

# College Performance Measurement Framework (CPMF) Reporting Tool

Reporting Year: January 2024 – December 2024

November 2024

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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 to act in the public interest?” This information:

- 1. Strengthens accountability and oversight of Ontario’s health regulatory Colleges; and
- 2. Supports Colleges in improving their performance.

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

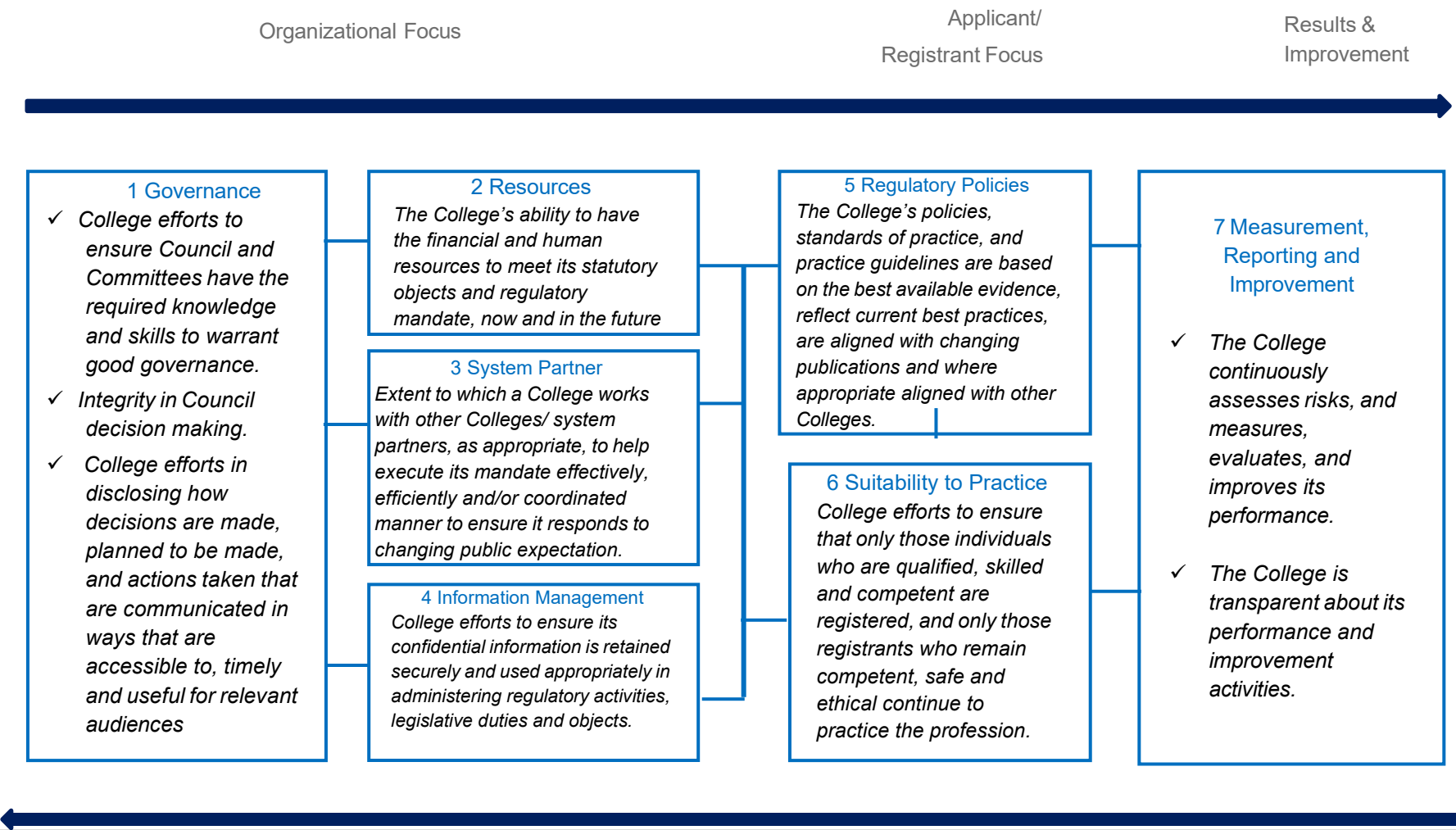
**Table 1:** CPMF Measurement Domains and Components

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

CPMF Model

The seven measurement domains shown in Figure 1 are critical attributes that contribute to a College effectively serving and protecting the public interest. They relate to statutory obligations and organizational processes that enable a College to carry out its functions well. The seven domains are interdependent and together lead to outcomes that a College is expected to achieve as an excellent regulator. The fourteen Standards within the seven measurement domains are listed in Figure 2.

Figure 1: CPMF Model for Measuring Regulatory Excellence



**Figure 2:** CPMF Domains and Standards

Domains	Standards
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 College Performance Measurement Framework (CPMF) remains a cornerstone of regulatory transparency and excellence in Ontario. Through this fifth iteration, the CPMF will continue to provide the public, the Ministry of Health, and other stakeholders with critical insights into the activities and processes of health regulatory Colleges during 2024.

The information gathered through the CPMF Reporting Tool is intended to spotlight areas for enhancement, prompting closer attention and potential follow-up actions. As in the past, the Ministry will not assess whether Colleges meet or do not meet the Standards in the CPMF. The outcomes of the reporting will continue to facilitate meaningful dialogue on performance improvement among College staff and Council members and between Colleges and their broader communities, including the public, the Ministry, members, and other stakeholders.

## 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.

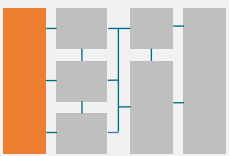
In the spirit of continuous improvement, if the College plans to improve its actions or processes related to a respective Measure or Evidence, it is encouraged to highlight these planned activities and progress made on commitments from previous years.

There are eight pieces of Evidence 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 asked to provide an improvement plan that includes the steps it will follow, timelines and any barriers to implementing that benchmark.

Where a College fully met Evidence in 2023 and 2024, the College may opt to respond with ‘Met in 2023 and Continues to Meet in 2024’. 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.

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Part 1: Measurement Domains

		Measure: 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.	
DOMAIN 1: GOVERNANCE	STANDARD 1	Required Evidence	College Response
		a. Professional members are eligible to stand for election to Council only after:  i. meeting pre-defined competency and suitability criteria; and  <u>Benchmarked Evidence</u>	The College fulfills this requirement: Yes
			<ul style="list-style-type: none"><li>The competency and suitability criteria are public: Yes <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>At its September 2024 Council meeting, the CDO approved a Council and Committee Member competency profile and skills matrix. A governance consultant was retained to develop the competency profile, the next stage of work is to enhance the CDO’s election process to incorporate the competency profile and skills matrix.</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="#">College of Denturists of Ontario - Elections</a></b></p> <p><b>Council and Committee Competency Profile and Skills Matrix</b> <a href="#">College of Denturists of Ontario - Council Code of Conduct &amp; Competency Profile</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>

		ii. attending an orientation training about the College’s mandate and expectations pertaining to the member’s role and responsibilities.	The College fulfills this requirement:	Yes
			<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-hour personalized training + 6-hour external HPRO workshop + Online HPRO On-Demand Training Videos</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. All new Council Members also attend HPRO’s 2-day Governance Training Workshop hosted once or twice a year. New Council Members also have access to HPRO’s online training series for new Council Members.</b></p> <p>Insert a link to website if training topics are public <b>OR</b> list orientation training topics:</p> <p><b>Council Member Training:</b></p> <p><b>Health Professions Regulations, Role of the College, Role of Council, Role of Registrar, President, &amp; Staff, Statutory and Non-Statutory Committees, Regulatory Tools, 2023-2025 Strategic Plan, Council Meeting Logistics, Meeting Logistics, Code of Ethics, and Assignment of Council Member Peer Mentor.</b></p> <p><b>2-Day HPRO Governance Workshop:</b></p> <p><b>Day 1 Agenda:</b></p> <ul style="list-style-type: none"><li>• <b>Context: What Does a Regulator Do?, Context: What Does a Board Do?, Governance: Concept and Purpose, Fiduciary Obligations, Conflicts of Interest, Confidentiality, Conduct Unbecoming, Diligence, Respect</b></li></ul> <p><b>Day 2 Agenda:</b></p> <ul style="list-style-type: none"><li>• <b>Setting the Mission, Goals, and Strategies, Developing Policies, Selection of Board, Committees, Staff (existing processes), Roles, Purpose of Roles, Board /Council Role, Individual Board/Council Member Role, Chair/President Role, Committee Role, Committee Chair Role, CEO/Registrar Role, Role Achievement</b></li></ul>	



		<p><b>HPRO Online Council and Committee Member Training Videos:</b></p> <p><b>Foundational Concepts</b> 1-A Regulatory Framework 1-B The Public Interest 1-C Legal Context and Structure of the RHPA (Regulated Health Professions Act) 1-D Accountability</p> <p><b>Fiduciary Duties of Council and Committee Members</b> 2-A Confidentiality and Privacy 2-B Conflict of Interest and Appearance Bias 2-C Diligence, Respect and Ethical Behaviour 2-D Confidentiality and Privacy 2-E Conflict of Interest and Appearance of Bias</p> <p><b>Governance</b> 3-A Roles and Responsibilities of Council and its Officers 3-B Roles and Responsibilities of Committees and their Chairs 3-C Roles and Responsibilities of the Registrar and Staff 3-D Conducting and Participating in Meetings and Hearings 3-E External Communications</p> <p><b>Core Regulatory Activities of the Code</b> 4-A Restrictive Regulation 4-B Reactive Regulation 4-C Proactive Regulation 4-D Transparent Regulation</p> <p><b>Specific Duties and Functions of the College</b> 5-A Strategic Planning 5-B Risk Management 5-C Making Regulations, By-laws, and Standards of Practice 5-D Facilitating Practitioner Competence in all of the College's Activities 5-E Equity</p>
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			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):	
		b. Statutory Committee candidates have:  i. Met pre-defined competency and suitability criteria; and  _____ <i>Benchmarked Evidence</i> _____	The College fulfills this requirement:	Yes
			<ul style="list-style-type: none"><li>The competency and suitability criteria are public: Yes</li><li>If yes, please insert a link and indicate the page number where they can be found; if not, please list criteria.</li></ul> <b>Council and Committee Competency Profile and Skills Matrix</b> <a href="#">College of Denturists of Ontario - Council Code of Conduct &amp; Competency Profile</a>	

