 2011

INDEPENDENT AUDITOR'S REPORT

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

We have audited the accompanying financial statements of the Royal College of Dental Surgeons of Ontario, which comprise the balance sheet as at December 31, 2011, December 31, 2010 and January 1, 2010, and the statements of operations, changes in fund balances, and cash flows for the years ended December 31, 2011 and December 31, 2010, and a summary of significant accounting policies and other explanatory information.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with Canadian accounting standards for not-for-profit organizations, and for such internal control as management determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

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 comply with ethical requirements and plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of

the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Opinion

In our opinion, the financial statements present fairly, in all material respects, the financial position of the Royal College of Dental Surgeons of Ontario as at December 31, 2011, December 31, 2010 and January 1, 2010, and the results of its operations and its cash flows for the years ended December 31, 2011 and December 31, 2010 in accordance with Canadian accounting standards for not-for profit organizations.



Chartered Accountants
Licensed Public Accountants
June 14, 2012

BALANCE SHEET

as at December 31, 2011

	December 31, 2011	December 31, 2010 (Note 2)	January 1, 2010 (Note 2)
	\$	\$	\$
Assets			
Current assets			
Cash and cash equivalents	7,048,569	7,166,749	7,120,140
Accounts receivable	1,347,973	1,273,811	1,524,801
Prepaid expenses	1,641,837	303,823	89,685
	10,038,379	8,744,383	8,734,626
Investments (Note 4)	44,204,708	45,528,895	44,282,977
Pension plan asset (Note 7)	164,900	-	-
Capital assets (Note 5)	6,215,076	5,357,829	5,195,996
	60,623,063	59,631,107	58,213,599
Liabilities			
Current liabilities			
Accounts payable and accrued liabilities	474,444	638,487	401,835
Government remittances	1,556	378	987
Deferred revenue	15,897,203	15,509,826	15,200,941
	16,373,203	16,148,691	15,603,763
Accrued claims liability (Note 6)	11,280,586	9,640,798	8,810,638
Pension plan obligation (Note 7)	1,902,605	2,084,205	2,468,800
	29,556,394	27,873,694	26,883,201
Fund balances			
Invested in capital assets	6,215,076	5,357,829	5,195,996
Restricted for specific purposes (Note 8)	24,400,000	23,200,000	23,150,000
Unrestricted	451,593	3,199,584	2,984,402
	31,066,669	31,757,413	31,330,398
	60,623,063	59,631,107	58,213,599

APPROVED ON BEHALF OF THE MEMBERS OF COUNCIL



Peter Trainor
PRESIDENT

STATEMENT OF OPERATIONS

year ended December 31, 2011

	2011	2010 (Note 2)
	\$	\$
Revenue		
Registration and annual fees	16,718,714	16,273,655
Investment Income	1,688,863	1,701,696
Professional liability program recoveries (Note 9)	303,150	347,733
Recoveries	66,400	44,700
Management fees	75,000	16,233
Sundry	234,347	352,807
Rental income - tenants	145,874	151,992
	19,232,348	18,888,816
Expenses		
Salaries and benefits	7,494,524	6,622,594
Maximum loss limit provision (Note 6)	5,000,000	5,000,000
Insurance premiums	1,457,901	1,413,695
Legal fees	904,661	470,552
Honoraria	840,786	745,890
Consulting and professional fees	680,102	792,404
Administrative	905,205	811,959
Printing, stationery and supplies	362,269	398,261
Amortization of capital assets	451,798	426,904
Property maintenance and operating costs	471,284	415,358
Grants	258,432	438,596
Travel and accommodation	226,793	207,866
Equipment - rental and maintenance	304,542	212,637
Postage and courier	214,261	195,956
Expert fees	34,666	24,616
Telephone	146,212	121,179
Staff training	65,148	59,193
Broker fees	86,400	86,400
Witness and court reporter fees	11,245	8,444
Sundry expenses	6,863	9,297
	19,923,092	18,461,801
(Deficiency) excess of revenue over expenses	(690,744)	427,015

STATEMENT OF CHANGES IN FUND BALANCES

year ended December 31, 2011

	Invested in capital assets	Restricted for specific purposes (Note 8)	Unrestricted	2011 Total	2010 Total (Note 2)
	\$	\$	\$	\$	\$
Fund balances, beginning of year	5,357,829	23,200,000	3,199,584	31,757,413	31,330,398
(Deficiency) excess of revenue over expenses	(451,798)	-	(238,946)	(690,744)	427,015
Additions to capital assets	1,309,045	(400,000)	(909,045)	-	-
Interfund transfer	-	1,600,000	(1,600,000)	-	-
Fund balances, end of year	6,215,076	24,400,000	451,593	31,066,669	31,757,413

