

ROYAL COLLEGE OF DENTAL SURGEONS OF ONTARIO



ANNUAL REPORT 2002



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 7,600 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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THE ROYAL COLLEGE OF DENTAL SURGEONS OF ONTARIO:



PROTECTING THE RIGHTS OF THE PUBLIC FOR 135 YEARS



DEMONSTRATING OUR COMMITMENT TO THE PROFESSION

DELIVERING ON OUR VALUES OF HONESTY, INTEGRITY AND TRUST



BUILDING STRONG RELATIONSHIPS

ENSURING HIGH-QUALITY AND SAFE CARE

ON THE SUBJECT OF LEADERSHIP



LEADERSHIP MEANS DIFFERENT THINGS TO DIFFERENT FOLKS. TO THIS COLLEGE, LEADERSHIP MEANS EFFECTIVE, COURAGEOUS, TIMELY AND ETHICAL DECISION-MAKING, ALWAYS MINDFUL OF OUR MOTTO, *ENSURING CONTINUED TRUST*.

During my presidency, I am delighted to report that our Council, consisting of 13 dentists and 10 people appointed by government, have worked harmoniously and diligently to ensure that this honourable profession is guided, and the public interest protected. Self-regulation is alive and well as a result of the efforts of these conscientious and dedicated individuals.

The College continues to lead the issue of dental amalgam waste disposal across the nation, and throughout North America. We funded a two-part study at the University of Toronto on the fate of amalgam waste. We gained support from three provincial government ministries to move towards a consistent province-wide College regulation on amalgam waste disposal. This is a workable solution for dentists, and definitely in the best interest of the public, and our environment.

We initiated and provided clear leadership to develop a fair and effective relationship between dentists and Health Canada's First Nations and Inuit Health Branch.

We were active in developing a Canada-wide agreement on labour mobility for dentists across the country.

Our College is recognized as a leader by peers in Canada. College publications, such as our medical history recordkeeping guidebook, our magazine *Dispatch*, and our information kit on incorporation are used by educational institutions and other dental organizations across the country.

We continue to proactively take unprecedented leadership roles in issues around health care generally, and oral health care specifically. For example, we are engaged in a broad-based stakeholder consultation with consumer groups, long-term care providers, government, and the dental community around the provision of dental care for seniors in long-term care facilities.

I would be remiss, however, if I did not report that during my presidency, I was disappointed in the provincial government's lack of progress in addressing amendments to the *Regulated Health Professions Act*. This College provided extensive submissions and, to the date of this publication, we have had no response. We have numerous outstanding regulations that we require in order to fulfil our mandate effectively. These include a quality assurance regulation, a professional misconduct regulation, a registration regulation, and an orders regulation to guide our members as to what standards we expect in providing orders to other professions.

It is my fervent hope and expectation that these outstanding matters before government will be addressed in a clear and efficient manner, and in a timely fashion.

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

All of our achievement could not have been possible without an outstanding and supportive staff. To each of them, I say thank you for a job well done.

A handwritten signature in black ink, appearing to read 'Eric Luks'.

Eric Luks, DDS, Dip. Orth., MScD, FRCD(C), FICD, FADI

ROYAL COLLEGE OF DENTAL SURGEONS OF ONTARIO

COMMITTEES & PROGRAMS

COMPLAINTS COMMITTEE

MANDATE

The Complaints Committee is responsible for investigating complaints from the public regarding the conduct of dentists. Under the *Regulated Health Professions Act*, 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, if any, action is required.

COMPLAINTS STATISTICS

In 2002 the College received 329 letters of complaint or inquiry, of which 245 became formal complaints. Panels of the Complaints Committee met on 35 occasions in 2002. A summary of the Committee's activities is shown below.

SUMMARY OF COMMITTEE ACTIVITY FOR THE YEAR 2002

NUMBER OF ORAL CAUTIONS DELIVERED	59
NUMBER OF SECTION 75(C) INVESTIGATIONS REQUESTED BY COMMITTEE	12
VOLUNTARY UNDERTAKING/AGREEMENTS SIGNED BY MEMBERS	34
DECISIONS	
NUMBER OF DECISIONS ISSUED	280
NO FURTHER ACTION	190
WRITTEN CAUTION	18
ORAL CAUTION	60
REFERRAL TO DISCIPLINE COMMITTEE	12

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.

COMPLAINTS COMMITTEE
Members
DR. RICHARD FILION – Chair
DR. DOUG SMITH – Vice-Chair
MR. VICTOR BRANEY
DR. DAVID CLARK
DR. GARY PITKIN
MS. JOAN STEWART

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 2002, 47 cases met the eligibility criteria for ADR, of which 17 proceeded to ADR negotiations.

SUMMARY OF ALTERNATE DISPUTE RESOLUTION (ADR) ACTIVITIES FOR THE YEAR 2002

PROPOSED ADR REFERRALS	47
ADR NEGOTIATIONS ¹	17
RESOLVED	16
NOT RESOLVED	1
RETURNED TO FORMAL COMPLAINTS PROCESS ²	28
PENDING CONSENTS FROM DENTISTS/COMPLAINANTS	4

¹ Two ADR negotiations were carried forward from the year 2001.

