COMMITTED TO PUBLIC ACCOUNTABILITY THROUGH TRANSPARENCY

2014

Royal College of
Dental Surgeons of Ontario

Ensuring Continued Trust

ROYAL COLLEGE OF DENTAL SURGEONS OF ONTARIO
ANNUAL REPORT 2014

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 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 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 Western University.

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 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.

The College remains committed to a process of continual review and improvement and will continue to examine ways in which we can expand and improve upon our dedication to transparency in both principle and practice.

PRESIDENT'S MESSAGE

HELPING THE PUBLIC MAKE INFORMED CHOICES ABOUT THEIR HEALTH CARE

There is no question that the public deserves to have access to information about their health care providers that is relevant, timely, useful and accurate. The end goal is indeed worthy: enhancing the public's trust and confidence in regulation and in the profession.

As we move to achieve this objective, our challenge is to balance the principles of public protection with fairness and privacy for dentists and complainants.

To provide a foundation for our work, late last year Council approved a set of eight transparency principles that act as a framework for future decisions about making more information about our processes available to the public. These principles were developed in collaboration with our colleagues — nurses, doctors, pharmacists, and others. These principles now guide decision-making about what information will be made available to the public.

In early October, the Honourable Dr. Eric Hoskins, Minister of Health and Long-Term Care, asked all health regulatory colleges to report on the specific steps that each College would take to make specific transparency measures a priority.

Our College's report on RCDSO transparency initiatives (www.rcdso.org/PublicProtection/TransparencyInitiatives) as delivered to the Minister in mid-November describes how the College is meeting or exceeding best practices for transparency in all aspects of our mandate.

The College remains committed to a process of continual review and improvement and will continue to examine ways in which we can expand and improve upon our dedication to transparency in both principle and practice.

Information made public by the College needs to provide assurance that practitioners are competent and that the public is safe. The public protection work of the regulator must not only be done, it must be seen to be done.

Peter Trainor
PRESIDENT

TRANSPARENCY PRINCIPLES

PRINCIPLE 1:

The mandate of regulators is public protection and safety. The public needs access to appropriate information in order to trust that this system of self-regulation works effectively.

Regulators have a duty to serve and protect public interest, while earning and maintaining the trust and confidence of the public that they are working in their best interests. Information needs to provide assurance to the public that practitioners are competent and that the public is safe. The public protection work of a regulator must not only be done, it must be seen to be done.

PRINCIPLE 2:

Providing more information to the public has benefits, including improved patient choice and increased accountability for regulators.

Regulators must assume that the public is as capable of using regulatory information to make decisions as they are to make informed decisions about their health care treatment. We believe that people, given sufficient information, can make their own personal assessments of the risks and benefits of transactions.

PRINCIPLE 3:

Any information provided should enhance the public's ability to make decisions or hold the regulator accountable. This information needs to be relevant, credible and accurate.

Information, whether about processes, outcomes, or members, provided to the public should enhance public confidence and/or safety. The public needs enough information to understand how and why the regulator makes the decisions it does, to evaluate its performance, and to make informed choices about health care professionals. More information does not always make it easier to make choices; it is also important to highlight what information is not available and why.

PRINCIPLE 4:

In order for information to be helpful to the public, it must:

- **be timely, easy to find and understand.**
- **include context and explanation.**

Transparency involves not only providing information, but doing so in a way that is helpful to the public. Comprehensibility and timeliness are crucial elements of transparency. Regulatory information is complex and as a regulator, we have a responsibility to provide information clearly and place it in the appropriate context. All information should be accessible, simple, and clear, and made available as soon as possible.

PRINCIPLE 5:

Certain regulatory processes intended to improve competence may lead to better outcomes for the public if they happen confidentially.

Regulatory functions, such as registration, quality assurance, and enforcement on professional conduct, are designed to protect and ensure public safety and are done so through several processes. Some processes are designed to enhance public protection through confidential and remedial approaches. Remediation, education, retraining, assessment and monitoring are all critical to public protection and are the best methods to reducing the likelihood that past problematic conduct will be repeated. These processes are valuable and should not be lost in the pursuit of transparency.

PRINCIPLE 6:

Transparency discussions should balance the principles of public protection and accountability, with fairness and privacy.

A regulatory college's accountability to the public, and its public protection mandate, must be balanced with fairness and privacy principles. There may be unintended consequences and potential risks to the public by making more information available. While the protection of the public is paramount, regulators need to take into account their obligation to provide procedural fairness to members. Both duties are important and undermining one does not, in the long run, advance the other.

PRINCIPLE 7:

The greater the potential risk to the public, the more important transparency becomes.

Information about the most serious behaviour or clinical competence concerns is already available to the public as required by the Regulated Health Professions Act. It is critical for the most important information that patients use to assess risks be the easiest for the public to process and evaluate.

PRINCIPLE 8:

Information available from Colleges about members and processes should be similar.

The public should be able to expect access to the same kind of information about any regulated health care professional in Ontario. Consistency of information about professionals is critical for interprofessional care and for the maintenance of the integrity of self-regulation.

INQUIRIES, COMPLAINTS AND REPORTS COMMITTEE

MEMBERS

Dr. Joseph Stasko (Chair)
Dr. Lorne Akler
Mr. Ted Callaghan
Dr. Robert Carroll
Dr. David Clark
Dr. Lawrence Davidge
Dr. Robert Hindman
Mr. K.S. Joseph
(until October 14, 2014)
Dr. John Kalbfleisch
Ms. Catherine Kerr
Dr. Neil Moss
Ms. Marianne Park
Dr. Peter Trainor
Mr. Abdul Wahid
Dr. Robert Whyte
Dr. Ron Yarascavitch

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.

COMMITTEE HIGHLIGHTS

Transparency Initiative

The transparency review project launched by the Advisory Group for Regulatory Excellence (AGRE) in 2013 continued vigorously in 2014, with a focus on increasing transparency by providing relevant, accurate and timely information to the public while balancing the principles of public protection and accountability with fairness and privacy. The ICR Committee held a plenary session on March 5, 2014 to discuss transparency in its process and the practical implementation of the transparency principles developed by the AGRE and adopted by the RCDSO Council in 2013.

