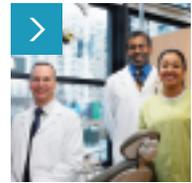




Our mission is to protect the public's right to safe, effective, appropriate and ethical dental care. **Transparency,** **accountability** and **accessibility** are the guiding principles of all that we do.



The Royal College of Dental Surgeons of Ontario has a long and illustrious history. On March 4, 1868, the first Dental Act in the world received Royal Assent in the Ontario Legislature, creating the Royal College of Dental Surgeons of Ontario. Today our mission continues to be to protect the public's right to quality dental services by providing leadership to the profession in self-regulation.

The public trusts dentists to set and monitor their own professional standards. Dentists believe that it is important for the profession to demonstrate through its honesty and integrity that they deserve that trust.

The over 8,000 dentists in general and specialty practice are committed to ensuring the public receives high-quality, ethical care. That is why at the College the safe care of patients by dentists is at the heart of everything we do.

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President's Message

> Our Continuing Commitment to Self-Regulation

We believe strongly in the philosophy of self-regulation. We believe it works.

This year we took a very bold stance in our submissions to the Health Professions Regulatory Advisory Council during its review of our governing legislation, the Regulated Health Professions Act (RHPA).

When the RHPA became law, it was groundbreaking legislation. It was the model for effective self-regulation. Now, some 10 years later, it is still the benchmark.

However, the world is a different place than it was a decade ago. The world of regulation is changing, here at home and right around the world.

Both consumers and government are calling for more accountability, accessibility and transparency. And they are right. We support these requests...as long as the changes take within the core principles of fairness and public protection.

We can make that statement from a very strong position. We know that there is room with the legislation for flexibility and creativity. We have proof that the RHPA can, and does work. We know that because we have done it.

This is the message that we have taken in all our discussions and correspondence during the consultation process.

We have an outstanding record of public protection. We willingly fulfill our responsibilities to be accessible and open to scrutiny. We consistently act in a way that is fair to both the complainant and the dentist.

We are committed to act in a way every day that continues to ensure the trust of both the profession and the public in our ability to support the highest quality of dental care to the people of Ontario.



Cam Witmer, DDS
President



We have an outstanding record of public protection. We willingly fulfill our responsibilities to be accessible and open to scrutiny. We consistently act in a way that is fair to both the complainant and the dentist.

> Complaints Committee

Committee Members

Dr. Hartley Kestenberg - Chair
Dr. John Anthony
Dr. George Grayson
Mr. Kurisummoottil Joseph
Ms. Evelyn Laraya
Dr. Leslie Priemer
Dr. Theodore Schipper
Dr. Richard Speers
Mr. Abdul Wahid

Mandate

The Complaints Committee is responsible for investigating complaints from the public regarding the conduct of dentists. Under the Regulated Health Professions Act, 1991, the College staff, on behalf of the Complaints Committee, has a statutory obligation to thoroughly and objectively investigate each complaint to determine if there is any evidence of professional misconduct, incompetence, and/or incapacity.

A panel of the Complaints Committee, made up of two dentists and one appointed public member, reviews the results of investigations and decides what action, if any, is required. The Complaints Committee may do any one or more of the following:

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

Activity Highlights

Complaints Statistics

In 2006, the College received 390 letters of complaint or inquiry, of which 294 became formal complaints. Panels of the Complaints Committee met on 36 occasions in 2006. A summary of the Committee's activities is shown below.

Summary of Committee Activity

| | |
|---|----|
| Number of oral cautions delivered | 28 |
| Number of Section 75(c) investigations requested by Committee | 9 |
| Voluntary undertaking/agreements signed by members | 33 |

Decisions

Number of decisions issued 290

| | |
|----------------------------------|-----|
| no further action | 244 |
| written caution | 25 |
| oral caution | 17 |
| referral to Discipline Committee | 4 |
| referral to Executive Committee | 0 |
| frivolous & vexatious | 0 |

Alternate Dispute Resolution

Alternate dispute resolution (ADR) is a non-statutory process for resolving certain disputes. In appropriate cases, with their consent, the complainant and the dentist meet face-to-face in the presence of a facilitator, whose role is to assist the parties in their attempt to resolve the dispute, or to identify and simplify the issues. The ADR process provides a more flexible framework for dealing effectively with issues, and a more informal and direct approach to bring a rapid resolution.

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

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

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

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

ADR Statistics

In 2006, 66 cases met the eligibility criteria for ADR, of which eight proceeded to ADR negotiations.

Health Professions Appeal and Review Board

If either party is not satisfied with the decision of a Complaints Committee panel or the process, he or she has the right to request a review by the Health Professions Appeal and Review Board (HPARB). The only exception to this right of review is in cases where the Complaints Committee has referred the matter to the Discipline Committee for a hearing or to the Executive Committee for incapacity proceedings.

HPARB is administered by the provincial government and is completely independent of the College. The College is required to make full disclosure of its investigation file to HPARB. The College, however, is not a party at HPARB.

Summary of Alternate Dispute Resolution (ADR) Activities

Cases eligible for ADR 66

ADR negotiations¹ 8

Resolved 6

Not resolved 2

Returned to formal complaints process² 46

Pending consents from dentists/complainants 14

¹ Ten ADR files were carried forward from the year 2005.

² In the event one or more of the parties do not agree to participate in the ADR process, the complaint is returned to the formal complaints process.

Summary of HPARB Activity

Number of requests for review received in 2006* 45

**Not all of these requests for review were dealt with by HPARB in 2006.*

Number of decisions issued by the Board in 2006¹ 62

Complaints panel decisions confirmed by HPARB 25

Frivolous & vexatious 2

Returned for removal of oral/written cautions 1

Returned for oral cautions 0

Returned for written cautions 1

Returned for further investigation/unreasonableness 0

Returned for referral to Discipline Committee 0

Request for review abandoned 1

Request for review denied by the Board 2

Request for review withdrawn by the applicant 11

Section 28² order - request 11

Section 28² order - denied/upheld 8

¹ Some decisions contain more than one action; therefore, the total number of decisions will not always equal the total number of actions.

² As per Section 28(1) of the Health Professions Procedural Code of the Regulated Health Professions Act, 1991, "A panel shall dispose of a complaint within 120 days after filing of the complaint."

