CO-OPERATION & COLLABORATION

ANNUAL REPORT 2010

THE ROYAL COLLEGE OF DENTAL SURGEONS OF ONTARIO

Royal College of
Dental Surgeons of Ontario

Ensuring Continued Trust

RCDSO

CONTENTS

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.

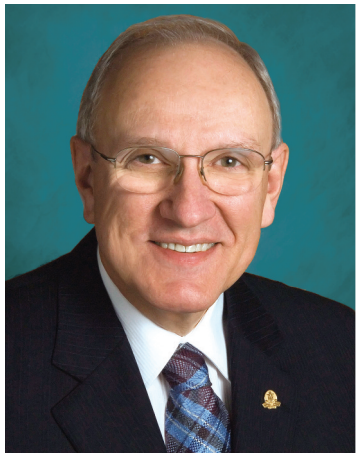
The College issues certificates of registration to dentists to allow them to practise dentistry, monitors and maintains standards of practice, investigates complaints against dentists on behalf of the public, and disciplines dentists who may be incompetent or have committed an act of professional misconduct.

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.

CO-OPERATION & COLLABORATION



> Challenges can no longer be dealt with simply or reactively. Good solutions require all of us to work together.

As a regulator, safeguarding and improving the quality of oral health care in Ontario is our core business. It is what we are all about.

Nowadays fewer and fewer problems can be solved by one individual or a single organization alone. The drive for change in health care and in the broader society is beyond the control or influence of any one group. Challenges can no longer be dealt with simply or reactively. Good solutions require all of us to work together.

Here at the College, we work hard at creating and nurturing open and collaborative relationships. We have successfully leveraged the synergy of these relationships to deal with such complex issues as national labour mobility and the development of a new Quality Assurance Program.

True interprofessional collaboration takes place both at the practice level and at the regulatory level. We are proud of our track record of co-operation with organizations like the Ontario Fairness Commissioner and our regulatory colleagues here in Ontario and across the country. We are always open to the possibilities created by the authentic kind of dialogue that is needed to build collaborative working relationships.

Over the last decade or so, our College has pursued a very ambitious agenda. But we have never forgotten that it is the quality of oral health care that really matters. We remain committed to continuing to build on the principles of public protection and to enhance the public's trust in us as a regulator.

Dr. Frank Stechey
PRESIDENT

INQUIRIES, COMPLAINTS AND REPORTS COMMITTEE

Members

Dr. David Clark (Chair)
Dr. Lorne Akler
Dr. Natalia Archer
Ms. Kelly Bolduc-O'Hare
Mr. Mohammed Brihmi
Dr. Peter DeGiacomo
Dr. Karl Gravitis (Jun-Dec)
Dr. Kirandip Johal
Mr. K. S. Joseph
Ms. Catherine Kerr
Dr. Marvin Klotz
Dr. Victor Kutcher (Jan-May)
Dr. Frank Stechey
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 undertakings/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

From January 1, 2010 to December 31, 2010, the College received 461 letters of complaint or inquiry, of which 366 became formal complaints. Panels of the ICR Committee met on 52 occasions during this period to review the results of investigations of formal complaints. A summary of the panels' activities is shown below.

Decisions – Formal Complaints

Number of Decisions Issued *	430
No further action	315
Oral caution	88
Specified continuing education or remediation program (SCERP)	11
Referral to Discipline Committee	16
Referral for incapacity proceedings	0

** Some decisions contain more than one action (e.g. 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	77
Number of Section 75(1)(c) Investigations requested by Committee	14
Voluntary undertaking/agreements signed by members	127
Frivolous & vexatious complaints	8

Alternate Dispute Resolution (ADR)

The Health Professions Procedural Code (Code) defines ADR as follows: "'alternate 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.

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

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

The facilitator used for the confidential meeting is an expert in the process of negotiation and has no connection to the College. The College, the complainant and the member must be in agreement as to the resolution. 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 Alternate Dispute Resolution (ADR) Program Activities January 1, 2010 – December 31, 2010

Cases Eligible for ADR[1]	119
ADR Negotiations	60
Resolved	47
Not Resolved[2]	10
Pending completion	3

[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

If either party is not satisfied with the decision of a panel of the ICR Committee or process, he or she has the right to request a review by the Health Professions Appeal and Review Board (HPARB). The only exception to this right of review is in

cases where the 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 the HPARB. The College, however, is not a party at the HPARB.

Summary of HPARB Activity for January 1, 2010 - December 31, 2010

Number of requests for review received*	63
**Not all of these requests for reviews were dealt with by HPARB in 2010.*	
Number of decisions issued by the Board[1]	73
Complaints Panel Decision Confirmed by HPARB	44
Frivolous & vexatious	0
Order not to proceed with review	10
Returned for removal of oral/written cautions	0
Returned for oral cautions	0
Returned for written cautions	0
Returned for further investigation/unreasonableness/reconsideration	9
Returned for referral to Discipline	0
Request for review abandoned	0
Request for review denied/dismissed by the Board	1
Request for review withdrawn by the applicant	18
Section 28[2] Order – request	0
Section 28[2] Order – denied/upheld	0

[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 or she 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 appointment. In 2010, 16 Section 75(1)(a) investigations were approved.

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 2010 in relation to Registrar's Reports.

