



102nd Council Meeting

Friday, December 11, 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

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17. Adjournment		
18. In Camera Meeting of Council Pursuant to Schedule 2, the Health Professions Procedural Code of the <i>Regulated Health Professions Act</i> (1991), Section 7 ss (2) (d) of the <i>Regulated Health Professions Act</i> (1991).		



MISSION STATEMENT

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



MANDATE AND OBJECTIVES

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

1. To regulate the practice of the profession and to govern the members in accordance with the health profession Act, this Code and the *Regulated Health Professions Act, 1991* and the regulations and by-laws.
2. To develop, establish and maintain standards of qualification for persons to be issued certificates of registration.
3. To develop, establish and maintain programs and standards of practice to assure the quality of the practice of the profession.
4. To develop, establish and maintain standards of knowledge and skill and programs to promote continuing evaluation, competence and improvement among the members.
 - 4.1 To develop, in collaboration and consultation with other Colleges, standards of knowledge, skill and judgment relating to the performance of controlled acts common among health professions to enhance inter-professional collaboration, while respecting the unique character of individual health professions and their members.
5. To develop, establish and maintain standards of professional ethics for the members.
6. To develop, establish and maintain programs to assist individuals to exercise their rights under this Code and the *Regulated Health Professions Act, 1991*.
7. To administer the health profession Act, this Code and the *Regulated Health Professions Act, 1991* as it relates to the profession and to perform the other duties and exercise the other powers that are imposed or conferred on the College.
8. To promote and enhance relations between the College and its members, other health profession colleges, key stakeholders, and the public.
9. To promote inter-professional collaboration with other health profession colleges.
10. To develop, establish, and maintain standards and programs to promote the ability of members to respond to changes in practice environments, advances in technology and other emerging issues.
11. Any other objects relating to human health care that the Council considers desirable. 1991, c. 18, Sched. 2, s. 3 (1); 2007, c. 10, Sched. M, s. 18; 2009, c. 26, s. 24 (11).

COLLEGE OF DENTURISTS OF ONTARIO

FINANCIAL STATEMENTS

MARCH 31, 2020

Draft Statements Subject to Revision

Independent Auditor's Report

To the Council of the College of Denturists of Ontario

Opinion

We have audited the financial statements of the College of Denturists of Ontario (the "College"), which comprise the statement of financial position as at March 31, 2020, and the statements of operations, changes in net assets and cash flows for the year then ended, and notes to the financial statements, including a summary of significant accounting policies.

In our opinion, the accompanying financial statements present fairly, in all material respects, the financial position of the College as at March 31, 2020, and the results of its operations and its cash flows for the year then ended in accordance with Canadian accounting standards for not-for-profit organizations.

Basis for Opinion

We conducted our audit in accordance with Canadian generally accepted auditing standards. Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are independent of the College in accordance with the ethical requirements that are relevant to our audit of the financial statements in Canada, and we have fulfilled our other ethical responsibilities in accordance with these requirements. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

Other Information

Management is responsible for the other information. The other information comprises the information, other than the financial statements and our auditor's report thereon, in the annual report.

Our opinion on the financial statements does not cover the other information and we do not express any form of assurance conclusion thereon.

In connection with our audit of the financial statements, our responsibility is to read the other information identified above and, in doing so, consider whether the other information is materially inconsistent with the financial statements or our knowledge obtained in the audit, or otherwise appears to be materially misstated.

We obtained the annual report prior to the date of our auditor's report. If, based on the work we have performed on this other information, we conclude that there is a material misstatement of this other information, we are required to report that fact in our auditor's report. We have nothing to report in this regard.

Responsibilities of Management and Those Charged with Governance for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with Canadian accounting standards for not-for-profit organizations, and for such internal control as management determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, management is responsible for assessing the ability of the College to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless management either intends to liquidate the College or to cease operations, or has no realistic alternative but to do so.

Those charged with governance are responsible for overseeing the financial reporting process of the College.

Independent Auditor's Report (continued)

Auditor's Responsibilities for the Audit of the Financial Statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with Canadian generally accepted auditing standards will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of the financial statements.

As part of an audit in accordance with Canadian generally accepted auditing standards, we exercise professional judgment and maintain professional skepticism throughout the audit. We also:

- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, design and perform audit procedures responsive to those risks, and obtain audit evidence that is sufficient and appropriate to provide a basis for our opinion. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the internal control of the College.
- Evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by management.
- Conclude on the appropriateness of management's use of the going concern basis of accounting and, based on the audit evidence obtained, whether a material uncertainty exists related to events or conditions that may cast significant doubt on the ability of the College to continue as a going concern. If we conclude that a material uncertainty exists, we are required to draw attention in our auditor's report to the related disclosures in the financial statements or, if such disclosures are inadequate, to modify our opinion. Our conclusions are based on the audit evidence obtained up to the date of our auditor's report. However, future events or conditions may cause the College to cease to continue as a going concern.
- Evaluate the overall presentation, structure and content of the financial statements, including the disclosures, and whether the financial statements represent the underlying transactions and events in a manner that achieves fair presentation.

We communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant deficiencies in internal control that we identify during our audit.

We also provide those charged with governance with a statement that we have complied with relevant ethical requirements regarding independence, and to communicate with them all relationships and other matters that may reasonably be thought to bear on our independence, and where applicable, related safeguards.

Toronto, Ontario
Date to be determined

Chartered Professional Accountants
Licensed Public Accountants

Statement of Financial Position

March 31	2020 \$	2019 \$
ASSETS		
Current assets		
Cash	2,737,486	2,487,731
Prepaid expenses	27,951	28,204
	2,765,437	2,515,935
Capital assets (note 4)	59,248	76,621
Intangible assets (note 5)	6,501	9,288
	65,749	85,909
	2,831,186	2,601,844
LIABILITIES		
Current liabilities		
Accounts payable and accrued liabilities (notes 3 and 6)	214,050	146,256
Deferred registration fees (note 3)	156,464	319,847
	370,514	466,103
Deferred lease incentives (note 7)	41,994	50,392
	412,508	516,495
NET ASSETS		
Invested in capital and intangible assets	39,349	54,229
Internally restricted for therapy and counselling (note 8)	158,400	160,000
Internally restricted for complaints and discipline (note 9)	360,000	360,000
Unrestricted	1,860,929	1,511,120
	2,418,678	2,085,349
	2,831,186	2,601,844

The accompanying notes are an integral part of these financial statements

Approved on behalf of the Council:

President

Vice-President

Statement of Operations

Year ended March 31	2020 \$	2019 \$
Revenues		
Registration fees	1,463,267	1,412,010
Examination fees	322,775	253,600
Administration fees	12,910	18,708
Investment income	23,735	19,145
	1,822,687	1,703,463
Expenses		
Salaries and benefits	602,652	474,407
Examinations	312,452	315,362
Council and committees	16,543	17,466
Professional fees (note 8)	106,762	150,462
Quality assurance	64,958	45,003
Rent (note 7)	101,254	100,719
Complaints and discipline (note 10)	67,989	134,869
Office and general	196,588	166,793
Amortization of capital assets	17,373	22,531
Amortization of intangible assets	2,787	1,962
	1,489,358	1,429,574
Excess of revenues over expenses for year	333,329	273,889

The accompanying notes are an integral part of these financial statements

Statement of Changes in Net Assets

Year ended March 31

	Invested in capital and intangible assets \$	Internally restricted for therapy and counselling \$	Internally restricted for complaints and discipline \$	Unrestricted \$	2020 Total \$
Balance, beginning of year	54,229	160,000	360,000	1,511,120	2,085,349
Excess of revenues over expenses for year	-	-	-	333,329	333,329
Amortization of capital and intangible assets	(20,160)	-	-	20,160	-
Amortization of deferred lease incentives	5,280	-	-	(5,280)	-
Expenses incurred in current year (note 8)	-	(1,600)	-	1,600	-
Balance, end of year	39,349	158,400	360,000	1,860,929	2,418,678

The accompanying notes are an integral part of these financial statements

Statement of Changes in Net Assets

Year ended March 31

	Invested in capital and intangible assets \$	Internally restricted for therapy and counselling \$	Internally restricted for complaints and discipline \$	Unrestricted \$	2019 Total \$
Balance, beginning of year	51,382	160,000	360,000	1,240,078	1,811,460
Excess of revenues over expenses for year	-	-	-	273,889	273,889
Amortization of capital and intangible assets	(24,493)	-	-	24,493	-
Amortization of deferred lease incentives	5,280	-	-	(5,280)	-
Purchase of capital and intangible assets	22,060	-	-	(22,060)	-
Balance, end of year	54,229	160,000	360,000	1,511,120	2,085,349

The accompanying notes are an integral part of these financial statements

Statement of Cash Flows

Year ended March 31	2020 \$	2019 \$
Cash flows from operating activities		
Excess of revenues over expenses for year	333,329	273,889
Adjustments to determine net cash provided by (used in) operating activities		
Amortization of capital assets	17,373	22,531
Amortization of intangible assets	2,787	1,962
Amortization of deferred lease incentives	(8,398)	(8,399)
	345,091	289,983
Change in non-cash working capital items		
Decrease (increase) in prepaid expenses	253	(10,415)
Increase (decrease) in accounts payable and accrued liabilities	67,794	(28,921)
Decrease in deferred registration fees	(163,383)	(12,004)
	249,755	238,643
Cash flows from investing activities		
Purchase of capital assets	-	(12,639)
Purchase of intangible assets	-	(9,421)
	-	(22,060)
Net change in cash	249,755	216,583
Cash, beginning of year	2,487,731	2,271,148
Cash, end of year	2,737,486	2,487,731

The accompanying notes are an integral part of these financial statements

Notes to Financial Statements

March 31, 2020

Nature and description of the organization

The College of Denturists of Ontario (the "College") was incorporated as a non-share capital corporation under the Regulated Health Professions Act, 1991 ("RHPA"). As the regulator and governing body of the denturist profession in Ontario, the major function of the College is to administer the Denturism Act, 1991 in the public interest.

The College is a not-for-profit organization, as described in Section 149(1)(l) of the Income Tax Act, and therefore is not subject to income taxes.

1. Significant accounting policies

These financial statements have been prepared in accordance with Canadian accounting standards for not-for-profit organizations and include the following significant accounting policies:

(a) Revenue recognition

Registration fees

Registration fees are recognized as revenue in the fiscal year to which they relate. The registration year of the College is April 15 to April 14. Registration fees received in advance of the fiscal year to which they relate are recorded as deferred registration fees.

Examination fees

Examination fees are recognized as revenue when the examinations are held.

Administration fees

Administration fees are recognized as revenue when the service is rendered.

Investment income

Investment income comprises interest from cash and is recognized on an accrual basis.

(b) Capital assets

The costs of capital assets are capitalized upon meeting the criteria for recognition as a capital asset, otherwise, costs are expensed as incurred. The cost of a capital asset comprises its purchase price and any directly attributable cost of preparing the asset for its intended use.

Capital assets are measured at cost less accumulated amortization and accumulated impairment losses.

Amortization is provided for, upon commencement of the utilization of the assets, using methods and rates designed to amortize the cost of the capital assets over their estimated useful lives. The methods and annual amortization rates are as follows:

Furniture and fixtures	20% declining balance
Computer equipment	45-55% declining balance

Notes to Financial Statements (continued)

March 31, 2020

1. Significant accounting policies (continued)

(b) Capital assets (continued)

Amortization of leasehold improvements is provided for on a straight-line basis over the term of the lease.

A capital asset is tested for impairment whenever events or changes in circumstances indicate that its carrying amount may not be recoverable. If any potential impairment is identified, the amount of the impairment is quantified by comparing the carrying value of the capital asset to its fair value. Any impairment of the capital asset is recognized in income in the year in which the impairment occurs.

An impairment loss is not reversed if the fair value of the capital asset subsequently increases.

(c) Intangible assets

The costs of intangible assets are capitalized upon meeting the criteria for recognition as an intangible asset, with the exception of expenditures on internally generated intangible assets during the development phase, which are expensed as incurred. The cost of a separately acquired intangible asset comprises its purchase price and any directly attributable cost of preparing the asset for its intended use.

Intangible assets are measured at cost less accumulated amortization and accumulated impairment losses.

Amortization is provided for, upon commencement of the utilization of the assets, using methods and rates designed to amortize the cost of the intangible assets over their estimated useful lives. The methods and annual amortization rates are as follows:

Computer software	30% declining balance
Database application software	3 years straight-line

An intangible asset is tested for impairment whenever events or changes in circumstances indicate that its carrying amount may not be recoverable. If any potential impairment is identified, the amount of the impairment is quantified by comparing the carrying value of the intangible asset to its fair value. Any impairment of the intangible asset is recognized in income in the year in which the impairment occurs.

An impairment loss is not reversed if the fair value of the intangible asset subsequently increases.

(d) Deferred lease incentives

Lease incentives comprise free rent benefits and tenant inducements received in cash.

Lease incentives received in connection with original leases are amortized to income on a straight-line basis over the terms of the original leases. Lease incentives received in connection with re-negotiated leases are amortized to income on a straight-line basis over the period from the expiration date of the original lease to the expiration date of the re-negotiated lease.

Notes to Financial Statements (continued)

March 31, 2020

1. **Significant accounting policies (continued)**

(e) **Net assets invested in capital and intangible assets**

Net assets invested in capital and intangible assets comprises the net book value of capital and intangible assets less the unamortized balance of deferred tenant inducements used to purchase capital and intangible assets.

(f) **Financial instruments**

(i) **Measurement of financial assets and liabilities**

The College initially measures its financial assets and financial liabilities at fair value adjusted by the amount of transaction costs directly attributable to the instrument.

The College subsequently measures all of its financial assets and financial liabilities at amortized cost.

Amortized cost is the amount at which a financial asset or financial liability is measured at initial recognition minus principal repayments, plus or minus the cumulative amortization of any difference between that initial amount and the maturity amount, and minus any reduction for impairment.

Financial assets measured at amortized cost include cash.

Financial liabilities measured at amortized cost include accounts payable and accrued liabilities.

(ii) **Impairment**

At the end of each year, the College assesses whether there are any indications that a financial asset measured at amortized cost may be impaired. Objective evidence of impairment includes observable data that comes to the attention of the College, including but not limited to the following events: significant financial difficulty of the issuer; a breach of contract, such as a default or delinquency in interest or principal payments; and bankruptcy or other financial reorganization proceedings.

When there is an indication of impairment, the College determines whether a significant adverse change has occurred during the year in the expected timing or amount of future cash flows from the financial asset.

When the College identifies a significant adverse change in the expected timing or amount of future cash flows from a financial asset, it reduces the carrying amount of the financial asset to the greater of the following:

- the present value of the cash flows expected to be generated by holding the financial asset discounted using a current market rate of interest appropriate to the financial asset; and
- the amount that could be realized by selling the financial asset at the statement of financial position date.

Notes to Financial Statements (continued)

March 31, 2020

1. Significant accounting policies (continued)

(f) Financial instruments (continued)

(ii) Impairment (continued)

Any impairment of the financial asset is recognized in income in the year in which the impairment occurs.

When the extent of impairment of a previously written-down financial asset decreases and the decrease can be related to an event occurring after the impairment was recognized, the previously recognized impairment loss is reversed to the extent of the improvement, but not in excess of the impairment loss. The amount of the reversal is recognized in income in the year the reversal occurs.

(g) Management estimates

The preparation of financial statements in conformity with Canadian accounting standards for not-for-profit organizations requires management to make judgments, estimates and assumptions that affect the application of accounting policies and the reported amounts of assets and liabilities and the disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the current year. Actual results may differ from the estimates, the impact of which would be recorded in future years.

Estimates and underlying assumptions are reviewed on an ongoing basis. Revisions to accounting estimates are recognized in the year in which the estimates are revised and in any future years affected.

2. Financial instrument risk management

The College is exposed to various risks through its financial instruments. The following analysis provides a measure of the College's risk exposure and concentrations.

The financial instruments of the College and the nature of the risks to which those instruments may be subject, are as follows:

Financial instrument	Risks				
	Credit	Liquidity	Market risk		
			Currency	Interest rate	Other price
Cash	X			X	
Accounts payable and accrued liabilities		X			

Notes to Financial Statements (continued)

March 31, 2020

2. Financial instrument risk management (continued)

Credit risk

The College is exposed to credit risk resulting from the possibility that parties may default on their financial obligations, or if there is a concentration of transactions carried out with the same party, or if there is a concentration of financial obligations which have similar economic characteristics that could be similarly affected by changes in economic conditions, such that the College could incur a financial loss.

The maximum exposure of the College to credit risk is as follows:

	2020 \$	2019 \$
Cash	2,737,486	2,487,731

The College reduces its exposure to the credit risk of cash by maintaining balances with Canadian financial institutions.

Liquidity risk

Liquidity risk is the risk that the College will not be able to meet a demand for cash or fund its obligations as they come due.

The liquidity of the College is monitored by management to ensure sufficient cash is available to meet liabilities as they become due.

Market risk

Market risk is the risk that the fair value or future cash flows of a financial instrument will fluctuate because of changes in market prices. Market risk is comprised of currency risk, interest rate risk and other price risk.

Currency risk

Currency risk refers to the risk that the fair value of financial instruments or future cash flows associated with the instruments will fluctuate due to changes in foreign exchange rates.

The College is not exposed to currency risk.

Interest rate risk

Interest rate risk refers to the risk that the fair value of financial instruments or future cash flows associated with the instruments will fluctuate due to changes in market interest rates.

Notes to Financial Statements (continued)

March 31, 2020

2. Financial instrument risk management (continued)

Other price risk

Other price risk refers to the risk that the fair value of financial instruments or future cash flows associated with the instruments will fluctuate because of changes in market prices (other than those arising from currency risk or interest rate risk), whether those changes are caused by factors specific to the individual instrument or its issuer or factors affecting all similar instruments traded in the market.

The College is not exposed to other price risk.

Changes in risk

There have been no significant changes in the risk profile of the financial instruments of the College from that of the prior year.

3. Impact of COVID-19

During March 2020, the global pandemic of the virus known as COVID-19 led the Canadian Federal government, as well as provincial and local governments, to impose measures, such as restricting foreign travel, mandating self-isolations and physical distancing and closing non-essential businesses.

Effective March 16, 2020, the College extended the annual renewal deadline for all registrants from April 14, 2020 to May 29, 2020 and effective March 20, 2020, the College further extended the renewal deadline to October 30, 2020.

Effective May 1, 2020, the College approved a one-time fifty percent reduction in the registration fee for renewing and new denturists for the fiscal 2021 registration year. As a result, fifty percent of those registration fees received at the full amount before year-end for the fiscal 2021 registration year will be refunded. An amount of \$67,450 is included in accounts payable and accrued liabilities at year-end to reflect the refunds due to members (note 6).

As a result, there has been a decrease in deferred registration fees as at March 31, 2020.

Because of the high level of uncertainty related to the outcome of this pandemic, it is difficult to estimate the future financial effect, if any, on the College.

4. Capital assets

	Cost \$	Accumulated Amortization \$	2020 Net \$
Furniture and fixtures	95,505	74,307	21,198
Computer equipment	59,501	54,546	4,955
Leasehold improvements	60,173	27,078	33,095
	<u>215,179</u>	<u>155,931</u>	<u>59,248</u>

Notes to Financial Statements (continued)

March 31, 2020

4. Capital assets (continued)

	Cost \$	Accumulated Amortization \$	2019 Net \$
Furniture and fixtures	95,505	69,007	26,498
Computer equipment	59,501	48,490	11,011
Leasehold improvements	60,173	21,061	39,112
	<u>215,179</u>	<u>138,558</u>	<u>76,621</u>

5. Intangible assets

	Cost \$	Accumulated Amortization \$	2020 Net \$
Computer software	52,751	46,250	6,501
Database application software	31,900	31,900	-
	<u>84,651</u>	<u>78,150</u>	<u>6,501</u>

	Cost \$	Accumulated Amortization \$	2019 Net \$
Computer software	52,751	43,463	9,288
Database application software	31,900	31,900	-
	<u>84,651</u>	<u>75,363</u>	<u>9,288</u>

6. Accounts payable and accrued liabilities

	2020 \$	2019 \$
Trade payables and accrued liabilities	81,075	73,700
Registration fees to be refunded (note 3)	67,450	-
Accrued liabilities - complaints and discipline	57,800	55,988
HST payable	7,725	16,568
	<u>214,050</u>	<u>146,256</u>

Notes to Financial Statements (continued)

March 31, 2020

7. Deferred lease incentives

	Cost	Accumulated Amortization	2020 Net
	\$	\$	\$
Tenant inducements	52,800	26,400	26,400
Free rent benefits	31,187	15,593	15,594
	83,987	41,993	41,994

	Cost	Accumulated Amortization	2019 Net
	\$	\$	\$
Tenant inducements	52,800	21,120	31,680
Free rent benefits	31,187	12,475	18,712
	83,987	33,595	50,392

Pursuant to the lease agreement for the College's office premises, lease incentives totaling \$83,987, comprised of tenant inducements of \$52,800 to purchase capital assets and free rent benefits of \$31,187 were received in prior years.

Amortization of lease incentives in the amount of \$8,398 (2019 - \$8,399) was credited to rent expense in the current year.

8. Net assets internally restricted for therapy and counselling

The Council of the College has internally restricted net assets for the purposes of funding therapy and counselling as directed under the RHPA.

In the current year, expenses in the amount of \$1,600 (2019 - nil) were incurred in connection with therapy and counselling and are recorded in professional fees expense in the statement of operations.

The internal restriction is subject to the direction of Council upon the recommendation of the Executive Committee.

9. Net assets internally restricted for complaints and discipline

The College makes best efforts to anticipate the costs associated with complaints and discipline matters based on past experience and current caseload. However, in the event that the College incurs costs beyond the normal scope of such matters, the Council of the College has internally restricted net assets to fund expenditures related to these matters.

The internal restriction is subject to the direction of the Council upon the recommendation of the Executive Committee.

Notes to Financial Statements (continued)

March 31, 2020

10. Complaints and discipline

	2020	2019
	\$	\$
Complaints and discipline	71,989	157,669
Cost recoveries	(4,000)	(22,800)
	<u>67,989</u>	<u>134,869</u>

11. Commitment

The College is committed to lease its office premises until March 31, 2025. The future annual lease payments, including an estimate of premises common area expenses, are as follows:

	\$
2021	117,865
2022	117,865
2023	117,865
2024	117,865
2025	117,865
	<u>589,325</u>



PRIVATE & CONFIDENTIAL

November 27, 2020

The Council of the
College of Denturists of Ontario
365 Bloor Street East, Suite 1606
Toronto, Ontario
M4W 3L4

re: College of Denturists of Ontario

Dear Members of the Council:

We have substantially completed our audit of the College of Denturists of Ontario (the “College”) for the year ended March 31, 2020 and we wish to communicate with you certain matters that may be of interest to you.

The objective of an audit is to obtain reasonable assurance whether the financial statements are free of material misstatement and it is not designed to identify matters that may be of specific interest to you. Accordingly an audit would not usually identify all such matters.

The following is a summary of matters we have communicated with you through our communication of May 4, 2020 and this correspondence:

Communication of May 4, 2020

- Auditor Independence
 - communicated through the Engagement letter issued for the March 31, 2020 year-end
- Auditors’ Responsibility Under Generally Accepted Auditing Standards
 - communicated through the Engagement letter issued for the March 31, 2020 year-end
- Summary of Audit Approach, Materiality and Other Issues

Current Communication

- Auditor Independence
 - we are independent with respect to the College within the meaning of the Chartered Professional Accountants of Ontario Code of Professional Conduct as of November 27, 2020
- Audit Plan
 - the approach to the audit was consistent with that of our audit plan as described in our Pre-audit communication. With the closure of each of our offices in mid-March due to the global pandemic COVID-19, our audit was conducted virtually through the use of a dedicated secure portal from which the information needs of each party were successfully accomplished. We conclude that there were no significant disruptions to the audit process or to the quality of the audit evidence obtained.

College of Denturists of Ontario
Toronto, Ontario
November 27, 2020

- The Auditors Responsibility to Consider Fraud
 - we did not note any evidence of fraud during the course of the audit
- Misstatements - Illegal Acts
 - all adjustments proposed to management were recorded
 - there were no uncorrected misstatements aggregated during the audit
 - we did not identify any illegal acts during the course of the audit
 -
- Internal Control
 - an increased risk profile is inherent in an organization of this size relative to the lack of segregation of incompatible duties. Segregation of incompatible duties is a key internal control intended to minimize the occurrence of errors or fraud. The principle of segregating incompatible duties encompasses the division of responsibilities of a key process such that no one individual performs two or more of the functions related to custody, initiation, authorization, execution, recording and reporting.
- Related Party Transactions
 - we did not note any related party transactions during the course of the audit
- Matters Having a Significant Effect on the Qualitative Aspects of Accounting Principles used in the College's Financial Reporting
 - we did not note any significant qualitative aspects, including those detailed below that required communication with the Council, during the course of the audit:
 - initial selection of and changes in significant accounting policies, including the adoption of new accounting pronouncements
 - effect of significant accounting policies in controversial or emerging areas
 - existence of acceptable alternative policies and methods, and the acceptability of the particular policy or method used by management
 - effect on the financial statements of significant unusual transactions
 - issues involved, and related judgments made by management, in formulating particularly sensitive accounting estimates and disclosures (for example, disclosures related to going concern, subsequent events and contingency issues)
 - basis for the auditor's conclusions regarding the reasonableness of the estimates made by management in the context of the financial statements taken as a whole
 - factors affecting asset and liability carrying values, including the basis for determining useful lives assigned to tangible and intangible assets
 - timing of transactions that affect the recognition of revenues or avoid recognition of expenses
- Annual Report
 - we will review the annual report prior to it being finalized to ensure there are no inconsistencies with the audited financial statements
- Other Issues
 - we did not encounter any serious difficulties while performing the audit, including significant delays in management providing information required for the audit and an unnecessarily brief timetable in which to complete the audit
 - we did not discuss any major issues with management in connection with our re-appointment as the auditor, including, among other matters, discussions regarding the application of accounting principles and auditing standards, and fees

- we did not note any instances of management consulting with other accountants about auditing and accounting matters
- we did not note any disagreements with management about matters that individually or in the aggregate could be significant to the financial statements or the auditor's report, whether or not subsequently resolved
- we did not note any other issues arising from the audit that would be important or relevant to the Council
- a management letter was deemed to not be necessary for the March 31, 2020 year-end
- a representation letter is to be obtained from management upon finalization

This communication is prepared solely for the information of the Council and is not intended for any other purpose. We accept no responsibility to a third party who uses this communication.

We would be pleased to discuss further any of the matters noted above in more depth or to make further investigations of areas where you may believe there are problems we may assist you with.

Yours very truly,



I.B.MacKenzie/gac

Chartered Professional Accountants



101st Council Meeting Teleconference

Held via Zoom

September 18, 2020 – 10:00 a.m. to 12:00 p.m.

MINUTES

Members Present:

Kristine Bailey ➤ President
Abdelatif Azzouz
Eddy Chin
Lileath Claire
Keith Collins
Norbert Gieger
Garnett A. D. Pryce
Christopher Reis
Gaganjot Singh
Gord White

Regrets:

Alexia Baker-Lanoue ➤ Vice President
Jack Biernaski
Michael Vout Jr.

Absent:

Paul Karolidis

Legal Counsel:

Ms. Rebecca Durcan, Steinecke, Maciura and LeBlanc

Staff:

Dr. Glenn Pettifer, Registrar and CEO
Ms. Megan Callaway, Manager, Council and Corporate Services
Ms. Catherine Mackowski, Manager, Professional Conduct
Ms. Jennifer Slabodkin, Manager, Registration, Quality Assurance and Policy
Mr. Roderick Tom-Ying, Manager, Strategic Initiatives

1. Call to Order

The meeting was called to order at 10:05 a.m.

2. Approval of Agenda

MOTION: That the Agenda be approved.

MOVED: K. Collins

SECONDED: L. Claire

CARRIED

It was noted that item 8: Presentation by Ms. Rebecca Durcan, College Counsel would be addressed following item 5: Consent Agenda, and that item 6.3: KPI Summary Report would be addressed prior to item 6.2: Strategy Map 2017-2021.

3. Declaration of Conflict(s)

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

4. College Mandate

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

5. Consent Agenda

MOTION: That the Consent Agenda be approved.

MOVED: K. Collins

SECONDED: N. Gieger

CARRIED

6. 2017-2020 Strategy Map – Report on Key Performance Indicators

It was decided by general consent that strategy development would be deferred to spring 2021, and that discussions with the other Colleges should be continued around potential amalgamation sometime in the future.

7. Revised National Competency Profile

MOTION: To formally adopt the revised National Competency Profile.

MOVED: N. Gieger

SECONDED: K. Collins

CARRIED

8. Presentation

Ms. Rebecca Durcan, College Counsel presented, "British Columbia Moves Ahead with Massive Reform of System for Regulating Health Care Workers: Implications for Ontario Regulators".

9. Draft Policy Revision: Administrative Fee for Notices for Repeat Continuing Professional Development (CPD) Reporting Non-Compliance

MOTION: To approve amendments to the existing Policy.

MOVED: A. Azzouz

SECONDED: L. Claire

CARRIED

10. Draft Process Guidelines: Registration Committee Decision Appeals

MOTION: To retire the current Policy and replace it with the proposed Process Guidelines.

MOVED: E. Chin

SECONDED: K. Collins

CARRIED

11. Draft Policy Revision: Referral of a Registration Application to the Registration Committee

MOTION: To approve the revisions and approve the revised Policy.

MOVED: N. Gieger

SECONDED: L. Claire

CARRIED

12. Draft Policy Revision: Access to Registration Applicant Records

MOTION: To approve the revised Policy and Process Guidelines.

MOVED: G. Pryce

SECONDED: A. Azzouz

CARRIED

13. Other Business

No other business was raised.

14. Next Meeting Date

It was reported that the 102nd Meeting of Council will be held on Friday, December 11, 2020, via Zoom.

15. Adjournment

The meeting was adjourned at 11:43 a.m.

Ms. Kristine Bailey
President

Date

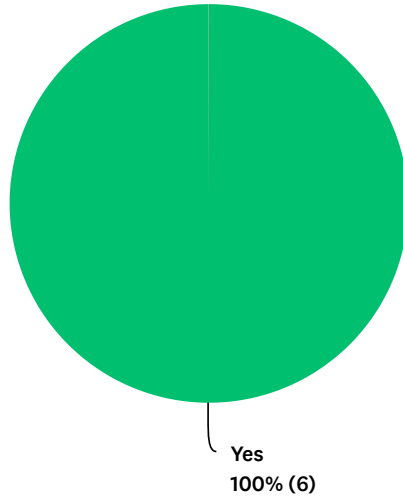
Dr. Glenn Pettifer
Registrar and CEO

Date

DRAFT

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

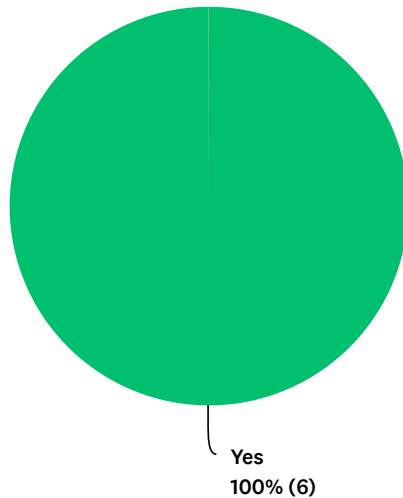
Answered: 6 Skipped: 0



#	COMMENTS	DATE
1	Material provided was timely with sufficient content to prepare one for the meeting discussions.	9/19/2020 12:45 AM

Q2 I received this supportive information in a timely manner.

Answered: 6 Skipped: 0

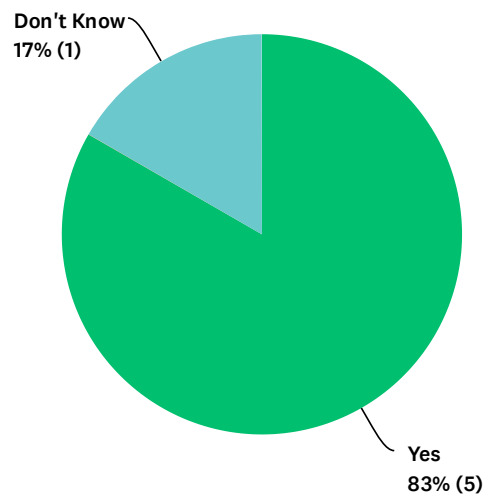


Council Meeting Feedback Survey College of Denturists of Ontario
101st Council Meeting - September 18, 2020

#	COMMENTS	Agenda Item 6.2 DATE
1	The material provided was fairly extensive. Therefore a week in advance of the meeting is adequate time within which to be fully prepared.	9/19/2020 12:45 AM

Q3 This meeting was effective and efficient.

Answered: 6 Skipped: 0



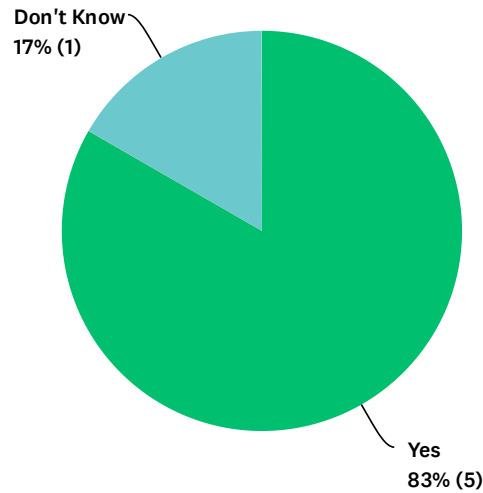
#	COMMENTS	DATE
1	Was not in attendance	9/19/2020 7:57 AM
2	Processes were put in place to ensure smooth running of a video meeting, including guidance on the use of the technology. The use of 'silence' to relay agreement seems to work well, However, a bit concerned that it could become habitual with valid concerns (albeit infrequent) not aired. Just a point to watch!	9/19/2020 12:45 AM

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

Answered: 6 Skipped: 0

Council Meeting Feedback Survey College of Denturists of Ontario
101st Council Meeting - September 18, 2020

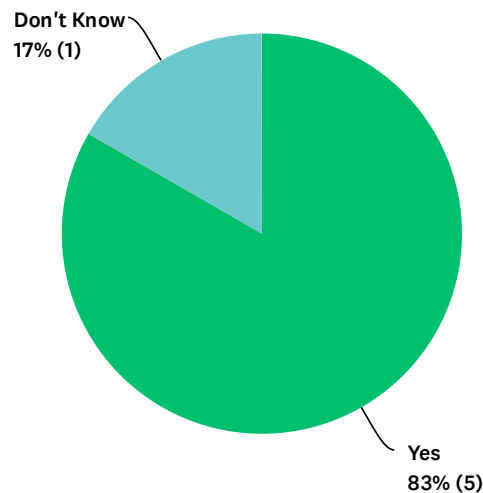
Agenda Item 6.2



#	COMMENTS	DATE
1	Was not in attendance	9/19/2020 7:57 AM
2	The President was efficient in introducing topics, allowing the Registrar or other to present topic and then opening up for discussion / closure. In summary moving each agenda item along very efficiently.	9/19/2020 12:45 AM

Q5 I felt comfortable participating in the Council discussions.

Answered: 6 Skipped: 0



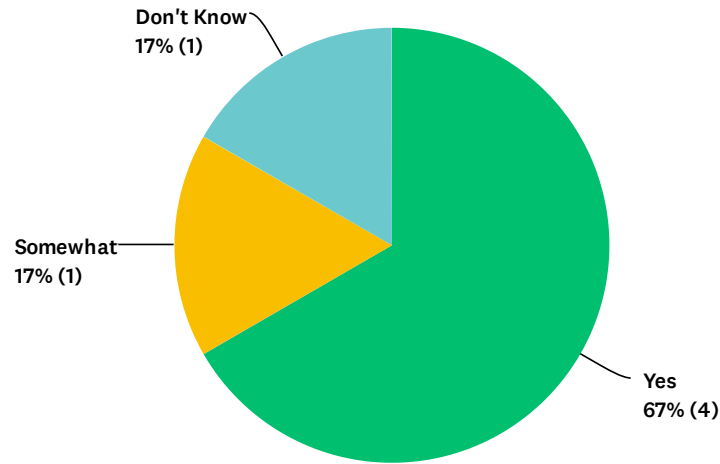
#	COMMENTS	DATE
	There are no responses.	

Q6 The public interest was considered in all discussions.

Council Meeting Feedback Survey College of Denturists of Ontario
101st Council Meeting - September 18, 2020

Answered: 6 Skipped: 0

Agenda Item 6.2



#	COMMENTS	DATE
1	Suggestion to consider explicitly calling out specific notation of impact on public interest particularly with decisions around new and/or changing policies / procedures.	9/19/2020 12:45 AM

Q7 List two strengths of this meeting.

Answered: 3 Skipped: 3

#	RESPONSES	DATE
1	Use of technology was better.	9/21/2020 12:20 PM
2	1. Efficiency of the President 2. Update on the Recommended B.C Health Regulatory Changes	9/19/2020 12:45 AM
3	Materials for the were well prepare and well in advance of the meeting. Great job everybody.	9/18/2020 12:04 PM

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

Answered: 2 Skipped: 4

#	RESPONSES	DATE
1	Great improvements over previous meetings. In particular with audio feedback. Still a challenge with managing document. For myself, I use a separate device (computer) to view the document as we proceed through the meeting. For members with only one device, this might be a challenge, since printing is probably not the best given the volume.	9/19/2020 12:45 AM
2	None	9/18/2020 12:04 PM

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

Council Meeting Feedback Survey College of Denturists of Ontario
101st Council Meeting - September 18, 2020

Answered: 2 Skipped: 4

Agenda Item 6.2

#	RESPONSES	DATE
1	Committee documents could be spoken to by members of the committee (Chair if available) or other vs. Chair of Council or Registrar of College. It would make it more interesting and more relevant.	9/21/2020 12:20 PM
2	None	9/18/2020 12:04 PM

Q10 Additional Comments

Answered: 2 Skipped: 4

#	RESPONSES	DATE
1	None	9/19/2020 12:45 AM
2	good job	9/18/2020 12:54 PM

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

Answered: 1 Skipped: 5

#	RESPONSES	DATE
1	Maybe a question for members self-reflection and evaluation of their preparedness for the meeting.	9/19/2020 12:45 AM



COMMITTEE REPORT TO COUNCIL

Name of Committee: **Executive Committee**

Reporting Date: **December 11, 2020**

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

The Executive Committee met by teleconference on September 30 to consider the customary items, and:

- Joseph Whang was appointed as Chair of the Quality Assurance Committee – Panel B, and Alexia Baker-Lanoue was appointed to the Qualifying Examination Appeals Committee to fill existing vacancies.
- 2 Clinic Name Registration Applications were approved
- An orientation to SharePoint Communication Sites was presented.

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



COMMITTEE REPORT TO COUNCIL

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

Reporting Date: **December 11, 2020**

Number of Meetings since
last Council Meeting: **2 ICRC virtual, 1 verbal caution virtual**

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 September 18, 2020 Council meeting, the ICRC has considered 8 matters and administered virtual verbal cautions to three (3) members.

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

No Further Action	3
Advice/Recommendation/Reminder	3
Referral to Discipline	1
Undertaking	0
Deferred	1

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

Practice Issue	Primary Issue	Secondary Issue
Clinical knowledge/understanding	1	
Communication	1	2
Relationship with Patient	4	1
Professional Judgment		2
Practice Management	1	1
Legislation, standards, and ethics	1	

HPARB appeals

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

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



COMMITTEE REPORT TO COUNCIL

Name of Committee: **Discipline Committee**

Reporting Date: **December 11, 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

Since the September 18, 2020 Council meeting, the Discipline Committee has not met.

There have been two (2) Pre-hearing teleconferences held within the quarter, Chaired by Presiding Officer Mr. Hanno Weinberger. There are currently three (3) matters referred to the Discipline Committee that are yet to be scheduled for hearings.

A. Panel Activities

1. Non-contested Matters (see below)

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

- None

2. Penalty Orders (see below)

The Discipline Committee panel made penalty orders in the matters:

- None

3. Release of Decision and Reasons

- None

B. Discipline Committee Meetings

There were no Discipline Committee meetings held in this quarter.

Respectfully submitted by Mr. Gordon White
Chair of the Discipline Committee



COMMITTEE REPORT TO COUNCIL

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

Reporting Date: **December 11, 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



COMMITTEE REPORT TO COUNCIL

Name of Committee: **Patient Relations Committee**

Reporting Date: **December 11, 2020**

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

The Patient Relations Committee did not meet since its last report to Council on September 18, 2020; however, an application for funding for therapy and counselling was considered and approved electronically.

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



COMMITTEE REPORT TO COUNCIL

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

Reporting Date: **December 11, 2020**

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

Role of the Committee

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

QAC-A met twice since its last report to Council on September 18, 2020.

Meeting: October 16, 2020

Requirement Considered	Result
2016-2019 CPD Cycle	<ul style="list-style-type: none">1 CPD Audit Report – Satisfactory
2019-2020 Annual CPD Requirement	<ul style="list-style-type: none">3 CPD Audits ordered

CPD Compliance Summary:

Renewal Period	Extensions Granted	CPD Audit Ordered	Peer & Practice Assessment Ordered	Referred to ICRC for Non-Compliance
2016-17	7	7	0	1
2017-18	2	4	0	0
2018-19	5	3	1	n/a
2016-2019 Cycle	5	3	3	1
2019-20	4	3		

Program Development:*Chart Stimulated Recall*

Marla Nayer, MEd, PhD provided a brief introduction to chart stimulated recall and presented the draft tool to the Committee. The Committee approved the draft Chart Stimulated Recall Tool for pilot testing in early 2021. The Committee considered additional Quality Assurance Policies and guidance documentation.

Virtual Peer & Practice Assessments

The Committee decided that virtual peer & practice assessments will proceed until the pandemic is over and on-site assessments are safe. In situations when an on-site practice assessment is necessary (i.e. where public health has identified infection prevention and control issues and those issues are still present as identified through a virtual peer & practice assessment), the Committee may request a volunteer Peer Assessor to conduct the on-site assessment.

CPD Requirements during COVID-19

The Committee decided to remove the structured hours requirement for the 2019-2022 CPD Cycle due to COVID-19 in-person meeting restrictions that have negatively impacted Registered Denturists' ability to meet this cycle requirement.

Meeting: November 13, 2020Program Development:*Program Evaluation*

Marla Nayer, MEd, PhD provided a brief introduction to program evaluation and presented the draft Quality Assurance Program Evaluation Plan to the Committee. The Committee approved the draft Evaluation Plan for future implementation. The Committee considered additional Quality Assurance Policies and guidance documentation.

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



COMMITTEE REPORT TO COUNCIL

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

Reporting Date: **December 11, 2020**

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

The Quality Assurance Committee – Panel B met once since its last report to Council on September 18, 2020.

The Committee considered the relevance and usefulness of the “Standards” document.

Respectfully submitted by Mr. Joseph Whang
Chair of the Quality Assurance Committee – Panel B



COMMITTEE REPORT TO COUNCIL

Name of Committee: **Registration Committee**

Reporting Date: **December 11, 2020**

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

The Registration Committee met three times since its last report to Council on September 18, 2020.

At the September 23, 2020 meeting, the Committee considered one application for a Certificate of Registration and one academic assessment request.

At the October 21, 2020 meeting, the Committee considered one currency matter and one academic assessment request.

At the November 23, 2020 meeting, the Committee considered ten academic assessment requests and seven policies, and accompanying process guidelines, in anticipation of the revised Registration Regulation coming into force.

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



COMMITTEE REPORT TO COUNCIL

Name of Committee: **Qualifying Examination Committee**

Reporting Date: **December 11, 2020**

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

Activities during the Quarter:

The Committee met twice on October 26 & 29, 2020 by teleconference.

Winter 2021 Qualifying Examination

Candidate registrations are well underway with final numbers to be confirmed in mid-December. The OSCE (Objective Structured Clinical Examination) will be administered at the David Braley Health Sciences Centre on January 30 and 31, 2021. The MCQ portion of the exam is currently scheduled for Friday, January 29, 2021.

The new exam site will be the David Braley Health Sciences Centre, McMaster University, located in Hamilton, Ontario. Due to factors associated with the COVID-19 pandemic, the College took the extraordinary step to move the location of the exam to a venue that is large and flexible enough to ensure all the required infection prevention and control measures can be instituted properly. The change of the examination venue to a facility outside of Toronto carries with it the added benefit of administering the exam in an area with lower reported case numbers of COVID-19 infection.

The Committee was presented with the option of providing the MCQ portion of the exam through remote proctoring services. Staff worked in conjunction with the College's psychometrician to present the Committee with options should the COVID-19 pandemic and resulting government restrictions hinder the administration of the Winter 2021 exam. After careful deliberation, the Committee decided that switching the in-person MCQ exam to an online delivered remote proctored format would greatly reduce the risks associated with the pandemic. Staff will implement the changes required and provide candidates with appropriate information as the College begins to roll out the new exam format.

