

**DISCIPLINE COMMITTEE OF THE ROYAL COLLEGE OF DENTAL SURGEONS OF  
ONTARIO**

**Citation:** Royal College of Dental Surgeons of Ontario v. Shankman, 2026 ONRCDSO 3

**Date:** 2026-04-07

**File No.:** 25-0824, 25-0825

**BETWEEN:**

Royal College of Dental Surgeons of Ontario

-and-

Mark Evan Shankman  
Registration No: 58736

**FINDING AND PENALTY REASONS**

**RESTRICTION ON PUBLICATION**

In the matter of the Royal College of Dental Surgeons of Ontario and Dr. Mark Evan Shankman the Discipline Panel ordered, under ss 45(3) of the Health Professions Procedural Code, that no person shall publish or broadcast the identity of any patients of the Registrant, or any information that could disclose the identity of any patients who are named in the Notice of Hearing and/or the Agreed Statement of Facts in this matter.

**PANEL MEMBERS:**

Judy Welikovitich, Public Member (Chair)  
Peter Delean, Professional Member  
Luisa Ritacca, Subject Matter Expert

**APPEARANCES:**

Ahmad Mozaffari, for the College  
Dr. Mark Shankman, unrepresented

**Heard:** March 18, 2026, by video conference

**DECISION AND REASONS**

[1] This matter came on for a hearing before a panel of the Discipline Committee of the Royal College of Dental Surgeons of Ontario (the “**College**”) on March 18, 2026. The hearing was held by way of videoconference.

[2] At the commencement of the hearing, the College sought and Dr. Shankman consented to an order joining Matter Nos. 25-0824 and 25-0825 pursuant to section 9.1(a) of the *Statutory Powers Procedure Act*, RSO 1990, c. S22. The Order was granted and the matters were heard together. The College also sought, and Dr. Shankman consented to, the

issuance of a publication ban related to the identities of the patients involved in these matters, and that Order was also granted.

[3] Dr. Mark Evan Shankman (the “**Registrant**”) admitted to the acts of professional misconduct alleged by the College. The panel of the Discipline Committee of the College (the “**Panel**”) made findings of professional misconduct and imposed a penalty in accordance with the parties’ Joint Submission on Penalty and Costs (the “**JSPC**”), Exhibit 5. The Panel’s findings were based upon the evidence and admissions contained in the global Agreed Statement of Facts (the “**ASF**”), Exhibit 3, as well as the submissions of the parties.

[4] These are the Reasons for the Panel’s decision on liability and penalty.

## **THE ALLEGATIONS**

### **NOTICE OF HEARING 25-0824**

[5] In Notice of Hearing 25-0824 (Exhibit 1) dated October 2, 2025, the College made three allegations of professional misconduct against Dr. Shankman pursuant to s. 51(1)(c) of the Health Professions Procedural Code (the “**Code**”) which is Schedule 2 to the *Regulated Health Professions Act, 1991*, SO 1991, c. 18 (the “**RHPA**”).

#### **Practicing while suspended**

[6] More particularly, the College alleged that Dr. Shankman’s certificate of registration was suspended by a panel of the College’s Inquiries, Complaints and Reports Committee (the “**ICRC**”) effective January 17, 2024, pursuant to subsection 62(1) of the Code and that while suspended, Dr. Shankman provided treatment to Patient A including:

- a. That he gave Patient A crowns on teeth 37, 23 and 45;
- b. That he performed a root canal treatment on Patient A and subsequently referred him to an endodontist to finish the treatment;
- c. That from June 2024 to September 2024, he engaged in workup and treatment planning relative to Patient A;

all contrary to subsection 2(48) of Ontario Regulation 853/93 (the “**Professional Misconduct Regulation**”) under the *Dentistry Act, 1991*, SO 1991, c. 24.

#### **Benefitting Directly or Indirectly from the Practice of Dentistry While Certificate Suspended**

[7] The College further alleged that Dr. Shankman directly or indirectly benefitted from the practice of dentistry while his certificate of registration was suspended, contrary to subsection 2(56) of the Professional Misconduct Regulation.

[8] More particularly, the College alleged that Patient A paid for and/or had previous payments credited towards the dental treatment described above at Paragraph 6 and provided by Dr. Shankman while his certificate of registration was suspended.