Decisions – Registrar's Reports

Number of Decisions Issued *	21
No further action	9
Oral caution	5
Specified continuing education or remediation program (SCERP)	1
Referral to Discipline Committee	7

** 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 2010, the ICR Committee made inquiries into the possible incapacity of three members. Two of the three members entered into voluntary undertaking/agreements wherein they agreed to cease practising until such time as they obtain the approval of their physician and the ICR Committee. In the remaining case, the member attended for an assessment and no concerns were found. The Committee therefore took no action.

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 2010, the ICR Committee reviewed 143 monitoring reports. Forty files were closed while the remaining files remained open for further monitoring.

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 2010, the ICR Committee received mentoring reports concerning 13 members.

DISCIPLINE COMMITTEE

Members

Dr. Stanley Kogon (Chair)
Dr. John McComb (Vice-Chair)
Dr. Albert Bouclin
Dr. Lance Burnham
Dr. Harpal Buttar
Mr. Parminder Chahal
Dr. Robert Clinton
Mr. Mofazzal Howlader
Dr. Hartley Kestenberg
Ms. Evelyn Laraya
Dr. Edelgard Mahant
Dr. Bruce Pynn
Mr. Jose Saavedra
Dr. Peter Trainor
Dr. Katherine Zettle

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 appropriates 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

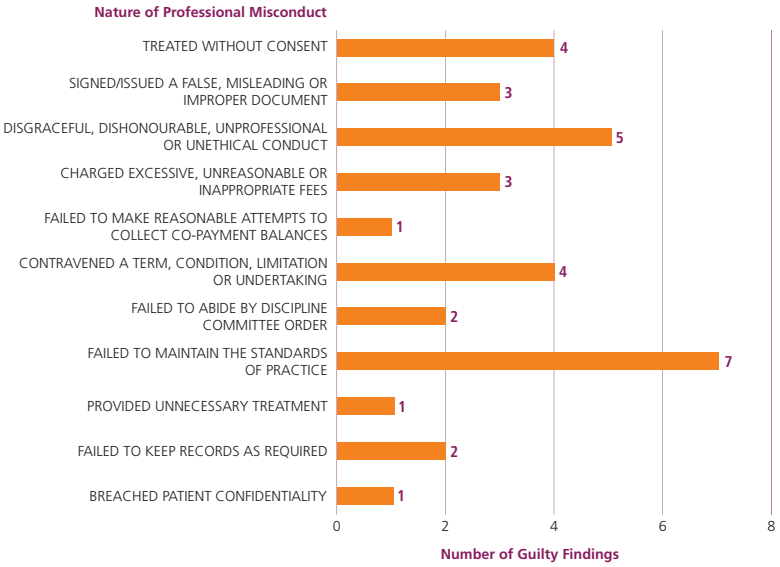
Ten hearings of the Discipline Committee were held in 2010, requiring panels of the Discipline Committee to sit for 10 hearing days. Of the 10 members who were before the Discipline Committee, eight were found guilty of professional misconduct. The allegations of professional misconduct against one member were withdrawn and in the remaining case, the hearing was not concluded in 2010. Eight pre-hearing conferences were held.

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

- treating without consent;
- giving information about a patient to another person without consent;
- providing an unnecessary dental service;
- failure to meet and/or maintain the standards of practice of the profession;
- charging excessive, unreasonable or inappropriate fees;
- signing or issuing a document that contains a false, misleading or otherwise improper statement;
- 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 comply with an Order of the Discipline Committee;
- 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 - 2010



Publication of Decisions

A summary of the decision and the panel's reasons for each hearing are published in the College magazine, Dispatch, as soon as possible after the hearing has been concluded and the decision and panel's reasons are final. 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 2010 are included, by reference only, in this annual report.

FITNESS TO PRACTISE COMMITTEE

Members

Dr. Eric Luks (Chair)
Mr. Parminder Chahal
Dr. Hartley Kestenberg
Ms. Evelyn Laraya
Dr. Lyon Schwartzben
Dr. Katherine Zettle

MANDATE

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

Incapacitated means 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 and 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 stipulating any one of the following:

1. Direct the Registrar to revoke the member's certificate of registration.
2. Direct the Registrar to suspend the member's certificate of registration.
3. Direct the Registrar to impose specified terms, conditions and limitations on the member's certificate of registration for a specified or indefinite period of time.

COMMITTEE ACTIVITY

A panel of the Fitness to Practise Committee was convened on April 8, 2010, to hear three matters. In all three matters, the College sought leave to withdraw the referral to the Fitness to Practise Committee, given the members' current health status and voluntary agreements with the College for ongoing treatment and monitoring. The panel was satisfied that the public interest was being protected in all three matters and it granted the College's request for leave to withdraw. Consequently, no findings of incapacity were made in 2010.

PATIENT RELATIONS COMMITTEE

Members

Dr. John Kalbfleisch (Chair)
Dr. Harpal Buttar
Dr. James Carter
Dr. Daniel Diamond
Ms. Catherine Kerr

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

During the year, the Committee focused 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.

Boundary issues education is an ongoing area of interest of the Committee. As a result, Dr. Philip Klassen, Deputy Clinical Director and Associate Head (Education) for the Law and Mental Health Program, Centre for Addiction and Mental Health, addressed Council on boundary issues at its March 2010 meeting.

