

COLLEGE OF  
DENTURISTS  
OF ONTARIO

# College Performance Measurement Framework (CPMF) Reporting Tool

Reporting Year: January 2022 – December 2022

JANUARY – 2023

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# Introduction

## The College Performance Measurement Framework (CPMF)

The CPMF has been developed by the Ontario Ministry of Health (the ministry) 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;
2. Help Colleges improve their performance;

Each College will report on seven Domains with the support of six components, as illustrated in Table 1.

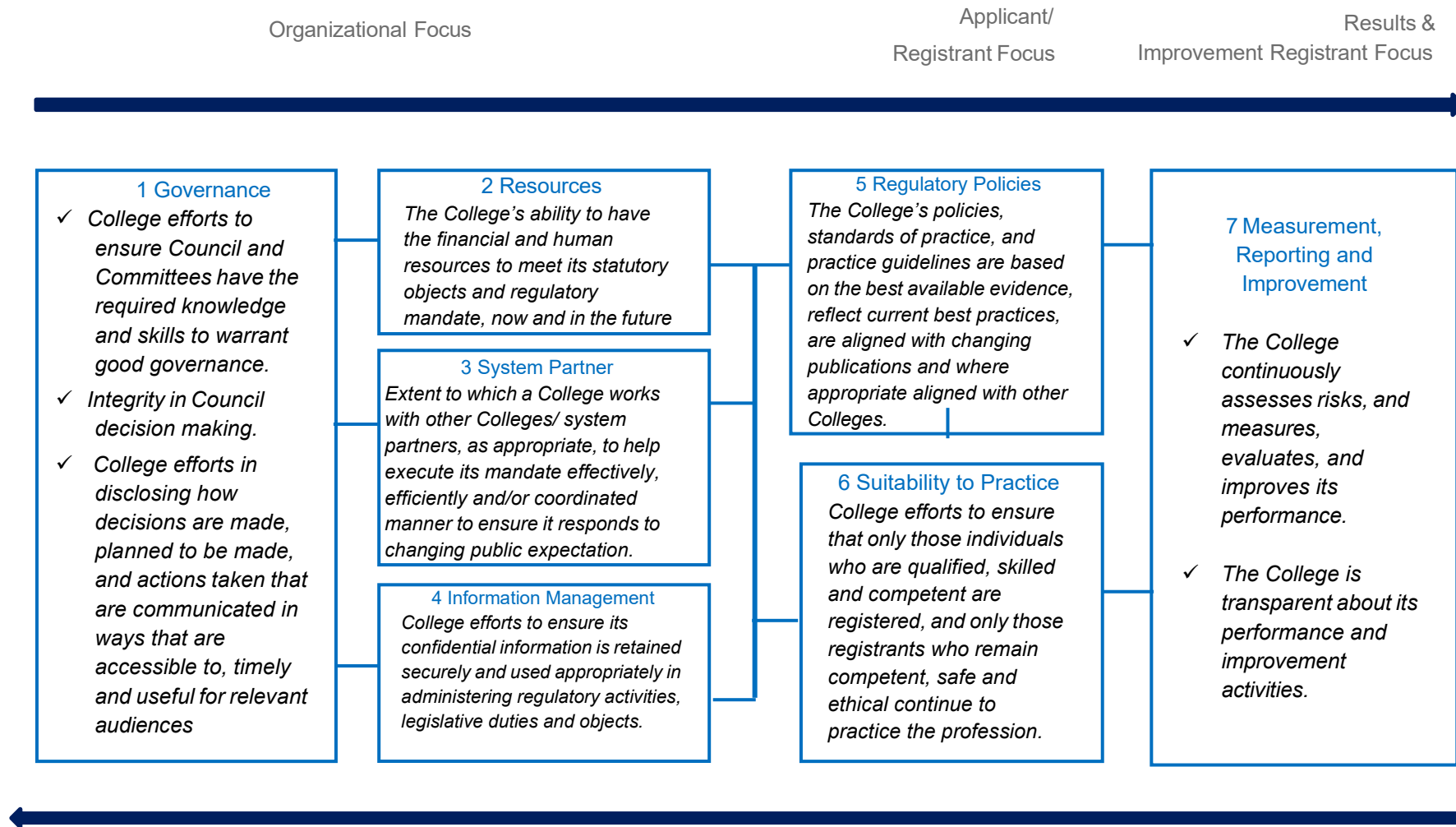
**Table 1:** CPMF Measurement Domains and Components

1	<b>Measurement domains</b>	→ Critical attributes of an excellent health regulator in Ontario that should be measured for the purpose of the CPMF.
2	<b>Standards</b>	→ Performance-based activities that a College is expected to achieve and against which a College will be measured.
3	<b>Measures</b>	→ More specific requirements to demonstrate and enable the assessment of how a College achieves a Standard.
4	<b>Evidence</b>	→ Decisions, activities, processes, or the quantifiable results that are being used to demonstrate and assess a College’s achievement of a standard.
5	<b>Context measures</b>	→ Statistical data Colleges report that will provide helpful context about a College’s performance related to a standard.
6	<b>Planned improvement actions</b>	→ Initiatives a College commits to implement over the next reporting period to improve its performance on one or more standards, where appropriate.

## CPMF Model

The seven measurement domains shown in Figure 1 are the critical attributes that contribute to a College effectively serving and protecting the public interest. They relate to key statutory functions and organizational aspects that enable a College to carry out its functions well. The seven domains are interdependent and together lead to the outcomes that a College is expected to achieve as an excellent regulator.

**Figure 1:** CPMF Model for Measuring Regulatory Excellence



**Figure 2: CPMF Domains and Standards**

<b>Domains</b>	<b>Standards</b>
Governance	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.
	2. Council decisions are made in the public interest.
	3. The College acts to foster public trust through transparency about decisions made and actions taken.
Resources	4. The College is a responsible steward of its (financial and human) resources.
System Partner	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.
	6. The College maintains cooperative and collaborative relationships responds in a timely and effective manner to changing public expectations.
Information Management	7. Information collected by the College is protected from unauthorized disclosure.
Regulatory Policies	8. 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.
Suitability to Practice	9. The College has processes and procedures in place to assess the competency, safety, and ethics of the people it registers.
	10. 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.
	11. The complaints process is accessible and supportive.
	12. All complaints, reports, and investigations are prioritized based on public risk, and conducted in a timely manner with necessary actions to protect the public.
	13. The College complaints process is coordinated and integrated.
Measurement, Reporting and Improvement	14. The College monitors, reports on, and improves its performance.

## **The CPMF Reporting Tool**

The third iteration of the CPMF will continue to provide the public, the ministry, and other stakeholders with information respecting a College's activities and processes regarding best practices of regulatory excellence and, where relevant, the College's performance improvement commitments. At this time, the ministry will not assess whether a College meets or does not meet the Standards.

The information reported through the completed CPMF Reporting Tool may help to identify areas of improvement that warrant closer attention and potential follow-up. Furthermore, the reported results will help to lay a foundation upon which expectations for regulatory excellence can be refined and improved. Finally, the results may stimulate discussions about regulatory excellence and performance improvement among Council members and staff within a College, as well as between Colleges, the public, the ministry, college registrants/members, and other stakeholders.

Additionally, in 2022 the ministry developed a Summary Report highlighting key findings regarding the commendable practices Colleges already have in place, collective strengths, areas for improvement and the various commitments Colleges have made to improve their performance in serving and protecting the public as per their 2021 CPMF Reports. The focus of the Summary Report is on the performance of the regulatory system (as opposed to the performance of each individual College) and on areas where opportunities exist for colleges to learn from each other.

The ministry's Summary Report will be posted in English and French and weblinks to the report will be shared with the Colleges once it is published.

For this reporting cycle, Colleges will be asked to report on:

- Their performance against the CPMF standards and updates on the improvements Colleges committed to undertake in their previous CPMF reports;
- Provide detailed improvement plans where they do not fully meet a benchmarked Evidence.

## **Completing the CPMF Reporting Tool**

While the CPMF Reporting Tool seeks to clarify the information requested, it is not intended to direct College activities and processes or restrict the way a College fulfills its fiduciary duties. Where a term or concept is not explicitly defined in the 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.

In the spirit of continuous improvement, if the College plans to improve its actions or processes related to a respective Measure or Evidence, it is encouraged to highlight these planned activities and progress made on commitments from previous years.

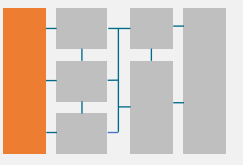
### **What has changed in 2022?**

This year, eight pieces of Evidence have been highlighted within Part 1 of the Reporting Tool as ‘Benchmarked Evidence’. These pieces of evidence were identified as attributes of an excellent regulator, and Colleges should meet, or work towards meeting these benchmarks. If a College does not meet, or partially meets expectations on a benchmark, it is required to provide an improvement plan that includes the steps it will follow, timelines and any barriers to implementing that benchmark. In subsequent CPMF reports, Colleges will be expected to report on their progress in meeting the benchmarked Evidence.

Where a College fully met Evidence in 2021 and 2022, the College may opt to respond with ‘Met in 2021 and Continues to Meet in 2022’. In the instances where this is appropriate, this option appears in the dropdown menu. If that option is not there, Colleges are asked to fully respond to the Evidence or Standard. Colleges are also asked to provide additional detail (e.g., page numbers), when linking to, or referencing College documents.



## Part 1: Measurement Domains

		<b>Measure:</b> 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.	
		<b>Required Evidence</b>	<b>College Response</b>
<b>DOMAIN 1: GOVERNANCE</b>	<b>STANDARD 1</b>	a. Professional members are eligible to stand for election to Council only after:	The College fulfills this requirement:
		i. meeting pre-defined competency and suitability criteria; and  <hr/> <i>Benchmarked Evidence</i> <hr/>	<ul style="list-style-type: none"> <li>The competency and suitability criteria are public: <b>Yes</b>  <i>If yes, please insert a link and indicate the page number where they can be found; if not, please list criteria.</i></li> </ul> <p><b>The CDO Management Team understands the immediate need to move forward with governance initiatives including the development of a competency framework and profile for members of Council and Committees. Once the competency framework and accompanying profile is completed, it will then be incorporated into the recruitment/selection process for Professional Members. The competency profile would inform updates to the eligibility criteria required of potential applicants in order to run for election.</b></p> <p><b>Below are the current publicly published eligibility criteria in order to run for election. Please see article 13.01 Eligibility to Run for Election in College By-laws: <a href="https://denturists-cdo.com/Resources/Legislation-Regs-By-laws/By-laws/CDO-By-laws.aspx">https://denturists-cdo.com/Resources/Legislation-Regs-By-laws/By-laws/CDO-By-laws.aspx</a></b></p> <p><b>The CDO has retained Dundee Consulting Group Ltd to assist the CDO with developing its Strategic Plan of which governance initiatives would be the top priority. Once the Strategic Plan is created, an operational plan will be developed to assist with the resourcing and implementation of governance projects such as the development of Council and Committee competency profiles. Upon completion of the competency profiles and other governance improvements, Dundee Consulting Group Ltd would then objectively observe CDO Council meetings and then conduct a third-party assessment of its effectiveness.</b></p>

			<p><i>If the response is “partially” or “no”, describe the College’s plan to fully implement this measure. Outline the steps (i.e., drafting policies, consulting stakeholders, or reviewing/revising existing policies or procedures, etc.) the College will be taking, expected timelines and any barriers to implementation.</i></p> <p><b>CDO Council is scheduled to meet in Q1 of 2023 to develop, with the assistance of Dundee Consulting Group Ltd, a two-year strategic plan. One of the major pillars of the strategic plan will be the development of a competency framework and accompanying competency profile for Council and Committee members. The competency profile will set out the identified mix of skills, expertise, and behavioral competencies that Council has determined would be desirable in assuring individual and collective effectiveness on both Council and its Committees. CDO projects that this initiative will occur within Q1 and Q2 of 2023 (April – June 2023, and July – September 2023 respectively). This initiative has been financially resourced, and Council has approved the initiative to begin based on the timeline set above. The CDO does not expect any potential barriers to the implementation of the competency framework and profile. Once the competency profile is completed, CDO Staff would then propose the incorporation of the profile into the eligibility criteria for targeted recruitment of professional members – a timeline for the incorporation into the eligibility criteria have not yet been set but it would occur immediately after the completion of the competency framework.</b></p>
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		<p>ii. attending an orientation training about the College’s mandate and expectations pertaining to the member’s role and responsibilities.</p>	<p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> <li>• Duration of orientation training.</li> <li>• Please briefly describe the format of orientation training (e.g. in-person, online, with facilitator, testing knowledge at the end).</li> <li>• Please insert a link and indicate the page number if training topics are public <b>OR</b> list orientation training topics.</li> </ul> <p>Duration of orientation training: <b>2 hours</b></p> <p>Format of orientation training (e.g., in-person, online, with facilitator, testing knowledge at the end): <b>Online or in-person meeting and Council orientation with the President and Registrar for an intensive 1:1 Council and governance orientation.</b></p> <p>Insert a link to website if training topics are public <b>OR</b> list orientation training topics: <b>Professional Self-Regulation, Role of the College, Role of Council, Role of Registrar &amp; Staff, Statutory and Non-Statutory Committees, Strategy Map, First Council Meeting, and Assignment of Council Member Peer Mentor.</b></p> <p><b>Education for Health Regulatory Professionals of Ontario (EHRPO) Links to EHRPO YouTube Council and Committee Member Training Videos</b></p> <p><b>Foundational Concepts</b>  <b>1-A Regulatory Framework</b>  <b>1-B The Public Interest</b>  <b>1-C Legal Context and Structure of the RHPA (Regulated Health Professions Act)</b>  <b>1-D Accountability</b></p> <p><b>Fiduciary Duties of Council and Committee Members</b>  <b>2-A Confidentiality and Privacy</b>  <b>2-B Conflict of Interest and Appearance Bias</b>  <b>2-C Diligence, Respect and Ethical Behaviour</b>  <b>2-D Confidentiality and Privacy</b>  <b>2-E Conflict of Interest and Appearance of Bias</b></p> <p><b>Governance</b>  <b>3-A Roles and Responsibilities of Council and its Officers</b>  <b>3-B Roles and Responsibilities of Committees and their Chairs</b>  <b>3-C Roles and Responsibilities of the Registrar and Staff</b>  <b>3-D Conducting and Participating in Meetings and Hearings</b>  <b>3-E External Communications</b></p> <p><b>Core Regulatory Activities of the Code</b>  <b>4-A Restrictive Regulation</b></p>
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	<p>4-B Reactive Regulation 4-C Proactive Regulation 4-D Transparent Regulation</p> <p>Specific Duties and Functions of the College 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</p> <p>5-E Equity</p> <p>As well, the College is in the process of developing a profession specific training module that exposes new public Council members with an intensive exploration of the Denturism profession including an overview of the profession, what a Denturist does, the different working environments, where they fit in as part of the oral health care team, and the role of Denturists in Ontario. This will provide public members with a more in-depth understanding of the profession they are tasked with regulating. The learning objectives would lead to more fulsome discussions at Council and provide public members with further context to assist with their decision-making framework.</p>	
		<p><i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?</i></p> <p>Choose an item.</p> <p><i>Additional comments for clarification (optional):</i></p>
	<p>b. Statutory Committee candidates have:</p> <p>i. Met pre-defined competency and suitability criteria; and</p> <p>_____</p> <p><i>Benchmarked Evidence</i></p> <p>_____</p>	<p>The College fulfills this requirement:</p> <p>Partially</p> <ul style="list-style-type: none"> <li>The competency and suitability criteria are public: Yes</li> <li><i>If yes, please insert a link and indicate the page number where they can be found; if not, please list criteria.</i></li> </ul> <p>The suitability criteria are emailed to applicants during the application period each year. As well, the information is found here under the Council Elections forms and Guides on the public website: <a href="https://denturists-cdo.com/Resources/Guides-Checklists-Forms-and-Documents/Council-Elections/Qualifications-of-Non-Council-Committee-Members.aspx">https://denturists-cdo.com/Resources/Guides-Checklists-Forms-and-Documents/Council-Elections/Qualifications-of-Non-Council-Committee-Members.aspx</a></p>

		<p><i>If the response is “partially” or “no”, describe the College’s plan to fully implement this measure. Outline the steps (i.e., drafting policies, consulting stakeholders, or reviewing/revising existing policies or procedures, etc.) the College will be taking, expected timelines and any barriers to implementation.</i></p> <p><b>The College intends to first develop its next iterative Strategic Plan in calendar year 2023 with governance as a key pillar. Some operational initiatives that would arise from the strategic plan include a broader governance review of the College and provide recommendations to implement governance best practices. The College understands that best practices include publicly published competency profiles for Council members and Committee members. The College will strive to undertake this work with urgency.</b></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:</p> <ul style="list-style-type: none"> <li>• Duration of each Statutory Committee orientation training.</li> <li>• Please briefly describe the format of each orientation training (e.g., in-person, online, with facilitator, testing knowledge at the end).</li> <li>• Please insert a link and indicate the page number if training topics are public <b>OR</b> list orientation training topics for Statutory Committee.</li> </ul> <p><b><u>Duration of each Statutory Committee orientation training:</u></b>  <b>Registration: 2 hours orientation; 2+ hours OFC training</b>  <b>Quality Assurance: 2 hours</b>  <b>ICRC: 3 hours</b>  <b>Discipline: 3 hours</b>  <b>Fitness to Practise: 2-3 hours, scheduled as needed - there are very few referrals to the fitness to practise committee.</b>  <b>Executive*: 1 hour</b>  <b>Patient Relations: 1-2 hours</b></p> <p><b>*The College is phasing out the routine meeting of the Executive Committee and will instead only require its use when necessary to conduct the work of Council in between meetings of Council. As such, no training was provided exclusively for members of the Executive Committee.</b></p> <p><b><u>Format of each orientation training (e.g. in-person, online, with facilitator, testing knowledge at the end):</u></b>  <b>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 found on the OFC website.</b></p> <p><b>Quality Assurance: Prior to COVID-19, orientation was in-person with a facilitator (the Manager of Quality Assurance and College Legal Counsel). During COVID-19, orientation was held online through video teleconference.</b></p> <p><b>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.</b></p>

			<p><b>Discipline:</b> 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><b>Fitness to Practise:</b> 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><b>Executive:</b> No training occurred in 2022.</p> <p><b>Patient Relations:</b> No training occurred in 2022.</p> <p><u>Insert link to website if training topics are public OR list orientation training topics for Statutory Committee:</u></p> <p><b>Registration:</b> 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; drafting reasons and decisions. OFC modules include: understanding fair-access law, applying fair-access law (and in scenarios) and implementing fair access law.</p> <p><b>Quality Assurance:</b> Legislative overview (RHPA, General Regulation); powers of the QAC; QA Program overview (self-assessment, self-assessment online tool, continuing professional development, peer &amp; practice assessments); QA policy overview; meeting structure.</p> <p><b>ICRC:</b> Overview of ICRC processes; ICRC manual and resource binder (quick review, explanation of use); review of ICRC panel composition/meeting structure.</p> <p><b>Discipline:</b> 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><b>Fitness to Practise:</b> Mandate of the Fitness to Practise panel; the role of the Panel in the Hearing; and outcomes the Panel can consider.</p> <p><b>Executive:</b> Governance, functions, and processes of the Committee.</p> <p><b>Patient Relations:</b> 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></p>	<p>Choose an item.</p>
		<p><i>Additional comments for clarification (optional):</i></p>	

