



103rd Council Meeting

Friday, March 26, 2021 – 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

Item	Action	Page #
1. Call to Order		
2. Approval of Agenda	Decision	1
3. Declaration of Conflict(s) Comments on Conflict of Interest Rebecca Durcan, College Counsel, Partner, Steinecke Maciura LeBlanc		
4. College Mandate	Information	3
5. Consent Agenda 5.1 Minutes of the 102 nd Council meeting – December 11, 2020 5.2 Executive Committee Report 5.3 Inquiries, Complaints and Reports Committee Report 5.4 Discipline Committee Report 5.5 Fitness to Practise Committee Report 5.6 Patient Relations Committee Report 5.7 Quality Assurance Committee – Panel A Report 5.8 Quality Assurance Committee – Panel B Report 5.9 Registration Committee Report 5.10 Qualifying Examination Committee Report 5.11 Qualifying Examination Appeals Committee Report 5.12 President's Report 5.13 Registrar's Report 5.14 Financial Report Memo and YTD Income and Expenses – April 1, 2020 to January 31, 2021	Decision	5 10 11 13 14 15 16 18 19 20 22 23 25 27
6. Discussion and Consideration of Motions Arising from the Tri-Council Workshop March 17, 2021 Regarding Tri-College Amalgamation 6.1 Initial Steps in Amalgamation, January 18, 2021 Memorandum	Discussion/ Decision	29

6.2	"Burning" Questions and Answers Arising from the Tri-Council Workshop <i>(To be posted under separate cover prior to the Council meeting. Council members will be notified when this document is available in the SharePoint folder.)</i> - Inserted at page 124		124
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7.	Draft College Performance Measurement Framework Report	Decision	
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9.	Revised Registration Regulation – Policy	Decision	
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10.	Discussion: "Given the Changes to How Council and the College Have Conducted Business During the COVID-19 Pandemic, How Will these Changes Inform How Council and the College Continue Operations when In-Person Meetings resume?"	Discussion	
11.	Other Business		
12.	Next Meeting Date	Information	
	104 th Council Meeting – June 18, 2021		
13.	Adjournment		



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).



102nd Council Meeting Teleconference

Held via Zoom

December 11, 2020 – 10:00 a.m. to 12:00 p.m.

MINUTES

Members Present:

Ms. Kristine Bailey
Ms. Alexia Baker-Lanoue
Mr. Abdelatif Azzouz
Mr. Eddy Chin
Mr. Norbert Gieger
Mr. Paul Karolidis
Mr. Garnett A. D. Pryce
Mr. Gaganjot Singh
Mr. Michael Vout Jr.
Mr. Gord White

- President
- Vice President

Regrets:

Ms. Lileath Claire
Mr. Keith Collins
Mr. Christopher Reis

Absent:

Mr. Jack Biernaski

Auditor:

Mr. Blair MacKenzie, Hilborn LLP

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 President called the meeting to order at 10:01 a.m.

2. Approval of Agenda

MOTION: To approve the agenda as presented.

MOVED: G. White

SECONDED: N. Gieger

CARRIED

3. Declaration of Conflict(s)

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

4. College Mandate

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

5. Presentation: Draft Audited Financial Statements

Mr. Blair MacKenzie, Hilborn LLP presented the 2019-2020 Draft Audited Financial Statements and Post-Audit Communication.

MOTION: To approve the draft audited financial statements as presented.

MOVED: A. Baker-Lanoue

SECONDED: M. Vout, Jr.

CARRIED

6. Consent Agenda

It was requested that item 6.8: Quality Assurance Committee – Panel A Report be removed from the Consent Agenda.

MOTION: To accept the Consent Agenda except for item 6.8: Quality Assurance Committee – Panel A Report.

MOVED: G. Singh

SECONDED: A. Azzouz

CARRIED

The Registrar provided a description of the Chart Stimulated Recall (CSR) Tool.

MOTION: To accept item 6.8: Quality Assurance Committee – Panel A Report.

MOVED: A. Baker-Lanoue

SECONDED: M. Vout, Jr.

CARRIED**7. Consideration of the Draft of the College's Annual Report****MOTION:** To adopt the draft 2019-2020 Annual Report.**MOVED:** N. Gieger**SECONDED:** G. White**CARRIED****8. Presentation: Research Insights in Professional Regulation**

Ms. Rebecca Durcan, College Counsel gave a presentation regarding her article, Research Insights, Grey Areas Issue No. 251.

9. Registration Policy Revisions**MOTION:** To approve the draft policies for implementation when the revised Registration Regulation comes into force.**MOVED:** G. Singh**SECONDED:** A. Baker-Lanoue**CARRIED****10. Qualifying Examination**

An update was provided on the administration of the January 2021 Qualifying Examination.

MOTION: To proceed with the online, remotely proctored MCQ portion of the January 2021 examination, to cancel the in-person OSCE portion of the January 2021 examination, and to look to a safer time to reschedule the OSCE.**MOVED:** N. Gieger**SECONDED:** M. Vout, Jr.**CARRIED**

Mr. Karolidis joined the meeting at 11:22 a.m.

11. College Performance Measurement Framework

Dr. Glenn Pettifer, Registrar and CEO, gave a presentation regarding the new College Performance Measurement Framework (CPMF) and reporting tool.

12. Confirmation of Chief Examiner Selection

MOTION: To accept the recommendation of the Chief Examiner Selection Committee and appoint Mr. Robert Velensky to serve as the permanent Chief Examiner.

MOVED: N. Gieger

SECONDED: G. White

CARRIED

13. Appointment of a Temporary Vice-Chair of the ICRC

MOTION: To appoint Ms. Lileath Claire as temporary Vice-Chair of the Inquiries, Complaints and Reports Committee (ICRC).

MOVED: N. Gieger

SECONDED: G. Pryce

CARRIED

Staff was directed to bring forward possible By-law revisions for consideration at the next meeting of Council to allow for Vice-Chairs to be appointed to all Statutory Committees.

14. Retiring "Standards" Document

MOTION: To retire the "Standards" document.

MOVED: A. Baker-Lanoue

SECONDED: G. Pryce

CARRIED

15. Other Business

The President provided an update on the amalgamation initiative. It was reported that the Presidents, Vice-Presidents, and Registrars of the three Colleges met on November 20, 2020 and established a working group to develop a "road map" for amalgamation, which is deemed to be a governance project. The members of the working group will include the President of the CDO, the Vice-President of the CDHO, and a representative from the CDTO (to be determined). Dr. Glenn Pettifer will act as the Registrar support for all three Colleges. It is anticipated that the findings of the working group will be presented to all three Councils individually and then at a joint meeting facilitated by a professional facilitator.

It was reported that Mr. Chin's appointment ends in January 2021. Ms. Bailey expressed thanks and appreciation to Mr. Chin for his contribution to the College as a public appointee.

The Registrar expressed thanks to Council and members of the staff team for their work and

support during this challenging year.

16. Next Meeting Date

It was noted that the next meeting of Council is tentatively scheduled for March 26, 2021. Council may also be asked to attend a Budget/Finance Workshop prior to the March meeting.

The public meeting of Council concluded at 12:05.

17. In Camera Meeting of Council, pursuant to Schedule 2, the Health Professions Procedural Code of the Regulated Health Professions Act (1991), Section 7 ss (2) (d) of the Regulated Health Professions Act (1991).

MOTION: To move the meeting in camera.

MOVED: G. White

SECONDED: M. Vout, Jr.

CARRIED

18. Adjournment

The meeting was adjourned at 12:17 p.m.

Ms. Kristine Bailey
President

Date

Dr. Glenn Pettifer
Registrar and CEO

Date



COMMITTEE REPORT TO COUNCIL

Name of Committee: **Executive Committee**

Reporting Date: **March 26, 2021**

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

The Executive Committee met by teleconference on February 24, 2021 to consider the customary items and:

- 2021-2022 Certificate of Registration Renewal Fee
- 2021-2022 Proposed Draft Budget

Two Clinic Name Registration Applications were considered and approved electronically since the last Council meeting.

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: **March 26, 2021**

Number of Meetings since
last Council Meeting: **4**

Role of the Committee

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

Executive Summary

Since the December 11, 2020 Council meeting, the ICRC has considered 5 complaint investigations and made final dispositions in 2 matters. There were 3 new complaint files received in this period and 1 Registrar's Report. Finally, there are 4 outstanding Health Profession and Appeal Board appeals pending and 1 public complaint greater than 210 days without a disposition.

Decisions Finalized:

Complaints	2
Registrar's Reports	0
Total	2

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

No Further Action	1
No Further Action with Advice/Recommendation/Reminder	1
Deferred	1

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

*** Some cases may not have a Secondary Issue**

Practice Issue	Primary Issue	Secondary Issue
Clinical Skill/Execution	1	
Communication	1	
Practice Management		1

Cases Considered by the Committee:

Complaints	5
Registrar's Reports	0

New Files Received during this period:

Complaints	3
Registrar's Reports	1

HPARB Appeals

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

Respectfully submitted by Ms. Lileath Claire
Chair of the Inquiries, Complaints and Reports Committee



COMMITTEE REPORT TO COUNCIL

Name of Committee: **Discipline Committee**

Reporting Date: **March 26, 2021**

Number of Meetings since
last Council Meeting: **1 meeting, 3 hearings**

Introduction: Role of the Committee

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

Executive Summary

Since the December 11, 2020 Council meeting, a Panel of the Discipline Committee met once to discuss upcoming hearings scheduled in February 2021 and heard 3 matters referred to the Discipline Committee by the Inquiries, Complaints and Reports Committee. All meetings were held virtually.

A. Panel Activities

1. The Panel had a meeting January 7, 2021 to discuss procedural and administrative items prior to the adjournment and hearings scheduled for February 3, 2021 and February 19, 2021 respectfully.

B. Discipline Hearings

1. The Panel heard an adjournment in addition to an uncontested agreed statement of fact/joint submission on penalty February 3, 2021.
2. The Panel heard a second uncontested agreed statement of fact/joint submission on penalty February 19, 2021.

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



COMMITTEE REPORT TO COUNCIL

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

Reporting Date: **March 26, 2021**

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: **March 26, 2021**

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

The Patient Relations Committee did not meet since its last report to Council on December 11, 2020.

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: **March 26, 2021**

Number of Meetings since
last Council Meeting: **4**

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 meet the standards for a Registered Denturist. 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 four times its last report to Council on December 11, 2020.

Meeting: December 9, 2020

Requirement Considered	Result
2016-2019 CPD Cycle	CPD Audits: <ul style="list-style-type: none">• 2 - Satisfactory
2019-2020 Annual CPD Requirement	<ul style="list-style-type: none">• 1 - CPD Audit Reminder issued• 1 - Peer & Practice Assessment ordered
2019-2020 Peer & Practice Assessments	<ul style="list-style-type: none">• 1 - Satisfactory• 1 - Remedial Action required• 5 - Remedial Action submissions approved
2020-2021 Peer & Practice Assessments	<ul style="list-style-type: none">• 4 - requests for modified non-clinical assessments approved

Meeting: January 22, 2021Program Development:*Standard Setting for Peer & Practice Assessments*

Marla Nayer, MEd, PhD presented various options for standard setting frameworks to the Committee and a framework was developed. To provide additional information based on Peer Assessor observations during the peer & practice assessment, the Committee decided it would be helpful to have Peer Assessors provide a rating based on defined parameters. The standard setting framework developed during the meeting is being tested through the Chart-Stimulated Recall pre-pilot and pilot phases and will be incorporated into the Peer & Practice Assessment process for the 2021-2022 round of random selection.

Meeting: February 4, 2021

Requirement Considered	Result
2019-2020 Annual CPD Requirement	<ul style="list-style-type: none"> • 1 - Peer & Practice Assessment ordered • 1 - Referral to ICRC for non-compliance CPD Audits: <ul style="list-style-type: none"> • 1 - Satisfactory
2018-2019 Peer & Practice Assessments	<ul style="list-style-type: none"> • 1 - Remedial Action required
2019-2020 Peer & Practice Assessments	<ul style="list-style-type: none"> • 2 - Remedial Action submissions approved
2020-2021 Peer & Practice Assessments	CPD Audit: <ul style="list-style-type: none"> • 1 - Satisfactory • 4 - Satisfactory • 2 - Remedial Action required

Meeting: March 3, 2021

Requirement Considered	Result
2020-2021 Peer & Practice Assessments	<ul style="list-style-type: none"> • 2 - Remedial Action submissions approved • 1 - Remedial Action required

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: **March 26, 2021**

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

The Quality Assurance Committee – Panel B met did not meet since its last report to Council on December 11, 2020.

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: **March 26, 2021**

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

The Registration Committee met three times since its last report to Council on December 11, 2020.

At the January 6, 2021 meeting, the Committee considered one academic assessment request.

At the February 10, 2021 meeting, the Committee considered two academic assessment requests, one retired status application request and one draft policy for the revised Registration Regulation.

On February 19, 2021, the College was notified that the Ministry of Health posted the draft Registration Regulation on the Regulatory Registry for a 45-day stakeholder consultation. The draft regulation is one step closer to approval!

At the March 8, 2021 meeting, the Committee considered one academic assessment request.

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



COMMITTEE REPORT TO COUNCIL

Name of Committee: **Qualifying Examination Committee**

Reporting Date: **March 26, 2021**

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

Activities during the Quarter:

The Committee met once on February 17, 2021 by teleconference.

At its February 17, 2021 teleconference, the Committee reviewed the Chief Examiner's Report along with the item analysis prepared by Dr. Anthony Marini. In his analysis there were 16 items from the MCQ exam that were presented to the Committee for further review, of which 6 items were deleted to ensure the validity of the candidate's final scores. Items identified as problematic were presented and reviewed by the Committee for deletion or kept in scoring.

Examination results were released the first week of March. Candidates who were unsuccessful on the MCQ component of the QE was provided with a detailed performance report.

Winter 2021 Qualifying Examination (QE)

The MCQ exam was administered online through remote proctoring. A remote-proctored exam is an online exam written in any location/city/province of the candidate's choosing. A remote-proctored examination involves a live proctor that will observe candidates in real time using the candidate's computer webcam and a connected smart phone camera. The MCQ exam remains unchanged other than the delivery format of the exam.

Part I-MCQ (multiple choice question) examination was held on January 21, 2021. There were 60 candidates attempting the exam online from their own place of residence.

Part 2 – OSCE examination was postponed due to the COVID-19 pandemic. The Committee will determine the next administration of the OSCE exam.

MCQ – Overall Results	Total	New	Repeat
Number of candidates	60	52	8
Number of successful candidates	39	36	3
Pass rate (expressed as a percentage of <u>new</u> candidates)	69.2%		

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: **March 26, 2021**

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: **March 26, 2021**

Subject: **President's Report**

What has been going on?

Governance

1. Since December, there has been on-going discussions with the Presidents and 1 Registrar (Denturists) of the 3 oral regulatory colleges (Denturists, Hygienists and Dental Technologists). A governance group created a paper called the "*Initial Steps in Amalgamation*". This document has been reviewed and assessed with legal opinion. This paper has been issued to all 3 Councils with a request for questions or comments. On March 17th, there will be a tri-Council discussion meeting. The focus is one of "overview" or a "vision", but it does not respond to the detail. Motion(s) will be presented to each Council at their next meeting of quorum. The motions will be presented to the CDO Council at its March 26, 2021 meeting.

Qualifying Examinations and OSCE

2. Qualifying Exam in January 2021

The MCQ portion of the Qualifying Exam was administered on January 21st to 60 candidates. This is the first time the MCQ exam has been administered online with the use of remote proctoring. The next MCQ will be in June 2021 and will be a unified exam administered by Alberta, British Columbia and Ontario regulators together. The College has been working on getting all of the details (policies and procedures) worked out.

Registration

3. The Executive Committee reviewed the YTD financial position of the College and discussed the registration fees. As you may remember, the fees were reduced and allowed to be paid in two

installments during the year of COVID. Based on good financial position, the Executive approved that the 2021-22 years fee for Certificate of Registration will be at 50% of the usual cost.

COVID-19 Vaccinations

4. The College is assisting the individual Public Health Units (of which there are 34 in the province) with contacting Registered Denturists for the purposes of scheduling COVID-19 vaccinations.



To: **Council**

From: **Dr. Glenn Pettifer**

Date: **March 26, 2021**

Subject: **Registrar's Report: December 12, 2020 – March 26, 2021**

I am pleased to provide this Report to Council on the items that were top of mind for the period December 12, 2020 – March 26, 2021. The President has also commented on College activities during this period including:

Finance

The Financial Report for the period of April 1 – January 31, 2021 is included in the consent agenda. Expenses are well below those anticipated for this point in the fiscal year. Council approved a deficit budget in March 2020 and in January 2021, this deficit started to appear in the College's statements.