STATEMENT OF CASH FLOWS

year ended December 31, 2011

	2011	2010 (Note 2)
	\$	\$
Operating activities		
Excess of expenses over revenue	(690,744)	427,015
Items not affecting cash		
Amortization of bond premiums	309,990	307,527
Amortization of capital assets	451,798	426,904
Pension plan expense	590,900	503,800
	661,944	1,665,246
Changes in non-cash working capital balances		
Accrued interest on long term investments	78,968	13,255
Accounts receivable	(74,162)	250,990
Prepaid expenses	(1,338,014)	(214,138)
Accounts payable and accrued liabilities	(164,043)	236,652
Government remittances	1,178	(609)
Deferred revenue	387,377	308,885
Accrued claims liability	1,639,788	830,160
	1,193,036	3,090,441
Financing activity		
Contributions to pension plan	(937,400)	(888,395)
Investing activities		
Additions to capital assets	(1,309,045)	(588,737)
Purchase of investments	(5,564,771)	(8,066,700)
Proceeds from disposal of investments	6,500,000	6,500,000
	(373,816)	(2,155,437)
Net cash (outflow) inflow	(118,180)	46,609
Cash and cash equivalents, beginning of year	7,166,749	7,120,140
Cash and cash equivalents, end of year	7,048,569	7,166,749
Cash equivalents are comprised of		
Cash	982,940	689,180
Short-term investments	6,065,629	6,477,569
	7,048,569	7,166,749

Royal College of Dental Surgeons of Ontario

NOTES TO THE FINANCIAL STATEMENTS

December 31, 2011

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. ADOPTION OF A NEW ACCOUNTING FRAMEWORK

During the year ended December 31, 2011, the College early adopted the new accounting standards for not-for profit organizations (the "new standards") issued by the Canadian Institute of Chartered Accountants ("CICA"). In accordance with Section 1501 of the CICA Handbook, First-time adoption, ("Section 1501"), the date of transition to the new standards is January 1, 2010 and the College has prepared and presented an opening balance sheet at the date of transition to the new standards. This opening balance sheet is the starting point for the entity's accounting under the new standards. In its opening balance sheet, under the recommendations of Section 1501, the College

- (a) recognized all assets and liabilities whose recognition is required by the new standards;
- (b) did not recognize items as assets or liabilities if the new standards do not permit such recognition;
- (c) applied the new standards in measuring all recognized assets and liabilities.

In accordance with the requirements of Section 1501, the accounting policies set out in Note 3 have been consistently applied to all years presented and adjustments resulting from the adoption of the new standards have been applied retrospectively, excluding where optional exemptions available under Section 1501 have been applied. The adoption of new standards has impacted on investments. The College has elected to adopt the exemptions available under Section 1501 relating to employee future benefits.

- i) The impact of the adoption of the new standard in respect of investments, and the exemption related to employee future benefits on the balance sheet items and on fund balances as at January 1, 2010 is summarized as follows:

	Balance as previously reported	Adjustments	Balance as adjusted
	\$	\$	\$
Investments	45,629,721	(1,346,744)	44,282,977
Pension plan assets	86,800	(86,800)	-
Pension plan obligations	1,912,195	556,605	2,468,800
Fund balances, end of year	33,320,547	(1,990,149)	31,330,398

Explanation of adjustments

Change in accounting for investments

Previously, in accordance with Section 3855 of the CICA Handbook, the College classified its investments as available for sale, with changes in fair value recorded in the Statement of changes in fund balances until realized through disposal or other than temporary impairment at which time they were recorded in the Statement of operations. Under the new standards, the College will record investments at fair value on the date of acquisition, with subsequent measurement at amortized cost. As a result of retroactively applying this policy, unrealized gains previously included in the carrying value of investments and in Fund balances have been removed.

Exemption for Employee Future Benefits

The College has elected to apply the exemption with respect to employee future benefits and has recognized cumulative unamortized actuarial losses and past service costs in net assets at the date of transition.