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.

THE ADR PROCESS
PROVIDES A
MORE FLEXIBLE
FRAMEWORK
FOR DEALING
EFFECTIVELY WITH
ISSUES.

HEALTH PROFESSIONS APPEAL AND REVIEW BOARD

If either party is not satisfied with the decision of a Complaints Committee panel or process, he or she has the right to request a review by the Health Professions Appeal and Review Board (HPARB). The only exception to this right of review is in cases where the 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 HPARB ACTIVITY FOR YEAR 2002

NUMBER OF REQUESTS FOR REVIEW RECEIVED IN 2002*	46
NUMBER OF DECISIONS ISSUED BY THE BOARD IN 2002 ¹	57
COMPLAINTS PANEL DECISION CONFIRMED BY HPARB	46
FRIVOLOUS & VEXATIOUS	0
RETURNED FOR REMOVAL OF ORAL/WRITTEN CAUTIONS	2
RETURNED FOR ORAL CAUTIONS	1
RETURNED FOR FURTHER INVESTIGATION/UNREASONABLENESS	5
RETURNED FOR REFERRAL TO DISCIPLINE	0
REQUEST FOR REVIEW ABANDONED	0
REQUEST FOR REVIEW WITHDRAWN	3
SECTION 28 ² ORDER – REQUEST	3
SECTION 28 ² ORDER – DENIED	3

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."

* Not all of these requests for reviews were dealt with by HPARB in 2002.

DISCIPLINE COMMITTEE

MANDATE

DISCIPLINE COMMITTEE

Members

DR. LOUIS LONDON – Chair

DR. RONALD YARASCAVITCH –

Vice-Chair

MS. LYNNE ARNILL

DR. PETER FENDRICH

DR. VICTOR KRUEGER

DR. VIRGINIA LUKS

MR. ROBERT MARR (August –
December)

MR. ROBERT METRAS

MR. JOHN PAPPAIN

DR. MARISA PAVONE

MR. ELESH RUPAREL

DR. PHILIP WATSON

DR. HENRY WILSON

MR. BEN WIWCHARYK

DR. MALCOLM YASNY

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 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.

In 2002, the College produced a video regarding pre-hearing conferences, which will be used as an effective training tool.

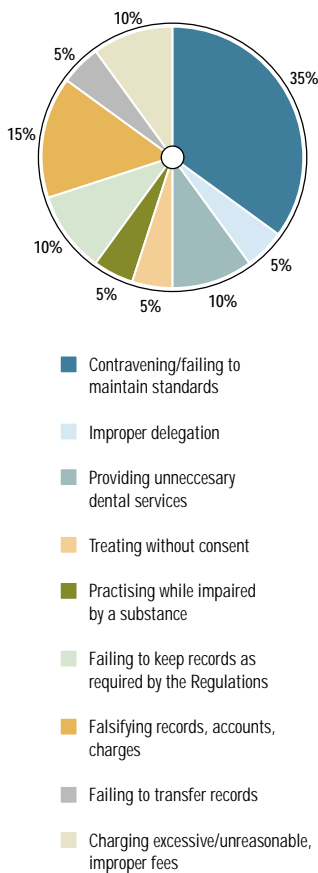
DISCIPLINE STATISTICS

Thirteen discipline hearings were held in 2002, requiring panels of the Discipline Committee to sit for 46 hearing days. In seven of these hearings, there was a finding of professional misconduct involving 20 specified allegations. In one case, the allegation was withdrawn. Five hearings are ongoing.

Twelve pre-hearing conferences were held in 2002.

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 2002 are included, by reference only, in this annual report.

PROFILE OF DISCIPLINE FINDINGS 2002



EXECUTIVE COMMITTEE

EXECUTIVE COMMITTEE Members

DR. ERIC LUKS – Chair

MS. LYNNE ARNILL

DR. RICHARD FILION

MR. ELESH RUPAREL

DR. CAM WITMER

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 that noted above. It considers matters referred to it by the Complaints Committee and by the Registrar regarding members' conduct, and receives reports of investigations carried out pursuant to Section 75 of the Health Professions Procedural Code of the *Regulated Health Professions Act, 1991*.

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

SECTION 75 INVESTIGATIONS

Section 75 of the Health Professions Procedural Code of the *Regulated Health Professions Act, 1991* provides a mechanism, other than formal complaints, for colleges to investigate concerns about particular members. In order for such an investigation to be conducted, the Registrar appoints an investigator if he believes on reasonable and probable grounds that the member has committed an act or acts of professional misconduct or is incompetent. The Executive Committee approves the appointment.

During 2002, there were 28 Section 75 investigations approved. The results of these investigations were subsequently 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 or Fitness to Practise Committees. Results of 118 monitoring visits were reported to the Executive Committee in 2002.