On December 16, 2014, the RCDSO Council approved by-law changes to enhance transparency on the public register. The new information will include:

- cautions ordered by the ICR Committee[1];
- specified continuing education or remediation programs (SCERP) required by the ICR Committee[1];
- additional details regarding allegations of professional misconduct or incompetence referred to the Discipline Committee[2];
- findings of guilt of criminal offences relevant to a member's suitability to practise[3].

COMMITTEE ACTIVITY

Formal Complaints

From January 1, 2014 to December 31, 2014, the College received 624 letters of complaint or inquiry, of which 446 became formal complaints. Panels of the ICR Committee met on 53 occasions during this period to review the results of investigations of formal complaints. A summary of the panels' activities is shown opposite.

1 Applicable to decisions of the ICR Committee made on or after October 1, 2015.

2 Applicable to allegations of professional misconduct or incompetence referred to the Discipline Committee on or after October 1, 2015.

3 Applicable to findings of guilt of which the College is aware made by a court on or after January 1, 2015 that are relevant to the member's suitability to practise.

Decisions – Formal Complaints

Number of Decisions Issued *	**433**
No further action	321
No further action (ratification of alternative dispute resolution)	60
Oral caution	36
Specified Continuing Education or Remediation Program (SCERP)	6
Referral to Discipline Committee	14
Referral for incapacity proceedings	0
Interim suspension	0

** Some decisions contain more than one action (e.g. SCERP and oral 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	48
Number of Section 75(1)(c) investigations requested by Committee	25
Voluntary undertaking/agreements signed by members	44
Complaints deemed frivolous, vexatious, made in bad faith, moot or otherwise and abuse of process	20

Alternative Dispute Resolution (ADR)

The Health Professions Procedural Code (Code) defines ADR as follows:

> *"alternative dispute resolution means 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 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.

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
- 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 1, 2014 – December 31, 2014

Cases eligible for ADR	136
ADR process declined by complainant	20
ADR process declined by member[4]	10
Cases that proceeded to ADR negotiations	105
Successfully resolved	67
Unsuccessful[5]	16
Ongoing	22

[4] 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.

[5] 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

If either party is not satisfied with the decision of a panel of the ICR Committee or the process, he or she has the right to request a review by the Health Professions Appeal and Review Board (HPARB). The only exceptions to this right of review are in cases where the ICR Committee has referred the matter to the Discipline Committee for a hearing or to a panel of the ICR Committee for incapacity proceedings. HPARB is administered by the provincial government and is completely independent of the College. The College is required to make full disclosure of its investigation file to the HPARB. The College, however, is not a party at the HPARB.

Summary of HPARB Activity
January 1, 2014 - December 31, 2014

Number of requests for review received	62
**Not all of these requests for reviews were dealt with by HPARB in 2014.*	
Number of decisions issued by the Board[6]	**44**
Complaints panel decision confirmed by HPARB	40
Frivolous and vexatious	0
Order not to proceed with review	0
Returned for removal of oral cautions	0
Returned for oral cautions	0
Returned for written cautions	0
Returned for further investigation/unreasonableness/reconsideration	1
Returned for referral to discipline	0
Request for review denied/dismissed by the Board	3
Request for review withdrawn by the applicant	9
Section 28[7] request by HPARB	1
Section 28[7] order – from HPARB	0
Section 28[7] order – Denied by HPARB	0

[6] *Some decisions contain more than one action. Accordingly, the total number of decisions will not always equal the total number of actions.*

[7] *A party may apply to HPARB for an order under Section 28 of the Health Professions Procedural Code of the Regulated Health Professions Act, 1991, which states that a panel shall dispose of a complaint within 150 days.*

REGISTRAR'S REPORTS

Section 75 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 2014, there were 34 Section 75(1)(a) appointments and one Section 75(1)(b) appointment by the Registrar approved by the ICR Committee. In addition, the Registrar made one emergency appointment of an investigator under Section 75(2) of the Health Professions Procedural Code of the Regulated Health Professions Act, 1991. This permits the Registrar to appoint an investigator without first obtaining the approval of the ICR Committee, if the Registrar believes on reasonable and probable grounds that the conduct of the member exposes or is likely to expose his or her patients to harm or injury, and that the investigator should be appointed immediately and there is not time to seek approval from the ICR Committee. In this particular case, there were serious concerns raised regarding a member's infection prevention and control protocols.

The results of investigations conducted under Section 75(1)(a), 75(1)(b) and 75(2) are reported to the ICR Committee by way of a Registrar's report. A panel of the ICR Committee met on 22 occasions to review reports during this period. On the next page is a summary of decisions issued by the ICR Committee in 2014 in relation to Registrar's reports.

Decisions – Registrar's Reports

Number of decisions issued *	56
No further action	14
Oral caution	23
Specified Continuing Education or Remediation Program (SCERP)	0
Referral to Discipline Committee	19

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

In addition to the above decisions and dispositions, 23 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 2014, the ICR Committee made inquiries into the possible incapacity of 14 members, eight of whom entered into voluntary undertaking/agreements with the College for ongoing treatment and monitoring. Three of the inquiries resulted in a referral to the Fitness to Practise Committee, with one having an interim suspension order, pending disposition of the matter by the Fitness to Practise Committee. The remaining three matters were resolved and no action was taken.

MONITORING AND ENFORCEMENT

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 2014, the ICR Committee reviewed 231 monitoring reports. Seventy-nine files were closed and the remaining files remain open for further monitoring. Seven members were invited to meet personally with the ICR Committee to discuss concerns arising out of monitoring reports. Two members signed an additional undertaking/agreement to extend their monitoring period for a year.

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 2014, the ICR Committee reviewed mentoring reports for 17 members.

DISCIPLINE COMMITTEE

MEMBERS

Dr. David Segal (Chair)
Dr. Richard Bohay (Vice-Chair)
Dr. Lance Burnham
Dr. Mark Cohen
Ms. Beth Deazeley
Dr. Peter Kalman
Mr. Manohar Kanagamany
Dr. Lisa Kelly
Ms. Evelyn Laraya
(*until June 17, 2014*)
Dr. Elizabeth MacSween
Dr. Edelgard Mahant
Dr. Michael Perelgut
Mr. Jose Saavedra
Dr. Sandy Venditti

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 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.