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.

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

QUALITY ASSURANCE COMMITTEE

Members

Dr. Elizabeth MacSween (Chair)
Ms. Kelly Bolduc-O'Hare
Dr. Neil Gajjar
Dr. Ted Schipper
Dr. Susan Sutherland

MANDATE

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

COMMITTEE ACTIVITIES

Quality Assurance Regulation

In November 2008, Council approved a Quality Assurance (QA) Regulation, which was submitted to the Ministry of Health and Long-Term Care for review.

The QA Regulation was presented to Cabinet and received final approval in February 2010. This is the first QA Regulation in the College's history.

As outlined in the QA Regulation, the key features of the new QA Program are:

Continuing Education (CE): All members will be required to obtain 90 CE points in each three-year cycle. The various activities by which members can obtain their CE points have been consolidated into three main categories: core courses, courses offered by approved sponsors and other courses.

Practice Enhancement Tool (PET): This is a computer-based self-assessment program that will allow members to evaluate and assess their practice, knowledge, skill and judgment based on peer-derived standards.

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 deficiencies or weaknesses.

Annual Declaration: 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.

Through the year, work has been progressing on the key features of the new QA Program, including upgrades to the College's computer infrastructure to support the launch of the program.

A comprehensive review of the old CE points system was conducted to facilitate the transition to the new CE Program. Questions have been selected for the first module of the PET and a Development and License Agreement between the College and the National Dental Examining Board (NDEB) is being finalized.

Additional staff will be hired for the QA department, including the College's first Practice Enhancement Consultant. A communications strategy is in development to provide members with additional information about the QA Program and prepare them for the beginning of a new three-year cycle in 2011.

Review of College Guidelines

Standard of Practice on the Use of Dental CT Scanners

In the fall of 2008, the Ministry of Health and Long-Term Care (MOHLTC) approached the College about lifting the moratorium placed on the use of cone beam/CT scan technology in dentistry. This matter was referred to the QA Committee. It decided to strike a working group composed of members from across the profession of dentistry, as well as the professions of medicine and medical radiation technology, to develop draft guidelines on this important subject.

The draft guidelines were approved, in principle, at the November 2009 Council meeting. College staff were instructed to work with the Ministry in order to finalize them.

In December of this year, the College met with representatives from the MOHLTC and changes to the draft guidelines were requested. One key request was to change the Guidelines to a Standard of Practice. These changes were subsequently approved, in principle, at a special meeting of Council. The draft Standard of Practice will be circulated to all members and stakeholders for comment in 2011.

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

In May 2010, the College of Physicians and Surgeons of Ontario (CPSO) approved Out-of-Hospital Premises Standards that relate to the use of sedation and general anesthesia by physicians in any non-hospital facility.

The CPSO's document is similar to the College's Guidelines on the Use of Sedation and General Anesthesia in Dental Practice. Both provide for similar processes to regulate this area of practice for our respective members. As numerous physicians have been providing sedation and general anesthesia services in dental offices for many years in compliance with the Guidelines, the CPSO and the College have been in discussions to come to a shared understanding.

At its November meeting, Council approved the QA Committee's recommendation to strike a working group to review the College's Guidelines and recommend changes to align it with the CPSO's Standards.

Guidelines on 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 on Educational Requirements & Professional Responsibilities for Implant Dentistry. The working group will make recommendations regarding educational requirements, treatment planning, informed consent and the management of failures.

The working group has held meetings through 2010 and is working on a draft document for presentation to Council in 2011.

Guidelines on Electronic Records Management

In April 2009, a working group was convened to study all aspects of electronic recordkeeping technology and related standards.

The working group met several times through 2009 and 2010 and presented a draft document for the QA Committee's review and consideration in August.

At the November meeting, Council approved, in principle, draft Guidelines on Electronic Records Management, which will be circulated to all members and stakeholders for comment in 2011.

Lifelong Learning Program – Jurisprudence & Ethics online course

Completion of the College's Jurisprudence & Ethics course is a requirement that all newly graduated dentists must complete before gaining licensure in this province. Historically, this two-day course was presented by staff at the College.

The Jurisprudence & Ethics course is now online and accessible at any time from anywhere in the world. The course is also used by the University of Toronto and the University of Western Ontario for their fourth-year dental students. In addition, the course is also available to all members for continuing education and remedial purposes.

Web-based Programs

In the fall of 2010, the College launched its first-ever series of live webinars to dentists in Ontario and British Columbia.

Produced in partnership with the College of Dental Surgeons of British Columbia, the pilot project of three webinars included presentations on "Oral Bisphosphonate Use and the Prevalence of Osteonecrosis of the Jaw" by Dr. Charles Shuler, "Changing the Architecture of Bone" by Dr. Blake Nicolucci, and "Acute Pain Control: Use of Opioids in Dentistry" by Dr. Dan Haas.

The webinars were a tremendous success with registrations of over 200 dentists from Ontario and British Columbia for each webinar. The College received extremely positive feedback from its members.

A new series of three webinars has been proposed for the fall of 2011.

Prescribing, Dispensing, Compounding and Selling of Drugs by Members

In March 2010, Council approved a recommendation by the QA Committee to strike a working group to consider regulations related to the prescribing, dispensing, compounding and selling of drugs by members in the course of engaging in the practice of dentistry.