Qualifying Examination

The written, multiple-choice portion of the College's Qualifying Examination took place on Thursday January 21, 2021. The exam was successfully delivered online with a remote proctoring service. Rod Tom-Ying worked tirelessly on this project. The examination was administered to 60 candidates remotely. The OSCE portion of the examination is very tentatively scheduled for early fall, depending on the COVID-19 dynamics.

The CDO has reached an agreement with the regulators in Alberta and British Columbia to offer a common MCQ examination in June this summer. This content of this examination is under development with the generous participation of Registered Denturists from Ontario and most other Canadian jurisdictions. This is a great step forward in nationalizing the credentialing process for denturists.

Document Management Strategy and Development

The files that were housed in the office at 365 Bloor St. have been (securely) transported to the off-site scanning facility for scanning and eventual cataloguing for storage in the College's new online document management system. Once the in-house files are scanned, we will turn our attention to the files that are kept in secure storage offsite. The files from this cache that need to be retained will be scanned and the hard copies will be securely destroyed. This will result in a significant cost saving since the College will no longer be paying for physical, secure off-site storage. In concert with the document scanning project, Megan continues to work on reorganizing the document management framework for the College's digital resources.

Online Committee Resource Tool

As you will know from your experience with some Committee meeting packages and the meeting materials for the December 11, 2020 Council meeting, the College has moved much of its online digital meeting materials to an online SharePoint Portal. The goal for 2021 is to have all College Committee documents managed through this portal.

Many thanks to again to Megan who is very capably managing these initiatives.

Registration Renewal

Opened on March 1, 2021. 739 current Registrants were invoiced at the start of the renewal period. To date, 86 Registrants have renewed and paid the full Registration fee of \$950, 14 have renewed and paid the installment payment of \$475.

Jennifer (COR) and Megan (COA) are managing the renewal work.

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 and is in play.

The Chart Stimulated Recall (CSR) 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. 12 Peer Assessors have been trained on the use of the CSR tool. 8 Registered Denturists have registered for the pilot phase of the development of the CSR. 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. This is particularly important during the COVID-19 Pandemic.

An introductory webinar on the use of the Self-Assessment Tool has been very popular with a total of 88 registrants. Other online webinars on a variety of topics are being offered beginning March 29. To date, there are 246 registrations for these webinars.

Much of the success of these elements of the Quality Assurance program is owed to the excellent support and execution provided by Jennifer Slabodkin.

COVID-19 Vaccination Access for Registered Denturists

The College has been assisting Public Health Units in contacting Registered Denturists in their respective catchments to begin the process of scheduling COVID-19 Vaccinations. At the time of writing, I note that the Ministry has just updated its list of priority professions for vaccination and that Denturists are specifically noted in the **high** priority group.

Discipline Committee

There has been a small (but unusual) amount of activity for the Discipline Committee. Many thanks to its members and particularly to Catherine Mackowski for her capable management of the online hearing process.



MEMO

To: **Council**

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

Date: **March 26, 2021**

Subject: **Financial Report: April 1 – January 31, 2021**

Income Statement for the period April 1 – January 31, 2021 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 10 months of the fiscal year, one anticipates that approximately 83.3% 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. There is modest income from the Qualifying Examination administration in January 2021.

On the expense side, we have only realized expenditures at 55% of the anticipated expenditure amounts to date which is well below the anticipated 83.33% 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 administration of the Qualifying Examination, 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 55% of the budgeted expenses which is well within the target for this point in the fiscal year. As anticipated for this late in the fiscal year, expenses have

exceeded income by 28,237.03. Consequently, a further deficit is expected (and was anticipated) into the end of this fiscal year.

College of Denturists of Ontario

Income Statement (April 1, 2020-January 31, 2021)

YTD Budget to Actual	2020-2021 BUDGET	January 31/21 YTD Totals	YTD as Percentage of Budget	Remainder or In Excess of Budgeted Amount*
REVENUE				
Professional Corporation Fees	\$ 67,850.00	\$ 61,375.00	90%	\$ 6,475.00
Registration Fees	\$ 746,975.00	\$ 770,289.00	103%	\$ 23,314.00*
Other Fees	\$ 9,550.00	\$ 4,463.25	47%	\$ 5,086.75
Qualifying Examination Fees	\$ 158,288.28	\$ 49,525.00	31%	\$ 108,763.28
Other Income	\$ 27,000.00	\$ 9,228.64	34%	\$ 17,771.36
TOTAL REVENUE	\$ 1,009,663.28	\$ 894,880.89	89%	\$ 114,782.39
EXPENDITURES				
Wages & Benefits	\$ 679,669.15	\$ 498,311.75	73%	\$ 181,357.40
Professional Development	\$ 45,000.00	\$ 18,363.78	41%	\$ 26,636.22
Professional Fees	\$ 190,000.00	\$ 85,571.54	45%	\$ 104,428.46
Office & General	\$ 175,800.00	\$ 124,915.41	71%	\$ 50,884.59
Rent	\$ 131,052.00	\$ 96,970.12	74%	\$ 34,081.88
Qualifying Examination	\$ 254,439.00	\$ 32,542.51	13%	\$ 221,896.49
Council and Committees	\$ 33,750.00	\$ 6,470.36	19%	\$ 27,279.64
Quality Assurance				
QA Panel A	\$ 6,500.00	\$ 1,527.50	24%	\$ 4,972.50
QA Panel B	\$ 2,500.00	\$ 35.00	1%	\$ 2,465.00
QA Assessments	\$ 60,000.00	\$ 3,366.98	6%	\$ 56,633.02
Complaints & Discipline				
Complaints	\$ 67,500.00	\$ 25,895.18	38%	\$ 41,604.82
Discipline	\$ 29,000.00	\$ 25,012.04	86%	\$ 3,987.96
Capital Expenditures	\$ 15,000.00	\$ 4,135.75	28%	\$ 10,864.25
TOTAL EXPENDITURES	\$ 1,690,210.15	\$ 923,117.92	55%	\$ 767,092.23
NET INCOME	-\$ 680,546.87	-\$ 28,237.03		



College of Dental Technologists of Ontario
Ordre des Technologues Dentaires de l'Ontario



COLLEGE OF
DENTURISTS
OF ONTARIO

TO: Council Members - College of Dental Hygienists of Ontario, College of Dental Technologists of Ontario, College of Denturists of Ontario

FROM: Kris Bailey (CDO), Caroline Lotz (CDHO), Michael Karrandjas (CDTO)

DATE: January 18, 2021

REPORT: INITIAL STEPS IN AMALGAMATION

The duty of a Health Profession Regulatory College is to serve and protect the public's interest in access to safe, competent, and ethical care provided by a regulated Health Professional. This obligation is currently met individually, in profession-specific contexts, by the College of Dental Technologists of Ontario (CDTO), the College of Dental Hygienists of Ontario (CDHO), and the College of Denturists of Ontario (CDO). The Councils of these three Colleges have agreed to explore the amalgamation of these three entities into one single Oral Health Profession Regulatory College.

The Process So Far

Since late 2018, the Councils of the CDTO, CDO, and CDHO have been exploring and following global trends in Health Profession Regulation and governance models of regulatory organizations. The College of Nurses of Ontario's Vision 2020¹, the Cayton Report into the performance of the College of Dental Surgeons of British Columbia², and, more recently, the amalgamation of Oral Health Profession regulatory bodies in British Columbia³ have provided comprehensive, useful information for our three organizations as they look toward a common future as a single Oral Health Profession regulatory body.

In early 2020, the Registrars, Presidents, and Vice-Presidents of our three Colleges engaged in a discussion about opportunities for modernization and reform of operational and governance structures of the Colleges. A wide range of possibilities, from shared services to organizational amalgamation, were considered during these discussions. Following these conversations, a Discussion Paper⁴ that framed further discussion of these options by individual Councils was developed and presented to each Council.

While a planned, combined discussion involving all three Councils was postponed because of the COVID-19 pandemic, discussions at each College continued throughout 2020. These discussions resulted in all three Councils expressing interest in exploring organizational amalgamation.

The Registrars, Presidents and Vice-Presidents of our three Colleges met again on December 18, 2020 and formed a smaller group consisting of one representative of each College and one Registrar (acting as a resource). At a meeting on January 8, 2021, this smaller group discussed the approach to this complex project and identified the need to articulate the guiding principles surrounding the amalgamation and a vision of the organizational governance structure as essential next steps in the conversation. The group also requested a legal opinion regarding the broad regulatory framework(s) in which such an amalgamation could occur.

Guiding Principles

Anticipating a need for a framework for ongoing discussions, the following draft Principles were developed by the group for consideration by the individual College Councils. Once finalized, these Principles will form the basis for a Memorandum of Agreement that will be adopted and signed by each College.

The Principles:

In our work together, we will:

- Hold the protection of the public's interest in access to safe, competent, and ethical care provided by a regulated Health Professional at the forefront of all discussions and decisions;
- Engage our key stakeholders in conversations at appropriate, key points;
- Commit to transparency in stakeholder communications;
- Ensure a combined responsibility for decisions that are shared between the three Colleges and Councils;
- Respect the autonomous, independent decision-making of the Colleges;
- Ensure continued attention to the maintenance of professional identity in all discussions and decisions; and
- Inform our actions and decisions with the principles of good resource stewardship.

Organizational Governance Structure - Vision 2021

The envisioned joint organizational governance structure of the amalgamated organization will see the transition of the three independent Councils to a single Board of Directors. This Board of Directors will oversee one multi-disciplinary regulatory authority, the duty of which will be to regulate the Oral Health Professions of Dental Hygiene, Dental Technology, and Denturism.

This single regulatory authority would support accessible, transparent Oral Health Profession regulation and provide the public with a single point of contact for inquiries or complaints regarding each of the three Oral Health Professions. It would, by the nature of its structure, promote strong, positive interprofessional collaboration, streamline and simplify the many common health profession regulatory processes, and allow for the maintenance of profession-specific standards. It would also support unified, targeted public awareness of the role of a Health Profession Regulator in Oral Health care. This amalgamated organization would be better equipped to respond collectively to emerging trends and policy across the three regulated Oral Health professions⁵.

As a central theme and foundation, the three Colleges would be committed to a shared goal of public interest and protection in accordance with the Colleges' regulatory mandate, set out in the *Regulated Health Professions Act (1991)*.

The oversight body, the Board of Directors, will oversee the combined Oral Health Profession Regulatory Authority created by the three existing Colleges and led by a transitional team whose members are drawn from the membership of the three existing College Councils. Task-focused working groups, with equal representation from each College, would undertake the specific work of designing "the what" and "the how" of the amalgamation process that will occur at many levels of the organizational structure. This work will be evidence-informed and support the Principles outlined above.

Legal Considerations

Since an amalgamation initiative of this scale and complexity requires regulatory change, an opinion on how such a regulatory change could occur was sought from Rebecca Durcan, Partner at Steinecke Maciura LeBlanc. Two broad models of consolidation are available:

1. Amalgamation and Continuation maintains the existence of the original corporations while creating and acknowledging a new corporation will be the regulator. This approach is less complex and avoids any future argument over jurisdiction.
2. Repeal and Create is more legally complex and carries with it the risk of loss of jurisdiction, in some matters, when the profession-specific regulatory framework is repealed.

We, the authors of this memo, recommend Amalgamation and Continuation. This option is more inclusive, pays attention to the past, is less complex and more aligned with the Ministry of Health, which retains final approval for any legislative modification related to Health Profession Regulation.

Next Steps

This document and its accompanying resources are provided to the members of all three Councils for review. A virtual joint session of the three Councils for the purposes of introduction and further discussion of broad strokes of the Project and any questions arising from review of the document will be scheduled in March 2021. One of the deliverables from this meeting will be agreement on the final version of this document. Once an agreement is reached, a Memorandum of Agreement will be drafted and signed by each College. Another deliverable will be establishing the composition (suggest 9) of the transitional group that will be responsible for the project oversight.

REFERENCES

1. College of Nurses Ontario – A Vision for the Future 2020

<https://www.cno.org/globalassets/1-whatiscno/governance/final-report---leading-in-regulatory-governance-task-force.pdf>

2. Harry Cayton - An Inquiry into the Performance of the College of Dental Surgeons of British Columbia

<https://www2.gov.bc.ca/assets/gov/health/practitioner-pro/professional-regulation/cayton-report-college-of-dental-surgeons-2018.pdf>

3. British Columbia – Steering Committee on Modernization of Health Professional Regulation, November 2019

<https://engage.gov.bc.ca/app/uploads/sites/578/2019/11/Modernizing-health-profession-regulatory-framework-Consultation-Paper.pdf>

4. Discussion Paper for the Councils of Three Oral Health Colleges (see Appendix 1)

OTHER RESOURCES

PROPOSED

McMaster Health Forum - Evidence Brief Modernizing the Oversight of the Health Workforce in Ontario
21 September 2017

https://www.mcmasterforum.org/docs/default-source/product-documents/evidence-briefs/workforce-oversight-eb.pdf?sfvrsn=ab6e54d5_4

Appendix 1

DISCUSSION PAPER

for the Councils of Three Oral Health Colleges



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INTRODUCTION

The purpose of this discussion paper is to further the conversation on governance reform that has been discussed at the registrar and executive committee level and informally within boards/councils and bring that discussion into a public forum. There has been suggestion that the current regulatory model in

Ontario does not sufficiently provide assurance that public interest is being served effectively and efficiently. This is not unique to the Ontario model, but is also being questioned in other Canadian jurisdictions. What is occurring in other jurisdictions and within Ontario will be discussed later in this paper.

A meeting of the Registrars, Presidents, Vice-Presidents and/or Council members of three oral health regulatory Colleges- the College of Dental Hygienists of Ontario (CDHO), the College of Denturists of Ontario (CDO) and the College of Dental Technologists of Ontario (CDTO) was held on February 14, 2020. This meeting provided a forum for discussion of the above noted issues with a view to develop proposals for consideration by the three respective Councils.

SCOPE OF CONSULTATION

Consultation on these proposals will be occurring initially at the March/April Council meetings of the College of Dental Hygienists of Ontario (CDHO), College of Denturists of Ontario (CDO) and College of Dental Technologists of Ontario (CDTO) so that individual Councils can learn the aspects of governance reform that are important to them. It is proposed that on April 24, 2020, all three councils are brought together in a facilitated discussion to explore the ways the three colleges might work together to improve the effectiveness and efficiency of the current governance model and what that might look like.

It should be noted that the colleges are still in a preliminary phase of discussion and concept development, and accordingly, initial discussions are being held amongst College Councils at this stage. It is agreed by all three Colleges that, once a more concrete plan is developed, a thorough consultation process involving all stakeholders will be undertaken.

BACKGROUND

In Ontario, regulated health professions colleges' primary duty is to the public of Ontario, and as such, each college is responsible to ensure that their registrants meet the entry-to-practice requirements set by the college; and remain competent to practise throughout their professional lives. In addition, each college must also have a fair and transparent mechanism to deal with complaints about their registrants who fall below the expectations of their clients. The concept of self-regulation provides each profession the privilege of being part of the governance of the profession through the development of competencies, regulations and standards for the profession, educational requirements, entry-to-practice requirements, and the ability to investigate and make determinations of wrongdoing.

The *Regulated Health Professions Act, 1991* (RHPA) is the overriding legislation that created the regulatory model for the health professions in Ontario. The RHPA describes the delegation of power to the Minister and names acts that are considered risky enough that they should be prohibited from non-authorized persons. Schedule 1 of that document names each of the regulated health professions and each college's governing Act. Schedule 11, the Health Professions Procedural Code (the Code) sets out the objects of the college and the parameters to how they should be carried out. The scope of practice for each profession can be found in their profession-specific Act.

There have been criticisms that the current regulatory framework in Ontario is out of date and does not address the increased public concern over accountability and transparency. Moreover, media attention has amplified fears that the current regulatory framework:

- fosters a culture that favours professional interests over public interest
- has created silos between professions in the era of inter-professional and team-based care
- amounts to turf protection between professions
- keeps a protective wall between the profession and the public contrary to the public's need for transparency and accountability
- is inefficient
- creates a duplication of services if a complaint involves more than one profession
- does not have sufficient oversight.
- gives rise to skepticism that regulators can be trusted to put public interest above all other(s) within the current electoral and 'representative' model
- is too costly, resulting in numerous regulators 'struggling' to effectively meet legislative and regulatory obligations
- may create barriers to inter-professional care, thereby impacting patient safety

The question might be whether or not it is within the purview of the colleges to address these issues. The health regulatory colleges are split on this question. There are some that have adopted a wait-and-see approach while others feel that they would like to be part of the design of a better regulatory framework. Who better to look for ways forward than those currently work within the limits of the current legislation now? Is this in the public interest? We believe it is, given the public concern that has been raised about accountability, efficiency, effectiveness and transparency. The group that met on February 14th shared the collective view that to ignore these concerns would be contrary to our mandate to protect public interest.