			<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>	
		ii. attended an orientation training about the mandate of the Committee and expectations pertaining to a member’s role and responsibilities.	The College fulfills this requirement:	Yes
			<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.</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: Orientation is held online through video teleconference at or near the first meetings of the committee. The OFC training is completed through online modules found on the OFC website.</b></p> <p><b>Quality Assurance: Orientation is held online through video teleconference and conducted by College Legal Counsel.</b></p> <p><b>ICRC: Orientation is held online through video teleconference and conducted by College Legal Counsel.</b></p> <p><b>Discipline: Orientation is held online through video teleconference and conducted by College Legal Counsel. New Members of the Discipline Committee also attend HPRO’s intensive Discipline Hearings Workshop and Advanced Discipline Hearings Workshop. Both workshops were conducted online in 2024.</b></p> <p><b>Fitness to Practise: Orientation is held online through video teleconference and conducted by College Legal Counsel.</b></p>	

		<p><b>Executive:</b> Orientation is held online through video teleconference.</p> <p><b>Patient Relations:</b> Orientation was held online and hosted by an external legal counsel engaged by the College to assist the Patient Relations Committee with its strategic workplan, future direction, and enhancing its funding for sexual abuse therapy program.</p> <p><u>Insert link to website if training topics are public <i>OR</i> 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>HPRO’s Discipline Training Workshop:</b> legal framework, principles of administrative law, pre-hearing procedures, roles of participants, the discipline hearing, responsibilities of panel members, role play, case scenarios, the deliberation process, Chair’s role, credibility assessment, adequate reasons, evidence, conflict of interests.</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, and approval of clinic names process.</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>	
		<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>	

		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.	The College fulfills this requirement:	Met in 2023, continues to meet in 2024
			<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-hour personalized training + 6-hour external HPRO workshop + Online HPRO On-Demand Training Videos</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 in-depth personalized training. All new Council Members also attend HPRO's 2-day Governance Training Workshop hosted once or twice a year. New Council Members also have access to HPRO's online training series for new Council Members. As well, the CDO has developed in 2023 a profession-specific introduction to Denturism presentation for new Public Members.</b></p> <p>Insert a link to website if training topics are public <b>OR</b> list orientation training topics:</p> <p><b>Council Member Personalized Training with the Registrar and President:</b></p> <p><b>Health Professions Regulations, Role of the College, Role of Council, Role of Registrar, President, &amp; Staff, Statutory and Non-Statutory Committees, Regulatory Tools, 2023-2025 Strategic Plan, Council Meeting Logistics, Meeting Logistics, Code of Ethics, and Assignment of Council Member Peer Mentor.</b></p> <p><b>2-Day HPRO Governance Workshop:</b></p> <p><b>Day 1 Agenda:</b></p> <ul style="list-style-type: none"><li>• <b>Context: What Does a Regulator Do?, Context: What Does a Board Do?, Governance: Concept and Purpose, Fiduciary Obligations, Conflicts of Interest, Confidentiality, Conduct Unbecoming, Diligence, Respect</b></li></ul> <p><b>Day 2 Agenda:</b></p> <ul style="list-style-type: none"><li>• <b>Setting the Mission, Goals, and Strategies, Developing Policies, Selection of Board, Committees, Staff (existing processes), Roles, Purpose of Roles, Board /Council Role, Individual Board/Council Member Role, Chair/President Role, Committee Role, Committee Chair Role, CEO/Registrar Role, Role Achievement</b></li></ul> <p><b>HPRO Online Council and Committee Member Training Videos: See Above.</b></p> <p><b>The College has developed with the assistance of the Vice-President, a Professional Member, a profession specific presentation 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</b></p>	

			members with further context to assist with their decision-making framework.	
			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: 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:  i. Council meetings; and  ii. Council.	The College fulfills this requirement:	
	Yes	
	<ul style="list-style-type: none"><li>• Please provide the year when Framework was developed <b>OR</b> last updated. It was first developed on March 26, 2021, with the first Council evaluation feedback published at the June 18, 2021 Council meeting.</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 evaluation survey canvasses Council members on meeting logistics, preparation, governance processes, adherence to College's 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> <a href="https://www.surveymonkey.com/r/B7WQ7ZW">https://www.surveymonkey.com/r/B7WQ7ZW</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 13, 2024), Page 15:</b> <a href="117th-Council-Meeting-Package-December-13,-2024.aspx">117th-Council-Meeting-Package-December-13,-2024.aspx</a></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 (optional)	

		b. The framework includes a third-party assessment of Council effectiveness at a minimum every three years.	The College fulfills this requirement:	Yes
			<ul style="list-style-type: none"><li>Has a third party been engaged by the College for evaluation of Council effectiveness? Yes</li><li>If yes, how often do they occur? <b>Every Three Years</b></li><li>Please indicate the year of last third-party evaluation. <b>2024</b></li></ul> <p>Council in 2024 engaged the services of a Governance Consultant to conduct a third-party assessment of Council’s performance and effectiveness. The report on the findings from the assessment was discussed publicly at the September 6, 2024 Council Meeting (Page 84):</p> <p><a href="#">116th-Council-Meeting-Package-September-6,-2024.aspx</a></p> <p>The results of the third-party assessment and recommendations will be permanently published on the CDO website here:</p> <p><a href="#">College of Denturists of Ontario - Governance Reviews &amp; Audits</a></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 (optional)	



		c. Ongoing training provided to Council and Committee members has been informed by:  i. the outcome of relevant evaluation(s);  ii. the needs identified by Council and Committee members; and/or	The College fulfills this requirement:	Yes
			<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 developed a competency matrix/framework for Council members and Committee members. Council will then conduct a skills matching exercise to determine its base line level of competencies, further professional development activities would then be undertaken to develop essential and required competencies.</b></p> <p><b>In 2024, the CDO embarked on an ambitious professional development plan, with approval of a one-time increase in the Professional Development budget, to permit all members of Staff and Council to attend the Canadian National Association of Regulator’s Annual Conference in Ottawa. The regulatory conference brings regulators, health and non-health, together to share best practices and hear from cutting edge regulatory development and programs. Conference topics attended by CDO Staff and Council members included: QA, Indigenous Cultural Safety, Cultural Humility and Anti-Racism, Navigating Legal Principles and Pitfalls in Sexual Abuse Cases, Public Interest Regulation in a Digital Age, Advancing EDI in Professional Examination, Data Driven Approach, Role of Regulators in Improving Access to Care and Justice, Compassionate Regulation, Mitigating Bias, Rethinking Disability Accommodations, AI, and Addressing Indigenous-Specific Racism.</b></p> <p><b>Link to Post-Council Meeting Survey: <a href="https://www.surveymonkey.com/r/B7WQ7ZW">https://www.surveymonkey.com/r/B7WQ7ZW</a></b></p> <p><b>Link to Third-Party Governance Report (Page 7) that identifies opportunities for ongoing training opportunities: <a href="#">DCG-Ltd-Assessment-of-the-CDO-Council-s-Effective.aspx</a></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>
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		<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>	Partially
			<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>Inquiries, Complaints, and Reports Committee's 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><b>As part of its commitment as a health regulator to continually review risks and especially as it pertains to Council work, the College has updated its briefing note process and template to include risk assessments. Particular to the specific agenda item discussed in briefing notes, College Staff will have conducted a risk assessment on the specific item and have incorporated in its briefing notes any identified risks or unintended consequences.</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>	Yes

			<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 CDO will work with its governance consultant to determine the feasibility and suitability of the development of a Risk Register for the College.</p> <p>The development of a risk register is incorporated within the CDO Operational Work Plan as well as its 2023-2025 Strategic Plan. Due to the strong emphasis on prioritization of various important initiatives, the development of a risk register will occur after governance improvements have been completed at the College. In the interim, the College will continue to monitor current and emerging areas of risk and its (potential) effect on CDO’s programs and processes.</p>
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DOMAIN 1: GOVERNANCE	STANDARD 2	Measure:	
		2.1 All decisions related to a Council’s strategic objectives, regulatory processes, and activities are impartial, evidence-informed, and advance the public interest.	
		Required Evidence	College Response
		<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> <p>• Please provide the year when the Council Code of Conduct and ‘Conflict of Interest’ Policy was last evaluated/updated. - <b>2023</b></p> <p>• Please briefly describe any changes made to the Council Code of Conduct and ‘Conflict of Interest Policy’ resulting from the last review.</p> <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 (Page 21): <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 Council in September 2023 developed and implemented a Conflict of Interest Register as well as an annual confidentiality and conflict of interest declaration process. The Conflict of Interest Register is updated at each Council meeting and is incorporated into each public Council meeting package. The annual declaration of confidentiality and conflict of interest is conducted by an electronic annual declaration survey. The results would also be used to prepare and update the Register. Council received formal training on the Conflict of Interest Register and is reminded of their obligations at each Council meeting.</b></p>
			<p>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</p> <p>Choose an item.</p>
		<p><i>Additional comments for clarification (optional)</i></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>	

		ii. accessible to the public.	The College fulfills this requirement:	Met in 2023, continues to meet in 2024
			<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> <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>	
			<b>Example of Conflict of Interest Register as part of a public Council Meeting Package:</b> <a href="#">117th-Council-Meeting-Package-December-13,-2024.aspx</a>	
			<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. The College enforces a minimum	The College fulfills this requirement:	Met in 2023, continues to meet in 2024