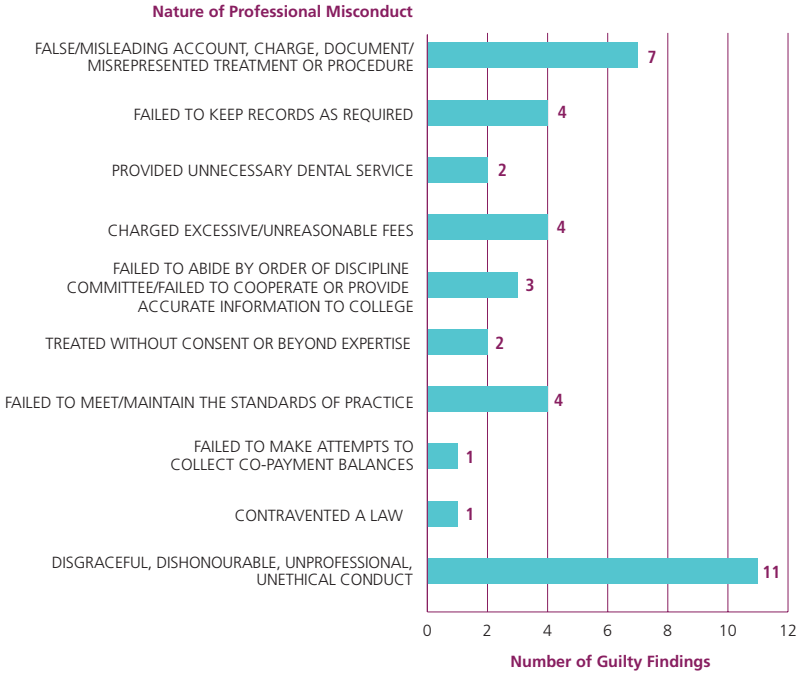
Activity Highlights

There were 13 hearings of the Discipline Committee held in 2014, requiring panels of the Discipline Committee to sit for 14 hearing days. Ten hearings resulted in a finding or findings of professional misconduct. In the remaining three hearings, the panel heard preliminary motions. There were 15 pre-hearing conferences held in 2014.

The findings of professional misconduct made against the 10 members, related to:

- charging excessive, unreasonable or inappropriate fees;
- charging a lab fee that was more than the actual cost incurred;
- failing to meet and/or maintain the standards of practice of the profession;
- failing to meet and/or maintain the standards of practice of the profession in relation to the provision of sedation/anesthesia;
- signing or issuing a document that contains a false, misleading or otherwise improper statement;
- failing to keep records as required by the legislation;
- submitted a false or misleading account or charge;
- recommending and/or providing an unnecessary dental service;
- failing to make reasonable attempts to collect co-payment balances;
- treating beyond the member's expertise;
- failing to cooperate/failing to provide accurate information with the College;
- treating without consent;
- making a misrepresentation about a remedy, treatment, device or procedure or failing to reveal the exact nature of a remedy, treatment, device or procedure;
- failing to comply with an order of the Discipline Committee;
- contravening a law;
- disgraceful, dishonourable, unprofessional or unethical conduct.

TABLE 1
PROFILE OF DISCIPLINE FINDINGS – 2014



Penalties

The penalties imposed by the Discipline Committee included:

- revocations of the members' certificate of registration – 2
- reprimands – 8
- suspensions of the members' certificates of registration, ranging from one month to eight months in length – 7
- mentoring programs – 2
- practice restrictions/requirements – 6
- courses taken in the following subject areas: ethics, recordkeeping, endodontics, restorative dentistry, oral surgery, sedation/anesthesia, diagnosis and treatment planning, human rights, sensitivity training – 7
- practices to be monitored following completion of courses – 6
- costs awarded to the College, ranging from $3,000 to $10,000 – 8

Publication of Decisions

A summary of the decision and the panel's reasons for each hearing are published in the College's Dispatch magazine 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 available on the College's website. Full text versions are available from the College upon request. The decisions and reasons that were published in 2014 are included, by reference only in this annual report.

FITNESS TO PRACTISE COMMITTEE

MEMBERS

Ms. Kelly Bolduc-O'Hare (Chair)
Dr. Shabbir Bakhshi
Dr. Peter Kalman
Dr. Lisa Kelly
Dr. David Mock
Mr. Jose Saavedra

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 practice.*

If a panel of the Fitness to Practise Committee finds that a member is incapacitated, it will make an order to do 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

In 2014, three matters were referred from the Inquiries, Complaints and Reports Committee to the Fitness to Practise Committee. In two of these matters, the dentists resigned as registrants of the College and are therefore no longer entitled to practise dentistry in Ontario. In the remaining case, a hearing of the Fitness to Practise Committee is pending.

PATIENT RELATIONS COMMITTEE

MEMBERS

Dr. Elizabeth MacSween (Chair)
Dr. Carlo Biasucci
Dr. Sandy Venditti
Mr. Manohar Kanagamany
Ms. Marianne Park

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

The Committee discussed ways to reach out to the membership and the public to promote education regarding boundary issues and the prevention of sexual abuse of patients. The Committee discussed the College's website and noted that there is an explanation about mandatory reporting obligations on the College's website and that information about the College's sexual abuse program is easily accessible. The Committee discussed the College's new YouTube channel and suggested that additions to the YouTube channel should include topics regarding sexual abuse prevention and boundary violations.

The Committee continued to discuss initiatives to address the issue of working with people with disabilities, where a disability is deemed as any condition that limits a person's movement, senses, or activity.

The Committee reviewed the Dispatch magazine article "Treating Patients with DisAbilities: Breaking down the barriers" published in the February/March 2014 issue. The Committee also reviewed the article "Treating Patients with DisAbilities: Making The Attitudinal Shift" published in the May/June issue of Dispatch magazine. Both these articles were redesigned as a fact sheet series and uploaded to the College website as an ongoing resource for membership.

The Committee discussed the topic of ethics and a dentist's social responsibility to help those in need. The Committee met with specialists in this area and discussed ways to increase awareness regarding this issue and strategies going forward.