REGULATORY TRENDS AND BEST PRACTICES

It has been generally accepted in the regulatory community that self-regulation as we know it today is on its way out. There are many signs that this is so. Some signs come from our own Ministry and some come from other provinces. For example, the Ontario government provided financial support to the McMaster Health Forum to investigate how to modernize the regulatory framework for the health workforce in Ontario and most recently, the British Columbia government released "Modernizing the provincial health profession regulatory framework: A paper for consultation" based on recommendations arising from the external review conducted by Harry Cayton and the PSA. To foster greater collaboration regarding regulation of professionals working together in interdisciplinary models, the BC government has proposed that an amalgamation of five regulated oral health professions (dental therapists, dental hygienists, dental technologists, denturists and dentists) under one oral health regulator would be in the public interest. There are very strong indications that change is in the air.

We already have an idea of what change may look like in Ontario by looking at some of the recommendations coming from these reports and by looking to some of our international counterparts. Luckily, a lot of the work has been done in discovering best practices that are becoming the trends for

change. Some of the most relevant information that has been collected and key findings have been highlighted below.

McMaster Forum Report: September 2019 Ontario

- Use a risk-based approach to health-workforce oversight
- Use competencies as the focus of oversight
- Employ a performance-measurement and -management system for the health workforce and its oversight bodies.
- Combine regulatory bodies, either by similar disciplines (ie. Oral health practitioners) or according to identified risk to the public (ie. Professions that have little contact with the public or no authorized controlled acts). Either of these moves would remove a majority professional interest on a regulatory Council.
- Greater involvement of citizens, through established Citizen Advisory Groups
- Silent on structure and selection of governing boards/councils.

BC Engineers & Geoscientists/ PSA Review (2018)

- Public members should be 50% on board/council (higher on committees)
- Reduce board/council from 17 to a more manageable number
 - Rigorous merit-based selection process
 - Ensuring a mix of skills and experience
- Enforceable Code of Conduct.

College of Nurses (CNO) A vision for the Future (2017)

- Competency-based appointments
- Training prior to appointment
- Smaller board/council (33 to 12)
- No board/council on committees
- Paying public members
- Appointment committee.

Ontario College of Teachers Governance Review Report (2018)

- Smaller board/council (14)
- No executive committee
- Competency-based appointments

- Increased public representation
- Governance/nominating committee
- New name – **The Ontario Teachers Regulatory Authority.**

British Columbia Nurses (PSA Review 2016)

- Separate governance and operations
- Mandatory board/council training
- Education for committees
- Increase in public engagement.

British Columbia Dentists (PSA 2018 commissioned by BC government)

- Smaller board/council
- Separation board/council and committees
- Competency-based appointments to board/council and committees
- Minimum 3-year separation from association position to board/council appointment
- Separation from professional association (no special influence on board/council decisions)
- 50% public representation on board/council
- Separate adjudicative body
- Oversight body for all regulatory colleges
- Single register for all health professions
- Standard Code of Ethics for all health professions.

Professional Engineers of Ontario PSA 2019

- Clarity and separation of roles (governance & operations; regulatory & advocacy)
- Separation of board/council and committees.

BC Government: Modernizing the provincial health profession regulatory framework:

A paper for consultation (2019)

- Competency-based board/council appointments
- Equal public representation
- Reduction in board/council size

- Reduction in number of regulatory colleges
- Creation of an oral health regulatory body
- Creation of an oversight body (eventually funded by regulators)
 - Power to make appointments
 - Create general (common) standards and Code of Ethics for professions
 - Oversight of regulatory functions
- Creation of performance measures and standards for the regulators
- Discipline decisions made outside of the regulator.

In review of these reports you will see a number of common threads. One of the most obvious is the involvement of the Professions Standards Authority (PSA) in reviewing various regulators. Why the PSA?

The Professions Standards Authority (PSA) operates out of the United Kingdom, is government appointed and is recognized as an authority in regulatory effectiveness. This is mostly because of the reputation they have built as an oversight body, the research they have conducted or commissioned, and the work they have done around the development of standards and guidance for regulators. It is no surprise that governments and regulators have sought out their expertise.

Is the proposed change happening in British Columbia coming to Ontario? This is hard to know. But there are indications that the Ontario government has looked to recommendations coming from the PSA to the BC government. This most obvious is the Ontario government's soon-to-be released College Performance Measurement Framework (CPMF). The design of the framework is to identify best practices and at first, provide guidance leading to reporting by the colleges that will be evaluated for efficiency and effectiveness. It is a step towards increased oversight by government and accountability of colleges.

All four oral health colleges are embracing the CPMF and have committed to working together to create a template for reporting and sharing resources and staff to help each other collect and analyze data and identify best practices. This is a wonderful example of the oral health colleges taking a leadership role and getting together for a common purpose aimed at regulatory effectiveness. This is definitely a step in the right direction. The more processes and practices become common to all regulatory bodies, the better for the public. In addition, this may lead to other collaborative adventures aimed at regulatory effectiveness and efficiencies.

The CDHO, CDO and CDTO councils have decided that they would like to take a proactive approach to modernizing their governance models rather than taking the wait-and-see approach. Councils recognize that improvements to the current regulatory model would be in the public interest. Knowing that there are established best practices already identified and being utilized by others, it is natural that we give consideration to them. It is in a collaborative effort that all three councils will share their collective experiences and wisdom to work on governance changes that might in turn be adopted by all three colleges.

We are not the first to look to changing our governance model. That credit should be given to the CNO who did much of the heavy lifting by way of evidence gathering, and who so willingly shared their

findings with us and other regulators in Ontario and other provinces. But their model may not be our model. This is our time to use our collective thoughts and ideas to create our own vision for the future.

It is a given that what we might envision for the future may require legislative change and an opening of the RHPA. This cannot be done without the involvement and will of the government. Other colleges such as the CNO have already asked the government to amend the RHPA to provide for a new governance model and the timing for us to map out what an improved regulatory model might look like is ripe. In a conversation in 2019 with Harry Cayton- who conducted the PSA reviews above- he suggested to the registrars of the CDHO, CDO and CDTO that we should not limit ourselves in what we ask government for if it is in the public interest to do so. He urged us not to be bound by thinking it can never happen or they will not consider it. There are better and different ways to conduct regulatory affairs that will do more to protect public interest, demonstrate a commitment to transparency and accountability and still preserve a place for the profession in self-regulation.

THE STARTING POINT

The registrars of the three oral health colleges, with each council's blessing, have met a number of times in the last year to talk about possibilities. Building on experiences at the CDO and the CDTO- who shared ICRC staff resources for a short period of time in 2017-18 , discussions focused on ways where we three Colleges could perhaps share resources and processes going forward. At the same time these discussions were happening, some of the reports mentioned earlier in this paper were being released. It was clear that if governance reform was coming, it would be prudent for our three colleges to work together and try to find a common model.

At the recent meeting on February 14th, with the council representatives of all three Colleges present, a vision of what a future regulatory model might look like was developed as a starting point to a larger discussion. The proposed regulatory model proposals are described below with discussion points to be explored.

REGULATORY MODEL PROPOSALS

1. Improved governance

The need for governance exists anytime a group of people come together to accomplish an end. In regulating a profession, a council acts as a board of directors who is accountable to the public for regulating the profession in their interest and for effectively fulfilling its oversight role by following good governance principles and defined and accountable practices. Ideally, the governance of the professions should be shared between the public and the professions in the interest of society as a whole. Identified best practice is where there is at least parity in the numbers of professional and public members on regulatory Councils and committees. Increasingly, jurisdictions are moving to models where regulated professions are combined under fewer regulatory bodies to create the critical mass required to support efficient and effective regulatory performance.

“The role of the board is distinct from the role of the organisation it oversees. It is the function of the board that determines its form, not the function of the organisation. In health professional

regulation, it is the function of the council (board) that determines its form, not the function of the regulator, which may vary according to the details of its legislation.”¹

Smaller boards/councils

“There is no single “right” answer, but our experience suggests that a council of around 8 to 12 members is likely to be most conducive to effectiveness.”²

Evidence shows the most effective size for a governing board/council is between eight and 12 members. Larger than this and boards/councils are challenged to engage every board/council member in a meaningful activity, which can result in apathy and loss of interest, meetings are difficult to schedule, there is a tendency to form cliques and core groups, thus deteriorating overall cohesion, there is a danger of loss of individual accountability, and it may be difficult to create opportunities for interactive discussions.

“Larger boards can lead to communication and co-ordination problems, causing effectiveness and performance to suffer. A reduction in board size will help ensure boards provide effective strategic decision making and oversight.”³

Smaller boards/councils also have cost benefits to an organization. As an example, reducing the CDHO professional members on council from 11 to 6 would represent a saving of approximately 50% for honorariums and expenses. While cost should never be considered in isolation, it is a consideration.

To improve functioning and effectiveness, it is proposed that regulatory college boards/councils move to a more consistent and smaller size.

Question 1a. *Do you support reducing the size of boards/councils?*

Question 1b. *Are there any possible challenges to reducing board/council size, and if so, how can they be addressed?*

Equal representation of public members

Under the RHPA, in recognition that public representation on boards/councils is essential to the function of profession regulation, public membership on Ontario’s health regulatory Councils was changed to allow for just under 50% of Councils to be public appointees. Public members are widely seen to bring value to boards/councils and are a constant reminder that the purpose of the board/council is the protection of public rather than professional interests. It is a widely held belief that increasing the number of public members to at least 50% positively increases public’s confidence that the regulator will make better decisions that put the public interest first.

¹ [Board size and effectiveness: advice to the Department of Health regarding health professional regulators September 2011](#)

² [Board size and effectiveness: advice to the Department of Health regarding health professional regulators September 2011](#)

³ *Idem*

³ *Idem*

“...shared regulation has benefits for professions too in building credibility and reinforcing the independence of the regulator. A credible regulator is absolutely in the interests of the profession as well as of the public.”⁴

“Unlimited self-regulation has in general proved itself unable to keep patients safe or to adapt to changing healthcare provision and changing public expectations. Professional regulation needs to be shared between the profession and the public in the interests of society as a whole...It would be beneficial to move to fully appointed boards combining health professionals and members of the public in equal parts.”⁵

It is proposed that regulatory college boards/councils have equal numbers of professional and public members.

Question 1c. *Do you support an equal number (50/50) of public and professional board/council members?*

Question 1d. *Are there any possible challenges to the proposed approach, and if so, how can they be addressed?*

Elimination of the Executive Committee

The need for an Executive Committee seems to be linked to larger boards/councils and to limited communication avenues. The concept of the Executive Committee making decisions on behalf of the board/council came from a time when getting 5 people together to make a decision was easier than getting 20 together. With a smaller board/council, this is not seen as such a problem and given the advances in communication technology, it is easier than ever to communicate without being in one physical location. It has also been suggested that good governance is not having a board/council delegate its responsibility to a few board/council members but responsibility should remain with the whole.

“A small board will not require an Executive Committee. The board will have full accountability for its agenda and decisions.”⁶

It is proposed that regulatory boards/councils do not include an Executive Committee.

Question 1e. *Do you support the elimination of an Executive Committee?*

Question 1f. *Are there any possible challenges to eliminating the Executive Committee, and if so, how can they be addressed?*

Changes in Terminology

⁴ [Fit and Proper? Governance in the public interest PSA March 2013](#)

⁵ [An Inquiry into the performance of the College of Dental Surgeons of British Columbia and the Health Professions Act December 2018](#)

⁶ [Final Report: A Vision for the Future CNO 2017](#)

In alignment with best regulatory governance practices in leading jurisdictions, proposed changes in current terminology were considered. In keeping with council's role as a governance board, it would be more appropriate to eliminate the use of terms like president and vice-president, (which are commonly used in member-service associations or organizations) and use the terms chair and vice-chair. This provides additional clarity to the role of the chair of the board/council, which is more of a job versus a 'president', which is often seen as a position of honour, power or prestige. It was further suggested that the term 'member' should more appropriately be changed to 'registrant' to provide clarity that the regulator registers and regulates members of the profession but that it is not granting 'memberships' in the College. These are changes that may be able to be made through by-law revisions.

A proposal to change the names of regulators from "Colleges" (which implies educational institutions) to "regulatory authorities or boards" (that makes clear the regulatory role) has support but would require legislative amendments.

Competency-based Councils

"There is an important shift in thinking required in the governance of regulatory bodies in moving away from the concept of representativeness in membership."⁷

The PSA report to the BC government found that the election of registrant board members has continued to promote the misconception that these board members are accountable to those who have elected them, rather than being accountable to protect British Columbians. To address this issue, Mr. Cayton, in his report, proposes the elimination of elected board members in favour of "fully appointed boards combining health professionals and members of the public in equal parts."⁸

Research on what makes a board/council high performing suggests that boards/councils -that recruit members, review and evaluate their performance and develop their capacity to work effectively- perform better than those that do not. This is not supported by the current election process used by Ontario regulators. Canada remains one of a few leading jurisdictions that still permits elections of professional members onto regulatory Councils; internationally, best regulatory practice is that all regulatory Council members, both professional and lay members, are appointed to Councils pursuant to defined and accountable competency-based recruitment and selection processes.

The PSA recommends that all board/council members (registrant and public) be recommended for appointment through a competency-based process, which considers diversity, is independently overseen, and is based on clearly specified criteria and competencies. Details on how this would be accomplished would need to be investigated further. One thought for professional members might be to have persons selected through a competency-based process and placing those who qualify on an electoral ballot until such time as the legislation can be changed to remove the requirement for election.

⁷ [Board size and effectiveness: advice to the Department of Health regarding health professional regulators September 2011](#)

⁸ [Board size and effectiveness: advice to the Department of Health regarding health professional regulators September 2011](#)

It is Mr. Cayton's view that reflection of specific geographic or demographic groups on regulatory Councils is unimportant for good regulatory governance and that elimination of district elections would help address the misconception that those elected are accountable to those who elected them. Some boards/councils may be able to make changes to their election process through bylaws.

It is proposed that all board/council members (professional and public) be recommended for appointment through a competency-based process.

Question 1g. *Do you support a competency-based process for the appointment of professional and public board/council members?*

Question 1h. *Are there any possible challenges to the proposed approach, and if so, how can they be addressed?*

Separation of board/council and committees

"The group that sets policy should not be making statutory decisions. There is a potential to bring bias and perceptions of bias from the board to statutory committees and vice versa."⁹

Looking to regulatory models outside Ontario and Canada it is a general principle that the work of the boards/councils is separate and apart from the work of the committees. Keeping a separation between those that make governance decisions and those that apply those decisions is seen to enhance the perception of the independence of those committees. This is especially true for the ICRC and Discipline committees.

It has been further suggested that the competencies required to sit on boards/councils may be different than those required for membership in a committee. Committee composition would still include representation of members of the public. Competencies would be identified for each committee and committee members would be appointed through a board-/council-approved process to ensure they have the competencies needed to fulfil their respective roles.

Having no board/council members on statutory committees will enhance the perception of the independence of those committees.

"Both the public and members of the profession support composing these committees with different people than Council. Both groups, and other senior self-regulated professions, favour a competencies-based approach to committee selection."¹⁰

It is proposed that no board/council members be appointed to statutory committees.

Question 1i. *Do you support the exclusion of board/council members from sitting on statutory committees?*

Question 1j. *Are there any possible challenges to the proposed approach, and if so, how can they be addressed?*

⁹ [Final Report: A Vision for the Future CNO 2017](#)

¹⁰ [ONTARIO COLLEGE OF TEACHERS Governance Review Report November 26, 2018](#)

Compensation for both professional and public members

The current compensation of board/council members is a shared responsibility between the Ontario government and the regulatory colleges. The model sees public members compensated by government and the professional members compensated by the college. The public member rate is set by the government and the professional rate is determined by each board/council. In many colleges there is a disparity between public and professional pay, with the public rate well below that of the profession. For example, the CDHO professional (council) members receive an honorarium of \$308 per day and public members receive \$150.

The PSA has endorsed the idea that board/council members should be compensated appropriately for the responsibility and work that they do, especially if the board/council wishes to attract those with the competencies to contribute effective board/council governance. Given that equal pay for equal work is a fundamental societal value, all board/council members should be compensated the same. The responsibility to pay board/council members falls on the college and is the cost of self-regulation.

While it has been said that the payment of public members by the profession's fees may be seen as a conflict of interest and might suggest that the public members are working for the profession, this seems to be unique to some Canadian provinces including Ontario. In many other jurisdictions this occurs without question and seems to be working effectively.

This same argument if accepted might also be said to apply to professional members. What makes them different? If accepting money from fees collected from the profession infers that you are looking after the professions interests, then no wonder there is the perception by the public that the professional members are promoting the interests of the profession.

The operation of the regulatory college by the profession's registration fees includes the compensation of the board/council. This is the profession's responsibility in self-regulation and compensation should include all board/council members. A move towards transparent competency-based appointments for both professional and public members of Councils who are equally compensated by the regulator for their work, may help to eliminate any perception of conflicts of interest that may arise.

