

College Performance Measurement Framework (CPMF) Reporting Tool

December 2020

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INTRODUCTION

THE COLLEGE PERFORMANCE MEASUREMENT FRAMEWORK (CPMF)

A CPMF has been developed by the Ontario Ministry of Health in close collaboration with Ontario’s health regulatory Colleges (Colleges), subject matter experts and the public with the aim of answering the question “how well are Colleges executing their mandate which is to act in the public interest?”. This information will:

1. strengthen accountability and oversight of Ontario’s health regulatory Colleges; and
2. help Colleges improve their performance.

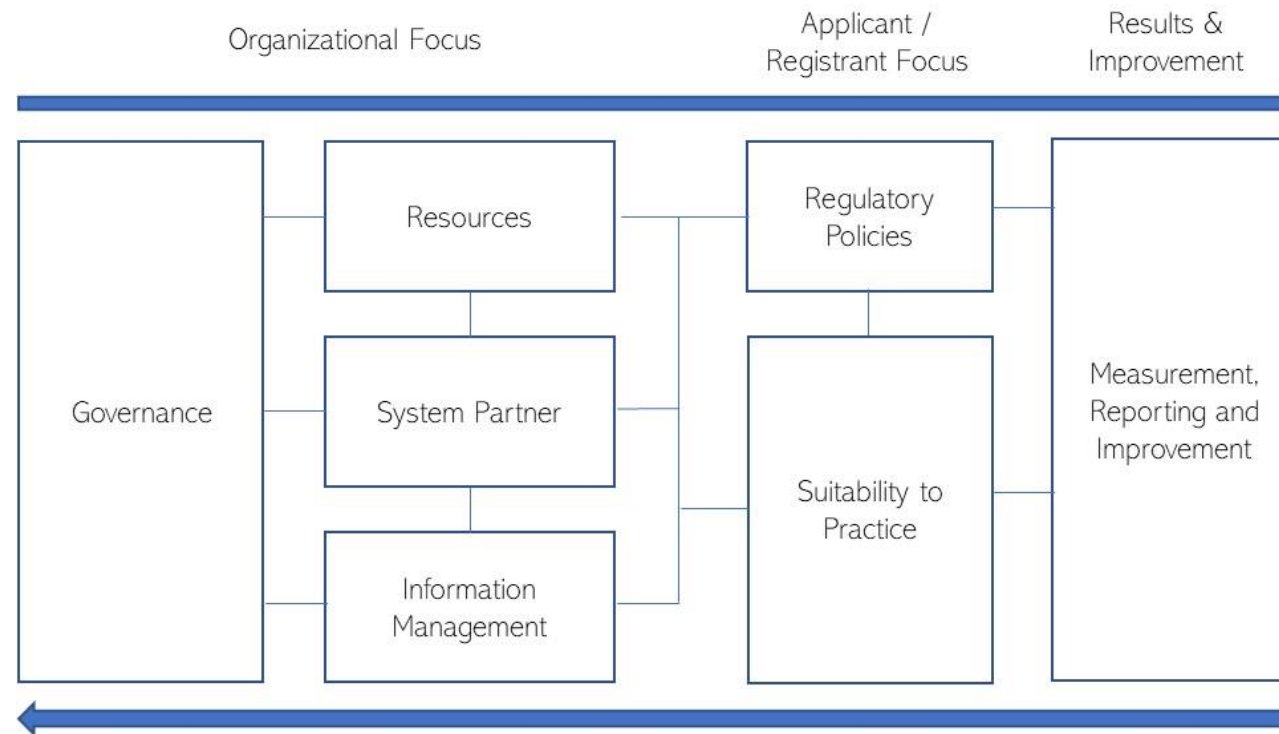
a) Components of the CPMF:

1	Measurement domains	→ Critical attributes of an excellent health regulator in Ontario that should be measured for the purpose of the CPMF.
2	Standards	→ Best practices of regulatory excellence a College is expected to achieve and against which a College will be measured.
3	Measures	→ Further specifications of the standard that will guide the evidence a College should provide and the assessment of a College in achieving the standard.
4	Evidence	→ Decisions, activities, processes, or the quantifiable results that are being used to demonstrate and assess a College’s achievement of a standard.
5	Context measures	→ Statistical data Colleges report that will provide helpful context about a College’s performance related to a standard.
6	Planned improvement actions	→ Initiatives a College commits to implement over the next reporting period to improve its performance on one or more standards, where appropriate.

b) Measurement domains:

The proposed CPMF has seven measurement domains. These domains were identified as the most critical attributes that contribute to a College effectively serving and protecting the public interest (Figure 1). The measurement domains relate to Ontario’s health regulatory Colleges’ key statutory functions and key organizational aspects, identified through discussions with the Colleges and experts, that enable a College to carry out its functions well.

Figure 1: CPMF Model for measuring regulatory excellence



The seven domains are interdependent and together lead to the outcomes that a College is expected to achieve as an excellent regulator. Table 1 describes what is being measured by each domain.

Table 1: Overview of what the Framework is measuring

Domain	Areas of focus
1 Governance	<ul style="list-style-type: none"> The efforts a College undertakes to ensure that Council and Statutory Committees have the required knowledge and skills to warrant good governance. Integrity in Council decision making. The efforts a College undertakes in disclosing decisions made or is planning to make and actions taken, that are communicated in ways that are accessible to, timely and useful for relevant audiences.
2 Resources	<ul style="list-style-type: none"> The College's ability to have the financial and human resources to meet its statutory objects and regulatory mandate, now and in the future.
3 System Partner	<ul style="list-style-type: none"> The extent to which a College is working with other Colleges and system partners, where appropriate, to help execute its mandate in a more effective, efficient and/or coordinated manner and to ensure it is responsive to changing public expectation.
4 Information Management	<ul style="list-style-type: none"> The efforts a College undertakes to ensure that the confidential information it deals with is retained securely and used appropriately in the course of administering its regulatory activities and legislative duties and objects.
5 Regulatory Policies	<ul style="list-style-type: none"> The College's policies, standards of practice, and practice guidelines are based on the best available evidence, reflect current best practices, are aligned with changing publications and where appropriate aligned with other Colleges.
6 Suitability to Practice	<ul style="list-style-type: none"> The efforts a College undertakes to ensure that only those individuals who are qualified, skilled and competent are registered, and only those registrants who remain competent, safe and ethical continue to practice the profession.
7 Measurement, Reporting and Improvement	<ul style="list-style-type: none"> The College continuously assesses risks, and measures, evaluates, and improves its performance. The College is transparent about its performance and improvement activities.

c) Standards, Measures, Evidence, and Improvement:

The CPMF is primarily organized around five components: **domains, standards, measures, evidence** and **improvement**, as noted on page 3. The following example demonstrates the type of information provided under each component and how the information is presented within the Reporting Tool.

Example:

Domain 1: Governance			
Standard	Measure	Evidence	Improvement
1. Council and Statutory Committee members have the knowledge, skills, and commitment needed to effectively execute their fiduciary role and responsibilities pertaining to the mandate of the College.	1. Where possible, Council and Statutory Committee members demonstrate that they have the knowledge, skills, and commitment prior to becoming a member of Council or a Statutory Committee.	a. Professional members are eligible to stand for election to Council only after: <ul style="list-style-type: none"> i. Meeting pre-defined competency / suitability criteria, and ii. attending an orientation training about the College’s mandate and expectations pertaining to the member’s role and responsibilities. 	<ul style="list-style-type: none"> • The College is planning a project to develop required competencies for Council and Committees and will develop screening criteria. By-laws will be updated to reflect the screening criteria as a component of the election process to determine professional registrant eligibility to run for a Council position.
		b. Statutory Committee candidates have: <ul style="list-style-type: none"> i. met pre-defined competency / suitability criteria, and ii. attended an orientation training about the mandate of the Committee and expectations pertaining to a member’s role and responsibilities. 	<ul style="list-style-type: none"> • The College is planning a project to develop required competencies for Council and Committees and will develop screening criteria.
		c. Prior to attending their first meeting, public appointments to Council undertake a rigorous orientation training course about the College’s mandate and expectations pertaining to the appointee’s role and responsibilities.	Nil
	2. Council and Statutory Committees regularly assess their effectiveness and address identified opportunities for improvement through ongoing education.	a. Council has developed and implemented a framework to regularly evaluate the effectiveness of: <ul style="list-style-type: none"> i. Council meetings; ii. Council 	Nil
		b. The framework includes a third-party assessment of Council effectiveness at minimum every three years.	Nil

THE CPMF REPORTING TOOL

For the first time in Ontario, the CPMF Reporting Tool (along with the companion Technical Specifications for Quantitative CPMF Measures document) will provide comprehensive and consistent information to the public, the Ministry of Health ('ministry') and other stakeholders by each of Ontario's health regulatory Colleges (Colleges). In providing this information each College will:

1. meet with the ministry to discuss the system partner domain;
2. complete the self-assessment;
3. post the Council approved completed CPMF Report on its website; and
4. submit the CPMF Report to the ministry.

The ministry will not assess whether a College meets or does not meet the Standards. The purpose of the first iteration of the CPMF is to provide the public, the ministry and other stakeholders with baseline information respecting a College's activities and processes regarding best practices of regulatory excellence and, where relevant, the College's performance improvement commitments. Furthermore, the reported results will help to lay a foundation upon which expectations and benchmarks for regulatory excellence can be refined and improved. Finally, the results of the first iteration may stimulate discussions about regulatory excellence and performance improvement among Council members and senior staff within a College, as well as between Colleges, the public, the ministry, registrants and other stakeholders.

The information reported through the completed CPMF Reporting Tools will be used by the ministry to strengthen its oversight role of Ontario's 26 health regulatory Colleges and may help to identify areas of concern that warrant closer attention and potential follow-up.

Furthermore, the ministry will develop a Summary Report highlighting key findings regarding the best practices Colleges already have in place, areas for improvement and the various commitments Colleges have made to improve their performance in serving and protecting the public. The focus of the Summary Report will be on the performance of the regulatory system (as opposed to the performance of each individual College), what initiatives health regulatory Colleges are undertaking to improve regulatory excellence and areas where opportunities exist for colleges to learn from each other. The ministry's Summary Report will be posted publicly.

As this will be the first time that Colleges will report on their performance against the proposed CPMF standards, it is recognized that the initial results will require comprehensive responses to obtain the required baseline information. It is envisioned that subsequent reporting iterations will be less intensive and ask Colleges only to report on:

- Improvements a College committed to undertake in the previous CPMF Report;
- Changes in comparison to baseline reporting; and
- Changes resulting from refined standards, measures and evidence.¹

¹ Informed by the results from the first reporting iteration, the standards, measures and evidence will be evaluated and where appropriate further refined before the next reporting iteration.

Completing the CPMF Reporting Tool

Colleges will be asked to provide information in the right-hand column of each table indicating the degree to which they fulfill the “required Evidence” set out in column two.

Furthermore,

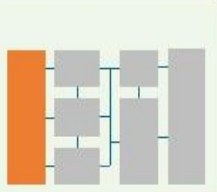
- where a College fulfills the “required evidence” it will have to:
 - provide link(s) to relevant background materials, policies and processes **OR** provide a concise overview of this information.
- where a College responds that it “partially” meets required evidence, the following information is required:
 - clarification of which component of the evidence the College meets and the component that the College does not meet;
 - for the component the College meets, provide link(s) to relevant background material, policies and processes **OR** provide a concise overview of this information; and
 - for the component the College does not meet, whether it is currently engaged in, or planning to implement the missing component over the next reporting period.
- where a College does not fulfill the required evidence, it will have to:
 - indicate whether it is currently engaged in or planning to implement the standard over the next reporting period.

Furthermore, there may be instances where a College responds that it meets required evidence but, in the spirit of continuous improvement, plans to improve its activities or processes related to the respective Measure. A College is encouraged to highlight these planned improvement activities.

While the CPMF Reporting Tool seeks to clarify the information requested, it is not intended to direct College activities and processes or restrict the manner in which a College fulfills its fiduciary duties. Where a term or concept is not explicitly defined in the proposed CPMF Reporting Tool the ministry relies on individual Colleges, as subject matter experts, to determine how a term should be appropriately interpreted given the uniqueness of the profession each College oversees.

The areas outlined in red in the example below are what Colleges will be asked to complete.

Example:

DOMAIN 1: GOVERNANCE		
Standard 1		
Council and statutory committee members have the knowledge, skills, and commitment needed to effectively execute their fiduciary role and responsibilities pertaining to the mandate of the College.		
Measure	Required evidence	College response
1. Where possible, Council and Statutory Committee members demonstrate that they have the knowledge, skills, and commitment prior to becoming a member of Council or a Statutory Committee.	a. Professional members are eligible to stand for election to Council only after: <ul style="list-style-type: none"> i. Meeting pre-defined competency / suitability criteria, and ii. attending an orientation training about the College's mandate and expectations pertaining to the member's role and responsibilities. 	The College fulfills this requirement: Yes <input type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/> <ul style="list-style-type: none"> • The competency/suitability criteria are public: Yes <input type="checkbox"/> No <input type="checkbox"/> <i>If yes, please insert link to where they can be found, if not please list criteria:</i> • Duration of orientation training: • Format of orientation training (e.g. in-person, online, with facilitator, testing knowledge at the end): • Insert a link to website if training topics are public OR list orientation training topics: If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period? Yes <input type="checkbox"/> No <input type="checkbox"/> Additional comments for clarification (optional):



PART 1: MEASUREMENT DOMAINS

The following tables outline the information that Colleges are being asked to report on for each of the Standards. Colleges are asked to provide **evidence** of decisions, activities, processes, and verifiable results that demonstrate the achievement of relevant standards and encourages Colleges to not only to identify whether they are working on, or are planning to implement, the missing component if the response is “No”, but also to provide information on improvement plans or improvement activities underway if the response is “Yes” or “Partially”.