### ***Disgraceful, Dishonourable, Unprofessional or Unethical Conduct***

[9] The College also alleged that having committed acts of professional misconduct, as described above and contrary to subsection 51(1)(c) of the Code, that Dr. Shankman engaged in conduct during 2024 that, having regard to all the circumstances, would reasonably be regarded by registrants as disgraceful, dishonourable, unprofessional or unethical, contrary to subsection 2(59) of the Professional Misconduct Regulation.

### ***NOTICE OF HEARING 25-0825***

[10] In Notice of Hearing No. 25-0825, (Exhibit 2) dated October 2, 2025, the College made three allegations of professional misconduct against Dr. Shankman.

### ***Sexual Abuse of a Patient***

[11] The College alleged that Dr. Shankman committed an act or acts of professional misconduct pursuant to s.51(1)(b.1) of the Code in that during 2018, 2019 and 2020, he sexually abused a patient, namely Patient B.

[12] More particularly, the College alleged that Dr. Shankman commenced a sexual relationship with Patient B, and that approximately six (6) months later, he began providing dental treatment to Patient B. The College alleged that the relationship included sexual intercourse; that the allegedly concurrent sexual and treating relationship persisted from April 2018 until 2020; and that Dr. Shankman's sexual relationship with Patient B continued until January 2022.

### ***Failing to Provide Accurate Information to the College***

[13] The College further alleged that Dr. Shankman committed an act or acts of professional misconduct as provided by subsection 51(1)(c) of the Code in that during 2022 and 2023, he failed to take reasonable steps to ensure that information that he provided to the College was accurate, contrary to subsection 2(57) of the Professional Misconduct Regulation.

[14] In particular, the College alleged that:

- a. In August 2022, Dr. Shankman told a College investigator that he and Patient B lived together from 2015 to 2022;
- b. In February 2023, Dr. Shankman told College investigators that he and Patient B began cohabiting in January or February of 2017;
- c. Patient B told the College investigator that she and Dr. Shankman only began cohabiting in April 2018; and
- d. Public court documents relating to family law litigation between Dr. Shankman and Patient B state that they cohabited from April 2018 to January 2022.

## ***Disgraceful, Dishonourable, Unprofessional or Unethical Conduct***

[15] The College also alleged that having committed acts of professional misconduct, as described above and contrary to subsection 51(1)(c) of the Code, that Dr. Shankman engaged in conduct during 2018 to 2020, 2022 and 2023 that, having regard to all the circumstances, would reasonably be regarded by registrants as disgraceful, dishonourable, unprofessional or unethical, contrary to subsection 2(59) of the Professional Misconduct Regulation.

[16] In support of this allegation, the College relied on the particulars related to the specific allegations that Dr. Shankman sexually abused a patient, and that he misled the College about the dates of his cohabitation with Patient B so that he could benefit from the spousal exemption contained in subsection 2(5) of the Code.

### **THE REGISTRANT'S PLEA**

[17] The Registrant admitted to each of the allegations in both Notices of Hearing. The Chair conducted an oral plea enquiry to confirm that the Registrant's admissions of professional misconduct were voluntary, informed, and unequivocal. The ASF entered into evidence and signed by the parties contains a written plea inquiry. The plea inquiry confirms Dr. Shankman's understanding of (1) the nature of the allegations against him, (2) the consequences of admitting to the alleged acts of professional misconduct, and (3) that he voluntarily decided to admit the allegations against him.

[18] The Panel was satisfied that Dr. Shankman's plea was voluntary, informed, and unequivocal.

### **THE EVIDENCE**

[19] The parties provided the panel with an ASF (Exhibit 3). The relevant facts set out in the agreed statement as follows:

#### **“Background**

1. At the material times, Dr. Mark Shankman (the “**Registrant**”), was a duly registered member of the Royal College of Dental Surgeons of Ontario (the “**College**”) practising at Dundas Valley Dentistry in Dundas, Ontario and Gore Park Dentistry Office in Hamilton, Ontario (the “**Clinic**”). A copy of the Registrant's profile from the Dentist Register is attached hereto as “**Tab 1**” [*omitted from these Reasons*].
2. The Registrant has a longstanding health condition, which first came to the attention of the College in or around 2012. This condition was the subject of proceedings before the Inquiries, Complaints and Reports Committee of the College (the “**ICRC**”) and the Fitness to Practice Committee of the College.
3. Following the proceedings referred to at paragraph 2, for a period of five (5) years, the Registrant was required to remain under the care of a physician and be subject to monitoring.