> Discipline Committee

Committee Members

Dr. Stanley Kogon - Chair
Dr. Albert Bouclin
Mr. Mohammed Brihmi
Mr. Parminder Chahal
Mr. Ujjal Deol
Dr. Neil Gajjar
Dr. Sven Grail
Dr. Robert Hindman
Dr. Jimmy Ho
Mr. Nasib Khan
Dr. John McComb
Mr. Reza Moridi
Mr. Jose Saavedra
Dr. Julian Tsafaroff
Dr. Katherine Zettle

Mandate

The Discipline Committee is responsible for hearing and determining allegations of professional misconduct or incompetence referred to it by the Complaints Committee or the Executive Committee. A panel of the Discipline Committee, consisting of a minimum of two dentists and one appointed public member and a maximum of three dentists and two appointed public members, considers each case and decides whether the allegations have been proven, and if so, what penalty is appropriate.

Where a panel of the Discipline Committee finds a member guilty of professional misconduct it may make one or a combination of the following orders:

- > Direct the Registrar to revoke the member's certificate of registration.
- > Direct the Registrar to suspend the member's certificate of registration for a specified period of time.
- > 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.
- > Require the member to appear before the panel to be reprimanded.
- > Require the member to pay a fine of not more than \$35,000 to the Minister of Finance.

If a discipline panel is of the opinion that the commencement of the proceedings is unwarranted, it may make an order requiring the College to pay all or part of the member's legal costs.

In appropriate cases, and where there is a finding of professional misconduct or incompetence, a panel may make an order requiring the member to pay all or part of the College's costs and expenses.

In cases where there is a finding of professional misconduct and where the discipline panel orders a suspension or revocation, a reprimand, and/or imposes terms, conditions and limitations on the member's certificate of registration, the results of the proceeding must be contained on the public portion of the College's Register for a period of six years. In addition, the legislation requires the College to publish a summary of the case, including the member's name and address.

Pre-Hearing Conferences

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

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

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

Activity Highlights

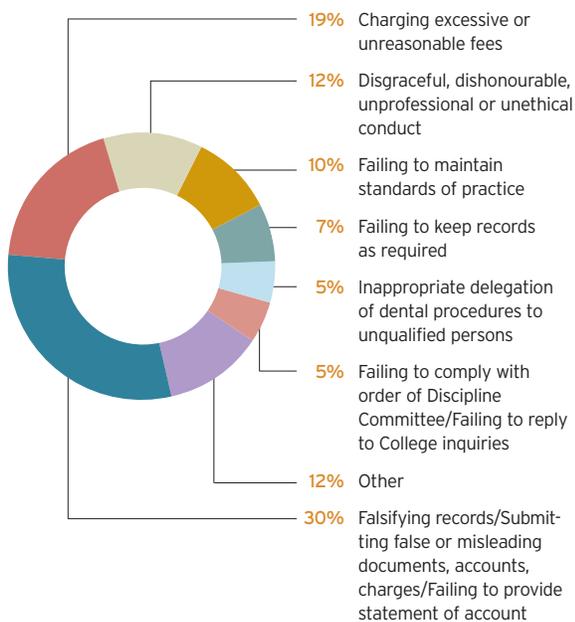
In 2006, 20 hearings of the Discipline Committee were held with panels of the Discipline Committee sitting for 24 hearing days. Of the 20 members, 11 were found guilty of professional misconduct involving 42 allegations of professional misconduct. In six cases, the allegations were adjourned and in two cases, the allegations were withdrawn. The remaining case was not concluded in 2006. Nine pre-hearing conferences were held in 2006.

Publication of Decisions

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

Copies of these summary reports, as well as full text versions, are available from the College upon request. The decisions and reasons that were published in 2006 are included, by reference only, in this annual report.

Profile of Discipline Findings 2006



> Executive Committee

Committee Members

Dr. Cameron Witmer - Chair
Ms. Kelly Bolduc-O'Hare
Mr. Kurisummoottil Joseph
Dr. Marvin Klotz
Dr. Frank Stechey

Mandate

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

The Executive Committee also has certain statutory functions under the legislation in addition to that noted above. It considers matters referred to it by the Registrar and the Complaints Committee regarding members' conduct, and receives reports of investigations carried out in accordance with Section 75 of the Health Professions Procedural Code of the Regulated Health Professions Act, 1991.

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

Statutory Activity Highlights

The Executive Committee met on 16 occasions in 2006 to review matters relating to members' conduct. The following is a summary of its activity.

Section 75 Investigations

Section 75(a) of the Health Professions Procedural Code of the Regulated Health Professions Act, 1991, provides a mechanism, other than formal complaints, for colleges to investigate concerns about the conduct of members. In order for such an investigation to be conducted, the Registrar appoints an investigator if he or she believes, on reasonable and probable grounds,

that the member has committed an act or acts of professional misconduct or is incompetent. The Executive Committee approves the appointment.

In 2006, 13 Section 75(a) investigations were approved and the results of those investigations were subsequently reported to the Executive Committee.

Practice Monitoring Visits

The purpose of the monitoring visit is to ensure that the member has adequately addressed the College's concerns in a specific area of practice, and that the member is practising within the standards of practice of the profession.

Monitoring visits are conducted as a result of either a voluntary agreement by the member to have his or her practice monitored following the completion of a remedial course or an order of the Discipline Committee following a hearing.

In 2006, The Executive Committee reviewed the results of 113 practice monitoring visits.

One-to-One Mentoring Program

In 2005, the College embarked on a mentoring program for dentists in the College's process who could benefit from regular contact or support from a more experienced and senior colleague in order to improve their practice of dentistry. Typically, these are dentists who need one-to-one ongoing tutoring in one or more areas of practice. The mentoring program continues to be utilized in 2006 with the Executive Committee reviewing reports from four practice mentors.

Referrals to the Discipline Committee

In 2006, the Executive Committee referred 33 specified allegations of professional misconduct involving eight members to the Discipline Committee.

The alleged misconduct included:

- > failure to maintain the standards of practice of the profession;
- > contravention of the standards of practice in relation to inducing general anaesthesia or conscious sedation;
- > failure to keep records as required by the regulations;
- > falsifying records or submitting false or misleading documents and/or accounts;
- > charging excessive or unreasonable fees;
- > recommending or providing unnecessary dental services;
- > failure to collect or attempt to collect copayment balances;
- > disgraceful, dishonourable, unprofessional, unethical conduct;
- > ordering a person to perform an intra-oral procedure, or delegating or assigning such a procedure to a person, without first ensuring that the person is qualified to perform the procedure safely and competently;
- > contravention of a law;
- > abuse of a patient.

Incapacity

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

In accordance with the provisions set out in the Code, the Executive Committee reviewed information relating to the possible incapacity of nine members. The results of the nine cases are as follows:

- > three voluntary undertaking/agreements from members;
- > two referrals to the Fitness to Practise Committee;
- > one interim suspension of the member's certificate of registration for failure to attend for an assessment;
- > two matters with no action taken;
- > one matter ongoing.