		<p>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>	<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. <b>The one (1) year "cooling off" period was added to the By-laws in 2012.</b></li><li>• Please provide the length of the cooling off period. <b>One (1) year</b></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): <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>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>
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			<div>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</div> <div>Choose an item.</div>
		<div>Additional comments for clarification (optional)</div>	
		<div>c. The College has a conflict-of-interest questionnaire that all Council members must complete annually. Additionally: <div><div>i. the completed questionnaires are included as an appendix to each Council meeting package;</div><div>ii. questionnaires include definitions of conflict of interest;</div><div>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</div><div>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>.</div></div></div>	<div><div>The College fulfills this requirement:</div><div>Yes</div><div><div><div><div><div></div></div><div>Please provide the year when conflict of interest the questionnaire was implemented <b>OR</b> last evaluated/updated. <b>New Register implemented September 2023</b></div></div><div><div><div></div></div><div>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: Yes</div></div><div><div><div></div></div><div>Please insert a link to the most recent Council meeting materials that includes the questionnaire and indicate the page number.</div></div></div><div>Example of Conflict of Interest Register as part of a public Council Meeting Package (page 4): <a href="#">117th-Council-Meeting-Package-December-13,-2024.aspx</a></div></div></div>
			<div>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</div> <div>Choose an item.</div>
		<div>Additional comments for clarification (optional)</div>	



		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).	The College fulfills this requirement:	Met in 2023, continues to meet in 2024
			<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 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 13, 2024 Council Meeting, Page 178: <a href="#">117th-Council-Meeting-Package-December-13,-2024.aspx</a></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>	

		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.	The College fulfills this requirement:	Partially
		<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 as 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>	<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
			<p><i>Additional comments for clarification (if needed)</i></p> <p><b>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.</b></p> <p><b>The development of a formal risk register is incorporated within the CDO Operational Work Plan as well as its 2023-2025 Strategic Plan. Due to the strong emphasis on prioritization of various important initiatives, the development of a risk register will occur after governance improvements have been completed at the College.</b></p> <p><b>In the interim, the CDO will continue to monitor current and emerging areas of risk and its (potential) effect on CDO’s programs and processes. The CDO has a process to identify risk considerations and unintended consequences for topics relevant for Council discussions. This operational process for conducting risks assessments has been ongoing and reported on Council briefing notes. The risk assessment as an organization and risk management planning activities continue to occur and have been incorporated in the College’s 2023-2025 Strategic Plan. These robust interim measures will continue until the CDO has developed a formal Risk Register.</b></p>	

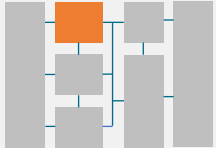
DOMAIN 1: GOVERNANCE	STANDARD 3	Measure:	
		3.1 Council decisions are transparent.	
		Required Evidence	College Response
		a. Council minutes (once approved) and status updates on the implementation of Council decisions to date are accessible on the College’s website, or a process for requesting materials is clearly outlined.	<div> <div>The College fulfills this requirement:</div> <div>Met in 2023, continues to meet in 2024</div> </div> <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>The News section of the website provides updates on programs and policies that reflect Council decisions and how they are incorporated once Council has ratified or formally made a decision.  <a href="https://denturists-cdo.com/About-Us/News.aspx">https://denturists-cdo.com/About-Us/News.aspx</a></p> <p>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.</p>
			<div> <div>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</div> <div>Choose an item.</div> </div>
			Additional comments for clarification (optional)

		<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)">College of Denturists of Ontario - Executive Committee (denturists-cdo.com)</a></b></p> <p><b>The summaries include the meeting date, the rationale for the meeting, and any report on discussions or decisions when the Executive Committee acts as Council or discusses/deliberates on matters or materials that will be brought forward to or affect Council (if any); and identification on whether these decisions will be ratified by Council or not.</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 (optional)		

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 2023, continues to meet in 2024
	<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>		
	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)		
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 2023, continues to meet in 2024
	<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>		

			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:		
		3.3 The College has a Diversity, Equity, and Inclusion (DEI) Plan.		
		Required Evidence	College Response	
		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).	The College fulfills this requirement:	Partially
			<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>The College’s 2023-2025 Strategic Plan embraces DEI as part of its key priorities. Within the Strategic Plan is the commitment by the College to embrace the principles of diversity, equity, and inclusion as an organization. This will include specific focus areas on increasing commitment to education and training for Council, Committees, and Denturists in Ontario. As well, the CDO must demonstrate its commitment to embracing DEI over the strategic plan’s timeframe.</b></p> <p><b>The Executive Committee met on June 9, 2023 on behalf of Council (as Council was un-constituted at that time), to discuss the Strategic Plan and DEI as its focus area (page 94): <a href="https://denturists-cdo.com/About-Us/Council-Committees/Committees/Executive-Committee/Executive-Committee-Meeting-Packages/Executive-Committee-Meeting-(Public)-June-9,-202.aspx#page94">https://denturists-cdo.com/About-Us/Council-Committees/Committees/Executive-Committee/Executive-Committee-Meeting-Packages/Executive-Committee-Meeting-(Public)-June-9,-202.aspx#page94</a></b></p>	
			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) <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. The HPRO Anti-Racism in Health Regulation working group provides valuable information for the CDO to use in developing a comprehensive DEI plan and integrating it with CDO’s operational planning efforts.</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 engage our Council and Committee members in ensuring we have a planned and resourced set of commitments to DEI, reflecting our particular needs.</b></p>	

		<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>	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, HPRO will be working jointly to develop an equity impact assessment process that can be employed and used by all health regulators. As the CDO is limited in its resources and in-house competency in the areas of DEI, it must look for collaborative opportunities to incorporate DEI best practices. The CDO has committed to working with oral health regulators and HPRO regulators on how to best develop an equity impact assessment process.</b></p>	

		<b>Measure:</b> <b>4.1 The College demonstrates responsible stewardship of its financial and human resources in achieving its statutory objectives and regulatory mandate.</b>	
<b>DOMAIN 2: RESOURCES</b>	<b>STANDARD 4</b>	<b>Required Evidence</b>	<b>College Response</b>
		a. The College identifies activities and/or projects that support its strategic plan including how resources have been allocated.  <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.	<div> <div>The College fulfills this requirement:</div> <div>Yes</div> </div> <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 Registrar's Office, and the Registrar's 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 March 2024, the CDO Council reviewed and approved the 2024-2025 Operating Budget and Strategic Initiatives Budget. Prior to discussion and review of the operating budget, Council receives a briefing of all large-scale strategic initiatives that the College will undertake in the upcoming year. This update lays out the operational plan on how the CDO will tackle new strategic initiatives (which includes projects as laid out in its 2023-2025 Strategic Plan) as well as any CPMF related action items. These initiatives are in addition to the routine operational activity of the CDO as part of its mandate as a health regulator.</b></p> <p><b>The development of a stand-alone Strategic Initiatives budget allows for the CDO and its Council to allocate budget and resources accordingly to new initiatives that will be undertaken.</b></p> <ul style="list-style-type: none"> <li><b>Council March 2024 Meeting Package containing approved 2024 - 2025 budget (page 83): <a href="https://denturists-cdo.com/About-Us/Council-Committees/Council/Council-Minutes-Highlights/Council-Packages/114th-Council-Meeting-Package-March-8,-2024.aspx">denturists-cdo.com/About-Us/Council-Committees/Council/Council-Minutes-Highlights/Council-Packages/114th-Council-Meeting-Package-March-8,-2024.aspx</a></b></li> </ul> <p><b>Council December 8, 2023 Meeting Package containing pre-budget discussions (page 123): <a href="https://denturists-cdo.com/About-Us/Council-Committees/Council/Council-Minutes-Highlights/Council-Packages/113th-Council-Meeting-Package-December-8,-2023.aspx">113th-Council-Meeting-Package-December-8,-2023.aspx</a></b></p>



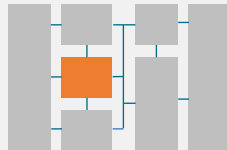
			<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i>	Choose an item.
			<i>Additional comments for clarification (optional)</i>	

		<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>	The College fulfills this requirement:		Met in 2023, continues to meet in 2024
			<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. <a href="#">SURPLUS-RETENTION-POLICY.aspx</a></li><li>• Please insert the most recent date when the “financial reserve policy” has been developed <b>OR</b> reviewed/updated. <b>June 2022</b></li><li>• Has the financial reserve policy been validated by a financial auditor? <b>Yes</b></li></ul>		
			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)		

		<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><i>Benchmarked Evidence</i></p> <hr/>	The College fulfills this requirement:	Partially
			<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 Registrar briefed Council during its Council meeting in-camera to provide an update on CDO’s HR Framework and its operational capacity, staff complement, staff positions, and CDO’s salary ranges.</b></p> <p><b>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 Process Document</b></li><li>• <b>Registrar’s Self-Assessment Tool</b></li><li>• <b>Council’s 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 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><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 will liaise and review other health regulatory Colleges’ operational policies to determine whether the College should draft its own operational policy to address staffing complement. The College anticipates that this may be completed by the end of Q4 25. The College does not expect any barriers to implementation.</b></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).	The College fulfills this requirement:		Yes	
			<ul style="list-style-type: none"><li>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.</li></ul> CDO’s data and technology plan includes the following elements:			
			<p><b>1. Robust cybersecurity framework:</b></p> <ul style="list-style-type: none"><li>Implementation of comprehensive network security policies to protect digital infrastructure and personal information.</li><li>Deployment of advanced antivirus, endpoint detection and response software, and real-time monitoring systems to guard against unauthorized access and cyber threats.</li><li>Regular updates and vulnerability assessments, along with rigorous password security protocols and incident response plans.</li></ul> <p><b>2. Continuous improvement and compliance:</b></p> <ul style="list-style-type: none"><li>Ongoing enhancement of cybersecurity posture, adhering to industry best practices and legal standards.</li><li>Timely patching of vulnerabilities, precise user access management, and staff training on cybersecurity awareness to promote a culture of digital vigilance.</li></ul> <p><b>3. Resilience and recovery:</b></p> <ul style="list-style-type: none"><li>Collaboration with external IT providers for 24/7 monitoring of the IT infrastructure.</li><li>Enhanced backup and disaster recovery systems with on-site and off-site failover and recovery options, adhering to a 30-minute point-in-time restoration schedule.</li><li>Subscription to a secondary ISP provider for backup failover to maintain uninterrupted service.</li></ul> <p><b>4. Advanced threat protection and monitoring:</b></p> <ul style="list-style-type: none"><li>Implementation of advanced threat protection including content and web filtering.</li><li>Protection of endpoints through DNS filter agents, blocking access to malicious sites.</li><li>Continuous monitoring of security violations by a security operations center, with instant alert generation and response based on established policies and procedures.</li></ul> <p><b>5. Staff training and awareness:</b></p> <ul style="list-style-type: none"><li>Provision of cyber education and training for all staff including availability of educational materials.</li><li>Monthly reporting of threats and threat analysis for staff members.</li></ul>			
			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)						