- i) The adoption of the new accounting policy for investments had no impact on the statement of operations for the year ended December 31, 2010 as previously reported. The impact on the Balance sheet and the Statement of changes in fund balances is as follows:

	Balance as previously reported	Adjustments	Balance as adjusted as at
	\$	\$	\$
Balance Sheet			
Investments	47,264,193	(1,735,298)	45,528,895
Statement of changes in fund balances			
Reclassification adjustments for losses (gains) recognized during the year in statements of operations	(14,480)	14,480	-
Change in fair value of investments classified as available for sale	403,034	(403,034)	-

The impact of the election of the exemption related to Employee Future Benefits on the Balance Sheet and Statement of Operations as at, and for the year ended, December 31, 2010 is as follows:

	Balance as previously reported	Adjustments	Balance as adjusted as at
	\$	\$	\$
Balance Sheet			
Pension plan asset	487,900	(487,900)	-
Pension plan obligation	1,894,600	189,605	2,084,205
Statement of operations			
Salaries and benefits expense	6,588,494	34,100	6,622,594

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 revenue 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

Financial assets and financial liabilities are initially recognized at fair value when the College becomes a party to the contractual provisions of the financial instrument. Subsequently, all financial instruments are measured at amortized cost.

The carrying value of cash and cash equivalents, accounts receivable and accounts payable and accrued liabilities approximates their fair values due to their relatively short term to maturity.

Capital assets

Capital assets are recorded at cost and are amortized on the 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

Employee future benefits

The College accrues its obligations under employee benefit plans and the related costs, net of plan assets. The College has adopted the following policies:

- The cost of pensions and other retirement benefits earned by employees is actuarially determined using the projected unit credit method pro-rated on service, and management's best estimate of expected plan investment performance, salary escalation, retirement ages of employees and expected health care costs.
- Fair market value is used when calculating the expected return on plan assets.
- Based on an actuarial assessment that is conducted every three years, the asset base of the pension plan may have to be topped up. The amount of the top-up could be material. The most recent actuarial valuation was performed as at January 1, 2011 and results were projected to December 31, 2011.
- Past service costs from plan amendments are amortized on a straight-line basis over the average remaining service period of employees active at the date of amendment.
- The excess of the net actuarial gain (loss) over 10% of the greater of the benefit obligation and the fair value of plan assets is amortized over the average remaining service period of active employees. The average remaining service period for active employees is 12 years for the pension plans and 10 years for the other benefit plan.
- When the restructuring of a benefit plan gives rise to both a curtailment and a settlement of obligations, the curtailment is accounted for prior to the settlement.

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. Accounts containing significant estimates include accounts payable, accrued claims liability and the pension plan obligation.

4. INVESTMENTS

	December 31, 2011		December 31, 2010		January 1, 2010	
	Cost	Fair value	Cost	Fair value	Cost	Fair value
	\$	\$	\$	\$	\$	\$
Bonds and coupons						
Government of Canada	9,315,447	9,885,025	9,385,451	9,506,256	7,303,104	7,369,190
Provinces of Canada	34,085,261	36,882,203	36,143,444	37,757,937	36,979,873	38,260,531
Guaranteed certified investments	800,000	800,757	-	-	-	-
	44,200,708	47,567,985	45,528,895	47,264,193	44,282,977	45,629,721

Investments consist of federal bonds, provincial bonds, and treasury bills bearing interest at rates ranging from 3.75% to 9.125% (2010 - 1.000% to 9.125%), and mature between fiscal years ending 2012 to 2019 (2010 - 2011 to 2019). The carrying value of investments includes accrued interest of \$245,488 (2010 - \$324,456). Investments totaling \$1,033,165 mature within the next fiscal year.

5. CAPITAL ASSETS

	December 31, 2011			December 31, 2010	January 1, 2010
	Cost	Accumulated amortization	Net book value	Net book value	Net book value
	\$	\$	\$	\$	\$
Land	4,320,183	-	4,320,183	3,746,281	3,746,281
Building and building improvements	3,102,552	1,910,496	1,192,056	1,083,129	1,157,276
Computer equipment	1,222,079	610,331	611,748	434,624	223,891
Furniture and fixtures	148,407	70,007	78,400	71,814	34,982
Office equipment	46,457	33,768	12,689	21,981	33,566
	8,839,678	2,624,602	6,215,076	5,357,829	5,195,996