4. Even after the terms of monitoring were no longer required, the Registrant remained under the care of physicians for management of his condition.
5. If the Registrant were to testify, he would state that in or about 2023, he was dealing with the breakdown of his relationship and a dispute over the custody of his child. This led to significant stress, which exacerbated the Registrant's health condition such that the Registrant was unwell during the period 2023 to 2025. The Registrant would say that this led to him exercising poor judgment and engaging in conduct that resulted in criminal charges.

#### **NOTICE OF HEARING 25-0824**

6. On January 15, 2024, a panel of the ICRC suspended the Registrant's certificate of registration, effective January 17, 2024, under subsection 62(1) of the *Code* (the "**Order**"). The Order was in effect until March 2025.
7. The Registrant was provided notice of the Order by letter dated January 15, 2024. The Order and letter were sent, by email, to the Registrant's counsel on January 15, 2024, and Registrant's counsel confirmed receipt that same day. Counsel confirmed that he had provided the Registrant with the College's correspondence and the Order.
8. On January 19, 2024, the College received two reports alleging that the Registrant was continuing to see patients at the Clinic, in contravention of the Order. The College investigated at that time, however the College's investigator was unable to confirm that the Registrant was practising dentistry.
9. On September 27, 2024, the College received an anonymous tip from a dentist practising in Hamilton, who reported that the Registrant was treating patients while his certificate of registration was suspended. The College's investigator contacted a patient ("Patient A"), who confirmed that they had seen the Registrant since January 2024 and had received treatment from the Registrant in the spring and fall of 2024. Patient A said that he would typically see the Registrant early in the morning.
10. Patient A provided supporting documentation to the College, including an account statement from the Registrant's office indicating that Patient A had received dental treatment and paid for treatment on February 5, February 25, June 10 and June 11, 2024, when the Registrant's certificate of registration was suspended by the Order. Patient A also provided an email from the Registrant's clinic dated April 9, 2024, relating to the Registrant's direction regarding billings for a crown installation, with a receipt that indicated Patient A received dental treatment on April 5, 2024. Enclosed hereto as "**Tab 2**" [omitted from these Reasons] is a copy of the supporting documentation Patient A provided to the College's investigator .
11. Patient A also provided the College's investigator with pictures of text messages he exchanged with the Registrant, where they discuss arranging

appointments and discuss treatments the Registrant was providing. These included text messages exchanged between Patient A and the Registrant:

- a. Regarding scheduling appointments for a crown installation at the end of January 2024 (exchanged between January 28 and 31, 2024);
  - b. Setting up an appointment for Patient A in February 2024, and discussing the status of lab work relating to Patient A's treatment;
  - c. Scheduling appointments for crown work with the Registrant in March and April 2024, and scheduling an appointment with the Registrant in June 2024;
  - d. Discussing billings relating to Patient A's dental treatment, exchanged in June and July 2024;
  - e. Discussing the status of Patient A's dentition and scheduling a dental appointment with the Registrant, exchanged in August and September 2024; and
  - f. Scheduling an appointment with the Registrant on September 16, 2024, and arranging a referral to an endodontist and completing a crown installation (exchanged in September and October 2024).
12. Enclosed hereto as "**Tab 3**" [*omitted from these Reasons*] is a copy of the correspondence provided by Patient A.

#### **Further Interim Order**

13. On November 28, 2024, a panel of the Inquiries, Complaints and Reports Committee of the College (the "ICRC") considered the Registrant's matter. At that time, the Registrant's certificate of registration remained suspended pursuant to the Order. On November 28, 2024, the ICRC issued a further interim order, pursuant to section 25.4 of the Code, suspending the Registrant's certificate of registration.
14. The Registrant acknowledges that he practised dentistry while his certificate of registration was suspended, as outlined above, contrary to the Order. The Registrant further acknowledges that he received payment for the treatment he provided to the Patient while the Registrant's certificate of registration was suspended.
15. If the Registrant were to testify, he would state that he was, during the period of his interim suspension, under a significant amount of stress due to the breakdown of his relationship and subsequent custody dispute, outstanding criminal charges, and ongoing proceedings before the ICRC. The Registrant believes that these events exacerbated his health condition and as a result, he exercised poor judgment. Despite the issues he was facing and the impact on his judgment, the Registrant accepts responsibility for his conduct.