The Committee continued to discuss 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.

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. Mark Bostock
Mr. K.S. Joseph
Dr. Meetu Mahendra
Dr. David Mock

MANDATE

The Quality Assurance (QA) Committee is the statutory committee that is charged with the development, administrative review and ongoing evaluation of the College's QA Program. This program, which is mandated under the Regulated Health Professions Act, 1991, is designed to ensure that the knowledge, skill and judgment of Ontario 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

All members with a general or specialty certificate of registration are required to participate in the College's QA Program. As outlined in the QA Regulation, the key components of the QA Program are:

Continuing Education and the e-Portfolio: All members are required to pursue continuing education (CE) activities as part of their commitment to the profession and lifelong learning. This includes obtaining at least 90 CE points in each three-year cycle. There are three categories in which members may obtain CE points: core courses, courses offered by approved sponsors and other courses.

The QA Committee continues to receive course proposals from numerous organizations for review and consideration in core courses, the highest CE category. Members now may choose from over 200 approved core courses, which are listed on the College website.

In addition, all members are required to record their CE activities in their online e-Portfolio, and retain documents, such as course certificates and other proof of attendance documents, that provide evidence of their successful participation in CE activities for five years from the end of each three-year cycle.

For most members, December 14, 2014, marked the end of their first three-year cycle. Starting in 2015, the College will begin the random selection of members to have their e-Portfolio reviewed.

Practice Enhancement Tool: This is an online self-assessment program that allows members to evaluate and assess their practice, knowledge, skill and judgement based on peer-derived standards. All members are required to complete an assessment at least once every five years.

From January 1, 2013 to December 31, 2014, the College randomly selected 2,850 members to complete the PET. A summary of their status is reflected in the table below.

Total number of members randomly selected	**2,850**
Removed for retirement/resignation	64
Removed for full-time post-graduate program	12
Active (in progress)	134
Completed – successful (1st attempt)	2,529
Completed – unsuccessful (1st attempt)	4
Completed – successful (2nd attempt)	15
Completed – unsuccessful (2nd attempt)	0
Failed to complete	2
Extension	1
Deferral	83
Request for consideration	1
Undertaking/agreement	3
Refer to ICRC	2

Practice Enhancement Consultant: A dentist consultant is available to assist members at any time with interpreting and discussing the results of their assessment and identifying appropriate continuing education or professional development activities.

Annual Declaration: All members are entrusted with the responsibility of completing a section on their annual membership renewal form to self-declare whether they are in compliance with the QA Program requirements.

Review of College Standards and Guidelines

Guidelines on the Role of Opioids for the Management of Acute and Chronic Pain in Dental Practice

In November 2014, Council approved, in principle, proposed Guidelines on the Role of Opioids for the Management of Acute and Chronic Pain in Dental Practice. Council also directed that the draft document be circulated to all members and other stakeholders for comment.

The proposed Guidelines are divided into four major sections: dealing with the management of acute pain, the management of chronic pain, the management of risk for opioid use, and additional issues, such as the use of analgesics for pediatric patients, the content and clarity of prescriptions, securely issuing written prescriptions, and safeguarding the dental practice by securing and monitoring in-office drugs, along with staff education. The draft document also includes two appendices, providing screening tools for the assessment of risk, as well as additional resources and reference materials available on the internet.

Practice Advisory on the Use of Complementary and Alternative Therapies in Dental Practice

In May 2013, Council approved the preparation of a Practice Advisory on the use of complementary and alternative therapies in dental practice, including acupuncture.

A draft Practice Advisory was prepared, which addresses professional responsibilities under the broad headings of dentists who wish to use complementary and alternative therapies, and treating patients who wish to use complementary and alternative therapies.

The Practice Advisory on the Use of Complementary and Alternative Therapies in Dental Practice was approved by Council at the June 2014 meeting and is now available on the College website.

Teledentistry

At the June 2014 meeting, Council was informed that the College has been receiving an increasing number of enquiries concerning the practice of teledentistry, particularly in the area of radiology and the interpretation of radiographs. An article was prepared for publication in the November/December 2014 issue of Dispatch magazine, addressing regulatory and liability issues related to this subject.

REGISTRATION COMMITTEE

MEMBERS

Dr. Sven Grail (Chair)
Ms. Beth Deazeley
Dr. John Kalbfleisch
Dr. Joseph Stasko

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/she 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 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, advising College Council on entry to practice and reinstatement requirements and on national issues related to registration.

ACTIVITY HIGHLIGHTS

The Registration Committee convened on four occasions in 2014, considering eight requests for registration and/or reinstatement. In addition, one request to vary/remove terms, conditions and limitations imposed by the Registration Committee on a member's general certificate of registration, and two requests to extend the expiry date on members with an academic visitor class of certificate of registration 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 two applications for a general certificate of registration;
- approved two applications for an education certificate of registration;
- approved one application for reinstatement of a general certificate of registration;
- approved two applications for reinstatement of a general certificate of registration with terms, conditions and limitations;
- approved to extend two academic visitor certificates of registration;
- approved removal of terms, conditions and limitations on one general certificate of registration upon receipt of an undertaking;
- refused one application for reinstatement of a general certificate of registration.

STATISTICS (As at December 31, 2014)

Additions to the Register

University of Toronto (General)	64
Western University (General)	50
Other Canadian Graduates (NDEB) (General)	43
U.S.A. (NDEB) (General)	48
International Graduates (NDEB) (General)	156
Specialty Certificates	62*
Academic Certificates	0
Academic Visitor Certificates	1
Graduate Certificates	15
Education Certificates	4
Post-Specialty Training Certificates	3

* Of this total, 10 were new members to the College and 52 were general members adding a specialty register.