The view of the working group is that dentists should not be encouraged to sell or compound drugs, as there was no pressing public interest for them to do so. There is value, however, in dentists continuing to provide certain prescription items at cost only, as a convenience to their patients.

At the November meeting, Council approved the QA Committee's recommendation that regulations be prepared to permit dentists to sell drugs to their patients at cost only. This matter has been referred to the College's Legal and Legislation Committee to prepare the necessary regulations.

Opioid Prescribing in the Management of Pain in Dental Practice

There are growing problems in Ontario with the use and misuse of opioids; in fact, some have described it as a public health crisis. Ontarians are among the highest users in the world of prescription drugs containing narcotics. Between 1991 and 2009, the number of prescriptions in Ontario for oxycodone drugs rose by 900 per cent.

Managing pain is fundamental to most dental practices. Opioids are effective in managing pain, but their use presents a unique set of challenges to both patients and prescribers.

On November 17, 2010, the College convened a one-day symposium on the Management of Pain in Dental Practice and invitees included colleagues from both provincial dental faculties, the Ontario Dental Association, the Canadian Dental Association, the College of Nurses of Ontario, the College of Physicians and Surgeons and Ontario, and the Ontario College of Pharmacists.

Experts gave presentations on:

- the nature and complexity of the full spectrum of pain;
- appropriate and inappropriate use of opioids in the management of pain;
- the use of chronic opioid therapy in dentistry;
- the management of the high risk patient;
- resources for dentistry.

A report will be generated and the College plans to pursue the recommendations arising from the symposium in 2011.

REGISTRATION COMMITTEE

Members

Dr. Hartley Kestenberg (Chair)
Dr. Natalie Archer
Mr. Mohammed Brihmi
Dr. Joe Stasko

MANDATE

The Registration Committee reviews all applications for registration referred to it by the Registrar. The Registrar is required to refer an application if he or 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 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 federal government's Agreement on Internal Trade (AIT) insists on permit to permit recognition (registration/licensure) of trades and professions across the country. Throughout much of 2008 and 2009 the dental regulatory authorities (DRA) across the country, through the auspices of the Canadian Dental Regulatory Authorities Federation (CDRAF), worked on harmonizing the registration requirements for registration/licensure of dentists in Canada. These efforts were paramount to ensure that only qualified practitioners obtained the right to practice, to maintain the standards of the profession and to avoid weak links in the process. The result was a new mutual recognition agreement (MRA) that successfully met all of the DRAs' concerns and satisfied government's legislated demands.

At its November 12, 2009 meeting, Council approved, in principle, proposed amendments to Part IV of Ontario Regulation 205/94, as amended, (Registration Regulation) to revise certain requirements for the general and specialty certificates of registration. These amendments, which bring Ontario into compliance with the national MRA, were circulated to members and key stakeholders and the responses reviewed by the Registration Committee at its April 23, 2010 meeting.

Concomitant to the efforts of the CDRAF, the Ontario Government enacted its own labour mobility laws as required by the federal AIT. The Ontario Labour Mobility Act, 2009 (OLMA) came into force on December 15, 2009. As a result, amendments consistent with that Act were incorporated into the Health Professions Procedural Code (Code) set out in Schedule 2 to the Regulated Health Professions Act, 1991 (RHPA). The Code mandated regulatory colleges to be compliant with the provisions of labour mobility and to take action to amend their regulations and by-laws to conform to those provisions within one year (by December 2010).

At the June 10, 2010 meeting of Council, the newly proposed amendments to the Registration Regulation as required by OLMA were considered, approved in principle and directed to be circulated to the membership and stakeholders for comment. At its November 2010 meeting, Council directed that the proposed amendments be submitted to the Ministry of Health and Long-Term Care thereby bringing the College into compliance with its obligations under the Code.

Statistics from January 1, 2010 to December 31, 2010

The Registration Committee convened on three occasions in 2010. The Committee considered 10 requests for registration and/or reinstatement. After reviewing these applications, reports from the jurisdictions where the applicants were currently licensed or registered (if applicable) and other information related to each applicant, the Committee:

- issued one General Certificate of registration;
- refused one application for an Education Certificate of registration;

- deferred five applications for General Certificates of registration pending receipt of one or more of the following: examination results, completion of an investigation, submission of documentation or other application requirements;
- deferred three applications for Specialty Certificates of registration pending receipt of one or more of the following: examination results, completion of an investigation, submission of documentation or other application requirements.

STATISTICS (As at December 31, 2010)

Additions to the Register

University of Toronto (General)	54
University of Western Ontario (General)	51
Other Canadian Graduates (NDEB) (General)	65
U.S.A. (NDEB) (General)	45
International Graduates (NDEB) (General)	89
Specialty Certificates	56*
Academic Certificates	1
Graduate Certificates	12
Education Certificates	7
Post-Specialty Training Certificates	2

* Nineteen were new members to the College and 37 were general members adding a specialty register.