		<p>c. Prior to attending their first meeting, public appointments to Council undertake an orientation training course provided by the College about the College's mandate and expectations pertaining to the appointee's role and responsibilities.</p>	<p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> <li>• Duration of orientation training.</li> <li>• Please briefly describe the format of orientation training (e.g., in-person, online, with facilitator, testing knowledge at the end).</li> <li>• Please insert a link and indicate the page number if training topics are public <b>OR</b> list orientation training topics.</li> </ul> <p>Duration of orientation training: <b>2 hours</b></p> <p>Format of orientation training (e.g., in-person, online, with facilitator, testing knowledge at the end): <b>Online or in-person meeting and Council orientation with the President and Registrar for an intensive 1:1 Council and governance orientation.</b></p> <p>Insert a link to website if training topics are public <b>OR</b> list orientation training topics: <b>Professional Self-Regulation, Role of the College, Role of Council, Role of Registrar &amp; Staff, Statutory and Non-Statutory Committees, Strategy Map, First Council Meeting, and Assignment of Council Member Peer Mentor.</b></p> <p><b>Education for Health Regulatory Professionals of Ontario (EHRPO) Links to EHRPO YouTube Council and Committee Member Training Videos</b></p> <p><b>Foundational Concepts</b></p> <p><b>1-A Regulatory Framework</b></p> <p><b>1-B The Public Interest</b></p> <p><b>1-C Legal Context and Structure of the RHPA (Regulated Health Professions Act)</b></p> <p><b>1-D Accountability</b></p> <p><b>Fiduciary Duties of Council and Committee Members</b></p> <p><b>2-A Confidentiality and Privacy</b></p> <p><b>2-B Conflict of Interest and Appearance Bias</b></p> <p><b>2-C Diligence, Respect and Ethical Behaviour</b></p> <p><b>2-D Confidentiality and Privacy</b></p> <p><b>2-E Conflict of Interest and Appearance of Bias</b></p> <p><b>Governance</b></p> <p><b>3-A Roles and Responsibilities of Council and its Officers</b></p> <p><b>3-B Roles and Responsibilities of Committees and their Chairs</b></p> <p><b>3-C Roles and Responsibilities of the Registrar and Staff</b></p> <p><b>3-D Conducting and Participating in Meetings and Hearings</b></p> <p><b>3-E External Communications</b></p> <p><b>Core Regulatory Activities of the Code</b></p> <p><b>4-A Restrictive Regulation</b></p> <p><b>4-B Reactive Regulation</b></p>
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Met in 2021, continues to meet in 2022

			<p><b>4-C Proactive Regulation</b>  <b>4-D Transparent Regulation</b></p> <p><b>Specific Duties and Functions of the College</b>  <b>5-A Strategic Planning</b>  <b>5-B Risk Management</b>  <b>5-C Making Regulations, By-laws, and Standards of Practice</b>  <b>5-D Facilitating Practitioner Competence in all of the College's Activities</b>  <b>5-E Equity</b></p> <p><b>As well, the College is in the process of developing a profession specific training module that exposes new public Council members with an intensive exploration of the Denturism profession including an overview of the profession, what a Denturist does, the different working environments, where they fit in as part of the oral health care team, and the role of Denturists in Ontario. This will provide public members with a more in-depth understanding of the profession they are tasked with regulating. The learning objectives would lead to more fulsome discussions at Council and provide public members with further context to assist with their decision-making framework.</b></p>
<p><i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?</i></p>			<p>Choose an item.</p>
<p><i>Additional comments for clarification (optional):</i></p>			



Measure: 1.2 Council regularly assesses its effectiveness and addresses identified opportunities for improvement through ongoing education.		
Required Evidence	College Response	
a. Council has developed and implemented a framework to regularly evaluate the effectiveness of: <ul style="list-style-type: none"> <li>i. Council meetings; and</li> <li>ii. Council.</li> </ul>	The College fulfills this requirement:	
	<ul style="list-style-type: none"> <li>• Please provide the year when Framework was developed <b>OR</b> last updated.</li> <li>• Please insert a link to Framework <b>OR</b> link to Council meeting materials and indicate the page number where the Framework is found and was approved.</li> <li>• Evaluation and assessment results are discussed at public Council meeting: Yes</li> <li>• <i>If yes, please insert a link to the last Council meeting and indicate the page number where the most recent evaluation results have been presented and discussed.</i></li> </ul> <p><b>As part of the College Council's routine procedures, a post-Council meeting survey is circulated to Council members after each Council meeting. The survey questions were most recently revised in March 2021, prior in June 2020. The evaluation survey canvasses Council members on meeting logistics, preparation, governance processes, adherence to College mandate, Council agenda items and the public interest, and an opportunity to provide feedback for improvement.</b></p> <p><b>Link to the survey used by Council members after each Council meeting:</b></p> <p><a href="https://www.surveymonkey.com/r/Preview/?sm=tZRLxipvW1t7F_2BXhi9pi9jxGASZaJQVOUbESHqws5xQifVzyU3pG3ZfM0ZYPTWrd">https://www.surveymonkey.com/r/Preview/?sm=tZRLxipvW1t7F_2BXhi9pi9jxGASZaJQVOUbESHqws5xQifVzyU3pG3ZfM0ZYPTWrd</a></p> <p><b>Link to the last Council meeting where the most recent evaluation results were presented and approved (most recent Council meeting: December 2021):</b></p> <p><a href="https://denturists-cdo.com/About-Us/Council-Committees/Council/Council-Minutes-Highlights/Council-Packages/111th-Council-Meeting-Package-March-10,-2023.aspx">https://denturists-cdo.com/About-Us/Council-Committees/Council/Council-Minutes-Highlights/Council-Packages/111th-Council-Meeting-Package-March-10,-2023.aspx</a></p>	
	<p><i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?</i></p>	
<p><i>Additional comments for clarification (optional)</i></p> <p><b>The CDO routinely researches and makes aware of governance best practices as it relates to Council effectiveness and identifies opportunities for improvement. As such, the CDO fulfills this requirement partially due to the incorporation of post-Council meeting feedback and implementation of improvements. What the CDO requires is the formalization of the evaluation/effectiveness practice into a framework and the development of a third-party assessment of Council. On this front, the College has obtained the services of Dundee Consulting Group Ltd in Q4 of 2022-2023 to assist with the development of an evaluation framework along with a third-party assessment. Initial governance initiatives will occur in the second half of 2023 followed by recommendations to the CDO Council and an implementation period. After the implementation period, CDO Council would then invite Dundee Consulting Group Ltd to conduct a fulsome third-party assessment of Council's effectiveness.</b></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:</p>	<p>No</p>
<ul style="list-style-type: none"> <li>• Has a third party been engaged by the College for evaluation of Council effectiveness? Yes</li> <li>• <i>If yes, how often do they occur?</i> <b>Initial third-party assessment is scheduled to occur in late 2023 or early 2024 after the CDO has completed its initial governance process audit and implemented any proposed recommendations.</b></li> <li>• Please indicate the year of last third-party evaluation.</li> </ul> <p><b>The CDO Management Team and Council understands the immediate need to formalize a Council governance and evaluation framework. While it currently follows the elements and processes of such framework, it lacks formal documentation that is publicly available. Council at a Special Council Meeting held on February 13, 2023, approved a proposal from Dundee Consulting Group Ltd for strategic planning and governance projects including the conducting of a third-party assessment of Council's effectiveness. Dundee Consulting Group Ltd will be tasked with assisting with formulating a 2-year strategic plan followed by assistance with the development of a third party assessment framework and audit.</b></p>				
<p><i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?</i></p>				<p>Yes</p>
<p><i>Additional comments for clarification (optional)</i></p> <p><b>Dundee Consulting Group Ltd will assist the CDO with developing its Strategic Plan of which governance initiatives would be the top priority. Once the Strategic Plan is created, an operational plan will be developed to assist with the resourcing and implementation of governance projects such as the development of Council and Committee competency profiles. Upon completion of the competency profiles and other governance improvements, Dundee Consulting Group Ltd would then objectively observe CDO Council meetings and then conduct a third-party assessment of its effectiveness. The initial governance review of CDO's processes is scheduled to occur in Q1 to Q2 of the 2023-2024 fiscal year (beginning April 1, 2023). Upon completion of the review, recommendations for governance initiatives and deliverables would occur. An implementation period would occur in Q2 and Q3. Once all recommendations have occurred, Dundee Consulting Group Ltd. would then conduct its third-party assessment for Council effectiveness at Q4. Further recommendations would then spur another development and implementation period for further enhancements to CDO's governance processes.</b></p>				

		<p>c. Ongoing training provided to Council and Committee members has been informed by:</p> <p>i. the outcome of relevant evaluation(s);</p> <p>ii. the needs identified by Council and Committee members; and/or</p>	<p>The College fulfills this requirement:</p>	<p>Yes</p>
		<ul style="list-style-type: none"> <li>• Please insert a link to documents outlining how outcome evaluations have informed Council and Committee training and indicate the page numbers.</li> <li>• Please insert a link to Council meeting materials and indicate the page number where this information is found <b>OR</b></li> <li>• Please briefly describe how this has been done for the training provided <u>over the last calendar year</u>.</li> </ul> <p><b>The CDO routinely evaluates current issues and identifies areas for further Council and/or Committee member training. As part of its evaluation processes, the post-Council meeting survey forms one element in receiving feedback from Council and informs the CDO Management Team on whether further training is required in certain competency areas.</b></p> <p><b>As well, the CDO President and Registrar review on an annual basis the professional development log of past completed professional development activities and recommends specific subject areas for further enhancement or development. The CDO will be developing a competency matrix/framework in Q2 or Q3 of fiscal 2023 for Council members and Committee members. Once the competency profiles are completed, a competency matching exercise will occur for all members of Council to ascertain what competencies Council currently possesses and which competencies are deficient (needs analysis). Deficient competency areas will be subject for further professional development.</b></p> <p><b>The Professional Development log for Council members and Staff for 2022 can be found here on the CDO website: <a href="https://denturists-cdo.com/2022-Professional-Development-&amp;Training-Log.xlsx">2022 - Professional Development &amp; Training Log.xlsx (denturists-cdo.com)</a></b></p> <p><b>In 2022, Council and CDO Staff undertook an ambitious and well-rounded approach to professional development activities. Combined in total, Council and CDO Staff participated in over 100 hours of professional development spanning topics such as developing resilience, governance training, indigenous inclusion, truth and reconciliation blanket exercises, and diversity and inclusion topic areas. Finally, members of Council and Staff completed a three-part certification workshop series hosted by the Canadian Centre for Diversity and Inclusion (CCDI) for inclusion, diversity, equity, and accessibility essentials in the fall of 2022.</b></p>		
		<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p>		<p>Choose an item.</p>
		<p><i>Additional comments for clarification (optional):</i></p>		

		<p>iii. evolving public expectations including risk management and Diversity, Equity, and Inclusion.</p> <p><u>Further clarification:</u></p> <p>Colleges are encouraged to define public expectations based on input from the public, their members, and stakeholders.</p> <p>Risk management is essential to effective oversight since internal and external risks may impact the ability of Council to fulfill its mandate.</p>	<p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> <li>• Please insert a link to documents outlining how evolving public expectations have informed Council and Committee training and indicate the page numbers.</li> <li>• Please insert a link to Council meeting materials and indicate the page number where this information is found <b>OR</b></li> <li>• Please briefly describe how this has been done for the training provided <u>over the last calendar year</u>.</li> </ul> <p><b>The College uses many areas of input to define and stay apprised of current public expectations as it relates to opportunities for improvement through training. Some of the areas we like to highlight include:</b></p> <ul style="list-style-type: none"> <li>• <b>CDO Staff participation on inter-regulator working groups to keep up to date on current issues and trends</b></li> <li>• <b>Participating in regulatory conferences to stay apprised of new and emerging regulatory trends</b></li> <li>• <b>Liaising with various levels of Government and governmental agencies to keep apprised of public's evolving expectations</b></li> <li>• <b>Key participating member of the Citizen's Advisory Group to garner patient's perspective in healthcare regulation</b></li> <li>• <b>Using aggregate Quality Assurance CPD data to determine specific topics/areas for training/webinars</b></li> <li>• <b>Post-Council meeting surveys</b></li> <li>• <b>Membership surveys</b></li> <li>• <b>Dedicated Council Meeting discussion on areas for further training</b></li> <li>• <b>Inquiries, Complaints, and Reports Committee's new risk assessment tool at intake which staff use when a new file is opened/received. The risk assessment intake tool identifies aggravating and mitigating factors, as well as primary and secondary issues, to assist the College in its review and decision-making processes for training or enhancement.</b></li> </ul> <p>Based on the input received from the above sources, the CDO continued to meaningfully observe Canada's National Day for Truth and Reconciliation. CDO Staff arranged to have an indigenous facilitator conduct a virtual blanket exercise on September 30, 2022, that covered the topics of residential schools, the sixties scoop, missing and murdered indigenous women and girls, and other instances of colonial violence and policies that have negatively impacted indigenous peoples. This interactive virtual blanket exercise was attended by all CDO staff and staff members from the College of Dental Hygienists of Ontario were invited to participate.</p> <p>The CDO also foresaw a need to make targeted professional development activities in the areas of diversity, equity, and inclusion while it continues to develop an in-house framework for DEI. To this end, Council and CDO staff members participated in a three-part certification workshop hosted by the Canadian Centre for Diversity and Inclusion (CCDI). Spanning three sessions in October and November of 2022 respectively, Council and CDO Staff received fulsome training on IDEA fundamentals, unconscious bias, and respect in the workplace.</p>	<p>Partially</p>
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			<p>Our preliminary assessment is that overall, the CDO is at the following level, in terms of building capacity to reflect evolving public expectations with respect to Diversity, Equity and Inclusion:</p> <p><b>REACTIVE</b></p> <ul style="list-style-type: none"> <li>• Decision-makers (council or committee members) display some DEI awareness or skills with limited effectiveness in applying DEI concepts when making decisions</li> <li>• There is limited diversity of identities among council/committees</li> </ul>
<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p>			<p>Yes</p>
<p><i>Additional comments for clarification (optional):</i></p> <p>The CDO management team understands the requirement for CDO as a regulatory body and an organization to be apprised of evolving expectations of risk. It has included in its CPMF Action Plan the development of a Risk Register as part of its overall initiatives. The development of the Risk Register will assist with detailing all identified risks, including description, category, cause, probability of occurring, impact on objects, proposed responses, and status of all risks identified for the CDO. Once the CDO has developed its strategic plan in Q2 of 2023, it will incorporate a timeline for the development and implementation of a CDO Risk Register.</p> <p>In the meantime, the CDO will continue to monitor current and emerging areas of risk and its (potential) effect on CDO’s programs and processes.</p> <p>In regard to evolving public expectations for diversity, equity and inclusion initiatives, the CDO is actively supporting the work of the Health Profession Regulators of Ontario (HPRO) as it develops supports for Colleges to advance their work in Diversity, Equity and Inclusion within their regulatory practices. The HPRO Anti-Racism in Health Regulation project provides valuable information for our College to use in understanding current issues and training needs related to Diversity, Equity and Inclusion. Specifically, the September 2021 report commissioned by HPRO from Dr. Javeed Sukhera highlighted the following recommendations related to the needs for ongoing training:</p> <ul style="list-style-type: none"> <li>• <b>BE Thought Leaders:</b> Regulators must work across traditional boundaries and divisions to be thought leaders in equity/anti-racism work.</li> <li>• <b>TRAIN for the future:</b> Activities that address equity and anti-racism must include education and awareness raising, however, must move beyond awareness raising towards skill development and action.</li> </ul> <p>Current HPRO project activities are designed to provide a set of guiding indicators and support tools that the CDO will use in the next two reporting periods to engage our Council and Committee members in ongoing learning related to DEI. Specifically, we anticipate using the materials to evaluate our current strengths and gaps in Q2 2023, for action planning in Q3-Q4 2023 and beginning implementation to close key gaps in Q4 2023 or Q1 2024.</p>			

<p><b>Measure:</b></p> <p>2.1 All decisions related to a Council’s strategic objectives, regulatory processes, and activities are impartial, evidence-informed, and advance the public interest.</p>	
<p><b>Required Evidence</b></p>	<p><b>College Response</b></p>
<p>a. The College Council has a Code of Conduct and ‘Conflict of Interest’ policy that is:</p> <p>i. reviewed at least every three years to ensure it reflects current legislation, practices, public expectations, issues, and emerging initiatives (e.g., Diversity, Equity, and Inclusion); and</p> <p><u>Further clarification:</u></p> <p>Colleges are best placed to determine the public expectations, issues and emerging initiatives based on input from their members, stakeholders, and the public. While there will be similarities across Colleges such as Diversity, Equity, and Inclusion, this is also an opportunity to reflect additional issues, expectations, and emerging initiatives unique to a College or profession.</p>	<p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> <li>Please provide the year when the Council Code of Conduct and ‘Conflict of Interest’ Policy was last evaluated/updated.</li> <li>Please briefly describe any changes made to the Council Code of Conduct and ‘Conflict of Interest Policy’ resulting from the last review.</li> </ul> <p><b>The CDO first made amendments to its By-Laws to include provisions for Conflict of Interest in 2012. Since then, a Conflict-of-Interest declaration is made before each Council Meeting. At the beginning of each meeting, College Legal Counsel reminds members of Council of implied or actual conflict of interest and the Chair canvasses members of Council for any real or perceived conflicts.</b></p> <p><b>The CDO developed and added to its By-Laws in 2016 its Code of Conduct.</b></p> <p><b>Link to College By-Laws containing Conflict of Interest and Code of Conduct provisions: <a href="https://denturists-cdo.com/Resources/Legislation-Regs-By-laws/By-laws/CDO-By-laws.aspx">https://denturists-cdo.com/Resources/Legislation-Regs-By-laws/By-laws/CDO-By-laws.aspx</a></b></p> <p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p> <p><i>Additional comments for clarification (optional)</i></p> <p><b>The CDO Management Team understands the need to continually review and update its policy pieces on a regular basis. CDO staff are currently reviewing and recommending to Council updates to various policy provisions at its Council Meetings. In 2022, the CDO Council reviewed and updated the following policies: Language Proficiency Policy, update on Timely Registration Decisions, Personal Information Privacy Policy, update on Records and Information Management Policy, Vaccination Policy, and Surplus Retention Policy. CDO Council looks forward to reviewing its Conflict of Interest and Code of Conduct during the next reporting period.</b></p> <p><b>The CDO is also actively supporting the work of the Health Profession Regulators of Ontario (HPRO) as it develops supports for Colleges to advance their work in Diversity, Equity and Inclusion within their regulatory practices. The HPRO Anti-Racism in Health Regulation project provides valuable information for our College to use in reviewing our governance practices to reflect current and evolving issues related to Diversity, Equity and Inclusion. Our upcoming self-assessment of our practices for Diversity, Equity and Inclusion will help to inform that review by identifying any potential systemic barriers or unconscious biases and then recommendations for updates to CDO’s Code of Conduct.</b></p>
	<p>Yes</p>
	<p>Yes</p>