DOMAIN 3: SYSTEM PARTNER		
STANDARD 5 and STANDARD 6		
Measure / Required evidence: N/A	College response	
	<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> <ul style="list-style-type: none"><li><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></li></ul> <p><b>1. Provincial Regulatory Partners</b></p> <ul style="list-style-type: none"><li>In 2024, the CDO along with Denturism regulators across Canada met on a semi-annual basis to discuss the development of the Canadian Dental Care Plan, the role of regulators in the development of this important initiative, our feedback of the program, and how to best assist practitioners as they onboard to the program. Any comments and recommendations received from the provincial regulators were provided to Health Canada during their stakeholder consultation meetings with Canada’s Minister of Health.</li></ul>	

	<ul style="list-style-type: none"><li>• The CDO along with Alberta, British Columbia, Manitoba, and Saskatchewan continued to participate in multi-jurisdictional examination workshops to item write questions for the joint MCQ licensing examination. Workshops were held in Ontario, Alberta, and British Columbia and attended by regulatory staff and item writers.</li></ul> <p><b>2. Ontario’s Oral Health Regulators</b></p> <ul style="list-style-type: none"><li>• The CDO routinely collaborates with the Royal College of Dental Surgeons of Ontario (RCDSO), the College of Dental Hygienists of Ontario (CDHO), and the College of Dental Technologists of Ontario (CDTO) on matters of mutual interests. This includes Staff working groups on specific joint initiatives.</li><li>• 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 2024, the group discussed the following topics: Canadian Dental Care Program, ways to increase access to oral health care, implications of artificial intelligence, and scopes of practice proposal launched by the Ministry of Health.</li></ul> <p><b>3. Denturism Associations (Denturists Association of Ontario and Denturists Group of Ontario)</b></p> <ul style="list-style-type: none"><li>• In 2024, 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.</li><li>• The CDO consulted with both associations throughout the year through its formal consultation process. In 2024, the CDO issued the following public and stakeholder consultations: new record keeping standards and guidelines, standard of practice for Advertising and Clinic Names, Updating the Fee Schedule, and proposed Registration Regulation amendments.</li></ul> <p><b>4. Educational Institutions</b></p> <ul style="list-style-type: none"><li>• The CDO worked with the Denturism educational institutions to coordinate the timing of the February and June 2024 online remote proctored multi-jurisdictional MCQ exam and the in-person OSCE clinical examination. Upon completion of each examination administration, each educational institution is provided with an anonymized breakdown of the performance of its students at the Qualifying Examination. The performance of each competency area in 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.</li><li>• College Staff routinely present at the educational institutions on a variety of topics. In 2024, College Staff presented to Denturism students at Georgian College and George Brown College. College Staff also took the opportunity to tour the laboratory facilities and learn about the new renovations at both Colleges in ways to enhance student teaching opportunities and new facilities.</li></ul>
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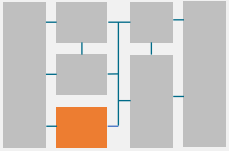
	<ul style="list-style-type: none"><li>• The CDO attends each educational institution’s Program Advisory Committee meetings to provide a regulatory perspective that informs their review of their respective programs.</li><li>• In 2024, the accreditation of Denturism Programs in Ontario and across Canada were completed by Accreditation Canada. The three sole Denturism programs in Ontario and one in Alberta received full accreditation status. Working in conjunction with the Ontario Ministry of Colleges and Universities, specifically the Office of the Superintendent of Private Career Colleges, the CDO kept the Superintendent updated on the progress of accreditation and provided stakeholder feedback on the Superintendent’s proposed directive for private career colleges.</li></ul> <p><b>5. Health Professions Regulators of Ontario</b></p> <ul style="list-style-type: none"><li>• 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.</li></ul> <p><b>6. Governmental Stakeholders</b></p> <p>The CDO routinely engages with various governmental agencies and stakeholders throughout the course of the 2024 calendar year to advance and promote the overall wellbeing of Ontarians through regulating the Denturism profession. In 2024, the CDO engaged with the following governmental agencies and stakeholders:</p> <ul style="list-style-type: none"><li>• Office of the Premier and Minister of Health – attended the Premier of Ontario’s oral health round table in June 2024 along with representatives from the RCDSO, CDHO, and OFC to discuss the state of oral health care in Ontario, CDO’s registration process for internationally educated applicants, and access to care opportunities.</li><li>• Ontario Ministry of Health – Ongoing participation in the Ministry’s Infection Prevention and Control working group. Development of a potential Scope of Practice proposal to provide the Government of Ontario with a solution to better enhance the patient experience for those seeking denture over implant care.</li><li>• Ontario Ministry of Colleges and Universities – participation in a consultation working group to provide the Office of the Superintendent feedback on their proposed policy directive for vocational training programs which must be approved by a regulator or accredited.</li><li>• Public Health Agency of Canada &amp; Office of the Chief Dental Officer of Canada – participated in consultative working group for the national dental care program. Routinely received updates and emerging scientific research on oral public health.</li></ul>
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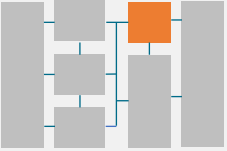
	<ul style="list-style-type: none"><li>• Office of the Fairness Commissioner – assigned a “low risk” category rating for 2024-2025 based on OFC’s new risk-informed compliance framework.</li></ul>
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	<p><b>Standard 6: The College maintains cooperative and collaborative relationships and responds in a timely and effective manner to changing public/societal expectations.</b></p> <p>The intent of Standard 6 is to demonstrate that a College has formed the necessary relationships with system partners to ensure that it receives and contributes information about relevant changes to public expectations. This could include both relationships where the College is asked to provide information by system partners, or where the College proactively seeks information in a timely manner.</p> <ul style="list-style-type: none"><li>• <i>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.</i></li><li>• <i>In addition to the partners it regularly interacts with, the College is asked to include information about how it identifies relevant system partners, maintains relationships so that the College is able access relevant information from partners in a timely manner, and leverages the information obtained to respond (specific examples of when and how a College responded is requested in Standard 7).</i></li></ul> <p><b>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.</b></p> <p><b>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 on various policies, standards, regulation amendments that may affect their organizations and program areas.</b></p> <p><b>Below are two examples that illustrate how engagement with various system partners has helped guide the work of the CDO.</b></p> <p><b><u>New Advertising Standard of Practice and Guidelines</u></b></p> <ul style="list-style-type: none"><li>• <b>The CDO identified advertising as an area of concern after receiving an elevated number of complaints from the public and other registrants over the past couple of years.</b></li><li>• <b>Working with the Ministry of Health, the CDO’s Professional Misconduct Regulation was updated to bolster advertising standards and provide further clarity on the use of testimonials, legal names and the Public Register, disclosure of fees and receipts, the public’s right to</b></li></ul>
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	<p>file a complaint and receive College contact information, and new contextual factors that a registrant must consider prior to discontinuing treatment for a patient.</p> <ul style="list-style-type: none"><li>• The College launched an information and educational campaign that included live webinars, pre-recorded webinars, an email campaign, a new dedicated webpage, updated advertising standard of practice, new plain language advertising guidelines drafted, and worked in partnership with the associations to inform them of the new regulation roll out.</li><li>• All in all, the new advertising standards will ensure the public receive accurate and truthful advertising from Denturists. The College received positive feedback from registrants during the live webinar sessions and from the denturism associations on the College’s roll out.</li></ul> <p><u>Accreditation of Educational Institutions</u></p> <ul style="list-style-type: none"><li>• The CDO completed its accreditation initiative with its national regulatory partners in 2024 that assessed the Denturism programs offered in Canada. In 2024, the Denturism programs in Alberta, British Columbia, and Ontario have received their initial accreditation status and Ontario and Alberta’s programs were successfully accredited with no conditions.</li><li>• The accreditation of Denturism programs across Canada ensures that all graduates receive the same standardized high-quality education, curriculum, and have access to similar student resources. This provides confidence for health regulators that the graduates of accredited programs possess the minimal level of knowledge, skills, and judgement to undertake the Qualifying Examinations.</li><li>• Accreditation also provides further public confidence that Denturists and health care professionals who attended accredited programs are held to the same high standards across Canada. Accreditation also assists with the Government of Ontario’s goal of further removing provincial barriers to licensure and ensuring that graduates of accredited programs (from across Canada) do not face additional regulatory requirements when undergoing Ontario’s registration process.</li><li>• Due to this successful initiative, graduates from accredited programs in Alberta can now undergo Ontario’s registration process without any additional requirements. This permits those graduates a quicker and more efficient licensure process that Ontario applicants already experience. The CDO would continue to conduct academic assessments for internationally educated applicants.</li></ul>
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		Measure: 7.1 The College demonstrates how it protects against and addresses unauthorized disclosure of information.	
DOMAIN 4: INFORMATION MANAGEMENT	STANDARD 7	Required Evidence	College Response
		a. The College demonstrates how it: i. uses policies and processes to govern the disclosure of, and requests for information;	<div>The College fulfills this requirement:</div> <div>Yes</div> <div><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 that addresses disclosure and requests for information.</li></ul><div><b>Personal Information Privacy Policy:</b> <a href="#">Personal-Information-Privacy-Policy.aspx (denturists-cdo.com)</a></div><div><b>Records and Information Governance Policy:</b> <a href="#">Records-and-Information-Governance-Policy.aspx (denturists-cdo.com)</a></div><div><b>Records Classification Structure and Retention Schedule:</b> <a href="#">College of Denturists (denturists-cdo.com)</a></div><div><b>Legal Citation Table - CDO Record Keeping Requirements:</b> <a href="#">Citation tables (denturists-cdo.com)</a></div></div>
			<div>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</div> <div>Choose an item.</div>
			<div>Additional comments for clarification (optional)</div>