Specialty Certificates Granted

The College granted 56 Specialty Certificates during 2010 in the following dental specialties:

Dental Anesthesiology	4
Endodontics	10
Oral and Maxillofacial Surgery	6
Oral Medicine	1
Oral Pathology	0
Oral Radiology	1
Orthodontics	17
Paediatric Dentistry	4
Periodontics	8
Public Health Dentistry	2
Prosthodontics	3

Removals and Reinstatements

Deceased	12
Resigned	133
Reinstated	28

Total Membership Certificates by Category

General Certificates	8,467
Specialty Certificates	101
Combined General/Specialty Certificates (Already counted in General total)	1,172
Academic Certificates	22
Graduate Certificates	39
Education Certificates	12
Post-Specialty Training Certificates	2
Total Number of Membership Certificates	**8,643**

PROFESSIONAL LIABILITY PROGRAM COMMITTEE

Members

Mr. Parminder Chahal (Chair)
Dr. Victor Carere
Dr. Michael Glogauer
Dr. Stan Kogon
Dr. Gurneen Sidhu
Dr. Gordon Sylvester
Dr. Ronald Yarascavitch

MANDATE

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

This automatic provision of coverage 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 injury resulting from the negligence or wrongdoing of our members.

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

ACTIVITY HIGHLIGHTS

Claims Activity

As of December 31, 2010, 1528 claims/potential claims had been reported to PLP, a decrease of 61 over the previous year. Table 1 shows the number of claim files opened for the ten-year period 2001 – 2010. Table 2 shows a typical breakdown of claims/reports by area of dentistry and the percentage in each category.

TABLE 1

NUMBER OF NEW MATTERS / CLAIMS REPORTED TO PLP 2001 - 2010

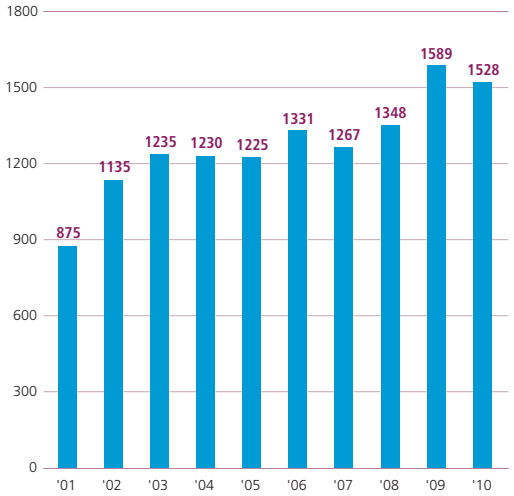
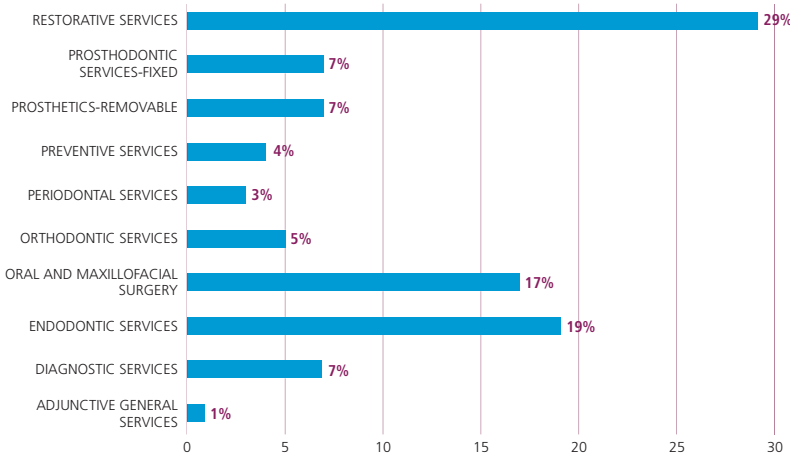


TABLE 2

INCIDENTS REPORTED BY TYPE OF SERVICE



There are a number of possible reasons for this increase over the 10-year period analysed, including:

- the encouragement of members by means of College publications and risk management presentations by PLP to report any and all possible claims as early as possible;
- the general trend that is being seen by other liability insurers for other professions of increased claims activity;
- the ability of lawyers to take cases on a contingency fee basis;
- a better educated and more litigious society.

PLP staff continues to be very active in the area of claims/risk management and, as a result, it is expected that upwards of 90 per cent of these files will eventually be closed with no claim payment being made by PLP. However, in approximately 40 per cent of those cases, PLP claims examiners will provide advice to members and, when requested, draft correspondence and release forms so they can provide out-of-pocket refunds/reimbursement to settle the matter themselves.

Claims Audit

Representatives of ENCON Insurance Managers conducted an on-site claims audit on September 22 and 23, 2010. During the visit, a number of selected PLP claim files were reviewed and meetings were held with the PLP director and staff.

As with previous reviews, the auditors were complimentary of the leadership of the program by a dentist and the effectiveness of our staff as well as the file handling, regular and ongoing communication with ENCON, PLP's proactive claims handling and active file management. They also remarked that the internal dental review of most PLP files made for cost-effective claims handling and 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 was raised to $5,000. The deductibles for a third and fourth or more claim in the same period were set at $10,000 and $20,000 respectively.

In addition to these higher amounts, a dentist now has the opportunity to request to have his or her step-up deductible reduced by PLP Committee provided he or she has completed or is prepared to complete practice improvement courses or programs recommended by the Committee that will reduce the incidence of claims of a similar nature in the future.