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



COMMITTEE REPORT TO COUNCIL

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

Reporting Date: **December 11, 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 Ms. Lileath Claire
Chair of the Qualifying Examination Appeals Committee



To: **Council**

From: **Ms. Kristine Bailey**

Date: **December 11, 2020**

Subject: **President's Report**

What has been going on?

Governance

1. The staff have prepared a dashboard of key metrics and accomplishments for the three priority areas within the Strategy Map 2017-2020. This provides Council with a good foundation to assess where we are and what needs to be done as we embark on a new Strategy Map beginning in 2021.
2. Over the past two years, there has been ongoing discussion and relevant papers related to changes and amalgamation of Regulatory Colleges. At the end of October, the CDO Council had a two-hour session to consider the situation, published works and recommendations. As a result, the Registrar, President and Vice-President met (electronically) with the same from the Colleges of Hygienists and Dental Technologists. After some discussion, it was agreed that a governance group of three (one from each College) along with one Registrar (Glenn) would work together to create a working document for presentation to the Councils including items such as the vision, purpose, scope, benefits, risks and high level workplan. This meeting is to occur in December 2020. As an output of the CDO workshop, a comparative summary of the discussion: amalgamation or shared services was created for distribution in the December Consent Agenda.
3. Performance of the Registrar is currently being assessed. Due to changes in Council and Executive membership and COVID, our timetable for review was compromised. Given that, the assessment period is for two years rather than one year. This will catch us up to end of 2020. The assessment document has been issued to all Council members. Our Registrar is to do a self-assessment and a look-back to assess performance. In addition, he will provide the Executive with objectives for 2021. Once these materials are available, the Executive will review and recommend to Council.

Assessment and Recruitment

4. Chief Examiner Recruitment

The Selection Committee, chaired by Michael Vout and two public members and two professional members conducted the review and recommended selection of a candidate to be presented to Council at the December 2020 meeting. A staff member provided the committee with meticulous support.

Qualifying Examinations and OSCE

5. Location of the Qualifying Exam in January 2021

Hamilton Health Sciences will be the venue for the January 2021 Qualifying Examination along with a new Standardized Patient Program as recommended by Anthony Marini. Options are being considered for the examination and OSCE should the status of COVID prohibit in-person participation.

2020 Auditors Report

6. Hillborn LLP, the College's auditors, were provided with all information end of June 2020. All queries have been reviewed and resolved. The Draft Auditors Report is received and is to be reported at the December Council meeting.

Use of Technology

7. Technology has changed the way we interact and work together. Unfortunately, as many of you have said, it is not nearly as effective as face-to-face. Based on the feedback from the last two Council meetings, I hope through training and familiarity on Zoom meetings, we will be able to improve our interactions.
8. Starting in November, staff have started the use of Microsoft SharePoint as the database for all policies, agendas, minutes and other related documents. Each committee and Council will be using SharePoint. This keeps all documents in one place and does not clog up nor potentially cause harm due to sharing information by personal email. Staff are available to anyone who experiences difficulty.

Many thanks to each and everyone of you, non-Council members and staff for their patience and resiliency during the transitions we have had to make. From my perspective, we have accomplished much, even in seemingly uncomfortable situations or in the use of unfamiliar tools.

I wish each of you a safe holiday season as it soon approaches (along with the shortest day of the year). Soon, this will all evolve to spring and to vaccines. May the time pass quickly!



To: **Council**

From: **Dr. Glenn Pettifer**

Date: **December 11, 2020**

Subject: **Registrar's Report: September 19, 2020 – December 4, 2020**

I am pleased to provide this Report to Council on the items that were top of mind for the period September 19 – December 11, 2020. The President has provided a very comprehensive overview of the details of some of the College's current initiatives including:

Finance

The College's annual audit is complete and the draft financial statements for April 1, 2019 – March 31, 2020 will be presented by Blair MacKenzie, Partner, Hilborn LLP at today's meeting. Once approved, these financial statements will be included in the College's 2019 Annual Report.

The Financial Report for the period of April 1 – October 31, 2020 is included in the consent agenda. Expenses are well below those anticipated for this point in the fiscal year. Despite the approval by Council in March of a deficit budget for this fiscal year, net income remains in the positive at this point in the fiscal year.

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 piloted an online version of the Peer Circle peer discussion tool and the tool was taken live on November 30. The pilot sessions were attended by approximately 20 individuals and the first live session on November 30 attracted 25 participants!

A virtual format for the Peer and Practice Assessment has been created.

Jennifer Slabodkin is to be credited with creating these alternative methods of delivering these important parts of the College's program.

The Chart Stimulated Recall tool that will serve as the framework for the Peer-to-Peer discussion during the Peer and Practice Assessment has been developed and approved for pilot testing. To date, 63 Registered Denturists have completed the Jurisprudence module and 54 have completed the QA self-assessment tool.

The College continues to offer a robust webinar program centered on the College's Standards of Practice. This program that is very capably presented by Jennifer Slabodkin, supports completion

of Continuing Profession Development in an online manner which is of particular importance during the COVID-19 Pandemic.

Standard of Practice	2 Live Sessions = # of Attendees (Fall 2020)	On Demand (since June 19, 2020 Council meeting) = # of Views
Record Keeping	57	21
Informed Consent	40	10
Confidentiality & Privacy	67	18
Conflict of Interest	52	18
Restricted Title & Professional Designations	62	19
Professional Collaboration	65	54
Advertising	59	23
Professional Boundaries	131	n/a

Qualifying Examination

The next administration of the written, multiple-choice portion of the College's Qualifying Examination is scheduled to take place for Thursday January 21, 2021. This examination will be delivered online with a remote proctoring service. The administration of the OSCE portion of the qualifying is currently planned for January 30 and 31, 2020 at Hamilton Health Sciences Centre in Hamilton. Rod Tom-Ying has been working tirelessly on this project, processing candidate applications and dealing with all of the logistics associated with the shift in examination venues and standardized patient program service providers.

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 and spring 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.

Registration Renewal

The College currently has 748 registrants. During the renewal period, 11 individuals resigned their Certificates of Registration. Compared to the data from the past three years, the average number of resignations per year is 11. In 2019, 13 individuals resigned. There was some prediction that the number of resignations would increase this year because of the impact of the COVID-19 Pandemic but this has not been realized. That said, the average number of suspension of Certificates of Registration due to lack of payment of fees at renewal over the prior 3 years was approximately 7. This year, 14 Certificates were suspended for non-payment of fees and three of those have been reinstated since suspension.

Collaboration with the College of Dental Hygienists of Ontario (CDHO)

The CDO continues to collaborate with the CDHO on operational items: 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.

CDHO bilingual staff also assists the CDO in providing French language services to individuals contacting the College that wish to communicate in French.

Document Management Strategy and Development of Online Committee Resource Tool

The College has chosen a vendor/service provider for the scanning project that will see the relevant College files scanned into a digital format. The relevant files will be most of the files currently stored at the College office and some of the files that are currently in storage with Iron Mountain.

In concert with the scanning project, College staff continue to work on reorganizing the document management framework for the College's digital resources.

As you will know from your experience with some Committee meeting packages and the meeting materials for the December 11, 2020 Council meeting, we are currently establishing an online portal for each of the College committees. The intention is that using these portals will increase document security and negate the need for the cumbersome (and less secure) process of emailing the meeting materials.

All of this work is capably managed by Megan Callaway.

Supporting the success of this work are the efforts of all members of the CDO Staff team in adapting to the challenges of working remotely. This process has not just been one of retiring to one's home to continue working. It carries with it some unanticipated challenges that the College team members have met in a very competent, engaged manner. My very sincere gratitude to everyone for their efforts in this regard.

Best wishes for the holiday season and a successful, prosperous 2021!



MEMO

To: **Council**

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

Date: **December 11, 2020**

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

Income Statement for the period April 1 – October 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 7 months of the fiscal year, one anticipates that approximately 58.3% 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 was generated with the first and second installments of Registration renewal (due May 29, 2020 and October 30, 2020) Income from Registration Fees (largely renewal) is slightly above the projected amount because the number of Certificate of Registration renewals were slightly above the predicted number. All other sources of revenue (COR for New Registrants, Initial Applications for Corporation Certificates of Authorization and Income from the administration of the Qualifying Examination) are substantially below the budgeted amount reflecting the uncertainty associated with the COVID-19 Pandemic and the cancellation of the June administration of the Qualifying Examination. The next administration of the Qualifying Examination is currently, tentatively scheduled for January 2021.

On the expense side, we have only realized expenditures at 38% of the anticipated expenditure amounts to date which is well below the anticipated 58.3% 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 38% of the budgeted expenses which is well within the target for this point in the fiscal year. Income has exceeded expenses with a net income of 175,384.52.

This is not enough to meet operational expenses through to the end of the fiscal year. Consequently, a deficit is anticipated.

College of Denturists of Ontario

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

YTD Budget to Actual	2020-2021 BUDGET	October 31/20 YTD Totals	YTD as Percentage of Budget	Remainder or In Excess of Budgeted Amount*
REVENUE				
Professional Corporation Fees	\$ 67,850.00	\$ 58,197.00	86%	\$ 9,653.00
Registration Fees	\$ 746,975.00	\$ 748,464.00	100%	\$ 1,489.00*
Other Fees	\$ 9,550.00	\$ 3,454.00	36%	\$ 6,096.00
Qualifying Examination Fees	\$ 158,288.28	\$ 1,125.00	1%	\$ 157,163.28
Other Income	\$ 27,000.00	\$ 6,956.61	26%	\$ 20,043.39
TOTAL REVENUE	\$ 1,009,663.28	\$ 818,196.61	81%	\$ 191,466.67
EXPENDITURES				
Wages & Benefits	\$ 679,669.15	\$ 354,307.08	52%	\$ 325,362.07
Professional Development	\$ 45,000.00	\$ 10,894.56	24%	\$ 34,105.44
Professional Fees	\$ 190,000.00	\$ 56,229.84	30%	\$ 133,770.16
Office & General	\$ 175,800.00	\$ 92,572.00	53%	\$ 83,228.00
Rent	\$ 131,052.00	\$ 67,976.32	52%	\$ 63,075.68
Qualifying Examination	\$ 254,439.00	\$ 11,321.09	4%	\$ 243,117.91
Council and Committees	\$ 33,750.00	\$ 4,886.98	14%	\$ 28,863.02
Quality Assurance				
QA Panel A	\$ 6,500.00	\$ 753.50	12%	\$ 5,746.50
QA Panel B	\$ 2,500.00	\$ 35.00	1%	\$ 2,465.00
QA Assessments	\$ 60,000.00	\$ 513.50	1%	\$ 59,486.50
Complaints & Discipline				
Complaints	\$ 67,500.00	\$ 22,668.80	34%	\$ 44,831.20
Discipline	\$ 29,000.00	\$ 19,053.54	66%	\$ 9,946.46
Capital Expenditures	\$ 15,000.00	\$ 1,599.88	11%	\$ 13,400.12
TOTAL EXPENDITURES	\$ 1,690,210.15	\$ 642,812.09	38%	\$ 1,047,398.06
NET INCOME	-\$ 680,546.87	\$ 175,384.52		

AMALGAMATION

	PROS	CONS
Patient /Public	<ul style="list-style-type: none"> - Simplify Patients complaint process through to ICRC - Commonality of purpose to leverage greater safety for the public; embrace regulatory performance - Streamlined processes to improve expectations - Increased accountability - Improved quality (volume, staff skills, committee composition, SOPs) - Accountability to Charter of Rights for Patients; higher authority - Shared equality 	<ul style="list-style-type: none"> - Quality Assurance process is different by design between the organizations (e.g. Peer Circle) and may not be adaptable in a shared service
Regulatory College / Staff	<ul style="list-style-type: none"> - Efficiency process & governance - Simplification - Self-regulation remains - Still member driven; College amalgamation is still autonomous - Investment in automation vs manual activities - Investment in higher quality staff (skills) due to increase volume - Decrease collective operating costs 	<ul style="list-style-type: none"> - Going 1st may not have government totally on-side – lots of working with government - Government may make changes mid-stream – as the pioneers of change have to weather the storm - Change in operating culture between college organizations - Loss of staff and role changes
Government	<ul style="list-style-type: none"> - Administrative streamlining - Decrease costs to govern - May be able to invest in professions - Less administrative work to support the reduction in # of colleges - No history in Ontario of amalgamation of regulatory Colleges 	<ul style="list-style-type: none"> - New work with government during pandemic - Government may make changes mid-stream – as the pioneers of change have to weather the storm - Government must approve legislative changes to the constitution of Councils and Committees
Practitioner's	<ul style="list-style-type: none"> - Decrease in professional fees - More professional, skill-based committees, if legislative changes are made to Council and committee membership - Potential for enhanced professionalism and inter-professional performance 	<ul style="list-style-type: none"> - Perceived loss of autonomy / voice - Perceived loss of self regulation - Appointments may be done with bias (must have appropriate professionals) - Competency based # of interested professionals may be limited (no change from pool for elected representatives)
Opp's / Risks	<ul style="list-style-type: none"> - Being “1”, gets oral colleges (less dentists) to have a larger impact on oral health 	<ul style="list-style-type: none"> - Manage uncertainties of government change & three colleges wanting to achieve amalgamation voluntarily

	PROS	CONS
	<ul style="list-style-type: none"> - 1st to the gate with government, so open to “design” outcome vs change by mandate (imposition) - Statutory set-up of the regulatory Colleges are the same - Dental Assistants could be brought into the mix to increase numbers and bring legitimacy to all and to enhance public safety 	<ul style="list-style-type: none"> - Government lobbyists may inhibit - Differences in thought, culture of the colleges can drive us apart rather than work on the merits of commonality - Amalgamation with CDTO may present some challenges
Big Picture	<ul style="list-style-type: none"> - Dentists could join later or via Shared Service arrangement - Health Ministry leadership should be “hired position” vs elected to have competent, full-time health leadership to protect the public 	

SHARED SERVICES

	PROS	CONS
Patient /Public	<ul style="list-style-type: none"> - Specific streamlined processes 	<ul style="list-style-type: none"> - No “visible” benefit of being in the public interest - Doesn’t tackle commonality, simplification of processes, streamlining or increased accountability - Quality Assurance process is different by design (e.g. Peer Circle) and may not be adaptable in a shared service
Regulatory College / Staff	<ul style="list-style-type: none"> - Some efficiency of processes - Some simplification - Self-regulation remains - Still member driven - May decrease some collective operating costs - Well-articulated Common Service Level Agreements (SLA) between organizations is required for clarity and to set expectations - Each College is autonomous for leadership and governance - No need for government approval - Shared Services may be an advantage in terms of operational capital to the smaller colleges as opposed to large colleges 	<ul style="list-style-type: none"> - Can be VERY messy organizationally – the different org’s many not be aligned strategically, organizationally, priorities or culturally - Overlapping processes, different systems - Complexities are retained - Change in operating culture between college organizations in areas where Shared Service exists - May have “some” loss of staff and/ or role changes; difficulty in knowing how the staff & the organizations interact (e.g. H-R, leadership, metrics, quality systems) - Need a separate level of management to manage the SLA (s). Organizations are not equally sized – impact on the orgs are most likely to be different

Summary of CDO Meetings, Workshop

November 19, 2020

	PROS	CONS
		- Poorly structured SLAs drive inconsistencies
Government	- No change, no impact	- No legislative changes are required as there is no change to the constitution of Councils and Committees
Practitioner's	- Some decrease in professional fees (dependent on the degree to which Shared Services impact operationally) - No change to self-regulation - No perceived changes	- No potential for enhanced inter-professional performance
Opp's / Risks	- Statutory set-up of the regulatory Colleges remain the same - Risks are minimized by having well developed services agreement with "back-out" provisions (also problematic) - Can transition to amalgamation	- What is in it for the larger organization(s) (Hygienists) for the work that it will take? - Shared services are less imposing but certainly less impactful
Big Picture	- Dentists could join at any time into a Shared Service arrangement - Health Ministry leadership should be "hired position" vs elected	- Each Shared Service Agreement would have to tailored with each College, increasing complexity and management

Annual Report

2019-2020



COLLEGE OF
DENTURISTS
OF ONTARIO

GOVERNANCE

agile

professionalism
COMPETENCE

transparent

PUBLIC INTEREST

consistent



ENGAGED

accountable

PROPORTIONATE

targeted

Remembering Dr. Ivan McFarlane

The College remembers Dr. Ivan McFarlane, who passed away on February 16, 2020 after a short illness. At the time of his death, Ivan was serving as Vice President and had assumed the role of Acting President when Mr. Weinberger was not re-appointed to Council in December 2019. Ivan served on the College Council beginning in 2014 and eventually served as President from 2017-2019. During his time on the CDO Council, Ivan was an active, contributing member of a number of College Committees. As President, Ivan chaired Council meetings with a strong, guiding hand while ensuring that all voices at the table were heard.

Our knowledge of Ivan was through his work with the College, but we came to know him as more than that. Ivan was a committed husband, stepfather, and grandfather. He was heavily involved in his community. Ivan served on the Senate and Board of Trustees of Trinity College and was a founding member of the Quadrangle Society and became a Senior Fellow in 2011. His engagements in, and contributions to, his communities were broad and deep.

More information regarding his legacy can be found at:

<https://www.legacy.com/obituaries/theglobeandmail/obituary.aspx?n=ivan-owen-mcfarlane&pid=195483967>



Dr. Ivan McFarlane
1936 - 2020



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About the College

As a regulatory body, the College of Denturists of Ontario (CDO) supports the public's right to safe, competent and ethical Denturism care.

Under Ontario law, 26 health regulatory Colleges are entrusted with regulating a wide variety of health professions, all acting in the public interest.

The CDO does this by:

- Setting the requirements that must be met for an individual to practise Denturism in Ontario.
- Issuing Certificates of Registration to Denturists who meet these professional requirements. Once an individual has obtained a Certificate of Registration, they may practise Denturism.
- Establishing comprehensive Standards of Practice and policies that every Registered Denturist must follow.
- Developing and administering a Quality Assurance Program that helps Registered Denturists stay current and develop their knowledge and skills throughout their respective careers.
- Giving the public a way to raise issues and hold Registered Denturists accountable for their conduct and practice.

With the CDO's governing Council, Committees, and staff all working to serve the public interest first, the people of Ontario can have confidence in the care they receive from Registered Denturists.

Message from the President

The College mission is to regulate the profession of Denturism in the public interest. April 1, 2019 to March 31, 2020 has been like no-other. The end of year has been described as bizarre, unrivaled and life altering. We are living through a global pandemic, world-wide protesting, on-line learning, Zoom meetings for all, lock-downs, business shut-downs and yet, we as a College have weathered the storm that only just began in February 2020 and continues to rage.

The College has had some changes and challenges throughout the year.

Three major challenges occurred:

1. Changes to our Council membership and Executive;
2. From February onwards, the government focused on the SARS-CoV-2 (COVID-19) pandemic and, in March 2020, the CDO shifted most of its office functions to a virtual space to reduce the likelihood of community transmission of COVID-19 and to protect the College's staff members; and
3. Professionals were forced to significantly reduce their practice to the provision of urgent or emergent care only.



Ms. Kristine Bailey
President (from May 1, 2020)

Changes to Council

During this period, Dr. Ivan McFarlane was President until Mr. Hanno Weinberger was elected by acclamation on June 14, 2019. Mr. Hanno Weinberger was President until his term of appointment ended on December 4, 2019. Dr. Ivan McFarlane held the role of Acting President until he passed away on February 16, 2020. The term of four, long-standing public members ended leaving the College not constituted. Fortunately, four new appointments were made. Only three meetings were held in person, the last meeting was held remotely.

The year was busy with the following accomplishments:

Policies and Regulations

- The following policies, standards, guidelines, and resources were approved:
 - Draft Standard of Practice and Guide: Professional Collaboration (implemented January 1, 2020)
 - Draft Guidelines: Conduct for the Prevention of Sexual Abuse

- Draft Policy: Funding for Therapy and Counselling – Sexual Abuse
- The draft Standard of Practice: Procedures was retired
- The CAEL CE and CELPIP language proficiency tests were approved as part of the College's language proficiency requirements (Draft Policy: Revised Language Proficiency Requirements).
- Draft Policy: Academic Credential Authentication
- Draft Policy: Insufficient or Incomplete Documentation
- Draft Standard of Practice and Guide: Denturism Educators (implemented January 1, 2020)
- Revised Sexual Abuse Prevention Plan
- Draft Patient Sexual Abuse Frequently Asked Questions (FAQs)
- Draft Patient Rights Document
- The following By-Law and Regulation activities occurred:
 - The proposed amendments to the revised Registration Regulation were adopted.
 - The revised Professional Misconduct Regulation was adopted and approved for stakeholder consultation.
 - The suggested fees and associated amendments to Schedule 7 of the College By-laws were approved and implemented.
 - The draft Code of Ethics was approved for stakeholder consultation.

Stakeholder Consultation

- The Registrar introduced the concept and gave a presentation, The Citizen Advisory Group: Exploring the Public Opinion in Regulation.
- The following documents were approved for stakeholder consultation:
 - Draft Infection Prevention and Control Guidelines
 - Revised Standard of Practice: Record Keeping
 - Revised Standard of Practice: Professional Boundaries
 - Revised Professional Misconduct Regulation was adopted
 - Amendments to the revised Registration Regulation were adopted

Training

- Rebecca Durcan gave a presentation on the College's ICRC, Discipline, and Fitness to Practise Committees to Council.
- A demonstration of the CPD Self-Assessment Tool was provided.

Governance

- Rebecca Durcan, , College Counsel:
 - Presented, “Considerations in Being an Effective Council Member, Committee Member and Chair”.
 - Provided comments, *The Wetlaufer Inquiry Report: Implications for Regulator*
 - Provided an overview of her article, *The Cayton Report: The Wolf Finally Arrives* (Grey Areas, May 2019).
 - Presented, a recent consultation paper, *Modernizing the Provincial Health Profession Regulatory Framework in British Columbia*.
- Performance Assessment of Registrar was conducted.

Despite the challenges, significant progress was made in completing the strategies as articulated in the College’s Strategic Map, first adopted in 2017. Council is focused on the continuity and expansion of transparency and regulatory excellence focusing on the mission. Enhanced communication, quality outcomes and patient advice improved from Peer Circles, the Citizen Advisory Group and stakeholders to assist Council and Committees in their deliberations and decisions.

Like everyone, we will weather the storm of COVID-19 bringing with it many new learnings and ideas on how to best regulate the profession in a compassionate way. Acknowledgement of patience and diligence in leading the organization throughout this past and current year must be given to our Registrar & CEO, Dr. Glenn Pettifer and to the late Dr. Ivan McFarlane, President.

I am writing this message as the President, following the death of Mr. McFarlane. May he rest in peace.

Strategy Map

On June 23, 2017, Council adopted the College's Strategy Map 2017-2020. The 2017-2020 Strategy Map is the product of the Council's Strategic Planning day on December 10, 2016. This Strategy Map identifies the College's priorities and charts the course of its work over the period leading up to 2020.

In this Strategy Map, Council identified three priority areas:

Priority 1: Enhanced Communication and Stakeholder Engagement

Success in the work of the College can only occur when the College engages in effective, open communication with its stakeholders. Under this Priority, Council seeks to engage in promoting public awareness of the College's role in the safe delivery of Denturism care, modernize its member communications strategy, promote transparency of the College operations, and foster interprofessional collaboration.

Priority 2: Excellence in Governance

The profession and the College have the opportunity to engage in the governance of the profession of Denturism in a manner that reflects the commitment to excellence demonstrated by the profession. The profession is committed to this excellence and because of its relatively small size, the College can be nimble as it engages in the activities that support excellence in governance. Activities associated with this priority area will be aimed at promoting a culture of public confidence and transparency, improving Council and Committee member training, clarifying Council and Committee roles, and improvement in internal policy coordination and priority setting.

Priority 3: Enhanced Relations with Educational Institutions

The College recognizes the strong contribution by educators to the profession of Denturism. For the 2017-2020 Strategy Map, Council recognized opportunities to strengthen the relationship between the College and educational program administrators, encourage quality and consistency in academic program content, and explore the relationship between the existing Denturism competency profile and new registrant needs.

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 Council

Who We Are

Officers

Dr. Ivan McFarlane, *Public Member – President & Chair* (until June 2019), *Vice President* (from June 2019 to February 2020), *Acting President & Chair* (from December 2019 to February 2020)

Joey Della Marina, *Professional Member – Vice President* (until June 2019)

Hanno Weinberger, *Public Member – President & Chair* (from June to December 2019)

Professional Members

Jack Abergel

Abdelatif Azzouz

Alexia Baker-Lanoue

Keith Collins

Robert C. Gaspar

Christopher Reis

Michael Vout, Jr.

Public Members

Kristine Bailey

Eddy Chin (from January 2020)

Lileath Claire (from September 2019)

Anita Kiriakou (until January 2020)

Wangari Muriuki (until September 2019)

Gaganjot Singh (from January 2020)

Gord White (from November 2019)

What We Do

In Ontario, the self-regulation of health care professions is a partnership with the public. The operation of each regulatory college is overseen by a Council, which is like a board of directors. The Council of the College of Denturists of Ontario is made up of:

- Denturists elected by their peers (the Registrants of the College); and
- Public members appointed by the provincial government

This governing Council is chaired by the President, elected by the Council from among the public members. The Council sets out the strategic and policy direction for the College, while a staff team led by a Registrar (like a CEO) carries out the College's day-to-day work. The College has seven statutory committees that have their own regulatory responsibilities.

Council meets 3-4 times per year to discuss regulatory policy and make decisions in the public's best interest, as mandated in the [Regulated Health Professions Act, 1991 \(RHPA\)](#).



Committee Reports

Statutory Committees

Executive Committee

Inquiries, Complaints and Reports Committee

Discipline Committee

Fitness to Practise Committee

Patient Relations Committee

Quality Assurance Committee – Panel A and Panel B

Registration Committee

Non-Statutory Committees

Qualifying Examination Committee

Qualifying Examination Appeals Committee

Executive Committee

Who We Are

Chair

Dr. Ivan McFarlane, *Public Member – President* (until June 2019), *Vice President* (from June 2019 to February 2020), *Acting President* (from December 2019 to February 2020)
Hanno Weinberger, *Public Member – President* (from June to December 2019)
Keith Collins, *Professional Member* (from June 2019) – *Acting Chair* (from February 2020)

Public Members

Wangari Muriuki (until June 2019)

Professional Members

Joey Della Marina, *Vice President* (until June 2019)
Alexia Baker-Lanoue
Michael Vout, Jr.

What We Do

The Executive Committee facilitates the efficient and effective functioning of Council and other committees. It also makes decisions between Council meetings for matters that require immediate attention (but cannot make, amend, or revoke a regulation or by-law). The Executive Committee serves as the committee that prepares and presents suggested changes to the College By-laws to Council. The Executive Committee also functions as the Finance Committee, receiving interim financial reports and considering any financial matters that arise during the fiscal year.

Achievements

As part of its mandate, the Executive Committee provides routine, continuous oversight to the financial management of the College. The Committee considered and approved 26 Clinic Name requests. The work of the Executive Committee provides for consistent, timely College governance on matters that arise in between Council meetings.

During March 2020, the Executive Committee held additional meetings to discuss matters related to the COVID-19 pandemic.

Inquiries, Complaints and Reports Committee

Who We Are

Chair

Barbara Smith, *Public Member*

Public Members

Kris Bailey

Dr. Ivan McFarlane (until February 2020)

Wangari Muriuki (from June 2019 to September 2019)

Professional Members

Alexia Baker-Lanoue

Joey Della Marina (until June 2019)

Christopher Reis

Michael Vout, Jr.

Non-Council Members of the Profession

Carrie Ballantyne (until May 2019)

Carmelo Cino

Noa Grad (from June 2019)

Emilio Leuzzi

What We Do

When a concern about a Registered Denturist comes to the attention of the College, the Inquiries, Complaints and Reports Committee (ICRC) investigates the matter. This includes a wide range of issues related to a Registered Denturist's conduct or practice, such as:

- ignoring the basic rules of the profession
- failing to maintain the standards of practice
- providing inappropriate care
- sexually abusing a patient; or
- having a physical or mental condition or disorder that interferes with the ability to practise

Anyone can raise an issue to the College – that includes patients, their family members, Registered Denturists themselves, their colleagues or employers, and other health care professionals. By law, it is the College's duty to review all complaints about Registered Denturists who are registered to practise in Ontario, and to give serious consideration to each matter. Members of the Inquiries, Complaints and Reports Committee are trained and strive to review all complaints objectively.

Once their investigation is complete, the Inquiries, Complaints and Reports Committee has the authority to make one or more of the following decisions:

- **Take no further action.**

- **Offer guidance to the Registered Denturist in writing or in person.** This is done by the Committee when it feels that guidance will help the Registered Denturist to understand how to conduct himself or herself in the future.
- **Direct the Registered Denturist to complete education or remediation** to improve his or her practice.
- **Refer the matter** to either the Discipline Committee or to the Fitness to Practise Committee for a hearing.
- Take any other action not inconsistent with the [Regulated Health Professions Act, 1991 \(RHPA\)](#).

Achievements

- In keeping with Priority 2 “Excellence in Governance” of the College’s 2017-2020 Strategy Map which identifies a commitment to improving Council and Committee member training, in August 2019, ICRC members participated in a training and orientation session presented by Rebecca Durcan, the College’s Legal Counsel. The training session included a presentation outlining the statutory framework for the ICRC focusing on ICRC process and current practices.
- In addition to the training and orientation session held in August 2019, the Committee reviews literature relevant to its mandate on an ongoing basis and develops administrative guidelines and policies.
- The Committee met 11 times to review 36 cases (13 of them carried forward from 2018-2019). That included 23 complaints, 4 reports, and 2 incapacity inquiries. Below are the outcomes of the ICRC deliberations where a decision was rendered within the reporting timeframe. The numbers reflect those cases in which a final decision was made prior to April 1, 2020.

Took no further action	11
Issued reminders or advice to member	7
Required member to appear for an oral caution	1
Required member to complete a specified continuing education or remediation program (SCERP)	2
Members referred to a separate panel of the ICRC for a Health Inquiry	1
Referred to Discipline Committee	1
Undertaking	2

- The Committee has been coding cases to address themes in the complaints process, the top 4 themes coded for this fiscal year are as follows:

Practice Issue	Primary Issue
Clinical Skill/Execution	10
Communication	8
Legislation, standards & ethics	4
Practice Management	4

Discipline Committee

Who We Are

Chair

Hanno Weinberger, *Public Member* (until December 2019)

Bruce Selinger, *Professional Member - Acting Chair* (from December 2019)

Public Members

Kristine Bailey

Eddy Chin (from January 2020)

Lileath Claire (from September 2019)

Anita Kiriakou (until January 2020)

Dr. Ivan McFarlane (until February 2020)

Wangari Muriuki (until September 2019)

Gaganjot Singh (from January 2020)

Gord White (from November 2019)

Professional Members

Jack Abergel

Abdelatif Azzouz

Alexia Baker-Lanoue

Keith Collins

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Noa Grad

Emilio Leuzzi

Karla Mendez-Guzman (until June 2019)

Garnett Pryce (until June 2019)

What We Do

The Discipline Committee considers the most serious cases where a Registered Denturist may be incompetent or may have committed an act of professional misconduct.

Professional misconduct is a breach of the regulations that reflect the accepted ethical and professional standards for the profession. A Registered Denturist may be incompetent if the care provided displayed a lack of knowledge, skill or judgment, demonstrating that either they are unfit to practise or their practice should be restricted.

Discipline of professionals is a critical aspect of maintaining the trust of the public in health profession self-regulation. The Discipline Committee holds hearings that are like court proceedings. Hearing panels include members of both the profession and the public.

If a panel of the Discipline Committee makes a finding against a Registered Denturist, it can:

- **Revoke** a Certificate of Registration;
- **Suspend** a Certificate of Registration;
- **Place terms, conditions and/or limitations** on a Certificate of Registration;
- **Require a Registered Denturist to appear** before the panel to be reprimanded; or
- **Require a Registered Denturist to pay** a fine and/or pay the College's legal, investigation and hearing costs, and other expenses.

At the end of the process, the panel issues written decision and reasons. The College publishes these on its website, and on the online listing of registrants, the Public Register. A Summary of the decision and a full-text version of the Discipline Panel's decision and reasons are available in the member's profile that can be accessed through the College's online **Public Register** (www.denturists-cdo.com).

Achievements

This year, the Discipline Committee held one hearing, April 23, 2019 at the head office of the College.

Fitness to Practise Committee

Who We Are

Chair

Michael Vout, Jr., *Professional Member*

Public Members

Kristine Bailey

Eddy Chin (from January 2020)

Lileath Claire (from September 2019)

Anita Kiriakou (until January 2020)

Dr. Ivan McFarlane (until February 2020)

Wangari Muriuki (until September 2019)

Gaganjot Singh (from January 2020)

Hanno Weinberger (until December 2019)

Gord White (from November 2019)

Professional Members

Jack Abergel

Abdelatif Azzouz

Alexia Baker-Lanoue

Keith Collins

Joey Della Marina (until June 2019)

Robert C. Gaspar

Christopher Reis

Non-Council Members of the Profession

Carrie Ballantyne (until May 2019)

Noa Grad

Karla Mendez-Guzman (until June 2019)

Bruce Selinger

What We Do

As with some members of the general population, sometimes a Registered Denturist might be suffering from a physical or mental condition, illness or ailment. If this renders them unable to practise safely or effectively, that's called "incapacity".

The College is mandated to address these situations in a manner that ensures that the care to the public is not compromised. These types of matters are addressed by the Fitness to Practise Committee. The Committee is responsible for holding hearings to determine incapacity. In these matters the burden of proof rests with the College.

If a Registered Denturist is found to be incapacitated, the Fitness to Practise panel may:

- **revoke** the Certificate of Registration;
- **suspend** the Certificate of Registration (generally until the Registered Denturist has demonstrated to the College that he or she has recovered); or
- **impose terms, conditions or limitations** on the Certificate of Registration for a set or indefinite period.

The panel may also specify criteria that must be satisfied before lifting a suspension, or removing terms, conditions or limitations. The public is entitled to know the results of all proceedings when a Registered Denturist is found to be incapacitated. This information is available on the College's online **Public Register** (www.denturists-cdo.com).

Achievements

There were no Fitness to Practise hearings this fiscal year.

Patient Relations Committee

Who We Are

Chair

Alexia Baker-Lanoue, *Professional Member*

Public Members

Lileath Claire (from December 2019)

Anita Kiriakou (until January 2020)

Hanno Weinberger (until December 2019)

Professional Members

Keith Collins

Robert C. Gaspar

Christopher Reis (until June 2019)

Non-Council Members of the Profession

Akram Ghassemiyan (from June 2019)

Norbert Gieger

Elizabeth Gorham-Matthews

Karla Mendez-Guzman (from June 2019)

What We Do

The Committee oversees the patient relations program, including implementing measures for preventing or dealing with sexual abuse of patients. It administers the funding program for therapy and counselling for patients who have been sexually abused. The Patient Relations Committee also advises the Council on a program to enhance relations between Registered Denturists and their patients. The program includes education of the profession, Council and staff and the provision of information to the public.

Achievements

- Met 4 times during the year to consider the legislative framework surrounding the Patient Relations Committee and its mandated responsibilities related to program items, including funding for support for therapy and counselling for victims of sexual abuse by members of the College.
- Proposed the following policies, guidelines, and resources which were approved by Council:
 - Broader criteria for eligibility for funding counselling and therapy;
 - Providing additional funding for expenses associated with accessing counselling and therapy;
 - Amendments to the existing Guidelines for the Prevention of Sexual Abuse;

- FAQs directed at Denturists and FAQs directed at patients that will assist registrants in understanding their responsibilities and obligations with respect to protecting patients from sexual abuse;
 - A revised Sexual Abuse Prevention Plan to reflect changes approved by Council; and
 - A Patients' Rights Document that registrants may download, modify and provide to their patients.
- Considered a recent Independent Review of the Sexual Abuse Processes of the College of Physicians and Surgeons of Nova Scotia, and whether any of the recommendations should be implemented by the CDO

Quality Assurance Committee

What We Do

As part of belonging to a College, Registered Denturists must maintain and enhance their knowledge, skill and judgment – all to keep providing appropriate high-quality care that the public expects. The Quality Assurance (QA) program is one way that the College gives Registered Denturists the tools and feedback to continually improve their competence. That adds to public protection.

Through the Quality Assurance Committee, the College promotes continuing competence among registrants. The robust QA program requires:

- All Registered Denturists to complete a self-assessment once each CPD cycle – this is a tool that assists practitioners in identifying areas in their practice that may require improvement; identifying specific learning needs; and developing a document that records those needs in a learning plan (goals and timelines);
- All Registered Denturists to pursue continuing professional development (at least 10 credits annually) and maintain a professional portfolio (an organizational tool that contains all information related to participation in QA); and
- Randomly-selected Registered Denturists to participate in a Peer & Practice Assessment, to ensure that the treatment environment demonstrates, ethically and physically, the highest regard for the patient's well-being.

Panel A

Who We Are

Chair

Keith Collins, *Professional Member*

Professional Members

Abdelatif Azzouz

Public Members

Lileath Claire (from December 2019)

Anita Kiriakou (until January 2020)

Hanno Weinberger (until December 2019)

Non-Council Members of the Profession

Karla Mendez-Guzman

Marija Popovic

Achievements

- Met 6 times during the year to develop Quality Assurance Program components, monitor compliance with the Continuing Professional Development requirements, and review Peer & Practice Assessment reports. Of the 78 assessments, 52 were satisfactory, 15 required some remedial action, 4 participated in modified non-clinical assessments, and 7 were carried over to 2020-21.
- Piloted the new Self-Assessment Tool with Peer Assessors and some members of the profession.
- Continued development of the Peer Circles project, which included attending the 2019 Perfecting Your Practice conference hosted by the Denturist Association of Ontario, and a case writing session held in March 2020.
- Recommended revisions to the Continuing Professional Development Compliance Policy; reviewed the Quality Assurance Program Requirements Policy.

24.4 hours

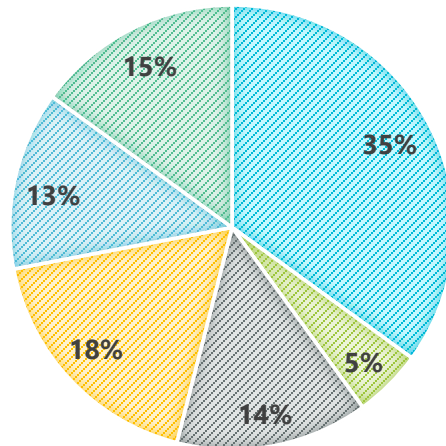
The **average number of CPD hours** reported by Registered Denturists in 2019-2020

The **total number of CPD hours** reported by all Registered Denturists in 2019-2020

17,417 hours

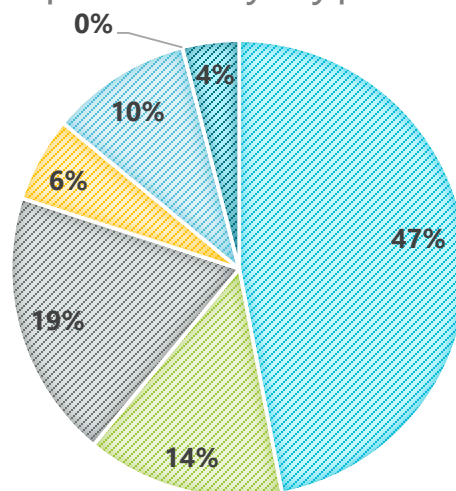
CPD Credits Reported by Topic

- Clinical Practice
- Communications
- Jurisprudence
- Laboratory Procedures
- Practice Management
- Professional Collaboration



CPD Credits Reported By Type

- Structured – Conferences, Lectures
- Structured – Teaching
- Structured – Online learning
- Unstructured – Journals
- Unstructured – Participation in Professional Organizations
- Unstructured – Publication of journals/articles
- Unstructured – Study clubs



Panel B

Who We Are

Chair

Hanno Weinberger, *Public Member* (until June 2019)

Noa Grad, *Professional Member* (from June 2019)

Public Members

Hanno Weinberger (until December 2019)

Gord White (from December 2019)

Professional Members

Robert C. Gaspar

Christopher Reis

Non-Council Members of the Profession

Carrie Ballantyne (until May 2019)

Braden Neron

Joseph Whang (from June 2019)

Achievements

- Met three times, with a mandate to recommend to Council new or revised Standards of Practice and guidelines associated with providing patient care. Standards describe the College's expectations for professional practice.
- The following Standards of Practice and Guides were developed:
 - Information Sheet: Mandatory Reporting
 - Guide to Discontinuing Services and Refusing Treatment
 - Guide to Electronic Communications and Social Media
 - Infection Prevention and Control
 - Guide to Closing, Selling or Leaving a Practice
 - Guide to Dual Registration
 - Revised Standard of Practice: Record Keeping
- The following Standards of Practice were implemented:
 - Restricted Title & Professional Designation, and
 - Professional Collaboration.
- The College offers webinars related to Standards of Practice. These webinars assist members of the profession with understanding the expectations articulated in the Standards. Webinars are available as live presentations or on-demand recorded presentations that Registered Denturists can access at their convenience. The following table summarizes the number of sessions,

attendees and on-demand views of the webinars:

Standard	# of Sessions	# of Attendees	On Demand Views
Record Keeping	5	73	52
Informed Consent	5	73	34
Confidentiality & Privacy	5	105	77
Advertising	5	143	60
Conflict of Interest	4	67	106
Restricted Title & Professional Designations	4	139	41
Professional Collaboration	2	98	64

Peer Circles Working Group

The Peer Circle, an innovative continuing professional development tool, was developed in collaboration between the College of Denturists of Ontario and several members of the profession. Peer Circles was launched in November 2018 and has received widespread support and positive feedback from all participants. This year, the College held Peer Circles in Windsor, Ottawa and Sudbury, and at the 2019 Perfecting Your Practice Conference hosted by the Denturist Association of Ontario.

As part of the development, members of the profession volunteered to either draft cases that were used in the Peer Circle discussions or act as facilitators of these discussions. The College acknowledges the hard work and dedication from the following members:

Case Writers

Sultana Hashimi
David Mulzac
Akram Ghassemiyan
Brittney Ellis-Callow
Daryl Bonnell
Douglas Beswick
Al McOrmond
Eugene Fridman
Rahul Bapna
Adam Lima

Facilitators

Sanjiv Biala
Xin (Cindy) Chen
Paul Conrad
Naresh Garg
Adam Lima
David Mulzac
Braden Neron
Christine Reekie
Marina Glick

Registration Committee

Who We Are

Chair

Elizabeth Gorham-Matthews, *Non-Council Member*

Public Members

Kris Bailey (from June 2019)

Lileath Claire (from December 2019)

Anita Kiriakou (until January 2020)

Wangari Muriuki (until September 2019)

Professional Members

Jack Abergel

Robert C. Gaspar

Non-Council Members of the Profession

Karla Mendez-Guzman (until June 2019)

Joseph Whang (from June 2019)

What We Do

The College ensures that people using or applying to use the title of Denturist in Ontario are qualified. A big part of that is the registration process.

To be registered for the first time, applicants must demonstrate that they have met the strict criteria that are required to practise safely and competently. To continue to practise, all Registered Denturists must renew their registration annually.

The Registrar reviews all initial registration applications. If an applicant does not meet one or more of the registration requirements, or if the Registrar proposes to refuse the application, the matter is referred to the Registration Committee for consideration. Decisions of the Registration Committee can be appealed through the Health Professions Appeal and Review Board (HPARB).

To ensure that only academically qualified individuals attempt the Qualifying Examination, the Committee conducts academic assessments for out-of-province and internationally educated candidates to determine if their education is equivalent to a Diploma in Denturism from George Brown College in Ontario.

The Committee also monitors the number of practice hours a Registered Denturist completes, ensuring that the number of hours required to maintain competence are obtained.

During 2019-2020, the College had 49 new registrants, 22 members resigned their Certificate of Registration and 5 members were suspended for non-payment of registration fees. As of March 31, 2020, the College had 749 registrants.

The public can be confident that everyone registered to practise Denturism in Ontario is responsible for meeting the strict entry-to-practice requirements, Standards of Practice, quality assurance requirements and other criteria of the College.

