

Turning vision into results

2003 ANNUAL REPORT



Royal College of
Dental Surgeons of Ontario

Ensuring Continued Trust



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 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.

Over 7,650 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.

Contents

1	President's Message
2	Vision and Action Means Results
4	Complaints Committee
6	Discipline Committee
8	Executive Committee
10	Fitness to Practise Committee
11	Patient Relations Committee
12	Quality Assurance Committee
14	Registration Committee
16	Professional Liability Program
19	Auditors' Report
20	Audited Financial Statements
29	Statistics, Presidents, and Registrars



What makes us leaders?

That is not an easy question to answer. I do know that leadership does not just happen. It is not a happy coincidence. One of the best answers is one I read recently: Leadership is about creating something that would not have happened otherwise and something that will never go back to the way it was.

That is just what happened 140 years ago as a result of the leadership demonstrated by dentists like Dr. John O'Donnell and other dental pioneers who showed the foresight to create the first dental act in the world. That pattern of leadership continues today.

Over the last several years the College has successfully adopted the language and actions of leadership. Our goal was to start thinking in new ways, to challenge old ideas, and to inspire innovative new approaches.

The College has time and time again demonstrated the vision and courage to succeed. We have not been afraid to take action when we honestly believed that it was the right thing to do.

Let me highlight a few of our achievements in 2003. There was our work to promote access to dental care in the long-term care sector, a new public information brochure on how to access the complaints process, a toolkit to assist every dentist in the province to comply with the federal privacy legislation, free on-line access for all dentists in Ontario to search for adverse drug interactions, an amalgam waste regulation that sets a Canadian benchmark, and FLAME, our Fresh Look At Member Education consultation to enhance lifelong learning.

Our governing Council has continually demonstrated the willingness to take responsibility and to make good decisions. Both Council and staff have a genuine passion for a cause larger than themselves. We truly believe in our mandate to protect the public interest.

Working together harmoniously, the Council and staff have created a College that is the leader in self-regulation in Canada.

We have created a culture of trust and openness that is the hallmark of all our dealings with members and the public. Ultimately, good dentistry depends on people and organizations committed to treating individuals and groups compassionately, fairly, and ethically.

In the end, the best answer to the question what makes us a leader is to look at our results.

A handwritten signature in black ink, appearing to read 'Cam Witmer'.

Cam Witmer, DDS
President

Vision and action means results

2003 has been an incredible year of accomplishments.

These tangible results were achieved through leadership and the simple yet strong values of fairness, compassion, and ethical behaviour. We are always mindful of the need to be accountable and transparent in our relationships with all of our partners, including dentists, government, and the public.



Protecting the

Public Education

Ensuring public trust is one of our highest priorities. A new public information brochure explains in plain English how to access the College's complaints process.



In Partnership with First Nations Communities

Exploring how the College and First Nations communities can work in partnership to improve the quality and access to dental care was the theme of a meeting with representatives of the Central Ontario Health Board of the Anishinabek Nation. They represent about 30 per cent of the total First Nations population in Ontario.



Focus on Lifelong Learning

Commitment to continuous lifelong learning throughout the dentist's career is the goal of a broad membership consultation to develop the next generation of educational support for dentists across the province.





Access To Dental Care

The College organized and hosted two one-day symposiums. These symposiums brought together for the first time members of the dental community and the long-term care sector to discuss how to improve the oral health care of people in this sector.



Free On-line Search Access for Adverse Drug Interactions

The College is the only dental organization in the country to provide on-line search access for adverse drug interactions. The computerized database is available free of charge to every dentist in the province on the College's Web site.

Amalgam Waste Regulation – A First In Canada

The College's equipment-based standard on amalgam waste disposal sets a benchmark in Canada with a reliable and practical approach to amalgam waste disposal. It is a clear signal that dentists are responsible citizens who care about their patients and the environment.

rights of the public



Medical History Recordkeeping

Our guide for Ontario dentists and patients on medical history recordkeeping has become a best-seller. The College distributes it free of charge, on request, across Canada. The guide is used in virtually every community college dental hygiene program in Ontario, and as course material in university dental schools in Ontario, Alberta, and British Columbia.



Illegal Practice of Dentistry

The College continues to focus on public protection by working diligently to shut down individuals who are illegally practising dentistry by providing underground, substandard, and often dangerous treatment to the unsuspecting public. Our efforts were profiled in a front page story in the Globe and Mail.

Privacy Toolkit

The College developed and distributed a toolkit of practical, common sense information to help dentists be compliance-ready for the implementation of the federal privacy legislation. The toolkit became a model supported by both federal and provincial privacy officials.