		<p>ii. accessible to the public.</p>	<p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> <li>Please insert a link to the Council Code of Conduct and 'Conflict of Interest' Policy <b>OR</b> Council meeting materials where the policy is found and was last discussed and approved and indicate the page number.</li> </ul> <p><b>Section 27 (Conflict of Interest) and Schedule 4 (Code of Conduct) of the College By-laws:</b> <a href="https://denturists-cdo.com/Resources/Legislation-Regs-By-laws/By-laws/CDO-By-laws.aspx">https://denturists-cdo.com/Resources/Legislation-Regs-By-laws/By-laws/CDO-By-laws.aspx</a></p>	<p>Met in 2021, continues to meet in 2022</p>
		<p><i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?</i></p>		<p>Choose an item.</p>
		<p>b. The College enforces a minimum time before an individual can be elected to Council after holding a position that could create an actual or perceived conflict of interest with respect their Council duties (i.e., cooling off periods).</p> <p><u>Further clarification:</u> Colleges may provide additional methods not listed here by which they meet the evidence.</p>	<p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> <li>Cooling off period is enforced through: By-law</li> <li>Please provide the year that the cooling off period policy was developed <b>OR</b> last evaluated/updated.</li> <li>Please provide the length of the cooling off period.</li> <li>How does the College define the cooling off period? <ul style="list-style-type: none"> <li>Insert a link to policy / document specifying the cooling off period, including circumstances where it is enforced and indicate the page number;</li> <li>Insert a link to Council meeting where cooling off period has been discussed and decided upon and indicate the page number; <b>OR</b></li> <li>Where not publicly available, please briefly describe the cooling off policy.</li> </ul> </li> </ul> <p><b>The CDO enforces a minimum time before an individual can be elected to Council after holding a position that could create an actual or perceived conflict of interest through its By-Law provisions. The cooling off period and the eligibility criteria are clearly defined in the College By-Laws found publicly on the CDO website.</b></p> <p><b>From the By-laws (page 10, section 13.01 Nominations):</b> <a href="https://denturists-cdo.com/Resources/Legislation-Regs-By-laws/By-laws/CDO-By-laws.aspx">https://denturists-cdo.com/Resources/Legislation-Regs-By-laws/By-laws/CDO-By-laws.aspx</a></p> <p><b>13.01 Eligibility to Run for Election</b> <b>A Member is eligible to run for election to the Council for an electoral district if:</b> <b>(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</b></p> <p><b>The one (1) year "cooling off" period was added to the By-laws in 2012.</b></p>	<p>Met in 2021, continues to meet in 2022</p>
		<p><i>Additional comments for clarification (optional)</i></p>		

			<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p>	<p>Choose an item.</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. <u>Additionally:</u></p> <ul style="list-style-type: none"> <li>i. the completed questionnaires are included as an appendix to each Council meeting package;</li> <li>ii. questionnaires include definitions of conflict of interest;</li> <li>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</li> <li>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></li> </ul>	<p>The College fulfills this requirement:</p>	<p>Partially</p>
		<ul style="list-style-type: none"> <li>• Please provide the year when conflict of interest the questionnaire was implemented <b>OR</b> last evaluated/updated.</li> <li>• Member(s) note whether their questionnaire requires amendments at each Council meeting and whether they have any conflicts of interest based on Council agenda items: Choose an item.</li> <li>• Please insert a link to the most recent Council meeting materials that includes the questionnaire and indicate the page number.</li> </ul> <p><b>Council and Committee members sign a Letter of Understanding regarding Conflict of Interest when they are appointed and/or elected to Council. The College sets aside a dedicated agenda item at each Council meeting to receive a briefing from the College's Legal Counsel. College Legal Counsel briefs members of Council on the principles of Conflict of Interest and the importance of identifying conflicts whether they are actual or perceived.</b></p> <p><b>The development and subsequent launch of the Conflict-of-Interest Questionnaire was scheduled to occur in the second half of 2022. The development of the questionnaire is completed and requires Council's review prior to implementation and launch. Due to competing new regulatory initiatives that emerged in the second half of 2022 that required immediate whole of organization attention, the review and implementation of the Conflict-of-Interest Questionnaire is moved over to 2023.</b></p>		
		<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p>		<p>Yes</p>
		<p><i>Additional comments for clarification (optional)</i></p> <p><b>The CDO will be investigating opportunities to introduce the already developed Conflict-of-Interest Questionnaire that can be utilized for Council and Committee meetings. The CDO looks forward to its launch in 2023.</b></p>		



		<p>d. Meeting materials for Council enable the public to clearly identify the public interest rationale 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:</p>	<p>Met in 2021, continues to meet in 2022</p>
			<ul style="list-style-type: none"> <li>• Please briefly describe how the College makes public interest rationale for Council decisions accessible for the public.</li> <li>• Please insert a link to Council meeting materials that include an example of how the College references a public interest rationale and indicate the page number.</li> </ul> <p><b>The Council materials posted on the public website include all relevant background information needed to understand the context of an agenda item. A "Public Interest Rationale" heading was first added to Council Briefing Notes as of December 10, 2021. This important piece now forms the standard template for all Briefing Notes.</b></p> <p><b>An example of how the CDO references the public interest rationale in its briefing note can be found at its December 9, 2022, Council Meeting.</b></p> <p><b>Link to December 9, 2022 Council Meeting Package: <a href="https://www.denturists-cdo.com/110th-Council-Meeting-Package-December-9,-2022.aspx">110th-Council-Meeting-Package-December-9,-2022.aspx (denturists-cdo.com)</a></b></p> <p><b>At its December 2022 Council Meeting, Council received briefing notes for the following agenda items that include a public interest rationale: new guidelines – Overview of the Discipline Process Guidelines, 2022-2023 Renewal Fees, Timely Registration Decision, Language Proficiency Requirements Policy, and the newly developed Personal Information Privacy Policy.</b></p> <p><b>An example of the public interest rationale can be found on the briefing note for the Draft Updated Policy agenda item for Language Proficiency Requirements (page 160 of the December 2022 meeting page):</b></p> <p><i>“The College of Denturists of Ontario’s mandate is to protect the public by ensuring Registered Denturists provide safe, ethical, and competent denturism care and service in Ontario. As part of that mandate, the College Council has the overall responsibility of ensuring that the policies and processes implemented by the College are in harmony and aligned with the governing legislation and regulations. As part of the updated requirements in Bill 106, the College is updating its Language Proficiency Requirements to include language tests approved by Immigration, Refugees and Citizenship Canada.”</i></p> <p><b>This information will continue to be presented in Council meeting materials.</b></p>	
			<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p>	<p>Choose an item.</p>
			<p><i>Additional comments for clarification (if needed)</i></p>	

	<p>e. The College has and regularly reviews a formal approach to identify, assess, and manage internal and external risks. This approach is integrated into the College’s strategic planning and operations.</p> <p><u>Further clarification:</u> Formal approach refers to the documented method or which a College undertakes to identify, assess, and manage risk. This method or process should be regularly reviewed and appropriate.</p> <p>Risk management planning activities should be tied to strategic objectives of Council since internal and external risks may impact the ability of Council to fulfill its mandate, especially in the absence of mitigations.</p> <p>Internal risks are related to operations of the College and may impact its ability to meet its strategic objectives. External risks are economic, political and/or natural factors that happen outside of the organization.</p>	The College fulfills this requirement:	No
		<ul style="list-style-type: none"> <li>• Please provide the year that the formal approach was last reviewed.</li> <li>• Please insert a link to the internal and external risks identified by the College <b>OR</b> Council meeting materials where the risks were discussed and integrated into the College’s strategic planning activities and indicate page number.</li> </ul>	
		<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i>	Yes
		<i>Additional comments for clarification (if needed)</i>	
		<p><b>The CDO has added to its action plan for Council and Staff to develop a risk register to identify internal and external risks that may impact strategic objectives and regulatory outcomes. The CPMF action items are routinely reviewed and updated by Council and CDO Staff as initiatives are started or completed. The development of a risk register, while considered a priority for the CDO, must occur after the CDO has formally created its next strategic plan and has resources allocated to it. The CDO is scheduled to develop its next strategic plan in Q1 of 2023 with a formal launch in June 2023. The CDO Management Team will ensure that Council is aware of the need to formalize its approach to identifying, assessing, and managing internal and external risks. This concern was also echoed by Dundee Consulting Group Ltd that will assist the CDO with its strategic planning process.</b></p>	

Measure:		
3.1 Council decisions are transparent.		
Required Evidence	College Response	
<p>a. Council minutes (once approved) and status updates on the implementation of Council decisions to date are accessible on the College’s website, or a process for requesting materials is clearly outlined.</p>	<p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> <li>Please insert a link to the webpage where Council minutes are posted.</li> <li>Please insert a link to where the status updates on implementation of Council decisions to date are posted <b>OR</b> where the process for requesting these materials is posted.</li> </ul> <p><b>Link to Council Meeting Packages and Highlights:</b>  <a href="https://denturists-cdo.com/About-Us/Council-Committees/Council/Council-Minutes-Highlights.aspx#Council-Meetings">https://denturists-cdo.com/About-Us/Council-Committees/Council/Council-Minutes-Highlights.aspx#Council-Meetings</a></p> <p><b>The News section of the website provides updates on programs and policies that reflect Council decisions.</b>  <a href="https://denturists-cdo.com/About-Us/News.aspx">https://denturists-cdo.com/About-Us/News.aspx</a></p> <p><b>The CDO's main Council Meeting webpage contains the contact person for requesting Council materials or information regarding upcoming Council meetings. Public Council Meeting packages and materials are uploaded at least one week prior to the Council meeting. The meeting packages and minutes are found on the same webpage linked above. The College's staff contact for Council Meetings will provide a link to the online live stream of the Council meeting to all attendees and stakeholders.</b></p>	
	<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p>	<p>Met in 2021, continues to meet in 2022</p>
	<p><i>Additional comments for clarification (optional)</i></p>	<p>Choose an item.</p>

		<p>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).</p> <ul style="list-style-type: none"> <li>i. the meeting date;</li> <li>ii. the rationale for the meeting;</li> <li>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</li> <li>iv. if decisions will be ratified by Council.</li> </ul>	The College fulfills this requirement:	Yes	
			<ul style="list-style-type: none"> <li>• Please insert a link to the webpage where Executive Committee minutes/meeting information are posted.</li> </ul> <p><b>Executive Committee meeting summaries are posted publicly on the CDO website here: <a href="http://College of Denturists of Ontario - Executive Committee (denturists-cdo.com)"><u>College of Denturists of Ontario - Executive Committee (denturists-cdo.com)</u></a></b></p>		
			<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p>		Choose an item.
			<p><i>Additional comments for clarification (optional)</i></p>		

Measure: 3.2 Information provided by the College is accessible and timely.			
Required Evidence	College Response		
a. With respect to Council meetings: i. Notice of Council meeting and relevant materials are posted at least one week in advance; and ii. Council meeting materials remain accessible on the College's website for a minimum of 3 years, or a process for requesting materials is clearly outlined.	The College fulfills this requirement:	Met in 2021, continues to meet in 2022	
	<ul style="list-style-type: none"> <li>Please insert a link to where past Council meeting materials can be accessed <b>OR</b> where the process for requesting these materials is clearly posted.</li> </ul> <p><b>Council Meetings - Information and Dates:</b>  <a href="https://denturists-cdo.com/About-Us/Council-Committees/Council/Council-Meetings.aspx">https://denturists-cdo.com/About-Us/Council-Committees/Council/Council-Meetings.aspx</a></p> <p><b>Council Minutes &amp; Packages:</b>  <a href="https://denturists-cdo.com/About-Us/Council-Committees/Council/Council-Minutes-Highlights.aspx">https://denturists-cdo.com/About-Us/Council-Committees/Council/Council-Minutes-Highlights.aspx</a></p>		
	<i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?</i>		Choose an item.
	<i>Additional comments for clarification (optional)</i>		
b. Notice of Discipline Hearings are posted at least one month in advance and include a link to allegations posted on the public register.	The College fulfills this requirement:	Met in 2021, continues to meet in 2022	
	<ul style="list-style-type: none"> <li>Please insert a link to the College's Notice of Discipline Hearings.</li> </ul> <p><b>Information for Discipline Hearings are posted on the College's website:</b>  <a href="https://denturists-cdo.com/Protecting-the-Public/Professional-Conduct/scheduled-Discipline-Hearings.aspx">https://denturists-cdo.com/Protecting-the-Public/Professional-Conduct/scheduled-Discipline-Hearings.aspx</a></p>		

		<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p>	Choose an item.
		<p><i>Additional comments for clarification (optional)</i></p>	
<p><b>Measure:</b></p>			
<p><b>3.3 The College has a Diversity, Equity, and Inclusion (DEI) Plan.</b></p>			
<p><b>Required Evidence</b></p>	<p><b>College Response</b></p>		
<p>a. The DEI plan is reflected in the Council’s strategic planning activities and appropriately resourced within the organization to support relevant operational initiatives (e.g., DEI training for staff).</p>	<p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> <li>• Please insert a link to the College’s DEI plan.</li> <li>• Please insert a link to the Council meeting minutes where DEI was discussed as part of strategic planning and appropriate resources were approved and indicate page number.</li> </ul> <p><b>Our preliminary assessment is that overall CDO is at the following level, in terms of having a DEI plan that is integrated and appropriately resourced.</b></p> <p><b>REACTIVE</b></p> <ul style="list-style-type: none"> <li>• <b>There is very limited involvement in DEI initiatives</b></li> <li>• <b>DEI may be defined</b></li> <li>• <b>DEI issues are considered at a surface level when they arise</b></li> <li>• <b>Some equity-seeking groups are considered</b></li> <li>• <b>There are limited KPIs, typically output / activity measures</b></li> <li>• <b>DEI specific resourcing or funding is being explored</b></li> </ul>		<p>Partially</p>
	<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p>		<p>Yes</p>

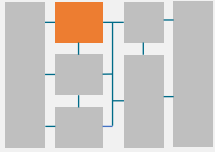
*Additional comments for clarification (optional)*

**The CDO is actively supporting the work of the Health Profession Regulators of Ontario (HPRO) as it develops supports for Colleges to advance their work in Diversity, Equity and Inclusion within the full range of their regulatory practices. Specifically, the September 2021 report commissioned by HPRO from Dr. Javeed Sukhera recommended that regulators undertake efforts to audit their practices and embed equity and anti-racism related monitoring and performance metrics into their operations. For resourcing, Dr. Sukhera recommended that regulators must consider how to embed resourcing and infrastructure for equity and anti-racism within their organizations. The HPRO Anti-Racism in Health Regulation project provides valuable information for the CDO to use in developing a comprehensive DEI plan and integrating it with CDO’s operational planning efforts.**

**Current HPRO project activities are designed to provide a set of guiding indicators and support tools that the CDO will use over the next two or more reporting periods to engage our Council and Committee members in ensuring we have a planned and resourced set of commitments to DEI, reflecting our particular needs. Specifically, we anticipate using the materials to evaluate our current strengths and gaps in Q2 2023, for action planning in Q3-Q4 2023. From there, the CDO would then explore opportunities for further collaborative efforts after the action planning stage.**

		<p>b. The College conducts Equity Impact Assessments to ensure that decisions are fair and that a policy, or program, or process is not discriminatory.</p> <p><u>Further clarification:</u></p> <p>Colleges are best placed to determine how best to report on an Evidence. There are several Equity Impact Assessments from which a College may draw upon. The ministry encourages Colleges to use the tool best suited to its situation based on the profession, stakeholders, and patients it serves.</p>	<p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> <li>• Please insert a link to the Equity Impact Assessments conducted by the College and indicate the page number <b>OR</b> please briefly describe how the College conducts Equity Impact Assessments.</li> <li>• If the Equity Impact Assessments are not publicly accessible, please provide examples of the circumstances (e.g., applied to a policy, program, or process) in which Equity Impact Assessments were conducted.</li> </ul> <p><b>Our preliminary assessment is that overall, the CDO is at the following level, in terms of our ability to conduct Equity Impact Assessments.</b></p> <p><b>REACTIVE</b></p> <ul style="list-style-type: none"> <li>• <b>There is anecdotal evidence of inequity</b></li> <li>• <b>Limited data may impact insight into potential issues (i.e., bias, differential failure/rejection rates)</b></li> <li>• <b>Assessment of competence may be conflated with language ability</b></li> <li>• <b>DEI competence is not a discrete part of continuing development and quality assurance</b></li> <li>• <b>Patients/clients are predominantly viewed from the bio-medical and individualist lenses</b></li> <li>• <b>The complaint, investigation and tribunal processes have limited scope and/or capacity for addressing DEI issues</b></li> <li>• <b>Biases and humility in fitness to practice decision-making are explored if raised during the process</b></li> </ul>	No
<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p>			Yes	
<p><i>Additional comments for clarification (optional)</i></p> <p><b>The CDO is actively supporting the work of the Health Profession Regulators of Ontario (HPRO) as it develops supports for Colleges to advance their work in Diversity, Equity and Inclusion within the full range of their regulatory practices. Specifically, the September 2021 report commissioned by HPRO from Dr. Javeed Sukhera recommended that regulators should critically appraise existing policies, particularly those for registration, complaints/discipline, and policy/governance. The HPRO Anti-Racism in Health Regulation project provides valuable information for the CDO to use in conducting these reviews within the context of an Equity Impact Assessment.</b></p> <p><b>Current HPRO project activities are designed to provide a set of guiding indicators and support tools that the CDO will use in the next two reporting periods to enable a customized assessment of equity impact, reflecting our particular needs. Specifically, based on our upcoming preliminary assessment, priority areas will be identified for a more thorough review of strengths and gaps in Q2 2023, for action planning in Q3-Q4 2023 and beginning implementation in Q4 2023 of actions to close the gaps.</b></p>				





Measure:

4.1 The College demonstrates responsible stewardship of its financial and human resources in achieving its statutory objectives and regulatory mandate.

DOMAIN 2: RESOURCES	STANDARD 4	Required Evidence	College Response	
		<p>a. The College identifies activities and/or projects that support its strategic plan including how resources have been allocated.</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>	<p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> <li>Please insert a link to Council meeting materials that include discussions about activities or projects to support the strategic plan <b>AND</b> a link to the most recent approved budget and indicate the page number.</li> <li>Please briefly describe how resources were allocated to activities/projects in support of the strategic plan.</li> </ul> <p><b>Every year, the draft budget preparations begin in the fall of the preceding year. If necessary, draft budgets and budgetary decision items may be discussed at the December Council meeting prior to a fulsome budget presentation the following year in March. At these pre-budget Council meetings, regularly scheduled in December, Council approves the draft audited financial statements, receives a briefing from the CDO third party auditors about its performance and recommendations for improvements (if any), and may choose to set or modify the regulation renewal fees for the next year. As modifying the renewal fee affects the budget of the following year, Council receives a fulsome briefing of the various budget items related to revenue and expense accounts, are provided with various budget scenarios, status of its reserve funds, and any Staff recommendations for best practices prior to making any informed fiscal decisions.</b></p> <p><b>As part of the pre-budget preparations, College Staff review the Strategic Plan and Operational Plan for the following year, its priorities, the CPMF action items, and any changes to its routine operational programming. All College departments then submit their proposed budget for the following year to the Registrars Office, and the Registrars Office assembles all the departmental budget asks along with the CDO's operating budget and ensures that all programming and initiatives are properly resourced.</b></p> <p><b>In 2022, the CDO Council agreed for the creation of a Strategic Initiatives budget that would operate separately from the Operating budget. The Strategic Initiatives budget will be used to fund new and emerging projects e.g. governance initiatives, strategic planning, technology and database upgrades that are proposed in the CDO Strategic Plan. Once those project deliverables are completed, the ongoing work and maintenance will be incorporated into the operating budget. This allows the CDO to properly resource the activities and projects it has identified as priority items.</b></p> <p><b>The newly created Strategic Initiatives budget in 2022 was resourced with an initial \$150,000 deposit. At its June 17, 2022, meeting, Council identified that an upgrade and modernization of its member portal and the creation of an applicant portal will be the first initiative funded from this budget. At the end of 2022, Council identified the need to develop a new Strategic Plan and move forward with governance initiatives. The hiring of a governance consultant and strategic planning facilitator in 2023 will be funded from this budget.</b></p> <p><b>Council March 11, 2022 Meeting Package containing approved 2022 - 2023 budget (page 92): <a href="https://www.denturists-cdo.com/107th-Council-Meeting-Package-March-11,-2022.aspx">107th-Council-Meeting-Package-March-11,-2022.aspx (denturists-cdo.com)</a></b></p>	Yes

**Council December 10, 2021 Meeting Package containing pre-budget discussions (page 112): [106th-Council-Meeting-Package-December-10,-2021.aspx \(denturists-cdo.com\)](#)**

*If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?*

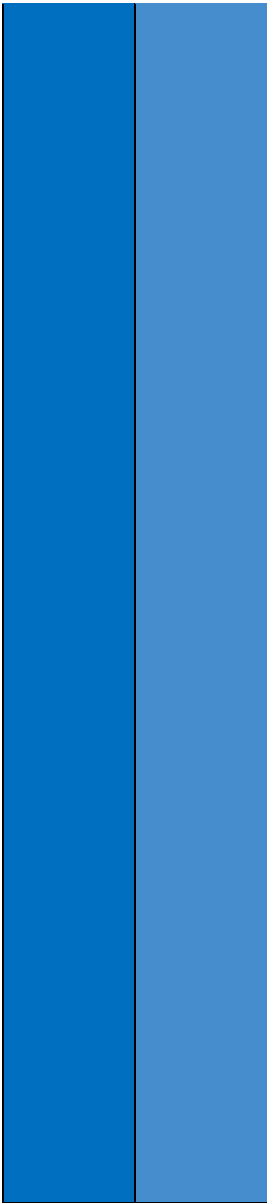
Choose an item.