It is proposed that the compensation of public members be a responsibility of the college.

Question 1k. *Do you support the compensation of public members by the college?*

Question 1l. *Are there any possible challenges to the proposed approach, and if so, how can they be addressed?*

2. Amalgamation of oral health colleges

This may be where the conversation gets more difficult and readers may have to remind themselves that this paper is written from a regulatory standpoint. As such, this is not about what may or may not be in the profession's interest but what is in the public interest. Of course the profession will have some interest in this and rightly so. It should and will have an opportunity to contribute to any further discussions should boards/councils think amalgamation might be a consideration.

On February 14th, the group considered a number of ways that the three Colleges could begin to work together relatively quickly and without having to wait for legislative changes. However, if we look to what is happening in British Columbia and consider comments made by ministry representatives in the

past, we would be short-sighted if we did not expand our thinking ‘outside the box’ on the premise that what is happening in BC could also happen here.

But this is not the sole reason for looking at this concept. Some of the anticipated pros/benefits of going further than simply sharing services were considered. These include: a shared commonality of purpose; potential for an improved quality infrastructure; development of a shared comprehensive risk management program; better quality management programs with metrics, coordinated policy development and standards of practice. It is also proposed that costs will be reduced through amalgamation of infrastructure, and that more importantly, the sharing of talent to ensure the right persons are performing the right roles. All three Colleges have talented staff whose expertise could be maximized in regulating the three professions to benefit the public. Size is another factor, since smaller regulators which are held to the same legislative and regulatory organizations as larger ones may not be sustainable. The increasing costs of self-regulation (talented staff, IT, operating funds, program development and implementation, capital requirements etc) challenge long term sustainability. Amalgamation could result in increased efficiency and effectiveness and lower overall costs and registration fees.

There is acknowledgement that such a move, however, will be seen by some as a perceived loss of autonomy; a change in or loss of the current self-regulation model and a change in or loss of current organizational cultures.

Through a public interest lens, how might the public interest be better served with fewer regulators providing a more streamlined process and why is this something worth considering?

Clarity to the public

With few exceptions, most people who access oral health services would have difficulty identifying which regulator is responsible for regulating the oral health professional they received treatment from. In some cases, one visit to a clinic may have exposed them to multiple oral health professions increasing the likelihood of confusion. If someone or some treatment did not meet their expectations, where do they go to complain? What if it involves more than one profession?

Regulatory colleges have tried to encourage the public to actively seek information on their healthcare practitioners through the public register. In the oral health community, this means consulting four public registers depending on how many practitioners you are seeing. You can see not only the confusion in this but also the time and effort a person would have to expend. This creates of course an argument for a common health register but that is outside of this discussion. A register common to the oral health colleges would go a long way towards making it easier for clients who visit oral health practitioners. This is something that could be accomplished without amalgamation but becomes easier when other regulatory processes that feed the register are in harmony.

Cost of infrastructure/cost of self-regulation

“...research findings for both the UK and Australia which show that the larger the register, certainly up to 100 thousand registrants, the greater the economies of scale”.¹¹

¹¹ [An Inquiry into the performance of the College of Dental Surgeons of British Columbia and the Health Professions Act December 2018](#)

The cost of running a regulatory college is predominately borne by the registrants of that college with the exception of the compensation of the public members and the costs incurred by the government ministry that oversees the 26 Ontario health colleges. We cannot forget that it is the taxpayers that pay for the infrastructure that considers HPARB appeals, fair registration practices, regulations, etc. A reduction in the number of colleges and the number of public appointments and a reduction in the number of transactions between the government, its agencies and one college instead of three should see a reduction in costs and time for the government.

A larger financial benefit may be experienced by registrants. All colleges, regardless of size, have the same mandate, requirements for infrastructure and processes and reporting. This comes at a cost that is spread out over the number of registrants. Registrants of smaller colleges pay higher fees than registrants of larger colleges. In the example of the three oral health colleges, an amalgamation should see a significant reduction in fees for the registrants of the two smaller colleges.

College	Annual budget (2020)	Number of staff	Number of registrants	Registrant fees
CDHO	\$6,459,195.00	21	14,300	\$415
CDO	\$1,692,037.40	5	743	\$1,900 + \$247 HST = \$2,147
CDTO	\$1,045,667.00	6	561	\$1,616

Effectiveness and Efficiency

On combining processes, there is an opportunity to learn from each other and develop best practices. Just because a larger college does something one way does not mean it is the best way. All processes will benefit from a multi-organizational review. This is another way efficiency and effectiveness will be enhanced through an amalgamation.

Enhanced public and registrant services are also a desired outcome of amalgamation. A more efficient public register has been discussed already. Registration services through a common self-service portal will also improve registrants' experiences. Sharing human resources means that the public will have access to bilingual services that may have been difficult for smaller colleges to offer.

"It is possible to envisage groupings of colleges around particular services such as dentistry (currently four colleges) or by creating a multi-occupation college, as has been done in Ireland and the UK. These regulators have provided effective and efficient services to both patients and registrants of multiple smaller occupations."¹²

¹² [An inquiry into the performance of the College of Dental Surgeons of British Columbia and the Health Professions Act](#)

We have acknowledged that there are economies of scale in monetary terms. But money is not the only resource in consideration. Presently, services are occurring in duplication at all three colleges. We all have staff handling registration, quality assurance and complaints. In smaller colleges, staff have multiple roles where in larger colleges there may be teams handling a work function. If the work was centralized, it would free up other staff members to pursue other college initiatives. In other words, we could utilize our human resources more effectively.

Currently, all three colleges have databases that are costly to maintain. Establishing a single database for multiple professions would be cost effective, and make populating the public register easier and streamline data transfers to the government.

There are many operational items such as HR, payroll, office space, employee benefits, staff education, office equipment that, if centralized, would create greater efficiencies and may also provide benefits to employees at smaller colleges that did not have access to them before. It would also go towards attracting future employees and retaining current ones.

Board/Council and committee composition

A true amalgamation of the three oral health colleges would see one board/council with equal representation of all three governed professions. To have a board/council of twelve, there would be two dental hygienists, two denturists, two dental technologists and six members of the public.

There are a number of different models for committee composition that could be considered under this model. One models the composition of board/council with a mix of the profession and another separates committees by professions. Another might combine both concepts where you have mixed profession committees that could use profession-specific panels. There are models used in other jurisdictions that can be consulted.

“The most successful regulators have shown that while clinical input is essential at various stages of the regulatory core functions, the job of regulating does not itself require clinical skills, training, or registration as a health or care professional. It requires people who have the relevant skills to undertake regulation and provide organisational management with dedication and competence whether they are health or care professionals or not. Openness in reporting performance and transparency of process will demonstrate fairness and build credibility.”¹³

Size matters

An amalgamation of the three oral health colleges would contribute to a larger college for all three. In the regulatory world, like it or not, size does seem to matter. Three professions speaking with one voice would be a stronger voice.

Dentistry

By all accounts, based on what has been discussed above, it would provide more clarity to the public if all the oral health colleges had one point of contact and common processes and standards, etc. However, at this stage in time, our initial discussions have been limited to these three oral health

¹³ [Fit and Proper? Governance in the public interest PSA March 2013](#)

Colleges who have expressed interest in proactively seeking more cost-effective solutions. Cost, because of the size of the RCDSO, is probably not a factor in their consideration of amalgamation. However, improved risk management, efficiency, and effectiveness are common quests for all colleges.

We have already agreed to work as four oral health colleges on finding ways to improve our processes and effectiveness. We do not want the discussions we are having on the amalgamation of the three colleges to have a negative impact on that collaboration. Perhaps we can find another way to share regulatory processes without the need to amalgamate all four colleges in a traditional sense. Perhaps we can find a way that preserves professional regulatory autonomy and still do all that we want to meet the needs of the public.

Once this document becomes public, we will no doubt have conversations with the RCDSO about how this may play out. We will welcome those conversations and any insight they may offer. Our intent is not to exclude.

All this being said, there are no set rules to how an amalgamated college might be structured. Those details would have to be worked on further if this is the direction the colleges wish to pursue. There are models in the UK, Ireland and Australia that might provide working examples for the Ontario oral health colleges.

We are all agreed that a model will not work if there is not equal representation at the board/council table. That is to say if there are twelve board/council members and six are public members, then the remaining six would have two professional members of each of the three professions. No profession would have power or influence greater than another.

Moving forward

At this point, it must be stressed that these discussions are very high level and that there are many more consultations and details to work out before our Councils put forward any proposal to the Ministry. On this basis, we are asking you to consider:

The proposal that the three oral health colleges identified in this paper work towards an amalgamation that would see three colleges become a single college.

Question 2a. *Are you supportive of the proposed approach to amalgamate the three oral health colleges?*

Question 2b. *Please share your concerns with this approach, as well as your suggestions to address challenges.*

Legislative requirements

Many of the discussion points in this paper would require changes to legislation. This means that the final decisions would be made by government. This fact should not limit the thinking brought forward by this paper. Considering all the information before them, boards/councils should be creative in looking for ways to improve the current regulatory model. Look for ways to make small changes that do not require more than bylaw changes. The best practices have already been identified in other jurisdictions. The question may be, how can we make them work for us? Or perhaps out of all our discussions we may find our own better and unique way to improved governance.

RESOURCES

[An Inquiry into the performance of the College of Dental Surgeons of British Columbia and the Health Professions Act PSA December 2018](#)

[Board size and effectiveness: advice to the Department of Health regarding health professional regulators PSA September 2011](#)

[Final Report: A Vision for the Future CNO 2017](#)

[Fit and Proper? Governance in the public interest PSA March 2013](#)

[ONTARIO COLLEGE OF TEACHERS Governance Review Report November 26, 2018](#)



Draft Motions

Motion 1.

Be it resolved that:

The Council of the College of [], accepts the principles and vision presented in the "Initial Steps to Amalgamation" document (January 18, 2021) and agrees to the drafting and signing of a Memorandum of Understanding between the CDHO, CDTO, and CDO to proceed with planning the amalgamation of the three organizations.

If Motion 1 is adopted, then Motion 2 will be considered:

Motion 2

Be it resolved that:

The Council of the College of [] agrees to the formation of a Transition Oversight Committee. The composition of the Transition Committee will be, from each College: one public appointee, one professional member, and the Registrar. The total number of members of the Committee will be nine. The initial mandate of this Committee will be to begin the process of oversight and direction of the amalgamation vision, starting with the preparation of Terms of Reference for the Committee.



BRIEFING NOTE

To: **Council**

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

Date: **March 26, 2021**

Subject: **College Performance Measurement Framework Draft Report**

As discussed at the December 11, 2020 meeting of Council, in December 2020, the Ministry of Health released a College Performance Measurement Framework (CPMF) reporting tool. The structure of the Performance Reporting Tool was discussed at Council's December 11, 2020 meeting. The completion of this reporting tool was not an insignificant task! Jennifer Slabodkin did most of the heaving lifting here. Other staff provided information to report on their areas of responsibility. Included with this introductory note is the draft of this Report for Council's consideration. Overall, I think that the College and Council should be quite proud of all of the work that they have undertaken that allows for a very favourable report. Of course, there are opportunities for developing elements that line up with and satisfy some of the Standards outlined in the Reporting Tool. I have attached a document "CPMF Action Items" that summarizes those items.

Options:

Following consideration of this draft report, Council may elect to:

1. Approve the draft Report for submission to the Ministry of Health by the deadline of March 31, 2021 and posting of the Report on the College website.
2. Request amendments to the Report and approve the amended Report for submission to the Ministry of Health by the deadline of March 31, 2021 and posting of the Report on the College website.
3. Other

College Performance Measurement Framework (CPMF) Reporting Tool

December 2020

DRAFT

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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.

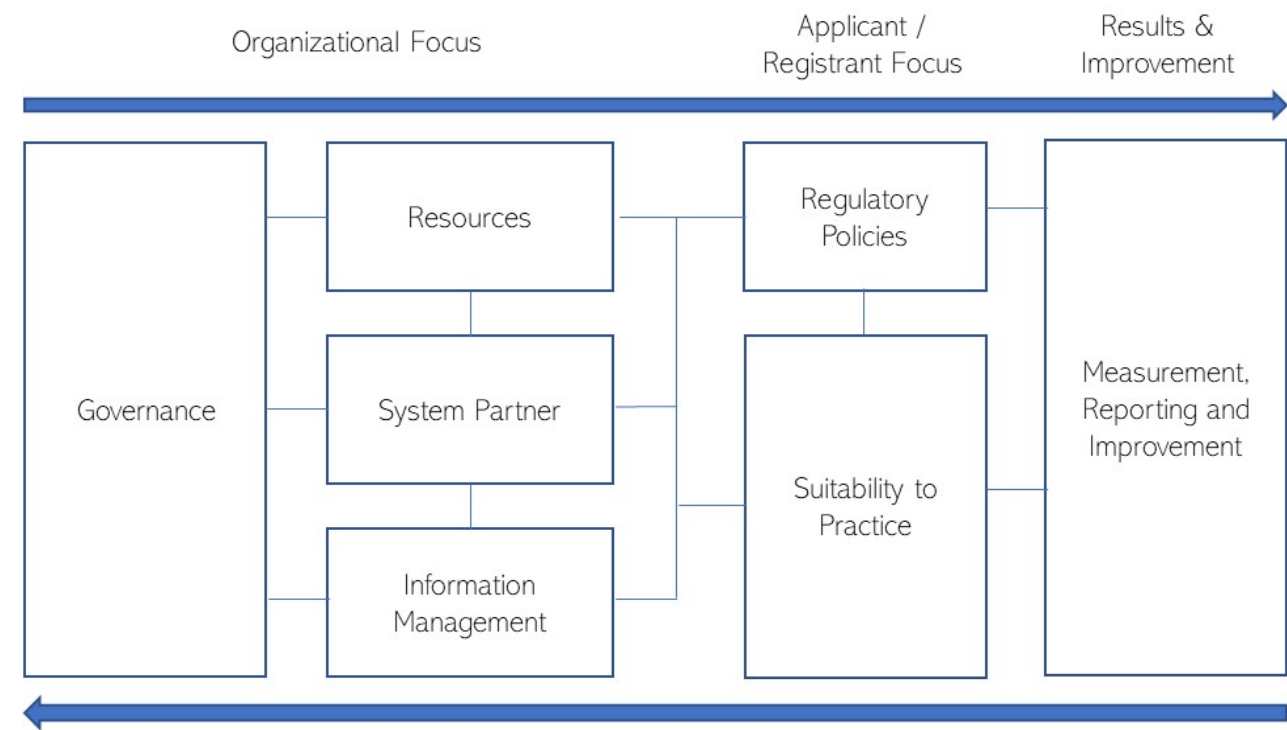
a) Components of the CPMF:

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: <ol style="list-style-type: none"> Meeting pre-defined competency / suitability criteria, and attending an orientation training about the College's mandate and expectations pertaining to the member's role and responsibilities. 	<ul style="list-style-type: none"> 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: <ol style="list-style-type: none"> met pre-defined competency / suitability criteria, and 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"> 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: <ol style="list-style-type: none"> Council meetings; 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,

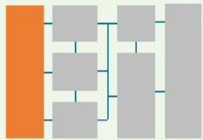
- where a College fulfills the “required evidence” it will have to:
 - provide link(s) to relevant background materials, policies and processes **OR** provide a concise overview of this information.
- where a College responds that it “partially” meets required evidence, the following information is required:
 - 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.	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>



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 X No <input type="checkbox"/>	
		<ul style="list-style-type: none">The competency/suitability criteria are public: Yes X No <input type="checkbox"/> <i>If yes, please insert link to where they can be found, if not please list criteria:</i> Please see article 13.01 Eligibility to Run for Election in College By-laws: https://denturists-cdo.com/Resources/Legislation-Regs-By-laws/By-laws/CDO-By-laws.aspxDuration of orientation training: 1-2 hoursFormat of orientation training (e.g. in-person, online, with facilitator, testing knowledge at the end): Online meeting with the President and Registrar (normally this may have been held in-person).Insert a link to website if training topics are public OR list orientation training topics: Professional Self-Regulation, Role of the College, Role of Council, Role of Registrar & Staff, Statutory and Non-Statutory Committees, Strategy Map, First Council Meeting.	