6. ACCRUED CLAIMS LIABILITY

The Professional Liability Program was established by the College to provide a first level of defense and management of professional liability claims against dentists. In 2011, dentists were each covered for a maximum liability of \$2,000,000 (2010 - \$2,000,000) for each validated claim. The College is liable for the first \$150,000 (2010 - \$150,000) of a validated claim, subject to a maximum aggregate loss limit of \$5,000,000 (2010 - \$5,000,000), 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 \$150,000 and for total claims in a year in excess of \$5,000,000, the College has obtained insurance having an upper limit of \$2,000,000 for each claim. An individual claim in excess of \$2,000,000 is the responsibility of the individual member(s). The dentists are liable to the College for a deductible portion on each validated claim of \$2,000 on any one occurrence, including defense costs, increasing to \$5,000 for a second claim, \$10,000 for a third claim and \$20,000 for the fourth and subsequent claims in a 84 month period. Deductibles are recorded when received. These assessments are recorded when the file is closed. Members may request that the Professional Liability Committee of the College reduce the assessment in exchange for agreement to take remedial training in the specific area of dentistry on which the claim was based. 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, 2011.

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

	Defined benefit plan	Supplementary plan	December 31, 2011 Total
	\$	\$	\$
Accrued benefit obligation	(6,747,900)	(2,773,000)	(9,520,900)
Fair value of plan assets	5,530,400	323,600	5,854,000
Funded status - plan deficit	(1,217,500)	(2,449,400)	(3,666,900)
Unamortized net actuarial loss (Note 2(i))	1,382,400	546,795	1,929,195
Accrued benefit asset (liability)	164,900	(1,902,605)	(1,737,705)

	Defined benefit plan	Supplementary plan	December 31, 2010 Total
	\$	\$	\$
Accrued benefit obligation	(5,882,100)	(2,329,400)	(8,211,500)
Fair value of plan assets	5,224,800	273,100	5,497,900
Funded status - plan deficit	(657,300)	(2,056,300)	(2,713,600)
Unamortized net actuarial loss	502,800	126,595	629,395
Accrued benefit liability	(154,500)	(1,929,705)	(2,084,205)

	Defined benefit plan	Supplementary plan	January 1, 2010 Total
	\$	\$	\$
Accrued benefit obligation	(4,870,800)	(1,990,600)	(6,861,400)
Fair value of plan assets	4,342,200	50,400	4,392,600
Funded status - plan deficit	(528,600)	(1,940,200)	(2,468,800)
Unamortized net actuarial loss	-	-	-
Accrued benefit liability	(528,600)	(1,940,200)	(2,468,800)

Details of the accrued benefit obligation are as follows:

	Defined benefit plan	Supplementary plan	2011 Total
	\$	\$	\$
Accrued benefit obligation, beginning of the year	5,882,100	2,329,400	8,211,500
Current service cost	374,100	107,800	481,900
Interest cost on obligation	310,800	120,600	431,400
Actuarial loss	180,900	265,829	446,729
Benefit payments	-	(50,629)	(50,629)
Accrued benefit obligation, end of the year	6,747,900	2,773,000	9,520,900

	Defined benefit plan	Supplementary plan	2010 Total
	\$	\$	\$
Accrued benefit obligation, beginning of the year	4,870,800	1,990,600	6,861,400
Current service cost	291,600	81,900	373,500
Interest cost on obligation	305,500	123,200	428,700
Actuarial loss	487,200	171,934	659,134
Benefit payments	(73,000)	(38,234)	(111,234)
Accrued benefit obligation, end of the year	5,882,100	2,329,400	8,211,500

The plan expense for the year is determined as follows:

	Defined benefit plan	Supplementary plan	2011 Total
	\$	\$	\$
Current service cost	374,100	107,800	481,900
Interest cost on obligation	310,800	120,600	431,400
Expected return on plan assets	(359,500)	(12,000)	(371,500)
Amortization of net actuarial loss	49,000	-	49,000
Plan expense	374,400	216,400	590,800

The employer contributions to the pension plans amounted to \$693,800 for the defined benefit plan and \$243,600 for the supplementary plan.