		<div>ii. uses cybersecurity measures to protect against unauthorized disclosure of information; and</div> <div>iii. uses policies, practices and processes to address accidental or unauthorized disclosure of information.</div> <div><hr/><i>Benchmarked Evidence</i><hr/></div>	The College fulfills this requirement:	Yes
			<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><b>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. In 2023, the CDO along with its IT provider implemented an additional monthly threat analysis where a scan is conducted of CDO’s cybersecurity platform to analyze events and report on potential vulnerabilities.</b></p> <p><b>The CDO in December 2022 developed a Personal Information Privacy Policy to define the principles that govern the collection, use, and disclosure of personal information in the course of carrying out its regulatory activities. This policy addresses the privacy principles outlined by the <i>Personal Information Protection and Electronic Documents Act, 2000</i> to ensure that the proper policies, practices, and processes are in place to prevent accidental or unauthorized disclosure of information.</b></p> <p><b>Link to the CDO’s Personal Information Privacy Policy: <a href="https://denturists-cdo.com/Personal-Information-Privacy-Policy.aspx">Personal-Information-Privacy-Policy.aspx (denturists-cdo.com)</a></b></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>	

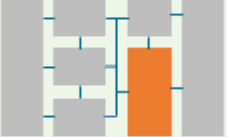
		<b>Measure:</b> <b>8.1 All policies, standards of practice, and practice guidelines are up to date and relevant to the current practice environment (e.g., where appropriate, reflective of changing population health needs, public/societal expectations, models of care, clinical evidence, advances in technology).</b>	
<b>DOMAIN 5: REGULATORY</b>	<b>STANDARD 8</b>	<b>Required Evidence</b>	<b>College Response</b>
		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.  <hr/> <i>Benchmarked Evidence</i> <hr/>	The College fulfills this requirement:  • 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) <b>OR</b> 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).  <b>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:</b> <ul style="list-style-type: none"><li>• 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.</li><li>• Review of reoccurring issues/trends/topics received from the CDO Practice Advisory service.</li><li>• Consultation with CDO’s system partners including national and provincial health professions regulators, educational institutions, denturism associations, governmental ministries, and agencies.</li><li>• 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.</li><li>• Jurisdictional scan of other Denturism regulators nationally, and abroad when relevant.</li><li>• Facilitation of patient engagement activities, including involvement in the Citizens Advisory Group.</li><li>• 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.</li></ul> <b>In 2024, the CDO updated its Record Keeping Standard of Practice and Guidelines and developed a new Standard of Practice for Advertising and Clinic Names. Link to Council Meeting where discussions and approval took place (114<sup>th</sup> Council Meeting Package page 92, 115<sup>th</sup> Council Meeting, Page 106): <a href="#">114th-Council-Meeting-Package-March-8,-2024.aspx</a>, <a href="#">115th-Council-Meeting-Package-June-14,-2024.aspx</a></b>
			Met in 2023, continues to meet in 2024

		<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>
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		<p>b. Provide information on how the College takes into account the following components when developing or amending policies, standards and practice guidelines:</p> <p>i. evidence and data;</p> <p>ii. the risk posed to patients / the public;</p> <p>iii. the current practice environment;</p> <p>iv. alignment with other health regulatory Colleges (where appropriate, for example where practice matters overlap);</p> <p>v. expectations of the public; and</p> <p>vi. stakeholder views and feedback.</p> <div><div></div><div>Benchmarked Evidence</div><div></div></div>	The College fulfills this requirement:		Yes
			<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.</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>		



		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.	The College fulfills this requirement:	Partially
			<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>The CDO has an active three-year strategic plan encompassing 2023-2025. As one of its key priorities in the strategic plan is embracing and promoting Diversity, Equity, and Inclusion so that these principles and values are reflected across all parts of the CDO including its policies, guidelines, standards, and Code of Ethics. Over the coming reporting periods, the CDO will actively support the work of HPRO as it develops supports for Colleges to advance their work in DEI. This will include a review of CDO policies, guidelines, and standards through the lens of DEI. As well, the CDO as it incorporates into its routine review of policies, guidelines, and standards, will propose updates so that it better reflects the principles and values of DEI.</b></p>	
			<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 (optional)</i> <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. The HPRO Anti-Racism in Health Regulation project provides valuable information for the CDO to use in conducting these reviews, including engagement with stakeholders.</b></p>	

		Measure: <b>9.1 Applicants meet all College requirements before they are able to practice.</b>	
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>	<div> <div>The College fulfills this requirement:</div> <div>Met in 2023, continues to meet in 2024</div> </div> <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://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>

		<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.

			<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. 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.).	The College fulfills this requirement:	Yes
			<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. <b>Throughout 2024, especially as it pertains to its ongoing work to update its Registration Regulation.</b></li></ul>	
			<b><u>CDO Process for Staying Apprised of Registration Best Practices</u></b>	
			<b>The CDO assesses policies and processes related to registration requirements on an annual 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.</b>	
			<b>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.</b>	
			<b>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.</b>	
			<b>It is through this process that the CDO has identified significant risks related to its current Registration Regulation that has not been updated in over 30 years. As such, the CDO has submitted a draft updated Registration Regulation to the Ministry for their review. The current draft Registration Regulation has undergone 4 periods of 60-day public and stakeholder consultations.</b>	
			<b><u>Authentication of Applicant’s Documentation</u></b>	
			<b>In order to ensure integrity in CDO’s Registration Processes, various layers of authentication are 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 digital verification checks, email, or by phone. Diplomas and transcripts are provided directly to the CDO from either the</b>	

			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.	
			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: 9.2 Registrants continuously demonstrate they are competent and practice safely and ethically.		
	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.).	<div>The College fulfills this requirement:</div> <div>Yes</div>
		<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><u>Competency Requirements:</u></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="#">Continuing-Professional-Development-Guide-2022-202.aspx (denturists-cdo.com)</a></p> <p><b><u>Currency and Good Character Requirements:</u></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 782 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 after annual renewal.</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 (renewal deadline of March 31<sup>st</sup> of each year). 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. As well, the CDO contemporaneously also conducts professional insurance audits of the entire membership to ensure that all registrants have up to date professional liability insurance policies.</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 three public and stakeholder consultations in 2018, 2019, 2021, and 2024 a final set of revised regulations was submitted to the Ministry of Health . 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.</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>	

<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 2023, continues to meet in 2024
	<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>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 2024-2025 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.</p> <p>The CDO publicly posts the OFC's Fair Registration Practices reports here: <a href="https://denturists-cdo.com">College of Denturists of Ontario - Fair Registration Practices (denturists-cdo.com)</a></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)		



DOMAIN 6: SUITABILITY TO PRACTICE	STANDARD 10	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>	<div>The College fulfills this requirement:</div> <div>Met in 2023, continues to meet in 2024</div>
			<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>Name of Standard: <b>New Advertising &amp; Clinic Names Standard of Practice approved June 14, 2024.</b></li> <li>Duration of period that support was provided: <b>June 2024 - Present</b></li> <li>Activities undertaken to support registrants: <b>Live webinars, recorded webinars, live Q&amp;A session, 4+ email newsletters</b></li> <li>% of registrants reached/participated by each activity: <b>Email newsletters, open rate: 85% of membership average over 4 email newsletters. 139 live webinar attendees or 18% of membership. Pre-recorded webinars offered to all registrants.</b></li> <li>Evaluation conducted on effectiveness of support provided: <b>Yes, post webinar survey link sent to attendees.</b></li> </ul> </li> <li>Does the College always provide this level of support: <b>Yes</b>  <i>If not, please provide a brief explanation:</i> </li> </ul>
			<div>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</div> <div>Choose an item.</div>
		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;	The College fulfills this requirement:  <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>• Infection Prevention and Control</li> <li>• Sterilization/Reprocessing Processes</li> <li>• Record Keeping</li> <li>• Collection and Documentation of Patient Information, Assessment, and Interpretation of Patient Needs and Requirements</li> <li>• Post-Insertion Patient Education and Continuity of Care</li> <li>• Continuing Professional Development</li> </ul> <p>For more information regarding CDO's Peer and Practice Assessments: <a href="https://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. These sources include harmonization with elements found in Public Health Ontario's <a href="#">IPAC Checklist for Dental Practices</a> that are relevant for the practice of Denturism. The Peer and Practice checklist also prioritizes a strong emphasis on Infection Prevention and Control measures including routine practices and additional precautions. Peer and Practice assessor training occurs regularly and the checklist is reviewed annually to ensure up to date best practices are incorporated.</p>
		Met in 2023, continues to meet in 2024
		If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?  Choose an item.

			<p><i>Additional comments for clarification (optional)</i></p> <p><b>The CDO, practicing right touch regulation, believes that for the purposes of the Peer and Practice Assessment checklist, a formal policy articulating priority areas for the assessment may not be the best suited regulatory tool. Due to the ongoing and annual review and update of the assessment checklist, the Quality Assurance Committee is best suited to decide updates to the checklist upon review of best practices.</b></p>
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<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>).