With regard to the two referrals to the Fitness to Practise Committee, both members voluntarily agreed to cease practising dentistry following the referral, in order to avoid the necessity of a full hearing.

Requests for Removal or Modification of Practice Restrictions

The Executive Committee considers requests from members for removal or modification of practice restrictions that are either imposed by an order of the Discipline or Fitness to Practise Committee or voluntarily placed on members' certificates of registration to address issues of concern. The Committee considered nine such requests in 2006.

Professional Advertising

In 2006, the Executive Committee reviewed 10 cases of inappropriate advertising by dentists. In most of these cases, the members voluntarily authored apologies to the dental profession and agreed to have future advertisements reviewed by the College prior to their dissemination to the public. Members' apologies are published in the College's magazine, Dispatch. In some cases, members also voluntarily printed retractions in the same publication where the offending advertisement appeared.

Practice Name Registration

In order to ensure full compliance with the regulations and the College's Practice Advisory on Practice Names, the Executive Committee reviews applications from members for approval of practice names. In 2006, the Executive Committee reviewed 192 applications and approved the use of 168 practice names.

Other

Other issues before the Executive Committee in 2006 included members' non-compliance with orders of the Discipline Committee and undertaking/agreements, and inadequate results of anaesthesia/sedation facility inspections.

> Fitness to Practise Committee

Committee
Members

Dr. Randy Lang - Chair
Dr. Peter Kalman
Ms. Evelyn Laraya

Mandate

The Fitness to Practise Committee determines if a dentist is incapacitated and, if so, how to deal with the member. Incapacitated means the dentist is suffering from a physical or mental condition or disorder that makes it desirable, in the interest of the public, that he or she is no longer permitted to practise or that his or her practice be restricted.

If a panel of the Fitness to Practise Committee finds that a member is incapacitated, it will make an order doing any one of the following:

- > Direct the Registrar to revoke the member's certificate of registration.
- > Direct the Registrar to suspend the member's certificate of registration.
- > 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 2006, it was not necessary for the Fitness to Practise Committee to hold any hearings.

> Patient Relations Committee

Committee Members

Dr. Larry Parker - Chair
Mr. Mohammed Brihmi
Ms. Mary Ann Labaj
Dr. John Lau
Dr. Charles Morgan

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. It also deals 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.

Activity Highlights

The Committee met once in 2006 to discuss two key issues: access to dental care and boundary issues within the dental office.

Access to Care

The Committee discussed providing information on dental health to marginalized groups to assist in overcoming barriers such as ethnicity and financial resources. One possible approach is to target new mothers with information on when to take a child to the dentist, child oral health, adult oral health, and how to access dental resources.

Boundary Issues

The Committee discussed issues concerning boundary issues and sexual abuse in the dental office and agreed that an updated article in Dispatch magazine on boundary issues would be appropriate.

Request for Funding

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

> Quality Assurance Committee

Committee Members

Dr. Randy Lang - Chair
Dr. Leslie Armstrong
Mr. Mohammed Brihmi
Dr. Bohdan Kryshchalskyj
Dr. Walter Yates

Mandate

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

Activity Highlights

Guidelines Review

The Committee reviewed two guidelines: the Guidelines on the Release and Transfer of Patient Records and the Guidelines on the Change of Practice Ownership. Both were amended and slated to be distributed to members as practice advisories in early 2007 with Dispatch magazine. This approach is consistent with the Committee's view that guidelines should be replaced with practice advisories. The Committee also reviewed in detail the College's current guidelines on infection control and decided that no change was required as the guidelines are still current and a living document that is flexible with changing circumstances and information.

Lifelong Learning Program

A new learning package called Staying Safe, consisting of a DVD and a workbook of nearly 140 pages, was distributed at no charge to every dentist in the province. It covers topics like informed consent and good recordkeeping. The package was also used in other provinces including Alberta and Prince Edward Island. There was no cost to members for the DVD. The College has received numerous compliments on the product both because of its educational value and because of the College's demonstration of assistance and support to members' professional enhancement.

The Committee decided to proceed with the production of another learning package called Dental Emergencies in the Dental Office in conjunction with the Faculty of Dentistry, University of Toronto. The Committee hopes that this is the first in a series of co-productions with respected academic partners that will continue to bring high quality continuing education opportunities to members in formats that are easy to use and convenient.

Withdrawal of the Outstanding Quality Assurance Regulation

The Committee recommended to Council that the College request the Ministry of Health and Long-Term Care withdraw the proposed quality assurance regulation originally forwarded to the Ministry in September 2000. The proposed regulation was never passed and due to anticipated major revisions to the Regulated Health Professions Act with respect to quality assurance, the Committee has recommended that a new proposed regulation be drafted for Council's consideration to reflect those anticipated changes.

> Registration Committee

Committee Members

Dr. Elizabeth MacSween - Chair
 Ms. Kelly Bolduc-O'Hare
 Dr. Albert Bouclin
 Dr. Frank Stechey

Mandate

The Registration Committee reviews all applications for registration that the Registrar refers to it. The Registrar is required to refer an application if he or she has doubts that the applicant meets the requirements, is considering 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 and advising College Council on entry to practice and reinstatement requirements.

Activity Highlights

The Committee convened on five occasions in 2006. It considered 21 requests for registration and/or reinstatement. After reviewing information related to each applicant, the Committee:

- > issued two specialty certificates, three general certificates, four education certificates, four post-specialty training certificates, and one graduate certificate;
- > reinstated one general certificate;
- > deferred five applications for certificates in the general and specialty classes of certificate of registration;
- > refused one application for a specialty certificate.

Statistics

(As of December 31, 2006)

Additions to the Register

| | |
|--|-----|
| University of Toronto (General) | 65 |
| University of Western Ontario (General) | 37 |
| Other Canadian Graduates (NDEB) (General) | 52 |
| USA/International Graduates (NDEB) (General) | 93 |
| Specialty Certificates | 29* |
| Academic Certificates | 3 |
| Graduate Certificates | 14 |
| Education Certificates | 16 |
| Post-Specialty Training Certificates | 2 |

* Two were new members to the College and 27 were general members adding a specialty register.