Achievements

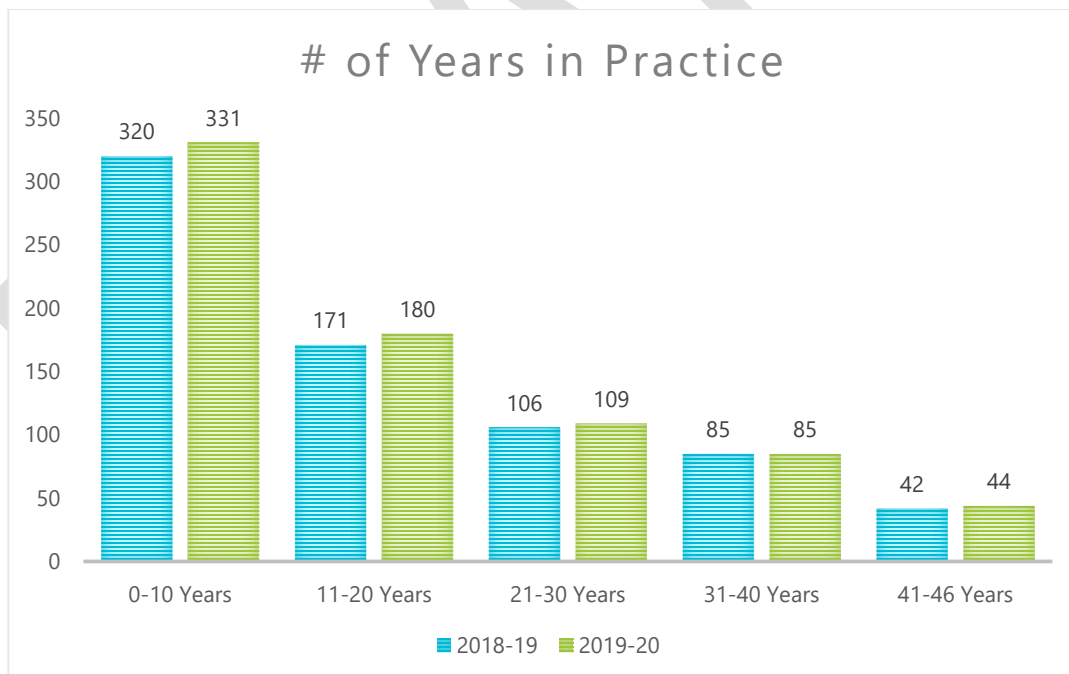
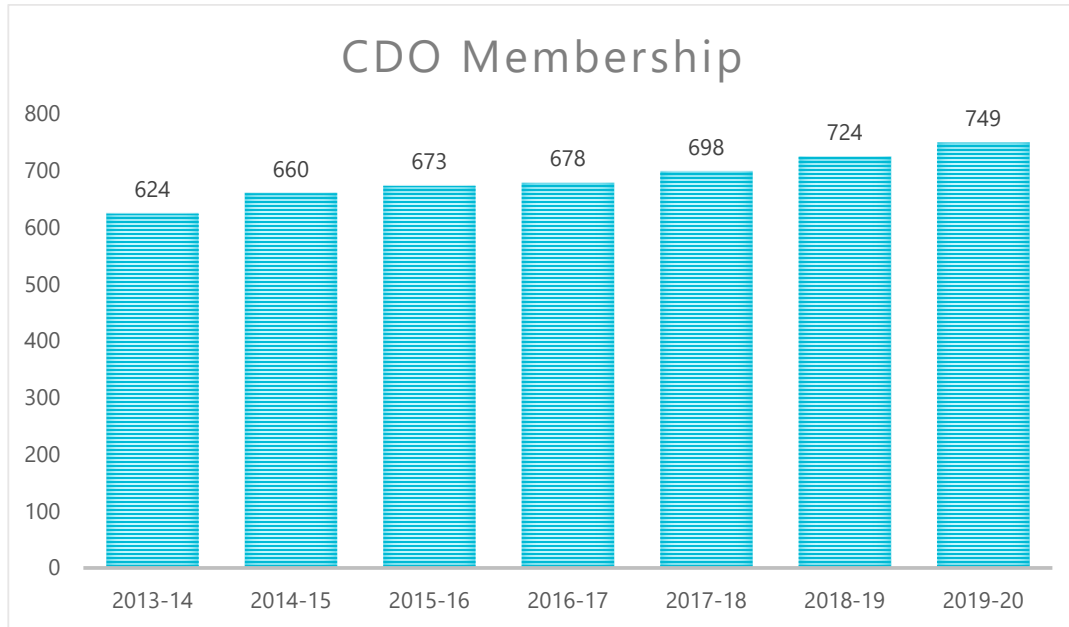
- Met 8 times
- Conducted 31 academic assessments.
- Considered 1 practice hours matter.
- Considered 1 approval of terms, conditions and limitations for registration.
- Considered 1 request to remove terms, conditions and limitations for registration.
- Reviewed the curricula of two denturism programs from outside of Ontario.
- Discussed and selected components for the Refresher Program that will be articulated in the revised Registration Regulation.
- Continued to work collaboratively with the Ministry of Health and Long-Term Care on revising the College's Registration Regulation.
- Participated in ongoing training and development regarding the application of fair access law and registration practices recommended by the Ontario Fairness Commissioner.
- Implemented revisions to the following Registration policies:
 - Language Proficiency Requirements Policy,
 - Credential Authentication Policy,
 - Insufficient and/or Incomplete Documentation Policy
 - Referral of a Registration Application to the Registration Committee Policy

60%

The percentage of Registered Denturists who are **practice owners**

The percentage of Registered Denturists who practice in a **solo practice setting**

38.7%



Qualifying Examination Committee

Who We Are

Chair

Christine Reekie, *Non-Council Member* (until June 2019)

Michael Vout, Jr., *Professional Member* (from June 2019)

Public Members

Anita Kiriakou (until January 2020)

Gord White (from December 2019)

Professional Members

Abdelatif Azzouz

Joey Della Marina (until June 2019)

Non-Council Members of the Profession

Majid Ahangaran (from June 2019)

Karla Mendez-Guzman

What We Do

The Qualifying Examination Committee (QEC) is responsible for making recommendations regarding the content and administration process of the Qualifying Examination.

The Qualifying Examination is grounded in the examination of professional judgment and provides for a comprehensive assessment of entry to practice skills.

Achievements

- The Committee met 7 times and completed the item selection process ensuring that examination content is fair and relevant to the day to day practice of denturism.
- Following each administration of the Qualifying Examination, the Committee met to review the item analysis for each component. Items identified as problematic due to low question performance along with incident reports that may have affected a candidate's performance were presented and reviewed by the Committee prior to the release of final candidate scores.
- The QE working groups consisting of several practicing denturists continue to develop and refine examination materials and content for the Multiple-Choice Question (MCQ) portion of the examinations. MCQ item writing workshops were held in-person as well as remotely to write new questions for various competency areas identified in the examination blueprint.

- In March 2020, the College cancelled the Summer 2020 administration of the Qualifying Examination due to the COVID-19 pandemic. Since that time, the College has received daily briefings from the Ministry of Health's Emergency Operations Centre regarding governmental updates and case counts from the Chief Medical Officer of Health. The College will only proceed with an exam administration if the safety and well-being of all candidates, standardized patients, administrators, staff and assessors can be assured.

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Qualifying Examination Appeals Committee

Who We Are

Chair

Michael Vout, Jr., *Professional Member* (until June 2019)
Dr. Ivan McFarlane, *Public Member* (from June 2019 to February 2020)
Lileath Claire, *Public Member* (from April 2020)

Public Members

Hanno Weinberger (to June 2019)

Professional Members

Alexia Baker-Lanoue

Non-Council Members of the Profession

Noa Grad

What We Do

The Committee is responsible for reviewing appeals of the results of the Qualifying Examination.

Achievements

- Received and adjudicated 2 appeals from the Summer 2019 administration of the Qualifying Examination.
- Received and adjudicated 2 appeals from the Winter 2020 administration of the Qualifying Examination.

Qualifying Examination Working Group and OSCE Assessors

The development and successful administration of the Qualifying Examination requires the commitment and expertise of many professional members. Their dedication to the continuous improvement of the Qualifying Examination reflects a strong sense of professionalism and responsibility to the process of professional self-regulation.

Working Groups continue to meet on a regular basis to develop and refine examination materials and content for both the Multiple-Choice Question (MCQ) and Objective Structured Clinic Examination (OSCE) components of the Qualifying Examination.

Professional Members

Douglas Beswick
James Durston
Marianne Dyczka
Annie Gallipoli
Julian Garber
Akram Ghassemiyan
Norbert Gieger
Sultana Hashimi
Esther Kang
Eric Kim
Brandon Lilliman
Adam Lima
Braden Neron
Tudor Markovski
David Mulzac
Adita Shirzad
Luc Tran
Sam Tran
Ben Vorano
Carlo Zanon

Chief Examiner

Robert Velensky (Summer 2019, Winter 2020)

Consultant

Dr. Anthony Marini, Martek Assessment

[Placeholder for Summary Financial Statements]

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[Placeholder for Summary Financial Statements]

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Research Insights

by Rebecca Durcan
November / December 2020 - No. 251

Earlier this year researchers from Cardiff University released its study entitled: “*A Review of Research into Health and Care Professional Regulation*”. Funded by the Professional Standards Authority of the United Kingdom, a regulatory oversight body, the study summarizes and analyzes recent research in the field of professional regulation. Two portions of the study that may be of particular interest relate to racial discrimination in the complaints and discipline process and to guidelines and standards.

Racial Discrimination (pp. 43-44)

One of the papers reviewed found that Black and minority ethnic (BME) practitioners were twice as likely to be complained about as their white counterparts. The study also suggested that a lack of confidence in managers in addressing concerns about BME practitioners contributed to this higher rate of intervention. “Regulators considered language proficiency and cultural difference influencing the behaviour and interaction with patients as factors that might lead to disciplinary action.”

Another study of nursing suggested that employer referrals of BME to regulators contributed to their disproportionate involvement with regulators. The data was inconsistent as to whether BME practitioners were referred more frequently to discipline, but did find that the penalty imposed at discipline was higher for Black nurses.

Another study found that internationally trained physicians were more likely to be referred to

discipline but was unable to ascertain the reason (e.g., language proficiency). Another study of physicians found that language proficiency resulted in a higher frequency of complaints but not necessarily a higher rate of disciplinary findings.

The small number and limited scope of these studies makes it difficult to identify trends. However, they clearly demonstrated a need for larger and more systematic research in the area of discrimination in the complaints and discipline process.

Guidelines and Standards (pp. 35-40)

A few of the studies reviewed indicated that a lack of clarity in guidelines and standards led to practitioners being confused as to what they should do. In fact, in some contexts, practitioners avoided doing certain things (such as delegating tasks or performing advanced procedures) because of this uncertainty.

A number of studies dealt with the effective implementation of guidelines and standards. One study found that multi-faceted implementation plans tend to be more effective in encouraging practitioners to change their behaviour. For example, in addition to distributing published guidelines and encouraging organizations to implement operational changes based on them, financial and regulatory incentives for practitioners are recommended.

Another study indicated that top-down guidelines and standards tend to be resisted as practitioners desire to maintain their autonomy.

Another study found that encouraging local competition amongst practitioners tends to encourage existing practitioners to improve the quality of services they offer. This implementation mechanism

FOR MORE INFORMATION

This newsletter is published by Steinecke Maciura LeBlanc, a law firm practising in the field of professional regulation. If you are not receiving a copy and would like one, please contact: Steinecke Maciura LeBlanc, 401 Bay Street, Suite 2308, P.O. Box 23, Toronto, ON M5H 2Y4, Tel: 416-599-2200 Fax: 416-593-7867, E-Mail: info@sml-law.com

WANT TO REPRINT AN ARTICLE

A number of readers have asked to reprint articles in their own newsletters. Our policy is that readers may reprint an article as long as credit is given to both the newsletter and the firm. Please send us a copy of the issue of the newsletter which contains a reprint from Grey Areas.

Grey Areas

A COMMENTARY ON LEGAL ISSUES AFFECTING PROFESSIONAL REGULATION

Agenda Item 8.1

Steinecke Maciura LeBlanc
Barristers & Solicitors

is rarely available to professional regulators and are more associated with government funded services.

The summaries of the studies found in this research document tend to be concise and sometimes difficult to interpret. The overall impression is that academic research into effective regulation of professions is still in its infancy. However, the document does contain a good source of existing research into professional regulation that might identify papers worth reading in more detail.

The study can be found at:

https://www.professionalstandards.org.uk/docs/default-source/publications/research-paper/review-of-research-into-health-care-regulation.pdf?sfvrsn=699c7620_7



BRIEFING NOTE

To: **Council**

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

Date: **December 11, 2020**

Subject: **Revised Registration Regulation – Policies**

The draft revised Registration Regulation is currently in the approval matrix with the Ministry of Health. We are still awaiting their posting of the regulation for their 45-day consultation period.

At their November 23, 2020 meeting, the Registration Committee considered the policies necessary for implementation and adopted a motion to recommend them to Council.

The draft revised Registration Regulation has been included for reference (agenda item 9.2).

The following policies are already in force and do not require revisions:

- Access to Registration Applicant Records and Retention Policy
- Academic Credential Authentication Policy
- Criminal Record and Judicial Matters Check Policy
- Determination of Good Character of an Applicant or Member Policy
- Insufficient and/or Incomplete Documentation Policy
- Language Proficiency Policy
- Referral of a Registration Application to the Registration Committee Policy
- Requesting an Exemption Policy

The Academic Equivalency Review Policy is already in force and has been revised for the incoming regulation (agenda items 9.3 and 9.4).

The following policies have been drafted in anticipation of the revised regulation:

- Jurisprudence Program Policy (agenda item 9.5)
- Practising the Profession Policy (agenda item 9.6)
- Refresher Program Policy (agenda item 9.7)
- Return to the General Class from the Inactive Class Policy (agenda items 9.8 and 9.9)
- Requesting an Extension to Complete the Qualifying Examination Policy (agenda item 9.10)

Options

1. Approve the draft policies for implementation when the revised Registration Regulation comes into force.
2. Request amendments to the draft policies and approve the amended draft policies for implementation when the revised Registration Regulation comes into force.
3. Return a particular draft policy or policies to the Registration Committee for further revisions and return those revised draft policies to Council for consideration
4. Other

ONTARIO REGULATION

made under the

DENTURISM ACT, 1991

REGISTRATION

Classes of certificates

1. The following are prescribed as classes of certificates of registration:

1. General.
2. Inactive.
3. Temporary.

- 1.1 A member who held a certificate of registration under the *Denturism Act*, immediately before this section came into force shall be deemed to be a holder of a certificate of registration issued pursuant to s. 1 para 1, subject to any term, condition, limitation, suspension, expiry or cancellation to which the member's certificate of registration was subject.
- 1.2 Where an application for a certificate of registration had been made but not finally dealt with before this Regulation came into force the application shall be dealt with in accordance with the previous Regulation.

Application for certificate of registration

2. (1) A person may apply for a certificate of registration by submitting a completed application in the form provided by the Registrar, any applicable fees required under the by-laws and any supporting information requested by the Registrar.

(2) Despite any other provision in this Regulation, a person who makes a false or misleading statement, representation or declaration in or in connection with their application is deemed not to have satisfied the

requirements for a certificate of registration and the Registrar, in the absence of a hearing, may revoke the certificate for providing such a statement

(3) The Registrar shall not revoke a certificate of registration under subsection (2) unless the Registrar has given the person written notice of the intention to do so and provided the person with 30 days to make written submissions with respect to the false or misleading statement, representation or declaration.

Requirements for issuance of certificate of registration, any class

3. An applicant must satisfy the following requirements for the issuance of a certificate of registration of any class:

1. The applicant must, at the time of application, provide written details about any of the following that relate to the applicant and, where any of the following change with respect to the applicant after submitting the application but before the issuance of a certificate, must immediately provide written details with respect to the change:
 - i. A finding of guilt for any of the following:
 - A. A criminal offence.
 - B. An offence resulting in either a fine greater than \$1,000.00 or any form of custody or detention.
 - ii. A finding of professional misconduct, incompetence or incapacity, or any similar finding, in relation to another regulated profession in Ontario or to any regulated profession in another jurisdiction.
 - iii. A current proceeding for professional misconduct, incompetence or incapacity, or any similar proceeding, in relation to another regulated profession in Ontario or to any regulated profession in another jurisdiction.
 - iv. A finding of professional negligence or malpractice in any jurisdiction.
 - v. A refusal by any body responsible for the regulation of a profession in any jurisdiction to register or license the applicant.
 - vi. An attempt to pass a registration examination required for purposes of being licensed or certified to practise any health profession, whether in Ontario or another jurisdiction that has not resulted in a passing grade.

- vii. Whether the applicant was in good standing at the time they ceased being registered, whether in Ontario or another jurisdiction, with a body responsible for the regulation of a profession.
2. The applicant's previous conduct must afford reasonable grounds for the belief that they will practise denturism in a safe and professional manner.
3. The applicant must be able to speak, read and write either English or French with reasonable fluency.
4. The applicant must not have a physical or mental condition or disorder that would make it desirable, in the interest of the public, that they not be issued a certificate of registration unless, should the applicant be given a certificate of registration, the imposition of a term, condition or limitation on that certificate is sufficient to address such concerns.
5. If the applicant is registered by any body responsible for the regulation of any other profession in Ontario or of any profession in any other jurisdiction, the applicant's registration must be in good standing and must continue to be in good standing until such time as the applicant is issued a certificate of registration.
6. If the applicant ceased being registered with any body responsible for the regulation of a profession in Ontario or in any other jurisdiction, the applicant must have been in good standing at the time they ceased being registered.
7. The applicant must provide evidence satisfactory to the Registrar that the applicant will have professional liability insurance in the amount and in the form required by the by-laws by the date the applicant will begin practising under his or her certificate of registration.
8. The applicant must, at the time of application, provide the Registrar with the results of a current police record check.
9. The applicant must be a Canadian citizen or a permanent resident of Canada or have an authorization under the Immigration and Refugee Protection Act (Canada) consistent with his or her proposed certificate of registration.

Terms, conditions and limitations of every certificate

4. Every certificate of registration is subject to the following terms, conditions and limitations:

1. The member shall provide the College with written details about any of the following that relate to the member, no later than 30 days after the event occurs:
 - i. Registration with another body that governs a regulated profession in Ontario or any other jurisdiction.

- ii. A finding of professional misconduct, incompetence or incapacity, or any similar finding, in relation to another regulated profession in Ontario or to any regulated profession in another jurisdiction.
 - iii. A current proceeding for professional misconduct, incompetence or incapacity, or any similar proceeding, in relation to another regulated profession in Ontario or to any regulated profession in another jurisdiction.
 - iv. A finding of professional negligence or malpractice in any jurisdiction.
 - v. A refusal by any body responsible for the regulation of a profession in any jurisdiction to register or license the member.
 - vi. An attempt to pass a registration examination required for purposes of being licensed or certified to practise any health profession, whether in Ontario or another jurisdiction that has not resulted in a passing grade.
 - vii. Whether the member was in good standing at the time they ceased being registered with a body responsible for the regulation of a profession in Ontario or any other jurisdiction.
 - viii. Where the member is a member of another regulated profession in Ontario or any regulated profession in another jurisdiction, any failure by the member to comply with any obligation to pay fees or provide information to the body responsible for the regulation of such professions, the initiation of any investigations by such bodies in respect of the applicant, or the imposition of sanctions on the applicant by such bodies.
 - ix. Any other event that would provide reasonable grounds for the belief that the member will not practise denturism in a safe and professional manner.
2. The member shall provide the College with written details about any finding of guilt related to any offence as soon as possible after receiving notice of the finding, but not later than 30 days after receiving the notice.
3. The member shall maintain professional liability insurance in the amount and in the form required under the by-laws and the member shall, within two business days of the termination of professional liability insurance, provide the College, with written notice if the member no longer maintains such insurance.

4. The member shall not practise denturism if the member does not have professional liability insurance in the amount and in the form required under the by-laws.
5. The member shall prominently display his or her certificate of registration at the principal location at which he or she practises denturism.
6. Immediately prior to the suspension, revocation, resignation or expiry of a certificate of registration the member shall return the certificate of registration to the Registrar.
7. Further to section 8 of the Act, a member shall only use titles respecting the profession in accordance with the following:
 - i. A member who holds a General certificate of registration may only use the title “Denturist”, “Registered Denturist” and/or the designation “DD.”
 - ii. A member who holds an Inactive certificate of registration may only use the title “Denturist (Inactive)”, “Registered Denturist (Inactive)” and/or the designation “DD (Inactive).”
 - iii. A member holding a Temporary certificate of registration may only use the title “Denturist (Temp.)” “Registered Denturist (Temp.)”, and/or the designation “DD (Temp).”
8. The member shall only practise in the areas of denturism in which the member is educated and has the necessary knowledge, skill and judgement.
9. The member’s certificate of registration expires if the member ceases to be a Canadian citizen or a permanent resident of Canada or have an authorization under the Immigration and Refugee Protection Act (Canada) consistent with his or her certificate of registration.

General class

5. (1) The following are non-exemptible registration requirements for a General certificate of registration:

1. The applicant must have successfully completed a post-secondary program in denturism or equivalent that,
 - i. is approved by the Council or a body designated by the Council, or
 - ii. is, in the opinion of a panel of the Registration Committee, substantially equivalent to a program approved by the Council or a body designated by the Council.
2. The applicant must have successfully completed a qualifying examination in denturism set or approved by the Council.

3. The applicant must have successfully completed, no earlier than twelve months prior to the date of application for registration, the jurisprudence program that was set or approved by the Council.

(2) Except in the case of an applicant to whom subsection 7 (1) applies, where the applicant has not completed the requirement set out in paragraph 2 of subsection (1) within the twelve months immediately prior to the date that they submitted their application for General certificate of registration the applicant must,

- (a) have practised the profession for at least 750 hours during the three-year period of time that immediately preceded the date that the applicant submitted his or her application for a General certificate of registration;
- (b) have successfully completed, within the twelve months immediately preceding the date on which the applicant submitted their application for a General certificate of registration, a refresher program approved by the Registration Committee; or
- (c) have taught denturism in a program referred to in paragraph 1 of subsection (1) for a period of at least twelve months in the three years preceding the application.

Additional Terms, etc., General class certificate

6. (1) The following are additional terms, conditions and limitations on every General certificate of registration:

1. The member must either,
 - a. Engage in a minimum of 750 hours of denturism during every three-year period where the first three year period begins on the day that the member is issued a General certificate of registration and each subsequent three year period begins on the first anniversary of the commencement of the previous period, or
 - b. Teach denturism in a program referred to in paragraph 1 of subsection 5(1), for a period of twelve months during every three-year period where the first three-year period begins on the day that the member is issued a General certificate of registration and each subsequent three year period begins on the first anniversary of the commencement of the previous period, or
 - c. Within the 12 months prior to the expiry of each period referred to in subparagraphs (a) or (b) in which the member does not meet the requirements, successfully complete a refresher program approved by the Registration Committee.

(2) If a member fails to meet the term, condition and limitation described in subsection (1) paragraph 1, the Registrar shall refer the member to the Quality Assurance Committee for a peer and practice assessment.

Labour mobility, General class

7. (1) Where section 22.18 of the Health Professions Procedural Code applies to an applicant for a General certificate of registration, the applicant is deemed to have met the requirements set out in paragraphs 1, and 2 of subsection 5 (1) of this Regulation.

(2) It is a non-exemptible registration requirement that an applicant referred to in subsection (1) provide one or more certificates or letters or other evidence satisfactory to the Registrar or a panel of the Registration Committee confirming that the applicant is in good standing as a denturist in every jurisdiction where the applicant holds an out-of-province certificate.

(3) If an applicant to whom subsection (1) applies is unable to satisfy the Registrar or a panel of the Registration Committee that the applicant practised the profession of denturism to the extent that would be permitted by a General certificate of registration at any time in the three years immediately before the date of that applicant's application, it is a non-exemptible requirement that the applicant must meet any further requirement to undertake, obtain or undergo material additional training, experience, examinations or assessments that may be specified by a panel of the Registration Committee.

(4) An applicant referred to in subsection (1) is deemed to have met the requirement of paragraph 3 of section 3 if the requirements for the issuance of the out-of-province certificate included language proficiency requirements equivalent to those required by that paragraph.

(5) Despite subsection (1), an applicant is not deemed to have met a requirement if that requirement is described in subsection 22.18 (3) of the Health Professions Procedural Code.

Inactive class

8. The following are non-exemptible registration requirements for an Inactive certificate of registration:

1. The applicant must be or have previously been a member holding a General certificate of registration.
2. The applicant must not be in default of any fee, penalty or other amount owing to the College.
3. The applicant must have provided the College with any information that it has required of the applicant.

Additional terms, etc., Inactive certificate

9. The following are additional terms, conditions and limitations on every Inactive certificate of registration:

1. The member shall not engage in the practice of the profession.
2. The member shall not supervise or teach the practice of the profession.

3. The member shall not make any claim or representation that they are authorized to practise the profession.

Issuing other certificate to Inactive holder

10. The Registrar may issue to the holder of an Inactive certificate of registration the General certificate of registration that the member previously held if the member,

- (a) submits a completed application to the Registrar,
- (b) pays any penalty or other amount owed to the College,
- (c) pays any fees required under the College's by-laws,
- (d) provides the College with any information that it has required of the member,
- (e) satisfies the Registrar that they will be in compliance with all of the terms, conditions and limitations of the General certificate of registration as of the anticipated date on which the certificate will be issued,
- (f) satisfies a panel of the Registration Committee that they will possess the current knowledge, skill and judgment relating to the practice of the profession that would be expected of a member holding a General certificate of registration, and
- (g) satisfies the Registrar that they will be in compliance with any outstanding requirements of the College's Quality Assurance Committee or any outstanding orders or requirements of the Council, Executive Committee, Inquiries, Complaints and Reports Committee, Discipline Committee and Fitness to Practise Committee as of the anticipated date on which the certificate will be issued.

Temporary class

11. (1) The following are registration requirements for a Temporary certificate of registration:

1. The applicant must be registered or licensed to practise denturism in another jurisdiction in which the requirements for registration or licensure are similar to those in paragraphs 1 and 2 of subsection 5 (1).
2. A holder of a General certificate of registration who is approved by the Registrar must have agreed to supervise the applicant and to be responsible for ensuring that the applicant provides appropriate and continuing care to patients.

3. The applicant must have an offer of employment or appointment that relates to the practice or teaching of the profession which does not exceed thirty days.
4. The applicant must not have held a Temporary certificate of registration in the twelve-month period immediately before the date of the application unless the Registrar is of the opinion that, based on exceptional circumstances, this requirement should not apply.
5. The applicant must have successfully completed, no earlier than twelve months prior to the date of the application, the jurisprudence program that was set or approved by Council.
6. The applicant must have,
 - i. engaged in the practice of denturism for at least 750 hours in the three years preceding the application, or
 - ii. taught denturism at a program referred to in paragraph 1 of subsection 5 (1)(i) for a period of at least twelve months in the three years preceding the application.

(2) The requirements of paragraphs 1, 2 and 3 of subsection (1) are non-exemptible.

Additional terms, etc., Temporary class

12. The following are additional terms, conditions and limitations on every Temporary certificate of registration:
 1. The member may only practise denturism under the supervision of the holder of a General certificate of registration referred to in paragraph 3 of subsection 11 (1).
 2. Upon the request of the Registrar the member shall provide evidence satisfactory to the Registrar of the member's compliance with the limitation set out in paragraph 1 and shall provide such evidence within the time period set by the Registrar.
 3. The member's certificate of registration expires on the earlier of the expiry date noted on the certificate of registration or the day that is thirty days after the date on which the certificate was issued.

Labour mobility, Temporary class

13. (1) Where section 22.18 of the Health Professions Procedural Code applies to an applicant for a Temporary certificate of registration, the applicant is deemed to have met the requirements set out in paragraphs 1 and 6 of subsection 11 (1).

(2) It is a non-exemptible registration requirement that an applicant referred to in subsection (1) provide one or more certificates or letters or other evidence satisfactory to the Registrar or a panel of the Registration Committee confirming that the applicant is in good standing as a practitioner of denturism in every jurisdiction where the applicant holds an out-of-province certificate.

(3) If an applicant to whom subsection (1) applies is unable to satisfy the Registrar or a panel of the Registration Committee that the applicant practised the profession of denturism to the extent that would be permitted by a Temporary certificate of registration at any time in the three years immediately before the date of that applicant's application, it is a non-exemptible requirement that the applicant must meet any further requirement to undertake, obtain or undergo material additional training, experience, examinations or assessments that may be specified by a panel of the Registration Committee.

(4) An applicant referred to in subsection (1) is deemed to have met the requirement of paragraph 3 of section 3 if the requirements for the issuance of the out-of-province certificate included language proficiency requirements equivalent to those required by that paragraph.

(5) Despite subsection (1), an applicant is not deemed to have met a requirement if that requirement is described in subsection 22.18 (3) of the Health Professions Procedural Code.

Examination

In this Regulation,

“candidate” means a person who is registered, or who is attempting to register, to take the qualifying examination in denturism referred to in paragraph 2 of subsection 5(1).

14. (1) In setting or approving the qualifying examination in denturism, the Council shall specify the general areas of competency to be examined and shall ensure that the examinations provide a reliable and valid measure of a candidate's knowledge, skill and judgment in the practice of denturism in Ontario.

(2) The qualifying examination shall be offered at least once each year.

(3) A candidate is not eligible to take the qualifying examination on the candidate's first attempt unless the candidate has satisfied the requirement set out in paragraph 1 of subsection 5 (1) within the twelve months immediately prior to the date that they submitted their application for the qualifying examination. If the 12 month requirement is not met, then the requirements of s.5(2) must have been met.

(4) Subject to subsections (3), a candidate is eligible to take the qualifying examination during the 4 year period beginning on the date that the application to take the qualifying examination was submitted.

(5) The 4 year period described in subsection (4) may be extended if a panel of the Registration Committee is satisfied that exceptional circumstances prevented the candidate from taking the qualifying examination during the initial 4 year period.

(6) Subject to subsection (7) a candidate who fails the qualifying examination may apply for re-examination.

(7) In every instance where a candidate has failed the qualifying examination on their third attempt, the candidate is not eligible to apply to take the examination again until the candidate successfully completes another program equivalent to the program specified in paragraph 1 of subsection 5 (1) or additional training program specified by the Registration Committee.

(8) A candidate who fails a qualifying examination may appeal the results of the examination to a person or body set or approved by the Council that has no involvement in the administration of the qualifying examination.

(9) An appeal under subsection (8) shall be limited solely to the questions of whether the process followed in sitting the qualifying examination was appropriate and whether the candidate had an illness or personal emergency sufficient to warrant nullifying the results.

(10) If the person or body adjudicating the appeal decides that the results of the examination should be nullified, the examination attempt does not count against the candidate for any purpose, including the application of section 14(7).

(11) In an appeal under subsection (8) the candidate shall not be given access to any information that would undermine the integrity of the examination process.

Suspensions, revocations and reinstatements

15. (1) If a member fails to provide the College with information about the member as required under the by-laws or section 4 of this regulation,

- (a) the Registrar may give the member a notice of intention to suspend the member's certificate of registration, and
- (b) the Registrar may suspend the member's certificate of registration if the member fails to provide the information within 30 days after the notice is given.

(2) If the Registrar suspends a member's certificate of registration under subsection (1), the Registrar shall lift the suspension upon being satisfied that,

- (a) the former member has given the required information to the College and any other information that has since been required by the College under the by-laws,
- (b) the former member has the professional liability insurance in the amount and in the form required under the by-laws,
- (c) the former member is in compliance with any outstanding orders issued by a committee of the College and any undertakings given by the former member to the College,
- (d) the former member has paid any fees required under the by-laws for lifting the suspension,
- (e) the former member has paid any other outstanding fees required under the by-laws, and
- (f) the former member possesses the current knowledge, skill and judgement relating to the practice of the profession that would be expected of a member holding a certificate of registration of the same class as the one for which they are applying to be reinstated.

16. (1) If the Registrar has evidence that a member no longer maintains professional liability insurance in the amount and in the form as required under the by-laws, the Registrar may immediately suspend the member's certificate of registration.

(2) If the Registrar suspends a member's certificate of registration under subsection (1), the Registrar shall lift the suspension upon being satisfied that,

- (a) the former member has the professional liability insurance in the amount and in the form required under the by-laws,
- (b) the former member has given all information that has been required by the College under the by-laws to the College,
- (c) the former member is in compliance with any outstanding orders issued by a committee of the College and any undertakings given by the former member to the College,
- (d) the former member has paid any fees required under the by-laws for lifting the suspension,
- (e) the former member has paid any other outstanding fees required under the by-laws, and
- (f) the former member possesses the current knowledge, skill and judgement relating to the practice of the profession that would be expected of a member holding a certificate of registration of the same class as the one for which they are applying to be reinstated.

17. If the Registrar suspends the member's certificate of registration under section 24 of the Health Professions Procedural Code, the Registrar shall lift the suspension upon being satisfied that,

- (a) the former member has the professional liability insurance in the amount and in the form as required under the by-laws,
- (b) the former member has given all information that has been required by the College under the by-laws to the College,
- (c) the former member is in compliance with any outstanding orders issued by a committee of the College and any undertakings given by the former member to the College,
- (d) the former member has paid any fees required under the by-laws for lifting the suspension,
- (e) the former member has paid any other outstanding fees required under the by-laws, and
- (f) the former member possesses the current knowledge, skill and judgement relating to the practice of the profession that would be expected of a member holding a certificate of registration of the same class as the one for which they are applying to be reinstated.

18. If the Registrar suspends a member's certificate of registration under section 15 or 16 of this regulation, or under section 24 of the Health Professions Procedural Code and the suspension has not been lifted, the certificate is revoked on the day that is 3 years after the day it was suspended.

Revocation

X. Ontario Regulation 833/93 is revoked.

Commencement

X. This Regulation comes into force on the day it is filed.

Made by:

COUNCIL OF THE COLLEGE OF DENTURISTS OF ONTARIO:

.....
Signature (in blue ink)

.....
Name (in print)

.....
Full Title (in print)

.....
Signature (in blue ink)

.....
Name (in print)

.....
Full Title (in print)

Date made:

DRAFT



TYPE	Registration
NAME	Academic Equivalency Review Policy
DATE APPROVED BY COUNCIL	March 3, 2017
DATE REVISED BY COUNCIL	

INTENT

Individuals wishing to apply for a Certificate of Registration with the College must meet a number of requirements, one of which is successful completion of the Qualifying Examination. In order to sit the Qualifying Examination and, when successful, to subsequently apply for a Certificate of Registration, candidates must successfully completed a post-secondary program in denturism that is approved by Council, or a body designated by Council, or is, in the opinion of the Registration Committee, substantially equivalent.

This policy describes how the Registration Committee determines if a potential candidate's education is substantially equivalent to an existing program approved by the Council or a body designated by the Council. Potential candidates who have not completed an approved denturism program in Ontario must meet academic equivalency in order to be eligible to challenge the Qualifying Examination.

THE POLICY

Candidates who have not completed an approved Ontario denturism program must provide documentary evidence satisfactory to the Registration Committee, which demonstrates that the education they have completed is substantially equivalent to the entry to practise requirements in Ontario. In order for a program, or education to be considered equivalent:

- i. the curriculum must include courses that provide adequate education and training in the five competency areas defined in the National Competency Profile (including: 1. Jurisprudence, ethics, and professional responsibilities 2. Patient-centred clinical care 3. Records management 4. Laboratory procedures 5. Business management), and
- ii. the Registration Committee must be satisfied that the nature, extent and scope of those courses can be compared to the National Competency Profile in such a way that they provide evidence of substantial equivalency to a denturism diploma obtained from an accredited program in Ontario.

A potential candidate may meet the requirement by providing:

- a. *Academic Assessment Form*;
- b. copies of the complete course descriptions*/copies of the program syllabus* sent directly from the educational institution to the College; and
- c. official transcripts, provided as certified copies sent by any member of the Alliance of Credential Evaluation Services of Canada (ACSEC) to the College or original documents provided directly from the educational institution to the College* that, upon review by the Registration Committee, are considered equivalent to a denturism diploma obtained from an accredited program in Ontario.

*Course descriptions, syllabus and transcripts must be provided as notarized English translations, paid for by the candidate, if the original documents are not in French or English.

Potential candidates can provide information from more than one educational program.

Possible Outcomes:

1. Education is assessed as substantially equivalent - Sufficient information has been provided to satisfy the Registration Committee that the education includes the required essential courses. The candidate will be deemed to have met the education requirement of registration.
2. Education is assessed as not substantially equivalent – The Registration Committee has found discrepancies and/or gaps in competencies between the College's requirements and the competencies indicated in the documentation submitted by the potential candidate. Where the Registration Committee has determined that the education completed by the potential candidate cannot be considered substantially equivalent to an existing program approved by the Council or a body designated by Council, the potential candidate will be deemed to have not met the education requirement for Registration.

The Registration Committee will provide, in writing, the reasons for its decision. The potential candidate will be provided with information regarding applicable resources and strategies that can be undertaken to assist with establishing educational equivalency. The potential candidate will be informed of the process for re-application and of their right to appeal the decision of the Registration Committee to the Health Professions Appeal and Review Board.

3. Decision could not be rendered – Based on the information presented, the Registration Committee could not make a decision regarding academic equivalency. The Registration Committee will request that the potential candidate provide additional evidence, such as information from textbooks, course outlines, academic reference, and credible references from other sources. Upon receipt of additional information, the Registration Committee will reconvene to determine if the new information is sufficient for a decision to be rendered.

RELATED LEGISLATION AND DOCUMENTS

Agenda Item 9.3

[Denturism Act, 1991](#)

Ontario Regulation XX/XX (Registration)

[Academic Credential Authentication Policy](#)[Registration Appeals – Process Guidelines](#)[Academic Credential Authentication Policy](#)**REVISION CONTROL**

Date	Revision	Effective
December 11, 2020	Consistency with revised Registration Regulation	TBD



Academic Equivalency – Process Guidelines

1. A potential candidate must submit completed application to register for the Qualifying Examination.
2. Staff will review the application to determine if the potential candidate has completed a denturism program from an approved Ontario school. If the candidate has not, staff will notify the candidate that their file is being referred to the Registration Committee for a decision. Staff will request that the potential candidate fill out and submit the *Academic Assessment Form* and any additional supporting documentation that may assist the Committee in rendering a decision.
3. The potential candidate will provide all required documentation in the form specified by the College.
4. Staff will prepare the potential candidate's file for the Registration Committee to review at the next scheduled meeting.
5. The Registration Committee will meet to review the file and determine if the potential candidate's education is substantially equivalent to an accredited Ontario program.
6. The decision of the Registration Committee will be prepared and communicated to the potential candidate.
7. Depending on the decision of the Registration Committee, the potential candidate may:
 - a. Submit the application to register for the Qualifying Examination; or
 - b. upgrade their education as directed by the Registration Committee to meet academic equivalency; or
 - c. provide further documentation to assist the Registration Committee in making its decision.



TYPE	Registration
NAME	Jurisprudence Program Policy
DATE APPROVED BY COUNCIL	

INTENT

Successful completion of the College's Jurisprudence Program is a prerequisite for registration in either the General or Temporary class. (Ontario Regulation XX/XX (Registration))

This policy outlines components of the Jurisprudence Program.

THE POLICY

The Jurisprudence Program consists of the Jurisprudence Manual and an online multiple-choice examination.

RELATED LEGISLATION AND DOCUMENTS

Denturism Act, 1991

Ontario Regulation XX/XX (Registration)

[Jurisprudence Manual](#)

REVISION CONTROL

Date	Revision	Effective



TYPE	Registration
NAME	Practising the Profession Policy
DATE APPROVED BY COUNCIL	

INTENT

Active clinical practice contributes to the maintenance of competence in the provision of care and service. Ontario Regulation XX/XX (Registration) establishes requirements that support the maintenance of competence. These requirements are referred to as "currency requirements". Currency of competence is established by one of the following:

- (a) having practised the profession for at least 750 hours during the preceding three-year period;
- (b) having successfully completed, within the preceding twelve, a refresher program approved by the Registration Committee; or
- (c) having taught denturism in an approved program for a period of at least twelve months in the preceding three years.

The question of how current an individual's competence (knowledge, skill and judgement) is arises in different scenarios:

- 1) An applicant has not applied for a Certificate of Registration within 12 months of passing the Qualifying Examination;
- 2) A Registered Denturist holds a General Certificate of Registration but does not meet one of the currency requirements outlined above;
- 3) A labour mobility applicant has not practised the profession to the extent that would be permitted by a General Certificate of Registration in the preceding three years;
- 4) An applicant applying for a Certificate of Registration in the Temporary Class;
- 5) A candidate has not applied to attempt the Qualifying Examination within 12 months of completing the education requirement; or
- 6) A Certificate of Registration has been suspended and the individual submits a request for reinstatement of their Certificate of Registration. Those seeking reinstatement of a Certificate of Registration must meet one of the currency requirements prior to reinstatement of the Certificate.

This Policy defines the act of "practising the profession" for the purpose of sections 5.(2)(a), 6.(1)1.a., 7.(3), 11.(1)6., 13.(3) and 14.(3) of Ontario Regulation XX/XX (Registration), where 750 hours practising the profession is required.

THE POLICY

Agenda Item 9.6

Practising the profession refers to the “assessment of arches missing some or all teeth and the design, construction, repair, alteration, ordering and fitting of removable dentures” as defined in section 3 of the *Denturism Act, 1991*.

Practising the profession may also include a reasonable number of non-contact patient hours that may include, but are not limited to, record keeping and other practice management activities, detailed in the National Competency Profile, 2020.

RELATED LEGISLATION AND DOCUMENTS

[Denturism Act, 1991](#)

Ontario Regulation XX/XX (Registration)

National Competency Profile, 2020

REVISION CONTROL

Date	Revision	Effective



TYPE	Registration
NAME	Refresher Program Policy
DATE APPROVED BY COUNCIL	

INTENT

Active clinical practice contributes to the maintenance of competence in the provision of care and service. Ontario Regulation XX/XX (Registration) establishes requirements that support the maintenance of competence. These requirements are referred to as "currency requirements".

Successful completion of a refresher program assists the College in assuring public access to safe, competent and ethical care by confirming that an individual who completes the program is capable of practising at a level that reflects current professional knowledge, skills and judgment.

Currency of competence is established by one of the following:

- (a) having practised the profession for at least 750 hours during the preceding three-year period;
- (b) having successfully completed, within the preceding twelve, a refresher program approved by the Registration Committee; or
- (c) having taught denturism in an approved program for a period of at least twelve months in the preceding three years.

The question of how current an individual's knowledge, skill and judgement (competence) are arises in different scenarios:

- 1) An applicant has not applied for a Certificate of Registration within 12 months of passing the Qualifying Examination;
- 2) A Registered Denturist holds a General Certificate of Registration but does not meet one of the currency requirements outlined above;
- 3) A labour mobility applicant has not practised the profession to the extent that would be permitted by a General Certificate of Registration in the preceding three years;
- 4) A candidate has not applied to attempt the Qualifying Examination within 12 months of completing the education requirement; or
- 5) A Certificate of Registration has been suspended and the individual submits a request for reinstatement of their Certificate of Registration. Those seeking reinstatement of a Certificate of Registration must meet one of the currency requirements prior to reinstatement of the Certificate.

This policy outlines components of the refresher program for the purposes of sections 5.(2)(b), 6.(1)1.b, 7.(3), 13.(3), and 14.(3) of Ontario Regulation XX/XX (Registration).

THE POLICY

The Refresher Program will consist of some or all the components listed below. The required components will be determined on a case-by-case basis by the Registration Committee.

Components
Additional Formal Education - Successful completion of specific courses (including: e-Learning library modules and Jurisprudence Program)
Additional Training - Supervised training for a specified period of time appropriate to an individual's particular circumstances
Successful Completion of the Qualifying Examination
Peer & Practice Assessment
Participation in Peer Circles

RELATED LEGISLATION AND DOCUMENTS

[Denturism Act, 1991](#)

Ontario Regulation XX/XX (Registration)

REVISION CONTROL

Date	Revision	Effective



TYPE	Registration
NAME	Return to the General Class from the Inactive Class Policy
DATE APPROVED BY COUNCIL	

INTENT

Ontario Regulation XX/XX (Registration) allows for three classes of Certificates of Registration:

- General
- Inactive
- Temporary

This policy outlines the requirements for returning to the General Class of Certificate of Registration after having held a Certificate of Registration in the Inactive Class.

THE POLICY

The Registrar may issue a Certificate of Registration in the General class to a Member in the Inactive class if that Member meets the specified requirements.

The Member must satisfy the Registrar that they will be in compliance with all of the terms, conditions and limitations of the General Certificate of Registration as of the anticipated date on which the certificate will be issued.

The Member must satisfy a panel of the Registration Committee that they possess the current knowledge, skill and judgement relating to the practice of the profession that would be expected of a Member holding the General Certificate of Registration. Applications for change of class will be considered on a case-by-case basis.