DOMAIN 1: GOVERNANCE		
Standard 1		
Council and statutory committee members have the knowledge, skills, and commitment needed to effectively execute their fiduciary role and responsibilities pertaining to the mandate of the College.		
Measure	Required evidence	College response
1.1 Where possible, Council and Statutory Committee members demonstrate that they have the knowledge, skills, and commitment prior to becoming a member of Council or a Statutory Committee.	a. Professional members are eligible to stand for election to Council only after: <ol style="list-style-type: none"> i. meeting pre-defined competency / suitability criteria, and ii. attending an orientation training about the College’s mandate and expectations pertaining to the member’s role and responsibilities. 	The College fulfills this requirement: Yes <input type="checkbox"/> Partially X No <input type="checkbox"/> <ul style="list-style-type: none"> • The competency/suitability criteria are public: Yes X No <input type="checkbox"/> <i>If yes, please insert link to where they can be found, if not please list criteria:</i> Please see article 13.01 Eligibility to Run for Election in College By-laws: https://denturists-cdo.com/Resources/Legislation-Regs-By-laws/By-laws/CDO-By-laws.aspx • Duration of orientation training: 1-2 hours • Format of orientation training (e.g. in-person, online, with facilitator, testing knowledge at the end): Online meeting with the President and Registrar (normally this may have been held in-person). • Insert a link to website if training topics are public OR list orientation training topics: Professional Self-Regulation, Role of the College, Role of Council, Role of Registrar & Staff, Statutory and Non-Statutory Committees, Strategy Map, First Council Meeting.



		<p>Education for Health Regulatory Professionals of Ontario (EHRPO) Links to EHRPO YouTube Council and Committee Member Training Videos</p> <p><u>Foundational Concepts</u> 1-A Regulatory Framework 1-B The Public Interest 1-C Legal Context and Structure of the RHPA (Regulated Health Professions Act) 1-D Accountability</p> <p><u>Fiduciary Duties of Council and Committee Members</u> 2-A Confidentiality and Privacy 2-B Conflict of Interest and Appearance Bias 2-C Diligence, Respect and Ethical Behaviour 2-D Confidentiality and Privacy 2-E Conflict of Interest and Appearance of Bias</p> <p><u>Governance</u> 3-A Roles and Responsibilities of Council and its Officers 3-B Roles and Responsibilities of Committees and their Chairs 3-C Roles and Responsibilities of the Registrar and Staff 3-D Conducting and Participating in Meetings and Hearings 3-E External Communications</p> <p><u>Core Regulatory Activities of the Code</u> 4-A Restrictive Regulation 4-B Reactive Regulation 4-C Proactive Regulation 4-D Transparent Regulation</p> <p><u>Specific Duties and Functions of the College</u> 5-A Strategic Planning 5-B Risk Management 5-C Making Regulations, By-laws, and Standards of Practice 5-D Facilitating Practitioner Competence in all of the College's Activities 5-E Equity</p>
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		<p>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? Yes <input type="checkbox"/> No X</p>
		<p><i>Additional comments for clarification (optional):</i></p> <p>The College is planning to discuss the development and implementation of competency criteria for Council members over the next year.</p>
	<p>b. Statutory Committee candidates have:</p> <p>i. met pre-defined competency / suitability criteria, and</p> <p>ii. attended an orientation training about the mandate of the Committee and expectations pertaining to a member’s role and responsibilities.</p>	<p>The College fulfills this requirement: Yes <input type="checkbox"/> Partially X No <input type="checkbox"/></p> <ul style="list-style-type: none"> • The competency / suitability criteria are public: Yes <input type="checkbox"/> No X <i>If yes, please insert link to where they can be found, if not please list criteria:</i> The suitability criteria is emailed to registrants during the application period each year. The information is not stored permanently on the public website but can be found here: https://denturists-cdo.com/cdo/media/CDO-Media/Email%20Documents/Non-Council%20Committee%20Documents/Qualification-and-Expectation-of-Non-Council-Members-Final.pdf • Duration of each Statutory Committee orientation training: Registration: 2 hours orientation; 2+ hours OFC training Quality Assurance: 2 hours ICRC: 6 hours Discipline: 2 hours Fitness to Practise: 2-3 hours, scheduled as needed – there are very few referrals to the fitness to practise committee. Executive: 1 hour Patient Relations: 1-2 hours • Format of each orientation training (e.g. in-person, online, with facilitator, testing knowledge at the end): Registration: Prior to COVID-19, orientation was in-person with a facilitator (either the Manager of Registration or College legal counsel). During COVID-19, orientation was held online through video teleconference. The OFC training is completed through online modules on the OFC website: http://www.fairnesscommissioner.ca/index_en.php?page=learning_modules/index Quality Assurance: Prior to COVID-19, orientation was in-person with a facilitator (the Manager of Quality Assurance). During COVID-19, orientation was held online through video teleconference. ICRC: Prior to COVID-19, orientation was in-person with a facilitator (College legal counsel). During COVID-19, orientation was held online through video teleconference.



		<p>Discipline: Prior to COVID-19, orientation was in-person with a facilitator (Independent Legal Counsel). During COVID-19, orientation was held online through video teleconference.</p> <p>Fitness to Practise: Prior to COVID-19, orientation was in-person with a facilitator (independent legal counsel). During COVID-19, orientation would be held online via video conference if needed.</p> <p>Executive: Informal discussion facilitated by the Registrar.</p> <p>Patient Relations: Prior to COVID-19, orientation was in-person with a facilitator (legal counsel providing support to the Committee). During COVID-19, orientation is held online via video conference.</p> <ul style="list-style-type: none"> • Insert link to website if training topics are public OR list orientation training topics for Statutory Committee: <p>Registration: Functions of the RC; issues determined by the RC; how the Registrar interacts with the RC; applying discretion; role of the OFC and TOIF principles; registration requirements and classes of registration; powers of the RC; writing reasons for RC decisions. OFC modules include: understanding fair-access law, applying fair-access law (and in scenarios) and implementing fair access law.</p> <p>Quality Assurance: Legislative overview (RHPA, General Regulation); powers of the QAC; QA Program overview (self-assessment, continuing professional development, peer & practice assessments); QA policy overview; meeting structure.</p> <p>ICRC: Overview of ICRC processes; ICRC manual and resource binder (quick review, explanation of use); review of ICRC panel composition/meeting structure.</p> <p>Discipline: Jurisdiction of DC; legislative framework; duty of procedural fairness; rules of procedure; notice of hearing; forms of hearing; electronic hearings; pleas, submissions to chair; panel deliberations; record of proceeding; public access; duty of expert; motion for adjournment; motions; pre-hearing conferences; disclosure, pleas, costs, decisions and reasons; evidence; credibility; public access.</p> <p>Fitness to Practise: Mandate of the Fitness to Practise panel; the role of the Panel in the Hearing; and outcomes the Panel can consider.</p> <p>Executive: Functions and processes of the Committee.</p> <p>Patient Relations: Legislative mandate; components of the Patient Relations Program; Definition of Patient; Funding for therapy and counselling; terms of reference; confidentiality; conflict of interest.</p> <p><i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?</i> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p> <p><i>Additional comments for clarification (optional):</i></p> <p>The College is planning to discuss the development and implementation of competency criteria for Committee members over the next year.</p>
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	<p>c. Prior to attending their first meeting, public appointments to Council undertake an orientation training course about the College’s mandate and expectations pertaining to the appointee’s role and responsibilities.</p>	<p>The College fulfills this requirement: Yes X Partially <input type="checkbox"/> No <input type="checkbox"/></p> <ul style="list-style-type: none"> Duration of orientation training: 1 -2 hours Format of orientation training (e.g. in-person, online, with facilitator, testing knowledge at the end): Prior to COVID-19, orientation was in-person, facilitated by the Registrar and President of Council. During COVID-19, orientation would be held online via video conference if needed. Insert link to website if training topics are public OR list orientation training topics: Professional Self-Regulation, Role of the College, Role of Council, Role of Registrar & Staff, Statutory and Non-Statutory Committees, Strategy Map, First Council Meeting. <p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i> Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p><i>Additional comments for clarification (optional):</i></p>
<p>1.2 Council regularly assesses its effectiveness and addresses identified opportunities for improvement through ongoing education.</p>	<p>a. Council has developed and implemented a framework to regularly evaluate the effectiveness of:</p> <ol style="list-style-type: none"> Council meetings; Council 	<p>The College fulfills this requirement: Yes <input type="checkbox"/> Partially X No <input type="checkbox"/></p> <ul style="list-style-type: none"> Year when Framework was developed OR last updated: A post-council meeting survey is circulated to Council members after each Council meeting. The survey questions were revised in June 2020 to incorporate virtual meeting components to the evaluation. Insert a link to Framework OR link to Council meeting materials where (updated) Framework is found and was approved: https://www.surveymonkey.com/r/Preview/?sm=tZRLxipw1t7F_2BXhi9pi9jxGASZaJQVOUbESHqws5xQifVzyU3pG3ZfM0ZYPTWrd Evaluation and assessment results are discussed at public Council meeting: Yes X No <input type="checkbox"/> <i>If yes, insert link to last Council meeting where the most recent evaluation results have been presented and discussed:</i> Post-Council meeting surveys are included in the consent agenda of all Council meeting packages and can be discussed at the request of a Council member during the meeting: https://denturists-cdo.com/About-Us/Council-Committees/Council/Council-Minutes-Highlights.aspx#Council-Packages <p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i> Yes <input type="checkbox"/> X No</p>



		<p><i>Additional comments for clarification (optional)</i> The College intends to discuss ways augmenting its framework for regularly evaluating the effectiveness of Council and its meetings.</p>
	<p>b. The framework includes a third-party assessment of Council effectiveness at a minimum every three years.</p>	<p>The College fulfills this requirement: Yes <input type="checkbox"/> Partially <input type="checkbox"/> No X</p> <ul style="list-style-type: none"> A third party has been engaged by the College for evaluation of Council effectiveness: Yes <input type="checkbox"/> No <input type="checkbox"/> <i>If yes, how often over the last five years? <insert number></i> Year of last third-party evaluation: <i><insert year></i> <p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? Yes <input type="checkbox"/> No X</i></p> <p><i>Additional comments for clarification (optional)</i> Council intends to discuss engaging a third-party assessor over the next year.</p>
	<p>c. Ongoing training provided to Council has been informed by:</p> <ul style="list-style-type: none"> i. the outcome of relevant evaluation(s), and/or ii. the needs identified by Council members. 	<p>The College fulfills this requirement: Yes X Partially <input type="checkbox"/> No <input type="checkbox"/></p> <ul style="list-style-type: none"> Insert a link to documents outlining how outcome evaluations and/or needs identified by members have informed Council training; The post-meeting survey asks Council members to provide information about how meetings can be improved as well as additional comments where training topics can be suggested: https://denturists-cdo.com/About-Us/Council-Committees/Council/Council-Minutes-Highlights.aspx#Council-Packages Insert a link to Council meeting materials where this information is found OR Describe briefly how this has been done for the training provided <u>over the last year</u>. <p>In addition to the mandatory orientation session/training, Council receives training in governance, financial management/literacy, and unconscious bias on an as needed basis (for example, when new Council members are elected or appointed). Additional training on topics is arranged when requested.</p> <p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? Yes <input type="checkbox"/> No <input type="checkbox"/></i></p>



		Additional comments for clarification (optional):
Standard 2 Council decisions are made in the public interest.		
Measure	Required evidence	College response
2.1 All decisions related to a Council's strategic objectives, regulatory processes, and activities are impartial, evidence-informed, and advance the public interest.	a. The College Council has a Code of Conduct and 'Conflict of Interest' policy that is accessible to the public.	The College fulfills this requirement: Yes X Partially <input type="checkbox"/> No <input type="checkbox"/>
		<ul style="list-style-type: none"> Year when Council Code of Conduct and 'Conflict of Interest' Policy was implemented OR last evaluated/updated: 2012 Insert a link to Council Code of Conduct and 'Conflict or Interest' Policy OR Council meeting materials where the policy is found and was discussed and approved: Section 27 of the College By-laws: https://denturists-cdo.com/Resources/Legislation-Regs-By-laws/By-laws/CDO-By-laws.aspx
		If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period? Yes <input type="checkbox"/> No <input type="checkbox"/>
		Additional comments for clarification (optional)
	b. The College enforces cooling off periods ² .	The College fulfills this requirement: Yes X No <input type="checkbox"/>
		<ul style="list-style-type: none"> Cooling off period is enforced through: Conflict of interest policy <input type="checkbox"/> By-law X Competency/Suitability criteria <input type="checkbox"/> Other <please specify> The year that the cooling off period policy was developed OR last evaluated/updated: September 2012 How does the college define the cooling off period? <ul style="list-style-type: none"> Insert a link to policy / document specifying the cooling off period, including circumstances where it is enforced; <p>Please see article 13.01.ii(f) and 13.01.iv Eligibility to Run for Election in College By-laws: https://denturists-cdo.com/Resources/Legislation-Regs-By-laws/By-laws/CDO-By-laws.aspx</p>

² Cooling off period refers to the time required before an individual can be elected to Council where an individual holds a position that could create an actual or perceived conflict of interest with respect to his or her role and responsibility at the college.