REFERRALS TO THE DISCIPLINE COMMITTEE

In 2002, the Executive Committee referred 47 specified allegations of professional misconduct involving 13 members to the Discipline Committee. The allegations related to the following types of misconduct:

- signing or issuing false and/or misleading documents;
- submitting false and/or misleading accounts;
- failure to keep records as required by the Regulations;
- charging excessive or unreasonable fees;
- disgraceful, dishonourable unprofessional, or unethical conduct;
- failure to comply with an order of a panel of the Discipline Committee;

- failure to reply appropriately or within a reasonable time to a written inquiry made by the College;
- prescribing dispensing or selling a drug for an improper purpose or otherwise using improperly the authority to prescribe, dispense or sell drugs;
- contravening a standard of practice and/or failing to maintain the standards of practice of the profession;
- recommending or providing unnecessary dental services;
- abuse of a patient;
- failure to abide by a written undertaking given by the member to the College.

REQUESTS FOR REMOVAL OR VARIANCE OF PRACTICE RESTRICTIONS

The Executive Committee considers requests from members for removal or variance of practice restrictions that are imposed by an order of the Discipline Committee, or the Fitness to Practise Committee, or voluntarily placed on members' certificates of registration due to physical or psychological conditions or substance abuse issues. The Committee considered six such requests in 2002.

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, or 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 2002, the conduct of three members in this regard was reviewed.

PROFESSIONAL ADVERTISING

In 2002, the Executive Committee reviewed 16 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. The apologies are published in the College's magazine Dispatch. In some cases, members 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 2002, the Executive Committee reviewed 118 applications.

IN 2002,
THE EXECUTIVE
COMMITTEE
REVIEWED
16 CASES OF
INAPPROPRIATE
ADVERTISING ON
THE PART OF
MEMBERS.

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 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:

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

COMMITTEE ACTIVITY

It was not necessary for the Fitness to Practise Committee to hold any hearings in the year 2002.

PATIENT RELATIONS COMMITTEE

MANDATE

The Regulated Health Professions Act (RHPA), 1991 mandates the College to 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

Guidelines for Prevention of Sexual Abuse

The Committee reviewed the Guideline entitled "Prevention of Sexual Abuse in the Dental Office." While the Committee members felt that this Guideline contains some useful information, they unanimously thought that it could be clarified, enhanced, updated and improved in order to increase protections for patients, staff and dentists.

The aim of the Patient Relations Committee would be to recast the current Guideline with the aim that it would be more instructional and educational, and include more dos and don'ts to guide the membership and address gray areas. Additionally, the Guideline should be enhanced with clear definitions and address relevant portions of the *RHPA*.

FITNESS TO PRACTISE COMMITTEE

Members

DR. RANDY LANG – Chair

MR. JOHN PAPPAIN

DR. GERALD WEISBERG

PATIENT RELATIONS COMMITTEE

Members

MR. BEN WIWCHARYK – Chair

DR. DAVID JOHNSTON

MR. ELESH RUPAREL

DR. CAM WITMER

DR. KATHERINE ZETTLE

The Guideline should clarify and enforce the protections necessary for the public, and emphasize that the concept of zero tolerance is reflective of the dentists' obligations in the dental office in respecting the integrity of patients and office staff. Also the Guideline should address issues of inappropriate physical and verbal interactions with staff in the dental office which are important issues that are not addressed in the current Guideline.

At its November 2002 meeting, Council approved in principle the Committee's recommendation to redraft the Guideline to provide current information, more educational guidance, and to suggest protocols in the dental office.

Additional protections for patients are set out in the *RHPA*. These include mandatory reporting, funding for therapy and specified minimum penalties for serious sexual abuse.

EDUCATIONAL INITIATIVES

Education for Council

The Patient Relations Committee recommended a major educational component for the Spring 2003 Council meeting to further educate Council members and College staff regarding the prevention of sexual abuse in the dental office. This recommendation is in accordance with the Committee's statutory mandate under the *RHPA* and was approved by Council at its November 2002 meeting.

Articles in Dispatch

In accordance with its statutory mandate to educate members of the profession about the prevention of sexual abuse, the Patient Relations Committee recommends that periodic articles about this topic be published in the College's magazine *Dispatch*. The Committee suggested that an article of this type should appear in *Dispatch* at least once every 18 to 24 months and Council approved this recommendation at its November 2002 meeting.

Toothmobile Program

In 2002, the Executive Committee discussed a toothmobile program like the one in Quebec in which a van goes around to schools in remote areas and provides education and some treatment to students. Although the Executive Committee did not see a need for such a program, they referred the matter to the Patient Relations Committee for consideration. The members of the Patient Relations Committee reviewed the program and its associated costs. The Committee considered the following factors: public health dentistry is strong in Ontario, a number of government programs exist for underprivileged children, and no need has been identified in this province for such a program. The Committee advised Council that for these reasons, at this time, it should not consider the creation of a toothmobile program.

Requests for Funding

In 2002, the Patient Relations Committee did not receive any requests for funding related to sexually abused patients.

THE PATIENT
RELATIONS
COMMITTEE
RECOMMENDED
A MAJOR
EDUCATIONAL
COMPONENT ON
SEXUAL ABUSE IN
THE DENTAL
OFFICE FOR
THE SPRING
2003 COUNCIL
MEETING.