Risk Management

The PLP area of the College continues its emphasis on risk management and claims prevention. Participation by PLP staff at presentations made to local dental societies, senior dental students and other groups are vehicles used to communicate with our members. In addition, PLP staff continues to prepare regular articles for publication in Dispatch, the College's membership magazine.

FINANCIAL STATEMENTS OF

ROYAL COLLEGE OF DENTAL SURGEONS OF ONTARIO

December 31, 2010

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, 2010, and 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 generally accepted accounting principles, 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, 2010, and the results of its operations and its cash flows for the year then ended in accordance with Canadian generally accepted accounting principles.

Deloitte & Touche LLP

Chartered Accountants
Licensed Public Accountants
May 5, 2011
Toronto, Ontario

Royal College of Dental Surgeons of Ontario

BALANCE SHEET

as at December 31, 2010

	2010	2009
	$	$
Assets		
Current		
Cash and cash equivalents	**7,166,749**	7,120,140
Accounts receivable	**1,273,811**	1,524,801
Prepaid expenses	**303,823**	89,685
	8,744,383	8,734,626
Investments (Note 4)	**47,264,193**	45,629,721
Pension plan asset (Note 7)	**487,900**	86,800
Capital assets (Note 5)	**5,357,829**	5,195,996
	61,854,305	59,647,143
Liabilities		
Current		
Accounts payable and accrued liabilities	**638,865**	402,822
Deferred revenue	**15,509,826**	15,200,941
	16,148,691	15,603,763
Accrued claims liability (Note 6)	**9,640,798**	8,810,638
Pension plan obligation (Note 7)	**1,894,600**	1,912,195
	27,684,089	26,326,596
Fund balances		
Invested in capital assets	**5,357,829**	5,195,996
Restricted for specific purposes (Note 8)	**23,200,000**	23,150,000
Unrestricted	**5,612,387**	4,974,551
	34,170,216	33,320,547
	61,854,305	59,647,143

APPROVED ON BEHALF OF THE MEMBERS OF COUNCIL

Dr. Frank Stechey
PRESIDENT

Royal College of Dental Surgeons of Ontario

STATEMENT OF OPERATIONS

year ended December 31, 2010

	2010	2009
	$	$
Revenue		
Registration and annual fees	**16,273,655**	15,831,659
Interest	**1,701,696**	1,769,566
Professional liability program recoveries (Note 9)	**347,733**	279,506
Recoveries	**44,700**	60,300
Sundry	**369,040**	190,601
Rental income - tenants	**151,992**	151,905
	18,888,816	18,283,537
Expenses		
Salaries and benefits	**6,588,494**	6,045,525
Maximum loss limit provision (Note 6)	**5,000,000**	4,000,000
Insurance premiums	**1,413,695**	1,811,131
Legal fees	**470,552**	560,759
Honoraria	**745,890**	688,194
Consulting and professional fees	**792,404**	652,470
Administrative	**811,959**	705,804
Printing, stationery and supplies	**398,261**	414,455
Amortization of capital assets	**426,904**	369,804
Property maintenance and operating costs	**415,358**	420,967
Grants	**438,596**	393,310
Travel and accommodation	**207,866**	198,405
Equipment - rental and maintenance	**212,637**	226,425
Postage and courier	**195,956**	202,577
Expert fees	**24,616**	20,860
Telephone	**121,179**	111,012
Staff training	**59,193**	44,519
Broker fees	**86,400**	60,000
Witness and court reporter fees	**8,444**	12,812
Sundry expenses	**9,297**	4,273
	18,427,701	16,943,302
Excess of revenue over expenses	**461,115**	1,340,235

Royal College of Dental Surgeons of Ontario

STATEMENT OF CHANGES IN FUND BALANCES

year ended December 31, 2010

	Invested in capital assets	Restricted for specific purposes (Note 8)	Unrestricted	Total 2010	Total 2009
	$	$	$	$	$
Fund balances, beginning of year	**5,195,996**	**23,150,000**	**4,974,551**	**33,320,547**	31,901,293
Excess (deficiency) of revenue over expenses	**(426,904)**	**-**	**888,019**	**461,115**	1,340,235
Additions to capital assets	**588,737**	**-**	**(588,737)**	**-**	-
Reclassification adjustment for losses (gains) recognized during the year in the Statement of operations on available for sale financial assets previously included in fund balances	**-**	**-**	**(14,480)**	**(14,480)**	13,168
Interfund transfer	**-**	**50,000**	**(50,000)**	**-**	-
Change in fair value of investments classified as available for sale	**-**	**-**	**403,034**	**403,034**	65,851
Fund balances, end of year	**5,357,829**	**23,200,000**	**5,612,387**	**34,170,216**	33,320,547
Unrealized gains included in fund balance at end of year	**-**	**-**	**1,735,298**	**1,735,298**	1,346,744