		<p>(f) the Member is not, and has not for a period of at least one (1) year been, a director, officer or employee of any Professional Association relating to denturism,</p> <p>(iv) if the Member has previously served as an elected Council member for nine (9) consecutive years, at least three (3) years have passed.</p> <ul style="list-style-type: none"> - insert a link to Council meeting where cooling of period has been discussed and decided upon; OR - where not publicly available, please describe briefly cooling off policy: <p>At the June 29, 2012 meeting, Council discussed major revisions to the by-laws as a result of the Operational Review and Audit of the College of Denturists of Ontario by PWC. This included the cooling off requirements for professional members elected to Council. The proposed changes were circulated for a 60 day consultation period and were ratified by Council at the September 14, 2012 meeting.</p> <p><i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period? Yes <input type="checkbox"/> No <input type="checkbox"/></i></p> <p><i>Additional comments for clarification (optional)</i></p>
	<p>c. The College has a conflict of interest questionnaire that all Council members must complete annually.</p> <p><u>Additionally:</u></p> <ul style="list-style-type: none"> i. the completed questionnaires are included as an appendix to each Council meeting package; ii. questionnaires include definitions of conflict of interest; 	<p>The College fulfills this requirement: Yes <input type="checkbox"/> Partially X No</p> <ul style="list-style-type: none"> • The year when conflict of interest the questionnaire was implemented OR last evaluated/updated: • Member(s) update his or her questionnaire at each Council meeting based on Council agenda items: Always <input type="checkbox"/> Often <input type="checkbox"/> Sometimes <input type="checkbox"/> Never <input type="checkbox"/> • Insert a link to most recent Council meeting materials that includes the questionnaire:



	<p>iii. questionnaires include questions based on areas of risk for conflict of interest identified by Council that are specific to the profession and/or College; and</p> <p>iv. at the beginning of each Council meeting, members must declare any updates to their responses and any conflict of interest <u>specific to the meeting agenda</u>.</p>	<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i> Yes X No <input type="checkbox"/></p> <hr/> <p><i>Additional comments for clarification (optional)</i></p> <p>Council and Committee members sign a Letter of Understanding regarding Conflict of Interest when they are appointed and/or elected. The College’s legal counsel provides comments regarding conflict of interest at EACH Council meeting and each Committee agenda includes a Declaration of Conflict of Interest item.</p> <p>The College will be investigating opportunities to develop and introduce a conflict of interest questionnaire that can be utilized for Council and Committee meetings.</p>
	<p>d. Meeting materials for Council enable the public to clearly identify the public interest rationale (See Appendix A) and the evidence supporting a decision related to the College’s strategic direction or regulatory processes and actions (e.g. the minutes include a link to a publicly available briefing note).</p>	<p>The College fulfills this requirement: Yes <input type="checkbox"/> Partially X No <input type="checkbox"/></p> <ul style="list-style-type: none"> Describe how the College makes public interest rationale for Council decisions accessible for the public: <p>The Council materials posted on the public website include all relevant background information needed to understand the context of an agenda item. The public interest rationale is discussed during the Council meeting but is not immediately accessible to the public through the meeting materials.</p> <ul style="list-style-type: none"> Insert a link to meeting materials that include an example of how the College references a public interest rationale: <p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i> Yes X No <input type="checkbox"/></p> <hr/> <p><i>Additional comments for clarification (if needed)</i></p> <p>Action: Briefing notes will be modified to include a section that identifies the Public Interest in the matter at hand. This section will also include a more explicit explanation of the relationship of the agenda item to the College’s strategic direction or regulatory processes and actions so that these important details are more readily accessible to the public.</p>

Standard 3

The College acts to foster public trust through transparency about decisions made and actions taken.



Measure	Required evidence	College response
3.1 Council decisions are transparent.	a. Council minutes (once approved) are clearly posted on the College’s website. Attached to the minutes is a status update on implementation of Council decisions to date (e.g. indicate whether decisions have been implemented, and if not, the status of the implementation).	The College fulfills this requirement: Yes <input checked="" type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/>
		<ul style="list-style-type: none"> Insert link to webpage where Council minutes are posted: https://denturists-cdo.com/About-Us/Council-Committees/Council/Council-Minutes-Highlights.aspx#Council-Meetings
		If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? Yes <input type="checkbox"/> No <input type="checkbox"/>
		Additional comments for clarification (optional)
	b. The following information about Executive Committee meetings is clearly posted on the College’s website (alternatively the College can post the approved minutes if it includes the following information). i. the meeting date; ii. the rationale for the meeting; iii. a report on discussions and decisions when Executive Committee acts as Council or discusses/deliberates on matters or materials that will be brought forward to or affect Council; and iv. if decisions will be ratified by Council.	The College fulfills this requirement: Yes <input type="checkbox"/> Partially <input type="checkbox"/> No <input checked="" type="checkbox"/>
		<ul style="list-style-type: none"> Insert a link to webpage where Executive Committee minutes / meeting information are posted:
		If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
		Additional comments for clarification (optional) Action: In the 2021 reporting period, the College will be providing information regarding Executive Meetings, including the meeting date, rationale for the meeting, a report on discussions and decisions when the Committee acts as Council or discusses/deliberates on matter or materials that will be brought forward to Council, and if decisions will be ratified by Council.
	The College fulfills this requirement: Yes <input checked="" type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/>	



	<p>c. Colleges that have a strategic plan and/or strategic objectives post them clearly on the College’s website (where a College does not have a strategic plan, the activities or programs it plans to undertake).</p>	<ul style="list-style-type: none"> Insert a link to the College’s latest strategic plan and/or strategic objectives: https://denturists-cdo.com/About-Us/Strategy-Map-2017-2020.aspx <p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i> Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p><i>Additional comments for clarification (optional)</i></p>
<p>3.2 Information provided by the College is accessible and timely.</p>	<p>a. Notice of Council meeting and relevant materials are posted at least one week in advance.</p>	<p>The College fulfills this requirement: Yes X Partially <input type="checkbox"/> No <input type="checkbox"/></p> <p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i> Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p><i>Additional comments for clarification (optional)</i></p> <p>https://denturists-cdo.com/About-Us/Council-Committees/Council/Council-Meetings.aspx</p>
	<p>b. Notice of Discipline Hearings are posted at least one week in advance and materials are posted (e.g. allegations referred)</p>	<p>The College fulfills this requirement: Yes X Partially <input type="checkbox"/> No <input type="checkbox"/></p> <p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i> Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p><i>Additional comments for clarification (optional)</i></p> <p>https://denturists-cdo.com/Protecting-the-Public/Professional-Conduct/scheduled-Discipline-Hearings.aspx</p>

<p>DOMAIN 2: RESOURCES</p>	
<p>Standard 4</p>	
<p>The College is a responsible steward of its (financial and human) resources.</p>	



Measure	Required evidence	College response
4.1 The College demonstrates responsible stewardship of its financial and human resources in achieving its statutory objectives and regulatory mandate.	<p>a. The College’s strategic plan (or, where a College does not have a strategic plan, the activities or programs it plans to undertake) has been costed and resources have been allocated accordingly.</p> <p><u>Further clarification:</u> A College’s strategic plan and budget should be designed to complement and support each other. To that end, budget allocation should depend on the activities or programs a College undertakes or identifies to achieve its goals. To do this, a College should have estimated the costs of each activity or program and the budget should be allocated accordingly.</p>	The College fulfills this requirement: Yes X Partially <input type="checkbox"/> No <input type="checkbox"/>
		<ul style="list-style-type: none"> Insert a link to Council meeting materials that include approved budget OR link to most recent approved budget: <p>The annual budget includes a line item for “program development” this covers all of the strategic plan activities that are scheduled for that fiscal year. Council reviews the budget during the March Council meetings. Council packages including budgets and notes can be found on the College’s website. The March 2019 budget can be reviewed here (agenda item 8): https://denturists-cdo.com/About-Us/Council-Committees/Council/Council-Minutes-Highlights/Council-Packages/95th-Council-Meeting-Package-March-22,-2019.aspx</p> <p>The Executive Committee approved the budget for 2020-21. The March 2020 Council meeting was postponed until May due to the COVID-19 pandemic. The Executive Committee materials are not publicly available. The Council meeting materials for the June 2017 meeting, when the strategic plan was ratified, are not publicly available. The minutes of the Council meeting where the Strategic Plan was ratified are available on the College website.</p>
		<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? Yes <input type="checkbox"/> No <input type="checkbox"/></i></p>
		<p><i>Additional comments for clarification (optional)</i></p>
	<p>b. The College:</p>	The College fulfills this requirement: Yes X Partially <input type="checkbox"/> No <input type="checkbox"/>



	<p>i. has a “financial reserve policy” that sets out the level of reserves the College needs to build and maintain in order to meet its legislative requirements in case there are unexpected expenses and/or a reduction in revenue and furthermore, sets out the criteria for using the reserves;</p> <p>ii. possesses the level of reserve set out in its “financial reserve policy”.</p>	<p><u>If applicable:</u></p> <ul style="list-style-type: none"> Insert a link to “financial reserve policy” OR Council meeting materials where financial reserve policy has been discussed and approved: The current policy is in queue to be revised to reflect recommendations by the College’s financial auditor. The current Surplus Retention Policy can be found here: https://denturists-cdo.com/Resources/Policies/Operational-Policies/SURPLUS-RETENTION-POLICY.aspx Insert most recent date when “financial reserve policy” has been developed OR reviewed/updated: October 3, 2014 Has the financial reserve policy been validated by a financial auditor? Yes X No <input type="checkbox"/> The policy was reviewed in 2014 when it was implemented. <p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? Yes <input type="checkbox"/> No <input type="checkbox"/></i></p> <p><i>Additional comments for clarification (if needed)</i></p>
	<p>c. Council is accountable for the success and sustainability of the organization it governs. This includes ensuring that the organization has the workforce it needs to be successful now and, in the future (e.g. processes and procedures for succession planning, as well as current staffing levels to support College operations).</p>	<p>The College fulfills this requirement: Yes <input type="checkbox"/> Partially X No <input type="checkbox"/></p> <ul style="list-style-type: none"> Insert a date and link to Council meeting materials where the College's Human Resource plan, as it relates to the Operational and Financial plan, was discussed. Human resources management and strategy are primarily viewed through the lens of operational effectiveness and the ability of the College to meet its legislative mandates. Relevant, specific human resources matters are communicated with to the Executive Committee and, as the representative of Council, the Committee’s input is sought when required. Human resource strategy communication at the Council level is largely associated with the budgetary implications and these items are outlined at the time that the budget is presented for approval or ratification. <p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? Yes <input type="checkbox"/> No X</i></p>



		Additional comments for clarification (optional)
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DOMAIN 3: SYSTEM PARTNER		
Standard 5 The College actively engages with other health regulatory Colleges and system partners to align oversight of the practice of the profession and support execution of its mandate.		
Standard 6 The College maintains cooperative and collaborative relationships to ensure it is responsive to changing public expectations.		
Standard 7 The College responds in a timely and effective manner to changing public expectations.		
Measure / Required evidence: N/A	College response	
	<i>Colleges are requested to provide a narrative that highlights their organization’s best practices for each of the following three standards. An exhaustive list of interactions with every system partner the College engages is not required.</i>	
	<i>Colleges may wish to provide information that includes their key activities and outcomes for each best practice discussed with the ministry, or examples of system partnership that, while not specifically discussed, a College may wish to highlight as a result of that dialogue. For the initial reporting cycle, information may be from the recent past, the reporting period, or is related to an ongoing activity (e.g., planned outcomes).</i>	