	Defined benefit plan	Supplementary plan	2010 Total
	\$	\$	\$
Current service cost	291,600	81,900	373,500
Interest cost on obligation	305,500	123,200	428,700
Expected return on plan assets	(311,200)	(5,300)	(316,500)
Amortization of net actuarial loss	18,100	-	18,100
Plan expense	304,000	199,800	503,800

The employer contributions to the pension plans amounted to \$678,100 for the defined benefit plan and \$260,800 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	5.00	5.00
Expected long-term rate of return on plan assets	6.50	3.25
Inflation rate	2.75	2.75
Rate of compensation increase	3.75	3.75

8. FUND BALANCE RESTRICTED FOR SPECIFIC PURPOSES

The College has no net assets with external restrictions. Certain 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 discretion of the College. Internally restricted fund balances are as follows:

	December 31, 2011	December 31, 2010	January 1, 2010
	\$	\$	\$
Internally restricted			
Professional Liability Reserve Fund	24,400,000	22,800,000	22,800,000
Building Reserve Fund	-	400,000	350,000
	24,400,000	23,200,000	23,150,000

9. PROFESSIONAL LIABILITY PROGRAM RECOVERIES

The professional liability program recoveries balance is comprised mainly of the member assessments on closed files, referred to in note 6. Other recoveries, when experienced, would also be included in this balance. Such recoveries could include costs awarded to the professional liability program on a matter that went to litigation, or amounts expensed in prior years to cover the cost of that claim year which are no longer required.

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 (December 31, 2010 and January 1, 2010 - \$nil).

11. COMMITMENTS

The College has operating leases expiring at dates up to 2014 on office equipment requiring minimum annual lease payments as follows:

	\$
2012	132,745
2013	129,941
2014	78,389
	341,075

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 these financial statements with respect to these agreements.

14. FINANCIAL INSTRUMENT RISK

The College is exposed to the following risks related to its financial assets and liabilities:

a) Credit risk

The College is subject to credit risk through its trade receivables and investments. Credit risk arises from the potential that a counterparty will fail to perform its obligations. Credit risk with respect to the trade receivables is limited due to the nature of the College activities which consist of providing Membership services in exchange for practical licenses. Credit risk with respect to investments is limited due to the types of instruments held, which are described in Note 4.

b) Currency risk

Currency risk is the risk to the College's earnings that arises from fluctuations in foreign exchange rates and the degree of volatility of these rates. The College does not hold any assets or liabilities in foreign currency, and therefore has no risk.

DISTRIBUTION OF DENTISTS

DISTRIBUTION OF DENTISTS PRACTISING IN ONTARIO BY AGE RANGE, COUNTY AND ELECTORAL DISTRICT

COUNTY	LESS THEN 31	31 – 40	41 – 50	51 – 60	61 – 65	OVER 65
DISTRICT 1						
Dundas	0	1	0	3	0	1
Frontenac	5	24	24	28	7	9
Glengarry	0	2	0	2	1	0
Grenville	0	3	1	3	2	0
Lanark	0	10	7	10	2	4
Leeds	0	8	6	7	9	4
Lennox Addington	0	1	3	1	0	1
Ottawa Carlton	41	162	203	156	62	45
Prescott	0	6	2	5	0	0
Renfrew	2	18	12	8	10	3
Russell	1	4	3	4	1	0
Stormont	2	8	8	8	2	3
District Total: 968	51	247	269	235	96	70

COUNTY	LESS THEN 31	31 – 40	41 – 50	51 – 60	61 – 65	OVER 65
DISTRICT 2						
Durham	8	82	94	90	42	18
Haliburton	0	1	1	0	0	0
Hastings	3	21	18	7	10	9
Northumberland	1	10	6	8	4	1
Peterborough	3	14	18	13	8	5
Prince Edward	1	1	1	1	1	0
Victoria	2	5	6	1	4	5
York	42	205	208	179	57	33
District Total: 1247	60	339	352	299	126	71

COUNTY	LESS THEN 31	31 – 40	41 – 50	51 – 60	61 – 65	OVER 65
DISTRICT 3						
Algoma	1	12	13	13	10	5
Cochrane	2	8	6	7	5	2
Kenora	1	6	3	6	4	2
Manitoulin	0	0	2	3	0	0
Nipissing	0	5	9	10	7	3
Rainy River	1	2	4	3	1	0
Sudbury	3	17	21	23	10	10
Thunder Bay	4	17	14	25	13	9
Timiskaming	2	4	2	4	2	2
District Total: 338	14	71	74	94	52	33

COUNTY	LESS THEN 31	31 – 40	41 – 50	51 – 60	61 – 65	OVER 65
DISTRICT 4						
Halton	8	80	111	72	25	34
Peel	32	231	225	203	77	39
District Total: 1137	40	311	336	275	102	73