Royal College of Dental Surgeons of Ontario

STATEMENT OF CASH FLOWS

year ended December 31, 2010

	2010	2009
	$	$
Operating activities		
Excess of expenses over revenue	**461,115**	1,340,235
Items not affecting cash		
Pension plan expense	**469,700**	487,000
Amortization of bond premiums	**307,527**	270,830
Amortization of capital assets	**426,904**	369,804
	1,665,246	2,467,869
Changes in non-cash working capital balances		
Accrued interest on long term investments	**13,255**	18,831
Accounts receivable	**250,990**	(542,387)
Prepaid expenses	**(214,138)**	21,060
Accounts payable and accrued liabilities	**236,043**	(55,686)
Deferred revenue	**308,885**	276,440
Accrued claims liability	**830,160**	485,250
	3,090,441	2,671,377
Financing activity		
Contributions to pension plan	**(888,395)**	(406,500)
Investing activities		
Additions to capital assets	**(588,737)**	(173,505)
Purchase of investments	**(8,066,700)**	(7,208,466)
Proceeds from disposal of investments	**6,500,000**	6,000,000
	(2,155,437)	(1,381,971)
Net cash inflow	**46,609**	882,906
Cash and cash equivalents, beginning of year	**7,120,140**	6,237,234
Cash and cash equivalents, end of year	**7,166,749**	7,120,140
Cash equivalents is comprised of:		
Cash	**689,180**	1,268,053
Short-term investments	**6,477,569**	5,852,087
	7,166,749	7,120,140

NOTES TO THE FINANCIAL STATEMENTS

December 31, 2010

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. 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

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

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

Held for trading items are carried at fair value, with changes to the fair value recognized in the Statement of Operations in the current period. The fair value of cash is equal to the face value. Available for sale items are carried at fair value, with changes in the fair value recognized directly in the Statement of Changes in Fund Balances until they are realized through disposal or impairment when the appropriate amount is transferred to the Statement of Operations. Fair value for investments is determined directly from published price quotations in an active market. Investments are accounted for on a settlement date basis, and related transaction costs are expensed as incurred. Loans and receivables are carried at amortized cost, using the effective interest method net of impairment. Other liabilities are carried at amortized cost using the effective interest method.

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

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

Capital assets

Capital assets are recorded at cost and are amortized on a straight-line basis over their estimated useful lives as follows:

Building	20 years
Building improvements	5 years
Computer equipment	3 years
Furniture and fixtures	5 years
Office equipment	5 years

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, 2010 and results were projected to December 31, 2010.
- 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.

3. Future accounting changes

On December 9, 2010, the CICA issued accounting standards for not-for-profit organizations (Part III of the CICA Handbook – Accounting). Effective for fiscal years beginning on or after January 1, 2012, not-for-profit organizations are required to adopt either Part III of the CICA Handbook – Accounting, or International Financial Reporting Standards (Part I of the CICA Handbook – Accounting). Earlier adoption is permitted. The College is currently evaluating the impact on its financial statements of the two options.

4. Investments

	2010		2009	
	Cost	**Fair value**	Cost	Fair value
	$	**$**	$	$
Bonds and coupons				
Government of Canada	**9,385,451**	**9,506,256**	7,317,584	7,369,190
Provinces of Canada	**36,143,444**	**37,757,937**	36,979,873	38,260,531
	45,528,895	**47,264,193**	44,297,457	45,629,721

Investments consist of federal bonds, provincial bonds, and treasury bills bearing interest at rates ranging from 1.000% to 9.125% (2009 – 3.5% to 9.125%), and mature between fiscal years ending 2011 to 2019 (2009 - 2010 to 2019). The carrying value of investments includes accrued interest of $324,456 (2009 - $337,710). Investments totaling $4,709,991 mature within the next fiscal year.

5. Capital assets

			2010	2009
	Cost	**Accumulated amortization**	**Net book value**	Net book value
	$	**$**	**$**	$
Land	**3,746,281**	**-**	**3,746,281**	3,746,281
Building and building improvements	**2,892,777**	**1,809,648**	**1,083,129**	1,157,276
Computer equipment	**2,532,866**	**2,098,242**	**434,624**	223,891
Furniture and fixtures	**296,196**	**224,382**	**71,814**	34,982
Office equipment	**279,219**	**257,238**	**21,981**	33,566
	9,747,339	**4,389,510**	**5,357,829**	5,195,996

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

6. ACCRUED CLAIMS LIABILITY

The Professional Liability Program was established by the College to provide a first level of defence and management of professional liability claims against dentists. In 2010, dentists were each covered for a maximum liability of $2,000,000 (2009 - $2,000,000) for each validated claim. The College is liable for the first $150,000 (2009 - $100,000) of a validated claim, subject to a maximum aggregate loss limit of $5,000,000 (2009 - $ 4,000,000), 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, 2010.

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

	Defined benefit plan	Supplementary plan	Total 2010
	$	$	$
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 transitional obligation	(80,600)	(20,800)	(101,400)
Unamortized net actuarial loss	1,225,800	182,500	1,408,300
Accrued benefit asset (liability)	487,900	(1,894,600)	(1,406,700)

Details of the accrued benefit obligation are as follows:

	Defined benefit plan	Supplementary plan	Total 2010
	$	$	$
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 gain	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	Total 2010
	$	$	$
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 transitional asset	(27,000)	(7,100)	(34,100)
Amortization of net actuarial loss	18,100	-	18,100
Plan expense	277,000	192,700	469,700

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:

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:

	2010	2009
	$	$
Internally restricted		
Professional Liability Reserve Fund	**22,800,000**	22,800,000
Building Reserve Fund	**400,000**	350,000
	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 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 (2009 - $Nil).