<p>The three standards under this domain are not assessed based on measures and evidence like other domains, as there is no 'best practice' regarding the execution of these three standards.</p> <p>Instead, <u>Colleges will report on key activities, outcomes, and next steps that have emerged through a dialogue with the Ministry of Health.</u></p> <p>Beyond discussing what Colleges have done, the dialogue might also identify other potential areas for alignment with other Colleges and system partners.</p> <p>In preparation for their meetings with the ministry, Colleges have been asked to submit the following information:</p> <ul style="list-style-type: none"> Colleges should consider the questions pertaining to each standard and identify examples of initiatives and projects undertaken during the reporting period that demonstrate the three standards, and the dates on which these initiatives were undertaken. 	<p>Standard 5: The College actively engages with other health regulatory colleges and system partners to align oversight of the practice of the profession and support execution of its mandate.</p> <p>Recognizing that a College determines entry to practice for the profession it governs, and that it sets ongoing standards of practice within a health system where the profession it regulates has multiple layers of oversight (e.g. by employers, different legislation, etc.), Standard 5 captures how the College works with other health regulatory colleges and other system partners to support and strengthen alignment of practice expectations, discipline processes, and quality improvement across all parts of the health system where the profession practices. In particular, a College is asked to report on:</p> <ul style="list-style-type: none"> <i>How it has engaged other health regulatory Colleges and other system partners to strengthen the execution of its oversight mandate and aligned practice expectations? Please provide details of initiatives undertaken, how engagement has shaped the outcome of the policy/program and identify the specific changes implemented at the College (e.g. joint standards of practice, common expectations in workplace settings, communications, policies, guidance, website etc.).</i> <p><u>Collaborative Response to the COVID-19 Pandemic:</u></p> <p>The CDO worked collaboratively with the three other oral health regulators in Ontario (College of Dental Technologists of Ontario, College of Dental Hygienists of Ontario and the Royal College of Dental Surgeons of Ontario) to develop common guiding principles that oral health professionals could refer to when returning to practice in May. The CDO also worked collaboratively with Public Health Ontario to ensure that the guidelines were consistent with Public Health Ontario documents. The CDO continues to work with the oral health regulators and Public Health Ontario to revise the return to practice guidelines as new and emerging information becomes available. The collaborative response to the COVID-19 pandemic amongst oral health regulators strengthens the CDO's ability to protect the public through consistent messaging and best practices, particularly when multi-disciplinary oral health care clinics are common throughout the province. The communications sent to registrants regarding return to practice guidance provided clear expectations and resulted in a decrease in practice advisory inquiries related to COVID-19, demonstrating the effectiveness of the communication strategy.</p> <p><u>Participation in Joint Meetings:</u></p> <p>The CDO met with several system partners throughout the year to discuss matters of mutual interest.</p> <p><i>Canadian Alliance for Regulators in Denturism:</i> The CDO met several times with the Registrars from the College of Denturists of British Columbia and the College of Alberta Denturists to discuss a national accreditation framework for denturism programs and a national multiple choice examination, and finalize a revised national competency profile. These national projects will strengthen the CDO's ability to ensure that applicants from across Canada meet a common set of entry-to-practice expectations. Denturism patients in Ontario, British Columbia and Alberta can expect the same level of competency and care from Registered Denturists.</p> <p><i>Academic Institutions:</i> The CDO met with the following academic institutions that offer post-secondary education in denturism: George Brown College, Oxford College and Georgian College. The CDO regularly delivers presentations to students regarding professional self-regulation, the role of the College, Standards of Practice, registration and the examination process, and most recently, return to practice guidelines for COVID-19. During the active COVID-19</p>
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	<p>pandemic, interactions between the College and the educational institutions were focussed on determining how current students would meet the curricular requirements required for successful completion of their program of study. This was most significant in those areas where clinical experience was required for the development of the associated competencies. In addition, the College has worked closely with the educational institutions to determine the best date for the College’s next Qualifying Examination, given that graduation from the Ontario Denturism programs has been delayed. The CDO engaged in discussions regarding the revised competency profile to ensure that academic institutions offering denturism programs would be able to deliver the revised curriculum. The CDO attended curriculum advisory meetings held by academic institutions offering denturism programs to ensure that the College was aware of changes to curriculum or delivery planned or implemented on the school program side.</p> <p>Professional Associations: The CDO communicated throughout the pandemic with representatives of the Denturist Association of Ontario and the Denturist Group of Ontario to develop the return to practice guidelines. The CDO regularly sent information regarding continuing professional development activities and opportunities (webinars and peer circles) to the associations for dissemination to encourage participation and uptake amongst the profession. Coordinated communication with the associations improves the likelihood that Registered Denturists will meet their professional obligations, thereby providing safe, competent and ethical care to the public.</p>	
	<p>Standard 6: The College maintains cooperative and collaborative relationships to ensure it is responsive to changing public/societal expectations.</p> <p>The intent of standard 6 is to demonstrate that a College has formed the necessary relationships with system partners to ensure that it receives and contributes information about relevant changes to public expectations. This could include both relationships where the College is “pushed” information by system partners, or where the College proactively seeks information in a timely manner.</p> <ul style="list-style-type: none"> • <i>Please provide some examples of partners the College regularly interacts with including patients/public and how the College leverages those relationships to ensure it can respond to changing public/societal expectations.</i> • <i>In addition to the partners it regularly interacts with, the College is asked to include information about how it identifies relevant system partners, maintains relationships so that the College is able access relevant information from partners in a timely manner, and leverages the information obtained to respond (specific examples of when and how a College responded is requested in standard 7).</i> <p>The CDO conducts environmental scans regarding policy and operational items and seeks out subject matter expertise to inform decision making, and to identify system partners. If the CDO becomes aware of information related</p>	<p>Standard 7: The College responds in a timely and effective manner to changing public expectations.</p> <p>Standard 7 highlights successful achievements of when a College leveraged the system partner relationships outlined in Standard 6 to implement changes to College policies, programs, standards etc., demonstrating how the College responded to changing public expectations in a timely manner.</p> <ul style="list-style-type: none"> • <i>How has the College responded to changing public expectations over the reporting period and how has this shaped the outcome of a College policy/program? How did the College engage the public/patients to inform changes to the relevant policy/program? (e.g. Instances where the College has taken the lead in strengthening interprofessional collaboration to improve patient experience, examples of how the College has signaled professional obligations and/or learning opportunities with respect to the treatment of opioid addictions, etc.).</i> • <i>The College is asked to provide an example(s) of key successes and achievements from the reporting year.</i> <p>Public Website: In the past year, the COVID-19 pandemic created significant changes to public expectations, particularly for oral health care providers, with respect to infection prevention and control measures. A dedicated COVID-19 advisory page was added to the</p>



	<p>to a system partner, it is analyzed to determine if there are any immediate actions that need to be taken, who needs to be involved in the decision-making and action process, and when decisions and/or actions need to be made and/or taken. The CDO recognizes that system partners must work together to ensure that patients in Ontario receive acceptable denturism care and therefore considers external factors important in the decision-making process. The following examples demonstrate how the CDO interacts with system partners and leverages those relationships to respond to changing public/societal expectations.</p> <p>Ontario Oral Health Profession Regulators: The CDO regularly meets with the other oral health profession regulators in Ontario to discuss areas of common interest and to identify ways to collaboratively serve the public interest effectively and efficiently.</p> <p>Regulatory Working Groups: As a member of several working groups (Health Profession Regulators of Ontario, Ontario Regulators for Access Consortium, the Quality Assurance Working Group, and the Health Profession Regulators of Ontario), the CDO was able to share experiences with other regulators, become aware of system-wide matters and develop collaborative partnerships with other regulators in areas of mutual interest.</p> <p>The CDO monitors consultations with other health regulatory colleges to determine if the information is applicable to our work. If it is, the CDO will provide comments/feedback and work with the other regulator in areas of mutual interest. Participation in the consultation process provides insight into emerging trends in both practice and regulation.</p> <p>Patients and the Public: During the 2017-2020 strategic plan, the CDO met with the Citizens Advisory Group (CAG) to gather feedback on the public website. The feedback was used to revise the website to make it easier to navigate the website. For example, creating a Filing a Complaint tab that was easier to locate. In this discussion, the College, along with the CDHO, also sought the CAG's opinion on regulatory governance models and amalgamation of existing Oral Health Colleges into a single regulatory body. The CDO received feedback that included widespread support for amalgamation and continued collaboration.</p>	<p>College's website. Additionally, static banners and additional links funnel registrants, their patients and the public to a resource page for up-to-date information.</p> <p>Based on the information provided through consultation with the public (i.e. through the CAG meetings), the CDO maintains a Protecting the Public section on the website to provide the public with information about matters of interest (i.e. how to use the public register, information about past and current discipline matters, how to make a complaint, patient rights, patient relations, transparency and scope of practice).</p> <p>Return to Practice: The Return to Practice Guidelines were developed collaboratively amongst the 4 oral health regulators. This collaborative initiative was successful in providing consistent messaging for registrants, their patients and the public regarding the treatment of mutual patients and provided clear guidance to registrants to assist them in navigating rapid changes in their practice environments.</p> <p>Peer Circles: The CDO was the first health profession regulator in Ontario to develop and offer Peer Circles to Registered Denturists as a continuing professional development activity option for the Quality Assurance Program. Peer Circles provides Registered Denturists with a rewarding opportunity to work together in small groups to address challenging, topical practice issues and develop enhanced problem-solving approaches and strategies. Peer Circles typically involve 8 practitioners and a group facilitator. The facilitator, who is a practising Registered Denturist, is trained to assist the group as it considers these instructive cases or issues.</p> <p>Through an active communication strategy, excellent registrant engagement, and continuing professional development activities such as webinars and peer circles, the CDO can communicate important information to registrants regarding standards of practice, guidelines and other important matters that impact patient care and safety including mandatory reporting obligations (to address concerns outlined in the Wettlaufer Report), the importance of maintaining professional boundaries (to address prevention of sexual abuse of patients) and various scenarios involving informed consent to treatment and</p>
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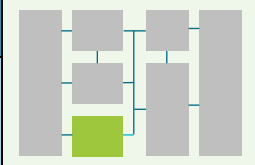


	<p>https://citizenadvisorygroup.files.wordpress.com/2019/01/january-20-2018-3.pdf</p> <p>The CDO targets education for registrants that addresses problematic clinical patient interactions identified through the analysis of complaints and discipline data. Continuing professional development activities, such as Peer Circles and webinars, are developed to encourage registrants to discuss important and topical scenarios that may impact their practice and the care they provide to their patients.</p>	<p>confidentiality and privacy (to ensure that registrants understand their obligations and duties with respect to the governing legislation in these areas).</p> <p>Due to the COVID-19 pandemic, in-person Peer Circle sessions were not feasible. The CDO was able to utilize technology to develop and administer <i>virtual</i> Peer Circles to ensure that registrants continued to have access to these important educational opportunities. The CDO received positive feedback from participants with 67% of survey respondents preferring virtual over in-person sessions. Participants reported the activity facilitated professional collaboration, encouraged critical thinking, enhanced problem solving, and improved communication skills.</p>
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DOMAIN 4: INFORMATION MANAGEMENT

Standard 8

Information collected by the College is protected from unauthorized disclosure.



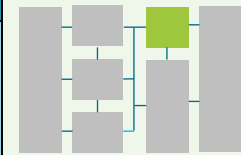
Measure	Required evidence	College response
<p>8.1 The College demonstrates how it protects against unauthorized disclosure of information.</p>	<p>a. The College has and uses policies and processes to govern the collection, use, disclosure, and protection of information that is of a personal (both health and non-health) or sensitive nature that it holds</p>	<p>The College fulfills this requirement: Yes <input type="checkbox"/> Partially <input type="checkbox"/> No X</p> <ul style="list-style-type: none"> Insert a link to policies and processes OR provide brief description of the respective policies and processes. <p><i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period? Yes X No <input type="checkbox"/></i></p> <p><i>Additional comments for clarification (optional)</i></p> <p>The College has drafted policies for the privacy of personal information and privacy breaches. They will be reviewed by Council during the 2021 reporting period.</p>



DOMAIN 5: REGULATORY POLICIES

Standard 9

Policies, standards of practice, and practice guidelines are based in the best available evidence, reflect current best practices, are aligned with changing public expectations, and where appropriate aligned with other Colleges.



Measure	Required evidence	College response
<p>9.1 All policies, standards of practice, and practice guidelines are up to date and relevant to the current practice environment (e.g. where appropriate, reflective of changing population health needs, public/societal expectations, models of care, clinical evidence, advances in technology).</p>	<p>a. The College has processes in place for evaluating its policies, standards of practice, and practice guidelines to determine whether they are appropriate, or require revisions, or if new direction or guidance is required based on the current practice environment.</p>	<p>The College fulfills this requirement: Yes <input checked="" type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/></p> <ul style="list-style-type: none"> Insert a link to document(s) that outline how the College evaluates its policies, standards of practice, and practice guidelines to ensure they are up to date and relevant to the current practice environment OR describe in a few words the College’s evaluation process (e.g. what triggers an evaluation, what steps are being taken, which stakeholders are being engaged in the evaluation and how). <p>The College does not have a formal policy that describes how we evaluate policies and practice documentation. There are a few situations that trigger an evaluation: changes in legislation, changes in practice, or the cyclical review that is conducted approximately every 5 years. During the evaluation process, the document is reviewed to ensure it is in alignment with the current regulatory framework and incorporates best practices and environmental changes. In most cases, an environmental scan is conducted and Committee members are engaged in the revision process. The revisions are presented to Council for consideration and are either adopted or circulated for stakeholder consultation. Stakeholders include: other health regulators in Ontario and across Canada, academic institutions, membership associations, government bodies as applicable (i.e. Ministry of Health, Ontario Fairness Commissioner). These stakeholder groups are advised of the consultation via email and the consultation is posted on the College’s homepage billboards and consultation page: https://denturists-cdo.com/About-Us/Consultations.aspx After a consultation closes, the report and a briefing note is prepared for Council’s consideration, either to adopt a motion to approve the document for implementation or request changes. The final document is circulated to stakeholders in a College Update and posted in the relevant section of the website. https://denturists-cdo.com/Resources/Publications.aspx#College-Updates</p> <p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? Yes <input type="checkbox"/> No <input type="checkbox"/></i></p>



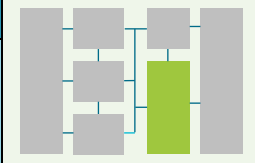
		<p><i>Additional comments for clarification (optional)</i></p>
	<p>b. Provide information on when policies, standards, and practice guidelines have been newly developed or updated, and demonstrate how the College took into account the following components:</p> <ul style="list-style-type: none"> i. evidence and data, ii. the risk posed to patients / the public, iii. the current practice environment, iv. alignment with other health regulatory Colleges (where appropriate, for example where practice matters overlap) v. expectations of the public, and vi. stakeholder views and feedback. 	<p>The College fulfills this requirement: Yes X Partially <input type="checkbox"/> No <input type="checkbox"/></p> <ul style="list-style-type: none"> • For two recent new policies or amendments, either insert a link to document(s) that demonstrate how those components were taken into account in developing or amending the respective policy, standard or practice guideline (including with whom it engaged and how) OR describe it in a few words. <p>The College recently reviewed and revised all policies related to registration. As part of the policy review process, College staff conducts an environmental scan with other regulators in the province and in other jurisdictions, consults with the Ontario Fairness Commissioner and the College’s legal counsel, and conducts research specific to the policy topic to determine if revisions to a policy are needed and to provide a recommended list of those revisions to the Registration Committee for their consideration. The Registration Committee reviews the research in the form of a briefing note and revises the policy as needed. The revisions are presented to Council for consideration and either approval or amendment.</p> <p>For example, the Language Proficiency Policy was significantly amended and expanded. From a risk and public expectation perspective, the Registration Committee discussed minimum cut-scores and the importance of being able to adequately communicate with patients. The evidence and data presented by the language test providers allowed the Registration Committee to determine appropriate minimum cut-off scores for language proficiency.</p> <p>In another example, the Criminal Record and Judicial Matters Check policy was revised when the Police Record Checks Reform Act, 2015 was put into force. The Registration Committee reviewed recommendations from legal counsel regarding the various types of background checks offered under the new legislation, the information provided by each and the most suitable check to require for applicants moving forward.</p> <p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? Yes <input type="checkbox"/> No <input type="checkbox"/></i></p> <p><i>Additional comments for clarification (optional)</i></p>



DOMAIN 6: SUITABILITY TO PRACTICE

Standard 10

The College has processes and procedures in place to assess the competency, safety, and ethics of the people it registers.