QUALITY ASSURANCE COMMITTEE

QUALITY ASSURANCE COMMITTEE

Members

DR. RANDY LANG – Chair

DR. ALBERT BOUCLIN

DR. BOHDAN KRYSHALSKYJ

MR. LLOYD POLLACK

DR. GEORGE TRIGYLIDAS

MANDATE

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

CLINICAL PRACTICE GUIDELINE DEVELOPMENT

During 2002, the Committee learned that the Canadian Collaboration on Clinical Practice Guidelines in Dentistry (CCCD) was calling for volunteers to put their names forward to review draft guidelines as they are developed. The CCCD registration form was reprinted in the College's magazine *Dispatch* to encourage Ontario dentists to participate. In October 2002, the CCCD's first proposed guideline entitled "Emergency Management of Acute Apical Periodontitis" was distributed to Committee members at its quarterly Committee meeting. The guideline has subsequently been adopted by the CCCD.

REVIEW OF COLLEGE GUIDELINES

As part of its terms of reference, the Committee is responsible for the development and regular revision of College guidelines and standards of practice documents. In accordance with its mandate, the Committee presented an amended "Practice Advisory on Emerging Issues in Infection Control: Latex Allergies and Potent Surface Disinfectant" to Council, which was approved and distributed to all members of the College.

MANDATORY CONTINUING DENTAL EDUCATION (MCDE)

The Committee continued to review and monitor the MCDE program. The Committee also reviewed suggestions for changes to the MCDE program that were made by members. As a result, changes were made to simplify the reporting form. The Committee also reviewed several applications for bonus points for hands-on programs. The Committee felt it would be helpful to issue a statement through the College's magazine *Dispatch* clarifying the need for the special approval of the hands-on component of these courses before the members could be awarded these bonus points. Also, members were encouraged to verify in advance of registering that the expected points for these courses would actually be received.

CURRENT DRUG LIST SOFTWARE

The Committee approved in principal that the College enters into a licencing agreement with The Medical Letter, Inc. to allow members to access at no charge The Adverse Drug Interactions Program, the not-for-profit company's clinically-oriented database. Access would be directly from the College's own Web site by use of a password. This link will allow members to easily access information on drug interactions that may result from medications a member wants to prescribe for a patient already taking several other medications. The growing population of patients on a variety of medications makes the concept of this service very worthwhile. Legal advice and implementation negotiations must be completed to the satisfaction of the Committee before this can be recommended to Council.

THE COMMITTEE
RECOMMENDS
NEW MEMBER
SERVICE – ACCESS
TO WEB-BASED
DRUG INTERACTION
DATABASE.

DENTAL PRACTICE REVIEW

As part of its program to support dentists to ensure that safe, effective, appropriate and ethical care is provided to their patients, the quality assessment area of the Quality Assurance Program conducts several practice reviews, evaluation and any necessary dentist remediation. This program was reinstated in 2002 on a voluntary basis. The Committee indicated that members who had had their practice reviewed would be awarded six MCDE points and receive a current version of Dentaguide from the College.

There was an increased emphasis this year on the educational-based philosophy of the program, and on encouraging member feedback. This was achieved by consulting with reviewers, modification of reporting forms, and by developing more personalized correspondence with the members being reviewed.

The Committee also offered a practice review to some members to assist them in achieving their MCDE requirements.

MEDICAL HISTORY RECORDKEEPING FORMS

The Committee completed its development of the medical history form and educational package for use by members. The medical history components were approved by Council and distributed to every member of the profession.

CRUTZFELD-JACOB DISEASE (CJD)

The Committee reviewed information on CJD and supported the position staff had developed to respond to inquiries about this disease and the implications to members.

REVIEW OF PROGRAMS OF OTHER PROFESSIONS

The Committee reviewed peer assessment programs of the College of Physicians and Surgeons of Ontario and the mandatory continuing education program of the Law Society of Upper Canada. No modifications to the RCDSO program were felt necessary as a result of these reviews.

REGISTRATION COMMITTEE

REGISTRATION/ENTRY TO PRACTICE

REGISTRATION COMMITTEE Members

DR. LARRY PARKER – Chair

DR. DAVID CHARLES

DR. VIRGINIA LUKS

MS. JOAN STEWART

The Registration Committee reviews all applications for registration that the Registrar refers to it. The Registrar is required to refer an application if he has doubts that the applicant meets the requirements, or 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 with 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 Committee is also responsible for setting registration policies and advising College Council on entry to practice/reinstatement requirements. In 2002, considerable time was spent on reviewing protocols respecting reinstatement, assessment of applicants who have been out of practice for several years, and the requirements for a specialty certificate of registration for applicants from non-accredited specialty programs.