Inactive Less than Three Years as of the date of the application for transferring into the General Class:

- Registered Denturists must have practiced the profession for a minimum of 750 hours over the preceding three years, unless there are other extenuating factors which would require further review
- Registered Denturists must otherwise assure the Registrar that they are competent to practise in Ontario. This evidence may include completion of additional training and/or education acceptable to the Registration Committee.
- Registered Denturists may be referred to the Quality Assurance Committee with a recommendation:

- a. For an assessment of their knowledge, skills and judgement (utilizing a Peer and Practice Assessment) within 3 months of issuing Certificate of Registration for the General class
- b. To submit their records of continuing professional development activities within 6 months of the change in class

Inactive for Greater than Three Years as of the date of the application for transferring into the General Class:

- Registered Denturists will be referred to the Registration Committee. The online Self-Assessment Tool questionnaire must be completed prior to the review of the application.
- The following are possible outcomes from the Registration Committee review:
 - a. The Committee may require the Registered Denturist to successfully complete a refresher program prior to issuing a Certificate of Registration in the General Class;
 - b. The Committee may request the Registered Denturist to consent to specific terms, conditions and limitations being imposed on their Certificate of Registration in the General Class
 - c. The Registered Denturist may be referred to the Quality Assurance Committee with a recommendation:
 - i. For an assessment of their knowledge, skills and judgement (utilizing a Peer and Practice Assessment) within 3 months of issuing Certificate of Registration for the General class
 - ii. To submit their records of continuing professional development activities within 6 months of the change in class

The Registration Committee will consider the following criteria in their deliberation:

- The time elapsed since the Registered Denturist last practised denturism;
- The nature and intensity of last time the Registered Denturist practised denturism;
- The quality and quantity of efforts to maintain currency while not practising;
- The Registered Denturist's re-entry plan, including planned Continuing Professional Development and Quality Assurance activities and/or clinical supervision or mentorship arrangements.

RELATED LEGISLATION AND DOCUMENTS

[Denturism Act, 1991](#)

Ontario Regulation XX/XX (Registration)

Refresher Program Policy

Practising the Profession Policy

REVISION CONTROL

Date	Revision	Effective



Return to the General Class from the Inactive Class – Process Guidelines

1. The Registered Denturist holding an Inactive Certificate of Registration must submit an application, with any and all information that is required, to transfer back to the General Class, to the Registrar.
2. The Registered Denturist must pay any penalty or other amount owed to the College and any fees required under the College's by-laws.
3. The Registrar will review the application and determine if the Registered Denturist is in compliance with the terms, conditions and limitations of the General Certificate of Registration as of the anticipated date on which the certificate will be issued.
4. If Registered Denturist in the Inactive Class is referred to the Registration Committee, they will receive written notice of the referral and will have 30 days to provide additional information.
5. The Registration Committee will review the application and determine if the Registered Denturist possesses the current knowledge, skill and judgement relating to the practice of the profession that would be expected of a Registered Denturist holding the General Certificate of Registration.
6. The Registration Committee will provide their recommendation to the Registrar.
7. The decision of the Registrar will be provided in writing. Registered Denturists cannot resume practice until the application to change to the General Class has been approved in writing.
8. Upon re-entering the General class, the Registered Denturist will be expected to pay the annual registration renewal fees for the General Class on a pro-rated basis.



TYPE	Registration
NAME	Requesting an Extension to Complete the Qualifying Examination Policy
DATE APPROVED BY COUNCIL	

INTENT

Ontario Regulation XX/XX (Registration) requires the successful completion of the Qualifying Examination within four years of submitting their initial application to attempt the exam (s 14.(4)).

According to the Registration Regulation, the Registration Committee can grant extensions to this four-year period under extenuating circumstances (s 14.(5)). This policy describes those circumstances and the possible outcomes of the Registration Committee's decision.

THE POLICY

The Registration Committee may grant an extension to the four-year period for successfully completing the Qualifying Examination for the following reasons:

- Personal illness,
- Illness of an immediate family member where the candidate is the primary caregiver,
- Bereavement; and/or
- Personal crisis or other extenuating circumstances (i.e. natural disaster)

Possible Outcomes:

The Registration Committee may decide to:

- a. Grant the Extension: In this case, the candidate may register for the next available administration of the Qualifying Examination.
- b. Deny the Extension: In this case, the candidate may be required to complete a refresher program approved by the Registration Committee prior to being eligible to attempt the Qualifying Examination.

- c. Decision could not be rendered: Based on the information presented, the Registration Committee could not make a decision. The Registration Committee will request that the candidate provide additional information and/or documentation for consideration. Upon receipt, the Registration Committee will reconvene to determine if the new information is sufficient for a decision to be rendered.

RELATED LEGISLATION AND DOCUMENTS

[Denturism Act, 1991](#)

Ontario Regulation XX/XX (Registration)

Refresher Program Policy

REVISION CONTROL

Date	Revision	Effective



BRIEFING NOTE

To: **Council**

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

Date: **December 11, 2020**

Subject: **College Qualifying Examination**

At its September 18, 2020 meeting, Council was informed that the administration of the next College Qualifying Examination was scheduled to take place in January 2021 at the Hamilton Health Sciences complex. This was after the cancellation of the Qualifying Examination in June 2020 because of the COVID-19 Pandemic. In September, COVID-19 case numbers were on the decline and administration of an in-person Qualifying Examination with reasonable infection prevention and control measures seemed possible.

As Council members will know, the decline in active case numbers was not sustained and the province is now in the midst of a second wave where the case numbers in the province are breaking records set during the first wave. Because of this severe second wave of infection, we elected to move the written portion of the Qualifying Examination (the MCQ portion) from an in-person examination to an online, remotely proctored examination format. This is a method of online exam administration that has been used by the College of Chiropractors of Ontario and the College of Optometrists of Ontario with reported success. This examination has been set for Thursday, January 21, 2020.

The administration of the OSCE portion of the examination in the current COVID-19 Pandemic is more problematic. In September, when it appeared that case numbers were demonstrating a sustained reduction, it seemed reasonable to plan for an administration of the OSCE with heightened IPAC measures to protect candidates, assessors, standardized patients, and staff. However, as we know, the COVID-19 Pandemic is not a static entity.

The City of Hamilton is currently at Level Red in the Provincial Response Framework. This framework limits the number of people in a meeting or event space to 10. Given the number of candidates, assessors, standardized patients, and administrative staff required to run one track of the OSCE, it is absolutely impossible for the College to administer the OSCE within the constraints of this limitation. The College is unable to determine when this situation may change but it seems reasonable to assume that the City of Hamilton will remain at this level for the duration of 2020 and into 2021.

There is some perceived urgency to administer the OSCE so that successful candidates will have an opportunity to register with the College and enter the work force. However, this consideration is vastly overridden by the College's responsibility to operate in a manner that reflects the precautionary principle articulated by the Province's Chief Medical Officer of Health: "If you can't be certain, don't do it". The College has a responsibility to protect the people of Ontario and also has the particular responsibility to protect the examination candidates, assessors, standardized patients, and the staff involved in the OSCE administration.

For those individuals who are registered as examination candidates, the College's "Clinical Supervision of Students, Examination Candidates, and Potential Examination Candidates Policy" (attached) applies. This policy provides examination candidates with opportunities to engage in clinical practice under the supervision of a Registered Denturist.

Taken together, these elements suggest that the College will be unable to safely and reliably offer an in-person OSCE examination. One might suggest a "wait and see" approach but it would be unfair to candidates for the College to schedule an examination date in January and then cancel it at the last minute.

These considerations are provided to Council for its discussion and decision regarding the administration of the OSCE portion of the College's Qualifying Examination.

Attachment:

1. Clinical Supervision of Students, Examination Candidates, and Potential Examination Candidates Policy



TYPE	Registration
NAME	Clinical Supervision of Students, Examination Candidates, and Potential Examination Candidates Policy
DATE APPROVED BY COUNCIL	June 14, 2013
DATE REVISED BY COUNCIL	December 14, 2018

INTENT

The College recognizes the value of practical learning and encourages denturists to supervise and participate in the education of individuals who are in the process of becoming members of the profession. The purpose of this policy is to set out the expectations for denturists involved in the supervision of these individuals. Before acting as a supervisor, the denturist must confirm that all professional liability insurance requirements have been met.¹

In this policy, a student is defined as a person who is enrolled in an approved denturism program. An examination candidate is defined as a person who has met the academic requirements for a Certificate of Registration set out in the Registration Regulation (s 1. (1) 1) and is eligible to attempt the Qualifying Examination. A potential candidate is a person who has not met the academic requirements for a Certificate of Registration and is currently completing any additional requirements set out by the Registration Committee prior to becoming eligible to attempt the Qualifying Examination.

THE POLICY

1. The supervising denturist retains complete and full responsible for any and all aspects of patient care provided by a supervised individual who is under the denturist's indirect or direct supervision².
2. The supervising denturist must notify the College of the names of any individuals that the member supervises as part of his or her practice.
3. The supervising denturist will obtain the patient's expressed, informed consent, before involving a supervised individual in the patient's care, according to the Standard of Practice: Informed Consent.
4. The supervising denturist will educate the supervised individual about the confidentiality of personal health information and ensure that no patient personal health information is inappropriately collected, used or disclosed.

¹ Professional liability insurance that is held by the denturist or the educational institution at which a student is registered must meet the College's requirements and include coverage of an individual who is being supervised by a Registered Denturist. Regardless, a Registered Denturist is responsible for ensuring that sufficient professional liability insurance coverage is in place before permitting the involvement of a student, candidate or potential candidate in the treatment of patients.

² Direct supervision is supervision where the denturist is physically present in the room with the student while the student performs a task. Indirect supervision is supervision where the student performs tasks at the denturist's direction, but the denturist is not physically present in the same room.

5. The supervising denturist will evaluate the supervised individual's knowledge, skills and judgment throughout the entire period of supervision. Prior to involving the supervised individual in any patient care, the supervising denturist will ensure that their knowledge, skills and judgment are appropriate for the assigned tasks and that they are able to safely perform all assigned tasks.
6. The supervising denturist will provide the level of supervision (i.e., direct or indirect) appropriate for the supervised individual's knowledge, skills and judgment and the nature of the task.
7. The supervising denturist will only delegate elements of the controlled act of fitting and dispensing removable dentures to a supervised individual in the following circumstances:
 - a. the supervised individual is enrolled in a course of study leading to a diploma or degree in denturism at an institution approved by the Registration Committee *or* is a candidate who is eligible to attempt the Qualifying Examination *or* is a potential candidate who is currently completing any additional requirements set out by the Registration Committee prior to becoming eligible to attempt the Qualifying Examination.
 - b. the supervising denturist has the authority to perform the controlled act, is competent to perform the controlled act, and will ensure that the supervised individual only performs tasks that are within the scope of practice of the profession or are in the public domain;
 - c. the supervising denturist has determined that it is appropriate in the circumstances to perform the controlled act; and
 - d. the supervising denturist directly supervises the individual in the performance of the act until the denturist determines that the individual is competent to perform the act safely under indirect supervision.
8. The supervising denturist will ensure that any patient health records amended by the supervised individual include a notation of their name and status. The supervising denturist must co-sign any entries in the patient record made by a supervised individual.
9. The supervising denturist must terminate the supervised individual's involvement in patient care if the patient is at risk or if the patient withdraws their consent for the supervised individual's involvement in their care.

RELATED LEGISLATION AND DOCUMENTS

Regulated Health Professions Act, 1991, ss. 27-29

Denturism Act, 1991, s. 4

Denturism Act, 1991, Professional Misconduct Regulation, O. Reg. 854/93, s. 1 (3)

CDO By-laws, Article 33.08 (xi)

Standard of Practice: Informed Consent

Standard of Practice: Confidentiality & Privacy

REVISION CONTROL

Agenda Item 10.2

Date	Revisions	Effective
April 5, 2018	<ul style="list-style-type: none">- Update title and type of policy- Include definitions of candidate and potential candidate- Addition of potential candidate's eligibility to work under the supervision of a registered denturist- Additional language regarding professional liability insurance requirements	December 14, 2018



BRIEFING NOTE

To: **Council**

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

Date: **December 11, 2020**

Subject: **College Performance Measurement Framework**

In December, 2018, the Ministry of Health (and Long Term Care) established a working group comprised of performance assessment experts, representatives from some of the Health Profession Regulatory Colleges and other stakeholders. The mandate for this group was to develop a performance measurement framework, the purpose of which was to increase transparency, accountability and **consistency** in the measures that Colleges use to assess and report performance. One of the drivers in establishing this common performance framework arose from the observed marked variability in performance measures that Colleges currently reported in the individual Annual Reports. In a review of the Health Regulatory College Annual Report, the MOH determined that there were 760 measures reported across all of the Reports and 425 of them were unique.

The College Performance Measurement Framework (CPMF) was developed over 2019. A reporting tool for this framework was developed in the early months of 2020. The framework was circulated to Health Regulatory Colleges for comments and feedback. The final version of the reporting framework was released on December 1, 2020.

The documents that were sent to Colleges by Assistant Deputy Minister Sean Court on December 1, 2020 announcing the finalized framework and reporting tool are attached. Unless you have an appetite to do so, it isn't necessary that you read all of this material. It is largely operational reporting and I include it for your information. That said, I am happy to answer any questions you may have regarding any aspect of this initiative.

I am pleased to provide a brief overview of this framework to Council. College staff are currently collecting the data for the CY 2020 report that is due the end of March 2021. Jennifer is also assisting the CDHO with their reporting. The completed draft report will be provided to Council for consideration and further input at its March 2021 meeting.

Attachments:

1. Memo from ADM Court
2. CPMF Reporting Tool
3. Technical Specifications Document
4. CPMF FAQs

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MEMORANDUM TO: Registrars and CEOs of Ontario's Health Regulatory Colleges

FROM: Sean Court
Assistant Deputy Minister

DATE: Tuesday December 1st, 2020

RE: **Formal launch of the College Performance Measurement Framework**

In follow up to my memo on September 1, 2020 regarding the 'soft launch' of the College Performance Measurement Framework (CPMF), I am pleased to inform you that today the Ministry of Health (ministry) is formally launching the CPMF.

I would like to thank you all for your comments and feedback that have helped inform the final drafts of the Reporting Tool and the Technical Specifications Document. Your feedback was used to provide further clarification to many of the Measures and Context Measures.

The CPMF that you have helped to develop will, for the first time in Ontario, further strengthen the accountability and oversight of Ontario's health regulatory Colleges by providing information that is transparent, consistent and aligned across all Colleges on their performance in serving the public's interest.

This work places a focus on areas of improvement (e.g., better support for changing public expectations, patient needs, and delivery of care models); makes it easier for patients, their families and employers to navigate the regulatory system; and through highlighting best practices reduces variation in the efficiency and effectiveness with which colleges carry out their functions.

The ministry is also aware that data and responses provided from the year 2020 are likely to be impacted by COVID-19, and that while the majority of the information requested in this reporting cycle should not be impacted, there may be instances where the requested data or information may be a significant outlier from previous years.

Ministry staff will work with you to ensure that this context is clearly communicated in the Colleges' Reporting Tools that will be posted on Colleges' websites to help the public better understand the information provided.

The ministry will not review and assess the degree to which a College has implemented the CPMF Standards for the purpose of publicly reporting on how well each College is performing during this first reporting cycle. However, during this baseline reporting cycle the ministry will:

- Provide each College with performance feedback and potentially identify opportunities for improvement, and
- Draft and post a Summary Report on the ministry website that will capture the Colleges' CPMF results at a system level (as opposed to the performance of each individual College).

Prior to beginning the second CPMF reporting cycle in October 2021, the ministry, together with the Colleges, the public and experts will evaluate and refine the CPMF based on the results of the reports and feedback received during the first reporting iteration. It is envisioned that for the second reporting cycle Colleges will be only asked to report back on improvements identified during baseline reporting, any changes in comparison to baseline reporting and any changes resulting from the refined Standards, Measures and Evidence.

I would like to thank all of you again for your advice and support to date.

The ministry looks forward to continuing this very important work with you over the coming year.

Sincerely,



Sean Court
Assistant Deputy Minister

- c. Helen Angus, Deputy Minister, Ministry of Health (MOH)
Allison Henry, Director, Health Workforce Regulatory Oversight Branch, MOH

College Performance Measurement Framework (CPMF) Reporting Tool

December 2020

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INTRODUCTION

THE COLLEGE PERFORMANCE MEASUREMENT FRAMEWORK (CPMF)

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

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

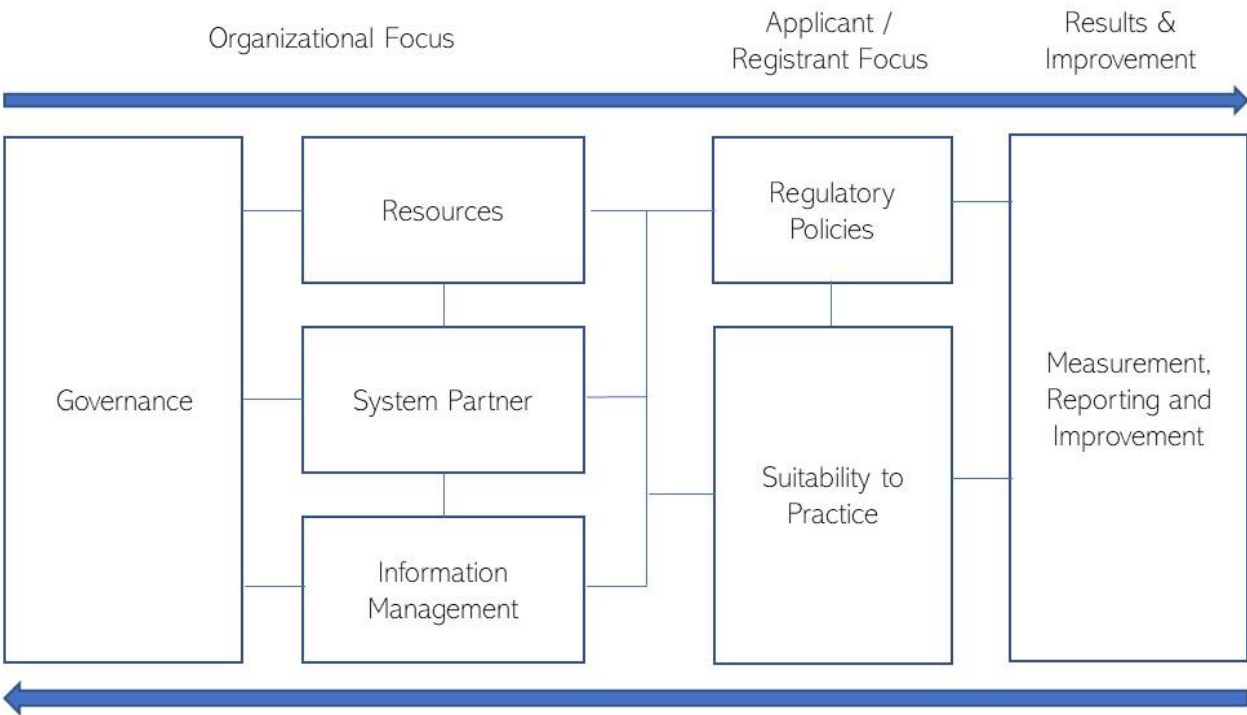
a) Components of the CPMF:

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

b) Measurement domains:

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

Figure 1: CPMF Model for measuring regulatory excellence



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

Table 1: Overview of what the Framework is measuring

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

c) Standards, Measures, Evidence, and Improvement:

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

Example:

Domain 1: Governance			
Standard	Measure	Evidence	Improvement
1. Council and Statutory Committee members have the knowledge, skills, and commitment needed to effectively execute their fiduciary role and responsibilities pertaining to the mandate of the College.	1. Where possible, Council and Statutory Committee members demonstrate that they have the knowledge, skills, and commitment prior to becoming a member of Council or a Statutory Committee.	a. Professional members are eligible to stand for election to Council only after: i. Meeting pre-defined competency / suitability criteria, and ii. attending an orientation training about the College’s mandate and expectations pertaining to the member’s role and responsibilities.	• The College is planning a project to develop required competencies for Council and Committees and will develop screening criteria. By-laws will be updated to reflect the screening criteria as a component of the election process to determine professional registrant eligibility to run for a Council position.
		b. Statutory Committee candidates have: i. met pre-defined competency / suitability criteria, and ii. attended an orientation training about the mandate of the Committee and expectations pertaining to a member’s role and responsibilities.	• The College is planning a project to develop required competencies for Council and Committees and will develop screening criteria.
		c. Prior to attending their first meeting, public appointments to Council undertake a rigorous orientation training course about the College’s mandate and expectations pertaining to the appointee’s role and responsibilities.	Nil
	2. Council and Statutory Committees regularly assess their effectiveness and address identified opportunities for improvement through ongoing education.	a. Council has developed and implemented a framework to regularly evaluate the effectiveness of: i. Council meetings; ii. Council	Nil
		b. The framework includes a third-party assessment of Council effectiveness at minimum every three years.	Nil

THE CPMF REPORTING TOOL

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

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

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

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

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

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

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

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

Completing the CPMF Reporting Tool

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

Furthermore,

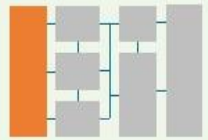
- where a College fulfills the “required evidence” it will have to:
 - provide link(s) to relevant background materials, policies and processes **OR** provide a concise overview of this information.
- where a College responds that it “partially” meets required evidence, the following information is required: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

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

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

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

Example:

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

PART 1: MEASUREMENT DOMAINS

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

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

		<i>Additional comments for clarification (optional):</i>
	b. Statutory Committee candidates have:	The College fulfills this requirement: Yes <input type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/>
	i. met pre-defined competency / suitability criteria, and	<ul style="list-style-type: none">• The competency / suitability criteria are public: Yes <input type="checkbox"/> No <input type="checkbox"/> <i>If yes, please insert link to where they can be found, if not please list criteria:</i>
	ii. attended an orientation training about the mandate of the Committee and expectations pertaining to a member’s role and responsibilities.	<ul style="list-style-type: none">• Duration of each Statutory Committee orientation training:• Format of each orientation training (e.g. in-person, online, with facilitator, testing knowledge at the end):• Insert link to website if training topics are public OR list orientation training topics for Statutory Committee:
		<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? Yes <input type="checkbox"/> No <input type="checkbox"/></i>
		<i>Additional comments for clarification (optional):</i>
	c. Prior to attending their first meeting, public appointments to Council undertake an orientation training course about the College’s mandate and expectations pertaining to the appointee’s role and responsibilities.	The College fulfills this requirement: Yes <input type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/>
		<ul style="list-style-type: none">• Duration of orientation training:• Format of orientation training (e.g. in-person, online, with facilitator, testing knowledge at the end):• Insert link to website if training topics are public OR list orientation training topics:
		<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? Yes <input type="checkbox"/> No <input type="checkbox"/></i>

		<i>Additional comments for clarification (optional):</i>
1.2 Council regularly assesses its effectiveness and addresses identified opportunities for improvement through ongoing education.	a. Council has developed and implemented a framework to regularly evaluate the effectiveness of: i. Council meetings; ii. Council	The College fulfills this requirement: Yes <input type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/>
		<ul style="list-style-type: none">Year when Framework was developed OR last updated:Insert a link to Framework OR link to Council meeting materials where (updated) Framework is found and was approved: <insert link>Evaluation and assessment results are discussed at public Council meeting: Yes <input type="checkbox"/> No <input type="checkbox"/>If yes, insert link to last Council meeting where the most recent evaluation results have been presented and discussed:
		<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? Yes <input type="checkbox"/> No <input type="checkbox"/></i>
		<i>Additional comments for clarification (optional)</i>
	b. The framework includes a third-party assessment of Council effectiveness at a minimum every three years.	The College fulfills this requirement: Yes <input type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/>
	<ul style="list-style-type: none">A third party has been engaged by the College for evaluation of Council effectiveness: Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, how often over the last five years? <insert number>Year of last third-party evaluation: <insert year>	
	<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? Yes <input type="checkbox"/> No <input type="checkbox"/></i>	

		<i>Additional comments for clarification (optional)</i>
	c. Ongoing training provided to Council has been informed by: i. the outcome of relevant evaluation(s), and/or ii. the needs identified by Council members.	<div>The College fulfills this requirement: Yes <input type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/></div> <div><ul style="list-style-type: none">• Insert a link to documents outlining how outcome evaluations and/or needs identified by members have informed Council training;• Insert a link to Council meeting materials where this information is found OR• Describe briefly how this has been done for the training provided <u>over the last year</u>.</div> <div><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? Yes <input type="checkbox"/> No <input type="checkbox"/></i></div> <div><i>Additional comments for clarification (optional):</i></div>
Standard 2		
Council decisions are made in the public interest.		
Measure	Required evidence	College response
2.1 All decisions related to a Council’s strategic objectives, regulatory processes, and activities are impartial, evidence-informed, and advance the public interest.	a. The College Council has a Code of Conduct and ‘Conflict of Interest’ policy that is accessible to the public.	<div>The College fulfills this requirement: Yes <input type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/></div> <div><ul style="list-style-type: none">• Year when Council Code of Conduct and ‘Conflict of Interest’ Policy was implemented OR last evaluated/updated:• Insert a link to Council Code of Conduct and ‘Conflict or Interest’ Policy OR Council meeting materials where the policy is found and was discussed and approved:</div> <div><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? Yes <input type="checkbox"/> No <input type="checkbox"/></i></div>

		<i>Additional comments for clarification (optional)</i>
	b. The College enforces cooling off periods ² .	The College fulfills this requirement: Yes <input type="checkbox"/> No <input type="checkbox"/>
		<ul style="list-style-type: none">Cooling off period is enforced through: Conflict of interest policy <input type="checkbox"/> By-law <input type="checkbox"/> Competency/Suitability criteria <input type="checkbox"/> Other <i><please specify></i>The year that the cooling off period policy was developed OR last evaluated/updated:How does the college define the cooling off period?<ul style="list-style-type: none">Insert a link to policy / document specifying the cooling off period, including circumstances where it is enforced;insert a link to Council meeting where cooling of period has been discussed and decided upon; ORwhere not publicly available, please describe briefly cooling off policy:
		<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? Yes <input type="checkbox"/> No <input type="checkbox"/></i>
		<i>Additional comments for clarification (optional)</i>

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

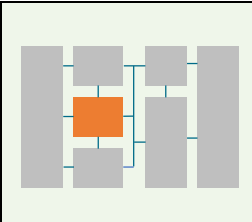
	c. The College has a conflict of interest questionnaire that all Council members must complete annually. <u>Additionally:</u> i. the completed questionnaires are included as an appendix to each Council meeting package; ii. questionnaires include definitions of conflict of interest; iii. questionnaires include questions based on areas of risk for conflict of interest identified by Council that are specific to the profession and/or College; and iv. at the beginning of each Council meeting, members must declare any updates to their responses and any conflict of interest <u>specific to the meeting agenda</u> .	The College fulfills this requirement: Yes <input type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/>
		<ul style="list-style-type: none">• The year when conflict of interest the questionnaire was implemented OR last evaluated/updated• Member(s) update his or her questionnaire at each Council meeting based on Council agenda items: Always <input type="checkbox"/> Often <input type="checkbox"/> Sometimes <input type="checkbox"/> Never <input type="checkbox"/>• Insert a link to most recent Council meeting materials that includes the questionnaire:
		<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? Yes <input type="checkbox"/> No <input type="checkbox"/></i>
		<i>Additional comments for clarification (optional)</i>
	d. Meeting materials for Council enable the public to clearly identify the public interest rationale (See Appendix A) and the evidence supporting a decision related to the College’s strategic direction or regulatory processes and actions (e.g. the minutes include a link to a publicly available briefing note).	The College fulfills this requirement: Yes <input type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/>
		<ul style="list-style-type: none">• Describe how the College makes public interest rationale for Council decisions accessible for the public:• Insert a link to meeting materials that include an example of how the College references a public interest rationale:
		<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? Yes <input type="checkbox"/> No <input type="checkbox"/></i>
		<i>Additional comments for clarification (if needed)</i>

Standard 3		
The College acts to foster public trust through transparency about decisions made and actions taken.		
Measure	Required evidence	College response
3.1 Council decisions are transparent.	a. Council minutes (once approved) are clearly posted on the College’s website. Attached to the minutes is a status update on implementation of Council decisions to date (e.g. indicate whether decisions have been implemented, and if not, the status of the implementation).	The College fulfills this requirement: Yes <input type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/>
		• Insert link to webpage where Council minutes are posted:
		<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? Yes <input type="checkbox"/> No <input type="checkbox"/></i>
		<i>Additional comments for clarification (optional)</i>
	b. The following information about Executive Committee meetings is clearly posted on the College’s website (alternatively the College can post the approved minutes if it includes the following information). i. the meeting date; ii. the rationale for the meeting; iii. a report on discussions and decisions when Executive Committee acts as Council or discusses/deliberates on matters or materials that will be brought forward to or affect Council; and iv. if decisions will be ratified by Council.	The College fulfills this requirement: Yes <input type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/>
		• Insert a link to webpage where Executive Committee minutes / meeting information are posted:
		<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? Yes <input type="checkbox"/> No <input type="checkbox"/></i>
		<i>Additional comments for clarification (optional)</i>

	c. Colleges that have a strategic plan and/or strategic objectives post them clearly on the College’s website (where a College does not have a strategic plan, the activities or programs it plans to undertake).	<div>The College fulfills this requirement: Yes <input type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/></div> <div>• Insert a link to the College’s latest strategic plan and/or strategic objectives:</div> <div>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? Yes <input type="checkbox"/> No <input type="checkbox"/></div> <div>Additional comments for clarification (optional)</div>
3.2 Information provided by the College is accessible and timely.	a. Notice of Council meeting and relevant materials are posted at least one week in advance.	<div>The College fulfills this requirement: Yes <input type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/></div> <div>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? Yes <input type="checkbox"/> No <input type="checkbox"/></div> <div>Additional comments for clarification (optional)</div>
	b. Notice of Discipline Hearings are posted at least one week in advance and materials are posted (e.g. allegations referred)	<div>The College fulfills this requirement: Yes <input type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/></div> <div>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? Yes <input type="checkbox"/> No <input type="checkbox"/></div> <div>Additional comments for clarification (optional)</div>

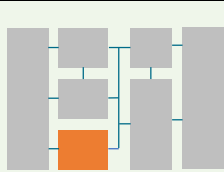
DOMAIN 2: RESOURCES		
Standard 4		
The College is a responsible steward of its (financial and human) resources.		
Measure	Required evidence	College response
4.1 The College demonstrates responsible stewardship of its financial and human resources in achieving its statutory objectives and regulatory mandate.	a. The College’s strategic plan (or, where a College does not have a strategic plan, the activities or programs it plans to undertake) has been costed and resources have been allocated accordingly. <u>Further clarification:</u> A College’s strategic plan and budget should be designed to complement and support each other. To that end, budget allocation should depend on the activities or programs a College undertakes or identifies to achieve its goals. To do this, a College should have estimated the costs of each activity or program and the budget should be allocated accordingly.	The College fulfills this requirement: Yes <input type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/>
		• Insert a link to Council meeting materials that include approved budget OR link to most recent approved budget:
		<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i> Yes <input type="checkbox"/> No <input type="checkbox"/>
		<i>Additional comments for clarification (optional)</i>

	b. The College: i. has a “financial reserve policy” that sets out the level of reserves the College needs to build and maintain in order to meet its legislative requirements in case there are unexpected expenses and/or a reduction in revenue and furthermore, sets out the criteria for using the reserves; ii. possesses the level of reserve set out in its “financial reserve policy”.	The College fulfills this requirement: Yes <input type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/>
		<u>If applicable:</u> <ul style="list-style-type: none">Insert a link to “financial reserve policy” OR Council meeting materials where financial reserve policy has been discussed and approved:Insert most recent date when “financial reserve policy” has been developed OR reviewed/updated:Has the financial reserve policy been validated by a financial auditor? Yes <input type="checkbox"/> No <input type="checkbox"/>
		<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? Yes <input type="checkbox"/> No <input type="checkbox"/></i>
		<i>Additional comments for clarification (if needed)</i>
	c. Council is accountable for the success and sustainability of the organization it governs. This includes ensuring that the organization has the workforce it needs to be successful now and, in the future (e.g. processes and procedures for succession planning, as well as current staffing levels to support College operations).	The College fulfills this requirement: Yes <input type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/>
		<ul style="list-style-type: none">Insert a date and link to Council meeting materials where the College's Human Resource plan, as it relates to the Operational and Financial plan, was discussed.
		<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? Yes <input type="checkbox"/> No <input type="checkbox"/></i>
		<i>Additional comments for clarification (optional)</i>

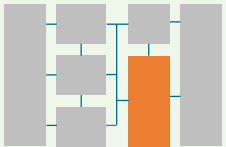
DOMAIN 3: SYSTEM PARTNER		
Standard 5 The College actively engages with other health regulatory Colleges and system partners to align oversight of the practice of the profession and support execution of its mandate.		
Standard 6 The College maintains cooperative and collaborative relationships to ensure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

<p>The three standards under this domain are not assessed based on measures and evidence like other domains, as there is no ‘best practice’ regarding the execution of these three standards.</p> <p>Instead, <u>Colleges will report on key activities, outcomes, and next steps that have emerged through a dialogue with the Ministry of Health.</u></p> <p>Beyond discussing what Colleges have done, the dialogue might also identify other potential areas for alignment with other Colleges and system partners.</p> <p>In preparation for their meetings with the ministry, Colleges have been asked to submit the following information:</p> <ul style="list-style-type: none">Colleges should consider the questions pertaining to each standard and identify examples of initiatives and projects undertaken during the reporting period that demonstrate the three standards, and the dates on which these initiatives were undertaken.	<p>Standard 5: The College actively engages with other health regulatory colleges and system partners to align oversight of the practice of the profession and support execution of its mandate.</p> <p>Recognizing that a College determines entry to practice for the profession it governs, and that it sets ongoing standards of practice within a health system where the profession it regulates has multiple layers of oversight (e.g. by employers, different legislation, etc.), Standard 5 captures how the College works with other health regulatory colleges and other system partners to support and strengthen alignment of practice expectations, discipline processes, and quality improvement across all parts of the health system where the profession practices. In particular, a College is asked to report on:</p> <ul style="list-style-type: none"><i>How it has engaged other health regulatory Colleges and other system partners to strengthen the execution of its oversight mandate and aligned practice expectations? Please provide details of initiatives undertaken, how engagement has shaped the outcome of the policy/program and identify the specific changes implemented at the College (e.g. joint standards of practice, common expectations in workplace settings, communications, policies, guidance, website etc.).</i>	
	<p>Standard 6: The College maintains cooperative and collaborative relationships to ensure it is responsive to changing public/societal expectations.</p> <p>The intent of standard 6 is to demonstrate that a College has formed the necessary relationships with system partners to ensure that it receives and contributes information about relevant changes to public expectations. This could include both relationships where the College is “pushed” information by system partners, or where the College proactively seeks information in a timely manner.</p> <ul style="list-style-type: none"><i>Please provide some examples of partners the College regularly interacts with including patients/public and how the College leverages those relationships to ensure it can respond to changing public/societal expectations.</i><i>In addition to the partners it regularly interacts with, the College is asked to include information about how it identifies relevant system partners, maintains relationships so that the College is able access relevant information from partners in a timely manner, and leverages the information obtained to respond (specific examples of when and how a College responded is requested in standard 7).</i>	<p>Standard 7: The College responds in a timely and effective manner to changing public expectations.</p> <p>Standard 7 highlights successful achievements of when a College leveraged the system partner relationships outlined in Standard 6 to implement changes to College policies, programs, standards etc., demonstrating how the College responded to changing public expectations in a timely manner.</p> <ul style="list-style-type: none"><i>How has the College responded to changing public expectations over the reporting period and how has this shaped the outcome of a College policy/program? How did the College engage the public/patients to inform changes to the relevant policy/program? (e.g. Instances where the College has taken the lead in strengthening interprofessional collaboration to improve patient experience, examples of how the College has signaled professional obligations and/or learning opportunities with respect to the treatment of opioid addictions, etc.).</i><i>The College is asked to provide an example(s) of key successes and achievements from the reporting year.</i>

Domain 4: Information Management		
Standard 8		
Information collected by the College is protected from unauthorized disclosure.		
Measure	Required evidence	College response
8.1 The College demonstrates how it protects against unauthorized disclosure of information.	a. The College has and uses policies and processes to govern the collection, use, disclosure, and protection of information that is of a personal (both health and non-health) or sensitive nature that it holds	The College fulfills this requirement: Yes <input type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/>
		<ul style="list-style-type: none">Insert a link to policies and processes OR provide brief description of the respective policies and processes.
		If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? Yes <input type="checkbox"/> No <input type="checkbox"/>
		Additional comments for clarification (optional)



DOMAIN 5: REGULATORY POLICIES			
Standard 9			
Policies, standards of practice, and practice guidelines are based in the best available evidence, reflect current best practices, are aligned with changing public expectations, and where appropriate aligned with other Colleges.			
Measure	Required evidence	College response	
9.1 All policies, standards of practice, and practice guidelines are up to date and relevant to the current practice environment (e.g. where appropriate, reflective of changing population health needs, public/societal expectations, models of care, clinical evidence, advances in technology).	a. The College has processes in place for evaluating its policies, standards of practice, and practice guidelines to determine whether they are appropriate, or require revisions, or if new direction or guidance is required based on the current practice environment.	The College fulfills this requirement: Yes <input type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/>	
		<ul style="list-style-type: none">Insert a link to document(s) that outline how the College evaluates its policies, standards of practice, and practice guidelines to ensure they are up to date and relevant to the current practice environment OR describe in a few words the College’s evaluation process (e.g. what triggers an evaluation, what steps are being taken, which stakeholders are being engaged in the evaluation and how).	
		<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? Yes <input type="checkbox"/> No <input type="checkbox"/></i>	
	<i>Additional comments for clarification (optional)</i>		
	b. Provide information on when policies, standards, and practice guidelines have been newly developed or updated, and demonstrate how the College took into account the following components: i. evidence and data, ii. the risk posed to patients / the public, iii. the current practice environment, iv. alignment with other health regulatory Colleges (where appropriate, for example where practice matters overlap) v. expectations of the public, and vi. stakeholder views and feedback.	The College fulfills this requirement: Yes <input type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/>	
		<ul style="list-style-type: none">For two recent new policies or amendments, either insert a link to document(s) that demonstrate how those components were taken into account in developing or amending the respective policy, standard or practice guideline (including with whom it engaged and how) OR describe it in a few words.	
<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? Yes <input type="checkbox"/> No <input type="checkbox"/></i>			
<i>Additional comments for clarification (optional)</i>			

DOMAIN 6: SUITABILITY TO PRACTICE		
Standard 10		
The College has processes and procedures in place to assess the competency, safety, and ethics of the people it registers.		
Measure	Required evidence	College response
10.1Applicants meet all College requirements before they are able to practice.	a. Processes are in place to ensure that only those who meet the registration requirements receive a certificate to practice (e.g., how it operationalizes the registration of members, including the review and validation of submitted documentation to detect fraudulent documents, confirmation of information from supervisors, etc.) ³ .	The College fulfills this requirement: Yes <input type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/>
		<ul style="list-style-type: none">Insert a link that outlines the policies or processes in place to ensure the documentation provided by candidates meets registration requirements OR describe in a few words the processes and checks that are carried out:Insert a link OR provide an overview of the process undertaken to review how a college operationalizes its registration processes to ensure documentation provided by candidates meets registration requirements (e.g., communication with other regulators in other jurisdictions to secure records of good conduct, confirmation of information from supervisors, educators, etc.):
		If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? Yes <input type="checkbox"/> No <input type="checkbox"/>
		Additional comments for clarification (optional)

³ This measure is intended to demonstrate how a College ensures an applicant meets every registration requirement set out in its registration regulation prior to engaging in the full scope of practice allowed under any certificate of registration, including whether an applicant is eligible to be granted an exemption from a particular requirement.

	<p>b. The College periodically reviews its criteria and processes for determining whether an applicant meets its registration requirements, against best practices (e.g. how a College determines language proficiency).</p>	<div>The College fulfills this requirement: Yes <input type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/></div> <div><ul style="list-style-type: none">Insert a link that outlines the policies or processes in place for identifying best practices to assess whether an applicant meets registration requirements (e.g. how to assess English proficiency, suitability to practice etc.), link to Council meeting materials where these have been discussed and decided upon OR describe in a few words the process and checks that are carried out.Provide the date when the criteria to assess registration requirements was last reviewed and updated.</div> <div>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? Yes <input type="checkbox"/> No <input type="checkbox"/></div> <div>Additional comments for clarification (optional)</div>
<p>10.2Registrants continuously demonstrate they are competent and practice safely and ethically.</p>	<p>a. Checks are carried out to ensure that currency⁴ and other ongoing requirements are continually met (e.g., good character, etc.).</p>	<div>The College fulfills this requirement: Yes <input type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/></div> <div><ul style="list-style-type: none">Insert a link to the regulation and/or internal policy document outlining how checks are carried out and what the currency and other requirements include, link to Council meeting materials where documents are found and have been discussed and decided upon OR provide a brief overview:List the experts / stakeholders who were consulted on currency:Identify the date when currency requirements were last reviewed and updated:Describe how the College monitors that registrants meet currency requirements (e.g. self-declaration, audits, random audit etc.) and how frequently this is done.</div> <div>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? Yes <input type="checkbox"/> No <input type="checkbox"/></div> <div>Additional comments for clarification (optional)</div>

⁴ A ‘currency requirement’ is a requirement for recent experience that demonstrates that a member’s skills or related work experience is up-to-date. In the context of this measure, only those currency requirements assessed as part of registration processes are included (e.g. during renewal of a certificate of registration, or at any other time).

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

Standard 11		
The College ensures the continued competence of all active registrants through its Quality Assurance processes. This includes an assessment of their competency, professionalism, ethical practice, and quality of care.		
Measure	Required evidence	College response
11.1The College supports registrants in applying the (new/revised) standards of practice and practice guidelines applicable to their practice.	a. Provide examples of how the College assists registrants in implementing required changes to standards of practice or practice guidelines (beyond communicating the existence of new standard, FAQs, or supporting documents).	The College fulfills this requirement: Yes <input type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/>
		<ul style="list-style-type: none">Provide a brief description of a recent example of how the College has assisted its registrants in the uptake of a new or amended standard:<ul style="list-style-type: none">Name of StandardDuration of period that support was providedActivities undertaken to support registrants% of registrants reached/participated by each activityEvaluation conducted on effectiveness of support providedDoes the College always provide this level of support: Yes <input type="checkbox"/> No <input type="checkbox"/> <i>If not, please provide a brief explanation:</i>
		<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? Yes <input type="checkbox"/> No <input type="checkbox"/></i>
		<i>Additional comments for clarification (optional)</i>

11.2The College effectively administers the assessment component(s) of its QA Program in a manner that is aligned with right touch regulation ⁵ .	a. The College has processes and policies in place outlining: i. how areas of practice that are evaluated in QA assessments are identified in order to ensure the most impact on the quality of a registrant’s practice; ii. details of how the College uses a right touch, evidence informed approach to determine which registrants will undergo an assessment activity (and which type if multiple assessment activities); and iii. criteria that will inform the remediation activities a registrant must undergo based on the QA assessment, where necessary.	The College fulfills this requirement: Yes <input type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/>
		<ul style="list-style-type: none">List the College’s priority areas of focus for QA assessment and briefly describe how they have been identified OR link to website where this information can be found:Is the process taken above for identifying priority areas codified in a policy: Yes <input type="checkbox"/> No <input type="checkbox"/> <i>If yes, please insert link to policy</i>Insert a link to document(s) outlining details of right touch approach and evidence used (e.g. data, literature, expert panel) to inform assessment approach OR describe right touch approach and evidence used:Provide the year the right touch approach was implemented OR when it was evaluated/updated (if applicable): <i>If evaluated/updated, did the college engage the following stakeholders in the evaluation:</i><ul style="list-style-type: none">Public Yes <input type="checkbox"/> No <input type="checkbox"/>Employers Yes <input type="checkbox"/> No <input type="checkbox"/>Registrants Yes <input type="checkbox"/> No <input type="checkbox"/>other stakeholders Yes <input type="checkbox"/> No <input type="checkbox"/>Insert link to document that outlines criteria to inform remediation activities OR list criteria:
		<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? Yes <input type="checkbox"/> No <input type="checkbox"/></i>
		<i>Additional comments for clarification (optional)</i>

⁵ “Right touch” regulation is an approach to regulatory oversight that applies the minimal amount of regulatory force required to achieve a desired outcome. (Professional Standards Authority. Right Touch Regulation. <https://www.professionalstandards.org.uk/publications/right-touch-regulation>).