COUNTY	LESS THEN 31	31 – 40	41 – 50	51 – 60	61 – 65	OVER 65
DISTRICT 5						
Bruce	2	4	8	7	4	1
Dufferin	0	6	4	9	3	4
Grey	2	3	9	10	9	5
Huron	0	5	5	6	2	1
Muskoka	0	6	5	19	0	5
Parry Sound	2	4	2	5	0	1
Simcoe	12	55	56	56	21	19
District Total: 377	18	83	89	112	39	36

COUNTY LESS THEN 31 31 – 40 41 – 50 51 – 60 61 – 65 OVER 65

DISTRICT 6

Elgin	1	3	6	8	7	2
Essex	12	47	80	62	30	13
Kent	2	12	9	9	9	3
Lambton	6	19	6	18	13	2
Middlesex	23	84	78	89	46	25
District Total: 724	44	165	179	186	105	45

DISTRICT 7

Brant	5	16	13	15	9	8
Haldimand-Norfolk	1	12	6	6	4	4
Oxford	0	9	11	10	10	8
Perth	1	8	10	3	6	2
Waterloo	15	66	87	67	34	15
Wellington	7	24	34	25	11	10
District Total: 572	29	135	161	126	74	47

DISTRICT 8

Hamilton-Wentworth	15	65	75	83	41	35
Niagara	13	56	52	58	31	28
District Total: 552	28	121	127	141	72	63

DISTRICT 9

Metro Toronto	23	89	149	149	71	87
District Total: 568	23	89	149	149	71	87

COUNTY LESS THEN 31 31 – 40 41 – 50 51 – 60 61 – 65 OVER 65

DISTRICT 10

Metro Toronto	20	90	151	153	67	70
District Total: 551	20	90	151	153	67	70

DISTRICT 11

Metro Toronto	49	140	128	157	58	61
District Total: 603	49	140	128	157	58	61

DISTRICT 12

Metro Toronto	34	145	242	254	88	73
District Total: 836	34	145	242	254	88	73

Provincial Totals: 8463 410 1936 2257 2181 950 729

RCDSO Data - as of December 31, 2011

(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. Bonycastle
April 1909 – May 1911

W.J. Bruce
May 1911 – May 1913

D. Clark
May 1913 – May 1915

W.C. Davy
May 1915 – May 1917

W.C. Trotter
May 1917 – May 1918

W.M. McGuire
May 1918 – May 1921

M.A. Morrison
May 1921 – May 1923

A.D. Mason
May 1923 – May 1925

E.E. Bruce
May 1925 – May 1927

R.C. McLean
May 1927 – May 1929

S.S. Davidson
May 1929 – June 1931

S.M. Kennedy
June 1931 – May 1933

H. Irvine
May 1933 – May 1935

G.H. Holmes
May 1935 – May 1937

E.C. Veitch
May 1937 – May 1939

L.D. Hogan
May 1939 – May 1941

F.A. Blatchford
May 1941 – May 1943

G.H. Campbell
May 1943 – May 1945

S.W. Bradley
May 1945 – May 1947

H.W. Reid
May 1947 – May 1949

S.J. Phillips
May 1949 – May 1951

R.O. Winn
May 1951 – May 1953

C.M. Purcell
May 1953 – May 1955

R.J. Godfrey
May 1955 – May 1957

M.C. Bebee
May 1957 – May 1959

M.V. Keenan
May 1959 – May 1961

A.H. Leckie
May 1961 – April 1963

W.G. Bruce
April 1963 – April 1965

J.P. Coupland
April 1965 – February 1967

J.D. Purves
February 1967 – January 1969

H.M. Jolley
January 1969 – January 1971

N.L. Diefenbacher
January 1971 – January 1973

P.P. Zakarow
January 1973 – January 1975

R.P. McCutcheon
January 1975 – January 1977

E.G. Sonley
January 1977 – January 1979

A.J. Calzonetti
January 1979 – January 1981

C.A. Doughty
January 1981 – January 1983

R.L. Filion
January 1983 – January 1985

G.E. Pitkin
January 1985 – January 1987

G. Nikiforuk
January 1987 – January 1989

W.J. Dunn
January 1989 – January 1991

R.M. Beyers
January 1991 – March 1994

G.P. Citrome
March 1994 – February 1997

M. Yasny
February 1997 – January 1999

T.W. McKean
January 1999 – January 2001

E. Luks
January 2001 – January 2003

C.A. Witmer
January 2003 – January 2007

F.M. Stechey
January 2007 – January 2011

W.P. Trainor
January 2011 –

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. Fegergrad
June 2000 –



**Royal College of
Dental Surgeons of Ontario**

Ensuring Continued Trust

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