Specialty Certificates Granted

The College granted 29 specialty certificates during 2006 in the following dental specialties:

| | |
|--------------------------------|---|
| Endodontics | 6 |
| Oral and Maxillofacial Surgery | 4 |
| Oral Pathology | 1 |
| Oral Radiology | 1 |
| Orthodontics | 8 |
| Paediatric Dentistry | 2 |
| Periodontics | 4 |
| Prosthodontics | 4 |

Removals and Reinstatements

| | |
|------------|-----|
| Deceased | 14 |
| Resigned | 180 |
| Reinstated | 30 |

Total Membership Certificates by Category

| | |
|--|--------------|
| General Certificates | 7,832 |
| Specialty Certificates | 74 |
| Combined General/Specialty Certificates | 939* |
| Academic Certificates | 20 |
| Graduate Certificates | 30 |
| Education Certificates | 16 |
| Post-Specialty Training Certificates | 2 |
| Total Number of Membership Certificates | 7,974 |

*Already counted in total of General Certificates.

> Professional Liability Program Committee

Committee Members

Mr. Parminder Chahal - Chair
 Dr. Steven Cohen
 Dr. Michael Glogauer
 Dr. Mary Krywulak
 Dr. Stan Kogon
 Dr. Gordon Sylvester
 Dr. Ronald Yarascavitch

Mandate

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

This ensures, to the extent reasonably possible, that mechanisms are in place to protect the interests of the public in the event of injury resulting from the negligence of our members.

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

Activity Highlights

Claims Activity

As of December 31, 2006, 1331 potential claims had been reported to PLP, a slight increase over the previous year.

Table 1 shows the number of claim files opened for the 10-year period from 1997 to 2006. Table 2 shows a breakdown of the 2006 claim/reports by area of dentistry and the percentage of each.

Table 1 Number of PLP files

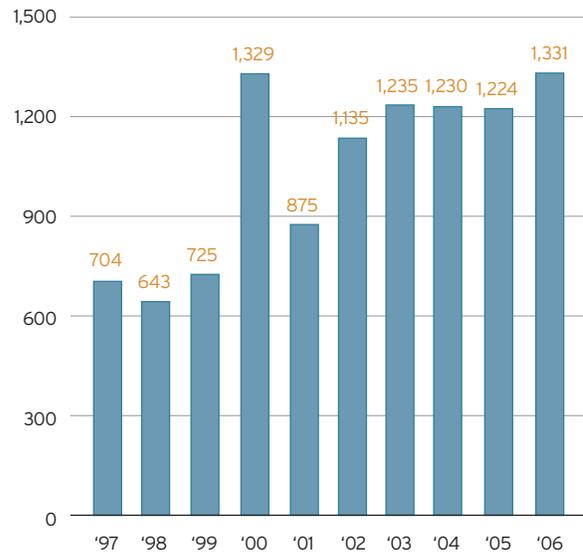
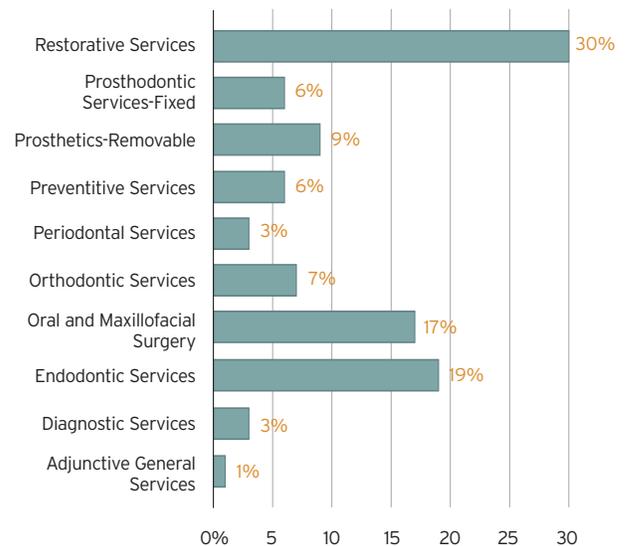


Table 2 Reported Incidents by Types of Services 2006



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

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

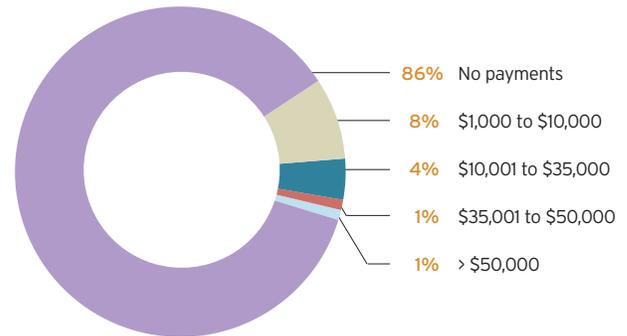
Table 3 shows the claim payment profile for files that were closed during the years from 1997 to 2006.

Claims Audit

In September 2006, representatives of ENCON Group Inc. conducted an audit of a selection of files for each of the five PLP claims examiners. The auditors expressed their view that the claim files continue to be well-managed by the program's claims examiners. Their approach was regarded as proactive, as they often investigate and negotiate directly with the claimant or his or her lawyer, until either a settlement is reached or there is a stalemate. If the matter is at a stalemate, then it is referred to defence counsel. As a point of interest, in any given year, less than 60 matters require such a referral.

The auditors commented positively on the fact that PLP conducts an in-house dental review of files in order to obtain an opinion on liability and the reasonableness of the damages being claimed. The auditors believed that this practice is cost-effective and assists with expediting the negotiation process in those files where liability is evident.

Table 3 **Closed Files by Payment Range 1997 to 2006**



Risk Management

Risk management is still very much a watchword at PLP. In the claims examiners' discussions of claim files with members, they regularly discuss the shortcomings, if any, that were noted in the internal dental review. There is a particular focus on recordkeeping issues and the lack of adequate documentation of the informed consent process. Time is spent in explaining how such problems make defence of the dentist difficult, and sometimes impossible. In addition, senior PLP staff continues to make presentations at local dental society meetings and to senior dental students.

FINANCIAL STATEMENTS OF
Royal College of Dental
Surgeons of Ontario

December 31, 2006

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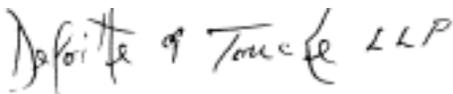
Auditors' Report

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

We have audited the balance sheet of the Royal College of Dental Surgeons of Ontario (the College) as at December 31, 2006, and the statements of operations, changes in fund balances, and cash flows for the year then ended. These financial statements are the responsibility of the College's management. Our responsibility is to express an opinion on these financial statements based on our audit.

We conducted our audit in accordance with Canadian generally accepted auditing standards. Those standards require that we plan and perform an audit to obtain reasonable assurance whether the financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation.

In our opinion, these financial statements present fairly, in all material respects, the financial position of the College as at December 31, 2006, and the results of its operations and its cash flows for the year then ended in accordance with Canadian generally accepted accounting principles.