11.3The College effectively remediates and monitors registrants who demonstrate unsatisfactory knowledge, skills, and judgment.	a. The College tracks the results of remediation activities a registrant is directed to undertake as part of its QA Program and assesses whether the registrant subsequently demonstrates the required knowledge, skill and judgement while practising.	The College fulfills this requirement: Yes <input type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/>
		<ul style="list-style-type: none">Insert a link to the College’s process for monitoring whether registrant’s complete remediation activities OR describe the process:Insert a link to the College’s process for determining whether a registrant has demonstrated the knowledge, skills and judgement following remediation OR describe the process:
		<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? Yes <input type="checkbox"/> No <input type="checkbox"/></i>
		<i>Additional comments for clarification (if needed)</i>

Standard 12		
The complaints process is accessible and supportive.		
Measure	Required evidence	College response
12.1The College enables and supports anyone who raises a concern about a registrant.	a. The different stages of the complaints process and all relevant supports available to complainants are clearly communicated and set out on the College’s website and are communicated directly to complainants who are engaged in the complaints process, including what a complainant can expect at each stage and the supports available to them (e.g. funding for sexual abuse therapy).	The College fulfills this requirement: Yes <input type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/>
		<ul style="list-style-type: none">Insert a link to the College’s website that describes in an accessible manner for the public the College’s complaints process including, options to resolve a complaint and the potential outcomes associated with the respective options and supports available to the complainant:
		<ul style="list-style-type: none">Does the College have policies and procedures in place to ensure that all relevant information is received during intake and at each stage of the complaints process: Yes <input type="checkbox"/> No <input type="checkbox"/>
		<ul style="list-style-type: none">Does the College evaluate whether the information provided is clear and useful: Yes <input type="checkbox"/> No <input type="checkbox"/>
		If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? Yes <input type="checkbox"/> No <input type="checkbox"/>
	b. The College responds to 90% of inquiries from the public within 5 business days, with follow-up timelines as necessary.	The College fulfills this requirement: Yes <input type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/>
		<ul style="list-style-type: none">Insert rate (<u>see Companion Document: Technical Specifications for Quantitative CPMF Measures</u>)
		If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? Yes <input type="checkbox"/> No <input type="checkbox"/>
		Additional comments for clarification (optional)

	c. Examples of the activities the College has undertaken in supporting the public during the complaints process.	<ul style="list-style-type: none">List all the support available for public during complaints process:Most frequently provided supports in CY 2020: <div>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? Yes <input type="checkbox"/> No <input type="checkbox"/></div> <div>Additional comments for clarification (optional)</div>
12.2All parties to a complaint and discipline process are kept up to date on the progress of their case, and complainants are supported to participate effectively in the process.	a. Provide details about how the College ensures that all parties are regularly updated on the progress of their complaint or discipline case and are supported to participate in the process.	<div>The College fulfills this requirement: Yes <input type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/></div> <ul style="list-style-type: none">Insert a link to document(s) outlining how all parties will be kept up to date and support available at the various stages of the process OR provide a brief description: <div>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? Yes <input type="checkbox"/> No <input type="checkbox"/></div> <div>Additional comments for clarification (optional)</div>
Standard 13		
All complaints, reports, and investigations are prioritized based on public risk, and conducted in a timely manner with necessary actions to protect the public.		
Measure	Required evidence	College response
13.1The College addresses complaints in a right touch manner.	a. The College has accessible, up-to-date, documented guidance setting out the framework for assessing risk and acting on complaints, including the prioritization of investigations, complaints, and reports (e.g. risk matrix, decision matrix/tree, triage protocol).	<div>The College fulfills this requirement: Yes <input type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/></div> <ul style="list-style-type: none">Insert a link to guidance document OR describe briefly the framework and how it is being applied:Provide the year when it was implemented OR evaluated/updated (if applicable): <div>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? Yes <input type="checkbox"/> No <input type="checkbox"/></div> <div>Additional comments for clarification (optional)</div>

Standard 14		
The College complaints process is coordinated and integrated.		
Measure	Required evidence	College response
14.1The College demonstrates that it shares concerns about a registrant with other relevant regulators and external system partners (e.g. law enforcement, government, etc.).	a. The College’s policy outlining consistent criteria for disclosure and examples of the general circumstances and type of information that has been shared between the College and other relevant system partners, within the legal framework, about concerns with individuals and any results.	The College fulfills this requirement: Yes <input type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/>
		<ul style="list-style-type: none">Insert a link to policy OR describe briefly the policy:Provide an overview of whom the College has shared information over the past year and purpose of sharing that information (i.e. general sectors of system partner, such as ‘hospital’, or ‘long-term care home’).
		<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? Yes <input type="checkbox"/> No <input type="checkbox"/></i>
		<i>Additional comments for clarification (if needed)</i>

DOMAIN 7: MEASUREMENT, REPORTING, AND IMPROVEMENT		
Standard 15		
The College monitors, reports on, and improves its performance.		
Measure	Required evidence	College response
15.1 Council uses Key Performance Indicators (KPIs) in tracking and reviewing the College’s performance and regularly reviews internal and external risks that could impact the College’s performance.	a. Outline the College’s KPI’s, including a clear rationale for why each is important.	The College fulfills this requirement: Yes <input type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/>
		<ul style="list-style-type: none">Insert a link to document that list College’s KPIs with an explanation for why these KPIs have been selected (including what the results the respective KPIs tells, and how it relates to the College meeting its strategic objectives and is therefore relevant to track), link to Council meeting materials where this information is included OR list KPIs and rationale for selection:
		<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? Yes <input type="checkbox"/> No <input type="checkbox"/></i>
	b. Council uses performance and risk information to regularly assess the College’s progress against stated strategic objectives and regulatory outcomes.	
		The College fulfills this requirement: Yes <input type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/>
		<ul style="list-style-type: none">Insert a link to last year’s Council meetings materials where Council discussed the College’s progress against stated strategic objectives, regulatory outcomes and risks that may impact the College’s ability to meet its objectives and the corresponding meeting minutes:
	<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? Yes <input type="checkbox"/> No <input type="checkbox"/></i>	

		<i>Additional comments for clarification (if needed)</i>
15.2Council directs action in response to College performance on its KPIs and risk reviews.	a. Where relevant, demonstrate how performance and risk review findings have translated into improvement activities.	The College fulfills this requirement: Yes <input type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/>
		<ul style="list-style-type: none">Insert a link to Council meeting materials where relevant changes were discussed and decided upon:
		<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? Yes <input type="checkbox"/> No <input type="checkbox"/></i>
		<i>Additional comments for clarification (if needed)</i>
15.3The College regularly reports publicly on its performance.	a. Performance results related to a College’s strategic objectives and regulatory activities are made public on the College’s website.	The College fulfills this requirement: Yes <input type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/>
		<ul style="list-style-type: none">Insert a link to College’s dashboard or relevant section of the College’s website:
		<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? Yes <input type="checkbox"/> No <input type="checkbox"/></i>
		<i>Additional comments for clarification (if needed)</i>

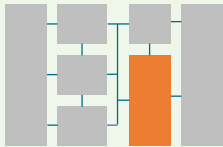
PART 2: CONTEXT MEASURES

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

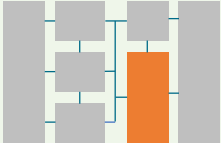
In order to facilitate consistency in reporting, a recommended methodology to calculate the information is provided in the companion document “Technical Specifications for Quantitative College Performance Measurement Framework Measures.” However, recognizing that at this point in time, the data may not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

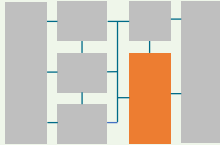
In those instances where a College does not have the data or the ability to calculate the context measure at this point in time it should state: ‘Nil’ and indicate any plans to collect the data in the future.

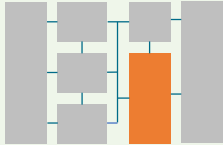
Where deemed appropriate, Colleges are encouraged to provide additional information to ensure the context measure is properly contextualized to its unique situation. Finally, where a College chooses to report a context measure using methodology other than outlined in the following Technical Document,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

DOMAIN 6: SUITABILITY TO PRACTICE		
Standard 11		
The College ensures the continued competence of all active registrants through its Quality Assurance processes. This includes an assessment of their competency, professionalism, ethical practice, and quality of care.		
Statistical data collected in accordance with recommended methodology or College own methodology: <input type="checkbox"/> Recommended <input type="checkbox"/> College methodology		
If College methodology, please specify rationale for reporting according to College methodology:		
Context Measure (CM)		
CM 1. Type and distribution of QA/QI activities and assessments used in CY 2020*		<p>What does this information tell us? Quality assurance (QA) and Quality Improvement (QI) are critical components in ensuring that professionals provide care that is safe, effective, patient centred and ethical. In addition, health care professionals face a number of ongoing changes that might impact how they practice (e.g. changing roles and responsibilities, changing public expectations, legislative changes).</p> <p>The information provided here illustrates the diversity of QA activities the College undertook in assessing the competency of its registrants and the QA and QI activities its registrants undertook to maintain competency in CY 2020. The diversity of QA/QI activities and assessments is reflective of a College’s risk-based approach in executing its QA program, whereby the frequency of assessment and activities to maintain competency are informed by the risk of a registrant not acting competently. Details of how the College determined the appropriateness of its assessment component of its QA program are described or referenced by the College in Measure 13(a) of Standard 11.</p>
Type of QA/QI activity or assessment	#	
i. <Insert QA activity or assessment>		
ii. <Insert QA activity or assessment>		
iii. <Insert QA activity or assessment>		
iv. <Insert QA activity or assessment>		
v. <Insert QA activity or assessment>		
vi. <Insert QA activity or assessment>		
vii. <Insert QA activity or assessment>		
viii. <Insert QA activity or assessment>		
ix. <Insert QA activity or assessment>		
x. <Insert QA activity or assessment>		
<p>* Registrants may be undergoing multiple QA activities over the course of the reporting period. While future iterations of the CPMF may evolve to capture the different permutations of pathways registrants may undergo as part of a College’s QA Program, the requested statistical information recognizes the current limitations in data availability today and is therefore limited to type and distribution of QA/QI activities or assessments used in the reporting period.</p> <p>NR = Non-reportable: results are not shown due to < 5 cases</p>		

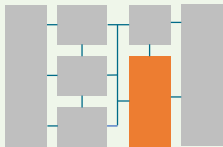
Additional comments for clarification (if needed)

DOMAIN 6: SUITABILITY TO PRACTICE			
Standard 11			
The College ensures the continued competence of all active registrants through its Quality Assurance processes. This includes an assessment of their competency, professionalism, ethical practice, and quality of care			
Statistical data collected in accordance with recommended methodology or College own methodology: <input type="checkbox"/> Recommended <input type="checkbox"/> College methodology			
If College methodology, please specify rationale for reporting according to College methodology:			
Context Measure (CM)			
	#	%	What does this information tell us? If a registrant’s knowledge, skills and judgement to practice safely, effectively and ethically have been assessed or reassessed and found to be unsatisfactory or a registrant is non-compliant with a College’s QA Program, the College may refer him or her to the College’s QA Committee. The information provided here shows how many registrants who underwent an activity or assessment in CY 2020 as part of the QA program where the QA Committee deemed that their practice is unsatisfactory and as a result have been directed to participate in specified continuing education or remediation program.
CM 2. Total number of registrants who participated in the QA Program CY 2020			
CM 3. Rate of registrants who were referred to the QA Committee as part of the QA Program in CY 2020 where the QA Committee directed the registrant to undertake remediation. *			
Additional comments for clarification (optional)			
* NR = Non-reportable: results are not shown due to < 5 cases (for both # and %)			

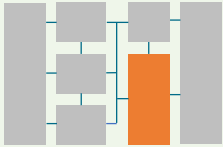
DOMAIN 6: SUITABILITY TO PRACTICE			
Standard 11			
The College ensures the continued competence of all active registrants through its Quality Assurance processes. This includes an assessment of their competency, professionalism, ethical practice, and quality of care.			
Statistical data collected in accordance with recommended methodology or College own methodology: <input type="checkbox"/> Recommended <input type="checkbox"/> College methodology			
If College methodology, please specify rationale for reporting according to College methodology:			
Context Measure (CM)			
CM 4. Outcome of remedial activities in CY 2020*:	#	%	What does this information tell us? This information provides insight into the outcome of the College’s remedial activities directed by the QA Committee and may help a College evaluate the effectiveness of its “QA remediation activities”. Without additional context no conclusions can be drawn on how successful the QA remediation activities are, as many factors may influence the practice and behaviour registrants (continue to) display.
I. Registrants who demonstrated required knowledge, skills, and judgment following remediation**			
II. Registrants still undertaking remediation (i.e. remediation in progress)			
Additional comments for clarification (if needed)			
* NR = Non-reportable: results are not shown due to < 5 cases (for both # and %)			
** This measure may include registrants who were directed to undertake remediation in the previous year and completed reassessment in CY2020.			

DOMAIN 6: SUITABILITY TO PRACTICE					
Standard 13					
All complaints, reports, and investigations are prioritized based on public risk, and conducted in a timely manner with necessary actions to protect the public.					
Statistical data collected in accordance with recommended methodology or College own methodology: <input type="checkbox"/> Recommended <input type="checkbox"/> College methodology					
If College methodology, please specify rationale for reporting according to College methodology:					
Context Measure (CM)					
CM 5. Distribution of formal complaints* and Registrar’s Investigations by theme in CY 2020	Formal Complaints received‡		Registrar Investigations initiated‡		<p>What does this information tell us? This information facilitates transparency to the public, registrants and the ministry regarding the most prevalent themes identified in formal complaints received and Registrar’s Investigations undertaken by a College.</p>
Themes:	#	%	#	%	
I. Advertising					
II. Billing and Fees					
III. Communication					
IV. Competence / Patient Care					
V. Fraud					
VI. Professional Conduct & Behaviour					
VII. Record keeping					
VIII. Sexual Abuse / Harassment / Boundary Violations					
IX. Unauthorized Practice					
X. Other <please specify>					
Total number of formal complaints and Registrar’s Investigations**		100%		100%	

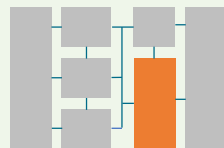
<p>* Formal Complaint: A statement received by a College in writing or in another acceptable form that contains the information required by the College to initiate an investigation. This excludes complaint inquires and other interactions with the College that do not result in a formally submitted complaint.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

DOMAIN 6: SUITABILITY TO PRACTICE			
Standard 13			
All complaints, reports, and investigations are prioritized based on public risk, and conducted in a timely manner with necessary actions to protect the public.			
Statistical data collected in accordance with recommended methodology or College own methodology: <input type="checkbox"/> Recommended <input type="checkbox"/> College methodology			
If College methodology, please specify rationale for reporting according to College methodology:			
Context Measure (CM)			
CM 6. Total number of formal complaints that were brought forward to the ICRC in CY 2020			
CM 7. Total number of ICRC matters brought forward as a result of a Registrars Investigation in CY 2020			
CM 8. Total number of requests or notifications for appointment of an investigator through a Registrar’s Investigation brought forward to the ICRC that were approved in CY 2020			
CM 9. Of the formal complaints* received in CY 2020**:	#	%	What does this information tell us? The information helps the public better understand how formal complaints filed with the College and Registrar’s Investigations are disposed of or resolved. Furthermore, it provides transparency on key sources of concern that are being brought forward to the College’s committee that investigates concerns about its registrants.
I. Formal complaints that proceeded to Alternative Dispute Resolution (ADR)‡			
II. Formal complaints that were resolved through ADR			
III. Formal complaints that were disposed** of by ICRC			
IV. Formal complaints that proceeded to ICRC and are still pending			
V. Formal complaints withdrawn by Registrar at the request of a complainant Δ			
VI. Formal complaints that are disposed of by the ICRC as frivolous and vexatious			
VII. Formal complaints and Registrars Investigations that are disposed of by the ICRC as a referral to the Discipline Committee			
** Disposal: The day upon which a decision was provided to the registrant and complainant by the College (i.e. the date the reasons are released and sent to the registrant and complainant).			
* Formal Complaints: A statement received by a College in writing or in another acceptable form that contains the information required by the College to initiate an investigation. This excludes complaint inquires and other interactions with the College that do not result in a formally submitted complaint.			
‡ ADR: Means mediation, conciliation, negotiation, or any other means of facilitating the resolution of issues in dispute.			

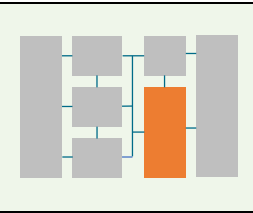
<p>Δ The Registrar may withdraw a formal complaint prior to any action being taken by a Panel of the ICRC, at the request of the complainant, where the Registrar believed that the withdrawal was in the public interest.</p> <p># May relate to Registrars Investigations that were brought to ICRC in the previous year.</p> <p>** The total number of formal complaints received may not equal the numbers from 9(i) to (vi) as complaints that proceed to ADR and are not resolved will be reviewed at ICRC, and complaints that the ICRC disposes of as frivolous and vexatious and a referral to the Discipline Committee will also be counted in total number of complaints disposed of by ICRC.</p> <p>φ Registrar’s Investigation: Under s.75(1)(a) of the RHPA, where a Registrar believes, on reasonable and probable grounds, that a registrant has committed an act of professional misconduct or is incompetent he/she can appoint an investigator upon ICRC approval of the appointment. In situations where the Registrar determines that the registrant exposes, or is likely to expose, his/her patient to harm or injury, the Registrar can appoint an investigator immediately without ICRC approval and must inform the ICRC of the appointment within five days.</p> <p>NR = Non-reportable: results are not shown due to < 5 cases (for both # and %)</p>	
<p>Additional comments for clarification (if needed)</p>	

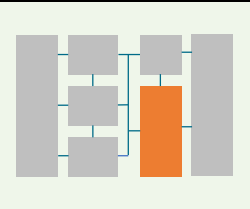
DOMAIN 6: SUITABILITY TO PRACTICE								
Standard 13								
All complaints, reports, and investigations are prioritized based on public risk, and conducted in a timely manner with necessary actions to protect the public.								
Statistical data collected in accordance with recommended methodology or College own methodology: <input type="checkbox"/> Recommended <input type="checkbox"/> College methodology								
If College methodology, please specify rationale for reporting according to College methodology:								
Context Measure (CM)								
CM 10. Total number of ICRC decisions in 2020								
Distribution of ICRC decisions by theme in 2020*		# of ICRC Decisions†						
Nature of issue	Take no action	Proves advice or recommendations	Issues an oral caution	Orders a specified continuing education or remediation program	Agrees to undertaking	Refers specified allegations to the Discipline Committee	Takes any other action it considers appropriate that is not inconsistent with its governing legislation, regulations or by-laws.	
I. Advertising								
II. Billing and Fees								
III. Communication								
IV. Competence / Patient Care								
V. Fraud								
VI. Professional Conduct & Behaviour								
VII. Record keeping								
VIII. Sexual Abuse / Harassment / Boundary Violations								
IX. Unauthorized Practice								
X. Other <please specify>								
* Number of decisions are corrected for formal complaints ICRC deemed frivolous and vexatious AND decisions can be regarding formal complaints and registrar's investigations brought forward prior to 2020.								
† NR = Non-reportable: results are not shown due to < 5 cases.								

++ The requested statistical information (number and distribution by theme) recognizes that formal complaints and Registrar’s Investigations may include allegations that fall under multiple themes identified above, therefore when added together the numbers set out per theme may not equal the total number of formal complaints or registrar’s investigations, or findings.
What does this information tell us? This information will help increase transparency on the type of decisions rendered by ICRC for different themes of formal complaints and Registrar’s Investigation and the actions taken to protect the public. In addition, the information may assist in further informing the public regarding what the consequences for a registrant can be associated with a particular theme of complaint or Registrar investigation and could facilitate a dialogue with the public about the appropriateness of an outcome related to a particular formal complaint.
Additional comments for clarification (if needed)

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

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

DOMAIN 6: SUITABILITY TO PRACTICE		
Standard 13 All complaints, reports, and investigations are prioritized based on public risk, and conducted in a timely manner with necessary actions to protect the public.		
Statistical data collected in accordance with recommended methodology or College own methodology: <input type="checkbox"/> Recommended <input type="checkbox"/> College methodology If College methodology, please specify rationale for reporting according to College methodology:		
Context Measure (CM)		
CM 13. Distribution of Discipline finding by type*		What does this information tell us? This information facilitates transparency to the public, registrants and the ministry regarding the most prevalent discipline findings where a formal complaint or Registrar’s Investigation is referred to the Discipline Committee by the ICRC.
Type	#	
I. Sexual abuse		
II. Incompetence		
III. Fail to maintain Standard		
IV. Improper use of a controlled act		
V. Conduct unbecoming		
VI. Dishonourable, disgraceful, unprofessional		
VII. Offence conviction		
VIII. Contravene certificate restrictions		
IX. Findings in another jurisdiction		
X. Breach of orders and/or undertaking		
XI. Falsifying records		
XII. False or misleading document		
XIII. Contravene relevant Acts		
* The requested statistical information recognizes that an individual discipline case may include multiple findings identified above, therefore when added together the number of findings may not equal the total number of discipline cases. NR = Non-reportable: results are not shown due to < 5 cases.		
Additional comments for clarification (if needed)		

DOMAIN 6: SUITABILITY TO PRACTICE		
Standard 13		
All complaints, reports, and investigations are prioritized based on public risk, and conducted in a timely manner with necessary actions to protect the public.		
Statistical data collected in accordance with recommended methodology or College own methodology: <input type="checkbox"/> Recommended <input type="checkbox"/> College methodology		
If College methodology, please specify rationale for reporting according to College methodology:		
Context Measure (CM)		
CM 14. Distribution of Discipline orders by type*		What does this information tell us? This information will help strengthen transparency on the type of actions taken to protect the public through decisions rendered by the Discipline Committee. It is important to note that no conclusions can be drawn on the appropriateness of the discipline decisions without knowing intimate details of each case including the rationale behind the decision.
Type	#	
I. Revocation ⁺		
II. Suspension ^{\$}		
III. Terms, Conditions and Limitations on a Certificate of Registration ^{**}		
IV. Reprimand [^] and an Undertaking [#]		
V. Reprimand [^]		
<p>* The requested statistical information recognizes that an individual discipline case may include multiple findings identified above, therefore when added together the numbers set out for findings and orders may not be equal and may not equal the total number of discipline cases.</p> <p>+ Revocation of a registrant’s certificate of registration occurs where the discipline or fitness to practice committee of a health regulatory college makes an order to “revoke” the certificate which terminates the registrant’s registration with the college and therefore his/her ability to practice the profession.</p> <p>\$ A suspension of a registrant’s certificate of registration occurs for a set period of time during which the registrant is not permitted to:</p> <ul style="list-style-type: none">• Hold himself/herself out as a person qualified to practice the profession in Ontario, including using restricted titles (e.g. doctor, nurse),• Practice the profession in Ontario, or• Perform controlled acts restricted to the profession under the Regulated Health Professions Act, 1991. <p>** Terms, Conditions and Limitations on a Certificate of Registration are restrictions placed on a registrant’s practice and are part of the Public Register posted on a health regulatory college’s website.</p> <p>^ A reprimand is where a registrant is required to attend publicly before a discipline panel of the College to hear the concerns that the panel has with his or her practice</p> <p># An undertaking is a written promise from a registrant that he/she will carry out certain activities or meet specified conditions requested by the College committee.</p> <p>NR = Non-reportable: results are not shown due to < 5 cases</p>		
Additional comments for clarification (if needed)		

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

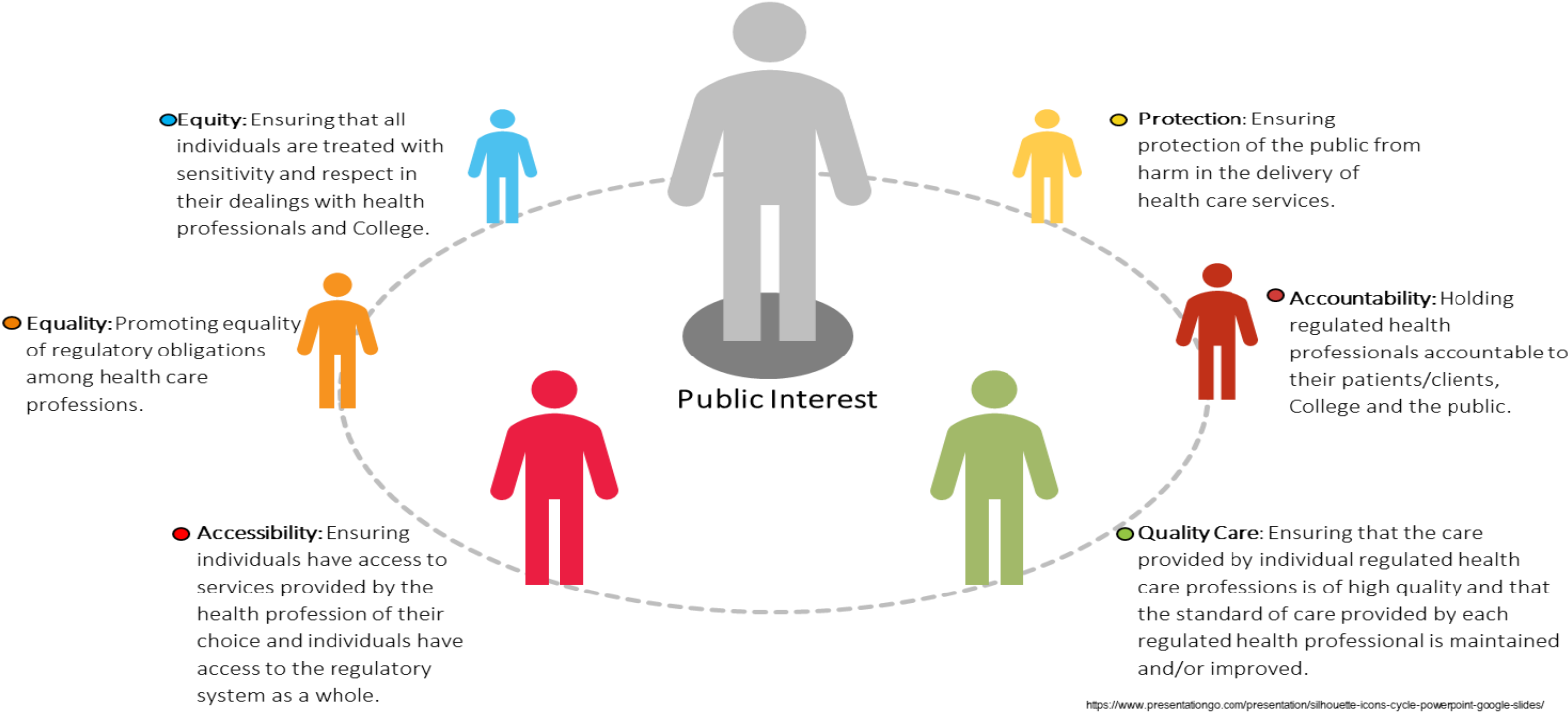
Regulatory Oversight and Performance Unit
Health Workforce Regulatory Oversight Branch
Strategic Policy, Planning & French Language Services Division
Ministry of Health
438 University Avenue, 10th floor
Toronto, ON M5G 2K8

E-mail: RegulatoryProjects@Ontario.ca

Appendix A: Public Interest

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

PUBLIC INTEREST
in the context of the College Performance Measurement Framework



Technical Specifications for Quantitative College Performance Measurement Framework Measures

December 2020

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INTRODUCTION

This document serves as a companion document to the College Performance Measurement Framework (CPMF) Reporting Tool. It is designed to provide Ontario's health regulatory Colleges (Colleges) with recommended methodology for calculating the quantitative measures that form part of the CPMF. However, recognizing that at this point in time, the data may not be readily available for each College to calculate the quantitative measures in the recommended manner (e.g., due to differences in definitions), where this is the case a College can report the information in a manner that is conducive to their data infrastructure and availability.

If a College is reporting the information in a manner that is different than the recommended methodology as set out below, for transparency purposes a College is being asked to provide the following information in the CPMF Reporting Tool:

- Indicate that is using its own methodology.
- Provide a brief rationale for why it is using its own methodology.

Where a College chooses to report a context measure using methodology other than outlined in the following Technical Specifications document, the ministry asks the College to provide the methodology to the ministry so that it can understand how the College calculated the information provided.

Table 1: The College responds to 90% of inquiries from the public within 5 business days, with follow-up timelines as necessary.

Suitability to Practice Domain > Standard 12: The complaints process is accessible and supportive.

Measure 12.1, Evidence b	The College responds to 90% of inquiries from the public within 5 business days, with follow-up timelines as necessary.
Description	Indicates whether the College provides an individualized response to 90% of inquiries from the public within 5 days and provides timelines for follow up where necessary.
Calculation Methods	Numerator/Denominator
Numerator	Number of responses provided to the initial public inquiry (including expected timeline for follow-up) within 5 days. (See definition for public below).
Denominator	All inquiries from the public related to the College's complaints process received within the reporting period.
Exclusions	<ul style="list-style-type: none"> • Inquiries from anyone other than the "public" as defined below. • Inquires not related to the complaints process. • Calls to file a complaint or Inquiries about a complaint that has been filed with the College.
Reporting period	January 1, 2020 to December 31, 2020
Data source	Local data collection by the College
Definitions	<p>Public: Any individual, including media and researchers, who contacts the College.</p> <p>Inquiry: Within the context of this Evidence, an inquiry is defined as the time when an individual, who is from the public, seeks information from the College.</p> <p>Response: The College sends an individualized response to the inquiry and provides either a resolution or timelines for follow up where necessary.</p>

Measure 12.1, Evidence b	The College responds to 90% of inquiries from the public within 5 business days, with follow-up timelines as necessary.
	Method of Receipt: This refers to the form and manner in which the inquiry is received by the College. It may take the form of a phone call, email, social media or physical correspondence (e.g., letter).

Table 2: Context Measure – the type and distribution of QA/QI activities or assessments used in CY 2020¹

Suitability to Practice Domain > Standard 11: The College ensures the continued competence of all active registrants through its Quality Assurance processes. This includes an assessment of their competency, professionalism, ethical practice, and quality of care.

Context Measure #1	Type and distribution of QA/QI activities and assessments used in CY2020
Description	The type of QA and QI activities and assessments that the College uses to assess a registrant's ongoing competence and support registrants in maintaining competence, and the distribution of the activities and assessments used (e.g., CPD portfolio review/audit, practice site visit/inspection, patient chart audit/chart-simulated recall, examination, multi-source feedback/360-degree reviews, clinical simulation or objective structured clinical examination, direct observation in practice, etc.).
Calculation Method	<p>This Measure captures two separate calculations:</p> <ol style="list-style-type: none"> 1. Distribution of QA/QI activities or assessments <ol style="list-style-type: none"> i. Report the distinct types of activities or assessments used by the College. ii. Calculate the number activities or assessments undertaken across each type of activity or assessment. <p>Note:</p> <ul style="list-style-type: none"> - Where the number in a given type of QA/QI activity or assessment is between 1 and 5, report in CPMF Reporting Tool as "NR" - Where no registrant underwent a particular type of QA/QI activity or assessment, report in CPMF Reporting Tool as "0".
Exclusions	<ul style="list-style-type: none"> • Remedial activities required of registrants outside of the College's QA program (e.g., remediation ordered by a Panel of the ICRC). • QA activities undertaken by inactive or non-practising registrants.

¹ Registrants may be undergoing multiple QA activities over the course of the reporting period. While future iterations of the CPMF may evolve to capture the different permutations of pathways registrants may undergo as part of a College's QA Program, the requested contextual information recognizes the current limitations in data availability today and is therefore limited to type and distribution of QA/QI activities or assessments used in the reporting period.

Context Measure #1	Type and distribution of QA/QI activities and assessments used in CY2020
	<ul style="list-style-type: none"> All QA activities or assessments undertaken by active registrants of a College outside of the of the QA Program.
Inclusion	<ul style="list-style-type: none"> All QA activities or assessments undertaken by active registrants of a College as part of the QA Program. All QI activities or assessment undertaken by active registrants of a College.
Reporting period	January 1, 2020 to December 31, 2020
Data source	Local data collection by the College
Definitions	<p>QA activity and assessment: the different types of QA activities and assessments that registrants undergo/undertake to improve their practice and/or a College uses to assess the ongoing competence of registrant's practice, including any activity and assessment that assesses (either through self-assessment or College assessment) knowledge, skills and judgment or expectations for a registrant's practice and where non-compliance may lead to a QA Committee referral (e.g., article review, peer circles, CPD portfolio review/audit, practice site visit/inspection, patient chart audit/chart-simulated recall, examination, multi-source feedback/360-degree reviews, clinical simulation or objective structured clinical examination, direct observation in practice, etc.).</p> <p>QI activity and assessment: the different types of quality improvement activities and assessments that use a preventative/proactive approach and are more focused on individual practice and self-assessments to identify opportunities for self-directed learning and improvement in an individual's practice. These activities occur outside of the legislated QA Program and include activities, such as, for example a Quality Improvement Survey, Practice Profile, Self-Guided Chart Review; Data-Driven Quality Improvement; and a Practice Improvement Plan.</p> <p>Inactive or non-practicing registrants: includes any registrants who have a certificate of registration that does not permit them to provide direct patient care or to engage in the practice of the profession. It is noted that Colleges may use different terms to identify classes of certificates of registration and the use of "inactive or non-practicing" is intended to represent all such certificate classes used by the various Colleges.</p>

Table 3: Context Measure – the total number of registrants who participated in QA Program in CY 2020

Suitability to Practice Domain > Standard 11: The College ensures the continued competence of all active registrants through its Quality Assurance processes. This includes an assessment of their competency, professionalism, ethical practice, and quality of care

Context Measure #2	Total number of registrants who participated in the QA Program in CY 2020
Description	The total number of registrants that participated in an activity or assessment as part of the Quality Assurance Program.
Calculation Method	The total number of registrants that underwent at least one activity or assessment as part of the QA Program within the reporting period.
Exclusions	<ul style="list-style-type: none"> • All inactive or non-practicing registrants who underwent QA activities or assessment. • All QI activities or assessment undertaken by active registrants of a College. • All QA activities or assessments undertaken by active registrants of a College outside of the of the QA Program.
Inclusion	<ul style="list-style-type: none"> • Registrants who initiated a QA activity or assessment within the reporting period.
Reporting period	January 1, 2020 to December 31, 2020
Data source	Local data collection by the College
Definitions	QA activity and assessment: the different types of QA activities and assessments that registrants undergo/undertake to improve their practice and/or a College uses to assess the ongoing competence of registrant's practice, including any activity and assessment that assesses (either through self-assessment or College assessment) knowledge, skills and judgment or expectations for a registrant's practice and where non-compliance may lead to a QA Committee referral (e.g., article review, peer circles, CPD portfolio review/audit, practice site visit/inspection, patient chart audit/chart-simulated recall, examination, multi-source

Context Measure #2	Total number of registrants who participated in the QA Program in CY 2020
	<p>feedback/360-degree reviews, clinical simulation or objective structured clinical examination, direct observation in practice, etc.).</p> <p>QI activity and assessment: the different types of quality improvement activities and assessments that use a preventative/proactive approach and are more focused on individual practice and self-assessments to identify opportunities for self-directed learning and improvement in an individual's practice. These activities occur outside of the legislated QA Program and include activities, such as, for example a Quality Improvement Survey, Practice Profile, Self-Guided Chart Review; Data-Driven Quality Improvement; and a Practice Improvement Plan.</p> <p>Inactive or non-practicing registrants: includes any registrants who have a certificate of registration that does not permit them to provide direct patient care or to engage in the practice of the profession. It is noted that Colleges may use different terms to identify classes of certificates of registration and the use of "inactive or non-practicing" is intended to represent all such certificate classes used by the various Colleges.</p>

Table 4: Context Measure – the rate of registrants who were referred to the QA Committee as part of the QA Program in CY 2020 where the QA Committee directed the registrant to undertake remediation

Suitability to Practice Domain > Standard 11: The College ensures the continued competence of all active registrants through its Quality Assurance processes. This includes an assessment of their competency, professionalism, ethical practice, and quality of care

Context Measure #3	Rate of registrants who were referred to the QA Committee as part of the QA Program in CY 2020 where the QA Committee directed the registrant to undertake remediation.
Description	The proportion of registrants that undertook a QA activity or assessment as part of the QA Program and were directed by the QA Committee to undertake remediation.
Calculation Method	<p>Numerator/Denominator</p> <ul style="list-style-type: none"> Where the number of registrants referred to the QA Committee is between 1 and 5, report in CPMF Reporting Tool as “NR” for both the number reported and %. Where no referrals have been made to the QA Committee as part of the QA Program, report in CPMF Reporting Tool as “0”.
Numerator	Number of registrants who undertook an activity or assessment as part of the QA Program and were required to undertake remediation at the direction of the QA Committee.
Denominator	Total number of registrants who undertook an activity or assessment as part of the QA Program.
Exclusions	<ul style="list-style-type: none"> All inactive or non-practicing registrants who undertook QA activities or assessment. Remediation ordered by any other Committee of the College.
Inclusion	<ul style="list-style-type: none"> All active registrants who undertook a QA activity or assessment as part of the QA Program.

Context Measure #3	Rate of registrants who were referred to the QA Committee as part of the QA Program in CY 2020 where the QA Committee directed the registrant to undertake remediation.
Reporting period	January 1, 2020 to December 31, 2020
Data source	Local data collection by the College
Definitions	<p>Inactive or non-practicing registrants: includes any registrants who have a certificate of registration that does not permit them to provide direct patient care or to engage in the practice of the profession. It is noted that Colleges may use different terms to identify classes of certificates of registration and the use of “inactive or non-practicing” is intended to represent all certificate classes used by the various Colleges.</p> <p>Remediation activity or assessment: The different methods that a QA Committee can require a registrant to undertake in order to provide additional support to registrants where the QA committee determines a registrant does not demonstrate the required knowledge, skills or judgment including, specified continuing education or remediation programs (e.g., course work or education programs, etc.).</p>

Table 5: Context Measure – the rate of registrants who were directed to undertake remediation by the QA Committee that demonstrated required knowledge, skills, and judgment following remediation

Suitability to Practice Domain > Standard 11: The College ensures the continued competence of all active registrants through its Quality Assurance processes. This includes an assessment of their competency, professionalism, ethical practice, and quality of care

Context Measure #4(i)	Rate of registrants who demonstrated required knowledge, skills, and judgment following remediation.
Description	The proportion of registrants that, following remediation directed by the QA Committee, subsequently demonstrate the required knowledge, skills and judgment the remediation was intended to address.
Calculation Method	<p>Numerator/Denominator</p> <ul style="list-style-type: none"> – Where the number of registrants that, following remediation directed by the QA Committee, subsequently demonstrate the required knowledge, skills and judgment the remediation is between 1 and 5, report in CPMF Reporting Tool as “NR” for both the number reported and %. – Where no registrants demonstrated the required knowledge, skill and judgment following remediation, report in CPMF Reporting Tool as “0”.
Numerator	Total number of registrants that were referred to the QA Committee as part of the QA Program in CY 2020 where the QA Committee directed the registrant to undergo a remediation activity and who subsequently demonstrated the required knowledge, skills and judgment following the remediation activity.
Denominator	Total number of registrants who were referred to the QA Committee as part of the QA Program in CY 2020 where the QA Committee directed the registrant to undergo a remediation activity as part of the QA Program (see Context Measure #3 numerator – these numbers should align)

Context Measure #4(i)	Rate of registrants who demonstrated required knowledge, skills, and judgment following remediation.
Exclusions	<ul style="list-style-type: none"> • All inactive or non-practicing registrants who underwent QA activities or assessment. • Any remediation activity that the College cannot verify whether upon completion the registrant demonstrated the required knowledge, skills or judgment or where the College cannot/does not have an auditing process. • Any registrant who has not completed remediation or has not been reassessed by the College within the reporting period (remediation is ongoing, registrant refusal to undertake).
Inclusion	<ul style="list-style-type: none"> • All registrants who completed required remediation activity within the reporting period.
Reporting period	January 1, 2020 to December 31, 2020
Data source	Local data collection by the College
Definitions	<p>Remediation activity or assessment: The different methods that a QA Committee can require a registrant to undertake in order to provide additional support to registrants where the QA committee determines a registrant does not demonstrate the required knowledge, skills or judgment including, specified continuing education or remediation programs (e.g., course work or education programs, etc.).</p> <p>Inactive or non-practicing registrants: includes any registrants who have a certificate of registration that does not permit them to provide direct patient care or to engage in the practice of the profession. It is noted that Colleges may use different terms to identify classes of certificates of registration and the use of “inactive or non-practicing” is intended to represent all such certificate classes used by the various Colleges.</p>

Table 6: Context Measure – the rate of registrants who were directed to undertake remediation by the QA Committee that are still undertaking remediation

Suitability to Practice Domain > Standard 11: The College ensures the continued competence of all active registrants through its Quality Assurance processes. This includes an assessment of their competency, professionalism, ethical practice, and quality of care

Context Measure #4(ii)	Rate of registrants still undertaking remediation (i.e. remediation in progress)
Description	The proportion of registrants that were required by the QA Committee to undergo remediation as part of the QA Program that have not yet completed the remediation during the reporting period.
Calculation Method	<p>Numerator/Denominator</p> <ul style="list-style-type: none"> Where the number of registrants still undertaking remediation is between 1 and 5, report in CPMF Reporting Tool as “NR” for both the number reported and %. Where no registrants are still undertaking remediation, report in CPMF Reporting Tool as “0”.
Numerator	Total number of registrants who were required by the QA Committee to undergo a remediation activity as part of the QA Program that have not completed the remediation within the reporting period.
Denominator	Total number of registrants who were referred to the QA Committee as part of the QA Program in CY 2020 where the QA Committee directed the registrant to undergo a remediation activity as part of the QA Program (see Context Measure #3 numerator – these numbers should align).
Exclusions	<ul style="list-style-type: none"> All inactive or non-practicing registrants required to undertake remediation. Registrants required to undertake remediation who cease being a registrant for any reason or those that move to the inactive class.
Inclusion	<ul style="list-style-type: none"> Registrants who initiated, but have not completed, remediation within the reporting period.

Context Measure #4(ii)	Rate of registrants still undertaking remediation (i.e. remediation in progress)
Reporting period	January 1, 2020 to December 31, 2020
Data source	Local data collection by the College
Definitions	<p>Remediation activity or assessment: The different methods that a QA Committee can require a registrant to undertake/undergo in order to provide additional support to registrants where the QA committee determines a registrant does not demonstrate the required knowledge, skills or judgment including, specified continuing education or remediation programs (e.g., course work or education programs, etc.).</p> <p>Inactive or non-practicing registrants: includes any registrants who have a certificate of registration that does not permit them to provide direct patient care or to engage in the practice of the profession. It is noted that Colleges may use different terms to identify classes of certificates of registration and the use of “inactive or non-practicing” is intended to represent all such certificate classes used by the various Colleges.</p>

Table 7: Context Measure – the distribution of formal complaints and Registrar’s Investigations by theme in CY 2020

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

Context Measure #5	Distribution of formal complaints and Registrar’s Investigations by theme in CY 2020
Description	The distribution of complaints by theme as determined by the College, and the distribution of Registrar’s reports by theme as determined by the College.
Calculation Method	<ol style="list-style-type: none"> 1. Report the total number of formal complaints filed against registrants, and the number of complaints received across each of the following themes. 2. Report the total number of Registrar initiated investigations against registrants, and the number of complaints received across each of the following themes. 3. Report the percentage of the total formal complaints and Registrar initiated investigations represented for each theme [e.g., if there are 200 formal complaints and 20 with advertising as a theme then you would report $(20/200) \times 100 = 10\%$]. <p>Note:</p> <ul style="list-style-type: none"> – Where the number in a given theme is between 1 and 5, report in CPMF Reporting Tool as “NR” for both the number reported and %. – When reporting % in the CPMF Reporting Tool use the reported numbers as the total when calculating the % (i.e. exclude the values where the College reports NR). Where no complaints have been received for a theme, report in CPMF Reporting Tool as “0”. – Where there are multiple themes for a single complaint or Registrar’s Investigation, each theme related to the complaint or Registrar’s Investigation should be included in the count.