Specialty Certificates Granted

The College granted 62 specialty certificates during 2014 in the following dental specialties:

Dental Anesthesiology	0
Endodontics	7
Oral and Maxillofacial Surgery	13
Oral Medicine	1
Oral Pathology	0
Oral and Maxillofacial Radiology	0
Orthodontics and Dentofacial Orthopaedics	13
Pediatric Dentistry	8
Periodontics	10
Public Health Dentistry	2
Prosthodontics	8

Removals and Reinstatements

Deceased	7
Resigned	163
Revoked – Conditions Expired	24
Reinstated	31

Total Membership Certificates by Category

General Certificates	9,115
Specialty Certificates	188
Combined General/Specialty Certificates (Already counted in General Total)	1,323
Academic Certificates	20
Academic Visitor Certificates	1
Graduate Certificates	36
Education Certificates	6
Post-Specialty Training Certificates	3
Total Number of Membership Certificates	**9,369**

PROFESSIONAL LIABILITY PROGRAM COMMITTEE

MEMBERS

Ms. Kelly Bolduc O'Hare (Chair)
Dr. Karen Aiken
Dr. Vincent Carere
Dr. Michael Glogauer
Dr. Gurneen Sidhu
Dr. Gordon Sylvester
Dr. Flavio Turchet

MANDATE

The College's Professional Liability Program (PLP) provides each member of the College with errors and omissions protection, which is also extended to former, retired, and deceased members, as well as to 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 public in the event of injury resulting from the negligence or wrongdoing of its members.

The PLP Committee oversees the policies and practices of PLP and has responsibility for reviewing staff use of delegated settlement authority, approving all settlements exceeding internal staff authority and authorizing defence of actions through trial and appeals of adverse trial decisions. The Committee also provides leadership with respect to PLP enhancements, including risk management and practice improvement initiatives that may be required from time to time.

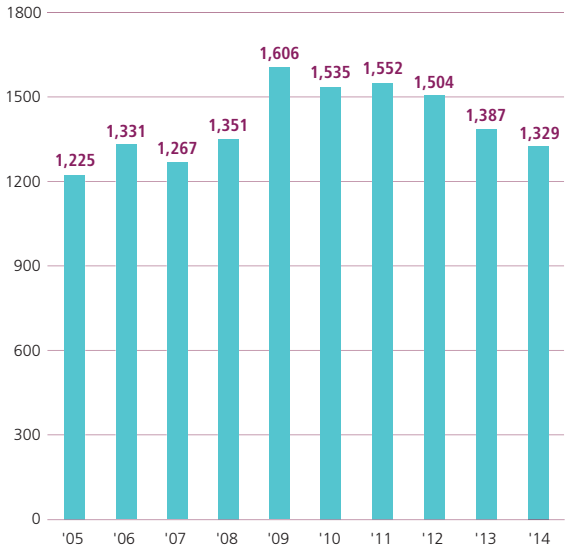
ACTIVITY HIGHLIGHTS

1. Incidents Reported

Between January 1 and December 31, 2014, there were 1,329 incidents/potential incidents reported to PLP, a decrease of 67 from the previous year. Table 1 shows the number of files opened for the ten-year period 2005–2014.

PLP staff continues to be very active in the area of incident and risk management. As a result, it is expected that upwards of 90% of PLP's files will eventually be closed with no payment being made by PLP. In many of those, PLP staff would have provided advice to members and, when requested, drafted correspondence and releases for out of pocket refunds/reimbursements to allow members to resolve matters themselves.

TABLE 1
INCIDENTS REPORTED TO PLP 2005 - 2014



2. PLP Branding

PLP's branding initiative is ongoing. PLP specific email addresses reassure members that although PLP is a program of the RCDSO, it operates separately from the rest of the College and there is no sharing of file information with any staff outside of PLP. A PLP micro-website is in development.

3. Contract Renewal

The College's contract with ENCON was renewed for 2015. RCDSO's risk retention is $2 million per file with a stop loss of $10 million as in the previous year. The new contract calls for a partial premium rebate of up to 28% if it is terminated within 48 months after the end of the claim year.

4. PLP Financial Performance

Because of heightened risk exposure, PLP undergoes annual evaluations by an accounting firm. The last two actuarial analyses show that PLP's loss projections have declined to pre-2000 levels. PLP's annual legal and indemnity costs, which peaked in 2012 as old, indefensible files were settled and dismissals were aggressively pursued in unmeritorious matters, have been dropping ever since. For 2014, the overall "spend" was approximately $1 million less than in 2011, with improvements in both indemnity and legal expenses. This trend compares very favourably to other liability protection providers in the health care sector.

5. Excess Malpractice Coverage

Excess malpractice protection of up to $23 million is available to the College's members above the $2 million provided by the College through PLP. The College has no involvement in the excess coverage.

6. Practice Advisory Services/PLP Collaboration

Practice Advisory Services (PAS) and PLP are collaborating in reducing the number of member enquiries referred by each department to the other in order to improve service. PLP now responds to requests from members for dental-legal information unrelated to reportable incidents. Any such requests are tracked by PLP and PAS staff. PAS continues to have sole responsibility for answering questions from patients and enquiries from members on clinical issues and regulatory processes.

7. External Defence Counsel Conference

In September 2014, PLP hosted its second annual External Defence Counsel Conference featuring presentations by PLP staff, external defence counsel and dental experts on topics relevant to PLP matters. The conference is an excellent forum for sharing ideas and experiences in order to improve efficiency and file outcomes. PLP Committee members attended the conference and were impressed with the quality of the presentations and of the lawyers retained to represent PLP members.

8. Risk Management

PLP continues its emphasis on risk management and incident prevention. PLP staff created a number of presentations addressing risk management issues that are presented to local dental societies, dental students, and other groups. A PLP Category 1 Core Course on risk management was created and presented at the 2013 and 2014 Ontario Dental Association (ODA) Spring Meetings. PLP staff recently created a second Category 1 Core Course on consent to treatment that was presented at the Toronto Academy of Dentistry's Winter Clinic in 2014 and will be presented at the 2015 ODA Spring Meeting. PLP has presented these programs to a number of other organizations and societies at no charge. PLP staff also continues to prepare regular risk management articles for publication in Dispatch magazine and e-pamphlets for the PLP section of the College website.

FINANCIAL STATEMENTS OF

ROYAL COLLEGE OF DENTAL SURGEONS OF ONTARIO

December 31, 2014

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, 2014, the statements of operations, changes in fund balances, and cash flows for the year then ended, 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, 2014 and the results of its operations and its cash flows for the year then ended in accordance with Canadian accounting standards for Not-for-Profit Organizations.