Handwritten signature in black ink that reads "D. J. Touche LLP".

Chartered Accountants

Licensed Public Accountants

Toronto, Ontario
March 2, 2007

Royal College of Dental Surgeons of Ontario

Balance Sheet

December 31, 2006

| | 2006 | 2005 |
|--|----------------------|---------------|
| ASSETS | | |
| CURRENT | | |
| Cash and cash equivalents | \$ 8,568,071 | \$ 6,947,598 |
| Accounts receivable | 1,096,489 | 1,001,600 |
| Prepaid expenses | 75,629 | 44,854 |
| | 9,740,189 | 7,994,052 |
| INVESTMENTS (Note 3) | 34,592,908 | 32,875,810 |
| CAPITAL ASSETS (Note 4) | 5,566,942 | 5,573,791 |
| | \$ 49,900,039 | \$ 46,443,653 |
| LIABILITIES AND FUND BALANCE | | |
| CURRENT | | |
| Accounts payable and accrued liabilities | \$ 353,502 | \$ 198,213 |
| Deferred revenue | 14,436,670 | 11,802,572 |
| | 14,790,172 | 12,000,785 |
| ACCRUED CLAIMS LIABILITY (Note 5) | 6,157,350 | 5,371,763 |
| PENSION PLAN OBLIGATION (Note 6) | 1,375,800 | 1,226,100 |
| | 22,323,322 | 18,598,648 |
| FUND BALANCES | | |
| INVESTED IN CAPITAL ASSETS | 5,566,942 | 5,573,791 |
| RESTRICTED FOR SPECIFIC PURPOSES (Note 7) | 19,400,000 | 19,350,000 |
| UNRESTRICTED | 2,609,775 | 2,921,214 |
| | 27,576,717 | 27,845,005 |
| | \$ 49,900,039 | \$ 46,443,653 |

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, 2006

| | 2006 | 2005 |
|---|----------------------|--------------|
| REVENUE | | |
| Registration and annual fees | \$ 12,627,752 | \$12,220,019 |
| Interest | 1,471,140 | 1,385,248 |
| Prior year's unutilized loss limit (Note 8) | 309,636 | 223,186 |
| Recoveries | 182,048 | 87,827 |
| Sundry | 251,160 | 132,645 |
| Rental income - tenants | 155,209 | 159,952 |
| | 14,996,945 | 14,208,877 |
| EXPENSES | | |
| Salaries and benefits | 5,256,538 | 5,184,491 |
| Maximum loss limit provision (Note 8) | 3,500,000 | 2,750,000 |
| Insurance premiums | 1,834,152 | 1,828,346 |
| Legal fees | 785,110 | 574,064 |
| Honoraria | 528,240 | 450,195 |
| Consulting and professional fees | 478,308 | 313,982 |
| Administrative | 567,123 | 518,091 |
| Printing, stationery and supplies | 600,223 | 582,062 |
| Amortization of capital assets | 253,144 | 260,045 |
| Property maintenance and operating costs | 422,787 | 427,201 |
| Grants | 206,154 | 245,262 |
| Travel and accommodation | 151,054 | 170,077 |
| Equipment - rental and maintenance | 269,665 | 261,407 |
| Postage and courier | 218,238 | 211,726 |
| Expert fees | 22,727 | 15,111 |
| Telephone | 78,976 | 74,720 |
| Membership education | 33,509 | 40,398 |
| Broker fees | 42,500 | 30,000 |
| Witness and court reporter fees | 9,812 | 8,729 |
| Sundry expenses | 655 | 923 |
| Bad debt expense | 6,318 | 10 |
| | 15,265,233 | 13,946,840 |
| (DEFICIENCY) EXCESS OF REVENUE OVER EXPENSES | \$ (268,288) | \$ 262,037 |

Royal College of Dental Surgeons of Ontario

Statement of Changes in Fund Balances

Year ended December 31, 2006

| | Invested in Capital Assets | Restricted for Specific Purposes (Note 7) | Unrestricted | Total 2006 | Total 2005 |
|---|----------------------------------|--|--------------|---------------|---------------|
| Fund balances, beginning of year | \$ 5,573,791 | \$ 19,350,000 | \$ 2,921,214 | \$ 27,845,005 | \$ 27,582,968 |
| Excess (deficiency) of revenue over expenditures | (253,144) | - | (15,144) | (268,288) | 262,037 |
| Additions to capital assets | 246,295 | - | (246,295) | - | - |
| Inter-fund transfer (Note 7) | - | 50,000 | (50,000) | - | - |
| Fund balances, end of year | \$ 5,566,942 | \$ 19,400,000 | \$ 2,609,775 | \$ 27,576,717 | \$ 27,845,005 |

Royal College of Dental Surgeons of Ontario

Statement of Cash Flows

Year ended December 31, 2006

| | 2006 | 2005 |
|---|---------------------|--------------|
| NET INFLOW (OUTFLOW) OF CASH RELATED TO THE FOLLOWING ACTIVITIES | | |
| OPERATING | | |
| (Deficiency) Excess of expenses over revenue | \$ (268,288) | \$ 262,037 |
| Items not affecting cash | | |
| Amortization of capital assets | 253,144 | 260,045 |
| | (15,144) | 522,082 |
| Changes in non-cash working capital balances | | |
| Accounts receivable | (94,889) | 632,985 |
| Prepaid expenses | (30,775) | 34,601 |
| Accounts payable and accrued liabilities | 155,289 | (3,136) |
| Deferred revenue | 2,634,098 | 101,834 |
| Accrued claims liability | 785,587 | (615,292) |
| Pension plan obligation | 149,700 | 206,900 |
| | 3,583,866 | 879,974 |
| INVESTING | | |
| Additions to capital assets | (246,295) | (92,313) |
| Change in investments | (1,717,098) | 3,875,022 |
| | (1,963,393) | 3,782,709 |
| NET CASH INFLOW | 1,620,473 | 4,662,683 |
| CASH AND CASH EQUIVALENTS, BEGINNING OF YEAR | 6,947,598 | 2,284,915 |
| CASH AND CASH EQUIVALENTS, END OF YEAR | \$ 8,568,071 | \$ 6,947,598 |
| CASH EQUIVALENTS IS COMPRISED OF: | | |
| Cash | \$ 435,334 | \$ 183,738 |
| Short-term investments | 8,132,737 | 6,763,860 |
| | \$ 8,568,071 | \$ 6,947,598 |

Notes to the Financial Statements

December 31, 2006

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.

