COLLEGE OF
DENTURISTS
OF ONTARIO

101st Council Meeting
Friday, September 18, 2020 – 10:00 a.m. to 12:00 p.m.

Teleconference via Zoom
Please contact the College at info@denturists-cdo.com
to receive the Zoom Meeting access information.

AGENDA

College of Denturists of Ontario, 365 Bloor Street East, Suite 1606, Toronto, ON M4W 3L4 • **T:** 416-925-6331 • **F:** 416-925-6332 • **TF:** 1-888-236-4326
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12.4 Draft Revised Policy - Access to Registration Applicant Records and Retention Policy		**161**
13. Other Business		
14. Next Meeting Date 102nd Meeting of Council – Friday, December 11, 2020		
15. Adjournment		

COLLEGE OF
DENTURISTS
OF ONTARIO

MISSION STATEMENT

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

COLLEGE OF
DENTURISTS
OF ONTARIO

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

100th Council Meeting
Teleconference

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

MINUTES

Members Present:

Kristine Bailey   ➢ President
Alexia Baker-Lanoue   ➢ Vice President
Abdelatif Azzouz
Jack Biernaski
Eddy Chin
Lileath Claire
Keith Collins
Norbert Gieger
Paul Karolidis
Garnett A. D. Pryce
Christopher Reis
Gaganjot Singh
Michael Vout Jr.
Gord White

Staff:

Dr. Glenn Pettifer, Registrar and CEO
Ms. Megan Callaway, Manager, Council and Corporate Services
Ms. Jennifer Slabodkin, Manager, Registration, Quality Assurance and Policy

1. **Call to Order**
   The meeting was called to order at 10:05 a.m.

2. **Introduction of New Council Members**
   Each member of Council and staff introduced themselves.

3. **Reflections on 100 Meetings of Council**
   Mr. Keith Collins provided reflections on 100 meetings of the Council of the College.

4. **Approval of Agenda**
   Nationalization of the Qualifying Examination (discussion and decision), was added following

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item 11: Ratifications. Existing items 12: Revised Registration Regulation Consultation Report and 13: Revised Professional Misconduct Regulation Consultation Report were moved and addressed prior to the existing item 17: Next Meeting Dates.

MOTION: To approve the agenda as amended.

MOVED: M. Vout, Jr.
SECONDED: G. White

CARRIED

5. **Declaration of Conflict(s)**
   No conflicts of interest were declared.

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

7. **Election of Officers**
   The Registrar assumed the role of Chair for the election of the Executive Committee and Officers.

   MOTION: That the Executive Committee be composed of 5 members.

   MOVED: G. White
   SECONDED: L. Claire

CARRIED

   The results of the election of the Executive Committee and Officers for 2020-2021 were:
   - Ms. Kristine Bailey – President – Acclaimed
   - Ms. Alexia Baker-Lanoue – Vice President – Acclaimed
   - Ms. Lileath Claire – Public Member at Large – Acclaimed
   - Mr. Keith Collins – Professional Member at Large – Acclaimed
   - Mr. Michael Vout, Jr. – Professional Member at Large - Acclaimed

8. **Committee Appointments**

   MOTION: To adopt the proposed committee slate for 2020-2021 as presented.

   MOVED: A. Baker-Lanoue
   SECONDED: P. Karolidis

CARRIED

9. Registrar's Report

The Registrar presented his Report to Council.

10. Consent Agenda

MOTION: To accept the Consent Agenda as presented.

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

CARRIED

11. Ratifications

MOTION: To ratify the decision of the Executive Committee to adopt both the *Guide to Return to Practice for Denturists* and the *Guidelines for Infection Prevention and Control in the Practice of Denturism.*

MOVED: N. Gieger
SECONDED: K. Collins

CARRIED

12. Nationalization of the Qualifying Examination

MOTION: To approve continuing discussions for nationalization of the Qualifying Examination and to draft a Memorandum of Agreement between the three jurisdictions.

MOVED: N. Gieger
SECONDED: K. Collins

CARRIED

13. Code of Ethics Consultation Report

MOTION: To approve the draft Code of Ethics for implementation.

MOVED: L. Claire
SECONDED: A. Azzouz

CARRIED

14. Standard of Practice – Professional Boundaries – Consultation Report and Implementation

MOTION: To approve the *Standard of Practice – Professional Boundaries* and implement the Standard on September 1, 2020.

MOVED: M. Vout, Jr.
SECONDED: G. Singh

CARRIED

15. Chief Examiner Selection Process

MOTION: To approve the draft *Roles and Responsibilities and Eligibility Requirements* and the draft *Chief Examiner Selection Process* documents and approve the creation of a selection committee.

MOVED: K. Collins
SECONDED: N. Gieger

CARRIED

16. Revised Registration Regulation Consultation Report

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.

ROLL-CALL VOTE:
Abdelatif Azzouz – Yes
Alexia Baker-Lanoue – Yes
Jack Biernaski – Yes
Eddy Chin – Yes
Lileath Claire – Yes
Keith Collins – Yes
Norbert Gieger – Yes
Paul Karolidis – Yes
Garnett A. D. Pryce – Yes
Christopher Reis – Yes
Gaganjot Singh – Yes
Michael Vout Jr. – Yes
Gord White – Yes

CARRIED

17. Revised Professional Misconduct Regulation Consultation Report

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.

ROLL-CALL VOTE:
Abdelatif Azzouz – Yes
Alexia Baker-Lanoue – Yes
Jack Biernaski – Yes
Eddy Chin – Yes
Lileath Claire – Yes
Keith Collins – Yes
Norbert Gieger – Yes
Paul Karolidis – Yes
Garnett A. D. Pryce – Yes
Christopher Reis – Yes
Gaganjot Singh – Yes
Michael Vout Jr. – Yes
Gord White – Yes

CARRIED

18. Next Meeting Dates

It was reported that the next meetings of Council will be held on Friday, September 18, 2020 and Friday, December 11, 2020.

19. Adjournment

The meeting was adjourned at 11:52 a.m.

Ms. Kristine Bailey	Date
President	

Dr. Glenn Pettifer	Date
Registrar and CEO	

Agenda Item 5.2

Q1 I received appropriate, supportive information for this Council meeting.

Answered: 7   Skipped: 0

Yes
100% (7)
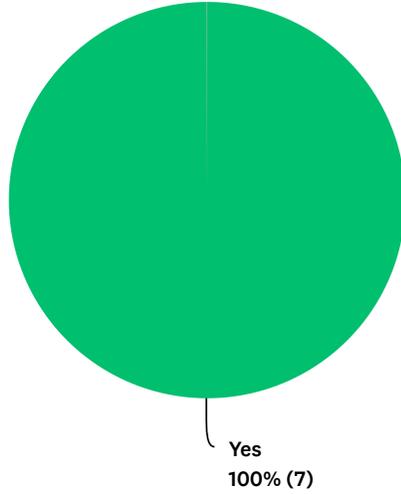
#	COMMENTS	DATE
1	The meeting materials mirror the information covered during the meeting.	6/22/2020 1:31 PM

Q2 I received this supportive information in a timely manner.

Answered: 7   Skipped: 0
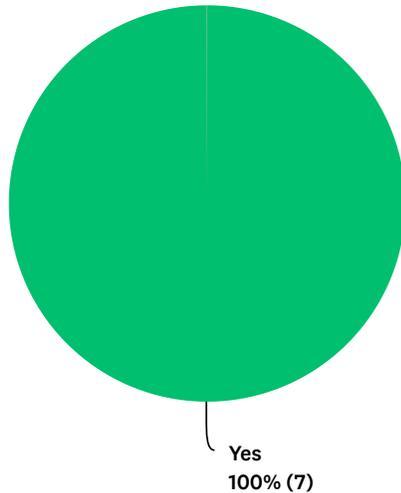
Yes
100% (7)

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Agenda Item 5.2

#	COMMENTS	DATE
1	I'm impressed with how efficient the staff is considering the pandemic.	6/23/2020 12:54 PM
2	Material was provided with sufficient time for review and adequate preparation... albeit 200 pages!	6/22/2020 1:31 PM

Q3 This meeting was effective and efficient.

Answered: 7   Skipped: 0

Yes
43% (3)

Somewhat
57% (4)

#	COMMENTS	DATE
1	The challenge is the technology and the electronic format. I always struggled with the tele or video conference formats so it's at least somewhat on me to get accustomed to the new reality we live in.	6/23/2020 12:54 PM
2	Technical difficulties with GOTO meeting and also individuals background noise was quite unbearable at times.	6/22/2020 2:43 PM
3	The effectiveness and efficiency of the meeting were impacted by the use of technology (online meeting) in place of being in person. Opportunity to enhance technology infrastructure and participants knowledge as we potentially move towards more online meetings for Council and Committees work.	6/22/2020 1:31 PM
4	Technology difficulties from President (which is me, I did resolve the problem it had to do with the type of microphone I had toggled). Some Callers that are on line are not identified, so difficult to know who is talking. This mechanism doesn't work well when discussion is required. Participants may / may not feel comfortable with the technology or the quality of the sound.	6/22/2020 12:57 PM

Q4 The President chaired the meeting in a manner that enhanced Council's performance and decision-making.

Answered: 7   Skipped: 0

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Agenda Item 5.2

Somewhat
29% (2)

Yes
71% (5)
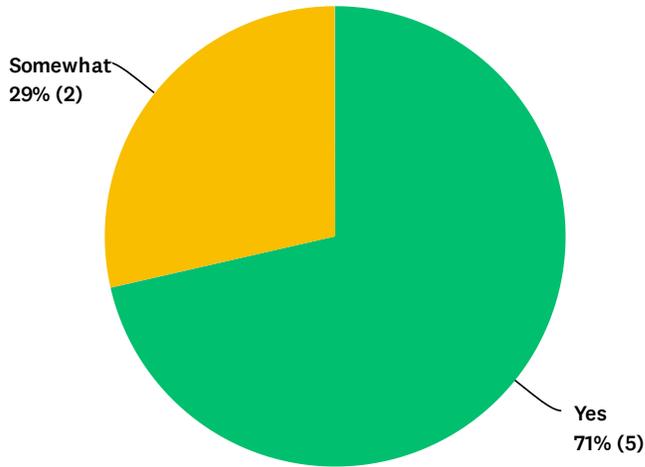
#	COMMENTS	DATE
1	She did very well . Tech the challenge in this case.	6/23/2020 12:54 PM
2	The meeting was inclusive...participants were encouraged to & given time to provide input.	6/22/2020 1:31 PM
3	see #3.	6/22/2020 12:57 PM

Q5 I felt comfortable participating in the Council discussions.

Answered: 7   Skipped: 0

Yes
100% (7)
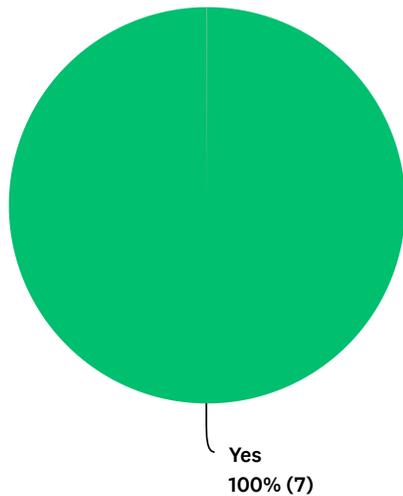
#	COMMENTS	DATE
1	More difficult to participate in the meeting as I usually would but once again the format we need to use is the main issue.	6/23/2020 12:54 PM
2	However, at times, ability to hear and to be heard, were minimized due to technology failure / limitation.	6/22/2020 1:31 PM

Agenda Item 5.2

Q6 The public interest was considered in all discussions.

Answered: 7   Skipped: 0

Somewhat
14% (1)

Yes
86% (6)
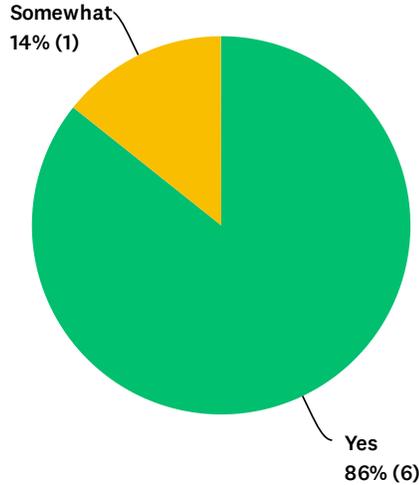
#	COMMENTS	DATE
1	The public interest was inherent in all the decisions related to policies and legislation but not specifically articulated. Perhaps we need to directly ask some questions related to Councils thoughts on positive / negative outcomes related to public interest.	6/22/2020 12:57 PM

Q7 List two strengths of this meeting.

Answered: 5   Skipped: 2

#	RESPONSES	DATE
1	1) Participation from all. 2) Able to put the view point	6/25/2020 4:08 PM
2	The length of the meeting. The presentation of the agenda and the discussion that follow.	6/23/2020 9:57 PM
3	The meeting was setup to be concise. We didn't try to cover too much ground.	6/23/2020 12:54 PM
4	1. Organization of the meeting flow and material content allowing for the ease to follow and staying on track. 2. Registrar's support throughout the meeting	6/22/2020 1:31 PM
5	1. we made it through 2. we managed a roll call with understanding	6/22/2020 12:57 PM

Q8 List two ways in which the technical aspects of this meeting could have been improved.

Answered: 5   Skipped: 2

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Agenda Item 5.2

#	RESPONSES	DATE
1	The meeting was appropriately constructed. Perhaps having access to better Mic and earpiece.	6/25/2020 4:08 PM
2	Difficult until the format becomes familiar and the platform is fine tuned.	6/23/2020 9:57 PM
3	We all need to become more familiar with the go to meeting format and The tools within that format then ultimately use them more effectively. As indicated earlier having a solid and fast internet connection is key. In my opinion virtual meetings are just not as effective as in person meetings but it is our reality for now at least.	6/23/2020 12:54 PM
4	1. Better equipment for (a) voice & data throughput (b) screen display 2. Decision on a selected tool (eg.. GotoMeeting or Zoom), then invest in the best of that's available with supplier online training for participants. ** If this will be the flavor of new normal for meetings, then the investments will be worthwhile.	6/22/2020 1:31 PM
5	this needs further discussion to determine if there are improvements we could make	6/22/2020 12:57 PM

Q9 List two ways in which Council meetings could be improved.

Answered: 3   Skipped: 4

#	RESPONSES	DATE
1	Need an efficient method of responding to questions, offering advice, making motions and just making comments on the topics raised. Or at least getting used to the tools that offer these abilities within go to meeting as indicated above.	6/23/2020 12:54 PM
2	1. Name identification.... particularly for phone in callers identified as 'Caller 01, Caller xx' Would help to have names assigned instead of Caller xx, allowing for recognizing each speaker. 2. Because Council meetings are often held months apart, would it be possible to have draft minutes of meetings shared within a month of the meeting? This would allow for better recall of the meeting proceedings. I find approving minutes of a meeting held 3-4 months back, can become a mere 'rubber stamp' unless there is a glaring error!	6/22/2020 1:31 PM
3	Perhaps having more meetings with fewer agenda items allowing more time for discussion and deliberation.	6/22/2020 12:57 PM

Q10 Additional Comments

Answered: 2   Skipped: 5

#	RESPONSES	DATE
1	Maybe a go to meeting tutorial. You know for us old guys.	6/23/2020 12:54 PM
2	None	6/22/2020 1:31 PM

Q11 Other Questions that Council should be asking in a feedback survey?

Answered: 2   Skipped: 5

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Agenda Item 5.2

#	RESPONSES	DATE
1	Whether or not the meeting achieved its objectives.	6/23/2020 9:57 PM
2	1. Maybe a question on each member of Council adequacy and preparedness for the meeting. In what areas to they feel lacking? Responses could point to areas for training / development of members for a more engaged Council. New members on-boarding, sometimes short appointment periods and time span between meetings all contribute to need for awareness in the quality of members engagement.	6/22/2020 1:31 PM

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COLLEGE OF
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OF ONTARIO

COMMITTEE REPORT TO COUNCIL

Name of Committee: **Executive Committee**

Reporting Date: **September 18, 2020**

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

The Executive Committee met by teleconference on July 29 and August 19 to consider the customary items, and:

- Membership of the Chief Examiner Selection Committee
- January 2021 Qualifying Examination venue and Standardized Patient Program
- 8 Clinic Name Registration Applications
- Financial overview

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

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**COLLEGE OF
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COMMITTEE REPORT TO COUNCIL

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

Reporting Date: **August 28, 2020**

Number of Meetings since
last Council Meeting: **1**

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 June 19, 2020 Council meeting, the ICRC has considered 5 matters.

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

No Further Action	1
Cautions	1
Referral to Discipline	2
Deferred	1

Practice Issues (identified by ICRC at the time the decision is made)

Practice Issue	Primary Issue	Secondary Issue
Clinical Skill/Execution	1	

HPARB appeals

Total Appeals pending	4
New Appeals	1
Files 150 days	0
Files 210 days	0

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

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COLLEGE OF
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COMMITTEE REPORT TO COUNCIL

Name of Committee:	**Discipline Committee**
Reporting Date:	**August 28, 2020**
Number of Meetings since last Council Meeting:	**0**

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

The Discipline Committee has not met since the last Council meeting on June 19, 2020.

There are currently two Pre-hearing Conferences scheduled for two separate matters.

Respectfully submitted by Gord White
Chair of the Discipline Committee

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COLLEGE OF DENTURISTS OF ONTARIO

COMMITTEE REPORT TO COUNCIL

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

Reporting Date: **August 28, 2020**

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

Activities during the quarter:

There was no activity to report for this quarter.

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

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COLLEGE OF DENTURISTS OF ONTARIO

COMMITTEE REPORT TO COUNCIL

Name of Committee: **Patient Relations Committee**

Reporting Date: **September 18, 2020**

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

The Patient Relations Committee did not meet since its last report to Council on June 19, 2020.

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

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

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COLLEGE OF
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COMMITTEE REPORT TO COUNCIL

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

Reporting Date: **September 18, 2020**

Number of Meetings since
last Council Meeting: **1**

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.

Newly appointed members of QAC-A met on July 15th, 2020 for an orientation session and on July 27th, 2020 via teleconference for a meeting.

Orientation: July 15th, 2020

The orientation session provided Committee members with information about Quality Assurance Program legislation (RHPA, Denturism Act), the components of the program (self-assessment, continuing professional development and peer & practice assessments), and related policies.

Meeting: July 27th, 2020

Requirement Considered	Result
2019-20 Peer & Practice Assessments	• 3 – Satisfactory • 2 - Remedial submissions considered and deemed satisfactory • 3 – Extensions to submit remediation
2019-20 Annual CPD Requirement	• 4 – Extensions granted • 11 – Final Reminders issued

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<u>Peer & Practice Assessment Report Summary:</u>

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)	52	15		4		1	7

<u>CPD Compliance Summary:</u>

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
2019-20	4			

<u>Program Development:</u>

Due to the COVID-19 pandemic, peer & practice assessments have been suspended since March. Now that most of Ontario is moving into phase 3 and denture clinics are back up and running, moving forward with a new approach for peer & practice assessments that incorporates a virtual component is appropriate.

The Committee considered components that could be utilized within the virtual assessment and determined that it would include:

- Completion of the Self-Assessment Tool
  - Review of the results with the Peer Assessor
- Medical Record Audit
  - 5 charts are submitted for review by the Peer Assessor
  - Chart audit is conducted prior to discussion with the member being assessed
- Targeted discussions:
  - Screening patients

- o Reprocessing instruments and equipment
- o IPAC protocols in between patients
- o CPD completed and planned
- Visual demonstration (pictures or video)
  - o IPAC station(s) at the entrance to the clinic

Additionally, the Committee considered the number of members that should be randomly selected for 2020-21 given that this will be a completely new process for the Peer Assessors. The Committee determined that 5% of the members that have not had an assessment be randomly selected for the 2020-2021 renewal period. If during the pilot phase of the virtual assessments (September – December 2020), the Peer Assessors report that they can conduct additional assessments, an additional 5% of members that have not been assessed will be selected in December 2020 (January – April 2021).

In the coming months, the Committee will be meeting in with the consultant, Marla Nayer, to begin development on the Chart Stimulated Recall component of the Peer & Practice Assessment process. A working group has been formed to work with the consultant on developing the content of the tool.

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: **September 18, 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 this fall to consider additional practice documents for development and revision.

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

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COLLEGE OF DENTURISTS OF ONTARIO

COMMITTEE REPORT TO COUNCIL

Name of Committee: **Registration Committee**

Reporting Date: **September 18, 2020**

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

The Registration Committee (RC) met twice since its last report to Council on June 19, 2020.

At the June 22nd, 2020 meeting, the Committee considered 3 academic assessment requests.

At the July 22nd, 2020 meeting, the Committee considered 1 application for a Certificate of Registration.

On July 15th, 2020, Rebecca Durcan, presented the Registration Committee orientation to new and existing committee members. The orientation covered:

- functions of the Committee and the role of the Registrar;
- the issues that are determined by the Committee;
- the role of the Ontario Fairness Commissioner (OFC) and the importance of *transparent, objective, impartial and fair* registration processes, procedures and policies;
- registration requirements; and
- writing decisions and reasons.

Committee members were encouraged to review the learning modules on the OFC website for additional training.

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

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COLLEGE OF
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COMMITTEE REPORT TO COUNCIL

Name of Committee: **Qualifying Examination Committee**

Reporting Date: **September 18, 2020**

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

Activities during the Quarter:

Three (3) item writing sessions were conducted to develop questions for the College's Qualifying Examination. The item writing sessions were hosted electronically by Dr. Anthony Marini, the College's psychometrician, and attended by two panels of four item writers over three sessions.

The item writers were tasked with developing multiple choice questions for specific competency areas to expand the pool of questions from which to draw from when selecting questions for the MCQ examination.

The College routinely hosts item writing sessions to proactively ensure the item bank has a sufficient amount of questions spanning all competency areas in order to offer an optimal, standardized assessment. The College will be hosting one final item writing session before the Winter 2021 administration of the Qualifying Examination.

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

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COLLEGE OF DENTURISTS OF ONTARIO

COMMITTEE REPORT TO COUNCIL

Name of Committee: **Qualifying Examination Appeals Committee**

Reporting Date: **September 18, 2020**

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

Activities during the Quarter:

There was no activity to report for this quarter.

Correction: Activities during the previous Quarter:

The Qualifying Examination Appeals met on one occasion on April 20, 2020 to consider the Qualifying Examination (QE) appeal submissions for two unsuccessful candidates for the Winter 2020 administration of the QE.

The Committee considered both candidate's "Notice of Appeal" along with supporting documentation and submissions. In consideration of the information before it, the Committee denied both appeals and provided the candidates with their decision and reasons.

Respectfully submitted by Ms. Lileath Claire
Chair of the Qualifying Examination Appeals Committee

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COLLEGE OF DENTURISTS OF ONTARIO

To:	**Council**
From:	**Ms. Kristine Bailey**
Date:	**September 18, 2020**
Subject:	**President's Report**

Since May, the College has been busy adapting to a new normal. The Council and its' new members have adapted to using virtual technologies for committee and Council meetings. For myself, it has been quite an adaption to chair a meeting virtually, when you can't see everybody, some persons are on the phone (so you don't know who they are as each person is called "Caller 1 or 2 etc.) and making sure that the technology works. After several dry runs and adaptations in my home office I am now all set. I hope that all of you, who have had issues, have them sorted out and/or will take advantage of the college staff providing each of us with the opportunity to better understand the tools we have for our use.

The staff have spent months working from home and they too have had to learn how to continue working together while being physically distant. They have adapted so well and I thank each of them in not missing a beat. Well done!

As President of the College Council, it is my role to work with all members of Council and staff to accomplish the College mission of regulating the profession of Denturism in the public interest. We have seven fully constituted statutory committees and two non-statutory committees. Each committee is constituted with public and professional Council members and others as needed to fulfil the technical needs of each committee. Every year, the Council focuses on patient protection, patient privacy while strengthening oversight and safeguarding the quality of care.

In the past few months, our world has been assaulted with Covid-19. This has fundamentally changed the professional and operations environment of the Denturists, the work of Council and the focus for government. The professionals were out of work for nearly four months and using the Return to Practice Guidelines, have had to make remarkable changes to their practices. Patients, too, have had to accommodate to those changes.

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Since May, what has been going on?

1. Kris and Glenn have been reviewing the <u>Strategy Map 2017-2020</u>, has 3 Priorities
    a. Priority 1: Enhanced Communication and Stakeholder Engagement
    b. Priority 2: Excellence in Governance
    c. Priority 3: Enhanced Relations with Educational Institutions

The Registrar and his team are creating a dashboard of key metrics and accomplishments for each Priority. Many expected outcomes have been achieved. Since June, there have been many training sessions for Council and Committees.

2. <u>Strategy Map, from 2021 onwards</u>.

Once the dashboard is completed, Council will be able to review progress and determine what priorities are necessary as we continue to progress through Covid-19 and the post Covid world.

3. <u>Chief Examiner Recruitment</u>

The Executive Committee reviewed the composition of the Selection Committee:
*   Chair of the Qualifying Exam Committee – Michael Vout Jr.
*   Public Member of the Qualifying Exam Committee – Gord White
*   Public Member of Council – Kris Bailey
*   Professional Member of Council – Norbert Geiger
*   Senior Qualifying Exam Assessor – TBD
*   Staff Support – Roderick Tom-Ying

Eight persons submitted his/her interest in the Senior Qualifying Exam Assessor. To be fair and transparent, the Executive Committee asked for a submission from each candidate to ascertain their interest and relevant experience. After review of the submissions and assessment against a criteria, it was decided that Ms. Sultana Hashimi will serve as the Senior Qualifying Examination Assessor. We thank all those who submitted their interest in this role.

The Committee will start work on the actual recruitment beginning September. This process is to be open, contestable and fair.

4. <u>Location of the Qualifying Exam in January</u>

Due to Covid, there are delays and limitations related to the current venue (University of Toronto). Based on the current cost, the Registrar and staff have been reviewing options. Hamilton Health Sciences will be pursued as the venue of choice for the January 2021 Qualifying Examination. It <u>is</u> possible to make this change within the next five months.

5. 2020 Auditors Report

Hillborn LLP, the College's auditors, were provided with all information end of June 2020. All queries have been reviewed and are waiting for the Draft Auditors Report, for Council's review at the December meeting.

6. Financial Overview

The Financials, YTD, are well within the budget. No funds have been withdrawn from the reserve to support the operating budget. Future revenue will include the second installment of the Registration Renewal fee is due in October and revenue / expenses associated with the administration of the Qualifying Examination.

7. Working with College of Dental Hygienists of Ontario (CDHO)

Several activities have been explored as cooperative work between the CDO and CDHO by the Registrars and is still a work in progress.

It is my pleasure to provide an update of Councils & Colleges activities since our June meeting and look forward to the many activities of our committees and College in the coming months.

COLLEGE OF DENTURISTS OF ONTARIO

To: **Council**

From: **Dr. Glenn Pettifer**

Date: **September 18, 2020**

Subject: **Registrar's Report: June 20 – September 18 2020**

I am pleased to provide this Report to Council on the activities of the College for the period June 20 – September 18, 2020. Some of the College's current initiatives include:

Finance
Completion of the annual audit of the College's financial matters has been delayed because of the challenges for both the auditor and College staff associated with completing the audit remotely. These challenges have expanded the time required to complete the audit. The draft financial statements will be presented by the auditor, Hilborn LLP, at the December 11, 2020 meeting.

The Financial Report for the period of April 1 – August 31, 2020 is included in the consent agenda. Expenses are well below those anticipated for this point in the fiscal year.

The second installment of the deferred fee for renewal of Certificates of Registration is due October 30, 2020.

Quality Assurance Program Activities
The provision of all elements of the Quality Assurance program supports the maintenance of competence of all Registered Denturists. College staff are currently working on developing online formats for the administration of the Peer Circle peer discussion tool and a virtual format for the Peer and Practice Assessment. Development of the Chart Stimulated Recall tool that will serve as the framework for the Peer-to-Peer discussion during the Peer and Practice Assessment started in September and should be concluded in 2020.

The fall online webinar series will begin in October-November.

Qualifying Examination
The next administration of the College's Qualifying Examination will take place in January 2021. Largely because of the lack of viable OSCE exam venues in the GTA but also as part of a pre-COVID view to reducing costs associated with the administration of the Qualifying Examination, the Executive Committee, after discussion of the available options, directed staff to plan for administration of the January 2021 examination at the Hamilton Health Sciences facility.

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The initiative to create the multi-jurisdictional multiple-choice examination continues. The blueprint (distribution of questions across competency area) for this examination will be developed this fall with the participation of members of the profession from across the country. The multi-jurisdictional Committee will be responsible for creation of further examination items. The first multi-jurisdictional multiple-choice examination is scheduled for its first administration in June 2021.

The search for a Chief Examiner is underway.

Registration Renewal
The second installment of the deferred fee for renewal of the Certificates of Registration is due October 30, 2020.

Collaboration with the College of Dental Hygienists of Ontario (CDHO)
The CDO continues to collaborate with the CDHO on operational items. CDHO have recently begun assisting with CDO Registration application intake. A staff member from the CDHO assembles the application files electronically. The same CDHO staff member also responds to requests to the CDO for letters of standing. In return for this assistance, CDO staff are assisting the CDHO with preparation of the College Performance Measurement tool that was recently released by the Ministry of Health.

This collaboration initiative is a very positive step on the road to sharing existing resources.

Document Management Strategy and Development of Online Committee Resource Tool
College staff continue to work on reorganizing the document management framework for the College's digital resources. We hope to undertake scanning of some of the existing paper files this fiscal year. We are also currently establishing an online portal for each of the College committees. These portals will be used to provide access to Committee and Council materials rather than the more cumbersome emailing of meeting packages.

Overarching these initiatives is the adaptation of all of the College staff to working remotely. This change to the way we do our work has brought challenges and opportunities and the College team members have met this challenge in a very competent, engaged manner.

MEMORANDUM OF AGREEMENT ("MOA")

BETWEEN:

COLLEGE OF DENTURISTS OF BRITISH COLUMBIA ("BC"),

AND

COLLEGE OF ALBERTA DENTURISTS ("ALBERTA"),

AND

COLLEGE OF DENTURISTS OF ONTARIO ("ONTARIO")

Purpose

This Memorandum of Agreement sets the terms of the agreement between the College of Denturists of Ontario, the College of Alberta Denturists, and the College of Denturists of British Columbia ("Partner" or "Partners") to establish:

- a process for the development of a common multi-jurisdictional multiple-choice question ("MCQ") examination
- common examination policies
- an integrated examination item bank
- national examination committee
- standard setting committee
- examination committee member remuneration

Background

Health Profession Regulatory Colleges ("Partners") exist to ensure patients receive safe, competent, and ethical professional services from regulated health professionals. An integral part of the safe provision of services is the registration process that admits professionals to the College. Currently among the Canadian Denturist Regulatory bodies, the College of Denturists of British Columbia, the College of Alberta Denturists, and the College of Denturists of Ontario, administer (at least) annually a qualifying examination with the successful completion of which are a necessary condition for registration.

In these separate qualifying examination processes, there are commonalities of process and construct that rationalize the amalgamation of these separate exam processes into a multi-jurisdictional, single MCQ examination.

Currently each of the Partners:

- requires successful completion of their respective Qualifying Examination for registration
- utilizes the services of Martek Assessments Inc.
- subscribes to or has the intent to subscribe to the same bifold exam format

- o multiple-choice question exam (MCQ)
  - o objective structured clinical exam (OSCE)
- subscribes to the EQual accreditation process of Accreditation Canada
- endorses the national Competency Profile for Denturists (2020)

Responsibilities of the Parties

1. Each Partner shall be individually responsible for conducting the following in their own jurisdiction:

   a) Provide information about examination practices to Candidates prior to the Candidate paying for or attending any examination session.

   b) Provide timely decisions, responses, and reasons for decisions to Candidates,

   c) Accommodate Candidates with special needs, upon request, including with respect to the common examination application process, and

   d) Preserve the confidentiality of any personal information received from Candidates.

   e) Preserve the confidentiality and security of the examination materials.

   f) These obligations prevail to the extent of any inconsistency with or any lesser requirement set out in this MOA.

Common Examination Policies

2. The Partners will develop, establish, and, where possible, adopt a single, common set of examination policies for:
   a. Candidate appeals policy
   b. Candidate refund or withdrawal policy
   c. Special needs accommodation policy
   d. Candidate conduct protocols
   e. Specifics of the format of the examination, including the number of MCQ test questions in a single examination and the proportional distribution of those questions according to competency area
   f. The number of allowable examination attempts and the timeline for completing those attempts
   g. Candidate examination fees and
   h. Other policy items deemed necessary by the Partners

Integrated Examination Item Bank

3. The Partners agree to provide all multiple-choice examination questions from their respective item banks to form an integrated multiple-choice examination item bank.

4. Multiple-choice examination questions provided by each of the Partners remain the property of the contributing Partner. (See Section "Withdrawal")

Examination Committee

5. Each Partner will provide two registered members to participate in the examination committee activities.

Standard Setting Committee

6. Each Partner will provide an additional four registered members to participate in the standard setting process.

Examination Committee Member Remuneration

7. Each member of the Examination Committee and Standard Setting Committee will be remunerated by their respective College as follows:

Activity	Amount
Full Day Meeting Attendance	$150.00
Half Day Meeting Attendance	$75.00

Meeting expenses will be reimbursed by each College at the prevailing rates.

Funding

8. Each Partner will provide funding for psychometric services at a proportion equal to the portion of regulated members in each College.

9. Responsibility for funding associated with the administration of the examination in each jurisdiction remains the responsibility of the jurisdictional partner.

Withdrawal

10. Any Partner may withdraw from this MOA for any reason upon a minimum of six months' written notice.

11. Any Partner may withdraw from this MOA immediately or with less than six months' notice in any the following circumstances:

a) A material breach of this Agreement by any Partner.

b) A change in a Partner's examination process as a result of a legislative change, where the withdrawing Partner could not reasonably provide notice to the Partners.

12. In the event of termination of this MOA for any reason, the withdrawing partner, at the sole discretion of the remaining partners, and depending on the circumstances surrounding the withdrawal, will either

a) cooperate with the withdrawing partner to complete any examination session(s) scheduled for the remainder of the calendar year as of the date of the termination,

or

b) cancel any future examination sessions that have been scheduled in the withdrawing partner's province.

13. Upon withdrawal by any Partner, the examination item bank questions that were developed by the withdrawing Partner before the MOA was executed will be returned to the withdrawing Partner and removed from the integrated examination item bank. Examination questions developed by Ontario, Alberta, or BC prior to the execution of this agreement will remain the property of the respective jurisdiction.

14. Any examination questions developed jointly by the Partners after the MOA was established will remain in the integrated examination item bank.

Project Charter

15. The timeline for completion of the identified individual components of this project are outlined in the appended Project Charter.

Contact Information

Partner name
Partner representative   _____
Position   (Partner signature)
Address
Telephone   _____
Fax   (Date)
E-mail

Partner name
Partner representative   _____
Position   (Partner signature)
Address
Telephone   _____
Fax   (Date)
E-mail

Partner name
Partner representative   _____
Position   (Partner signature)
Address
Telephone   _____
Fax   (Date)
E-mail

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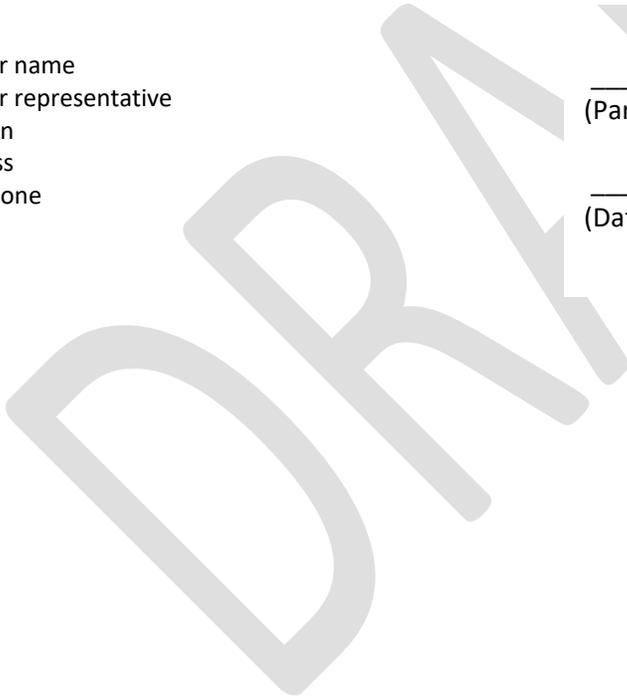
MEMO

To: **Council**

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

Date: **September 18, 2020**

Subject: **Financial Report: April 1 – August 31, 2020**

Income Statement for the period April 1 – August 31, 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 covers the first 5 months of the fiscal year, one anticipates that approximately 42% of a budgeted amount would have been spent.

On the revenue side, income is less spread out over the year than expenses. This fiscal year, income is generated with the first installment of Registration renewal (due May 29, 2020) and the second installment is due October 30, 2020.   We anticipate income from the second installment to be in the neighbourhood of 109,250.00 (230 x 475.00). Income from the administration of the Qualifying Examination is substantially reduced this fiscal year because the June 2020 administration of the examination was cancelled. There will be a January 2021 administration of the examination and we currently estimate that income from that administration of the exam will be in the neighbourhood of 200,000.00 (45 x 4,000.00).

On the expense side, we have only realized expenditures at 27% of the anticipated amount to date which is well below the anticipated 42% for this point in the fiscal year. The fixed expense items (rent, office expenses, wages, benefits) are close to the estimated amounts but there is a significant reduction in expenses related to Quality Assurance programs (Peer Circles, Peer and Practice Assessments), Council and Committee expenses (no face-to-face meetings).

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 27% of the budgeted expenses which is well within the target in this first month of the fiscal year.

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College of Denturists of Ontario

Income Statement (April 1, 2020-August 31, 2020)

YTD Budget to Actual	2020-2021 BUDGET		August 31/20 YTD Totals	YTD as Percentage of Budget	Remainder or In Excess of Budgeted Amount*	
REVENUE						
Professional Corporation Fees	$	67,850.00	$ 49,550.00	73%	$	18,300.00
Registration Fees	$	746,975.00	$ 632,264.00	85%	$	114,711.00
Other Fees	$	9,550.00	$ 2,815.50	29%	$	6,734.50
Qualifying Examination Fees	$	158,288.28	$ 525.00	0%	$	157,763.28
Other Income	$	27,000.00	$ 5,160.53	19%	$	21,839.47
TOTAL REVENUE	**$**	**1,009,663.28**	**$ 690,315.03**	**68%**	**$**	**319,348.25**
EXPENDITURES						
Wages & Benefits	$	679,669.15	$ 255,648.81	38%	$	424,020.34
Professional Development	$	45,000.00	$ 13,834.41	31%	$	31,165.59
Professional Fees	$	190,000.00	$ 30,997.34	16%	$	159,002.66
Office & General	$	175,800.00	$ 67,972.13	39%	$	107,827.87
Rent	$	131,052.00	$ 48,647.12	37%	$	82,404.88
Qualifying Examination	$	254,439.00	$ 1,940.70	1%	$	252,498.30
Council and Committees	$	33,750.00	$ 3,762.48	11%	$	29,987.52
Quality Assurance						
QA Panel A	$	6,500.00	$ 271.00	4%	$	6,229.00
QA Panel B	$	2,500.00	$ -	0%	$	2,500.00
QA Assessments	$	60,000.00	$ 50.00	0%	$	59,950.00
Complaints & Discipline						
Complaints	$	67,500.00	$ 17,262.80	26%	$	50,237.20
Discipline	$	29,000.00	$ 10,487.82	36%	$	18,512.18
Capital Expenditures	$	15,000.00	$ 1,599.88	11%	$	13,400.12
TOTAL EXPENDITURES	**$**	**1,690,210.15**	**$ 452,474.49**	**27%**	**$**	**1,237,735.66**
NET INCOME	**-$**	**680,546.87**	**$ 237,840.54**			

COLLEGE OF
DENTURISTS
OF ONTARIO

BRIEFING NOTE

To: **Council**

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

Date: **September 18, 2020**

Subject: **Key Performance Indicators – Strategy Map – 2017 - 2020**

Included with this Briefing Note is a copy of the CDO Strategy Map 2017-2020. This Strategy Map charted the course of the work of the College over the last three years.

In conjunction with the development of a Strategic Plan or Map is the need for the development of a means of determining whether the Priorities and associated items are accomplished. Documenting outcomes is essential to determining the effectiveness of an organization in reaching the goals it has articulated in its Strategic Plan. College Council considered and approved the Key Performance Indicators (KPI) for the 2017-2020 Strategy Map at its September 14, 2018 meeting.

In some cases, the Key Performance Indicators were clear. An example of this would be the Key Performance Indicator for "Undertake communications survey" listed under Priority 1. In this case, the Key Performance Indicator is whether or not the survey is complete. Easy.

In other cases, how the progress on an item could be assessed was not entirely clear.   For example, the promotion of "public awareness of the CDO's role in the safe delivery of denturism" is also included under Priority 1. Determining whether the College has accomplished this promotion of awareness is multi-faceted and there is not one single objective measure that Council can assess.

The accounting of the KPI's is presented in the attached Table for Council's consideration.

As the Strategy Map 2017-2020 comes to a close, Council is presented with a decision regarding the way forward.

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CDO STRATEGY MAP 2017–2020

MISSION

To regulate and govern the profession of Denturism in the public interest.

VISION

Leading our members to provide exemplary denturism care to Ontarians.

PROMOTING REGULATORY EXCELLENCE - ACTION PLAN FOR 2017–2020

Priority 1

Enhanced Communication and Stakeholder Engagement:
a. Promote public awareness of CDO role in safe delivery of denturism
   i. Public awareness campaign
b. Modernize member communications strategy
   i. Undertake communications needs survey
   ii. Attend Association conferences
   iii. Introduce peer circles
   iv. Enhance CDO webinars
c. Promote transparency of CDO operations
   i. Improve accessibility of website
   ii. Ensure public register reflects highest goals of transparency
   iii. Bring public interest and transparency lenses to Council and Committee work
d. Foster interprofessional collaboration
   i. Attend regular meetings of Ontario dental health regulators
   ii. Provide collaboration guidance to members through communications strategy

Priority 2

Excellence in Governance:
a. Promote culture of public interest and transparency
   i. Embed public interest in all College, Council and Committee decisions
b. Review and clarify Council and Committee roles
   i. Review through public interest & transparency lenses
   ii. Articulate Council and Committee competencies
c. Improve Council and Committee member training
   i. Leverage technology to enhance training and work of Council and Committees
   ii. Implement mentoring process for new Council members
   iii. Ensure agility of training that allows for response to changes in legislation and the broader regulatory landscape
   iv. Provide regular orientation for all Council members
d. Improve internal policy coordination and priority-setting
   i. Establish policy coordination and oversight process

Priority 3

Enhanced Relations with Educational Institutions:
a. Strengthen relationship between CDO and educational program administrators
   i. Coordinate regular meetings between CDO and Ontario educational program leadership
b. Explore whether denturism competency profile is synchronized to new registrant needs
   i. Supplement identified deficiencies through CDO continuing education/QA program requirements
c. Encourage quality and consistency in program content among educational programs
   i. Explore accreditation model options
   ii. Engage provincial counterparts in conversation exploring role of national denturism competency profile

GUIDING PRINCIPLES

Integrity, Honesty, Transparency, Accountability, Fairness, Inclusivity

COLLEGE OF DENTURISTS OF ONTARIO

Strategic Plan 2017-2020: Key Performance Indicators

Priority #1 Enhanced Communication and Stakeholder Engagement

Goals	Actions	Expected Outcomes, Results, and/or Milestones	Key Performance Indicators	Results Achieved
Promote public awareness of CDO role in safe delivery of denturism	Public awareness campaign	• There is a high public awareness of the denturism profession. • There is a high public awareness of the College's role.	• The public understands the role of a denturist. • The public understands the scope of practice for denturism. • The public can identify the key responsibilities of the College. • The public understands how to file a complaint.	Consultation with Citizen Advisory Group completed (Appendix 1) Recommendations (particularly regarding the Website design) from the CAG were instituted where possible. See Appendix 4 for click rates on: • About the College • Authority of the College • Filing a Complaint
Modernize member communications strategy	Communication needs survey	• The survey will inform the member communication strategy.	• Click rates on electronic communications • # of phone calls and emails received after an electronic communication is sent • Response rate to requests for participation	Member Communication Survey was completed (Appendix 2). The Results of the survey were used to guide the College's communication strategy. College staff usually receive 0-5 calls/emails after an electronic

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Goals	Actions	Expected Outcomes, Results, and/or Milestones	Key Performance Indicators	Results Achieved
			• Response rate to stakeholder consultations • Follow up survey responses	communication is sent, with the exception of administrative notices and the Registrar's Messages regarding COVID-19 updates. Since March 27, 2020, 25 emails and 53 phone calls were received after COVID-19 communications were sent. **Industry KPIs** Administrative Notice, Industry, n=4: • Average Open Rate 71.2% • Average Click Rate 20.4% Administrative Notice, CDO, n=8: • Average Open Rate 75.3% • Average Click Rate 18.0% College Update and Newsletters, Industry, n=8: • Average Open Rate 54.7% • Average Click Rate 21.0% College Update and Newsletters, CDO, n=5: • Average Open Rate 84.5%

Goals	Actions	Expected Outcomes, Results, and/or Milestones	Key Performance Indicators	Results Achieved
				• Average Click Rate 32.0% See Appendix 5 for detailed statistics
	Attend association conferences	• Facilitates the College's communication with members and the general public regarding member matters.	• # of conferences attended by the College • # of members attending each conference	CLEAR 2017, 2018, 2019 CNAR, 2017, 2018, 2019 DAO PYP 2017, 2018, 2019 DGO Continuing Education Events 2017, 2018, 2019 1-2 staff members/conference

	Introduce Peer Circles	• Provide opportunities to enhance member communication skills and increase familiarity with College Standards of Practice	• # of members volunteering to write cases
			• # of members volunteering to facilitate Peer Circles
			• # of members attending Peer Circle events
			• # of respondents to post-event surveys
				• Attendance:
				  o PYP 2018 – 52
				  o PYP 2019 – 35
				  o Sudbury 2019 – 7
				  o Ottawa 2019 – 16
				  o Windsor 2019 – 7
				• Item Writers – 11
				• Facilitators – 14
				• 100% response rate to post-event surveys
				• 100% recommend to a colleague

	Enhance CDO webinars	• Improve member familiarity with and understanding of Standards of Practice • Improve member access to educational resources	• # of webinars developed • # of webinars administered • # of members attending live webinars • # of members watching on-demand webinars	Live and On-Demand webinars: • Record Keeping • Informed Consent • Confidentiality & Privacy • Advertising

Goals	Actions	Expected Outcomes, Results, and/or Milestones	Key Performance Indicators	Results Achieved

			• # of CPD credits entered for participating in College webinars	• Restricted Title & Professional Designations
				• Professional Collaboration
				• Conflict of Interest
				
				• # of CPD credits related to CDO webinars
				   o 2018: 2389 credits
				   o 2019: 1651 credits
				   o 2020: 2022 credits
				• # of Members who have attended at least one webinar 2017 – 2020 = 406
				
				See Appendix 3 for Webinar statistics

Promote transparency of CDO operations	Improve accessibility of website	• French translation services applied to website content • Consultation with the Citizen Advisory Group regarding the newly designed Website.	• Citizen Advisory Group consultation report • requests from the public for help navigating the website • requests from members for help navigating the website • # of requests to provide information in French	Very few requests are received for assistance in navigating the website. Public: The areas that require the most assistance are: searching on the public register and filing a complaint. Members of the public report that these are the two pieces that they come to the College website for. Members: The areas that require the most assistance are requesting forms and

Goals	Actions	Expected Outcomes, Results, and/or Milestones	Key Performance Indicators	Results Achieved
				locating the Standards of Practice, Guidelines and Policies. French translations have been posted for: • Registration • Renewal • Complaints There have been approximately 15 requests for information in French, most regarding registration for labour mobility applicants from Quebec.
	Ensure public register reflects transparency	• Add "i" tags to public register terms (i.e. undertaking, SCERP etc.)	• # of requests to explain information on the website • Click rate on "i" tags	Most requests are related to assistance with navigation of the website (i.e. how to use the public register) and not to explain information on the website.
	Bring public interest and transparency lenses to Council and Committee work	• Public interest is readily apparent in Council and Committee discussions and work. • Posting of Council packages and meeting minutes on website.	• Decisions of Council and Committees reflect impact on public interest • Click rate on Council packages and meeting minutes	Council and Committee meeting materials include briefing notes that highlight the public interest aspect in all decisions. These points are discussed during the meeting and considered throughout the deliberation and decision-making process. Detailed statistics regarding the page views for the Council Minutes, Highlights, Materials page can be found in Appendix 4.

Goals	Actions	Expected Outcomes, Results, and/or Milestones	Key Performance Indicators	Results Achieved

Foster inter-professional collaboration	Attend regular meetings of other Oral Health Regulators, provincially and nationally	• Improved inter-professional collaboration between oral health professionals	• # of meetings attended
			• # of Colleges and stakeholders represented at the meetings.
				• 2017:
				  o CDO hosted meeting with smaller regulatory Colleges including CDTO regarding areas of potential collaboration
				  o Collaboration with CDHO on Clinic Infection Control
				  o Meetings with CDTO and CDHO regarding potential collaboration
				• 2018:
				  o Several meetings throughout the year with CDHO regarding collaboration
				  o Chair – Special Meeting of Council CDHO
				• 2019:
				  o January: Meeting with Mr. Harry Cayton, CDTO and CDHO regarding regulatory amalgamation
				  o Several additional meetings throughout the year with CDHO and CDTO regarding amalgamation
				  o Meeting with Ministry staff regarding amalgamation initiative

Goals	Actions	Expected Outcomes, Results, and/or Milestones	Key Performance Indicators	Results Achieved
				o November: RCDSO sponsored symposium "Access to (Dental) Care" o November: Discussion with CDHO Registration team regarding integration of application processing
	Provide collaboration guidance to members through communication strategy	• Improved inter-professional collaboration between oral health professionals	• Develop Standard of Practice: Inter-professional Collaboration • Members understand the importance of inter-professional collaboration • # of members that collaborate with other health practitioners • # of members that work in multi-disciplinary settings	SOP Implementation – January 1, 2020 191 members have attended the live webinar sessions and 109 have watched the on-demand webinar for Professional Collaboration. Most individuals who complete the associated self-directed learning assignment report working collaboratively with other health care providers on the oral health team.

Appendix 1: Citizen Advisory Group Meeting Report (January 20, 2018)

Welcome and Review of October 2017 Session

The meeting was opened by Misha Glouberman, who welcomed both new and returning attendees and introduced Lisa Pretty, Citizen Advisory Group (CAG) Partnership Chair and Communications Director at the College of Physiotherapists of Ontario (CPO).

Lisa provided a brief overview of the group's history and growth, and acknowledged the valuable and positive feedback from this group at its previous meeting. Several other health regulatory colleges have expressed interest in joining the CAG, which enhances the ability of all colleges in serving the public interest.

For this meeting, the topics and sponsoring partnership members were noted as follows:
- Promoting Public Awareness of the College's Role in Safe Healthcare Delivery: College of Denturists of Ontario (CDO)
- Patient Relations Questionnaire: College of Opticians of Ontario (COO)
- Website Re-design: CDO and COO
- Additional Information on the Public Register: College of Physiotherapists of Ontario

Review of October 2017 Session

Highlights of the feedback from the last session were noted, including what went well and the need for continuity with the group's activities. After convening into small groups, the following feedback about participation in the CAG was noted:

Rewarding:
- Lisa's report was beneficial
- The colleges are listening and this initiative is worthwhile
- Positive group interaction with opportunities to speak and benefit from the camaraderie
- The model has expanded from the physiotherapists to other professions
- There is no sense of tokenism and this has a positive impact
- Diverse group members come from different backgrounds and engage in good information-sharing
- Able to hear varied and different perspectives and experiences
- Genuinely doing something useful

Challenging:
- Seeing things from different angles (e.g., at the CAG previous meeting, several participants who were nurses could speak to issues in addition to the patient view and this was beneficial for the group)
- Diversity issues for the colleges such as hearing all the voices and promoting diversity in the group (i.e., different professions, different parts of the province, etc.)

Additional discussion:
- While some individuals have left the CAG, it is expected that this group will continue. There is always content for the regulatory colleges to bring forward to groups such as the CAG.
- In response to a query about whether the public knows enough and whether there is movement at some level, it was noted the Federation recently launched a patient-centred website. Further, additional marketing programs will also be launched (i.e., advertising and going into community health centres to provide awareness about the complaints process).

- There is work to do in having a grassroots movement communicated to the public about the role of the regulatory colleges.

Goals

The goals previously developed by this group were reviewed, including positive outcomes.

Following small group discussions, each group provided feedback:
- An important goal is to be heard by the colleges
- A tick box approach (possible "tokenism") is a concern and should be diligently avoided. It is important to hear feedback from the colleges, as "heard and valued" is an important principle
- Evidence of the impact of this group's comments/discussions is important
- If the group sees its feedback being implemented, it will give the group more confidence (to frame the comment, Lisa provided an example of the longer-term process in implementing a by-law change). To a show of hands, the majority of participants find that the group's voice is being heard and it would be "awesome if it could be better"
- Consider a future tracking mechanism among the colleges on a particular topic on which this group has consensus (e.g., a feedback mechanism).

Following a breakout group discussion, the following feedback on what the colleges could be doing in the future to be more responsive in showing evidence of impact was noted:
- Mechanism for tracking what happens at the colleges on particular topics of advice, i.e., design a system for feedback from Colleges to show how far along things are in the process and what policies and processes are being changed and how; communicate the proposed outlines and timelines and post a report to the CAG website; it would be in writing publicly, which forces some accountability (e.g., "what we heard" and with "possible next steps")
- Video vignettes by decision-makers, showing what is the impact of CAG to them and how it enriches the work they do. The outreach work could also be included on the colleges' websites as a testimony to the CAG's impact
- The work of the Federation was acknowledged. Perhaps CAG would fit into the Federation's future work: where does it fit in the healthcare framework? It is important to clarify the role, including the aspirational role (where it fits into the bigger picture). Questions were posed: "Why aren't the 15 other colleges members of CAG?" and "Some colleges should be embarrassed by not having access to the CAG. Why not?"
- Feedback on picking the most important of the above-noted ideas (votes cast by CAG members): o
  - o Tracking on CAG website: 8
  - o Some sort of report on next steps: 4
  - o Video: 0
  - o Role of the group: 0

Lisa briefly outlined the growth and development of processes to support the implementation of ideas generated from this group, including a tracking mechanism on the CAG website and reiterating that the CAG is not a decision-making body and colleges might not take a suggestion. Having a report on how the CAG's recommendations were heard is important.

Patient Relations Questionnaire

College of Opticians of Ontario

The College of Opticians of Ontario (COO) is seeking feedback on what the public knows about what opticians do and what gaps in information need to be filled for the public.

Why does it matter that public knows/understands what an optician does?
- Opticians, optometrists, and ophthalmologists each have their own area of expertise. The product someone is wearing has to be the right thing and that's the appropriate person to ask

- The professional should know their limitations (e.g., be able to treat an eye infection)
- Important for the member of the public to know the professional's limitations (e.g., if it's about glasses, the optometrist can do testing; if it's about the eyes, the patient may have to go to the ophthalmologist)
- Need to have a better sense of the objective for each professional (e.g., selling glasses is the goal)
- When a patient walks in, the place should be labelled so there is no confusion for the public (e.g., know where the practitioner went to college and whether they are a regulated professional). Most people don't know what the professional has done in school and what their expertise is. For example, in a store selling glasses, the public needs to understand who the various people are such as: Who is the trained professional? Who works at the cash register?
- Sometimes the patient has to figure out what the next steps might be for them in determining which person to go (i.e., optician, optometrist or ophthalmologist); in some cases, they go to their general practitioner (GP) for a referral to the right person
- It is important that the care the patient needs is delivered
- Several individuals in the group noted they were "still confused" by the distinct roles of the three types of practitioners (i.e., optician, optometrist, ophthalmologist)
- Defining the scope of practice for each category of professional with respect to diagnosis, prescription and intervention is beneficial. The public needs to know who to ask, who they can trust, and the expertise/experience of each of opticians, optometrists or ophthalmologists, and then to get the care they need

What the College can do to help the public understand what opticians do:
- A poster on the wall or a pamphlet in the office to provide definitions and inform patients
- In the literature, educate the public about reference checks (e.g., registered technicians)
- Provide an outline of possible expenditures to avoid "upselling"
- Most people don't know that opticians are regulated professionals. Consider ads such as at bus stops to advise the public of "who is who"
- Nametags worn by the individuals who work in the clinic (role and name so the patient can check them on the Internet) are beneficial
- It is beneficial for the three colleges to work together to differentiate the three colleges' professions (e.g., what are their roles, limitations, etc.)
- Do the colleges regulate the fee schedules? Should the schedules be accessible to the public?
- Can the College do advertising?
    - Bus boards are expensive
    - Posters in clinics about the three different professions can be cost-effective and informative: "here's what we do"
    - Importance of having a registered health care professional is beneficial to garner the confidence of the public ("tell people why we matter")
- Online optician services: is that a good way for the public to get glasses? Quality matters and people might get better care if the public is educated about what can happen if glasses or contacts aren't fitted properly. Consequences and recourse would be important for the public to know
- It is positive for patients to improve their eye care
- Education about the role of the colleges (in this context, the word "college" is confusing to the public)

Priorities (votes cast by CAG members):
Reach people in offices (posters/pamphlets): 8
3 Colleges to work together: 8
Bus stop ads about the College: 2
Identify the professions in the store: 2
Why this matters: 1
Educate people about reference checks: 0
Outlining average costs to avoid upselling: 0
Fee schedules are public: 0

All glasses/lenses are not equal (online): 0
Improve self-care: 0

Based on the above-noted discussion, it was suggested that the following three items could be incorporated into a delivery mechanism:
- why this matters
- all glasses/lenses are not equal
- the benefits of improvement of self-care

Website Re-Design

College of Denturists of Ontario

The College of Denturists of Ontario (CDO) recently launched a new website and is interested in feedback about it.

Which of the College's activities are most important to promote to the public?
- It is a regulated profession and the College exists as a separate college (some people thought they were "part of the dentists")
- Understand the basic care to expect from a denturist – "they are not a dentist"
- What questions are there about process?
- There is a complaints process
- It is valuable for patients and caregivers to have an opportunity to provide feedback, including positive feedback (note: colleges and practitioners are prohibited from publishing ratings and testimonials about individual practitioners)
- Know what denturists do
- A member of the public can go directly to a denturist (rather than having to go through a dentist)
- Would it be important for those needing dentures to know that denturists are up-to-date on the latest technologies, etc.? (It was noted there is a requirement for members to do CE and report it to the College. The College doesn't direct content.)
- Do denturists have professional development requirements?
- Denturists fabricate dentures that fit over implants.

Priorities (votes cast by CAG members):
What denturists do: 9
Patients can go directly to them: 5
There is a complaints process: 4
Basic care to expect: 3
Feedback (good/bad): 3
Existence of the College: 0
Denturists aren't dentists: 0
Regulatory criteria: 0
Are there PD requirements: 0

How should the College communicate this information to the public?
- In collaboration with dentists
- The website should be cleaned up; develop a series of small and cost-effective ads that highlight denturists' services and the College's website address; consider being on social media such as Facebook, Twitter, etc.
- Consider targeted print materials for physicians' offices and retirement facilities
- Would it be ethical for the College to work with members in getting consent from the denturists' customers with the provision of email address (builds on social media lists)?
- If there isn't one already, create something like an "Ontario Denturists' Week" and run a media blitz for a week (e.g., send it to radio/TV stations, newspapers); this would create awareness
- Create a Facebook page for the College, although it doesn't reach people necessarily unless they find it

- Consider being on Twitter
- When asked about partnering with the denturists' professional associations, the CAG partners shared that there needs to be a careful separation between colleges and associations

Priorities (votes cast by CAG members):
Print materials: 6
Partner with dentists: 5
Run online ads: 1
Email list of happy customers: 0
Denturists Week: 0
Online ads:
        Facebook: 11
        Twitter: 0
        Instagram: 0
        Reddit: 1
Also: possible information hub for students

Website Review

What is most important for the website to provide?
- "Find a denturist in my area quickly"
- "Track record of the denturists in my area" (regulatory)
- Is the office accessible?
- Contact information for the College should be prominent (including phone numbers)
- What do denturists do? What can the public expect from the process?
- Coverage (for services)
- How to file a complaint
- Provide basic information on a fact sheet: what does a denturist do, do I need a referral, why visit a denturist, etc.
- Pointer to a rating site
- Accessibility/readability to the denturist's website is important factors to consider (e.g., ability for people who are colour blind to navigate the website)

Ratings (votes cast by CAG members):
Find a local denturist: 8
Track record of denturist: 5
FAQ: 4
What do denturists do: 3
File a complaint: 1
Office accessibility: 0
College – easy to contact: 0
Coverage: 0

General impressions and specific feedback on the website:
Liked:
- "About us" bullets: explains what the College does and is easy to read
- "Find a Denturist" is prominent
- For "About the College" and "How to File a Complaint", the side menu information is clear and "front and centre"
- Device-responsive and looks modern/progressive
- Font and typeface look good (use of dark colour or black preferable to lighter colour)

Suggested changes:
- Move applicants and members below the four items; make public part more prominent (i.e., public information should be more front and centre)
- Website should target the general public (registered denturists will know where to go on the site for the information they need – the public doesn't need that information)
- Filing a complaint: clear but easy to scroll past it (give it more prominence)

- Menu on a mobile: too much is showing
- Rolling banner is distracting and not that easy for the viewer to find what they are looking for; a carousel of banners with a selection tool for each slide would be easier for the user to get to the desired spot
- Reports: want to see on the first page where all the annual reports are filed (search results)
- Broad field of accessibility: French services are provided upon request; factors include translation into French (associated costs), and having it in French will assist French-speaking people. Are there multilingual opportunities?
- Documents are in an easily accessible format
- Top banner: blue is too light for an effective contrast and it should be easier to read
- Include a denturist in at least one of the photos

Priorities (votes cast by CAG members):
Public information more featured/targeted within framework: 9
Too many menus on mobile: 5
Too many banners changing: 4
French content: 4
Other languages: 2
More prominence re: complaints: 1
Scroll between banners: 0
Photo of denturist: 0
Blue hard to read: 0

College of Opticians of Ontario

The COO is planning to re-design its site and welcomed feedback about its new design.

Ideas as to what the site should provide:
- Clarify the difference between an optician, optometrist and ophthalmologist
- Why is it important to be treated by a registered practitioner? This type of information needs to be on the website

Priorities (votes cast by CAG members):
Fact page (include differences between the 3 groups and why this matters, what they do, etc.): 9
Find an optician quickly: 7
Their track record: 7
File a complaint: 2
Accessible: 0
Contact College easily: 0
Coverage: 0
Ratings: 0

General impressions and specific feedback:
- Home page: targeted to the public
- Graphics and artwork: modern, colours are progressive, image is striking, artistic
- Easy to navigate with animation (three main headings with graphical icons makes it feel easy to navigate)
- Optician search is in enlarged font: easy to find

Improvements:
- "COO" is not common lingo for the public and its use should be avoided in these types of communications
- Text colour should be consistent: use black and not lighter grey, which causes navigational confusion; it is hard to read grey/white text
- Break down paragraphs into bulleted format (text makes it feel long)
- Be consistent with the colour of the links
- Some green graphics not linkable (hard to tell what is a hyperlink)

- "Protecting the Public" could be a link – appears to be that way visually
- Some opinions were expressed that "Protecting the Public" wording is "harsh" in conjunction with the beautiful imagery; other opinions varied in that it is important to have that wording and possibly move it elsewhere
- Top menu is too tight ("Optician Search" page)
- Fonts are a bit too small, given target audience
- "Optician Search" should take the viewer right to the search area
- FAQ: make this more "front and centre": include what a public register is

Priorities in managing website changes (votes cast by CAG members):
Grey/white text: 11
Pop-up too small: 9
COO acronym: 3
Home page: link protecting the public: 3
Text on banner: 3
Fonts too small: 3
Text in sentence should be bulleted: 2
Hard to tell what's a link (colours): 2
Search for optician: 2
More upfront about what is a register: 1

Additional Information on the Public Register

College of Physiotherapists of Ontario

The College of Physiotherapists of Ontario (CPO) is seeking feedback on its public register to ensure the public can make informed decisions about who to see or not to see [e.g., the type of funding accepted by the physiotherapist such as the Ontario Health Insurance Plan (OHIP) and the Workplace Safety and Insurance Board (WSIB)], level of accessibility to the physiotherapist's physical location (e.g., elevator, stairs, etc.) and guidance on what kind of information that is not presently on the site would be useful to the public.

Why would it be helpful to see information about what kind of funding each physiotherapist accepts?
- OHIP physiotherapists: there is often a substantial wait-time for this type of physiotherapy services and the patient needs to know that in advance (e.g., before surgery)
- Communicate on the website which clinics are publicly funded; lots of people cannot afford physiotherapy because they don't have appropriate insurance
- Costs can be prohibitive for older adults, which circles back to the cost of physiotherapists. The information about funding helps people manage their costs and to know in advance of treatment if it is funded. If the patient knows in advance, it can contribute to better care
- With private clinics, there isn't a "clogging up" (i.e., ethical triage system) and access to those clinics would help reduce wait times for public clinics
- Does the clinic take credit cards? Providing credit card information will advise people what they can use; some people don't have cash with them
- Age for qualification of OHIP and for services for children and seniors
- Easy access to general information about physiotherapy
- Consider mandating a deadline for physiotherapists to post the information
- All health practitioners need to be aware of their responsibilities in updating their public registry to reflect any changes

How useful is all of this information (scale of "1-5") (votes cast by CAG members):
5: 10 (very useful)
4: 1
3: 2

Wrap Up

What went well?

- Agenda was covered effectively and efficiently, and it gave the colleges what they were looking for
- Liked having representatives from the colleges present (they can clarify questions, situations and accountability)
- Nice sized group; the breakout group work is an opportunity to trade ideas and generate conversation
- As a new member, felt comfortable in the group. It is easier to put ideas together in a smaller group and to engage with different personalities to get different ideas and meet new people
- Respectful environment; the facilitator clarifies comments and runs it well ("keeps it smooth")
- One-on-one work is rewarding
- Getting reading material early is beneficial
- Participants all want to see a tracking mechanism ("exciting outcomes")
- Everyone is engaged
- Facilitator kept things moving on time
- Helpful to have a recap from the previous meeting, particularly about the process and it helps the new people
- Accessible and good central location for the meeting; easy to find
- Food was good
- As a new member, participants can be heard; the explanations about the procedures were easy to follow
- People feel it's a good use of time and important work is being done; no "dead time"
- Observers and college representatives strike a good balance in providing background information to the CAG; they are accessible but not dominating

What can be done differently?

- Refresher/reminder about the parameters, roles, limits in which this group can effect change (in the advance materials and in the readings) and the role of associations versus the role of the regulatory colleges
- Ensure no overload of participants
- There should be a vote on a 5-minute reminder at the next meeting
- Survey Monkey: "choose" and "comment" – it was agreed that Survey Monkey respondents should always have the ability to provide a comment for a specific question. It was agreed that future surveys will allow for feedback with comments
- Tracking progress – how can/should this be done? (There was commitment to present ideas from the CAG Partners at the next meeting.)
- Shared lessons from the past three years – divided on this but keep it in mind; no action is required now
- Is there any need for professional development for citizen advisors (e.g., a reminder of what colleges can/cannot do)? Is there anything else?
- Tracking: evaluation of the evolution of the CAG and sharing of lessons learned during the past three years

Appendix 2: Member Communication Survey (May 2018)

Question 1: My primary practice area is:

Primary Practice Area
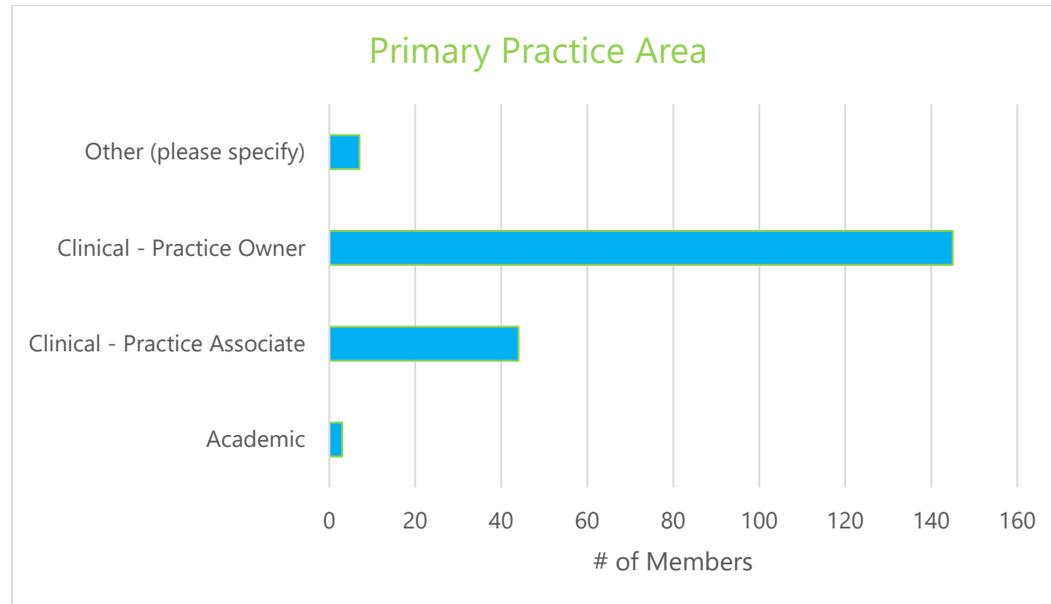
Practice Area	# of Members
Academic	3
Clinical - Practice Associate	44
Clinical - Practice Owner	145
Other (please specify)	7
Grand Total	**199**

Other:

Working with the dentist
Administration
Educational Institution
Dental offices
No comment

Question 2: How many years have you worked in the denturism profession?
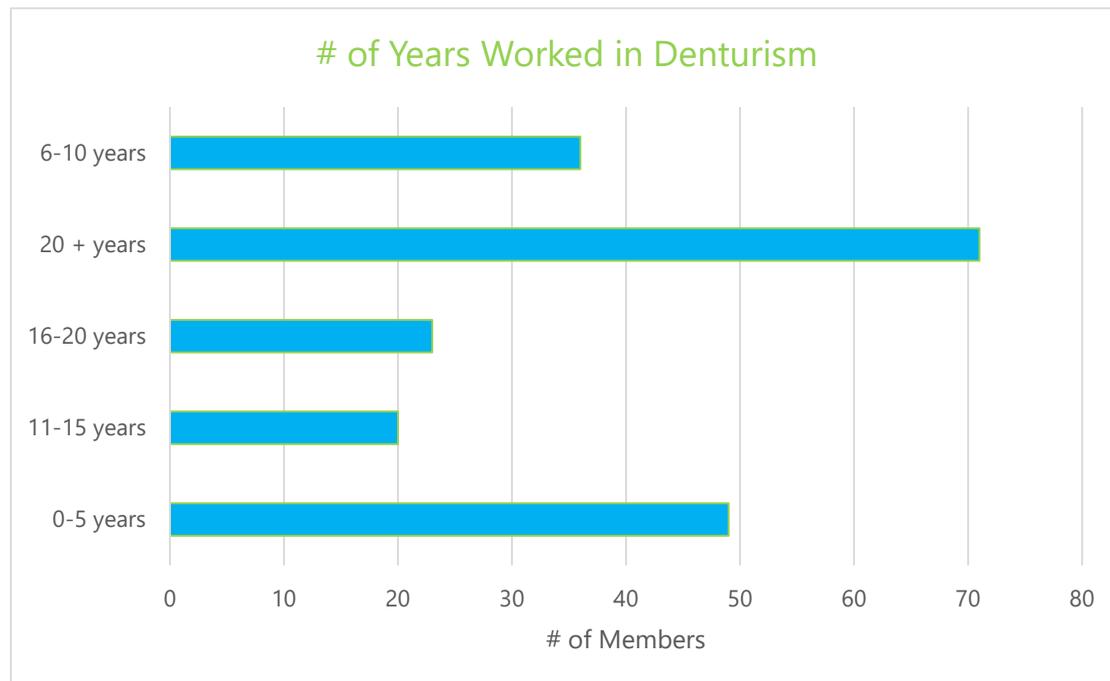
# of Year of Service	# of Members
0-5 years	49
11-15 years	20
16-20 years	23
20 + years	71
6-10 years	36
Grand Total	**199**

# of Years Worked in Denturism

Question 3: Have you ever initiated contact with the College?

Question 4: If yes, how did you contact the College?

Have you ever initiated contact with the College?

Method of Communication Used
(Check all that apply)
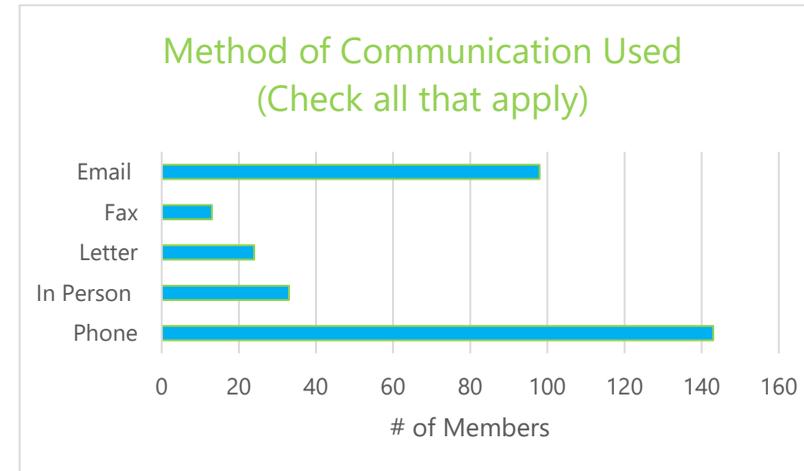
Response	# of Members
No	35
Yes	163
Grand Total	**198**

Response	# of Members
Phone	143
In Person	33
Letter	24
Fax	13
Email	98

Question 5: If you do contact the College, on average, how many times a year do you contact us?
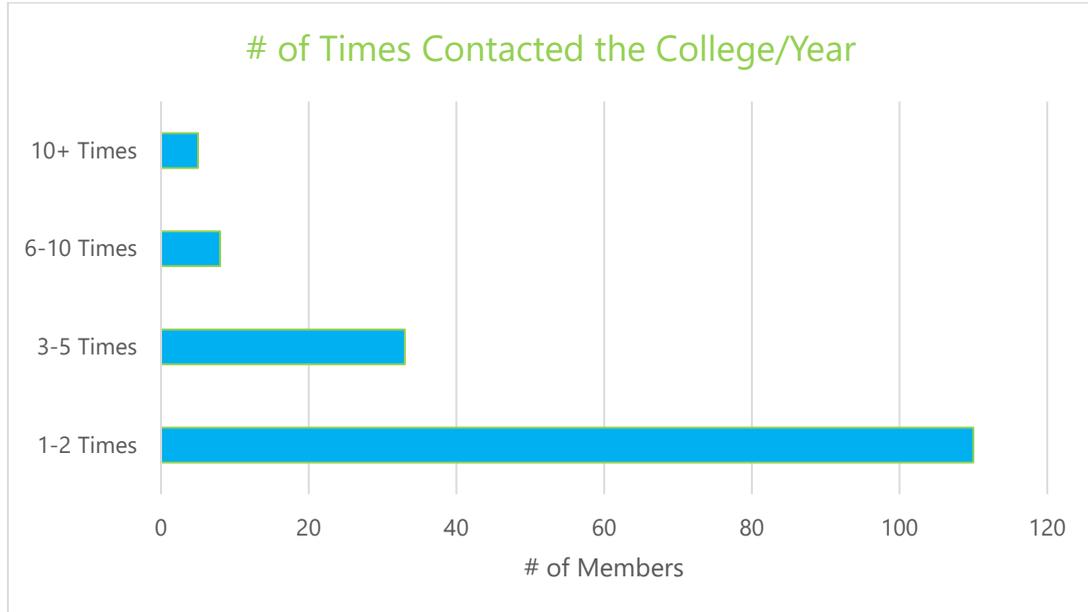
# of Times	# of Members
1-2 Times	110
3-5 Times	33
6-10 Times	8
10+ Times	5
Grand Total	**156**

Question 6: When you initiate contact with the College, is it regarding (please check all that apply):

Topic of Communication

| Response	# of Members
Registration/Licensing	103
Certificate of Authorization for Health Profession Corporation	32
Practice Guidance/Advice	63
Quality Assurance	52
Complaints/Discipline	12
Advertising	17
Qualifying Examination	15
Other	18

Other:

Educational collaboration and invitations for Program Advisory Committee Meetings
web site issues - registration
name of my clinical approval
continuing education how to enter credits
Peer circle, question make up for exam and peer circle facilitator training
Contact With Vicci Sakkas regarding examination/OSCE/MCQ events and times, location etc.
continuing education
committee work
continuing education
Continuing education questions
Continuing Education
Working on committees
Volunteer with college qualification exam, peer circle and multiple-choice exam questions...
CE
When the college decides to charge its members fees that are not applicable. For example, a notification fee. This is racketeering.
Registration, survey and respond to CDO messages
Survey respond,
IPAC/PIDAC issues and why the delay from CDO on action.

Question 7: When you initiate contact with the College, are you satisfied with the experience?

Question 8: If not, why?

The document (resignation doc) had errors in it and was poorly worded. It is easier for me to have the register indicate that I am suspended for nonpayment of fees

I understand that the staff at the CDO Can be busy sometimes, However, as a registered member, that pays over $2000 a year for membership, I personally feel that more can be done to accommodate the professional needs of the interest of the denturists. Not only that, it is also imperative that the college must be fair and professional when dealing with disputes.

The college does not respond back to its members. And They are not willing to address any of the members concerns.

I always get voice message box. I leave the message and takes a long time to get return call

Satisfied with Experience?	# of Members
No	6
Yes	150
Grand Total	**156**

Question 9: We believe that the most efficient means for the College to communicate with its members is by email. Do you agree?

Question 10: If not, which means of communication do you prefer?

Is Email the most Efficient means of Communication?

If not email, which means of communication do you prefer?
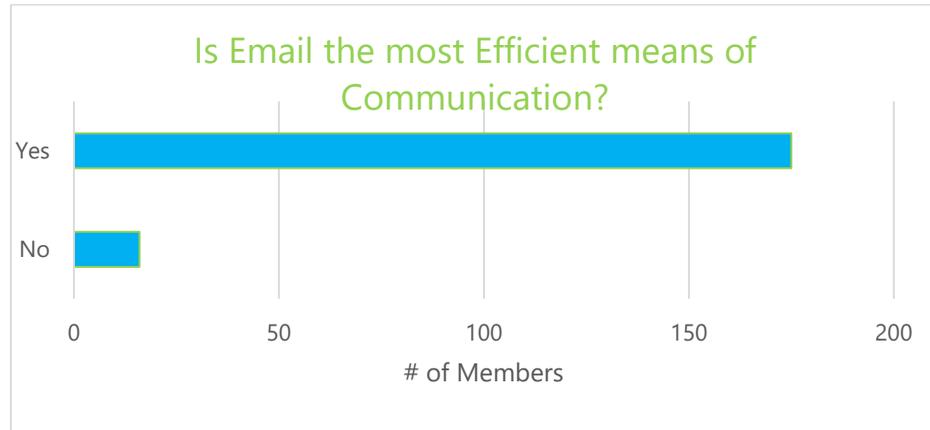
Emailing is the most efficient means of Communication	# of Members
No	16
Yes	175
Grand Total	**191**
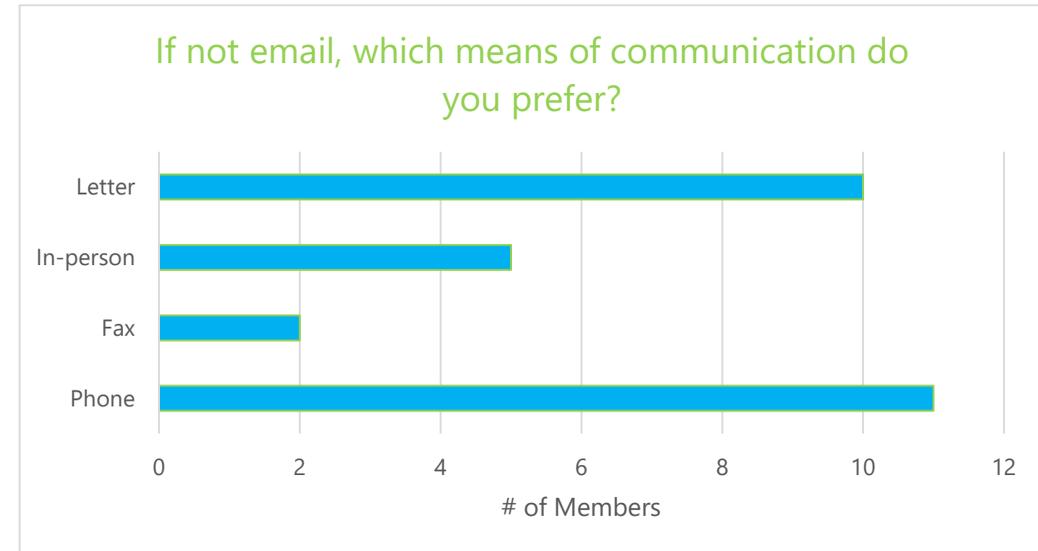
	Phone	**Fax**	**In-person**	**Letter**
# of Members	11	2	5	10
Grand Total	**11**	**2**	**5**	**10**

Question 11: Do you read emails that you received from the College?