Measure	Required evidence	College response
<p>10.1 Applicants meet all College requirements before they are able to practice.</p>	<p>a. Processes are in place to ensure that only those who meet the registration requirements receive a certificate to practice (e.g., how it operationalizes the registration of members, including the review and validation of submitted documentation to detect fraudulent documents, confirmation of information from supervisors, etc.) .</p>	<p>The College fulfills this requirement: Yes <input checked="" type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/></p> <ul style="list-style-type: none"> <p>Insert a link that outlines the policies or processes in place to ensure the documentation provided by candidates meets registration requirements OR describe in a few words the processes and checks that are carried out:</p> <p>Candidates submit documentation for eligibility to sit the Qualifying Examination and applicants submit documentation for eligibility for a Certificate of Registration. In both cases, staff review the documentation submitted to ensure that it is authentic and complete. Each application type has a checklist so that the individual submitting the application and staff know what is required, what has been submitted and what may be outstanding. The website links, policies, guides and forms relevant to this process include:</p> <p>Registering for the Qualifying Examination</p> <p>Applying for a Certificate of Registration</p> <p>Academic Credential Authentication Policy and Process Guidelines</p> <p>Criminal Record and Judicial Matters Check Policy and Process Guidelines</p> <p>Insufficient or Incomplete Documentation Policy</p> <p>Referral of a Registration Application to the Registration Committee Policy</p> <p>Form B2: Certificate of Professional Conduct</p> <p>Insert a link OR provide an overview of the process undertaken to review how a college operationalizes its registration processes to ensure documentation provided by candidates meets registration requirements (e.g., communication with other regulators in other jurisdictions to secure records of good conduct, confirmation of information from supervisors, educators, etc.):</p>



		<p>Original diplomas, transcripts, ID and proof of citizenship must be provided directly to the College, where staff will make a certified true copy and send the originals back to the individual. Alternatively, notarized copies of that documentation may be submitted. Transcripts directly sent from academic institutions and Certificates of Professional Conduct sent directly from the regulatory authority are required. Academic institutions in Ontario send information regarding program graduates directly to the College for exam eligibility purposes.</p>
		<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? Yes <input type="checkbox"/> No <input type="checkbox"/></i></p>
		<p><i>Additional comments for clarification (optional)</i></p>
	<p>b. The College periodically reviews its criteria and processes for determining whether an applicant meets its registration requirements, against best practices (e.g. how a College determines language proficiency).</p>	<p>The College fulfills this requirement: Yes X Partially <input type="checkbox"/> No <input type="checkbox"/></p> <ul style="list-style-type: none"> Insert a link that outlines the policies or processes in place for identifying best practices to assess whether an applicant meets registration requirements (e.g. how to assess English proficiency, suitability to practice etc.), link to Council meeting materials where these have been discussed and decided upon OR describe in a few words the process and checks that are carried out. <p>The College assesses policies and processes related to registration requirements on a cyclical basis to ensure they are current, meet the fair registration principles outlined by the Ontario Fairness Commissioner and demonstrate best practices amongst the national and international regulatory community.</p> <p>The College conducts an environmental scan to determine how other regulators have approached a specific policy topic. The College approaches the Ontario Fairness Commissioner and reviews their website to research current best practices. The College’s legal counsel is involved to provide advice on new or amended legislation that may impact a policy or process.</p> <p>The research is compiled to determine if a policy or process would benefit from revision. The recommended revisions are identified and discussed by the Registration Committee. The Registration Committee considers revisions and recommends them to Council for approval and implementation.</p> <ul style="list-style-type: none"> Provide the date when the criteria to assess registration requirements was last reviewed and updated.



		<p>This process was developed in 2017 when the College embarked on its Strategy Map for 2017-2020 that included a priority to improve internal policy coordinating and policy-setting.</p> <p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? Yes <input type="checkbox"/> No <input type="checkbox"/></i></p> <p><i>Additional comments for clarification (optional)</i></p>
<p>10.2 Registrants continuously demonstrate they are competent and practice safely and ethically.</p>	<p>a. Checks are carried out to ensure that currency and other ongoing requirements are continually met (e.g., good character, etc.).</p>	<p>The College fulfills this requirement: Yes X Partially <input type="checkbox"/> No <input type="checkbox"/></p> <ul style="list-style-type: none"> Insert a link to the regulation and/or internal policy document outlining how checks are carried out and what the currency and other requirements include, link to Council meeting materials where documents are found and have been discussed and decided upon OR provide a brief overview: <p>Professional Liability Insurance: The College requires that Registered Denturists provide updated information regarding their professional liability insurance policy, including the provider, the policy number, and the effective and expiry dates. Denturists who do not provide updated information to the College by the date the policy expires receive three follow up email reminders to update their information. If the information is not updated after the 3rd email reminder, letters signed by the Registrar are mailed to Denturists and they are charged a \$50 administrative fee for having to mail the notice. If the policy information is not provided by the deadline specified in the letter, the Registrar will refer the Denturist to the Inquiries, Complaints and Reports Committee for failing to provide a information and a response to the College when requested.</p> <p>Currency: The College reviews currency requirements on an annual basis after the annual renewal submissions have been completed. If a registrant has reported practising less than 750 practice hours, they are flagged for review. The registrant is asked if they would like to provide any additional submissions before their file is reviewed by the Registrar and then referred to the Registration Committee for consideration. The current Registration Regulation requires that registrants who do not meet the currency requirements have their Certificates expired. In order to not declare a Certificate expired, they will usually be asked to sign an agreement and undertaking regarding their practise status which outlines requirements for either continuing to practise or returning to practise in the future. Terms, conditions and limitations are usually imposed on the registrant’s Certificate of</p>



		<p>Registration until the currency requirements are met and can be requested to be removed. Certificates for registrants who do not wish to sign the agreement and undertaking are declared expired.</p> <p>Good Character: Article 33.08.01 of the College by-laws require that registrants self-report professional conduct concerns immediately to the College. The College also reviews self-reported declarations related to good character during the annual renewal process.</p> <ul style="list-style-type: none"> List the experts / stakeholders who were consulted on currency: <p>Members of the profession, other provincial denturism regulators and other health profession regulators provided their feedback on the revised currency requirements during the consultation conducted in 2013.</p> Identify the date when currency requirements were last reviewed and updated: <p>The College consulted on the currency requirements in 2013 when the revised Registration Regulation was being drafted.</p> Describe how the College monitors that registrants meet currency requirements (e.g. self-declaration, audits, random audit etc.) and how frequently this is done. <p>Registrants self-declare the number of practice hours worked during the preceding renewal period. The College reviews this information on an annual basis immediately following the close of the renewal period. Details regarding the review process can be found above.</p> <p><i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period? Yes <input type="checkbox"/> No <input type="checkbox"/></i></p> <p><i>Additional comments for clarification (optional)</i></p>
		<p>The College fulfills this requirement: Yes X Partially <input type="checkbox"/> No <input type="checkbox"/></p>



<p>10.3 Registration practices are transparent, objective, impartial, and fair.</p>	<p>a. The College addressed all recommendations, actions for improvement and next steps from its most recent Audit by the Office of the Fairness Commissioner (OFC).</p>	<ul style="list-style-type: none"> Insert a link to the most recent assessment report by the OFC OR provide summary of outcome assessment report: https://denturists-cdo.com/Applicants/Fair-Registration-Practices/Registration-Practices-Assessment-Report-2018-Asse.aspx Where an action plan was issued, is it: Completed <input type="checkbox"/> In Progress <input type="checkbox"/> Not Started <input type="checkbox"/> No Action Plan Issued X <p><i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period? Yes <input type="checkbox"/> No <input type="checkbox"/></i></p> <p><i>Additional comments for clarification (if needed)</i></p>
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Standard 11

The College ensures the continued competence of all active registrants through its Quality Assurance processes. This includes an assessment of their competency, professionalism, ethical practice, and quality of care.

Measure	Required evidence	College response
<p>11.1 The College supports registrants in applying the (new/revised) standards of practice and practice guidelines applicable to their practice.</p>	<p>a. Provide examples of how the College assists registrants in implementing required changes to standards of practice or practice guidelines (beyond communicating the existence of new standard, FAQs, or supporting documents).</p>	<p>The College fulfills this requirement: Yes X Partially <input type="checkbox"/> No <input type="checkbox"/></p> <ul style="list-style-type: none"> Provide a brief description of a recent example of how the College has assisted its registrants in the uptake of a new or amended standard: <ul style="list-style-type: none"> Name of Standard: Standard of Practice: Professional Boundaries Duration of period that support was provided: Support was provided prior to the implementation date of the Standard and is ongoing. Activities undertaken to support registrants: Registrants were advised when Council approved the Standard for implementation. A Guide to the Standard accompanies the Standard and presents practice scenarios and frequently asked questions. As a means of educating registrants on the expectations outlined in the Standard, an educational webinar and self-directed learning were developed and continue to be offered. The topic is also included in current Peer Circle cases. Registrants can contact Practice Advisory if they have any additional questions or concerns regarding the Standard.



		<ul style="list-style-type: none"> - % of registrants reached/participated by each activity: Webinars: 131 registrants Self-Directed Learning Assignments: 18 assignments were submitted Practice Advisory: Approximately 7 inquiries were received. - Evaluation conducted on effectiveness of support provided: The College has not conducted a formal evaluation on the support that is provided to registrants. Anecdotally, the College receives very positive feedback from registrants that participate in the webinars and complete the assignments. <ul style="list-style-type: none"> • Does the College always provide this level of support: Yes X No <input type="checkbox"/> <p><i>If not, please provide a brief explanation:</i></p> <p><i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period? Yes <input type="checkbox"/> No <input type="checkbox"/></i></p> <p><i>Additional comments for clarification (optional)</i></p>
<p>11.2 The College effectively administers the assessment component(s) of its QA Program in a manner that is aligned with right touch regulation³.</p>	<p>a. The College has processes and policies in place outlining:</p> <ul style="list-style-type: none"> i. how areas of practice that are evaluated in QA assessments are identified in order to ensure the most impact on the quality of a registrant's practice; ii. details of how the College uses a right touch, evidence informed approach to determine which registrants will undergo an assessment activity (and 	<p>The College fulfills this requirement: Yes X Partially <input type="checkbox"/> No <input type="checkbox"/></p> <ul style="list-style-type: none"> • List the College's priority areas of focus for QA assessment and briefly describe how they have been identified OR link to website where this information can be found: <p>The priority areas of focus for QA Assessments include:</p> <ul style="list-style-type: none"> • Infection Control • Collection and Documentation of Patient Information <ul style="list-style-type: none"> ○ Assessment and Interpretation of Patient Needs and Requirements ○ Post-insertion Patient Education and Continuity of Care • Continuing Professional Development <p>https://denturists-cdo.com/Registered-Denturists/Quality-Assurance/Peer-Practice-Assessment.aspx</p>

³ "Right touch" regulation is an approach to regulatory oversight that applies the minimal amount of regulatory force required to achieve a desired outcome. (Professional Standards Authority. Right Touch Regulation. <https://www.professionalstandards.org.uk/publications/right-touch-regulation>).