The College has established the following restricted funds:

Professional Liability Reserve Fund (Note 7)

The Professional Liability Reserve Fund was established in the event that the College is required to self-insure or cannot obtain third party professional liability insurance. Appropriations to this fund are made from the unrestricted fund balance. Use of this fund will only occur in the event that third party coverage cannot be obtained.

Building Reserve Fund (Note 7)

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

2. SIGNIFICANT ACCOUNTING POLICIES

Financial statement presentation

These financial statements have been prepared in accordance with Canadian generally accepted accounting principles for not-for-profit organizations, using the deferral method of reporting restricted contributions.

Revenue recognition

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

Members are billed for annual fees each December. These fees relate to the following fiscal year and accordingly amounts received or receivable are shown as deferred revenue at year-end.

Cash and cash equivalents

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

Investments

Investments in fixed income securities are stated at amortized cost plus accrued interest. Gains and losses are recorded only upon realization, except where there is a decline in value which is considered to be other than temporary, at which time a provision for estimated loss is made.

Capital assets

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

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

Pension costs

Pension costs related to current service are charged to income during the period in which the services are rendered. These costs reflect management's best estimates of the pension plan's expected investment yields, salary, mortality of members, terminations and the ages at which members will retire. Adjustments arising from plan amendments, experience gains and losses and changes in assumptions are amortized over the expected average remaining service lives of employees. Gains and losses on settlement or partial settlement of the plan are included in income immediately.

The cumulative difference between the funding contributions and the amounts recorded as a pension expense is recorded on the balance sheet as prepaid pension plan costs or pension plan obligation.

Management estimates

The preparation of the College's financial statements in conformity with Canadian generally accepted accounting principles requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities, the disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the reporting period. Accordingly, actual results could differ from those estimates. The amount, which the College could ultimately realize from the reserve for claims, could differ in the near term from amounts recorded, although the College believes that the reserves made are adequate.

3. INVESTMENTS

| | 2006 | | 2005 | |
|----------------------|----------------|---------------|----------------|---------------|
| | Carrying Value | Market | Carrying Value | Market |
| Bonds and coupons | | | | |
| Government of Canada | \$ 13,792,418 | \$ 13,842,539 | \$ 15,085,770 | \$ 15,222,955 |
| Provinces of Canada | 20,800,490 | 20,768,794 | 17,790,040 | 17,837,528 |
| | \$ 34,592,908 | \$ 34,611,333 | \$ 32,875,810 | \$ 33,060,483 |

Investments consist of federal bonds, provincial bonds, and treasury bills bearing interest at rates ranging from 3.1% to 6.1% (2005 – 3.1% to 6.1%), and mature between fiscal years ending 2007 to 2015 (2005-2006 to 2012). The carrying value of investments includes accrued interest of \$4,332,996 (2005 – \$4,054,453).

4. CAPITAL ASSETS

| | 2006 | | | 2005 |
|------------------------|---------------------|--------------------------|---------------------|---------------------|
| | Cost | Accumulated Amortization | Net Book Value | Net Book Value |
| Land and building | \$ 3,746,281 | \$ – | \$ 3,746,281 | \$ 3,746,281 |
| Building improvements | 2,749,943 | 1,250,640 | 1,499,303 | 1,637,130 |
| Computer equipment | 1,574,862 | 1,325,526 | 249,336 | 95,210 |
| Furniture and fixtures | 191,672 | 156,895 | 34,777 | 40,475 |
| Office equipment | 232,762 | 195,517 | 37,245 | 54,695 |
| | \$ 8,495,520 | \$ 2,928,578 | \$ 5,566,942 | \$ 5,573,791 |

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

5. ACCRUED CLAIMS LIABILITY

The Professional Liability Program was established by the College to provide a first level of defence and management of professional liability claims against dentists. In 2006, dentists were each covered for a maximum liability of \$2,000,000 (2005 – \$2,000,000) for each validated claim. The College is liable for the first \$100,000 (2005 – \$75,000) of a validated claim, subject to a 2006 maximum aggregate loss limit of \$3,500,000 (2005 – \$ 2,750,000), which amount is expensed on an annual basis. Unutilized loss limits of previous years are recorded as revenue. For a validated claim in excess of \$100,000 and for total claims in a year in excess of \$3,500,000, the College has obtained insurance having an upper limit of \$2,000,000 for each claim. The dentists are liable to the College for a deductible portion on each validated claim of \$2,000 on any one occurrence, including defence costs, increasing at a rate of \$1,000 for each additional claim in a thirty-six month period. Deductibles are recorded when received. The College is additionally liable for all loss adjustment expenses, which are expensed as incurred, related to claims arising since January 1, 1977. Final settlement of claims is subject to satisfactory resolution between the insurance company and the College. The accrued claims liability represents the accumulated difference of the annual maximum loss limit and paid claims and expenses, net of experience gains.

6. PENSION PLAN OBLIGATION

The College maintains a combined defined benefit and supplementary pension plan, which covers substantially all of its employees. The College measures its obligation as at January 1 of each year. The most recent actuarial valuation prepared was as of January 1, 2006.

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

| | Defined Benefit Plan | Supplementary Plan | Total 2006 |
|-------------------------------------|----------------------------|-----------------------|----------------|
| Accrued benefit obligation | \$ (4,264,200) | \$ (1,637,300) | \$ (5,901,500) |
| Fair value of plan assets | 3,649,200 | – | 3,649,200 |
| Funded status – plan deficit | (615,000) | (1,637,300) | (2,252,300) |
| Unamortized transitional obligation | (188,600) | (49,200) | (237,800) |
| Unamortized net actuarial loss | 949,900 | 164,400 | 1,114,300 |
| Accrued benefit asset (liability) | \$ 146,300 | \$ (1,522,100) | \$ (1,375,800) |

Details of the accrued benefit obligation are as follows:

| | Defined Benefit Plan | Supplementary Plan | Total 2006 |
|---|----------------------------|-----------------------|---------------|
| Accrued benefit obligation, beginning of the year | \$ 3,777,300 | \$ 1,650,700 | \$ 5,428,000 |
| Current service cost | 339,200 | 104,600 | 443,800 |
| Interest cost on obligation | 204,800 | 78,900 | 283,700 |
| Benefit payments | (72,200) | – | (72,200) |
| Actuarial (gain) loss on obligation | 15,100 | (196,900) | (181,800) |
| Accrued benefit obligation, end of the year | \$ 4,264,200 | \$ 1,637,300 | \$ 5,901,500 |