*Additional comments for clarification (optional)*

		<p>b. The College:</p> <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</p> <p>ii. possesses the level of reserve set out in its “financial reserve policy”.</p>	<p>The College fulfills this requirement:</p>	<p>Met in 2021, continues to meet in 2022</p>
		<ul style="list-style-type: none"> <li>• Please insert a link to the “financial reserve policy” <b>OR</b> Council meeting materials where financial reserve policy has been discussed and approved and indicate the page number.</li> <li>• Please insert the most recent date when the “financial reserve policy” has been developed <b>OR</b> reviewed/updated.</li> <li>• Has the financial reserve policy been validated by a financial auditor? Yes</li> </ul> <p><b>Council at its June 17, 2022, meeting received a briefing from the College’s Acting Registrar regarding its current Surplus Retention Policy that was first approved in October 2014. Since 2014, the College’s finances have continued to be stabilized and well maintained based on the College’s prudent financial decisions and caretaking. The College faced major uncertainty during the global pandemic that first started in 2020 and continues to present day. Due to the strong fiscal position of the College prior to 2020, the College was able to weather the financial difficulties during the pandemic. This “once in a generation” event provided the College’s Council the opportunity to review its performance during this unprecedented event and determine whether current processes and policies are effective in maintaining a strong fiscal position. With the assistance of the College’s third-party auditor (Hilborn LLP), it reviewed its Surplus Retention Policy and to garner best practices for the retention of the reserve funds.</b></p> <p><b>The auditors noted that in the past, best practice guidance regarding surplus retention should fall within the range of three to six months of budgeted annual expenses. With the arrival of the pandemic, which illustrated the speed with which adverse conditions may impact organizations and continued uncertainties, the auditors now recommend a range of six to twelve months for reserve levels.</b></p> <p><b>As a result of this recommendation, the CDO Council made amendments to its Surplus Retention Policy at its June 17, 2022 Council meeting to reflect a level of reserves to not exceed twelve months of budgeted yearly expenses and to not dip below six months of budgeted yearly expenses.</b></p> <p><b>Council June 17, 2022 Meeting Package updating the Surplus Retention Policy (page 45): <a href="#">108th-Council-Meeting-Package-June-17,-2022.aspx (denturists-cdo.com)</a></b></p>		
		<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p>	<p>Choose an item.</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:</p> <p>i. regularly reviewing and updating written operational policies to ensure that the organization has the staffing complement it needs to be successful now and, in the future (e.g., processes and procedures for succession planning for Senior Leadership and ensuring an organizational culture that attracts and retains key talent, through elements such as training and engagement).</p> <hr/> <p style="text-align: center;"><i>Benchmarked Evidence</i></p> <hr/>	<p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> <li>• Please insert a link to the College’s written operational policies which address staffing complement to address current and future needs.</li> <li>• Please insert a link to Council meeting materials where the operational policy was last reviewed and indicate the page number.</li> </ul> <p><b>Note:</b> Colleges are encouraged to add examples of written operational policies that they identify as enabling a sustainable human resource complement to ensure organizational success.</p> <p><b>The CDO approaches human resources management and strategy for recruiting and retaining key talent through the lens of operational oversight under the direction of the CDO Registrar’s Office. The CDO Registrar ensures operational success with a sustainable human resource complement and robust professional development framework through a number of processes and tools. Some of these include a yearly evaluation of each departmental needs to ensure that proper staffing requirements can be met as well as ensuring the Operating Budget can support these requirements. As part of this human resources strategy, a robust professional development framework that reflects relevant and current societal needs, public health issues, and emerging social trends are incorporated. The professional development framework includes individual self-assessment of Staff’s competencies, career objectives, current role, and provides flexibility to target specific areas for further continuing education and professional development activities.</b></p> <p><b>Using a top-down approach, Council has the responsibility of Registrar/CEO recruitment, retention, and succession planning. As part of the annual Registrar/CEO performance evaluation process, the CDO has developed the following tools for the Executive Committee and Council to use:</b></p> <ul style="list-style-type: none"> <li>• <b>Annual Performance Assessment Tool</b></li> <li>• <b>Registrar Self-Assessment Tool</b></li> <li>• <b>Council Assessment Tool</b></li> <li>• <b>Stakeholder feedback surveys and assessments</b></li> </ul> <p><b>During the annual performance evaluation process, Council has the opportunity to discuss any succession planning, HR, and resource concerns it may have in addition to routine Council meetings in advance of the Budget meeting.</b></p> <p><b>The Council and the Registrar understands intimately the human resources risks posed to the CDO with a full-time staff complement of 5, and as such, approves an Operating Budget and organizational structure that supports current human resources management best practice. This ensures that the CDO can continue to operate to meet the goals of its Strategic Plan, Operational Plan, while being properly funded by its Operating Budget and Strategic Initiatives Budget.</b></p>	<p>Yes</p>
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			<p><i>If the response is “partially” or “no”, describe the College’s plan to fully implement this measure. Outline the steps (i.e., drafting policies, consulting stakeholders, or reviewing/revising existing policies or procedures, etc.) the College will be taking, expected timelines and any barriers to implementation.</i></p> <p><b>The CDO understands the need to formalize its operational processes as it pertains to staffing complement, succession planning, and professional development framework. Currently, while it follows best practices for staffing complement levels and succession planning as evidenced with the transition between Registrars in 2022-2023, it will explore the creation of an operational policy that formalizes this human resource framework.</b></p> <p><b>The draft policy may include provisions for staffing complements that consider current and future initiatives and programming. As well, the policy may also include provisions for succession planning for Senior Leadership, a professional development framework that assist with the retention of key talent, and the annual performance processes for Staff and Senior Leadership.</b></p>
		<p>ii. regularly reviewing and updating the College’s data and technology plan to reflect how it adapts its use of technology to improve College processes in order to meet its mandate (e.g., digitization of processes such as registration, updated cyber security technology, searchable databases).</p>	<p>The College fulfills this requirement:</p> <p>• Please insert a link to the College’s data and technology plan which speaks to improving College processes <b>OR</b> please briefly describe the plan.</p> <p><b>The CDO works with its Information and Technology Service Provider to ensure that it implements robust and best practice cybersecurity measures to protect against unauthorized disclosure of information. The IT provider routinely provides the CDO Management Team with a report of its security findings, reports on its routine security audits, and any recommendations for improvement. The CDO began work on its Data and Technology Plan in 2022 and will continue its development in Q1 and Q2 of 2023.</b></p> <p><b>First approved in 2021, the College's Records and Information Governance Policy establishes a framework for the management of data/information and records that supports the College in meeting its mandate and objectives and ensures that Council, committees, and staff have access to the records and data/information that they need to perform their regulatory and operational functions. This policy protects the privacy of the individuals for whom the College maintains records and data/information (e.g. applicants, Registered Denturists, complainants, staff, and others), ensuring that personal information in possession of the College is properly stored and used, and working to prevent misuse and unauthorized access.</b></p> <p><b>Link to Records and Information Governance Policy: <a href="https://denturists-cdo.com/Resources/Policies/Operational-Policies/Records-and-Information-Governance-Policy.aspx">https://denturists-cdo.com/Resources/Policies/Operational-Policies/Records-and-Information-Governance-Policy.aspx</a></b></p> <p><b>Link to Records Classification Structure and Retention Schedule: <a href="https://denturists-cdo.com/Resources/Policies/Operational-Policies/Records-Classification-Structure-and-Retention-Sch.aspx">https://denturists-cdo.com/Resources/Policies/Operational-Policies/Records-Classification-Structure-and-Retention-Sch.aspx</a></b></p> <p><b>The CDO undertook a document digitization project in 2021 to digitize (scan) the majority of its paper records and convert them to a searchable PDF format. In 2022, College Staff received fulsome training from its Records and Information Management Consultant on the overview and classification of records and received in-house training on the use of its Electronic Document Management System. In the second half of 2022, the CDO has digitized all of its paper records including archival records.</b></p>



The CDO currently uses secure SharePoint Sites as central storage for Council and Committee documents and information, and to securely share meeting materials and other resources. The Zoom platform is used to securely host Council and committee meetings, present the webinar series to registrants, and YouTube to live stream Council meetings.

Some of the CDO's processes are digitized and available to Registered Denturists through the Member Portal (database) and Professional Practice Portal (website) including Certificate of Registration and Certificate of Authorization renewal, secure upload of documents for Peer and Practice Assessments, completion of the Self-Assessment Tool, Jurisprudence Exam, etc.

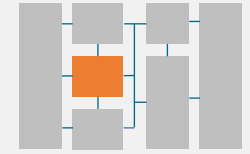
*If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?*

Yes

*Additional comments for clarification (optional)*

The CDO will continue to work with its Information and Technology Service Provider to continue development of its Data and Technology Plan in Q2 of 2023. The CDO anticipates that the Data and Technology Plan can be completed by Q4 of 2023.

DOMAIN 3: SYSTEM PARTNER



STANDARD 5 and STANDARD 6

<p>Measure / Required evidence: N/A</p>	<p>College response</p> <p><i>Colleges are requested to provide a narrative that highlights their organization’s best practices for the following two standards. An exhaustive list of interactions with every system partner that the College engaged with is not required.</i></p> <p><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 dialogue.</i></p>
<p>The two 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 two standards.</p> <p>Instead, <u>Colleges will report on key activities, outcomes, and next steps that have emerged through a dialogue with the ministry.</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><b>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.</b></p> <p>Recognizing that a College determines entry to practice for the profession it governs, and that it sets ongoing standards of practice for the profession it regulates and that the profession 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> <p><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> <ol style="list-style-type: none"> <li><b>Provincial Regulatory Partners</b> <ul style="list-style-type: none"> <li><b>In 2022, the CDO continued advancement of its Multi-Jurisdictional partnerships with Denturism regulators in Alberta and British Columbia. A small contingent composed of College Examination Staff and the Chief Examiner visited and observed the College of Alberta Denturist’s OSCE examination in June 2022. The visit supports the continued development of a common Multi-Jurisdictional OSCE clinical examination.</b></li> <li><b>In 2022, the CDO supported the work of a national item writing working group comprised of Denturists and regulatory staff across Canada to develop new examination materials for the Multi-Jurisdictional MCQ examination.</b></li> </ul> </li> </ol>

- In lockstep with the Denturism regulators in Alberta and British Columbia, and in support of its ongoing accreditation of Denturism programs across Canada, the CDO Council approved the additional provincial requirements document in 2022 to be submitted to Accreditation Canada.

2. *Denturism Associations (Denturists Association of Ontario and Denturists Group of Ontario)*

- In 2022, the Acting Registrar completed introductory meetings with leaders of both Denturism associations and spoke about the importance of working together to achieve alignment for the betterment of patients in Ontario. The CDO attended both associations annual continuing education events to host Peer Circles. The Peer Circles cases covered the topics of filing complaints, sexual abuse prevention, and billing irregularities in the Denturism practice.
- The CDO consulted with both associations throughout the year through its formal consultation process.

3. *Educational Institutions*

- The CDO worked with Denturism educational institutions to coordinate the timing of the February and June 2022 online remote proctored multi-jurisdictional MCQ exam and the in-person OSCE clinical examination. Upon completion of each examination administration, each educational institutions are provided with an anonymized breakdown of the performance of its students at the Qualifying Examination. The performance of each competency area on the examination is parsed out and an analysis is provided. The performance results are then used by the educational institutions to inform updates to its curriculum at the program advisory committee meetings.
- College Staff routinely present at the educational institutions on a variety of topics. In 2022, College Staff presented to Denturism students at Georgian College on Regulation, Practice Standards and Ethical Considerations. Later in the year, College Staff were invited to provide an Overview of the CDO and its Qualifying Examinations to third year Denturism students.
- The CDO attends each educational institution's Program Advisory Committee meetings to provide a regulatory perspectives that informs their review of their respective programs. In 2022, the CDO highlighted in its quarterly newsletter to its registrants the low-income student lead clinics that each educational institution hosts throughout the year. These onsite treatment facilities provide a variety of low-cost dental services to the public under the direct supervision of Dental Health professionals.

4. *Health Professions Regulators of Ontario*

- The CDO meets with other health regulators in Ontario on a bi-weekly basis to discuss matters of mutual interest and to stay apprised of current issues and trends. College staff also participate in various HPRO working groups in areas of Quality Assurance, Communications, Corporate Services, and Registrar's bi-weekly sharing sessions.



- The CDO works closely with HPRO to join calls for expressions of interest to work on initiatives collaboratively. In 2022, the CDO joined two joint initiatives: 1. The HPRO Anti-Racism in Health Regulation project to develop tools required to support CDO’s commitment to Diversity, Equity and Inclusion. Specifically, the preliminary self-assessment of CDO’s current DEI processes, initiatives for improvement, and the creation of an equity impact assessment tool.
- The Registrar's of Ontario's oral health regulators (CDO, CDHO, CDTO, RCDSO) have formed a standing working group to liaise and engage on issues pertinent to the group. This group meets at least monthly to discuss areas of increased collaboration. In 2022, the group discussed the following topics: infection prevention and control guidelines, COVID-19 joint response, federal dental care program, ways to increase access to oral health care, and indigenous reconciliation joint training for Council and Staff.
- In 2022, the four oral health regulators worked collaboratively to update its joint IPAC guidelines based on evidence and consultations with an expert panel which included infectious disease experts, oral health subject matter experts, and academic program administrators. The following updates were made:
  - June 29, 2022 – masking is no longer mandatory for all patients and visitors except when they are suspected or confirmed with COVID-19 based on screening or indicated based on a personal risk assessment. Staff daily screening is no longer required. Patient and visitor screening remains in place. These changes were made in response to Ontario’s Chief Medical Officer of Health revoking all directives and requirements for masking requirements in Ontario.
  - August 3, 2022 – fallow times and enclosed operatories are no longer recommended or required. These coordinated changes were made after consultation with the expert panel formed by the four oral health regulators.

5. ***Governmental Stakeholders***

The CDO routinely engages with various governmental agencies and stakeholders throughout the course of the 2022 calendar year to advance and promote the overall wellbeing of Ontarians through regulating the Denturism profession. In 2022, the CDO engaged with the following governmental agencies and stakeholders:

- Ontario Ministry of Health – participation in various consultations, system partners meetings, receiving correspondence on ministerial initiatives and regulatory changes. Participant on the Ministry’s Infection Prevention and Control working group.
- Public Health Agency of Canada & Office of the Chief Dental Officer of Canada – participated in consultative working group for the national dental care program. Routinely receive updates and emerging scientific research on oral public health.
- Office of the Fairness Commissioner – assigned a “low risk” category rating for 2022-2023 based on OFC’s new risk-informed compliance framework.

**Standard 6: The College maintains cooperative and collaborative relationships and responds in a timely and effective manner to changing public/societal expectations.**

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 asked to provide information by system partners, or where the College proactively seeks information in a timely manner.

- *Please provide examples of key successes and achievements from the reporting year where the College engaged with partners, including patients/public to ensure it can respond to changing public/societal expectations (e.g., COVID-19 Pandemic, mental health, labor mobility etc.). Please also describe the matters that were discussed with each of these partners and how the information that the College obtained/provided was used to ensure the College could respond to a public/societal expectation.*
- *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).*

**The CDO routinely engages with a number of system partners including other regulators, stakeholders, educators, and other provincial and national organizations involved in the practice of Denturism. The relationships the CDO has formed with its system partners are collegial and collaborative. Information sharing and sharing of best practices between the CDO and its system partners allows the CDO to identify and respond to changing public/societal expectations.**

**The CDO continues to maintain and update its list of stakeholders composed of various organizations and entities. Individuals and other external organizations/agencies are identified through CDO’s network including member participants of the Health Professions Regulators of Ontario. Stakeholders are included in upcoming consultations and are invited to provide commentary and feedback to various policies, standards, regulation amendments that may affect their organizations and program areas.**

**Below are a few examples that illustrate how engagement with various system partners has helped guide the work of the CDO.**

**Truth and Reconciliation**

**The CDO in 2022 continued to engage in activities that supported the learning and understanding of the lives and experiences of the Indigenous peoples of Canada and the traumas associated with the former residential school system. CDO Council and College Staff participated in the following activities along with its system partners:**

- **In March 2022, Council and College attended instructor-led training hosted by the Canadian Centre for Diversity and Inclusion aimed at**

debunking myths about indigenous communities in Canada, understand the purpose of reconciliation, our role in reconciliation in the workplace and discuss creating inclusive spaces in the workplace.

- In April 2022, College Staff attended the Professional Geoscientists of Ontario’s symposium session entitled: The Intersectionality of Reconciliation with Diversity and Inclusion.
- On the National Day for Truth and Reconciliation, the CDO hosted a Virtual Blanket Exercise and invited Staff and Council of the College of Dental Hygienists of Ontario. This experiential workshop explored the relationship between Indigenous and non-Indigenous peoples in Canada and covered the topics of residential schools, the sixties scoop, missing and murdered indigenous women and girls, and other instances of colonial violence and policies that have negatively impacted Indigenous peoples.
- The four oral health regulators are working collaboratively to develop a co-hosted Council education event that would invite Council members from all respective regulators to learn about Indigenous history, reconciliation, and anti-bias.

#### Financial Uncertainty & CDO Fiscal Review

The CDO, like all organizations, faced major uncertainty and disruptions to its operational activities and flexibility of its operating budgets. This once in a generation event provided the CDO with the opportunity to review its fiscal performance during this unprecedented event and determine whether its current processes and policies were effective in maintaining a strong fiscal position. College Staff reviewed its departmental budgets, operating budgets, financial processes, and fiscal policies.