Chartered Professional Accountants, Chartered Accountants
Licensed Public Accountants
May 14, 2015

Royal College of Dental Surgeons of Ontario

STATEMENT OF OPERATIONS

year ended December 31, 2014

	2014	2013 (Restated - Note 2)
	$	$
Revenue		
Registration and annual fees	**20,883,849**	17,978,874
Investment Income	**1,574,019**	1,618,274
Professional liability program recoveries (Note 9)	**305,812**	389,442
Recoveries	**73,300**	58,500
Management fees	**85,000**	75,000
Sundry	**520,467**	228,979
Rental income - tenants	**87,079**	83,302
	23,529,526	20,432,371
Expenses		
Salaries and benefits	**9,993,819**	9,101,030
Loss limit provision (Note 6)	**4,000,000**	4,000,000
Insurance premiums	**425,828**	1,445,159
Legal fees	**758,956**	674,090
Honoraria	**831,700**	804,915
Consulting and professional fees	**992,022**	730,887
Administrative	**1,176,759**	1,099,648
Printing, stationery and supplies	**346,658**	436,099
Amortization of capital assets	**822,677**	733,880
Property maintenance and operating costs	**498,746**	495,713
Grants	**265,207**	428,482
Travel and accommodation	**246,459**	230,354
Equipment - rental and maintenance	**360,176**	352,517
Postage and courier	**218,354**	233,675
Expert fees	**43,683**	19,541
Telephone/Information Services	**319,556**	204,707
Staff training	**70,295**	74,675
Broker fees	**64,800**	88,992
Witness and court reporter fees	**13,661**	13,026
Translation Services	**36,718**	22,666
	21,486,074	21,190,056
Excess (deficiency) of revenue over expenses before the undernoted	**2,043,452**	(757,685)
Loss limit provision adjustment (Note 6)	**3,000,000**	-
Excess (deficiency) of revenue over expenses	**5,043,452**	(757,685)

Royal College of Dental Surgeons of Ontario

STATEMENT OF CHANGES IN FUND BALANCES

year ended December 31, 2014

				2014	2013 (Restated - Note 2)
	Invested in capital assets	Restricted for specific purposes (Note 8)	Unrestricted	Total	Total
	$	$	$	$	$
Fund balances, beginning of year	**6,931,982**	**24,400,000**	**(4,312,852)**	**27,019,130**	29,338,010
Deficiency of revenue over expenses	**(822,677)**	**-**	**5,866,129**	**5,043,452**	(757,685)
Additions to capital assets	**1,017,615**	**-**	**(1,017,615)**	**-**	-
Remeasurement and other items (Notes 2 and 7)	**-**	**-**	**1,880,100**	**1,880,100**	(1,561,195)
Fund balances, end of year	**7,126,920**	**24,400,000**	**2,415,762**	**33,942,682**	27,019,130

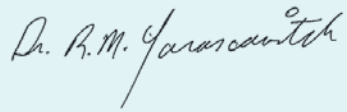
Royal College of Dental Surgeons of Ontario

BALANCE SHEET

as at December 31, 2014

	2014	2013 (Restated - Note 2)
	$	$
Assets		
Current assets		
Cash and cash equivalents	**13,629,303**	10,520,988
Accounts receivable	**2,124,176**	1,222,014
Prepaid expenses	**193,439**	544,789
	15,946,918	12,287,791
Investments (Note 4)	**45,034,995**	44,487,382
Pension plan asset (Note 7)	**2,578,100**	501,000
Capital assets (Note 5)	**7,126,920**	6,931,982
	70,686,933	64,208,155
Liabilities		
Current liabilities		
Accounts payable and accrued liabilities	**1,302,827**	891,715
Deferred revenue	**20,598,181**	19,126,068
	21,901,008	20,017,783
Accrued claims liability (Note 6)	**12,726,543**	14,300,042
Pension plan obligation (Note 7)	**2,116,700**	2,871,200
	36,744,251	37,189,025
Fund balances		
Invested in capital assets	**7,126,920**	6,931,982
Restricted for specific purposes (Note 8)	**24,400,000**	24,400,000
Unrestricted	**2,415,762**	(4,312,852)
	33,942,682	27,019,130
	70,686,933	64,208,155

APPROVED ON BEHALF OF THE MEMBERS OF COUNCIL



Ron Yarascavitch
PRESIDENT

Royal College of Dental Surgeons of Ontario

STATEMENT OF CASH FLOWS

year ended December 31, 2014

	2014	2013 (Restated - Note 2)
	$	$
Operating activities		
Excess of expenses over revenue	**5,043,452**	(757,685)
Items not affecting cash		
Amortization of bond premiums	**219,198**	317,851
Amortization of capital assets	**822,677**	733,880
Pension plan expense (Note 7)	**366,500**	781,100
	6,451,827	1,075,146
Changes in non-cash working capital balances		
Accrued interest on long term investments	**8,610**	37,842
Accounts receivable	**(902,162)**	(84,197)
Prepaid expenses	**351,350**	1,219,648
Accounts payable and accrued liabilities	**411,112**	453,248
Deferred revenue	**1,472,113**	2,922,425
Accrued claims liability	**(1,573,499)**	1,608,967
	6,219,351	7,233,079
Financing activity		
Contributions to pension plan	**(1,318,000)**	(1,399,200)
Investing activities		
Additions to capital assets	**(1,017,615)**	(927,533)
Purchase of investments	**(3,250,000)**	(5,720,499)
Proceeds from disposal of investments	**2,474,579**	5,000,000
	(1,793,036)	(1,648,032)
Net cash inflow	**3,108,315**	4,185,847
Cash and cash equivalents, beginning of year	**10,520,988**	6,335,141
Cash and cash equivalents, end of year	**13,629,303**	10,520,988
Cash and cash equivalents are comprised of		
Cash	**728,768**	1,691,632
Short-term investments	**12,900,535**	8,829,356
	13,629,303	10,520,988

Royal College of Dental Surgeons of Ontario

NOTES TO THE FINANCIAL STATEMENTS

December 31, 2014

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. CHANGE IN ACCOUNTING POLICY

In fiscal 2014, the College adopted the Provisions of the CPA Canada Handbook ("Handbook"), Part III Accounting for Not-For-Profit organizations, Section 3463 - Reporting Employee Future Benefits by Not-For-Profit Organizations ("Section 3463"). In accordance with the transitional provisions of Section 3463, the College retrospectively applied the revised standard. The 2013 corresponding figures and notes have been restated.