	<p>which type if multiple assessment activities); and</p> <p>iii. criteria that will inform the remediation activities a registrant must undergo based on the QA assessment, where necessary.</p>	<p>The assessments heavily focus on infection prevention and control and the collection and documentation of patient information as these areas most often and most significantly affect patient safety and care when receiving denturism services. The Quality Assurance Committee considered these factors when revising the assessment process in 2012-2013.</p> <ul style="list-style-type: none"> Is the process taken above for identifying priority areas codified in a policy: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> <i>If yes, please insert link to policy</i> Insert a link to document(s) outlining details of right touch approach and evidence used (e.g. data, literature, expert panel) to inform assessment approach OR describe right touch approach and evidence used: <p>Each year up to 5-10% percent of registrants are randomly selected to participate in a Peer and Practice Assessment (PPA). The assessment is an educational opportunity designed to assess a registrant’s knowledge, skill and judgement, and to help identify areas of strength and opportunities for improvement in their practice. The current regulations governing the QA program do not permit stratification for selection, however, stratification will be introduced when the QA Regulation comes into force. This will include, but is not limited to, considerations for new registrants and newly opened denture clinics. The College believes that the QA program is integral to continuing professional competence and registrant engagement, and is planning to connect with each registrant at least once every five years for an assessment.</p> Provide the year the right touch approach was implemented OR when it was evaluated/updated (if applicable): 2012-2013 <i>If evaluated/updated, did the college engage the following stakeholders in the evaluation:</i> <ul style="list-style-type: none"> – Public Yes <input type="checkbox"/> No <input type="checkbox"/> – Employers Yes <input type="checkbox"/> No <input type="checkbox"/> – Registrants Yes <input type="checkbox"/> No <input type="checkbox"/> – other stakeholders Yes <input type="checkbox"/> No <input type="checkbox"/> Insert link to document that outlines criteria to inform remediation activities OR list criteria: <p>The Quality Assurance Committee considers each assessment report on an individual basis.</p> <p>Generally, if there are record keeping concerns, the registrants is asked to demonstrate that have resolved the issue by providing a specific number of anonymized copies of patient records for review.</p>
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		<p>If there are significant record keeping concerns, or concerns are not remediated with the registrants file submission, the registrant will be ordered to complete a Specified Continuing Education Remediation Program that includes watching the on-demand webinar on the Standard of Practice: Record Keeping as well as completing the self-directed learning assignment, which includes a chart audit.</p> <p>Infection Prevention and Control issues are closely monitored by College staff and immediate remediation is required. If the issues are significant, the registrant will be ordered to complete a Specified Continuing Education Remediation Program that includes online modules offered by Public Health Ontario, as well as provide proof of remediation.</p> <p>The Committee will order re-assessments for registrants who were either unable to demonstrate full remediation or simply to follow up with the registrant to ensure that they are still following best practices and standards of practice.</p> <p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? Yes <input type="checkbox"/> No <input type="checkbox"/></i></p> <p><i>Additional comments for clarification (optional)</i></p>
<p>11.3 The College effectively remediates and monitors registrants who demonstrate unsatisfactory knowledge, skills, and judgment.</p>	<p>a. The College tracks the results of remediation activities a registrant is directed to undertake as part of its QA Program and assesses whether the registrant subsequently demonstrates the required knowledge, skill and judgement while practising.</p>	<p>The College fulfills this requirement: Yes X Partially <input type="checkbox"/> No <input type="checkbox"/></p> <ul style="list-style-type: none"> Insert a link to the College’s process for monitoring whether registrant’s complete remediation activities OR describe the process: College staff diarize remediation requirements and due dates in the registrant membership database. If a deadline passes without a submission confirming proof of completion (i.e. a certificate), staff will follow up with the registrant. Non-response and non-compliance are reported to the Quality Assurance Committee. Insert a link to the College’s process for determining whether a registrant has demonstrated the knowledge, skills and judgement following remediation OR describe the process: The Quality Assurance Committee will review remedial submissions to determine if the registrant has demonstrated the requisite knowledge, skills and judgment. If the submission meets the Standard in



		<p>question (i.e. record keeping or infection prevention and control), the registrant is advised that the result is now satisfactory. If additional remediation is required, the Committee will direct staff to advise the registrant of the requirements and deadlines.</p> <p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? Yes <input type="checkbox"/> No <input type="checkbox"/></i></p> <p><i>Additional comments for clarification (if needed)</i></p>
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Standard 12
The complaints process is accessible and supportive.

Measure	Required evidence	College response
<p>12.1 The College enables and supports anyone who raises a concern about a registrant.</p>	<p>a. The different stages of the complaints process and all relevant supports available to complainants are clearly communicated and set out on the College’s website and are communicated directly to complainants who are engaged in the complaints process, including what a complainant can expect at each stage and the supports available to them (e.g. funding for sexual abuse therapy).</p>	<p>The College fulfills this requirement: Yes X Partially <input type="checkbox"/> No <input type="checkbox"/></p> <ul style="list-style-type: none"> • Insert a link to the College’s website that describes in an accessible manner for the public the College’s complaints process including, options to resolve a complaint and the potential outcomes associated with the respective options and supports available to the complainant: <p>The following links provide this information:</p> <ul style="list-style-type: none"> • Complaints – Frequently Asked Questions: https://denturists-cdo.com/Resources/Frequently-Asked-Questions.aspx#Complaints-Questions • Guide to the Complaint Process: https://denturists-cdo.com/Resources/Guides-Checklists-Forms-and-Documents/Complaints/CDO-Guide-to-the-Complaint-Process-Final.aspx • Patient Sexual Abuse – FAQs for Patients: https://denturists-cdo.com/Resources/Frequently-Asked-Questions.aspx#Patient-Sexual-Abuse-FAQs-for-Patients • Funding for Therapy and Counselling: https://denturists-cdo.com/Protecting-the-Public/Patient-Relations-Program/Funding-for-Therapy-Counselling.aspx



		<ul style="list-style-type: none"> Does the College have policies and procedures in place to ensure that all relevant information is received during intake and at each stage of the complaints process: Yes X No <input type="checkbox"/> Does the College evaluate whether the information provided is clear and useful: Yes X No <input type="checkbox"/> <p><i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period? Yes <input type="checkbox"/> No <input type="checkbox"/></i></p> <p><i>Additional comments for clarification (optional)</i></p>
	<p>b. The College responds to 90% of inquiries from the public within 5 business days, with follow-up timelines as necessary.</p>	<p>The College fulfills this requirement: Yes X Partially <input type="checkbox"/> No <input type="checkbox"/></p> <ul style="list-style-type: none"> Insert rate (see Companion Document: Technical Specifications for Quantitative CPMF Measures) 100% of inquiries from the public are responded to within 5 business days – the average is 1 business day. <p><i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period? Yes <input type="checkbox"/> No <input type="checkbox"/></i></p> <p><i>Additional comments for clarification (optional)</i></p>
	<p>c. Examples of the activities the College has undertaken in supporting the public during the complaints process.</p>	<ul style="list-style-type: none"> List all the support available for public during complaints process: <ul style="list-style-type: none"> The Manager of Conduct is available by email or telephone at all times throughout the complaints process, for both the complainant and the registrant, to provide information and updates. The Guide to the Complaints Process and FAQs are posted on the public website (linked above) and mailed to the complainant and the registrant with the complaint acknowledgement letter. Most frequently provided supports in CY 2020: <ul style="list-style-type: none"> The supports described above were most frequently provided in CY 2020.



		<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? Yes <input type="checkbox"/> No <input type="checkbox"/></i></p> <p><i>Additional comments for clarification (optional)</i></p>
<p>12.2 All parties to a complaint and discipline process are kept up to date on the progress of their case, and complainants are supported to participate effectively in the process.</p>	<p>a. Provide details about how the College ensures that all parties are regularly updated on the progress of their complaint or discipline case and are supported to participate in the process.</p>	<p>The College fulfills this requirement: Yes X Partially <input type="checkbox"/> No <input type="checkbox"/></p> <ul style="list-style-type: none"> Insert a link to document(s) outlining how all parties will be kept up to date and support available at the various stages of the process OR provide a brief description: <ul style="list-style-type: none"> The Manager of Conduct is available by phone or email to all parties to discuss timelines and updates. If the matter is delayed by 150 or 210 days, both parties to the complaint are provided with a letter describing the current stage of the investigation and if possible, the rationale for the delay. The Health Professions Appeal and Review Board receives a copy of those notifications. In all cases, the Manager of Conduct endeavors to complete the investigation in a timely manner. The complainant is provided with all correspondence provided by the registrant in responding to identified concerns. The registrant is provided with any written comments the complainant provides in response to the materials for transparency, allowing both parties to be aware of what is before the Committee when the matter is considered. In a Registrar’s investigation, the registrant is provided with the complete Registrar’s Investigation for their review prior to final disposition by the Inquiries, Complaints and Reports Committee. <p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? Yes <input type="checkbox"/> No <input type="checkbox"/></i></p> <p><i>Additional comments for clarification (optional)</i></p>
<p>Standard 13 All complaints, reports, and investigations are prioritized based on public risk, and conducted in a timely manner with necessary actions to protect the public.</p>		
<p>Measure</p>	<p>Required evidence</p>	<p>College response</p>



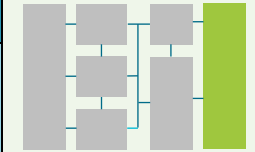
<p>13.1 The College addresses complaints in a right touch manner.</p>	<p>a. The College has accessible, up-to-date, documented guidance setting out the framework for assessing risk and acting on complaints, including the prioritization of investigations, complaints, and reports (e.g. risk matrix, decision matrix/tree, triage protocol).</p>	<p>The College fulfills this requirement: Yes <input checked="" type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/></p> <ul style="list-style-type: none"> Insert a link to guidance document OR describe briefly the framework and how it is being applied: <ul style="list-style-type: none"> The Inquiries, Complaints and Reports Committee utilizes a Deliberation Worksheet to summarize the issues described in the complaint (ie. fit and function, overcharging for services, unprofessional conduct). The Committee determines if they have enough information to decide on the matter (i.e. is the investigation adequate?). The Committee follows the outcomes flowchart to examine the components of the complaint and determine whether the matter reaches the threshold of a referral to Discipline. If it does not, the Committee will determine why not and will consider other actions or taking no further action. Where possible, the Committee uses the principles of right touch regulation to resolve complaints, including a comprehensive evaluation of risk, and a proportionate and outcome focused response. The framework encourages professionalism and seeks to intervene only when necessary, connecting its decisions to the risk posed to the public. The Committee utilizes the Risk Assessment Data Collection Form to identify primary and secondary practice issues as well as aggravating and mitigating factors during the deliberation process to inform their decision. The College does not have a policy in place to use alternative dispute resolution to resolve complaints at this time. Provide the year when it was implemented OR evaluated/updated (if applicable): The Decision Making Worksheet and Risk Assessment Data Collection Form were implemented in 2018. <p><i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period? Yes <input type="checkbox"/> No <input type="checkbox"/></i></p> <p><i>Additional comments for clarification (optional)</i></p>
<p>Standard 14 The College complaints process is coordinated and integrated.</p>		
<p>Measure</p>	<p>Required evidence</p>	<p>College response</p>



<p>14.1 The College demonstrates that it shares concerns about a registrant with other relevant regulators and external system partners (e.g. law enforcement, government, etc.).</p>	<p>a. The College’s policy outlining consistent criteria for disclosure and examples of the general circumstances and type of information that has been shared between the College and other relevant system partners, within the legal framework, about concerns with individuals and any results.</p>	<p>The College fulfills this requirement: Yes <input checked="" type="checkbox"/> Partially <input checked="" type="checkbox"/> No <input type="checkbox"/></p>
		<ul style="list-style-type: none"> • Insert a link to policy OR describe briefly the policy: The College discloses information to system partners for the purposes of carrying out its duties under the <i>Regulated Health Professions Act, 1991</i> and the <i>Denturism Act, 1991</i>. • Provide an overview of whom the College has shared information over the past year and purpose of sharing that information (i.e. general sectors of system partner, such as ‘hospital’, or ‘long-term care home’). The College has not shared information over the past year with any system partners. The College did not receive any requests to share information nor did the College require information from any system partners for an investigation. Historically, the College has engaged with other regulators from within Ontario and other jurisdictions in the investigation of complaints concerning registrant activity. <p>The College continues to work closely with Public Health units regarding registrant compliance with infection prevention and control protocols and requirements.</p> <p>Police services and the courts do not disclose, in timely manner, important registrant conduct or behavior that may impact their suitability to practise.</p>
		<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? Yes <input type="checkbox"/> No <input type="checkbox"/></i></p>
		<p><i>Additional comments for clarification (if needed)</i></p>



DOMAIN 7: MEASUREMENT, REPORTING, AND IMPROVEMENT



Standard 15

The College monitors, reports on, and improves its performance.