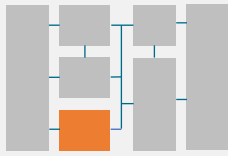
As part of this internal review, College Staff recommended to Council at its [June 2022 meeting](#), the creation of a Strategic Initiatives budget, a standalone budget outside of the operating budget, that will be used to fund new and emerging initiatives. By creating a separate budget, new projects or initiatives would be funded from the CDO’s reserves rather than increasing the fiscal burden on the operating budget. Once the project deliverables are completed, the routine costs of supporting the new program/initiative would then transfer over to the operating budget once the new program/initiative is integrated into CDO’s routine program offerings.

With the assistance of external auditors, Council reviewed the [Surplus Retention Policy](#) at its June 2022 meeting and heard current best practices for the retention of reserve funds. Due to the pandemic demonstrating the speed with which adverse conditions may impact organizations, a higher range of unrestricted reserves is now considered reasonable. As such, Council made updates to the policy to adopt a maximum level of twelve months of budgeted annual expenses and to continue with minimum level of three months of budgeted annual expenses.

**COVID-19 Joint Response to Oral Health Professionals**

In association with the CDHO, CDTO, and RCDSO, the four oral health regulators continued to provide a unified and coordinated approach to its COVID-19 response. Specifically in 2022, the regulators continued its IPAC working group to provide recommendations for any updates to its COVID-19 guidance or updates to their published resources. A separate consultative expert panel was assembled composing infectious disease experts, oral health subject matter experts, and academic program administrators, to provide guidance on specific additional precautions as it relates to fallow times and operatory doors.

As a result of changes in guidance as communicated by Ontario’s Chief Medical Officer of Health, and on advice from the consultative expert panel, the four regulators updated their COVID-19 guidance twice in 2022.



Measure:

7.1 The College demonstrates how it protects against and addresses unauthorized disclosure of information.

DOMAIN 4: INFORMATION MANAGEMENT

STANDARD 7

Required Evidence

- a. The College demonstrates how it:
  - i. uses policies and processes to govern the disclosure of, and requests for information;

College Response

The College fulfills this requirement:

Yes

- Please insert a link to policies and processes **OR** please briefly describe the respective policies and processes that addresses disclosure and requests for information.

**Personal Information Privacy Policy:** [Personal-Information-Privacy-Policy.aspx \(denturists-cdo.com\)](https://www.denturists-cdo.com/Personal-Information-Privacy-Policy.aspx)

**At the December 9, 2022, Council meeting, Council approved the Personal Information and Privacy Policy for immediate implementation. In the course of fulfilling its mandate, the CDO may collect, use, and disclose the personal information of potential candidates, candidates, applicants, registrants, patients and persons employed, retained, elected, or appointed for the purpose of the administration of any legislation related to the governance of the CDO. This policy transparently informs how the CDO handles such information and provides the Information Officer’s contact information.**

**The privacy principles outlined in the Personal Information Protection and Electronic Documents Act, 2000 provide the framework for this policy. For the purposes of clarity, this policy is equivalent to a Privacy Code as used by other organizations.**

**Records and Information Governance Policy:** [Records-and-Information-Governance-Policy.aspx \(denturists-cdo.com\)](https://www.denturists-cdo.com/Records-and-Information-Governance-Policy.aspx)

**Through the Records and Information Governance Policy, the College protects the privacy of the individuals for whom the College maintains records and information (e.g. applicants, Registered Denturists, complainants, staff, and others), ensuring that personal information in possession of the College is properly stored and used, and working to prevent misuse and unauthorized access.**

**Establishing a framework for the management of information and records supports the College in meeting its mandate and objectives and ensures that Council, committees, and staff have access to the records and information that they need to perform their regulatory and operational functions. The Records and Information Governance Policy establishes this framework and assigns responsibilities under which the processes of the Records and Information Management Program can be specified.**

**Records Classification Structure and Retention Schedule:** [College of Denturists \(denturists-cdo.com\)](https://www.denturists-cdo.com/College-of-Denturists)

**In order to protect the confidentiality, integrity and availability of data, each record series is assigned a security classification, being public, internal or confidential. If a request for information is received, this document provides preliminary guidance to determine what information, if any, can be disclosed. However, it is possible that we receive a request for information that falls under the confidential category while another statute requires disclosure (i.e. for a criminal investigation) - these cases are reviewed individually and with consultation from the College's legal counsel.**

**Legal Citation Table - CDO Record Keeping Requirements: [Citation tables \(denturists-cdo.com\)](http://denturists-cdo.com)**

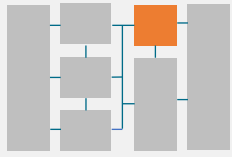
**The record keeping legal requirements for CDO are summarized in this legal citation table. The table draws from federal, provincial, and regulatory requirements. They have been organized by jurisdiction.**

*If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?*

Choose an item.

*Additional comments for clarification (optional)*

		<p>ii. uses cybersecurity measures to protect against unauthorized disclosure of information; and</p> <p>iii. uses policies, practices and processes to address accidental or unauthorized disclosure of information.</p> <hr/> <p><i>Benchmarked Evidence</i></p> <hr/>	<p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> <li>Please insert a link to policies and processes <b>OR</b> please briefly describe the respective policies and processes to address cybersecurity and accidental or unauthorized disclosure of information.</li> </ul> <p><b>The CDO works with its IT provider to ensure that it implements robust and best practice cybersecurity measures to protect against unauthorized disclosure of information. The IT provider conducts automated scanning and monitoring of its servers, database, and website on a 24/7 basis. The CDO receives alerts whenever critical vulnerabilities are detected and the IT provider provides immediate remediation on all affected infrastructure assets. As part of cybersecurity best practices, the CDO uses VPN access for shared drives, and periodic authentication password resets to strengthen against unauthorized access.</b></p> <p>As well, on a regular and routine basis, the CDO participates in a formal Security Audit provided by the IT provider. The results of the Security Audit would inform changes to any security processes or systems that may require bolstering or upgrading. As part of the Security Audits conducted in 2022, it was determined that the hosting of an in-house data server at the CDO office did not represent cybersecurity best practices due to potential risks of fire, theft, electricity outage, and ISP downtime and lack of in-house mitigation plan. As a result, the CDO moved its data servers from the CDO office into a state-of-the-art managed data centre. The data centre is located in Ontario, protected with 24/7 security, hosts a suite of protective measures against fire, earthquakes, and boasts an uptime of 99.99%. The CDO continues to own its data and all data stored are located in Ontario. As a result of these changes, the CDO boasted a server uptime of 100% in 2022 even during two large scale ISP outage events in the Toronto core. The CDO was fortunate to have implemented these changes the month prior to the ISP outage event.</p>	<p>Yes</p>
			<p><i>If the response is “partially” or “no”, describe the College’s plan to fully implement this measure. Outline the steps (i.e., drafting policies, consulting stakeholders, or reviewing/revising existing policies or procedures, etc.) the College will be taking, expected timelines and any barriers to implementation.</i></p> <p><b>The CDO has added to its action plan for the next reporting cycle that it will formalize its Data and Technology Plan.</b></p>	



Measure:

8.1 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).

DOMAIN 5: REGULATORY POLICIES

STANDARD 8

Required Evidence

a. The College regularly evaluates 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.

*Benchmarked Evidence*

College Response

The College fulfills this requirement:

Met in 2021, continues to meet in 2022

- Please 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 and indicate the page number(s) *OR* please briefly describe the College’s evaluation process (e.g., what triggers an evaluation, how often are evaluations conducted, what steps are being taken, which stakeholders are being engaged in the evaluation and how are they involved).

**The CDO routinely evaluates its policies, standards of practice, and practice guidelines to ensure their relevancy, currency, and appropriateness. This trigger process is informed by the following:**

- **An analysis of available data regarding complaints, investigations, discipline findings, post-webinar series feedback survey, and QA anonymized data e.g., Peer and Practice Assessment deficiencies.**
- **Review of reoccurring issues/trends/topics received from the CDO Practice Advisory service.**
- **Consultation with CDO’s system partners including national and provincial health professions regulators, educational institutions, denturism associations, governmental ministries, and agencies.**
- **Consultation with CDO’s legal counsel, accountants, auditors, psychometrician, and governance consultant to ascertain industry best practices, opportunities for improvement, identification of deficiencies, areas for policies or standards to be upgraded.**
- **Jurisdictional scan of other Denturism regulators nationally, and abroad when relevant.**
- **Facilitation of patient engagement activities, including involvement in the Citizens Advisory Group.**
- **CDO reviews all of its policies, Standards of Practice, guidelines, and practice advisory on a three-year rolling cycle. College Staff conduct an analysis of each item internally and flag items that require further enhancement or modification. Final drafts of items are submitted to Committees and then Council for formal approval.**

**In 2022, Council reviewed, updated, or launched the following policy tools:**

- **Self-Assessment Tool Policy**
- **Quality Assurance Program Requirements Policy**
- **Surplus Retention Policy**
- **Honorary Retirement Status Program**

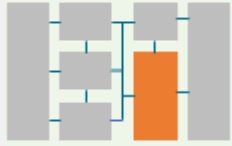


- **Additional Provincial Requirements Document – for the accreditation of Denturism Programs across Canada**
- **Overview of the Discipline Hearings Process Guidelines**
- **Language Proficiency Requirements Policy**
- **Personal Information Privacy Policy**

*If the response is “partially” or “no”, describe the College’s plan to fully implement this measure. Outline the steps (i.e., drafting policies, consulting stakeholders, or reviewing/revising existing policies or procedures, etc.) the College will be taking, expected timelines and any barriers to implementation.*

	<p>b. Provide information on how the College takes into account the following components when developing or amending policies, standards and practice guidelines:</p> <ul style="list-style-type: none"> <li>i. evidence and data;</li> <li>ii. the risk posed to patients / the public;</li> <li>iii. the current practice environment;</li> <li>iv. alignment with other health regulatory Colleges (where appropriate, for example where practice matters overlap);</li> <li>v. expectations of the public; and</li> <li>vi. stakeholder views and feedback.</li> </ul> <hr/> <p style="text-align: center;"><i>Benchmarked Evidence</i></p> <hr/>	<p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> <li>• Please insert a link to document(s) that outline how the College develops or amends its policies, standards of practice, and practice guidelines to ensure they address the listed components and indicate the page number(s) <b>OR</b> please briefly describe the College’s development and amendment process.</li> </ul> <p><b>The CDO employs a multi-stage process when it reviews its policy tools. The following review process is employed:</b></p> <ul style="list-style-type: none"> <li>• <b>Gathering and analyzing available data regarding complaints, investigations, discipline findings, post-webinar series feedback survey, and QA anonymized data e.g., Peer and Practice Assessment deficiencies</b></li> <li>• <b>Conducting literature reviews, scientific and academic research, review national and provincial regulators initiatives on similar policies</b></li> <li>• <b>Conducting public consultation and/or stakeholder consultation. In 2022, the CDO added a separate stakeholder group for consultation on its various policies: retired Denturists</b></li> <li>• <b>Identifying and evaluating risks associated with the policy tools as it relates to patients/public/CDO/financial/political/registrants and its impact</b></li> <li>• <b>Applying Right Touch Regulation to ensure the lowest level of regulatory intervention/policy provision required to achieve the targeted outcome</b></li> <li>• <b>Identifying emerging issues and trends by conducting environmental scans of other health and non-health regulators</b></li> <li>• <b>Consulting with health and non-health regulators, federal and provincial ministries/agencies, stakeholders, Denturism associations, and other system partners on the impact of the policy</b></li> <li>• <b>Consulting with CDO’s legal counsel, accountants, auditors, psychometrician, and governance consultant to ascertain industry best practices, opportunities for improvement, identification of deficiencies, areas for enhancement, and in most cases, their formal guidance on the policy issue</b></li> </ul> <p><i>If the response is “partially” or “no”, describe the College’s plan to fully implement this measure. Outline the steps (i.e., drafting policies, consulting stakeholders, or reviewing/revising existing policies or procedures, etc.) the College will be taking, expected timelines and any barriers to implementation.</i></p>	<p>Yes</p>
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		<p>c. The College's policies, guidelines, standards and Code of Ethics should promote Diversity, Equity, and Inclusion (DEI) so that these principles and values are reflected in the care provided by the registrants of the College.</p>	<p>The College fulfills this requirement:</p>	<p>Partially</p>
<ul style="list-style-type: none"> <li>• Please briefly describe how the College reviews its policies, guidelines, standards and Code of Ethics to ensure that they promote Diversity, Equity and Inclusion.</li> <li>• Please highlight some examples of policies, guidelines, standards or the Code of Ethics where Diversity, Equity and Inclusion are reflected.</li> </ul> <p><b>Our preliminary assessment is that overall, the CDO is at the following level, in terms of ensuring that our policies, guidelines, standards, and Code of Ethics promotes Diversity, Equity and Inclusion:</b></p> <p><b>REACTIVE</b></p> <ul style="list-style-type: none"> <li>• Limited DEI consideration in policies, current practice standards and guidelines</li> <li>• Review of policies, practice standards and guidelines through a DEI-lens is being planned</li> <li>• External DEI stakeholders initiate relations</li> <li>• DEI stakeholder relations are minimal and inconsistent</li> </ul>				
<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p>				<p>Yes</p>
<p><i>Additional comments for clarification (optional)</i></p> <p><b>The CDO is actively supporting the work of the Health Profession Regulators of Ontario (HPRO) as it develops supports for Colleges to advance their work in Diversity, Equity and Inclusion within policies, guidelines, standards, etc. Specifically, the September 2021 report commissioned by HPRO from Dr. Javeed Sukhera recommended that regulators should critically appraise existing policies, including an inclusive approach to policy co-design with racialized and minoritized stakeholders. The HPRO Anti-Racism in Health Regulation project provides valuable information for our College to use in conducting these reviews, including engagement with stakeholders.</b></p> <p><b>Current HPRO project activities are designed to provide a set of guiding indicators and support tools that the CDO will use over the next two or more reporting periods to ensure we apply a DEI lens in reviewing, developing, and amending our practices, prioritized according to our particular need. Specifically, we anticipate conducting a preliminary assessment of current strengths and gaps in Q2 2023, for action planning in Q3 – Q4 2023. We anticipate that the scheduled implementation to occur in Q4 2023 to close any identified gaps.</b></p>				



Measure:  
 9.1 Applicants meet all College requirements before they are able to practice.

DOMAIN 6: SUITABILITY TO PRACTICE  STANDARD 9	Required Evidence	College Response	
	<p>a. Processes are in place to ensure that 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.)<sup>1</sup>.</p>	<p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> <li>• Please insert a link that outlines the policies or processes in place to ensure the documentation provided by candidates meets registration requirements and indicate page number <b>OR</b> please briefly describe in a few words the processes and checks that are carried out.</li> <li>• Please insert a link and indicate the page number <b>OR</b> please briefly describe 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.).</li> </ul> <p><b>Candidates begin their licensure journey by reviewing the information and registration requirements found on the CDO website here: <a href="https://www.denturists-cdo.com">College of Denturists of Ontario - Registering as a Denturist (denturists-cdo.com)</a></b></p> <p><b>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. The CDO has developed staff checklists for all stages of the licensure process to ensure that the proper documentation and requirements have been submitted and are sufficient. Police Records and Judicial Matters Check are verified with the corresponding police agencies either through digital verification checks, email, or phone. Diplomas and transcripts are provided directly to the CDO. Notarized copies of Proof of Citizenship, Permanent Residency, or valid Work Permit can be provided to the CDO directly.</b></p> <p><b>As part of the registration requirements, applicants are asked to provide the following to the College:</b></p> <ul style="list-style-type: none"> <li>• <b>Original diplomas or notarized copies of diplomas</b></li> <li>• <b>Transcripts that document successful completion of Denturism program or equivalence as determined by the CDO’s Registration Committee</b></li> <li>• <b>Notarized Proof of Citizenship, Permanent Residency, or valid Work Permit</b></li> <li>• <b>Police Records and Judicial Matters Check</b></li> <li>• <b>Certificate of Professional Conduct (Letter of Good Standing)</b></li> </ul>	Met in 2021, continues to meet in 2022

			<p>As part of a fair, impartial, and transparent licensure process, the CDO uses many registration policies to govern its operational process. In many instances, policies have an accompanying guidelines written in plain language to provide further clarification of the policy requirements.</p> <p>The following are relevant documents that apply to the licensure process:</p> <ul style="list-style-type: none"> <li>• <a href="#">Academic Equivalency Review Policy</a></li> <li>• <a href="#">Access to Registration Applicant Records – Process Guidelines</a></li> <li>• <a href="#">Access to Registration Applicant Records and Retention Policy</a></li> <li>• <a href="#">Clinical Supervision of Students, Examination Candidates and Potential Examination Candidates Policy</a></li> <li>• <a href="#">Academic Credential Authentication Policy</a></li> <li>• <a href="#">Academic Credential Authentication - Process Guidelines</a></li> <li>• <a href="#">Criminal Record and Judicial Matters Check Policy</a></li> <li>• <a href="#">Criminal Record and Judicial Matters Check Process Guidelines</a></li> <li>• <a href="#">Determination of Good Character of an Applicant or Member Policy</a></li> <li>• <a href="#">Insufficient and or Incomplete Documentation Policy</a></li> <li>• <a href="#">Language Proficiency Requirements Policy</a></li> <li>• <a href="#">Referral of a Registration Application to the Registration Committee Policy</a></li> <li>• <a href="#">Registration Appeals – Process Guidelines</a></li> <li>• <a href="#">Requesting an Exemption Policy</a></li> </ul>
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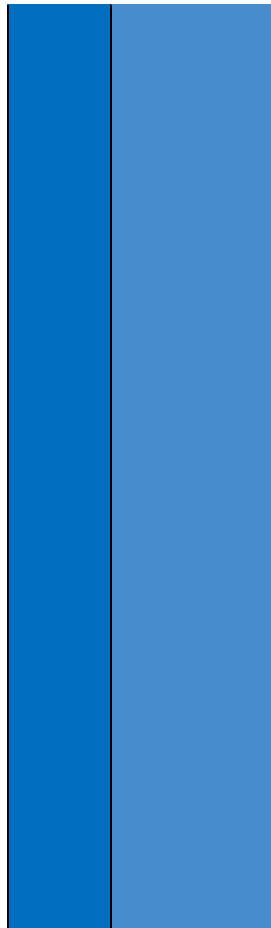
<sup>1</sup> This measure is intended to demonstrate how a College ensures an applicant meets every registration requirement set out in its registration regulation prior to engaging in the full scope of practice allowed under any certificate of registration, including whether an applicant is eligible to be granted an exemption from a particular requirement.