COMMITTEE STATISTICS

The Registration Committee convened on six occasions in 2002. It considered 23 requests for registration and/or reinstatement. After reviewing information related to each applicant, the following occurred:

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

STATISTICS

(As at December 31, 2002)

ADDITIONS TO THE REGISTER

UNIVERSITY OF TORONTO	57
UNIVERSITY OF WESTERN ONTARIO	47
OTHER CANADIAN GRADUATES (NDEB)	57
U.S.A./FOREIGN GRADUATES (NDEB)	96
SPECIALTY CERTIFICATES*	27
ACADEMIC CERTIFICATES	3
INSTRUCTIONAL CERTIFICATES	0

* Six were new members to the College, and 21 were general members adding a specialty register.

SPECIALTY CERTIFICATES GRANTED

The College granted 27 certificates during 2002 in the following dental specialties:

ENDODONTICS	4
ORAL AND MAXILLOFACIAL SURGERY	4
ORTHODONTICS	10
PAEDIATRIC DENTISTRY	3
PERIODONTICS	5
PROSTHODONTICS	1

REMOVALS AND REINSTATEMENTS

DECEASED	4
RESIGNED	124
REINSTATED	33

TOTAL MEMBERSHIP CERTIFICATES BY CATEGORY

GENERAL CERTIFICATES	6,592
SPECIALTY CERTIFICATES	72
COMBINED GENERAL/SPECIALTY CERTIFICATES	892
ACADEMIC CERTIFICATES	17
EDUCATION CERTIFICATES	5
GRADUATE CERTIFICATES	30
INSTRUCTIONAL CERTIFICATES	0
TOTAL NUMBER OF MEMBERSHIP CERTIFICATES	7,608

THE REGISTRATION
COMMITTEE
CONSIDERED 23
REQUESTS FOR
REGISTRATION
AND/OR
REINSTATEMENT.

THE PROFESSIONAL LIABILITY PROGRAM

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 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.

ACTIVITY HIGHLIGHTS

Claims Activity

As of the end of the calendar year of 2002, 1,135 PLP files were opened. This number represents an approximately 30% increase over the 875 files that were opened in the previous year. Table 1 shows the number of claim files opened for the 10-year period 1992 to 2002.

This increase should not be regarded as alarming. Over the past two years, there has been a concerted effort on PLP's part to raise the general awareness of members about the program, and particularly about the importance of early reporting of potential claims.

The good news is that in excess of 80% of these files will likely be eventually closed with no claim payments being made, and therefore no member deductible owing.

Other Program Statistics

Other relevant statistical information is provided below as a broad snapshot of PLP claims activity.

- Table 2 – Closed Files by Payment Range 1992–2002
- Table 3 – Number of Claims by Type of Service 2002

Out-of-Province Malpractice Coverage

The malpractice coverage provided to Ontario dentists through the Professional Liability Program applies only to professional services rendered in this province.

From time to time, Ontario dentists travelling outside of the province to attend a hands-on clinical course for which the course organizers require proof of malpractice coverage have been able to obtain this necessary short-term coverage through the College's brokerage firm, Marsh Canada Limited.

The Professional Liability Program (PLP) learned that, rather than being a stand-alone policy, this coverage has, in fact, been directly linked to the overall PLP policy. This information has been of concern to PLP since any large settlement could have the potential of having a negative impact on the resources available to the program.

THE PROFESSIONAL LIABILITY PROGRAM

PLP Committee Members

MS. KRYS RUDKO – Chair
DR. STEVEN COHEN
DR. LEON FREUDMAN
DR. NORMAN GOLDBERG
DR. RONALD PALINKA

TABLE 1
NUMBER OF FILES PER YEAR

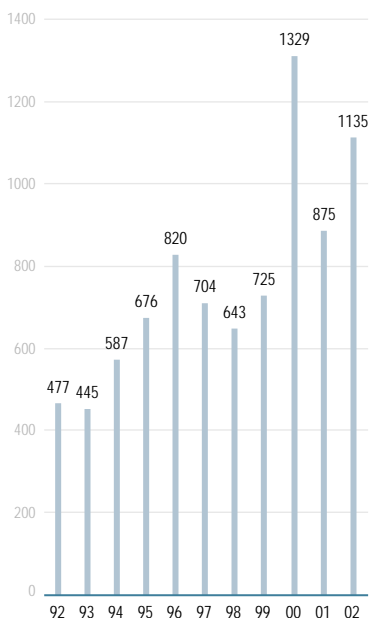
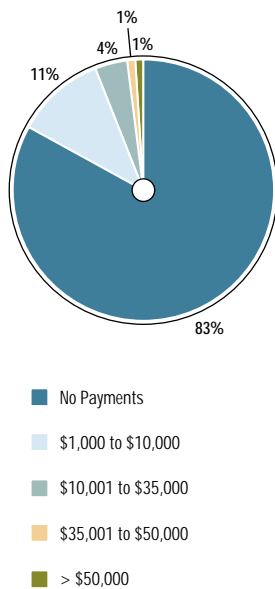


TABLE 2
CLOSED FILES BY PAYMENT RANGE 1992 – 2002



Accordingly, RCDSO Council at its November 2002 meeting approved the recommendation of the Professional Liability Program Committee that, effective immediately, the College's brokers, Marsh Canada, be instructed to cease offering out-of-province malpractice coverage for Ontario dentists that is linked in any way to the general PLP policy.