		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	The College fulfills this requirement:	Met in 2023, continues to meet in 2024
			<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>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. The current General Regulation permits very little flexibility or room for the CDO to exercise a right touch evidence informed approach. Rather, it provides a very prescriptive approach to how the CDO must select at random the number of registrants that undergo an assessment each year. The CDO submitted a revised regulation that would permit the CDO to exercise principles of right-touch regulation to allow stratification of the assessment selection process.</p> <p>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.</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>	
			The College fulfills this requirement:	Met in 2023, continues to meet in 2024

		iii. criteria that will inform the remediation activities a registrant must undergo based on the QA assessment, where necessary.	<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 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).</b></p> <p><b>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.</b></p> <p><b>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.</b></p>	
			<div>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</div> <div>Choose an item.</div>	

		Additional comments for clarification (optional)	
Measure: 10.3 The College effectively remediates and monitors registrants who demonstrate unsatisfactory knowledge, skills, and judgement.			
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 and outcomes 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>		
	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)		

DOMAIN 6: SUITABILITY TO PRACTICE	STANDARD 11	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:	<div>The College fulfills this requirement:</div> <div>Yes</div> <ul style="list-style-type: none"> <li>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.</li> <li>Please insert a link to the policies/procedures for ensuring all relevant information is received during intake <b>OR</b> please briefly describe the policies and procedures if the documents are not publicly accessible.</li> </ul> <p>Link to CDO website that describes the College’s complaints process: <a href="https://denturists-cdo.com/filing-a-complaint">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://denturists-cdo.com/guide-to-the-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://denturists-cdo.com/frequently-asked-questions">College of Denturists of Ontario - Frequently Asked Questions (denturists-cdo.com)</a></li> </ul> <p>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:</p> <ul style="list-style-type: none"> <li>CDO’s Sexual Abuse Prevention Plan: <a href="https://denturists-cdo.com/sexual-abuse-prevention-plan.aspx">CDO-Sexual-Abuse-Prevention-Plan.aspx (denturists-cdo.com)</a></li> <li>Patient Sexual Abuse – FAQs for Patients: <a href="https://denturists-cdo.com/frequently-asked-questions">College of Denturists of Ontario - Frequently Asked Questions (denturists-cdo.com)</a></li> <li>Patient Sexual Abuse – FAQs for Denturists: <a href="https://denturists-cdo.com/frequently-asked-questions">College of Denturists of Ontario - Frequently Asked Questions (denturists-cdo.com)</a></li> <li>Funding for Therapy and Counselling: <a href="https://denturists-cdo.com/funding-for-therapy-and-counselling">College of Denturists of Ontario - Funding for Therapy &amp; Counselling (denturists-cdo.com)</a></li> </ul>
			<div>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</div> <div>Choose an item.</div>
		Additional comments for clarification (optional)	

		iii. evaluated by the College to ensure the information provided to complainants is clear and useful.	The College fulfills this requirement:	Yes
			<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 they are 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>	
		<hr/> <i>Benchmarked Evidence</i> <hr/>	<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><b>College Staff are exploring the creation of a voluntary feedback survey. The voluntary survey feedback would be deployed 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. The survey is scheduled to launch in 2025.</b></p>	
		b. The College responds to 90% of inquiries from the public within 5 business days, with follow-up timelines as necessary.	The College fulfills this requirement:	Met in 2023, continues to meet in 2024
			Please insert rate ( <u>see Companion Document: Technical Specifications for Quantitative CPMF Measures</u> ).	
			<p><b>The CDO reports that in 2024, 100% of inquiries from the public are responded to within 5 business days.</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>	



		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 2023, continues to meet in 2024
			<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>	
			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)	

<b>Measure:</b> <b>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: <div> <div>Yes</div> <div> <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 these notifications as well.</b></p> <p><b>In all cases, the Manager of Professional Conduct endeavors to complete the investigation in a timely manner.</b></p> <p><b>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.</b></p> <p><b>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.</b></p> <p><b>Link to CDO website that describes the College's complaints process: <a href="https://www.denturists-cdo.com/filing-a-complaint">College of Denturists of Ontario - Filing a Complaint (denturists-cdo.com)</a></b></p> <p><b>Accompanying links that support the CDO's complaints process:</b></p> <ul style="list-style-type: none"> <li><b>Guide to the Complaints Process: <a href="https://www.denturists-cdo.com/guide-to-the-complaint-process-final.aspx">CDO-Guide-to-the-Complaint-Process-Final.aspx (denturists-cdo.com)</a></b></li> <li><b>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></b></li> </ul> </div> </div>
		If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period? <div>Choose an item.</div>

			Additional comments for clarification (optional)
DOMAIN 6: SUITABILITY TO PRACTICE	STANDARD 12	Measure: 12.1 The College addresses complaints in a right touch manner.	
		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).	<div> <div>The College fulfills this requirement:</div> <div> <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> </div> </div> <div>Met in 2023, continues to meet in 2024</div>
		<p>A <b>risk category</b> (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>.</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>	
		If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?	
		Choose an item.	

			<i>Additional comments for clarification (optional)</i>
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DOMAIN 6: SUITABILITY TO PRACTICE	STANDARD 13	Measure:			
		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.).			
		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.	The College fulfills this requirement:	Met in 2023, continues to meet in 2024	
			<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>		
			<b>The CDO discloses information to system partners for the purposes of carrying out its duties under the <i>Regulated Health Professions Act, 1991</i> and the <i>Denturism Act, 1991</i>.</b>		
			<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 College 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>		
<b>The CDO continues to work closely with Public Health units regarding registrant compliance with infection prevention and control protocols and requirements.</b>					
<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>					
		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)					

		<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>							
DOMAIN 7: MEASUREMENT, REPORTING & IMPROVEMENT	STANDARD 14	<b>Required Evidence</b>	<b>College Response</b>						
		a. Outline the College’s KPIs, including a clear rationale for why each is important.	<table><tr><td>The College fulfills this requirement:</td><td>Met in 2023, continues to meet in 2024</td></tr><tr><td colspan="2"><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 CDO Council sets the broad strategic direction and key priorities for the CDO through its 2023-2025 Strategic Plan that was developed in April 2023. College Staff have operationalized the Strategic Plan in its Operational Plan that includes the establishment of KPIs.</b></p><p><b>The College’s Registrar provides an update on the College’s progress on its Strategic Initiatives, Strategic Plan, and CPMF related Action item at each Council Meeting. Example from March 2024 Council Meeting (Page 70 and Page 143): <a href="#">114th-Council-Meeting-Package-March-8,-2024.aspx</a></b></p><p><b>2023-2025 Strategic Plan: <a href="#">2023-2025 CDO Strategic Plan (denturists-cdo.com)</a></b></p><p><b>2023-2025 Strategic Plan’s Action Plan with KPIs: <a href="#">2023-12-09-2023-2025-cdo-strategic-plan-action-plan.pdf (windows.net)</a></b></p></td></tr><tr><td><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></td><td>Choose an item.</td></tr></table>	The College fulfills this requirement:	Met in 2023, continues to meet in 2024	<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 CDO Council sets the broad strategic direction and key priorities for the CDO through its 2023-2025 Strategic Plan that was developed in April 2023. College Staff have operationalized the Strategic Plan in its Operational Plan that includes the establishment of KPIs.</b></p> <p><b>The College’s Registrar provides an update on the College’s progress on its Strategic Initiatives, Strategic Plan, and CPMF related Action item at each Council Meeting. Example from March 2024 Council Meeting (Page 70 and Page 143): <a href="#">114th-Council-Meeting-Package-March-8,-2024.aspx</a></b></p> <p><b>2023-2025 Strategic Plan: <a href="#">2023-2025 CDO Strategic Plan (denturists-cdo.com)</a></b></p> <p><b>2023-2025 Strategic Plan’s Action Plan with KPIs: <a href="#">2023-12-09-2023-2025-cdo-strategic-plan-action-plan.pdf (windows.net)</a></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.
		The College fulfills this requirement:	Met in 2023, continues to meet in 2024						
<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 CDO Council sets the broad strategic direction and key priorities for the CDO through its 2023-2025 Strategic Plan that was developed in April 2023. College Staff have operationalized the Strategic Plan in its Operational Plan that includes the establishment of KPIs.</b></p> <p><b>The College’s Registrar provides an update on the College’s progress on its Strategic Initiatives, Strategic Plan, and CPMF related Action item at each Council Meeting. Example from March 2024 Council Meeting (Page 70 and Page 143): <a href="#">114th-Council-Meeting-Package-March-8,-2024.aspx</a></b></p> <p><b>2023-2025 Strategic Plan: <a href="#">2023-2025 CDO Strategic Plan (denturists-cdo.com)</a></b></p> <p><b>2023-2025 Strategic Plan’s Action Plan with KPIs: <a href="#">2023-12-09-2023-2025-cdo-strategic-plan-action-plan.pdf (windows.net)</a></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.								