Question 12: If not, why not? Is there anything that the College can change to increase the likelihood that you will read College emails?

Do you read College emails?
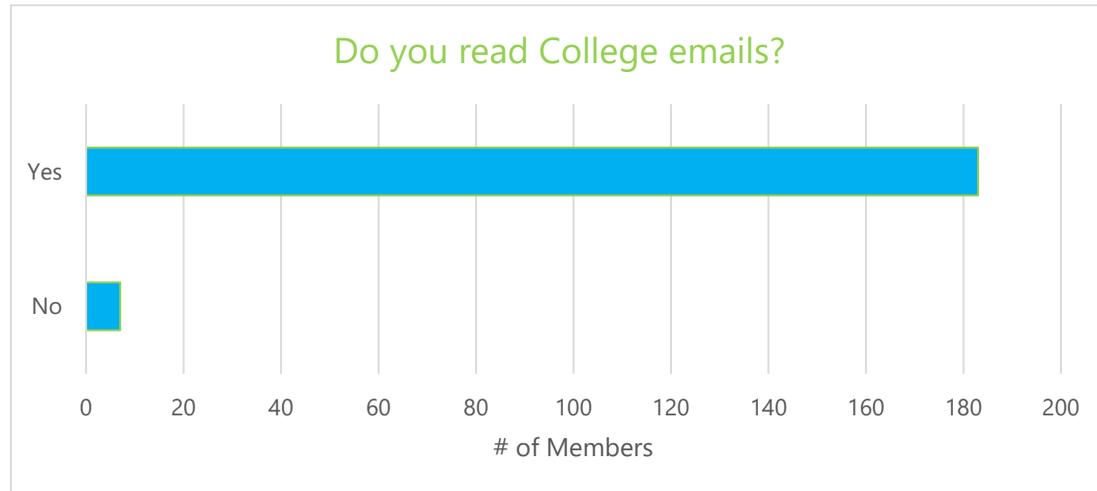
| So many e-mails. We can't read all of them. If not vital gets discarded. Mail is more serious, and I tend to read them more. |
| If you send the emails in letter form I will read it. If it is important I prefer someone call me. |
| Unless it is directly related to my yearly registration, or to complete the surveys you send, I don't read them. |
| Some mail is not relevant to my practice. |
| The college sends a lot of spam, junk and mail that do not apply to me. |

Do you read College emails?	# of Members
No	7
Yes	183
Grand Total	**190**

Question 13: How frequently would you like to receive updates on College initiatives, Council happenings, and legislative news?
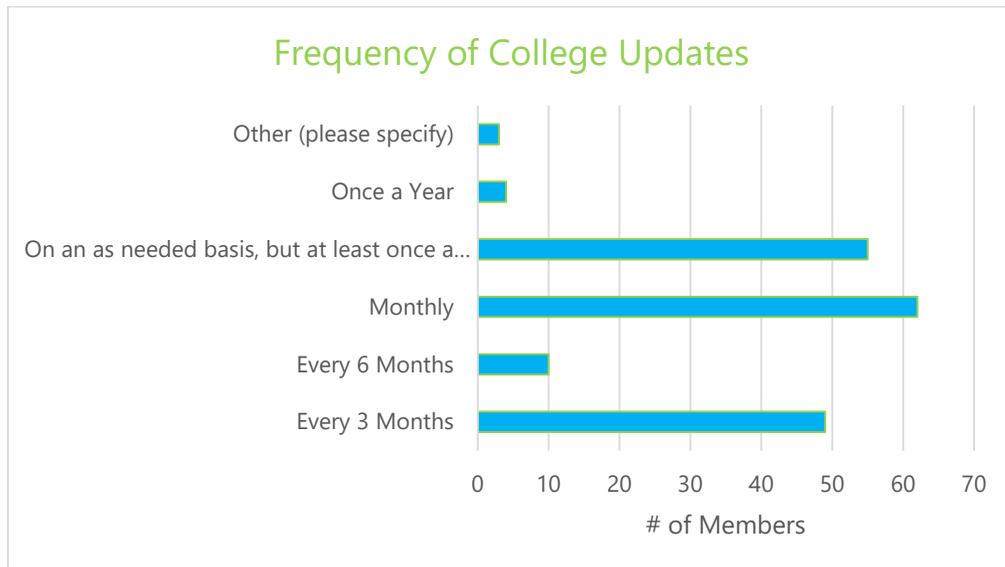
Frequency of College Updates	# of Members
Every 3 Months	49
Every 6 Months	10
Monthly	62
On an as needed basis, but at least once a year	55
Once a Year	4
Other (please specify)	3
Grand Total	**183**

Other:

Every 3 months or following council meetings, with additional time sensitive updates on a as needed basis
3-month frequency is generally best. Obviously important information that falls in category "c" however warrants increased frequency of contact.
at least every 3 months or sooner if needed

Question 14: Any other thoughts about communicating with the College?

Telephonic conversations are sometimes absolutely necessary as e-mail may result-in /cause miscommunication/misinterpretation of the original /intended message as there is very little opportunity to clarify details except through writing of more e-mails on the same topic back & forth which may not always be possible. A telephonic conversation / message may thus sometimes be a better alternative. The updates on CDO website also offer a great method of communication. Personal meetings if and when possible/necessary at least once a year-- through various fora-- such as visits to the educational institutions (lectures, meetings) / provincial professional association etc. would always help reinforce contact and communication between the College and members.
I would like to see the College publish information like the RCDSO does in its Dispatch. Namely information that is learned from de-identified complaints and practice assessments. In other words, what trends is the CDO observing in their activities accompanied by suggestions that we could use to improve our practices.
no
Seems fine ,don't recall having a problem
General Meeting once a year
the less the better. Less stress.
No
It is important for the members to feel comfortable, even warm, with their relationship with the College. The College is a regulatory and governing body. It is natural for a member to take the college as a 'feared' entity.   Same thing for the Quality Assurance Department or their Assessors. They should be more thought of as an Ambassador or Teacher(Advisor) to the members. Not as Prosecutors.
Email communication is the best method for me.
Always want to know about important courses infection control etc. Thank -You.
I have communication with   Jennifer Slabodkin, she was very efficient in helping me.
Staff are great
Thank you very much to the staff in not only their frequency of contact but quality and professionalism.
No
Technology does not always work. I prefer regular mail or phone calls.
I normally call if I have a question and the response has always been quick and effective. I don't mind email either
It was helpful.
no
When I call, I EXPECT SOMEONE TO PICK UP THE PHONE!
Communicating is a two-way flow. Showing members, the % of response will let them know when a higher % is required for helpful outcome.

we are often inundated with emails in our busy day I am concerned that it will be too easy to miss an important CDO message. Letters never get missed.
Perhaps an open forum and a moderator would help
College Contact was valuable communication tool.
If there are any outstanding balances or any concerns that the college has with its members, the college take more than just one Method of Contacting its members. Not communicating and then penalizing its members is absolutely unacceptable.
no
no
Emails are indeed the best way to communicate.   Also, one communication per quarter is necessary.

Appendix 3: Webinar Statistics (June 2017 to June 2020)

Topic	# of Sessions	Attendance	On-Demand Views
Advertising	18	454	111
Conflict of Interest	24	285	194
Record Keeping	29	675	171
Informed Consent	24	430	131
Confidentiality/Privacy	22	430	277
Restricted Title	6	242	59
Professional Collaboration	4	191	109

Appendix 4: Page Views

Page Views Council Meeting Minutes, Packages and Materials:
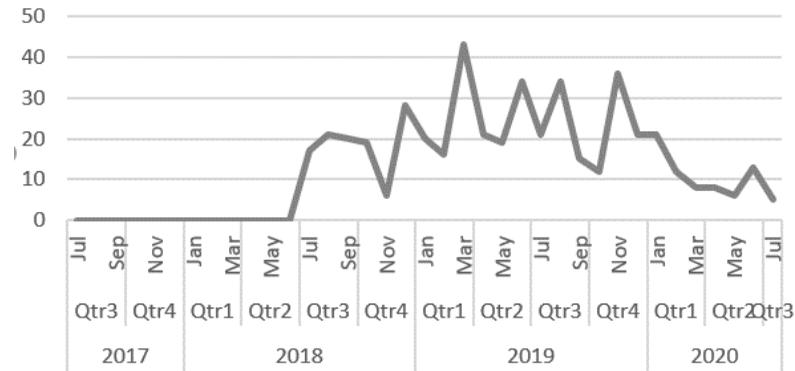
Page Views Filing a Complaint:
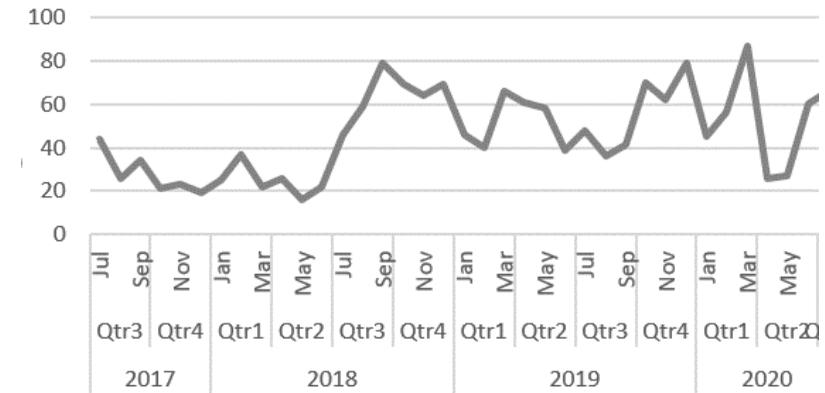
Page Views Authority of the College
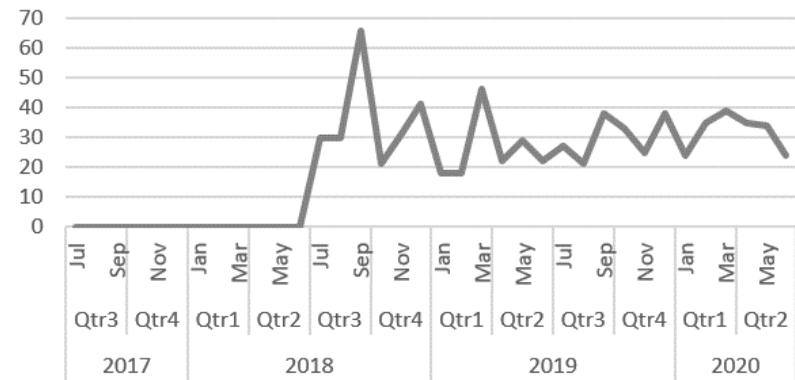
of Page Views About the College

Appendix 5: Communications Appendix (June 2017 to June 2020)

Overall: n=297 campaigns

	Open Rate	Click Rate
Overall Average:	75.70%	25.50%

College Updates:

Category	n=39
College Update	20
College Update: Annual Report	3
College Update: Registrar's Message	16

Administrative Notices:

| Category	n=227
Administrative Notice	2
Administrative Notice: Call for Participation	15
Administrative Notice: Continuing Professional Development	7
Administrative Notice: Election	18
Administrative Notice: Professional Liability Insurance	20
Administrative Notice: Renewal	69
Administrative Notice: Survey	3
Administrative Notice: Webinar	73
Administrative Notice: Call for Participation, Peer Circles	20
Administrative Notice	2

Policy Notices:

Category	n=31
Policy Notice: Code of Ethics	2
Policy Notice: Consultation	25
Policy Notice: Return to Practice	4

	Open Rate	Click Rate
Overall Average:	75.00%	19.60%
College Update:	72.20%	16.00%
Annual Report:	69.90%	16.30%
Registrar's Message:	74.80%	24.70%

Category	Open Rate	Click Rate
Overall Average	74.30%	26.70%
Administrative Notice	74.10%	14.00%
Call for Participation	69.90%	16.14%
Call for Participation, Peer Circles	65.40%	10.00%
CPD Reminders	90.50%	23.40%
Elections	62.60%	2.50%
PLI Reminders	84.30%	45.89%
Renewal	74.70%	31.50%
Survey	67.40%	16.40%
Webinars	81.30%	32.40%

Category	Open Rate	Click Rate
Code of Ethics	64.60%	12.60%
Consultation	72.90%	17.10%
Return to Practice	76.50%	40.70%

Appendix 6: Consultation Responses (June 2017 to June 2020)

Topic	# of consultations (n=14)	Average # of Responses
By-laws	3	29
Code	1	19
Guide	1	28
Regulation	3	36
SOP	6	26

COLLEGE OF
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Priority #2 Excellence in Governance

Goals	Actions	Expected Outcomes, Results, and/or Milestones	Key Performance Indicators	How do we measure these performance indicators?	Results Achieved
Promote culture of public interest and transparency	Embed public interest in all College, Council and Committee decisions	• That the public interest is addressed in all Council and Committee actions and decisions • Incorporating cues for discussion of public interest in all Council and Committee work	• Minutes incorporate summaries of public interest discussions around each agenda item	• Review Council materials for evidence of public interest discussion	Council and Committee meeting materials include briefing notes that highlight the public interest aspect in all decisions. These points are discussed during the meeting and considered throughout the deliberation and decision-making process.
Review and clarify Council and Committee roles	Review through public interest & transparency lenses	• Description of the public interest aspects of Council and Committee structure and function articulated in Council and Committee manuals	• Review and modification of all Council and Committee manuals to provide for the incorporation of these elements	• Examination and periodic review of training initiatives including, presentations and manuals to ensure that these elements are included and are current	The College maintains a comprehensive ICRC training manual that is updated annually. This resource is provided to all ICRC members in combination with a face to face or virtual presentation by College Counsel on the mandate and function of the ICRC. The College maintains a New Council Member Orientation Manual (originally published in 2012). Since

Goals	Actions	Expected Outcomes, Results, and/or Milestones	Key Performance Indicators	How do we measure these performance indicators?	Results Achieved
					2015, Council training strategy has included a new member Orientation session with the Registrar and current President. New members are provided with links to the HPRO Educational materials that included discussion of pertinent issues related to professional self-regulation by Mr. Richard Steineke of SML-Law. Council mandate, composition and roles are discussed in a presentation by College Counsel annually. Training on other topics is offered periodically (e.g. unconscious bias, discipline).
	Articulate Council and Committee competencies	• Council and Committee competencies are identified and articulated in the appropriate training/orientation manual	• Development and inclusion of relevant competencies in the appropriate training manuals	• Examination and periodic review of training manuals to ensure that these elements are included and are current	Minimal. Other than eligibility requirements articulated in the College by-laws, there has not been a clear articulation of Council and Committee member competencies.
Improve Council and Committee member training	Leverage technology to enhance training and work of Council and Committees	• Engage a consultant to provide the College with a review of how	• Comprehensive information on leveraging technology	• Rate of attendance at training/orientation sessions and meetings	The Council Meeting Feedback survey includes a question about the technical aspects of the meetings.

Goals	Actions	Expected Outcomes, Results, and/or Milestones	Key Performance Indicators	How do we measure these performance indicators?	Results Achieved
		technology can be leveraged • Survey of Council and Committee members for insight into perceived options	is available to the College • Technology is appropriately leveraged	• Providing opportunities for feedback on technology in post-meeting satisfaction surveys	Attendance for training of new council members is 100%. The appearance of the COVID-19 Pandemic and subsequent physical distancing and suspension of face-to-face meetings has accelerated the leveraging of technology for Council and Committees. The College has initiated use of on-line technology (SharePoint) as a platform for managing all of the College Council and Committee meeting resources and materials. This work will continue so that all Committee resources are handled in this digital fashion.
	Implement mentoring process for new Council members	• Engage in an environmental scan with other regulators to identify strategies for developing a mentorship framework • New Council members are matched with	• A program is developed • New Council members feel prepared to participate in their role in Council and within Committees	• Program is in place and satisfaction and success is appropriately monitored	No formal mentoring program has been developed. An informal process was undertaken by past Presidents who communicated with new members on an individual, ongoing basis in the early part of their tenure as Council members.

Goals	Actions	Expected Outcomes, Results, and/or Milestones	Key Performance Indicators	How do we measure these performance indicators?	Results Achieved
		experienced Council members for mentorship			
	Ensure agility of training that allows for response to changes in legislation and the broader regulatory landscape	• Council and Committee members receive timely updates regarding changes in legislation and the regulatory landscape • Council and Committee members receive training in competency areas that promote response agility	• A mechanism for communicating legislative changes to Council and Committee members is established and utilized	• Evidence of training and utilization of communication process	• Council packages include the Legislative Update prepared by Richard Steinecke for Health Profession Regulators of Ontario (HPRO) • Legal counsel discusses and explains regulatory and legislative updates at each council meeting as a standing agenda item
	Provide regular orientation for all Council members	• Council members are routinely informed and updated on their responsibilities	• Council members understand their responsibilities	• Orientation sessions for Council members are routinely scheduled	• See Detailed Schedule of Training Initiatives in Appendix 1.
Improve internal policy coordination and priority-setting	Establish policy coordination and oversight process	• Policy revision schedule is in place • Policies are reviewed and updated on a routine basis	• Policies are current and reflect changes to regulatory landscape	• Policy review is current and follows the defined schedule • Council and Committee are aware of revision timelines for individual policies	• Policy Coordination introduced to and approved by the Registration, Quality Assurance and Qualifying Examination Committees, including revision schedules

Goals	Actions	Expected Outcomes, Results, and/or Milestones	Key Performance Indicators	How do we measure these performance indicators?	Results Achieved
				• Revision dates noted in policies are current	• Registration and Quality Assurance policies have been reviewed and revised. • A revision schedule for the Standards of Practice will be developed once all the Standards are developed and implemented. • The needs assessment was completed in April 2018 for the document management strategy. • December 2018: Council approved the classification structure and retention schedule. • A software program for document management was identified, purchased and installed on the College servers. • Documentation is being sorted and migrated to the new document management program. • The SharePoint configuration to provide for online access to

Goals	Actions	Expected Outcomes, Results, and/or Milestones	Key Performance Indicators	How do we measure these performance indicators?	Results Achieved
					meeting materials is near completion.

Appendix 1: Council Orientation and Training Sessions

Topic	Date	Attendees
New Council Member Orientation	June 2017	3
Presentation: Governance Training – An Overview of Health Profession Governance and Regulation	October 13, 2017	14
Presentation: Governance Training – What We Can Learn from Regulatory Decisions	March 9, 2018	12
Presentation: Governance Training – Meeting Matters	March 9, 2018	12
New Council Member Orientation	June 2018	1
Presentation: Governance Training – Unconscious Bias in Decision Making – Recognition and Strategies for Mitigation	June 22, 2018	11
Presentation: Governance Training – Financial Literacy for Council Members	September 14, 2018	12
New Council Member Orientation	March 4, 2019	1
Presentation: Governance Training – The College's Inquiries, Complaints and Reports Committee and the Discipline and Fitness to Practice Committees – What Do They Do and How Do They Do It?	June 14, 2019	11
Presentation: Governance Training – Considerations in Being an Effective Council Member, Committee Member and Chair	September 6, 2019	8
eLearning Module: Unconscious Bias	November 2019	0
New Council Member Orientation	November 25, 2019	2
New Council Member Orientation	December 20, 2019	1
Presentation: The Citizen Advisory Group – Exploring the Public Opinion in Regulation	December 6, 2019	10
Presentation: Health Profession Regulatory Bodies – Governance Updates – BC Government Considers Bold Modifications to Health Profession Regulation	December 6, 2019	10
eLearning Module: Unconscious Bias	January 2020	1
New Council Member Orientation	February 20, 2020	1

Presentation to Council by College Counsel: The RHPA and the College Council	March 31, 2020	9
Presentation to Council by College Counsel: Trends in Health Profession Regulation	April 3, 2020	9
HPRO Discipline Orientation Workshop (offered to Council Members)	June 12, 2020	2
New Council Member Orientation	June 17, 2020	4

COLLEGE OF
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Priority #3 Enhanced Relations with Educational Institutions

Goals	Actions	Expected Outcomes, Results, and/or Milestones	Key Performance Indicators	How do we measure these performance indicators?	Results Achieved
Strengthen relationship between CDO and educational program administrators	Coordinate regular meetings between CDO and Ontario educational program leadership	• Improved communication between CDO and educational programs • Improved curriculum	- Attendance at regular meetings	- Track the number of meetings, attendance at each meeting and any outcomes	- Spring 2017, Spring 2018, Fall 2018, Spring 2019, Fall 2019: attendance at Program Advisory Committee - George Brown College - Fall 2017: Meeting with Associate Dean Denturism Program at Georgian College re: accreditation & meeting with Chair School of Dental Health at George Brown College - February 2019: EQual Canada academic program accreditation presentation to George Brown College, Georgian College and Oxford College - Ongoing active communication with denturism program

Goals	Actions	Expected Outcomes, Results, and/or Milestones	Key Performance Indicators	How do we measure these performance indicators?	Results Achieved
					administrators from all 3 Ontario Colleges.
Explore whether denturism competency profile is synchronized to new registrant needs	Supplement identified deficiencies through CDO continuing education/QA program requirements	- Complete gap analysis - Develop QA materials to address gaps	- Gaps are identified - QA tools are developed to address gaps	- Completion of competency profile revisions - Development of CSR QA tool based on new competency profile	- Competency profile revisions completed and will be considered by Council Fall 2020 - CSR development beginning Fall 2020
Encourage quality and consistency in program content among educational programs	Explore accreditation model options	- Determine if an accreditation model is appropriate o If so, develop an accreditation framework - Consistency in denturism education across educational programs	- Various accreditation models and options are considered	- Council decision regarding accreditation	- March 2019: Council approved EQual Canada to develop a national accreditation framework that would include educational institutions in Ontario, British Columbia and Alberta.
	Engage provincial counterparts in conversation exploring role of national denturism	- Consistency in denturism education across jurisdictions	- Attendance at regular meetings with provincial counterparts - Revised National Competency Profile - National Accreditation Framework	- Track the number of meetings, attendance at each meeting and any outcomes	- June 2018: Special Meeting with Denturism Regulators regarding the Commission on Accreditation of Denturism - January & February 2019: meetings with British Columbia and Alberta

Goals	Actions	Expected Outcomes, Results, and/or Milestones	Key Performance Indicators	How do we measure these performance indicators?	Results Achieved
	competency profile				regarding National Competency Profile, National Qualifying Examination, and National Accreditation - Council will review the revised national competency profile at its September 2020 meeting.

COLLEGE OF DENTURISTS OF ONTARIO

BRIEFING NOTE

To: **Council**

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

Date: **September 18, 2020**

Subject: **Revised National Competency Profile**

The College's Strategy Map 2017-2020 included Priority 3 – Enhanced Relations with Educational Institutions. This Priority included initiatives that prescribed an examination of the existing denturism competency profile and its role in defining entry-to-practice competencies for new registrants. It was clear from an examination of the existing National Competency Profile (2013) and the Essential Competencies for Denturism Practice in Ontario (2015) that a revision and update was required to establish a competency profile that described current entry-to-practice competencies. Competency profiles typically have a life span not exceeding 5 years.

The CDO combined efforts with the College of Denturists of British Columbia and the College of Alberta Denturists to modernize the existing competency documents that combined the two existing documents into a single National Competency Profile. This document is essential in the development of a multi-jurisdictional qualifying examination. The modernization of the existing documents involved surveying all denturism regulators in all provinces and territories and focus group conversations with key stakeholders (Associations, Educational Institutions, Regulators) to gather input on how the existing competency profile could be modified to more accurately reflect the required entry-to-practice competencies required of new registrants.

This work was completed over the last year and the attached profile is the result of that work. This document has been reviewed by practising denturists, denturism educators and other stakeholders and is being presented to all regulatory bodies as the recommended competency profile for entry-to-practice denturists.

Once approved, this competency profile will be used to establish the examination blueprint for the multi-jurisdictional multiple-choice examination that is currently under development.

Options
1. Following review and discussion of this document, Council is asked to consider formal adoption of this revised National Competency Profile.
2. Other

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Attachments

1. National Competency Profile (2013)
2. Essential Competencies for Denturism Practice in Ontario (2015)
3. Revised National Competency Profile (2020)
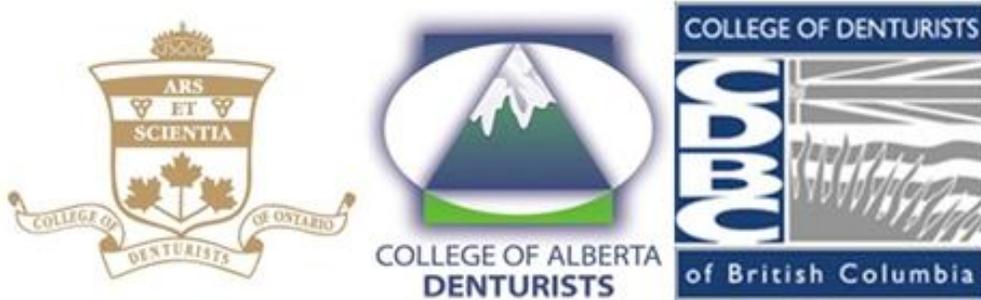
NATIONAL COMPETENCY PROFILE FOR DENTURISTS

Prepared by

September 2013

Denturists are primary healthcare providers who fabricate, fit, and maintain a wide variety of dental prostheses and oral devices. The practice of denturism is regulated in all Canadian jurisdictions.

In 2012, the College of Denturists of Ontario, the College of Alberta Denturists, and the College of Denturists of British Columbia jointly sponsored a project to develop a national competency profile for the profession. A national competency profile has many benefits, as it can:

- permit a broader understanding of the profession across Canada
- support provincial registrars in their regulatory functions such as entry to practice registration/licensing requirements
- serve as a basis for developing standards of practice
- provide a foundation for quality assurance and remediation requirements
- describe the expected outputs from educational programs

The project sponsors engaged the services of Professional Examination Service (ProExam) to facilitate development of the denturist competency profile. ProExam is a not-for-profit organization with a 70-year history in professional credentialing.

A call for volunteers was distributed to provincial professional associations and regulatory bodies, the national professional association, and educational programs from across the country. From the nominee pool, a 14-member working group was appointed[1]. The working group represented a balance of the educator, practitioner, regulator, and provincial and national professional association perspectives on the practice of denturism.

The working group created an initial draft of the national competency profile, drawing upon their own subject-matter expertise as well as existing literature from educational institutions, professional associations, and regulatory bodies regarding the professional competencies of denturists. Feedback on an interim draft of the document was solicited via focus panels conducted with representatives of the regulatory community, the educational community, and the practitioner community.

A validation survey was conducted to collect information from members of the profession regarding the elements of the competency profile. Ratings scales were designed to elicit information on the frequency with which the individual competency elements were practiced by denturists, and on the potential severity of consequences if a denturist failed to perform the competency element appropriately. A total of 194 denturists completed the survey.

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[1] The members of the Working Group are Walter Assmus, Richard Bondy, Steve Browne, James R. Connolly, Chris Duncan, Robert Gaspar, Akram Ghassemiyan, Olga Haletskaia, Gina Lampracos-Gionnas, William Lloy, Michelle Nelson, Shelley Schlesiger, Nancy Tompkins, and Michael C. Vout.

After reviewing the survey data, the working group judged that the competency profile was complete and representative of the profession.

The competency profile is structured around six major competency areas, which are defined below. Within each competency area, observable performance elements are described.

Competency Areas and their Definitions
Clinical Practice – Denturists as primary healthcare providers use their knowledge and skills to meet patients' needs related to denturist services.
Laboratory Procedures – Denturists design, fabricate, and maintain a wide variety of dental prostheses and/or oral devices.
Professional Collaboration – Denturists work in collaboration with other healthcare professionals to optimize patient treatment and improve health outcomes.
Practice Management – Denturists apply knowledge, principles, and the skills of management with the goal of providing effective and efficient denturist services.
Jurisprudence, Ethics and Professional Responsibilities – Denturists practice within legal requirements and demonstrate professional behaviour that is ethical, supersedes self-interest, strives for excellence, is committed to continued professional development, and is accountable to individual patients, society, and the profession
Communication – Denturists communicate with patients, colleagues, and other healthcare professionals, to promote and support optimal patient care and well-being.

The competency elements within each of these areas appear on the following pages. The statements are written broadly, in order to be inclusive of current permitted acts in the different jurisdictions as well as anticipated future competency requirements.

Some competency elements (for example, radiography, tooth whitening, and anti-snoring and anti-bruxism devices) are not currently performed in all provinces; however, each competency element is currently within the scope of practice in at least one jurisdiction.

NATIONAL COMPETENCY PROFILE FOR DENTURISTS

Competency Area 1: Clinical Practice

> **Definition**: Denturists as primary healthcare providers use their knowledge and skills to meet patients' needs related to denturist services.

Competency Elements

1.1.   Develop a professional relationship with the patient.

    1.1.1.   Elicit the patient's needs and expectations regarding dental services.
    1.1.2.   Demonstrate a respectful and professional attitude.
    1.1.3.   Identify the patient's physical and psychosocial concerns as they relate to treatment.

1.2.   Gather and document patient information.

    1.2.1.   Obtain a patient's personal information and medical and dental history.
    1.2.2.   Perform intraoral and extra oral examinations.
    1.2.3.   Perform diagnostic/screening tests.

1.3.   Apply knowledge to assess and interpret patient's needs and requirements.

    1.3.1.   Recognize the relationship between general and oral health.
    1.3.2.   Apply foundational knowledge in biomedical, behavioural, and dental sciences.
    1.3.3.   Order and/or take and interpret radiographs.
    1.3.4.   Assess existing prosthesis.
    1.3.5.   Consider physical and psychosocial factors that may affect the provision of denturist services.
    1.3.6.   Determine and communicate the findings of assessments/examinations.

1.4.   Develop treatment plans.

    1.4.1.   Determine treatment options appropriate to patient's oral and general health status and needs.
    1.4.2.   Describe and communicate treatment options and prognoses to the patient so as to enable the patient to make informed decisions.

1.5.   Perform and manage clinical procedures including but not limited to the provision of removable prostheses and fixed and removable implant prostheses:

    1.5.1.   Tissue treatments
    1.5.2.   Impression taking techniques
    1.5.3.   Prosthetic modifications
    1.5.4.   Maxillary and mandibular registrations
    1.5.5.   Try in of prostheses and/or oral devices
    1.5.6.   Insertion of prostheses and/or oral devices

1.5.7. Adjustments/recalls/follow-up care
1.5.8. Tooth whitening procedures

1.6. Provide patient education regarding use, care and maintenance of provided dental prostheses and oral devices, and related oral healthcare.

1.7. Perform continued patient care for provided denturist services.

  1.7.1. Recognize indicators of problems related to dental prostheses and oral devices and related oral tissues and structures.
  1.7.2. Solve identified problems related to dental prostheses and oral devices.

1.8. Maintain certification as required in cardiopulmonary resuscitation, first aid, and management of medical emergencies.

1.9. Maintain accurate and complete patient records in a confidential manner.

Competency Area 2: Laboratory Procedures

Denturists design, fabricate, and maintain a wide variety of dental prostheses and/or oral devices.

Competency Elements

2.1 Apply knowledge and skills in designing and fabricating:

  2.1.1 Complete dentures.
  2.1.2 Partial dentures.
  2.1.3 Overdentures.
  2.1.4 Immediate/surgical dentures.
  2.1.5 Diagnostic splints.
  2.1.6 Surgical and radiographic stents.
  2.1.7 Implant supported/retained dentures.
  2.1.8 Implant supported/retained crowns/bridges.
  2.1.9 Mouthguards.
  2.1.10 Bruxism devices.
  2.1.11 Anti-snoring devices.
  2.1.12 Other devices related to the practice of denturism.

2.2 Modify dental prostheses and oral devices as needed by:

  2.2.1 Adjusting.
  2.2.2 Altering existing prostheses.
  2.2.3 Laboratory and clinical remounting.
  2.2.4 Relining.
  2.2.5 Rebasing.
  2.2.6 Repairing.
  2.2.7 Resetting.

Competency Area 3: Professional Collaboration

> Denturists work in collaboration with other healthcare professionals to optimize patient treatment and improve health outcomes.

Competency Elements

3.1   Collaborate with other members of the dental team and other healthcare professionals to provide and receive information related to patient care.

3.2   Refer patients to other healthcare providers for necessary services and prepare related documentation.

Competency Area 4: Practice Management

> Denturists apply knowledge, principles, and the skills of management with the goal of providing effective and efficient denturist services.

Competency Elements

4.1   Apply basic principles of practice administration, and financial and personnel management, to the practice of denturism.

4.2   Adhere to federal, provincial/territorial and municipal laws and regulations applicable to the practice.

Competency Area 5: Jurisprudence, Ethics and Professional Responsibilities

> Denturists practice within legal requirements and demonstrate professional behaviour that is ethical, supersedes self-interest, strives for excellence, is committed to continued professional development, and is accountable to individual patients, society, and the profession.

Competency Elements

5.1   Adhere to legislation and regulations, including Federal, Provincial/Territorial and Municipal, related to:

         5.1.1   health and safety
         5.1.2   infection prevention and control
         5.1.3   patient records and data protection
         5.1.4   patient rights
         5.1.5   staff rights

5.2   Obtain informed consent including the patient's acceptance of the treatment plan and any modifications to treatment.

5.3   Adhere to Standards of Practice and Code of Ethics in accordance with provincial regulations and continuing professional development requirements.

5.4   Engage in lifelong learning and support denturist education.

Competency Area 6: Communication

Denturists communicate with patients, colleagues, and other healthcare professionals, to promote and support optimal patient care and well-being.

Competency Elements

6.1   Demonstrate effective oral communication skills.

6.2   Demonstrate effective written communication skills.

6.3   Use effective interpersonal skills.

6.4   Adapt communication to meet the needs of the audience.
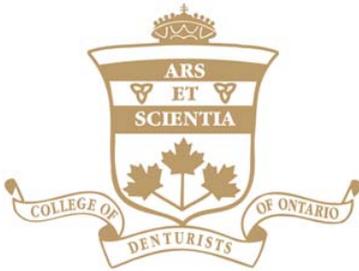
The College of Denturists of Ontario

Essential Competencies

for Denturism Practice in Ontario, 2015

COLLEGE OF DENTURISTS OF ONTARIO
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An Introduction to the

Essential Competencies for Denturism Practice in Ontario, 2015

The College of Denturist of Ontario (CDO) regulates and governs the profession of denturists in Ontario in the public interest. The CDO has a legal obligation to develop standards of practice and to ensure denturists are practicing to those standards. The CDO in consultation with practising denturists developed and validated the overarching and foundational standard known as the *Essential Competencies for Denturism Practice in Ontario, 2015*.

The *Essential Competencies for Denturisms Practice in Ontario, 2015 document* defines the minimum knowledge, skill, judgement and attitude requirements for the denturists' practice in Ontario. The essential competencies provide a structure that helps identify, evaluate and develop the behaviours that ensure safe, competent, and ethical denturism practice.

The CDO recognizes that a denturist's practice evolves and changes overtime to meet the needs of the health care environment and to adapt to the introduction of new technologies, techniques and materials. Denturists also apply critical thinking and decision-making working within the legislative scope of practice framework. To this end, the competencies are written to be broad in nature to ensure practice relevance and to allow flexibility in defining practice, beyond promoting a task list.

Not all competencies are demonstrated by all denturists. Application of specific competencies depends on the denturist's practice and the services he/she offers patients. Also, it may not be possible or necessary for denturists to apply certain competencies in a specific practice context. Therefore, the essential competencies are applied and interpreted in light of the requirements of the practice context and a particular situation. However, regardless how infrequently the competency is demonstrated in practice, denturists are expected to demonstrate the level of knowledge, skill, judgement and attitude described in *Essential Competencies for Denturism Practice in Ontario, 2015*.

Purpose of essential competencies

The CDO has a legislative obligation under the *Regulated Health Professions Act, 1991* to define standards of practice and communicate those standards to the public. Denturists have a legislative obligation to meet the standards and demonstrate ongoing competency.

The essential competencies:

- define practice expectations on the initial certificate of registration and throughout a denturist's career;
- guide continuing professional development and ongoing competence;
- ensure that the denturist is meeting the minimum practice expectations, and;
- communicate the denturist's role and standards of practice to stakeholders, such as employers, other health care professionals and the public.

Project process

The development and validation of the essential competencies for denturism involved six key steps:

1) literature review and global environmental scan of essential competencies,

2) development of the competency framework and outline,

3) competencies writing session,

4) stakeholder consultations,

5) provincial validation of the essential competencies, and

6) finalization and CDO Council adoption of the essential competencies for the profession.

To establish an outline and framework for the competencies, the CDO held initial webinars with 19 denturists practising in a variety of roles across Ontario. The proposed draft outline was based on the entry-level *National Competency Profile for Denturists, 2013* competencies and incorporated the additions and changes recommended by webinar participants. The CDO's Professional Practice Committee further developed the outline and established a functional framework comprising of four hierarchical levels. Changes were made to the outline based on feedback from a second round of webinars with the practising denturists.

Functional framework

Spheres

Define an area in which someone acts, exists or has influence.

or

Describe the major functions for effective performance.

Competencies

Describe the identifiable components of expected performance (knowledge, skill, judgement and attitude).

Performance indicators

Describe an inter-related set of factors that define the level of expected performance.

Practice examples

Illustrate day-to-day performance of the competency.

Provide opportunities for more content without being exclusive .

A standard-setting exercise was conducted with the Professional Practice Committee to define the required depth and breadth of the competencies and the Committee then met numerous times to write the essential competencies based on the established outline and framework. College documents including the *National Competency Profile for Denturists,* current standards, legislation, regulations, and legal interpretative briefs were referenced during the writing process.

A total of 27 competencies and 131 performance indicators were developed within a framework of the following six units:

Unit 1: Clinical Practice

Unit 2: Laboratory Procedures

Unit 3: Professional Collaboration

Unit 4: Practice Management

Unit 5: Jurisprudence, Ethics and Professional Responsibilities

Unit 6: Communications

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Provincial validation study

To review the relevance of the competencies and performance indicators and assess their importance to practice and the public interest, an online validation survey was developed and sent to approximately 650 members. One-hundred and twenty (128) denturists had logged on to participate in the survey, where they obtained general information on the competencies and their intended purpose. Given the length of the survey, the number of respondents progressively decreased from 128 to 67 respondents.

The survey exhibited a marginal confidence level at 0.90 with a 9% error of margin. The competencies and performance indicators ranked high with an average ranking of 4.41 on a five-point scale for importance, and an average ranking of 4.53 on a five-point scale for frequently performed. Thus, demonstrating reliable criteria for measuring and communicating practice expectations.

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Essential Competencies

Competency Area 1: Clinical Practice		
Competency	**Performance Indicators**	**Practice Illustrations**
1.1 Determines the appropriateness of the denturist's services.	1.1.1 Clarifies expectations of the denturist's role with the patient, substitute decision-maker and/or referral source.	- Communicates realistic expectations and limitations to the patient. - Communicates the benefits of and limitations to a denturist's practice. - Determines the patient's priority issues and goals. - Asks the patient and/or substitute decision-maker for his or her reason for visiting. - Asks the referral source for his or her reason for referring. - Reviews the referral source documentation. - Differentiates between addressing immediate, short-term and long-term needs. - Determines if the patient's needs are within the denturist's scope of practice. - Establishes and presents possible approaches to restorative solutions along with each approach's prognosis of success. - Confirms whether services are related to an existing or new appliance.
	1.1.2 Identifies the required knowledge, skill and judgement necessary to meet the needs of the patient.	- Obtains the required training to perform a procedure. - Keeps abreast of new technology, techniques and information. - Engages in mentorship with colleagues.
	1.1.3 Obtains contact information for the relevant professionals associated with the patient's care (relevant professionals include, but are not limited to, the patient's dentist, nursing services and other medical professionals).	Obtains the contact information for the patient's dentist and physician.

Competency Area 1: Clinical Practice		
Competency	**Performance Indicators**	**Practice Illustrations**
	1.1.4 Recognizes when denturism services may be discontinued according to the professional misconduct regulation.	Discontinue services if: • An agreement between the denturist and the patient has expired; or • The member has given the patient five working days notice; and the patient has had a reasonable opportunity to arrange for another member or alterative services; or • The services are no longer required; or • The patient requests the discontinuation of services.
1.2 Conducts an assessment to determine the treatment plan and to inform decision-making relevant to the patient's needs.	1.2.1 Obtains the patient's health and dental history.	• Identifies the recent history of the patient's dental and medical appointments. • Obtains information related to previous dental and denturist work that was completed and work that is pending. • Identifies medical history that may affect treatment planning (e.g., stroke, facial surgery, facial paralysis, dry mouth syndrome, radiation treatment, sleep apnea). • Identifies changes in dental and/or medical history at each visit. • Obtains the diagnosis from the patient's physician prior to conducting an assessment for the construction of an anti-snoring device.
	1.2.2 Collects information related to the patient's current medication use and determines the treatment implications.	• Documents the current use of prescription and over-the-counter medications. Identifies medications that may affect oral health and/or the treatment plan. • Understands how medications can affect scheduling or length of visits.
	1.2.3 Collects information about the patient's lifestyle and use of devices that may affect the treatment plan.	• Identifies current use of sleep treatment devices/aids (e.g., CPAP, recreational and/or breathing regulators). • Identifies lifestyle choices that may affect oral health and/or prosthesis including cigarette smoking, pipe use, and drinking coffee and/or black tea.

Competency Area 1: Clinical Practice		
Competency	**Performance Indicators**	**Practice Illustrations**
	1.2.4 Performs an intraoral and extra-oral examination to identify abnormalities and the presence of suspected oral disease.	- Uses assessment tools (e.g., LED light (Velscope) and chair light) to support visual observations and screening. - Conducts a visual observation of the oral anatomy to: - verify deglutition and salivation, - observe mandible movement, - determine orodental sensitivity, and - determine orodental structures. - Identifies anatomical limitations and pathologic abnormalities or omissions. - Conducts a digital/palpation exam. - Measures the mobility of the remaining teeth. - Assesses the condition of the remaining teeth.
	1.2.5 Assesses the patient's attitudes and behaviours in relationship to dental services, readiness for prosthetic acceptance and adaptability.	- Notes apprehensiveness to the visit and/or to receiving services. - Determines the patient's acceptance of his or her edentulous state. - Interprets verbal and non-verbal behaviours. - Recognizes the patient's capacity for adaptation. - Identifies personal values that will likely influence care.
	1.2.6 Assesses and considers the functional characteristics of the head and neck.	- Determines if the patient demonstrates impaired neck and/or head movement. - Recognizes when impaired movement will affect the procedure and/or patient positioning.
	1.2.7 Assesses the existing prosthesis and/or oral appliance to determine patterns of function and para-function.	- Assesses the function, aesthetics and phonetics of the existing prosthesis and/or oral appliance. - Determines evidence of bruxism (grinding), clenching, tongue habits (thrusting) and habitual chewing (e.g., of gum, mints, nuts).
	1.2.8 Conducts a non-diagnostic interpretation of the available radiographs and/or radiography reports.	- Reads the radiography report and determines if the radiographer has noted abnormalities. - Recognizes abnormalities and deficiencies noted in the radiographs (e.g., bone deficiency, component compatibility).

Competency Area 1: Clinical Practice		
Competency	**Performance Indicators**	**Practice Illustrations**
	1.2.9 Assesses the patient's financial acceptance of the treatment options.	• Considers the patient's capabilities, tolerance and budgetary concerns. • Considers the cost of the materials associated with different treatment modalities. • Evaluates the cost of laboratory services.
1.3 Analyzes and synthesizes assessment data to inform clinical decision-making and establish a professional opinion.	1.3.1 Recognizes abnormal and normal oral health and oral manifestations of systemic disease.	• Recognizes the signs and symptoms of abnormal presentations (e.g., resorption of bone, tissue shrinkage). • Observes potential abnormal oral lesions and/or signs of infection and refers the patient to the appropriate professional. • Observes abnormalities in the radiograph that are confirmed by the radiography report. • Recognizes the relationship between general health and oral health. • Recognizes the signs of an unhealthy orodental system.
	1.3.2 Applies his or her foundational knowledge of the biomechanical and dental sciences.	• Considers current dental engineering technologies and material sciences.
	1.3.3 Understands the impact of the assessment data on the treatment plan and anticipated outcome.	• Associates the characteristics of the oral environment with the potential prosthetic treatment.
	1.3.4 Determines the physical and psychosocial factors that may affect the provision of denturist services.	• Recognizes the patient's physical limitations to care for the appliance. • Adapts to the emotional responses or anxieties that may affect the treatment.
	1.3.5 Communicates the assessment findings and clinical determinants to the patient and/or relevant others.	• Informs the patient of a visual abnormality that indicates the need for a referral for further investigation. • Communicates treatment requiring regular dental care or hygiene.

Competency Area 1: Clinical Practice		
Competency	**Performance Indicators**	**Practice Illustrations**
1.4 Develops a treatment plan in collaboration with the patient and relevant others.	1.4.1 Takes into consideration the patient's health status, the assessment data and the financial implications to determine treatment options.	• Modifies recommendations and/or the treatment plan if the health of the patient is deteriorating (e.g., repair or reline options as opposed to a new prosthesis). • Obtains implant specifications from the patient's implant provider. • Provides a range of treatment options and communicates all of the relevant information to support the patient's ability to make an informed decision. • Communicates with family members and/or caregivers when the patient's understanding may be compromised.
	1.4.2 Integrates the patient's needs and goals into the proposed treatment plan.	• Ensures a clear understanding of the patient's short- and long-term goals (e.g., develops a plan to fabricate a new prosthesis versus repairing a partial denture). • Integrates consultations with others when the patient prefers an implant over a partial denture. • Makes a requested repair to an existing prosthesis after explaining the limitations of the repair to the patient.
	1.4.3 Considers the contraindications, benefits, disadvantages and risks of treatment options.	• Recognizes that contraindications include patient allergies, tooth materials and inappropriate treatment modalities for the existing oral condition. • Considers the patient's health implications (e.g., allergic reactions, aphasiac dexterity).
	1.4.4 Establishes expectations in collaboration with the patient and relevant others.	• Explains the adjustment period. • Communicates the average life of the prosthesis.
	1.4.5 Implements the treatment plan in collaboration with the patient and relevant others.	• Discusses the anticipated adjustment period, as well as the benefits and disadvantages of the different treatment options with the patient. • Discusses the financial implications to determine materials. • Communicates the treatment plan to the patient's substitute decision-maker, caregiver, family member, physician, dental surgeon and/or laboratory.

Competency Area 1: Clinical Practice		
Competency	**Performance Indicators**	**Practice Illustrations**
	1.4.6 Evaluates the effectiveness of the plan and makes modifications as required.	• Confirms that the treatment objectives have been achieved. • Recognizes when an appliance requires modification for fit, function and/or aesthetics.
1.5 Performs and manages clinical procedures in a competent and safe manner.	1.5.1 Determines if the procedure is within the legislated scope of practice.	• Identifies activities that are defined as a controlled act under the *Regulated Health Professions Act*, *1991*. • Only accepts the delegation of a controlled act when the delegating professional has the authority to delegate that controlled act to a denturist. • Seeks consultation from the College of Denturists of Ontario (the "College").
	1.5.2 Identifies the personal knowledge, skill and judgement required to perform a procedure.	• Obtains additional training and develops skills in performing a procedure when needed. • Consults with others to confirm direction. • Identifies routine procedures performed competently numerous times.
	1.5.3 Foresees and manages potential negative outcomes associated with performing a procedure.	• Identifies incompatible components. • Considers the availability of materials, supplies and/or resources. • Identifies patients and/or situations that present a high risk and takes action to reduce that risk (e.g., refers the patient to other resources, reschedules the appointment, modifies the procedure, assigns additional staff to assist with the procedure). • Determines the required equipment and materials before starting the procedure. • Identifies health implications that may affect an outcome.
	1.5.4 Considers and takes corrective actions to address contraindications of the materials and/or limitations of the patient.	• Alters techniques to address abnormalities in the anatomic presentation (e.g., undercuts, tooth mobility). • Provides head support and/or seeks assistance from other staff members.

Competency Area 1: Clinical Practice		
Competency	**Performance Indicators**	**Practice Illustrations**
	1.5.5 Takes appropriate measurements and/or impressions to establish the ideal restoration, and maximize aesthetics and function.	• Understands that measurements may include vertical dimensions, abutment height and bite registration.
	1.5.6 Applies foundational knowledge and evidence-informed practice to produce accurate, functional results.	• Demonstrates skill in impression techniques and methods. • Applies medical device methodology and biochemical concepts when manufacturing and/or restoring a prosthesis and/or oral appliance (e.g., repairing dentures and/or relines).
	1.5.7 Takes into consideration the anatomical presentation and makes appropriate modifications when needed.	• Considers the material's ability and limitations. • Incorporates a soft lining for a flat ridge. • Identifies a lack of interocculsal space to determine if a metal reinforcement is required.
	1.5.8 Takes the patient's safety, physical comfort and emotional state into consideration.	• Modifies patient positioning, equipment selection and/or environment as needed. • Provides emotional support. • Demonstrates open and clear communication before starting a procedure.
	1.5.9 Evaluates the outcome of the procedure and makes modifications as required.	• Recognizes when a prosthesis needs modifications to produce desirable outcomes (e.g., change in bone structure, identifies extra tooth loss or over eruption of a tooth). • Confirms anatomical accuracy during the impression procedure. • Confirms the physiological accuracy (e.g., centric relation, occlusal accuracy, cosmetic outcome) during the fitting and delivery. • Adjusts and modifies for fit and patient comfort. • Evaluates processing outcomes to ensure integrity and accuracy.

Competency Area 1: Clinical Practice		
Competency	**Performance Indicators**	**Practice Illustrations**
1.6 Creates a design document (laboratory prescription) to support the fabrication of the oral appliance or prosthetic device.	1.6.1 Determines the colour, size and tooth arrangement in collaboration with the patient.	• Reviews resources (e.g., old photographs, facial measurements, previous prostheses).
	1.6.2 Takes into consideration the assessment data to inform the laboratory design prescription.	• Considers tooth mould, colour, position and limiting factors with natural dentition.
	1.6.3 Documents the desired materials and fabrication instructions.	• Records information specific to the design of a partial denture or implant framework. • Records the type of materials to be used (e.g., metals, alloys, acrylic specifications).
	1.6.4 Communicates relevant information to the technician and ensures that the technician understands the prescription.	• Communicates the desired completion time to the technician. • Provides a written specification to the technician. • Encourages the technician to ask questions to clarify his or her understanding of the prescription and the desired outcome.
1.7 Delivers an oral appliance and/or prosthesis that meets clinical standards and satisfies the patient.	1.7.1 Assesses the fit of the oral appliance or prosthetic device.	• Assesses retention, stability and patient comfort.
	1.7.2 Verifies the aesthetics and phonetics of the delivered oral appliance or prosthetic device.	• Uses knowledge, skill and judgement relevant to the fabrication of oral and prosthetic devices.
	1.7.3 Discusses and confirms the acceptance of the inserted oral appliance or prosthetic device with the patient.	• Confirms initial patient comfort and acceptance of the aesthetics. • Obtains the details of the patient's concerns and the required modifications of the oral appliance or prosthetic device.
	1.7.4 Discusses with the patient the appropriate post-insertion care and recall expectation.	• Communicates the adjustment period expectations. • Provides patient-specific instructions regarding the limitations of prosthetic devices. • Discusses with the patient the ability to augment the device to maximize comfort and stability.

Competency Area 1: Clinical Practice		
Competency	**Performance Indicators**	**Practice Illustrations**
	1.7.5 Ensures that the patient understands when to seek immediate treatment.	• Asks questions to confirm that the patient understands the provided instructions. • Provides information about the level of pain and/or discomfort that should be expected.
1.8 Conducts follow-up appointments to determine the comfort, fit and function of the oral appliance or prosthetic.	1.8.1 Assesses the condition and health of the patient's oral cavity.	• Notes any irritation, ulceration or areas of discomfort or concern. • Confirms that the tissue is healthy and that the bite is acceptable.
	1.8.2 Makes modifications to address the patient's concerns and/or observed irregularities.	• Performs procedures, including trimming and polishing, to relieve discomfort. • Adjusts tissue or occlusal surfaces and border extensions to address areas of concern.

Competency Area 2: Laboratory Procedures		
Competency	**Performance Indicators**	**Practice Illustrations**
2.1 Fabricates an oral appliance and/or prosthetic device ensuring fit, function and aesthetics.	2.1.1 Takes into consideration the key factors when selecting the dental materials used for fabrication.	• Considers the desired strength, appearance and composition of the materials. • Considers the limitations of the patient's anatomy and physiology and their impact on care. • Identifies the manufacturer's specifications and contraindications, and follows the manufacturer's instructions. • Considers the patient's treatment objectives.
	2.1.2 Prepares and uses materials according to the manufacturer's instructions.	• Demonstrates knowledge of fabrication technologies. • Makes a decision about the appropriateness of using heat-accelerated curing versus self-curing techniques. • Reads and follows the *Material Safety Data Sheet* (MSDS). • Mixes materials in the proper ratio.

Competency Area 2: Laboratory Procedures		
Competency	**Performance Indicators**	**Practice Illustrations**
	2.1.3 Chooses the occlusal strategy relative to the patient's condition and requirements.	• Establishes a step-by-step strategy for optimum success and maximum predictability. • Identifies potential occulsal warning signs and/or risks prior to treatment.
	2.1.4 Demonstrates the safe operation of all of the equipment and tools used in fabrication.	• Uses safety glasses or shields. • Uses dust and fume extraction devices. • Follows safety protocols when operating equipment.
	2.1.5 Demonstrates appropriate and safe use of dental materials.	• Ensures material compatibility. • Cleans appliances using the recommended solutions. • Follows the manufacturer's guidelines and WHIMIS protocols.
	2.1.6 Evaluates laboratory and fabricated components to ensure compliance with the laboratory prescription.	• Evaluates a cast framework intra- and extra-orally, based on its conformation. • Evaluates outcome against established criteria for acceptance of all laboratory-created elements.
2.2 Performs corrective procedures ensuring fit, function and aesthetics.	2.2.1 Identifies and assesses the appliance and determines the reason for the defect or breakage.	• Lists defects and identifies areas of weakness or occlusal discrepancies. • Determines the need to rebase and/or repair to maintain existing oral device or prosthesis.
	2.2.2 Identifies the dental materials used in the original dental appliance.	• Uses skill and judgement to recognize acrylic versus thermoplastic materials, or chrome versus titanium.
	2.2.3 Considers the different options to correct and/or repair the defect or breakage.	• Weighs the benefits and disadvantages to repairing as opposed to recommending the manufacture of a new oral appliance or prosthesis. • Considers different options to reinforce weak areas or occlusal correction. • Considers the different materials and/or procedures that will generate the best outcome.
	2.2.4 Considers the compatibility of the materials with the existing materials, patient assessment data and appliance history.	• Considers metal or acrylic-based allergies. • Recognizes the need for palatal reinforcement in a patient with a history of denture fracture.

Competency Area 2: Laboratory Procedures		
Competency	**Performance Indicators**	**Practice Illustrations**
	2.2.5 Uses evidence-informed practice to correct the defect or breakage.	• Keeps abreast of current materials and the manufacturer's guidelines. • Observes effective interventions by colleagues. • Applies new techniques based on published, peer-reviewed papers.
	2.2.6 Repairs the dental appliance ensuring the structural integrity, fit, function, aesthetic acceptance and biocompatibility.	• Ensures appropriate shade selection. • Ensures proper placement of the tooth or teeth.
	2.2.7 Seeks a consultation and/or service from an external laboratory if required.	• Refers to the laboratory for laser welding and chrome frame construction.
2.3 Adjusts and/or makes alterations to existing prostheses.	2.3.1 Obtains information from the patient and/or relevant others to determine the reason for the adjustment and/or alteration.	• Observes areas of concern or discomfort including irritation, ulceration, thickness and extension. • Identifies concerns related to relining, rebasing and/or the resetting of the dental prosthesis and/or oral appliance. • Identifies the mobile tooth or teeth.
	2.3.2 Takes the required measurements and/or impressions to facilitate laboratory procedures.	• Applies knowledge of anatomy and physiology to determine anatomical landmarks and limitations. • Uses the appropriate shade of teeth or acrylics. • Takes impressions if a re-fit is required.
	2.3.3 Communicates the reasons for the required modifications and/or adjustments to the patient and/or family members, and the laboratory.	• Shares with the patient the steps taken to modify or adjust the appliance. • Recognizes indications of irritation, ulceration and discomfort as well as occlusal discrepancies.
	2.3.4 Makes the required adjustments and/or alterations to optimize fit, comfort and aesthetics.	• Performs procedures, including trimming and polishing, to relieve discomfort. • Adjusts tissue or occlusal surfaces and border extensions to address areas of concern.
	2.3.5 Conducts a reassessment after an adjustment and/or alteration to determine the fit and function.	• Conducts an occlusal assessment and evaluates comfort.

Competency Area 3: Professional Collaboration

Competency	Performance Indicators	Practice Illustrations
3.1 Collaborates with other health care providers to enhance continuity, access to care and patient outcomes.	3.1.1 Builds rapport and trust in professional relationships (professional relationships include, but are not limited to, those with oral surgeons, dentists, medical doctors, dietitians, kinesiologists, chiropractors, allergists, pharmacists, dental lab technologists and students).	• Seeks and/or accepts consultations and referrals from others. • Demonstrates respect, and acknowledges the opinions, values, beliefs and perspectives of others.
	3.1.2 Demonstrates knowledge of other professionals' scopes of practice.	• Understands the role of the patient's health care team. • Recognizes the strengths and limitations of office and laboratory staff. • Facilitates an understanding and appreciation of the differences among team members and how each contributes to the overall care of the patients.
	3.1.3 Collaborates with others to develop a treatment plan and/or the required oral appliance and/or prosthesis.	• Encourages others (e.g., patients, staff, other health care professionals) to ask questions and seek clarification. • Recognizes the value that others bring to the situation, the patient and the environment. • Engages in active discussions with others to establish a method to best meet and serve the needs of the patient.
	3.1.4 In an effective and diplomatic manner, manages differences, misunderstandings and limitations that may contribute to interprofessional tensions.	• Applies the principles of collaboration and negotiation in teamwork. • Models behaviours that maximize group participation by consulting, listening and communicating clearly. • Promotes a friendly and co-operative environment. • Engages others in decision-making and problem-solving.
	3.1.5 Informs others of the role and scope of a denturist's practice.	• Communicates that "the practice of denturism is the assessment of arches missing some or all teeth and the design, construction, repair, alteration, ordering and fitting of removable dentures" (*Denturism Act, 1991*, section 3).

Competency Area 3: Professional Collaboration		
Competency	**Performance Indicators**	**Practice Illustrations**
3.2 Demonstrates effective, appropriate and timely consultations with others.	3.2.1 Demonstrates knowledge of others' roles and responsibilities, competence and scope of practice.	• Recognizes the strengths and weaknesses of team members and colleagues.
	3.2.2 Refers the patient to others when services are beyond his or her knowledge, skill, judgement and/or professional scope of practice.	• Immediately seeks emergency services when required. • Refers the patient to the appropriate professional when a potential medical issue is identified. • Seeks a consultation and/or referral to support the timely delivery of an appliance. • Seeks a consultation and/or referral for business matters (e.g., accounting, human resource issues). • Responds in a timely manner to requests for information. • Refers the patient to a dental surgeon when the treatment plan includes surgery. • Refers the patient to other practitioners when a potential issue is identified that requires medical attention and/or investigation.
	3.2.3 Supports the patient in seeking and/or obtaining funding and required services.	• Recommends the involvement of social services and/or community groups when appropriate. • Completes paperwork to support funding applications.

Competency Area 4: Practice Management		
Competency	**Performance Indicators**	**Practice Illustrations**
4.1 Manages day-to-day practice processes.	4.1.1 Manages time with respect to patient services, practice requirements and professional responsibilities.	• Prioritizes emergency situations. • Prioritizes patient care needs with business management responsibilities. • Takes immediate action on an identified risk to patients, staff, himself or herself and/or others. • Organizes workload according to patient needs and anticipated visit lengths. • Seeks support from an external laboratory when the workload is heavy and there is the potential for delayed delivery.

Competency Area 4: Practice Management		
Competency	**Performance Indicators**	**Practice Illustrations**
		• Balances office duties with patient time to ensure that professional responsibilities (e.g., accounting, documentation) are met. • Communicates with patients when services and/or an appointment will be delayed.
	4.1.2 Measures and monitors productivity to support efficient services.	• Monitors the timely delivery of products. • Tracks the use and waste of supplies. • Tracks the number of patients that are seen for services. • Monitors the number of critical incidents (e.g., breach of confidentiality, patient/staff injury) and outcomes. • Seeks input and suggestions from staff members on how to maximize productivity.
	4.1.3 Makes the appropriate arrangements to transfer patient records when closing and/or selling practice, according to the standards of the profession.	• Informs patients of the transfer of the health records to the new custodian, including the custodian's name and address. • Securely transfer all patient records to the new custodian.
4.2 Manages the assignment of services to support staff and others under the denturist's supervision.	4.2.1 Adheres to regulatory requirements and/or guidelines when assigning tasks and supervising staff and others.	• Confirms the knowledge, skill and judgement of staff directed to perform tasks. • Only assigns denturist students the tasks that are within the denturist's scope of practice and defined controlled acts model.
	4.2.2 Provides regular informative feedback to staff and others.	• Conducts and/or participates in formal performance reviews. • Provides constructive feedback to colleagues and/or students to support ongoing competence.
	4.2.3 Communicates process changes to the staff, patients and others.	• Advises staff and others of changes to laboratory services. • Provides an orientation session for new staff to explain routine processes. • Develops a policy manual to communicate common processes and the office rules.

Competency Area 4: Practice Management		
Competency	**Performance Indicators**	**Practice Illustrations**
	4.2.4 Obtains informed consent from patients for the involvement of staff and/or other services.	• Communicates to patients which procedures and/or activities will be performed by himself or herself, staff and others (e.g., external laboratory). • Ensures that the patient agrees to the involvement of others before assigning the task.
4.3 Manages human resource activities in accordance with legislation and regulations.	4.3.1 Supports staff compliance of applicable laws, policies, procedures and established systems.	• Participates in and/or initiates the development of organizational guidelines and/or policies. • Educates staff on relevant legislation (e.g., privacy and confidentiality, health care consent), guidelines and policies (e.g., documentation requirements). • Posts applicable standards, guidelines and external information for staff review.
	4.3.2 Applies human resource legislation and regulations.	• Demonstrates knowledge of and references the *Ontario Human Rights Code* and the *Ontario Labour and Employment Legislation, 2014.* • Ensures that the protocol for employment termination is in keeping with legislation and regulations.
	4.3.3 Ensures that each staff member works within his or her knowledge, skill and judgement.	• Confirms that each staff member has the required knowledge and skill to work within his or her role. • Clearly documents and communicates role expectations. • Collaborates with staff to set realistic roles and responsibilities. • Observes staff performance and takes action when staff demonstrates a level of incompetence (e.g., lack of knowledge, skill, judgement). • Initiates and manages staff remediation and termination processes, applying applicable legislation and labour agreements.
4.4 Applies principles of ethical marketing and advertising practices in accordance with the regulation of the profession.	4.4.1 Ensures that marketing information is truthful, accurate, verifiable and professional.	• Provides and/or references evidence-based literature to support claims. • Ensures information for the public can be clearly understood.

Competency Area 4: Practice Management		
Competency	**Performance Indicators**	**Practice Illustrations**
		• Ensures information does not include false claims or statements. • Includes all relevant information to ensure that messaging is not deceptive. • Ensures that all information related to pricing is accurate and complete.
	4.4.2 Acts with professional courtesy to competitors and adheres to the misconduct regulation.	• Ensures marketing and advertising materials do not claim superiority over another practice or member. • Demonstrates respect for other service providers.
	4.4.3 Ensures that all claims used in testimonials or endorsements are true and verifiable.	• Ensures that information does not use fear to motivate the public. • Ensures that all claims in testimonials are true and accurately communicated.
4.5 Utilizes financial management practices that ensure the appropriate provision of patient care.	4.5.1 Maintains accurate, current and legible financial records that adhere to provincial and federal legislation.	• Completes the appropriate forms and follows processes to maximize reimbursement. • Maintains a record of expenditures and income. • Maintains a record of HST collected and submitted.
	4.5.2 Ensures that accounting and/or bookkeeping systems are in place and adhere to legislation and regulations.	• Uses bookkeeping software to support accurate, timely record keeping. • Consults with a bookkeeper and/or accountant when required.
	4.5.3 Provides and maintains a copy of all invoices and payment receipts.	• Sends invoices to contractors (e.g., laboratory, building services) and maintains a copy. • Maintains a copy of payment received from patients.
	4.5.4 Communicates payment, refund and warranty policies to patients.	• Discusses with patients and/or family members the payment required for services and the payment schedule. • Posts the refund warranty policy and directs patients and/or family members to review policies as part of the informed consent process.

Competency Area 4: Practice Management		
Competency	**Performance Indicators**	**Practice Illustrations**
	4.5.5 Ensures that fees are fair, transparent and consistent within the acceptable range for the industry.	• Records and maintains a fee-for-service price list. • Conducts an environmental scan to determine fair and consistent fees.
4.6 Takes action to manage risks and ensure the safety of patients, staff and himself or herself.	4.6.1 Observes the whole environment, thinking ahead and reviewing potential risks, options and consequences.	• Regularly inspects equipment, tools and building premises (e.g., fire alarms, potentially icy or snowy areas, stairwells). • Reports any need for building maintenance. • Removes risks to reduce accidents and injuries. • Considers the environment from the patients' view (e.g., cleanliness and tidiness of patient areas). • Becomes familiar with the facility policies for infection prevention and during an infectious outbreak when working at an external facility (e.g., long-term care home).
	4.6.2 Recognizes safety problems in real time and responds by correcting them to prevent them from affecting the patient and/or others.	• Identifies broken equipment and takes action to repair or remove the equipment from use. • Identifies and removes anything that increases the risk of falls (e.g., wipes up spills, removes throw rugs).
	4.6.3 Educates staff on safety and emergency procedures and protocols.	• Conducts and/or facilitates regular fire drills. • Identifies and communicates situations that require emergency services. • Educates staff and relevant others on the proper use of equipment.
	4.6.4 Integrates safety practices into daily activities.	• Follows infection prevention and control protocols. • Sterilizes equipment and tools.
	4.6.5 Establishes protocols and policies to manage abusive and aggressive behaviours on the part of patients and/or family members.	• Documents behaviour considered to be abusive and/or aggressive, the consequences of that behaviour, and the actions that staff and/or he or she may take to resolve the situation. • Communicates policies to staff, patients and/or family members.

Competency Area 4: Practice Management		
Competency	**Performance Indicators**	**Practice Illustrations**
	4.6.6 Takes appropriate action to align practice environment policies with regulatory requirements.	• Aligns documentation practices with the College's standards of practice. • Confirms that the computer systems meet the requirements of privacy legislation and documentation standards.
	4.6.7 Complies with infection prevention and control policies, industry guidelines and the standards of the profession.	• Identifies the contamination source. • Follows appropriate procedures for disinfecting patient care and public areas. • Follows appropriate procedures for sterilizing all tools. • Keeps abreast of current infectious diseases and precautions. • Uses protective equipment as required.

Competency Area 5: Jurisprudence, Ethics and Professional Responsibilities		
Competency	**Performance Indicators**	**Practice Illustrations**
5.1 Maintains the confidentiality and privacy of all personal information in accordance with legislation, regulations and the standards of the profession.	5.1.1 Takes action to minimize foreseeable risks to privacy and confidentiality.	• Ensures that records are not left unattended in public areas, but instead are maintained in a secured location. • Ensures that only authorized individuals have access to records. • Advises all staff of the confidentiality requirements. • Speaks with patients in a private area. • Uses encryption and password protection when transmitting electronic files that contain patient information.
	5.1.2 Obtains consent for the collection, disclosure, storage and use of patient information.	• Ensures that patients understand the purpose of collecting information and its intended use. • Communicates the risks associated with transmitting information electronically.

Competency Area 5: Jurisprudence, Ethics and Professional Responsibilities		
Competency	**Performance Indicators**	**Practice Illustrations**
	5.1.3 Demonstrates knowledge of when information can be withheld and/or released without the consent of the patient or substitute decision-maker.	• Understands the actions required when a subpoena is received from a court to release specific aspects of a patient record. • Releases records for College activities (e.g., mandatory reports, investigation purposes, to meet Quality Assurance Program requirements).
	5.1.4 Demonstrates knowledge of the patient's right to request and access a copy of his or her records.	• Releases records in a timely manner after receiving a written request from the patient and/or substitute decision-maker. • Knows that professionals may charge a reasonable fee for photocopying records.
5.2 Adheres to the legislation, regulations, code of ethics, and standards of the profession.	5.2.1 Demonstrates responsibility and accountability for his or her actions and decisions.	• Demonstrates knowledge of patient rights and how to handle patient complaints. • Ensures that staff knows the procedure for the patient to submit a complaint. • Demonstrates transparency in reporting errors. • Follows through with actions and/or promises. • Communicates reasons for decisions.
	5.2.2 Demonstrates fair, transparent, respectful and truthful professional behaviours.	• Practises in a manner that respects diversity and avoids prejudicial actions toward an individual, group or population. • Communicates fees, policies and the schedule in advance of starting treatment. • Completes tasks within the stated timeframes. • Respects the patients' time when scheduling appointments.
	5.2.3 Recognizes the impact of the patient's values and beliefs on services.	• Recognizes when personal beliefs conflict with those of the patient. • Modifies the treatment plan and/or procedure when personal beliefs affect the usual process (e.g., allows a family member in the room during an examination, discusses alternatives to removing a head covering).

Competency Area 5: Jurisprudence, Ethics and Professional Responsibilities		
Competency	**Performance Indicators**	**Practice Illustrations**
	5.2.4 Recognizes, manages and declares real, potential and perceived conflicts of interest.	• Refuses to endorse one product over others. • Discloses a personal relationship when making a referral.
	5.2.5 Recognizes warning signs of a potential and/or actual boundary crossing and takes action to manage the situation.	• Remains alert to the changing nature of interactions with the patient. • Avoids inappropriate disclosure of personal information. • Avoids receiving or exchanging gifts. • Avoids billing irregularities that may signal special favours.
	5.2.6 Recognizes and manages inequalities in the power imbalance between the denturist, the patient, substitute decision-maker and staff.	• Does not exploit relationships for any form of non-therapeutic or personal gain, benefit or advantage. • Assumes responsibility for anticipating, establishing and maintaining appropriate boundaries.
	5.2.7 Accurately communicates his or her professional title and designation.	• Documents his or her title, using the appropriate professional designation ("Denturist") and/or a College approved abbreviation of denturist. • Informs patients and others of his or her professional designation. • Ensures that the College's registry is kept current with his or her name and employment address.
	5.2.8 Adheres to the mandatory reporting obligations outlined in legislation and regulations.	• Reports suspected child abuse to the Children's Aid Society. • Reports suspected sexual abuse of a patient to the member's regulatory college. • Reports unethical and/or incompetent behaviour to the member's regulatory college. • Reports the intent to terminate or the termination of a regulated health professional to the professional's regulatory college.
5.3 Demonstrates a commitment to continuing education and professional development.	5.3.1 Demonstrates insight into personal expertise and limitations.	• Recognizes areas of strength and weakness in practice. • Seeks feedback on his or her practice from patients, family members, colleagues and staff members.

Competency Area 5: Jurisprudence, Ethics and Professional Responsibilities		
Competency	**Performance Indicators**	**Practice Illustrations**
	5.3.2 Regularly reflects on the practice and changes in the practice environment.	• Considers the outcome of the services provided and reflects on what he or she would do differently next time. • Keeps abreast of new technologies, techniques and materials.
	5.3.3 Engages in self-assessment, peer and practice assessment, continuous learning and professional development in accordance with the College's Quality Assurance Program.	• Completes the College's required self-assessment tool. • Participates in peer and practice assessment when selected by the College. • Participates in continuing learning activities to support professional development and growth. • Evaluates personal competence in the use of technology (e.g., electronic records, accounting software).
	5.3.4 Encourages others to engage in personal and professional development activities for career growth and skill enhancement.	• Seeks opportunities for staff development. • Posts new literature for staff to review.
	5.3.5 Takes an active role in sharing information and knowledge.	• Presents at conferences and/or seminars. • Shares new knowledge with staff and colleagues. • Develops patient education materials. • Writes and publishes articles. • Posts current literature for others to review. • Discusses new technology, techniques and materials with his or her colleagues. • Mentors denturist students and new graduates.
5.4 Engages patients in the informed consent process in accordance with legislation.	5.4.1 Determines the patient's capacity to make an informed decision.	• Adheres to the *Health Care Consent Act, 1996* and the *Substitute Decision-Makers Act, 1992*. • Evaluates the patient's ability to fully understand the information needed to make an informed decision. • Determines the patient's maturity to understand the information (age is not a factor for providing informed consent).

Competency Area 5: Jurisprudence, Ethics and Professional Responsibilities

Competency	Performance Indicators	Practice Illustrations
	5.4.2 Identifies situations in which obtaining informed consent may be problematic, and then takes steps to address the issue.	• Identifies language barriers and arranges for a translator to be present. • Determines when the patient is incapable of providing informed consent. • Uses drawings and/or written materials to communicate with patients and/or substitute decision-makers.
	5.4.3 Involves the substitute decision-maker in the informed consent process when the patient's capacity and/or maturity prevents him or her from fully understanding the information.	• Refers to the *Health Care Consent Act, 1996* (substitute decision-maker hierarchy) to ensure that the appropriate person provides informed consent.
	5.4.4 Discusses the cost of services and payment options with the patient.	• Provides the patient with a fee schedule that itemizes costs and services. • Allows the patient adequate time to ask questions about and discuss the itemized list.
	5.4.5 Obtains informed consent prior to initiating services and/or changing the service plan.	• Communicates to the patient and/or substitute decision-maker the purpose, risks, benefits, disadvantages, alternatives and cost of the proposed treatment plan. • Communicates the potential negative outcomes of not obtaining the treatment or following through with wearing instructions (e.g., drifting of teeth, over erupting of teeth). • Ensures that the patient reasonably understands the information required to make an informed decision before initiating an assessment and/or treatment.

Competency Area 6: Communication

Competency	Performance Indicators	Practice Illustrations
6.1 Communicates with patients and stakeholders in a timely, accurate and effective manner.	6.1.1 Verifies accuracy of verbal and written communications.	• Confirms information with the referral source and/or patient. • Validates information against current literature. • Ensures that information posted on the company website is accurate and evidence-informed.

Competency Area 6: Communication		
Competency	**Performance Indicators**	**Practice Illustrations**
	6.1.2 Maintains patient records according to the standards of the profession.	• Maintains records in a safe and secure location for a period of at least seven years from the date of the patient's last visit. • Ensures the safe and secure storage of records.
	6.1.3 Adheres to the standards of the profession by documenting all patient encounters in a clear, concise, comprehensive and timely manner.	• Records notes in a timely manner. • Ensures that the documentation is clear and concise, and uses correct spelling, grammar and punctuation. • Organizes records systematically. • Ensures that records are truthful, factual, and without prejudice or exaggeration. • Ensures that dates and record notes are in the order in which they occurred. • Ensures that the meaning of any entry is immediately clear to any reader. • Dates and signs his or her professional designation on each entry. • Documents all patient interactions including those by phone, email, and those that are in person. • Documents assessment findings, clinical impressions, treatment plans, and modifications to the treatment plan and/or appliance. • Documents the informed consent process. • Documents the information and/or education provided to the patient. • Documents the design layout and materials used. • Documents and maintains a copy of laboratory prescriptions in the patient record. • Documents telephone conversations with the patient's dentist.
	6.1.4 Uses industry-accepted abbreviations and maintains a master abbreviation list.	• Maintains a master list of abbreviations and what each abbreviation stands for.

Competency Area 6: Communication		
Competency	**Performance Indicators**	**Practice Illustrations**
6.2 Demonstrates appropriate, clear and effective oral and written communication with patients, their support systems and other team members.	6.2.1 Uses a wide range of communication strategies.	• Demonstrates awareness of verbal and non-verbal communication. • Engages in active listening and delivers a response (e.g., re-phrases). • Uses all types of media (e.g., written, electronic, internet-based, social media). • Gathers information and encourages others to contribute to the dialogue.
	6.2.2 Communicates in a manner that is respectful of the patient's needs and beliefs.	• Communicates in a non-judgemental tone. • Delivers information and opinions in a respectful, professional manner. • Respects the individual's age, values, religious beliefs, sexual orientation, lifestyle and socioeconomic status.
	6.2.3 Uses effective dialogue that employs a variety of questions to elicit information.	• Asks open-ended questions. • Re-phrases questions and asks for clarification.
6.3 Modifies communication to meet the needs of the individual.	6.3.1 Assesses the communication needs of the individual patient and/or support system.	• Assesses the cognitive level of the individual. • Determines the patient's current understanding of the information and/or services.
	6.3.2 Identifies barriers to effective communication.	• Identifies possible communication barriers such as language, visual impairment, hearing impairment, age and/or cognitive level.
.	6.3.3 Modifies communication style and medium to meet individual needs.	• Provides written information in large print. • Incorporates the use of pictures and diagrams. • Employs the use of translators. • Selects the appropriate terminology based on the patient and/or support system's level of experience and understanding.

Competency Area 6: Communication		
Competency	**Performance Indicators**	**Practice Illustrations**
6.4 Provides patient education regarding the use, care and maintenance of the dental prosthesis or oral appliance; and oral health care.	6.4.1 Assesses the patient's educational needs relevant to his or her age/history and the services being provided.	• Assesses the patient's preferred learning style and personal learning needs. • Determines the patient's prior use of appliances and his or her understanding of the treatment plan. • Determines barriers to learning (e.g., language, literacy level, hearing, vision, age, cognitive level).
	6.4.2 Modifies educational materials and delivery methods to meet the needs of patients and others.	• Provides large-font materials for those who are vision impaired. • Incorporates pictures, diagrams and/or videos. • Modifies educational materials and/or communication according to the patient's age, cognitive abilities and level of independence. • Provides education to other health care providers and to family members when the patient is incapable of understanding the education presented.
	6.4.3 Delivers relevant education that is suitable for the patient and to the services being provided.	• Provides information that reinforces the patient's realistic expectations of comfort and success of the appliance. • Educates the patient on the care and average life of the oral appliance and/or prosthesis. • Provides handouts and/or written instructions to support the retention of the presented information. • Refers the patient and/or caregiver to a website to re-enforce learning.
	6.4.4 Evaluates the effectiveness of the education provided.	• Ensures that the patient understands the care and maintenance of the appliance. • Asks the patient to provide a demonstration to confirm his or her understanding of the provided education. • Seeks feedback on the educational materials that have been provided.

Glossary

Client-centred	A value within the practice of the profession. Demonstrated through respect for the client, client involvement in decision-making; advocacy with and for the client's needs; recognition of the client's experience and knowledge.
Code of ethics	A statement of moral conduct, ethical principles and values that guide the professional (e.g. honesty, trust, transparency, respect, fairness, accountability).
Competence	An individual's possesses the required knowledge, skill and judgement to function efficiently, safely and ethically, which meets or exceeds the minimum expectation of the profession. In relation to a discipline proceeding, Subsection 52(1) of the *Health Professions Procedural Code* defines in competence as, "professional care of a patient [that] display[s] a lack of knowledge, skill or judgement of a nature or to an extent that demonstrates that the member is unfit to continue to practice or that the member's practice should be restricted".
Competency	An outcome statement that defines the minimum knowledge, skill, judgement and attitude requirements for practice. Competencies provide a structure that helps identify, evaluate and develop the behaviours that ensure safe, competent, ethical practice.
Design document	A document that states the specifications, measurements, and/or fabrication instructions. Also described as the laboratory prescription.
Evidence-based	Evidence-based practice involves systematically finding research evidence and assessing its validity, applicability and importance to practice decisions; and is based on the best available evidence in the context of the practice situation.
Informed consent	The process of securing agreement from the patient for assessment, treatment or other healthcare intervention only after they have been fully informed of the nature, benefits, material risks and side-effects and the likely consequence of not having the assessment, treatment or intervention. During the informed consent process the patient is given the opportunity to ask questions and fully understand the information presented.
Performance indicator	The inter-related set of measureable behaviours related to a given competency.
Standards of practice	The minimum expectation, as defined by the profession.
Stakeholder	The significant participants in a given process, such as the public, patients, other health professionals, support staff and/or employers.
Substitute-decision make	A person who makes decisions for someone who is incapable of making his/her own decisions, and who is authorized to give or refuse consent to an intervention on behalf of a person who is incapable with respect to the intervention. In most cases this will be a family member or partner. In others, this may be an individual specifically selected by the client, or appointed by the Court, the Board or Public Guardian and Trustee Office.

References

Legislation and Regulations

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Health Care Consent Act, 1996, S.O. 1996

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Source Documents

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Strategies for Developing Competency Models: A. Marrieli, J. Tondora, M. Hoge; Administration and Policy in Mental Health, Vol. 32, 2005

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National Competency Profile – Canada

Denturists

May 2020

This competency profile, together with provincial Standards of Practice and Codes of Ethics, describes the practice requirements and expectations of Canadian denturists at entry-to-practice. That is, these competencies identify the minimum learning outcomes required of denturists at entry-to-practice. These competencies have been validated with information obtained through a broad national consultation with members of the profession and other stakeholders.

Purpose
The competency profile is a foundational document that describes a national standard that supports the provision of safe, effective and ethical patient care by denturists at entry-to-practice.

This document is the primary source of information used in the creation of blueprints for the Canadian multi-jurisdictional denturist regulatory examinations.

The competency profiles will be of value to registered and aspiring members of the profession, students, educators, regulators, patients and members of the public. However, this competency profile is not to be considered a curriculum guide. Educational institutions should determine the educational approach to establishing the necessary relationship between successful completion of a denturism academic program and meeting the entry-to-practice competency at the expected level of proficiency set out by provincial regulators.

History
The national entry-to-practice competencies for denturists were originally developed and approved in 2013. An extensive review and revision of the 2013 profile involving denturists across the country, educators and other stakeholders took place in 2019. This resulting revised profile was approved, in 2020, by the denturism regulators in British Columbia, Alberta and Ontario. This competency profile is a living document that will be reviewed regularly to capture the evolving entry-to-practice standards that support the provision of safe, effective and ethical patient care by denturists at entry-to-practice.

Structure
The complete competency profile for an entry-to-practice denturist is organized into five broad Competency Areas:
- Jurisprudence, ethics and professional responsibilities
- Patient-centred clinical care
- Records management
- Laboratory procedures
- Business management

Entry-to-practice competencies are articulated for each Competency Area. For each competency, performance indicators articulate how proficiency in the competency is demonstrated.

Assessment Vehicles
A competency or performance indicator may be appropriately assessed in one or more assessment environments. An assessment vehicle is a way to determine how the individual's competence in the competency or performance indicator is best completed. Five assessment vehicles are provided in the competency profile table and include:
- Regulatory Exam (MCQ): a multiple-choice question examination that is approved by the regulator

- Regulatory Exam (OSCE): an objective structured clinical assessment that is approved by the regulator
- Academic – Academic: assessment of competencies in the didactic setting provided by the denturist program
- Academic – Simulated: assessment of competencies in a standardized, simulated environment, provided by the denturist program
- Academic – Clinical: assessment of competencies in a clinical environment provided by the denturist program in an onsite clinic or through preceptorship or mentoring

Competency Area 1: Jurisprudence, Ethics and Professional Responsibilities

Competency		Performance Indicators	
1.1	**Adheres to applicable legislation, regulatory requirements, Standards of Practice and guidelines in all aspects of professional practice.**	1.1.1	Adheres to mandatory reporting obligations articulated in applicable legislation, regulatory requirements, Standards of Practice and guidelines.
		1.1.2	Adheres to applicable legislation, regulatory requirements, Standards of Practice and guidelines as they pertain to human resource management.
		1.1.3	Adheres to applicable legislation, regulatory requirements, Standards of Practice and guidelines as they pertain to business financial management.
		1.1.4	Adheres to applicable legislation, regulatory requirements, Standards of Practice and guidelines as they pertain to occupational health and safety.
		1.1.5	Adheres to applicable legislation, regulatory requirements, Standards of Practice and guidelines as they pertain to infection prevention and control.
		1.1.6	Adheres to applicable legislation, regulatory requirements, Standards of Practice and guidelines as they pertain to patient records and data protection.
		1.1.7	Adheres to applicable legislation, regulatory requirements, Standards of Practice and guidelines as they pertain to patient rights.
1.2	**Adheres to a Code of Ethics.**	1.2.1	Demonstrates responsibility and accountability for professional actions and decisions.
		1.2.2	Demonstrates fair, transparent, respectful and truthful professional behaviour, including communicating professional title and designation accurately.
		1.2.3	Declares and manages real, potential and perceived conflicts of interest.
		1.2.4	Maintains professional boundaries and recognizes and manages inequalities in the power imbalance between the denturist, patient, substitute decision-maker, staff and practicum students.
1.3	**Demonstrates a commitment to continuing professional development.**	1.3.1	Recognizes personal areas of professional expertise and opportunities for improvement.
		1.3.2	Maintains an awareness of changes and emerging trends in clinical practice.
		1.3.3	Engages in self-assessment, self-reflection, peer and practice assessment, continuous learning and professional development.
		1.3.4	Supports and encourages the professional development of staff and practicum students.
		1.3.5	Shares professional knowledge with staff, patients, practicum students and colleagues.

1.4	**Establishes collaborative professional relationships with other health care providers and consults with them in a timely manner, as required.**	1.4.1	Builds professional relationships with other health care providers based on mutual trust and respect.
		1.4.2	Demonstrates knowledge of other healthcare providers' scopes of practice.
		1.4.3	Collaborates with other healthcare providers to develop treatment plans and dental prostheses or oral devices.
		1.4.4	Manages differences of opinion and misunderstandings in a manner that promotes positive interprofessional collaboration.
		1.4.5	Refers patients to other healthcare professionals when the required services are beyond the denturist's knowledge, skill, judgement or scope of practice.
		1.4.6	Provides information and support to help the patient seek and obtain funding and required services.

Competency Area 2: Patient-Centred Clinical Practice

Competency		**Performance Indicators**	
2.1	**Performs and manages clinical procedures competently and safely.**	2.1.1	Identifies the foundational knowledge, skills and judgement that are required to meet the patient's denturism needs.
		2.1.2	Determines whether the proposed clinical procedure is within the legislated denturism scope of practice.
		2.1.3	Identifies the personal knowledge, skills and judgement required to perform a procedure.
		2.1.4	Consults with other professionals, as needed, to confirm treatment direction.
		2.1.5	Understands how physical and psychosocial factors may affect the provision of denturism services and treatment outcomes.
		2.1.6	Understands how assessment results may affect the treatment plan and expected outcomes.
		2.1.7	Determines and manages the risk of undesirable outcomes associated with a clinical procedure.
		2.1.8	Incorporates knowledge and assessment of relative contraindications for specific materials and patient limitations into proposed treatment plans.
		2.1.9	Applies foundational knowledge and follows up-to-date, evidence-informed practice to produce accurate, functional results.
		2.1.10	Knows when denturism services may be discontinued and discontinues treatment appropriately.
2.2	**Determines the appropriateness of a requested service.**	2.2.1	Demonstrates knowledge of requested services.
		2.2.2	Understands the indications for a requested service
		2.2.3	Discusses expected short- and long-term outcomes of the treatment with the patient and the referral source.

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Competency			Performance Indicators	
		2.2.4	Manages the patient's expectations in light of pre-existing medical conditions.	
2.3	Assesses the patient to determine a treatment plan.	2.3.1	Gathers, assesses and documents information about the patient's general and oral health history.	
		2.3.2	Gathers, assesses and documents information about the patient's current prescription and over-the-counter medication use.	
		2.3.3	Gathers, assesses and documents information about the patient's lifestyle (e.g., cigarette smoking, pipe use, coffee drinking) and the patient's ancillary medical devices (i.e., oxygen tanks, mobility aids) that may affect the treatment plan.	
		2.3.4	Gathers, assesses and documents information about the patient's use of snoring or obstructive sleep apnea treatment devices or aids (e.g., CPAP, recreational or breathing regulators) that may affect the treatment plan.	
		2.3.5	Assesses the patient's attitude to dental services and their readiness to accept a dental prosthesis or oral device.	
		2.3.6	Performs intra- and extra-oral examinations to assess for abnormal and normal oral structure and function and any associated indications of systemic disease (e.g., ulcers, oral thrush, denture-induced fibrosis).	
		2.3.7	Assesses the function of the patient's temporomandibular joint.	
		2.3.8	Assesses the patient's current dental prosthesis or oral device, if any, to determine fit and patterns of function and wear.	
		2.3.9	Considers the information in the patient's radiographic report and incorporates that information into the treatment plan, as appropriate.	
2.4	Communicates in a clear, respectful and effective manner.	2.4.1	Provides accurate and timely verbal and written information.	
		2.4.2	Assesses the patient's communication skills.	
		2.4.3	Identifies barriers to effective communication with the patient.	
		2.4.4	Modifies communication style to meet the patient's needs.	
		2.4.5	Communicates in a manner that respects the patient's needs and beliefs.	
		2.4.6	Uses active listening techniques.	
		2.4.7	Demonstrates cultural sensitivity and competence to support the delivery of respectful, unbiased and professional patient care and services.	
		2.4.8	Uses profession-specific abbreviations and terminology, where appropriate.	
2.5	Obtains informed consent from patients.	2.5.1	Assesses the patient's capacity to provide informed consent and addresses barriers to obtaining informed consent when they exist.	
		2.5.2	Identifies a substitute decision-maker and involves the substitute decision-maker in the patient's care, when appropriate.	
		2.5.3	Obtains informed consent from the patient, in accordance with applicable legislation, regulatory requirements, Standards of Practice and guidelines, for the services to be provided and for the staff members who will be providing the services, prior to initiating or changing a treatment plan.	

Competency		Performance Indicators	
2.6	**Develops a treatment plan in collaboration with the patient.**	2.6.1	Ensures the patient understands the assessment findings and clinical implications of the assessment.
		2.6.2	Develops treatment options based on the results of the assessment and the patient's medical history, needs and goals.
		2.6.3	Determines the treatment plan in collaboration with the patient.
		2.6.4	Identifies the contraindications, benefits, disadvantages and risks of the treatment options.
		2.6.5	Discusses the treatment options with the patient, ensuring the patient understands the benefits, disadvantages, contraindications, risks and reasonable expected outcomes for each treatment option.
		2.6.6	Ensures the patient understands the associated costs of and payment options for each suggested treatment option.
		2.6.7	Assesses progress and modifies the treatment plan as required, informing the patient of any changes, the rationale for such changes, and whether the changes will affect the treatment outcome.
		2.6.8	Takes measurements or impressions, as appropriate, to establish the ideal restoration that would maximize comfort, fit, function and aesthetics.
		2.6.9	Selects the most suitable impression material that fits with the patient's anatomical conditions and variations.
		2.6.10	Assesses and addresses the patient's safety and comfort when taking measurements or impressions.
2.7	**Fulfills a laboratory design prescription to support the fabrication of the dental prosthesis or oral device.**	2.7.1	Determines, in collaboration with the patient, the colour, size and tooth arrangement to be used in the dental prosthesis.
		2.7.2	Uses the assessment results to fulfill the laboratory design prescription.
		2.7.3	Documents the desired materials and fabrication instructions in the design prescription, as appropriate.
		2.7.4	Communicates the laboratory design prescription to the dental technologist/technician and ensures the technologist/technician understands the prescription, as appropriate.
2.8	**Ensures that the dental prosthesis or oral device meets Standards of Practice and the patient's needs.**	2.8.1	Assesses the fit of the dental prosthesis or oral device.
		2.8.2	Verifies the aesthetics of and phonetics associated with the dental prosthesis or oral device.
		2.8.3	Discusses the use, care and maintenance of the dental prosthesis or oral device with the patient.
		2.8.4	Confirms acceptance of the dental prosthesis or oral device by the patient.
		2.8.5	Schedules follow-up appointments, as required.
		2.8.6	Ensures that the patient understands when they should seek urgent follow-up treatment.
2.9	**Provides the patient with education about oral healthcare and how to use,**	2.9.1	Assesses the patient's educational needs in relation to the patient's medical and dental history, their ability to understand and comply with the treatment

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Competency		Performance Indicators	
	care for and maintain the dental prosthesis or oral device.		plan, and the services being provided.
		2.9.2	Modifies educational materials and delivery methods to meet the needs of the patient.
		2.9.3	Provides education appropriate to the patient and the required services.
		2.9.4	Assesses the effectiveness of patient education materials.
2.10	Conducts follow-up appointments to assess and address the comfort, fit, function, biocompatibility and aesthetics of the dental prosthesis or oral device.	2.10.1	Assesses the patient's oral cavity during follow-up assessments
		2.10.2	Makes appropriate modifications to the patient's dental prothesis or oral device to address patient concerns and irregularities of the dental prosthesis or oral device.

Competency Area 3: Records Management

Competency		Performance Indicators	
3.1	Maintains the confidentiality and privacy of patient information, including information in the patient record.	3.1.1	Protects patient privacy and confidentiality in accordance with applicable legislation, Standards of Practice, regulatory requirements and guidelines.
		3.1.2	Obtains consent to collect, disclose, store and use patient information.
		3.1.3	Knows when patient information may be released without the consent of the patient.
3.2	Maintains patient records.	3.2.1	Maintains complete patient records that include necessary and accurate information about other healthcare providers involved in the patient's care.
		3.2.2	Documents patient communications in a clear, concise, comprehensive and timely manner, in accordance with applicable legislation, regulatory requirements, Standards of Practice and guidelines.
		3.2.3	Understands a patient's right to access their record.
		3.2.4	Understands that a denturist's professional regulatory body has a right to access patient records.
		3.2.5	Provides a patient with access to their record upon request.
		3.2.6	Transfers a patient record in accordance with applicable legislation, regulatory requirements, Standards of Practice and guidelines when closing or selling a practice.
		3.2.7	Obtains contact information for relevant professionals associated with the patient's care, including the patient's dentist, physician or nursing services, and other past or present medical professionals, as indicated.

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Competency Area 4: Laboratory Procedures

Competency		Performance Indicators	
4.1	**Fabricates dental prostheses and oral devices to ensure structural integrity comfort, fit, function, biocompatibility and aesthetics.**	4.1.1	Understands the key factors involved in selecting dental materials used to fabricate dental prostheses or oral devices, including the characteristics of the materials, the patient's presentation and goals, manufacturer instructions, contraindications for use and recommendations.
		4.1.2	Prepares and uses fabrication materials according to manufacturer instructions.
		4.1.3	Chooses occlusal strategies based on patient assessment, condition and requirements, including the condition of the ridges, the maxillomandibular relationship and other case-specific measures.
		4.1.4	Operates fabrication equipment and tools safely and appropriately.
		4.1.5	Uses dental materials safely and appropriately.
		4.1.6	Assesses laboratory and fabricated components to ensure they comply with the laboratory design prescription.
4.2	**Performs corrective procedures on dental prostheses or oral devices to ensure structural integrity, comfort, fit, function, biocompatibility and aesthetics.**	4.2.1	Assesses defective or broken dental prostheses or oral devices to determine the reason for the defect or breakage.
		4.2.2	Identifies the materials used in the dental prosthesis or oral device.
		4.2.3	Determines options to correct any defect in the dental prosthesis or oral device, as appropriate, and recognizes when a dental prothesis or oral device is irreparable.
		4.2.4	Assesses the compatibility of the materials used in repairs with the existing materials, patient assessments and history of the dental prothesis or oral device.
		4.2.5	Uses evidence-informed practice to correct the defect or breakage.
		4.2.6	Repairs the dental prosthesis or oral device to ensure structural integrity, comfort, fit, function, biocompatibility and aesthetics.
		4.2.7	Consults with or seeks service from an external laboratory, as required.
4.3	**Adjusts or alters dental prostheses or oral devices, as required.**	4.3.1	Determines the reason for the adjustment or alteration.
		4.3.2	Takes measurements or impressions to facilitate laboratory procedures.
		4.3.3	Informs the laboratory of the reasons for the adjustment or alteration.
		4.3.4	Makes the adjustment or alteration, taking into consideration structural integrity, comfort, fit, function, biocompatibility and aesthetics.
		4.3.5	Encourages the patient to book a follow-up appointment to reassess the fit and function of dental prothesis or oral device after an adjustment or alteration.

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Competency Area 5: Business Management

Competency		Performance Indicators	
5.1	**Manages risks and ensures the safety of patients, staff and practicum students.**	5.1.1	Continually assesses the clinic or other environment to identify potential risks to the safety of patients, staff and practicum students.
		5.1.2	Has a plan to address emergency situations in the clinic or other environment that includes a periodic review of fire extinguisher locations, emergency exits, muster points, and roles and responsibilities, and disseminates this information to staff and practicum students.
		5.1.3	Maintains certification, as required, in cardiopulmonary resuscitation, first aid and management of medical emergencies.
		5.1.4	Takes appropriate steps to mitigate identified risks to safety for self, patients, staff and practicum students.
		5.1.5	Educates staff and practicum students about safety and emergency procedures.
		5.1.6	Integrates safety practices into daily practice activities.
		5.1.7	Establishes policies and protocols to prevent, and manage abusive workplace behaviour, when necessary
		5.1.8	Ensures that clinic and laboratory policies and procedures align with applicable legislation, Standards of Practice, regulatory requirements and guidelines.
		5.1.9	Complies with infection prevention and control legislation, guidelines and Standards of Practice.
		5.1.10	Ensures that staff and practicum students are trained in the appropriate use of personal protective equipment (PPE), and ensures that PPE is used when required.
5.2	**Manages day-to-day and emergency practice processes.**	5.2.1	Manages workload with respect to patient services, practice requirements, and professional responsibilities.
		5.2.2	Provides necessary professional services based on thorough assessments and professional judgement.
		5.2.3	Uses professional judgement, insight, and empathy to communicate with patients regarding their treatment requests, expectations, or outcomes.
		5.2.4	Responds promptly to patients who are experiencing medical emergencies.
		5.2.5	Measures, monitors, and reflects on productivity to support efficient, timely service delivery.

Competency		Performance Indicators	
5.3	**Manages human resource activities.**	5.3.1	Adheres to applicable legislation, regulatory requirements, Standards of Practice and guidelines in the supervision of staff and practicum students.
		5.3.2	Provides an orientation session for new staff and practicum students.
		5.3.3	Provides regular, documented feedback to staff and practicum students.
		5.3.4	Communicates changes in policies, processes and services to staff, practicum students, patients and others.
		5.3.5	Ensures that staff and practicum students comply with applicable legislation, regulatory requirements, Standards of Practice and guidelines; and clinic or other practice environment policies, procedures and systems.
		5.3.6	Ensures that staff and practicum students work within their scope of practice.
5.4	**Uses ethical advertising practices.**	5.4.1	Ensures that practice-related advertising is true, accurate, verifiable and professional.
		5.4.2	Acts with professional courtesy and in accordance with applicable legislation, regulatory requirements, Standards of Practice and guidelines with regard to professional competition.
5.5	**Uses appropriate financial management practices.**	5.5.1	Ensures financial records are accurate, current and adhere to applicable legislation, Standards of Practice, regulatory requirements or guidelines.
		5.5.2	Ensures accounting and bookkeeping systems are accurate, current and adhere to applicable legislation, Standards of Practice, regulatory requirements and guidelines.
		5.5.3	Maintains copies of all invoices and payment receipts and provides them on request, as appropriate.
		5.5.4	Informs patients about payment, refund and warranty policies.
		5.5.5	Ensures clinic fee structures are transparent.

Glossary

Aesthetics	The contribution of a prosthetic or denture to a patient's appearance that is determined by acrylic colour, tooth shade, position, size and alignment and the interaction of the device with the patient's existing physical features.
Biocompatibility	A characteristic of a material that describes its lack of deleterious effects on vital tissue of the host or patient. Deleterious effects can include non-specific tissue irritation or inflammation, carcinogenicity or genetic toxicity.
Code of Ethics	A statement of moral conduct, ethical principles and values that guides professional conduct and usually includes traits such as honesty, trust, transparency, respect, fairness and accountability.
Competence	The degree to which an individual uses the knowledge, skills and judgement associated with the profession to perform effectively in the domain of professional encounters within the scope of professional practice.[1]
Competency	An observable task that can be performed with entry-level proficiency and that, in conjunction with all of the other competencies, ensures safe, competent and ethical practice.
Laboratory design prescription	A document that identifies specifications, measurements and/or fabrication instructions. May also be called a design document or laboratory prescription.
Evidence-informed practice	Practice that is based on successful strategies that improve patient outcomes and are derived from various sources of evidence that include a patient's perspective, research, guidelines, policies, consensus statements, expert opinion and quality improvement data.
Patient	The person requesting or receiving treatment. May also refer to a legally identified substitute decision-maker where appropriate as defined in the Standards of Practice.
Patient-centred	A value that is demonstrated by respecting the patient, encouraging a patient's involvement in their treatment decisions, advocating for the patient's needs and acknowledging the patient's experience and knowledge.
Informed consent	Permission given by a patient after the patient has been fully informed of the nature, benefits, risks and side effects of an assessment, treatment or intervention; and the likely consequence of not having the assessment, treatment or intervention. During the informed consent process the patient is given the opportunity to ask questions and efforts are made to ensure the patient fully understands the information provided.
Performance indicator	A measurable behaviour that is indicative of, or related to, a competency.
Scope of practice	The procedures, actions and processes that members of a particular profession are, as codified in statute, authorized to perform.
Standard of practice	The minimum expectation defined by a profession as articulated in a specific jurisdiction.
Stakeholders	The significant participants in any given process. May include the public, patients, health professionals, support staff and employers.
Substitute decision-maker	A person who legally makes decisions for someone who is incapable of making their own decisions. These decisions can be associated with consent to, or refusal of healthcare. In many cases a substitute decision-maker is a family member or partner; however, it may be another individual appointed by the patient (as an Attorney for Personal Care), or a court, board, public guardian or trustee. Please note the legal requirements in your province to ensure that instructions are taken from the actual and appropriate substitute decision maker.

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[1] https://med.uottawa.ca/department-innovation/sites/med.uottawa.ca.department-innovation/files/example1_successful_aime_grant.pdf

COLLEGE OF DENTURISTS OF ONTARIO

Briefing Note

To: Council

From: Dr Glenn Pettifer, Registrar & CEO

Date: September 18, 2020

Re: Policy "Administrative Fee for Notices for Repeat CPD Reporting Non-Compliance"

Background

At its March 3rd, 2017 meeting, Council approved proposed amendments to Schedule 7 of the College By-laws to include an "Administrative Fee for Notices" ($50 for the first notice and $100 for subsequent notices).

Since the introduction of the Administrative Fee for Notices, compliance with the Quality Assurance Program Continuing Professional Development (CPD) reporting requirements have improved dramatically.

The annual CPD Reporting Requirement Notice data below shows that since the introduction of the Administrative Fee for Notices in 2017, member response to notices has improved, as has adherence to reporting deadlines. The data suggests an improvement in member compliance with the CPD program. For the previous 5-year CPD cycle, the College mailed out 220 letters to members who were non-compliant with the CPD reporting requirements. In May 2019, the College only mailed out 35 letters to members who were non-compliant with reporting for the 3-year cycle.

Annual CPD Requirement Notices

	Email Reminder	Letter Reminder	CPD Audit	PPA	Referral to ICRC
2016-17	67	29	7	1	1
2017-2018	61	33	4	0	0
2018-2019	51	17	3		
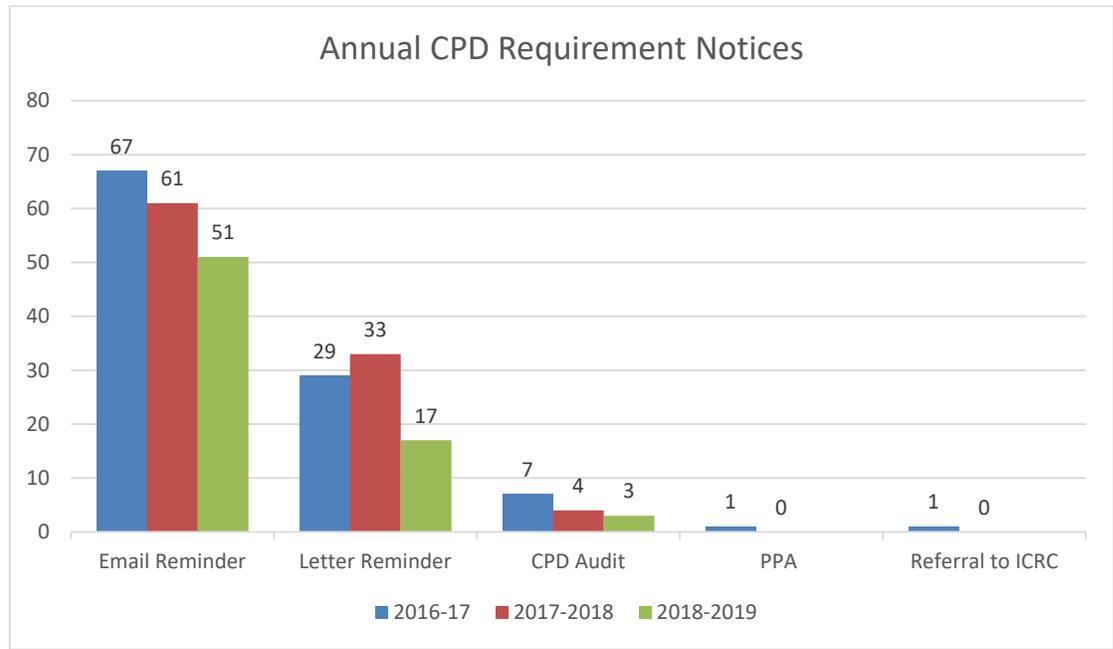
Though there has been significant improvement in CPD compliance since the introduction of the Administrative Fee for Notices, there are some members that are consistently referred to the Quality Assurance Committee for repetitive and consecutive non-compliance with CPD reporting deadlines.

Based on the College's current data, this proposed policy change would affect approximately 3-5 members/year. As part of the policy revision project, the Quality Assurance Committee considered the current CPD Compliance Policy. They requested feedback from legal counsel regarding the issue of repeat non-compliance to determine if any amendments to the policy were necessary.

The advice received from legal counsel directed the Committee to consider a more vigorous application of the administrative fee provisions.

The Committee considered this information and proposed the following wording be added to the CPD Compliance Policy:

After 2 consecutive reporting periods where a member has been non-compliant and escalated to stage 3 of the Stages of Escalation outlined in Appendix 1 of the CPD Program Compliance Policy (attached) by Panel A of the Quality Assurance Committee, a $100 administrative fee for the first letter will be levied and subsequent fees for additional letters will increase by $100 for each letter.

The work associated with monitoring CPD reporting compliance and communicating with non-compliant members places significant, unnecessary demands on the College's resources, staff and Committee members. Dealing with non-compliance consumes valuable Committee time, directing its efforts away from the more important activity of program evaluation and development.

Schedule 7 of the College By-laws already includes a fee for "subsequent notices" which can be levied against members who are non-compliant for two or more consecutive reporting periods.

Options:

After consideration of this matter, Council may elect to:

1. Approve amendments to the existing Policy.

2. Request amendments the Policy and approve the amended Policy

3. Request further information

4. Other.

Attachments:
Current CPD Compliance Policy
Draft Revised CPD Compliance Policy

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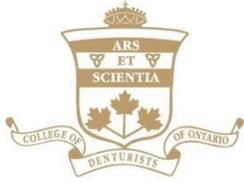
TYPE	Quality Assurance
NAME	Continuing Professional Development Program Compliance
IMPLEMENTATION DATE	March 3, 2017
REVIEW DATE	April 15, 2018

LEGISLATIVE BACKGROUND

The *Regulated Health Professions Act (RHPA), 1991,* mandates that each health profession regulatory College prescribe a quality assurance program that includes a number of components, including continuing education (CE) and professional development (PD) designed to promote continuing competence and continuing quality improvement among the members. The RHPA also mandates that the Colleges establish mechanisms to monitor members' participation in, and compliance with, the quality assurance program. Section 10(2) of the General Regulation under the *Denturism Act, 1991* states that every member shall comply with the requirements of the quality assurance program, which includes the CPD component.

INTENT

This policy outlines the College's Continuing Professional Development (CPD) program requirements and the College's approach to member non-compliance.

THE POLICY

CPD Program Requirements:

	Structured Learning Activities	Unstructured Learning Activities	Total
Annually	10 Credits		10
3 Year Cycle	Minimum of 30 Credits	Maximum of 30 Credits	60

Annually: Registered denturists must complete a minimum of 10 CPD credits annually.

3 year Cycle: Registered denturists must complete 60 credits over each three-year cycle. Of those 60 credits in a 3 year cycle, a *minimum* of 30 must be from participation in Structured Learning Activities. A *maximum* of 30 credits can be obtained for Unstructured Learning Activities in a 3 year cycle.

Specific details about the CPD program are found in the current version of the Continuing Professional Development Guide.

Reporting Deadlines:

Annual – April 14th of each year
3 year Cycle – April 14th, 2019 and every three years thereafter.

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Non-Compliance Notifications:

1st Notification – Reminder Email:
After April 14th of each year, the College will review all members who have not recorded the minimum annual CPD requirement of 10 credits. The College will send a reminder email to these members requesting that they enter the information into their profile through the Member Portal within 30 days of the date of the email.

2nd Notification – Final Reminder Letter:
After the submission deadline identified in the initial reminder email, the College will identify all members who still have not recorded the information into their profile. These members will receive a letter form the Quality Assurance Committee requesting that the member:

1) Complete the outstanding requirements **by no later than the date specified**; and

2) Submit a written response to the Committee that includes reason(s) for non-compliance and a plan of action **by no later than the date specified**; and

3) Enter the credits into their profile through the Member Portal within 10 days of completing the activity; and

4) Notify the College in writing once the outstanding requirements have been completed and entered into their profile through the Member Portal.

Continuing Non-Compliance
Failure to provide a response by **the dates specified** in the second reminder letter and compliance with the Committee's requests may result in one or more of the following actions by the Quality Assurance Committee (please consult Appendix 1: CPD Compliance – Stages of Escalation for more information):

- appointment of a Quality Assurance Assessor to review the member's CPD documentation,
- an order to participate in a Peer and Practice Assessment (at the member's cost), or
- referral to the Inquiries, Complaints and Reports Committee (ICRC)*

Please note that after the member reaches stage 4, the Committee will proceed to stage 5a, 5b or 5c on a case by case basis.

* Under the Health Professions Procedural Code, failing to co-operate with the QAC is an act of professional misconduct. The name of the member and allegations against the member may be disclosed to the Inquiries, Complaints and Reports Committee if the Quality Assurance Committee is of the opinion that the member may have committed an act of professional misconduct,

RELATED LEGISLATION AND DOCUMENTS

Regulated Health Professions Act, 1991
Health Professions Procedural Code, 1991
Denturism Act, 1991
Ontario Regulation 206/94 (General)
Professional Misconduct Regulation 854/93
Continuing Professional Development Guide (Current version)

REVISION CONTROL

Date	Revision	Effective
March 3, 2017	Addition of administrative fee	March 3, 2017

Appendix 1: CPD COMPLIANCE – STAGES OF ESCALATION

Member is non-compliant with QA Program

Stage 1 → **College sends reminder email - 30 days to enter credits/respond**

Stage 2 → **College sends final reminder letter - 30 days to enter credits/respond**

Stage 3 → **If non-compliant/non-responsive - QAC appoints an assessor to review CPD documentation and proof of completion** → **For this notice and each subsequent notice, the administrative fee will be applied.**

If non-compliant/non-responsive - Assessor recommends full PPA

Stage 4 → **QAC orders PPA**

Responsive but non-compliant - Complete SCERP

Responsive but non-compliant - Direct Registrar to impose TCLs

Non-responsive – Disclose member's name to ICRC if the QAC is of the opinion that the member may have committed professional misconduct

Stage 5a → **Stage 5b** → **Stage 5c**

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TYPE	Quality Assurance
NAME	Continuing Professional Development Program Compliance
DATE APPROVED BY COUNCIL	March 3, 2017
DATE REVISED BY COUNCIL	

LEGISLATIVE BACKGROUND

The *Regulated Health Professions Act (RHPA), 1991*, mandates that each health profession regulatory College prescribe a quality assurance program that includes a number of components, including continuing education (CE) and professional development (PD) designed to promote continuing competence and continuing quality improvement among the members. The RHPA also mandates that the Colleges establish mechanisms to monitor members' participation in, and compliance with, the quality assurance program. Section 10(2) of the General Regulation under the *Denturism Act, 1991* states that every member shall comply with the requirements of the quality assurance program, which includes the CPD component.

INTENT

This policy outlines the College's Continuing Professional Development (CPD) program requirements and the College's approach to member non-compliance.

THE POLICY

CPD Program Requirements:

	Structured Learning Activities	Unstructured Learning Activities	Total
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Reporting Deadlines:

Annual – April 14th of each year
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Non-Compliance Notifications:

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2nd Notification – Final Reminder Letter:
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1) Submit a written response to the Committee that includes reason(s) for non-compliance and a plan of action **by no later than the date specified**; and

2) Complete the outstanding requirements **by no later than the date specified**; and

3) Enter the credits into their profile through the Member Portal within 10 days of completing the activity; and

4) Notify the College in writing once the outstanding requirements have been completed and entered into their profile through the Member Portal.

Continuing Non-Compliance
Failure to provide a response by **the dates specified** in the second reminder letter and compliance with the Committee's requests may result in one or more of the following actions by the Quality Assurance Committee (please consult Appendix 1: CPD Compliance – Stages of Escalation for more information):

- appointment of a Quality Assurance Assessor to review the member's CPD documentation,
- an order to participate in a Peer and Practice Assessment (at the member's cost), or
- referral to the Inquiries, Complaints and Reports Committee (ICRC)*

After 2 consecutive reporting periods where a member has been non-compliant and escalated to stage 3 of the Stages of Escalation outlined in Appendix 1 of the CPD Program Compliance Policy (attached) by Panel A of the Quality Assurance Committee, a $100 administrative fee for the first letter will be levied and subsequent fees for additional letters will increase by $100 for each letter.

Please note that after the member reaches stage 4 of the Stages of Escalation, the Committee will proceed to stage 5a, 5b or 5c on a case by case basis.

* Under the Health Professions Procedural Code, failing to co-operate with the QAC is an act of professional misconduct. The name of the member and allegations against the member may be disclosed to the Inquiries, Complaints and Reports Committee if the Quality Assurance Committee is of the opinion that the member may have committed an act of professional misconduct.

## RELATED LEGISLATION AND DOCUMENTS

Regulated Health Professions Act, 1991 Health
Professions Procedural Code, 1991 Denturism
Act, 1991
Ontario Regulation 206/94 (General) Professional
Misconduct Regulation 854/93
Continuing Professional Development Guide (Current version)

Date	Revision	Effective
March 3, 2017	Addition of administrative fee	March 3, 2017
January 24, 2020	Consecutive non-compliance	

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Appendix 1: CPD COMPLIANCE – STAGES OF ESCALATION

Member is non-compliant with QA Program

Stage 1

College sends reminder email - 30 days to enter credits/respond

Stage 2

College sends final reminder letter - 30 days to enter credits/respond

Stage 3

If non-compliant/non-responsive - QAC appoints an assessor to review CPD documentation and proof of completion

For this notice and each subsequent notice, the administrative fee will be applied.

For repeat non-compliance, fees will increase by $100 at each stage of escalation.

If non-compliant/non-responsive - Assessor recommends full PPA

Stage 4

QAC orders PPA

Responsive but non-compliant - Complete SCERP

Responsive but non-compliant - Direct Registrar to impose TCLs

Non-responsive – Disclose member's name to ICRC if the QAC is of the opinion that the member may have committed professional misconduct

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Stage 5a	→	Stage 5b	→

Stage 5c

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COLLEGE OF
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BRIEFING NOTE

To:	**Council**
From:	**Registration Committee**
Date:	**September 18, 2020**
Subject:	**Registration Appeal Process Guidelines**

Background:

As part of the policy revision and coordination project, the Registration Committee considered information regarding the current Registration Appeal Policy.

Applicants who have received a decision from a panel of the Registration Committee can appeal the decision to the Health Professions Appeal and Review Board under section 21(1) of the Health Professions Procedural Code (the "Code").

The current policy describes the process outlined in the Code and is not an interpretation of the Code itself. Therefore, a policy document is not necessary. However, it is important that applicants are aware of and understand the process and procedures associated with appealing a Registration decision.

At its May 6th, 2020 meeting, the Committee moved to recommend the policy be retired and replaced with a Process Guideline document. Such a document supports transparency, a guiding principle in the College's processes and its relationship with Registration applicants.

The draft Process Guidelines are attached.

Options:

After consideration of this matter, Council may elect to:

1) Adopt a motion to retire the current policy and replace it with the proposed Process Guidelines;
2) Amend the proposed Process Guidelines and adopt a motion to approve the amended Process Guidelines;
3) Other.

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TYPE	Registration
NAME	Registration Appeal Policy
DATE APPROVED BY COUNCIL	December 12, 2014

INTENT

To ensure applicants understand the process for appealing Registration Committee decisions to Health Professions Appeal and Review Board ("the Board").

THE POLICY

An applicant who has received a decision of a panel of the Registration Committee refusing to issue a certificate of registration, or to issue a certificate of registration with terms, conditions or limitations, can appeal the decision to the Health Professions Appeal and Review Board. An applicant who requests an appeal of the Registration Committee's decision, within the prescribed timelines, can request that the Board either review or hold a hearing. After a hearing or a review, the Board will make an order. Both the applicant and the College may appeal the Board's decision to the Divisional Court.

RELATED LEGISLATION AND DOCUMENTS

Health Professions Appeal and Review Board and Health Services Appeal Review Board Consolidated Rules of Practice and Procedure, effective May 1, 2013

Regulated Health Professions Act, 1991

Denturism Act, 1991

PROCESS AND PROCEDURES

1. An applicant will be notified in writing of the decision of the Registration Committee included will be reasons for decision and information of his/her right to appeal to the Board.

2. An applicant has 30 business days from the date of the Registration Committee's decision and reasons to file a notice of appeal. An applicant's request must be in writing and must be addressed to both the Board and to the College's Registration Committee. Contact information for the Board is:

   Health Professions Appeal and Review
   Board 151 Bloor Street West, 9th Floor
   Toronto, Ontario M5S 1S4
   Tel: 416-327-8512
   Toll Free: 1-866-282-2179
   Fax: 416-327-8524
   Email: hparb@ontario.ca

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3. An applicant can require the Board to either review the decision (a paper based process with written submissions only) or hold a hearing (where both parties attend to present their case) regarding the applicant's application for registration.

4. An applicant can request that the College provide all the information concerning the decision(s) with respect to his/her case, which will be provided by the Registrar.

5. Within 15 business days of the College receiving notice of the appeal the Registration Committee must give the Board a copy of the decision being appealed, the reasons for the decision, and the documents upon which the decision was based. The Board then sends that record to the applicant.

6. After the hearing or review, the Board will make an order of one or more of the following:

   a. Confirming the Registration Committee decision.

   b. Requiring the Registration Committee to make an order directing the Registrar to issue a certificate of registration to the applicant if the applicant successfully completes any examination or training the Registration Committee may specify.

   c. Requiring the Registration Committee to make an order directing the Registrar to issue a certificate of registration to the applicant and to impose any terms, conditions and limitations the Board considers appropriate.

   d. Referring the matter back to the Registration Committee for further consideration by a panel, together with reasons and recommendations the Board considers appropriate.

7. Both the applicant and the College may appeal a decision of the Board to the Divisional Court.

8. The applicant is responsible for any costs related to an appeal.

DEFINITIONS

"Act" means the *Denturism Act, 1991* and includes the regulations made under it

"Code" means the Health Professions Procedural Code, being Schedule 2 to the *Regulated Health Professions Act, 1991*

"Member" means a person registered with the College

"Business days" means any day of the week, excluding Saturday, Sunday and statutory holidays

"Board" Health Professions Appeal and Review Board an independent adjudicative agency

REVISION CONTROL

Date	Revision	Effective

COLLEGE OF
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Registration Appeals – Process Guidelines

1. After considering an application for a Certificate of Registration, a panel of the Registration Committee will provide the applicant with a notice of an order that:

   (a) directs the Registrar to refuse to issue a Certificate of Registration;
   (b) directs the Registrar to issue a Certificate of Registration if the applicant successfully completes examinations or additional training;
   (c) directs the Registrar to impose terms, conditions and limitations on a certificate of registration of the applicant; or
   (d) refuses an application for an order removing or modifying any term, condition or limitation imposed on a certificate of registration.

2. An applicant will be notified of the decision of the panel of the Registration Committee, in writing. The decision will include reasons as well as information about appealing the decision to the Health Professions Appeal and Review Board (the "Board").

3. An applicant has 30 (thirty) days from the date of the Registration Committee's decision to file a notice of appeal. The request must be in writing and must be addressed to both the Board and to the College's Registration Committee. Contact information for the Board is:

   Health Professions Appeal and Review Board
   151 Bloor Street West, 9th Floor
   Toronto, Ontario M5S 1S4
   Tel: 416-327-8512
   Toll Free: 1-866-282-2179
   Fax: 416-327-8524
   Email: hparb@ontario.ca

4. An applicant can request a paper-based review of the decision (with written submissions only) or hold a hearing (where both parties attend to present their case) regarding the appeal request.

5. An applicant can request that the College provide all of the information concerning the decision(s) with respect to their application, which will be provided by the Registrar.

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6. Within 15 days of the College receiving notice of the appeal, the Registration Committee will give the Board a copy of the decision being appealed, the reasons for the decision, and the documents upon which the decision was based. The Board will send that record to the applicant.

7. After the review or hearing, the Board will make an order of one or more of the following:

    a. Confirming the Registration Committee decision.
    b. Requiring the Registration Committee to make an order directing the Registrar to issue a Certificate of Registration to the applicant if the applicant successfully completes any examination or training the Registration Committee may specify.
    c. Requiring the Registration Committee to make an order directing the Registrar to issue a Certificate of Registration to the applicant and to impose any terms, conditions and limitations the Board considers appropriate.
    d. Referring the matter back to the Registration Committee for further consideration by a panel, together with reasons and recommendations the Board considers appropriate.

8. Both the applicant and the College may appeal a decision of the Board to the Divisional Court.

9. The applicant is responsible for any costs related to an appeal.

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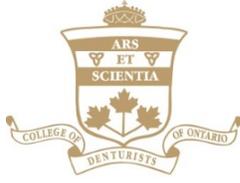
BRIEFING NOTE

To:	**Council**
From:	**Registration Committee**
Date:	**September 18, 2020**
Subject:	**Referral of a Registration Application to the Registration Committee Policy**

Background:

As part of the policy revision and coordination project, the Registration Committee considered information regarding the current Referral of a Registration Application to the Registration Committee Policy.

This policy specifies how and why a registration application would be referred to a Panel of the Registration Committee for decision.

The provisions of this process are outlined in the Health Professions Procedural Code, Schedule 2 of the Regulated Health Profession Act.

At the November 7th, 2019 meeting, the Committee moved to recommend amendments to the current policy for Council's consideration. The revised draft policy is attached for consideration.

Options:

1) Approve the revisions and approve the revised Policy;
2) Amend the revisions and approve the amended Policy;
3) Other.

Attachments

Current Policy: Referral of a Registration Application to Registration Committee

Draft Revised Policy: Referral of a Registration Application to the Registration Committee

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TYPE	Registration
NAME	Referral of a Registration Application to the Registration Committee Policy
DATE APPROVED BY COUNCIL	December 12, 2014

INTENT

The Act sets out the parameters for when the Registrar shall register the applicant or refer the application to the Registration Committee for decision. The College is committed to ensuring that its registration practices are transparent, objective, impartial and fair. This policy specifies how and why the Registrar refers a registration application to a panel of the Registration Committee for decision.

THE POLICY

The Registrar will determine if a referral to the Registration Committee is required. The Committee is made up of members of the denturism profession and public appointees to the Council of the College. The Registrar shall refer an application to a panel of the Registration Committee if the Registrar:

a) Has doubts, on reasonable grounds, about whether the applicant fulfills the registration requirements;

b) Is of the opinion that terms, conditions or limitations should be imposed on a certificate of registration of the applicant and the applicant is an individual described in subsections 22.18(1);

c) Is of the opinion that the terms, conditions or limitations should be imposed on a certificate of registration of the applicant and the applicant does not consent to the imposition; or

d) Proposes to refuse the application.

If the Registrar refers an application to the Registration Committee the Registrar shall give the applicant notice of the grounds for the referral and of the applicant's right to make written submissions. The Registration Committee will inform the applicant, in writing, of its decision and reasons for the decision regarding the application.

RELATED LEGISLATION AND DOCUMENTS

Section 15 of Schedule 2- Health Professions Procedural Code to the *Regulated Health Professions Act, 1991*
Ontario Regulation 833/93 (Registration)
Registration Guide
Registration Appeal Policy

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PROCESS AND PROCEDURES

1. The College receives an application for registration and the Registrar believes that the applicant does not fulfill one or more of the requirements specified in the Registration Regulation, believes terms, conditions or limitations should be imposed, or proposes to refuse the application.

2. The Registrar will refer the registration application to a panel of the Registration Committee and document the reason(s) for the referral.

3. The Chair of the Registration Committee will be advised of the referral within one business day.

4. Applicants, who are referred to the Registration Committee, will be notified in writing of the referral and reasons for referral within 14 business days. Applicants will be advised of their opportunity to make written submissions. The deadline to make submissions is within 30 business days of receiving notice of the referral.

5. Should the applicant choose to waive the 30 business days' notice, the Chair of the Registration Committee will convene a properly constituted panel to review the referral as soon as possible within 30 business days.

6. An applicant who requires an extension beyond the 30 business days to make a submission must notify the College in writing.

7. The Panel of the Registration Committee will render a decision and provide Decisions and Reasons to the applicant within 30 business days of the review of the application.

8. This decision may be appealed through an external adjudicative body, please see *Registration Appeal Policy* for specific information.

DEFINITIONS

"Act" means the *Denturism Act, 1991* and includes the regulations made under it

"Code" means the Health Professions Procedural Code, being Schedule 2 to the *Regulated Health Professions Act, 1991*

"Member" means a person registered with the College

"Business days" means any day of the week, excluding Saturday, Sunday and statutory holidays

REVISION CONTROL

Date	Revision	Effective

Registration – Referral of a Registration Application to the Registration Committee Policy – December 12, 2014   Page **2** of **2**

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TYPE	Registration
NAME	Referral of a Registration Application to the Registration Committee Policy
DATE APPROVED BY COUNCIL	December 12, 2014
DATE REVISED BY COUNCIL	

INTENT

The *Health Professions Procedural Code* (the "Code"), Schedule 2 of the Regulated Health Professions Act (1991), sets out the parameters for when the Registrar shall register the applicant or refer the application to the Registration Committee for decision. This policy outlines why the Registrar may refer an application for a Certificate of Registration to a panel of the Registration Committee for decision, outlines additional submission requirements and specifies process timelines.

THE POLICY

The Registrar will determine if a referral to the Registration Committee is required based on the provisions set out in section 15(2) of the Code.

If the Registrar refers an application to the Registration Committee, they shall give the applicant notice of the grounds for the referral and of the applicant's right to make written submissions. Applicants who are referred to the Registration Committee will be notified in writing of the referral and reasons for referral within 14 days and will be advised of their opportunity to make written submissions. The deadline to make submissions is within 30 days of receiving notice of the referral.

Should the applicant choose to waive the 30 day submission period, the Chair of the Registration Committee will convene a properly constituted panel to review the referral as soon as possible.

An applicant who requires an extension beyond the 30 days to make a submission must notify the College in writing.

The Panel of the Registration Committee will render a decision and provide Decisions and Reasons to the applicant within 30 days of the review of the application.

The decision may be appealed through an external adjudicative body, please see *Registration Appeal Process Guidelines* for specific information.

RELATED LEGISLATION AND DOCUMENTS

Schedule 2- Health Professions Procedural Code to the *Regulated Health Professions Act, 1991*
Ontario Regulation 833/93 (Registration)
Registration Appeal Process Guidelines

REVISION CONTROL

Date	Revision	Effective

COLLEGE OF DENTURISTS OF ONTARIO

BRIEFING NOTE

To:	**Council**
From:	**Registration Committee**
Date:	**September 18, 2020**
Subject:	**Policy and Process Guidelines: Access to Registration Applicant Records and Retention**

Background:

As part of the policy revision and coordination project, the Registration Committee considered information regarding the current Access to Registration Applicant Records and Retention Policy.

This policy ensures all applicants have access to information in their application records. It also specifies the College's retention period for maintaining and disposing of an applicant's application records. The changes to the retention periods are now aligned with the Retention Schedule approved by Council in December 2018. The process and procedures component of the original policy document has been removed and a separate process guidelines document was created to provide this information to applicants.

At the May 6th, 2020 meeting, the Committee moved to recommend amendments to the current policy for Council's consideration. The revised draft policy and process guidelines are attached for consideration.

Options:

After consideration of this matter, Council may elect to:

1) Adopt a motion to approve the revised Policy and Process Guidelines;
2) Amend the revised Policy further and adopt a motion to approve the amended Policy;
3) Other.

Attachments

Current Access to Registration Applicant Records and Retention Policy

Draft Process Guidelines - Access to Registration Applicant Records and Retention

Draft Revised Policy - Access to Registration Applicant Records and Retention Policy

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TYPE	Registration
NAME	**Access to Registration Applicant Records and Retention Policy**
DATE APPROVED BY COUNCIL	**December 12, 2014**

INTENT

This policy ensures all registration applicants have access to information in his/her application records. It also outlines the process for applicants to access these records and specifies what the College's retention period is for maintaining and disposing of an applicant's application records.

THE POLICY

Registration applicants may receive a copy of his/her application records upon written request. Only the applicant or legal designate may request access to his/her records. The Registrar may refuse to give an applicant anything that may, in the Registrar's opinion, jeopardize the safety of any person.

Access to registration applicant records is subject to certain retention periods, as set out below:

Successful Applicants

Registration application records of successful applicants will be maintained at the College indefinitely.

Unsuccessful Applicants

The retention period of registration application records for unsuccessful applicants is 15 years from the date the last document in the file is received.

Inactive Applications for Registration

If an applicant's application record is inactive for a period of one year, it will be closed and all documents received will be returned to the applicant's last known address on file by registered mail.

The records will be stored in a protected environment for the duration of the retention period as described above. Hardcopy documents will be destroyed by shredding.

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RELATED LEGISLATION AND DOCUMENTS

Denturism Act, 1991
Ontario Regulation 833/93, Schedule A
Schedule 2 of the Regulated Health Professions Act being the Health Professions Procedural Code

The College fulfills this commitment to privacy and confidentiality by complying with its statutory obligations under the *Regulated Health Professions Act, 1991* (RHPA), and the *Personal Health Information Protection Act*, 2004.

Under the *Regulated Health Professions Act* (1991), Schedule 2:

Disclosure of application file
16.(1) The Registrar shall give an applicant for registration, at his or her request, all the information and a copy of each document the College has that is relevant to the application.
Exception

(2)   The Registrar may refuse to give an applicant anything that may, in the Registrar's opinion, jeopardize the safety of any person. 1991, c. 18, Sched. 2, s. 16

PROCESS AND PROCEDURES

1.   The registration applicant submits a written request to the Registrar for access to his/her application records.

2.   Upon receipt of the written request, the College prepares the records, subject to availability per the College's retention period.

3.   The documents are prepared, and then approved by the Registrar, and photocopies of the file are provided to the applicant. Requests can take up to 15 business days to process. There is no fee charged to the applicant for access to his/her records however, reasonable photocopying costs may apply.

DEFINITIONS
"Applicant" means a person who has submitted an application for registration

"Business days" means any day of the week, excluding Saturday, Sunday and statutory holidays "Act" means the Denturism Act, 1991 and includes the regulations made under it;

"Code" means the Health Professions Procedural Code, being Schedule 2 to the Regulated Health Professions Act, 1991;

REVISION CONTROL

Date	Revision	Effective

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Accessing Application Records – Process Guidelines

1. The applicant will submit a written request to the Registrar for access to their application records.

2. Upon receipt of the written request, the College will prepare the records, subject to availability in accordance with the College's retention period.

3. The documents will be prepared and then approved by the Registrar. Photocopies of the file will be provided to the applicant. Requests can take up to 15 days to process. There is no fee charged to the applicant for access to their records. However, reasonable photocopying costs may apply.

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COLLEGE OF
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TYPE	Registration
NAME	Access to Registration Applicant Records and Retention Policy
DATE APPROVED BY COUNCIL	December 12, 2014
DATE REVISED BY COUNCIL	

INTENT

This policy ensures all registration applicants have access to information in their application records. It also specifies the College's retention period for maintaining and disposing of an applicant's application records in accordance with the Retention Schedule approved by Council (2018).

THE POLICY

Registration applicants may receive a copy of their application records by providing a written request to the Registrar. Only the applicant or legal designate may request access to their records.

The College fulfills this commitment to privacy and confidentiality by complying with its statutory obligations under the *Regulated Health Professions Act, 1991* (RHPA), and the *Personal Health Information Protection Act*, 2004.

Pursuant to the RHPA, the Registrar shall give an applicant for registration, at their request, all the information and a copy of each document the College has that is relevant to the application. The Registrar may refuse to give an applicant anything that may, in the Registrar's opinion, jeopardize the safety of any person.

Access to registration applicant records is subject to certain retention periods, as set out below:

Applicants – Approved for Registration

Registration application records of successful applicants will be maintained at the College indefinitely.

Applicants – Registration Refused

Registration application records of unsuccessful applicants will be maintained at the College indefinitely.

Inactive Applications for Registration

If an application record is inactive for a period of one year, it will be closed and all documents received will be returned to the applicant's last known address on file by registered mail. The College will keep a copy of the application records on file for a period of 6 years after the file is closed.

The records will be stored in a protected environment for the duration of the retention period as described above.

Hardcopy documents will be securely destroyed by shredding.

RELATED LEGISLATION AND DOCUMENTS

Retention Schedule, Approved by Council December 14, 2018

Denturism Act, 1991

Ontario Regulation 833/93, Schedule

Health Professions Procedural Code, Schedule 2 of the *Regulated Health Professions Act, 1991*

REVISION CONTROL

Date	Revision	Effective
May 6, 2020	Move process and procedures into separate document. Ensure alignment with approved Retention Schedule.	