Complaints Committee

Complaints Committee

Members

Dr. Marvin Klotz – *Chair*

Dr. Lorne Akler

Dr. Douglas Beaton

Mr. Ryan Clarke

Dr. George Grayson

Dr. Hartley Kestenberg

Dr. Louis London

Mr. Douglas McVeigh

Ms. Joan Stewart

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:

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

COMPLAINTS STATISTICS

In 2003, the College received 343 letters of complaint or inquiry, of which 260 became formal complaints. Panels of the Complaints Committee met on 32 occasions in 2003. A summary of the Committee's activities is shown below.

Summary of Committee Activity for the Year 2003

Number of Oral Cautions Delivered	25
Number of Section 75(c) Investigations Requested by Committee	4
Voluntary Undertaking/Agreements Signed by Members	37

Decisions

Number of Decisions Issued	254
No Further Action	184
Written Caution	54
Oral Caution	12
Referral to Discipline Committee	4
Referral to Executive Committee	0

ALTERNATE DISPUTE RESOLUTION

Alternate Dispute Resolution (ADR) is a non-statutory process for resolving certain disputes. In appropriate cases, upon consent, the complainant and the dentist meet

face-to-face in the presence of a facilitator, whose role is assisting the parties in their attempt to resolve the dispute or to identify and simplify the issue(s).

The ADR process provides a more flexible framework for dealing effectively with issues and a more informal and direct approach to bring a rapid resolution.

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

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

The 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.

In 2003, 48 cases met the eligibility criteria for ADR, of which 20 proceeded to ADR negotiations.

Summary of Alternate Dispute Resolution Activities For the Year 2003

Proposed ADR Referrals	48
ADR Negotiations ¹	20
Resolved	19
Not Resolved	1
Returned to Formal Complaints Process ²	27
Pending Consents from Dentists/Complainants	1

1. Six ADR negotiations were carried forward from the year 2002.

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

HEALTH PROFESSIONS APPEAL AND REVIEW BOARD (HPARB)

If either party is not satisfied with the decision of a Complaints Committee panel or process, he/she has the right to request a review by the Health Professions Appeal and Review Board. 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 the HPARB. The College, however, is not a party at HPARB.

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.

Summary of HPARB Activity for the Year 2003

Number of requests for review received in 2003*	61
Number of decisions issued by the Board in 2003 ¹	57
Complaints Panel Decision Confirmed by HPARB	40
Frivolous & Vexatious	1
Returned for Removal of Oral/Written Cautions	0
Returned for Oral Cautions	0
Returned for Further Investigation/Unreasonableness	3
Returned for Referral to Discipline	0
Request for Review Abandoned	0
Request for Review Denied by the Board	8
Request for Review Withdrawn by the Applicant	5
Section 28 ² Order – Request	3
Section 28 ² Order – Denied	3

*Not all of these requests for reviews were dealt with by HPARB in 2003.

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 120 days after filing of the Complaint."

Discipline Committee

Discipline Committee

Members

Dr. Eric Luks – *Chair*

Dr. Philip Watson – *Vice-Chair*

Dr. John Anthony

Dr. Albert Bouclin

Dr. Stephen Brown

Dr. Jimmy Ho

Dr. Vic Krueger

Ms. Mary Ann Labaj

Dr. Virginia Luks

Mr. Robert Marr

Mr. John Pappain

Mr. Elesh Ruparel

Mr. Stan Spencer

Mr. Ben Wiwcharyk

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:

1. Direct the Registrar to revoke the member's certificate of registration.
2. Direct the Registrar to suspend the member's certificate of registration for a specified period of time.
3. Direct the Registrar to impose specified terms, conditions, and limitations on the member's certificate of registration for a specified or indefinite period of time.
4. Require the member to appear before the panel to be reprimanded.
5. Require the member to pay a fine of not more than \$35,000 to the Minister of Finance.

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

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

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

PRE-HEARING CONFERENCE

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/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 a Discipline Committee hearing involving that particular member.

DISCIPLINE STATISTICS

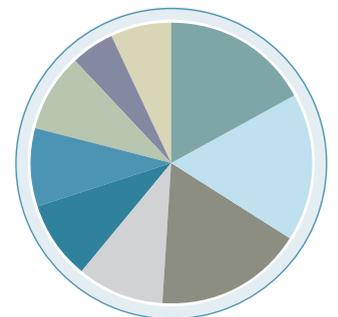
Twenty-seven discipline hearings were held in 2003, requiring panels of the Discipline Committee to sit for 61 hearing days. Eighteen members were found guilty of professional misconduct, involving 59 specified allegations. Two members were found not guilty. In three cases, the allegations were withdrawn. Three hearings are ongoing.

Ten pre-hearing conferences were held in 2003.

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. 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 2003 are included, by reference only, in this annual report.