Members requiring out-of-province coverage will be advised to contact the course provider for assistance in obtaining the necessary insurance.

Insurance Update

The current PLP policy through ENCON Insurance Managers extends to the end of December 2003. Negotiations for future years will commence in mid-2003.

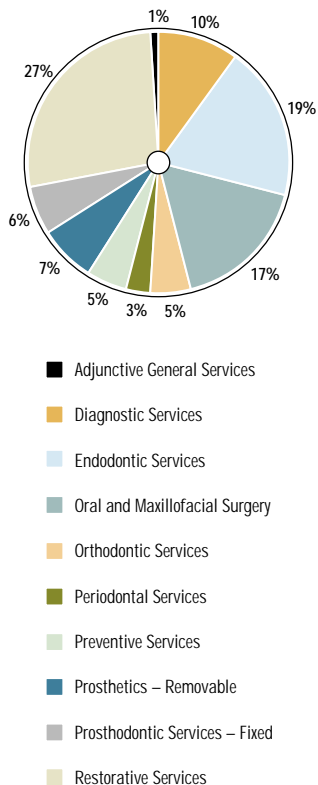
Coverage for Dental Health Professional Corporations

Effective September 1, 2002, in addition to providing malpractice coverage for dentists and partnerships of dentists, the College's Professional Liability Program began providing coverage for dental health professional corporations that hold a current Certificate of Authorization from the Royal College of Dental Surgeons of Ontario.

This coverage relates to the performance of professional services and not to ancillary services performed on behalf of the corporation that are not within the scope of practice of dentistry.

There is no additional cost for this coverage. It is not necessary for the dentistry professional corporation to notify the Professional Liability Program when a Certificate of Authorization has been issued.

TABLE 3
PLP FILES BY TYPE OF SERVICE 2002



Risk Management and Claims Prevention

The Professional Liability Program area of the College continued its emphasis on risk management and claims prevention during 2002. Participation by PLP staff at RCDSO roadshows and presentations made to local dental societies, dental students and other groups were vehicles used to communicate with our members. In addition, PLP staff prepared the Ounce of Prevention column on risk management that appears in each issue of the College's magazine Dispatch.

In all of its communication activities, PLP's consistent message includes 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.
- Stresses the importance of taking a complete and thorough medical history and updating it on a regular basis.
- 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 every day dental practice.
- Reminds members that when in doubt, call PLP.

ROYAL COLLEGE OF DENTAL SURGEONS OF ONTARIO

FINANCIAL SECTION

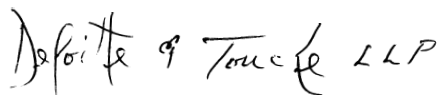
AUDITORS' REPORT

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, 2002 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, 2002 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 cursive script that reads "D. P. & T. LLP".

Chartered Accountants

Toronto, Ontario
February 27, 2003

BALANCE SHEET

December 31, 2002

	2002	2001
ASSETS		
CURRENT		
Cash	\$ 162,505	\$ 756,691
Short-term investments	4,533,955	3,850,661
Accounts receivable	905,948	1,066,481
Prepaid expenses	60,311	25,592
	5,662,719	5,699,425
INVESTMENTS <i>(Note 3)</i>	34,159,489	36,286,726
CAPITAL ASSETS <i>(Note 4)</i>	5,987,722	5,170,877
	\$ 45,809,930	\$ 47,157,028
LIABILITIES AND FUND BALANCE		
CURRENT		
Accounts payable and accrued liabilities	\$ 345,968	\$ 361,259
Deferred revenue	9,889,580	9,644,020
	10,235,548	10,005,279
ACCRUED CLAIMS LIABILITY <i>(Note 5)</i>	7,420,174	8,919,202
PENSION PLAN OBLIGATION <i>(Note 6)</i>	753,100	748,600
	18,408,823	19,673,081
FUND BALANCE		
Invested in capital assets	5,987,722	5,170,877
Restricted for specific purposes <i>(Note 7)</i>	19,250,000	20,210,000
Unrestricted	2,163,385	2,103,070
	27,401,107	27,483,947
	\$ 45,809,930	\$ 47,157,028