Context Measure #5	Distribution of formal complaints and Registrar's Investigations by theme in CY 2020
	<ul style="list-style-type: none"> Where one of the allegations within a complaint could be categorized under multiple themes, Colleges are asked to report the theme they deem most appropriate.
<p><u>Theme:</u></p> <p>Advertising:</p> <p>Billing and Fees:</p> <p>Communication:</p> <p>Competence / Patient Care:</p> <p>Fraud:</p>	<p><u>Examples:</u></p> <p>Concerns that an advertisement related to a registrant's practice is in violation of a College's requirements, which depending on the profession, could include allegations that it is false or misleading, claims service superiority, contains patient testimonials, discriminatory, among other allegations.</p> <p>Concerns regarding a fee, billing or account submitted by or on behalf of the registrant, which could include allegations that a payment is misleading, unfair, reasonable, inaccurate, or unclear, failure to disclose to a patient the fee for a service before the service is provided, failure to provide itemized accounting for services and/or products on request, or where charges do not align with the regulator's guidance on billing arrangements, block fees, and/or payment plans.</p> <p>Concerns regarding a registrant's communication with a patient, a patient's relatives and/or a patient's decision-makers which could include a casual or uncaring attitude, disrespect, insensitivity, or communication of a non-therapeutic or culturally inappropriate matter.</p> <p>Complaints that a registrant provided care that did not meet standards and expectations of the profession which could include allegations that a registrant harmed a patient by providing a service, or performed or delegated a controlled act without the knowledge, skills and judgment to perform it, allegations regarding treatment decisions or outcomes, assessment, examinations, referrals, or failure to obtain consent.</p> <p>Allegations that a registrant intentionally falsified a record, signed or issued a document containing a statement that the registrant knows or ought to know contains a false or misleading statement, or knowingly sought a payment from a person for a service that has been paid in full by another payer.</p>

Context Measure #5	Distribution of formal complaints and Registrar's Investigations by theme in CY 2020
<p>Professional Conduct & Behaviour:</p> <p>Record Keeping:</p> <p>Sexual Abuse / Harassment / Boundary Violations:</p> <p>Unauthorized Practice:</p> <p>Other:</p>	<p>Concerns against a registrant of unbecoming, disgraceful, dishonorable or unprofessional conduct, including allegations of patient abuse, failure to maintain the standards of practice of the profession, practising the profession while in a conflict of interest or breach of confidentiality.</p> <p>Concerns regarding a registrant's financial and patient records, including retention of records and complying with the necessary privacy legislation. Allegations could include that the registrant failed to maintain records, include insufficient information, that the records are not understandable (legible, in English or French, etc.), organized (e.g., dated, etc.) or accurate (contain required information such as fees charged, date of services, up to date, permanent, etc.).</p> <p>Allegations against a registrant that could include engaging in sexual intercourse or other forms of physical relations with a patient, entering into an intimate or romantic relationship with a patient, remarks of a sexual nature towards a patient, sharing intimate details of the registrant's personal life, giving or receiving extravagant gifts from the patient, influencing a patient to change their will or other testamentary instrument, or initiating non-clinical touch with a patient.</p> <p>Concerns that a registrant has contravened, by act or omission, a term, condition or limitation on their certificate of registration, practised the profession while under suspension, or practised outside of the profession's scope of practice.</p> <p>Concerns that do not fall into any of the above themes above.</p>
Exclusions	<ul style="list-style-type: none"> Complaint inquiries and other interactions with the College that do not result in a formally submitted complaint. Complaints that are withdrawn by the Registrar at the request of a complainant.
Inclusion	<ul style="list-style-type: none"> Complaints that are formally submitted to the College. Matters where the ICRC approved the appointment of an investigator after reviewing a report. Complaints resolved through Alternative Dispute Resolution.
Reporting period	January 1, 2020 to December 31, 2020

Context Measure #5	Distribution of formal complaints and Registrar's Investigations by theme in CY 2020
Data source	Local data collection by the College
Definition	<p>Formal Complaint: A statement received by a College in writing or in another acceptable form that contains the information required by the College to initiate an investigation. This excludes complaint inquiries and other interactions with the College that do not result in a formally submitted complaint.</p> <p>Registrar's investigation: Under s.75(1)(a) of the RHPA, where a Registrar believes, on reasonable and probable grounds, that a registrant has committed an act of professional misconduct or is incompetent he/she can appoint an investigator upon ICRC approval of the appointment. In situations where the Registrar determines that the registrant exposes, or is likely to expose, his/her patient to harm or injury, the Registrar can appoint an investigator immediately without ICRC approval and must inform the ICRC of the appointment within five days.</p> <p>Formal Complaints withdrawn by Registrar at the request of a complainant: Any formal complaint withdrawn by the Registrar prior to any action being taken by a Panel of the ICRC, at the request of the complainant, where the Registrar believed that the withdrawal was in the public interest.</p>

Table 8: Context Measure – the total number of formal complaints that were brought forward to the ICRC during the reporting period in CY 2020

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

Context Measure #6	Total number of formal complaints that were brought forward to the ICRC in CY 2020
Description	The total number of formal complaints the College receives that were brought forward to a Panel of the ICRC during the reporting period.
Calculation Method	The total number of formal complaints that were brought forward for review by a Panel of the ICRC within the reporting period.
Exclusions	<ul style="list-style-type: none"> Complaint inquiries and other interactions with the College that do not result in a formal complaint. All health-related inquiries. Matters where the ICRC or Registrar approved the appointment of an investigator after reviewing a report. Formal complaints that are withdrawn by the Registrar at the request of a complainant.
Inclusion	<ul style="list-style-type: none"> All complaints that a Panel of the ICRC determines are frivolous and vexatious in nature. Formal Complaints to the College. Complaints where an appointment of an investigator has been made under s.75(1)(c) of the RHPA. Formal complaints that meet eligibility criteria for use of the ADR process.
Reporting period	January 1, 2020 to December 31, 2020

Context Measure #6	Total number of formal complaints that were brought forward to the ICRC in CY 2020
Data source	Local data collection by the College
Definitions	<p>Alternative Dispute Resolution (ADR): means mediation, conciliation, negotiation, or any other means of facilitating the resolution of issues in dispute.</p> <p>Formal Complaint: A statement received by a College in writing or in another acceptable form that contains the information required by the College to initiate an investigation. This excludes complaint inquiries and other interactions with the College that do not result in a formally submitted complaint.</p> <p>Formal Complaints withdrawn by Registrar at the request of a complainant: Any formal complaint withdrawn by the Registrar prior to any action being taken by a Panel of the ICRC, at the request of the complainant, where the Registrar believed that the withdrawal was in the public interest.</p>

Table 9: Context Measure – the total number of ICRC matters brought forward as a result of a Registrar’s Investigation in CY 2020

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

Context Measure #7	Total number of ICRC matters brought forward as a result of a Registrar’s Investigation in CY 2020
Description	The total number of ICRC matters that come to a Panel of the ICRC for review as a result of a Registrar’s investigation during the reporting period.
Calculation Method	All Registrars Investigations that are brought to a Panel of the ICRC for review.
Exclusions	<ul style="list-style-type: none"> Formal complaints to the College. Reports or concerns that the Registrar does not bring to the ICRC for review.
Reporting period	January 1, 2020 to December 31, 2020
Data source	Local data collection by the College
Definitions	<p>Formal Complaint: A statement received by a College in writing or in another acceptable form that contains the information required by the College to initiate an investigation. This excludes complaint inquiries and other interactions with the College that do not result in a formally submitted complaint.</p> <p>Registrar’s Investigation: Under s.75(1)(a) of the RHPA, where a Registrar believes, on reasonable and probable grounds, that a registrant has committed an act of professional misconduct or is incompetent he/she can appoint an investigator upon ICRC approval of the appointment. In situations where the Registrar determines that the registrant exposes, or is likely to expose, his/her patient to harm or injury, the Registrar can appoint an investigator immediately without ICRC approval and must inform the ICRC of the appointment within five days.</p>

Table 10: Context Measure – the total number of requests or notifications for appointment of an investigator through a Registrar’s Investigation brought forward to the ICRC that were approved in reporting period in CY 2020

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

Context Measure #8	Total number of requests or notifications for appointment of an investigator through a Registrar’s Investigation brought forward to the ICRC that were approved in CY 2020
Description	The total number of ICRC matters where an investigator was appointed by a Panel of the ICRC and/or Registrar during the reporting period.
Calculation Method	All requests or notifications for appointment of an investigator brought forward to a Panel of the ICRC that were approved within the calendar year.
Exclusions	<ul style="list-style-type: none"> • All formal complaints that a Panel of the ICRC determines are frivolous and vexatious in nature. • Formal complaints withdrawn by the Registrar at the request of a complainant. • All requests for appointment under s.75(1)(c) under the RHPA.
Inclusion	<ul style="list-style-type: none"> • All requests for appointment under s.75(1)(a), s. 75(1)(b) and s.75(2) under the RHPA. • ICRC appointment of an investigator based on Registrar’s belief that a registrant has committed an act of professional misconduct or is incompetent. • Registrar appointment of an investigator based on Registrar’s belief that the conduct of the registrant would expose or would likely expose his or her patients to harm or injury.

Context Measure #8	Total number of requests or notifications for appointment of an investigator through a Registrar's Investigation brought forward to the ICRC that were approved in CY 2020
	<ul style="list-style-type: none"> Registrar appointment of an investigator upon request by a Panel of the ICRC after receiving information about a registrant from the Quality Assurance Committee.
Reporting period	January 1, 2020 to December 31, 2020
Data source	Local data collection by the College
Definitions	<p>Registrar's Investigation: Under s.75(1)(a) of the RHPA, where a Registrar believes, on reasonable and probable grounds, that a registrant has committed an act of professional misconduct or is incompetent he/she can appoint an investigator upon ICRC approval of the appointment. In situations where the Registrar determines that the registrant exposes, or is likely to expose, his/her patient to harm or injury, the Registrar can appoint an investigator immediately without ICRC approval and must inform the ICRC of the appointment within five days.</p> <p>Formal Complaints withdrawn by Registrar at the request of a complainant: Any formal complaint withdrawn by the Registrar prior to any action being taken by a Panel of the ICRC, at the request of the complainant, where the Registrar believed that the withdrawal was in the public interest.</p> <p>Frivolous and vexatious: ICRC can decide to take no action where the Panel considers a complaint to be frivolous, vexatious, made in bad faith, moot or otherwise an abuse of process.</p>

Table 11: Context Measure – of the formal complaints that were disposed of in CY 2020 the rate that proceeded to Alternative Dispute Resolution (ADR)

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

Context Measure #9(i)	Rate of formal complaints that proceeded to Alternative Dispute Resolution (ADR) in CY 2020
Description	The proportion of all formal complaints filed with the College that are eligible and that use the ADR process to try and resolve the complaint.
Calculation Method	<p>Numerator/Denominator</p> <ul style="list-style-type: none"> Where the number of formal complaints that proceeded to ADR is between 1 and 5, report in CPMF Reporting Tool as “NR” for both the number reported and %. Where no formal complaints proceeded to ADR, report in CPMF Reporting Tool as “0”.
Numerator	Total number of formal complaints filed within the reporting period where both parties agree, and the Registrar approves, the use of the ADR process.
Denominator	The total number of formal complaints filed against registrants within the reporting period.
Exclusions	<ul style="list-style-type: none"> Complaint inquiries and other interactions with the College that do not result in a formal complaint. Formal complaints that are withdrawn by the Registrar at the request of a complainant. All complaints that a Panel of the ICRC determines are frivolous and vexatious in nature. Matters where a Panel of the ICRC or Registrar approved the appointment of an investigator after reviewing a report. All health-related inquiries.

Context Measure #9(i)	Rate of formal complaints that proceeded to Alternative Dispute Resolution (ADR) in CY 2020
Inclusion	<ul style="list-style-type: none"> Formal complaints to the College. Formal complaints that meet eligibility criteria for use of the ADR process. Complaints where an appointment of an investigator has been made under s.75(1)(c) of the RHPA.
Reporting period	January 1, 2020 to December 31, 2020
Data source	Local data collection by the College
Definitions	<p>Alternative Dispute Resolution (ADR): means mediation, conciliation, negotiation, or any other means of facilitating the resolution of issues in dispute.</p> <p>Formal Complaint: A statement received by a College in writing or in another acceptable form that contains the information required by the College to initiate an investigation. This excludes complaint inquiries and other interactions with the College that do not result in a formally submitted complaint.</p> <p>Formal Complaints withdrawn by Registrar at the request of a complainant: Any formal complaint withdrawn by the Registrar prior to any action being taken by a Panel of the ICRC, at the request of the complainant, where the Registrar believed that the withdrawal was in the public interest.</p>

Table 12: Context Measure – of the formal complaints that were disposed of in CY 2020 the rate that were resolved through Alternative Dispute Resolution (ADR)

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

Context Measure #9(ii)	Rate of formal complaints that were resolved through ADR in CY 2020
Description	The proportion of all formal complaints filed with the College that are resolved through the ADR process.
Calculation Method	<p>Numerator/Denominator</p> <ul style="list-style-type: none"> Where the number of formal complaints that were resolved through ADR is between 1 and 5, report in CPMF Reporting Tool as “NR” for both the number reported and %. Where no formal complaints were resolved through ADR, report in CPMF Reporting Tool as “0”.
Numerator	Total number of formal complaints filed within the reporting period resolved through the ADR process.
Denominator	Total number of formal complaints filed against registrants within the reporting period.
Exclusions	<ul style="list-style-type: none"> Complaint inquiries and other interactions with the College that do not result in a formal complaint. Formal Complaints that are withdrawn by the Registrar at the request of a complainant. All complaints that a Panel of the ICRC determines are frivolous and vexatious in nature. Matters where a Panel of the ICRC or Registrar approved the appointment of an investigator after reviewing a report. All health-related inquiries.

Context Measure #9(ii)	Rate of formal complaints that were resolved through ADR in CY 2020
Inclusion	<ul style="list-style-type: none"> Formal complaints to the College. Complaints where an appointment of an investigator has been made under s.75(1)(c) of the RHPA
Reporting period	January 1, 2020 to December 31, 2020
Data source	Local data collection by the College
Definitions	<p>Alternative Dispute Resolution (ADR): means mediation, conciliation, negotiation, or any other means of facilitating the resolution of issues in dispute.</p> <p>Formal Complaint: A statement received by a College in writing or in another acceptable form that contains the information required by the College to initiate an investigation. This excludes complaint inquiries and other interactions with the College that do not result in a formally submitted complaint.</p> <p>Formal Complaints withdrawn by Registrar at the request of a complainant: Any formal complaint withdrawn by the Registrar prior to any action being taken by a Panel of the ICRC, at the request of the complainant, where the Registrar believed that the withdrawal was in the public interest.</p>

Table 13: Context Measure – total number of formal complaints that were disposed of by the ICRC in CY 2020

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

Context Measure # 9(iii)	Total number of formal complaints that were disposed by the ICRC in CY 2020
Description	The total number of formal complaints a Panel of the ICRC disposed of through a decision by the ICRC Panel.
Exclusions	<ul style="list-style-type: none"> Complaint inquiries and other interactions with the College that do not result in a formal complaint. Formal complaints that are withdrawn by the Registrar at the request of a complainant. All concerns that a Panel of the ICRC determines are frivolous and vexatious in nature. Matters where a Panel of the ICRC or Registrar approved the appointment of an investigator after reviewing a report. All health-related inquiries.
Inclusion	<ul style="list-style-type: none"> Formal complaints to the College. Formal complaints resolved through Alternative Dispute Resolution. All complaints where a decision was provided to the registrant and complainant (if any) by the College within the reporting period. Complaints where an appointment of an investigator has been made under s.75(1)(c) of the RHPA
Reporting period	January 1, 2020 to December 31, 2020
Data source	Local data collection by the College
Definitions	Formal Complaint: A statement received by a College in writing or in another acceptable form that contains the information required by the College to initiate an investigation. This excludes complaint inquiries and

Context Measure # 9(iii)	Total number of formal complaints that were disposed by the ICRC in CY 2020
	<p>other interactions with the College that do not result in a formally submitted complaint.</p> <p>Formal Complaints withdrawn by Registrar at the request of a complainant: Any formal complaint withdrawn by the Registrar prior to any action being taken by a Panel of the ICRC, at the request of the complainant, where the Registrar believed that the withdrawal was in the public interest.</p> <p>Disposal: The day upon which a decision was provided to the registrant and complainant by the College (i.e., the date the reasons are released and sent to the registrant and complainant).</p> <p>Alternative Dispute Resolution (ADR): means mediation, conciliation, negotiation, or any other means of facilitating the resolution of issues in dispute.</p>

Table 14: Context Measure –the rate of formal complaints that proceeded to ICRC and are still pending in CY 2020

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

Context Measure #9(iv)	Rate of formal complaints that proceeded to ICRC and are still pending in CY 2020
Description	The total number of formal complaints that have been submitted to a Panel of the ICRC where the complaint has not been disposed of through a decision by an ICRC Panel.
Calculation Method	Numerator/Denominator
Numerator	Total number of formal complaints brought forward to a Panel of the ICRC for disposition within the reporting period where an ICRC Panel has not provided a decision to the registrant and complainant within the reporting period.
Denominator	Total number of formal complaints that were brought forward to a Panel of the ICRC in CY 2020. (this should align with the number from CM 6)
Exclusions	<ul style="list-style-type: none"> Complaint inquiries and other interactions with the College that do not result in a formal complaint. Formal complaints that are withdrawn by the Registrar at the request of a complainant. All complaints where a decision was provided to the registrant and complainant (if any) by the College within the reporting period. All formal complaints submitted to a Panel of the ICRC for reasons other than a disposition (e.g. undertaking, investigation advice, request to summons a witness) Matters where a Panel of the ICRC or Registrar approved the appointment of an investigator after reviewing a report. All health-related inquiries.

Context Measure #9(iv)	Rate of formal complaints that proceeded to ICRC and are still pending in CY 2020
	<ul style="list-style-type: none"> Formal complaints resolved through Alternative Dispute Resolution (ADR)
Inclusion	<ul style="list-style-type: none"> Formal complaints to the College. Complaints where an appointment of an investigator has been made under s.75(1)(c)
Reporting period	January 1, 2020 to December 31, 2020
Data source	Local data collection by the College
Definitions	<p>Formal Complaint: A statement received by a College in writing or in another acceptable form that contains the information required by the College to initiate an investigation. This excludes complaint inquiries and other interactions with the College that do not result in a formally submitted complaint.</p> <p>Formal Complaints withdrawn by Registrar at the request of a complainant: Any formal complaint withdrawn by the Registrar prior to any action being taken by a Panel of the ICRC, at the request of the complainant, where the Registrar believed that the withdrawal was in the public interest.</p> <p>Disposal: The day upon which a decision was provided to the registrant and complainant by the College (i.e. the date the reasons are released and sent to the registrant and complainant).</p> <p>Alternative Dispute Resolution (ADR): means mediation, conciliation, negotiation, or any other means of facilitating the resolution of issues in dispute.</p>

Table 15: Context Measure – of the formal complaints that were disposed of in CY 2020 the rate that were withdrawn by the Registrar at the request of a complainant

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

Context Measure #9(v)	Rate of formal complaints withdrawn by the Registrar at the request of a complainant in CY 2020
Description	The total number of formal complaints received that are withdrawn by the Registrar at the request of a complainant.
Calculation Method	<p>Numerator/Denominator</p> <ul style="list-style-type: none"> Where the number of formal complaints withdrawn by the Registrar at the request of a complainant is between 1 and 5, report in CPMF Reporting Tool as “NR” for both the number reported and %. Where no formal complaints were withdrawn by the Registrar at the request of a complainant, report in CPMF Reporting Tool as “0”.
Numerator	Total number of formal complaints within the reporting period that are withdrawn by the Registrar at the request of a complainant.
Denominator	Total number of formal complaints filed against registrants within the reporting period.
Exclusions	<ul style="list-style-type: none"> Complaint inquiries and other interactions with the College that do not result in a formal complaint. All concerns that a Panel of the ICRC determines are frivolous and vexatious in nature. Matters where a Panel of the ICRC or Registrar approved the appointment of an investigator after reviewing a report. All health-related inquiries.

Context Measure #9(v)	Rate of formal complaints withdrawn by the Registrar at the request of a complainant in CY 2020
Inclusion	<ul style="list-style-type: none"> Formal complaints to the College. Complaints where an appointment of an investigator has been made under s.75(1)(c) of the RHPA
Reporting period	January 1, 2020 to December 31, 2020
Data source	Local data collection by the College
Definitions	<p>Formal Complaint: A statement received by a College in writing or in another acceptable form that contains the information required by the College to initiate an investigation. This excludes complaint inquiries and other interactions with the College that do not result in a formally submitted complaint.</p> <p>Formal Complaints withdrawn by Registrar at the request of a complainant: Any formal complaint withdrawn by the Registrar prior to any action being taken by a Panel of the ICRC, at the request of the complainant, where the Registrar believed that the withdrawal was in the public interest.</p>

Table 16: Context Measure – of the formal complaints that were disposed of in CY 2020 the rate that are disposed of by the ICRC as frivolous and vexatious

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

Context Measure #9(vi)	Rate of formal complaints that are disposed of by the ICRC as frivolous and vexatious in CY2020
Description	The total number of formal complaints received that a Panel of the ICRC determines are frivolous or vexatious, and where a Panel of the ICRC takes no action with respect to the complaint.
Calculation Method	Numerator/Denominator
Numerator	Total number of formal complaints within the reporting period that a Panel of the ICRC disposes of as frivolous or vexatious.
Denominator	Total number of formal complaints filed against registrants within the reporting period.
Exclusions	<ul style="list-style-type: none"> Complaint inquiries and other interactions with the College that do not result in a formal complaint. Matters where a Panel of the ICRC or Registrar approved the appointment of an investigator after reviewing a report. All health-related inquiries.
Inclusion	<ul style="list-style-type: none"> Formal complaints to the College. Complaints where an appointment of an investigator has been made under s.75(1)(c) under the RHPA
Reporting period	January 1, 2020 to December 31, 2020
Data source	Local data collection by the College

Context Measure #9(vi)	Rate of formal complaints that are disposed of by the ICRC as frivolous and vexatious in CY2020
Definitions	<p>Formal Complaint: A statement received by a College in writing or in another acceptable form that contains the information required by the College to initiate an investigation. This excludes complaint inquiries and other interactions with the College that do not result in a formally submitted complaint.</p> <p>Frivolous and vexatious: ICRC can decide to take no action where the Panel considers a complaint to be frivolous, vexatious, made in bad faith, moot or otherwise an abuse of process.</p>

Table 17: Context Measure – of the formal complaints and Registrar’s Investigations that were disposed of in CY 2020 the rate that are disposed of by the ICRC as a referral to the Discipline Committee

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

Context Measure #9(vii)	Rate of formal complaints and Registrar’s Investigations that are disposed of by the ICRC as a referral to the Discipline Committee in CY 2020
Description	The total number of formal complaints received that a Panel of the ICRC disposes of through a referral of specified allegations to the Discipline Committee.
Calculation Method	Numerator/Denominator
Numerator	Total number of formal complaints within the reporting period that a Panel of the ICRC disposes of through a referral of specified allegations to the Discipline Committee.
Denominator	Total number of formal complaints filed against registrants within the reporting period.
Exclusions	<ul style="list-style-type: none"> Complaint inquiries and other interactions with the College that do not result in a formal complaint. Formal complaints that are withdrawn by the Registrar at the request of a complainant. All concerns that a Panel of the ICRC determines are frivolous and vexatious in nature. All health-related inquiries.
Inclusion	<ul style="list-style-type: none"> Formal complaints to the College. Formal complaints resolved through Alternative Dispute Resolution. All complaints where a decision was provided to the registrant and complainant (if any) by the College within the reporting period.

Context Measure #9(vii)	Rate of formal complaints and Registrar's Investigations that are disposed of by the ICRC as a referral to the Discipline Committee in CY 2020
	<ul style="list-style-type: none"> Complaints where an appointment of an investigator has been made under s.75(1)(c) of the RHPA Complaints where an appointment of an investigator has been made under s.75(1)(a), s. 75(1)(b) and s.75(2) under the RHPA.
Reporting period	January 1, 2020 to December 31, 2020
Data source	Local data collection by the College
Definitions	<p>Formal Complaint: A statement received by a College in writing or in another acceptable form that contains the information required by the College to initiate an investigation. This excludes complaint inquiries and other interactions with the College that do not result in a formally submitted complaint.</p> <p>Formal Complaints withdrawn by Registrar at the request of a complainant: Any formal complaint withdrawn by the Registrar prior to any action being taken by a Panel of the ICRC, at the request of the complainant, where the Registrar believed that the withdrawal was in the public interest.</p> <p>Disposal: The day upon which a decision was provided to the registrant and complainant by the College (i.e. the date the reasons are released and sent to the registrant and complainant).</p> <p>Frivolous and vexatious: ICRC can decide to take no action where the Panel considers a complaint to be frivolous, vexatious, made in bad faith, moot or otherwise an abuse of process.</p>

Table 18: Context Measure – the distribution of ICRC decisions by theme in CY 2020

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

Context Measure #10	Distribution of ICRC decisions by theme in CY 2020
Description	The total number of each type of ICRC decision for each of the 10 high-level themes
Calculation Method	<p>1. Report the total number of ICRC decisions, and the number of ICRC decisions across each of the following themes.</p> <p>Note:</p> <ul style="list-style-type: none"> Where the number in a given theme is between 1 and 5, report in CPMF Reporting Tool as “NR” Where no complaints have been received for a theme, report in CPMF Reporting Tool as “0”. In reporting on the number of each type of ICRC decision (as defined below in definitions section) across all themes, the College will already have identified the main themes applicable to the complaint or Registrar’s Investigation at the intake stage of the incoming matter. As such, when a decision is made by a Panel of the ICRC about a formal complaint or report those themes identified at intake would continue to be attributed to the matter at the hearing stage. Where there are multiple themes for a single complaint or report, each theme related to the complaint or report should be included in the count. Where one of the allegations within a complaint could be categorized under multiple themes, Colleges are asked to report the theme they deem most appropriate.

Context Measure #10	Distribution of ICRC decisions by theme in CY 2020
<u>Theme:</u>	<u>Examples:</u>
Advertising:	Concerns that an advertisement related to a registrant's practice is in violation of a College's requirements, which depending on the profession could include allegations that it is false or misleading, claims service superiority, contains patient testimonials, discriminatory.
Billing and Fees:	Concerns regarding a fee, billing or account submitted by or on behalf of the registrant, which could include allegations that a payment is misleading, unfair, unreasonable, inaccurate, or unclear, failure to disclose to a patient the fee for a service before the service is provided, failure to provide itemized accounting for services and/or products on request, or where a charge do not align with regulator's guidance on billing arrangements, block fees, payment plans.
Communication:	Concerns regarding a registrant's communication with a patient, a patient's relatives and/or a patient's decision makers which could include a casual or uncaring attitude, disrespect, insensitivity, or communication of a non-therapeutic or culturally inappropriate matter.
Competence / Patient Care:	Concerns that a registrant provided care that did not meet standards and expectations of the profession which could include allegations that a registrant harmed a patient by providing a service, or performed or delegated a controlled act without the knowledge, skills and judgment to perform it, allegations regarding treatment decisions or outcomes, assessment, examinations, referrals, or failure to obtain consent.
Fraud:	Allegations that a registrant intentionally falsified a record, signed or issued a document containing a statement that the registrant knows or ought to know contains a false or misleading statement, or knowingly sought a payment from a person for a service that has been paid in full by another payer.
Professional Conduct & Behaviour:	Concerns against a registrant of unbecoming, disgraceful, dishonorable or unprofessional conduct, including allegations of patient abuse, failure to maintain the standards of practice of the profession, practising the profession while in a conflict of interest or a breach of confidentiality.

Context Measure #10	Distribution of ICRC decisions by theme in CY 2020
<p>Record Keeping:</p> <p>Sexual Abuse / Harassment / Boundary Violations:</p> <p>Unauthorized Practice:</p> <p>Other:</p>	<p>Complaints regarding a registrant's financial and patient records, including retention of records and complying with the necessary privacy legislation. Allegations could include that the registrant failed to maintain records, include sufficient information, that the records are not understandable (legible, in English or French, etc.), organized (e.g., dated, etc.) or accurate (contain required information such as fees charged, date of services, up to date, permanent, etc.).</p> <p>Allegations against a registrant that could include engaging in sexual intercourse or other forms of physical relations with a patient, entering into an intimate or romantic relationship with a patient, remarks of a sexual nature towards a patient, sharing intimate details of the registrant's personal life, giving or receiving extravagant gifts from the patient, influencing a patient to change their will or other testamentary instrument, or initiating non-clinical touch with a patient.</p> <p>Complaints that a registrant has contravened, by act or omission, a term, condition or limitation on their certificate of registration, practised the profession while under suspension, or practised outside of the profession's scope of practice.</p> <p>Complaints that do not fall into any of the above themes above.</p>
Exclusions	<ul style="list-style-type: none"> • All complaints that a Panel of the ICRC determines are frivolous and vexatious in nature. • Complaints withdrawn by the Registrar at the request of a complainant. • Complaints that are still under review at end of reporting period.
Inclusion	<ul style="list-style-type: none"> • All complaints where a decision was provided to the registrant and complainant by the College within the reporting period. • Matters where a Panel of the ICRC or Registrar approved the appointment of an investigator after reviewing a report.
Reporting period	January 1, 2020 to December 31, 2020
Data source	Local data collection by the College

Context Measure #10	Distribution of ICRC decisions by theme in CY 2020
Definitions	<p>Formal Complaint: A statement received by a College in writing or in another acceptable form that contains the information required by the College to initiate an investigation. This excludes complaint inquiries and other interactions with the College that do not result in a formally submitted complaint.</p> <p>Registrar's investigation: Under s.75(1)(a) of the RHPA, where a Registrar believes, on reasonable and probable grounds, that a registrant has committed an act of professional misconduct or is incompetent he/she can appoint an investigator upon ICRC approval of the appointment. In situations where the Registrar determines that the registrant exposes, or is likely to expose, his/her patient to harm or injury, the Registrar can appoint an investigator immediately without ICRC approval and must inform the ICRC of the appointment within five days.</p> <p>Formal Complaints withdrawn by Registrar at the request of a complainant: Any formal complaint withdrawn by the Registrar prior to any action being taken by a Panel of the ICRC, at the request of the complainant, where the Registrar believed that the withdrawal was in the public interest.</p> <p>ICRC Decision: Includes where a Panel of the ICRC does one or more of the following with respect to a registrant:</p> <ol style="list-style-type: none"> 1. Takes no action, 2. Proves advice or recommendations, 3. Issues an oral Caution, 4. Orders a specified continuing education or remediation program, 5. Agrees to an undertaking, 6. Refers specified allegations to the Discipline Committee, 7. Takes any other action it considers appropriate that is not inconsistent with its governing legislation, regulations or by-laws. <p>Frivolous and vexatious: ICRC can decide to take no action where the Panel considers a complaint to be frivolous, vexatious, made in bad faith, moot or otherwise an abuse of process.</p>

Table 19: Context Measure – the 90th percentile disposal of a formal complaint in working days in CY 2020

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

Context Measure #11(i)	90 th percentile disposal of a formal complaint in working days in CY 2020
Description	The time that a College requires to dispose of 9 out of 10 complaints.
Calculation Method	<p>Disposal of complaints:</p> <ol style="list-style-type: none"> 1. Calculate the length of time in disposing of each complaint within the reporting period. 2. Apply inclusions and exclusion criteria. 3. Sort the total number of disposals from shortest to longest. 4. The 90th percentile is the number of working days where 9 out of 10 complaints have been disposed of.
Exclusions	<ul style="list-style-type: none"> • All concerns that a Panel of the ICRC determines are frivolous and vexatious in nature. • Complaints withdrawn by the Registrar at the request of a complainant. • All health-related inquiries. • All matters brought to a Panel of the ICRC as a result of a Registrar's Investigation.
Inclusion	<ul style="list-style-type: none"> • All complaints where a decision was provided by the ICRC to the registrant and complainant (if any) within the reporting period.
Reporting period	January 1, 2020 to December 31, 2020
Data source	Local data collection by the College

Context Measure #11(i)	90 th percentile disposal of a formal complaint in working days in CY 2020
Definitions	<p>Formal Complaint: A statement received by a College in writing or in another acceptable form that contains the information required by the College to initiate an investigation. This excludes complaint inquiries and other interactions with the College that do not result in a formally submitted complaint.</p> <p>Registrar’s investigation: Under s.75(1)(a) of the RHPA, where a Registrar believes, on reasonable and probable grounds, that a registrant has committed an act of professional misconduct or is incompetent he/she can appoint an investigator upon ICRC approval of the appointment. In situations where the Registrar determines that the registrant exposes, or is likely to expose, his/her patient to harm or injury, the Registrar can appoint an investigator immediately without ICRC approval and must inform the ICRC of the appointment within five days.</p> <p>Formal Complaints withdrawn by Registrar at the request of a complainant: Any formal complaint withdrawn by the Registrar prior to any action being taken by a Panel of the ICRC, at the request of the complainant, where the Registrar believed that the withdrawal was in the public interest.</p> <p>Time of Receipt:</p> <ul style="list-style-type: none"> • <u>Complaint:</u> Day the College receives a complaint regarding a registrant that contains the information required by the College to initiate an investigation (e.g., in writing or in another acceptable form, etc.). <p>Disposal:</p> <ul style="list-style-type: none"> • <u>Complaint:</u> The day upon which a decision was provided to the registrant and complainant by the College (i.e. the date the reasons are released and sent to the registrant and complainant). <p>ICRC Decision: Includes where a Panel of the ICRC does one or more of the following with respect to a registrant:</p> <ol style="list-style-type: none"> 1. Takes no action, 2. Provides advice or recommendations, 3. Issues an oral Caution, 4. Orders a specified continuing education or remediation program (SCERP), 5. Agrees to an undertaking,

Context Measure #11(i)	90 th percentile disposal of a formal complaint in working days in CY 2020
	<p>6. Refers specified allegations to the Discipline Committee,</p> <p>7. Takes any other action it considers appropriate that is not inconsistent with its governing legislation, regulations or by-laws.</p> <p>Frivolous and vexatious: ICRC can decide to take no action where the Panel considers a complaint to be frivolous, vexatious, made in bad faith, moot or otherwise an abuse of process.</p>

Table 20: Context Measure – the 90th percentile disposal of a Registrar’s Investigation in working days in CY 2020

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

Context Measure #11(ii)	90 th percentile disposal of a Registrar’s Investigation in working days in CY 2020
Description	The time that a College requires to dispose of 9 out of 10 Registrar’s investigations.
Calculation Method	<p>Disposal of Registrar’s investigations:</p> <ol style="list-style-type: none"> 1. Calculate the length of time in disposing of each Registrar’s investigation within the reporting period. 2. Apply inclusions and exclusion criteria. 3. Sort the total number of disposals from shortest to longest. 4. The 90th percentile is the number of working days where 9 out of 10 Registrar’s investigations have been disposed of.
Exclusions	<ul style="list-style-type: none"> • All concerns that a Panel of the ICRC determines are frivolous and vexatious in nature. • Complaints withdrawn by the Registrar at the request of a complainant. • All health-related inquiries. • All formal complaints.
Inclusion	<ul style="list-style-type: none"> • All Registrar’s investigations where a decision was provided by the ICRC to the registrant and complainant (if any) within the reporting period.
Reporting period	January 1, 2020 to December 31, 2020
Data source	Local data collection by the College
Definitions	Formal Complaint: A statement received by a College in writing or in another acceptable form that contains the information required by the College to initiate an investigation. This excludes complaint inquiries and

Context Measure #11(ii)	90 th percentile disposal of a Registrar's Investigation in working days in CY 2020
	<p>other interactions with the College that do not result in a formally submitted complaint.</p> <p>Registrar's investigation: Under s.75(1)(a) of the RHPA, where a Registrar believes, on reasonable and probable grounds, that a registrant has committed an act of professional misconduct or is incompetent he/she can appoint an investigator upon ICRC approval of the appointment. In situations where the Registrar determines that the registrant exposes, or is likely to expose, his/her patient to harm or injury, the Registrar can appoint an investigator immediately without ICRC approval and must inform the ICRC of the appointment within five days.</p> <p>Formal Complaints withdrawn by Registrar at the request of a complainant: Any formal complaint withdrawn by the Registrar prior to any action being taken by a Panel of the ICRC, at the request of the complainant, where the Registrar believed that the withdrawal was in the public interest.</p> <p>Time of Receipt:</p> <ul style="list-style-type: none"> • <u>Registrar's investigation:</u> The day the Registrar determines that information received about a registrant will result in a referral to a panel of the ICRC for approval of the appointment of an investigator. <p>Disposal:</p> <ul style="list-style-type: none"> • <u>Registrar's investigation:</u> The day upon which a decision was provided to the registrant and complainant by the College (i.e. the date the reasons are released and sent to the registrant and complainant). <p>ICRC Decision: Includes where a Panel of the ICRC does one or more of the following with respect to a registrant:</p> <ol style="list-style-type: none"> 1. Takes no action, 2. Provides advice or recommendations, 3. Issues an oral Caution, 4. Orders a specified continuing education or remediation program (SCERP), 5. Agrees to an undertaking, 6. Refers specified allegations to the Discipline Committee,

Context Measure #11(ii)	90 th percentile disposal of a Registrar's Investigation in working days in CY 2020
	<p>7. Takes any other action it considers appropriate that is not inconsistent with its governing legislation, regulations or by-laws.</p> <p>Frivolous and vexatious: ICRC can decide to take no action where the Panel considers a complaint to be frivolous, vexatious, made in bad faith, moot or otherwise an abuse of process.</p>

Table 21: Context Measure – the 90th percentile disposal of an uncontested discipline hearing in working days in CY 2020

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

Context Measure #12(i)	90 th percentile disposal of an uncontested discipline hearing in working days in CY 2020
Description	The time that a College requires to dispose of 9 out of 10 uncontested discipline hearings
Calculation Method	<ol style="list-style-type: none"> 1. Calculate the length of time of each uncontested discipline hearing disposed of within the reporting period. 2. Apply inclusions and exclusion criteria. 3. Sort the total number of uncontested discipline hearing disposals from shortest to longest. 4. The 90th percentile is the number of working days where 9 out of 10 uncontested discipline hearings have been disposed of.
Exclusions	<ul style="list-style-type: none"> • Appeals to the Health Professions Appeal and Review Board or Divisional Court.
Inclusion	<ul style="list-style-type: none"> • All uncontested discipline hearings where a decision was provided to the registrant and complainant (if any) by the College within the reporting period.
Reporting period	January 1, 2020 to December 31, 2020
Data source	Local data collection by the College
Definitions	<p>Time of Receipt: Day a Panel of the ICRC refers a matter to Discipline Committee.</p> <p>Disposal: Day where all relevant decisions were provided to the registrant and complainant by the College (i.e. the date the reasons are released and sent to the registrant and complainant).</p>

Context Measure #12(i)	90 th percentile disposal of an uncontested discipline hearing in working days in CY 2020
	<p>Uncontested Discipline Hearing: In an uncontested hearing, the College reads a statement of facts into the record which is either agreed to or uncontested by the Respondent. Subsequently, the College and the Respondent may make a joint submission on penalty and costs or the College may make submissions which are uncontested by the Respondent.</p> <p>Contested Discipline Hearing: In a contested hearing, the College and Registrant disagree on some or all of the allegations, penalty and/or costs.</p>

Table 22: Context Measure – the 90th percentile disposal of a contested discipline hearing in working days in CY 2020

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

Context Measure #12(ii)	90 th percentile disposal of a contested discipline hearing in working days in CY 2020
Description	The time that a College requires to dispose of 9 out of 10 contested discipline hearings.
Calculation Method	<ol style="list-style-type: none"> 1. Calculate the length of time of each contested discipline hearing disposed of within the reporting period. 2. Apply inclusions and exclusion criteria. 3. Sort the total number of contested discipline hearing disposals from shortest to longest. 4. The 90th percentile is the number of working days where 9 out of 10 contested discipline hearings have been disposed of.
Exclusions	<ul style="list-style-type: none"> • Appeals to the Health Professions Appeal and Review Board or Divisional Court.
Inclusion	<ul style="list-style-type: none"> • All contested discipline hearings where a decision was provided to the registrant and complainant (if any) by the College within the reporting period.
Reporting period	January 1, 2020 to December 31, 2020
Data source	Local data collection by the College
Definitions	<p>Time of Receipt: Day a Panel of the ICRC refers a matter to Discipline Committee.</p> <p>Disposal: Day where all relevant decisions were provided to the registrant and complainant by the College (i.e., the date the reasons are released and sent to the registrant and complainant, including both liability and penalty decisions, where relevant).</p>

Context Measure #12(ii)	90 th percentile disposal of a contested discipline hearing in working days in CY 2020
	<p>Uncontested Discipline Hearing: In an uncontested hearing, the College reads a statement of facts into the record which is either agreed to or uncontested by the Respondent. Subsequently, the College and the Respondent may make a joint submission on penalty and costs or the College may make submissions which are uncontested by the Respondent.</p> <p>Contested Discipline Hearing: In a contested hearing, the College and Registrant disagree on some or all of the allegations, penalty and/or costs.</p>

Table 23: Context Measure – the distribution of discipline findings by theme in CY 2020

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

Context Measure #13	Distribution of discipline finding by type in CY 2020
Description	The total number of each type of finding made by a Panel of the Discipline Committee for each of the 13 high level findings for both formal complaints and Registrar's Investigation (as identified under Findings section).
Calculation Method	<p>1. Report the total number of findings made by a Panel of the Discipline Committee across each of the following findings for all formal complaints and Registrar's investigations.</p> <p>Note:</p> <ul style="list-style-type: none"> - Where the number under a given finding is between 1 and 5, report in CPMF Reporting Tool as "NR" - Where no findings have been received for a theme, report in CPMF Reporting Tool as "0". - Where there are multiple findings for a discipline decision, each finding related to the discipline decision should be included in the count. - Where one of the findings within a decision could be categorized under multiple categories, Colleges are asked to report the finding they deem most appropriate.
<p><u>Findings:</u></p> <p>Sexual abuse:</p>	<p><u>Description of Findings</u></p> <p>Matters that deal with a registrant engaging in sexual intercourse or other forms of physical relations with a patient, entering into an intimate or romantic relationship with a patient, remarks of a sexual nature towards a patient, sharing intimate details of the registrant's personal life, giving or receiving extravagant gifts from the patient, influencing a patient to change their will or other testamentary instrument, or initiating non-clinical touch with a patient.</p>

Context Measure #13	Distribution of discipline finding by type in CY 2020
Incompetence:	Matters where a registrant provided care that did not meet standards and expectations of the profession which could include allegations that a registrant harmed a patient by providing a service, or performed or delegated a controlled act without the knowledge, skills and judgment to perform it, allegations regarding treatment decisions or outcomes, assessment, examinations, referrals, or failure to obtain consent.
Fail to maintain standard:	Matters where a registrant's practice did not meet reasonable expectations placed on the registrant by his or her College and by the profession to ensure that care is provided in a responsible, safe and ethical manner.
Improper use of a controlled act:	Matters that deal with circumstances where a registrant engaged in a controlled act for purposes other than its intended purpose. This can include for example, prescribing, dispensing or selling a drug for an improper purpose.
Conduct unbecoming:	Matters that deal with the conduct on the part of a registrant that occur outside of the practice of the profession that is contrary to the public interest, or which harms his/her standing of the profession in the eyes of the public.
Dishonorable, disgraceful, unprofessional:	Matters that deal with conduct by a registrant in the course of practising the profession that has not been foreseen by specific definitions of professional misconduct articulated by the College but would be considered by the majority of registrants to be disgraceful, dishonourable or unprofessional conduct. Such behaviour goes beyond legitimate professional discretion, or errors in judgment, and constitutes misconduct as defined by the profession – as opposed to the public.
Offence conviction:	Matters where the registrant has been found guilty of an offence that is relevant to the registrant's suitability to practise.
Contravene certificate restrictions:	Matters where a registrant has contravened, by act or omission, a term, condition or limitation on their certificate of registration, or practised the profession while under suspension.

Context Measure #13	Distribution of discipline finding by type in CY 2020
<p>Finding in another jurisdiction:</p> <p>Breach of orders and undertakings:</p> <p>Falsifying records:</p> <p>False or misleading document:</p> <p>Contravene relevant Acts:</p>	<p>Matters where the governing body of another health profession in Ontario, or the governing body of a health profession in a jurisdiction other than Ontario, has found that the registrant committed an act of professional misconduct that would, in the opinion of a discipline panel, be an act of professional misconduct as defined in the RHPA or an act of professional misconduct as defined in the profession specific regulation.</p> <p>Matters where a registrant has contravened, by act or omission, a restriction placed on his or her practice through an order by a Panel of a committee of the College or undertaking that the registrant entered into with the College.</p> <p>Matters regarding a registrant's financial and patient records, where the registrant was found to have intentionally falsified a record.</p> <p>Matters where a registrant signed or issued a document containing a statement that the registrant knows or ought to know contains a false or misleading statement, or knowingly sought a payment from a person for a service that has been paid in full by another payer.</p> <p>Matters where a registrant contravenes any provision of relevant Canadian legislation if the purpose of the law is to protect or promote public health (broadly defined), or if the contravention is relevant to the registrant's suitability to practise.</p>
Exclusions	<ul style="list-style-type: none"> • All formal complaints or Registrar investigations that were not referred to a Panel of the Discipline Committee within the reporting period.
Inclusion	<ul style="list-style-type: none"> • All decisions issued by a Panel of the Discipline Committee within the reporting period.
Reporting period	January 1, 2020 to December 31, 2020
Data source	Local data collection by the College

Context Measure #13	Distribution of discipline finding by type in CY 2020
Definitions	<p>Formal Complaint: A statement received by a College in writing or in another acceptable form that contains the information required by the College to initiate an investigation. This excludes complaint inquiries and other interactions with the College that do not result in a formally submitted complaint.</p> <p>Registrar's Investigation: Under s.75(1)(a) of the RHPA, where a Registrar believes, on reasonable and probable grounds, that a registrant has committed an act of professional misconduct or is incompetent he/she can appoint an investigator upon ICRC approval of the appointment. In situations where the Registrar determines that the registrant exposes, or is likely to expose, his/her patient to harm or injury, the Registrar can appoint an investigator immediately without ICRC approval and must inform the ICRC of the appointment within five days.</p>

Table 24: Context Measure – the distribution of discipline orders by type in CY 2020

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

Context Measure #14	Distribution of discipline orders by type in CY 2020
Description	The total number of each type of order made by a Panel of the Discipline Committee for each of type of order (as identified below under Orders section).
Calculation Method	<p>1. Report the total number of orders made by a Panel of the Discipline Committee for each type of order for all formal complaints and Registrar's investigations.</p> <p>Note:</p> <ul style="list-style-type: none"> - Where the number under a given order is between 1 and 5, report in CPMF Reporting Tool as "NR" - Where no orders have been received for a theme, report in CPMF Reporting Tool as "0".
<p><u>Orders:</u></p> <p>Revocation</p> <p>Suspension</p>	<p><u>Description of Orders</u></p> <p>Occurs where a Panel of the discipline or fitness to practice committee makes an order to "revoke" a certificate of registration which terminates the registrant's registration with the College and therefore his/her ability to practice the profession.</p> <p>A suspension of a registrant's certificate of registration occurs for a set period of time during which the registrant is not permitted to:</p> <ul style="list-style-type: none"> • Hold himself/herself out as a person qualified to practice the profession in Ontario, including using restricted titles (e.g. doctor, nurse), • Practice the profession in Ontario, or • Perform controlled acts restricted to the profession under the <i>Regulated Health Professions Act, 1991</i>.