Measure	Required evidence	College response
<p>15.1 Council uses Key Performance Indicators (KPIs) in tracking and reviewing the College's performance and regularly reviews internal and external risks that could impact the College's performance.</p>	<p>a. Outline the College's KPI's, including a clear rationale for why each is important.</p>	<p>The College fulfills this requirement: Yes <input checked="" type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/></p> <ul style="list-style-type: none"> Insert a link to document that list College's KPIs with an explanation for why these KPIs have been selected (including what the results the respective KPIs tells, and how it relates to the College meeting its strategic objectives and is therefore relevant to track), link to Council meeting materials where this information is included OR list KPIs and rationale for selection: <p>The KPIs for the 2017-2020 Strategy Map were presented and considered by Council at their September 2020 Council meeting (Agenda Item 6): https://denturists-cdo.com/About-Us/Council-Committees/Council/Council-Minutes-Highlights/Council-Packages/101st-Council-Meeting-Package-September-18,-2020.aspx</p> <p>Council reviews KPIs on a quarterly basis through Committee reports and annually through the Annual Report. These KPIs include standard data collection such as:</p> <ul style="list-style-type: none"> Registration: # of new registrants, total # of registrants Quality Assurance: # of CPD compliance matters and results, # of peer & practice assessments and summary of outcomes ICRC: # of complaints, disposition summary Qualifying Examination: # of exam candidates, pass rates <p><i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period? Yes <input type="checkbox"/> No <input type="checkbox"/></i></p> <p><i>Additional comments for clarification (if needed)</i></p> <p>In the next reporting cycle, the College will investigate KPIs that reflect specific performance targets and risks. For example, establishing benchmark timelines for processing registration, quality assurance and complaint files.</p>



		<p>Council considers feedback surveys (Council meetings, webinars, peer & practice assessments, peer circles etc.) and consultation reports to inform performance targets and identify risks. This information will be utilized to inform formal KPI development during the upcoming reporting period.</p>
	<p>b. Council uses performance and risk information to regularly assess the College’s progress against stated strategic objectives and regulatory outcomes.</p>	<p>The College fulfills this requirement: Yes <input type="checkbox"/> Partially X No <input type="checkbox"/></p> <ul style="list-style-type: none"> Insert a link to last year’s Council meetings materials where Council discussed the College’s progress against stated strategic objectives, regulatory outcomes and risks that may impact the College’s ability to meet its objectives and the corresponding meeting minutes: <p>September 18, 2020: Agenda Item 6 - 2017-2020 Strategy Map https://denturists-cdo.com/About-Us/Council-Committees/Council/Council-Minutes-Highlights/Council-Packages/101st-Council-Meeting-Package-September-18,-2020.aspx</p> <p>Meeting Minutes: https://denturists-cdo.com/About-Us/Council-Committees/Council/Council-Minutes-Highlights/Council-Meetings/Minutes-September-18,-2020.aspx</p> <p>The risks that may impact the College’s ability to meet its objectives are not explicitly discussed or minuted.</p> <p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? Yes X No <input type="checkbox"/></i></p> <p><i>Additional comments for clarification (if needed)</i></p> <p>The College will be developing a risk register during this reporting period to identify internal and external risks that may impact strategic objectives and regulatory outcomes.</p>
<p>15.2 Council directs action in response to College performance on its KPIs and risk reviews.</p>	<p>a. Where relevant, demonstrate how performance and risk review findings have translated into improvement activities.</p>	<p>The College fulfills this requirement: Yes <input type="checkbox"/> Partially X No <input type="checkbox"/></p> <ul style="list-style-type: none"> Insert a link to Council meeting materials where relevant changes were discussed and decided upon: <p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? Yes X No <input type="checkbox"/></i></p>



		<p><i>Additional comments for clarification (if needed)</i></p> <p>Council discusses feedback surveys and stakeholder consultation reports to identify performance targets and risks. The College considers registrant engagement an important indicator of risk, with a less engaged profession being of greater risk to the public. Through feedback surveys and consultations, the College is able to keep a pulse on registrant engagement. Council’s use of feedback surveys and stakeholder consultations to set performance targets and identify risks will be highlighted during this reporting period.</p>
<p>15.3 The College regularly reports publicly on its performance.</p>	<p>a. Performance results related to a College’s strategic objectives and regulatory activities are made public on the College’s website.</p>	<p>The College fulfills this requirement: Yes X Partially <input type="checkbox"/> No <input type="checkbox"/></p> <ul style="list-style-type: none"> Insert a link to College’s dashboard or relevant section of the College’s website: <p>September 18, 2020: Agenda Item 6 - 2017-2020 Strategy Map https://denturists-cdo.com/About-Us/Council-Committees/Council/Council-Minutes-Highlights/Council-Packages/101st-Council-Meeting-Package-September-18,-2020.aspx</p> <p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? Yes <input type="checkbox"/> No <input type="checkbox"/></i></p> <p><i>Additional comments for clarification (if needed)</i></p>



PART 2: CONTEXT MEASURES

The following tables require Colleges to provide **statistical data** that will provide helpful context about a College's performance related to the standards. The context measures are non-directional, which means no conclusions can be drawn from the results in terms of whether they are 'good' or 'bad' without having a more in-depth understanding of what specifically drives those results.

In order to facilitate consistency in reporting, a recommended methodology to calculate the information is provided in the companion document "Technical Specifications for Quantitative College Performance Measurement Framework Measures." However, recognizing that at this point in time, the data may not be readily available for each College to calculate the context measure in the recommended manner (e.g. due to differences in definitions), a College can report the information in a manner that is conducive to its data infrastructure and availability.

In those instances where a College does not have the data or the ability to calculate the context measure at this point in time it should state: 'Nil' and indicate any plans to collect the data in the future.

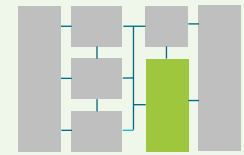
Where deemed appropriate, Colleges are encouraged to provide additional information to ensure the context measure is properly contextualized to its unique situation. Finally, where a College chooses to report a context measure using methodology other than outlined in the following Technical Document, the College is asked to provide the methodology in order to understand how the College calculated the information provided.



DOMAIN 6: SUITABILITY TO PRACTICE

Standard 11

The College ensures the continued competence of all active registrants through its Quality Assurance processes. This includes an assessment of their competency, professionalism, ethical practice, and quality of care.



Statistical data collected in accordance with recommended methodology or College own methodology: Recommended College methodology

If College methodology, please specify rationale for reporting according to College methodology:

Context Measure (CM)

CM 1. Type and distribution of QA/QI activities and assessments used in CY 2020*

Type of QA/QI activity or assessment	#
i. Chart Audit (component of Peer & Practice Assessment) – QA activity	11*
ii. Practice Inspection (component of Peer & Practice Assessment) – QA activity	11*
iii. Continuing Professional Development (CPD) Audits – QA activity	NR
iv. Peer Circles (CPD) - QI activity	48
v. Live Webinars (CPD) – QI activity	275
vi. On Demand Webinars (CPD) – QI activity	101
vii. Self-Assessment Tool – QI activity	51
viii. Self-Directed Learning Assignment related to Standards (CPD) – QI activity	74
ix. <Insert QA activity or assessment>	
x. <Insert QA activity or assessment>	

What does this information tell us? Quality assurance (QA) and Quality Improvement (QI) are critical components in ensuring that professionals provide care that is safe, effective, patient centred and ethical. In addition, health care professionals face a number of ongoing changes that might impact how they practice (e.g. changing roles and responsibilities, changing public expectations, legislative changes).

The information provided here illustrates the diversity of QA activities the College undertook in assessing the competency of its registrants and the QA and QI activities its registrants undertook to maintain competency in CY 2020. The diversity of QA/QI activities and assessments is reflective of a College’s risk-based approach in executing its QA program, whereby the frequency of assessment and activities to maintain competency are informed by the risk of a registrant not acting competently. Details of how the College determined the appropriateness of its assessment component of its QA program are described or referenced by the College in Measure 13(a) of Standard 11.

* Registrants may be undergoing multiple QA activities over the course of the reporting period. While future iterations of the CPMF may evolve to capture the different permutations of pathways registrants may undergo as part of a College’s QA Program, the requested statistical information recognizes the current limitations in data availability today and is therefore limited to type and distribution of QA/QI activities or assessments used in the reporting period.

NR = Non-reportable: results are not shown due to < 5 cases



Additional comments for clarification (if needed)

The College presents webinars on the Standards of Practice and provides additional opportunities for registrants to apply their knowledge through self-directed learning assignments. Most assignments consist of two parts – the first part requires short answers to question and the second part includes a self-audit against the Standard to identify gaps and develop an action plan for meeting the College’s expectations moving forward.

The on demand and live webinar topics include: Record Keeping, Informed Consent, Advertising, Confidentiality & Privacy, Conflict of Interest, Restricted Titles & Professional Designations, Professional Collaboration and Professional Boundaries.

A Chart-Stimulated Recall component of the Peer & Practice Assessment was developed in 2020 and will be piloted and implemented during 2021.

*Due to the COVID-19 pandemic, a virtual Peer & Practice Assessment was developed throughout 2020 and launched in the Fall. Therefore, several assessments that would have been conducted in 2020 will occur in 2021. For comparison, 66 registrants participated in Peer & Practice Assessments during 2019.

DOMAIN 6: SUITABILITY TO PRACTICE			
Standard 11			
The College ensures the continued competence of all active registrants through its Quality Assurance processes. This includes an assessment of their competency, professionalism, ethical practice, and quality of care			
Statistical data collected in accordance with recommended methodology or College own methodology:		<input checked="" type="checkbox"/> Recommended	<input type="checkbox"/> College methodology
<i>If College methodology, please specify rationale for reporting according to College methodology:</i>			
Context Measure (CM)	#	%	
CM 2. Total number of registrants who participated in the QA Program CY 2020	15*		What does this information tell us? If a registrant’s knowledge, skills and judgement to practice safely, effectively and ethically have been assessed or reassessed and found to be unsatisfactory or a registrant is non-compliant with a College’s QA Program, the College may refer him or her to the College’s QA Committee.



<p>CM 3. Rate of registrants who were referred to the QA Committee as part of the QA Program in CY 2020 where the QA Committee directed the registrant to undertake remediation. *</p>	<p>NR</p>	<p>NR</p>	<p>The information provided here shows how many registrants who underwent an activity or assessment in CY 2020 as part of the QA program where the QA Committee deemed that their practice is unsatisfactory and as a result have been directed to participate in specified continuing education or remediation program.</p>
<p><i>Additional comments for clarification (optional)</i> *Due to the COVID-19 pandemic, a virtual Peer & Practice Assessment was developed throughout 2020 and launched in the Fall. Therefore, several assessments that would have been conducted in 2020 will occur in 2021. For comparison, 66 registrants participated in Peer & Practice Assessments during 2019, and 5 participated in CPD Audits for a total of 71 registrants. The rate of registrants who were referred to the QA Committee as part of the QA Program for 2019 was 23.94%.</p>			
<p>* NR = Non-reportable: results are not shown due to < 5 cases (for both # and %)</p>			

<p>DOMAIN 6: SUITABILITY TO PRACTICE</p>			
<p>Standard 11 The College ensures the continued competence of all active registrants through its Quality Assurance processes. This includes an assessment of their competency, professionalism, ethical practice, and quality of care.</p>			
<p>Statistical data collected in accordance with recommended methodology or College own methodology: <input checked="" type="checkbox"/> Recommended <input type="checkbox"/> College methodology <i>If College methodology, please specify rationale for reporting according to College methodology:</i></p>			
<p>Context Measure (CM)</p>			
<p>CM 4. Outcome of remedial activities in CY 2020*:</p>	<p>#</p>	<p>%</p>	<p>What does this information tell us? This information provides insight into the outcome of the College’s remedial activities directed by the QA Committee and may help a College evaluate the effectiveness of its “QA remediation activities”. Without additional context no conclusions can be drawn on how successful the QA remediation activities are, as many factors may influence the practice and behaviour registrants (continue to) display.</p>
<p>I. Registrants who demonstrated required knowledge, skills, and judgment following remediation**</p>	<p>NR</p>	<p>NR</p>	
<p>II. Registrants still undertaking remediation (i.e. remediation in progress)</p>	<p>NR</p>	<p>NR</p>	

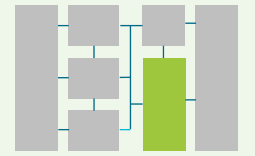


Additional comments for clarification (if needed)
Due to the COVID-19 pandemic, a virtual Peer & Practice Assessment was developed throughout 2020 and launched in the Fall. Therefore, several assessments that would have been conducted in 2020 will occur in 2021.

* NR = Non-reportable: results are not shown due to < 5 cases (for both # and %)
 ** This measure may include registrants who were directed to undertake remediation in the previous year and completed reassessment in CY2020.

DOMAIN 6: SUITABILITY TO PRACTICE

Standard 13
 All complaints, reports, and investigations are prioritized based on public risk, and conducted in a timely manner with necessary actions to protect the public.



Statistical data collected in accordance with recommended methodology or College own methodology: **X Recommended** College methodology
 If College methodology, please specify rationale for reporting according to College methodology:

Context Measure (CM)				
CM 5. Distribution of formal complaints* and Registrar’s Investigations by theme in CY 2020	Formal Complaints received†		Registrar Investigations initiated†	
Themes:	#	%	#	%
I. Advertising	NR	NR	0	0
II. Billing and Fees	7	37%	0	0
III. Communication	15	79%	NR	NR
IV. Competence / Patient Care	13	68%	0	0
V. Fraud	0	0	0	0
VI. Professional Conduct & Behaviour	NR	NR	NR	NR
VII. Record keeping	NR	NR	0	0
VIII. Sexual Abuse / Harassment / Boundary Violations	0	0	0	0

***What does this information tell us?** This information facilitates transparency to the public, registrants and the ministry regarding the most prevalent themes identified in formal complaints received and Registrar’s Investigations undertaken by a College.*



IX. Unauthorized Practice	NR	NR	0	0	
X. Other <please specify>	0	0	0	0	
Total number of formal complaints and Registrar's Investigations**	19	100%	NR	NR	
<p>* Formal Complaint: A statement received by a College in writing or in another acceptable form that contains the information required by the College to initiate an investigation. This excludes complaint inquires and other interactions with the College that do not result in a formally submitted complaint.</p> <p>Registrar's Investigation: Where a Registrar believes, on reasonable and probable grounds, that a registrant has committed an act of professional misconduct or is incompetent he/she can appoint an investigator upon ICRC approval of the appointment. In situations where the Registrar determines that the registrant exposes, or is likely to expose, his/her patient to harm or injury, the Registrar can appoint an investigator immediately without ICRC approval and must inform the ICRC of the appointment within five days.</p> <p>‡ NR = Non-reportable: results are not shown due to < 5 cases (for both # and %)</p> <p>** The requested statistical information (number and distribution by theme) recognizes that formal complaints and registrar's investigations may include allegations that fall under multiple themes identified above, therefore when added together the numbers set out per theme may not equal the total number of formal complaints or registrar's investigations.</p>					
Additional comments for clarification (if needed)					