PROFILE OF DISCIPLINE FINDINGS 2003



- 17% ● Falsifying records/submitting false or misleading documents or accounts
- 17% ● Failing to keep records as required by the regulations
- 17% ● Contravening/failing to maintain standards of practice of profession
- 10% ● Providing unnecessary dental services
- 9% ● Failing to comply with terms, conditions, and limitations or abide by an undertaking
- 9% ● Charging excessive or unreasonable fees
- 9% ● Disgraceful, dishonourable, unprofessional or unethical conduct
- 5% ● Inappropriate use of prescribing privileges
- 7% ● Other

Executive Committee

Executive Committee Members

Dr. Cameron Witmer – *Chair*
Dr. David Charles
Ms. Krystyna Rudko
Dr. Douglas Smith
Mr. Ben Wiwcharyk

MANDATE

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

The Executive Committee also has certain statutory functions under the legislation in addition to those 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

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/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 2003, 27 Section 75(a) investigations were approved and the results of those investigations were reported to the Executive Committee.

Practice Monitoring Visits

Members may require monitoring of their practices for a number of reasons, including a voluntary undertaking/agreement that is made between the member and the College or by orders made by the Discipline Committee or Fitness to Practise Committee. Results of 93 monitoring visits were reported to the Executive Committee in 2003.

Referrals to the Discipline Committee

In 2003, the Executive Committee referred 38 specified allegations of professional misconduct involving 10 members to the Discipline Committee. The allegations related to the following types of misconduct:

- failure to comply with an order of a panel of the Discipline Committee;

- failure to abide by a written undertaking given by the member to the College;
- contravention of terms, conditions or limitations on the member's certificate of registration;
- prescribing, dispensing or selling a drug for an improper purpose or otherwise using improperly the authority to prescribe, dispense or sell drugs;
- abuse of a patient;
- treating a patient without proper consent;
- 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;
- contravention of a standard of practice of the profession;
- inappropriate advertising;
- failure to collect or attempt to collect co-payment balances;
- contravention of Section 5 of the Registration Regulation;
- contravention of a law;
- failure to ensure that information provided to the College is accurate;
- disgraceful, dishonourable, unprofessional, unethical conduct.

Incapacity

Under the Health Professions Procedural Code of the *Regulated Health Professions Act, 1991*, (Code) 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 dealt with six matters involving incapacity of members.

Substance Abuse

Substance abuse issues involving nine members were reviewed by the Executive Committee. In most cases, the member voluntarily agreed to have practice restrictions, such as withdrawal from practice, withdrawal of prescribing privileges, substance abuse treatment, and/or counselling, and frequent reporting to the Registrar.

Requests for Removal or Modification of Practice Restrictions

The Executive Committee considers requests from members for removal or modification of practice restrictions that are imposed by an order of the Discipline Committee or Fitness to Practise Committee or voluntarily placed on members' certificates of registration to address issues of concern. The Committee considered three such requests in 2003.

In 2003, under Section 75(a), 27 investigations were approved and the results of those investigations were reported to the Executive Committee.

Compliance with Decisions, Orders, Undertakings

When a member fails to comply with an order of the Discipline Committee, an order of the Fitness to Practise Committee, a decision of the Complaints Committee requiring the member to be cautioned or a voluntary undertaking/agreement, this conduct is brought to the attention of the Executive Committee. In 2003, the conduct of five members in this regard was reviewed.

Professional Advertising

In 2003, the Executive Committee reviewed seven cases of inappropriate advertising on the part of members. In most of these cases, members voluntarily authored apologies to the dental profession and agreed to have future advertising reviewed by the College prior to its 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 as the offending advertisement appeared.

Practice Name Registration

In order to ensure full compliance with the Regulations and the College's Practice Advisory respecting practice names, the Executive Committee reviews applications from members for approval of practice names. In 2003, the Executive Committee reviewed 162 applications.

Fitness To Practise Committee

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/she is no longer permitted to practise or that his/her practice be restricted.

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

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

ACTIVITY HIGHLIGHTS

It was not necessary for the Fitness to Practise Committee to hold any hearings in the year 2003.

Fitness To Practise Committee Members

Dr. Randy Lang – Chair
Mr. Lloyd Pollack
Dr. Terry Witzu

Patient Relations Committee

MANDATE

The *Regulated Health Professions Act, 1991*, (RHPA) mandates that the College have a patient relations program and requires the College to advise the Minister of Health and Long-Term Care’s advisory committee, 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 RHPA.

ACTIVITY HIGHLIGHTS

Practice Advisory

At the November 2003 meeting, Council approved a Practice Advisory entitled Prevention of Sexual Impropriety in the Dental Office, brought forward by the Patient Relations Committee. This practice advisory replaced a guideline published by the College in 1994 on the same subject. The Committee, and ultimately Council, felt the 1994 document required updating, clarification, and enhancing.

After meeting three times and considering all of the relevant information, the Patient Relations Committee decided that the concept of zero tolerance was reflective of the obligations in the dental office and not of the regulatory process. The Committee felt revising the current guideline and having it take the form of a practice advisory would have the dual benefit of fulfilling the Committee’s mandate under the RHPA and providing updated information, better definitions, more guidance to members, and more protection to both patients and staff.