Context Measure #14	Distribution of discipline orders by type in CY 2020
<p>Terms, Conditions and Limitations on a Certificate of Registration</p> <p>Reprimand and an Undertaking</p> <p>Reprimand</p>	<p>Terms, Conditions and Limitations on a certificate of registration are restrictions placed on a registrant's practice and are part of the Public Register posted on a College's website.</p> <p>An undertaking is a written promise from a registrant that he/she will carry out certain activities or meet specified conditions requested by the College committee.</p> <p>A reprimand is where a registrant is required to attend publicly before a discipline panel of the College to hear the concerns that the Panel has with his or her practice</p>
Exclusions	<ul style="list-style-type: none"> • All formal complaints or Registrar investigations that were not referred to a Panel of the Discipline Committee within the reporting period. • Allegations referred to discipline that were withdrawn before a hearing is complete.
Inclusion	<ul style="list-style-type: none"> • All decisions issued by a Panel of the Discipline Committee within the reporting period.
Reporting period	January 1, 2020 to December 31, 2020
Data source	Local data collection by the College

Context Measure #14	Distribution of discipline orders by type in CY 2020
Definitions	<p>Formal Complaint: A statement received by a College in writing or in another acceptable form that contains the information required by the College to initiate an investigation. This excludes complaint inquiries and other interactions with the College that do not result in a formally submitted complaint.</p> <p>Registrar's Investigation: Under s.75(1)(a) of the RHPA, where a Registrar believes, on reasonable and probable grounds, that a registrant has committed an act of professional misconduct or is incompetent he/she can appoint an investigator upon ICRC approval of the appointment. In situations where the Registrar determines that the registrant exposes, or is likely to expose, his/her patient to harm or injury, the Registrar can appoint an investigator immediately without ICRC approval and must inform the ICRC of the appointment within five days.</p>

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

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College Performance Measurement Framework (CPMF): Consolidated Frequently Asked Questions (FAQs)

December 2020

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INTRODUCTION

FREQUENTLY ASKED QUESTIONS (FAQs) TO THE COLLEGE PERFORMANCE MEASUREMENT FRAMEWORK (CPMF)

The ministry formally launched the CPMF on December 1, 2020, following a soft launch on September 1, 2020 during which Ontario's health regulatory Colleges (Colleges) were provided the opportunity to ask any questions and to clarify any concepts about the CPMF. The following document contains a consolidated account of the questions that were received during the soft launch as well as other FAQs developed to support understanding of the CPMF and ensure that all Colleges have access to the same information.

Where feedback was received pertaining to a particular CPMF component, the applicable standard, measure or evidence, is included to provide the reader with the appropriate context and clarity.

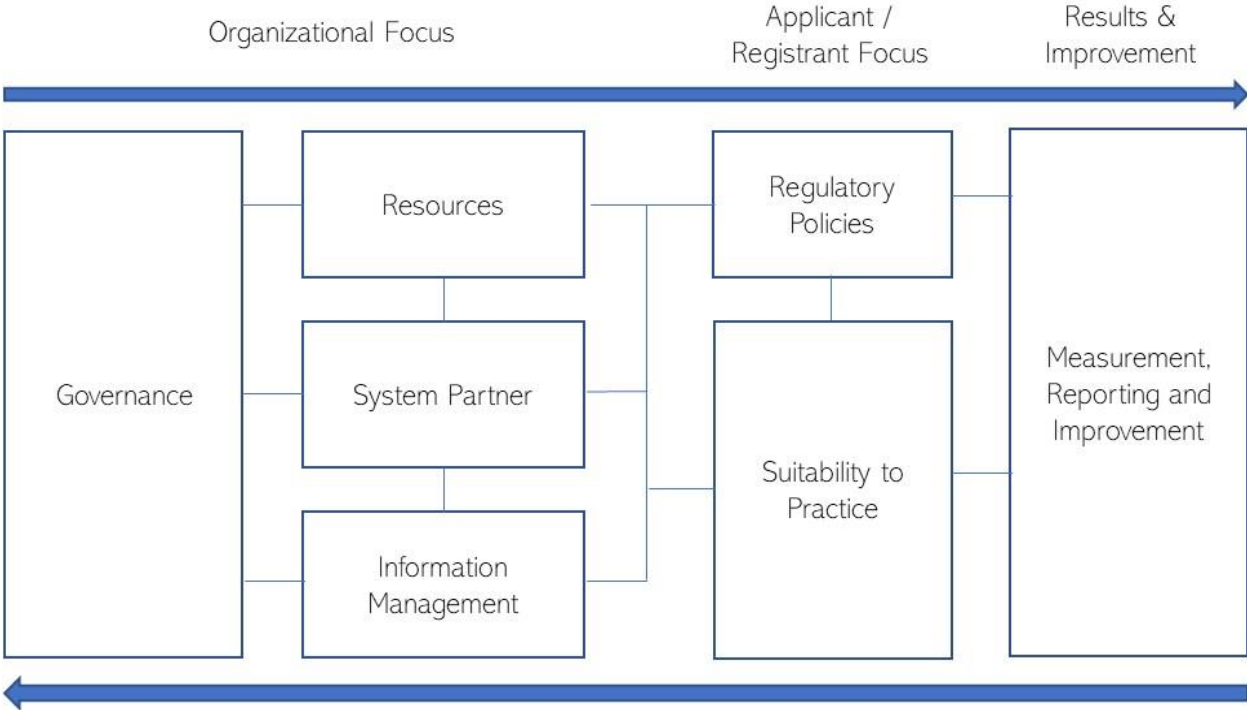
Part 1 of the document includes General FAQs about the Framework.

Part 2 includes FAQs related to the standards, measures, and evidence of the CPMF Reporting Tool.

Part 3 consists of FAQs about the CPMF context measures and Technical Specifications document.

CPMF MODEL FOR MEASURING REGULATORY EXCELLENCE

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



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

PART 1: GENERAL CPMF FREQUENTLY ASKED QUESTIONS (FAQS)

Q1. What is the purpose of the College Performance Measurement Framework (CPMF)?

The CPMF will further strengthen the accountability and oversight of Ontario’s health regulatory Colleges (Colleges) by providing information that is transparent, consistent and aligned across all Colleges on their performance in serving the public interest.

The CPMF will measure and report in a standardized manner how each College is acting in the public interest. It will report on how well Colleges have met a set of best practices (standards) related to their key statutory functions and key organizational aspects.

In addition, the CPMF will provide benchmark information and best practices that will help Colleges improve their performance and ensure that public confidence in the professions is maintained.

Q2. Why does the ministry wish to measure the performance of Colleges?

The ministry is committed to building a connected and sustainable health care system centered around the needs of patients. One key component of this journey is to continue strengthening transparency and accountability of regulated health professions to engender trust between Ontario’s Colleges and the public. The CPMF will assist the ministry in achieving these goals.

Measuring college performance will strengthen accountability by linking college activities to outcomes and providing consistent and aligned information across all Colleges. In addition, performance measurement strengthens transparency about the role of the Colleges (e.g., how decisions are made, the impact of those decisions and activities in advancing the public interest, etc.) helping to foster trust in the ability of the health professions to regulate themselves in the interest of the public.

Finally, this work places a focus on areas of improvement (e.g., better support for changing public expectations, patient needs, and delivery of care models); makes it easier for patients, their families and employers to navigate the regulatory system; and through highlighting best practices, reduces variation in the efficiency and effectiveness with which Colleges carry out their functions.

Q3. Does the CPMF intend to set the minimum level to which a College should be performing?

The purpose of the first iteration of the CPMF is to provide the public, the ministry and other stakeholders with baseline information respecting a College's activities and processes regarding best practices of regulatory excellence and, where relevant, a College's performance improvement commitments.

No assessment will be made in the first reporting cycle on how well a College meets or does not meet the standards; however, the information will already support:

- Collection of baseline data and identifying benchmarks;
- Identification of areas of concern that warrant closer attention; and
- Facilitation of performance improvement among Colleges.

Prior to starting the second CPMF reporting cycle, the ministry together with the Colleges, the public and experts will evaluate and refine the CPMF based on the results of and feedback received during the first reporting iteration. It is envisioned that for the second reporting cycle Colleges will be only asked to report on improvements identified during baseline reporting, any changes in comparison to baseline reporting and any changes resulting from the refined standards, measures and evidence.

Q4. What is the CPMF Working Group (CPMFWG)?

The CPMFWG was created to provide expert input and advice to the ministry on key deliverables required for the successful development and implementation of a performance measurement framework for Ontario's Colleges.

The CPMFWG has the mandate to provide expert input and advice to ministry staff on key elements for developing and implementing CPMF. It is comprised of 20 members and includes representation from the Colleges, subject matter experts in (regulatory) performance measurement, quality improvement and reporting, as well as representatives from the public.

Q5. What is the CPMF Sub-Working Group and why was it created?

A CPMF sub-working group comprised of College staff was created to provide the ministry with advice on the development of methodology for calculating the statistical data required for the quantitative context measures.

Q6. Who was consulted in the development of the CPMF?

The Framework is the result of extensive discussions with system partners including national and international experts, the public and senior officials in each College.

Q7. What are the main components of the CPMF?

The CPMF is made up of six components: measurement domains, standards, measures, evidence, context measures and planned improvement actions:

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

Q8. What are the measurement domains and how were these determined?

The CPMF comprises seven measurement domains that represent key areas of performance that are considered critical attributes that contribute to a College effectively serving and protecting the public interest. They are: Governance, Resources, System Partner, Information Management, Regulatory Policies, Suitability to Practice, and Measurement, Reporting and Improvement.

The measurement domains relate to the Colleges’ key statutory functions and key organizational aspects and were identified on the strength of interviews with ministry representatives and independent experts in performance measurement, evaluation, quality of care and the governing legislation. The results were supplemented by an

extensive jurisdictional scan of similar initiatives and were validated by a working group comprising of College staff, members of the public, experts in performance measurement and ministry staff.

Q9. How many standards are there and how where they determined?

The CPMF is made up of 15 standards that identify the outcomes of good regulation that are necessary to provide sufficient assurance that a college is meeting its mandate.

Using a modified Delphi approach, a working group reviewed, scored, discussed and rescored proposed standards on how critical they were to meet the mandate of Colleges before a final list was determined.

Q10. Why are context measures separate from the other measures of the CPMF?

The context measures provide statistical data and are non-directional, which means no conclusions can be drawn from the results in terms of whether they are ‘good’ or ‘bad’ without having a more in-depth understanding of what specifically drives those results.

Q11. What is the CPMF’s reporting cycle?

At the current time, the reporting cycle will begin in October of each year, with Colleges posting their completed CPMF Reporting Tool by March 31 of the following year using data from the previous calendar year, preferably from January 1 to December 31.

Following the completion of the CPMF Reporting Tools, the ministry will develop a Summary Report highlighting key findings regarding the best practices Colleges already have in place, areas for improvement and the various commitments Colleges have made to improve their performance in serving and protecting the public. The Summary Report will be posted publicly by June 1. Once the ministry’s Summary Report is complete, the CPMF’s standards, measures and evidence will be re-evaluated and refined.

Following the baseline reporting year, subsequent annual CPMF Reports will focus on the following information:

- Report back on improvements;
- Report on any changes in comparison to baseline reporting; and
- Report on any changes resulting from refined standards, measures and evidence.

Q12. Will all Colleges be required to follow the same reporting period for the CPMF and if so, what will it be (e.g., will it be fiscal year, calendar year)?

The CPMF is predicated on a calendar year reporting period. However, the ministry is aware that Colleges may follow a different operational year (e.g., fiscal, calendar, etc.) and may take time to adjust to the CPMF's reporting cycle. In recognition of this, Colleges may use a different time period for data collection and analysis for the first few reporting cycles but are encouraged to work towards a January 1 to December 31 data collection timeline. Where a College reports its information using a different time period, the ministry asks the College to identify the period used.

The schedule for reporting will be reviewed following the first reporting cycle.

Q13. Will Colleges be expected to collect only those measures required by the Framework? What about all the information they currently collect on registrants and their practice?

The CPMF has been developed in close collaboration with Ontario's health regulatory Colleges, subject matter experts and the public with the aim of providing information that is transparent, consistent and aligned across all Colleges.

As independent organizations, nothing prevents Colleges from collecting additional information deemed useful to their public protection mandate and key functions (e.g., key performance indicators to inform operational or strategic direction, trend analysis, etc.). Furthermore, Colleges will continue to collect information on their registrants and their practice as required to support the colleges regulatory operations (e.g., for inclusion on the college's Public Register).

Q14. Will the CPMF take the place of the College's annual reporting required by the *Regulated Health Professions Act, 1991 (RHPA)*?

The CPMF is intended to complement current reporting and will not replace the annual reporting requirements of the RHPA. While the RHPA requires Colleges to include audited financial statements in their annual report, it is up to individual Colleges to determine what other information it provides in its annual report and how they would like to align it with CPMF reporting.

Q15. Some regulated health professions engage in direct patient care while others do not, and Colleges differ in size and number of registrants they oversee. Will the CPMF be flexible enough to take this into account?

Yes. The CPMF will provide information that is transparent, consistent and aligned across all Colleges on their performance in serving the public interest within the context of the care that a given profession provides.

The CPMF has been designed to consistently measure and report on the performance of each of the Colleges taking into account that they vary in size, resources and in the scope of practice and controlled acts authorized to the professions they regulate. The Framework considers these circumstances by focusing on a College's performance regarding:

- Regulatory objects as stated in the RHPA applicable to all Colleges; and
- Key organizational aspects that enables a College's ability to carry out its functions well (e.g. good governance).

Q16. What if a College can't satisfy one or more standards (e.g. some standards may take time to implement and require by-law changes and significant shifts in established processes tied to annual timelines)?

The ministry recognizes that Colleges may not meet or collect the data to demonstrate that they meet one or more of the standards at this time. Some standards may take time to implement and may require updates/changes to established processes. This is why a key component of the CPMF is the identification of planned improvement actions.

Colleges are encouraged to provide context to help the audience (i.e. public, ministry, system partners) understand where they do not meet, or partially meet, a standard. Where a College is unable to satisfy one or more standards, or where a College responds that it meets a required standard but, in the spirit of continuous improvement, plans to improve its activities or processes related to the respective measure under a standard, Colleges are encouraged to highlight improvement plans or activities underway.

Q17. What will the ministry do with the information collected?

The ministry will develop a Summary Report highlighting key findings regarding the best practices Colleges already have in place, areas for improvement and the various commitments Colleges have made to improve their performance in serving and protecting the public. This Summary Report will be posted to the ministry website.

In addition, the reported results will help to lay a foundation upon which expectations and benchmarks for regulatory excellence can be refined and improved and may stimulate discussions about regulatory excellence and performance improvement.

Q18. What feedback will be provided to the Colleges?

The ministry may use the results, where warranted, to inform discussions with individual Colleges regarding proposed improvement commitments, best practices, and potential areas for alignment with other Colleges and system partners.

Q19. Will Colleges be ranked on their performance?

No. Colleges will not be ranked on their performance. The ministry will not assess whether a College meets or does not meet the standards during the baseline reporting cycle.

Q20. Will the Summary Report identify poor performers?

No. The focus of the Summary Report will be on the performance of the regulatory system (as opposed to the performance of each individual College), initiatives being undertaken to improve regulatory excellence and areas where opportunities exist for Colleges to learn from each other (e.g., best practices).

Q21. Will the results be publicly available?

Colleges are asked to post their completed CPMF Reporting Tool on their website. The ministry will make public the Summary Report.

Q22. Will the CPMF change year over year?

The purpose of the first iteration of the CPMF is to provide the public, the ministry and other stakeholders with baseline information respecting a College's activities and processes regarding best practices of regulatory excellence and, where relevant, the College's performance improvement commitments.

The reported results will help to lay a foundation upon which expectations and benchmarks for regulatory excellence can be refined and improved. Following each reporting cycle standards, measures and evidence will be evaluated and refined to ensure reporting remains meaningful and does not result in Colleges implementing activities that have no value in protecting the public, preventing harm, promoting the health and well-being of the public or result in unnecessary burden of data collection and reporting.

Q23. If an initiative is approved in 2020, but comes into effect in 2021, would the ministry consider the initiative fulfilled or partially meeting the requirements?

The ministry will not assess whether a College meets or does not meet the standards during the baseline reporting cycle. A key component of the CPMF is the identification of planned improvement actions. Where a College does not meet, or partially meets, a particular standard or measure, it is encouraged to provide additional information in the allotted space in the CPMF Reporting Tool regarding any future improvement actions or plans the College intends to undertake to meet the standard or measure. Colleges will also be asked to provide updates on improvement activities that they commit to in subsequent reporting cycles.

Q24. The College may not currently collect the required data on all standards, however, over time will be able to modify its data collection processes and tools to more closely match the requirements of the CPMF. Is a gradual development and improvement of data practices over time consistent with the ministry's expectations?

Yes. The ministry recognizes that Colleges may not meet, or collect the data to demonstrate that they meet one or more of the standards at this time and that Colleges may not be able to capture and report information for the context measures in accordance with the methodology laid out in the Technical Specifications document for the initial reporting cycle. Where necessary, Colleges may report the context measures according to methodology currently used by the College. Where a College chooses to report a context measure using methodology other than that outlined in the Technical Specifications document, the ministry asks the College to provide the methodology to the ministry so that it can understand how the information was calculated.

Finally, where a College does not meet, or partially meets, a particular standard or measure it is encouraged to provide additional information in the allotted space in the CPMF Reporting Tool regarding any future improvement actions or plans the College intends to undertake to meet the standard or measure.

Q25. Won't the Pandemic impact the results of the 2020 reporting period? Would the ministry reconsider 2020 as the baseline year for CPMF?

The ministry is aware that the data collected from 2020 is likely to be an outlier due to the impact of COVID-19 on the Colleges' operations, and that while the majority of the information requested in this reporting cycle is qualitative in nature, there may be instances where the requested data may look significantly different from other years, or where implementation of planned projects and activities have been postponed in light of the pandemic.

The CPMF Reporting Tool provides the opportunity for Colleges to provide additional comments and clarification for each piece of evidence requested. Colleges are encouraged to provide context to help the public understand where it does not meet, or partially meets a standard, or where results may vary from usual in the 2020 reporting period due to the pandemic.

Q26. Has the ministry considered how best to ensure that the CPMF isn't a significant reporting burden for Colleges?

The CPMF aligns with other practice-based approaches in measuring a regulator's performance. The majority of the information that the CPMF collects is qualitative and consists of outlining processes and procedures related to the measure.

Some of the information is already collected by Colleges and although it may already be reported elsewhere, is included in the CPMF to drive, where appropriate, standardized reporting on those measures or evidence across Colleges to bring greater consistency in how information is presented to the public. The ministry notes that there may be opportunities for Colleges to identify areas to collaborate to reduce reporting burden.

Finally, in future iterations the volume of information being reported will be lessened as Colleges will be reporting on changes from their baseline report, improvements they committed to in previous cycles, and information related to standards, measures or evidence that has been changed as a result of the evaluation and refinement period.

Q27. Is the CPMF Reporting Tool document what will ultimately be submitted and posted on College websites? Are Colleges to follow that format precisely (i.e. keeping the template as is without changing format)?

For the initial baseline report Colleges are asked to post a PDF file of the completed CPMF Reporting Tool template on their website in order to provide consistent and transparent reporting to the public across all Colleges. Formats for future reporting tools will be part of the ongoing work the ministry will consider when refining the CPMF following the first reporting cycle.

Q28. Where should Colleges include relevant performance improvement information?

Colleges are encouraged to include performance improvement information within their evidence, where applicable, or as part of the “Additional comments for clarification” section where this information is not directly related to the requested evidence but would provide additional context related to the measure and/or identify best practices the College has implemented that go above and beyond the requested evidence.

Q29. The CPMF Reporting Tool requests that College provide links to materials. Has the ministry considered the potential for links to not work after a period of time?

Colleges are in the best position to define their processes and procedures; however, Colleges may wish to create a CPMF webpage housing the relevant information to reduce the potential for broken links.

Q30. In some of the standards, the public may wish to compare College performance. Does the ministry intend to recommend a template or best practice to inform what critical pieces of information are expected to be shared with the public?

No. Apart from specific evidence requested under each measure, the ministry will not require that Colleges use specific templates and/or include specific information in response to each measure. Over time Colleges may wish to adopt best practices observed from other regulators’ reports; however, Colleges are in the best position to define their processes and procedures.

Q31. Are there benchmarks for meeting the standards?

In developing the CPMF the ministry, in collaboration with the CPMFWG, noted that there are currently no benchmarks that set expectations for regulatory excellence that have been identified through jurisdictional scans or literature reviews. The purpose of the first iteration of the CPMF is to provide the public, the ministry and other stakeholders with baseline information respecting a College’s activities and processes regarding best practices of regulatory excellence and, where relevant, the College’s performance improvement commitments.

The reported results will help to lay a foundation upon which expectations and benchmarks for regulatory excellence can be refined and improved and may stimulate discussions about regulatory excellence and performance improvement.

Q32. Will the ministry be creating a standardized data dictionary to provide a shared understanding between Colleges as to how to extract and report the evidence and a consistent understanding and application of the measures?

No. The ministry is aware that Colleges may have different processes and procedures related to each standard and measure and these will be identified through the baseline reporting. Colleges are in the best position to define their processes and procedures in response to requested evidence. The ministry has created FAQs to provide additional context and clarity to measures and evidence and based on College feedback received during the soft launch, the ministry amended specific measures and evidence to enhance clarity regarding what the measure is intended to identify, or the evidence a College is requested to provide.

The Technical Specifications document also encourages a standardized methodology and provides additional details on how to calculate context measures. The ministry recognizes that Colleges may not be able to capture and report information for the context measures in accordance with the methodology laid out in the Technical Specifications document for the initial reporting cycle. Where necessary, Colleges may report the context measures according to methodology currently used by the College.

Q33. Will there be an opportunity for other interested Colleges to provide input into the analysis of the initial reporting cycle and determination of future reporting requirements?

Prior to starting the second CPMF reporting cycle in October 2021, the ministry together with the Colleges, the public and experts will evaluate and refine the CPMF based on the results of and feedback received during the first reporting iteration. It is envisioned that for the second reporting cycle, Colleges will be only asked to report back on improvements identified during baseline reporting, any changes in comparison to baseline reporting and any changes resulting from the refined standards, measures and evidence.

While the exact format for considering the next iteration of the CPMF Reporting Tool has not yet been determined, all Colleges will be provided the opportunity to provide input into changes to the Framework in future reporting cycles.

Q34. Will Colleges have the ability to consult with ministry staff as they complete the CPMF Reporting Tool?

Yes. While it is up to individual Colleges to determine how best to complete the CPMF Reporting Tool, ministry staff are available to discuss any questions about the reporting expectations outlined in the CPMF Reporting Tool, any of the recommended methodologies in the Technical Specifications document, or to schedule a meeting to discuss reporting.

Q35. Are there guiding questions to support the system partner domain discussions before a College meets with the ministry?

The system partner meetings provide the ministry and Colleges with a forum to discuss opportunities for Colleges' engagement with system partners, as well as Colleges' previous successes where system partnership supported the execution of their mandate and responsiveness to changing public/societal expectations (e.g., collaborative investigations, ensuring that the complaints process was an integrated and seamless experience for the complainant, aligning practice expectations between the College and work sectors etc.).

Questions to guide the system partner meetings can be found in the system partner domain section of the CPMF Reporting Tool. The ministry asks Colleges to provide a summary of the College's responses to the questions under each system partner standard to the ministry one week prior to the meeting date. This will support an informed discussion and allow the ministry to identify and/or reach out to ministry colleagues that may identify areas for collaboration with each College.

Q36. The CPMF suggests that there are numerous policies that Colleges should have in place, some of which the College does not yet have, and this issue may be shared with other Colleges. Should the Colleges take the opportunity to jointly develop and implement policies for consistency?

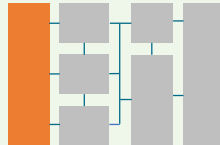
The ministry encourages collaborative work between Colleges, where possible. Colleges are in the best position to define their processes and procedures in response to requested evidence, including how to develop policies requested by the CPMF and where collaboration between regulators would be appropriate to develop joint policies.

Q37. The Technical Specifications document indicates that Colleges should update the document to reflect the methodologies the College uses in reporting; however, shouldn't the ministry be responsible for providing updates to this document?

The ministry recognizes that Colleges may not be able to capture and report information for the context measures in accordance with the methodology laid out in the Technical Specifications document for the initial reporting cycle. Where necessary, Colleges may report the context measures according to methodology currently used by the College.

Where a College chooses to report a context measure using methodology other than outlined in the Technical Specifications document, the ministry asks the College to provide the methodology to the ministry so that it can understand how the information was calculated. Please note, in such cases the intent is not for a College to update the Technical Specifications document. It is only asked to reflect its own methodology used.

PART 2: CPMF REPORTING TOOL SPECIFIC FAQs

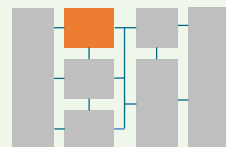
DOMAIN 1: GOVERNANCE			
Standard 1			
Council and statutory committee members have the knowledge, skills, and commitment needed to effectively execute their fiduciary role and responsibilities pertaining to the mandate of the College.			
Measure	Required evidence	FAQs	
1.1 Where possible, Council and Statutory Committee members demonstrate that they have the knowledge, skills, and commitment prior to becoming a member of Council or a Statutory Committee	a. Professional members are eligible to stand for election to Council only after: <ul style="list-style-type: none">i. meeting pre-defined competency / suitability criteria, andii. attending an orientation training about the College’s mandate and expectations pertaining to the member’s role and responsibilities.	Q38. Council’s publicly appointed members are not subject to the same requirements related to knowledge, skill and commitment prior to becoming members of Council. Given that this requirement is being established to ensure good regulatory governance and decision-making, are there plans for it to be implemented for public appointment candidates as well? <p>The CPMF has been developed in consideration of the current legislative environment. The required evidence is intended to ensure that professional members of Council possess the relevant competencies and skills needed to fulfil their roles and responsibilities as a Council member. Both the statutory election and Lieutenant Governor in Council appointments processes were considered by the CPMF Working Group when recommending this measure, resulting in the exclusion of public Council members under the evidence for measures 1(a) and (b).</p> <p>Information reported will be used to improve the ministry’s understanding of challenges faced by individual Colleges and inform discussions about regulatory excellence within a modernized health regulatory environment.</p>	
		Q39. Colleges’ ability to undertake Council screening may be limited by the statutory election process. Can the ministry clarify how to address this statutory limitation? <p>The required evidence is intended to ensure that professional members of Council possess the relevant competencies and skills needed to fulfil their roles and responsibilities as a Council member. Both the statutory election and LGIC appointments processes were considered by the CPMF Working Group when recommending this measure, resulting in the exclusion of public Council members under the Evidence for Measures 1(a) and (b).</p> <p>Colleges are in the best position to define their processes and procedures in response to requested evidence, including how to determine whether professional members meet pre-defined competency/suitability criteria prior to standing for election.</p>	

	<p>b. Statutory Committee candidates have:</p> <p>i. Met pre-defined competency / suitability criteria, and</p>	<p>Q40. Is the ministry seeking information about whether committee candidates have the requisite competencies to be appointed to the College as a committee member generally, or about whether the candidates have met competencies for the specific committee(s) they are to serve on?</p> <p>The required evidence is intended to ensure that members of Statutory Committees possess the relevant competencies and skills needed to fulfil their roles and responsibilities as a Committee member, relevant to the Committees that they will sit on.</p> <p>Colleges are in the best position to define their processes and procedures in response to requested evidence, including how to determine whether professional members meet pre-defined competency/suitability criteria prior to standing for election and prior to appointment to a specific Committee</p>
	<p>ii. Attended an orientation training about the mandate of the committee and expectations pertaining to a member’s role and responsibilities.</p>	<p>Q41. Is the ministry seeking information about whether orientation training is done before or after the committee compositions have been determined?</p> <p>Colleges are in the best position to define their processes and procedures in response to requested evidence, including when to hold orientation training for statutory committee candidates.</p>
<p>1.2 Council regularly assesses its effectiveness and addresses identified opportunities for improvement through ongoing education</p>	<p>b. The framework includes a third-party assessment of Council effectiveness at a minimum every three years</p>	<p>Q42. What is the standard benchmark for effectiveness / standard for an effective Council? Would this not vary in reporting from College to College?</p> <p>The ministry will not assess whether a College meets or does not meet the standards during the baseline reporting cycle. The purpose of the first iteration of the CPMF is to provide the public, the ministry and other stakeholders with baseline information respecting a College’s activities and processes regarding best practices of regulatory excellence and, where relevant, the College’s performance improvement commitments.</p>
		<p>Q43. What is the ministry expecting to be included in the third-party evaluation? What would the requirements be for the third-party assessor? Does the ministry offer any guidance on recruitment strategies for an effective third-party assessor?</p> <p>It is up to individual Colleges to determine their needs when securing services. The ministry would encourage Colleges to discuss this question with other Colleges that do have, or are considering how best to secure, a third-party assessor.</p> <p>In addition, the ministry notes that the first iteration of the CPMF will provide benchmark information and best practices that Colleges may choose to utilize to align and/or improve their performance.</p>

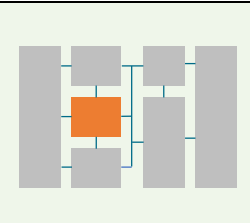
Standard 2		
Council decisions are made in the public interest.		
Measure	Required evidence	FAQs
2.1 All decisions related to a Council’s strategic objectives, regulatory processes, and activities are impartial, evidence-informed, and advance the public interest.	b. The College enforces cooling off periods.	<p>Q44. What specifically does “cooling off periods” refer to? Does it include the time between when a former Council member maximum term is completed, and they can be re-elected to Council? Officer term-limits? The phrase “cooling off period” may benefit from clarification or elaboration as it relates to conflicts of interest.</p> <p>The cooling off period refers to the time required before an individual can be elected to Council where an individual holds a position that could create an actual or perceived conflict of interest with respect to his or her role and responsibility at the college.</p> <p>The types of roles that require cooling off periods and their duration period would be determined by each individual College. Of note, the CPMF Reporting Tool provides Colleges with the opportunity to provide information respecting how it defines the cooling off period in their organization in the College response column.</p>
	d. Meeting materials for Council enable the public to clearly identify the public interest rationale (see Appendix A) and the evidence supporting a decision related to the College’s strategic direction or regulatory processes and actions (e.g. the minutes include a link to a publicly available briefing note).	<p>Q45. What is the definition of “public interest rationale”?</p> <p>The ministry has not specifically defined what the “public interest” would include, as each College is in the best position to interpret the term as relevant to the unique profession that it regulates. In this context, the evidence generally refers to how Council materials provide sufficient evidence that Council’s decisions consider and are made in the interest of the public, not the profession. This rationale could, for example, be included in Council meeting minutes detailing discussion by Council members, briefing materials explaining how a particular decision may be in the interests of the public.</p> <p>For the purposes of the CPMF, when contemplating public interest Colleges may wish to consider the information in Appendix A of the CPMF Reporting Tool.</p>
		<p>Q46. Will there be guidance from the ministry on standardization of how to document public interest rationale (such as a common template used in drafting briefing notes that is uniform across all Colleges)?</p> <p>The ministry will not be providing guidance to Colleges on the development of internal resources. It is expected that the CPMF will provide benchmark information and best practices that Colleges may choose to utilize to align and/or improve their performance.</p>
		<p>Q47. The evidence column suggests that College Briefing Notes specifically need to identify how the positions taken/decisions being made are in the public interest. Can the ministry provide clarity on this expectation, given that balancing public and provider/stakeholder feedback appropriately is most often in the public interest, but may be difficult to demonstrate, if the expectation is that perceived public interest takes priority?</p>

		The intent of this evidence is that the public interest rationale and evidence for Council decisions relating specifically to decisions about the College’s strategic direction or regulatory processes and actions are easily accessible to the public. This evidence is not intended to require that every Council decision requires a public interest rationale.
Standard 3 The College acts to foster public trust through transparency about decisions made and actions taken.		
Measure	Required evidence	FAQs
3.1 Council decisions are transparent	a. Council minutes (once approved) are clearly posted on the College’s website. Attached to the minutes is a status update on implementation of Council decisions to date. (e.g. indicate whether decisions have been implemented, and if not, the status of the implementation).	Q48. Can the ministry provide clarification on what constitutes a “status update” attached to all Council minutes? The intent of this measure is to provide an accessible and transparent update on decisions made by Council where the Council approves a decision that requires implementation by the College, such as a new course that all registrants are required to complete, or where the Council approves a strategy (e.g. Opioid strategy) that requires operationalization by staff. Such a status update would indicate whether decisions have been implemented, and if not, the status of the implementation. Colleges are in the best position to define their processes and procedures in response to requested evidence, including how to best track and communicate status updates.
	b. The following information about Executive Committee meetings is clearly posted on the College’s website (alternatively the College can post the approved minutes if it includes the following information). i. the meeting date; ii. the rationale for the meeting; iii. a report on discussions and decisions when Executive Committee	Q49. It is common practice amongst many sectors to not post statutory committee meeting materials or minutes – can this required evidence be reconsidered? Executive Committee reports are already made public in Council meeting packages, would this evidence suffice for the CPMF? This measure seeks evidence that Colleges either post their Executive Committee meeting minutes or provide specific information about the meetings on their website, as outlined in the CPMF to strengthen transparency in College decision-making by making public the decisions made by Executive Committee, and the public interest rationale for those decisions, similar to the requirement for Council decisions. This is also intended to strengthen trust in College governance by demonstrating that decisions are made in accordance with Council’s, Committees’ or Staff’s roles and responsibilities. Finally, the ministry will not assess whether a College meets or does not meet the standards during the baseline reporting cycle. The purpose of the first iteration of the CPMF is to provide the public, the ministry and other stakeholders with baseline information respecting a College’s activities and processes regarding best practices of regulatory excellence and, where relevant, the College’s performance improvement commitments.

	acts as Council or discusses/deliberates on matters or materials that will be brought forward to or affect Council; and iv. if decisions will be ratified by Council.	
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DOMAIN 2: RESOURCES			
Standard 4			
The College is a responsible steward of its (financial and human) resources.			
Measure	Required evidence	FAQs	
4.1 The College demonstrates responsible stewardship of its financial and human resources in achieving its statutory objectives and regulatory mandate	c. Council is accountable for the success and sustainability of the organization it governs. This includes ensuring that the organization has the workforce it needs to be successful now and, in the future (e.g. processes and procedures for succession planning, as well as current staffing levels to support College operations).	Q50. Will the College’s organizational chart be sufficient evidence, or will more documentation be required? The ministry will not assess whether a College meets or does not meet the standards during the baseline reporting cycle. The purpose of the first iteration of the CPMF is to provide the public, the ministry and other stakeholders with baseline information respecting a College’s activities and processes regarding best practices of regulatory excellence and, where relevant, the College’s performance improvement commitments. This measure looks at a Council’s accountability for ensuring a College’s sustainability now and in the future (e.g. processes and procedures for succession planning, as well as current staffing levels to support College operations). The ministry notes that the CPMF Reporting Tool speaks to Council discussing a Human Resource plan as it relates to the Operational and Financial plans. However, as is the case with other evidence, Colleges are welcome to provide any and all evidence and documentation they feel addresses this measure.	

		<p>Q51. Can the ministry provide additional rationale for including Council’s discussion of the College's Human Resource plan, as it relates to the Operational and Financial plan, in the CPMF?</p> <p>The identified measure speaks to demonstrating responsible financial and human resources stewardship through a Council’s accountability for ensuring a College’s sustainability now and in the future (e.g. processes and procedures for succession planning, as well as current staffing levels to support College operations).</p> <p>The CPMF Reporting Tool speaks to Council demonstrating its awareness of this issue through discussion of a Human Resource plan as it relates to the Operational and Financial plans. However, as is the case with other evidence, Colleges are welcome to provide any and all evidence and documentation they feel addresses this measure.</p>
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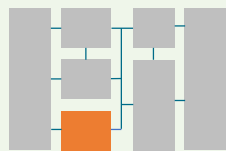
DOMAIN 3: SYSTEM PARTNER			
Standard 5			
The College actively engages with other health regulatory Colleges and system partners to align oversight of the practice of the profession and support execution of its mandate.			
Standard 6			
The College maintains cooperative and collaborative relationships to ensure it is responsive to changing public expectations.			
Standard 7			
The College responds in a timely and effective manner to changing public expectations.			
FAQ			
Q52. Should the College’s final report include what was discussed with the ministry, or simply focus on the outcomes?			
When reporting on the system partner domain, Colleges are asked to provide a narrative that highlights best practices within their own organization pertaining to each of the three standards. This narrative would be informed by discussion with the ministry and include certain key activities the College undertakes with system partners, and the outcomes of those activities, as well as the next steps that may have emerged.			
Q53. Our registrants don’t work directly with other regulated health professionals, how can we meet the standards for the system partner domain?			
Colleges are encouraged to consider system partners outside of regulated health professions. They can include any organization or institution that intersects with the work of the College, such as hospitals, government, community care settings, educational institutions, associations, long-term care and any other employment sectors.			

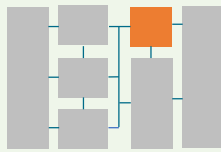
<p>Q54. Our mandate is to protect the public interest, it isn't to work with the Association that represents the professional interest. Is the ministry suggesting we work more closely with our professional Association?</p> <p>While the distinction between Colleges' public interest mandate and that of professional associations is an important one, there are instances where issues may be of common interest and where would be important for the College to be aware of messaging to registrants from associations to ensure there isn't misalignment. For example, Colleges need to be aware of the association's activities and messaging to registrants in order to understand the information that's being provided and how it may or may not align with, for example, a College's standards and expectations for registrants in order to mitigate misaligned practice advice or contradictory information.</p>
<p>Q55. We have tried to collaborate with other Colleges and have been unsuccessful. How can we fulfil the CPMF's system partner standards?</p> <p>The ministry is meeting with all 26 Colleges to discuss the importance of engaging system partners, including other Colleges, especially where scopes of practice intersect and/or overlap. Where a College has experienced barriers in engaging system partners, the ministry would be interested to hear what other strategies it may be employing with system partners and what other engagement opportunities it is pursuing.</p>
<p>Q56. Our responsiveness to the system partnership domain may be dependent on legislative changes – is the government comfortable with us reporting the existing legislative and regulatory barriers?</p> <p>When reporting on each of the three standards under the system partner domain, Colleges are asked to report on the key activities they undertake with system partners, and the outcomes of those activities, that were part of discussion with the ministry, as well as the next steps that may have emerged as a result of the conversation.</p> <p>The CPMF has been developed in consideration of the current legislative environment. However, the ministry would be pleased to receive more information about any perceived or unintended legislative barriers to reporting to inform future iterations of this particular domain.</p>
<p>Q57. While Colleges are committed to meaningfully engaging the public and patients and using that engagement to inform our decision-making, as currently worded, responding to changing public expectations (standard 7) may set the bar too high. Can the ministry clarify what is its expectation of Colleges?</p> <p>In the context of the CPMF, this standard seeks to identify how Colleges have engaged the public / patients to inform changes to relevant policies / programs (e.g. instances where the College has taken the lead in strengthening interprofessional collaboration to improve patient experience, examples of how the College has signaled professional obligations and/or learning opportunities with respect to the treatment of opioid addictions, etc.). The standard does not envision that Colleges respond to every changing expectation, rather that those most relevant to the profession it governs are prioritized.</p> <p>Colleges are in the best position to determine the processes and procedures that would enable the College to respond to changes in public expectations in a timely and effective manner.</p>

Q58. Public expectations are a subjective concept that may not always be aligned with a College’s mandate to protect and serve the public interest. Can the ministry provide additional clarity on the concept as it relates to standards 6 and 7 of the CPMF?

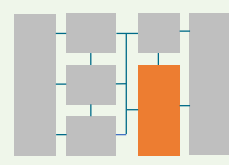
The CPMF has been developed in close collaboration with Ontario’s health regulatory Colleges, subject matter experts and the public in consideration of the current legislative environment and Colleges’ mandate. Standards 6 and 7 speak to the establishment and maintenance of relationships a College can leverage to identify changing public expectations that are relevant to the profession and how a College has responded to these and engaged the public/patients to inform changes to relevant policies/programs (e.g. instances where the College has taken the lead in strengthening interprofessional collaboration to improve patient experience, examples of how the College has signaled professional obligations and/or learning opportunities with respect to the treatment of opioid addictions, etc.).

The ministry acknowledges that “public expectations” may differ from public needs and/or wants and is intended to focus on how a College responds to broad societal changes relevant to the profession the College governs (e.g. expectations around sexual abuse, transparency, virtual care, new models of care delivery, access to care etc.). Colleges are in the best position to determine the processes and procedures that would enable the College to respond to changes in public expectations in a timely and effective manner.

DOMAIN 4: INFORMATION MANAGEMENT			
Standard 8			
Information collected by the College is protected from unauthorized disclosure.			
Measure	Required evidence	FAQs	
8.1 The College demonstrates how it protects against unauthorized disclosure of information	a. The College has and uses policies and processes to govern the collection, use, disclosure, and protection of information that is of a personal (both health and non-health) or sensitive nature that it holds	Q59. Will a technical explanation of the way we collect data be sufficient? This measure concerns a College’s policies and processes for collecting, using, disclosing and protecting sensitive information. The ministry notes that the CPMF Reporting Tool seeks a link to, or a description of, the applicable policies and processes. However, as is the case with other evidence, Colleges are welcome to provide any and all evidence and documentation they feel addresses this measure.	