## **NOTICE OF HEARING 25-0825**

16. On February 21, 2022, the Registrant contacted the College and reported that he had been arrested a week prior for “assault due to a domestic issue”. The Registrant stated that he denied the criminal charges and intended on defending them.
17. On July 29, 2022, the Registrant’s counsel wrote to the College and advised that the criminal charges had been withdrawn. On August 12, 2022, a College investigator wrote to the Registrant’s counsel to inquire whether the complainant in the criminal matter (“Patient B”) is or ever had been a patient of the Registrant’s.
18. On August 17, 2022, the Registrant, through counsel, replied and confirmed that Patient B had received treatment from him between 2018 and 2020. The Registrant stated that he lived with Patient B from 2015 until early 2022. The Registrant provided Patient B’s patient record, which shows she became a patient of the Registrant’s on April 9, 2018. On her Medical History Questionnaire, Patient B wrote that she was the Registrant’s fiancée. The records show that Patient B received treatment from the Registrant at various points from April 2018 to October 2020.
19. On February 7, 2023, the Registrant told a College investigator that he and Patient B commenced a relationship in 2015, and then moved in together in January or February 2017. This contradicted information he had previously provided to the College, wherein he said he began living with the Complainant in 2015.
20. The College’s investigator interviewed Patient B in January and May 2025. Patient B said she was in a relationship with the Registrant commencing in October 2017 and that they moved in together in April 2018. Patient B stated that she was in a sexual relationship with the Registrant at the time she received treatment from him on April 9, 2018, and that they continued to have sexual intercourse after the treatment she received on April 9, 2018. Patient B stated that the sexual relationship, which included sexual intercourse, continued until they stopped cohabitating in 2022.
21. During its investigation, the College obtained copies of publicly available family court decisions involving the Registrant and Patient B. The first decision states that the Registrant and Patient B began dating in 2017 and moved in together in April 2018. The second decision states that the Registrant and Patient B cohabitated from April 2018 until January 2022 and that they were never married.
22. If the Registrant were to testify, he would state that, due to his health condition and the stress he was experiencing at the time, his ability to recall dates and details regarding his relationship with Patient B was poor. He did not intend to

mislead the College investigator or to provide inaccurate information to the College, though he acknowledges that he did so.

23. After the court decisions were disclosed to the Registrant, he acknowledged that Patient B's recollection that they began dating in 2017 and began living together in April 2018 may be more accurate. He also acknowledged that he failed to appreciate or seek guidance regarding the application of the College's spousal exemption. He stated he should have confirmed his understanding of the spousal exemption before treating Patient B. He further acknowledged committing an error in providing inaccurate dates regarding when he began his relationship with Patient B, and when they began cohabitating.
24. The Registrant agrees that he and Patient B began a sexual relationship, including sexual intercourse, in October 2017, which continued until January 2022. The Registrant agrees that they began cohabitating in April 2018 and were never married. The Registrant acknowledges that he engaged in a concurrent sexual and treating relationship with Patient B between April 2018 and October 2020.
25. Section 1 of the *Code* defines sexual abuse of a patient to include sexual intercourse, or other forms of physical sexual relations, and touching of a sexual nature. The Registrant agrees that Patient B did not meet the definition of "spouse" in section 1(6) of the Code – the Registrant and Patient B were not married, nor had they lived in a conjugal relationship outside of marriage for a continuous period of not less than three years – such that the College's spousal exemption did not apply when the Registrant provided treatment to Patient B.
26. The Registrant also agrees that he failed to take steps to ensure that the information he provided to the College regarding the dates he was in a relationship with Patient B was accurate.

### **Professional Misconduct Admitted**

27. By this document, the Registrant admits to the truth of the facts referred to in paragraphs 1 to 26 above (the "**Agreed Facts**").
28. The Registrant agrees that the Agreed Facts constitute professional misconduct pursuant to the following:
  - a. Section 51(1)(b.1) of the Code, sexually abusing a patient;
  - b. Section 51(1)(c) of the Code, and as defined in the following paragraphs of section 2 of Ontario Regulation 853/93:
    - i. Paragraph 48: Contravening a provision of the Act, the *Regulated Health Professions Act, 1991* or the regulations under either of those Acts;

- ii. Paragraph 56: Directly or indirectly benefiting from the practice of dentistry while the member's certificate of registration is suspended unless full disclosure is made by the member to the College of the nature of the benefit to be obtained and prior approval is obtained from the Executive Committee;
- iii. Paragraph 57: Failing to take reasonable steps to ensure that any information provided by or on behalf of the member to the College is accurate; and
- iv. Paragraph 59: Engaging in conduct or performing an act that, having regard to all the circumstances, would reasonably be regarded by members as disgraceful, dishonourable, unprofessional or unethical."

[20] Dr. Shankman made explicit admissions of professional misconduct at paragraphs 27 and 28 of the ASF.

[21] Dr. Shankman was present at the hearing and proffered a document entitled "Written Submissions of the Registrant" which, on the consent of the College, was entered as Exhibit 4. Dr. Shankman also made an oral statement in which he acknowledged his culpability with respect to his interpretation of the spousal exception for dentists treating patients with whom they have a sexual relationship that includes sexual intercourse. He also spoke about his commitment to completing remediation and to on-going counselling. In short, he took responsibility for his professional misconduct.

## **DECISION**

[22] The Panel deliberated and considered the evidence, including the admissions made by Dr. Shankman in the ASF, and the submissions of the parties. The Panel rendered an oral decision on March 18, 2026, finding that the Registrant committed the acts of professional misconduct as alleged in the two (2) Notices of Hearing, and contrary to section 51(1)(b.1) and 51(1)(c) of the Code and subsections 2(48), 2(56), 2(57), and 2(59) of the Professional Misconduct Regulation.

## **REASONS FOR DECISION**

[23] The College bears the onus of proving the allegations against the Registrant on a balance of probabilities through clear, cogent and convincing evidence. The Registrant's admissions of professional misconduct are material but must be supported by evidence. The evidence in the agreed statement of facts supports the Registrant's admissions and satisfies the College's burden of proof.

[24] With respect to the allegation that he practiced dentistry while his certificate of registration was suspended, Dr. Shankman admitted that:

- a. His certificate of registration was suspended by the ICRC for a period of approximately fourteen (14) months effective January 17, 2024, until March 2025; and

- b. Notwithstanding his suspension, he continued to see patients at his clinic, in contravention of the order suspending his certificate.

[25] The College provided documentary evidence with respect to Patient A in support of these allegations, including a statement of account for Patient A, emails related to billing and text messages relating to the scheduling of appointments.

[26] The Panel found, on a balance of probabilities, that there was sufficient credible and reliable evidence, including admissions and documentary evidence, to establish that Dr. Shankman practised dentistry while his certificate was suspended, contrary to s. 2(48) of the Professional Misconduct Regulation.

[27] With respect to the allegation that he benefitted, directly or indirectly, from the practice of dentistry while his certificate of registration was suspended, the Panel found, on a balance of probabilities, that Dr. Shankman's admissions together with the documentary evidence tendered in support – including a statement of account, email correspondence related to billings for a crown, and text messages discussing billings related to Patient A's dental treatment – are credible and reliable and are sufficient to prove the allegation. In particular, the Panel considered Dr. Shankman's admissions at paragraph 14 of the ASF that he both practised dentistry while his certificate was suspended, and that he received payment for this treatment, to be compelling evidence of his misconduct, contrary to s. 2(56) of the Professional Misconduct Regulation.

[28] With respect to the allegation that he committed sexual abuse of a patient, namely Patient B, Dr. Shankman admitted at paragraph 24 of the ASF that he and his patient began a sexual relationship, including sexual intercourse, in October 2017 and that this relationship continued until January 2022; and that he and Patient B were never married. The Registrant further admitted that he provided dental treatment to Patient B beginning in April 2018 until October 2020. These dates accord with those in documents filed in a family court matter. Dr. Shankman thus admitted, in paragraph 24 of the ASF, that he engaged in a concurrent sexual and treating relationship with Patient B from April 2018 until October 2020.

[29] The Panel found, on a balance of probabilities, that there was sufficient credible and reliable evidence to establish that Dr. Shankman committed sexual abuse of a patient, contrary to section 51(1)(b.1) of the Code.