Approved on Behalf of the Members of Council



Dr. Cameron Witmer
President

STATEMENT OF OPERATIONS

Year ended December 31, 2002

	2002	2001
REVENUE		
Registration and annual fees	\$ 9,957,095	\$ 7,349,092
Interest	2,098,279	2,268,969
Prior year's unutilized loss limit <i>(Note 8)</i>	715,330	388,129
Recoveries	94,538	341,003
Sundry	192,229	135,674
Rental income – tenants	165,767	207,249
	13,223,238	10,690,116
EXPENDITURES		
Salaries and benefits	4,120,565	3,710,286
Maximum loss limit provision <i>(Note 8)</i>	2,750,000	2,750,000
Insurance premiums	1,586,414	1,357,337
Legal fees	825,851	1,029,059
Honoraria	572,805	597,589
Consulting and professional fees	428,462	697,947
Administrative	526,954	488,574
Printing, stationery and supplies	641,736	458,728
Amortization of capital assets	337,016	292,768
Property maintenance and operating costs	388,576	388,519
Grants	230,780	259,100
Travel and accommodation	196,070	159,297
Equipment – rental and maintenance	197,067	188,284
Postage and courier	160,286	143,337
Expert fees	72,853	62,311
Telephone	81,399	75,854
Membership education	68,662	42,846
Broker fees	30,000	27,997
Bad debt expense	35,901	–
Sundry expenses	5,690	1,790
Witness and court reporter fees	48,991	35,271
	13,306,078	12,766,894
EXCESS OF EXPENDITURES OVER REVENUE	\$ (82,840)	\$ (2,076,778)

STATEMENT OF CHANGES IN FUND BALANCE

Year ended December 31, 2002

	Invested in capital assets	Restricted for specific purposes <i>(Note 7)</i>	Unrestricted	TOTAL	
				2002	2001
Fund balance, beginning of year	\$5,170,877	\$20,210,000	\$2,103,070	\$27,483,947	\$29,560,725
Excess of expenditures over revenue	(337,016)	–	254,176	(82,840)	(2,076,778)
Investments in capital assets	1,153,861	–	(1,153,861)	–	–
Inter-fund transfer	–	(960,000)	960,000	–	–
FUND BALANCE, END OF YEAR	\$5,987,722	\$19,250,000	\$2,163,385	\$27,401,107	\$27,483,947

STATEMENT OF CASH FLOWS

Year ended December 31, 2002

	2002	2001
NET (OUTFLOW) INFLOW OF CASH RELATED TO THE FOLLOWING ACTIVITIES		
OPERATING		
Excess of expenditures over revenue	\$ (82,840)	\$ (2,076,778)
Items not affecting cash		
Amortization of premiums on investments	(66,700)	(72,776)
Amortization of capital assets	337,016	292,768
	187,476	(1,856,786)
Changes in non-cash working capital balances		
Accounts receivable	160,533	(556,721)
Prepaid expenses	(34,719)	119,568
Accounts payable and accrued liabilities	(15,291)	(223,450)
Deferred revenue	245,560	2,585,014
Accrued claims liability	(1,499,028)	(82,733)
Pension plan obligation	4,500	(98,900)
	(950,969)	(114,008)
INVESTING		
Additions to capital assets	(1,153,861)	(472,414)
Change in investments	2,193,937	(1,429,932)
	1,040,076	(1,902,346)
NET CASH (OUTFLOW) INFLOW	89,108	(2,016,354)
CASH, BEGINNING OF YEAR	4,607,352	6,623,706
CASH, END OF YEAR	\$ 4,696,460	\$ 4,607,352
CASH IS COMPRISED OF		
Cash	\$ \$162,505	\$ 756,691
Short-term investments	4,533,955	3,850,661
	\$ 4,696,460	\$ 4,607,352

NOTES TO FINANCIAL STATEMENTS

December 31, 2002

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. An actuarial firm determined in 2000 that the balance of the fund is the amount which would be required to provide coverage similar to what is now in place for the membership.

Building Reserve Fund *(Note 7)*

The Building Reserve Fund was established for the modernization of, or restoration to, the property. Appropriation to this reserve is made from the unrestricted fund balance. During the 2002 fiscal year, \$960,000 was used toward renovation cost of the building.

Harry R. Abbott Memorial Library Fund

The Harry R. Abbot Memorial Library Fund was established in 1924 as a family memorial to the late Dr. Abbott, who was president of the College from 1903 to 1907. The funds are maintained with Canada Trust and the interest earned on the funds is transferred through the College to the Faculty of Dentistry of the University of Toronto. The funds at Canada Trust are not reflected in these financial statements.

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 for the period during 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.

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

	2002		2001	
	Carrying Value	Market	Carrying Value	Market
Bonds and coupons				
Government of Canada	\$20,839,676	\$21,478,665	\$19,740,446	\$20,399,289
Provinces of Canada	13,319,813	13,806,528	16,546,280	17,016,114
	\$34,159,489	\$35,285,193	\$36,286,726	\$37,415,403

The carrying value of investments includes accrued interest of \$13,043,229 (2001 - \$14,389,428).

4. CAPITAL ASSETS

	2002			2001
	Cost	Accumulated Amortization	Net Book Value	Net Book Value
Land	\$3,746,281	\$ –	\$3,746,281	\$3,746,281
Building improvements	2,595,665	703,391	1,892,274	961,429
Computer equipment	1,067,250	823,868	243,382	333,129
Furniture and fixtures	111,408	67,149	44,259	60,558
Office equipment	171,639	110,113	61,526	69,480
	\$7,692,243	\$1,704,521	\$5,987,722	\$5,170,877

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 2002 dentists were covered for a maximum liability of \$2,000,000 (2001 - \$2,000,000) for each validated claim. The College is liable for the first \$75,000 (2001 - \$75,000) of a validated claim subject to a 2002 maximum aggregate loss limit of \$2,750,000 (2001 - \$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 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 money purchase pension plan, which covers substantially, all of its employees. Pension fund assets at market value were \$2,109,084 at December 31, 2002 (2001 – \$2,073,100). The present value of accrued pension benefits attributable to services rendered to December 31, 2002 was \$2,739,500 (2001 – \$2,498,200). Pension expense for the year ended December 31, 2002 was \$223,400 (2001 – \$196,100).