DOMAIN 6: SUITABILITY TO PRACTICE		
Standard 13 All complaints, reports, and investigations are prioritized based on public risk, and conducted in a timely manner with necessary actions to protect the public.		
Statistical data collected in accordance with recommended methodology or College own methodology: <input checked="" type="checkbox"/> Recommended <input type="checkbox"/> College methodology		
<i>If College methodology, please specify rationale for reporting according to College methodology:</i>		
Context Measure (CM)		
CM 6. Total number of formal complaints that were brought forward to the ICRC in CY 2020	19	
CM 7. Total number of ICRC matters brought forward as a result of a Registrars Investigation in CY 2020	NR	



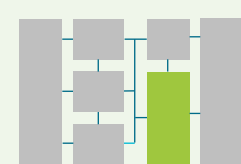
CM 8. Total number of requests or notifications for appointment of an investigator through a Registrar’s Investigation brought forward to the ICRC that were approved in CY 2020	NR	
CM 9. Of the formal complaints* received in CY 2020**:	#	%
I. Formal complaints that proceeded to Alternative Dispute Resolution (ADR)‡	0	0
II. Formal complaints that were resolved through ADR	0	0
III. Formal complaints that were disposed** of by ICRC	16	
IV. Formal complaints that proceeded to ICRC and are still pending	NR	NR
V. Formal complaints withdrawn by Registrar at the request of a complainant Δ	0	0
VI. Formal complaints that are disposed of by the ICRC as frivolous and vexatious	NR	NR
VII. Formal complaints and Registrars Investigations that are disposed of by the ICRC as a referral to the Discipline Committee	NR	NR
<p>** Disposal: The day upon which a decision was provided to the registrant and complainant by the College (i.e. the date the reasons are released and sent to the registrant and complainant).</p> <p>* Formal Complaints: A statement received by a College in writing or in another acceptable form that contains the information required by the College to initiate an investigation. This excludes complaint inquires and other interactions with the College that do not result in a formally submitted complaint.</p> <p>‡ ADR: Means mediation, conciliation, negotiation, or any other means of facilitating the resolution of issues in dispute.</p> <p>Δ The Registrar may withdraw a formal complaint prior to any action being taken by a Panel of the ICRC, at the request of the complainant, where the Registrar believed that the withdrawal was in the public interest.</p> <p># May relate to Registrars Investigations that were brought to ICRC in the previous year.</p> <p>** The total number of formal complaints received may not equal the numbers from 9(i) to (vi) as complaints that proceed to ADR and are not resolved will be reviewed at ICRC, and complaints that the ICRC disposes of as frivolous and vexatious and a referral to the Discipline Committee will also be counted in total number of complaints disposed of by ICRC.</p> <p>φ Registrar’s Investigation: Under s.75(1)(a) of the RHPA, where a Registrar believes, on reasonable and probable grounds, that a registrant has committed an act of professional misconduct or is incompetent he/she can appoint an investigator upon ICRC approval of the appointment. In situations where the Registrar determines that the registrant exposes, or is likely to expose, his/her patient to harm or injury, the Registrar can appoint an investigator immediately without ICRC approval and must inform the ICRC of the appointment within five days.</p> <p>NR = Non-reportable: results are not shown due to < 5 cases (for both # and %)</p>		
<p>What does this information tell us? The information helps the public better understand how formal complaints filed with the College and Registrar’s Investigations are disposed of or resolved. Furthermore, it provides transparency on key sources of concern that are being brought forward to the College’s committee that investigates concerns about its registrants.</p>		



Additional comments for clarification (if needed)

DOMAIN 6: SUITABILITY TO PRACTICE

Standard 13
All complaints, reports, and investigations are prioritized based on public risk, and conducted in a timely manner with necessary actions to protect the public.



Statistical data collected in accordance with recommended methodology or College own methodology: **Recommended** College methodology
If College methodology, please specify rationale for reporting according to College methodology:

Context Measure (CM)							
CM 10. Total number of ICRC decisions in 2020	26						
Distribution of ICRC decisions by theme in 2020*	# of ICRC Decisions†						
Nature of issue	Take no action	Proves advice or recommendations	Issues an oral caution	Orders a specified continuing education or remediation program	Agrees to undertaking	Refers specified allegations to the Discipline Committee	Takes any other action it considers appropriate that is not inconsistent with its governing legislation, regulations or by-laws.
I. Advertising	0	NR	0	0	0	NR	n/a
II. Billing and Fees	NR	NR	NR	NR	0	NR	n/a
III. Communication	7	6	0	NR	0	NR	n/a
IV. Competence / Patient Care	5	6	NR	NR	0	NR	n/a
V. Fraud	0	0	NR	NR	0	0	n/a
VI. Professional Conduct & Behaviour	NR	NR	NR	NR	0	NR	n/a
VII. Record keeping	0	0	0	NR	0	NR	n/a



VIII. Sexual Abuse / Harassment / Boundary Violations	0	0	0	0	0	0	n/a
IX. Unauthorized Practice	0	0	0	0	0	NR	n/a
X. Other <please specify>	n/a	n/a	n/a	n/a	n/a	n/a	n/a

* Number of decisions are corrected for formal complaints ICRC deemed frivolous and vexatious AND decisions can be regarding formal complaints and registrar's investigations brought forward prior to 2020.
 ‡ NR = Non-reportable: results are not shown due to < 5 cases.
 ++ The requested statistical information (number and distribution by theme) recognizes that formal complaints and Registrar's Investigations may include allegations that fall under multiple themes identified above, therefore when added together the numbers set out per theme may not equal the total number of formal complaints or registrar's investigations, or findings.

What does this information tell us? This information will help increase transparency on the type of decisions rendered by ICRC for different themes of formal complaints and Registrar's Investigation and the actions taken to protect the public. In addition, the information may assist in further informing the public regarding what the consequences for a registrant can be associated with a particular theme of complaint or Registrar investigation and could facilitate a dialogue with the public about the appropriateness of an outcome related to a particular formal complaint.

Additional comments for clarification (if needed)

DOMAIN 6: SUITABILITY TO PRACTICE		
Standard 13		
All complaints, reports, and investigations are prioritized based on public risk, and conducted in a timely manner with necessary actions to protect the public.		
Statistical data collected in accordance with recommended methodology or College own methodology:		<input checked="" type="checkbox"/> Recommended <input type="checkbox"/> College methodology
If College methodology, please specify rationale for reporting according to College methodology:		
Context Measure (CM)		
CM 11. 90 th Percentile disposal* of:	Days	<p>What does this information tell us? This information illustrates the maximum length of time in which 9 out of 10 formal complaints or Registrar's investigations are being disposed by the College.</p> <p>The information enhances transparency about the timeliness with which a College disposes of formal complaints or Registrar's investigations. As such, the information provides the public, ministry and other stakeholders with information regarding the approximate timelines they can expect for the disposal of a formal complaint filed with, or Registrar's investigation undertaken by, the College.</p>
I. A formal complaint in working days in CY 2020	208	
II. A Registrar's investigation in working days in CY 2020	336	



<p>* Disposal Complaint: The day where a decision was provided to the registrant and complainant by the College (i.e. the date the reasons are released and sent to the registrant and complainant).</p> <p>* Disposal Registrar's Investigation: The day upon which a decision was provided to the registrant and complainant by the College (i.e. the date the reasons are released and sent to the registrant and complainant).</p>
<p>Additional comments for clarification (if needed)</p>

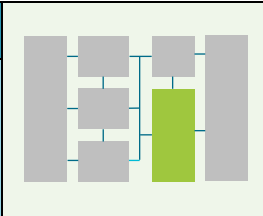
<p>DOMAIN 6: SUITABILITY TO PRACTICE</p>		
<p>Standard 13</p> <p>All complaints, reports, and investigations are prioritized based on public risk, and conducted in a timely manner with necessary actions to protect the public.</p>		
<p>Statistical data collected in accordance with recommended methodology or College own methodology: <input type="checkbox"/> Recommended <input checked="" type="checkbox"/> College methodology</p> <p>If College methodology, please specify rationale for reporting according to College methodology:</p>		
<p>Context Measure (CM)</p>		
<p>CM 12. 90th Percentile disposal* of:</p>	<p>Days</p>	<p>What does this information tell us? This information illustrates the maximum length of time in which 9 out of 10 uncontested discipline hearings and 9 out of 10 contested discipline hearings are being disposed. *</p> <p>The information enhances transparency about the timeliness with which a discipline hearing undertaken by a College is concluded. As such, the information provides the public, ministry and other stakeholders with information regarding the approximate timelines they can expect for the resolution of a discipline proceeding undertaken by the College.</p>
<p>I. An uncontested^ discipline hearing in working days in CY 2020</p>	<p>129</p>	
<p>II. A contested# discipline hearing in working days in CY 2020</p>	<p>N/A</p>	
<p>* Disposal: Day where all relevant decisions were provided to the registrant and complainant by the College (i.e. the date the reasons are released and sent to the registrant and complainant, including both liability and penalty decisions, where relevant).</p> <p>^ Uncontested Discipline Hearing: In an uncontested hearing, the College reads a statement of facts into the record which is either agreed to or uncontested by the Respondent. Subsequently, the College and the respondent may make a joint submission on penalty and costs or the College may make submissions which are uncontested by the Respondent.</p> <p># Contested Discipline Hearing: In a contested hearing, the College and registrant disagree on some or all of the allegations, penalty and/or costs.</p>		



Additional comments for clarification (if needed)
There was only one discipline hearing (uncontested) in CY 2020 so a calculation for the 90th percentile was not conducted. The number of days between the referral date and the disposition date is reported.

DOMAIN 6: SUITABILITY TO PRACTICE

Standard 13
All complaints, reports, and investigations are prioritized based on public risk, and conducted in a timely manner with necessary actions to protect the public.



Statistical data collected in accordance with recommended methodology or College own methodology: **Recommended** College methodology
If College methodology, please specify rationale for reporting according to College methodology:

Context Measure (CM)		
CM 13. Distribution of Discipline finding by type*		<p><i>What does this information tell us? This information facilitates transparency to the public, registrants and the ministry regarding the most prevalent discipline findings where a formal complaint or Registrar's Investigation is referred to the Discipline Committee by the ICRC.</i></p>
Type	#	
I. Sexual abuse	0	
II. Incompetence	0	
III. Fail to maintain Standard	0	
IV. Improper use of a controlled act	0	
V. Conduct unbecoming	0	
VI. Dishonourable, disgraceful, unprofessional	NR	
VII. Offence conviction	0	
VIII. Contravene certificate restrictions	0	
IX. Findings in another jurisdiction	0	
X. Breach of orders and/or undertaking	NR	
XI. Falsifying records	0	
XII. False or misleading document	0	
XIII. Contravene relevant Acts	0	



* *The requested statistical information recognizes that an individual discipline case may include multiple findings identified above, therefore when added together the number of findings may not equal the total number of discipline cases.*

NR = *Non-reportable: results are not shown due to < 5 cases.*

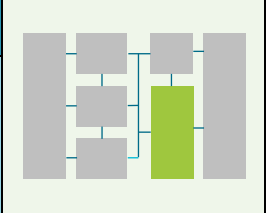
Additional comments for clarification (if needed)



DOMAIN 6: SUITABILITY TO PRACTICE

Standard 13

All complaints, reports, and investigations are prioritized based on public risk, and conducted in a timely manner with necessary actions to protect the public.



Statistical data collected in accordance with recommended methodology or College own methodology: Recommended College methodology

If College methodology, please specify rationale for reporting according to College methodology:

Context Measure (CM)

CM 14. Distribution of Discipline orders by type*

Type	#
I. Revocation ⁺	0
II. Suspension [§]	NR
III. Terms, Conditions and Limitations on a Certificate of Registration ^{**}	NR
IV. Reprimand [^] and an Undertaking [#]	0
V. Reprimand [^]	NR

What does this information tell us? This information will help strengthen transparency on the type of actions taken to protect the public through decisions rendered by the Discipline Committee. It is important to note that no conclusions can be drawn on the appropriateness of the discipline decisions without knowing intimate details of each case including the rationale behind the decision.

* The requested statistical information recognizes that an individual discipline case may include multiple findings identified above, therefore when added together the numbers set out for findings and orders may not be equal and may not equal the total number of discipline cases.

+ Revocation of a registrant's certificate of registration occurs where the discipline or fitness to practice committee of a health regulatory college makes an order to "revoke" the certificate which terminates the registrant's registration with the college and therefore his/her ability to practice the profession.

§ A suspension of a registrant's certificate of registration occurs for a set period of time during which the registrant is not permitted to:

- Hold himself/herself out as a person qualified to practice the profession in Ontario, including using restricted titles (e.g. doctor, nurse),
- Practice the profession in Ontario, or
- Perform controlled acts restricted to the profession under the Regulated Health Professions Act, 1991.

** Terms, Conditions and Limitations on a Certificate of Registration are restrictions placed on a registrant's practice and are part of the Public Register posted on a health regulatory college's website.

^ A reprimand is where a registrant is required to attend publicly before a discipline panel of the College to hear the concerns that the panel has with his or her practice

An undertaking is a written promise from a registrant that he/she will carry out certain activities or meet specified conditions requested by the College committee.

NR = Non-reportable: results are not shown due to < 5 cases

Additional comments for clarification (if needed)



For questions and/or comments, or to request permission to use, adapt or reproduce the information in the CPMF please contact:

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Toronto, ON M5G 2K8

E-mail: RegulatoryProjects@Ontario.ca



Appendix A: Public Interest

When contemplating public interest for the purposes of the CPMF, Colleges may wish to consider the following (please note that the ministry does not intend for this to define public interest with respect to College operations):

PUBLIC INTEREST in the context of the College Performance Measurement Framework