The plan expense for the year is determined as follows:

| | Defined Benefit Plan | Supplementary Plan | Total 2006 |
|------------------------------------|----------------------------|-----------------------|---------------|
| Current service cost | \$ 339,200 | \$ 104,600 | \$ 443,800 |
| Interest cost on obligation | 204,800 | 78,900 | 283,700 |
| Expected return on plan assets | (223,900) | – | (223,900) |
| Amortization of transitional asset | (27,000) | (7,100) | (34,100) |
| Amortization of net actuarial loss | 39,400 | 2,200 | 41,600 |
| Plan expense | \$ 332,500 | \$ 178,600 | \$ 511,100 |

The employer contributions to the pension plans amounted to \$323,700 for the defined benefit plan and \$37,700 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 | 7.00% | 7.00% |
| Rate of compensation increase | 4.00% | 4.00% |

7. FUND BALANCE RESTRICTED FOR SPECIFIC PURPOSES

| | 2006 | 2005 |
|-------------------------------------|----------------------|----------------------|
| Internally restricted | | |
| Professional Liability Reserve Fund | \$ 19,250,000 | \$ 19,250,000 |
| Building Reserve Fund | 150,000 | 100,000 |
| | \$ 19,400,000 | \$ 19,350,000 |

In 2006, Council approved an annual inter-fund transfer of \$50,000 from the unrestricted fund to the building reserve fund.

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

As described in Note 5, the College provides for the maximum aggregate loss limit of \$3,500,000 (2005 – \$2,750,000) annually. The prior year's unutilized loss limit of \$309,636 (2005 – \$223,186) represents the difference between the amount expensed in the prior year and the actual costs incurred to settle such claims.

9. CREDIT FACILITY

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

10. COMMITMENTS

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

| | |
|------|------------|
| 2007 | \$ 152,965 |
| 2008 | 110,587 |
| 2009 | 106,357 |
| 2010 | 97,379 |
| 2011 | 85,644 |
| | <hr/> |
| | \$ 552,932 |

11. FINANCIAL INSTRUMENTS

Fair value

The major categories of the College's financial instruments are comprised of cash, investments, accounts receivable, accounts payable, deferred revenue, reserve for claims and the pension plan obligation. For financial instruments that are short-term in nature, such as cash, accounts receivable, accounts payable and deferred revenue, their carrying value approximates their fair values.

The fair value of investments is the aggregate of their market values that are based on quoted market prices and information available at that time as disclosed in Note 3 to these financial statements.

The fair value of the pension plan obligation is the actuarial present value of accrued pension benefits and pension costs calculated as described in Note 6 to these financial statements.

The fair value of the accrued claims liability cannot be determined with sufficient reliability as the timing of the payment of claims is uncertain. Further information on the principal characteristics of the accrued claims liability is disclosed in Note 5.

Concentration of credit risk

The College's exposure to concentration of credit risk is limited as the accounts receivable are substantially from its members.

12. CONTINGENCIES

In the ordinary course of business, the College is a defendant in various legal actions, the outcomes of which are not determinable at this time. Settlements, if any, will be accounted for in the period when these amounts can be reasonably determined and to the extent that the amounts are not recoverable from insurers. The College is vigorously defending these actions.

13. GUARANTEE

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

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

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

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

14. COMPARATIVE FIGURES

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

Distribution of Dentists

Distribution of Dentists Practising in Ontario by Age Range, County and Electoral District

| County | Less than 31 | 31 - 40 | 41 - 50 | 51 - 60 | 61 - 65 | Over 65 |
|-----------------------------|--------------|------------|------------|------------|-----------|-----------|
| DISTRICT #1 | | | | | | |
| Dundas | 1 | 0 | 2 | 2 | 0 | 1 |
| Frontenac | 9 | 29 | 24 | 16 | 2 | 2 |
| Glengarry | 1 | 0 | 1 | 1 | 0 | 0 |
| Grenville | 6 | 0 | 3 | 0 | 0 | 0 |
| Lanark | 5 | 3 | 6 | 6 | 0 | 1 |
| Leeds | 3 | 8 | 7 | 9 | 2 | 3 |
| Lennox Addington | 1 | 5 | 0 | 1 | 0 | 1 |
| Ottawa Carlton | 117 | 189 | 142 | 103 | 11 | 13 |
| Prescott | 4 | 2 | 4 | 1 | 0 | 0 |
| Renfrew | 16 | 6 | 11 | 11 | 0 | 1 |
| Russell | 3 | 4 | 3 | 1 | 0 | 0 |
| Stormont | 6 | 4 | 11 | 2 | 1 | 2 |
| District Total: 829 | 172 | 250 | 214 | 153 | 16 | 24 |
| DISTRICT #2 | | | | | | |
| Durham | 70 | 103 | 74 | 51 | 7 | 5 |
| Haliburton | 0 | 1 | 1 | 1 | 0 | 0 |
| Hastings | 11 | 12 | 9 | 15 | 2 | 3 |
| Northumberland | 9 | 7 | 9 | 3 | 0 | 0 |
| Peterborough | 13 | 20 | 13 | 8 | 1 | 0 |
| Prince Edward | 0 | 0 | 3 | 0 | 0 | 0 |
| Victoria | 3 | 8 | 1 | 7 | 0 | 0 |
| York | 120 | 179 | 156 | 65 | 5 | 6 |
| District Total: 1001 | 226 | 330 | 266 | 150 | 15 | 14 |
| DISTRICT #3 | | | | | | |
| Algoma | 7 | 16 | 13 | 10 | 4 | 2 |
| Cochrane | 7 | 12 | 13 | 6 | 1 | 1 |
| Kenora | 4 | 5 | 10 | 5 | 0 | 1 |
| Manitoulin | 1 | 2 | 3 | 0 | 0 | 0 |
| Nipissing | 1 | 11 | 10 | 10 | 0 | 2 |
| Rainy River | 1 | 6 | 2 | 1 | 0 | 0 |
| Sudbury | 15 | 16 | 24 | 15 | 2 | 5 |
| Thunder Bay | 13 | 16 | 25 | 19 | 5 | 4 |
| Timiskaming | 4 | 2 | 5 | 5 | 0 | 0 |
| District Total: 342 | 53 | 86 | 105 | 71 | 12 | 15 |
| DISTRICT #4 | | | | | | |
| Halton | 45 | 80 | 74 | 39 | 10 | 10 |
| Peel | 146 | 211 | 183 | 86 | 14 | 14 |
| District Total: 912 | 191 | 291 | 257 | 125 | 24 | 24 |
| DISTRICT #5 | | | | | | |
| Bruce | 5 | 7 | 8 | 5 | 0 | 0 |
| Dufferin | 8 | 5 | 6 | 4 | 1 | 1 |
| Grey | 4 | 5 | 10 | 16 | 1 | 1 |
| Huron | 4 | 6 | 4 | 7 | 1 | 1 |
| Muskoka | 3 | 9 | 14 | 1 | 1 | 2 |
| Parry Sound | 1 | 2 | 5 | 1 | 0 | 1 |
| Simcoe | 41 | 45 | 59 | 30 | 2 | 5 |
| District Total: 332 | 66 | 79 | 106 | 64 | 6 | 11 |

| County | Less than 31 | 31 - 40 | 41 - 50 | 51 - 60 | 61 - 65 | Over 65 |
|--------------------------------|--------------|-------------|-------------|-------------|------------|------------|
| DISTRICT #6 | | | | | | |
| Elgin | 5 | 5 | 7 | 8 | 1 | 2 |
| Essex | 49 | 74 | 53 | 33 | 2 | 3 |
| Kent | 7 | 10 | 11 | 11 | 1 | 1 |
| Lambton | 7 | 4 | 25 | 10 | 0 | 1 |
| Middlesex | 56 | 71 | 94 | 60 | 5 | 10 |
| District Total: 626 | 124 | 164 | 190 | 122 | 9 | 17 |
| DISTRICT #7 | | | | | | |
| Brant | 8 | 18 | 18 | 15 | 1 | 2 |
| Haldimand Norfolk | 6 | 4 | 9 | 8 | 1 | 4 |
| Oxford | 12 | 10 | 9 | 14 | 1 | 2 |
| Perth | 7 | 5 | 4 | 6 | 1 | 1 |
| Waterloo | 48 | 78 | 67 | 36 | 4 | 4 |
| Wellington | 19 | 30 | 24 | 23 | 2 | 2 |
| District Total: 503 | 100 | 145 | 131 | 102 | 10 | 15 |
| DISTRICT #8 | | | | | | |
| Hamilton Wentworth | 51 | 76 | 87 | 56 | 7 | 12 |
| Niagara | 40 | 48 | 67 | 41 | 6 | 15 |
| District Total: 506 | 91 | 124 | 154 | 97 | 13 | 27 |
| DISTRICT #9 | | | | | | |
| Metro Toronto | 51 | 150 | 135 | 103 | 31 | 45 |
| District Total: 515 | 51 | 150 | 135 | 103 | 31 | 45 |
| DISTRICT #10 | | | | | | |
| Metro Toronto | 65 | 167 | 143 | 105 | 26 | 34 |
| District Total: 540 | 65 | 167 | 143 | 105 | 26 | 34 |
| DISTRICT #11 | | | | | | |
| Metro Toronto | 103 | 137 | 146 | 102 | 18 | 30 |
| District Total: 536 | 103 | 137 | 146 | 102 | 18 | 30 |
| DISTRICT #12 | | | | | | |
| Metro Toronto | 95 | 239 | 224 | 120 | 28 | 33 |
| District Total: 739 | 95 | 239 | 224 | 120 | 28 | 33 |
| Provincial Totals: 7381 | 1337 | 2162 | 2071 | 1314 | 208 | 289 |

RCDSO Data - as of December 31, 2006

(These figures represent all classes of certificates of registration for members with a registered practice address in the province of Ontario.)

Presidents and Registrars

PRESIDENTS

B.W. Day
April 1868 - June 1870

H.T. Wood
June 1870 - July 1874

C.S. Chittenden
July 1874 - May 1889

H.T. Wood
May 1889 - March 1893

R.J. Husband
March 1893 - April 1899

G.E. Hanna
April 1899 - April 1901

A.M. Clark
April 1901 - April 1903

H.R. Abbott
April 1903 - April 1907

R.B. Burt
April 1907 - April 1909

G.C. Bonnycastle
April 1909 - May 1911

W.J. Bruce
May 1911 - May 1913

D. Clark
May 1913 - May 1915

W.C. Davy
May 1915 - May 1917

W.C. Trotter
May 1917 - May 1918

W.M. McGuire
May 1918 - May 1921

M.A. Morrison
May 1921 - May 1923

A.D. Mason
May 1923 - May 1925

E.E. Bruce
May 1925 - May 1927

R.C. McLean
May 1927 - May 1929

S.S. Davidson
May 1929 - June 1931

S.M. Kennedy
June 1931 - May 1933

H. Irvine
May 1933 - May 1935

G.H. Holmes
May 1935 - May 1937

E.C. Veitch
May 1937 - May 1939

L.D. Hogan
May 1939 - May 1941

F.A. Blatchford
May 1941 - May 1943

G.H. Campbell
May 1943 - May 1945

S.W. Bradley
May 1945 - May 1947

H.W. Reid
May 1947 - May 1949

S.J. Phillips
May 1949 - May 1951

R.O. Winn
May 1951 - May 1953

C.M. Purcell
May 1953 - May 1955

R.J. Godfrey
May 1955 - May 1957

M.C. Bebee
May 1957 - May 1959

M.V. Keenan
May 1959 - May 1961

A.H. Leckie
May 1961 - April 1963

W.G. Bruce
April 1963 - April 1965

J.P. Coupland
April 1965 - February 1967

J.D. Purves
February 1967 - January 1969

H.M. Jolley
January 1969 - January 1971

N.L. Diefenbacher
January 1971 - January 1973

P.P. Zakarow
January 1973 - January 1975

R.P. McCutcheon
January 1975 - January 1977

E.G. Sonley
January 1977 - January 1979

A.J. Calzonetti
January 1979 - January 1981

C.A. Doughty
January 1981 - January 1983

R.L. Filion
January 1983 - January 1985

G.E. Pitkin
January 1985 - January 1987

G. Nikiforuk
January 1987 - January 1989

W.J. Dunn
January 1989 - January 1991

R.M. Beyers
January 1991 - March 1994

G.P. Citrome
March 1994 - February 1997

M. Yasny
February 1997 - January 1999

T.W. McKean
January 1999 - January 2001

E. Luks
January 2001 - January 2003

C.A. Witmer
January 2003 - January 2007

F.M. Stechey
January 2007 -

REGISTRARS

J. O'Donnell
April 1868 - July 1870

J.B. Willmott
July 1870 - June 1915

W.E. Willmott
July 1915 - May 1940

D.W. Gullett
May 1940 - July 1956

W.J. Dunn
July 1956 - February 1965

K.F. Pownall
February 1965 - July 1990

R.L. Ellis
July 1990 - November 1996

M.H. Stein
November 1996 - January 2000

I.W. Fefergrad
June 2000 -



**Royal College of
Dental Surgeons of Ontario**

Ensuring Continued Trust

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