In determining the actuarial present value of accrued pension benefits and pension costs, the College used a discount rate of 6.75% and a salary escalation rate of 4%. The estimated average remaining service life of the employee groups covered by the plan is 14 years.

7. FUND BALANCE RESTRICTED FOR SPECIFIC PURPOSES *(Note 1)*

	2002	2001
Internally restricted		
Professional Liability Reserve Fund	\$19,250,000	\$19,250,000
Building Reserve Fund	-	960,000
	\$19,250,000	\$20,210,000

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 (2001 – \$2,750,000) annually. The prior year's unutilized loss limit of \$715,330 (2001 – \$388,129) 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:

2003	\$162,373
2004	153,734
2005	152,354
2006	152,354
2007	60,881
	<u>\$681,696</u>

In addition, the College has committed to \$90,000 to complete the renovations and improvements to the building and \$70,000 for the upgrade of the case management software.

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. COMPARATIVE FIGURES

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

ROYAL COLLEGE OF DENTAL SURGEONS OF ONTARIO

STATISTICS & PRESIDENTS

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	0	0	2	1	0	1
Frontenac	2	26	25	18	2	4
Glengarry	0	0	1	0	0	0
Grenville	2	1	3	0	0	0
Lanark	4	3	6	7	1	1
Leeds	0	9	7	10	2	3
Lennox Addington	1	4	0	1	0	1
Ottawa Carlton	59	181	149	120	13	18
Prescott	2	2	4	1	1	1
Renfrew	15	6	11	11	0	1
Russell	1	4	3	2	0	0
Stormont	3	3	13	6	2	3
District Total 783	89	239	224	177	21	33
DISTRICT #2						
Durham	34	97	75	47	9	10
Haliburton	0	1	1	1	1	0
Hastings	5	15	12	21	3	4
Northumberland	4	7	9	5	0	0
Peterborough	7	20	11	14	1	0
Prince Edward	0	0	3	1	0	0
Victoria	1	8	1	8	0	0
York	52	167	159	70	5	11
District Total 900	103	315	271	167	19	25
DISTRICT #3						
Algoma	4	16	14	10	3	1
Cochrane	6	11	14	6	0	1
Kenora	3	7	10	6	0	1
Manitoulin	1	2	3	0	0	0
Nipissing	1	12	10	12	1	4
Rainy River	1	5	2	2	0	0
Sudbury	14	17	28	16	4	7
Thunder Bay	4	20	27	20	7	4
Timiskaming	2	3	5	5	0	0
District Total 352	36	93	113	77	15	18
DISTRICT #4						
Halton	24	74	77	40	13	14
Peel	57	214	183	99	14	17
District Total 826	81	288	260	139	27	31

COUNTY	Less than 31	31 – 40	41 – 50	51 – 60	61 – 65	Over 65
DISTRICT #5						
Bruce	1	7	7	6	0	0
Dufferin	4	7	9	3	1	1
Grey	3	5	10	17	2	2
Huron	3	7	4	7	1	1
Muskoka	0	5	13	2	2	2
Parry Sound	0	1	5	2	0	1
Simcoe	22	54	55	32	5	9
District Total 318	33	86	103	69	11	16
DISTRICT #6						
Elgin	4	3	8	8	1	2
Essex	23	74	61	41	4	7
Kent	8	9	11	15	1	1
Lambton	5	5	38	19	0	3
Middlesex	26	68	91	66	10	24
District Total 632	62	159	209	149	16	37
DISTRICT #7						
Brant	4	16	17	16	1	2
Haldimand Norfolk	3	7	10	9	4	6
Oxford	3	8	8	12	2	3
Perth	5	4	5	8	2	3
Waterloo	20	73	72	43	9	8
Wellington	7	27	23	27	4	4
District Total 475	42	135	135	115	22	26
DISTRICT #8						
Hamilton Wentworth	26	66	89	58	8	19
Niagara	17	45	69	48	7	19
District Total 471	43	111	158	106	15	38
DISTRICT #9						
Metro Toronto (North)	30	160	153	110	42	69
District Total 564	30	160	153	110	42	69
DISTRICT #10						
Metro Toronto (West)	34	189	167	141	34	58
District Total 623	34	189	167	141	34	58
DISTRICT #11						
Metro Toronto (Central)	66	154	151	114	22	46
District Total 553	66	154	151	114	22	46
DISTRICT #12						
Metro Toronto (East)	69	238	223	141	38	51
District Total 760	69	238	223	141	38	51
Provincial Totals						
7257	688	2167	2167	1505	282	448

RCDSO Data – as of December 31, 2002
 (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. 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

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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