11. COMMITMENTS

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

	$
2011	134,216
2012	132,688
2013	129,941
2014	78,389
	475,234

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 licences. 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.

15. CAPITAL MANAGEMENT

The College defines its capital as its fund balances, which include its investment in capital assets, professional liability reserve fund, building reserve fund and unrestricted net assets.

The College manages its capital, in part with the assistance of an investment counsel, in accordance with an investment policy that takes into account the College's risk/return profile along with its working capital requirements.

The College's short term objective is to have sufficient liquidity to ensure continuity in its operations despite events with adverse financial consequences. Its long term objective is to have the flexibility to implement new initiatives (as per Council directives) to meet its members' needs and to support the growth and expansion of the College's regulatory support activities in order that the public interest may be served and protected.

16. COMPARATIVE FIGURES

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

DISTRIBUTION OF DENTISTS

DISTRIBUTION OF DENTISTS PRACTISING IN ONTARIO BY AGE RANGE, COUNTY AND ELECTED 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	6	24	27	24	8	8
Glengarry	1	0	0	1	1	0
Grenville	1	4	0	4	0	0
Lanark	2	7	9	8	3	3
Leeds	2	6	5	8	7	6
Lennox Addington	0	2	4	0	0	1
Ottawa Carlton	34	175	197	149	62	43
Prescott	0	7	2	4	1	0
Renfrew	6	20	10	10	10	2
Russell	1	3	4	3	1	0
Stormont	0	10	5	10	1	3
District Total: 960	**53**	**259**	**263**	**224**	**94**	**67**
DISTRICT 2						
Durham	21	82	106	74	42	14
Haliburton	0	1	1	0	0	2
Hastings	8	19	13	7	13	7
Northumberland	4	7	8	9	3	2
Peterborough	5	15	18	15	3	5
Prince Edward	0	1	1	2	0	0
Victoria	1	5	7	1	3	5
York	50	219	198	162	46	23
District Total: 1228	**89**	**349**	**352**	**270**	**110**	**58**

COUNTY	LESS THEN 31	31 – 40	41 – 50	51 – 60	61 – 65	OVER 65
DISTRICT 3						
Algoma	3	8	15	13	7	5
Cochrane	2	6	7	9	5	2
Kenora	2	4	4	10	3	2
Manitoulin	0	1	2	2	0	0
Nipissing	1	4	9	10	5	5
Parry Sound	1	1	1	0	1	0
Rainy River	1	2	6	1	1	0
Sudbury	4	17	18	25	10	10
Thunder Bay	6	14	18	24	11	12
Timiskaming	4	1	1	5	1	3
District Total: 345	**24**	**58**	**81**	**99**	**44**	**39**
DISTRICT 4						
Halton	18	82	90	77	24	30
Peel	41	239	231	185	59	29
District Total: 1105	**59**	**321**	**321**	**262**	**83**	**59**
DISTRICT 5						
Bruce	3	3	7	9	3	2
Dufferin	2	6	5	8	2	4
Grey	3	6	8	11	8	6
Huron	1	5	6	4	4	1
Muskoka	0	4	9	14	0	4
Parry Sound	0	3	1	5	0	1
Simcoe	14	61	50	56	17	17
District Total: 373	**23**	**88**	**86**	**107**	**34**	**35**

COUNTY	LESS THEN 31	31 – 40	41 – 50	51 – 60	61 – 65	OVER 65
DISTRICT 6						
Elgin	0	4	5	8	6	1
Essex	12	63	78	53	24	11
Kent	1	13	9	10	6	3
Lambton	9	11	5	25	7	2
Middlesex	24	93	74	88	40	27
District Total: 712	**46**	**184**	**171**	**184**	**83**	**44**
DISTRICT 7						
Brant	4	16	16	17	9	7
Haldimand Norfolk	3	9	4	9	1	6
Oxford	2	11	12	12	7	7
Perth	2	9	6	4	5	3
Waterloo	21	77	81	63	23	13
Wellington	8	23	34	23	11	11
District Total: 569	**40**	**145**	**153**	**128**	**56**	**47**
DISTRICT 8						
Hamilton Wentworth	21	71	76	83	30	34
Niagara	16	54	49	64	21	27
District Total: 546	**37**	**125**	**125**	**147**	**51**	**61**

COUNTY	LESS THEN 31	31 – 40	41 – 50	51 – 60	61 – 65	OVER 65
DISTRICT 9						
Metro Toronto	34	93	160	143	58	85
District Total: 573	**34**	**93**	**160**	**143**	**58**	**85**
DISTRICT 10						
Metro Toronto	28	95	166	139	60	72
District Total: 560	**28**	**95**	**166**	**139**	**60**	**72**
DISTRICT 11						
Metro Toronto	77	122	148	143	49	64
District Total: 603	**77**	**122**	**148**	**143**	**49**	**64**
DISTRICT 12						
Metro Toronto	38	157	250	226	77	76
District Total: 824	**38**	**157**	**250**	**226**	**77**	**76**
Provincial Totals: 8398	**548**	**1996**	**2276**	**2072**	**799**	**707**

RCDSO Data - as of December 31, 2010
(These figures represent all classes of certificates of registration for members with a registered practice address in the province of Ontario.)

Royal College of
Dental Surgeons of Ontario

Ensuring Continued Trust

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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

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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