Section 3463 eliminated the deferral and amortization method as a policy choice for accounting for defined benefit plans and the three-month window for measuring plan assets and obligations. The Standard requires that changes in the fair value of plan assets and in the measurement of the plan obligation, including past service costs, actuarial gains and losses, and curtailment/settlement gains and losses (remeasurements and other items), be recognized as a component of fund balances. As a result, the defined benefit asset or liability on the balance sheet reflects the defined benefit obligation, net of the fair value of any plan assets, adjusted for any valuation allowance as of the balance sheet date. Further, Section 3463 requires that remeasurements and other items be presented as a separately identified line item in the Statement of changes in fund balances.

Additionally, the expected return on plan assets is no longer applied to the fair value of the assets to calculate the benefit cost. Under Section 3463, the same discount rate must be applied to the benefit obligation and the plan assets to determine the finance cost. The discount rate will continue to be determined by reference to market interest rates on high-quality debt instruments with cash flows that match the timing and amount of expected benefit payments or the interest rate inherent in the amount at which the defined benefit obligation could be settled. The College has elected to use an accounting valuation to determine its benefit obligation related to its pension plans.

The retrospective application of the new standard resulted in a decrease to the opening Unrestricted fund balance at January 1, 2013, of $1,522,995 and an additional decrease to opening Unrestricted fund balance of $226,700 at January 1, 2014.

3. SIGNIFICANT ACCOUNTING POLICIES

Financial statement presentation

These financial statements have been prepared in accordance with Canadian accounting standards for Not-for-Profit Organizations, using the deferral method of reporting restricted contributions.

Revenue recognition

Members of the College pay a registration fee upon joining the College. Registration fees are included in 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.

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

Pension plans

The cost of the College's deferred benefit pension plans are determined periodically by independent Actuaries using the projected benefit method pro-rated on service. The College uses the most recently completed actuarial valuation prepared for funding purposes (but not one prepared using a solvency, wind-up, or similar valuation basis) for measuring its pension plan assets/obligations. A funding valuation is prepared in accordance with pension legislation and regulations, generally to determine required cash contributions to the plan.

The College recognizes:

a) The pension plan asset/obligation, net of the fair value of any plan assets, adjusted for any valuation in the statement of changes in net assets; and

b) The cost of the plan for the year.

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, 2014 and the results were projected to December 31, 2014.

The cost of the College's defined contribution pension plan is recorded as an expense as payments are made.

Management estimates

The preparation of the College's financial statements in accordance with Canadian accounting standards for Not-for-Profit Organizations 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

Investments consist of federal bonds, provincial bonds, and treasury bills bearing interest at rates ranging from 1.25% to 9.125% (2013 - 1.25% to 9.125%), and mature between fiscal years ending 2015 to 2023 (2013 - 2023). The carrying value of investments includes accrued interest of $204,268 (2013 $212,878) and unamortized bond premium of $1,047,999 (2013 - $908,629) for a total amortized cost of $45,034,995 (2013 - $44,487,382). Investments totaling $2,613,148 (2013 - $1,017,582) mature within the next fiscal year.

5. CAPITAL ASSETS

	Cost	**Accumulated amortization**	**2014 Net book value**	2013 Net book value
	$	**$**	**$**	$
Land	**4,320,183**	**-**	**4,320,183**	4,320,183
Building and building improvements	**3,661,065**	**2,270,364**	**1,390,701**	1,315,321
Computer equipment	**3,418,374**	**2,193,926**	**1,224,448**	1,049,631
Furniture and fixtures	**464,491**	**275,146**	**189,345**	243,405
Office equipment	**49,851**	**47,608**	**2,243**	3,442
	11,913,964	**4,787,044**	**7,126,920**	6,931,982

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 2014, dentists were each covered for a maximum liability of $2,000,000 (2013 - $2,000,000) for each validated claim. The College is liable for up to $2,000,000 (2013 - $250,000) of a validated claim, subject to a maximum aggregate loss limit of $10,000,000 (2013 - 100 percent of the first $5,000,000, and 50 percent of the aggregate loss between $5,000,000 and $7,000,000). Management expensed an amount of $4,000,000 (2013 - $4,000,000) based on its estimate of the ultimate exposure for the current claim year. Management makes use of actuarial analysis in order to form such estimates. Unutilized loss limits of previous years are recorded as revenue. For total claims in a year in excess of $10,000,000, the College has obtained insurance. The individual member is responsible for any amounts in excess of $2,000,000 on any claim. 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 of estimated unpaid losses for all years with outstanding claims.

The accrued claims liability is estimated actuarially taking into account factors such as maximum aggregate loss limits for the specific claim year, overall performance and loss experience and anticipated inflationary trends. The estimates are subject to variability and this variability can have a material impact. The possibility of variability arises because all factors affecting the ultimate liability for loss and loss adjustment have not taken place and cannot be evaluated with absolute certainty.

As a result of an actuarial assessment performed in 2014, it was determined that the provision related to fiscal years 2013 and prior was overstated and, accordingly, an adjustment of $3,000,000 has been recorded to reduce the outstanding claim liability for those years.

7. PENSION PLAN ASSET/OBLIGATION

The College maintains a combined defined benefit and supplementary pension plan, for certain employees. The pension plans provide pension benefits based on length of service and final average earnings. The College measures its defined benefit obligations and the fair value of plan assets for accounting purposes as at December 31 each year. The most recently completed actuarial valuation of the pension plans for valuation purposes, was as of December 31, 2014. The College measures its obligation as at January 1 of each year. The most recent actuarial valuation prepared was as of January 1, 2013.