[30] The Panel further found that Dr. Shankman committed professional misconduct when he admittedly gave the College inaccurate information regarding the timing of his relationship with Patient B, as set forth at paragraphs 23 and 26 of the ASF, and contrary to s. 2(57) of the Professional Misconduct Regulation.

[31] Dr. Shankman admitted, and the Panel found, on a balance of probabilities, that he engaged in conduct or performed an act that, having regard to all the circumstances, would reasonably be regarded by registrants of the College as disgraceful, dishonourable, unprofessional or unethical contrary to s. 2(59) of the Professional Misconduct Regulation. This misconduct includes that:

- (a) he practiced dentistry while suspended, and in particular, he provided Patient A with dental treatment from February 2024 until October 2024; and

- (b) that he sexually abused Patient B and then gave the College inaccurate information regarding the timing of his relationship with Patient B to mislead the College.

## **PENALTY SUBMISSIONS**

[32] The parties presented the Panel with a global Joint Submission with respect to Penalty and Costs (“**JSPC**”) (Exhibit 5) and asked the Panel to make an order as follows:

- a) requiring the Registrant to appear before the panel of the Discipline Committee to be reprimanded within ninety (90) days of this Order becoming final or on a date fixed by the Registrar;
- b) directing the Registrar to revoke the Registrant’s certificate of registration effective immediately;
- c) requiring the Registrant to reimburse the College for funding provided to the Complainant under the program required under section 85.7 of the Code;
- d) that the Registrant post security in the amount of \$5,000 to guarantee payments of any amount he is required to pay under paragraph 1(c) above;
- e) that the Registrant pay costs to the College in the amount of \$10,000 in respect of this discipline hearing; and
- f) that the Registrant may pay the amounts referred to in paragraphs 1(d) and 1(e) above in thirty (30) monthly instalments of \$500, with the first payment due within 30 days of the date of this Order and every subsequent payment due monthly.

The College and the Registrant further submit that pursuant to the Code, as amended, the results of these proceedings must be recorded on the Register of the College.

[33] The JSPC was signed by the parties.

[34] Counsel for the College made submissions based upon the content of the JSPC. In his submissions, he spoke to the penalties agreed upon by the parties and the objectives they would achieve. He also spoke to the high bar that that must be met in order for a panel to overturn a joint submission. He spoke to the aggravating and mitigating factors, noting that in this case, Dr. Shankman’s conduct was itself an aggravating factor. Dr. Shankman relied upon his earlier oral statement and the document that he tendered for the Panel’s consideration (Exhibit 4).

## **PENALTY DECISION**

[35] The Panel accepted the parties’ Joint Submission with respect to Penalty and Costs and made an order (the “**Order**”) in accordance with its terms as set forth above.

## **REASONS FOR PENALTY DECISION**

[36] It is settled law that a decision-maker should not lightly depart from an agreement that has been reached by the parties with respect to an appropriate penalty. The test is not

one of “fitness of sentence” but rather, the more stringent test of whether the jointly proposed penalty would bring the administration of justice into disrepute or would otherwise be contrary to the public interest.”<sup>1</sup>

[37] The Panel considered the terms of the JSPC in the context of the basic principles relating to the imposition of penalties. Those principles include that the goal of a penalty is to protect the public from dentists who have committed professional misconduct and to maintain public confidence in the profession and in its ability to self-regulate. A penalty must serve as a measure of general deterrence, in that it sends a clear message to all registrants of the dental profession that this type of conduct will not and cannot be tolerated. It must also serve as a measure of specific deterrence with respect to the dentist concerned. An appropriate penalty should also provide for remediation or rehabilitation of the dentist concerned, where possible and appropriate. The Panel must also consider both mitigating and aggravating factors when assessing the appropriateness of the penalty in the circumstances.

[38] In reaching its conclusion that the JSPC is appropriate in this case, the Panel considered many of the factors brought to its attention by the parties, most particularly, that Dr. Shankman sexually abused Patient B over a period of approximately two-and-a-half (2.5) years. The Panel also considered the authorities and documents filed by the College.

[39] The Panel found that Dr. Shankman committed professional misconduct as provided by s. 51(1)(b.1) of the Code in that he sexually abused his patient. Dr. Shankman’s conduct included sexual intercourse.

[40] Pursuant to subsections 51(5)(1) and 51(5)(3) of the Code, the Panel is required to reprimand Dr. Shankman and to revoke his certificate of registration if the sexual abuse included sexual intercourse. Having found that Dr. Shankman engaged in sexual intercourse with Patient B, the Panel is mandated to order revocation of his certificate.