		<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p>	<p>Choose an item.</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, how Colleges detect fraudulent applications or documents including applicant use of third parties, how Colleges confirm registration status in other jurisdictions or professions where relevant etc.).</p>	<p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> <li>• Please 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.), a link to Council meeting materials where these have been discussed and decided upon and indicate page numbers <b>OR</b> please briefly describe the process and checks that are carried out.</li> <li>• Please provide the date when the criteria to assess registration requirements was last reviewed and updated.</li> </ul> <p><b><u>Most Recent Review</u></b></p> <p>The CDO regularly reviews its registration requirements to ensure that best practices are continually implemented. Most recently at its December 9, 2022, Council meeting, Council updated the Language Proficiency Requirements Policy on recommendation from the Registration Committee. The update of the language proficiency policy was a result of ensuring the language proficiency tests that the CDO recognizes was aligned with those of Immigration, Refugee, and Citizenship Canada. Using IRCC’s benchmarking equivalency chart, the CDO was able to create equivalent cut scores (minimum scores) for the TCF Canada and TEF Canada French Language tests.</p> <p>Link to December 9, 2022 Council Meeting Package (page 160): <a href="https://www.denturists-cdo.com/110th-Council-Meeting-Package-December-9,-2022.aspx">110th-Council-Meeting-Package-December-9,-2022.aspx (denturists-cdo.com)</a></p> <p><b><u>CDO Process for Staying Apprised of Registration Best Practices</u></b></p> <p>The CDO 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 CDO 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> <p><b><u>Authentication of Applicant’s Documentation</u></b></p> <p>In order to ensure integrity in CDO’s Registration Processes, various layers of authentication is used to verify that the applicant’s submitted documentation is genuine and authentic. For Police Records and Judicial Matters Checks, College Staff verify the report with the corresponding police agencies either through</p>	<p>Yes</p>

			<p>digital verification checks, email, or by phone. Diplomas and transcripts are provided directly to the CDO from either the educational intuitions or a third-party credential provider e.g. WES. Notarized copies of Proof of Citizenship, Permanent Residency, or valid Work Permit can be provided to the CDO directly. College Staff conduct periodic checks on the licensure of the notary public. Letters of Good Standing/Certificates of Professional Conduct are verified by College Staff to ensure that they are genuine as these documentation pieces must be provided directly from the other regulators.</p>		
			<table border="1"> <tr> <td data-bbox="758 540 2193 609"> <p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p> </td> <td data-bbox="2193 540 2580 609"> <p>Choose an item.</p> </td> </tr> </table>	<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p>	<p>Choose an item.</p>
<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p>	<p>Choose an item.</p>				
			<p><i>Additional comments for clarification (optional)</i></p>		

	<p><b>Measure:</b>  <b>9.2 Registrants continuously demonstrate they are competent and practice safely and ethically.</b></p>			
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A risk-based approach is used to ensure that currency<sup>2</sup> and other competency requirements are monitored and regularly validated (e.g., procedures are in place to verify good character, continuing education, practice hours requirements etc.).</p> </td> <td data-bbox="758 302 2198 1427"> <p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> <li>• Please briefly describe the currency and competency requirements registrants are required to meet.</li> <li>• Please briefly describe how the College identified currency and competency requirements.</li> <li>• Please provide the date when currency and competency requirements were last reviewed and updated.</li> <li>• Please briefly describe how the College monitors that registrants meet currency and competency requirements (e.g., self-declaration, audits, random audit etc.) and how frequently this is done.</li> </ul> <p><b>Competency Requirements:</b> The Essential Competencies for Denturism Practice in Ontario, 2015 document defines the minimum knowledge, skill, judgement, and attitude requirements for the denturists' practice in Ontario. The essential competencies provide a structure that helps identify, evaluate, and develop the behaviours that ensure safe, competent, and ethical denturism practice. The CDO recognizes that a denturist's practice evolves and changes overtime to meet the needs of the health care environment and to adapt to the introduction of new technologies, techniques, and materials. Denturists also apply critical thinking and decision-making working within the legislative scope of practice framework.</p> <p>At the initial stages of the licensure process, the Qualifying Examinations evaluate candidates against the competency requirements as articulated through the examination blue print. Upon licensure, registrants are required (and guided) to maintain competency through participation in the Quality Assurance Program. The CDO's Guide to the Quality Assurance Program specifies the different objectives of continuing professional development, and describes the three main components. The Quality Assurance Program is built using a risk-based framework.</p> <p>Link to CDO's Guide to the Quality Assurance Program: <a href="http://denturists-cdo.com/Continuing-Professional-Development-Guide-2022-202.aspx">Continuing-Professional-Development-Guide-2022-202.aspx (denturists-cdo.com)</a></p> <p><b>Currency and Good Character Requirements:</b> As specified by the CDO's Registration Regulation, registrants must practice at least 1500 hours on a 3-year rolling basis and meet Good Character requirements. While the CDO uses a risk-based approach to verify and ensure currency requirements and good character requirements, due to the unique size of the registrant base (approximately 770 registrants), the CDO has the capabilities to monitor and validate the entire membership's currency requirement and any self-declared conduct issues on an annual basis at a minimum.</p> <p>Registrants self-declare the number of practice hours worked during the preceding renewal period. The CDO reviews this information immediately following the close of the renewal period on an annual basis. Registrants who do not meet the currency requirements are provided with the opportunity to provide any clarification or additional submissions before their file is reviewed by the Registrar and then referred to the Registration Committee for consideration.</p> <p>As part of its routine process of ensuring that its regulations, policies, and standards are continually up to date and contain best practice provisions, the CDO embarked on a substantial examination of its Registration Regulation in 2018. Upon the completion of two public and stakeholder consultations in 2018 and</p> </td> <td data-bbox="2198 302 2575 1427"> <p>Yes</p> </td> </tr> </table>	<p>c. A risk-based approach is used to ensure that currency<sup>2</sup> and other competency requirements are monitored and regularly validated (e.g., procedures are in place to verify good character, continuing education, practice hours requirements etc.).</p>	<p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> <li>• Please briefly describe the currency and competency requirements registrants are required to meet.</li> <li>• Please briefly describe how the College identified currency and competency requirements.</li> <li>• Please provide the date when currency and competency requirements were last reviewed and updated.</li> <li>• Please briefly describe how the College monitors that registrants meet currency and competency requirements (e.g., self-declaration, audits, random audit etc.) and how frequently this is done.</li> </ul> <p><b>Competency Requirements:</b> The Essential Competencies for Denturism Practice in Ontario, 2015 document defines the minimum knowledge, skill, judgement, and attitude requirements for the denturists' practice in Ontario. The essential competencies provide a structure that helps identify, evaluate, and develop the behaviours that ensure safe, competent, and ethical denturism practice. The CDO recognizes that a denturist's practice evolves and changes overtime to meet the needs of the health care environment and to adapt to the introduction of new technologies, techniques, and materials. Denturists also apply critical thinking and decision-making working within the legislative scope of practice framework.</p> <p>At the initial stages of the licensure process, the Qualifying Examinations evaluate candidates against the competency requirements as articulated through the examination blue print. Upon licensure, registrants are required (and guided) to maintain competency through participation in the Quality Assurance Program. The CDO's Guide to the Quality Assurance Program specifies the different objectives of continuing professional development, and describes the three main components. The Quality Assurance Program is built using a risk-based framework.</p> <p>Link to CDO's Guide to the Quality Assurance Program: <a href="http://denturists-cdo.com/Continuing-Professional-Development-Guide-2022-202.aspx">Continuing-Professional-Development-Guide-2022-202.aspx (denturists-cdo.com)</a></p> <p><b>Currency and Good Character Requirements:</b> As specified by the CDO's Registration Regulation, registrants must practice at least 1500 hours on a 3-year rolling basis and meet Good Character requirements. While the CDO uses a risk-based approach to verify and ensure currency requirements and good character requirements, due to the unique size of the registrant base (approximately 770 registrants), the CDO has the capabilities to monitor and validate the entire membership's currency requirement and any self-declared conduct issues on an annual basis at a minimum.</p> <p>Registrants self-declare the number of practice hours worked during the preceding renewal period. The CDO reviews this information immediately following the close of the renewal period on an annual basis. Registrants who do not meet the currency requirements are provided with the opportunity to provide any clarification or additional submissions before their file is reviewed by the Registrar and then referred to the Registration Committee for consideration.</p> <p>As part of its routine process of ensuring that its regulations, policies, and standards are continually up to date and contain best practice provisions, the CDO embarked on a substantial examination of its Registration Regulation in 2018. Upon the completion of two public and stakeholder consultations in 2018 and</p>	<p>Yes</p>
<p>c. A risk-based approach is used to ensure that currency<sup>2</sup> and other competency requirements are monitored and regularly validated (e.g., procedures are in place to verify good character, continuing education, practice hours requirements etc.).</p>	<p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> <li>• Please briefly describe the currency and competency requirements registrants are required to meet.</li> <li>• Please briefly describe how the College identified currency and competency requirements.</li> <li>• Please provide the date when currency and competency requirements were last reviewed and updated.</li> <li>• Please briefly describe how the College monitors that registrants meet currency and competency requirements (e.g., self-declaration, audits, random audit etc.) and how frequently this is done.</li> </ul> <p><b>Competency Requirements:</b> The Essential Competencies for Denturism Practice in Ontario, 2015 document defines the minimum knowledge, skill, judgement, and attitude requirements for the denturists' practice in Ontario. The essential competencies provide a structure that helps identify, evaluate, and develop the behaviours that ensure safe, competent, and ethical denturism practice. The CDO recognizes that a denturist's practice evolves and changes overtime to meet the needs of the health care environment and to adapt to the introduction of new technologies, techniques, and materials. Denturists also apply critical thinking and decision-making working within the legislative scope of practice framework.</p> <p>At the initial stages of the licensure process, the Qualifying Examinations evaluate candidates against the competency requirements as articulated through the examination blue print. Upon licensure, registrants are required (and guided) to maintain competency through participation in the Quality Assurance Program. The CDO's Guide to the Quality Assurance Program specifies the different objectives of continuing professional development, and describes the three main components. The Quality Assurance Program is built using a risk-based framework.</p> <p>Link to CDO's Guide to the Quality Assurance Program: <a href="http://denturists-cdo.com/Continuing-Professional-Development-Guide-2022-202.aspx">Continuing-Professional-Development-Guide-2022-202.aspx (denturists-cdo.com)</a></p> <p><b>Currency and Good Character Requirements:</b> As specified by the CDO's Registration Regulation, registrants must practice at least 1500 hours on a 3-year rolling basis and meet Good Character requirements. While the CDO uses a risk-based approach to verify and ensure currency requirements and good character requirements, due to the unique size of the registrant base (approximately 770 registrants), the CDO has the capabilities to monitor and validate the entire membership's currency requirement and any self-declared conduct issues on an annual basis at a minimum.</p> <p>Registrants self-declare the number of practice hours worked during the preceding renewal period. The CDO reviews this information immediately following the close of the renewal period on an annual basis. Registrants who do not meet the currency requirements are provided with the opportunity to provide any clarification or additional submissions before their file is reviewed by the Registrar and then referred to the Registration Committee for consideration.</p> <p>As part of its routine process of ensuring that its regulations, policies, and standards are continually up to date and contain best practice provisions, the CDO embarked on a substantial examination of its Registration Regulation in 2018. Upon the completion of two public and stakeholder consultations in 2018 and</p>	<p>Yes</p>		





**2019, a final set of revised regulations was submitted to the Ministry of Health in 2021. As part of the proposed update to the Registration Regulation was the reduction in practice currency hours from 1500 hours on a 3-year rolling basis to 750 practice hours. This was proposed to align with other health regulators currency requirements of 750 hours, and to provide registrants with the ability to work part-time hours without further regulatory interventions. As part of the submission package, the CDO provided an analysis of the following: financial implications, regulatory implications, rationale as to the proposed revisions, regulatory impact to Denturists, applicants, stakeholders, other regulated health professionals, the Ministry, other jurisdictions, and to the Public.**

*If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?*

Choose an item.

*Additional comments for clarification (optional)*

<sup>2</sup> A ‘currency requirement’ is a requirement for recent experience that demonstrates that a member’s skills or related work experience is up to date. In the context of this measure, only those currency requirements assessed as part of registration processes are included (e.g., during renewal of a certificate of registration, or at any other time).

Measure:			
9.3 Registration practices are transparent, objective, impartial, and fair.			
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).	The College fulfills this requirement:	Met in 2021, continues to meet in 2022	
	<ul style="list-style-type: none"> <li>Please insert a link to the most recent assessment report by the OFC <b>OR</b> please provide a summary of outcome assessment report.</li> <li>Where an action plan was issued, is it: No Action Plan Issued</li> </ul> <p><b>In April 2022, the CDO was advised by the Office of the Fairness Commissioner that, based on their new Risk-Informed Compliance Framework, the CDO was assigned a “low risk category” for the 2022-2023 period. They concluded that they have identified no potential risk in accessing fair registration after reviewing CDO’s response to the forward-looking risk factors.</b></p> <p><b>The CDO publicly posts the OFC's Fair Registration Practices reports here: <a href="https://www.denturists-cdo.com">College of Denturists of Ontario - Fair Registration Practices (denturists-cdo.com)</a></b></p>		
	If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?		Choose an item.
	Additional comments for clarification (if needed)		

Measure: 10.1 The College supports registrants in applying the (new/revised) standards of practice and practice guidelines applicable to their practice.	
Required Evidence	College Response
<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><u>Further clarification:</u></p> <p>Colleges are encouraged to support registrants when implementing changes to standards of practice or guidelines. Such activities could include carrying out a follow-up survey on how registrants are adopting updated standards of practice and addressing identifiable gaps.</p>	<p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> <li>• Please briefly describe 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"> <li>– <b>Name of Standard</b></li> <li><a href="#">Infection Prevention and Control Guidelines: Additional Precautions for Denturism Practice During COVID-19 Pandemic</a></li> <li>First published May 22, 2020, last revised June 30, 2022, due to updates from Ontario’s Chief Medical Officer of Health.</li> <li>– <b>Duration of period that support was provided</b></li> <li>Continuous and ongoing support.</li> <li>– <b>Activities undertaken to support registrants</b></li> <li>The CDO continues to provide registrants with up to date COVID-19 practice guidance in 2022 and is committed to provide ongoing guidance and will ensure the guidelines are continually updated. The following activities were provided to support registrants: <ul style="list-style-type: none"> <li>• <b>Continually monitor and update CDO’s dedicated <a href="#">COVID-19 webpage</a></b></li> <li>• <b>Development of a <a href="#">COVID-19 Practice FAQs</a> document</b></li> <li>• <b>Announcements and updates to registrants in quarterly newsletter or as required basis</b></li> <li>• <b>Updating Practice Advisory Service with most up to date information</b></li> </ul> </li> <li>– <b>% of registrants reached/participated by each activity</b></li> <li>All resources are available 100% to registrants.</li> <li>– <b>Evaluation conducted on effectiveness of support provided</b></li> </ul> </li> </ul> <p>The CDO has not evaluated the effectiveness of its ongoing support formally. In 2022, the four oral health regulators in Ontario (CDO, CDHO, CDTO, RCDSO) formed a consultation panel composed of infectious disease experts, oral health subject matter experts, academic program administrators, and</p>

Met in 2021, continues to meet in 2022

representatives from each profession to provide their guidance on several COVID-19 policy provisions. The feedback received helped inform the policy directions for the four oral health regulators and in turn made revisions to their own respective guidance documents. In June and August 2022, the four regulators communicated to their registrants changes in their COVID-19 guidance in a coordinated and joint fashion.

- Does the College always provide this level of support:      Yes  
*If not, please provide a brief explanation:*

*If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?*

Choose an item.

*Additional comments for clarification (optional)*

Measure: 10.2 The College effectively administers the assessment component(s) of its QA Program in a manner that is aligned with right touch regulation <sup>3</sup> .	
a. The College has processes and policies in place outlining:  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;	<p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> <li>• Please list the College's priority areas of focus for QA assessment and briefly describe how they have been identified <b>OR</b> please insert a link to the website where this information can be found and indicate the page number.</li> <li>• Is the process taken above for identifying priority areas codified in a policy: <b>NO</b></li> <li>• <i>If yes, please insert link to the policy.</i></li> </ul> <p><b>The priority areas of focus for QA Peer and Practice Assessments include:</b></p> <ul style="list-style-type: none"> <li>• <b>Infection Prevention and Control</b></li> <li>• <b>Sterilization/Reprocessing Processes</b></li> <li>• <b>Record Keeping</b></li> <li>• <b>Collection and Documentation of Patient Information, Assessment, and Interpretation of Patient Needs and Requirements</b></li> <li>• <b>Post-Insertion Patient Education and Continuity of Care</b></li> <li>• <b>Continuing Professional Development</b></li> </ul> <p>For more information regarding CDO's Peer and Practice Assessments: <a href="https://www.denturists-cdo.com">College of Denturists of Ontario - Peer &amp; Practice Assessment (denturists-cdo.com)</a></p> <p>The CDO continually updates the priority areas of focus for its Peer and Practice Assessment Program using a variety of sources to ascertain best practices. As part of this commitment, the CDO updated its Peer and Practice Assessment Report in 2022 to further bolster infection prevention and control (IPAC) measures it reviews during Peer Assessments (Routine Precautions and Additional Precautions). Specifically, the CDO's report has been updated to include elements found in Public Health Ontario's <a href="#">IPAC Checklist for Dental Practices</a> that are relevant for the practice of Denturism. As well, the CDO report has been updated to include additional elements for reprocessing and sterilization. The updates to the Peer Assessment Report have been incorporated into the Peer and Practice Assessor Training Program.</p>
	Met in 2021, continues to meet in 2022
	Choose an item.
	<i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?</i>
	<i>Additional comments for clarification (optional)</i>

<sup>3</sup> "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>ii. details of how the College uses a right touch, evidence informed approach to determine which registrants will undergo an assessment activity (and which type of multiple assessment activities); and</p>	<p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> <li>• Please 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 and indicate page number(s). <b>OR</b> please briefly describe right touch approach and evidence used.</li> <li>• Please provide the year the right touch approach was implemented <b>OR</b> when it was evaluated/updated (if applicable). <i>If evaluated/updated, did the college engage the following stakeholders in the evaluation:</i> <ul style="list-style-type: none"> <li>- <i>Public</i> Choose an item.</li> <li>- <i>Employers</i> Choose an item.</li> <li>- <i>Registrants</i> Choose an item.</li> <li>- <i>other stakeholders</i> Choose an item.</li> </ul> </li> </ul> <p><b>As per the <a href="#">General Regulation</a> of the <i>Denturism Act, 1991</i>, each year, the CDO shall select at random the numbers of registrants required to undergo a Peer and Practice Assessment (PPA). The CDO currently targets approximately 10-15% of registrants per year.</b></p> <p><b>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 Quality Assurance Program do not permit stratification for selection, however, stratification will be introduced when the submitted draft QA Regulation to the Ministry of Health 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 Quality Assurance Program is integral to continuing professional competence, registrant engagement, and is planning to connect with each registrant at least once every five years for an assessment.</b></p>	<p>Met in 2021, continues to meet in 2022</p>
	<p>iii. criteria that will inform the remediation activities a registrant must undergo based on the QA assessment, where necessary.</p>	<p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> <li>• Please insert a link to the document that outlines criteria to inform remediation activities and indicate page number <b>OR</b> list criteria.</li> </ul> <p><b>The Quality Assurance Committee assesses the risk level identified in the Peer and Practice Assessment Report considering prior history, seriousness of the concerns, the risk level of the deficient criteria, if the concerns pose a risk to the public (and if so, will a delay in remedial activity cause further undue harms to the public), and whether the Committee requires confirmation that the deficiencies have been corrected.</b></p> <p><b>For record keeping specific concerns, the registrants are asked to demonstrate they have resolved the issue by providing a specific number of anonymized copies of patient records for review. 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 will include member specific tailored activity. This may include participating in an on-demand webinar on the Standard of Practice: Record Keeping as well as completing the self-directed learning assignment, which includes a</b></p>	<p>Met in 2021, continues to meet in 2022</p>
		<p><i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?</i></p>	<p>Choose an item.</p>
		<p><i>Additional comments for clarification (optional)</i></p>	

			<p>chart audit. Other activities include an individualized one-on-one Record Keeping training session along with an improvement plan requirement with an approved mentor. The mentor will be required to provide the QAC with a post-session report documenting the progress and any outstanding remediation required (if any).</p> <p>For Infection Prevention and Control specific concerns, the appropriate response from College Staff or the Quality Assurance Committee will be proportionate to the level of risk identified in the Peer and Practice Assessment Report. If the issues are significant, the registrant will be ordered to complete a Specified Continuing Education Remediation Program that may include completing online modules offered by Public Health Ontario, as well as provide proof of remediation. There are other regulatory mechanisms enshrined in legislation that allows the CDO through its Registrar to ensure public safety if IPAC concerns may cause immediate harm to the Public.</p> <p>The Committee routinely orders 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. This ensures that the registrant fully meets best practices after the initial Peer and Practice Assessment.</p>
<p><i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?</i></p>			<p>Choose an item.</p>

			<i>Additional comments for clarification (optional)</i>
<b>Measure:</b> <b>10.3 The College effectively remediates and monitors registrants who demonstrate unsatisfactory knowledge, skills, and judgement.</b>			
a. The College tracks the results of remediation activities a registrant is directed to undertake as part of any College committee and assesses whether the registrant subsequently demonstrates the required knowledge, skill and judgement while practicing.	The College fulfills this requirement:	Yes	<ul style="list-style-type: none"> <li>• Please insert a link to the College’s process for monitoring whether registrant’s complete remediation activities <b>OR</b> please briefly describe the process.</li> <li>• Please insert a link to the College’s process for determining whether a registrant has demonstrated the knowledge, skills and judgement following remediation <b>OR</b> please briefly describe the process.</li> </ul> <p><b>The CDO continually tracks and monitors the progress of remedial activities that have been ordered for its registrants through its various statutory committees or regulatory processes. College Staff track and monitor remediation requirements and due dates using its registrant membership database. As well, for remedial activities that have been ordered by its various statutory committees, the committees are provided updates on the registrant’s progress, lack of progress, or completion of remedial activities.</b></p> <p><b>College Staff monitor the progress of remedial activities as part of its routine processes, and any non-response or non-compliance are reported to the respective committee for deliberation. College Staff and committees use an escalation protocol for non-response or non-compliance registrants with a referral to the Inquiries, Complaints and Reports Committee if necessary. The Committees of the CDO are tasked with reviewing remedial submissions to determine if the registrant has demonstrated the required improvements to their practice or knowledge, skills, and judgment from the completion of remedial activities. If the submission meets the standards of practice, or requirements in question, the registrant is advised that the result is now satisfactory. If additional remediation is required after deliberation by the respective Committees, additional remedial activity that is tailored to the registrant’s needs may be ordered. It is part of routine Committee process to verify and ensure that the remedial activity results in a change of process or an improvement to the registrant’s knowledge, skill, and judgement.</b></p>
		<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i>	Choose an item.
<i>Additional comments for clarification (if needed)</i>			



Measure 11.1

The College enables and supports anyone who raises a concern about a registrant.

Required Evidence

College Response

a. The different stages of the complaints process and all relevant supports available to complainants are:

i. supported by formal policies and procedures to ensure all relevant information is received during intake at each stage, including next steps for follow up;

ii. clearly 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); and;

The College fulfills this requirement:

Yes

- Please insert a link to the College’s website that clearly describes the College’s complaints process including, options to resolve a complaint, the potential outcomes associated with the respective options and supports available to the complainant.
- Please insert a link to the policies/procedures for ensuring all relevant information is received during intake **OR** please briefly describe the policies and procedures if the documents are not publicly accessible.

**Link to CDO website that describes the College’s complaints process:** [College of Denturists of Ontario - Filing a Complaint \(denturists-cdo.com\)](http://denturists-cdo.com)

**Accompanying links that support the CDO’s complaints process:**

- **Guide to the Complaints Process:** [CDO-Guide-to-the-Complaint-Process-Final.aspx \(denturists-cdo.com\)](http://denturists-cdo.com)
- **Complaints Frequently Asked Questions:** [College of Denturists of Ontario - Frequently Asked Questions \(denturists-cdo.com\)](http://denturists-cdo.com)

**The CDO has a zero tolerance policy for any forms of abuse including sexual abuse. It has developed the following resources for Patients and Denturists that provides further information on CDO’s sexual abuse prevention plan:**

- **CDO’s Sexual Abuse Prevention Plan:** [CDO-Sexual-Abuse-Prevention-Plan.aspx \(denturists-cdo.com\)](http://denturists-cdo.com)
- **Patient Sexual Abuse – FAQs for Patients:** [College of Denturists of Ontario - Frequently Asked Questions \(denturists-cdo.com\)](http://denturists-cdo.com)
- **Patient Sexual Abuse – FAQs for Denturists:** [College of Denturists of Ontario - Frequently Asked Questions \(denturists-cdo.com\)](http://denturists-cdo.com)
- **Funding for Therapy and Counselling:** [College of Denturists of Ontario - Funding for Therapy & Counselling \(denturists-cdo.com\)](http://denturists-cdo.com)

*If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?*

Choose an item.

*Additional comments for clarification (optional)*

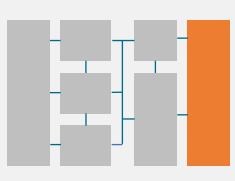
		<p>iii. evaluated by the College to ensure the information provided to complainants is clear and useful.</p> <hr/> <p><i>Benchmarked Evidence</i></p> <hr/>	<p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> <li>Please provide details of how the College evaluates whether the information provided to complainants is clear and useful.</li> </ul> <p><b>Professional Practice Staff reviews the provided resources and complaints forms on a regular basis to ensure that it is relevant, up to date, and current. College Staff would recommend to the ICRC Committee any resources, templates, guidelines that need to be updated for their review and approval prior to updating the resource tool publicly.</b></p>	Yes
			<p><i>If the response is “partially” or “no”, describe the College’s plan to fully implement this measure. Outline the steps (i.e., drafting policies, consulting stakeholders, or reviewing/revising existing policies or procedures, etc.) the College will be taking, expected timelines and any barriers to implementation.</i></p> <p><b>In 2022, College Staff were working on the creation of a voluntary feedback survey near the end of the complaints process to invite complainants to provide comments on their experience including information provided by College Staff and any resource tool posted on the College website was clear and helpful. Feedback received from these surveys will be used to enhance and improve the College's protocols. This initiative was delayed due to competing operational priorities borne in the second half of 2022. College Staff is committed to completing this initiative in Q2 or Q3 2023.</b></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:</p> <p>Please insert rate (<a href="#">see Companion Document: Technical Specifications for Quantitative CPMF Measures</a>).</p> <p><b>The CDO reports that in 2022, 100% of inquiries from the public are responded to within 5 business days.</b></p>	Met in 2021, continues to meet in 2022
			<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p> <p><i>Additional comments for clarification (optional)</i></p>	Choose an item.

	c. Demonstrate how the College supports the public during the complaints process to ensure that the process is inclusive and transparent (e.g., translation services are available, use of technology, access outside regular business hours, transparency in decision-making to make sure the public understand how the College makes decisions that affect them etc.).	The College fulfills this requirement:	Met in 2021, continues to meet in 2022
		<ul style="list-style-type: none"> <li>Please list supports available for the public during the complaints process.</li> <li>Please briefly describe at what points during the complaints process that complainants are made aware of supports available.</li> </ul> <p><b>The Manager of Professional Conduct is the dedicated Case Manager for all complainants and serves as a central point of contact to respond to questions, to provide guidance about the process, and to provide timely updates on the progress of the complaint. The Manager of Professional 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.</b></p> <p><b>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 once the CDO has received a formal complaint.</b></p> <p><b>For a fulsome list of resources related to the complaints process, please see CDO’s response to Measure 11.1 above.</b></p>	
		<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i>	Choose an item.
		<i>Additional comments for clarification (optional)</i>	
<b>Measure: 11.2 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.</b>			
	a. Provide details about how the College ensures that all parties are regularly updated on the progress of their complaint or discipline case, including how complainants can contact the College for information (e.g., availability and accessibility to relevant information, translation services etc.).	The College fulfills this requirement:	Yes
		<ul style="list-style-type: none"> <li>Please insert a link to document(s) outlining how complainants can contact the College during the complaints process and indicate the page number(s) <b>OR</b> please provide a brief description.</li> <li>Please insert a link to document(s) outlining how complainants are supported to participate in the complaints process and indicate the page number(s) <b>OR</b> please provide a brief description.</li> </ul> <p><b>The Manager of Professional 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.</b></p> <p><b>In all cases, the Manager of Professional Conduct endeavors to complete the investigation in a timely manner.</b></p>	

		<p>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.</p> <p>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> <p>Link to CDO website that describes the College's complaints process: <a href="https://www.denturists-cdo.com/Complaint-Process">College of Denturists of Ontario - Filing a Complaint (denturists-cdo.com)</a></p> <p>Accompanying links that support the CDO's complaints process:</p> <ul style="list-style-type: none"> <li>• Guide to the Complaints Process: <a href="https://www.denturists-cdo.com/Complaint-Process-Final.aspx">CDO-Guide-to-the-Complaint-Process-Final.aspx (denturists-cdo.com)</a></li> <li>• Complaints Frequently Asked Questions: <a href="https://www.denturists-cdo.com/Frequently-Asked-Questions">College of Denturists of Ontario - Frequently Asked Questions (denturists-cdo.com)</a></li> </ul>	
		<p><i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?</i></p>	Choose an item.
		<p><i>Additional comments for clarification (optional)</i></p>	
DOMAIN 6: SUITABILITY TO PRACTICE	STANDARD 12	<p><b>Measure:</b> 12.1 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:</p> <ul style="list-style-type: none"> <li>• Please insert a link to guidance document and indicate the page number <b>OR</b> please briefly describe the framework and how it is being applied.</li> <li>• Please provide the year when it was implemented <b>OR</b> evaluated/updated (if applicable).</li> </ul> <p><b>A risk category (low/moderate/high) will be assigned to all new files at intake. Complaints will be triaged based on risk, using criteria to determine the level of investigation and urgency required to conduct the investigation to meet the College's mandate of public protection. At any time, when indicated, the risk category may be elevated to a higher level. The CDO has published its Complaint Triage Risk Assessment Tool, found <a href="#">here</a>.</b></p> <p>The Inquiries, Complaints and Reports Committee utilizes a <a href="#">Deliberation Worksheet</a> to summarize the issues described in the complaint (ie. fit and function, overcharging for services, unprofessional conduct). The deliberation worksheet can be found <a href="#">here</a>.</p> <p>The Committee determines if they have enough information to decide on the matter (i.e. is the investigation adequate).</p> <p>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.</p>

			<p>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.</p> <p>The Committee utilizes the <a href="#">Risk Assessment Data Collection Form</a> to identify primary and secondary practice issues as well as aggravating and mitigating factors during the deliberation process to inform their decision. The Risk Assessment Data Collection Form can be found <a href="#">here</a>.</p> <p>The CDO does not have a policy in place to use alternative dispute resolution to resolve complaints at this time.</p> <p>The Decision-Making Worksheet and Risk Assessment Data Collection Form were implemented in 2018.</p>
<p><i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?</i></p>			<p>Choose an item.</p>
<p><i>Additional comments for clarification (optional)</i></p>			

<p><b>Measure:</b></p> <p><b>13.1 The College demonstrates that it shares concerns about a registrant with other relevant regulators and external system partners (e.g. law enforcement, government, etc.).</b></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:</p>	<p>Met in 2021, continues to meet in 2022</p>	
	<ul style="list-style-type: none"> <li>• Please insert a link to the policy and indicate page number <b>OR</b> please briefly describe the policy.</li> <li>• Please provide an overview of whom the College has shared information with over the past year and the purpose of sharing that information (i.e., general sectors of system partner, such as ‘hospital’, or ‘long-term care home’).</li> </ul> <p><b>The CDO may disclose 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>.</b></p> <p><b>The CDO has not shared information over the past year with any system partners. The CDO did not receive any requests to share information nor did the CDO require information from any system partners for an investigation. Historically, the CDO has engaged with other regulators from within Ontario and other jurisdictions in the investigation of complaints concerning registrant activity.</b></p> <p><b>The CDO continues to work closely with Public Health units regarding registrant compliance with infection prevention and control protocols and requirements.</b></p> <p><b>The CDO will also continue to work with the Police services and the Courts in a timely manner regarding important registrant conduct or behavior that may impact their suitability to practise.</b></p>		
	<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p>		<p>Choose an item.</p>
	<p><i>Additional comments for clarification (if needed)</i></p>		

		<b>Measure:</b> <b>14.1 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.</b>	
		<b>Required Evidence</b>	<b>College Response</b>
<b>DOMAIN 7: MEASUREMENT, REPORTING &amp; IMPROVEMENT</b>	<b>STANDARD 14</b>	<p>a. Outline the College’s KPIs, including a clear rationale for why each is important.</p>	<p>The College fulfills this requirement:</p> <p style="text-align: right;">Met in 2021, continues to meet in 2022</p> <ul style="list-style-type: none"> <li>Please insert a link to a 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), a link to Council meeting materials where this information is included and indicate page number <b>OR</b> list KPIs and rationale for selection.</li> </ul> <p><b>The current CDO Strategic Plan has now been completed and Council is preparing for its next iterative Strategic Plan. The CDO will be hosting its Strategic Plan Workshop in April of 2023 to develop a 2-year strategic plan. Due to the pandemic and resulting unpredictable changes to the regulatory framework, the CDO was unable to develop a longer term strategic plan when regulatory initiatives and regulation/legislative changes were required in short notice as part of the pandemic relief efforts. Now that the pandemic has stabilized, and in 2023 a permanent Registrar and CEO was selected, it will proceed with developing its next Strategic Plan in early 2023.</b></p> <p><b>The KPIs for the current CDO Strategic Plan (that is now completed) were first presented and considered by Council at its September 2020 Council meeting (Agenda Item 6). The Key Performance Indicators for the Strategic Plan are presented starting on page 49 (agenda item 6.3): <a href="#">105th-Council-Meeting-Package-September-10,-2021.aspx (denturists-cdo.com)</a></b></p> <p><b>Council reviews KPIs on a quarterly basis through Committee reports and annually through the Annual Report. These KPIs include standard data collection such as:</b></p> <ul style="list-style-type: none"> <li><b>Registration: # of new registrants, total # of registrants, # of Registration Committee decisions</b></li> <li><b>Quality Assurance: # of CPD compliance matters and results, # of peer &amp; practice assessments and summary of outcomes</b></li> <li><b>ICRC: # of complaints, disposition summary</b></li> <li><b>Qualifying Examination: # of exam candidates, pass rates</b></li> </ul> <p><b>Council will also consider data collected from feedback surveys (Council meetings, webinars, peer &amp; 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.</b></p>
		<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p>	<p>Choose an item.</p>

			<i>Additional comments for clarification (if needed)</i>
		<p>b. The College regularly reports to Council on its performance and risk review against:</p> <p>i. stated strategic objectives (i.e., the objectives set out in a College’s strategic plan);</p> <p>ii. regulatory outcomes (i.e., operational indicators/targets with reference to the goals we are expected to achieve under the RHPA); and</p> <p>iii. its risk management approach.</p>	<p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> <li>Please insert a link to Council meeting materials where the College reported to Council on its 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 and indicate the page number.</li> </ul> <p><b>The CDO reports to Council at each Council Meeting the progress of various programs and initiatives that forms the basis of its strategic plan including KPIs. The progress of various programs and initiatives is captured in the Committee Reports to Council form the itemized agenda with a briefing note and progress report. The College formulates its operational plan each reporting period and includes new strategic initiatives identified, timelines for the potential project, risks identified, and whether the project is funded and has staff resources assigned.</b></p> <p><b>Once the new Strategic Plan and its KPIs have been approved by Council in 2023, the CDO will continue to report to Council its performance and risk review against the Strategic Plan.</b></p>
			<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p> <p>Yes</p>
			<p><i>Additional comments for clarification (if needed)</i></p> <p><b>The CDO has identified the requirement, in its CPMF Action Plan, to create a Risk Register as part of its risk management approach. In its CPMF Action Plan, it has assigned the development of a Risk Register a Medium Priority. The CDO understands that the development of the Risk Register will not be a quick process and will involve environmental scans and stakeholder consultations. The CDO will continue its work on developing the Risk Register.</b></p>



Measure:		
14.2 Council directs action in response to College performance on its KPIs and risk reviews.		
a. Council uses performance and risk review findings to identify where improvement activities are needed.	The College fulfills this requirement:	Partially
	<ul style="list-style-type: none"> <li>Please insert a link to Council meeting materials where the Council used performance and risk review findings to identify where the College needs to implement improvement activities and indicate the page number.</li> </ul>	
<hr style="border: 1px solid blue;"/> <p style="color: blue; font-style: italic;">Benchmarked Evidence</p> <hr style="border: 1px solid blue;"/>	<p><i>If the response is “partially” or “no”, describe the College’s plan to fully implement this measure. Outline the steps (i.e., drafting policies, consulting stakeholders, or reviewing/revising existing policies or procedures, etc.) the College will be taking, expected timelines and any barriers to implementation.</i></p> <p><b>The CDO has identified in its 2021 CPMF report that it can enhance and formalize the review of its performance to identify where improvement activities are needed. The CDO has engaged the services of Dundee Consulting Group Ltd in early 2023 to assist with the development of its next Strategic Plan, including KPIs, as well as various governance initiatives. Dundee Consulting Group Ltd will be tasked with conducting a third-party assessment of Council’s performance and recommend improvement activities as it relates to governance. The CDO looks forward to reviewing the feedback from the third-party assessment to identify and target improvement activities in Q4 of 2023.</b></p>	
Measure:		
14.3 The College regularly reports publicly on its performance.		
a. Performance results related to a College’s strategic objectives and regulatory outcomes are made public on the College’s website.	The College fulfills this requirement:	Met in 2021, continues to meet in 2022
	<ul style="list-style-type: none"> <li>Please insert a link to the College’s dashboard or relevant section of the College’s website.</li> </ul> <p><b>The CDO reports on its performance against the Strategic Plan and regulatory outcomes on a quarterly basis at its Council meetings. Each Council meeting package contains reports for the various committees, regulatory programs, financial performance, and will report on its performance against the Strategic Plan once the new plan has been developed.</b></p> <p><b>Council meeting packages and the various reports can be found here: <a href="https://www.denturists-cdo.com/council-minutes-packages">College of Denturists of Ontario - Council Minutes &amp; Packages (denturists-cdo.com)</a></b></p> <p><b>The CDO, as a public health regulator, is responsible for reporting on its activities and performance to various oversight authorities. On an annual basis, the CDO produces the following reports that can be found on its website:</b></p> <ul style="list-style-type: none"> <li><b>CPMF: <a href="https://www.denturists-cdo.com/cpmf">College of Denturists of Ontario - College Performance Measurement Framework (CPMF) (denturists-cdo.com)</a></b></li> </ul>	

- Fair Registration Practices Report: [College of Denturists of Ontario - Fair Registration Practices \(denturists-cdo.com\)](http://denturists-cdo.com)
- Annual Report and Audited Financial Statements: [College of Denturists of Ontario - Annual Reports \(denturists-cdo.com\)](http://denturists-cdo.com)

*If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?*

Choose an item.

*Additional comments for clarification (if needed)*

## 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.

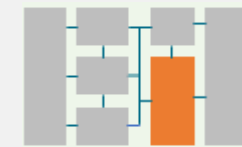
In order to facilitate consistency in reporting, a recommended method to calculate the information is provided in the companion document “Technical Specifications for Quantitative College Performance Measurement Framework Measures.” However, recognizing that at this point in time, the data may not be 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 a method other than the recommended method outlined in the following Technical Document, the College is asked to provide the method in order to understand how the information provided was calculated.

The ministry has also included hyperlinks of the definitions to a glossary of terms for easier navigation.

**Table 1 – Context Measure 1**

DOMAIN 6: SUITABILITY TO PRACTICE		
STANDARD 10		
Statistical data collected in accordance with the recommended method or the College's own method: <b>Recommended</b> <i>If a College method is used, please specify the rationale for its use:</i>		
Context Measure (CM)		
CM 1. Type and distribution of QA/QI activities and assessments used in CY 2022*		
Type of QA/QI activity or assessment:	#	<p><i>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).</i></p> <p><i>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 2022. 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 10.2(a) of Standard 10.</i></p>
i. Chart Audit (Component of the Peer & Practice Assessment) – QA Activity	34	
ii. Practice Inspection (component of the Peer & Practice Assessment) – QA Activity	34	
iii. Continuing Professional Development (CPD) Audit – QA Activity	3	
iv. Self-Directed Learning Assignments related to Standards of Practice (CPD) – QI Activity	145	
v. Live Webinars (CPD) – QI Activity	657	
vi. On-Demand Webinars (CPD) – QI Activity	823	
vii. Self-Assessment Tool – QI/QA Activity -	28	
viii. Peer Circles – QI Activity (2 Peer Circle Events Combined)	150	
ix. Case Writing workshop	13	
xi. Facilitator Training Workshop	12	

*\* 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.*

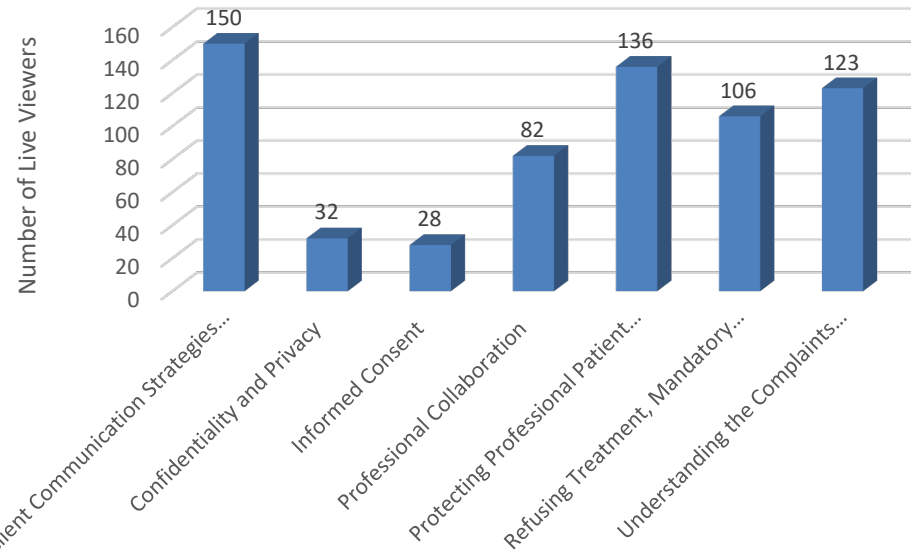
[NR](#)

*Additional comments for clarification (if needed)*

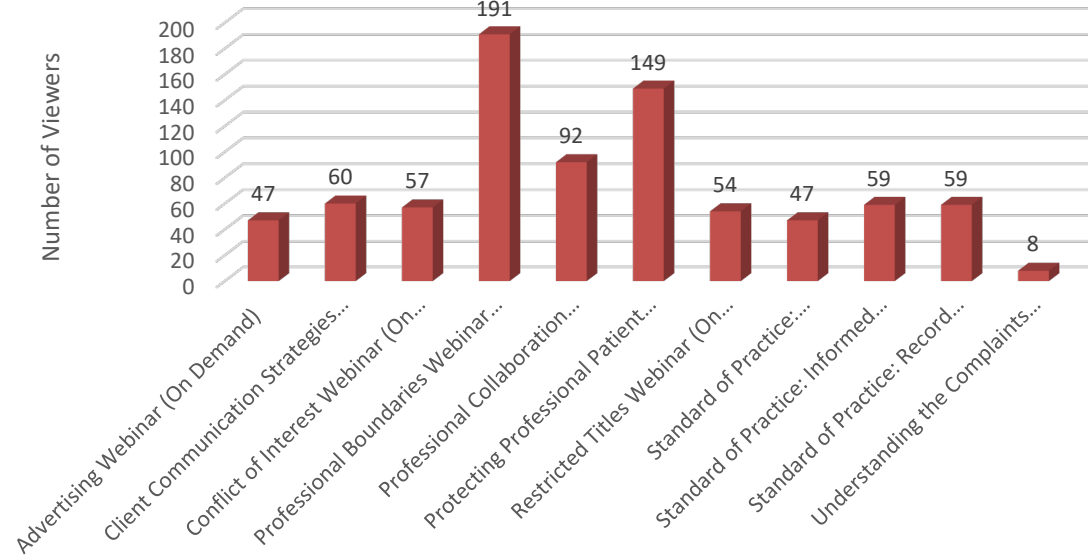
**The CDO host webinar series twice a year in the Spring and in the Fall on a variety of up-to-date topics relevant for Denturists. In 2022, the on demand and live webinar topics included:**

- **Client Communication Strategies for Difficult Situations**
- **Confidentiality and Privacy**
- **Informed Consent**
- **Professional Collaboration**
- **Protecting Professional Patient Boundaries**
- **Refusing Treatment, Mandatory Reporting, and Leaving Practice**
- **Understanding the Complaints Process**

### 2022 Live Webinar Series Viewship



### 2022 On-Demand Webinar Series Viewship



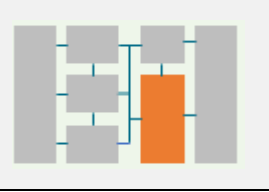
**Total viewership for 2022 live webinar series: 657 participants**  
**Total viewership for 2022 on-demand webinar series: 832 participants**

#### Peer Circles

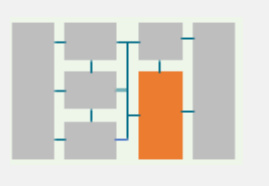
The College held two in-person Peer Circle events in 2022. In preparation of the event, the CDO hosted a 2-day Case Writing Workshop on July 9 and 10, 2022 with 13 Denturists and a case writing facilitator. On August 13 and 14, 2022, the CDO held Facilitator Training for the 12 Peer Circle Facilitators. The Facilitators refined the cases developed at the Case Writing Workshop and engaged in training on methods for leading a successful group discussion.

The first Peer Circle event were held on September 15, 2022, at the Denturists Association of Ontario’s annual Perfecting Your Practice conference attended by 60 registrants. The second event was held on November 3, 2022, at the Denturists Group of Ontario’s annual continuing education conference with 90 participants in attendance.

**Table 2 – Context Measures 2 and 3**

DOMAIN 6: SUITABILITY TO PRACTICE			
STANDARD 10			
Statistical data collected in accordance with the recommended method or the College own method: Recommended			
<i>If a College method is used, please specify the rationale for its use:</i>			
Context Measure (CM)	#	%	
<b>CM 2.</b> Total number of registrants who participated in the QA Program CY 2022	34		<i>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 them to the College’s QA Committee.</i>
<b>CM 3.</b> Rate of registrants who were referred to the QA Committee as part of the QA Program where the QA Committee directed the registrant to undertake remediation in CY 2022.	9	26.5%	<i>The information provided here shows how many registrants who underwent an activity or assessment 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 as of the start of CY 2022, understanding that some cases may carry over.</i>
<a href="#">NR</a>			
<i>Additional comments for clarification (if needed)</i>			
The data reported here is not limited to members who were ordered to participate in a SCERP. Other remediation activities, such as providing proof that changes have been made to practice after a specified period of time are also included.			
Data over time: 2019 rate of referral = 23.94% 2020 rate of referral = n/a (COVID-19 pandemic) 2021 rate of referral = 26% 2022 rate of referral = 26.5%			

**Table 3 – Context Measure 4**

DOMAIN 6: SUITABILITY TO PRACTICE			
STANDARD 10			
Statistical data collected in accordance with the recommended method or the College’s own method: <b>Recommended</b> <i>If a College method is used, please specify the rationale for its use:</i>			
Context Measure (CM)			
<b>CM 4.</b> Outcome of remedial activities as at the end of CY 2022:**	#	%	<i>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.</i>
I. Registrants who demonstrated required knowledge, skills, and judgement following remediation*	NR	NR	
II. Registrants still undertaking remediation (i.e., remediation in progress)	8	89%	
<p><a href="#">NR</a>                      * This number may include registrants who were directed to undertake remediation in the previous year and completed reassessment in CY 2022.                      **This measure may include any outcomes from the previous year that were carried over into CY 2022.</p>			
<p><i>Additional comments for clarification (if needed)</i></p> <p>Due to a backlog in Peer and Practice Assessments that were deferred due to restrictions to in-person activities in 2021, the CDO focused on clearing the assessment backlog in 2022. This resulted in registrants still undertaking remediation by the end of 2022 with an aim for case file resolution in 2023.</p>			



**Table 4 – Context Measure 5**

DOMAIN 6: SUITABILITY TO PRACTICE				
STANDARD 12				
Statistical data is collected in accordance with the recommended method or the College’s own method: Recommended If a College method is used, please specify the rationale for its use:				
Context Measure (CM)				
<b>CM 5.</b> Distribution of formal complaints and Registrar’s Investigations by theme in CY 2022	Formal received	Complaints	Registrar initiated	Investigations
Themes:	#	%	#	%
I. Advertising	0	0	0	0
II. Billing and Fees	NR	NR	0	0
III. Communication	9	50	0	0
IV. Competence / Patient Care	NR	NR	0	0
V. Intent to Mislead including Fraud	0	0	0	0
VI. Professional Conduct & Behaviour	NR	NR	NR	NR
VII. Record keeping	NR	NR	0	0
VIII. Sexual Abuse	0	0	0	0
IX. Harassment / Boundary Violations	0	0	0	0
X. Unauthorized Practice	0	0	NR	NR
XI. Other <please specify>	0	0	0	0
<b>Total number of formal complaints and Registrar’s Investigations**</b>	<b>18</b>	<b>100%</b>	<b>NR</b>	<b>100%</b>

*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.*

<p><a href="#">Formal Complaints</a> <a href="#">NR</a> <a href="#">Registrar's Investigation</a></p> <p><i>**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.</i></p>	
<p><i>Additional comments for clarification (if needed)</i></p>	

**Table 5 – Context Measures 6, 7, 8 and 9**

DOMAIN 6: SUITABILITY TO PRACTICE		
STANDARD 12		
Statistical data collected in accordance with the recommended method or the College’s own method: Recommended		
<i>If a College method is used, please specify the rationale for its use:</i>		
Context Measure (CM)		
<b>CM 6.</b> Total number of formal complaints that were brought forward to the ICRC in CY 2022	20	
<b>CM 7.</b> Total number of ICRC matters brought forward as a result of a Registrar’s Investigation in CY 2022	NR	
<b>CM 8.</b> 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 2022	0	
<b>CM 9.</b> Of the formal complaints and Registrar’s Investigations received in CY 2022**:	#	%
I. Formal complaints that proceeded to Alternative Dispute Resolution (ADR)	n/a	n/a
II. Formal complaints that were resolved through ADR	n/a	n/a
III. Formal complaints that were disposed of by ICRC	15	75%
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	n/a	n/a
VI. Formal complaints that are disposed of by the ICRC as frivolous and vexatious	0	0
<i>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 Inquiries, Complaints and Reports Committee.</i>		

<p>VII. Formal complaints and Registrar’s Investigations that are disposed of by the ICRC as a referral to the Discipline Committee</p>	<p>0</p>	<p>0</p>	
<p><a href="#">ADR</a>  <a href="#">Disposal</a>  <a href="#">Formal Complaints</a>  <a href="#">Formal Complaints withdrawn by Registrar at the request of a complainant</a>  <a href="#">NR</a>  <a href="#">Registrar’s Investigation</a></p> <p><i># May relate to Registrar’s Investigations that were brought to the ICRC in the previous year.</i>  <i>** 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 the 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 the ICRC.</i></p>			
<p><i>Additional comments for clarification (if needed)</i></p> <p>The CDO does not use Alternative Dispute Resolution. The Registrar does not withdraw complaints at the request of the complainant.</p>			

**Table 6 – Context Measure 10**

DOMAIN 6: SUITABILITY TO PRACTICE							
STANDARD 12							
Statistical data collected in accordance with the recommended method or the College’s own method: Recommended If a College method is used, please specify the rationale for its use:							
Context Measure (CM)							
CM 10. Total number of ICRC decisions in 2022	16						
Distribution of ICRC decisions by theme in 2022*	# of ICRC Decisions++						
Nature of Decision	Take no action	Proves advice or recommendations	Issues a caution (oral or written)	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	0	0	0	0	0	0
II. Billing and Fees	NR	NR	NR	NR	0	0	0
III. Communication	6	7	NR	0	0	0	0
IV. Competence / Patient Care	NR	NR	NR	NR	0	0	0
V. Intent to Mislead Including Fraud	0	0	0	0	0	0	0
VI. Professional Conduct & Behaviour	0	NR	NR	0	0	0	0
VII. Record Keeping	NR	NR	0	0	0	0	0
VIII. Sexual Abuse	0	0	0	0	0	0	0
IX. Harassment / Boundary Violations	0	0	0	0	0	0	0

X. Unauthorized Practice	NR	0	0	0	0	0	0
XI. 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 2022.  
 ++ 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 decisions.

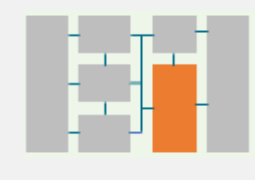
[NR](#)

*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.*

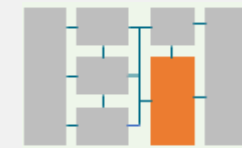
*Additional comments for clarification (if needed)*

-

**Table 7 – Context Measure 11**

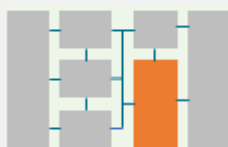
DOMAIN 6: SUITABILITY TO PRACTICE		
STANDARD 12		
Statistical data collected in accordance with the recommended method or the College own method: <b>Recommended</b> If College method is used, please specify the rationale for its use:		
Context Measure (CM)		
<b>CM 11.</b> 90 <sup>th</sup> Percentile disposal of:	Days	<i>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.</i>
I. A formal complaint in working days in CY 2022	129	<i>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.</i>
II. A Registrar’s investigation in working days in CY 2022	NR	
<a href="#">Disposal</a>		
Additional comments for clarification (if needed)		

**Table 8 – Context Measure 12**

DOMAIN 6: SUITABILITY TO PRACTICE		
STANDARD 12		
Statistical data collected in accordance with the recommended method or the College’s own method: Recommended <i>If a College method is used, please specify the rationale for its use:</i>		
Context Measure (CM)		
<b>CM 12.</b> 90th Percentile disposal of:	Days	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.  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.
I. An uncontested discipline hearing in working days in CY 2022	n/a	
II. A contested discipline hearing in working days in CY 2022	n/a	
<a href="#">Disposal</a> <a href="#">Uncontested Discipline Hearing</a> <a href="#">Contested Discipline Hearing</a>		
<i>Additional comments for clarification (if needed)</i>  There was only 1 uncontested hearing in 2022: <ul style="list-style-type: none"> <li>• # of days from receipt of complaint to disposition = 984 days</li> <li>• # of days from referral to disposition = 703 days.</li> <li>• # of days from hearing date to disposition = 28 days</li> </ul>		



**Table 9 – Context Measure 13**

DOMAIN 6: SUITABILITY TO PRACTICE		
STANDARD 12		
Statistical data collected in accordance with the recommended method or the College’s own method: Recommended		
<i>If College method is used, please specify the rationale for its use:</i>		
Context Measure (CM)		
<b>CM 13.</b> Distribution of Discipline finding by type*		
Type	#	
I. Sexual abuse	0	
II. Incompetence	0	
III. Fail to maintain Standard	NR	
IV. Improper use of a controlled act	NR	
V. Conduct unbecoming	NR	
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	0	
XI. Falsifying records	0	
XII. False or misleading document	0	
XIII. Contravene relevant Acts	0	

*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.*

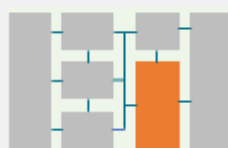
*\* The requested statistical information recognizes that an individual discipline case may include multiple findings identified above, therefore when added together the number of findings may not equal the total number of discipline cases.*

[NR](#)

*Additional comments for clarification (if needed)*

There was only 1 discipline hearing in 2022.

**Table 10 – Context Measure 14**

DOMAIN 6: SUITABILITY TO PRACTICE		
STANDARD 12		
Statistical data collected in accordance with the recommended method or the College own method: Recommended  <i>If a College method is used, please specify the rationale for its use:</i>		
Context Measure (CM)		
<b>CM 14. Distribution of Discipline orders by type*</b>		<i>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.</i>
Type	#	
I. Revocation	0	
II. Suspension	NR	
III. Terms, Conditions and Limitations on a Certificate of Registration	NR	
IV. Reprimand	NR	
V. Undertaking	0	
<p>* 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 equal the total number of discipline cases.</p> <p> <a href="#">Revocation</a>  <a href="#">Suspension</a>  <a href="#">Terms, Conditions and Limitations</a>  <a href="#">Reprimand</a>  <a href="#">Undertaking</a>  <a href="#">NR</a> -                     </p>		
<p><i>Additional comments for clarification (if needed)</i></p> <p>There was only 1 discipline hearing in 2022.</p>		

## Glossary

**Alternative Dispute Resolution (ADR):** Means mediation, conciliation, negotiation, or any other means of facilitating the resolution of issues in dispute.

Return to: [Table 5](#)

**Contested Discipline Hearing:** In a contested hearing, the College and registrant disagree on some or all of the allegations, penalty and/or costs.

Return to: [Table 8](#)

**Disposal:** The day upon which all relevant decisions were provided to the registrant 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).

Return to: [Table 5](#), [Table 7](#), [Table 8](#)

**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 inquiries and other interactions with the College that do not result in a formally submitted complaint.

Return to: [Table 4](#), [Table 5](#)

**Formal Complaints withdrawn by Registrar at the request of a complainant:** Any formal complaint withdrawn by the Registrar 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.

Return to: [Table 5](#)

**NR:** Non-reportable: Results are not shown due to < 5 cases (for both # and %). This may include 0 reported cases.

Return to: [Table 1](#), [Table 2](#), [Table 3](#), [Table 4](#), [Table 5](#), [Table 6](#), [Table 9](#), [Table 10](#)

**Registrar's Investigation:** Under s.75(1)(a) of the *Regulated Health Professions Act, 1991*, (RHPA) where a Registrar believes, on reasonable and probable grounds, that a registrant has committed an act of professional misconduct or is incompetent, they can appoint an investigator which must be approved by the Inquiries, Complaints and Reports Committee (ICRC). Section 75(1)(b) of the RHPA, where the ICRC receives information about a member from the Quality Assurance Committee, it may request the Registrar to conduct an investigation. In situations where the Registrar determines that the registrant exposes, or is likely to expose, their 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.

Return to: [Table 4](#), [Table 5](#)

**Revocation:** Of a member or 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 their ability to practice the profession.

Return to: [Table 10](#)

**Suspension:** 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 themselves 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.

Return to: [Table 10](#)

**Reprimand:** 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 their practice.

Return to: [Table 10](#)

**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.

Return to: [Table 10](#)

**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.

Return to: [Table 8](#)

**Undertaking:** Is a written promise from a registrant that they will carry out certain activities or meet specified conditions requested by the College committee.

Return to: [Table 10](#)