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

	Defined benefit plan	**Supplementary plan**	**2014 Total**
	$	**$**	**$**
Accrued benefit obligation	**(7,162,100)**	**(3,769,900)**	**(10,932,000)**
Fair value of plan assets	**9,740,200**	**1,653,200**	**11,393,400**
Funded status - plan deficit and accrued benefit asset (liability)	**2,578,100**	**(2,116,700)**	**461,400**

	Defined benefit plan	Supplementary plan	2013 Total (Restated - Note 2)
	$	$	$
Accrued benefit obligation	(7,712,600)	(4,331,000)	(12,043,600)
Fair value of plan assets	8,213,600	1,459,800	9,673,400
Funded status - plan deficit and accrued benefit asset (liability)	501,000	(2,871,200)	(2,370,200)

The expense for the year related to the College's pension obligation was $365,000 (2013 - $781,100).

The employer contributions to the pension plans amounted to $932,000 (2013 - $698,900) (for the defined benefit plan and $386,000 (2013 - $700,300) 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	5.25	2.63
Rate of compensation increase	3.50	3.50

The College also maintains a defined contribution plan for certain employees. During the year the College contributed $395,437 (2013 - $292,236) which has been expensed through the statement of operations.

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:

Professional Liability Reserve Fund

The Professional Liability Reserve Fund was established to secure the liability for future claims in accordance with industry standards. Appropriations to this fund are made from the Unrestricted fund balance. This internally restricted fund balance is $24,400,000 (2013 - $24,400,000).

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 is 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. $Nil has been drawn from this facility as at year-end (2013 - $Nil).

11. COMMITMENTS

The College has operating leases expiring at dates up to 2017 on office equipment requiring minimum annual lease payments as follows:

	$
2015	109,529
2016	107,091
2017	92,200
2018	81,564
	390,384

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 practice licenses. Credit risk with respect to investments is limited due to the types of instruments held, which are described in Note 4.

b) Interest rate risk

Interest rate risk is the risk that the fair value or future cash flows of a financial instrument will fluctuate because of changes in market interest rates. The College is exposed to this risk through its investments as this balance bears interest at varying rates and are subject to change due to, without limitation, such factors as interest rates and general economic conditions.

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	0	1	2	0	0
Frontenac	2	34	21	29	7	13
Glengarry	0	1	1	1	1	1
Grenville	2	6	1	3	1	0
Lanark	0	7	6	9	2	4
Leeds	3	5	6	8	3	7
Lennox Addington	0	0	5	1	0	1
Ottawa Carlton	60	157	217	161	57	65
Prescott	1	3	4	4	0	0
Renfrew	11	6	18	9	5	8
Russell	2	3	3	3	2	1
Stormont	5	8	10	6	4	1
District Total: 1,028	**86**	**230**	**293**	**236**	**82**	**101**
DISTRICT 2						
Durham	14	92	100	91	26	38
Haliburton	0	1	1	1	1	2
Hastings	4	18	18	6	4	17
Northumberland	2	10	7	7	4	2
Peterborough	1	15	20	11	6	5
Prince Edward	0	4	0	2	1	0
Victoria	2	9	7	1	1	5
York	74	231	217	207	54	59
District Total: 1,398	**97**	**380**	**370**	**326**	**97**	**128**

COUNTY	LESS THEN 31	31 – 40	41 – 50	51 – 60	61 – 65	OVER 65
DISTRICT 3						
Algoma	5	18	11	11	9	5
Cochrane	2	7	8	5	3	3
Kenora	4	4	7	7	3	2
Manitoulin	0	0	3	3	1	0
Nipissing	2	6	9	11	4	5
Rainy River	1	1	4	4	0	1
Sudbury	8	18	22	22	9	9
Thunder Bay	7	25	10	20	14	13
Timiskaming	2	3	3	4	2	4
District Total: 353	**31**	**82**	**77**	**76**	**45**	**42**
DISTRICT 4						
Halton	26	118	114	79	23	30
Peel	53	236	241	220	75	68
District Total: 1,283	**79**	**354**	**355**	**299**	**98**	**98**
DISTRICT 5						
Bruce	3	5	8	6	7	0
Dufferin	3	7	7	5	5	2
Grey	4	12	8	9	7	10
Huron	0	5	6	5	1	2
Muskoka	1	7	9	16	0	5
Parry Sound	0	4	2	4	1	1
Simcoe	14	54	75	56	21	24
District Total: 421	**25**	**94**	**115**	**101**	**42**	**44**

COUNTY	LESS THEN 31	31 – 40	41 – 50	51 – 60	61 – 65	OVER 65
DISTRICT 6						
Elgin	3	5	6	6	2	4
Essex	24	42	80	63	26	23
Kent	5	9	12	7	5	5
Lambton	11	14	9	12	10	6
Middlesex	35	95	84	85	37	44
District Total: 769	**78**	**165**	**191**	**173**	**80**	**82**
DISTRICT 7						
Brant	4	21	14	16	8	10
Haldimand Norfolk	0	12	8	3	4	4
Oxford	5	11	10	8	10	7
Perth	1	7	11	2	3	4
Waterloo	33	81	91	73	23	20
Wellington	4	32	29	31	11	11
District Total: 622	**47**	**164**	**163**	**133**	**59**	**56**
DISTRICT 8						
Hamilton Wentworth	19	71	78	80	36	42
Niagara	17	48	56	47	32	28
District Total: 554	**36**	**119**	**134**	**127**	**68**	**70**
DISTRICT 9						
Metro Toronto	42	96	157	155	58	100
District Total: 608	**42**	**96**	**157**	**155**	**58**	**100**

COUNTY	LESS THEN 31	31 – 40	41 – 50	51 – 60	61 – 65	OVER 65
DISTRICT 10						
Metro Toronto	27	109	148	146	58	92
District Total: 580	**27**	**109**	**148**	**146**	**58**	**92**
DISTRICT 11						
Metro Toronto	54	140	125	157	52	88
District Total: 616	**54**	**140**	**125**	**157**	**52**	**88**
DISTRICT 12						
Metro Toronto	47	154	228	245	80	98
District Total: 852	**47**	**154**	**228**	**245**	**80**	**98**
Provincial Totals: 9,084	**649**	**2,087**	**2,356**	**2,174**	**819**	**999**

RCDSO Data - as of December 31, 2014
(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 – January 2011

W.P. Trainor
January 2011 – January 2015

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 –

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