[41] Revocation of a dentist’s certificate of registration is the most severe penalty a Panel can impose. While revocation of Dr. Shankman’s certificate is required by law, it is also appropriate in the circumstances of this case. Dr. Shankman’s conduct with his patient fell well below the standard of professionalism that is expected of dentists. Notwithstanding that he and Patient B had commenced a personal and sexual relationship at least six (6) months before he began treating her as a patient, Dr. Shankman crossed the patient-dentist boundary with Patient B. By engaging in this concurrent treating and sexual relationship with Patient B, Dr. Shankman put the reputation of the profession at risk, and he jeopardized the public’s confidence in the College to regulate the profession.

[42] Pursuant to Section 85.7 of the Code, the College has established a program to fund therapy and counselling for persons who allege sexual abuse by a registrant. The Panel is of the view that this aspect of the Order – specifically, the requirement that Dr. Shankman post security in the amount of \$5000 to guarantee payment of any amount he is required to pay under s. 85.7 of the Code – is reasonable in the circumstances. The parties jointly requested that Dr. Shankman be ordered to reimburse the College for funding for therapy for Patient B.

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<sup>1</sup> *R v Anthony Cook*, [2016 SCC 43](#), applied in the professional discipline context in *Ontario College of Teachers v Merolle*, 2023 ONSC 3453 at para 32

The Panel was satisfied that posting security in the amount of \$5,000, as jointly agreed by the parties, is reasonable and is proportionate to previous decisions of other health colleges.

[43] With respect to the issue of costs, the Panel found that the amount of \$10,000 as agreed by the parties was also reasonable in the circumstances and proportionate to costs awards in many other cases.

[44] The Panel is of the view that the parties' agreement that Dr. Shankman may pay the security of \$5,000 and costs of \$10,000 in 30 monthly installments of \$500 is reasonable given Dr. Shankman's current financial circumstances.

[45] For these reasons, the Panel accepted the JSPC and ordered that its terms and conditions be imposed.

### **THE REPRIMAND**

[46] At the conclusion of the discipline hearing, Dr. Shankman waived his right to appeal orally, on the record. The Panel therefore administered the reprimand at the conclusion of the proceedings. A copy of the Reprimand is attached to this Decision as Appendix "A".

I, Judy Welikovitch, sign these Reasons for Decision as Chairperson of this Discipline Panel.



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Judy Welikovitch  
Chair, Discipline Committee Panel

April 7, 2026

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Date

## APPENDIX "A"

### RCDSO v. Dr. Mark Shankman

Dr. Shankman, as you know, this Discipline panel has ordered you be given an oral reprimand as part of the sanction imposed upon you. The reprimand should impress upon you the seriousness of your misconduct.

The fact that you have received this reprimand will be part of the public portion of the Register and, as such, part of your record with the College.

You will be given an opportunity to make a statement at the end of the reprimand if you wish.

The panel has found that you have engaged in multiple acts of professional misconduct. The misconduct related to practising dentistry while under suspension and profiting from doing so; engaging in a concurrent sexual and treating relationship with a patient who was not your spouse. Further, you failed to provide the College with accurate information in the course of their investigation into your conduct. The cumulative effect of your conduct would reasonably be regarded by Registrants as disgraceful, dishonourable, unprofessional and unethical.

Your professional misconduct is a matter of profound concern. It is completely unacceptable to your fellow dentists and to the public. You have brought discredit to the entire profession and to yourself. Public confidence in this profession has been put in jeopardy.

Of special concern to us is the fact that you gave inaccurate information to the College about your relationship with Patient B and that you practiced dentistry and profited from doing so while you were suspended.

We have ordered the penalty of revocation, being the most significant penalty that this Committee can impose. Having found that your conduct constituted sexual abuse of a patient, the order for revocation of your license is mandatory. It is also, in the view of the Panel, an appropriate penalty considering the very serious misconduct in which you engaged.

As I advised earlier, you will now be given an opportunity to make a comment if you wish to do so. This is **not** an opportunity for you to debate the merits or the correctness of the decisions we have made.

Do you have any questions or do you wish to make any comments?

*(Hear the Registrant's comments at this point)*

Thank you for attending today. We are adjourned.