The new practice advisory provides more guidance by giving examples of dos and don’ts, providing current information about boundary issues, and clarifying issues regarding interactions with office staff.

Before it was passed by Council, the Patient Relations Committee obtained advice from a psychiatrist and a lawyer, both with expertise in the area of boundary issues. The Committee incorporated the expert suggestions into the final version, which was passed by Council in November 2003.

Request for Funding

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

Patient Relations Committee Members

- Mr. John Pappain – *Chair*
- Ms. Mary Ann Labaj
- Dr. Virginia Luks
- Dr. George Trigylidas
- Dr. Malcolm Yasny

Quality Assurance Committee

Quality Assurance Committee Members

Dr. Randy Lang – *Chair*

Dr. Leslie Armstrong

Dr. Sven Grail

Dr. Bohdan Kryshchak

Mr. Lloyd Pollack

MANDATE

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

ON-LINE DRUG INTERACTION PROGRAM

Dentists are increasingly treating patients who are taking a variety of medications. This makes it difficult for dentists to know what additional medications they might be able to safely prescribe.

At present, before prescribing additional medication, a dentist would either consult the patient's physician or review the pharmaceutical literature for possible interactions of the drug(s) the patient is taking. This can be a time-consuming and complex exercise. There is always a possibility for error.

To assist members with this type of problem, the Committee researched various computer programs that offered a drug interaction profile for the combination of drugs the patient is currently taking, as well as any proposed new medications. Negotiations were completed with a reputable not-for-profit organization called The Medical Letter, Inc. This company is completely independent. It was founded in 1958 and is supported solely by subscription fees and accepts no advertising, grants or donations. The database contains over 3,000 drug names and interactions for up to 12 drugs can be checked at once.

The Medical Letter publishes critical appraisals of new drugs and comparative reviews of older drugs. The editorial process used relies on a consensus of experts to develop prescribing recommendations that are completely independent of the pharmaceutical industry.

On August 1, 2003, this new membership service was launched on the College's Web site. It is accessible to all dentists in Ontario at no charge.

MANDATORY CONTINUING DENTAL EDUCATION (MCDE)

The Committee has taken the next step in its ongoing review of the Mandatory Continuing Education Program. Early in the year, the Committee embarked on a process of consultation with membership to find out what courses members would like to see provided and to gauge the interest in self-directed learning. Called FLAME, or a Fresh Look At Member Education, this open dialogue with members is aimed at fulfilling one of the College's principal mandates under the *Regulated Health Professions Act, 1991*, which is to develop, establish, and maintain programs to increase the knowledge base of members.

MENTORSHIP PROGRAM

The Quality Assurance Committee approved a pilot project for a mentorship program. This involves the pairing of dentists who have considerable experience in private practice with a dentist who has just recently, or is about to enter a solo private practice.

The purpose of the mentorship program is to give the dentist, new to the private practice setting, an opportunity to discuss problems that he/she might encounter in a private practice, with someone who has considerable experience in this area. The exchange of information is on a completely confidential basis.

The voluntary pilot program involves 10 pairings of experienced dentists with dentists who have recently entered private practice. After one year, feedback will be solicited, the program will be reviewed, and a recommendation for a more permanent program will be made if results are positive.

The Quality Assurance Committee embarked on a consultation with membership to gauge the interest in self-directed learning.

Registration Committee Members

Dr. Larry Parker – *Chair*

Dr. Virginia Luks

Dr. Frank Stechey

Ms. Joan Stewart

Registration Committee

REGISTRATION/ENTRY TO PRACTISE

The Registration Committee reviews all applications for registration that the Registrar refers to it. The Registrar is required to refer an application if he/she has doubts that the applicant meets the 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, as well as routinely offering 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.

The Committee is also responsible for setting registration policies and advising College Council on entry to practice/reinstatement requirements. In 2003, a considerable amount of time was spent on finding a protocol respecting the processing of applicants from non-accredited specialty programs.

ACTIVITY HIGHLIGHTS

The Registration Committee met on eight occasions in 2003. It considered 36 requests for registration and/or reinstatement. After reviewing information related to each applicant, the following occurred:

- issuance of nine certificates of registration with terms, conditions, and limitations including general, specialty, and education certificates of registration;
- issuance of one academic certificate of registration;
- issuance of two new specialty certificates of registration;
- issuance of 10 reinstated general certificates of registration and one specialty certificate of registration upon successful completion of the College's ethics and jurisprudence requirement;
- issuance of two certificates of registration, general and specialty, upon the College receiving a signed undertaking;
- refusal of three specialty certificates of registration and one education certificate of registration;
- approval of one application for variation;
- the Committee deferred three applications for reinstatement of a general certificate of registration, two new applications for specialty certificates of registration, and two applications for an education certificate of registration.