DOMAIN 5: REGULATORY POLICIES			
Standard 9			
Policies, standards of practice, and practice guidelines are based in the best available evidence, reflect current best practices, are aligned with changing public expectations, and where appropriate aligned with other Colleges.			
<p>Q60. There appears to be a tension between standards 7 and 9 in that standard 7 asks College’s to be responsive to public expectations but Standard 9 signals the need to be sensitive to the practice environment. In Standard 9 both public expectations and practice environment are noted so there’s balance, but Standard 7 is standalone about the public expectations. Can the ministry provide clarity about how to reconcile these concepts of the CPMF?</p> <p>These standards fall under different domains and therefore have different intents and focus. Standard 7 falls under the system partner domain and has a broader focus: the extent to which a College is working with system partners, where appropriate, to help execute its mandate in a more effective, efficient and/or coordinated manner and to ensure it is responsive to changing public expectation. Standard 9 falls under the regulatory policies domain and focuses specifically on a College’s policies, standards of practice, and practice guidelines being based on the best available evidence, reflect current best practices, are aligned with changing publications and where appropriate aligned with other Colleges.</p>			
Measure	Required evidence	FAQs	
9.1 All policies, standards of practice, and practice guidelines are up to date and relevant to the current practice environment (e.g. where appropriate, reflective of changing population health needs, societal expectations, models of care, clinical evidence, advances in technology)	a. The College has processes in place for evaluating its policies, standards of practice, and practice guidelines to determine whether they are appropriate, or require revisions, or if new direction or guidance is required based on the current practice environment.	<p>Q61. Does this standard only relate to practice of the profession? Or does it include policies respecting College practices such as registration which may be affected by societal expectations, etc.?</p> <p>This standard would apply to any policy, standard of practice, and practice guideline that that is relevant to the current practice environment. Where a registration policy requires updates to remain relevant to the current practice environment, the College may wish to include this as an example of a policy that was updated and provide information on how the revisions were relevant.</p>	
		<p>Q62. Can the ministry clarify the definition of ‘evaluating’? Specifically, what is the difference between an evaluation, a review, a formal review and an analysis or improvement of a policy?</p> <p>Colleges are in the best position to define their processes and procedures in response to requested evidence, including the specific actions involved in evaluating policies, standards of practice, and practice guidelines.</p> <p>This evidence is intended to capture all of the different processes a College has implemented to ensure policies, standards of practice, and practice guidelines remain current and relevant to the practice of the profession (e.g., regular reviews, regular jurisdictional scans, monitoring emerging issues in practice, complaints and discipline data, quality assurance outcomes etc.). The evidence also intends to capture how a College applies evidence and stakeholder consultation results to update or improve the guidance it provides to its registrants to ensure that practice expectations remain aligned with the current practice environment.</p>	

		<p>Q63. Where federal or provincial positions may be barriers to implementing best practice, how does the government prefer Colleges to articulate this?</p> <p>The ministry recognizes that Colleges may not meet or collect the data to demonstrate that they meet one or more of the standards at this time. That is why a key component of the CPMF is the identification of planned improvement actions.</p> <p>Colleges are encouraged to provide context where they do not meet, or partially meet a standard. Where a College is unable to satisfy one or more standards, or where a College responds that it meets a required standard but, in the spirit of continuous improvement, plans to improve its activities or processes related to the respective measure under a standard, Colleges are encouraged to highlight improvement plans or activities underway.</p> <p>Where the College has experienced barriers in meeting a standard, measure or evidence, the ministry would be interested to hear what other strategies it may be employing to implement interim solutions to reach a desired outcome (e.g. development of by-laws to implement eligibility criteria for professional members running for Council elections).</p>
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DOMAIN 6: SUITABILITY TO PRACTICE		
General		
<p>Q64. Can the ministry clarify what is meant by “right touch” regulation as referenced several times in this domain?</p> <p>“Right touch” regulation is an approach to regulatory oversight that applies the minimal amount of regulatory force required to achieve a desired outcome. For more information, the College is encouraged to review the Professional Standards Authority’s publications on the topic which can be found at: https://www.professionalstandards.org.uk/publications/right-touch-regulation.</p>		
<p>Q65. It appears that the registration measures may be largely covered in Colleges’ Fair Registration Practices Report, as required by the Office of the Fairness Commissioner (OFC). Given that a link to submit this is required as evidence, can the ministry clarify whether the OFC report may be sufficient to reduce duplication of effort, given the measures address the same issues.</p> <p>The intent of the CPMF measures that deal with registration processes is to complement those covered in the OFC Fair Registration Practices Report. The OFC measures focus on the transparency, objectiveness, impartiality and fairness of registration process, while the CPMF focus is on the College’s due diligence of ensuring that applicants meet registration requirements, as well as ensuring that the assessment criteria used to assess qualifications remain relevant.</p> <p>Based on previous feedback received from the Colleges the OFC measure was refined and Colleges are now only asked to indicate if all OFC recommendations have been addressed (where applicable).</p>		

Standard 10		
The College has processes and procedures in place to assess the competency, safety, and ethics of the people it registers.		
Measure	Required evidence	FAQs
10.1 Applicants meet all College requirements before they are able to practice	a. Processes are in place to ensure that only those who meet the registration requirements receive a certificate to practice (e.g., how it operationalizes the registration of members, including the review and validation of submitted documentation to detect fraudulent documents, confirmation of information from supervisors, etc.). ¹	<p>Q66. Can the ministry clarify how Colleges should align this measure with the fact that some registration requirements are exemptible and that applicants may be able to practice with limitations before meeting all of the requirements (e.g., currency, language)?</p> <p>The identified evidence speaks to the processes a College has in place to ensure that applicants meet requirements for issuance of a certificate of registration (e.g., how it operationalizes the registration of members, including the review and validation of submitted documentation, confirmation of information from supervisors, etc.).</p> <p>The required evidence is intended to ensure that every applicant meets the relevant requirements to practice under a class of certificate of registration to the full scope of the certificate. This measure is intended to demonstrate how a College ensures an applicant meets every registration requirement set out in its registration regulation prior to engaging in the full scope of practice allowed under any certificate of registration, including whether an applicant is eligible to be granted an exemption from a particular requirement.</p>
	b. The College periodically reviews its criteria and processes for determining whether an applicant meets its registration requirements, against best practices. (e.g. how does a College determine language proficiency)	<p>Q67. Review of registration requirements is an ongoing process. Can the ministry clarify if this applies to reviews conducted by staff, the Registration Committee or Council?</p> <p>This evidence applies to reviews conducted by staff, potentially in collaboration with the Registration Committee, and each College can determine its individual processes for reviewing and approving changes to registration requirements (i.e. if review/approval is required by its Registration Committee and/or Council). These criteria focus on how a College assesses whether an applicant meets the registration requirements, as opposed to a review of the registration requirements themselves (e.g., how does a College determine language proficiency).</p>

¹ The required evidence is intended to ensure that every applicant meets the relevant requirements to practice under a class of certificate of registration to the full scope of the certificate. This measure is intended to demonstrate how a College ensures an applicant meets every registration requirement set out in its registration regulation prior to engaging in the full scope of practice allowed under any certificate of registration, including whether an applicant is eligible to be granted an exemption from a particular requirement.

10.2 Registrants continuously demonstrate they are competent and practice safely and ethically.	a. Checks are carried out to ensure that currency ² and other ongoing requirements are continually met (e.g., good character, etc.).	Q68. Can the ministry confirm if the CPMF is intended to require Colleges’ to verify continuously that registrants are practising ‘ethically’? It has not been part of the Quality Improvement and Quality Assurance standard processes although it may arise intermittently in investigations. This evidence asks Colleges to identify whether they maintain currency requirements (such as when registrants renew their certificate of registration, or at any other time), and how the College determines that currency requirements are met. The measure focuses on registration processes and does not include review of a registrant’s knowledge, skill and judgement as part of the Quality Assurance Program. This could include, for example, whether the College requires registrants to self-report any charges.
		Q69. Will there be a definition for what qualifies as a “check”? Colleges are in the best position to define their processes and procedures in response to requested evidence, including how currency and other ongoing registration requirements are met.
10.3 Registration practices are transparent, objective, impartial, and fair	a. The College addressed all recommendations, actions for improvement and next steps from its most recent Audit by the Office of the Fairness Commissioner (OFC).	Q70. Does this include suggestions for improvement/recommendations outside of the Action Plan? This would include any recommendations from the OFC.
Standard 11 The College ensures the continued competence of all active registrants through its Quality Assurance processes. This includes an assessment of their competency, professionalism, ethical practice, and quality of care.		
Measure	Required evidence	FAQs
11.1 The College supports registrants in applying the (new/revised) standards of practice and practice	a. Provide examples of how the College assists registrants in implementing required	Q71. Can the ministry provide additional rationale for this evidence? What happens if the College reports that it does not fulfil this measure? While individual registrants are responsible for informing and educating themselves about guidance and expectations of the regulator, this measure speaks to activities an excellent regulator undertakes with respect to the dissemination of information

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

guidelines applicable to their practice	changes to standards of practice or practice guidelines (beyond communicating the existence of new standard, FAQs, or supporting documents).	<p>necessary to support successful implementation of new or updated standards of practice and/or practice guidelines to ensure safe, competent care by registrants. This could include the practice advisory services some Colleges offer, or newsletters, webinars, FAQs, and townhalls regarding new expectations that will assist registrants in understanding how to implement the new expectations in practice.</p> <p>The ministry recognizes that Colleges may not meet, or collect the data to demonstrate that they meet, one or more of the standards at this time. Colleges are encouraged to provide context to help the public understand where they do not meet, or partially meet a standard. Should a College have no planned improvement actions or activities underway to meet a required standard, it is encouraged to indicate this in the “Additional comments for clarification” section of the CPMF Reporting Tool.</p>
		<p>Q72. Would the ministry accept system collaboration with other organizations such as professional associations, emails to the profession and posting to the College’s website as adequate demonstration of uptake?</p> <p>Colleges are in the best position to determine the processes and procedures that would enable the College to respond to changes in public expectations and practice environments in a timely and effective manner. The reported results will help to lay a foundation upon which expectations and benchmarks for regulatory excellence can be refined and improved and may stimulate discussions about regulatory excellence and performance improvement.</p>
		<p>Q73. Can the ministry provide guidance on how Colleges can report statistical QA information while avoiding getting into small numbers and identifiability issues, given statutory confidentiality obligations?</p> <p>The intent of this standard is to report information about Quality Assurance in an aggregate manner. The measures and evidence under this standard are qualitative and ask the College to provide information about its processes and procedures and does not require the College to provide granular statistics.</p> <p>Statistical data reported under related context measures are quantitative in nature.</p> <p>The development of these context measures has been undertaken with the advice of a sub-working group made up of regulatory College staff who considered this issue among others. As result, where there is a risk that results may include personal identifiable information due to low numbers, the Technical Specifications document stipulates that where the response to a particular context measure is less than ‘5’ the College will report NR (Non-reportable) which indicated that results are not shown due to < 5 cases.</p>

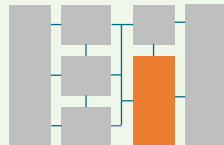
Standard 12		
The complaints process is accessible and supportive.		
Measure	Required evidence	FAQs
12.1 The College enables and supports anyone who raises a concern about a registrant	a. The different stages of the complaints process and all relevant supports available to complainants are clearly communicated and set out on the College’s website and are communicated directly to complainants who are engaged in the complaints process, including what a complainant can expect at each stage and the supports available to them (e.g. funding for sexual abuse therapy).	<p>Q74. Is funding for sexual abuse the right example to highlight in the evidence given that access to funding is independent of the complaints process?</p> <p>The intent of this measure is that all supports that are available to a complainant during the complaints process, or related to the complaints process, are provided and communicated to the complainant to ensure he/she is not required to contact multiple areas of the College to access relevant information. This includes providing information on the access to sexual abuse funding should the individual complaint specifically deal with sexual abuse.</p>
	b. The College responds to 90% of inquiries from the public within 5 business days, with follow-up timelines as necessary.	<p>Q75. What is the rationale for the 5-business day response time frame?</p> <p>The development of measure 15, evidence b, which establishes a five-day response time for inquiries as part of demonstrating that the College’s complaints process is accessible and supportive, was undertaken with the advice of a sub-working group made up of College staff from various Colleges. The sub-working group discussed a time period from two to five days and determined that five days would be a reasonable expectation for a College to initially respond to individuals seeking information about the complaints process.</p>
		<p>Q76. Measure 15 speaks to enabling and supporting anyone who raises a concern about a registrant. The Technical Specifications document explicitly excludes registrants or employers, however, Colleges receive a number of inquiries from other registrants, other health care providers and employers. Has the ministry considered amending the definition of public to include any individual who contacts the College about the complaints process and clarify it excludes all other enquiries made of the College?</p> <p>This measure falls under Standard 12 “the complaints process is assessible and supportive”. As such this measure would not capture inquiries that do not relate to complaints (e.g., regarding an upcoming Council meeting date, etc.). Within the context of this</p>

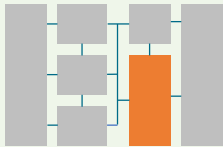
		<p>evidence, an inquiry is defined as the time when an individual, who is from the public, seeks information from the College about the complaints process. This would not include responding to inquiries about a complaint that has been filed with the College.</p> <p>In light of feedback received during the soft launch respecting the exclusion of registrants and employers in the methodology for calculating this evidence under the Technical Specifications document, the ministry made changes to include registrants and employers under the definition of public and provided additional clarity in the exclusions set out in the Technical Specifications document.</p>
		<p>Q77. The College notes that inquiries include not only calls, letters and emails but also social media interactions and as a result, we suspect that many Colleges, including ours, will not be able to provide this data retrospectively and will need to develop new ways to track and report on it.</p> <p>The ministry recognizes that Colleges may not meet, or collect the data to demonstrate that they meet, one or more of the standards at this time. That is why a key component of the CPMF is the identification of planned improvement actions.</p> <p>Colleges are encouraged to provide context to help the public understand where they do not meet, or partially meet a standard. Where a College is unable to satisfy one or more standards, or where a College responds that it meets a required standard but, in the spirit of continuous improvement, plans to improve its activities or processes related to the respective measure under a standard, Colleges are encouraged to highlight improvement plans or activities underway. For example, going forward, the College may seek to monitor social media interactions or other interactions which it previously did not, as part of its improvement plan.</p>
		<p>Q78. Colleges receive a number of inquiries from the public, registrants, and employers on a variety of topics, including but not limited to the standards of practice, the Council, committees, COVID-19 and many more. Has the ministry considered expanding this measure beyond merely complaints?</p> <p>Measuring Colleges’ responses to inquiries more broadly was discussed at the CPMFWG Group and with subject matter experts, however, it was determined to narrow this evidence to demonstrating that the College’s complaints process is accessible and supportive at this time.</p> <p>Apart from the discussions this information may stimulate about regulatory excellence and performance improvement, the results of the first iteration will help to identify and inform potential areas where expectations and benchmarks can be refined and improved upon in the future.</p> <p>Prior to starting the second CPMF reporting cycle in October 2021, the ministry together with the Colleges, the public and experts will evaluate and refine the CPMF based on the results of and feedback received during the first reporting iteration.</p>

Standard 13		
All complaints, reports, and investigations are prioritized based on public risk, and conducted in a timely manner with necessary actions to protect the public.		
Measure	Required evidence	FAQs
13.1 The College addresses complaints in a right touch manner	a. The College has accessible, up-to-date, documented guidance setting out the framework for assessing risk and acting on complaints, including the prioritization of investigations, complaints, and reports (e.g. risk matrix, decision matrix/tree, triage protocol).	<p>Q79. Is there a requirement for the College to have this posted on the website? Or can a College provide these internal documents as evidence of compliance with this measure?</p> <p>The ministry notes that the CPMF Reporting Tool seeks a link to, or a description of, the applicable policies and processes. However, as is the case with other evidence, Colleges are welcome to provide any and all evidence and documentation it feels addresses this measure.</p> <p>Colleges are asked to demonstrate the processes that are in place to meet each measure. Although Colleges are encouraged to be as transparent as possible, each College is in the best position to determine what documents it makes publicly available. If documents are not publicly available, the College may provide a description of its processes and/or procedures in the CPMF Reporting Tool that all Colleges are asked to post on their website.</p>
Standard 14		
The College complaints process is coordinated and integrated		
Measure	Required evidence	College response
14.1 The College demonstrates that it shares concerns about a registrant with other relevant regulators and external system partners (e.g. law enforcement, government, etc.)	a. The College’s policy outlining consistent criteria for disclosure and examples of the general circumstances and type of information that has been shared between the College and other relevant system partners, within the legal framework, about concerns with individuals and any results.	<p>Q80. Would a College’s Privacy Code and Transparency Initiatives page of the website satisfy the required evidence (in terms of how the College shares information with other regulators and government)?</p> <p>Colleges are in the best position to determine whether their processes and procedures respond to the requested evidence. This measure focuses on whether the College has consistent criteria outlining how it determines what information it can share, when it can be shared and with whom it can be shared. The evidence also requests that Colleges identify examples of scenarios when these criteria has been applied to share information with relevant system partners (i.e., general examples, not specific information that would identify a particular individual).</p>

DOMAIN 7: MEASUREMENT, REPORTING, AND IMPROVEMENT	
Standard 15 The College monitors, reports on, and improves its performance.	
No feedback received.	

PART 3: CPMF TECHNICAL SPECIFICATIONS DOCUMENT FAQs

DOMAIN 6: SUITABILITY TO PRACTICE		
Standard 11		
The College ensures the continued competence of all active registrants through its Quality Assurance processes. This includes an assessment of their competency, professionalism, ethical practice, and quality of care.		
Context Measure 1: Type and distribution of QA/QI activities and assessments used in CY 2020		
Context Measure 2: Total number of registrants who participated in the QA Program CY 2020		
<p>Q81. The College’s QA program requires all registrants to complete annual requirements in the form of a continuing education (CE) and a professional portfolio. Each year, the QA Committee audits a percentage of registrants to ensure completion of the requirements. Starting December 31, 2020, in addition to auditing registrants, all registrants will be required to upload their CE and portfolio to the online registrant portal as part of the annual registration renewal process. The College is seeking clarification on whether the ministry is requesting information on the total number of registrants who participated in the QA program or the total number of registrants audited?</p> <p>Context measure #1 will allow the College to identify the number of registrants who underwent each type of QA/QI activity and assessment used in CY 2020.</p> <p>Context measure #2 requests that Colleges report the total number of registrants that underwent at least one activity or assessment as part of the QA Program within the reporting period. The Technical Specifications document provides additional details of how to calculate context measure #2.</p> <p>The CPMF Reporting tool provides the opportunity for Colleges to provide additional comments and clarification on each piece of evidence requested. Colleges are encouraged to provide context to help the public and ministry understand where the College feels it would be beneficial to understanding the College’s processes and procedures</p>		

DOMAIN 6: SUITABILITY TO PRACTICE	
Standard 13	
All complaints, reports, and investigations are prioritized based on public risk, and conducted in a timely manner with necessary actions to protect the public.	
	
Context Measure 5: Distribution of formal complaints and Registrar’s Investigations by theme in CY 2020	
Q82. How are complaints or reports that deal with multiple areas of concern / themes categorized? If a College reports multiple themes, how is the impression that there are more complaints or investigations than is the case mitigated for the public?	
<p>Where there are multiple themes for a single complaint or report, each theme related to the complaint or report should be included in the count. The requested statistical information (number and distribution by theme) recognizes that formal complaints and Registrar’s Investigations may include allegations that fall under multiple themes, therefore, when added together the numbers set out per theme may not equal the total number of formal complaints or Registrar’s Investigations. This is noted in the CPMF Reporting Tool so that the public and the ministry understand the context for reporting this information.</p>	
Q83. There appear to be overlapping options for categories. For example, Professional Conduct and Behaviour, which includes failure to maintain the standards of practice of the profession, can encompass many of the other categories (e.g., Billing and Fees, Communication) and some concepts, such as failing to meet standards, may be captured under different themes. How should this be approached in reporting?	
<p>While the development of this context measure has been undertaken with the advice of a sub-working group made up of College staff to define distinct themes, the ministry is aware that individual Colleges may interpret the definitions of each theme differently.</p> <p>Colleges are in the best position to define their processes and procedures in response to requested evidence, including determining under which theme a complaint or specific allegation made as part of a complaint would best fit. The context under each theme should be considered when coding each complaint.</p> <p>The Technical Specification document attempts to provide examples for each theme to support consistent reporting and to assist Colleges in identifying the most appropriate theme for each allegation within a complaint. Where one of the allegations within a complaint could be categorized under multiple themes, Colleges are asked to report the theme they deem most appropriate.</p> <p>In the example identified, if an allegation against a registrant relates to charging a fee that does not align with the regulator’s guidance, the College may determine it makes more sense to capture it under “Billing and Fees”, which specifically references this activity, rather than Professional Conduct and Behaviour.</p>	
Q84. Often, the College may identify a theme differently than the complainant. How should the College report the theme where there is a difference between how the complainant identified the issue versus how the College or ICRC identified it (e.g. the patient complains that the registrant failed to maintain standards, but on review it appears that the issue was really related to communication)?	
<p>Colleges are encouraged to report the theme they identify as the most appropriate. Colleges are in the best position to define their processes and procedures in response to requested evidence, including determining under which theme a complaint would best fit.</p>	

<p>Q85. The CPMF Reporting Tool suggests that Colleges indicate a “NR, non-reportable” result instead of a metric when there are fewer than 5 cases to report. Does this instruction apply to the number or percentage columns or both? Smaller Colleges with a low volume of complaint matters may end up reporting a fair number of NRs. Would reporting a number of NRs raise a concern on the part of the ministry?</p> <p>The development of these context measures has been undertaken with the advice of a sub-working group made up staff from various Colleges, who considered this issue among others. The ministry is aware that this may be the case for smaller colleges with lower numbers of cases.</p> <p>Where there is a risk that a context measure result may include personally identifiable information due to low numbers, the CPMF Reporting Tool has been updated to clarify that results of < 5 cases should be reported as “NR” (Non-Reportable) for both the number and percentage columns.</p> <p>Context measures provide statistical data that will provide helpful context about a College’s performance related to the standards. The context measures are themselves non-directional, which means no conclusions can be drawn from the results in terms of whether they are ‘good’ or ‘bad’ without having a more in-depth understanding of what specifically drives those results.</p>
<p>Q86. The definition of Registrar’s Investigation throughout this document is limited to 75a investigations, however the Technical Specifications document also includes 75b and c investigations in some of the performance measures. Can you provide clarity regarding which of the documents represents the correct measure?</p> <p>The Technical Specifications document outlines inclusions and exclusions for each of the context measures. In some circumstances a ‘s.75a’ would be included, and a ‘s.75b and/or c’ would be excluded (e.g., context measure 6), in others both a ‘s.75 a and b’ would be included (e.g., context measure 8).</p>
<p>Context Measure 6: Total number of formal complaints that were brought forward to the ICRC in CY 2020</p>
<p>Q87. The Technical Specifications document indicates that this includes “complaints where an appointment of an investigator has been made under 75(1)(c) but not matters where the ICRC or Registrar approved the appointment of an investigator after reviewing a report. Should the College include matters that only came to the ICRC for the purpose of requesting the appointment of a 75(1)(c) investigator (i.e. It has not yet come back before a panel to review the results of the investigation)?</p> <p>The Technical Specifications document outlines specific inclusions and exclusions for each of the context measures. The intent of Context Measure #6 is to report on all formal complaints (i.e. s.75(1)(c)) that were brought forward for review by a Panel of the ICRC in CY 2020.</p> <p>Context measure #7 specifically reports on all Registrar’s Investigations (i.e. resulting from a report) to the ICRC in CY 2020.</p>
<p>Context Measure 9: Of the formal complaints received in CY 2020:</p> <ul style="list-style-type: none">I. Formal complaints that proceeded to Alternative Dispute Resolution (ADR)II. Formal complaints that were resolved through ADRIII. Formal complaints that were disposed of by ICRCIV. Formal complaints that proceeded to ICRC and are still pendingV. Formal complaints withdrawn by Registrar at the request of a complainantVI. Formal complaints that are disposed of by the ICRC as frivolous and vexatiousVII. Formal complaints and Registrars Investigations that are disposed of by the ICRC as a referral to the Discipline Committee

<p>Q88. Should the definition of ADR be the Code definition: “alternative dispute resolution process” means mediation, conciliation, negotiation, or any other means of facilitating the resolution of issues in dispute?</p> <p>The final Technical Specifications document has been updated to reflect this change.</p>
<p>Q89. CM9 (III), asks that Colleges report formal complaints that were disposed of by the ICRC. The Technical Specifications document clarifies that this refers to complaint matters that were “disposed of through a decision by the ICRC panel”. Does this include decisions to refer the matter to discipline? We note this appears to be separately captured under CM9 (VII) but doesn’t appear to be expressly excluded for CM9 (III).</p> <p>Context measure #9 (iii) captures any decision made by a Panel of the ICRC, including a decision to refer allegations to the Discipline Committee (apart from those outlined under the exclusions set out in the Technical Specifications document).</p> <p>Context measure #9 (vii) requests that Colleges report specifically on the number of complaints matters that were disposed of though the referral of allegations to the Discipline Committee</p>
<p>Context Measure 10: Total number of ICRC decisions in 2020 / Distribution of ICRC decisions by theme in 2020</p>
<p>Q90. Often there are ICRC decisions that identify a number of themes in one decision (i.e. a registrant with professionalism and record keeping issues), which may convey an impression that there are more decisions than is the case. How do we identify that a single ICRC decision has a number of themes and avoid confusion to the public?</p> <p>Where there are multiple themes for a single complaint or report, each theme related to the complaint or report should be included in the count. The requested statistical information (number and distribution by theme) recognizes that formal complaints and registrar’s investigations may include allegations that fall under multiple themes, therefore when added together the numbers set out per theme may not equal the total number of formal complaints or registrar’s investigations. This ministry has included a footnote in the CPMF Reporting Tool provide this clarity so that the public and the ministry understand the context for the Colleges’ reported information.</p>
<p>Context Measure 11: 90th Percentile disposal of:</p> <p>I. A formal complaint in working days in CY 2020</p> <p>II. A Registrar’s investigation in working days in CY 2020</p>
<p>Q91. Colleges may use different definitions for when complaints are disposed of. Can the ministry provide some guidance to Colleges as to when the complaints process ends for the purpose of the CPMF?</p> <p>Regarding Context Measure #11, related to disposal of an ICRC matter, the ministry has updated the definition of “disposed of” in the Technical Specifications document:</p> <p>Disposal:</p> <ul style="list-style-type: none">• Complaint: The day upon which a decision was provided to the registrant and complainant by the College.• Registrar’s investigation: Day where the Registrar has reported the results of his/her investigation to either the ICRC. <p>The intent is that a complaint is disposed of when the decision was sent out to the complainant(s) and registrant. For additional clarity, the ministry has also included the above language in a footnote in the CPMF Reporting Tool.</p>

<p>Q92. If a College does not currently count working days is it acceptable to track days in the format that our IT system permits?</p> <p>The ministry recognizes that Colleges may not be able to capture and report information for the context measures in accordance with the methodology laid out in the Technical Specifications document for the initial reporting cycle. Where necessary, Colleges may report the context measures according to methodology currently used by the College.</p> <p>Where a College chooses to report a context measure using methodology other than outlined in the Technical Specifications document, the ministry asks the College to provide the methodology to the ministry so that it can understand how the information was calculated.</p>
<p>Context Measure 12: 90th Percentile disposal of:</p> <p>I. An uncontested discipline hearing in working days in CY 2020</p> <p>II. A contested discipline hearing in working days in CY 2020</p>
<p>Q93. For uncontested matters, would this be the date of the hearing (when the decision is made the same day), or the date the reasons are released? Additionally, for contested matters, are we to count the liability decision or penalty decision? If the latter, the numbers will increase by a lot in some cases.</p> <p>The term ‘disposal’ of a complaint is defined in the Technical Specifications document as the “day where a decision was provided to the registrant and complainant by the College”. The intent would be when all decisions related to a discipline matter are completed. The College is encouraged to provide additional context in the “Additional comments” section regarding the timing and disposal of different components of a discipline decision.</p>
<p>Q94. The definition of Uncontested Discipline Hearings in the Technical Specifications document may require clarification. Sometimes the respondent does not contest the facts and sometimes they agree to them. Also, in some cases there may not be a joint penalty submission, but rather a penalty that the registrant does not contest. It may be more accurate to say “In an uncontested hearing, the College reads a statement of facts into the record which is either agreed to or uncontested by the Respondent. Subsequently, the College and the Respondent may make a joint submission on penalty and costs or the College may make submissions which are uncontested by the Respondent.”</p> <p>The definition of “uncontested” has been updated in the Technical Specifications Document.</p>
<p>Context Measure 13: Distribution of Discipline finding by type</p>
<p>Q95. Often there are discipline decisions that identify a number of findings in one matter (i.e., a registrant with a finding of falsifying records, incompetence and conduct unbecoming), which may convey an impression that there are more matters/registrants receiving discipline findings than is the case. How do we identify that a single registrant has a number of findings and avoid confusion to the public?</p> <p>The CPMF Reporting Tool clarifies this information through a footnote that highlights that the requested statistical data recognizes that an individual discipline case may include multiple findings identified in context measure 13, therefore when added together the numbers set out for findings and orders may not be equal and may not equal the total number of discipline cases.</p>

Context Measure 14: Distribution of Discipline orders by type
<p>Q96. Can the ministry clarify why undertaking and reprimand are grouped together? In addition, as this is limited to discipline orders, there appears to be no provision for measuring allegations referred to discipline that are withdrawn before a hearing is completed. In those cases, there will be no order.</p> <p>The ministry worked with a sub-working group comprised of representatives from various Colleges to identify common discipline orders. The ministry notes that College Annual Reports, such as the College of Physicians and Surgeons of Ontario’s 2019 Annual Report, includes the order type “Reprimand and An Undertaking to resign and not reapply”. The ministry included the order type “Reprimand and An Undertaking” generally and did not qualify what the undertaking must specify in recognition that different Colleges may use undertaking for different purposes (e.g. limitations on practice, resignation, etc.).</p> <p>Where an allegation is withdrawn before the hearing is completed it is not required to be included in the count.</p>

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

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BRIEFING NOTE

To: **Council**

From: **Chief Examiner Selection Committee**

Date: **December 11, 2020**

Subject: **Appointment of Chief Examiner**

At its June 19, 2020 meeting, Council adopted a motion to approve the creation of a Selection Committee to interview and recommend a final candidate for appointment to serve as a permanent Chief Examiner for a three-year term ending Winter 2023. Council also approved two documents that outlines the Chief Examiner's roles and responsibilities and the selection process the Selection Committee will undertake to recruit a suitable candidate.

A Selection Committee was created and composed of the following members:

- Current Chair of the Qualifying Examination Committee – Michael Vout Jr.
- Public Member of the Qualifying Examination Committee – Gord White
- Senior Qualifying Examination Assessor – Sultana Hashimi
- Public Member of Council – Kris Bailey
- Professional Member of Council – Norbert Geiger

The Committee met on three occasions by teleconference to formalize the application process, discuss interview format, and finalize an interview scoring matrix to assist with the scoring of candidate's performance during the interviews.

The Committee received four applications in total and granted three interviews. The interviews were conducted over a two-day period in early November using online webinar software. After a final deliberation, the Committee recommended that Mr. Robert Velensky serve as the permanent Chief Examiner. The Committee also recommended the creation of a deputy Chief Examiner position for risk management and succession planning purposes. This second recommendation will be reviewed by the Qualifying Examination Committee.

The Committee thanks Council for the opportunity to participate in the recruitment of a permanent Chief Examiner and would also like to thank all the applicants for their participation and commitment throughout the selection process.



BRIEFING NOTE

To: **Council**

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

Date: **December 11, 2020**

Subject: **Appointment of Temporary Vice-Chair of ICRC**

Each June, Council appoints Committee members and Chairs of those Committees. Barb Smith currently serves as Chair of the ICRC, likely one of the most time consuming Committee positions. Barb is retiring from this work at the end of her term in June 2021 which will create the need for a new Chair. Barb has suggested that a temporary Vice-Chair of the current Committee be appointed who could then stand for appointment to the role of Chair come June 2021. The By-laws are silent on the appointment of (temporary) Vice-Chairs of Committees and there has never been such a position in recent history. Appointment of a temporary Vice-Chair as part of a succession plan for the role of the ICRC makes good sense.

Lileath Claire who is currently a member of the ICRC, has expressed interest in being appointed Vice-Chair of the ICRC.

Council is being asked to consider this matter and decide whether it is willing to appoint Lileath Claire as temporary Vice-Chair of the ICRC.



BRIEFING NOTE

To: **Council**

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

Date: **December 11, 2020**

Subject: **"Standards"**

Quality Assurance – Panel B has been working through reviewing and revising the Standards of Practice since 2015. As part of the document revision project, existing standards are under review.

There is a document entitled "Standards" that describes "professional technical skills" and provides guidelines for the following procedures:

- complete dentures;
- partial dentures;
- relines/rebases and repairs;
- immediate dentures;
- implant supported dentures;
- low level laser therapy; and
- oral screening.

It seems that the document was revised in 2014. In November 2019, staff met with the Inquiries, Complaints and Reports Committee to inquire about their use of this document in the context of the ICRC's deliberations. ICRC confirmed that they do not use this document for any purpose. The ICRC recommended that the document be retired as there is overlap between existing Standards, Guides, and the national competency profile. The information in this document is outdated and may not represent current best practices or the professional practice environment. It is the members of the profession who participate in the work of the College committees that provide the expertise and information on current best practices.

On October 28, 2020, Panel B of the Quality Assurance Committee met to consider the "Standards" document and the recommendation to retire the standard. Upon consideration, Panel B approved a motion to recommend to Council to retire the "Standards" document.

Options:

1. Retire the "Standards" document.
2. Request amendments to the "Standards" document by Panel B of the Quality Assurance Committee for future review.
3. Other

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3.1 PROFESSIONAL TECHNICAL SKILLS

3.1.1 COMPLETE DENTURES

Fitting and dispensing of this type of prosthesis is a controlled act, under the RHPA.

Purpose of the Standard

The following standard of practice is intended to assist a member in maintaining a minimum standard of technical skills that must be met during the fabrication of complete dentures.

Standard of Practice

Procedures conducted in the fabrication of complete dentures must meet the minimum standards detailed in Appendix A for 3.1.1 as they relate to:

- Treatment planning
- Impression techniques
- Bite registration – centric, protrusive and vertical dimension
- Try-in – with considerations of esthetic, function and speech
- Insertion and post insertion instructions

Summary and Conclusion

Proper fabrication of complete dentures will reduce:

- Patient embarrassment
- Patient discomfort
- Premature deterioration of underlying structures.

APPENDIX A for 3.1.1 – COMPLETE DENTURES**PATIENT HISTORY AND TREATMENT PLAN**

The following factors are critical requirements:

1. Complete medical history and obtain patient signature.
2. Dental history.
3. Patient examination must include:
 - a. tissue condition
 - b. residual ridge status
 - c. ridge relation
 - d. general oral health

IMPRESSIONS

Utilizing the material of choice, the final impression must meet the following criteria:

1. Accurately capture in detail landmarks including:
 - a. tuberosities
 - b. hamular notches
 - c. fovea palatine
 - d. incisal & labial frenums
 - e. entire muco-buccal fold
 - f. retro-mylohyoid area
 - g. lingual fold
 - h. retro-molar pads
2. The entire surface is free of surface imperfections.
3. There is no evidence of tray or compound impingement on tissue.
4. Impression material is uniform thickness and secure on trays.

CENTRIC AND PROTRUSIVE RELATIONS ESTABLISHED

Centric records shall have the following characteristics:

1. Accurately record a repeatable centric occlusion relationship.
2. Permit predetermined freeway length.
3. Reflect ultimate incisal tooth length.
4. Trimmed to reproduce a desired plane of occlusion.
5. Total occlusal contact maxillary and mandibular rims.

Protrusive records shall:

1. Permit a minimum of 3 mm protrusive extension.
2. Be a minimum of 12 mm in length.
3. Be capable of being accurately relocated on occlusion rims.
4. Demonstrate through marking on rims that no lateral shift has occurred.

Note: Recognized alternative techniques that can be demonstrated to achieve comparable results may be employed.

DENTURE TRY-IN

The try-in must verify the following:

1. Esthetics is acceptable to patient and practitioner.
2. Correct plane of occlusion has been retained.
3. Tooth contact in centric and eccentric is verified.
4. Patient's phonetics is not impaired.
5. Check vertical dimension.
6. Predetermined freeway space is evident.

DELIVERY OF DENTURES (INSERTION)

The following critical requirements shall be met:

1. Esthetic requirements are met.
2. Predetermined occlusal vertical dimension is maintained.
3. Predetermined freeway space is evident.
4. Centric occlusion demonstrates repeatable maximum intercuspation of maxillary and mandibular teeth.
5. All eccentric relations demonstrate bilateral balance occlusion.
6. Denture is retentive.
7. Patient has relative phonetic freedom.

The member/practitioner shall provide the patient with a detailed home care and post insertion instructions.

3.1.2 *PARTIAL DENTURES*

Fitting and dispensing of this type of prosthesis is a controlled act, under the *RHPA*.

Purpose of the Standard

The following standard of practice is intended to assist a member in maintaining a minimum standard of technical skills that must be met during the fabrication of removable partial dentures.

Standard of Practice

Procedures conducted in the fabrication of removable partial dentures must meet the minimum standards detailed in Appendix B for 3.1.2 as they relate to:

- Treatment planning
- Appliance planning and design
- Prescriptions
- Insertion and post insertion instructions

Summary and Conclusion

Proper fabrication of removable partial dentures will reduce:

- Patient embarrassment
- Patient discomfort
- Premature deterioration of underlying structures and remaining natural dentition.

APPENDIX B for 3.1.2 – PARTIAL DENTURES

PATIENT HISTORY AND TREATMENT PLAN

The following factors are critical requirements:

1. Complete medical history and obtain patient signature. Patient refusal should be noted and verified by a third party.
2. Dental history.
3. Patient examination must include:
 - a. tissue condition
 - b. residual ridge status
 - c. ridge relation
 - d. general oral health
 - e. status of remaining natural dentition (may require consultation)

PLANNING AND DESIGN

Comprehensive planning and design of Removable Partial Dentures should include the following:

1. Tripoding.
2. Surveying.
3. Rational for selecting the type and design of partial

PRESCRIPTION

Prescriptions should be completed neatly and detailed as to reflect positively on the profession.

They should include:

- a. major connector
- b. minor connectors
- c. support
- d. retention
- e. reciprocation
- f. method of tooth retention
- g. preferred finish

DELIVERY OF DENTURES (INSERTION)

The following critical requirements shall be met:

1. Prior to delivery of the prosthesis, the practitioner shall confirm that the appliance conforms to the prescribed design as to ensure the integrity of remaining natural dentition.
2. Esthetic requirements are met.
3. Centric occlusion is established.
4. Denture is retentive.
5. Patient has relative phonetic freedom.

The member/practitioner shall provide the patient with a detailed home care and post insertion instructions.

3.1.3 *RELINE / REBASE AND REPAIRS*

Fitting and dispensing of this type of prosthesis is a controlled act, under the *RHPA*.

Purpose of the Standard

The following standard of practice is intended to assist a member in maintaining a minimum standard of technical skills that must be met during the following procedures:

- Relining of complete and partial dentures
- Rebasing of complete and partial dentures
- Repairing of complete and partial dentures

Standard of Practice

Procedures conducted under this section must meet the minimum standards detailed in Appendix A for 3.1.1 and Appendix B for 3.1.2 as they relate to delivery of dentures.

Summary and Conclusion

Proper relining, rebasing and/or repairing of dental prosthesis will reduce:

- Patient embarrassment
- Patient discomfort
- Premature deterioration of underlying structures and remaining natural dentition.

3.1.4 IMMEDIATE DENTURES

Fitting and dispensing of this type of prosthesis is a controlled act, under the *RHPA*.

Purpose of the Standard

The following standard of practice is intended to assist a member in maintaining a minimum standard of technical skills that must be met during the fabrication of immediate dentures.

Standard of Practice

Procedures conducted under this section must meet the minimum standards detailed in Appendix A for 3.1.1; and

- In addition, refer to 2.2.1 Referral Procedures
- Disclosure of additional fees for subsequent treatment

Summary and Conclusion

The risks associated with providing immediate dentures present unique consequences in addition to potential patient discomfort, premature deterioration of underlying structures and remaining natural dentition.

The patient's expectations are often greater than initially communicated. Pre-treatment documentation should provide the patient with detailed prognosis and post-insertion requirements.

3.1.5 IMPLANT SUPPORTED DENTURES

Fitting and dispensing of this type of prosthesis is a controlled act, under the *RHPA*.

Purpose of the Standard

The following standard of practice is intended to assist a member in maintaining a minimum standard of technical skills that must be met during the fabrication of implant supported dentures.

Standard of Practice

Procedures conducted in the fabrication of implant supported dentures must meet the minimum standards detailed in Appendix C for 3.1.5.

Summary and Conclusion

Proper fabrication of implant supported dentures will reduce:

- Patient embarrassment
- Patient discomfort
- Premature deterioration of underlying structures

APPENDIX C for 3.1.5 – IMPLANT SUPPORTED DENTURES

IMPLANT GUIDELINES

Implant services can be defined as the fabricating, repairing and maintaining of implant retained and supported prostheses.

To provide implant prostheses the Denturist works in a co-operative effort with an Implant Team - appropriate dental practitioner(s).

The Denturist should have adequate knowledge of the principles of the osteo-integrating process and appropriate knowledge of the prosthetic phases of treatment in order that the standards of practice and professional responsibility are maintained.

The Implant Team may consist of members of the following Colleges:

- College of Denturists of Ontario
- Royal College of Dental Surgeons of Ontario
- College of Dental Technologists of Ontario

REMOVABLE PROSTHESES

1. The Denturist (as a member of the Implant Team) would perform all the prosthetic procedures required for the construction of the implant prosthesis in accordance with all appropriate and reasonable protocols. All treatments and services will be recorded in the patient's file record.

The following **ARE NOT** performed by Denturists:

- a. implant placement;
- b. implant exposure;
- c. soft tissue modification or adjustment;
- d. placing or changing temporary or final transmucosal abutments;
- e. performing prophylaxis or scaling of implant abutments;
- f. taking of radiographs of implants;
- g. providing regular maintenance to the implant and transmucosal abutment.

EDUCATIONAL REQUIREMENTS

1. Prior to performing any implant procedures, Denturists involved in implant prostheses fabrication should take a comprehensive course(s) which is (are) recognized by the College of Denturists of Ontario, which is (are);
 - a. conducted by persons who have had formal training and experience performing implant services and procedures;
 - b. one that has a participation component (hands on);
 - c. one that teaches methods that has been shown to be successful as a result of investigative basic science and by long term scientific studies;
 - d. one whose duration is equivalent to not less than one full day of instruction for each of the surgical prosthodontics and laboratory phases; each phase should have didactic and clinical teaching.
2. It is recommended that Denturists complete a recognized Radiographic Pattern Recognition Course.

PROFESSIONAL RECORDS – RESPONSIBILITIES

Denturist records should include:

1. Names of the members on the implant team.
2. Documentation that "informed consent" was received after an adequate written explanation of the treatment plan, prognosis and risks.
3. Copies of all related correspondence.
4. Prosthodontic notes which should include the prosthodontic procedures performed as well as:
 - implant manufacturer;
 - number and location, size and type;
 - size and type of abutment used;
 - type of prosthesis fabricated;
 - type of connection (screw or cement);
 - all components placed in the patient's mouth.

PROFESSIONAL RESPONSIBILITIES

The Denturist must recognize the need to refer the patient to the other dental health team members on the first signs of abnormalities or complications post-surgically.

It is the responsibility of the Dentist to use components, which have been approved by the Health Protection Branch of Health and Welfare Canada. Prosthetic components must be compatible with those accepted implants and approved techniques must be used to restore those implants.

N.B. Comprehensive training programs in the utilization of dental implants will serve to protect the public in Ontario as well as afford protection for the practitioner. Lack of adequate training may place a practitioner at risk in the courts if there are adverse results due to the treatment rendered. Denturists may also be subjected to a review by the College if unsatisfactory results or patient complaints are received.

3.1.6 *LOW LEVEL LASER THERAPY*

Purpose of the Standard

The following standard of practice is intended to assist a member in maintaining a minimum standard of technical skills that must be met during the application of Low Level Laser Therapy.

Standard of Practice

(RESERVED)

Summary and Conclusion

Lack of adequate training before undertaking this treatment technique may place the practitioner at risk in the courts.

This procedure is not a controlled act under the *RHPA* and is in the public domain at this date.

3.1.7 ORAL SCREENING DEVICES

Fitting and dispensing of this type of prosthesis is a controlled act, under the *RHPA*.

Purpose of the Standard

The following standard of practice is intended to assist a member in maintaining a minimum professional expectation during the application of Oral Screening Devices.¹

Standard of Practice

Denturists are not qualified to diagnose oral irregularities in natural tissue. Observance of oral abnormalities must be referred to an appropriate medical / dental professional for diagnosis.

The principle of informed consent means that clients undergoing an Oral Screening Examination must understand its purpose and should not receive a false sense of security as to their oral health.

Summary and Conclusion

Lack of adequate training before undertaking this screening technique or inappropriate communication with the client may result in regulatory or civil proceedings.

¹ College publications contain practice parameters and standards which should be considered by all Ontario denturists in the care of their patients and in the practice of the profession. College publications are developed in consultation with the profession and describe current professional expectations. It is important to note that these College publications may be used by the College or other bodies in determining whether appropriate standards of practice and professional responsibilities have been maintained.

APPENDIX E FOR 3.1.7 – ORAL SCREENING DEVICES

Oral Screening Device examinations are performed immediately following a regular visual and tactile examination. As an adjunct to these exams, Oral Screening Device examinations may detect abnormalities difficult to detect with the naked eye and, as such, contribute to the thoroughness of the screening process.

Denturists are not qualified to clinically diagnose oral abnormalities. The Denturist must recognize the need to refer the patient to other oral health team members on the first signs of abnormalities.

The Denturist should have adequate knowledge of oral screening devices using brush test, chemiluminescent light source and blue phenothiazine dye, and/or fluorescence visualization technology in order to maintain the standards of practice and professional responsibility.

As with all procedures, clients must give informed consent for Oral Screening Device examinations. Clients should understand that the primary purpose of the examination is to assess the suitability of the oral tissue for Denturist services. Clients should not leave with the impression that any part of the assessment, including the Oral Screening Examination, is a diagnosis of the oral health condition of the client. Denturists would be well advised to remind all clients that regardless of the results of the examination, that the client should see their dentist at least annually.

The oral health team to whom referrals of oral abnormalities may be appropriate may consist of members of the following Colleges:

College of Physicians and Surgeons of Ontario
Royal College of Dental Surgeons of Ontario

Treatment Plan – Oral Screening Device

Patient Name: _____

Estimated Cost: _____

Patient Consent:

I have been informed of my treatment options, including estimated costs and I understand what has been presented to me.

I accept the Oral Screening Device examination and give permission to _____, DD to provide me the services as a means primarily of assessing the suitability of the oral tissue for Denturists services and of screening for oral irregularities. I understand that Denturists are not qualified to diagnose oral irregularities in natural tissue. Observance of oral abnormalities must and will be referred to an appropriate medical/dental professional for diagnosis.

The oral health team to whom referrals of oral abnormalities may be appropriate may consist of members of the following Colleges:

College of Physicians and Surgeons of Ontario
Royal College of Dental Surgeons of Ontario

As an adjunct to the regular visual and tactile oral examination, Oral Screening Device examinations may detect abnormalities difficult to detect with the naked eye and, as such, contribute to the thoroughness of the screening process. The Oral Screening Device Examination is an observation of the oral health conditional of the client, and regardless of the results of the examination, the client should see their dentist at least annually.

Patient Signature: _____ Date: _____

Denturists Signature: _____ Date: _____

Comments:
