COLLEGE OF DENTURISTS OF ONTARIO

100th Council Meeting

Friday, June 19, 2020 – 10:00 a.m. to 11:30 a.m.

Held via GoToMeeting

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AGENDA

Item		Action	Page #
1.	**Call to Order**		
2.	**Introduction of New Council Members**		
3.	**Reflections on 100 Meetings of Council – Mr. Collins**		
4.	**Approval of Agenda**	Decision	**1**
5.	**Declaration of Conflict(s)** Comments on Conflict of Interest Rebecca Durcan, College Counsel, Partner, Steinecke Maciura LeBlanc	Decision	
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MISSION STATEMENT

The mission of the College of Denturists of Ontario is to regulate and govern the profession of Denturism in the public interest.

MANDATE AND OBJECTIVES

Under the *Regulated Health Professions Act 1991*, the duty of each College is to serve and protect the public interest by following the objects of the legislation. The objects of the College of Denturists are:

1. To regulate the practice of the profession and to govern the members in accordance with the health profession Act, this Code and the *Regulated Health Professions Act, 1991* and the regulations and by-laws.
2. To develop, establish and maintain standards of qualification for persons to be issued certificates of registration.
3. To develop, establish and maintain programs and standards of practice to assure the quality of the practice of the profession.
4. To develop, establish and maintain standards of knowledge and skill and programs to promote continuing evaluation, competence and improvement among the members.

    4.1 To develop, in collaboration and consultation with other Colleges, standards of knowledge, skill and judgment relating to the performance of controlled acts common among health professions to enhance inter-professional collaboration, while respecting the unique character of individual health professions and their members.

5. To develop, establish and maintain standards of professional ethics for the members.
6. To develop, establish and maintain programs to assist individuals to exercise their rights under this Code and the *Regulated Health Professions Act, 1991*.
7. To administer the health profession Act, this Code and the *Regulated Health Professions Act, 1991* as it relates to the profession and to perform the other duties and exercise the other powers that are imposed or conferred on the College.
8. To promote and enhance relations between the College and its members, other health profession colleges, key stakeholders, and the public.
9. To promote inter-professional collaboration with other health profession colleges.
10. To develop, establish, and maintain standards and programs to promote the ability of members to respond to changes in practice environments, advances in technology and other emerging issues.
11. Any other objects relating to human health care that the Council considers desirable. 1991, c. 18, Sched. 2, s. 3 (1); 2007, c. 10, Sched. M, s. 18; 2009, c. 26, s. 24 (11).

COLLEGE OF DENTURISTS OF ONTARIO

Agenda Item 7.1

BRIEFING NOTE – REVISED – JUNE 18, 2020
For insertion ahead of Package Page 6

To: **Council**

From: **Dr. Glenn Pettifer, Registrar & CEO**

Date: **June 18, 2020**

Subject: **Election of Officers**

At its meeting on June 19, 2020, Council will elect its officers for the coming year. Here is the framework:

Pursuant to Article 24.01 of the By-laws: "The Executive Committee shall be composed of the President, the Vice-President and at least three (3) other members of Council. At least three (3) members of the Executive Committee shall be Members and at least two (2) members of the Executive Committee shall be Public Members…" Please note that the number of members of the Executive Committee is not capped. In the past, Council has elected a 5-member Executive Committee.

Pursuant to Article 6.01 of the By-laws: only a member of Council is eligible for nomination/election as an officer of the College and only a member appointed by the Lieutenant Governor in Council is eligible for nomination/election as President.

Prior to the election of officers, Council will be asked if it wishes to continue with the 5-member composition of the Executive Committee.

A motion to confirm a 5-member composition of the Executive Committee is required.

The nominees received for the 5 seats on the Executive Committee are:

President:
Kris Bailey (Public Appointee)

Vice-President:
Alexia Baker Lanoue (Member of the Profession)

Members-at-Large
Lileath Claire (Public Appointee)
Keith Collins (Member of the Profession)
Michael Vout Jr. (Member of the Profession)

Since there were nominations for every position on the Executive Committee, no nominations will be sought from the floor.

If Council has confirmed a 5-member Executive Committee then each of the nominees is elected by acclamation.

If this is the case, Council is asked to consider a motion to confirm the election of the slate by acclamation.

COLLEGE OF DENTURISTS OF ONTARIO

Agenda Item 8.1

BRIEFING NOTE

To: **Council**

From: **Dr. Glenn Pettifer, Registrar & CEO**

Date: **June 19, 2020**

Subject: **Slate for Committee Memberships for 2020-2021**

The proposed Slate for Committee Memberships for 2020-2021 is attached. Normally this Slate is developed by the Nominating Committee. However, this year the Nominating Committee is not properly constituted because Dr. MacFarlane, who passed away in February, held both the Vice President and Past President positions. Consequently, the proposed Slate was approved by the Executive Committee on June 10, 2020 for submission to Council.

Fifteen non-Council Registered Denturists volunteered for positions on various Committees.

Options:

After consideration and discussion of the attached proposed Slate, Council may:

1. Adopt a motion to approve the proposed Slate
2. Request amendments to the proposed Slate and adopt a motion to approve the amended Slate
3. Other

College of Denturists of Ontario

Proposed Slate for Statutory and Non-Statutory Committees for 2020-2021

Executive Committee (Elected)	Inquires, Complaints & Reports (ICRC)	Registration	Quality Assurance (QA) Panel A	Quality Assurance (QA) Panel B	Patient Relations	Discipline	Fitness to Practice
President Vice President AT LEAST: 3 Professional Members 2 Public Members	AT LEAST: 2 Professional Members 2 Public Members 1 or more NCCM or persons	AT LEAST: 2 Professional Members 1 Public Member 1 or more NCCM or persons	AT LEAST: 2 Professional Members 1 Public Member 2 or more NCCM MAY HAVE: 1 or more persons	AT LEAST: 2 Professional Members 1 Public Member 2 or more NCCM MAY HAVE: 1 or more persons	AT LEAST: 2 Professional Members 2 Public Members 1 or more NCCM or persons	All Members of Council AT LEAST: 1 or more NCCM	All Members of Council AT LEAST: 1 or more NCCM
	Barbara Smith	**Elizabeth Gorham-Matthews**	**Keith Collins**	**Noa Grad**	**Alexia Baker-Lanoue**	**Gord White**	**Michael Vout, Jr.**
	Kris Bailey	Kris Bailey	Abdelatif Azzouz	Braden Neron	Lileath Claire	Abdelatif Azzouz	Abdelatif Azzouz
	Alexia Baker-Lanoue	Lileath Claire	Lileath Claire	Christopher Reis	Keith Collins	Kristine Bailey	Kristine Bailey
	Jack Biernaski	Joseph Whang	Karla Mendez-Guzman	Joseph Whang	Norbert Gieger	Alexia Baker-Lanoue	Alexia Baker-Lanoue
	Carmelo Cino	Gaganot Singh	Marija Popovic	Gord White	Elizabeth Gorham-Matthews	Jack Biernaski	Jack Biernaski
	Noa Grad	Braden Neron	Gaganjot Singh	Garnett Pryce	Karla Mendez-Guzman	Eddy Chin	Eddy Chin
	Emilio Leuzzi	Garnett Pryce	Paul Karolidis		Paul Karolidis	Lileath Claire	Lileath Claire
	Christopher Reis	Rahul Bapna	Rahul Bapna		Gord White	Eugene Cohen	Keith Collins
	Michael Vout, Jr.	Akram Ghassemiyan	Gord White		Rahul Bapna	Keith Collins	Norbert Gieger
	Lileath Claire	Norbert Geiger			Danielle Arsenault	Norbert Gieger	Noa Grad
	Eddy Chin	Majid Ahangaran				Noa Grad	Paul Karolidis
Nominating Committee	Marija Popovic	**NON-STATUTORY COMMITTEES**				Paul Karolidis	Garnett A. D. Pryce
Past President Vice-President 1 Public Member		**Qualifying Examination**	**Qualifying Exam Appeals**			Emilio Leuzzi	Christopher Reis
		AT LEAST: 1 Professional Member 1 Public Member 1 NCCM	AT LEAST: 1 Professional Member 1 Public Member 1 NCCM			Garnett A. D. Pryce	Gaganjot Singh
		Michael Vout, Jr.	**Lileath Claire**			Christopher Reis	Gord White
		Majid Ahangaran	Noa Grad			Bruce Selinger	Braden Neron
		Abdelatif Azzouz	Braden Neron			Gaganjot Singh	
		Karla Mendez-Guzman	Danielle Arsenault			Michael Vout, Jr.	
		Akram Ghassemiyan				Braden Neron	
		Milania Shahata				Marija Popovic	
		Marija Popoivc					
		Danielle Arsenault					
		Gord White					

Statutory Committee Chairs	
ICRC	Barbara Smith
Registration	Elizabeth Gorham-Matthews
QA – Panel A	Keith Collins
QA – Panel B	Noa Grad
Patient Relations	Alexia Baker-Lanoue
Discipline	Gord White
Fitness to Practice	Michael Vout, Jr.
Non-Statutory Committee Chairs	
Qualifying Examination	Michael Vout, Jr.
Qualifying Exam Appeals	Lileath Claire

LEGEND
Professional Member
Public Member
Non-Council Committee Member
Person (Member of the Public)

COLLEGE OF DENTURISTS OF ONTARIO

Agenda Item 9.0

To: **Council**

From: **Dr. Glenn Pettifer**

Date: **June 19, 2019**

Subject: **Registrar's Report May 1, – June 19 2020**

I am pleased to provide this report to Council.

Since Council's last teleconference meeting on May 1, 2020 where a reduction in fees for Certificates of Registration was approved, there has been a lot of activity on the staff side to process all of the refunds to individuals who had already paid Certificate of Registration Renewal fees. We have just concluded the first installment period (May 29, 2020) so there was a lot of activity associated with members submitting their documentation and making their first installment payments by May 29 – although some Registered Denturists did forego the installment option and paid everything.

On top of this we were tasked with drafting the Guide for Return to Practice that was released on May 22, 2020. This document was released in conjunction with the General Infection Prevention and Control Guidelines that have been in the works over the last year. The consultation period for the general guidelines ended in May and the Executive Committee adopted a motion to release the general Guidelines with the Guide for Return to Practice.

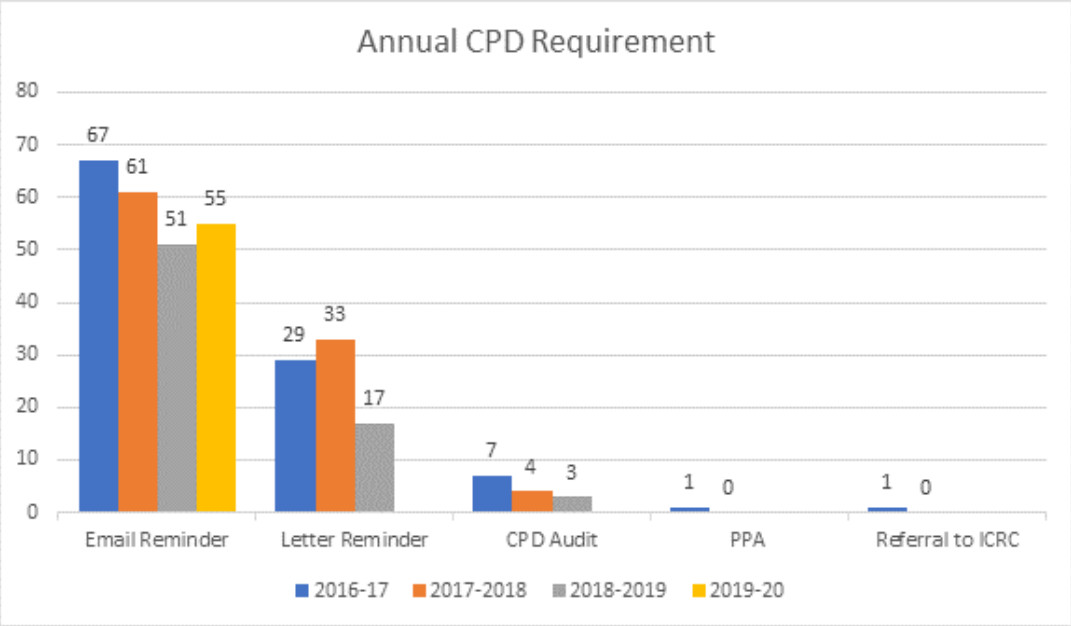
Luckily, we had these documents released to Registered Denturists as we were taken by surprise on May 26, 2020 when the Chief Medical Officer of Health amended the Directive 2 to provide for a return to the provision of non-essential care for all regulated health professionals. This was a welcome development but still did catch quite a few people unprepared for an immediate return to practice. Since May 26, 2020 College staff have been busy providing Practice Advice support to Registered Denturists as they return to practice.

REGISTRATION

The College's annual renewal for Certificates of Registration and Authorization of Health Profession Corporations ran from March 1 – April 14, 2020 (for documentation) and the first payment installment was due May 29, 2020 and then second is due on October 30, 2020.

Year	Resignations	Notice of Intent to Suspend	Suspensions
2020	8	37	Response due July 17
2019	13	40	5
2018	10	66	10
2017	9	45	7

At the time of renewal of a Certificate of Registration, Registered Denturists are required to report their CPD (Continuing Professional Development) activity for the previous year. Individuals who do not report that information will receive several reminders from the College, starting with an email. The bar graph below shows the number of individuals who were sent email reminders this year and for the previous 3 years.



QUALIFYING EXAMINATION

The summer Qualifying Examination that normally takes place in June was cancelled because of the COVID-19 Pandemic. The College is waiting on information from the educational institutions regarding when the final year classes are anticipated to graduate in the fall before the next Qualifying Examination date is selected.

ICRC

The College currently has 8 active complaint files, 3 Registrar's Reports/Investigations, 1 referral to ICRC by Quality Assurance Panel A, 1 active Health Inquiry Panel, 2 decisions at HPARB and 1 pending Discipline Hearing.

WEBINAR ATTENDANCE BY REGISTERED DENTURISTS

Standard of Practice – Topic	**Live = # of Attendees (Winter/Spring 2020)**	**On Demand (since December 6 Council meeting) = # of Views**
Record Keeping	43	30
Informed Consent	55	21
Confidentiality & Privacy	75	41
Conflict of Interest	62	43
Restricted Title & Professional Designations	75	51
Professional Collaboration	93	109
Advertising	74	26

COLLEGE OF DENTURISTS OF ONTARIO

98th Council Meeting
In-Person

365 Bloor Street East, Suite 1606, Toronto, ON M4W 3L4
Friday, December 6, 2019 – 9:00 a.m. to 3:30 p.m.

MINUTES

Members Present:	Dr. Ivan McFarlane	➢ President
	Mr. Abdelatif Azzouz	
	Ms. Kristine Bailey	
	Ms. Alexia Baker-Lanoue	
	Ms. Lileath Claire	
	Mr. Keith Collins	
	Mr. Robert C. Gaspar	
	Ms. Anita Kiriakou	
	Mr. Christopher Reis	
	Mr. Michael Vout, Jr.	
Regrets:	Mr. Jack Abergel	
	Mr. Gord White	
Legal Counsel:	Ms. Rebecca Durcan, Steinecke, Maciura and LeBlanc	
Staff:	Dr. Glenn Pettifer, Registrar and CEO	
	Ms. Megan Callaway, Manager, Council and Corporate Services	
	Ms. Catherine Mackowski, Manager, Professional Conduct	
	Ms. Jennifer Slabodkin, Manager, Registration, Quality Assurance and Policy	
	Mr. Roderick Tom-Ying, Manager, Strategic Initiatives	

1. **Call to Order**

   The Acting President, called the meeting to order at 9:15 a.m.; however, no motions were made until quorum was met at 9:21 a.m.

   Ms. Kiriakou and Mr. Vout, Jr. joined the meeting at 9:21 a.m. Mr. Reis and Mr. Collins joined the meeting at 9:36 a.m. and 10:14 a.m. respectively.

2. Approval of Agenda

The following amendments to the agenda were proposed:

- The addition of item 18: Committee Memberships, and that the current item 18: Adjournment will become item 19.
- The correction of the next meeting date of Friday, March 27, 2020.
- The correction that item 7 is for decision and item 8 is for information.

MOTION: To approve the Agenda as amended.

MOVED: A. Kiriakou
SECONDED: K. Bailey

CARRIED

3. Declaration of Conflict(s)

No conflicts of interest were declared. Comments on conflict of interest were made by Ms. Rebecca Durcan, College Counsel.

4. College Mandate

The President drew Council members' attention to the College Mandate and the College Mission, which were provided.

5. Consent Agenda

The following items were removed from the Consent Agenda:

- 5.2: Council Meeting Feedback Survey Results
- 5.11: Registration Committee Report
- 5.13: President's Report – Verbal
- 5.14: Registrar's Report
- 5.17.1: Legislative Update
- 5.18: Correspondence

MOTION: To approve the Consent Agenda as amended.

MOVED: M. Vout, Jr.
SECONDED: A. Baker-Lanoue

CARRIED

The low response rate to the Council Meeting Feedback Surveys was noted and Council members' participation in the feedback process was encouraged.

It was clarified that, in the Registration Committee Report to Council, "currency" refers to the number of hours that a member has engaged in practice which members are required to report upon annual renewal of their Certificate of Registration. The Registration Committee considers

matters when a member's practice activity falls below a minimum number of hours.

The Acting President, Dr. Ivan McFarlane, read the President's Report to Council, submitted by Mr. Hanno Weinberger.

The Registrar provided additional information regarding work at the national level related to a national competency profile and qualifying examination.

A correction was noted on page 49 of the meeting package that Ms. Lileath Claire obtained an MBA Certificate from York.

Ms. Rebecca Durcan, College Counsel, provided comments on the Legislative Update.

Ms. Rebecca Durcan, College Counsel, provided comments on the correspondence between the College of Denturists of Ontario and the Denturist Association of Ontario.

MOTION: To approve items 5.2, 5.11, 5.13, 5.14, 5.17.1, and 5.18.

MOVED: A. Baker-Lanoue
SECONDED: K. Bailey

CARRIED

6. Waiving the Fee Increase for 2020-2021 – By-law Article 31.05

MOTION: To wave the fee increase prescribed by By-law Article 31.05 for the 2020-2021 fiscal year.

MOVED: M. Vout, Jr.
SECONDED: K. Collins

CARRIED

7. Consideration of the Draft of the College's 2018-2019 Annual Report

MOTION: To accept the 2018-2019 Annual Report as presented.

MOVED: K. Collins
SECONDED: L. Claire

CARRIED

8. Presentation: The Citizen Advisory Group: Exploring the Public Opinion in Regulation
Dr. Glenn Pettifer, Registrar & CEO, gave a presentation regarding the Citizen Advisory Group.

9. Draft Infection Prevention and Control Guidelines

It was suggested that guideline 2.1: Personal Risk Assessment be elaborated.

MOTION: To approve the draft Infection Prevention and Control Guidelines for stakeholder consultation.

MOVED: A. Kiriakou
SECONDED: K. Collins

CARRIED

10. Health Profession Regulatory Bodies – Governance Updates – BC Government Considers Bold Modifications to Health Profession Regulation

Ms. Rebecca Durcan, College Counsel, gave a presentation regarding a recent consultation paper, Modernizing the Provincial Health Profession Regulatory Framework in British Columbia.

11. Standard of Practice: Record Keeping – Revisions to the Standard

MOTION: To adopt the proposed amendments to the revised Standard of Practice: Record Keeping and approve the draft for stakeholder consultation.

MOVED: A. Azzouz
SECONDED: K. Collins

CARRIED

12. Standard of Practice: Professional Boundaries

It was noted that in the draft Guide, on page 214 of the meeting package, under the first Practice Scenario, the word "issue" was misspelled.

MOTION: To approve the revised Standard of Practice: Professional Boundaries for release for stakeholder consultation.

MOVED: K. Collins
SECONDED: M. Vout, Jr.

CARRIED

13. Standard of Practice: Procedures

MOTION: To retire the draft Standard of Practice: Procedures.

MOVED: K. Collins
SECONDED: A. Kiriakou

CARRIED

14. Draft Policy: Revised Language Proficiency Requirements

MOTION: To accept both the CAEL CE and CELPIP language proficiency tests as part of the College's language proficiency requirements.

MOVED: K. Collins
SECONDED: M. Vout, Jr.

CARRIED

15. Draft Policy: Academic Credential Authentication

MOTION: To approve the revised policy.

MOVED: A. Azzouz
SECONDED: K. Bailey

CARRIED

16. Draft Policy: Insufficient or Incomplete Documentation

MOTION: To approve the revised policy.

MOVED: A. Baker-Lanoue
SECONDED: M. Vout, Jr.

CARRIED

17. Next Meeting Date

It was noted that the 99th Council Meeting will be held on Friday, March 27, 2020.

18. Committee Membership

MOTION: To adopt a motion making the appointments as recommended.

MOVED: A. Kiriakou
SECONDED: R. C. Gaspar

CARRIED

19. Adjournment

The meeting was adjourned at 1:11 p.m.

President Date

Dr. Glenn Pettifer
Registrar and CEO Date

COLLEGE OF DENTURISTS OF ONTARIO

99th Council Meeting
Teleconference

Held via GoToMeeting
Friday, May 1, 2020 – 11:00 a.m. to 11:15 a.m.

MINUTES

Members Present:	Ms. Kristine Bailey	➢ President
	Mr. Jack Abergel	
	Mr. Abdelatif Azzouz	
	Ms. Alexia Baker-Lanoue	
	Mr. Jack Biernaski	
	Mr. Eddy Chin	
	Ms. Lileath Claire	
	Mr. Robert C. Gaspar	
	Mr. Christopher Reis	
	Mr. Gaganjot Singh	
	Mr. Michael Vout, Jr.	
	Mr. Gord White	
Absent:	Mr. Keith Collins	
Legal Counsel:	Ms. Rebecca Durcan, Steinecke, Maciura and LeBlanc	
Staff:	Dr. Glenn Pettifer, Registrar and CEO	
	Ms. Megan Callaway, Manager, Council and Corporate Services	

1. **Call to Order**
   The meeting was called to order at 11:05 a.m.

2. **Introduction of New Members of Council**
   New Council members, Mr. Eddy Chin, Mr. Gaganjot Singh, and Mr. Jack Biernaski, were introduced.

3. **Election of President**
   Mr. Gord White withdrew his nomination for the position of President. Ms. Kris Bailey was elected by acclamation to the position of President for the remainder of the current term.

4. Next Meeting Date

It was noted that the next Council meeting date is tentatively scheduled for Friday, June 12, 2020.

5. Recess

The public meeting of Council recessed at 11:26 a.m.

Ms. Kris Bailey President	Date
Dr. Glenn Pettifer Registrar and CEO	Date

COLLEGE OF DENTURISTS OF ONTARIO

COMMITTEE REPORT TO COUNCIL

Name of Committee: **Executive Committee**

Reporting Date: **June 19, 2020**

Number of Meetings since last Council Meeting: **12**

The Executive Committee met by teleconference on Friday, March 6, 2020 to consider the customary items and:

- The current financial statements for April 1, 2019 to January 31, 2020
- The proposed 2020-2021 Budget
- A budget forecast for 2020-2025
- Proposed by-law amendments regarding an "Administrative Fee for Notices"
- 12 Clinic Name Registration Applications
- A request for in-clinic dental hygiene equipment

During the COVID-19 pandemic, the Executive Committee met 11 times to consider:

- The directives from the Chief Medical Office of Health for Ontario and the Provincial Emergency Declaration
- Amended renewal fee payment schedule (2 instalments)
- Other matters related to the COVID-19 pandemic and communication with Registered Denturists.
- Committee appointments
- Extension of the nomination period for elections in Districts 2 (by-election), 3, 4, and 5
- The revised proposed 2020-2021 Budget, including a 50% reduction in the Registration Fee for 2020-2021.
- The Guidelines for Infection Prevention and Control in the Practice of Denturism and the Guide for Return to Practice for Denturists

Respectfully submitted by Ms. Kris Bailey,
President and Chair of the Executive Committee

COLLEGE OF DENTURISTS OF ONTARIO

Agenda Item 10.3

COMMITTEE REPORT TO COUNCIL

Name of Committee: **Inquiries, Complaints and Reports Committee**

Reporting Date: **June 19, 2020**

Number of Meetings since last Council Meeting: **5**

Role of the Committee

The Inquiries, Complaints and Reports Committee supports the College's commitment to the public interest in safe, competent and ethical care and service. It receives and considers complaints and reports concerning the practice and conduct of Registered Denturists.

Executive Summary

Since the December 6, 2019 Council meeting, the ICRC has considered 29 investigations and made final dispositions 15 in matters.

Decisions Finalized:

Complaints	**10**
Health Inquiry	**1**
Registrar's Reports	**4**
Total	**15**

Dispositions (some cases may have multiple dispositions or multiple members)

No Further Action	5
Advice/Recommendation/Reminder	4
SCERP (incl. Coaching and Training)	4
Cautions	3
Referral to Health Inquiry Panel	0
Referral to Discipline	2
Undertaking	1
Deferred	8

Practice Issues (identified by ICRC at the time the decision is made)
**** Some cases may not have a Secondary Issue***

Practice Issue	Primary Issue	Secondary Issue
Patient harm/Patient Safety		
Clinical knowledge/understanding		2
Clinical Skill/Execution	3	1
Communication	3	
Relationship with Patient	2	
Professional Judgment	2	
Legislation, standards & ethics	1	1
Laboratory Procedures		
Practice Management	3	
Professional Relationships	1	

Cases Considered by the Committee:

Complaints	**20**
Registrar's Reports	**8**
Health Inquiries	**1**

New Files Received during this period:

Complaints	**10**
Registrar's Reports	**1**
Health Inquiries	**0**

HPARB appeals

Total Appeals pending	2
New Appeals	1
ICRC Decision confirmed – case closed	3
ICRC Decision returned to ICRC	0
Appeal withdrawn – case closed	0
Files 150 days	0
Files 210 days	0
Files 210+ days	0

Respectfully submitted by Ms. Barbara Smith
Chair of the Inquiries, Complaints and Reports Committee

COLLEGE OF DENTURISTS OF ONTARIO

COMMITTEE REPORT TO COUNCIL

Name of Committee: **Discipline Committee**

Reporting Date: **June 19, 2020**

Number of Meetings since last Council Meeting: **3**

Introduction: Role of the Committee
The Discipline Committee supports the College's commitment to the public to address concerns about practice and conduct.

Executive Summary
Since the December 6, 2019 Council meeting, the Discipline Committee has reviewed 2 referrals of the same Member, considered in writing on May 8 and 21, 2020. The Order was provided to the Member on May 21, 2020 but the Decision, Reasons, and Reprimand are currently being drafted.

In addition, members of the Panel and an invitation to the broader College Council, participated in Discipline Committee training provided by Independent Legal Counsel at Weir Foulds on April 9, 2020 via Zoom teleconferencing.

A. Panel Activities

1. Non-contested Matters (see below)

   Matters were resolved by the panel accepting agreed statements of fact and joint submission on penalty.

2. Penalty Orders (see below)

   The Discipline Committee panel made penalty orders in the matters:
   - One term, condition and limitation; and
   - 1 reprimand

3. Release of Decision and Reasons

The Discipline Committee is currently drafting the written decision and reasons and anticipate they will be completed within 60 days of the completion of the hearing.

B. Discipline Committee Meetings

The Committee held training April 9, 2020 to discuss procedural and administrative items.

Discipline Hearings:

Total hearings	1
Agreed statement of facts/joint submission on penalty	1

Penalty Orders:

Reprimand	1
Terms, Conditions, limitations	1

Respectfully submitted by Mr. Bruce Selinger
Acting Chair of the Discipline Committee

COLLEGE OF DENTURISTS OF ONTARIO

COMMITTEE REPORT TO COUNCIL

Name of Committee: **Fitness to Practise Committee**

Reporting Date: **June 19, 2020**

Number of Meetings since last Council Meeting: **0**

Activities during the quarter:

There was no activity to report since the last report to Council.

Respectfully submitted by Mr. Michael Vout, Jr.
Chair of the Fitness to Practise Committee

COLLEGE OF DENTURISTS OF ONTARIO

COMMITTEE REPORT TO COUNCIL

Name of Committee: **Patient Relations Committee**

Reporting Date: **June 19, 2020**

Number of Meetings since last Council Meeting: **0**

The Patient Relations Committee did not meet since its last report to Council on December 6, 2019.

There is currently one individual receiving funding for therapy and counselling.

Respectfully submitted by Ms. Alexia Baker-Lanoue
Chair of the Patient Relations Committee

COLLEGE OF DENTURISTS OF ONTARIO

COMMITTEE REPORT TO COUNCIL

Name of Committee: **Quality Assurance Committee – Panel A**

Reporting Date: **June 19, 2020**

Number of Meetings since last Council Meeting: **2**

Role of the Committee

Panel A of the Quality Assurance Committee (QAC-A) considers Peer & Practice Assessment reports as an indicator of whether a member's knowledge, skill and judgement are satisfactory. The Committee also monitors member compliance with the CPD program and develops tools, programs and policies for the College's Quality Assurance Program.

QAC-A met in-person on January 24, 2020 and via teleconference on March 17, 2020.

Meeting: January 24, 2020

Requirement Considered	Result
2016-17 Peer & Practice Assessment	• 1 - Satisfactory
2018-19 Peer & Practice Assessments	• 2 - Satisfactory
2019-20 Peer & Practice Assessments	• 34 – Satisfactory • 9 – Remedial action required
2018-19 Annual CPD Requirements	• 3 - Extensions granted
2016-2019 CPD Cycle Requirements	• 3 – Extensions granted

Meeting: March 17, 2020 (Teleconference)

Requirement Considered	Result
2018-19 Peer & Practice Assessments	• 2 – Satisfactory

2019-20 Peer & Practice Assessments	• 11 – Satisfactory • 1 – Remedial Action Required • 1 – Deferral Request Approved
2018-19 Annual CPD Requirements	• 2 – Peer & Practice Assessment Ordered
2016-2019 CPD Cycle Requirements	• 2 – Peer & Practice Assessment Ordered • 1 – Referral to ICRC

Peer & Practice Assessment Report Summary:

Renewal Period	Satisfactory	Remediation	Reassessment Ordered for Remediation	Modified Non-Clinical Assessment	Referral to ICRC	Resigned	Files Still In Progress
2016-17 (Total = 37)	19	12	1	3	1	2	0
2017-18 (Total = 35)	17	17	0	1	0	0	0
2018-19 (Total = 36)	17	11	2	3	0	1	2
2019-20 (Total = 79)	49	15		4		1	10

CPD Compliance Summary:

Renewal Period	Extensions Granted	CPD Audit Ordered	Peer & Practice Assessment Ordered	Referred to ICRC for Non-Compliance
2016-17	7	7	0	1
2017-18	2	4	0	0
2018-19	5	3	1	n/a
2016-2019 Cycle	5	3	3	1

Program Development:

The Committee reviewed draft revisions to the CPD Compliance Policy and recommended changes to Schedule 7 of the College By-laws for repetitive and consecutive non-compliance.

Peer Circle development continued with a case writing workshop scheduled for March 6-7. A facilitator training workshop was scheduled for March 20-21 but was cancelled because of the COVID-19 Pandemic. The Self-Assessment Tool Pilot launched October 25, 2019. To date, 21 members have tested the tool and have reported very positive feedback, including:

- *Great reminder to keep improving in areas you already feel strong in as well;*
- *Questionnaire is straightforward and easy to understand;*
- *Nice summary of the entire scope to what makes a Denturist;*
- *It is impossible to know if Denturists WILL answer honestly. It will still prompt internal thought either way and I see that as the ultimate goal accomplished.*

Additionally, 100% of follow-up survey respondents thought that the tool helped them identify practice areas in which they want to focus.

The Committee will be meeting during the Summer for further review of Peer & Practice Assessment reports, and CPD compliance matters.

Respectfully submitted by Mr. Keith Collins
Chair of the Quality Assurance Committee – Panel A

COLLEGE OF DENTURISTS OF ONTARIO

COMMITTEE REPORT TO COUNCIL

Name of Committee:	**Quality Assurance Committee – Panel B**
Reporting Date:	**June 19, 2020**
Number of Meetings since last Council Meeting:	**0**

QAC-B has not met since its last report to Council on December 6th, 2019.

The Committee will meet over the summer to consider additional practice documents for development and revision.

Respectfully submitted by Ms. Noa Grad
Chair of the Quality Assurance Committee – Panel B

COLLEGE OF DENTURISTS OF ONTARIO

COMMITTEE REPORT TO COUNCIL

Name of Committee: **Qualifying Examination Committee**

Reporting Date: **June 19, 2020**

Number of Meetings since last Council Meeting: **2**

Activities during the Quarter:

The Committee met twice since the last meeting of Council on December 11, 2019 and February 18, 2020.

At the December 11, 2019 meeting, the Committee met to approve the OSCE assessor roster for the Winter 2020 Qualifying Examination (QE) and completed the MCQ (multiple choice question) item selection process facilitated by the College's assessment consultant, Dr. Anthony Marini.

At the February 18, 2020 teleconference, the Committee reviewed the Chief Examiner's Reports along with the item analysis prepared by Dr. Anthony Marini. Items identified as problematic were presented and reviewed by the Committee.

Three items (out of a total of 250 items) were deleted from the scoring of Part I-Multiple Choice Question (MCQ) examination and nine items (from a total of 205 items in the OSCE – each station can include more than one item) were deleted from the scoring of Part II-Objective Structured Clinical Examination (OSCE).

Examination results will be released the first week of March. Candidates who were unsuccessful in either component of the QE will be provided with a detailed performance report.

Winter 2020 Qualifying Examination (QE)

The QE was administered over a three-day period in January 2020. A total of 39 candidates were assessed, 17 of which were reassessments.

Part I-MCQ (multiple choice question) examination was held on January 23, 2020. There were 30 candidates.

Part II-OSCE (objective structured clinical examination) was held at the Michener Institute of Education at UHN on January 25 & 26, 2020. There were 36 candidates for this portion of the examination.

The June 2020 administration of the Qualifying Examination was cancelled due to the COVID-19 Pandemic. The rescheduling of an administration of the examination in 2020 will be dependent upon the availability of a testing facility and will also be determined by when students who are currently in the final year of a denturism program in Ontario will graduate. Clinical education involving the provision of service to patients was suspended because of the COVID-19 Pandemic. The scheduling of a Qualifying Examination in the remainder of 2020 is an evolving situation.

Respectfully submitted by Mr. Michael Vout, Jr.
Chair of the Qualifying Examination Committee

COLLEGE OF DENTURISTS OF ONTARIO

COMMITTEE REPORT TO COUNCIL

Name of Committee:	**Qualifying Examination Appeals Committee**
Reporting Date:	**June 19, 2020**
Number of Meetings since last Council Meeting:	**0**

Activities during the Quarter:

There was no activity to report for this quarter.

COLLEGE OF DENTURISTS OF ONTARIO

COMMITTEE REPORT TO COUNCIL

Name of Committee: **Registration Committee**

Reporting Date: **June 19, 2020**

Number of Meetings since last Council Meeting: **3**

The Registration Committee (RC) met thrice since its last report to Council on December 6, 2019.

At the January 20th, 2020 meeting, the Committee considered 1 academic assessment request.

At the February 20th, 2020 meeting, the Committee considered 2 academic assessment requests.

At the May 6th, 2020 meeting, the Committee considered 2 academic assessment requests, and 3 applications for the Retired status. The Committee reviewed the final 2 registration policies that were slated for consideration as part of the Strategic Plan Initiatives (2017-2020).

Respectfully submitted by Ms. Elizabeth Gorham-Matthews
Chair of the Registration Committee

COLLEGE OF DENTURISTS OF ONTARIO

MEMO

To: **Council**

From: **Dr. Glenn Pettifer, Registrar & CEO**

Date: **June 19, 2020**

Subject: **Financial Report: April 1 -30, 2020**

Income Statement for the period April 1 – 30, 2020 is attached.

I direct your attention to the column "YTD as Percentage of Budget" which indicates the percentage of the budgeted amount that has been spent (or, in the case of income, received). Since this report only covers the first month of the fiscal year, one anticipates that approximately 8.3% of a budgeted amount would have been spent. On the revenue side, in previous years most of the College's Registration renewal revenue is captured by the end of the renewal period, April 15. However, this year, the renewal period extends to October 30, 2020 when the second installment of the Registration renewal fee is due and the first installment was not due until May 29, 2020.

There are no items of note or concern in this variance report. Most items are at or below the projected expenditure level. The average total expenditure level is 6% of the budget which is well within the target in this first month of the fiscal year.

College of Denturists of Ontario
Income Statement (April 1, 2020-April 30, 2020)

YTD Budget to Actual	2020-2021 BUDGET	April 30/20 YTD Totals	YTD as Percentage of Budget	Remainder or In Excess of Budgeted Amount*
REVENUE				
Professional Corporation Fees	$ 67,850.00	$ 25,200.00	37%	$ 42,650.00
Registration Fees	$ 746,975.00	$ 311,425.00	42%	$ 435,550.00
Other Fees	$ 9,550.00	$ 988.50	10%	$ 8,561.50
Qualifying Examination Fees	$ 158,288.28	$ 375.00	0%	$ 157,913.28
Other Income	$ 27,000.00	$ 1,036.62	4%	$ 25,963.38
TOTAL REVENUE	**$ 1,009,663.28**	**$ 339,025.12**	**34%**	**$ 670,638.16**
EXPENDITURES				
Wages & Benefits	$ 679,669.15	$ 49,232.07	7%	$ 630,437.08
Professional Development	$ 45,000.00	$ 7,011.00	16%	$ 37,989.00
Professional Fees	$ 190,000.00	$ 3,355.24	2%	$ 186,644.76
Office & General	$ 175,800.00	$ 17,075.67	10%	$ 158,724.33
Rent	$ 131,052.00	$ 9,779.00	7%	$ 121,273.00
Qualifying Examination	$ 254,439.00	$ 383.50	0%	$ 254,055.50
Council and Committees	$ 33,750.00	$ 615.50	2%	$ 33,134.50
Quality Assurance				
QA Panel A	$ 6,500.00	$ 63.00	1%	$ 6,437.00
QA Panel B	$ 2,500.00	$ -	0%	$ 2,500.00
QA Assessments	$ 60,000.00	$ -	0%	$ 60,000.00
Complaints & Discipline				
Complaints	$ 67,500.00	$ 4,014.00	6%	$ 63,486.00
Discipline	$ 29,000.00	$ 559.50	2%	$ 28,440.50
Capital Expenditures	$ 15,000.00	$ -	0%	$ 15,000.00
TOTAL EXPENDITURES	**$ 1,690,210.15**	**$ 92,088.48**	**5%**	**$ 1,598,121.67**
NET INCOME	**-$ 680,546.87**	**$ 246,936.64**		

COLLEGE OF DENTURISTS OF ONTARIO

Agenda Item 11.1

BRIEFING NOTE

To: **Council**

From: **Dr. Glenn Pettifer, Registrar and CEO**

Date: **June 19, 2020**

Subject: **Ratification: Guide to Return to Practice for Denturists and Guidelines for Infection Prevention and Control in the Practice of Denturism**

The Guide for Return to Practice for Denturists (May 22, 2020) and the Guidelines for Infection Prevention and Control in the Practice of Denturism (May 20, 2020) were approved for release by Executive Committee. This item is included on the Council agenda so that the approval of both documents by the Executive Committee can be ratified by Council.

Options:

1. Adopt a motion to ratify the decision of the Executive Committee to adopt both the **Guide to Return to Practice for Denturists** and **Guidelines for Infection Prevention and Control in the Practice of Denturism**.
2. Other

Attachments:

Guide to Return to Practice for Denturists
Guidelines for Infection Prevention and Control in the Practice of Denturism

COLLEGE OF DENTURISTS OF ONTARIO

Guide for Return to Practice for Denturists

Additional Infection and Prevention Control Precautions for Return to Practice During the COVID-19 Pandemic.

Table of Contents

1. Introduction

The College of Denturists of Ontario is providing this guidance document that outlines **Additional Precautions** required in the implementation of Infection Prevention and Control (IPAC) protocols as Registered Denturists return to practice amidst the COVID-19 Pandemic.

The College's IPAC Guidelines that accompany this document set out the best practices for general Infection Prevention and Control in the practice of Denturism. This **Additional Precautions** document serves to enhance those routine practices and provide additional guidance for the enhanced IPAC measures that are required as a result of the presence of COVID-19 in the environment.

The development of this document occurred with the participation of representatives from the Denturist Association of Ontario and the Denturist Group of Ontario. The College also worked with the other Oral Health regulatory bodies in establishing, as far as possible, a common response to the COVID-19 Pandemic. In establishing these guidelines, the College has made every attempt to ensure that the information contain herein is aligned with that provided by our key stakeholders; the Chief Medical Officer of Health, Public Health Ontario, Public Health Advisory of Canada and the federal and provincial governments.

The College recognizes that each office is arranged and functions differently. In this, the College relies on the professional judgement of Denturists and their staff to adjust their practice to meet this additional protection of their patients and other members of the public. This document contains interim guidance that is focused on shorter-term management of denturism practice during the COVID-19 Pandemic. Details not specifically addressed in this interim guidance will be left to the professional judgment of each Denturist. The College's Guideline on Infection Prevention and Control may serve as a resource in these instances.

As regulated health professionals, Registered Denturists are required to review and follow the directives and guidance from the Ministry of Health, Public Health Ontario, the Chief Medical Officer of Health, and other authoritative bodies regarding practices during COVID-19. In addition, Registered Denturists are expected to prioritize the safety of their patients, staff, colleagues, and others visiting their practice. College publications, including this document, provide authoritative guidance on how to achieve this overarching duty. Of course, Registered Denturists are expected to use professional judgment. Some of the guidance may not apply in some circumstances (e.g., the spacing of chairs in the waiting area may not be necessary if patients are required to wait outside before being called in and in other circumstances the guidance may be insufficient to meet your duty of safety (e.g., for patients with concurrent conditions that require additional safeguards).

To the extent that directives and guidance from the Ministry of Health, Public Health Ontario, the Chief Medical Officer of Health, and other authoritative bodies regarding practices during COVID-19 and this guidance document differ, Denturists should apply the higher standard.

Information surrounding COVID-19 is rapidly changing and evolving. This document presents the latest information at the time of publication and will be amended as new information becomes available. Amendments will be incorporated into the document and tabulated at the end of the document for reference purposes. Denturists will be informed of amendments to this document as they occur and the most up-to-date version of this document will be provided on the College's website.

Principles

1. Registered Denturists have the professional, legal, and ethical responsibility to provide care in a manner that is both safe and effective.

2. The health and safety of patients, the public, and practitioners is our number one concern. All protocols for treatment and support will put patient safety first.

3. The College's guidance to Registered Denturists will be informed by the direction provided by the Chief Medical Officer of Health, the Minister of Health, and Public Health Ontario.

4. In-person care has advantages under most circumstances. However, those advantages must be balanced against the importance of limiting the spread of COVID-19. Physical distancing has its own clear benefits.

5. Treatment decisions must be data driven and evidence based. In the absence of clear evidence, approaches to in-person care will prioritize patient and public safety.

6. Where possible, Registered Denturists will prioritize the use of tele-consultation to assess risk and appropriately triage patient needs.

7. Patients need continuity of care. Patients of record must have access to their Registered Denturist for guidance, support, and referral, where needed.

8. Patients need access to care. Anyone needing denturism care, especially emergency or urgent services, should have an opportunity to find that care.

In addition to the principles above and in accordance to the Chief Medical Officer of Health's revised Directive #2, Registered Denturists must also adhere to the guidance provided by their health regulatory college and the following principles:

Proportionality. Decision to restart services should be proportionate to the real or anticipated capacities to provide those services.

Minimizing Harm to Patients. Decisions should strive to limit harm to patients wherever possible. Patients who have more urgent care needs should be prioritized over patients who require less urgent care.

Equity. Equity requires that all persons with the same clinical needs should be treated in the same way unless relevant differences exist (e.g., different levels of clinical urgency), and that special attention is paid to actions that might further disadvantage the already disadvantaged or vulnerable.

Reciprocity. Certain patients and patient populations will be particularly burdened because of a limited capacity to provide care as services are restarted. Such patients should continue to have their oral health care needs monitored and receive appropriate care for emergent needs.

Fairness. Decisions regarding the gradual restart of services should be made using processes that are fair to all patients.

2. Multidisciplinary Environments

Denturists practice in a variety of settings including multidisciplinary dental offices. Each regulated Oral Health professional is responsible for understanding and attending to their profession – specific IPAC Standards and Guidelines. Denturists who work with other Oral Health professionals should be familiar with the Standards and Guidelines under which their colleagues provide care and should work collaboratively with other Oral Health professionals to establish common IPAC protocols, as far as possible. This will be especially important for Denturists who work in practice settings where aerosol generating procedures are performed.

3. Personal Protective Equipment

3.1 The College's new Infection Prevention and Control Guidelines contain comprehensive information regarding the use of PPE.

3.2 Selection of Personal Protective Equipment (PPE) is based on a **risk assessment**. A risk assessment assesses the task, the patient, and the clinical environment. It must be completed by the health care worker before every patient interaction to determine whether there is risk of being exposed to an infection and the PPE required to mitigate that risk.

In most cases, PPE can include the following:

- Surgical mask (Class II or III)
- Gloves
- Protective eyewear (safety glasses with side shields, goggles, face shields)

3.3 Denturists must ensure they have an adequate supply PPE for clinic staff.

3.4 All clinic staff should change into appropriate clinic wear (i.e. scrubs/lab coat, clinic shoes) upon arrival in the clinic.
- Clinic wear should be changed daily and only worn within the clinic.
- Soiled clinic wear should be bagged until laundered.
- Long sleeved clothing should be worn in the clinic.

3.5 Denturists should be sourcing PPE through their regular supply chain. The Ontario Government has developed an online workplace PPE Supplier Directory.

4. Scheduling Appointments

4.1 Walk-in appointments should be discouraged. Instruct patients to schedule their appointments over the phone in advance.

4.2 When scheduling appointments, allow adequate time (i.e. 15 minutes) between each patient to clean and disinfect treatment rooms and high touch contact surfaces (e.g. doorknobs, facets, patient chair, and waiting room areas).

4.3 In multi-denturist practices, consider staggering appointment times during the day so that not all patients from all denturists turn over at the same time.

4.4 To reduce patient-staff interactions and, if your process allows for it, consider scheduling any necessary follow up appointments right after the patient receives treatment and is still in the treatment room.

4.5 When patients need to cancel due to illness, consider waiving any last-minute cancellation fees.

5. Screening

Telephone Screening

5.1 A patient should be screened by telephone prior to attending the clinic. This will most commonly occur when they receive their telephone reminder call prior to the appointment.

5.2 Appropriately trained office staff may conduct the telephone or in-person screening.

5.3 Patients can be screened for COVID-19 using the Patient Screening Form template adapted from the Ministry of Health's Patient Screening Guidance Document.

The following templates have been developed for your use:

- Patient Screening Template – Appendix 1
- Non-Patient Screening Template – Appendix 2
- Staff Screening Template – Appendix 3

5.4 Inform patients that the screening questions will be repeated, and their temperature will be taken with a non-contact, infrared thermometer when they arrive at your Clinic. The repetition of the screening questions is done to ensure that nothing has changed since the telephone screening.

5.5 Discuss any special accommodations (i.e. for a wheelchair or other mobility support device) the patient may need when arriving at the Clinic. If a patient is travelling to the clinic by public transportation or assisted transportation that requires special consideration for a patient entering the Clinic, discuss this with the patient before the appointment.

5.6 Consider posting the screening instructions and screening questionnaire on your Clinic website.

5.7 Inform patients, guardians or substitute decision makers that any individuals accompanying the patient will be limited to caregivers, substitute decision makers, guardians and that these individuals will also be screened and have their temperature taking with a non-contact, infrared thermometer when they enter the clinic.

In-Person Screening

5.8 When a patient arrives for a scheduled appointment, a staff member should screen the patient immediately.

5.9 Caregivers, substitute decision makers, guardians, any other individuals accompanying a patient into the operatory room should be screened when they enter the clinic with the patient.

5.10 Each patient and any individual(s) accompanying a patient should have their temperature taken with a non-contact, infrared thermometer and recorded.

5.11 Staff conducting in-person screening should be behind a physical barrier (e.g. plexiglass shield). If a physical barrier is unavailable, staff should maintain a 2-metre distance from the patient.

5.12 Staff who are not behind a physical barrier and cannot maintain a 2-metre distance should use contact/droplet precautions that include wearing PPE that consists of gloves, surgical mask, and eye protection (goggles or face shield).

Signage

5.13 If the Clinic entrance is locked to control entry into the practice during appointment hours, signage explaining how a patient can gain entry should be posted outside. There should also be signage informing patients and necessary support persons that they will be screened upon entering the Clinic.

5.14 Signage should ask patients who are experiencing symptoms to not enter the clinic but call their primary care provider or Telehealth Ontario for further instructions.
- Telehealth Ontario: 1-866-797-0000

5.15 Signage should be posted at the entrance to the clinic requiring all patients, necessary accompanying persons, or visitors to the clinic to wear a face covering and perform hand hygiene.

5.16 Signage should be accessible and accommodating to patients and necessary accompanying persons (plain language, symbols, pictures, languages other than English or French where appropriate)

When A Patient Screens Positive

5.17 If a patient screens positive, the patient should be instructed to call their primary care provider or Telehealth Ontario for further instructions. Treatment should not be provided to a patient who screens positive.
- Telehealth Ontario: 1-866-797-0000

6. Reception and Patient Waiting Areas

6.1 Limit or restrict points of entry to a single entrance. There will be a limited number of situations where this is not possible.

6.2 Remove all unnecessary items in the waiting room area i.e. magazines, decorations, high-touch items that are difficult to clean and disinfect.

6.3 Re-arrange furniture and seating area to provide for appropriate social distancing (2-metre distance between individuals).

6.4 Physical barriers e.g. plexiglass shield, may be installed at key contact points such as reception. Ideally, the Clinic's patient intake and handling processes should minimize the number of clinic personnel with which a patient comes in contact.

6.5 Some practices will be able to accommodate a process that requires patients to wait in their cars until they are called for their appointment.

6.6 Consider providing patients with take-home pens to use when filling out any clinic documentation. Alternatively, you may consider asking patients to bring their own pens.

6.7 Provide alcohol-based hand rub with at least 70% alcohol, disinfectant wipes (for wiping hard surfaces such as wheelchair handles if a patient in a wheelchair is being handed over), surgical masks at the clinic entrance and signage that instructs people to use the necessary items before they enter the office further.

6.8 Patients and visitors should bring and wear their own effective surgical masks when possible. If they do not, then an appropriate mask should be provided.

6.9 Provide tissues and lined garbage bins for use by staff and patients. No-touch garbage cans (such as garbage cans with a foot pedal) are preferred.

6.10 Keep a detailed record of everyone who visits the Clinic and the results of the in-person screening of individuals who accompany the patient. Individual patient screening results will be kept in the patient's medical record.

6.11 All high-touch contact surfaces should be cleaned and disinfected on a regular, frequent schedule, at least twice daily. High-touch contact surfaces include doorknobs, light switches, chair arms, table and counter surfaces.

6.12 Patient washrooms should be cleaned and disinfected in between use.

- Ensure there are enough supplies for proper hand hygiene, including pump liquid soap in a dispenser, running water, and paper towels or hot air dryers and where appropriate alcohol-based hand rub

6.13 Patients should be instructed to avoid touching contact surfaces when they are being escorted into the treatment room.

6.14 With the exception of caregivers, substitute decision makers, or guardians, any individuals accompanying a patient should wait outside the clinic.

6.15 Request that patients inform your office staff if they experience any symptoms of COVID-19 within the next 14 days after visiting a denture clinic.
- If a patient reports testing positive for COVID-19, Denturists are encouraged to call their local public health unit for advice on their potential exposure and implications for continuation of work.

7. Providing Treatment

7.1 Denturists must make the professional decision around the provision of care, in consideration of the following:
- Is remote care possible? In some cases, you will be able to provide the necessary assistance in a telephone conversation with the patient. If some other cases, no contact drop-offs can be carried out when an appliance needs adjustment or repair and the patient is not required for the fitting or an impression is not required.
- **Anticipated benefits to the patient outweigh the risks associated with in-person treatment**
- You have an adequate supply of PPE
- Clinic Infection Prevention and Control policies are in place
- Equipment and instrument reprocessing adhere to Public Health Ontario standards

7.2 Denturists must conduct a personal risk assessment to determine the PPE required for treatment. Examples of PPE include surgical masks (Level II or III), eye protection, gloves, and outer protective clothing.

- The fabrication and fitting of a denture is a non-aerosol generating procedure, the need for a fit-tested N95 mask is not anticipated.

- Public Health Ontario states: "at this time evidence indicates that patients with COVID-19 who cough and sneeze can be cared for while wearing a **surgical mask and eye protection**."

- Public Health Ontario also states that procedures that may result in patients coughing are not classified as aerosol generating medical procedures.

- Read Public Health Ontario's report on Aerosol Generation from Coughs and Sneezes here.

7.3 Staff level in the operatory should be kept to a minimum. The presence of individuals accompanying the patient in the operatory may be necessary. These individuals should wear a mask and eye protection.

7.4 A patient who has been waiting in the waiting area before entering the operatory should hand sanitize when they enter the operatory. A patient who enters the operatory immediately after entering the clinic and has performed hand hygiene when they entered the clinic, does not need to do it again when they enter the operatory. All patients should perform hand hygiene before exiting the operatory.

7.5 Patients should rinse their oral cavity with 1% hydrogen peroxide for 30 seconds prior to examination or treatment.
- Provide patients with disposable single-use cups
- Instruct patients to expectorate gently back into the cup
- Dispose of the cup properly

7.6 Operatory room doors should remain closed during treatment and when not in use.

7.7 To reduce the likelihood of contamination of paper charts, cover paper charts with a clear barrier and add any new chart notes away from the immediate patient contact area.

7.8 If the Denturist is unable to meet the PPE requirements, or is unable to undertake the appropriate treatment plan, the patient must be referred to another available practitioner.
- The College's Public Register can be used to locate a nearby Denturist

8. Cleaning and Disinfecting the Operatory

8.1 Consider the organization of the operatory so that equipment not required for patient treatment is kept away and not available for inadvertent contamination. All unnecessary objects should be removed from counters. It is unlikely that the operatory rooms will contain carpeting but if carpet is present, it should be removed.

8.2 Consider using disposable protective covers for high-touch surfaces e.g. plastic wraps for operatory chairs, headrests, chair switches, lamp handles and payment terminals.

8.3 Clean and disinfect high-touch areas in the operatory frequently: chair, headrest, trays, switches, handles, lamps, tables and counters, bib chains.

8.4 Clean and disinfect operatories after each patient. Clean the operatory while wearing a mask, eye protection and gloves. Once cleaning is completed, remove PPE, disinfect

eye protection, and perform hand hygiene.

8.5 Choose a disinfectant that:
- Has a Drug Identification Number (DIN) from Health Canada
- Is effective for the intended use
- Is compatible with the instrument or product (e.g. impression material) being disinfected
- Is safe for use with minimal toxic and irritating effects for staff

8.6 Use disinfectants according to the manufacturer's instructions for use.

8.7 For more information visit the Government of Canada's extensive list of disinfectants for use against COVID-19.

8.8 Used equipment and instruments must be properly decontaminated, stored, and transported prior to reprocessing to avoid contamination. Instruments must not be allowed to dry prior to reprocessing. See the College's Infection Prevention and Control Guidelines for further information regarding reprocessing guidelines.

9. Laboratory Work

9.1 Disinfect all oral appliances with an approved disinfectant solution according to the manufacturer's instructions for use before they are brought to the laboratory.
- This can be accomplished by placing oral appliances in a plastic bag or closed rigid container and then spraying them with a disinfectant.
- Soak oral appliances in disinfectant in either a plastic bag or closed rigid container as per the manufacturer's instructions.
- Clean all oral appliances prior to any laboratory work (i.e. rinsing items with soap and water), even if they have been properly disinfected. A separate set of gloves, eye protection and outer protective clothing are recommended when cleaning appliances.
- Rinse all appliances of disinfectant before performing required adjustments or laboratory work.

9.2 In instances where cleaning of an appliance requires removal of an amount of biological debris that would have prevented proper disinfection, the appliance should be disinfected again prior to any adjustment or laboratory work.
- Effective disinfection of an appliance assumes that all biological organisms are eliminated. Regardless, PPE including a surgical mask, eye protection, outer

protective clothing and rubber cleaning gloves are advised when cleaning appliances.
- Rinse all appliances of disinfectant before performing required adjustments or laboratory work.

9.3 Disinfection of all items entering the laboratory, including received packages, should be carried out in a dedicated area in the laboratory.

9.4 Disinfect all appliances before they leave the laboratory.

10. Occupational Health and Safety

Employer's Duties

10.1 Employers, who may be Registered Denturists, have duties under the Occupational Health and Safety Act (OHSA) to protect the health and safety of their workers

10.2 If COVID-19 is suspected or diagnosed in a worker, return to work should be determined in consultation with their health care provider and the local public health unit

10.3 If an employee is feeling unwell, they should stay home and contact their primary care provide or Telehealth Ontario for further instructions
- Telehealth Ontario: 1-866-797-0000

10.4 For more information Registered Denturists may contact the Ministry of Labour, Training and Skills Development:
- Employment Standards Information Centre: 1-800-531-5551
- Health and Safety Contact Centre: 1-877-202-0008
- Workplace Safety and Insurance Board: 1-800-387-0750

Workplace Considerations

10.5 Denturists must ensure a staffing level that is adequate for the provision of the intended care and service.

10.6 All staff, office and clinical, should be screened and have their temperatures taken with a non-contact infrared thermometer when arriving at the clinic prior to their scheduled shift.

- Staff should be screened for COVID-19 using the same screening questions used for screening patients.

10.7 All staff should be instructed to monitor their own physical symptoms. Should symptoms associated with COVID-19 arise, staff should seek direction from their primary care provider before returning to work.

10.8 Avoid touching your mask or eye protection unnecessarily. If you must touch or adjust your mask or eye protection, perform hand hygiene immediately.

10.9 If you see another staff member touch or adjust their mask/eye protection, remind them to perform hand hygiene.

10.10 Use extreme care when putting on or removing PPE and always perform hand hygiene when finished.

11. Frequently Asked Questions

Please click here for a list of commonly asked questions and answers that have been received by the Practice Advisory team.

Appendix 1

Template - Patient Screening

Patient:

	PRE-APPOINTMENT	IN-OFFICE
Screening Date:		
Did the person have close contact with anyone with acute respiratory illness or travelled outside of Ontario in the past 14 days?*	☐ Yes ☐ No	☐ Yes ☐ No
Does the person have a confirmed case of COVID-19 or had close contact with a confirmed case of COVID-19?	☐ Yes ☐ No	☐ Yes ☐ No
Does the person have any of the following symptoms? *(circle any that apply)* • Fever • New onset of cough • Worsening chronic cough • Shortness of breath • Difficulty breathing • Sore throat • Difficulty swallowing • Decrease or loss of sense of taste or smell • Chills • Headaches • Unexplained fatigue/malaise/muscle aches (myalgias) • Nausea/vomiting, diarrhea, abdominal pain • Pink eye (conjunctivitis) • Runny nose/nasal congestion without other known cause	☐ Yes ☐ No	☐ Yes ☐ No
If the person is 70 years of age or older, are they experiencing any of the following symptoms: delirium, unexplained or increased number of falls, acute functional decline, or worsening of chronic conditions?	☐ Yes ☐ No	☐ Yes ☐ No
Person's temperature 37.8^0C or greater		☐ Yes ☐ No

If the response is Yes to any of the above questions, the person has screened Positive. They should be instructed to call their primary care provider or Telehealth Ontario for further instructions. Telehealth Ontario: 1-866-797-0000

*The items in this screening document incorporate recommendations for Patient Screening Guidance from the Ministry of Health of Ontario and can be adapted based on need or setting. Travel across provincial borders by Registered Denturists, clinic staff, patients, persons accompanying patients or individuals providing service or maintenance at a Denture Clinic as they travel to or from a Denture Clinic is not viewed as "travelling outside of Ontario in the past 14 days" for the purposes of screening for suspected or confirmed cases of COVID-19.

Appendix 2

Template – Office Screening

Date	Name	Reasons for visit (if accompanying patient, name patient)	Temperature 37.8°C or greater	Positive COVID-19 Screening
				☐ Yes ☐ No
				☐ Yes ☐ No
				☐ Yes ☐ No
				☐ Yes ☐ No
				☐ Yes ☐ No
				☐ Yes ☐ No
				☐ Yes ☐ No
				☐ Yes ☐ No
				☐ Yes ☐ No
				☐ Yes ☐ No
				☐ Yes ☐ No
				☐ Yes ☐ No
				☐ Yes ☐ No
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				☐ Yes ☐ No
				☐ Yes ☐ No
				☐ Yes ☐ No
				☐ Yes ☐ No
				☐ Yes ☐ No
				☐ Yes ☐ No

Screening Questions

Q1: Did the person have close contact with anyone with acute respiratory illness or travelled outside of Ontario in the past 14 days?*

Q2: Does the person have a confirmed case of COVID-19 or had close contact with a confirmed case of COVID-19?

Q3: Does the person have any of the following symptoms?

- Fever
- New onset of cough
- Worsening chronic cough
- Shortness of breath
- Difficulty breathing
- Sore throat
- Difficulty swallowing
- Decrease or loss of sense of taste or smell
- Chills
- Headaches
- Unexplained fatigue/malaise/muscle aches (myalgias)
- Nausea/vomiting, diarrhea, abdominal pain
- Pink eye (conjunctivitis)
- Runny nose/nasal congestion without other known cause

Q4: If the person is 70 years of age or older, are they experiencing any of the following symptoms: delirium, unexplained or increased number of falls, acute functional decline, or worsening of chronic conditions?

*The items in this screening document incorporate recommendations for Patient Screening Guidance from the Ministry of Health of Ontario and can be adapted based on need or setting. Travel across provincial borders by Registered Denturists, clinic staff, patients, persons accompanying patients or individuals providing service or maintenance at a Denture Clinic as they travel to or from a Denture Clinic is not viewed as "travelling outside of Ontario in the past 14 days" for the purposes of screening for suspected or confirmed cases of COVID-19.

Appendix 3

Template – Staff Screening

Date	Staff's Name	Temperature 37.8°C or greater	Positive COVID-19 Screening
			☐ Yes ☐ No
			☐ Yes ☐ No
			☐ Yes ☐ No
			☐ Yes ☐ No
			☐ Yes ☐ No
			☐ Yes ☐ No
			☐ Yes ☐ No
			☐ Yes ☐ No
			☐ Yes ☐ No
			☐ Yes ☐ No
			☐ Yes ☐ No
			☐ Yes ☐ No
			☐ Yes ☐ No
			☐ Yes ☐ No
			☐ Yes ☐ No
			☐ Yes ☐ No
			☐ Yes ☐ No
			☐ Yes ☐ No
			☐ Yes ☐ No
			☐ Yes ☐ No
			☐ Yes ☐ No
			☐ Yes ☐ No
			☐ Yes ☐ No
			☐ Yes ☐ No

Screening Questions

Q1: Have you had close contact with anyone with acute respiratory illness or travelled outside of Ontario in the past 14 days?*

Q2: Have you been confirmed positive for COVID-19 or had close contact with a confirmed case of COVID-19?

Q3: Do you have any of the following symptoms?

- Fever
- New onset of cough
- Worsening chronic cough
- Shortness of breath
- Difficulty breathing
- Sore throat
- Difficulty swallowing
- Decrease or loss of sense of taste or smell
- Chills
- Headaches
- Unexplained fatigue/malaise/muscle aches (myalgias)
- Nausea/vomiting, diarrhea, abdominal pain
- Pink eye (conjunctivitis)
- Runny nose/nasal congestion without other known cause

Q4: Are you 70 years of age or older, and are you experiencing any of the following symptoms? delirium, unexplained or increased number of falls, acute functional decline, or worsening of chronic conditions?

*The items in this screening document incorporate recommendations for Patient Screening Guidance from the Ministry of Health of Ontario and can be adapted based on need or setting. Travel across provincial borders by Registered Denturists, clinic staff, patients, persons accompanying patients or individuals providing service or maintenance at a Denture Clinic as they travel to or from a Denture Clinic is not viewed as "travelling outside of Ontario in the past 14 days" for the purposes of screening for suspected or confirmed cases of COVID-19.

Appendix 4
List of Revisions

Date	Revision	Effective
May 26, 2020	Revised and expanded section on Principles	May 26, 2020
May 26, 2020	Added 3.3	May 26, 2020
May 26, 2020	Revised 3.5 for PPE sourcing	May 26, 2020
May 26, 2020	Added 5.15 and 5.16	May 26, 2020
May 26, 2020	Added 6.9	May 26, 2020
May 26, 2020	Added and revised 6.12 as a standalone item	May 26, 2020
May 26, 2020	Revised 6.15 to include additional language on testing positive	May 26, 2020
May 26, 2020	Added 10.5	May 26, 2020
May 26, 2020	Added footer notes for Appendix 1, 2, & 3	May 26, 2020
June 5, 2020	Added hyperlink to FAQs document	June 5, 2020

Guidelines

Infection Prevention and Control in the Practice of Denturism

COLLEGE OF DENTURISTS OF ONTARIO

COLLEGE OF DENTURISTS OF ONTARIO

Table of Contents

1. Introduction

The College of Denturists of Ontario (CDO) is pleased to provide Registered Denturists with this guidance document that outlines best practices in the implementation of infection prevention and control (IPAC) within the context of the practice of Denturism.

These guidelines consolidate recommendations for IPAC published by Public Health Ontario (PHO), the Public Health Agency of Canada (PHAC), the Provincial Infectious Disease Advisory Committee (PIDAC), the Canadian Standards Association Group (CSA Group), other health professions, regulatory bodies and associations.

The development of this document occurred with the participation of members of the profession, Public Health Ontario, and other stakeholders. The College also worked with the other Oral Health regulatory bodies in establishing, as far as possible, common elements. In establishing these guidelines, the College has made every attempt to ensure that the information contain herein is aligned with that provided by Public Health Ontario and the Public Health Advisory of Canada.

The CDO recognizes that practice standards for IPAC are continually evolving. This document presents IPAC best practices at the time of publication and will be amended as new information becomes available. Amendments will be incorporated into the document and tabulated at the end of the document for reference purposes. Denturists will be informed of amendments to this document as they occur and the most up-to-date version of this document will be provided on the College's website.

1.1 Duty of Care

IPAC requires the attention and participation of all oral health care workers involved in the delivery of denturism care and service. This commitment by Registered Denturists and all individuals working in the practice environment will assist in the prevention of infection transmission among and between patients and care providers.

This duty of care can be met by:

- Ensuring all legislative requirements are met
- Ensuring written policies and protocols related to IPAC, workplace health and safety, hazardous waste management, and human rights obligations for the practice facility are in place
- Ensuring that equipment, supplies and technology that support best practices in IPAC are available, fully operational, up-to-date and routinely monitored for efficacy
- Establishing and maintaining preventative maintenance schedules and recordkeeping

- Ensuring that staff are adequately trained in IPAC practices
- Ensuring that current scientifically accepted IPAC practices are in place

1.2 Duty of Compliance

Registered Denturists must always serve in the public interest. They have a legal responsibility to adhere to the requirements of current legislation and to use the information contained in this guideline and other information provided by relevant stakeholders (PHO, PHAC, PIDAC, CSA Group) to ensure that their own clinic IPAC practices or those IPAC practices in any clinic in which they work, meet the expectations and best practices described in these sources.

1.3 Role of Public Health Units

In accordance with the *Infection Prevention and Control Practices Complaints Protocol, 2018* (or as current), Public Health Units (PHUs) are required to investigate complaints, referrals, or reportable diseases. This applies to all health care settings.

PHUs may investigate complaints at facilities during announced or unannounced inspections. Following an inspection, facilities are provided with recommendations or required remediations that are based on IPAC best practices and current legislation.

If an IPAC lapse is identified[1], a PHU may issue an order that could include closure of the facility or partial restrictions on specific services that a facility can provide. The PHU may also post the IPAC lapse in accordance with the public disclosure requirements of the Ontario Ministry of Health. When a complaint is received, the investigating PHU will work jointly with the CDO during the investigation.

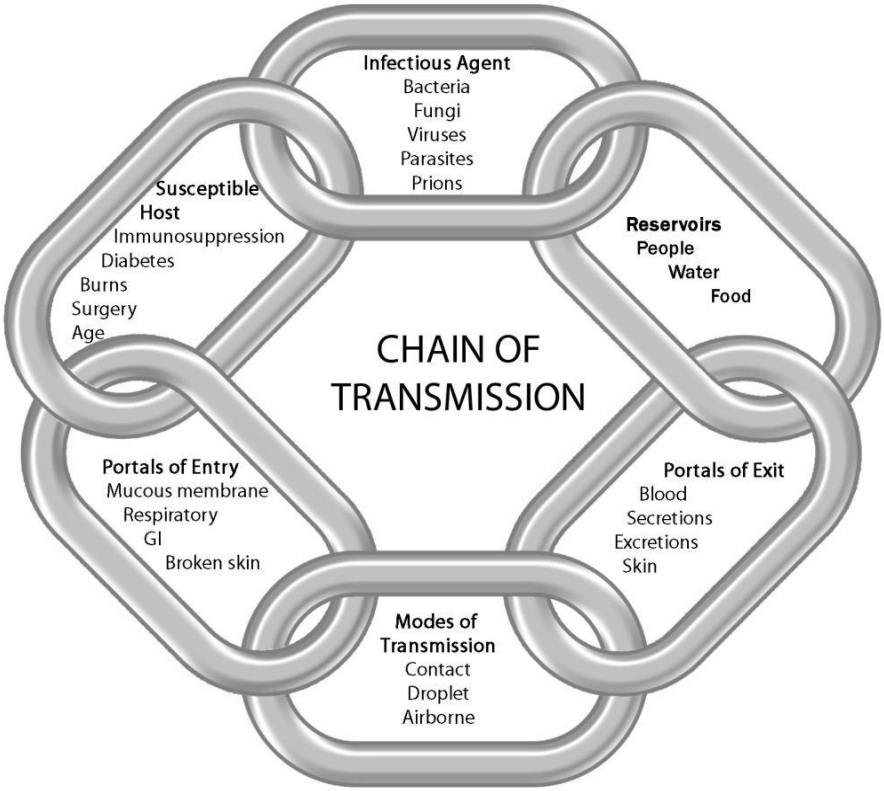
[1]An IPAC lapse is defined as a failure to follow IPAC practices resulting in a risk of transmission of infectious diseases to clients, attendees, or staff through exposure to blood, body fluids, secretions, excretions, mucous membranes, non-intact skin, or contaminated equipment and soiled items.

1.4 Transmission of Microorganisms & Chain of Transmission

There are six components in the Chain of Transmission. Each of these six components need to be present for an infectious agent to spread and cause an infection. Knowledge of the components of this chain of transmission is essential in understanding the approaches to IPAC.

The six components in the Chain of Transmission are:

- **Infectious Agent** – the pathogen or germ that causes the disease
- **Reservoir** – places in the environment where the pathogen lives (people, animals, insects, medical/dental equipment, soil and water)
- **Portal of Exit** – the way the infectious agent leaves the reservoir (blood, secretions, excretions, skin)
- **Mode of Transmission** – the way the infectious agents are transferred (direct or indirect contact, droplet, airborne)
- **Portal of Entry** – the way an infectious agent can enter a new host (through broken skin, respiratory, mucous membranes, gastrointestinal tract)
- **Susceptible Host** – can be any individual at risk. Some individuals are more vulnerable to infection that others (individuals who are immunocompromised)



Source: The Chain of Transmission, Routine Practices and Additional Precautions In All Health Care Settings, 3rd Edition, November 2012, Public Health Ontario, PIDAC

Generally, in oral healthcare, there are three main modes of transmission of disease-causing microorganisms:

- Direct transmission (e.g., from hands contaminated by touching a contaminated surface, object or body part such as mouth, nose)
- Indirect transmission (e.g., from a contaminated object such as an improperly sterilized impression tray)
- Droplet transmission (e.g., from coughing or sneezing)

Elimination of any one of the six links through IPAC measures will break the chain, preventing transmission from occurring. This is an important piece of information that can be used when a Registered Denturist is faced with questions about novel IPAC situations.

2. Routine Practices & Additional Precautions

Routine Practices

PHAC uses the term "Routine Practices" to describe basic standards of IPAC that are required for all safe patient care. Routine Practices encompass the most important measures that all Registered Denturists should be familiar with, understand, and follow in their practices.

Routine Practices are based on the premise that all patients are potentially infectious, even when symptoms are not clinically evident. The same IPAC practices must be routinely applied by all Registered Denturists or their staff when in contact with blood, body fluids, secretions, mucous membranes and non-intact skin.

Most exposures to blood, body fluids, secretions, mucous membranes and non-intact skin can be avoided with the proper use of Personal Protective Equipment (PPE) such as gloves, eyewear, masks and outer protective clothing. Safe handling and disposal of sharps will help to prevent injuries related to the use and transport of sharp instruments.

The five principles in IPAC Routine Practices that Registered Denturists are to adhere to include:

- Personal Risk Assessment
- Hand Hygiene
- Personal Protective Equipment (PPE)
- Environmental Controls
- Administrative Controls

Additional Precautions

Additional Precautions are used to describe measures or interventions (e.g. PPE, barrier equipment, accommodation, additional environmental controls) that are used in addition to Routine Practices to protect staff and patient and interrupt transmission of certain infectious agents.

Additional Precautions are implemented after a personal risk assessment is conducted based on the mode of transmission of the infection e.g. direct or indirect contact, airborne or droplet. Additional Precautions shall not be used to discriminate against patients based on the Human Rights Code.

Additional Precautions may include the following measures:

- Physical separation of the infected patient from others (e.g., a separate waiting area or room)
- Use of PPE (e.g., gowns, gloves, masks) based on the mode of transmission of the organism
- Patients are offered masks and alcohol-based hand rub (ABHR), also known as hand sanitizer, upon arrival

It is up to the professional judgement of the Registered Denturist to determine if Additional Precautions are required, noting that they can always reschedule an appointment, even if during the visit it is determined that the patient may be infectious.

2.1 Risk Assessment

A risk assessment assesses the task, the patient, and the environment. It must be completed by the health care worker before every patient interaction to determine whether there is risk of being exposed to an infection.

Performing a risk assessment is the first step in Routine Practices, which are to be used with all patients, for all care and for all interactions. A risk assessment will help determine the correct PPE required to protect the health care worker in their interaction with the patient and patient environment. A risk assessment can also include screening patients for symptoms of infection.

A Registered Denturist and/or their staff should conduct a risk assessment before every interaction with the patient, including:

- When booking and/or confirming appointments, a Registered Denturist or their staff can confirm with the patient in advance for illnesses (e.g., cough, fever, vomiting, diarrhea)

- When the patient arrives for their appointment, the Denturist or their staff can screen for any symptoms of communicable diseases or acute respiratory infections. Appointments must be rescheduled to prevent the spread of microorganisms.

    - A prominent sign should be posted at the entrance to the reception area requesting patients who are experiencing symptoms of illness (e.g., cough, fever, vomiting, diarrhea) to identify themselves to reception.

    - Additionally, PHO has also provided a sample sign for cough etiquette: "Cover Your Cough" (Appendix 2)

- If the patient's dental condition is of an urgent nature, every effort must be made to separate the ill patient from others by seating them in a secluded space as soon as possible. In this way, the spread of microorganisms by contact or droplet transmission can be minimized. PPE must be selected and worn based on personal risk assessment

2.2 Hand Hygiene

Hand hygiene reduces potential pathogens on the hand and is considered **the single most critical measure for reducing the risk of transmitting organisms to patients and health care workers.** The term hand hygiene includes both handwashing with liquid soap and water, and hand rubbing with an ABHR. It is not recommended to use both ABHR or hand washing with soap and water at the same time as it is irritating to the skin.

Alcohol-Based Hand Rub (ABHR), is the preferred method for cleaning hands when hands are not visibly soiled. It has been shown to be more effective than washing hands with soap (even with antimicrobial soap). ABHR should contain between 70 – 90% alcohol. A minimum of 70% should be chosen.

Hand washing with soap and water must be performed when hands are visibly soiled with dirt, blood, and bodily fluids. ABHR should not be used immediately after hand washing as it is irritating to the skin.

Hand Hygiene must be performed:

Before:

- Initial contact with a patient or items in their environment, this should be done on entry into the clinical room
- Performing an aseptic procedure
- Putting on PPE
- Preparing or handling patient care items
- Leaving the clinical operatory
- Eating or drinking

After:

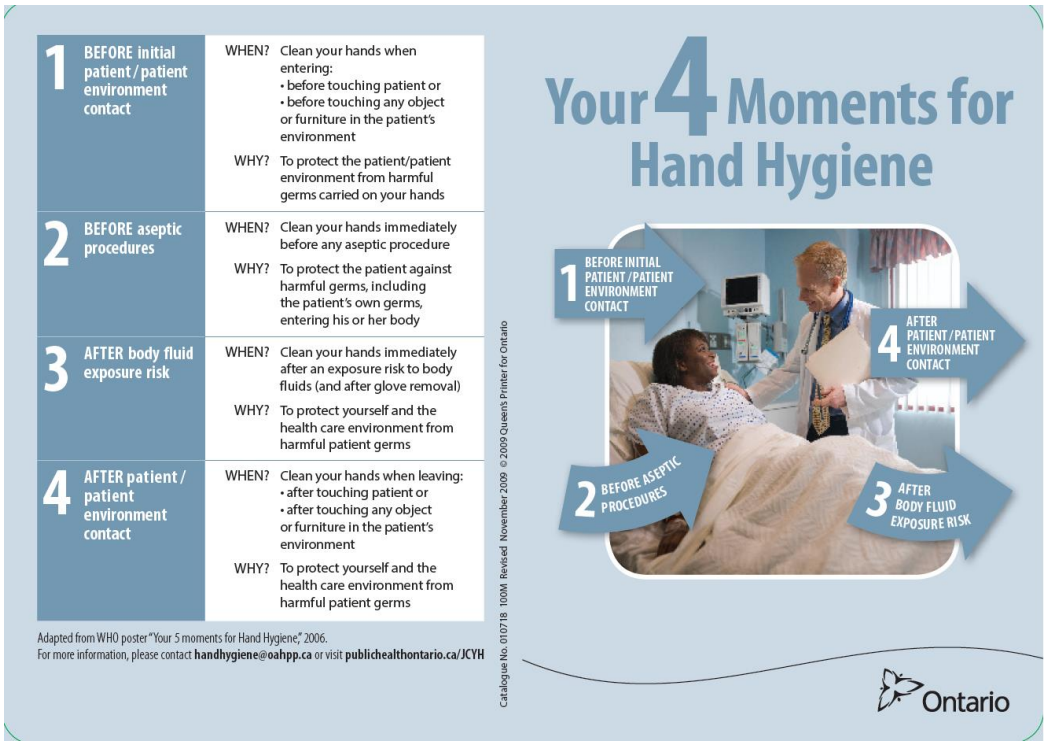
- Contact with blood, body fluids, and secretions of a patient, even if gloves are worn
- Removing PPE such as gloves
- Moving between extra oral and intra oral procedures
- Contact with a patient or items in their immediate surroundings, even if patient has not been touched
- Hands are visibly soiled
- Handling waste
- Cleaning contaminated and visibly soiled equipment (e.g. dental instruments and/or environmental surfaces)
- Personal bodily functions

Whenever in doubt, hand hygiene should be performed.

PHO's hand hygiene program has identified the essential indications. The four moments for hand hygiene make it easier to understand the moments where the risk of transmission of microorganisms via the hands is highest.).

2.2.1 Your Four Moments for Hand Hygiene

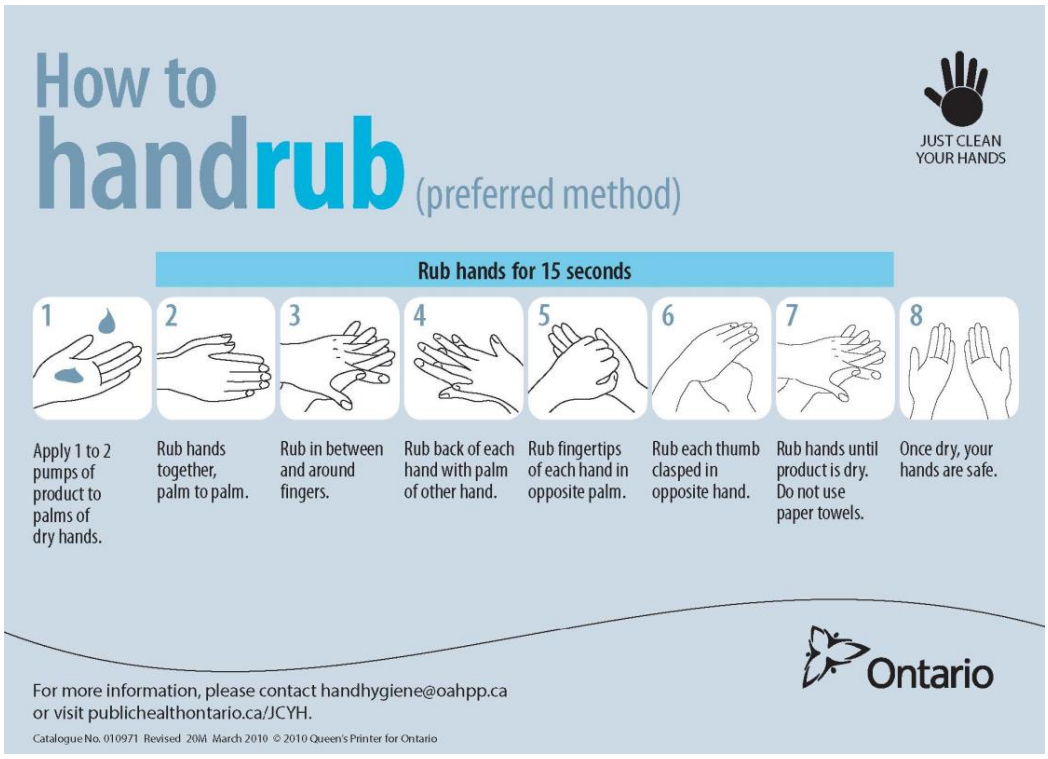
The following figure depicts the points in an activity at which hand hygiene is performed. There may be several hand hygiene moments in a single care sequence or activity.



Source: Just Clean your Hands Program - Your 4 Moments Pocket Card, Public Health Ontario, November 2009

2.2.2 Effective Hand Hygiene Techniques

The following two figures illustrate how to perform hand hygiene using soap and water, and hand rubbing using an alcohol-based hand rub.



Source: Just Clean your Hands Program, Public Health Ontario, March 2010

2.3 Personal Protective Equipment (PPE)

PPE refers to equipment that is designed to protect the wearer from exposure to potentially infectious agents. It serves as a barrier from splashing, spraying or splatter of saliva, blood, or other body fluids. PPE for a Registered Denturist may include gloves, masks, protective eyewear, and outer protective clothing (e.g., gowns, lab coats, scrubs) and is selected based on personal risk assessment.

Gloves

- Perform hand hygiene before putting on gloves and immediately after removing gloves. Wearing gloves does not replace the need for hand hygiene. Use new properly fitting single-use gloves for each patient
- Wear new single-use protective gloves whenever the hands might be contaminated with blood, saliva or other bodily fluid, or will be in contact with contaminated instruments, devices or surfaces
- Do not wash or reuse single-use gloves
- Replace gloves as soon as possible if they become soiled or damaged
- Wear puncture-resistant, heavy-duty utility gloves when handling or manually cleaning contaminated instruments by hand
- Wear gloves specific for handling heated objects
- See PIDAC's gloves selection guide for more information about selecting appropriate gloves.

Masks

- Wear a surgical mask that covers both your nose and mouth during patient-care activities and/or during all procedures likely to generate splashes or sprays of blood or contaminated fluids
- Avoid touching the front of the mask
- Do not hang around neck or chin, fold or store in pockets
- Masks lose efficiency over time and must be changed when they become contaminated
- Change your mask with each patient or when they become wet or visibly contaminated
- Remove gloves, masks and protective eyewear and perform hand hygiene before moving from a contaminated zone to a clean zone in your practice setting
- Follow the manufacturer's instructions for use (MIFU) to ensure the most appropriate fit and optimum protection

Protective Eyewear

- Eye protection may include safety glasses, safety goggles, face shields, and visors attached to masks.
- Prescription eyeglasses are not acceptable by themselves as eye protection, they may be worn underneath face shields and some types of protective eyewear

- Use protective eyewear that is designed for purpose and with complete coverage over and around the eyes, including solid (not vented) side shields. Protective eyewear should be comfortable and not interfere with your vision
- Wear protective eyewear when exposure to blood or other potentially infectious material is possible and during fabrication process when eye injury is possible
- A face shield is recommended if side shields are not used
- Protective eyewear may be disposable or reusable
- Clean and disinfect reusable protective eyewear after each use

Outer Protective Clothing

- Use of outer protective clothing such as gowns, laboratory coats, or scrubs is based on a personal risk assessment
- Wear different outer protective clothing for patient-care activities versus for fabrication processes
- Outer protective clothing is worn for dental or instrument cleaning that are likely to result in splashes or sprays of blood or other body fluids
- All outer protective clothing should be made of synthetic material so that contaminants are not easily absorbed into the material
- Change outer protective clothing as soon as possible when visibly soiled or wet, or when exposed to contaminated aerosols for prolonged periods of time
- Footwear worn in the patient treatment areas and reprocessing areas needs to have enclosed toes and heels
- Outer protective clothing should not be worn outside of the clinic office or worn at home
- Place disposable outer protective clothing in the general laboratory waste after use
- Staff shall not share PPE

2.4 Environmental Controls

2.4.1 Sharps – Handling and Avoiding Injury

Sharps are devices capable of causing a cut or puncture wound, they may include disposable blades, burs, needles, laboratory utility knives, syringes with needles, scalpel blades, scalers, and other sharp instruments. They should be kept out of the reach of patients and should always be safely stored and disposed of.

Some strategies to avoid injury by sharps include:

- Use an intermediary tray instead of passing sharp instruments between staff members, for example, scalpels or utility knives
- Dispose single-use sharps at point-of-use in a clearly labelled puncture resistant secured container immediately after use
- Transporting sharps by using a puncture-resistant secured container when disposal at point of use is not possible

- Wearing heavy-duty utility gloves, PPE and using long-handled brushes when cleaning instruments.

2.4.2 Blood and Body Fluid Exposure Management

Registered Denturists may be exposed to blood, saliva and other body fluids via punctures, lacerations or by splashing onto their non-intact skin, mucosa of the eyes, nose or mouths. As such it is important for Registered Denturists to have an exposure management protocol in their practices.

The following processes should be included in the standard operating procedures of a denturism practice:

- Immediate first aid procedures
- Prompt referral of injured persons to his/her family physician, an infectious disease specialist or hospital emergency department for counselling, baseline blood tests and, if deemed necessary, post exposure prophylaxis (preventative treatment).
- Document the incident:
    - Include the name and vaccination status of persons exposed
    - Date and time of the exposure
    - Nature and the extent of the exposure including what oral health procedure was being performed and the immediate action taken
    - Name and health status of the source person if known, including any known blood-borne infections

2.4.3 Sending and Receiving Items

Dental prostheses, impressions, orthodontic appliances, and other prosthodontic materials (e.g., occlusal rims, temporary prostheses, or bite registrations) are potential sources for cross-contamination and should be handled in a manner that prevents transmission of infectious agents.

It is routine practice to treat all incoming items as contaminated and to perform cleaning and disinfection procedures if there has been no communication prior that it has been properly disinfected with low-level disinfectant, or there are any lingering doubts or confusion.

Routine Practices may include:

- Creating a dedicated receiving, cleaning, disinfection area in the practice to minimize the spread of contamination
- Conducting a personal risk assessment to determine which PPE should be used
- Clean and disinfect any received items (e.g. impression materials, bite registration) thoroughly and carefully to remove any blood, saliva or bodily fluids

- Dispose of all single-use shipping materials such as plastic bags that have touched contaminated received items
- Using a low-level disinfectant that has a Drug Identification Number (DIN) from Health Canada. Ensure the disinfectant is safe for use with minimal toxic or irritating effects
- When sending items out, all items should always be properly cleaned and disinfected

Effective communication and coordination between the dental office and the commercial dental laboratory will ensure that:

- appropriate cleaning and disinfection procedures are performed in the dental office or the commercial dental laboratory
- materials are not damaged or distorted because of overexposure to disinfectants
- disinfection procedures are not unnecessarily duplicated.

2.5 Administrative Controls

2.5.1 Education and Training

Denturists, like all health care professionals, receive training on IPAC best practices and protocols through their formal education, workplace training, and ongoing continuing professional development. It is important that all staff receive office-specific training in IPAC as part of their orientation, and whenever new procedures, equipment, or processes are introduced.

Regular education (orientation and continuing education) should include the following:

- The risks associated with infectious diseases, including acute respiratory infection and gastroenteritis
- The importance of appropriate immunization
- Hand hygiene, including the use of alcohol-based hand rubs and hand washing
- Principles and components of Routine Practices as well as additional transmission-based precautions (Additional Precautions)
- Assessment of the risk of infection transmission and the use of PPE, including safe application, removal and disposal
- Reprocessing of reusable medical equipment
- Cleaning and/or disinfection of surfaces and/or items in the health care environment

This guideline should be provided to all staff members as a key reference document. An Office Manual for a denture practice can be created from this guideline along with resources from PHO, PHAC, PIDAC, CSA Group, and various manufacturer's manuals for equipment and instruments. The Office Manual should also include written policies and/or procedures for managing patients with suspected illnesses or infections.

Regular education and support should always be provided in all practices and workplaces to help staff consistently implement appropriate IPAC practices. There should be a process to record and report attendance of staff at education/training sessions.

2.5.2 Immunization

Immunizations are an important component of IPAC. They minimize the potential risk for contracting an infectious disease from a patient and from transferring an infectious disease to patients and other staff.

All Registered Denturists should be aware of their personal immunization status and ensure their vaccines are up to date. It is highly recommended by the National Advisory Committee on Immunization - Canada that all health care professionals be immunized against:

- Hepatitis B
- Diphtheria
- Rubella
- Polio
- Influenza
- Mumps
- Tetanus
- Measles
- Pertussis
- Varicella (Chickenpox)

2.5.3 Illness and Work Restrictions

Hand hygiene is the single most important measure in protecting patients and staff from the transmission of microorganisms. However, even with the best of efforts, Registered Denturists and their staff may become ill.

All practices should create a healthy workplace policy that fosters a positive work environment and culture where employees feel secure and supported in making health lifestyle choices. Such provisions may include quarantining themselves at home when they fall ill.

Registered Denturists and their staff who have any of the following should not see patients:

- Influenza or a common cold
- Severe respiratory illness with fever
- Vomiting and/or diarrhea
- Acute conjunctivitis (e.g., pink eye)
- Dermatitis

2.5.4 The Occupational Health and Safety Act & Workplace Hazardous Materials Information System

In Ontario, employers have the responsibility to meet the requirements of the Occupational Health and Safety Act (OHSA) which includes the Workplace Hazardous Materials Information System (WHMIS).

Depending on the workplace setting, a Registered Denturist may have different roles and responsibilities under the OHSA. They may be classified as an employer, a supervisor or a worker under the Act. In many cases, Registered Denturists may be a combination of roles.

- A Denturist is an employer if they employ one or more workers or contracts for the services of one or more workers
- A Denturist is a supervisor if they have charge of the workplace or authority over any worker
- A Denturist is a worker if they perform work or supply services for monetary compensation

See **Appendix 1** for a detailed breakdown of duties for employers, supervisors and/or workers.

WHMIS is Canada's national workplace hazard communication standard that is exemplified in Ontario Regulation 860 of the OHSA.

The three key elements to WHMIS are:

- Cautionary labelling of containers of hazardous substances, called "controlled products", e.g., disinfectants
- Provision of safety data sheets (SDS) for all hazardous substances, which shall be updated as new information becomes available and routinely reviewed every two years
- Worker education programs

2.5.5 Human Rights

The Ontario Human Rights Code (the Code) provides for equal rights and opportunities, and freedom from discrimination. The Code prohibits discrimination based on any of the following:

- Race
- Colour
- Creed
- Gender identity
- Marital status
- Ancestry
- Ethnic origin
- Sex
- Gender expression
- Family status
- Place of origin
- Citizenship
- Sexual orientation
- Age
- Disability

The Code recognizes persons living with certain illnesses, along with AIDS or HIV. Registered Denturists and their staff are prohibited from discriminating against such patients. This includes using extraordinary and/or unnecessary IPAC measures that are not recommended as per best practices. Registered Denturists may employ Additional Precautions based on the risks associated with certain procedures provided they are used for all patients undergoing the same procedures.

3. Reprocessing: Cleaning, Disinfection, and Sterilization of Reusable Equipment/Instruments

Reprocessing refers to the steps, as outlined in equipment/instrument's MIFU, that are performed to ensure that a contaminated reusable equipment/instrument is made safe for reuse from one patient to another. It requires specialized equipment, dedicated space, qualified staff and regular quality control monitoring.

Newly purchased non-sterile semi-critical and critical medical equipment/instruments shall first be inspected and decontaminated according to their intended use prior to being used. Refer to the table below for the level of reprocessing required based on the intended use of the equipment/instrument.

3.1 Spaulding's Classification of Medical Equipment/Instruments

All reusable dental equipment/instruments are categorized as critical, semi-critical or non-critical based on its use, and each category requires a different level of reprocessing. The majority of semi-critical equipment/instruments used in denturism are available in heat tolerant or disposable alternatives.

Category	Use	Minimum Level of Reprocessing	Examples
Critical	Enters sterile tissues, including the vascular system (veins & arteries)	Cleaning followed by Sterilization	Periodontal probes
Semi-critical	Contact with mucous membranes or non-intact skin but does not penetrate them	Cleaning followed by Sterilization	Mouth mirrors, reusable impression trays, facebow intraoral fork, fox plane, implant tools, implant abutment wrenches and screwdrivers, wire bending pliers, suction tips, handpieces, burrs, and any tool used in the mouth
Noncritical	Contact with only intact skin (healthy skin with no breaks, cuts or scrapes) and not mucous membranes	Cleaning followed by Low-Level Disinfection	External portion of a facebow, cameras, mixing spatulas, laboratory knives, rubber mixing bowls, Boley gauges, shade guides, curing lights, radiograph head/cone, and blood pressure cuffs

3.2 Single-Use Items

Single-use equipment/instruments that are labeled by the manufacturer as single-use must be disposed of properly after each use. Single-use equipment/instruments are not to be reprocessed and reused.

3.3 Reprocessing Area

In a clinical practice setting, all equipment/instrument cleaning, disinfecting, and sterilizing should occur in a designated reprocessing area in order to more easily control quality and ensure safety. Registered Denturists should establish a reprocessing area that has the following:

- One-way workflow from dirty to clean to prevent cross-contamination with the following distinct areas:
    - Receiving, decontamination, cleaning, and drying
    - Preparation and packaging
    - Sterilization
    - Storage
- Adequate space for the cleaning process and storage of necessary equipment and supplies
- Distinct separation from areas where clean/disinfected/sterile equipment/devices are handled or stored
- Easy access to hand hygiene facilities (i.e., hand washing sink or alcohol-based hand rub in lieu of a separate hand washing sink)
- Surfaces that can be easily cleaned and disinfected
- Slip-proof flooring that can withstand wet mopping and hospital-grade cleaning and disinfecting products
- Environmental controls in accordance with requirements for reprocessing areas (e.g., temperature, ventilation, humidity)
- Restricted access from other areas in the setting
- Policies or procedures in place to prohibit eating/drinking, storage of food, smoking, application of cosmetics or lip balms, and handling of contact lenses in place

3.4 Transportation and Handling of Contaminated Equipment/Instruments

Soiled dental instruments, dentures, and other medical equipment must be handled carefully to avoid risk of exposure, contaminating contact surfaces, and injury to personnel. Best practices include:

- To prevent percutaneous injuries, contaminated instruments must be placed in a puncture-resistant covered container or locked cassette at the point of use and then transported to the instrument reprocessing area

- Transport of soiled equipment/instruments by direct routes that avoid high-traffic, clean/sterile storage areas, and patient care areas
- Cleaning and disinfection of containers or carts used to transport soiled medical equipment/instruments after each use
- Disposal of sharps in a puncture-resistant sharps container at point-of-use, prior to transportation

3.5 Pre-Cleaning and Cleaning

Cleaning is the removal of visible contamination and gross debris from instruments. It is always required before disinfection or sterilization. If blood, saliva, and other contamination are not removed immediately and are allowed to dry on the instruments, these materials can shield microorganisms and potentially compromise the disinfection or sterilization process. As such, pre-cleaning, the removal of gross soil (e.g., saliva, blood) shall be done immediately at point-of-use (i.e. chair side).

Cleaning can be performed manually or with the use of automated cleaning equipment such as ultrasonic cleaners or automated washers. Ensure equipment/instruments are in the open/unlocked position as per MIFU.

3.5.1 Manual Cleaning

- Cleaning is achieved by manually scrubbing the instruments with a surfactant, detergent, or an enzymatic cleaner and must be done while immersed in water to minimize splashing
- The brush used for scrubbing instruments must be inspected for damage frequently and rinsed throughout the day
- All brushes must be disposed or disinfected at the end of each day
- Instruments must be rinsed after cleaning to remove any disinfectant, or surfactant residue
- Instruments must be dried with a lint-free cloth or designated automatic dryer
- Instruments must be visually inspected to ensure all organic and inorganic materials have been removed and integrity of the instruments has not been altered

3.5.2 Ultrasonic Cleaner

Ultrasonic cleaners work by subjecting instruments to high frequency, high-energy sound waves, thereby loosening and dislodging dirt. They are strongly recommended for any semi-critical or critical instruments that have joints, crevices, lumens or other areas that are difficult to clean. The efficacy of the ultrasonic cleaner is to be tested at least once per week, preferably daily according to the MIFUs.

- Ultrasonic cleaners, if used, are tested for sonification performance at least weekly or preferably each day it is used, using a commercial method or foil test in accordance with MIFU
- Remove gross debris from instruments prior to placement in an ultrasonic cleaner
- Change the ultrasonic cleaning solutions daily or more frequently if they become visibly soiled
- Completely immerse the instruments, in the unlocked open position if applicable, in the washing solution
- Rinse instruments with water after cleaning (with minimal splashing) to remove chemical or detergent residue
- Dry instruments after rinsing with a lint-free cloth or designated automatic dyer
- Inspect instruments visually to ensure all materials or contamination has been removed and the integrity of the instrument has not been altered

3.5.3 Washer-Disinfectors

Washer-disinfectors are generally computer-controlled units for cleaning, disinfecting, and drying solid and hollow surgical and dental equipment. Note that critical and semi-critical instruments must be sterilized. Test the performance of the washer-disinfector each day that it is used.

- Follow the MIFUs for the operation, maintenance and monitoring
- Washer-disinfectors must meet the requirements of the CSA Group
- Liquid chemical sterilants or high-level disinfectants (e.g. glutaraldehyde, ortho-phthalaldehyde) must not be used as holding solutions, due to the fixative nature of these chemicals making surfaces more difficult to clean, as well as their general toxicity
- Avoid stacking or overloading instruments in the washer-disinfectors, and disassemble devices as per the equipment/instrument's manufacturer's instructions
- Maintain and clean the washer-disinfectors regularly to prevent formation of biofilms that could contaminate processed instruments
- Dry instruments with a lint-free cloth or designated automatic dyer if no drying cycle on the washer-disinfector
- Inspect instruments visually to ensure all materials or contamination have been removed and the integrity of the instrument has not been altered

3.5.4 Drying

Drying is an important step that prevents the dilution of chemical disinfectants which can in turn render them ineffective in preventing microbial growth. After cleaning, instruments must be rinsed with water to remove detergent residue, dried and visually inspected to ensure all debris has been removed.

- Follow the MIFUs for drying of the instruments
- Dry instruments by using a drying cabinet, air-dry, or dry by hand using a lint-free towel
- Dry stainless-steel instruments immediately after rinsing to prevent spotting
- Inspect the instruments for any malfunction or damage after drying

3.6 Disinfection

Disinfection is the inactivation of disease-producing microorganisms, it does not destroy bacterial spores. Disinfection of reusable instruments falls into two major categories, low-level disinfection and high-level disinfection.

3.6.1 Low Level Disinfection

Low level disinfection eliminates vegetative 'live' bacteria, some fungi and enveloped viruses. It is used for the disinfection of some environmental surfaces and the reprocessing of noncritical equipment/instruments that only had contact with intact skin (healthy skin with no breaks, cuts or scrapes) and **not** mucous membranes.

Impressions, prostheses, or appliances that are removed from a patient's mouth should be cleaned and disinfected as soon as possible before drying of blood or other organic debris. The MIFU regarding the stability of specific materials during disinfection should be consulted. Oral appliances or wet impressions should be placed in a secured plastic leak-proof bag or rigid container prior to transport.

Choose a disinfectant that:

- Has a Drug Identification Number (DIN) from Health Canada
- Has efficacy for the intended use
- Is compatible with the instrument or product (e.g. impression material) being disinfected
- Is safe for use with minimal toxic and irritating effects for staff

Follow the MIFUs regarding:

- The use of disinfectants (e.g., amount, dilution, contact time, safe use, shelf life, storage and disposal).
- The method for monitoring the disinfectant's concentration.
- The instructions for rinsing the disinfectant (e.g., water quality, volume, time) after disinfection.

3.6.2 High Level Disinfection & Cold Soaking

High-level disinfection is used for the disinfection of semi-critical equipment/instruments. They may include 2% glutaraldehyde, 6% hydrogen peroxide, 0.2% peracetic acid, 2-7% enhanced

action formulation hydrogen peroxide and 0.55% ortho-phthalaldehyde. HLD is performed **after** the equipment/instrument is thoroughly cleaned, rinsed and dried.

The use of cold-soaking as a **sterilization method** is associated with a number of challenges: 1) difficulty in properly tracking immersion time, 2) unnecessary exposure to corrosive chemicals that may pose health risks to patients, Denturists, and clinic staff, 3) the need for direct ventilation in the reprocessing area, 4) disposal requirements for used disinfectants, 5) a lack of reliable monitoring mechanisms (physical, chemical or biological indicators) to ensure sterilization has occurred and 6) processing requires the rinsing of soaked instruments with sterile water to remove potentially irritating HLD chemicals and 7) devices cannot be wrapped during processing in a liquid chemical sterilant; thus, it is impossible to maintain sterility following processing and during storage

Because of these challenges, the use of HLD for sterilization through cold soaking **does not reflect current best practices** for the sterilization of dental equipment and instruments. PHO notes that dynamic air removal steam sterilization, such as autoclaving, is the preferred method of decontamination for heat-resistant equipment and instruments and the CDO strongly discourages the use of cold-soaking as a method of sterilization.

3.7 Sterilization

Sterilization is a process by which all disease-producing microorganisms including spores are eliminated. All critical medical instruments must be sterilized by steam under pressure (autoclaving), or by dry heat. Sterilization is the preferred method for reprocessing critical and semi-critical medical instruments.

All sterilization must be performed by using medical sterilization equipment licensed with Health Canada. You can verify if your autoclave is licensed by Health Canada by using Medical Devices Active Licence Listing (MDALL). Sterilization times, temperatures and other operating parameters recommended by the manufacturers of the equipment used, as well as instructions for the correct use and placement of packages and chemical or biological indicators, must be followed.

Instrument packages must be allowed to dry inside the sterilizing chamber before handling to avoid wicking of moisture and possible contamination with bacteria from hands.

3.7.1 Preparing and Packaging of Reusable Items

Equipment and instruments that are to be sterilized require wrapping prior to sterilization. Equipment and instruments must be wrapped/packaged in a manner that will allow adequate air removal, steam penetration and evacuation on all surfaces (e.g., no over-filling, instruments are in the open position). The most common packaging material for the clinical office are plastic/peel pouches. They are easy to use, often with features such as self-sealing closures,

chemical indicator strips, and they come in a variety of sizes that can accept single or small groups of instruments.

Suitable packaging materials may include wrapped perforated instrument cassettes, peel pouches of plastic or paper, and woven or non-woven sterilization wraps.
Each package must be labelled with:

- Date reprocessed
- Cycle or load number
- Sterilizer used
- Package contents if you cannot see into the package
- Reprocessor's initials

Instruments should be evenly distributed in a single layer within the package or container, unless the container is designed by the manufacturer for more than one layer. Hinged instruments must be reprocessed in the open and unlocked position. Equipment/instruments shall be disassembled as per the MIFU.

A packaged instrument must not be placed within another package, unless this is supported by the sterilizer and the manufacturer of the internal packaging has designed and validated its product for this use.

Labels, chemical indicator tapes, and handwritten or printed inks must be compatible with the packaging system and colour-fast, so as not to degrade, run, leach, fade or become illegible with exposure to the sterilization process. If a labelling sticker is used, it shall be placed in an area that does not block the breathable area of the package. Ball point pens should not be used.

3.7.2 Monitoring of Sterilization Process

The sterilization process shall be monitored to ensure the integrity and effectiveness of the process. Performance monitoring includes a combination of physical, chemical and biological indicators:

Physical Indicators

- Physical indicators must be checked and recorded for each load. If the sterilizer has a recording device, the physical parameters must be checked at the conclusion of the sterilization cycle for each load and documented

- Newer sterilizers can display, printout, or provide results through a digital record

- If an autoclave does not have a printout or a data logger (digital record) to record the physical parameters, the following must be done:
    - Have the autoclave retrofitted with a printer/data logger or replace the autoclave with one that has a printer or can record the record digitally

- Monitor the display and record the data during each cycle
- Place a Type 5 chemical indicator in every package

Chemical Indicators

- Chemical indicators (CI) use sensitive chemicals that respond to critical indicators (temperature, time, moisture – presence of steam). It does not indicate sterility, it only indicates the package has been processed through a sterilization cycle. An internal indicator and an external indicator must be placed on the inside and outside of each package.