			Additional comments for clarification (if needed)	
		b. The College regularly reports to Council on its performance and risk review against:  i. stated strategic objectives (i.e., the objectives set out in a College's strategic plan);  ii. regulatory outcomes (i.e., operational indicators/targets with reference to the goals we are expected to achieve under the RHPA); and  iii. its risk management approach.	The College fulfills this requirement:	Met in 2023, continues to meet in 2024
			<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 within the Committee Reports to Council and forms 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>The Registrar also reports the update or progress of strategic initiatives undertaken by the College and the progress of the Strategic Plan to Council. 2023-2025 Strategic Plan's Action Plan: <a href="#">2023-12-09-2023-2025-cdo-strategic-plan-action-plan.pdf (windows.net)</a></b></p> <p><b>The College's Registrar provides an update on the College's progress on its Strategic Initiatives, Strategic Plan, and CPMF related Action item at each Council Meeting. Example from March 2024 Council Meeting (Page 70 and Page 143): <a href="#">114th-Council-Meeting-Package-March-8,-2024.aspx</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:		
14.2 Council directs action in response to College performance on its KPIs and risk reviews.		
<div>a. Council uses performance and risk review findings to identify where improvement activities are needed.</div> <div><div></div><div>Benchmarked Evidence</div><div></div></div>	<div>The College fulfills this requirement:</div> <div><div>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.</div></div>	Partially
	<div>The CDO’s Strategic Plan forms the basis for the College’s key performance indicators. Council receives routine updates on the status of strategic KPIs and progress updates on strategic initiatives at its Council meetings. Council first developed its 2023-2025 Strategic Plan and approved it at its September 2023 Council meeting. In late 2023, KPIs were developed and will be presented to Council in its first fulsome update on the Strategic Plan progress in 2024. College Staff have been undertaking an environmental scan on how best to develop a reporting mechanism or dashboard that enables better effective reporting of KPIs.</div>	
	<div>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.</div>	
	<div><div>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 CDO will work with its governance consultant to determine the feasibility and suitability of the development of a Risk Register for the College.</div><div>The development of a risk register is incorporated within the CDO Operational Work Plan as well as its 2023-2025 Strategic Plan. Due to the strong emphasis on prioritization of various important initiatives, the development of a risk register will occur after governance improvements have been completed at the College. In the interim, the College will continue to monitor current and emerging areas of risk and its (potential) effect on CDO’s programs and processes.</div></div>	
Measure:		
14.3 The College regularly reports publicly on its performance.		
<div>a. Performance results related to a College’s strategic objectives and regulatory outcomes are made public on the College’s website.</div>	<div>The College fulfills this requirement:</div> <div><div>Please insert a link to the College’s dashboard or relevant section of the College’s website.</div></div>	Met in 2023, continues to meet in 2024
	<div>The CDO reports on its performance against the Strategic Plan and regulatory outcomes at each of its Council meetings. Each Council meeting package contains registrar’s updates on initiatives, briefing notes on program updates, reports for the various committees, regulatory programs, and reports on financial performance.</div>	



		<p>Council meeting packages and the various reports can be found here: <a href="https://denturists-cdo.com/council-minutes-packages">College of Denturists of Ontario - Council Minutes &amp; Packages (denturists-cdo.com)</a></p> <p>2023-2025 Strategic Plan’s Action Plan: <a href="https://denturists-cdo.com/2023-12-09-2023-2025-cdo-strategic-plan-action-plan.pdf">2023-12-09-2023-2025-cdo-strategic-plan-action-plan.pdf (windows.net)</a></p> <p>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:</p> <ul style="list-style-type: none"><li>• CPMF: <a href="https://denturists-cdo.com/cpmf">College of Denturists of Ontario - College Performance Measurement Framework (CPMF) (denturists-cdo.com)</a></li><li>• Fair Registration Practices Report: <a href="https://denturists-cdo.com/fair-registration-practices">College of Denturists of Ontario - Fair Registration Practices (denturists-cdo.com)</a></li><li>• Annual Report and Audited Financial Statements: <a href="https://denturists-cdo.com/annual-reports">College of Denturists of Ontario - Annual Reports (denturists-cdo.com)</a></li></ul>	
		<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>	

## 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.

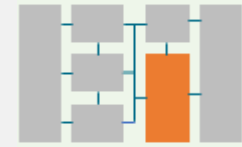
In those instances where a College does not have the data or the ability to calculate the context measure at this point in time it should state: ‘Nil’ and indicate any plans to collect the data in the future.

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.

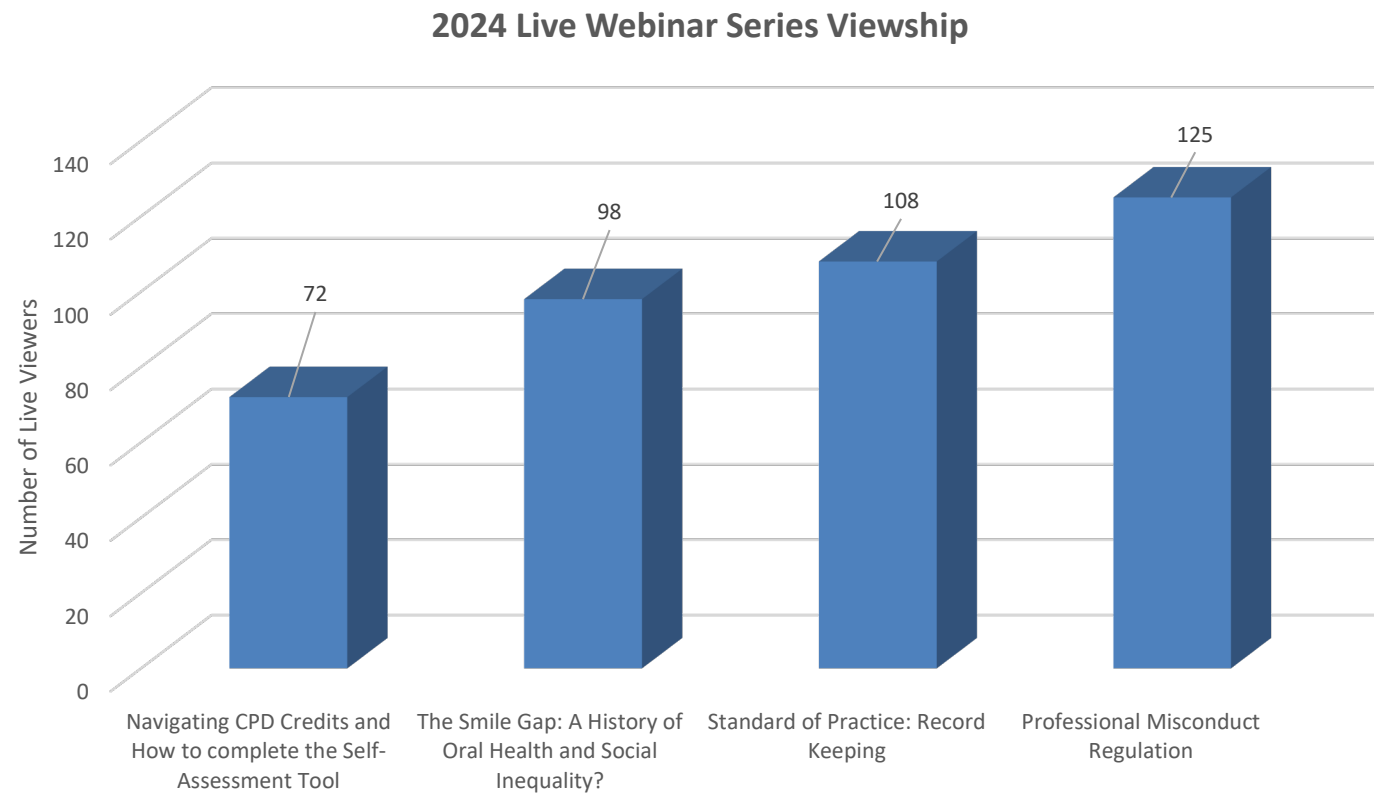
The ministry has also included hyperlinks of the definitions to a glossary of terms for easier navigation.

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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: Recommended <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 2024*		<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 2024. 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>	
Type of QA/QI activity or assessment:	#		
I. Chart Audit (Component of the Peer & Practice Assessment) – QA Activity	46		
II. Practice Inspection (component of the Peer & Practice Assessment) – QA Activity	46		
III. Continuing Professional Development (CPD) Audit – QA Activity	NR		
IV. Self-Directed Learning Assignments related to Standards of Practice (CPD) – QI Activity	52		
V. Live Webinars (CPD) – QI Activity	403		
VI. On-Demand Webinars (CPD) – QI Activity	537		
VII. Self-Assessment Tool – QI/QA Activity	46		
VIII. Peer Circles – QI Activity (3 Peer Circle Events Combined)	111		
IX. Case Writing workshop	11		

<p><i>* 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.</i></p> <p><a href="#">NR</a></p>	
<p><i>Additional comments for clarification (if needed)</i></p> <p><b>The CDO continues to 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 2024, the live webinar topics were:</b></p> <ul style="list-style-type: none"><li>• <b>Navigating CPD Credits and How to complete the Self-Assessment Tool</b></li><li>• <b>The Smile Gap: A History of Oral Health and Social Inequality?</b></li><li>• <b>Standard of Practice: Record Keeping</b></li><li>• <b>Professional Misconduct Regulation</b></li></ul> <p><b>Peer Circles</b></p> <p><b>The College held two in-person Peer Circle events in 2024. In preparation for the event, the CDO held a Case Writing Workshop for 11 Case Writers. The Case Writers participated in a weekend workshop during which twelve cases aligned with CDO Standards and Competencies were developed. The first Peer Circles event was held on October 25, 2024, at the Spectrum Day conference, with 35 registrants in attendance. The second event was hosted on November 7, 2024, during the Denturists Group of Ontario’s annual continuing education conference, attracting 76 registrants.</b></p>	