		<p>Education for Health Regulatory Professionals of Ontario (EHRPO) Links to EHRPO YouTube Council and Committee Member Training Videos</p> <p><u>Foundational Concepts</u></p> <p>1-A Regulatory Framework</p> <p>1-B The Public Interest</p> <p>1-C Legal Context and Structure of the RHPA (Regulated Health Professions Act)</p> <p>1-D Accountability</p> <p><u>Fiduciary Duties of Council and Committee Members</u></p> <p>2-A Confidentiality and Privacy</p> <p>2-B Conflict of Interest and Appearance Bias</p> <p>2-C Diligence, Respect and Ethical Behaviour</p> <p>2-D Confidentiality and Privacy</p> <p>2-E Conflict of Interest and Appearance of Bias</p> <p><u>Governance</u></p> <p>3-A Roles and Responsibilities of Council and its Officers</p> <p>3-B Roles and Responsibilities of Committees and their Chairs</p> <p>3-C Roles and Responsibilities of the Registrar and Staff</p> <p>3-D Conducting and Participating in Meetings and Hearings</p> <p>3-E External Communications</p> <p><u>Core Regulatory Activities of the Code</u></p> <p>4-A Restrictive Regulation</p> <p>4-B Reactive Regulation</p> <p>4-C Proactive Regulation</p> <p>4-D Transparent Regulation</p> <p><u>Specific Duties and Functions of the College</u></p> <p>5-A Strategic Planning</p> <p>5-B Risk Management</p> <p>5-C Making Regulations, By-laws, and Standards of Practice</p> <p>5-D Facilitating Practitioner Competence in all of the College's Activities</p> <p>5-E Equity</p>
--	--	---



		<p>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 X</p>
		<p>Additional comments for clarification (optional):</p> <p>The College is planning to discuss the development and implementation of competency criteria for Council members over the next year.</p>
	<p>b. Statutory Committee candidates have:</p> <p>i. met pre-defined competency / suitability criteria, and</p> <p>ii. attended an orientation training about the mandate of the Committee and expectations pertaining to a member’s role and responsibilities.</p>	<p>The College fulfills this requirement: Yes <input type="checkbox"/> Partially X No <input type="checkbox"/></p> <ul style="list-style-type: none">• The competency / suitability criteria are public: Yes <input type="checkbox"/> No X If yes, please insert link to where they can be found, if not please list criteria: The suitability criteria is emailed to registrants during the application period each year. The information is not stored permanently on the public website but can be found here: https://denturists-cdo.com/cdo/media/CDO-Media/Email%20Documents/Non-Council%20Committee%20Documents/Qualification-and-Expectation-of-Non-Council-Members-Final.pdf• Duration of each Statutory Committee orientation training: Registration: 2 hours orientation; 2+ hours OFC training Quality Assurance: 2 hours ICRC: 6 hours Discipline: 2 hours Fitness to Practise: 2-3 hours, scheduled as needed – there are very few referrals to the fitness to practise committee. Executive: 1 hour Patient Relations: 1-2 hours• Format of each orientation training (e.g. in-person, online, with facilitator, testing knowledge at the end): Registration: Prior to COVID-19, orientation was in-person with a facilitator (either the Manager of Registration or College legal counsel). During COVID-19, orientation was held online through video teleconference. The OFC training is completed through online modules on the OFC website: http://www.fairnesscommissioner.ca/index_en.php?page=learning_modules/index Quality Assurance: Prior to COVID-19, orientation was in-person with a facilitator (the Manager of Quality Assurance). During COVID-19, orientation was held online through video teleconference. ICRC: Prior to COVID-19, orientation was in-person with a facilitator (College legal counsel). During COVID-19, orientation was held online through video teleconference.



		<p>Discipline: Prior to COVID-19, orientation was in-person with a facilitator (Independent Legal Counsel). During COVID-19, orientation was held online through video teleconference.</p> <p>Fitness to Practise: Prior to COVID-19, orientation was in-person with a facilitator (independent legal counsel). During COVID-19, orientation would be held online via video conference if needed.</p> <p>Executive: Informal discussion facilitated by the Registrar.</p> <p>Patient Relations: Prior to COVID-19, orientation was in-person with a facilitator (legal counsel providing support to the Committee). During COVID-19, orientation is held online via video conference.</p> <ul style="list-style-type: none">• Insert link to website if training topics are public OR list orientation training topics for Statutory Committee: <p>Registration: Functions of the RC; issues determined by the RC; how the Registrar interacts with the RC; applying discretion; role of the OFC and TOIF principles; registration requirements and classes of registration; powers of the RC; writing reasons for RC decisions. OFC modules include: understanding fair-access law, applying fair-access law (and in scenarios) and implementing fair access law.</p> <p>Quality Assurance: Legislative overview (RHPA, General Regulation); powers of the QAC; QA Program overview (self-assessment, continuing professional development, peer & practice assessments); QA policy overview; meeting structure.</p> <p>ICRC: Overview of ICRC processes; ICRC manual and resource binder (quick review, explanation of use); review of ICRC panel composition/meeting structure.</p> <p>Discipline: Jurisdiction of DC; legislative framework; duty of procedural fairness; rules of procedure; notice of hearing; forms of hearing; electronic hearings; pleas, submissions to chair; panel deliberations; record of proceeding; public access; duty of expert; motion for adjournment; motions; pre-hearing conferences; disclosure, pleas, costs, decisions and reasons; evidence; credibility; public access.</p> <p>Fitness to Practise: Mandate of the Fitness to Practise panel; the role of the Panel in the Hearing; and outcomes the Panel can consider.</p> <p>Executive: Functions and processes of the Committee.</p> <p>Patient Relations: Legislative mandate; components of the Patient Relations Program; Definition of Patient; Funding for therapy and counselling; terms of reference; confidentiality; conflict of interest.</p>
		<p>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 checked="" type="checkbox"/></p>
		<p>Additional comments for clarification (optional):</p> <p>The College is planning to discuss the development and implementation of competency criteria for Committee members over the next year.</p>



	<p>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.</p>	<p>The College fulfills this requirement: Yes X Partially <input type="checkbox"/> No <input type="checkbox"/></p> <ul style="list-style-type: none"> Duration of orientation training: 1 -2 hours Format of orientation training (e.g. in-person, online, with facilitator, testing knowledge at the end): Prior to COVID-19, orientation was in-person, facilitated by the Registrar and President of Council. During COVID-19, orientation would be held online via video conference if needed. Insert link to website if training topics are public OR list orientation training topics: Professional Self-Regulation, Role of the College, Role of Council, Role of Registrar & Staff, Statutory and Non-Statutory Committees, Strategy Map, First Council Meeting. <p>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"/></p> <p>Additional comments for clarification (optional):</p>
<p>1.2 Council regularly assesses its effectiveness and addresses identified opportunities for improvement through ongoing education.</p>	<p>a. Council has developed and implemented a framework to regularly evaluate the effectiveness of:</p> <ul style="list-style-type: none"> i. Council meetings; ii. Council 	<p>The College fulfills this requirement: Yes <input type="checkbox"/> Partially X No <input type="checkbox"/></p> <ul style="list-style-type: none"> Year when Framework was developed OR last updated: A post-council meeting survey is circulated to Council members after each Council meeting. The survey questions were revised in June 2020 to incorporate virtual meeting components to the evaluation. Insert a link to Framework OR link to Council meeting materials where (updated) Framework is found and was approved: https://www.surveymonkey.com/r/Preview/?sm=tZRIxipvW1t7F_2BXhi9pi9jxGASZaJQVOUbESHqws5xQifVzyU3pG3ZFm0ZYPTWrdr Evaluation and assessment results are discussed at public Council meeting: Yes X No <input type="checkbox"/> If yes, insert link to last Council meeting where the most recent evaluation results have been presented and discussed: Post-Council meeting surveys are included in the consent agenda of all Council meeting packages and can be discussed at the request of a Council member during the meeting: https://denturists-cdo.com/About-Us/Council-Committees/Council/Council-Minutes-Highlights.aspx#Council-Packages <p>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period? Yes <input type="checkbox"/> X No</p>



		<i>Additional comments for clarification (optional)</i> The College intends to discuss ways augmenting its framework for regularly evaluating the effectiveness of Council and its meetings.
	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 X
		<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"/> <i>If yes, how often over the last five years? <insert number></i>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?</i> Yes <input type="checkbox"/> No X
		<i>Additional comments for clarification (optional)</i> Council intends to discuss engaging a third-party assessor over the next year.
	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.	The College fulfills this requirement: Yes X Partially <input type="checkbox"/> No <input type="checkbox"/>
		<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; The post-meeting survey asks Council members to provide information about how meetings can be improved as well as additional comments where training topics can be suggested: https://denturists-cdo.com/About-Us/Council-Committees/Council/Council-Minutes-Highlights.aspx#Council-PackagesInsert a link to Council meeting materials where this information is found ORDescribe briefly how this has been done for the training provided <u>over the last year</u>. <p>In addition to the mandatory orientation session/training, Council receives training in governance, financial management/literacy, and unconscious bias on an as needed basis (for example, when new Council members are elected or appointed). Additional training on topics is arranged when requested.</p> <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"/>



		Additional comments for clarification (optional):
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.	The College fulfills this requirement: Yes X Partially <input type="checkbox"/> No <input type="checkbox"/>
		<ul style="list-style-type: none">Year when Council Code of Conduct and 'Conflict of Interest' Policy was implemented OR last evaluated/updated: 2012Insert a link to Council Code of Conduct and 'Conflict of Interest' Policy OR Council meeting materials where the policy is found and was discussed and approved: Section 27 of the College By-laws: https://denturists-cdo.com/Resources/Legislation-Regs-By-laws/By-laws/CDO-By-laws.aspx
		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)
	b. The College enforces cooling off periods ² .	The College fulfills this requirement: Yes X 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 X Competency/Suitability criteria <input type="checkbox"/> Other <please specify>The year that the cooling off period policy was developed OR last evaluated/updated: September 2012How 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; <p>Please see article 13.01.ii(f) and 13.01.iv Eligibility to Run for Election in College By-laws: https://denturists-cdo.com/Resources/Legislation-Regs-By-laws/By-laws/CDO-By-laws.aspx</p>

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.



		<p><i>(f) the Member is not, and has not for a period of at least one (1) year been, a director, officer or employee of any Professional Association relating to denturism,</i></p> <p><i>(iv) if the Member has previously served as an elected Council member for nine (9) consecutive years, at least three (3) years have passed.</i></p> <ul style="list-style-type: none">– insert a link to Council meeting where cooling of period has been discussed and decided upon; OR– where not publicly available, please describe briefly cooling off policy: <p>At the June 29, 2012 meeting, Council discussed major revisions to the by-laws as a result of the Operational Review and Audit of the College of Denturists of Ontario by PWC. This included the cooling off requirements for professional members elected to Council. The proposed changes were circulated for a 60 day consultation period and were ratified by Council at the September 14, 2012 meeting.</p>
		<p>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"/></p>
		<p>Additional comments for clarification (optional)</p>
	<p>c. The College has a conflict of interest questionnaire that all Council members must complete annually.</p> <p><u>Additionally:</u></p> <ul style="list-style-type: none">i. the completed questionnaires are included as an appendix to each Council meeting package;ii. questionnaires include definitions of conflict of interest;	<p>The College fulfills this requirement: Yes <input type="checkbox"/> Partially X No</p> <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:



	<p>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</p> <p>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>.</p>	<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i> Yes X No <input type="checkbox"/></p>
		<p><i>Additional comments for clarification (optional)</i></p> <p>Council and Committee members sign a Letter of Understanding regarding Conflict of Interest when they are appointed and/or elected. The College’s legal counsel provides comments regarding conflict of interest at EACH Council meeting and each Committee agenda includes a Declaration of Conflict of Interest item.</p> <p>The College will be investigating opportunities to develop and introduce a conflict of interest questionnaire that can be utilized for Council and Committee meetings.</p>
	<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>	<p>The College fulfills this requirement: Yes <input type="checkbox"/> Partially X No <input type="checkbox"/></p>
		<ul style="list-style-type: none">Describe how the College makes public interest rationale for Council decisions accessible for the public: The Council materials posted on the public website include all relevant background information needed to understand the context of an agenda item. The public interest rationale is discussed during the Council meeting but is not immediately accessible to the public through the meeting materials.Insert a link to meeting materials that include an example of how the College references a public interest rationale:
		<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i> Yes X No <input type="checkbox"/></p> <p><i>Additional comments for clarification (if needed)</i></p> <p>Action: Briefing notes will be modified to include a section that identifies the Public Interest in the matter at hand. This section will also include a more explicit explanation of the relationship of the agenda item to the College’s strategic direction or regulatory processes and actions so that these important details are more readily accessible to the public.</p>
<p>Standard 3</p> <p>The College acts to foster public trust through transparency about decisions made and actions taken.</p>		



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 X Partially <input type="checkbox"/> No <input type="checkbox"/>
		<ul style="list-style-type: none">Insert link to webpage where Council minutes are posted: https://denturists-cdo.com/About-Us/Council-Committees/Council/Council-Minutes-Highlights.aspx#Council-Meetings
		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)
	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). <ul style="list-style-type: none">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; andiv. if decisions will be ratified by Council.	The College fulfills this requirement: Yes <input type="checkbox"/> Partially <input type="checkbox"/> No X
		<ul style="list-style-type: none">Insert a link to webpage where Executive Committee minutes / meeting information are posted:
		If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period? Yes X No <input type="checkbox"/>
		Additional comments for clarification (optional) Action: In the 2021 reporting period, the College will be providing information regarding Executive Meetings, including the meeting date, rationale for the meeting, a report on discussions and decisions when the Committee acts as Council or discusses/deliberates on matter or materials that will be brought forward to Council, and if decisions will be ratified by Council.
		The College fulfills this requirement: Yes X Partially <input type="checkbox"/> No <input type="checkbox"/>

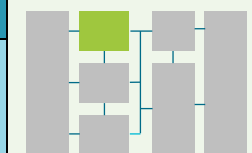


3.2 Information provided by the College is accessible and timely.	c. Colleges that have a strategic plan and/or strategic objectives post them clearly on the College's website (where a College does not have a strategic plan, the activities or programs it plans to undertake).	<ul style="list-style-type: none">Insert a link to the College's latest strategic plan and/or strategic objectives: https://denturists-cdo.com/About-Us/Strategy-Map-2017-2020.aspx
		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)
	a. Notice of Council meeting and relevant materials are posted at least one week in advance.	The College fulfills this requirement: Yes <input checked="" type="checkbox"/> Partially <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"/>
		Additional comments for clarification (optional) https://denturists-cdo.com/About-Us/Council-Committees/Council/Council-Meetings.aspx
	b. Notice of Discipline Hearings are posted at least one week in advance and materials are posted (e.g. allegations referred)	The College fulfills this requirement: Yes <input checked="" type="checkbox"/> Partially <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"/>
		Additional comments for clarification (optional) https://denturists-cdo.com/Protecting-the-Public/Professional-Conduct/scheduled-Discipline-Hearings.aspx

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.	<p>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.</p> <p><u>Further clarification:</u> A College’s strategic plan and budget should be designed to complement and support each other. To that end, budget allocation should depend on the activities or programs a College undertakes or identifies to achieve its goals. To do this, a College should have estimated the costs of each activity or program and the budget should be allocated accordingly.</p>	The College fulfills this requirement: Yes X Partially <input type="checkbox"/> No <input type="checkbox"/>
		<ul style="list-style-type: none">Insert a link to Council meeting materials that include approved budget OR link to most recent approved budget: <p>The annual budget includes a line item for “program development” this covers all of the strategic plan activities that are scheduled for that fiscal year. Council reviews the budget during the March Council meetings. Council packages including budgets and notes can be found on the College’s website. The March 2019 budget can be reviewed here (agenda item 8): https://denturists-cdo.com/About-Us/Council-Committees/Council/Council-Minutes-Highlights/Council-Packages/95th-Council-Meeting-Package-March-22,-2019.aspx</p> <p>The Executive Committee approved the budget for 2020-21. The March 2020 Council meeting was postponed until May due to the COVID-19 pandemic. The Executive Committee materials are not publicly available. The Council meeting materials for the June 2017 meeting, when the strategic plan was ratified, are not publicly available. The minutes of the Council meeting where the Strategic Plan was ratified are available on the College website.</p>
		<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 College:	The College fulfills this requirement: Yes X Partially <input type="checkbox"/> No <input type="checkbox"/>



	<p>i. has a “financial reserve policy” that sets out the level of reserves the College needs to build and maintain in order to meet its legislative requirements in case there are unexpected expenses and/or a reduction in revenue and furthermore, sets out the criteria for using the reserves;</p> <p>ii. possesses the level of reserve set out in its “financial reserve policy”.</p>	<p><u>If applicable:</u></p> <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: The current policy is in queue to be revised to reflect recommendations by the College’s financial auditor. The current Surplus Retention Policy can be found here: https://denturists-cdo.com/Resources/Policies/Operational-Policies/SURPLUS-RETENTION-POLICY.aspxInsert most recent date when “financial reserve policy” has been developed OR reviewed/updated: October 3, 2014Has the financial reserve policy been validated by a financial auditor? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> The policy was reviewed in 2014 when it was implemented. <p><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></p> <p><i>Additional comments for clarification (if needed)</i></p>
	<p>c. Council is accountable for the success and sustainability of the organization it governs. This includes 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).</p>	<p>The College fulfills this requirement: Yes <input type="checkbox"/> Partially <input checked="" type="checkbox"/> No <input type="checkbox"/></p> <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. Human resources management and strategy are primarily viewed through the lens of operational effectiveness and the ability of the College to meet its legislative mandates. Relevant, specific human resources matters are communicated with to the Executive Committee and, as the representative of Council, the Committee’s input is sought when required. Human resource strategy communication at the Council level is largely associated with the budgetary implications and these items are outlined at the time that the budget is presented for approval or ratification. <p><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 checked="" type="checkbox"/></i></p>



		Additional comments for clarification (optional)
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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.		
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>	



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.

Instead, Colleges will report on key activities, outcomes, and next steps that have emerged through a dialogue with the Ministry of Health.

Beyond discussing what Colleges have done, the dialogue might also identify other potential areas for alignment with other Colleges and system partners.

In preparation for their meetings with the ministry, Colleges have been asked to submit the following information:

- 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.

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.

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:

- 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.).*

Collaborative Response to the COVID-19 Pandemic:

The CDO worked collaboratively with the three other oral health regulators in Ontario (College of Dental Technologists of Ontario, College of Dental Hygienists of Ontario and the Royal College of Dental Surgeons of Ontario) to develop common guiding principles that oral health professionals could refer to when returning to practice in May. The CDO also worked collaboratively with Public Health Ontario to ensure that the guidelines were consistent with Public Health Ontario documents. The CDO continues to work with the oral health regulators and Public Health Ontario to revise the return to practice guidelines as new and emerging information becomes available. The collaborative response to the COVID-19 pandemic amongst oral health regulators strengthens the CDO's ability to protect the public through consistent messaging and best practices, particularly when multi-disciplinary oral health care clinics are common throughout the province. The communications sent to registrants regarding return to practice guidance provided clear expectations and resulted in a decrease in practice advisory inquiries related to COVID-19, demonstrating the effectiveness of the communication strategy.

Participation in Joint Meetings:

The CDO met with several system partners throughout the year to discuss matters of mutual interest.

Canadian Alliance for Regulators in Denturism: The CDO met several times with the Registrars from the College of Denturists of British Columbia and the College of Alberta Denturists to discuss a national accreditation framework for denturism programs and a national multiple choice examination, and finalize a revised national competency profile. These national projects will strengthen the CDO's ability to ensure that applicants from across Canada meet a common set of entry-to-practice expectations. Denturism patients in Ontario, British Columbia and Alberta can expect the same level of competency and care from Registered Denturists.

Academic Institutions: The CDO met with the following academic institutions that offer post-secondary education in denturism: George Brown College, Oxford College and Georgian College. The CDO regularly delivers presentations to students regarding professional self-regulation, the role of the College, Standards of Practice, registration and the examination process, and most recently, return to practice guidelines for COVID-19. During the active COVID-19



<p>pandemic, interactions between the College and the educational institutions were focussed on determining how current students would meet the curricular requirements required for successful completion of their program of study. This was most significant in those areas where clinical experience was required for the development of the associated competencies. In addition, the College has worked closely with the educational institutions to determine the best date for the College's next Qualifying Examination, given that graduation from the Ontario Denturism programs has been delayed. The CDO engaged in discussions regarding the revised competency profile to ensure that academic institutions offering denturism programs would be able to deliver the revised curriculum. The CDO attended curriculum advisory meetings held by academic institutions offering denturism programs to ensure that the College was aware of changes to curriculum or delivery planned or implemented on the school program side.</p> <p>Professional Associations: The CDO communicated throughout the pandemic with representatives of the Denturist Association of Ontario and the Denturist Group of Ontario to develop the return to practice guidelines. The CDO regularly sent information regarding continuing professional development activities and opportunities (webinars and peer circles) to the associations for dissemination to encourage participation and uptake amongst the profession. Coordinated communication with the associations improves the likelihood that Registered Denturists will meet their professional obligations, thereby providing safe, competent and ethical care to the public.</p>		
	<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>The CDO conducts environmental scans regarding policy and operational items and seeks out subject matter expertise to inform decision making, and to identify system partners. If the CDO becomes aware of information related</p>	<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> <p>Public Website: In the past year, the COVID-19 pandemic created significant changes to public expectations, particularly for oral health care providers, with respect to infection prevention and control measures. A dedicated COVID-19 advisory page was added to the</p>

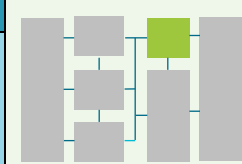


	<p>to a system partner, it is analyzed to determine if there are any immediate actions that need to be taken, who needs to be involved in the decision-making and action process, and when decisions and/or actions need to be made and/or taken. The CDO recognizes that system partners must work together to ensure that patients in Ontario receive acceptable denturism care and therefore considers external factors important in the decision-making process. The following examples demonstrate how the CDO interacts with system partners and leverages those relationships to respond to changing public/societal expectations.</p> <p><u>Ontario Oral Health Profession Regulators:</u> The CDO regularly meets with the other oral health profession regulators in Ontario to discuss areas of common interest and to identify ways to collaboratively serve the public interest effectively and efficiently.</p> <p><u>Regulatory Working Groups:</u> As a member of several working groups (Health Profession Regulators of Ontario, Ontario Regulators for Access Consortium, the Quality Assurance Working Group, and the Health Profession Regulators of Ontario), the CDO was able to share experiences with other regulators, become aware of system-wide matters and develop collaborative partnerships with other regulators in areas of mutual interest.</p> <p>The CDO monitors consultations with other health regulatory colleges to determine if the information is applicable to our work. If it is, the CDO will provide comments/feedback and work with the other regulator in areas of mutual interest. Participation in the consultation process provides insight into emerging trends in both practice and regulation.</p> <p><u>Patients and the Public:</u> During the 2017-2020 strategic plan, the CDO met with the Citizens Advisory Group (CAG) to gather feedback on the public website. The feedback was used to revise the website to make it easier to navigate the website. For example, creating a Filing a Complaint tab that was easier to locate. In this discussion, the College, along with the CDHO, also sought the CAG's opinion on regulatory governance models and amalgamation of existing Oral Health Colleges into a single regulatory body. The CDO received feedback that included widespread support for amalgamation and continued collaboration.</p>	<p>College's website. Additionally, static banners and additional links funnel registrants, their patients and the public to a resource page for up-to-date information.</p> <p>Based on the information provided through consultation with the public (i.e. through the CAG meetings), the CDO maintains a Protecting the Public section on the website to provide the public with information about matters of interest (i.e. how to use the public register, information about past and current discipline matters, how to make a complaint, patient rights, patient relations, transparency and scope of practice).</p> <p><u>Return to Practice:</u> The Return to Practice Guidelines were developed collaboratively amongst the 4 oral health regulators. This collaborative initiative was successful in providing consistent messaging for registrants, their patients and the public regarding the treatment of mutual patients and provided clear guidance to registrants to assist them in navigating rapid changes in their practice environments.</p> <p><u>Peer Circles:</u> The CDO was the first health profession regulator in Ontario to develop and offer Peer Circles to Registered Denturists as a continuing professional development activity option for the Quality Assurance Program. Peer Circles provides Registered Denturists with a rewarding opportunity to work together in small groups to address challenging, topical practice issues and develop enhanced problem-solving approaches and strategies. Peer Circles typically involve 8 practitioners and a group facilitator. The facilitator, who is a practising Registered Denturist, is trained to assist the group as it considers these instructive cases or issues.</p> <p>Through an active communication strategy, excellent registrant engagement, and continuing professional development activities such as webinars and peer circles, the CDO can communicate important information to registrants regarding standards of practice, guidelines and other important matters that impact patient care and safety including mandatory reporting obligations (to address concerns outlined in the Wettlaufer Report), the importance of maintaining professional boundaries (to address prevention of sexual abuse of patients) and various scenarios involving informed consent to treatment and</p>
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	<p>https://citizenadvisorygroup.files.wordpress.com/2019/01/january-20-2018-3.pdf</p> <p>The CDO targets education for registrants that addresses problematic clinical patient interactions identified through the analysis of complaints and discipline data. Continuing professional development activities, such as Peer Circles and webinars, are developed to encourage registrants to discuss important and topical scenarios that may impact their practice and the care they provide to their patients.</p>	<p>confidentiality and privacy (to ensure that registrants understand their obligations and duties with respect to the governing legislation in these areas).</p> <p>Due to the COVID-19 pandemic, in-person Peer Circle sessions were not feasible. The CDO was able to utilize technology to develop and administer <i>virtual</i> Peer Circles to ensure that registrants continued to have access to these important educational opportunities. The CDO received positive feedback from participants with 67% of survey respondents preferring virtual over in-person sessions. Participants reported the activity facilitated professional collaboration, encouraged critical thinking, enhanced problem solving, and improved communication skills.</p>
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 X
		<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 X No <input type="checkbox"/>
		<p>Additional comments for clarification (optional)</p> <p>The College has drafted policies for the privacy of personal information and privacy breaches. They will be reviewed by Council during the 2021 reporting period.</p>



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.	<p>The College fulfills this requirement: Yes X Partially <input type="checkbox"/> No <input type="checkbox"/></p> <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). <p>The College does not have a formal policy that describes how we evaluate policies and practice documentation. There are a few situations that trigger an evaluation: changes in legislation, changes in practice, or the cyclical review that is conducted approximately every 5 years. During the evaluation process, the document is reviewed to ensure it is in alignment with the current regulatory framework and incorporates best practices and environmental changes. In most cases, an environmental scan is conducted and Committee members are engaged in the revision process. The revisions are presented to Council for consideration and are either adopted or circulated for stakeholder consultation. Stakeholders include: other health regulators in Ontario and across Canada, academic institutions, membership associations, government bodies as applicable (i.e. Ministry of Health, Ontario Fairness Commissioner). These stakeholder groups are advised of the consultation via email and the consultation is posted on the College’s homepage billboards and consultation page:</p> <p>https://denturists-cdo.com/About-Us/Consultations.aspx After a consultation closes, the report and a briefing note is prepared for Council’s consideration, either to adopt a motion to approve the document for implementation or request changes. The final document is circulated to stakeholders in a College Update and posted in the relevant section of the website. https://denturists-cdo.com/Resources/Publications.aspx#College-Updates</p> <p><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"/></p>	



		Additional comments for clarification (optional)
	<p>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:</p> <p>i. evidence and data,</p> <p>ii. the risk posed to patients / the public,</p> <p>iii. the current practice environment,</p> <p>iv. alignment with other health regulatory Colleges (where appropriate, for example where practice matters overlap)</p> <p>v. expectations of the public, and</p> <p>vi. stakeholder views and feedback.</p>	<p>The College fulfills this requirement: Yes X Partially <input type="checkbox"/> No <input type="checkbox"/></p> <p>• 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.</p> <p>The College recently reviewed and revised all policies related to registration. As part of the policy review process, College staff conducts an environmental scan with other regulators in the province and in other jurisdictions, consults with the Ontario Fairness Commissioner and the College’s legal counsel, and conducts research specific to the policy topic to determine if revisions to a policy are needed and to provide a recommended list of those revisions to the Registration Committee for their consideration. The Registration Committee reviews the research in the form of a briefing note and revises the policy as needed. The revisions are presented to Council for consideration and either approval or amendment.</p> <p>For example, the Language Proficiency Policy was significantly amended and expanded. From a risk and public expectation perspective, the Registration Committee discussed minimum cut-scores and the importance of being able to adequately communicate with patients. The evidence and data presented by the language test providers allowed the Registration Committee to determine appropriate minimum cut-off scores for language proficiency.</p> <p>In another example, the Criminal Record and Judicial Matters Check policy was revised when the Police Record Checks Reform Act, 2015 was put into force. The Registration Committee reviewed recommendations from legal counsel regarding the various types of background checks offered under the new legislation, the information provided by each and the most suitable check to require for applicants moving forward.</p>
		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 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.) .	<p>The College fulfills this requirement: Yes X Partially <input type="checkbox"/> No <input type="checkbox"/></p> <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: Candidates submit documentation for eligibility to sit the Qualifying Examination and applicants submit documentation for eligibility for a Certificate of Registration. In both cases, staff review the documentation submitted to ensure that it is authentic and complete. Each application type has a checklist so that the individual submitting the application and staff know what is required, what has been submitted and what may be outstanding. The website links, policies, guides and forms relevant to this process include: Registering for the Qualifying Examination Applying for a Certificate of Registration Academic Credential Authentication Policy and Process Guidelines Criminal Record and Judicial Matters Check Policy and Process Guidelines Insufficient or Incomplete Documentation Policy Referral of a Registration Application to the Registration Committee Policy Form B2: Certificate of Professional ConductInsert 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.):



		<p>Original diplomas, transcripts, ID and proof of citizenship must be provided directly to the College, where staff will make a certified true copy and send the originals back to the individual. Alternatively, notarized copies of that documentation may be submitted. Transcripts directly sent from academic institutions and Certificates of Professional Conduct sent directly from the regulatory authority are required. Academic institutions in Ontario send information regarding program graduates directly to the College for exam eligibility purposes.</p>
		<p><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></p>
		<p><i>Additional comments for clarification (optional)</i></p>
	<p>b. The College periodically reviews its criteria and processes for determining whether an applicant meets its registration requirements, against best practices (e.g. how a College determines language proficiency).</p>	<p>The College fulfills this requirement: Yes <input checked="" type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/></p> <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. <p>The College assesses policies and processes related to registration requirements on a cyclical basis to ensure they are current, meet the fair registration principles outlined by the Ontario Fairness Commissioner and demonstrate best practices amongst the national and international regulatory community.</p> <p>The College conducts an environmental scan to determine how other regulators have approached a specific policy topic. The College approaches the Ontario Fairness Commissioner and reviews their website to research current best practices. The College’s legal counsel is involved to provide advice on new or amended legislation that my impact a policy or process.</p> <p>The research is compiled to determine if a policy or process would benefit from revision. The recommended revisions are identified and discussed by the Registration Committee. The Registration Committee considers revisions and recommends them to Council for approval and implementation.</p> <ul style="list-style-type: none">• Provide the date when the criteria to assess registration requirements was last reviewed and updated.



		This process was developed in 2017 when the College embarked on its Strategy Map for 2017-2020 that included a priority to improve internal policy coordinating and policy-setting.
		<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>
10.2 Registrants continuously demonstrate they are competent and practice safely and ethically.	a. Checks are carried out to ensure that currency and other ongoing requirements are continually met (e.g., good character, etc.).	<p>The College fulfills this requirement: Yes X Partially <input type="checkbox"/> No <input type="checkbox"/></p> <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: <p>Professional Liability Insurance: The College requires that Registered Denturists provide updated information regarding their professional liability insurance policy, including the provider, the policy number, and the effective and expiry dates. Denturists who do not provide updated information to the College by the date the policy expires receive three follow up email reminders to update their information. If the information is not updated after the 3rd email reminder, letters signed by the Registrar are mailed to Denturists and they are charged a \$50 administrative fee for having to mail the notice. If the policy information is not provided by the deadline specified in the letter, the Registrar will refer the Denturist to the Inquiries, Complaints and Reports Committee for failing to provide a information and a response to the College when requested.</p> <p>Currency: The College reviews currency requirements on an annual basis after the annual renewal submissions have been completed. If a registrant has reported practising less than 750 practice hours, they are flagged for review. The registrant is asked if they would like to provide any additional submissions before their file is reviewed by the Registrar and then referred to the Registration Committee for consideration. The current Registration Regulation requires that registrants who do not meet the currency requirements have their Certificates expired. In order to not declare a Certificate expired, they will usually be asked to sign an agreement and undertaking regarding their practise status which outlines requirements for either continuing to practise or returning to practise in the future. Terms, conditions and limitations are usually imposed on the registrant’s Certificate of</p>



		<p>Registration until the currency requirements are met and can be requested to be removed. Certificates for registrants who do not wish to sign the agreement and undertaking are declared expired.</p> <p>Good Character: Article 33.08.01 of the College by-laws require that registrants self-report professional conduct concerns immediately to the College. The College also reviews self-reported declarations related to good character during the annual renewal process.</p> <ul style="list-style-type: none">List the experts / stakeholders who were consulted on currency: Members of the profession, other provincial denturism regulators and other health profession regulators provided their feedback on the revised currency requirements during the consultation conducted in 2013.Identify the date when currency requirements were last reviewed and updated: The College consulted on the currency requirements in 2013 when the revised Registration Regulation was being drafted.Describe how the College monitors that registrants meet currency requirements (e.g. self-declaration, audits, random audit etc.) and how frequently this is done. Registrants self-declare the number of practice hours worked during the preceding renewal period. The College reviews this information on an annual basis immediately following the close of the renewal period. Details regarding the review process can be found above. <p><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></p> <p><i>Additional comments for clarification (optional)</i></p>
		The College fulfills this requirement: Yes X Partially <input type="checkbox"/> No <input type="checkbox"/>



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).	<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: https://denturists-cdo.com/Applicants/Fair-Registration-Practices/Registration-Practices-Assessment-Report-2018-Asse.aspxWhere 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 X <p><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></p> <p><i>Additional comments for clarification (if needed)</i></p>
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).	<p>The College fulfills this requirement: Yes X Partially <input type="checkbox"/> No <input type="checkbox"/></p> <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 Standard: Standard of Practice: Professional BoundariesDuration of period that support was provided: Support was provided prior to the implementation date of the Standard and is ongoing.Activities undertaken to support registrants: Registrants were advised when Council approved the Standard for implementation. A Guide to the Standard accompanies the Standard and presents practice scenarios and frequently asked questions. As a means of educating registrants on the expectations outlined in the Standard, an educational webinar and self-directed learning were developed and continue to be offered. The topic is also included in current Peer Circle cases. Registrants can contact Practice Advisory if they have any additional questions or concerns regarding the Standard.



		<ul style="list-style-type: none">– % of registrants reached/participated by each activity: Webinars: 131 registrants Self-Directed Learning Assignments: 18 assignments were submitted Practice Advisory: Approximately 7 inquiries were received.– Evaluation conducted on effectiveness of support provided: The College has not conducted a formal evaluation on the support that is provided to registrants. Anecdotally, the College receives very positive feedback from registrants that participate in the webinars and complete the assignments. <ul style="list-style-type: none">• Does the College always provide this level of support: Yes X No <input type="checkbox"/> <p><i>If not, please provide a brief explanation:</i></p> <p><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></p> <p><i>Additional comments for clarification (optional)</i></p>
11.2The College effectively administers the assessment component(s) of its QA Program in a manner that is aligned with right touch regulation ³ .	a. The College has processes and policies in place outlining: <ul style="list-style-type: none">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	<p>The College fulfills this requirement: Yes X Partially <input type="checkbox"/> No <input type="checkbox"/></p> <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: The priority areas of focus for QA Assessments include:<ul style="list-style-type: none">• Infection Control• Collection and Documentation of Patient Information<ul style="list-style-type: none">○ Assessment and Interpretation of Patient Needs and Requirements○ Post-insertion Patient Education and Continuity of Care• Continuing Professional Development<p>https://denturists-cdo.com/Registered-Denturists/Quality-Assurance/Peer-Practice-Assessment.aspx</p>

³ “Right touch” regulation is an approach to regulatory oversight that applies the minimal amount of regulatory force required to achieve a desired outcome. (Professional Standards Authority. Right Touch Regulation. <https://www.professionalstandards.org.uk/publications/right-touch-regulation>).



	<p>which type if multiple assessment activities); and</p> <p>iii. criteria that will inform the remediation activities a registrant must undergo based on the QA assessment, where necessary.</p>	<p>The assessments heavily focus on infection prevention and control and the collection and documentation of patient information as these areas most often and most significantly affect patient safety and care when receiving denturism services. The Quality Assurance Committee considered these factors when revising the assessment process in 2012-2013.</p> <ul style="list-style-type: none">Is the process taken above for identifying priority areas codified in a policy: Yes <input type="checkbox"/> No X <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: Each year up to 5-10% percent of registrants are randomly selected to participate in a Peer and Practice Assessment (PPA). The assessment is an educational opportunity designed to assess a registrant’s knowledge, skill and judgement, and to help identify areas of strength and opportunities for improvement in their practice. The current regulations governing the QA program do not permit stratification for selection, however, stratification will be introduced when the QA Regulation comes into force. This will include, but is not limited to, considerations for new registrants and newly opened denture clinics. The College believes that the QA program is integral to continuing professional competence and registrant engagement, and is planning to connect with each registrant at least once every five years for an assessment.Provide the year the right touch approach was implemented OR when it was evaluated/updated (if applicable): 2012-2013 <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: The Quality Assurance Committee considers each assessment report on an individual basis. Generally, if there are record keeping concerns, the registrants is asked to demonstrate that have resolved the issue by providing a specific number of anonymized copies of patient records for review.
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		<p>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"/></p>
		<p>Additional comments for clarification (optional)</p>
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.	<p>The College fulfills this requirement: Yes <input checked="" type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/></p> <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: College staff diarize remediation requirements and due dates in the registrant membership database. If a deadline passes without a submission confirming proof of completion (i.e. a certificate), staff will follow up with the registrant. Non-response and non-compliance are reported to the Quality Assurance Committee.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: The Quality Assurance Committee will review remedial submissions to determine if the registrant has demonstrated the requisite knowledge, skills and judgment. If the submission meets the Standard in



		<p>question (i.e. record keeping or infection prevention and control), the registrant is advised that the result is now satisfactory. If additional remediation is required, the Committee will direct staff to advise the registrant of the requirements and deadlines.</p>
		<p>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"/></p>
		<p>Additional comments for clarification (if needed)</p>
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).	<p>The College fulfills this requirement: Yes <input checked="" type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/></p> <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: <p>The following links provide this information:</p> <ul style="list-style-type: none">Complaints – Frequently Asked Questions: https://denturists-cdo.com/Resources/Frequently-Asked-Questions.aspx#Complaints-QuestionsGuide to the Complaint Process: https://denturists-cdo.com/Resources/Guides-Checklists-Forms-and-Documents/Complaints/CDO-Guide-to-the-Complaint-Process-Final.aspxPatient Sexual Abuse – FAQs for Patients: https://denturists-cdo.com/Resources/Frequently-Asked-Questions.aspx#Patient-Sexual-Abuse-FAQs-for-PatientsFunding for Therapy and Counselling: https://denturists-cdo.com/Protecting-the-Public/Patient-Relations-Program/Funding-for-Therapy-Counselling.aspx



		<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 X No <input type="checkbox"/>Does the College evaluate whether the information provided is clear and useful: Yes X No <input type="checkbox"/> <p><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></p> <p><i>Additional comments for clarification (optional)</i></p>
	b. The College responds to 90% of inquiries from the public within 5 business days, with follow-up timelines as necessary.	<p>The College fulfills this requirement: Yes X Partially <input type="checkbox"/> No <input type="checkbox"/></p> <ul style="list-style-type: none">Insert rate (<u>see Companion Document: Technical Specifications for Quantitative CPMF Measures</u>) <p>100% of inquiries from the public are responded to within 5 business days – the average is 1 business day.</p> <p><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></p> <p><i>Additional comments for clarification (optional)</i></p>
	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:<ul style="list-style-type: none">The Manager of Conduct is available by email or telephone at all times throughout the complaints process, for both the complainant and the registrant, to provide information and updates.The Guide to the Complaints Process and FAQs are posted on the public website (linked above) and mailed to the complainant and the registrant with the complaint acknowledgement letter.Most frequently provided supports in CY 2020:<ul style="list-style-type: none">The supports described above were most frequently provided 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 checked="" type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/></div> <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:<ul style="list-style-type: none">The Manager of Conduct is available by phone or email to all parties to discuss timelines and updates. If the matter is delayed by 150 or 210 days, both parties to the complaint are provided with a letter describing the current stage of the investigation and if possible, the rationale for the delay. The Health Professions Appeal and Review Board receives a copy of those notifications.In all cases, the Manager of Conduct endeavors to complete the investigation in a timely manner.The complainant is provided with all correspondence provided by the registrant in responding to identified concerns. The registrant is provided with any written comments the complainant provides in response to the materials for transparency, allowing both parties to be aware of what is before the Committee when the matter is considered.In a Registrar’s investigation, the registrant is provided with the complete Registrar’s Investigation for their review prior to final disposition by the Inquiries, Complaints and Reports Committee.</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>
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).	The College fulfills this requirement: Yes <input checked="" type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/>
		<ul style="list-style-type: none">Insert a link to guidance document OR describe briefly the framework and how it is being applied:<ul style="list-style-type: none">The Inquiries, Complaints and Reports Committee utilizes a Deliberation Worksheet to summarize the issues described in the complaint (ie. fit and function, overcharging for services, unprofessional conduct).The Committee determines if they have enough information to decide on the matter (i.e. is the investigation adequate?).The Committee follows the outcomes flowchart to examine the components of the complaint and determine whether the matter reaches the threshold of a referral to Discipline. If it does not, the Committee will determine why not and will consider other actions or taking no further action.Where possible, the Committee uses the principles of right touch regulation to resolve complaints, including a comprehensive evaluation of risk, and a proportionate and outcome focused response. The framework encourages professionalism and seeks to intervene only when necessary, connecting its decisions to the risk posed to the public.The Committee utilizes the Risk Assessment Data Collection Form to identify primary and secondary practice issues as well as aggravating and mitigating factors during the deliberation process to inform their decision.The College does not have a policy in place to use alternative dispute resolution to resolve complaints at this time.Provide the year when it was implemented OR evaluated/updated (if applicable): The Decision Making Worksheet and Risk Assessment Data Collection Form were implemented in 2018.
		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)

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 checked="" type="checkbox"/> Partially <input checked="" type="checkbox"/> No <input type="checkbox"/>
		<ul style="list-style-type: none">Insert a link to policy OR describe briefly the policy: The College discloses information to system partners for the purposes of carrying out its duties under the <i>Regulated Health Professions Act, 1991</i> and the <i>Denturism Act, 1991</i>.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’). The College has not shared information over the past year with any system partners. The College did not receive any requests to share information nor did the College require information from any system partners for an investigation. Historically, the College has engaged with other regulators from within Ontario and other jurisdictions in the investigation of complaints concerning registrant activity. The College continues to work closely with Public Health units regarding registrant compliance with infection prevention and control protocols and requirements. Police services and the courts do not disclose, in timely manner, important registrant conduct or behavior that may impact their suitability to practise.
		<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 checked="" 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: <p>The KPIs for the 2017-2020 Strategy Map were presented and considered by Council at their September 2020 Council meeting (Agenda Item 6): https://denturists-cdo.com/About-Us/Council-Committees/Council/Council-Minutes-Highlights/Council-Packages/101st-Council-Meeting-Package-September-18,-2020.aspx</p> <p>Council reviews KPIs on a quarterly basis through Committee reports and annually through the Annual Report. These KPIs include standard data collection such as:</p> <p>Registration: # of new registrants, total # of registrants</p> <p>Quality Assurance: # of CPD compliance matters and results, # of peer & practice assessments and summary of outcomes</p> <p>ICRC: # of complaints, disposition summary</p> <p>Qualifying Examination: # of exam candidates, pass rates</p>
		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)
		In the next reporting cycle, the College will investigate KPIs that reflect specific performance targets and risks. For example, establishing benchmark timelines for processing registration, quality assurance and complaint files.



		Council considers feedback surveys (Council meetings, webinars, peer & practice assessments, peer circles etc.) and consultation reports to inform performance targets and identify risks. This information will be utilized to inform formal KPI development during the upcoming reporting period.
	b. 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 X 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: <p>September 18, 2020: Agenda Item 6 - 2017-2020 Strategy Map https://denturists-cdo.com/About-Us/Council-Committees/Council/Council-Minutes-Highlights/Council-Packages/101st-Council-Meeting-Package-September-18,-2020.aspx</p> <p>Meeting Minutes: https://denturists-cdo.com/About-Us/Council-Committees/Council/Council-Minutes-Highlights/Council-Meetings/Minutes-September-18,-2020.aspx</p> <p>The risks that may impact the College's ability to meet its objectives are not explicitly discussed or minuted.</p>
		<i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?</i> Yes X No <input type="checkbox"/>
		<i>Additional comments for clarification (if needed)</i> The College will be developing a risk register during this reporting period to identify internal and external risks that may impact strategic objectives and regulatory outcomes.
15.2 Council 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.	<p>The College fulfills this requirement: Yes <input type="checkbox"/> Partially X No <input type="checkbox"/></p> <ul style="list-style-type: none">Insert a link to Council meeting materials where relevant changes were discussed and decided upon: <p><i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?</i> Yes X No <input type="checkbox"/></p>



		<p><i>Additional comments for clarification (if needed)</i></p> <p>Council discusses feedback surveys and stakeholder consultation reports to identify performance targets and risks. The College considers registrant engagement an important indicator of risk, with a less engaged profession being of greater risk to the public. Through feedback surveys and consultations, the College is able to keep a pulse on registrant engagement. Council's use of feedback surveys and stakeholder consultations to set performance targets and identify risks will be highlighted during this reporting period.</p>
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 X 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: <p>September 18, 2020: Agenda Item 6 - 2017-2020 Strategy Map https://denturists-cdo.com/About-Us/Council-Committees/Council/Council-Minutes-Highlights/Council-Packages/101st-Council-Meeting-Package-September-18,-2020.aspx</p>
		<p><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></p>
		<p><i>Additional comments for clarification (if needed)</i></p>



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.

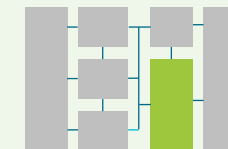
In order to facilitate consistency in reporting, a recommended methodology to calculate the information is provided in the companion document “Technical Specifications for Quantitative College Performance Measurement Framework Measures.” However, recognizing that at this point in time, the data may not 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:

☒ Recommended

☐ 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*

Type of QA/QI activity or assessment	#
i. Chart Audit (component of Peer & Practice Assessment) – QA activity	11*
ii. Practice Inspection (component of Peer & Practice Assessment) – QA activity	11*
iii. Continuing Professional Development (CPD) Audits – QA activity	NR
iv. Peer Circles (CPD) - QI activity	48
v. Live Webinars (CPD) – QI activity	275
vi. On Demand Webinars (CPD) – QI activity	101
vii. Self-Assessment Tool – QI activity	51
viii. Self-Directed Learning Assignment related to Standards (CPD) – QI activity	74
ix. <Insert QA activity or assessment>	
x. <Insert QA activity or assessment>	

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

NR = Non-reportable: results are not shown due to < 5 cases

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).

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.



Additional comments for clarification (if needed)

The College presents webinars on the Standards of Practice and provides additional opportunities for registrants to apply their knowledge through self-directed learning assignments. Most assignments consist of two parts – the first part requires short answers to question and the second part includes a self-audit against the Standard to identify gaps and develop an action plan for meeting the College's expectations moving forward.

The on demand and live webinar topics include: Record Keeping, Informed Consent, Advertising, Confidentiality & Privacy, Conflict of Interest, Restricted Titles & Professional Designations, Professional Collaboration and Professional Boundaries.

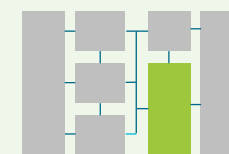
A Chart-Stimulated Recall component of the Peer & Practice Assessment was developed in 2020 and will be piloted and implemented during 2021.

*Due to the COVID-19 pandemic, a virtual Peer & Practice Assessment was developed throughout 2020 and launched in the Fall. Therefore, several assessments that would have been conducted in 2020 will occur in 2021. For comparison, 66 registrants participated in Peer & Practice Assessments during 2019.

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:

☒ Recommended

☐ College methodology

If College methodology, please specify rationale for reporting according to College methodology:

Context Measure (CM)			
	#	%	
CM 2. Total number of registrants who participated in the QA Program CY 2020	15*		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.



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. *	NR	NR	<i>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.</i>
<i>Additional comments for clarification (optional)</i> *Due to the COVID-19 pandemic, a virtual Peer & Practice Assessment was developed throughout 2020 and launched in the Fall. Therefore, several assessments that would have been conducted in 2020 will occur in 2021. For comparison, 66 registrants participated in Peer & Practice Assessments during 2019, and 5 participated in CPD Audits for a total of 71 registrants. The rate of registrants who were referred to the QA Committee as part of the QA Program for 2019 was 23.94%.			
* 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 checked="" 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? 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.
CM 4. Outcome of remedial activities in CY 2020*:		#	%	
I. Registrants who demonstrated required knowledge, skills, and judgment following remediation**		NR	NR	
II. Registrants still undertaking remediation (i.e. remediation in progress)		NR	NR	



Additional comments for clarification (if needed)

Due to the COVID-19 pandemic, a virtual Peer & Practice Assessment was developed throughout 2020 and launched in the Fall. Therefore, several assessments that would have been conducted in 2020 will occur in 2021.

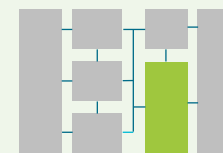
* NR = Non-reportable: results are not shown due to < 5 cases (for both # and %)

** 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:

☒ **Recommended**

☐ 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†

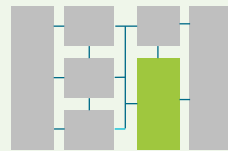
Themes:

	#	%	#	%
I. Advertising	NR	NR	0	0
II. Billing and Fees	7	37%	0	0
III. Communication	15	79%	NR	NR
IV. Competence / Patient Care	13	68%	0	0
V. Fraud	0	0	0	0
VI. Professional Conduct & Behaviour	NR	NR	NR	NR
VII. Record keeping	NR	NR	0	0
VIII. Sexual Abuse / Harassment / Boundary Violations	0	0	0	0

What does this information tell us? This information facilitates transparency to the public, registrants and the ministry regarding the most prevalent themes identified in formal complaints received and Registrar's Investigations undertaken by a College.