- External indicators (Type 1) - indicate that the package has been directly exposed to heat. This helps distinguish between processed and unprocessed packages. **Each package must have an external Type 1 indicator**

- Internal indicators (Minimum Type 4) - indicates that the CI has been exposed to two or more critical indicators. A CI must be placed inside each package in the area least accessible to steam penetration as per the packaging manufacturer's instructions. **Each package must have, at a minimum, an internal Type 4 indicator**

- See **Appendix 3** for the different types of chemical indicators

Biological Indicators

- A Biological Indicator (BI) is a test system containing viable microorganisms that provide a defined resistance to a specified sterilization process. They are tested contained within a Process Challenge Device (PCD). Once sterilized, the BI, along with a control from the same lot number is incubated to see if the microorganism will grow, which indicates a failure of the sterilizer

- **A BI is used to test the sterilizer each day the sterilizer is in use and with each type of cycle that is used that day**

- BI testing can be conducted only once per day that the sterilizer is in use, even though multiple batches are run throughout the day – usually the BI test is completed on the first load of the day

- Items in the processed loads should be quarantined until the results of the BI test are available (most are 24 hours for steam sterilization, but there are some BIs with incubation times as short as 30 minutes)

- If a failed BI is found, the contents of the autoclave load shall be reprocessed before use

- An investigation shall be made to determine why the autoclave failed and if the need for service is required

- Contingency plans including policies on recall and procedures must be in place in the event of reprocessing failures

3.7.3 Conducting Sterilizer Testing and Process Challenge Devices (PCDs)

Process challenge devices (PCD) are devices used to provide a challenge to the sterilization process that is equal to or greater than the challenge posed by the most difficult item that is routinely processed. Put another way, PCDs are used to verify that the sterilizer has effectively sterilized all items in that cycle and that the sterilizer is working as intended.

Three most commonly used PCDs in the denturism practice are:

- Bowie-Dick, air removal PCD test pack
- Biological indicator PCD test pack
- Chemical indicator PCD test pack

Bowie-Dick, air removal PCD test pack

The Bowie-Dick test is only required for *pre-vacuum sterilizers* as it indicates sufficient air has been removed from the sterilizer for steam penetration and contact with instrument surfaces. The Bowie-Dick test pack must be performed in an empty sterilizer at the beginning of each day the pre-vacuum sterilizer is used. If the Bowie-Dick test fails, the sterilizer must be removed from service until it has been inspected, repaired and successfully re-challenged three times. Follow the manufacturer's guidelines on where to place test pack within the sterilizer.

Biological indicator PCD test pack and BI interpretation

A Biological Indicator (BI) PCD test pack is performed daily and included usually with the first load of the day. They are placed in the chamber along with a full load of packages. All sterilized loads completed throughout the day must be quarantined until the BI PCD test pack successfully passes. When using a BI test pack, a Type 5 or Type 6 Chemical Indicator (CI) strip should be included as well. See **Appendix 3** for the different types of chemical indicators.

Once the sterilization cycle has completed, the BI is prepared and incubated for the recommended time as indicated by the MIFU. A control BI, from the same lot as the test indicator that has not been processed through the sterilizer must also be prepared and incubated with the test BI. The control BI will indicate positive results for bacterial growth while the sterilized BI indicates negative results/no growth. If the Type 5 CI also indicates a pass and

all physical parameters have been met (time, temperature, and pressure), the reprocessed instruments may be released for use.

In the event of a failed BI test, ensure the following are carried out:

- Remove the sterilizer from service
- Review all the records pertaining to physical and chemical indicators since the last negative BI
- Review procedures to determine if it was an operator error or mechanical error i.e. overloading, inadequate package separation, incorrect or excessive packaging material
- If the reason for the failure is identifiable, correct procedural problems, repeat BI test immediately using the same cycle that produced the failure. While waiting for repeat test results, the sterilizer must remain out of service. If repeat BI test is successful, the sterilizer may be placed back into service. Packages from the failed load are to be reprocessed
- If the repeat BI test is unsuccessful or the cause of the initial failure is not known, the sterilizer must remain out of service until it has been inspected, repaired and successfully re-challenged with the BI test in 3 consecutive full chamber sterilization cycles. Previous items from the suspect load must be recalled and reprocessed

Chemical indicator PCD test pack

A Type 5 or Type 6 CI in a PCD must always be used if the reprocessed instruments are going to be released prior to knowing the result of the BI test. If the sterilizer does not have a printer/USB or recording device, then a Type 5 CI must be placed in every package of the load to demonstrate that correct sterilizing conditions were achieved in the cycle.

A successful CI PCD test pack will indicate the critical indicators that the CI is measuring have been met (e.g., time, temperature, and pressure) and that instruments may be released upon successful daily BI test results. Although instruments can be released based on the results of the Type 5 or Type 6 CI in a PCD, along with physical indicators met, best practice is to quarantine the load until results of the BI are available.

A log must be kept documenting the date, time of sterilization, sterilizer number, sterilizer cycle, and location of the PCD within the cycle.

In the event of a failed CI test:

- Remove the sterilizer from service
- Review all the records of physical and chemical indicators since the last negative CI. Review procedures to determine if it was an operator error or mechanical error

- If the failure is confined to one load and can be immediately corrected, correct the problem and reprocess the load.
- If it was failed in only one package, reprocess the package. If the failure was found in multiple packages, the entire load must be reprocessed.
- If the failure cannot be immediately corrected, recall and reprocess all items back to the last successful load (Physical, CI, and BI parameters met)
- Sterilizer must remain out of service until it has been inspected, repaired and successfully re-challenged with BI test in 3 consecutive full chamber sterilization cycles.

3.7.4 Sterilization Record Keeping

A log of test results during sterilization must be maintained and reviewed. The following parameters are to be recorded:

- Load details (sterilizer model #, load number, date of sterilization and time of sterilization)
- Physical parameters of the sterilization cycle met (temperature, time, pressure)
- Load or pouch contents
- Operators' initials
- CI monitoring results – change occurred: yes/no
- BI monitoring results – pass/fail

The results of all sterilization monitoring tests must be recorded and retained for a period of 7 years from the date of the last entry into that record – as per the College's Standard of Practice for Record Keeping.

Other logs such as efficacy testing and maintenance of sterilizers, ultrasonic cleaners, and washer/disinfectors must be maintained as per manufacturer's instructions for use. See appendix 4 for an example of a sterilization log provided by PHO.

Sterilization record keeping requirements can be met in several ways to best accommodate your practice. Manual labelling of packages and cassettes, using a package labelling system designed to withstand the sterilization process, using sterilizers with integrated printers that produce load control labels or using sterilization tracking software are several ways record keeping can be completed.

There are no specific requirements in using one record keeping system over another as long as all the parameters are recorded. The table below depicts the advantages and disadvantages of each type of system.

Record Keeping System	Advantages	Disadvantages
1. Manual labelling	Minimal investment in additional equipment and technology	Time consuming, requires manual labelling and manual entry into sterilization log
2. Package labelling system	Time saving for labelling loads	Investment required in labelling system – application gun and labels. Labels placed on packages, manual or digital entry into sterilization log required,
3. Sterilizer with integrated printer	Provides printouts for each sterilization cycle saving some entry into sterilization log	Requires sterilizer with integrated printer.
4. Sterilization tracking software	Custom labels are produced for each package/cassette, all result parameters are electronically logged, time saving and efficient	Requires investment in software and technology (scanners, labels, software and support)

4. Cleaning of Environmental Surfaces and Management of Waste

The prevention of cross-contamination or the spread of microorganisms from one source to another is of primary concern in the practice of denturism. When evaluating the environment, Registered Denturists should consider ways to minimize the transfer of microorganisms from soiled hands, soiled instruments or soiled environmental surfaces. Cleaning and low-level disinfection of environmental surfaces will help achieve this.

There are two categories of cleaning for clinical practice settings:

- Public environmental surfaces - reception areas, consultation rooms, and offices
- Clinical environmental surfaces - patient treatment areas and reprocessing rooms

4.1 Public Environmental Surfaces

Public environmental surfaces refer to areas open to the public such as reception areas with chairs, toys, countertops, consultation rooms and business offices that patients may touch or encounter.

To minimize the risk to patients and staff, lab coats or PPE must be removed upon exiting the laboratory area and/or the treatment rooms before entering public spaces. Public areas should be cleaned daily, or more frequently, if soiled.

While floors and walls have a limited risk of disease transmission, these surfaces require periodic cleaning. Mop heads and buckets must be cleaned thoroughly between uses and allowed to dry completely. Mops used in clinical areas should not be used in public areas. Carpeted areas and upholstered furnishings are discouraged. Areas where carpets have not yet been removed should be vacuumed daily using a HEPA filtered vacuum.

In the event public environmental surfaces become soiled with blood or body fluids, the surfaces must be cleaned and disinfected.

4.2 Clinical Environmental Surfaces

Clinical environmental surfaces refer to areas of patient treatment/care as well as instrument reprocessing areas.

Treatment rooms should not be carpeted, upholstered, or contain wood furnishings as they are difficult to clean and disinfect. When choosing finishes and furnishings for the clinical practice setting, seamless, slip-resistant, non-porous and easy to clean materials should be considered. Sinks and garbage bins ideally should operate hands free. The table below depicts areas that are considered high-touch or frequently in contact with people.

High-touch surfaces include:

- Dental chair & switches
- Chairside computer keyboards, monitors and mouse
- Sink and faucet handles
- Telephones and pens
- Overhead light handle and switches
- Drawer and door handles
- Countertops

Clinical surfaces including the high-touch surfaces must be cleaned of gross debris and then disinfected with a low-level disinfectant. Treatment areas must be free of clutter and unnecessary supplies and equipment on counter tops in order to minimize contamination with spatter, droplets or sprays and facilitate effective disinfection. Appropriate PPE must be worn while disinfecting surfaces to prevent occupational exposure to infectious microorganisms and chemicals.

Clinical surfaces can be protected from contamination by using barriers. Barriers are particularly effective for those surfaces that are difficult to clean and disinfect, due to their shape, surface or material characteristics.

Suitable barrier materials include:

- clear plastic wrap
- plastic bags
- plastic sheets
- plastic tubing
- plastic-backed paper
- other moisture-proof materials

4.3 Management of Waste

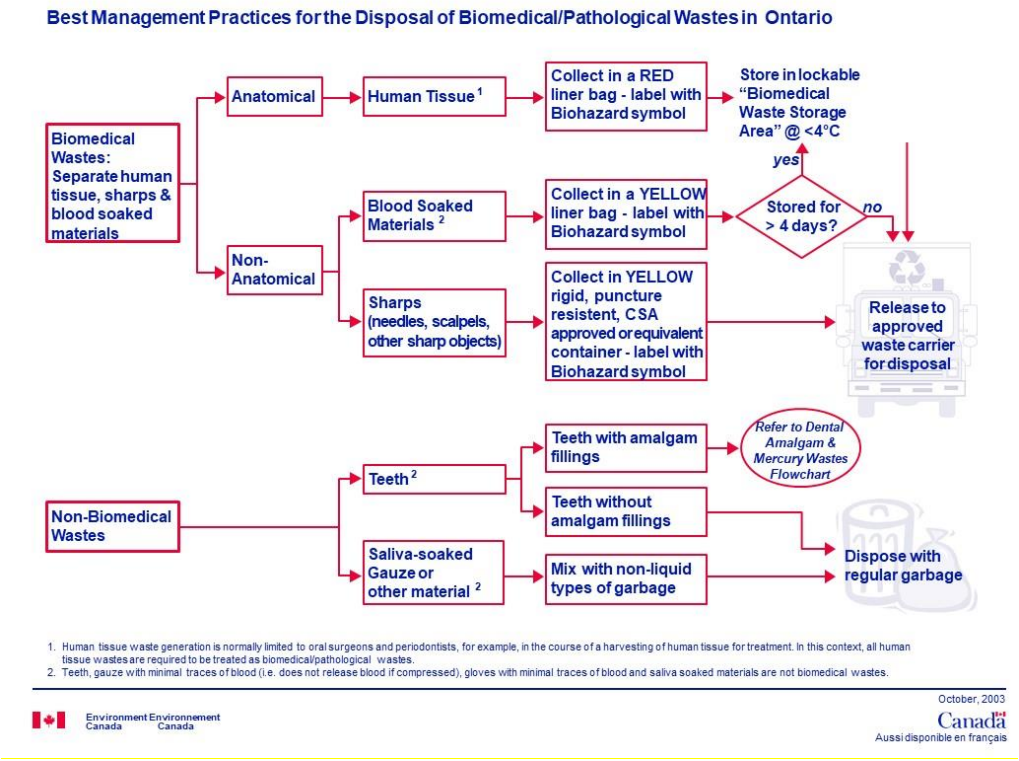
Waste must be separated into biomedical waste (hazardous waste) and general office waste. General office waste may be disposed of by your regular municipal waste collection service. Biomedical waste must be disposed of in an appropriate manner to prevent the transmission of possible infections from contaminated waste.

4.3.1 Biomedical waste

Biomedical waste is classified as hazardous waste and must not be disposed with regular office waste. It must be handled safely to protect human health and the environment. In general, all biomedical waste must be:

- Stored in colour-coded containers that are marked with the universal biohazard symbol
- Released to an approved biomedical waste carrier for disposal
- For further information, visit the Government of Ontario's online guidelines for the management of biomedical waste.

The figure below depicts best practices for the disposal of various biomedical/pathological waste.



Source: Dental Wastes Best Management Practices for the Dental Community, Environment Canada, April 2005.

Blood and Body Fluid Soaked Items

In the rare event that a Registered Denturist encounters blood and body fluid soaked items, considerations for cleaning up a blood or body fluid spill include:

- Wipe up any blood or body fluid spills immediately using disposable towels, dispose into regular waste if they do not release liquid or semi-liquid blood when compressed/squeezed
- Blood soaked gauze, cotton rolls, examination gloves, and disposable towels are considered general office waste if it also does not release liquid or semi-liquid blood when squeezed
- Non-anatomical waste includes blood-soaked materials that release liquid or semi-liquid blood if compressed. It must be separated and collected in a YELLOW liner bag that is labelled with the universal biohazard symbol
- If blood-soaked materials are to remain on site for more than four days, they must be stored in a refrigerated storage area marked "Biomedical Waste Storage Area" displaying the universal biohazard symbol. Refrigeration should be at or below 4^0C

- Disinfect the entire area with hospital-grade disinfectant, wipe up the area again with disposable towels and discard into regular waste
- Blood-soaked materials must be released to an approved biomedical waste carrier for disposal

4.3.2 General Office waste

General office waste is no different than residential waste. The majority of soiled items generated in a denture clinic do not require any special disposal methods other than careful containment and removal, with the exception of biomedical waste. Some general recommendations for office waste include:

- Ensure all garbage containers are waterproof and have tight-fitting lids, preferably operated by a foot pedal. Open wastebaskets are unadvised
- Use plastic bags to line the garbage containers. The use of double bagging is not necessary, unless the integrity of the bag is jeopardized, or the outside is visibly soiled
- Do not overfill garbage containers
- Do not place sharp, hard or heavy objects into plastic bags that could cause them to burst
- Do not place biomedical waste or sharps with general office waste

4.3.3 Sharps Disposal

The following are best practices regarding the disposal of sharps:

- Dispose of a single use sharp immediately after use
- Sharps must be disposed of in a YELLOW puncture-resistant, leak-proof container specifically designed for their management and labelled with the universal biohazard symbol
- Use rigid walled, leak- and puncture-resistant yellow containers for disposal of sharps. The closure should be secure
- Containers must not be filled beyond their designated capacity as per MIFU
- Must be released to an approved biomedical waste carrier for disposal
- For reusable sharps, carry them in a lidded puncture-resistant container, cassette or covered tray from the point of origin to the reprocessing area.
- Place appropriate sharps (biohazard) containers as close as possible to the area where the items are used

Most healthcare professionals, including Registered Denturists, source a private company to assist with the appropriate disposal of sharps and biomedical waste. Such companies may also provide clinics with appropriate containers to store disposed sharps in between pick-ups.

Appendix 1 – Duties of Employers, Supervisors, and Workers under the Occupational Health and Safety Act

The following information was reproduced with permission from the Infection Prevention and Control for Clinical Office Practice, April 2015, Public Health Ontario.

Duties of Employers

- Make sure workers know about hazards and dangers by providing information, instruction and supervision on how to work safely.
- Appoint a "competent person" as defined by the OHSA to be a supervisor.
- Make sure supervisors know what is required to protect workers' health and safety on the job.
- Create workplace health and safety policies and procedures where more than 5 workers are regularly employed. If you regularly employ 5 or less workers, you do not have to put policies in writing unless ordered by a Ministry of Labour inspector.
- Make sure everyone follows the workplace health and safety policies and procedures.
- Make sure workers wear and use the correct PPE.
- Maintain equipment, material and protective devices in good condition.
- Comply with applicable legislation and reporting requirements.
- Do everything reasonable under the circumstances to protect workers from being hurt or getting a work-related illness.

Duties of Supervisors

- Inform workers about hazards and dangers and respond to their concerns.
- Show workers how to work safely, and make sure they follow the law and workplace health and safety policies and procedures.
- Make sure workers wear and use the right PPE.
- Do everything reasonable under the circumstances to protect workers from being hurt or getting a work-related illness.

Duties of Workers

- Comply with the OHSA and its regulations and the workplace's health and safety policies and procedures.
- Work and act in a way that won't hurt themselves or anyone else.
- Report any hazards or injuries to the supervisor/employer.
- Wear and use the PPE required by the employer.

Additional requirements under the Occupational Health and Safety Act include:

- A joint health and safety committee shall be implemented in any workplace that regularly employs 20 or more workers.
- A health and safety representative is required at a workplace where six or more workers are regularly employed, and where there is no joint committee. The representative shall be chosen by the workers.
- No matter how small the workplace, it shall be inspected at least once a month.

Monthly Inspection Checklist

Visit all areas of the workplace, looking for hazards that need correction, such as:

- are sharps containers overfilled?
- is PPE (gloves, masks, gowns) available and accessible?
- is PPE in good condition?
- are chemical disinfectants/sterilants labelled and stored properly?
- are food preparation areas clean and dedicated for that purpose?
- is there adequate ventilation if liquid disinfectants are used?
- is storage shelving in good condition?
- is there adequate liquid soap available at hand washing sinks?
- is there alcohol-based hand rub at point-of-care?
- is the protocol for disposal of hazardous waste being followed?
- is the waste collection area clean and tidy, with waste covered?
- are blood/body fluid spills cleaned by trained staff as they occur?

Appendix 2 – Cover Your Cough Signage

The following is reproduced with permission from Infection Prevention and Control for Clinical Office Practice, April 2015, Public Health Ontario

Appendix 3 – International Types of Steam Chemical Indicators

The following is reproduced with permission from the Best Practices for Cleaning, Disinfection and Sterilization of Medical Equipment/Devices In All Health Care Settings, 3rd edition, May 2013, Public Health Ontario.

Type	Definition	Use	Examples
Type I: Process Indicators	Indicators that differentiates processed from non-processed items	• Used with individual units (e.g., packs, containers) to indicate that the item has been directly exposed to the sterilization process • Usually applied to the outside of packages • Respond to one or more critical process variables	• Indicator tapes • Indicator labels • Load cards
Type II: Indicator for Use in Specific Tests	Indicator for use in specific test procedures as defined in sterilizer/sterilization standards (e.g., air-detection, steam penetration)	• Used for equipment control to evaluate the sterilizer performance	• Bowie-Dick test
Type III: Single Variable Indicator	Indicator that reacts to a single critical variable in the sterilization process to indicate when a specified value has been reached (e.g., temperature at a specific location in the chamber)	• May be used for monitoring process control but not as useful as type IV or type V indicators • May be used for exposure control monitoring (e.g., temperature at a specific location in the chamber)	• Temperature tubes
Type IV: Multi-variable Indicator	Indicator that reacts to two or more critical variables in the sterilization cycle under the conditions specified by the manufacturer	• May be used for process control	• Paper strips
Type V: Integrating Indicator	Indicator that reacts to all critical variables in the sterilization process (time, temperature, presence of steam) and has stated values that correlate to a BI at three time/temperature relationships	• Responds to critical variables in the same way that a BI responds • Equivalent to, or exceeds, the performance requirements of BIs • Used for process control • May be used as an additional monitoring tool to release loads that do not contain implants	
Type VI: Emulating Indicator	Indicator that reacts to all critical variables (time, temperature, presence of steam) for a specified sterilization cycle (e.g., 10 min., 18 min., 40 min.)	• Used as internal CI for process control • A different Type VI emulating indicator is required for each sterilization cycle time and temperature used • Cannot be used as an additional monitoring tool to release loads that do not contain implants	

Appendix 4 – Sample Sterilization Log for Table-top Steam Sterilizers

The following is reproduced with permission from the Best Practices for Cleaning, Disinfection and Sterilization of Medical Equipment/Devices In All Health Care Settings, 3rd edition, May 2013, Public Health Ontario.

Public Health Ontario | Santé publique Ontario

Sterilization Monitoring Log for Table-top Steam Sterilizers

The purpose of this document is to record process parameters for steam sterilization in community health care settings. This will assist with tracking of medical devices used on clients/patients/residents in the event of a recall or follow-up investigation. For more information, see the Best Practices for Cleaning, Disinfection and Sterilization of Medical Equipment/Devices or email ipac@oahpp.ca.

Sterilizer Model: ____________________ **Sterilizer Serial Number:** ____________________

Load Details	Pouch Contents	Sterilizer Readings Met*	Operator Initials	Quality Indicators*	Operator Initials
Date: __________ Time: __________ Load #: __________		Temperature: ☐ Yes ☐ No Time: ☐ Yes ☐ No Pressure: ☐ Yes ☐ No		Chemical indicator Change: ☐ Yes ☐ No Biological Indicator: ☐ Pass ☐ Fail	
Date: __________ Time: __________ Load #: __________		Temperature: ☐ Yes ☐ No Time: ☐ Yes ☐ No Pressure: ☐ Yes ☐ No		Chemical indicator Change: ☐ Yes ☐ No Biological Indicator: ☐ Pass ☐ Fail	
Date: __________ Time: __________ Load #: __________		Temperature: ☐ Yes ☐ No Time: ☐ Yes ☐ No Pressure: ☐ Yes ☐ No		Chemical indicator Change: ☐ Yes ☐ No Biological Indicator: ☐ Pass ☐ Fail	
Date: __________ Time: __________ Load #: __________		Temperature: ☐ Yes ☐ No Time: ☐ Yes ☐ No Pressure: ☐ Yes ☐ No		Chemical indicator Change: ☐ Yes ☐ No Biological Indicator: ☐ Pass ☐ Fail	

* Any "no" or "fail" requires system failures procedure documentation and follow up.

Print Name:____________________ Signature:____________________ Initials:__________
Print Name:____________________ Signature:____________________ Initials:__________
Print Name:____________________ Signature:____________________ Initials:__________

References:
Ontario Agency for Health Protection and Promotion (Public Health Ontario), Provincial Infectious Diseases Advisory Committee. Best practices for cleaning, disinfection and sterilization in all health care settings. 3rd ed. Toronto, ON: Queen's Printer for Ontario; 2013. Available from: http://www.publichealthontario.ca/en/eRepository/PIDAC_Cleaning_Disinfection_and_Sterilization_2013.pdf

CSA Group. SPE 1112-14: The user handbook for medical device reprocessing in community health care settings. Toronto, ON: CSA Group; 2014.

Ontario
Agency for Health Protection and Promotion
Agence de protection et de promotion de la santé

COLLEGE OF DENTURISTS OF ONTARIO

BRIEFING NOTE

To:	**Council**
From:	**Dr. Glenn Pettifer, Registrar & CEO**
Date:	**June 19, 2020**
Subject:	**Returning Business - Registration Regulation Revisions**

Background:

This item is returning business for Council.

For several years, the College has worked closely with the Ministry of Health to revise the Registration Regulation with a view to identifying areas for modification and improvement. Since then, revisions to the Registration Regulation were drafted, in consultation with the Ministry of Health, and at its September 6, 2019 meeting, Council adopted a motion to circulate the proposed amendments for stakeholder consultation. The consultation report is attached for consideration.

The attached Draft Revised Registration Regulation table includes 5 columns. The first column contains the language of the current Regulation, the second column contains the proposed amendment, and the third column, the rationale for the proposed amendment. These 3 columns have been approved by Council at its September 6, 2019 meeting. The fourth column contains the comments from the stakeholder consultation with the response to the comments (provided by Rebecca Durcan where necessary) in the fifth column.

The Ministry of Health is preparing to post the revised Registration Regulation on the Regulatory Registry for a public 45-day consultation. Since the College has recently concluded its own Stakeholder Consultation and addressed comments in the draft document (attached), it is unlikely that the consultation conducted by the Ministry of Health will yield significantly different comments requiring modification of the draft revisions. However, should those arise, they will be shared will Council.

Options

Since Council has previously approved the proposed draft revisions to the Registration Regulation, the matter before Council at this point is whether any of the stakeholder comments necessitate amendments to the proposed draft revisions.

Without pre-empting Council's consideration of the matter, my review of the comments does not suggest the need for any amendments to the draft revised Regulation but, as with most of the stakeholder comments we receive, identify areas where there are opportunities for education and clarification.

After discussion and consideration of this matter, Council may elect to:

1. Adopt a motion to approve the draft Revised Registration Regulation as presented. The proposed draft revisions will be submitted to the Ministry of Health for approval, subject to any revisions that may arise from the Ministry's consultation.

   If a motion to adopt this option is made, the Ministry of Health requires that the vote is a recorded vote. That is, the vote of each member of Council as "aye" or "nae" is to be recorded and submitted with the proposed draft revised Regulation.

2. Modify the proposed draft revised Registration Regulation, adopt the modified amendments and re-circulate them for stakeholder consultation, if the modifications are substantive.

3. Modify the proposed amendments, adopt the modified amendments as in Option 1 above (if the modifications are not substantive) and support the submission of the regulation to the Ministry of Health for approval.

4. Other.

Attachments

Draft Revised Registration Regulation in Table Format with Stakeholder Comments

Draft Registration Regulation Submission

Existing Clause	Proposed New Clause	Rationale	Stakeholder Comments	Response
1. (1) The following are non-exemptible registration requirements for a certificate of registration: 1. The applicant must have a diploma in denture therapy or denturism from, i. George Brown College of Applied Arts and Technology, ii. any other institution that, in the opinion of the Registration Committee, issues an equivalent diploma or degree.	Content addressed under s.5 of proposed new draft. Please see s.5 in Proposed New Clause column.			
2. The applicant must have successfully completed the qualifying examination in denturism set by the Council within 12 months of the application.	Content addressed under s. 5 of proposed new draft. Please see s. 5 in Proposed New Clause column.			
3. The applicant must be a Canadian citizen or a permanent resident of Canada or have an authorization under the Immigration and Refugee Protection Act (Canada) consistent with his or her proposed certificate of registration. O. Reg. 833/93, s. 1 (1); O. Reg. 404/94, s. 1 (1); O. Reg. 225/03, s. 1 (1); O. Reg. 23/12, s. 1 (1).	Content addressed under s. 3 of proposed new draft. Please see s.3 in Proposed New Clause column.			
(2) For the purposes of subparagraph ii of paragraph 1 of subsection (1), a diploma or degree is equivalent if it offers courses in the areas listed in the Schedule. O. Reg. 833/93, s. 1 (2).	Content addressed under s. 14 of proposed new draft. Please see s.14 in Proposed New Clause column.			
(3) Revoked: O. Reg. 23/12, s. 1 (2).	Remove.			
	Classes of certificates 1. The following are	The authority to make this requirement is contained in clause 95(1)(a) of the HPCC.		

Existing Clause	Proposed New Clause	Rationale	Stakeholder Comments	Response
	prescribed as classes of certificates of registration: 1. General. 2. Inactive. 3. Temporary.	• Inactive class allows for members who are not practising to remain registrants of the College o Intent is short-term, most to move back into General after 1-3 years o Common reasons: parental leave, illness/injury, not currently working in the profession (short-term). This provides greater flexibility for members and still keeps them within the regulated umbrella of the College. • General and Temporary already exist in the current regulation		
	1.1 A member who held a certificate of registration under the Denturism Act, immediately before this section came into force shall be deemed to be a holder of a certificate of registration issued pursuant to s. 1 para 1, subject to any term, condition, limitation, suspension, expiry or cancellation to which the member's certificate of registration was subject.	The authority to make this requirement is contained in clause 95(1)(b) of the HPCC. • Administrative provision – transfer current membership into revised regulation • Despite its desire to modernize its entry to practice requirements, the College wishes to ensure a seamless transfer. This provision will reassure members and the public that despite the new requirements, current members of the College shall remain members.		
	1.2 Where an application for a certificate of registration had been made but not finally dealt with before this Regulation came into force the application shall be dealt with in accordance with the previous Regulation.	The authority to make this requirement is contained in clause 95(1)(b) of the HPCC. • Administrative provision – fairness to candidates/applicants that are partially through the registration process but have not yet become registrants.		

Existing Clause	Proposed New Clause	Rationale	Stakeholder Comments	Response
2. The following are the standards and qualifications for a certificate of registration:	**Application for certificate of registration**			
1. The applicant submits a completed application to the Registrar in the form provided by the Registrar, together with the application fee.	2. (1) A person may apply for a certificate of registration by submitting a completed application in the form provided by the Registrar, any applicable fees required under the by-laws and any supporting information requested by the Registrar.	The authority to make this requirement is contained in clause 95(1)(b) of the HPCC. • Requires applicants to provide additional information to supporting their application, provides the Registrar and/or RC with a full picture of the applicant's current and previous conduct to try to ensure that registrants practice safely, ethically and competently. The form will contain relevant information required for the registration process. It is the initiating document and must contain all current contact information and supporting documentation in order for the registration process to run smoothly.		
2. The applicant's past and present conduct affords reasonable grounds for belief that the applicant, i. is mentally competent to practise denturism, and ii. will practise denturism with decency, integrity and honesty and in accordance with the law.	Content addressed under s. 3 of proposed new draft. Please see s.3 in Proposed New Clause column.			
3. The applicant has not made, by commission or omission, any false or misleading representation or declaration	(2) Despite any other provision in this Regulation, a person who makes a false or misleading	The authority to make this requirement is contained in clause 95(1)(b) of the HPCC. • The College expects its members to	Who will prove the statements weather they are true or false? The unique powers given to the Registrar should	Applicants attest that the information they provide is truthful and accurate. There is an expectation that all

Existing Clause	Proposed New Clause	Rationale	Stakeholder Comments	Response
on or in connection with an application.	statement, representation or declaration in or in connection with their application is deemed not to have satisfied the requirements for a certificate of registration and the Registrar, in the absence of a hearing, may revoke the certificate for providing such a statement.	act honestly and with integrity. The public expects that registered professionals have been appropriately assessed by their regulatory body. This is not possible without complete and accurate information being provided by the applicant. An applicant who is dishonest or careless on such an important matter is ungovernable.	NOT create a possible abuse of powers by the Registrar towards the Candidates in order to limit the numbers of the Registered Denturists the way it happened [in the past]. I really hope it never happen again! Any proofs, especially from the overseas can be easily declared false due to the difficulties for the additional confirmation (time, distance, resignation of the people who can prove the documents etc).	applicants will be honest. There is a checks and balance system in that the Registrar can never deny an application. If he has doubts that the applicant meets the requirement he has to refer it to the Registration Committee. The Registration Committee is the body to make the decision. Further, all decisions of the Registration Committee are subject to external review by HPARB.
	(3) The Registrar shall not revoke a certificate of registration under subsection (2) unless the Registrar has given the person written notice of the intention to do so and provided the person with 30 days to make written submissions with respect to the false or misleading statement, representation or declaration.	The authority to make this requirement is contained in clause 95(1)(b) of the HPCC. • This process provides fairness to the registrant, allowing them to explain discrepancies in their application prior to the Registrar making a final decision with respect to revocation. • This codified procedure will also assist the College and the member understand what is needed to occur before such a decision is made.		
4. The applicant must deliver his or her original diploma in denture therapy or denturism and documentation identifying the applicant personally to the Registrar if the applicant did not receive a diploma in denture therapy or denturism from George Brown College of Applied Arts and Technology.	Remove.	• This requirement is irrelevant. Candidates are required to provide documentation, including official transcripts, at the point of registering for the Qualifying Examination. Transcripts note the date of the credential was awarded, as well as the name of the credential. Requiring candidates or applicants to provide an official transcript and their actual diploma is redundant.		
5. The applicant must have reasonable	Content addressed under s. 3 of			

Existing Clause	Proposed New Clause	Rationale	Stakeholder Comments	Response
fluency in either English or French. O. Reg. 833/93, s. 2.	proposed new draft. Please see s.3 in Proposed New Clause column.			
	Requirements for issuance of certificate of registration, any class **3.** An applicant must satisfy the following requirements for the issuance of a certificate of registration of any class: 1. The applicant must, at the time of application, provide written details about any of the following that relate to the applicant and, where any of the following change with respect to the applicant after submitting the application but before the issuance of a certificate, must immediately provide written details with respect to the change: i. A finding of guilt for any of the following: A. A criminal offence. B. An offence resulting in either a fine greater than $1,000.00 or any form of custody or detention. ii. A finding of professional misconduct, incompetence or incapacity, or any similar finding, in relation to another regulated profession in Ontario or to any regulated profession in another jurisdiction.	The authority to make this requirement is contained in clause 95(1)(b) of the HPCC. • This information may bring into question an applicant's character or fitness to practise. These concerns may be linked to justifiable concerns regarding public safety. • This is a common type of provision. The College is entrusted to ensure that its applicants for registration are competent and free of any findings or proceedings that would call into question their suitability to practise or put patients at risk. • The College expects both applicants and registrants to act honestly and with integrity. These are important facts and applicants are obliged to disclose them as part of the application process. However, the College recognizes that applicants cannot remember all minor non-criminal offences (e.g., parking, speeding) that occurred in their entire lives so the wording relating to non-criminal offences is qualified to capture only significant previous non-criminal offences.	i. Many candidates who are refugees, can be incarcerated or fined back home due to the lack of freedoms in their homeland. That means those people can be in trouble again in the sheltering country (Ontario). ii, iii-..."other jurisdiction" comes back to the #3,i. iv- due to the high level of corruption in the many countries of the world ,anything of the described problems can happen to innocent people. v- same story. As an example, in the former USSR the Jew people were very limited to get higher education and to obtain professional Registration. vi- we already had falsified Registration examination in Ontario in 2010 ourselves, that became a reason for the Audit and of the appointment of the Supervisor by the Minister of Health vii- finally please specify the "other jurisdictions " by the " country officially recognised as democratic and respectful to the Human Rights".	

Existing Clause	Proposed New Clause	Rationale	Stakeholder Comments	Response
	iii. A current proceeding for professional misconduct, incompetence or incapacity, or any similar proceeding, in relation to another regulated profession in Ontario or to any regulated profession in another jurisdiction. iv. A finding of professional negligence or malpractice in any jurisdiction. v. A refusal by any body responsible for the regulation of a profession in any jurisdiction to register or license the applicant. vi. An attempt to pass a registration examination required for purposes of being licensed or certified to practise any health profession, whether in Ontario or another jurisdiction that has not resulted in a passing grade. vii. Whether the applicant was in good standing at the time they ceased being registered, whether in Ontario or another jurisdiction, with a body responsible for the regulation of a profession.			
	2. The applicant's previous conduct must afford reasonable grounds for the belief that they will practise denturism in a safe and professional manner.	This clause addresses content covered in s.2.2. of the current regulation. The authority to make this requirement is contained in clause 95(1)(b) of the HPCC. • Using the information provided in s.3.1., the Registrar and/or RC can make better registration decisions to ensure safety of patients • The rationale for this provision		

Existing Clause	Proposed New Clause	Rationale	Stakeholder Comments	Response
		mirrors the rationale as set out above.. The purpose of the provision is to ensure that applicants have the character and competence to practise safely and ethically.		
	3. The applicant must be able to speak, read and write either English or French with reasonable fluency.	This clause addresses content covered in s.2.5. of the current regulation. The authority to make this requirement is contained in clause 95(1)(b) of the HPCC. • 2 official languages are English/French • An applicant must be able to communicate effectively with their patients and keep accurate records. This is essential for the relationship between patient and provider. It is also necessary for effective communication within the health care system.		
	4. The applicant must not have a physical or mental condition or disorder that would make it desirable, in the interest of the public, that they not be issued a certificate of registration unless, should the applicant be given a certificate of registration, the imposition of a term, condition or limitation on that certificate is sufficient to address such concerns.	The authority to make this requirement is contained in clause 95(1)(b) of the HPCC. • Balancing fairness to the applicant to be registered while protecting patients from potential harm • Patients expect to be treated by a regulated professional who is capable and not suffering from a physical or mental condition that is likely to affect the care that they deliver.		
	5. If the applicant is registered by any body responsible for the regulation of any other profession in Ontario or of any profession in any other jurisdiction, the	The authority to make this requirement is contained in clause 95(1)(b) of the HPCC. • Demonstration of good character, governability • Applicants who do not meet this		

Existing Clause	Proposed New Clause	Rationale	Stakeholder Comments	Response
	applicant's registration must be in good standing and must continue to be in good standing until such time as the applicant is issued a certificate of registration	requirement will be considered on a case-by-case basis, with the specific allegations under consideration in order to make a registration decision		
	6. If the applicant ceased being registered with any body responsible for the regulation of a profession in Ontario or in any other jurisdiction, the applicant must have been in good standing at the time they ceased being registered.	The authority to make this requirement is contained in clause 95(1)(b) of the HPCC. • Demonstration of good character, governability • Applicants who do not meet this requirement will be considered on a case-by-case basis, with the specific allegations under consideration in order to make a registration decision		
	7. The applicant must provide evidence satisfactory to the Registrar that the applicant will have professional liability insurance in the amount and in the form required by the by-laws by the date the applicant will begin practising under his or her certificate of registration.	The authority to make this requirement is contained in clause 95(1)(b) of the HPCC. • Applicants sign an undertaking that confirms they will get PLI that meets the requirements set out in the By-laws once registered • Ensures that registrants are financially able to handle negligence or malpractice • This is a mandatory requirement of all regulated health professionals.		
	8. The applicant must, at the time of application, provide the Registrar with the results of a current police record check.	The authority to make this requirement is contained in clause 95(1)(b) of the HPCC. • The College's mandate is to protect the public interest in access to safe, competent and ethical care and service by Registered Denturists. Findings of guilt, courts orders, or outstanding charges or warrants to arrest may bring into question an applicant's		

Existing Clause	Proposed New Clause	Rationale	Stakeholder Comments	Response
		character or fitness to practise. These concerns may be linked to justifiable concerns regarding public safety. Consequently, a criminal record and judicial matters check is required for all applicants who apply on or after November 1, 2018 (as set out in College policy). The criminal record and judicial matters check must be dated within 6 months of the date of application for a Certificate of Registration.		
	9. The applicant must be a Canadian citizen or a permanent resident of Canada or have an authorization under the Immigration and Refugee Protection Act (Canada) consistent with his or her proposed certificate of registration.	This clause addresses content covered in s.1(1)3. of the current regulation. The authority to make this requirement is contained in clause 95(1)(b) of the HPCC. • This will provide further reassurance to the public that members of this College have complied with all residency requirements. It ensures that the registration process does not foster illegal work in Canada.		
3. The following are the terms, conditions and limitations of a certificate of registration: 1. The member shall, within 15 days from the day the member becomes aware of any of the following, provide the College with written and, if necessary, oral details of any of the following that relate to the member and that occur or arise after the registration of the member, i. a finding of guilt in relation to any	Content addressed under s. 4 of proposed new draft. Please see s.4 in Proposed New Clause column.			

Existing Clause	Proposed New Clause	Rationale	Stakeholder Comments	Response
offence, ii. a finding of professional misconduct, incompetency, incapacity or other similar finding in Ontario in relation to another profession or in another jurisdiction in relation to the profession or another profession, iii. the commencement of a proceeding for professional misconduct, incompetency or incapacity, or similar conduct, in Ontario in relation to another profession or in another jurisdiction in relation to the profession or another profession.				
2. The member's certificate of registration expires if the member ceases to be a Canadian citizen or a permanent resident of Canada or have an authorization under the Immigration and Refugee Protection Act (Canada) consistent with his or her certificate of registration.	Content addressed under s. 4 of proposed new draft. Please see s.4 in Proposed New Clause column.			
3. After the second anniversary date of its issue, the certificate of registration expires on the date the annual fee is due unless the member i. has engaged in the practice of denturism for at least 1,500 hours in the preceding three years, ii. has successfully completed the most recent qualifying examinations in denturism set by the Council. iii. has successfully completed, in the preceding six months, the courses set by	Content addressed under s. 6 of proposed new draft. Please see s.6 in Proposed New Clause column.			

Existing Clause	Proposed New Clause	Rationale	Stakeholder Comments	Response
the Council, or iv. has taught denturism at an institution referred to in paragraph 1 of section 1 for a period of at least twelve months in the preceding three years.				
4. The member shall give the College information as required by the by-laws and in the form and manner required by the by-laws.	Content addressed under s. 4 of proposed new draft. Please see s.4 in Proposed New Clause column.			
5. The member shall pay the annual fee as required by the by-laws. O. Reg. 833/93, s. 3; O. Reg. 404/94, s. 2; O. Reg. 318/02, s. 1; O. Reg. 23/12, s. 2.	Remove.	• This is addressed in section 24 of the HPCC and in the by-laws		
	Terms, conditions and limitations of every certificate **4.** Every certificate of registration is subject to the following terms, conditions and limitations: 1. The member shall provide the College with written details about any of the following that relate to the member, no later than 30 days after the event occurs: i. Registration with another body that governs a regulated profession in Ontario or any other jurisdiction. ii. A finding of professional misconduct, incompetence or incapacity, or any similar finding, in relation to another regulated profession in Ontario or to any regulated profession in another jurisdiction. iii. A current proceeding for professional misconduct,	This clause addresses content covered in s.3.1. and s. 3.4 of the current regulation. The authority to make this requirement is contained in clause 95(1)(c) of the HPCC. • These TCLs will apply to all certificates. These TCLs reflect requirements that need to be met by all members of the profession. • Items ii – ix may bring into question a member's character or fitness to practise. These concerns may be linked to justifiable concerns regarding public safety.	v, vi - makes a Candidate prone to prejudice from the College and by the Registration Committee. viii- other Bodies can be corrupted as it happened to the CDO in 2010 and to the Veterinarian Society of BC in 2009(that lead to the mass protests in BC and lawsuits against the Body .It was bankrupted at a time).	That is incorrect. This information may bring into question a member's character or fitness to practise. These concerns may be linked to justifiable concerns regarding public safety.

Existing Clause	Proposed New Clause	Rationale	Stakeholder Comments	Response
	incompetence or incapacity, or any similar proceeding, in relation to another regulated profession in Ontario or to any regulated profession in another jurisdiction. iv. A finding of professional negligence or malpractice in any jurisdiction. v. A refusal by any body responsible for the regulation of a profession in any jurisdiction to register or license the member. vi. An attempt to pass a registration examination required for purposes of being licensed or certified to practise any health profession, whether in Ontario or another jurisdiction that has not resulted in a passing grade. vii. Whether the member was in good standing at the time they ceased being registered with a body responsible for the regulation of a profession in Ontario or any other jurisdiction. viii. Where the member is a member of another regulated profession in Ontario or any regulated profession in another jurisdiction, any failure by the member to comply with any obligation to pay fees or provide information to the body responsible for the regulation of such professions, the initiation of any investigations by such bodies			

Existing Clause	Proposed New Clause	Rationale	Stakeholder Comments	Response
	in respect of the applicant, or the imposition of sanctions on the applicant by such bodies. ix. Any other event that would provide reasonable grounds for the belief that the member will not practise denturism in a safe and professional manner.			
	2. The member shall provide the College with written details about any finding of guilt related to any offence as soon as possible after receiving notice of the finding, but not later than 30 days after receiving the notice.	The authority to make this requirement is contained in clause 95(1)(c) of the HPCC. • may bring into question a member's character or fitness to practise. These concerns may be linked to justifiable concerns regarding public safety.		
	3. The member shall maintain professional liability insurance in the amount and in the form required under the by-laws and the member shall, within two business days of the termination of professional liability insurance, provide the College, with written notice if the member no longer maintains such insurance.	The authority to make this requirement is contained in clause 95(1)(c) of the HPCC. • The bylaws will be able to differentiate between the requirements for General, Inactive and Temporary class certificates of registration ensuring fairness to the member while still protecting the public interest.		
	4. The member shall not practise denturism if the member does not have professional liability insurance in the amount and in the form required under the by-laws.	The authority to make this requirement is contained in clause 95(1)(c) of the HPCC. • This provision is important to ensure that all members have the appropriate professional liability insurance coverage and that the public's interest is maintained		
	5. The member shall prominently display his or her certificate of registration at the principal location at which he or she	The authority to make this requirement is contained in clause 95(1)(c) of the HPCC. • Signals to the public that the practitioner is registered with the		

Existing Clause	Proposed New Clause	Rationale	Stakeholder Comments	Response
	practises denturism.	College and can provide denturism services		
	6. Immediately prior to the suspension, revocation, resignation or expiry of a certificate of registration the member shall return the certificate of registration to the Registrar.	The authority to make this requirement is contained in clause 95(1)(c) of the HPCC. • Mitigates risk of unauthorized practice • Unless former members surrender their certificate of registration to the College, the public is at risk that they will continue to hold out or practise as a member of the regulated profession.		
	7. Further to section 8 of the Act, a member shall only use titles respecting the profession in accordance with the following: i. A member who holds a General certificate of registration may only use the title "Denturist", "Registered Denturist" and/or the designation "DD." ii. A member who holds an Inactive certificate of registration may only use the title "Denturist (Inactive)", "Registered Denturist (Inactive)" and/or the designation "DD (Inactive)." iii. A member holding a Temporary certificate of registration may only use the title "Denturist (Temp.)" "Registered Denturist (Temp.), and/or the designation "DD (Temp)."	The authority to make this requirement is contained in clause 95(1)(p) of the HPCC. • Helps the public identify the class of registration and whether or not they are permitted to treat patients • The public must be able to identify the registered status of health professionals. Members are expected to refer to themselves as registered health professionals to assure the public of their accountability to a regulatory body and to the law. Registered status assures the public of a level of quality and safety. It is important for members to identify their specific certificate to ensure the patients have a clear understanding of their professional status and their authority to practise.		
	8. The member shall only practise in the areas of denturism in which the member is educated and has	The authority to make this requirement is contained in clause 95(1)(c) of the HPCC. • The practice of denturism is broad.		

Existing Clause	Proposed New Clause	Rationale	Stakeholder Comments	Response
	the necessary knowledge, skill and judgement.	The public has the right to expect that members will only practise to the extent of their individual competence.		
	9. The member's certificate of registration expires if the member ceases to be a Canadian citizen or a permanent resident of Canada or have an authorization under the Immigration and Refugee Protection Act (Canada) consistent with his or her certificate of registration.	This clause addresses content covered in s.3.2. of the current regulation. The authority to make this requirement is contained in clause 95(1)(c) of the HPCC. • This provision ensures that the registration process does not foster illegal work in Canada.		
4. Despite section 1, the Registration Committee may issue a certificate of registration that will expire after a period of no more than thirty days to an applicant who, (a) is qualified to practise denturism in a jurisdiction outside of Ontario; (b) has an appointment to teach a brief continuing education program in denturism primarily for denturists; and (c) provides a written undertaking given by a member to supervise the applicant and be responsible for providing continuing care for patients attended to by the applicant in Ontario. O. Reg. 833/93, s. 4.	Content addressed under s. 11 and s. 13 of proposed new draft. Please see s.11 and s.13 in Proposed New Clause column.			
4.1 (1) Where section 22.18 of the Health	Content addressed under s.13 of			

Existing Clause	Proposed New Clause	Rationale	Stakeholder Comments	Response
Professions Procedural Code applies to an applicant, the requirements of paragraphs 1 and 2 of subsection 1 (1) of this Regulation are deemed to have been met by the applicant. O. Reg. 23/12, s. 3.	proposed new draft. Please see s.13 in Proposed New Clause column.			
(2) Despite subsection (1), it is a non-exemptible registration requirement that an applicant referred to in subsection (1) provide one or more certificates or letters or other evidence satisfactory to the Registrar or a panel of the Registration Committee confirming that the applicant is in good standing as a denturist in every jurisdiction where the applicant holds an out-of-province certificate. O. Reg. 23/12, s. 3.	Content addressed under s. 13 of proposed new draft. Please see s.13 in Proposed New Clause column.			
(3) Without in any way limiting the generality of subsection (2), being in "good standing" with respect to a jurisdiction shall include the fact that, (a) the applicant is not the subject of any discipline or fitness to practise order or of any proceeding or ongoing investigation or of any interim order or agreement as a result of a complaint, investigation or proceeding; and (b) the applicant has complied with all continuing competency and quality assurance requirements of the regulatory authority of the jurisdiction. O.	Content addressed under s. 13 of proposed new draft. Please see s.13 in Proposed New Clause column.			

Existing Clause	Proposed New Clause	Rationale	Stakeholder Comments	Response
Reg. 23/12, s. 3.				
(4) Where an applicant to whom subsection (1) applies is unable to satisfy the Registrar or a panel of the Registration Committee that the applicant practised the profession of denturism to the extent that would be permitted by a certificate of registration at any time in the preceding three years immediately before the date of that applicant's application, the applicant must meet any further requirement to undertake, obtain or undergo material additional training, experience, examinations or assessments that may be specified by a panel of the Registration Committee. O. Reg. 23/12, s. 3.	Content addressed under s. 13 of proposed new draft. Please see s.13 in Proposed New Clause column.			
(5) An applicant referred to in subsection (1) is deemed to have met the requirements of paragraph 5 of section 2 if the requirements for the issuance of the applicant's out-of-province certificate of registration included language proficiency requirements equivalent to those required by that paragraph. O. Reg. 23/12, s. 3.	Content addressed under s. 13 of proposed new draft. Please see s.13 in Proposed New Clause column.			
(6) Despite subsection (1), an applicant is not deemed to have met a requirement if that requirement is described in subsection 22.18 (3) of the Health Professions Procedural Code. O. Reg. 23/12, s. 3.	Content addressed under s. 13 of proposed new draft. Please see s.13 in Proposed New Clause column.			
5. Omitted (provides for coming into force of provisions of this Regulation). O. Reg. 833/93, s. 5.	Remove.			

Existing Clause	Proposed New Clause	Rationale	Stakeholder Comments	Response
	General class **5.** (1) The following are non-exemptible registration requirements for a General certificate of registration:	The authority to make this requirement is contained in clause 95(1)(d) of the HPCC. • These requirements are determined to be the basic minimum requirements to assure the public of safe, ethical care by denturists.		
	1. The applicant must have successfully completed a post-secondary program in denturism or equivalent that, i. is approved by the Council or a body designated by the Council, or ii. is, in the opinion of a panel of the Registration Committee, substantially equivalent to a program approved by the Council or a body designated by the Council.	This clause addresses content covered in s.1(1)1. of the current regulation. The authority to make this requirement is contained in clause 95(1)(b) of the HPCC. • Accreditation framework provides for program review and approval on a cyclical basis → ensures curriculum is current, relevant and is taught according to pedagogical best practices. • Academic Assessments for out-of-province and international programs conducted by the RC according to policy. Framework for the review will consider competency profile requirements and consideration of practical experience delivered within the program. The RHPA requires the College to treat international applicants with transparency, objectivity, impartiality and fairness. Ontario benefits by recognizing the knowledge, skill and judgment of international applicants. • Academic requirement ensures that all members meet entry to practice competencies and foundational knowledge. • Denturism requires a breadth and		

Existing Clause	Proposed New Clause	Rationale	Stakeholder Comments	Response
		depth of knowledge, skill and judgment in order to practice safely and ethically. In today's society, this requires the structure of a formal, comprehensive and focused education program.		
	2. The applicant must have successfully completed a qualifying examination in denturism set or approved by the Council.	This clause addresses content covered in s.1(1)2. of the current regulation. The authority to make this requirement is contained in clause 95(1)(b) of the HPCC. • Qualifying Examination consists of 2 parts: Part 1 – Written (Multiple Choice Questions) Part 2 – Clinical (Objectively Structured Clinical Examination) The QE is based upon internationally recognized testing standards and procedures. The examination is designed to ensure that each candidate is afforded an optimal, standardized assessment and that the examination is valid, objective and defensible. Examinations provide an objective verification of an applicant's entry-to-practice competencies. Examinations also focus on competencies (rather than credentials), which is both fair and in the public interest.		
	3. The applicant must have successfully completed, no earlier than twelve months prior to the date of application for registration, the jurisprudence program that was set or approved by the Council.	The authority to make this requirement is contained in clause 95(1)(b) of the HPCC. • Ensures current knowledge of ethics, laws, and professional responsibilities • It is important that applicants understand the obligation to be		

Existing Clause	Proposed New Clause	Rationale	Stakeholder Comments	Response
		knowledgeable in the context of practice within Ontario's health care system, including the legislative framework, regulatory requirements, etc. • The College is responsible for ensuring that this knowledge guides its members while practising the profession.		
	(2) Except in the case of an applicant to whom subsection 7 (1) applies, where the applicant has not completed the requirement set out in paragraph 2 of subsection (1) within the twelve months immediately prior to the date that they submitted their application for General certificate of registration the applicant must, (a) have practised the profession for at least 750 hours during the three-year period of time that immediately preceded the date that the applicant submitted his or her application for a General certificate of registration; (b) have successfully completed, within the twelve months immediately preceding the date on which the applicant submitted their application for a General certificate of registration, a refresher program approved by the Registration Committee; or (c) have taught denturism in a program referred to in paragraph 1	This clause addresses content covered in s.1(1)2. of the current regulation. The authority to make this requirement is contained in clause 95(1)(b) of the HPCC. • The College does not wish applicants to suffer atrophy of skills before they become a member. Therefore, by creating a tight timetable between examination and application, the College is minimizing that risk. If an applicant does not meet the window, there are alternate routes to demonstrate currency. • Note that this is an exemptible requirement so that the Registration Committee can waive this requirement in appropriate cases.		

Existing Clause	Proposed New Clause	Rationale	Stakeholder Comments	Response
	of subsection (1) for a period of at least twelve months in the three years preceding the application.			
	Additional Terms, etc., General class certificate **6.** (1) The following are additional terms, conditions and limitations on every General certificate of registration:	The authority to make this requirement is contained in clause 95(1)(c) of the HPCC. • This provision clarifies the scope of practice of this class of registration.		
	1. The member must either, a. Engage in a minimum of 750 hours of denturism during every three-year period where the first three year period begins on the day that the member is issued a General certificate of registration and each subsequent three year period begins on the first anniversary of the commencement of the previous period, or b. Teach denturism in a program referred to in paragraph 1 of subsection 5(1), for a period of twelve months during every three-year period where the first three-year period begins on the day that the member is issued a General certificate of registration and each subsequent three year period begins on the first anniversary of the commencement of the previous period, or c. Within the 12 months prior to the expiry of each period referred to in subparagraphs (a) or (b) in which the member does not met	This clause addresses content covered in s.3.3. of the current regulation. The authority to make this requirement is contained in clause 95(1)(c) of the HPCC. • This TCL ensures that members of the College remain current and competent. The thresholds are not onerous and contemplate various types of practice – while not compromising patient care. • If a member is not anticipated to meet the minimum requirement, a system is put in place to require remedial attention.	i, a- Can the practicing hours happen in any other jurisdiction including overseas or just in Ontario? Please specify.	The practice hours do not have to be in Ontario. The eligibility of the practice hours completed in another jurisdiction would be subject to the approval of the Registration Committee.

Existing Clause	Proposed New Clause	Rationale	Stakeholder Comments	Response
	the requirements, successfully complete a refresher program approved by the Registration Committee.			
	(2) If a member fails to meet the term, condition and limitation described in subsection (1) paragraph 1, the Registrar shall refer the member to the Quality Assurance Committee for a peer and practice assessment.	The authority to make this requirement is contained in clause 95(1)(c) of the HPCC. • If a member does not meet the TCL as set out above, a remedial approach is taken. The member shall be referred to the QAC for a peer and practice assessment. This permits a thorough overview of the member's individual circumstances through the QAP.		
	Labour mobility, General class **7.** (1) Where section 22.18 of the Health Professions Procedural Code applies to an applicant for a General certificate of registration, the applicant is deemed to have met the requirements set out in paragraphs 1, and 2 of subsection 5 (1) of this Regulation.	The authority to make this requirement is contained in clause 95(1)(b) of the HPCC. • This provision permits mobility within Canada as required by the *Canadian Free Trade Agreement*		
	(2) It is a non-exemptible registration requirement that an applicant referred to in subsection (1) provide one or more certificates or letters or other evidence satisfactory to the Registrar or a panel of the Registration Committee confirming that the applicant is in good standing as a denturist in every jurisdiction where the applicant holds an out-of-province certificate.	The authority to make this requirement is contained in clause 95(1)(d) of the HPCC. • This provision provides independent reassurance that the applicant is in fact a member of another Canadian regulator and can indicate past conduct issues.		
	(3) If an applicant to whom	The authority to make this requirement is		

Existing Clause	Proposed New Clause	Rationale	Stakeholder Comments	Response
	subsection (1) applies is unable to satisfy the Registrar or a panel of the Registration Committee that the applicant practised the profession of denturism to the extent that would be permitted by a General certificate of registration at any time in the three years immediately before the date of that applicant's application, it is a non-exemptible requirement that the applicant must meet any further requirement to undertake, obtain or undergo material additional training, experience, examinations or assessments that may be specified by a panel of the Registration Committee.	contained in clause 95(1)(d) of the HPCC. • This provision reassures the College that the applicant has practised denturism in the other Canadian jurisdiction.		
	(4) An applicant referred to in subsection (1) is deemed to have met the requirement of paragraph 3 of section 3 if the requirements for the issuance of the out-of-province certificate included language proficiency requirements equivalent to those required by that paragraph.	The authority to make this requirement is contained in clause 95(1)(b) of the HPCC. • In accordance with labour mobility laws • 2 official languages are English/French • Must be able to communicate with patients in the province and with the regulator		
	(5) Despite subsection (1), an applicant is not deemed to have met a requirement if that requirement is described in subsection 22.18 (3) of the Health Professions Procedural Code.	The authority to make this requirement is contained in clause 95(1)(b) of the HPCC. • In accordance with labour mobility laws		
	Inactive class **8.** The following are non-exemptible registration	The authority to make this requirement is contained in clause 95(1)(d) of the HPCC.		

Existing Clause	Proposed New Clause	Rationale	Stakeholder Comments	Response
	requirements for an Inactive certificate of registration:			
	1. The applicant must be or have previously been a member holding a General certificate of registration.	The authority to make this requirement is contained in clause 95(1)(b) of the HPCC. • This ensures that this class of certificate is only provided to those in the General Class. The Temporary class is short in duration and is not intended to be a route to the Inactive Class.		
	2. The applicant must not be in default of any fee, penalty or other amount owing to the College.	The authority to make this requirement is contained in clause 95(1)(b) of the HPCC. • Going "inactive" is a privilege and not a right. Thus, it should not be available for members who are not otherwise in compliance with their regulatory obligations.		
	3. The applicant must have provided the College with any information that it has required of the applicant.	The authority to make this requirement is contained in clause 95(1)(b) of the HPCC. • This ensures that any relevant information is provided to the College before it makes a decision to transfer.		
	Additional terms, etc., Inactive certificate **9.** The following are additional terms, conditions and limitations on every Inactive certificate of registration:	The authority to make this requirement is contained in clause 95(1)(c) of the HPCC. Since inactive membership offers special privileges to the member, certain safeguards are required to prevent any abuse of this registration category. In addition, measures are required to ensure that the member has current knowledge, skill and judgment prior to resuming active practice.	Can Member practice in another Jurisdiction or another country, while being enactive in Ontario? For how long the Member can be enable in Ontario in order no t lose the Registration in our Province?	That would be determined by the other jurisdiction. Members in the inactive class who wish to transfer back to the general class must comply with section 10 (see below).
	1. The member shall not engage in the practice of the profession.	The authority to make this requirement is contained in clause 95(1)(c) of the HPCC. • This class does not provide access to		

Existing Clause	Proposed New Clause	Rationale	Stakeholder Comments	Response
		practising the profession. Members would have to apply to transfer back to the General class in accordance with s. 10. • Practising the profession is inconsistent with the purpose of this class of registration.		
	2. The member shall not supervise or teach the practice of the profession.	The authority to make this requirement is contained in clause 95(1)(c) of the HPCC. • This class does not provide access to practising the profession. Members would have to apply to transfer back to the General class in accordance with s. 10. • While in the Inactive Class it would be improper to supervise those practising the profession. That would not provide the necessary and requisite supervision and would not be in the public interest.		
	3. The member shall not make any claim or representation that they are authorized to practise the profession.	The authority to make this requirement is contained in clause 95(1)(c) of the HPCC. • This class does not provide access to practising the profession. Members would have to apply to transfer back to the General class in accordance with s. 10. • It would be improper for a member in the Inactive Class to mislead anyone that they are in a class other than the Inactive Class. This TCL ensures public protection by requiring clarity on the part of the member.		
	Issuing other certificate to Inactive holder	The authority to make this requirement is contained in clause 95(1)(b) of the HPCC.		

Existing Clause	Proposed New Clause	Rationale	Stakeholder Comments	Response
	10. The Registrar may issue to the holder of an Inactive certificate of registration the General certificate of registration that the member previously held if the member, (a) submits a completed application to the Registrar, (b) pays any penalty or other amount owed to the College, (c) pays any fees required under the College's by-laws, (d) provides the College with any information that it has required of the member, (e) satisfies the Registrar that they will be in compliance with all of the terms, conditions and limitations of the General certificate of registration as of the anticipated date on which the certificate will be issued, (f) satisfies a panel of the Registration Committee that they will possess the current knowledge, skill and judgment relating to the practice of the profession that would be expected of a member holding a General certificate of registration, and (g) satisfies the Registrar that they will be in compliance with any outstanding requirements of the College's Quality Assurance Committee or any outstanding orders or requirements of the Council, Executive Committee,	• Provisions a – d are administrative • Provisions e – g – patient safety → Current knowledge skills and judgement depending on how long the member has been out of practise • The public interest requires members who have been inactive to demonstrate that they have current knowledge, skill and judgment. In addition, members who are delinquent in their regulatory obligations should remedy their default prior to resuming practice.		

Existing Clause	Proposed New Clause	Rationale	Stakeholder Comments	Response
	Inquiries, Complaints and Reports Committee, Discipline Committee and Fitness to Practise Committee as of the anticipated date on which the certificate will be issued.			
	Temporary class **11.** (1) The following are registration requirements for a Temporary certificate of registration:	The authority to make this requirement is contained in clause 95(1)(b) of the HPCC.	Would a DD from another province require a temporary Class Registration to perform a demo in a lecture? Would they need a Registered DD to "supervise"?	It would depend. To practise or perform a controlled act, registration is required. This would also apply to supervision when a non-ON DD intends to supervise and be held responsible for a controlled act then they need to be registered).
	1. The applicant must be registered or licensed to practise denturism in another jurisdiction in which the requirements for registration or licensure are similar to those in paragraphs 1 and 2 of subsection 5 (1).	The authority to make this requirement is contained in clause 95(1)(b) of the HPCC. • Applicants for Temporary Registration need to be members of the same profession who are registered in another jurisdiction in order to protect the public from unskilled practitioners.		
	2. A holder of a General certificate of registration who is approved by the Registrar must have agreed to supervise the applicant and to be responsible for ensuring that the applicant provides appropriate and continuing care to patients.	The authority to make this requirement is contained in clause 95(1)(b) of the HPCC. • This provision provides a safeguard to the public both as to the quality of services provided and as to continuing care after the Temporary member departs.		
	3. The applicant must have an offer of employment or appointment that relates to the practice or teaching of the profession which does not exceed thirty days.	The authority to make this requirement is contained in clause 95(1)(b) of the HPCC. • Demand for the applicant's services is one safeguard to ensure that the applicant has an appropriate level of knowledge, skill and judgment.		
	4. The applicant must not have held a Temporary certificate of registration in the twelve-month	The authority to make this requirement is contained in clause 95(1)(b) of the HPCC. • Ensure that individuals applying for		

Existing Clause	Proposed New Clause	Rationale	Stakeholder Comments	Response
	period immediately before the date of the application unless the Registrar is of the opinion that, based on exceptional circumstances, this requirement should not apply.	this class of registration are not trying to circumvent the registration process for the General class (i.e. apply for multiple temporary registrations when they should have applied for registration in the general class because their term of employment or teaching contract is longer than 30 days)		
	5. The applicant must have successfully completed, no earlier than twelve months prior to the date of the application, the jurisprudence program that was set or approved by Council.	The authority to make this requirement is contained in clause 95(1)(b) of the HPCC. • Ensures current knowledge of ethics, laws, and professional responsibilities		
	6. The applicant must have, i. engaged in the practice of denturism for at least 750 hours in the three years preceding the application, or ii. taught denturism at a program referred to in paragraph 1 of subsection 5 (1)(i) for a period of at least twelve months in the three years preceding the application.	The authority to make this requirement is contained in clause 95(1)(b) of the HPCC. • This provision ensures that only members who have the requisite experience are granted a Temporary Class certificate of registration.		
	(2) The requirements of paragraphs 1, 2 and 3 of subsection (1) are non-exemptible.	The authority to make this requirement is contained in clause 95(1)(d) of the HPCC. • By identifying which provisions are non-exemptible, the College is providing flexibility while still maintaining protection of the public.		
	Additional terms, etc., Temporary class **12.** The following are additional terms, conditions and limitations on every Temporary certificate of	The authority to make this requirement is contained in clause 95(1)(b) of the HPCC. • These conditions provide additional safeguards for the public and		

Existing Clause	Proposed New Clause	Rationale	Stakeholder Comments	Response
	registration:	reduce the potential for abuse of this class of registration.		
	1. The member may only practise denturism under the supervision of the holder of a General certificate of registration referred to in paragraph 3 of subsection 11 (1).	The authority to make this requirement is contained in clause 95(1)(c) of the HPCC. • This provision provides an additional safeguard to the public.		
	2. Upon the request of the Registrar the member shall provide evidence satisfactory to the Registrar of the member's compliance with the limitation set out in paragraph 1 and shall provide such evidence within the time period set by the Registrar.	The authority to make this requirement is contained in clause 95(1)(c) of the HPCC. • This provision facilitates the enforcement of the supervision requirement.		
	3. The member's certificate of registration expires on the earlier of the expiry date noted on the certificate of registration or the day that is thirty days after the date on which the certificate was issued.	This clause addresses content covered in s.4. of the current regulation. The authority to make this requirement is contained in clause 95(1)(c) of the HPCC. • Those who will be employed for or teaching for longer than 30 days are required to apply for general registration. • This provision is required to prevent the circumvention of the usual registration requirements by those wishing to practise in Ontario in the long term.		
	Labour mobility, Temporary class **13.** (1) Where section 22.18 of the Health Professions Procedural Code applies to an applicant for a Temporary certificate of registration, the applicant is deemed to have met the requirements set out in paragraphs	This clause addresses content covered in s.4.1(1) of the current regulation. The authority to make this requirement is contained in clause 95(1)(b) of the HPCC. • This provision permits mobility within Canada as required by the *Canadian Free Trade Act*.		

Existing Clause	Proposed New Clause	Rationale	Stakeholder Comments	Response
	1 and 6 of subsection 11 (1).			
	(2) It is a non-exemptible registration requirement that an applicant referred to in subsection (1) provide one or more certificates or letters or other evidence satisfactory to the Registrar or a panel of the Registration Committee confirming that the applicant is in good standing as a practitioner of denturism in every jurisdiction where the applicant holds an out-of-province certificate.	This clause addresses content covered in s.4.1(2) and s.4.1(3) of the current regulation. The authority to make this requirement is contained in clause 95(1)(d) of the HPCC. • This provision provides independent reassurance that the applicant is in fact a member of another Canadian regulator and can indicate past conduct issues.		
	(3) If an applicant to whom subsection (1) applies is unable to satisfy the Registrar or a panel of the Registration Committee that the applicant practised the profession of denturism to the extent that would be permitted by a Temporary certificate of registration at any time in the three years immediately before the date of that applicant's application, it is a non-exemptible requirement that the applicant must meet any further requirement to undertake, obtain or undergo material additional training, experience, examinations or assessments that may be specified by a panel of the Registration Committee.	This clause addresses content covered in s.4.1(4) of the current regulation. The authority to make this requirement is contained in clause 95(1)(d) of the HPCC. • This provision reassures the College that the applicant has practised denturism in the other Canadian jurisdiction.		
	(4) An applicant referred to in subsection (1) is deemed to have met the requirement of paragraph	This clause addresses content covered in s.4.1(5) of the current regulation. The authority to make this requirement is		

Existing Clause	Proposed New Clause	Rationale	Stakeholder Comments	Response
	3 of section 3 if the requirements for the issuance of the out-of-province certificate included language proficiency requirements equivalent to those required by that paragraph.	contained in clause 95(1)(b) of the HPCC. • 2 official languages are English/French • Must be able to communicate with patients in the province and with the regulator		
	(5) Despite subsection (1), an applicant is not deemed to have met a requirement if that requirement is described in subsection 22.18 (3) of the Health Professions Procedural Code.	This clause addresses content covered in s.4.1(6) of the current regulation. The authority to make this requirement is contained in clause 95(1)(b) of the HPCC. • This provision permits mobility within Canada as required by the *Canadian Free Trade Act*.		
	Examination In this Regulation, "candidate" means a person who is registered, or who is attempting to register, to take the qualifying examination in denturism referred to in paragraph 2 of subsection 5(1).	The authority to make this requirement is contained in clause 95(1)(f) of the HPCC. • By setting out a statutory definition, the College is able to provide clarity to applicants and candidates.		
	14. (1) In setting or approving the qualifying examination in denturism, the Council shall specify the general areas of competency to be examined and shall ensure that the examinations provide a reliable and valid measure of a candidate's knowledge, skill and judgment in the practice of denturism in Ontario.	The authority to make this requirement is contained in clause 95(1)(f) of the HPCC. • Curriculum changes from time to time as a result of changes to standards of practice, practice environments, and advances in technology and science. Not specifying exact requirements in the regulation provides flexibility in making changes to academic requirements as necessary, through the accreditation process. • The competencies are documented in the National and Provincial		

Existing Clause	Proposed New Clause	Rationale	Stakeholder Comments	Response
		competency profiles – which have been validated by the profession and adopted by Council.		
	(2) The qualifying examination shall be offered at least once each year.	The authority to make this requirement is contained in clause 95(1)(f) of the HPCC. • Fairness to candidates, removes barriers to accessing the profession for those that are eligible • Usually offered twice per year (Winter and Summer)		
	(3) A candidate is not eligible to take the qualifying examination on the candidate's first attempt unless the candidate has satisfied the requirement set out in paragraph 1 of subsection 5 (1) within the twelve months immediately prior to the date that they submitted their application for the qualifying examination. If the 12 month requirement is not met, then the requirements of s.5(2) must have been met.	The authority to make this requirement is contained in clause 95(1)(f) of the HPCC. • By setting out the eligibility requirements in the regulation, the College is able to provide clarity to candidates and avoid needless incurred costs. • By setting out this time frame, the College is minimizing any risk of skill atrophy on the part of the candidate/applicant.		
	(4) Subject to subsections (3), a candidate is eligible to take the qualifying examination during the 4 year period beginning on the date that the application to take the qualifying examination was submitted.	The authority to make this requirement is contained in clause 95(1)(f) of the HPCC. • By setting out this time frame, the College is minimizing any risk of skill atrophy on the part of the candidate/applicant.		
	(5) The 4 year period described in subsection (4) may be extended if a panel of the Registration Committee is satisfied that exceptional circumstances	The authority to make this requirement is contained in clause 95(1)(f) of the HPCC. • Despite the rationale set out above, the Registration Committee is mindful that certain situations may		

Existing Clause	Proposed New Clause	Rationale	Stakeholder Comments	Response
	prevented the candidate from taking the qualifying examination during the initial 4 year period.	necessitate a more flexible approach. This ensures fairness to the candidate while still ensuring public protection by restricting the extension to exceptional circumstances.		
	(6) Subject to subsection (7) a candidate who fails the qualifying examination may apply for re-examination.	The authority to make this requirement is contained in clause 95(1)(f) of the HPCC. • A candidate should be able to attempt the examination again.		
	(7) In every instance where a candidate has failed the qualifying examination on their third attempt, the candidate is not eligible to apply to take the examination again until the candidate successfully completes another program equivalent to the program specified in paragraph 1 of subsection 5 (1) or additional training program specified by the Registration Committee.	The authority to make this requirement is contained in clause 95(1)(f) of the HPCC. • There are a limited number of attempts to pass the examination. Repeated failure to pass the examination indicates serious concerns about one's knowledge, skill and judgment. Passing the exam after repeated attempts may indicate only an ability to learn the exam, not the knowledge, skills and judgment to practice safely and ethically. • Further, in order to minimize costs for the candidate, they will be required to undergo additional education or training before they attempt the examination for a fourth and final time.		
	(8) A candidate who fails a qualifying examination may appeal the results of the examination to a person or body set or approved by the Council that has no	The authority to make this requirement is contained in clause 95(1)(f) of the HPCC. • Fairness, objectivity, impartiality, openness in process – to the candidate		

Existing Clause	Proposed New Clause	Rationale	Stakeholder Comments	Response
	involvement in the administration of the qualifying examination.			
	(9) An appeal under subsection (8) shall be limited solely to the questions of whether the process followed in sitting the qualifying examination was appropriate and whether the candidate had an illness or personal emergency sufficient to warrant nullifying the results.	The authority to make this requirement is contained in clause 95(1)(f) of the HPCC. • Fairness, objectivity, impartiality, openness in process – to the candidate		
	(10) If the person or body adjudicating the appeal decides that the results of the examination should be nullified, the examination attempt does not count against the candidate for any purpose, including the application of section 14(7).	The authority to make this requirement is contained in clause 95(1)(f) of the HPCC. • Fairness, objectivity, impartiality, openness in process – to the candidate		
	(11) In an appeal under subsection (8) the candidate shall not be given access to any information that would undermine the integrity of the examination process.	The authority to make this requirement is contained in clause 95(1)(f) of the HPCC. • Fairness, objectivity, impartiality, openness in process – to the candidate and preserving the integrity of the examination materials		
	Suspensions, revocations and reinstatements **15.** (1) If a member fails to provide the College with information about the member as required under the by-laws or section 4 of this regulation, (a) the Registrar may give the member a notice of intention to suspend the member's certificate	The authority to make this requirement is contained in clause 95(1)(b) of the HPCC. • Intent to suspend period provides fairness to the member and a final chance to remediate the issues before action is taken • Protects the public by ensuring that information relevant to suitability to practice is provided in a timely manner		

Existing Clause	Proposed New Clause	Rationale	Stakeholder Comments	Response
	of registration, and (b) the Registrar may suspend the member's certificate of registration if the member fails to provide the information within 30 days after the notice is given.			
	(2) If the Registrar suspends a member's certificate of registration under subsection (1), the Registrar shall lift the suspension upon being satisfied that, (a) the former member has given the required information to the College and any other information that has since been required by the College under the by-laws, (b) the former member has the professional liability insurance in the amount and in the form required under the by-laws, (c) the former member is in compliance with any outstanding orders issued by a committee of the College and any undertakings given by the former member to the College, (d) the former member has paid any fees required under the by-laws for lifting the suspension, (e) the former member has paid any other outstanding fees required under the by-laws, and (f) the former member possesses the current knowledge, skill and judgement relating to the practice	The authority to make this requirement is contained in clause 95(1)(b) of the HPCC. • Ensures members are ready and able to practise upon reinstatement – patient safety		

Existing Clause	Proposed New Clause	Rationale	Stakeholder Comments	Response
	of the profession that would be expected of a member holding a certificate of registration of the same class as the one for which they are applying to be reinstated.			
	16. (1) If the Registrar has evidence that a member no longer maintains professional liability insurance in the amount and in the form as required under the by-laws, the Registrar may immediately suspend the member's certificate of registration.	The authority to make this requirement is contained in clause 95(1)(b) of the HPCC. • Professional liability insurance is a mandatory requirement for regulated health professionals. This method of immediate suspension ensures the public is protected.		
	(2) If the Registrar suspends a member's certificate of registration under subsection (1), the Registrar shall lift the suspension upon being satisfied that, (a) the former member has the professional liability insurance in the amount and in the form required under the by-laws, (b) the former member has given all information that has been required by the College under the by-laws to the College, (c) the former member is in compliance with any outstanding orders issued by a committee of the College and any undertakings given by the former member to the College, (d) the former member has paid any fees required under the by-laws for lifting the suspension, (e) the former member has	The authority to make this requirement is contained in clause 95(1)(b) of the HPCC. • Ensures members are ready and able to practise upon reinstatement – patient safety		

Existing Clause	Proposed New Clause	Rationale	Stakeholder Comments	Response
	paid any other outstanding fees required under the by-laws, and (f) the former member possesses the current knowledge, skill and judgement relating to the practice of the profession that would be expected of a member holding a certificate of registration of the same class as the one for which they are applying to be reinstated.			
	17. If the Registrar suspends the member's certificate of registration under section 24 of the Health Professions Procedural Code, the Registrar shall lift the suspension upon being satisfied that, (a) the former member has the professional liability insurance in the amount and in the form as required under the by-laws, (b) the former member has given all information that has been required by the College under the by-laws to the College, (c) the former member is in compliance with any outstanding orders issued by a committee of the College and any undertakings given by the former member to the College, (d) the former member has paid any fees required under the by-laws for lifting the suspension, (e) the former member has paid any other outstanding fees required under the by-laws, and	The authority to make this requirement is contained in clause 95(1)(b) of the HPCC. • Ensures members are ready and able to practise upon reinstatement – patient safety		

Existing Clause	Proposed New Clause	Rationale	Stakeholder Comments	Response
	(f) the former member possesses the current knowledge, skill and judgement relating to the practice of the profession that would be expected of a member holding a certificate of registration of the same class as the one for which they are applying to be reinstated.			
	18. If the Registrar suspends a member's certificate of registration under section 15 or 16 of this regulation, or under section 24 of the Health Professions Procedural Code and the suspension has not been lifted, the certificate is revoked on the day that is 3 years after the day it was suspended.	The authority to make this requirement is contained in clause 95(1)(b) of the HPCC. • This prevents individuals' certificates from remaining in the suspended status indefinitely. • The time limit prevents the significant accumulation of fees owing. • Considers currency concerns with respect to patient safety		
SCHEDULE Basic Sciences General Anatomy and Physiology Orofacial Anatomy General Histology Microbiology and Infection Control Dental Sciences Dental Histology and Embryology Periodontology Oral Pathology and Medicine Dental Kinesiology (Biomechanics) Dental Psychology Dental Psychology and the Aging Process Pharmacology and Emergency Care Health Promotion Public Health, Legislation and Research	Remove. Content addressed under s. 5 of proposed new draft. Please see s.5 in Proposed New Clause column.	• Curriculum changes from time to time as a result of changes to standards of practice, practice environments, and advances in technology and science. Removing this schedule provides flexibility in making changes to academic requirements as necessary, through the accreditation process.	•	•

Existing Clause	Proposed New Clause	Rationale	Stakeholder Comments	Response
Nutrition Management Ethics and Professional Responsibilities Small Business Management Practice Management Denturist Practice Dental Materials Preclinical Prosthetics Clinical Prosthetics Radiographic Pattern Recognition Removable Partial Dentures (R.P.D.) Dentures Over Implants				

COLLEGE OF DENTURISTS OF ONTARIO

Agenda Item 13.1

BRIEFING NOTE

To:	**Council**
From:	**Dr. Glenn Pettifer, Registrar & CEO**
Date:	**June 19, 2020**
Subject:	**Returning Business - Professional Misconduct Regulation Revisions**

Background:

This is returning business for Council

It is important for all professional regulatory Colleges to periodically review their professional misconduct regulations to determine if they require any revisions. This ensures that the public is being protected from the inappropriate conduct of a regulated health professional.

At its March 9, 2018 meeting, Council considered the current Professional Misconduct Regulation and similar regulations for other RHPA Colleges with a view to identifying areas for modification and improvement. Since then, revisions to the Professional Misconduct Regulation were drafted, in consultation with the Ministry of Health, and at its September 6, 2019 meeting, Council adopted a motion to circulate the draft for stakeholder consultation. The comments from the Stakeholder Consultation are included for consideration.

The attached Draft Revised Professional Misconduct Regulation table includes 5 columns. The first column contains the language of the current Regulation, the second column contains the proposed amendment, and the third column, the rationale for the proposed amendment. These 3 columns have been approved by Council at its September 6, 2019 meeting. The fourth column contains the comments from the stakeholder consultation with the response to the comments (provided by Rebecca Durcan where necessary) in the fifth column .

The Ministry of Health is preparing to post the revised Professional Misconduct Regulation on the Regulatory Registry for a public 45-day consultation. Since the College has recently concluded its own Stakeholder Consultation and addressed comments in the draft document (attached), it is unlikely that the consultation conducted by the Ministry of Health will yield significantly different comments requiring modification of the draft revisions. However, should those arise, they will be shared will Council.

Options

Since Council has previously approved the proposed draft revisions to the Professional Misconduct Regulation, the matter before Council at this point is whether any of the stakeholder comments necessitate amendments to the proposed draft revisions.

Without pre-empting Council's consideration of the matter, my review of the comments does not suggest the need for any amendments to the draft revised Regulation but, as with most of the stakeholder comments we receive, identify areas where there are opportunities for education and clarification.

After discussion and consideration of this matter, Council may elect to:

1. Adopt a motion to approve the draft Revised Professional Misconduct Regulation as presented. The proposed draft revisions will be submitted to the Ministry of Health for approval, subject to any revisions that may arise from the Ministry's consultation.

   If a motion to adopt this option is made, the Ministry of Health requires that the vote is a recorded vote. That is, the vote of each member of Council as "aye" or "nae" is to be recorded and submitted with the proposed draft revised Regulation.

2. Modify the proposed draft revised Professional Misconduct Regulation, adopt the modified amendments and re-circulate them for stakeholder consultation, if the modifications are substantive.

3. Modify the proposed amendments, adopt the modified amendments as in Option 1 above and support the submission of the regulation to the Ministry of Health for approval if the modifications are not substantive.

4. Other.

Attachments

Draft Revised Professional Misconduct Regulation in Table Format with Stakeholder Comments

Draft

Table of Suggest Revisions (March 10, 2020)

ONTARIO REGULATION 854/93

PROFESSIONAL MISCONDUCT

1. The following are acts of professional misconduct for the purposes of clause 51 (1) (c) of the Health Professions Procedural Code:

Current Regulation	Possible Amendments	Rationale	Stakeholder Comments	Response
1. Failing to abide by any term, condition or limitation imposed on the member's certificate of registration.	1. Contravening, by act or omission, a term, condition or limitation on the member's certificate of registration.	The addition of "by act or omission" makes it clear that a member does not have to take a positive action to be in contravention of the Misconduct Regulation. This will re-occur in other recommended amendments.	By not performing any bad actions member is still guilty as if he/she was performing bad actions. It is complete violation of the Human Rights of the Member.	
2. Failing to maintain the standards of practice of the profession.	2. Contravening, by act or omission, a standard of practice of the profession or failing to maintain the standards of practice of the profession.	The addition of "by act or omission" makes it clear that a member does not have to take a positive action to be in contravention of the Misconduct Regulation.	"Ommission" - member doesn't have to take positive action - seems like our regulations are getting a bit into minutia it should just be if we completed the action. Is the same violation as the #1. It is available only in any dictatorship ruled society.	
3. Delegating a controlled act, except to a person who is acting under the supervision of a member and who is, i. a student attending a course of study leading to a diploma	3. Delegating a controlled act, unless the member appropriately supervises the delegatee, the delegation is appropriate in all of the circumstances and the member	The current language only addresses students (and students in the examination process). The proposed language would widen the ambit but put in place necessary and clear parameters to		

Current Regulation	Possible Amendments	Rationale	Stakeholder Comments	Response
or degree in denturism at an institution recognized by the Registration Committee, or ii. a candidate who is eligible to participate in entry-to-practice examinations, and whose application for a certificate of registration has not been finally refused by the Registration Committee.	takes reasonable measures to ensure that the delegatee has the knowledge, skills and judgment to perform the procedure.	ensure the protection of the public interest. The amendments address the skills of the delegatee and the responsibility of the member to only delegate in appropriate situations. The College will develop a policy or guidance document that will provide indicators to assist the Member as to how such delegation should occur. Further, we note that denturism students do not require the current language in order to perform controlled acts. Under section 29 of the RHPA certain individuals are exempted from the controlled acts – including students – so these delegation provisions are not required. This section reads: Exceptions 29 (1) An act by a person is not a contravention of subsection 27 (1) if it is done in the course of, (b) fulfilling the requirements to become a member of a health profession and the act is within the scope of practice of the profession and is done under the supervision or direction of a member of the		

Current Regulation	Possible Amendments	Rationale	Stakeholder Comments	Response
		profession;		
4. Abusing a patient verbally or physically.	4. Abusing a patient or a patient's representative verbally, physically, psychologically or emotionally.	The first amendment modernizes the language to reflect that members also have a responsibility to a representative of a patient. The second amendment expands and clarifies the types of abuse that are captured by this provision.	Psychological abuse - again its a bit of minutia - why don't you define what is considered psychological abuse. What is Abuse? Any word or even the refusal to work for free ,can be considered as an abuse to the individual. Too many options for the blackmailing the Members by the patients in order to make money on us.	This is a common act of professional regulation. It would not be defined per se. However, in order to prove it the College would have to provide some psychological abuse by the Member. In my experience this is proven by the complainant testifying to the psychological toll the conduct would have taken on them. Other evidence may be testimony of the complainant's psychologist or physician.
5. Practising the profession while the member's ability to do so is impaired by alcohol, drugs or any other substance.	5. Practising the profession while the member's ability to do so is impaired or is adversely affected by any condition or dysfunction which the member knows or ought to know impairs or adversely affects his or her ability to practise the profession.	This amendment expands the criteria for impairment of a member's judgement and ensures that the College has the necessary tools to deal with such conduct.	Should have further definition to what is considered adversely affected by any condition or dysfunction. a member may have an adverse reaction to a new medication that impairs or adversely affects their ability. There will be no way they "ought to know" of the reaction.	I would not recommend defining these. First, the College would not be able to define it. Only the Legislature or the Court has the ability to define statutory terms. However, the College could provide explanations as to what this may involve. Findings made by other disciplinary committees could flesh this out for members (and complainants) as to the ambit of this act of PM If that is truly the case, the College may not consider it as serious. However, the medications that would usually cause such a reaction are controlled drugs or drugs that are prescribed for a significant condition. Members are expected to have insight into such issues and place the interest of their

Current Regulation	Possible Amendments	Rationale	Stakeholder Comments	Response
				patients at the forefront. If there is any risk that a patient may be impacted by a medication that the member is taking, the College would expect the member to cancel any appointments so as to protect the patient.
6. Discontinuing denturist services to a patient without adequate reason unless, i. the member has entered into an agreement to provide denturist services and the period specified in the agreement has expired, or the member has given the patient five working days' notice of the member's intention to discontinue the services agreed upon, ii. the services are no longer required, iii. the patient requests the discontinuation, iv. the patient has had a reasonable opportunity to arrange for the services of another member, or v. alternative services are arranged.	6. Discontinuing denturist services to a patient that are needed unless the discontinuation would reasonably be regarded by members as appropriate having considered, i. the member's reasons for discontinuing the services, ii. the condition of the patient, iii. the patient has had a reasonable opportunity to arrange for the services of another member, or iv. the availability of alternative services.	The phrase "discontinuation would reasonably be regarded by members as appropriate" ensures that both members and patients are treated fairly. This discretionary language will preclude unfair referrals to discipline and will allow the ICRC to take a contextual approach to the situation. The change from "without adequate reason" to "would reasonably be regarded by members as appropriate" provides better guidance to the ICRC and Discipline Committees. The recommended new "i" will address the deleted "i", "ii" and "iii". You will note that the rationales for discontinuing services are practical and ensure that the patient's interests are placed at the forefront.	No chance to discontinue the treatment due to: a)refusal by the patient to pay for the services provided. b) abusive behaviour of the patient towards the Member or to the member of his/her team. c) not keeping the appointments by the patient d) providing by the patient misleading or not truthful information about the previous treatment or the conditions or deceases patient has. e) patient does not reply to the phone calls and mail.	
7. Failing to fulfil the terms of an agreement with a patient, except in accordance with paragraph 6.	7. Failing, without reasonable cause, to fulfil the terms of an agreement with a patient or a patient's authorized	Adding "a patient's authorized representative" modernizes the language to reflect the fact that patients may have a representative.		

Current Regulation	Possible Amendments	Rationale	Stakeholder Comments	Response
	representative relating to professional products or services for the patient or fees for such products or services.	This will occur again throughout. This makes it clear that the agreement must relate to professional services. Further, given the suggested changes to paragraph 6, this paragraph should not reference that paragraph.		
8. Practising the profession while the member is in a conflict of interest.	8. Acting in a professional capacity while in a conflict of interest.	This expands the conflict of interest paragraph to include any professional activity (e.g., publishing articles, providing continuing education presentations). This will ensure that members are at all times aware of their professional duties.	Provide definition and guidance on conflict of interest - Publishing article, providing CE presentations - in what capacity? will there be a policy regarding conflict of interest in professional activities?	The Standard of Practice: Conflict of Interest and the accompanying Guide provide guidance regarding identifying, managing, and addressing real, potential and perceived, direct and indirect, conflicts of interest.
9. Giving confidential information about a patient to a person other than the patient or his or her authorized representative except with the consent of the patient or his or her authorized representative or as required by law.		No change suggested.		
10. Making a misrepresentation to a patient including a misrepresentation respecting a remedy, treatment, device or procedure.		No change suggested.		
	11. Making a claim respecting a treatment, device or procedure other than a claim that can be supported as reasonable professional opinion.	NEW: This provision ensures that members only communicate objective information to patients. This will avoid unnecessary expenditures and protect the public		

Current Regulation	Possible Amendments	Rationale	Stakeholder Comments	Response
		interest.		
	12. Performing a controlled act that the member is not authorized to perform.	NEW: Clearly this is not specifically required (as breaching the RHPA is set out below) but it may be an effective way of reinforcing the message.		
~~11.~~ Performing a controlled act that has been delegated to the member unless the delegation is authorized by the regulations.	13. Performing a controlled act that has been delegated to the member unless the member has the knowledge, skill and judgment to perform the delegated controlled act.	This better reflects that delegation should only occur if the delegator or delegatee has the necessary skills, knowledge or judgment. The second amendment takes the authorization outside of the regulation realm and puts it in the more accessible policy realm. The College will develop a policy for assisting denturists in determining if they have the knowledge, skills or judgment to perform a controlled act and the appropriateness of accepting delegation of a controlled act.		
~~12.~~ Using or having in the member's office premises dental instruments or equipment, other than instruments or equipment appropriate to the practice of denturism, unless, i. a dental surgeon practises dentistry in the same office premises, or ii. the member has	14. Using or having in the member's office premises dental instruments or equipment, other than instruments or equipment appropriate to the practice of denturism, unless, i. a dental surgeon practises dentistry in the same office premises, or	The Registrar can consider these requests and provide a response to the member in a timely manner. The current dental instrument approval process is not an effective use of College resources. The Registrar will use specified criteria, as approved by the Executive Committee, to consider these	will members need pre-approval for instruments in their clinics prior to purchase?	

Current Regulation	Possible Amendments	Rationale	Stakeholder Comments	Response
obtained the consent of the Executive Committee.	ii. the member has obtained the consent of the Registrar.	requests consistently.		
~~13.~~ 15. Using or having in the member's office a drug as defined in subsection 117 (1) of the *Drug and Pharmacies Regulation Act* other than, i. drugs or anaesthetics prescribed for the personal use of the member, or ii. drugs in the exclusive custody of a dental surgeon practising dentistry in the same office premises.		No change suggested.		
	16. Providing or attempting to provide services or treatment that the member knows or ought to know to be beyond the member's knowledge, skill or judgment.	NEW: Members are expected to only provide services that are within their abilities and to know when they are out of their depth.		
~~14.~~ Failing to refer to a dental surgeon or a physician a patient who has an apparent intra oral condition that the member recognizes or ought to recognize is outside the scope of practice of denturism.	17. Failing to advise a patient or the patient's authorized representative to consult another member of a health profession within the meaning of the *Regulated Health Professions Act, 1991*, where the member knows or ought to know that the patient requires a service that the member does not have the knowledge, skill or judgment to offer or is outside the scope of practice of denturism.	This reflects the fact that a denturist may encounter a patient that needs to consult with a RHP other than a physician or dentist and should give that advice. It requires members to put the patient's interests first. The member cannot allow any reluctance to admit limitations in the member's skills or any concern that the member might lose the patient as a customer to stand in the way of the patient's best interests. Further, it moves away from the language pf "referring"	Patient may need to consult an RHP other than a physician or dentist and a denturist needs to be able to make that judgement call? There should be clarification here.	

Current Regulation	Possible Amendments	Rationale	Stakeholder Comments	Response
		and focuses on "advising."		
~~15.~~ Permitting, assisting or counselling any person to perform a controlled act except in accordance with the *Regulated Health Professions Act, 1991*, an Act listed in Schedule 1 to that Act and the regulations under those Acts.	18. Permitting, assisting or counselling any person, i. who is not a member to represent themselves as such, or ii. to perform a controlled act which the person is not authorized or does not have the knowledge, skill and judgment to perform.	Members give status and legitimacy to those around them. If a patient hears a representation made in the office or clinic of a member, the patient will assume that it is true because the member is affiliated with the location. Similarly, if a patient receives a service at a location associated with a member, the patient will assume that the service is being performed legally and competently. This provision is needed to ensure that a member does not condone such misleading and unsafe conduct.		
~~16.~~ 19. Practising denturism in a public place or in a vehicle or other movable contrivance without the approval of the Executive Committee.		No change suggested.	mobile services. will members need to apply for approval of the executive committee before offering mobile services? Will there be guidelines such as asepsis?	The College's Infection Prevention and Control Guidelines will provide information to members regarding proper asepsis protocols in various practice settings.
~~17.~~ Recommending or providing unnecessary denturist services.	20. Recommending or providing denturist services that the member knows or ought to know are unnecessary or ineffective.	Unnecessary treatment has the risk of harm for the patient, may provide false expectations and often wastes the patient's time and money.		
~~18.~~ Using a term, title or designation other than one authorized by the Act or the regulations, or as provided in section 2.	21. Inappropriately using a term, title or designation in respect of the member other than one authorized by the Act or the regulations.	See below where we recommend removing section 2. The use of consistent, appropriate and clear titles will help the public know who they are dealing with and prevent		

Current Regulation	Possible Amendments	Rationale	Stakeholder Comments	Response
		confusion. The public tends to place a great deal of weight on, and trust in, certain titles.		
	22. Inappropriately using a term, title or designation indicating or implying a specialization in the profession where the use of the term, title or specialty designation is not authorized by the College	NEW: See below where we recommend removing section 2. This is a common provision for professions that do not have a generally recognized. The public will expect a certain level of verified expertise in a member who holds oneself out as a specialist. Therefore, holding oneself out as a specialist in these circumstances is misleading and even dishonest.		
	23. Practising the profession or offering to provide professional services using a name other than the member's name as entered in the register.	NEW: Patients and the public are entitled to know who they are dealing with. Also, since the register is on the College's website, it is important that the public be able to verify the registration status of all members. In addition, the College needs to be able to identify a member if a complaint or report is made to the College.		
~~19.~~ Failing to maintain records as required by the regulations.	24. Failing to keep records respecting the member's patients or practice as required	The rationale for maintaining the record is to ensure that all necessary information related to the patient's care is contained in the record. Record keeping facilitates future care for the patient, allows the member to explain (and sometimes defend) what was done and why and		

Current Regulation	Possible Amendments	Rationale	Stakeholder Comments	Response
		facilitates accountability of the member for the service. Second, it is not necessary to enshrine the requirement in regulation. This should be maintained in standards or policy to permit necessary amendments.		
~~20.~~ 25. Falsifying a record of the examination or treatment of a patient or otherwise relating to the member's practice.		No changes suggested.		
~~21.~~ Failing, without reasonable cause, to provide a report or certificate relating to an examination or treatment performed by the member, within thirty days of a request from the patient or his or her authorized representative.	26. Failing, without reasonable cause, to provide a report or certificate relating to an examination or treatment performed or recommended by the member within thirty days of a request from the patient or his or her authorized representative.	This provision ensures that patients receive necessary information in a timely manner. When such reports are requested, they are usually required for a legal proceeding, or an employment/insurance matter. If the member delays or refuses to provide such reports in a timely manner, the patient could be seriously prejudiced. In addition, the patient may wish to have such a report in order to hold the member accountable for his or her decisions and the member should not be able to thwart that desire by withholding the report.		
~~22.~~ 27. Signing or issuing, in the member's professional capacity, a document that the member knows or ought to know is false or misleading.		No changes suggested.		
~~23. Failing to make arrangements~~	Remove.	This is no longer required given the		

Current Regulation	Possible Amendments	Rationale	Stakeholder Comments	Response
~~with a patient for the transfer of the patient's records when,~~ ~~i. the member ceases practice, or~~ ~~ii. the patient requests the transfer.~~		suggested amendments to paragraph 34 of the current regulation (paragraph 39 of the possible amendments column).		
~~24.~~ 28. Submitting an account or charge for services that the member knows or ought to know is false or misleading.		No changes suggested.		
~~25.~~ Failing to disclose all relevant fees before providing services when requested to do so by the patient.	29. Failing to advise a patient or a patient's authorized representative, before providing services of the fee to be charged for the service or of any penalties that will be charged for late payment of the fee.	Part of informed choice is that the patient knows the cost of services before agreeing to receive them. Patients have the right to have monetary matters handled fairly, transparently and accurately.		
~~26.~~ Charging a fee that is excessive or unreasonable in relation to the services performed.	30. Charging a fee that is excessive or unreasonable in relation to the services performed or products provided.	This ensures that excessive fees for products are included. The College cannot explicitly define what "excessive" means but we can provide guidelines for what could be considered "excessive". Excessive fees affect access to necessary health care services. In addition, the reputation of the profession could be sullied if members were allowed to charge exorbitant fees.	Charging a fee that is excessive - sorry the college cannot dictate business practice - you cannot dictate what is considered excessive even the DAO fee guide says suggested fee - there is no minimum or maximum allowable to be set...see notation from a lawyer on a minimum fee question that was raised by the ADTO - so the same would apply here by you trying to define excessive fees " there remains a significant risk that setting a minimum fee would violate the Price Maintenance and Conspiracy sections of the Competition Act. Having a	The College's role in serving and protecting the public interest does include monitoring excessive or punitive fees. Certain situations will clearly warrant higher fees (rush cases or especially difficult cases). The College should not be bothered by such cases. But there will be cases where members are charging excessive fees for an improper purpose. In my experience, Colleges usually refer allegations on this front when there is concern that a member is preying upon a vulnerable patient.

Current Regulation	Possible Amendments	Rationale	Stakeholder Comments	Response
			clear indication that the fee is not mandatory avoids violating Price Maintenance and Conspiracy sections in the Competition Act. Price Maintenance occurs when conduct is "likely to have an negative effect on competition in a market." Court cases that analyze whether price maintenance has occurred involve assessing significant amounts of evidence demonstrating whether there was an adverse effect on competition in a market. Conspiracy occurs when an entity has a moderate amount of market power and has done an act that will negatively impact competition. Due to the fact the Association has significant market power, including the power to influence the Dental Technologist market, setting a minimum fee risks violating the conspiracy section of the Competition Act. Setting a "minimum fee (suggested)" is unlikely to found to be a conspiracy because it is not an absolute minimum fee." (Suggest that if you cannot define excessive then how can you provide guidelines on it) is against the freedom of the enterprise and of self -appraisal of the Member's skills and experiences.	

Current Regulation	Possible Amendments	Rationale	Stakeholder Comments	Response
~~27.~~ Failing to itemize an account for professional services, using terminology understandable to a patient, i. if requested to do so by the patient or the person or agency who is to pay, in whole or in part, for the services, or ii. if the account includes a commercial laboratory fee.	31. Failing to itemize, in terminology understandable to a patient, an account for professional services in a format that sets out each item charged, including, but not limited to, professional fees, products, services and applicable taxes.	This change requires members to always provide itemized receipts, regardless of the circumstances and regardless of whether the patient requests an itemized receipt. This is in accordance with the Standard of Practice: Record Keeping. Professional services include professional fees (i.e. laboratory fees, denturism services etc.).		
~~28. Failing to issue a receipt when requested to do so.~~	Remove.	This paragraph is no longer required given the changes to paragraph 27 of the current regulation (paragraph 31 of the possible amendments column) noted above.		
~~29.~~ Selling or assigning any debt owed to the member for professional services, but a member may retain an agent to collect unpaid accounts and may accept payment for professional services by a credit card.	32. Selling or assigning any debt owed to the member for professional products or services, but a member may accept payment for professional products or services by a credit card.	The College does not wish to interfere with its members business practices. However, the College does not believe that patients, seeking health care, should be subject to collection agencies. This can adversely affect the most vulnerable patients and sully the reputation of the profession.	Clarify this section - so a member cannot send any outstanding debt to a debt collection agency?	
~~30.~~ 33. Failing, while providing denturist services, to carry professional liability insurance in the minimum amount of $1,000,000 for each		No changes suggested.		

Current Regulation	Possible Amendments	Rationale	Stakeholder Comments	Response
occurrence or failing, when requested by the College, to provide proof of carrying such insurance.				
~~31.~~ 34. Accepting an amount in full payment of a fee or account that is less than the amount submitted by or on behalf of the member to a third party payer unless the member has made reasonable efforts to collect the balance or has obtained the written consent of the third party payer.		No changes suggested.		
	35. Permitting the advertising of the member or his or her practice in a manner that is false or misleading or that includes statements that are not factual and verifiable.	NEW: The public could be duped into purchasing or believing in unwarranted and unproven treatments if such advertising were permitted. Misleading advertisements can exploit the public and can result in ineffective or even harmful treatment choices. The reputation of the member and the profession could be harmed if false or misleading advertising is permitted.		
	36. Using or permitting the use of a testimonial from a patient, former patient or other person in respect of the member's practice	NEW: Testimonials are inherently unverifiable and are not useful in choosing a practitioner because each patient, and each situation, can be unique. Further, a member is not to place any undue pressure on a patient to become a "spokesperson" for the member and his or her treatments. This provision prevents this from	NEW using or permitting testimonial -- again this is a business protocol directive don't understand why the college is going after this so hard when all other professions allow patient reviews, testimonials especially in this day and age of google reviews - its making word of mouth electronically accessible .	This is not accurate. Most colleges also include this as an act of professional misconduct.

Current Regulation	Possible Amendments	Rationale	Stakeholder Comments	Response
		occurring.	This change restricts a member's right to free speech which is in direct violation of the Canadian Charter of Rights and Freedoms. Testimonials are essential to all businesses and help patients choose an appropriate practitioner for their denture services	There was a famous case in the 1980s about a bunch of dentists who were prosecuted by the RCDSO. They were publicizing a project that was not dentistry in nature. The RCDSO did not like that and prosecuted them. The courts determined that the RCDSO was being overly broad and agreed with the dentists as there was a concern that the dentists freedom of expression was being breached. However, the court also made it clear that regulated health professionals need to communicate in a way that is professional and accurate. The problem with testimonials is that they have no true application. What is good for one patient is not necessarily good for another. This is why testimonials are prohibited. It is not a breach of the denturist's freedom of expression.
~~32.~~ Contacting or communicating, directly or indirectly, with a person, either in person or by telephone, in an attempt to solicit patients.	37. Soliciting or permitting the solicitation of an individual in person, by telephone, electronic communications or other means unless, i. the person who is the subject of the solicitation is advised, at the earliest possible time during the solicitation, that,	This is a reflection of the College trying to balance the right of the public not to be pestered but not interfere with the profession's ability to advertise and seek out business.		

Current Regulation	Possible Amendments	Rationale	Stakeholder Comments	Response
	A. the purpose of the communication is to solicit use of the member's professional services, and B. the person may elect to end the solicitation immediately or at any time during the solicitation if he or she wishes to do so, and ii. the communication ends immediately if the person who is the subject of the solicitation so elects.			
~~33.~~ 38. Contravening by act or omission the Act, the *Regulated Health Professions Act, 1991*, or the regulations under either of those Acts.		No changes recommended.		
~~34.~~ Contravening a federal, provincial or territorial law or a municipal by-law relevant to the member's suitability to practise.	39. Contravening, by act or omission, a federal, provincial or territorial law or a municipal by-law if, i. the purpose of the law is to protect or promote public health, or ii. the contravention is relevant to the member's suitability to practise.	This captures laws related to public health, not just suitability to practice (e.g., PHIPA, public health requirements for health facilities). This profession does have instances where Public Health has issued closures due to infection concerns. Whether it is municipal public health bylaws or the Health Promotion and Protection Act concerns, our experience is that this is a common and standard public safety provision.		

Current Regulation	Possible Amendments	Rationale	Stakeholder Comments	Response
~~35.~~ Influencing a patient to change his or her will or other testamentary instrument.	40. Influencing a patient or the patient's authorized representative to change the patient's will or other testamentary instrument.	This amendment expands it beyond the patient to also include the patient's authorized representative. This amendment brings this provision into more modern terminology.		
~~36.~~ 41. Directly or indirectly benefiting from the practice of denturism while the member's certificate of registration is suspended unless full disclosure is made by the member to the College of the nature of the benefit to be obtained and prior approval is obtained from the Executive Committee.		No change suggested.		
	42. Practising the profession while the member's certificate of registration has been suspended.	NEW: The provision reinforces the authority of the College. If the College has decided to suspend the member's certificate, the member cannot practise. This reassures the public that only practitioners who are authorized by the College, will be able to practice.		
~~37.~~ 43. Participating in an arrangement that would result in a member or former member committing the act of misconduct described in paragraph 36.		No changes suggested.		
~~38.~~ Failing to abide by a written undertaking given by the member to the College or failing to carry out an	44. Failing to carry out or abide by an undertaking given by the member to the College or	It is unprofessional for a member not to fulfill a promise to the College. This provision reinforces		

Current Regulation	Possible Amendments	Rationale	Stakeholder Comments	Response
agreement entered into with the College	breaching an agreement entered into with the College	to the member that such agreements are to be taken seriously and that failure to abide by such agreements could result in a finding of professional misconduct.		
	45. Failing to advise a person, when requested, of their right to file a complaint with the College, or failing to provide contact information for the College, when requested.	NEW: Patients and the public may still be unaware of the existence of the College. As such, it is important for the member to advise the patient/public about the College and its role in regulating the member. This provision also supports the member's accountability to the College.	As a healthcare practitioner, it is not our responsibility to provide contact information for patients who want to file complaints against us. If a patient would like to file a complaint, the onus is on them to have the resources to file said complaint, not on the denturist to provide them with information so that a complaint can be filed against us. That is absurd Denturists are not a governmental employees but a private practitioners. We should not encourage people to blackmail us in order to make money out the lack of our legal protection. If patient does not ask for the address where to complain on us, we should NOT tell them how they can abuse our rights.	This is part of being a regulated professional. Regulated professionals accept that they are part of a complaints system and that patients have the right to complain. It is expected that members facilitate that if it is made clear that the patient wants this information.
	46. Failing to comply with an order of a panel of the College.	NEW: In accepting a certificate of registration from the College, the member is obtaining certain privileges and, therefore, accepting certain obligations. One such obligation is to accept the authority of the College. If a member fails to		

Current Regulation	Possible Amendments	Rationale	Stakeholder Comments	Response
		comply with an order of a panel of the College, the member is openly challenging the authority of the College. This compromises the public protection provided by the panel's order and would erode the public's confidence in the College to regulate the profession.		
~~39.~~ Failing to attend an oral caution of the Complaints Committee or an oral reprimand of the Discipline Committee.	47. Failing to attend an oral caution of the Inquiries, Complaints and Reports Committee or an oral reprimand of the Discipline Committee.	Updates the name of the Complaints Committee.		
~~40. Failing to co-operate with a representative of the College upon production of an appointment in accordance with section 76 of the Health Professions Procedural Code and to provide access to and copies of all records, documents and things that are relevant to the investigation.~~	Remove.	This is already addressed by section 76(3.1) of the Code.		
~~41.~~ 48. Failing to co-operate with a representative of another College upon production of an appointment in accordance with section 76 of the Health Professions Procedural Code and to provide access to and copies of all records, documents and things that are relevant to the investigation		No change suggested.		
~~42. Failing to permit entry at a reasonable time and to co-operate with an authorized representative of the College conducting an inspection~~	Remove.	This is likely a hold over from when the College had an "inspection" program (which it no longer appears to use).		

Current Regulation	Possible Amendments	Rationale	Stakeholder Comments	Response
~~and examination of the member's office, records, equipment or practice.~~				
~~43.~~ 49. Failing to take all reasonable steps to ensure that any information provided by or on behalf of the member to the College is accurate.		No changes suggested.		
~~44.~~ Failing to reply appropriately in writing within thirty days to any written communication from the College that requests a response.	50. Failing to reply appropriately within 30 days to any written inquiry or request from the College.	The College wishes to remove "that requests a response" as it is clear that a response is required if a failure to reply is noted by the College. The College does not wish mere oversight of certain terminology to prevent the College from reinforcing its jurisdiction over members and their obligation to respond.		
~~45.~~ 51. Failing to pay a fee or amount owed to the College, including an amount under section 53.1 of the Health Professions Procedural Code, after reasonable notice of the payment due has been given to the member.		No changes suggested.		
~~46.~~ 52. Where a member engages in the practice of denturism with another member, failing to prevent another member from committing an act of professional misconduct or incompetence unless the member did not know and, in the exercise of reasonable diligence, would not have known of the other member's misconduct or incompetence.		No change suggested.	members are not likely to report an isolated incident of unsafe practice like accidentally pinching oral tissue but are likely to report unsafe practice like repeatedly using equipment in a manner that it was not intended.	
	53. Failing to promptly report to	NEW: This provision balances the		

Current Regulation	Possible Amendments	Rationale	Stakeholder Comments	Response
	the College an incident of unsafe practice by another member if the member has reasonable and probable grounds to believe that such an incident has occurred.	need to protect the public from inappropriate conduct against requiring the member to report every minor transgression. Requiring that incidents of unsafe practice be reported enables the College to take appropriate action to prevent such incidents from occurring in the future. Self-regulating professionals have a responsibility to ensure that the public is being protected. Further, this provision facilitates the ability of the College to regulate the profession.		
~~47.~~ 54. Engaging in conduct or performing an act, relevant to the practice of denturism, that, having regard to all the circumstances, would reasonably be regarded by members as disgraceful, dishonourable, unethical or unprofessional.		No changes suggested.		
	55. Engaging in conduct that would reasonably be regarded by members as conduct unbecoming a member of the profession.	NEW: This common and historically tested provision ensures that unbecoming conduct that occurs outside of the practice of the profession, which is not enunciated in this Regulation, and warrants a finding of professional misconduct, will not be outside the scope or reach of the College.	NEW Engaging in conduct that would resonably - this is very vague what is resonable to one person is not resonable to another - conduct unbecoming would be a serious allegation suggest that the college put in definitions surrounding this and further clarity. The new statement means the	

Current Regulation	Possible Amendments	Rationale	Stakeholder Comments	Response
			Member has no rights at all as some kind of slave, even if his/her behaviour is unrelated to the practice of Denturism. Due to the political, cultural , religious , gender related, or any other differences in Canadian multicultural "mosaic" the Member or his behaviour words and anything else ,can easily be considered by someone opposed to the Member as "disgusted or unethical". Too wide room for any abuses of the Member's Human and Civil Rights. Especially the Right to free expression of opinions or political views. Please return the NECESSARY connection "during the practicing of Denturism.	
~~2. (1) A member shall not use a name or title other than his or her name as set out in the register in the course of providing or offering to provide denturist services, unless the name or title,~~ ~~(a) reasonably refers to and describes the location of the practice;~~ ~~(b) has been approved by the Executive Committee; and~~ ~~(c) is accompanied by the name of the member, as set out in the register. O. Reg. 854/93, s. 2 (1).~~ ~~(2) When a member practises denturism in association or in partnership with one or more other~~	Remove.	The current clinic name approval process is not an effective use of College resources. The climate has shifted toward right-touch regulation, including regulation based on risk to the public. Reviewing clinic names is not a front and centre activity of the Executive Committee.		

Current Regulation	Possible Amendments	Rationale	Stakeholder Comments	Response
~~members and uses a name or title approved under subsection (1), the member shall notify the College within thirty days of a change in the association or partnership.~~				

COLLEGE OF DENTURISTS OF ONTARIO

BRIEFING NOTE

To: **Council**

From: **Dr. Glenn Pettifer, Registrar & CEO**

Date: **June 19, 2020**

Subject: **Returning Business - Draft Code of Ethics**

This item is returning business for Council.

At the September 6, 2019 meeting, Council adopted a motion to circulate the draft Code of Ethics for stakeholder consultation. The consultation report is attached for consideration.

Options

1. Approve the draft Code of Ethics for implementation.
2. Amend the draft Code of Ethics and approve this amended document for implementation.
3. Request further modifications of the draft Code by QAC - Panel B and return the amended draft to Council for further consideration.
4. Other.

Attachments

Draft Code of Ethics
Consultation Report
DAO Response to Consultation

Code of Ethics

The mission of the College of Denturists of Ontario is to regulate and govern the profession of denturism in the public interest.

Preamble
Denturists are self-regulated professionals. This status obliges them to act competently and ethically in the practice of their profession. They shall maintain recognized standards of care while observing professional values.

Denturists are valuable members of the oral-health team who uphold high standards of ethical behaviours when working with team members, colleagues and members of the public. Denturists value self-governance and recognize the importance of maintaining public trust and respect through engagement in ethical practice.

Core Values
Core values are principles that form the foundation for ethical practice. They guide denturists' decision-making and conduct and are characteristics that define the profession.

The profession's core values are*: accountability, beneficence, transparency, dignity, integrity, professionalism, and respect.* Each principle is defined below.

Accountability
Taking responsibility for own actions and services and intervening when patient safety and competent and/or ethical care is at risk. Maintaining professional obligations by adhering to legislation, regulations and standards of practice; and meeting registration and quality assurance program requirements.

Beneficence
Maximizing benefits and minimizing harm for the welfare of the patient.

Transparency
Sharing current and accurate information, professional opinions, professional title, limitations, risks, benefits, and scope of practice in a way that is meaningful and enables informed decision-making.

Dignity
Acting with compassion, empathy, respect and understanding for the patient's quality of life, wishes and right to make an informed decision.

Integrity
Demonstrating honesty and reliability in all professional relations, communications and business practices.

Professionalism
Maintaining a professional image in all interactions with the public, colleagues and peers.

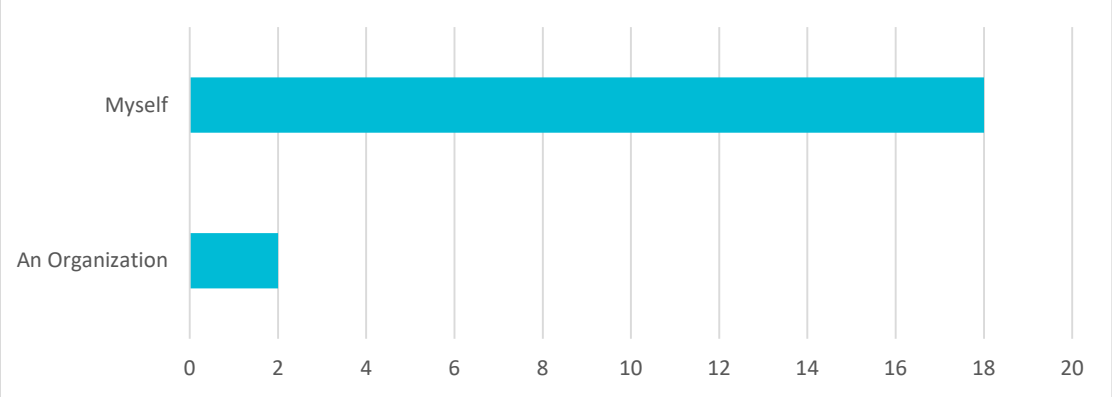
Respect
Demonstrating respect for the patient's choice, time, financial resources, privacy and right to confidentiality, as well as respect for colleagues and peers.

Council Approval Date	
Effective Date	

Consultation Report: Code of Ethics

I am responding on behalf of:

Answered: 20 Skipped: 0

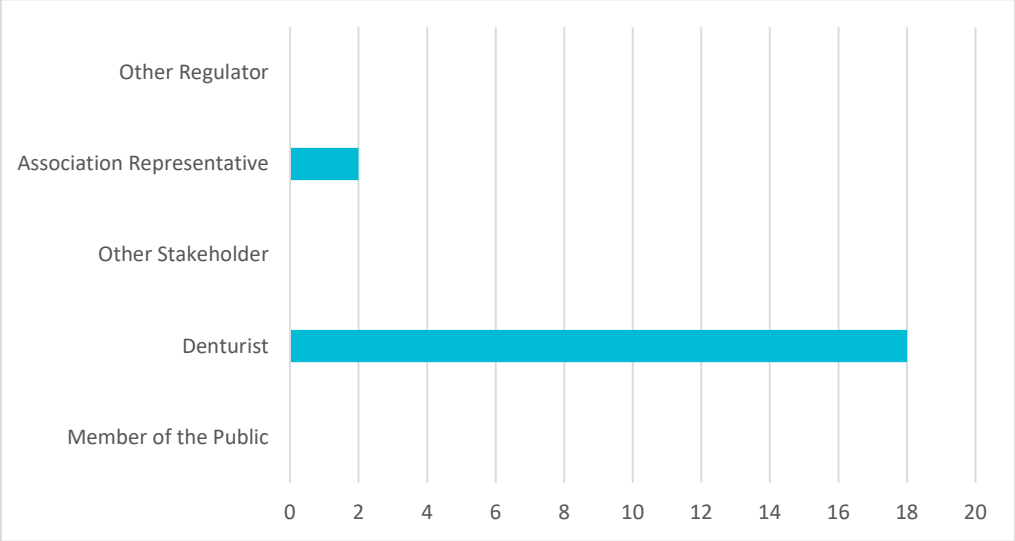


Answer Choices	Responses	
Myself	18	90.00%
An Organization:	2	10.00%
The Denturist Association of Ontario		
The Denturist Association of Canada		

Agenda Item 14.3

I am a:

Answered: 20 Skipped: 0



Answer Choices	Responses	
Other Regulator	0	0.00%
Association Representative	2	10.00%
Other Stakeholder	0	0.00%
Denturist	18	90.00%
Member of the Public	0	0.00%

Agenda Item 14.3

Core Values

Accountability
Taking responsibility for own actions and services and intervening when patient safety and competent and/or ethical care is at risk. Maintaining professional obligations by adhering to legislation, regulations and standards of practice; and meeting registration and quality assurance program requirements.

Beneficence
Maximizing benefits and minimizing harm for the welfare of the patient.

Transparency
Sharing current and accurate information, professional opinions, professional title, limitations, risks, benefits, and scope of practice in a way that is meaningful and enables informed decision-making.

Dignity
Acting with compassion, empathy, respect and understanding for the patient's quality of life, wishes and right to make an informed decision.

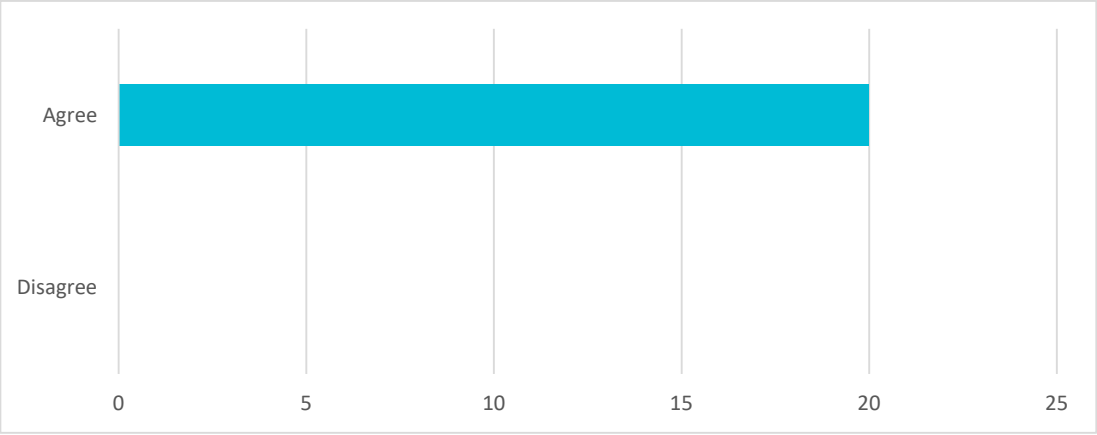
Integrity
Demonstrating honesty and reliability in all professional relations, communications and business practices.

Professionalism
Maintaining a professional image in all interactions with the public, colleagues and peers.

Respect
Demonstrating respect for the patient's choice, time, financial resources, privacy and right to confidentiality, as well as respect for colleagues and peers.

Do you agree with the Core Values?

Answered: 20 Skipped: 0



Answer Choices	Responses	
Agree	20	100.00%
Disagree	0	0.00%

Comments:

no comments
Great definitions of our Ethics!
no
I like that the explanation of the list above is simple and to the point.easy to understand
The core values seem to be well defined
Non

THE DENTURIST ASSOCIATION OF ONTARIO

March 13, 2020

Dr. Glenn Pettifer, Registrar
College of Denturists of Ontario
365 Bloor Street East, Suite 1606
Toronto, ON M4W 3L4

Via Email GPettifer@denturists-cdo.com

RE: Response to CDO Code of Ethics & Standard of Practice: Professional Boundaries

Dear Dr. Pettifer,

The Denturist Association of Ontario (DAO, Association) thanks the College of Denturists of Ontario (CDO, College) for the opportunity to comment and provide stakeholder feedback on the College's Code of Ethics and Standard of Practice: Professional Boundaries

The Denturist Association of Ontario (DAO) recognizes the value of ethics in the Profession. The DAO has no suggestions regarding the proposed code of Ethics and its Core Values.

The DAO recognizes the importance of our members understanding their Standard of Practice: Professional Boundaries. The DAO have no suggestions regarding the proposed standard and Guide for the Standard of Practice: Professional Boundaries.

The DAO would like to take this opportunity to comment on the issue of a regulation amendment to the RHPA sexual abuse provisions to exempt and permit CDO members to treat their spouses. The DAO would like to go on record as being in support of an exemption and to request that the College continue to pursue this issue with the Minister.

On behalf of the Board of Directors

Regards,

Frank Odorico, B.Sc., DD
President
The Denturist Association of Ontario

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Website: www.denturistassociation.ca E-Mail: info@denturistassociation.ca

COLLEGE OF DENTURISTS OF ONTARIO

Agenda Item 15.1

BRIEFING NOTE

To:	**Council**
From:	**Glenn Pettifer, Registrar & CEO**
Date:	**June 19, 2020**
Subject:	**Returning Business - Standard of Practice: Professional Boundaries**

This item is returning business for Council.

At its December 6, 2019 meeting, Council approved the draft Standard of Practice and Guide to the Standard of Practice for circulation to Stakeholders for comments. That consultation has closed, and Council is provided with the results of the consultations.

Options

After discussion and consideration of the results of the Stakeholder consultation, Council may elect to:

1. Adopt a motion to approve the Standard of Practice – Professional Boundaries and implement the Standard on a specified date.
2. Amend the Standard, adopt a motion to approve the revised Standard for repeat stakeholder consultation.
3. Other.

Attachments
Draft Standard of Practice – Professional Boundaries
Draft Guide to the Standard of Practice – Professional Boundaries
Consultation Report – Professional Boundaries
DAO Response to Consultation

COLLEGE OF DENTURISTS OF ONTARIO

Standard of Practice: Professional Boundaries

Preamble

Professional relationships in health care are built on mutual trust and respect. Mutual trust and respect are fostered by appropriate management of boundaries between health care providers and patients.

Boundary violations may be inadvertent or intentional. They are frequently facilitated by the power imbalance that exists between a health care provider and a patient. Boundary violations can cause minor or major physical, emotional or economic harm to patients. Registered Denturists must exercise their professional judgement in a manner that establishes and manages appropriate boundaries in a wide variety of circumstances.

This Standard articulates the College's expectations for Registered Denturists regarding the appropriate management of professional boundaries.

Pursuant to *the Regulated Health Professions Act, 1991* a romantic or sexual relationship with any patient, including a spouse, is considered sexual abuse, even if the individuals involved "consent" to the relationship. Such sexual abuse can establish the grounds for professional misconduct.

The Standard

A denturist meets the Standard of Practice: Professional Boundaries when they:

1. Establish and engage in a clinical practice setting that maintains professional boundaries, free from harassment and sexual abuse.
2. Maintain professional behaviour towards patients, staff and other health care providers.
3. Communicate respectfully, professionally and appropriately.
4. Recognize and understand the power imbalance in the denturist-patient relationship.
5. Refrain from behaviours, remarks or gestures that increase the risk of boundary violations.
6. Do not treat anyone with whom they have/had a sexual or romantic relationship, including their spouse, within the timeframe and framework specified by the RHPA.
7. Comply with mandatory reporting obligations regarding the sexual abuse of patients as outlined in the RHPA.
8. Document unintentional boundary violations in the patient record.

Legislative References

Regulated Health Professions Act, 1991

Health Professions Procedural Code

O. Reg. 260/18: Patient Criteria Under Subsection 1 (6) of the Health Professions Procedural Code

Related Standards of Practice

Standard of Practice: Record Keeping

Standard of Practice: Confidentiality & Privacy

Council Approval Date	
Effective Date	

COLLEGE OF DENTURISTS OF ONTARIO

Guide to Standard of Practice: Professional Boundaries

How do I define professional boundaries?

A denturist must be careful to act as a professional health care provider, and not as a friend, to patients. Becoming too personal or too familiar with a patient is confusing to patients and will make them feel uncomfortable. Patients will be uncertain as to whether the professional advice or services are motivated by something else other than the best interests of the patient. It is also easier to provide professional services when there is a "professional distance" between them. It is a delicate balance between maintaining a suitable professional distance and being engaged with the patient. Being too distant or being too close can both compromise the patient's care.

Maintaining professional boundaries is about being reasonable in the circumstances.

A denturist should consider whether an action is a legitimate part of their role. What would a reasonable person think if they looked in on your interaction with a patient? Is the conduct appropriate?

What are boundary violations?

A boundary violation is the point at which the denturist-patient relationship changes from professional to personal. They can be one-offs or cumulative, expected or unexpected, accidental or intentional; initiated by the denturist, the patient or a third party.

What is the definition of sexual abuse?

Section 1(3) of the Health Professions Procedural Code states:

"sexual abuse" of a patient by a member means,
(a) sexual intercourse or other forms of physical sexual relations between the member and the patient,
(b) touching, of a sexual nature, of the patient by the member, or
(c) behaviour or remarks of a sexual nature by the member towards the patient.

Examples of sexual abuse can include but are not limited to:

- Telling a patient a sexual joke;
- Hanging a calendar on the wall with sexually suggestive pictures (e.g., women in bikinis, a "fire fighters" calendar);
- Non-clinical comments about a patient's physical appearance (e.g., "you look sexy today"); and
- Dating that involves physical sexual relations

Touching, behaviour or remarks of a clinical nature is not sexual abuse. For example, touching the mouth and face of a patient will often be clinically necessary (and, as discussed above, must be done only after receiving informed consent).

What are the potential consequences for findings of sexual abuse of patients?

In addition to the orders outlined in Section 51(2) of the Health Professions Procedural Code, under the RHPA, Section 51(5), states that if a panel finds a member has committed an act of professional misconduct by sexually abusing a patient, the panel shall do the following:

- Reprimand the member;
- Suspend the member's Certificate of Registration if the sexual abuse does not consist of or include specific acts (identified below);

- Revoke the member's Certificate of Registration if the sexual abuse consisted of, or included, any of the following:
    i. Sexual intercourse.

    ii. Genital to genital, genital to anal, oral to genital or oral to anal contact.

    iii. Masturbation of the member by, or in the presence of, the patient.

    iv. Masturbation of the patient by the member.

    v. Encouraging the patient to masturbate in the presence of the member.

    vi. Touching of a sexual nature of the patient's genitals, anus, breasts or buttocks.

    vii. Other conduct of a sexual nature prescribed in regulations made pursuant to clause 43 (1) (u) of the Regulated Health Professions Act, 1991.

What is the definition of a patient?

Ontario Regulation 260/18: Patient Criteria Under Subsection 1 (6) of the Health Professions Procedural Code (the "Code") states:

1. 1. An individual is a patient of a member if there is direct interaction between the member and the individual and any of the following conditions are satisfied:

i. The member has, in respect of a health care service provided by the member to the individual, charged or received payment from the individual or a third party on behalf of the individual.

ii. The member has contributed to a health record or file for the individual.

iii. The individual has consented to the health care service recommended by the member.

iv. The member prescribed a drug for which a prescription is needed to the individual.

2. Despite paragraph 1, an individual is not a patient of a member if all of the following conditions are satisfied:

i. There is, at the time the member provides the health care services, a sexual relationship between the individual and the member.

ii. The member provided the health care service to the individual in emergency circumstances or in circumstances where the service is minor in nature.

iii. The member has taken reasonable steps to transfer the care of the individual to another member or there is no reasonable opportunity to transfer care to another member.

Section 1(6) of the Health Professions Procedural Code specifies that a patient includes an individual who was a member's patient within one year (or such longer period as described) from the date on which the individual ceased to be the member's patient and that meets the criteria outlined above.

Can I have a relationship with a former patient?

Denturists are not permitted to have a romantic relationship with a former patient for one (1) year from the date the denturist-patient relationship ended.

If after the minimum one year waiting period a denturist wishes to enter into a romantic relationship with a former patient, it is advisable to proceed with caution and consider:

1) The *duration* of the therapeutic relationship – the longer the relationship, the more likely it may be considered to be inappropriate to initiate a romantic relationship
2) The patient's *vulnerability* – the more vulnerable the patient, the more likely it is that having a relationship may be considered an abuse of power.
3) *Continuing care* for other member's of the former patient's family – the combination of personal and professional relationships may be considered inappropriate.

Am I allowed to treat my spouse?

No. The RHPA clearly prohibits Registered Denturists from engaging in sexual relationships or other forms of affectionate or sexual behaviour with patients. **Denturists are prohibited from having any sexual relationship with any patients, including spouses, even if the patient or spouse consents to the sexual activity.**

Behaviours, gestures and/or remarks that may reasonably be perceived by patients as romantic, sexual, exploitive and/or abusive are considered to be sexual abuse.

What is self-disclosure?

When a practitioner shares personal details about his or her private life, it can confuse patients. Patients might assume that the practitioner wants to have more than a professional relationship. Self-disclosure suggests that the professional relationship is serving a personal need for the practitioner rather than serving the patient's best interests. Self-disclosure can result in the practitioner becoming dependent on the patient to serve the practitioner's own emotional needs, which is damaging to the relationship.

What consequences may I face if I violate professional boundaries with other staff?

Denturists may be found guilty of professional misconduct for sexual harassment of staff or boundary violations with staff if the conduct would reasonably be regarded by denturists as disgraceful, dishonourable, unprofessional or unethical, as set out in the Professional Misconduct Regulation.

Denturists may also face criminal charges.

How do I identify and address risks to safe practice such as harassment and sexual abuse?

Harassment involves aggressive pressure and/or intimidation. If a denturist notices harassment or abuse, sexual or otherwise, they should intervene immediately to stop the interaction. If the denturist is concerned about safety, they should notify the police immediately. The denturist must record the interaction in the patient record and the steps they took to address the issue(s). If the interaction involved another denturist or another regulated health practitioner, a mandatory report to the practitioner's regulator is required.

Why is the patient-denturist relationship unequal? How do I mitigate this inequality?

The practitioner-patient relationship involves a power imbalance in favour of the denturist. The fundamental concept of both our legal and health care systems is that patients should have control over their bodies and their healthcare. In part, this balances the power of the practitioner. Patients are seeking the denturist's expertise and are dependent upon them to provide professional services.

It is advisable, except in exceptional circumstances, to not treat family members or other relatives. Despite a denturists' intentions to deliver the best possible care, clinical objectivity may be compromised.

What are dual relationships?

A dual relationship is where the patient has an additional relationship with the practitioner other than just as a patient (e.g., where the patient is a relative of the practitioner).

Any dual relationship has the potential for the other relationship to interfere with the professional one (e.g., being both the individual's practitioner and employer). It is best to avoid dual relationships whenever possible.

Where the other relationship came before the professional one (e.g., a relative, a pre-existing friend), referring the patient to another practitioner is the preferred option. Where a referral is not possible (e.g., in a small town, where there is only one practitioner), special safeguards are essential (e.g., discussing the dual relationship with the patient and agreeing with the patient to be formal during visits and never talk about the issues outside of the office) and extra vigilance is required. Confidentiality must be maintained both inside and outside the practice and denturists must be cognizant not to violate privacy.

Becoming a personal friend with a patient is a form of a dual relationship. Patients should not be placed in the position where they feel they must become a friend of the practitioner in order to receive ongoing care. Practitioners bear the sole responsibility to not allow a personal friendship to develop during professional visits. It is difficult for all but the most assertive of patients to communicate that they do not want to be friends.

What is meant by "personal space"?

Personal space refers to someone's comfort zone. The size of this zone differs from person to person. It is important that you are aware of this space and act accordingly.

What if someone misunderstands or misinterprets my remarks, gestures or behaviours?

Everyone has personal opinions. Practitioners are no exception. However, practitioners should not use their position to push their personal opinions (e.g., religion, politics or even diet) on patients. Similarly, strongly held personal reactions (e.g., that a patient is unpleasant and obnoxious) should not be shared. Disclosing personal reactions does not help the professional relationship.

Communication is verbal and non-verbal, and it is affected by context, tone, word choice and body language. People come from various backgrounds and your actions and conversations are filtered through the context of the background, experience and beliefs of an individual with whom you are communicating. .

Comments or actions may be seen as inappropriate boundary crossings or violations.

Do not tell sexually suggestive jokes, make comments about a patient's or staff member's body, appearance or clothing, make inquiries about intimate aspects of the lives of patients or staff members and/or disclose intimate aspects of your life.

It is important to remember that just because someone discloses something personal to you about their life does not give you permission to reveal detailed personal information about your own life.

Additionally, people perceive touch differently depending on their personal backgrounds. It is the patient's perception of the interaction and not your intention that is the most important to remember.

It is considered inappropriate to hug or kiss a patient. Touching can be easily misinterpreted. A patient can view an act of encouragement by a practitioner (e.g., a hug) as an invasion of space or even a sexual gesture. Extreme care must be taken in any touching between practitioners and their patients.

The nature and purpose of any clinical touching must always be explained first and the patient should always give consent before the touching begins. Instruments or materials should never be placed on the patient's chest. Cultural sensitivities should be respected. The presence of a third party should be permitted and even offered where appropriate. The touching must always have a clinical relevance that is obvious to the patient.

Who is responsible for preventing sexual abuse from happening?

It is always the responsibility of the practitioner to prevent sexual abuse from happening. If a patient begins to tell a sexual joke, the practitioner must stop it. If the patient makes comments about the appearance or romantic life of the practitioner, the practitioner must stop it. If the patient asks for a date, the practitioner must say no (and explain why it would be inappropriate). If the patient touches the practitioner in a way that might be viewed as sexual touching (e.g., a kiss), the practitioner must stop it.

How do I document patient interactions in the patient record?

Proactive documentation serves the patient's interests and yours.

You should document any boundary crossing or violations by the patient and/or yourself, including if you have instinctively used touch to comfort a severely distressed patient or if a patient has made sexual comments or advances or has crossed boundaries – include your observations and note anyone else that was present.

How does this Standard apply to my workplace environment?

Abuse and harassment of staff members is a serious issue. As a regulated health professional, you are obligated to maintain a professional workplace that does not include sexually suggestive jokes, posters, pictures and/or documents that could be offensive to patients or staff.

You should be mindful of patient perceptions regarding the conversations that you have with staff members during treatment and around other patients.

Can I have video or photographic recording equipment in my clinic?

Using video or photographic recording equipment for security, assessment, treatment and educational purposes must be done with expressed informed consent from the patient accordance with the Standard of Practice: Informed Consent. You must secure, store and destroy this media in accordance with the Standard of Practice: Record Keeping; and collect, use and/or disclose this media in accordance with the Standard of Practice: Confidentiality & Privacy.

What are a member's mandatory reporting obligations regarding sexual abuse of patients?

Section 85.1(1) of the Health Professions Procedural Code requires members to file a mandatory report if the member has reasonable grounds, obtained in the course of practising the profession, to believe that another member of the same or a different College has sexually abused a patient.

The report must be filed in writing with the Registrar of the College of the member who is the subject of the report, and filed within 30 days after the obligation to report arises, unless you believe on reasonable grounds that the member will continue to sexually abuse the patient or will sexually abuse other patients and there is urgent need for intervention, in which case the report must be filed immediately.

The report must contain:

(a) the name of the person filing the report;
(b) the name of the member who is the subject of the report;
(c) an explanation of the alleged sexual abuse;
(d) if the grounds of the person filing the report are related to a particular patient of the member who is the subject of the report, the name of that patient, subject to the consent of the patient.

The name of a patient who may have been sexually abused must not be included in a report unless the patient, or if the patient is incapable, the patient's representative, consents in writing to the inclusion of the patient's name.

What are some suggestions for preventing sexual abuse?

- Do not engage in any form of sexual behaviour or comments around a patient.
- Intervene when others, such as colleagues and other patients, initiate sexual behaviour or comments.
- Do not display sexually suggestive or offensive pictures or materials. Monitor the advertising posters, calendars and magazines used in the clinic.
- If a patient initiates sexual behaviour, respectfully but firmly discourage it.
- Monitor warning signs. For example, avoid the temptation to afford special treatment to certain patients, such as engaging in excessive telephone conversations or scheduling visits outside of office hours. Be cautious about connecting with patients on social media.
- Unless there is a very good reason for doing so, avoid meetings outside of the office.
- Do not date patients.
- Avoid self-disclosure.
- Avoid comments that might be misinterpreted (e.g., “You are looking good today”).
- Do not touch a patient except when necessary for assessing or treating them. Before touching a patient, explain the nature of the touching first, the reason for the touching and be very clinical in one’s approach (e.g., wear gloves).
- Do not place instruments or materials on a patient’s chest.
- Be sensitive when offering physical assistance to patients who may not be mobile. Ask both whether and how best to help them before doing so.
- Avoid hugging and kissing patients.
- Be aware and mindful of cultural, religious, age, gender and other areas of differences. If in doubt ask if one’s proposed action is acceptable to the patient.
- Do not comment on a patient’s appearance or romantic life.
- Sufficiently document any clinical actions of a sexual nature and ensure that any incidents or misunderstandings are fully and immediately recorded.

How does the concept of professional boundaries apply to social media and the internet?

Professional boundaries concepts apply across all media, including social media platforms. For example, it would be inappropriate to use information gained from patient records to identify and find a patient on social media or on the internet.

Practice Scenario

Dayna, a denturist, is providing a denture for Penelope. Penelope is having difficulty deciding whether to marry her boyfriend and talks to Dayna about this issue a lot during their visits. To help Penelope make up her mind, Dayna decides to tell Penelope details of her own doubts in accepting the proposal from her first husband. Dayna tells of how those doubts had long-term consequences, gradually ruining her first marriage as both she and her husband had affairs. Penelope is offended by Dayna’s behaviour and stops coming for adjustments even though she still needs them. Eventually Penelope stops wearing the denture. Dayna’s self-disclosure was inappropriate and unprofessional.

Practice Scenario

Steve, a denturist, tells a colleague about his romantic weekend with his wife at Niagara-on-the-Lake for their anniversary. Steve makes a joke about how wine has the opposite effect on the libido of men and women. Samantha, a patient, is sitting in the reception area and overhears. When being treated by Steve, Samantha mentions that she overheard the remark and is curious as to what Steve meant by this, as in her experience, wine helps the libido of both partners. Has Steve engaged in sexual abuse?

Steve clearly has crossed boundaries by making the comment in a place where a patient could overhear it. However, the initial comment was not directed towards Samantha and was not meant to be heard by her. It would certainly be sexual abuse for Steve to continue the discussion with Samantha. Steve should apologize for making the comment in a place where Samantha could hear it. Steve needs to state his focus is on Samantha’s treatment.

Practice Scenario

Mr. Smith, an elderly man, makes a follow up appointment to see his denturist Elyse. Mr. Smith explains that he doesn't need additional denturism care – he is lonely and is looking for companionship, someone to have coffee with and accompany him on walks around his neighbourhood. Elyse feels badly for Mr. Smith but understands that meeting outside of the clinic for non-denturism reasons may be considered a professional boundary violation. She explains that violating this boundary would compromise the patient-denturist relationship and possibly, her clinical objectivity. Elyse suggests that Mr. Smith contact his local senior centre to inquire about activities or groups that he can join. Elyse also makes a note of the conversation, and the advice she provided in Mr. Smith's patient record.

Legislative References

O. Reg. 854/93: Professional Misconduct, paragraph 8 http://www.ontario.ca/laws/regulation/930854

Regulated Health Professions Act, 1991

Health Professions Procedural Code

O. Reg. 260/18: Patient Criteria Under Subsection 1 (6) of the Health Professions Procedural Code

References

Standard of Practice: Professional Boundaries

Important Legal Principles Practitioners Need to Know, Jurisprudence Handbook, College of Denturists of Ontario, 2017.

Standard of Practice: Record Keeping

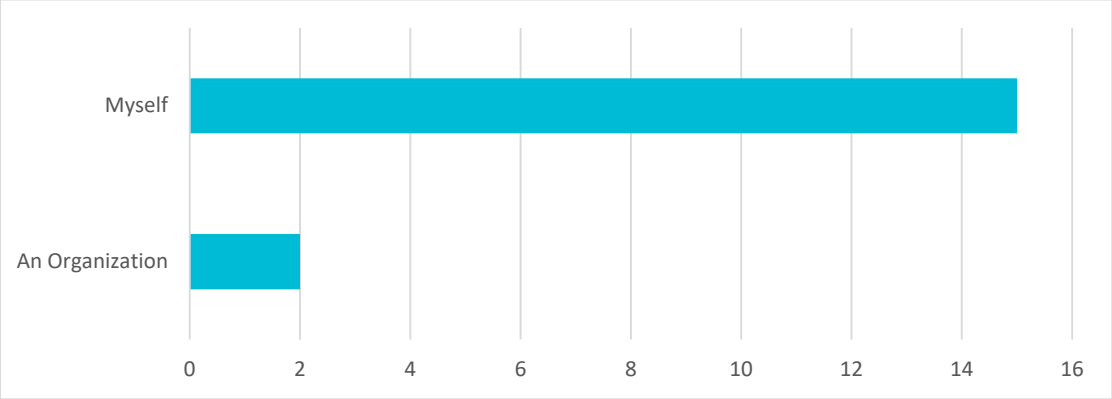
Standard of Practice: Confidentiality and Privacy

COLLEGE OF DENTURISTS OF ONTARIO

Consultation Report:
Standard of Practice: Professional Boundaries

I am responding on behalf of:

Answered: 17 Skipped: 0

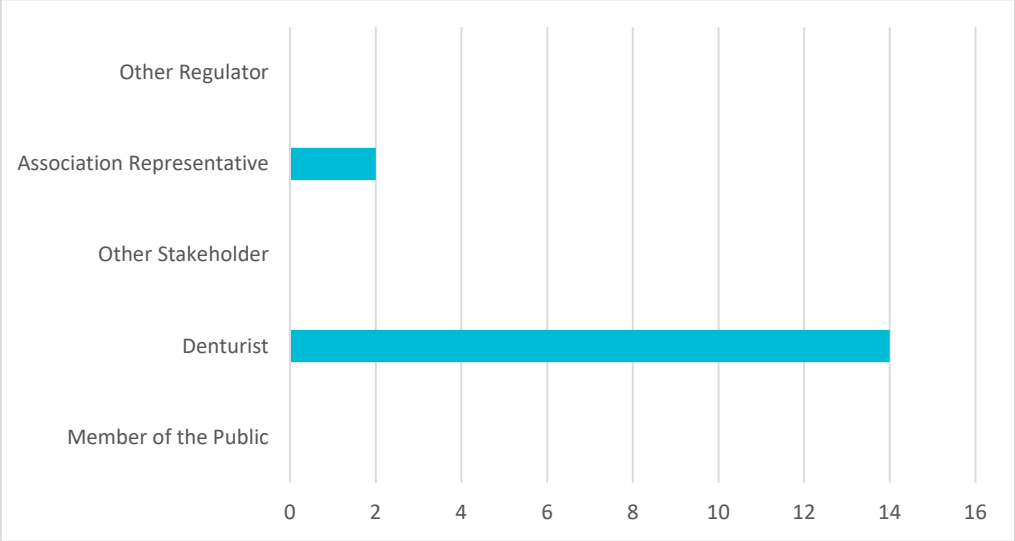


Answer Choices	Responses	
Myself	15	88.24%
An Organization:	2	11.76%
The Denturist Association of Ontario		
The Denturist Association of Canada		

Agenda Item 15.4

I am a:

Answered: 17 Skipped: 1



Answer Choices	Responses	
Other Regulator	0	0.00%
Association Representative	2	12.5%
Other Stakeholder	0	0.00%
Denturist	14	87.5%
Member of the Public	0	0.00%

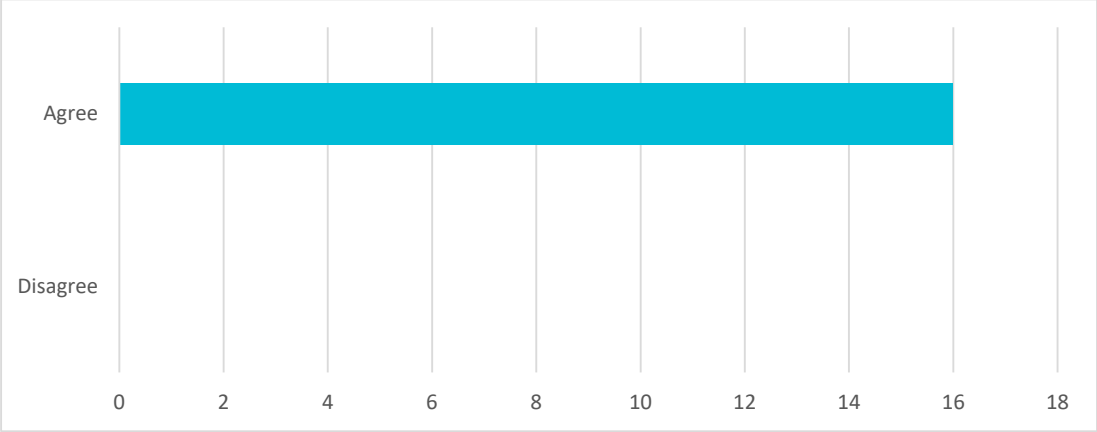
Agenda Item 15.4

Standard Statement #1

Establish and engage in a clinical practice setting that maintains professional boundaries, free from harassment and sexual abuse.

Do you agree with this standard statement?

Answered: 16 Skipped: 1



Answer Choices	Responses	
Agree	16	100.00%
Disagree	0	0.00%

Comments:

no comments
In a Common law approach
Nothing really

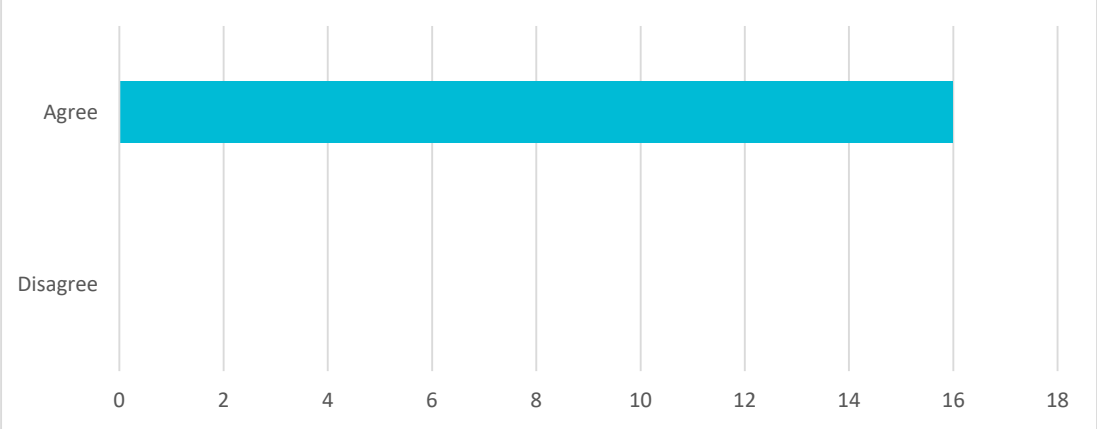
Standard Statement #2

Agenda Item 15.4

Maintain professional behaviour towards patients, staff and other health care providers.

Do you agree with this standard statement?

Answered: 16 Skipped: 1



Answer Choices	Responses	
Agree	16	100.00%
Disagree	0	0.00%

Comments:

no comments
Non

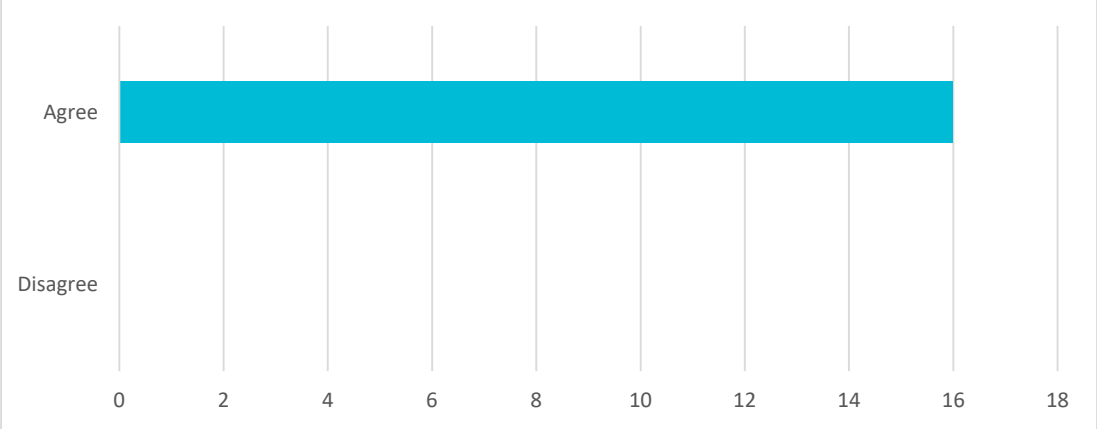
Agenda Item 15.4

Standard Statement #3

Communicate respectfully, professionally and appropriately.

Do you agree with this standard statement?

Answered: 16 Skipped: 1



Answer Choices	Responses	
Agree	16	100.00%
Disagree	0	0.00%

Comments:

no comments
Nothing

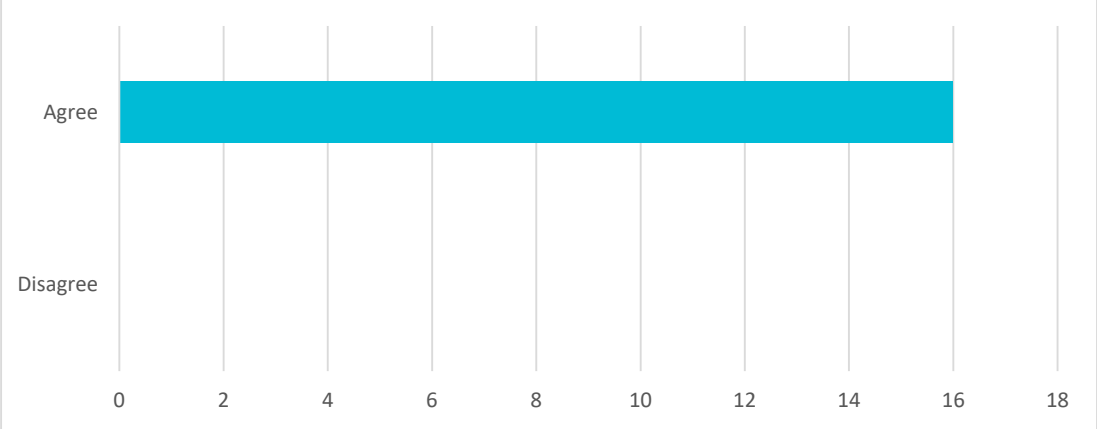
Standard Statement #4

Agenda Item 15.4

Recognize and understand the power imbalance in the denturist-patient relationship.

Do you agree with this standard statement?

Answered: 16 Skipped: 1



Answer Choices	Responses	
Agree	16	100.00%
Disagree	0	0.00%

Comments:

no comments
This statement doesn't seem as self explanatory as the other ones.

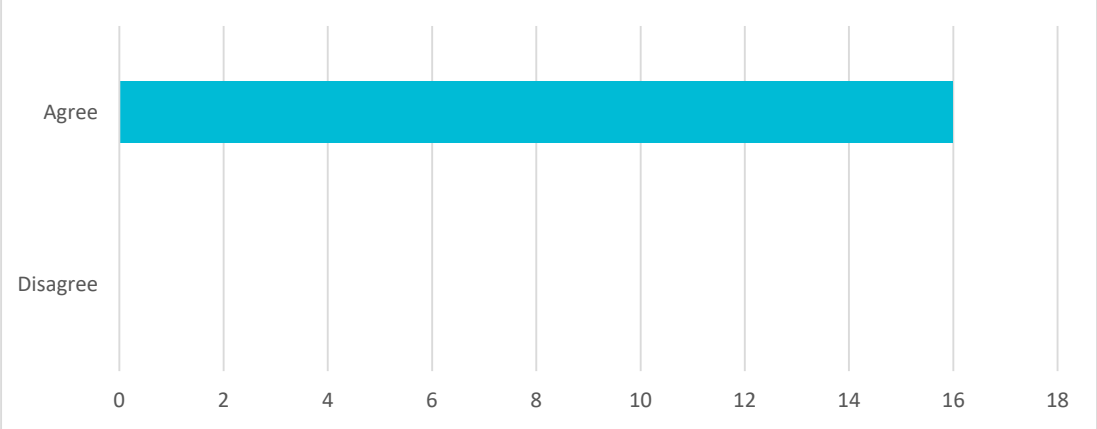
Standard Statement #5

Agenda Item 15.4

Refrain from behaviours, remarks or gestures that increase the risk of boundary violations.

Do you agree with this standard statement?

Answered: 16 Skipped: 1



Answer Choices	Responses	
Agree	16	100.00%
Disagree	0	0.00%

Comments:

no comments
Using a Common Law approach
Pretty self explanatory

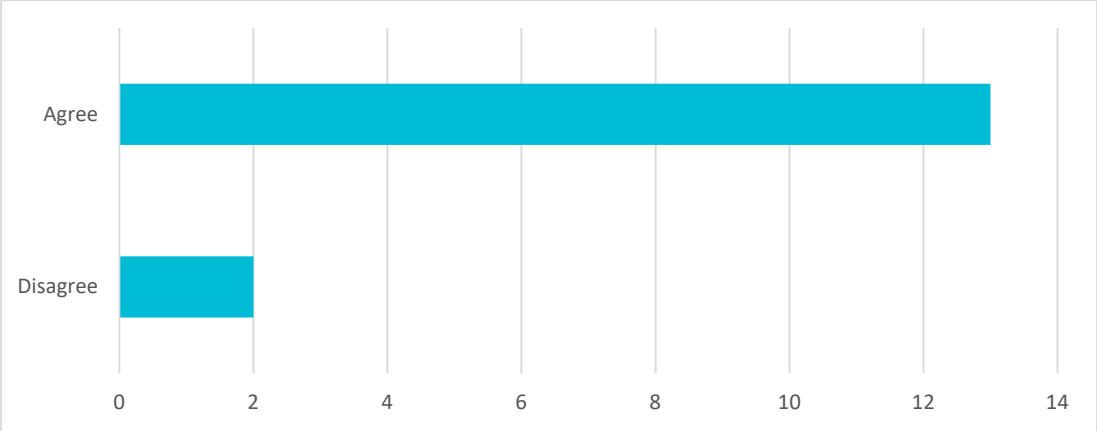
Standard Statement #6

Agenda Item 15.4

Do not treat anyone with whom they have/had a sexual or romantic relationship, including their spouse, within the timeframe and framework specified by the RHPA.

Do you agree with this standard statement?

Answered: 15 Skipped: 2



Answer Choices	Responses	
Agree	13	86.67%
Disagree	2	13.33%

Comments:

Using Common Law
I disagree with not being able to treat ones spouse or even family members as it suggests, like mothers, fathers, siblings and their children. For example, I don't see a problem with me taking an impression on my wife, sister or my own children to make a sport mouth guard turning into a problem if we both agree in the treatment.
Spousal exemptions should be considered.
None

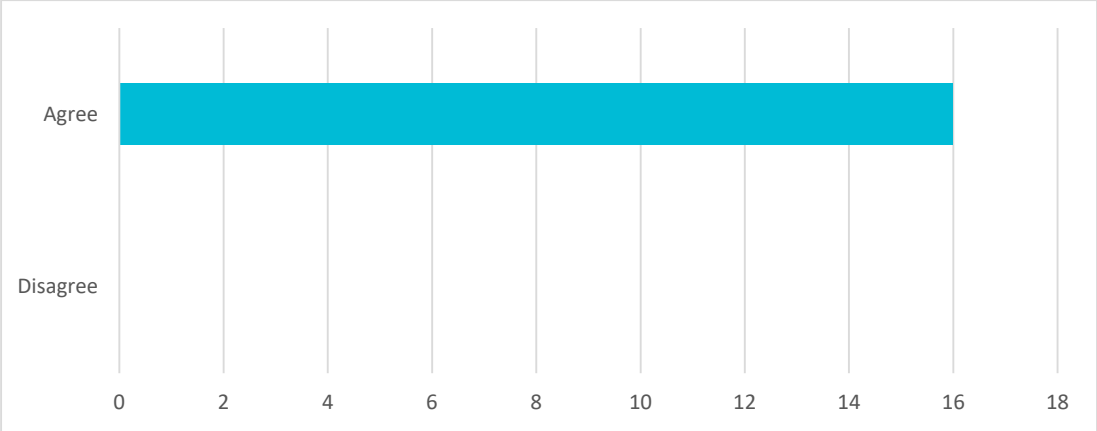
Standard Statement #7

Agenda Item 15.4

Comply with mandatory reporting obligations regarding the sexual abuse of patients as outlined in the RHPA.

Do you agree with this standard statement?

Answered: 16 Skipped: 1



Answer Choices	Responses	
Agree	16	100.00%
Disagree	0	0.00%

Comments:

n/a

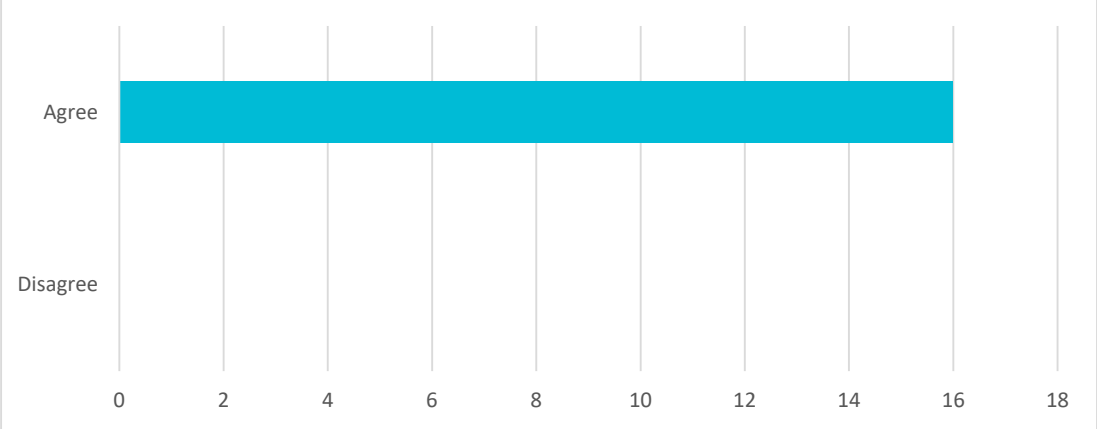
Agenda Item 15.4

Standard Statement #8

Document unintentional boundary violations in the patient record.

Do you agree with this standard statement?

Answered: 16 Skipped: 1



Answer Choices	Responses	
Agree	16	100.00%
Disagree	0	0.00%

Comments:

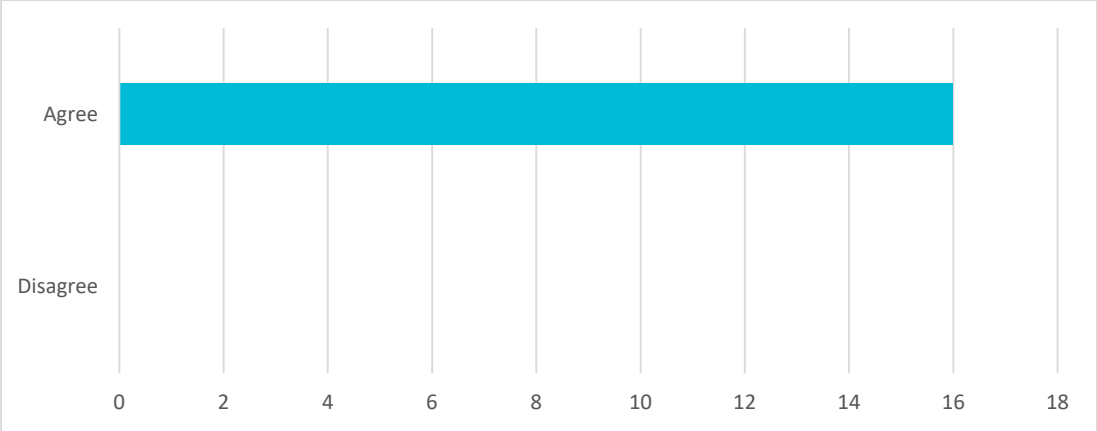
n/a

Guide to the Standard of Practice: Professional Boundaries

Agenda Item 15.4

Do you agree with the information provided in the Guide?

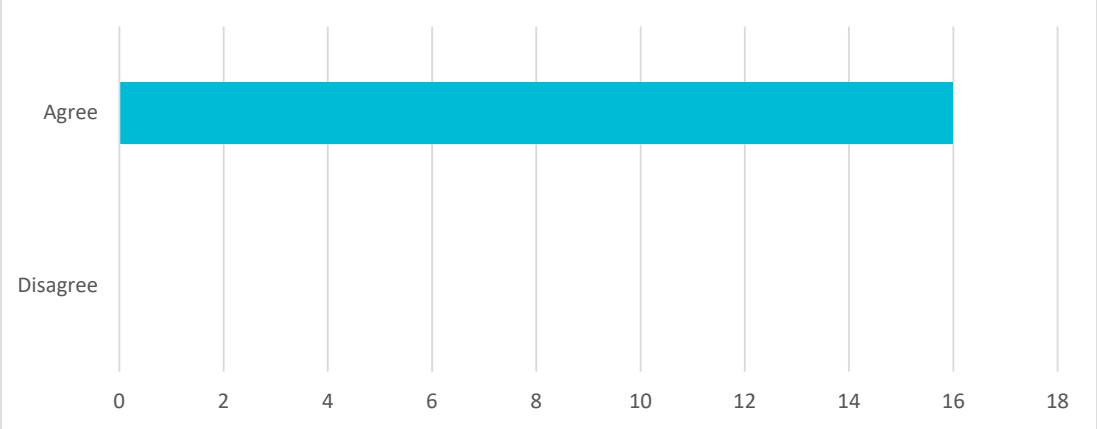
Answered: 16 Skipped: 1



Answer Choices	Responses	
Agree	16	100.00%
Disagree	0	0.00%

Was the Guide helpful and informative?

Answered: 16 Skipped: 1



Answer Choices	Responses	
Agree	16	100.00%
Disagree	0	0.00%

Agenda Item 15.4

Is there any information you think we should include or exclude from the Guide? Please comment.

Guide to Standard of Practice: Professional Boundaries; the comments are as follows: Page 1 - under "What is the definition of sexual abuse?", last sentence it states "(and, as discussed above, must be done only after receiving informed consent)." but up until that point on the page there was no reference of informed consent. Page 2 - under "What is the definition of a patient"?, the formatting is off on item #1. Item #2 ii. what is the definition of minor in nature? Page 4 - under "What are dual relationships?" paragraph 4, last sentence does not read well, possible revision could be "It is difficult for all but the most assertive option is to communicate kindly to the patient that you do not want to be friends and explain why this would considered a violation of professional boundaries." Page 6 - under "How does the concept of professional boundaries ...." The paragraph starts by saying "Professional boundaries concepts apply..." but should it state "Professional boundary concepts apply ..." Page 7 - under "Practice Scenario" in the second sentence is states in part "...he doesn't need additional denturism care - ..." but should is state "...he doesn't need additional denture care -
I find it too demanding and very restrictive. A Common Law approach would be more helpful.
Nothing

THE DENTURIST ASSOCIATION OF ONTARIO

March 13, 2020

Dr. Glenn Pettifer, Registrar
College of Denturists of Ontario
365 Bloor Street East, Suite 1606
Toronto, ON M4W 3L4

Via Email GPettifer@denturists-cdo.com

RE: Response to CDO Code of Ethics & Standard of Practice: Professional Boundaries

Dear Dr. Pettifer,

The Denturist Association of Ontario (DAO, Association) thanks the College of Denturists of Ontario (CDO, College) for the opportunity to comment and provide stakeholder feedback on the College's Code of Ethics and Standard of Practice: Professional Boundaries

The Denturist Association of Ontario (DAO) recognizes the value of ethics in the Profession. The DAO has no suggestions regarding the proposed code of Ethics and its Core Values.

The DAO recognizes the importance of our members understanding their Standard of Practice: Professional Boundaries. The DAO have no suggestions regarding the proposed standard and Guide for the Standard of Practice: Professional Boundaries.

The DAO would like to take this opportunity to comment on the issue of a regulation amendment to the RHPA sexual abuse provisions to exempt and permit CDO members to treat their spouses. The DAO would like to go on record as being in support of an exemption and to request that the College continue to pursue this issue with the Minister.

On behalf of the Board of Directors

Regards,

Frank Odorico, B.Sc., DD
President
The Denturist Association of Ontario

2285 Dunwin Drive, Suite 9, Mississauga, Ontario L5L 3S3
Tel. (905) 608-8090 Toll-free: 1-800-284-7311 Fax: (905) 569-7090
Website: www.denturistassociation.ca E-Mail: info@denturistassociation.ca

COLLEGE OF DENTURISTS OF ONTARIO

Agenda Item 16.1

BRIEFING NOTE

To: **COUNCIL**

From: **Dr. Glenn Pettifer, Registrar & CEO**

Date: **June 19, 2020**

Subject: **Returning Business - Chief Examiner Selection Process**

This is returning business for Council.

At its June 22, 2018 meeting, Council adopted the Roles and Responsibilites and Eligibility Requirements document for the Chief Examiner role. This document informs the application, interview and selection process for a permanent Chief Examiner. The document has been updated to reflect a 3-year term limit for the Chief Examiner role as well as two new subsections, Time Commitment & Terms and Honoraria, These two new subsections will better inform prospective applicants on the commitment and renumeration for the role.

Mr. Robert Velensky is currently serving as interim Chief Examiner. Council will be undertaking a selection process to search for and appoint a permanent Chief Examiner for a 3-year term.

A draft document entitled: Chief Examiner Selection Process, has been attached for Council's consideration and approval. The document outlines the process Council will undertake in its search for a permanent Chief Examiner, including the composition of the selection committee that will interview and recommend a final candidate for appointment. It is possible that the selection process will be completed prior to the administration of the Fall 2020-Winter 2021 Qualifying Examination.

Options:

After review and discussion of the "Roles and Responsibilities and Eligibility Requirements" and the draft "Chief Examiner Selection Process" documents, Council may:

1. Adopt a motion to approve the documents and approve the creation of a selection committee.

2. Revise the documents and approve the creation of a selection committee.

3. Other.

Attachments:
Chief Examiner Roles and Responsibilities
Chief Examiner Selction Process

COLLEGE OF DENTURISTS OF ONTARIO

CHIEF EXAMINER

3-Year Term

Position Overview

The Chief Examiner oversees the Qualifying Examination to ensure that each candidate is afforded a fair and optimal standardized assessment and that the examination is valid, objective and defensible. The College of Denturists of Ontario is currently seeking applicants for the Chief Examiner role.

ROLE AND RESPONSIBILITIES

1. Is familiar with all examination policies, procedures, and protocols.

2. Oversee and assist with all aspects of the examination process.

3. Lead and supervise item writing, standard setting working groups throughout the year.

4. Establish and maintain a safe and respectful examination culture that includes attention to expected professional boundaries and ethics.

5. **Multiple Choice Question (MCQ) examination:**
   - Attend the MCQ examination to assist with administration and, where appropriate, provide clarification of any content issues identified by candidates.

6. **Objective Structured Clinical Examination (OSCE):**
   a) Is familiar with the OSCE cases, materials and checklists before exam administration.

   b) Participate in assessor training with attention to:
      - a thorough orientation for all assessors to the requirement for fair, equitable, confidential, safe and consistent treatment of ALL candidates;
      - the goals of the examination process;
      - the procedures to be followed during the examination;
      - the process and requirements for recording a candidate's performance; and
      - the process for completing an Incident Report.

   c) Act as the liaison with the University of Toronto Standardized Patient Program (SPP) in the provision of clarification and guidance in the training of standardized patients.

d) Assist in the evaluation of the OSCE assessment process.
   - Provide feedback regarding the assessment content, format, procedures, scenarios, ratings, and processes.

7. Prepare the Chief Examiner's Summary Report.

8. Attend the QEC item analysis meetings following the exam administration.

9. Lead and participate in the candidate orientation session.

10. Liaise with the Registrar on matters of legislation and College policies that relate to the examination process.

REQUIREMENTS AND ELIGIBILITY

Desirable

Experience in the development, administration and oversight of the College Qualifying Examination Process. Such experience is gained as a member of a College Qualifying Examination Working Group, a Qualifying Examination Assessor, or a member of the College Qualifying Examination Committee.

Required

The successful candidate will have a strong commitment to transparency, accountability, and fairness and an appreciation for and attention to the risk of real or perceived bias in the administration of the College's Qualifying Examination.

At the time of application:

- The applicant must be a denturist registered with the College of Denturists of Ontario;
- The applicant must have been registered in a Canadian jurisdiction in the general, active class, or equivalent, for at least ten (10) years;
- The applicant must not be in default of payment of any fees prescribed by the College By-laws;
- The applicant is not in any default of returning any required form or information to the College;
- The applicant must not be the subject of any disciplinary or incapacity proceedings;
- The applicant must not have been the subject of any findings related to professional misconduct, incompetence, or incapacity in the preceding five (5) years;
- The applicant's Certificate of Registration must not have been revoked or suspended in the preceding five (5) years for any reason other than non-payment of fees;
- The applicant's Certificate of Registration is not currently subject to any terms, conditions, or limitations imposed by either the Discipline or Fitness to Practise Committees;

- The applicant does not hold or has not held in the preceding five (5) years, a position, such as director, owner, board member, officer or employee, with any provincial or national Professional Association whose business is directed toward the profession of denturism;
- The applicant is not currently or has not been in the preceding five (5) years involved in teaching denturism in an academic setting or bridging program or the training and/or assessment of professional skills of groups of students or candidates (e.g., professional practice labs, or other small group sessions involving the use of standardized patients, role-playing scenarios or simulations);
- The applicant is not currently or has not been in the preceding five (5) years involved in denturism program curriculum development;
- The applicant is not currently a member of the College Council, the Registration, Qualifying Examination, or Qualifying Examination Appeals Committee;
- The applicant has not been disqualified from Council or a Committee within the preceding five (5) years;
- The applicant is not a member of a council of any other College regulated under the RHPA;
- The applicant is not currently or has not been in the preceding five (5) years an employee of the College; and
- The applicant must not have an immediate family member or a close associate who is likely to be a Qualifying Examination candidate during their appointment as Chief Examiner.

Expectations

- During the course of their tenure and for a period of ten (10) years after the completion of service as Chief Examiner, the successful applicant must agree to refrain from participating in the development, administration or dissemination of preparatory practice exams, cases or courses or other materials that are specifically designed to prepare candidates for the CDO Qualifying Examination.

- The successful applicant must agree to comply with the confidentiality, security, conflict of interest and code of conduct policies and agreements.

- To assist with the future succession planning of the Chief Examiner role

- Selected applicants will be interviewed by the Selection Committee composed of the following:
    - Current Chair of the Qualifying Examination Committee
    - Public Member of the Qualifying Examination Committee
    - Senior Qualifying Examination Assessor
    - Public Member of Council
    - Professional Member of Council

Time Commitment

The Chief Examiner is a demanding role. Attendance at frequent meetings in downtown Toronto or by teleconference during business hours is required.

- Around 1-2 full day in person meetings per month or teleconference calls during business hours or weekday evenings
- Around 2-3 in-person meetings during examination months
- Required for 4 full days during examination week, twice per year (each exam administration)

Terms and Honoraria

- To serve a 3-year term covering approximately 6 administrations of the Qualifying Examinations (winter & summer each year)
- A full day honorarium rate of $400, or $200 for half day rate for each day of meetings or teleconferences
- All applicable expenses in keeping with the College's honorarium policy, including travel, parking, accommodation, and meals are reimbursed.

COLLEGE OF
DENTURISTS
OF ONTARIO

Chief Examiner Selection Process

Position Overview

The Chief Examiner oversees the Qualifying Examination to ensure that each candidate is afforded a fair and optimal standardized assessment and that the examination is valid, objective and defensible. The Council of the College of Denturists of Ontario is currently seeking applicants for the Chief Examiner role.

The selected Chief Examiner will serve a 3-year term encompassing approximately six administrations of the Qualifying Examination.

Process

The Council of the College of Denturists of Ontario will form a Selection Committee to recruit a permanent Chief Examiner.

The Selection Committee will be responsible for the following:

- Determine the interview format including the length, time, location and method, i.e. electronic, teleconference, in-person
- Determine the scoring matrix for candidates
- Determine the interview questions
- Determine the number of candidates to interview
- Conduct the interviews with prospective candidates
- Recommend to Council a candidate for appointment

College Staff will assist the Selection Committee with the administration of the interview process including liaising with the Committee and potential candidates, booking interview dates/times, assisting with and facilitating committee meetings, and corresponding with candidates on behalf of the Committee.

The Selection Committee will interview prospective candidates and recommend to Council a candidate for appointment as the permanent Chief Examiner.

The selected candidate will undergo training that will include shadowing the interim Chief Examiner at the next administration of the Qualifying Examination, with the interim Chief Examiner taking the lead role during that examination. The permanent Chief Examiner will then assume the permanent role for the reminder of the term.

Proposed Selection Committee Composition

Selected applicants will be interviewed by the Selection Committee composed of the following:

- Current Chair of the Qualifying Examination Committee
- Public Member of the Qualifying Examination Committee
- Senior Qualifying Examination Assessor
- Public Member of Council
- Professional Member of Council