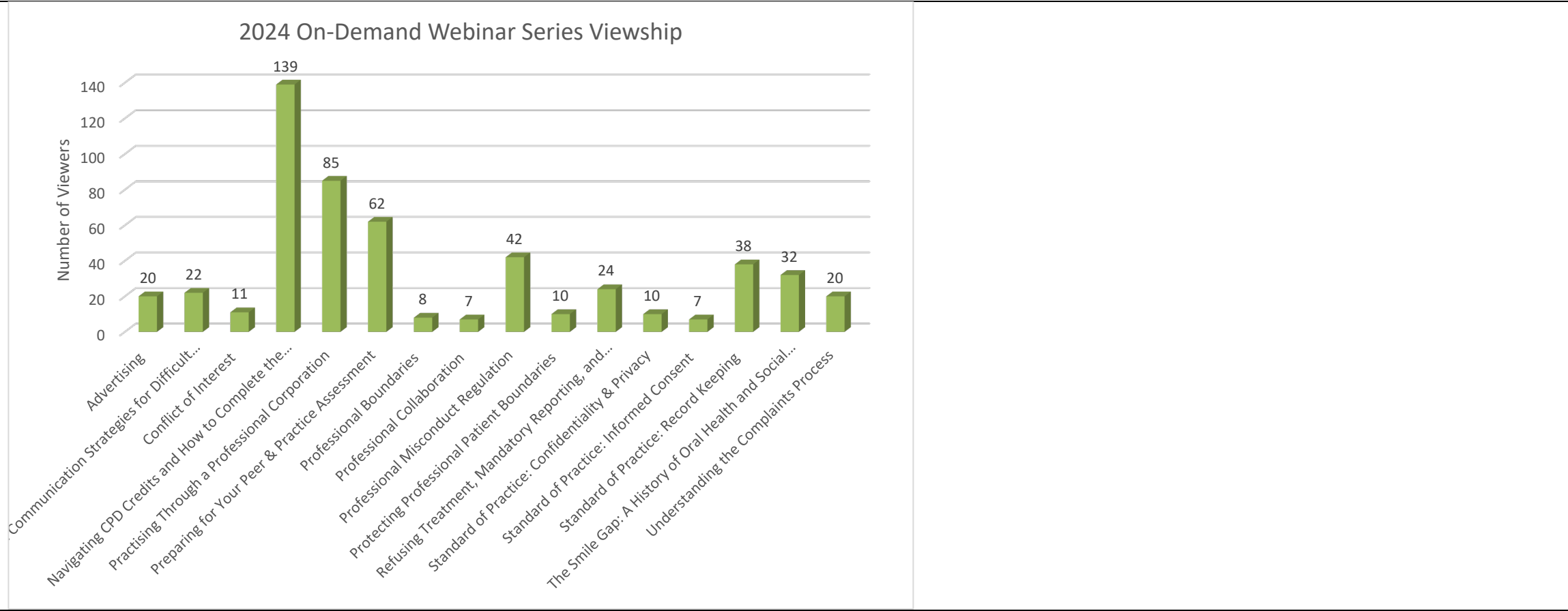


Table 2 – Context Measures 2 and 3

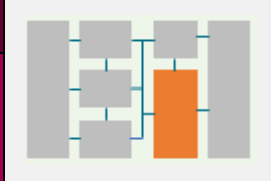
DOMAIN 6: SUITABILITY TO PRACTICE			
STANDARD 10			
Statistical data collected in accordance with the recommended method or the College own method: Recommended			
If a College method is used, please specify the rationale for its use:			
Context Measure (CM)			
	#	%	What does this information tell us? 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.
CM 2. Total number of registrants who participated in the QA Program CY 2024	46	6%	
CM 3. 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 2024.	NR	NR	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 2024, understanding that some cases may carry over.
<a href="#">NR</a>			
Additional comments for clarification (if needed)			
-			

Table 3 – Context Measure 4

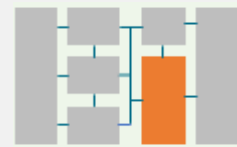
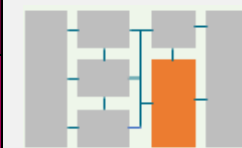
DOMAIN 6: SUITABILITY TO PRACTICE				
STANDARD 10				
Statistical data collected in accordance with the recommended method or the College’s own method: Recommended				
If a College method is used, please specify the rationale for its use:				
Context Measure (CM)				
CM 4. Outcome of remedial activities as at the end of CY 2024:**		#	%	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. Registrants who demonstrated required knowledge, skills, and judgement following remediation*		N/A	N/A	
II. Registrants still undertaking remediation (i.e., remediation in progress)		NR	NR	
<a href="#">NR</a> * This number may include registrants who were directed to undertake remediation in the previous year and completed reassessment in CY 2024. **This measure may include any outcomes from the previous year that were carried over into CY 2024.				
Additional comments for clarification (if needed)				
All registrants who were ordered remedial activity are still undertaking remediation based on the timing of the QA Committee’s review close to the end of the CPMF reporting year.				
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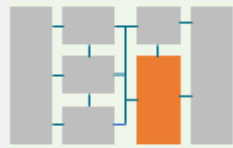


Table 4 – Context Measure 5

DOMAIN 6: SUITABILITY TO PRACTICE					
STANDARD 12					
Statistical data is collected in accordance with the recommended method or the College’s own method: Recommended <i>If a College method is used, please specify the rationale for its use:</i>					
Context Measure (CM)					
CM 5. Distribution of formal complaints and Registrar’s Investigations by theme in CY 2024		Formal received	Complaints	Registrar initiated	Investigations
Themes:		#	%	#	%
I. Advertising		0	0	0	0
II. Billing and Fees		NR	0	0	0
III. Communication		18	67%	0	0
IV. Competence / Patient Care		NR	NR	0	0
V. Intent to Mislead including Fraud		NR	0	0	0
VI. Professional Conduct & Behaviour		NR	NR	0	0
VII. Record keeping		0	0	0	0
VIII. Sexual Abuse		0	0	0	0
IX. Harassment / Boundary Violations		0	0	0	0
X. Unauthorized Practice		0	0	0	0
XI. Qther – Fit and Function of Dentures		NR	NR	0	0
Total number of formal complaints and Registrar’s Investigations**		27	100%	0	0%
What does this information tell us? This information facilitates transparency to the public, registrants and the ministry regarding the most prevalent themes identified in formal complaints received and Registrar’s Investigations undertaken by a College.					

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

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: R e c o m m e n d e d					
If a College method is used, please specify the rationale for its use:					
Context Measure (CM)					
CM 6.	Total number of formal complaints that were brought forward to the ICRC in CY 2024	27		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.	
CM 7.	Total number of ICRC matters brought forward as a result of a Registrar’s Investigation in CY 2024	0			
CM 8.	Total number of requests or notifications for appointment of an investigator through a Registrar’s Investigation brought forward to the ICRC that were approved in CY 2024	0			
CM 9.	Of the formal complaints and Registrar’s Investigations received in CY 2024**:	#	%		
I.	Formal complaints that proceeded to Alternative Dispute Resolution (ADR)	0	0		
II.	Formal complaints that were resolved through ADR	0	0		
III.	Formal complaints that were disposed of by ICRC	22	81%		
IV.	Formal complaints that proceeded to ICRC and are still pending	5	19%		
V.	Formal complaints withdrawn by Registrar at the request of a complainant	0	0		
VI.	Formal complaints that are disposed of by the ICRC as frivolous and vexatious	0	0		

VII. Formal complaints and Registrar’s Investigations that are disposed of by the ICRC as a referral to the Discipline Committee	0	0	
<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>  <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>			
Additional comments for clarification (if needed)			

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 2024	22						
Distribution of ICRC decisions by theme in 2024*	# 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	0	0	0	0	0	0	0
III. Communication	12	7	0	0	0	0	0
IV. Competence / Patient Care	0	NR	0	0	0	0	0
V. Intent to Mislead Including Fraud	0	0	0	0	0	0	0
VI. Professional Conduct & Behaviour	NR	NR	0	0	0	0	0
VII. Record Keeping	0	0	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



Table 7 – Context Measure 11

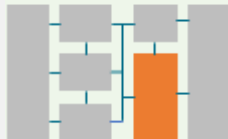
DOMAIN 6: SUITABILITY TO PRACTICE			
STANDARD 12			
Statistical data collected in accordance with the recommended method or the College own method: Recommended			
If College method is used, please specify the rationale for its use:			
Context Measure (CM)			
CM 11. 90 <sup>th</sup> Percentile disposal of:	Days	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. A formal complaint in working days in CY 2024	145.80	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.	
II. A Registrar’s investigation in working days in CY 2024	N/A		
<a href="#">Disposal</a>			
Additional comments for clarification (if needed)			
-			

Table 8 – Context Measure 12

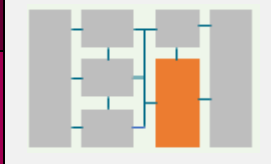
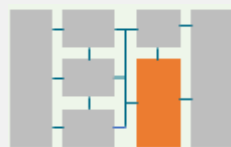
DOMAIN 6: SUITABILITY TO PRACTICE		
STANDARD 12		
Statistical data collected in accordance with the recommended method or the College’s own method: Recommended		
If a College method is used, please specify the rationale for its use:		
Context Measure (CM)		
CM 12. 90th Percentile disposal of:	Days	What 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 2024	127	
II. A contested discipline hearing in working days in CY 2024	N/A	
<a href="#">Disposal</a> <a href="#">Uncontested Discipline Hearing</a> <a href="#">Contested Discipline Hearing</a>		
Additional comments for clarification (if needed)		
-		



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

If College method is used, please specify the rationale for its use:

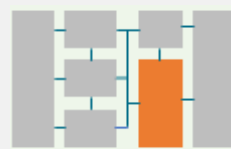
Context Measure (CM)		
CM 13. Distribution of Discipline finding by type*		<i>What does this information tell us? This information facilitates transparency to the public, registrants and the ministry regarding the most prevalent discipline findings where a formal complaint or Registrar’s Investigation is referred to the Discipline Committee by the ICRC.</i>
Type	#	
I. Sexual abuse	0	
II. Incompetence	0	
III. Fail to maintain Standard	0	
IV. Improper use of a controlled act	0	
V. Conduct unbecoming	0	
VI. Dishonourable, disgraceful, unprofessional	N/R	
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	

*\* 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)*

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: R e c o m m e n d e d			
If a College method is used, please specify the rationale for its use:			
Context Measure (CM)			
CM 14. Distribution of Discipline orders by type*		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.	
Type	#		
I. Revocation	0		
II. Suspension	0		
III. Terms, Conditions and Limitations on a Certificate of Registration	0		
IV. Reprimand	0		
V. Undertaking	0		
* 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.			
<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> -			
Additional comments for clarification (if needed)			
There was only one discipline hearing case file (uncontested) that was disposed of in FY 2024. For the uncontested hearing, the Registrant and College came to an agreement that the Registrant will undertake to resign and never reapply for registration in exchange for the College withdrawing its allegations as noted in the Notice of Hearing. In the circumstances of this case, the Discipline Panel felt it was appropriate to permit the withdrawal of the allegations given the Undertaking that would serve the best outcome for public protection.			

## 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](#)