Statistics

As at December 31, 2003

Additions to the Register

University of Toronto	72
University of Western Ontario	46
Other Canadian Graduates (NDEB)	53
USA/Foreign Graduates (NDEB)	112
Specialty Certificates*	28
Academic Certificates	5
Instructional Certificates	0

* Two were new members to the College and 26 were general members adding a specialty register.

Specialty Certificates Granted

The College granted 28 certificates during 2003 in the following dental specialties:

Endodontics	5
Oral and Maxillofacial Surgery	3
Orthodontics	6
Paediatric Dentistry	5
Periodontics	6
Prosthodontics	3

Removals and Reinstatements

Deceased	15
Resigned	151
Reinstated	20

Total Membership Certificates by Category

General Certificates	6,639
Specialty Certificates	69
Combined General/Specialty Certificates	907
Academic Certificates	22
Education Certificates	7
Graduate Certificates	22
Instructional Certificates	0

TOTAL NUMBER OF MEMBERSHIP CERTIFICATES 7,666

The Registration Committee offers advice to Council on entry to practice/reinstatement requirements.

The Professional Liability Program

The Professional Liability Program Members

- Ms. Krys Rudko – *Chair*
- Dr. Domenic Belcastro
- Dr. David Charles
- Dr. Steven Cohen
- Dr. Mary Krywulak
- Dr. Ronald Palinka
- Dr. Ronald Yarascavitch

MANDATE

Under the Professional Liability Program (PLP), each member of the College obtains the benefits of errors and omissions coverage for professional liability or malpractice claims. The program provides coverage for all of the College’s members currently practising in Ontario and former/retired/deceased members for negligent acts that occurred in Ontario when they were members.

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.

CLAIMS ACTIVITY

As of the end of the calendar year of 2003, 1,231 PLP files had been opened. This represents an eight per cent increase over 2002. Table 1 shows the number of claim files opened for the 10-year period from 1993 to 2003.

This increase is not considered of concern as it most likely relates to the concerted effort on PLP’s part to raise the awareness of members about the program and about the importance of early reporting of potential claims.

The good news continues to be that the vast majority of these files will likely be closed with no claim payments being made and therefore no member deductible owing. Table 2 shows the claim payment profile for the years 1993 to 2003.

To complete the broad snapshot of PLP claims activity, Table 3 gives the number of claims opened in 2003, categorized by type of service.

PLP staff continue to be active in the area of claims/risk management and fully expect that the vast majority of new files will eventually be closed without any monies being paid and therefore without any deductible payment being required.

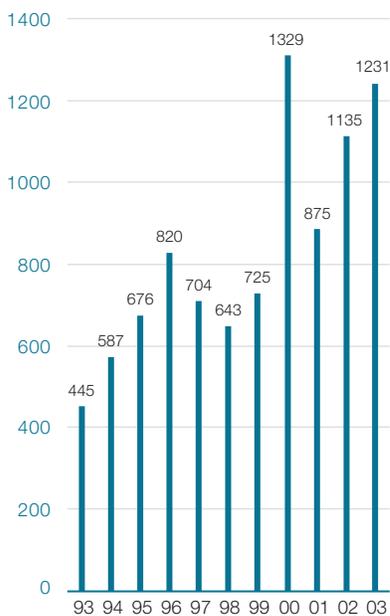
PLP POLICY RENEWAL FOR 2004 – 2005

The existing PLP policy expired as of January 1, 2004, making it necessary for the College, through its brokers Marsh Canada Limited, to enter the policy renewal process during the latter part of the year.

This process involved the following steps:

- exploring the professional malpractice insurance marketplace and the interest in the Professional Liability Program;

TABLE 1
NUMBER OF FILES
PER YEAR



- determining the interest of our current insurers ENCON Insurance Managers in continuing as PLP’s carriers;
- negotiating a multi-year, if possible, renewal policy with similar terms to the expiring one at a favourable premium rate.

After careful review, Marsh Canada Limited recommended that the College’s renewal efforts should be focused on trying to negotiate a renewal with PLP’s existing insurer, ENCON Insurance Managers. This recommendation was based on the fact that PLP has an excellent working relationship with ENCON that was further strengthened by the positive results of a claims audit that was undertaken by ENCON in the fall of 2003.

As a result of strong negotiating efforts, Marsh Canada Limited was able to secure a two-year renewal at reasonable cost to the College, as well as approval of the revised policy wording. While the coverage for 2004 and 2005 remains unchanged from the current policy, Council did approve an increase in the individual deductible from the amount that had been in place since 1986.

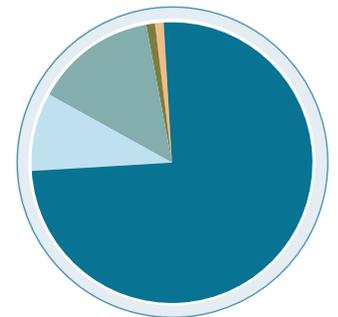
RISK MANAGEMENT AND CLAIMS PREVENTION

The Professional Liability Program area of the College continued its emphasis on risk management and claims prevention during 2003. Participation by PLP staff at presentations made to local dental societies, senior dental students, and other groups were vehicles used to communicate with our members. In addition, PLP staff prepared regular Ounce of Prevention articles for publication in the College’s magazine *Dispatch*.

In all of its communication activities, PLP’s consistent messages include information that:

- Reminds dentists that there is absolutely no link between PLP and the Complaints, Investigations and Hearings area of the College, and that any contact that they may have with PLP is strictly confidential.
- Provides guidance on how to properly communicate with a patient and, equally importantly, the importance of recording such communication in the patient record.
- Covers the issue of informed consent and how to properly document the discussion that took place.
- Advises dentists to recognize their limitations and to refer difficult cases when it is appropriate to do so.
- Encourages the implementation of risk management strategies into everyday dental practice.
- Reminds members that when in doubt, call PLP.

TABLE 2
CLOSED FILES BY
PAYMENT RANGE 1993 – 2003



- 75% ● No Payments
- 9% ● \$1,000 to \$10,000
- 14% ● \$10,001 to \$35,000
- 1% ● \$35,001 to \$50,000
- 1% ● > \$50,000

TABLE 3
PLP FILES BY TYPE
OF SERVICE 2003



- 1% ● Adjunctive General Services
- 8% ● Diagnostic Services
- 20% ● Endodontic Services
- 18% ● Oral and Maxillofacial Surgery
- 5% ● Orthodontic Services
- 3% ● Periodontal Services
- 4% ● Preventive Services
- 7% ● Prosthetics – Removable
- 8% ● Prosthetic Services – Fixed
- 26% ● Restorative Services

Financial Statements

December 31, 2003

20	Balance Sheet
21	Statement of Operations
22	Statement of Changes in Fund Balance
23	Statement of Cash Flows
24	Notes to Financial Statements

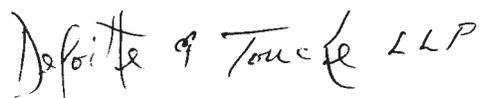
Auditors' Report

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 as at December 31, 2003, and the statements of operations, changes in fund balance, 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, 2003, and the results of its operations and its cash flows for the year then ended in accordance with Canadian generally accepted accounting principles.



Chartered Accountants

Toronto, Ontario
February 20, 2004

Balance Sheet

December 31, 2003

	2003	2002
ASSETS		
CURRENT		
Cash	\$ 398,471	\$ 162,505
Short-term investments	3,876,303	4,533,955
Accounts receivable	1,133,566	905,948
Prepaid expenses	71,481	60,311
	5,479,821	5,662,719
INVESTMENTS (Note 3)	34,546,919	34,159,489
CAPITAL ASSETS (Note 4)	5,958,099	5,987,722
	\$ 45,984,839	\$ 45,809,930
LIABILITIES AND FUND BALANCE		
CURRENT		
Accounts payable and accrued liabilities	\$ 292,439	\$ 345,969
Deferred revenue	11,334,397	9,889,580
	11,626,836	10,235,549
ACCRUED CLAIMS LIABILITY (Note 5)	6,633,646	7,420,174
PENSION PLAN OBLIGATION (Note 6)	872,600	753,100
	19,133,082	18,408,823
FUND BALANCE		
Invested in capital assets	5,958,099	5,987,722
Restricted for specific purposes (Note 7)	19,250,000	19,250,000
Unrestricted	1,643,658	2,163,385
	26,851,757	27,401,107
	\$ 45,984,839	\$ 45,809,930

APPROVED ON BEHALF OF THE MEMBERS OF COUNCIL



Cam Witmer, DDS
President

Statement of Operations

Year ended December 31, 2003

	2003	2002
REVENUE		
Registration and annual fees	\$ 10,547,793	\$ 9,957,095
Interest	1,781,804	2,098,279
Prior year's unutilized loss limit <i>(Note 8)</i>	640,143	715,330
Recoveries	33,127	94,538
Rebate of insurance premiums	179,850	–
Sundry	132,041	192,229
Rental income – tenants	146,118	165,767
	13,460,876	13,223,238
EXPENDITURES		
Salaries and benefits	4,728,251	4,120,565
Maximum loss limit provision <i>(Note 8)</i>	2,750,000	2,750,000
Insurance premiums	1,581,288	1,586,414
Legal fees	762,589	825,851
Honoraria	630,220	572,805
Consulting and professional fees	308,663	428,462
Administrative	474,312	526,954
Printing, stationery, and supplies	783,736	641,736
Amortization of capital assets	390,453	337,016
Property maintenance and operating costs	419,006	388,576
Grants	255,563	230,780
Travel and accommodation	192,945	196,070
Equipment – rental and maintenance	234,328	197,067
Postage and courier	225,887	160,286
Expert fees	53,707	72,853
Telephone	72,249	81,399
Membership education	52,846	68,662
Broker fees	30,000	30,000
Bad debt expense	–	35,901
Sundry expenses	4,676	5,690
Witness and court reporter fees	59,507	48,991
	14,010,226	13,306,078
EXCESS OF EXPENDITURES OVER REVENUE	\$ (549,350)	\$ (82,840)

Statement of Changes in Fund Balance

Year ended December 31, 2003

	Invested in capital assets	Restricted for specific purposes <i>(Note 7)</i>	Unrestricted	TOTAL	
				2003	2002
Fund balance, beginning of year	\$5,987,722	\$19,250,000	\$2,163,385	\$27,401,107	\$27,483,947
Excess of expenditures over revenue	(390,453)	–	(158,897)	(549,350)	(82,840)
Investment in capital assets	360,830	–	(360,830)	–	–
FUND BALANCE, END OF YEAR	\$5,958,099	\$19,250,000	\$1,643,658	\$26,851,757	\$27,401,107

Statement of Cash Flows

Year ended December 31, 2003

	2003	2002
NET (OUTFLOW) INFLOW OF CASH RELATED TO THE FOLLOWING ACTIVITIES		
OPERATING		
Excess of expenditures over revenue	\$ (549,350)	\$ (82,840)
Items not affecting cash		
Amortization of premiums on investments	(42,379)	(66,700)
Amortization of capital assets	390,453	337,016
	(201,276)	187,476
Changes in non-cash working capital balances		
Accounts receivable	(227,618)	160,533
Prepaid expenses	(11,170)	(34,719)
Accounts payable and accrued liabilities	(53,530)	(15,291)
Deferred revenue	1,444,817	245,560
Accrued claims liability	(786,528)	(1,499,028)
Pension plan obligation	119,500	4,500
	284,195	(950,969)
INVESTING		
Additions to capital assets	(360,830)	(1,153,861)
Change in investments	(345,051)	2,193,937
	(705,881)	1,040,076
NET CASH (OUTFLOW) INFLOW	(421,686)	89,108
CASH, BEGINNING OF YEAR	4,696,460	4,607,352
CASH, END OF YEAR	\$ 4,274,774	\$ 4,696,460
CASH IS COMPRISED OF		
Cash	\$ 398,471	\$ 162,505
Short-term investments	3,876,303	4,533,955
	\$ 4,274,774	\$ 4,696,460

Notes to Financial Statements

December 31, 2003

1. GENERAL

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

2. SIGNIFICANT ACCOUNTING POLICIES

Financial statement presentation

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

Revenue recognition

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

Short-term investments

Short-term investments are recorded at the lower of cost and market. The market value of the short-term investments approximate cost.

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 losses is made.

Capital assets

Capital assets are recorded at cost and 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 being 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 certain reported amounts of assets and liabilities, 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

	2003		2002	
	Carrying value	Market	Carrying value	Market
Bonds and coupons				
Government of Canada	\$17,442,996	\$17,912,551	\$20,839,676	\$21,478,665
Provinces of Canada	17,103,923	17,474,817	13,319,813	13,806,528
	\$34,546,919	\$35,387,368	\$34,159,489	\$35,285,193

The carrying value of investments includes accrued interest of \$11,848,564 (2002 – \$13,043,229).

4. CAPITAL ASSETS

	2003			2002
	Cost	Accumulated Amortization	Net Book value	Net Book value
Land	\$3,746,281	\$ –	\$3,746,281	\$3,746,281
Building improvements	2,740,625	838,333	1,902,292	1,892,274
Computer equipment	1,204,594	1,024,304	180,290	243,382
Furniture and fixtures	167,413	93,145	74,268	44,259
Office equipment	194,161	139,192	54,969	61,526
	\$8,053,073	\$2,094,974	\$5,958,099	\$5,987,722

The amount of land and building shown above represents the College's 90 per cent 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 2003, dentists were covered for a maximum liability of \$2,000,000 (2002 – \$2,000,000) for each validated claim. The College is liable for the first \$75,000 (2002 – \$75,000) of a validated claim subject to a 2003 maximum aggregate loss limit of \$2,750,000 (2002 – \$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 \$75,000 and for total claims in a year in excess of \$2,750,000 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 \$1,000 on any one occurrence, including defence costs, increasing at a rate of \$1,000 for each additional claim in a 36 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 funded status of the College's pension plan using actuarial assumptions as of December 31, 2003, was as follows:

	Defined Benefit Plan	Supplementary Plan	Total 2003
Accrued benefit obligation	\$2,558,300	\$ 1,278,400	\$ 3,836,700
Fair value of plan assets	2,382,800	–	2,382,800
Funded status – plan deficit	(175,500)	(1,278,400)	(1,453,900)
Unamortized transitional (asset) liability	(161,300)	138,000	(23,300)
Unamortized net actuarial gains	502,000	102,600	604,600
Accrued benefit asset (liability)	\$ 165,200	\$ (1,037,800)	\$ (872,600)

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

	Defined Benefit Plan	Supplementary Plan
Discount rate	6.50%	6.50%
Rate of compensation increase	4.00%	4.00%

The estimated average remaining service life of the employee groups covered by the plan is 14 years. Other information about the College's plan is as follows:

	Defined Benefit Plan	Supplementary Plan	Total 2003
Plan expense	\$190,200	\$133,200	\$323,400
Contributions	167,000	36,700	203,700

7. FUND BALANCE RESTRICTED FOR SPECIFIC PURPOSES

	2003	2002
Internally restricted		
Professional Liability Reserve Fund	\$19,250,000	\$19,250,000

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

As discussed in Note 5, the College provides for the maximum aggregate loss limit of \$2,750,000 (2002 – \$2,750,000) annually. The prior year's unutilized loss limit of \$640,143 (2002 – \$715,330) includes 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:

2004	\$ 180,946
2005	180,946
2006	179,615
2007	150,556
2008	95,206
	<hr/>
	\$ 787,269

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.

Statistics, Presidents, and Registrars

As at December 31, 2003

Distribution of Dentists

Distribution of Dentists Practicing 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	1	0	1
Frontenac	2	30	26	18	2	2
Glengarry	0	0	1	0	0	0
Grenville	2	1	3	0	0	0
Lanark	6	3	6	6	1	1
Leeds	2	7	6	10	2	3
Lennox Addington	1	3	0	1	0	1
Ottawa Carlton	69	181	147	118	14	16
Prescott	3	2	4	1	1	1
Renfrew	15	5	11	11	0	1
Russell	2	4	3	2	0	0
Stormont	4	4	13	6	2	3
District Total	793	106	240	222	174	22
DISTRICT #2						
Durham	45	100	73	50	8	9
Haliburton	0	1	1	1	1	0
Hastings	8	15	11	16	3	4
Northumberland	6	7	10	4	0	0
Peterborough	9	19	12	14	1	0
Prince Edward	0	0	3	1	0	0
Victoria	1	8	1	9	0	0
York	65	171	158	65	5	9
District Total	924	134	321	269	160	18
DISTRICT #3						
Algoma	5	17	14	10	3	1
Cochrane	6	10	14	6	0	1
Kenora	3	5	10	5	0	1
Manitoulin	1	2	3	0	0	0
Nipissing	1	13	10	13	1	4
Rainy River	1	6	2	1	0	0
Sudbury	14	17	28	16	4	7
Thunder Bay	3	20	25	19	7	4
Timiskaming	2	3	5	5	0	0
District Total	348	36	93	111	75	18
DISTRICT #4						
Halton	30	77	76	38	12	13
Peel	77	213	184	94	16	19
District Total	849	107	290	260	132	32

COUNTY	Less than 31	31–40	41–50	51–60	61–65	Over 65
DISTRICT #5						
Bruce	1	7	7	6	0	0
Dufferin	5	7	9	4	1	1
Grey	3	4	11	17	1	1
Huron	4	6	4	6	1	1
Muskoka	0	4	14	2	2	2
Parry Sound	2	1	5	2	0	1
Simcoe	30	53	54	31	4	6
District Total	320	45	82	104	68	9
DISTRICT #6						
Elgin	3	4	8	8	1	2
Essex	32	74	61	37	3	6
Kent	8	10	10	14	1	1
Lambton	7	4	37	18	0	4
Middlesex	31	70	94	68	10	22
District Total	645	78	162	210	15	35
DISTRICT #7						
Brant	5	15	17	15	1	2
Haldimand Norfolk	5	7	10	9	5	7
Oxford	5	9	8	12	2	3
Perth	6	5	5	7	1	2
Waterloo	26	76	71	43	6	5
Wellington	8	30	24	27	4	4
District Total	487	55	142	135	19	23
DISTRICT #8						
Hamilton Wentworth	39	67	88	61	8	17
Niagara	23	45	67	46	7	16
District Total	484	62	112	155	15	33
DISTRICT #9						
Metro Toronto (North)	36	161	146	110	38	60
District Total	551	36	161	146	110	38
DISTRICT #10						
Metro Toronto (West)	48	191	173	135	33	53
District Total	633	48	191	173	33	53
DISTRICT #11						
Metro Toronto (Central)	80	146	154	113	21	44
District Total	558	80	146	154	113	44
DISTRICT #12						
Metro Toronto (East)	80	236	224	138	36	48
District Total	762	80	236	224	138	48
Provincial Totals						
7354	867	2176	2163	1470	269	409

**RCDSO Data –
as of December 31, 2003**
(These figures represent all
classes of certificates of
registration for members with
a registered practice address
in the province of Ontario.)

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. Fillion
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. Witmer
January 2003 –

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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