IX. Unauthorized Practice	NR	NR	0	0	
X. Other <please specify>	0	0	0	0	
Total number of formal complaints and Registrar’s Investigations**	19	100%	NR	NR	
<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>					
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 checked="" 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	19		
CM 7. Total number of ICRC matters brought forward as a result of a Registrars Investigation in CY 2020	NR		



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	NR		
	#	%	
CM 9. Of the formal complaints* received in CY 2020**:			
I. Formal complaints that proceeded to Alternative Dispute Resolution (ADR)†	0	0	
II. Formal complaints that were resolved through ADR	0	0	
III. Formal complaints that were disposed** of by ICRC	16		
IV. Formal complaints that proceeded to ICRC and are still pending	NR	NR	
V. Formal complaints withdrawn by Registrar at the request of a complainant Δ	0	0	
VI. Formal complaints that are disposed of by the ICRC as frivolous and vexatious	NR	NR	
VII. Formal complaints and Registrars Investigations that are disposed of by the ICRC as a referral to the Discipline Committee	NR	NR	
<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>* 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.</p> <p>† ADR: Means mediation, conciliation, negotiation, or any other means of facilitating the resolution of issues in dispute.</p> <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>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.</p>

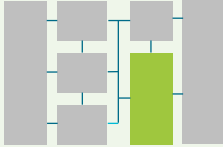


Additional comments for clarification (if needed)	
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DOMAIN 6: SUITABILITY TO PRACTICE							
Standard 13							
All complaints, reports, and investigations are prioritized based on public risk, and conducted in a timely manner with necessary actions to protect the public.							
Statistical data collected in accordance with recommended methodology or College own methodology: <input checked="" 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		26					
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	0	NR	0	0	0	NR	n/a
II. Billing and Fees	NR	NR	NR	NR	0	NR	n/a
III. Communication	7	6	0	NR	0	NR	n/a
IV. Competence / Patient Care	5	6	NR	NR	0	NR	n/a
V. Fraud	0	0	NR	NR	0	0	n/a
VI. Professional Conduct & Behaviour	NR	NR	NR	NR	0	NR	n/a
VII. Record keeping	0	0	0	NR	0	NR	n/a

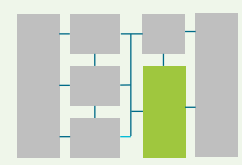


VIII. Sexual Abuse / Harassment / Boundary Violations	0	0	0	0	0	0	n/a
IX. Unauthorized Practice	0	0	0	0	0	NR	n/a
X. Other <please specify>	n/a	n/a	n/a	n/a	n/a	n/a	n/a
<p>* Number of decisions are corrected for formal complaints ICRC deemed frivolous and vexatious AND decisions can be regarding formal complaints and registrar's investigations brought forward prior to 2020.</p> <p>† NR = Non-reportable: results are not shown due to < 5 cases.</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, or findings.</p> <p>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.</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: <div><input checked="" type="checkbox"/> Recommended</div> <div><input type="checkbox"/> College methodology</div> <p>If College methodology, please specify rationale for reporting according to College methodology:</p>			
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	208	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	336		



* 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 checked="" 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	129		
II. A contested# discipline hearing in working days in CY 2020	N/A		
<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)
There was only one discipline hearing (uncontested) in CY 2020 so a calculation for the 90th percentile was not conducted. The number of days between the referral date and the disposition date is reported.

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:

X Recommended

☐ 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*

Type	#
I. Sexual abuse	0
II. Incompetence	0
III. Fail to maintain Standard	0
IV. Improper use of a controlled act	0
V. Conduct unbecoming	0
VI. Dishonourable, disgraceful, unprofessional	NR
VII. Offence conviction	0
VIII. Contravene certificate restrictions	0
IX. Findings in another jurisdiction	0
X. Breach of orders and/or undertaking	NR
XI. Falsifying records	0
XII. False or misleading document	0
XIII. Contravene relevant Acts	0

What does this information tell us?

This information facilitates transparency to the public, registrants and the ministry regarding the most prevalent discipline findings where a formal complaint or Registrar’s Investigation is referred to the Discipline Committee by the ICRC.



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

NR = Non-reportable: results are not shown due to < 5 cases.

Additional comments for clarification (if needed)

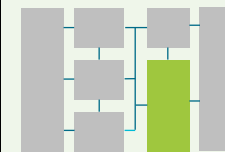
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DOMAIN 6: SUITABILITY TO PRACTICE

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:

☐ Recommended

☐ 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*

Type	#
I. Revocation ⁺	0
II. Suspension ^{\$}	NR
III. Terms, Conditions and Limitations on a Certificate of Registration ^{**}	NR
IV. Reprimand [^] and an Undertaking [#]	0
V. Reprimand [^]	NR

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.

* 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.

+ 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.

\$ A suspension of a registrant's certificate of registration occurs for a set period of time during which the registrant is not permitted to:

- Hold 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.

** 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.

^ 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

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.

NR = Non-reportable: results are not shown due to < 5 cases

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
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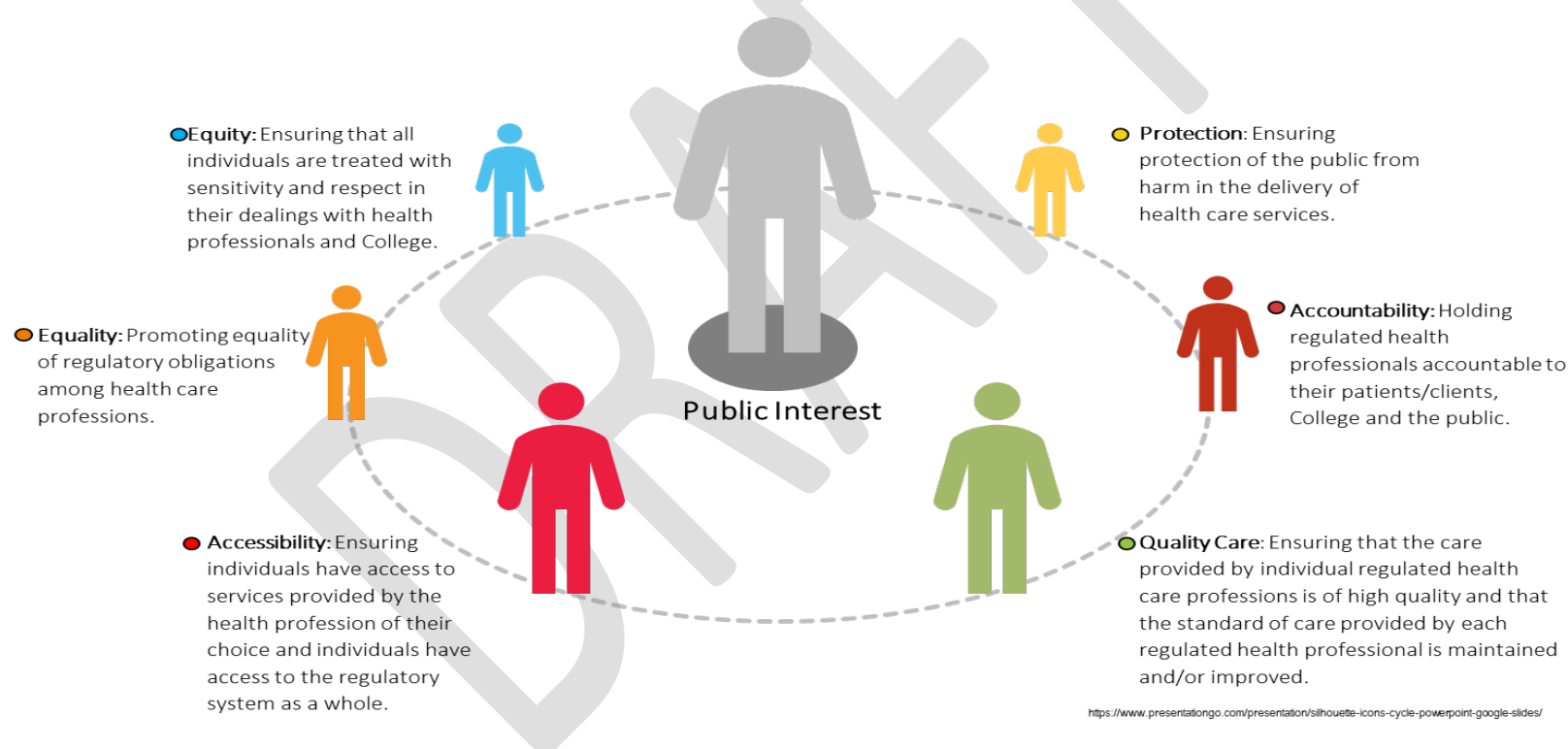


Appendix A: Public Interest

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





College Performance Measurement Framework (CPMF)

Action Items

Domain: Standard: Measure: Evidence	Evidence Narrative	Action
1.1.1.a.i; 1.1.b.i	<p>Professional members are eligible to stand for election to Council only after meeting pre-defined competency / suitability criteria</p> <p>Statutory Committee candidates have: met pre-defined competency / suitability criteria,</p>	Council will discuss the development and implementation of competency criteria for Committee members over the next year.
1.2.a.i,ii; 1.2.b	<p>Council has developed and implemented a framework to regularly evaluate the effectiveness of Council meetings and Council.</p> <p>The framework includes a third-party assessment of Council effectiveness at a minimum every three years.</p>	Council will discuss ways of augmenting its framework for regularly evaluating the effectiveness of Council and its meetings. Council will discuss engaging a third-party assessor over the next year.
1.2.1.c	<p>The College has a conflict of interest questionnaire that all Council members must complete annually.</p>	Council will investigate opportunities to develop and introduce a conflict of interest questionnaire that can be utilized for Council and Committee meetings.



Domain: Standard: Measure: Evidence	Evidence Narrative	Action
1.2.1.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).	Briefing Notes will be modified to include a section that identifies the Public Interest in the matter at hand. This section will also include a more explicit explanation of the relationship of the agenda item to the College's strategic direction or regulatory processes and actions so that these important details are more readily accessible to the public.
1.3.1.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). the meeting date; the rationale for the meeting; 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 if decisions will be ratified by Council.	In the 2021 reporting period, the College will provide information regarding Executive Meetings, including the meeting date, rationale for the meeting, a report on discussions and decisions when the Committee acts as Council or discusses/deliberates on matter or materials that will be brought forward to Council, and if decisions will be ratified by Council.
4.8.1.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	College staff have drafted policies for the privacy of personal information and privacy breaches. They will be reviewed by Council during the 2021 reporting period.



Domain: Standard: Measure: Evidence	Evidence Narrative	Action
7.15.1.a	Outline the College's KPI's, including a clear rationale for why each is important.	<p>In the next reporting cycle, the College will investigate KPIs that reflect specific performance targets and risks. For example, establishing benchmark timelines for processing registration, quality assurance and complaint files.</p> <p>Council considers feedback surveys (Council meetings, webinars, peer & practice assessments, peer circles etc.) and consultation reports to inform performance targets and identify risks. This information will be utilized to inform formal KPI development during the upcoming reporting period.</p>
7.15.1.b	Council uses performance and risk information to regularly assess the College's progress against stated strategic objectives and regulatory outcomes.	<p>The College will be developing a risk register during this reporting period to identify internal and external risks that may impact strategic objectives and regulatory outcomes.</p>



Memo

To: Council
From: Glenn Pettifer, Registrar & CEO
Date: March 26, 2021
Re: 2021- 2022 Budget

Members of Council:

This year, the Executive Committee was asked to consider the proposed budget for the 2021-2022 fiscal year prior to the start of the renewal period that began on March 1, 2021. Prior to 2020, the Certificate of Registration renewal fee was static, year over year, so there was no need to consider the budget prior to opening the renewal period on March 1 of the current year. The Executive Committee approved the attached budget that is now being presented to Council for ratification.

Two documents are attached: 1. Proposed 2021-2022 budget and 2. Current Reserve Fund Status.

BUDGET NOTES THE CURRENT FISCAL YEAR

In the bottom line of the budget document, the first Column is the proposed 2020-2021 budget (the fiscal year ending on March 31, 2021). Here the Net Income (Deficit) was projected to be **680,546.87**. This was the deficit that Council approved last March. At the end of the fiscal year this year, we project that the deficit will only be: **268,179.29**. This may not be entirely accurate because we have not received the accounting for the months of February and March 2021. Given the information we have before us, the difference between predicted and projected arises because of 1. Lower than estimated expenses for the administration of the Qualifying Examination this year since we did not administer an OSCE examination and only one MCQ, 2. A reduction in the costs associated with the Peer Assessment process because of the postponement of these assessments at the beginning of the pandemic. Currently a portion of these assessments are now done online so that the College is not incurring the travel and accommodation costs for the assessors, 3. A reduction in the costs associated with Council and Committee meetings that are now all virtual, and 4. Significantly lower wage/benefits expenditures due to restructuring of staff responsibilities and resources.

As a result, the drawdown from the Reserve Fund was approximately **\$400,000.00** less than predicted, even in the presence of a significant (50%) reduction in the Registration Fee for 2020-2021.

THE 2021-2022 BUDGET

The 2021-2022 was constructed with the following factors in mind:

1. The Qualifying Examination is being brought back online with two MCQ administrations anticipated (we are now administering this exam online so it can be administered independent of the Pandemic situation) and two OSCE administrations anticipated (one for late summer-early fall; one for early 2022). The administration of the OSCE examination presumes that the impact of the Pandemic will subside over the summer as vaccine administration moves forward.

Bringing the Qualifying Examination back online will increase the income associated with the exam as well as the costs for development and administration of both components of the exam.

2. Total expenditures for wages and benefits will only be marginally higher than last year with a prediction that these costs will decrease again in 2022-2023 as restructuring costs subside further.

3. The fixed costs (rent, office expenses) demonstrate modest increases.

4. The extent to which the costs associated with in-person meetings continue to be reduced will be determined by the rate at which in-person meetings can be safely re-introduced and the pandemic-induced modifications to the CDO's meeting process that will be retained for the future.

5. This budget was constructed with the view that the financial position of the College provides for a 50% reduction in Registration fees. This reduction in income would only create a deficit of approximately 188,100.00 for the 2021-2022 fiscal year, 2. The deficit incurred in 2020-2021 was significantly less **(\$400,000.00)** than that approved by Council at this time last year, 3. Even with a drawdown of the reserve fund this year of the **188,000.00**, there remains a significant **(600,000.00)**, unassigned amount in the reserve fund, beyond the restricted and operational reserves. A summary of the Reserve Fund status is attached.

Given these considerations and the very strong financial position that the College finds itself in, the Executive Committee approved the 2021-2022 Budget including a reduction in the Certificate of Registration renewal fee this year by 50% with the intent of covering any deficit from the unassigned Reserved Funds.

Following discussion and consideration of the 2021-2022 Budget approved by the Executive Committee on February 24, 2021, Council is asked to ratify the approval of this budget.

College of Denturists of Ontario
Proposed 2021-2022 Budget

YTD Budget to Actual	2020-2021 BUDGET	Anticipated Y/E Totals (Estimates)	2021-2022 Budget
REVENUE			
Professional Corporation Fees	\$ 67,850.00	\$ 61,375.00	\$ 65,000.00
Registration Fees	\$ 746,975.00	\$ 770,289.00	\$ 707,750.00
Other Fees	\$ 9,550.00	\$ 4,463.25	\$ 4,500.00
Qualifying Examination Fees	\$ 158,288.28	\$ 49,525.00	\$ 480,000.00
Other Income	\$ 27,000.00	\$ 9,228.64	\$ 10,000.00
TOTAL REVENUE	\$ 1,009,663.28	\$ 894,880.89	\$ 1,267,250.00
EXPENDITURES			
Wages & Benefits	\$ 679,669.15	\$ 604,634.75	\$ 626,519.27
Professional Development	\$ 45,000.00	\$ 19,363.78	\$ 40,000.00
Professional Fees	\$ 190,000.00	\$ 140,000.00	\$ 140,000.00
Office & General	\$ 175,800.00	\$ 149,915.41	\$ 150,000.00
Rent	\$ 131,052.00	\$ 121,970.12	\$ 130,000.00
Qualifying Examination	\$ 254,439.00	\$ 36,892.51	\$ 238,830.80
Council and Committees	\$ 33,750.00	\$ 8,470.36	\$ 15,000.00
Quality Assurance			
QA Panel A	\$ 6,500.00	\$ 2,527.50	\$ 6,000.00
QA Panel B	\$ 2,500.00	\$ 150.00	\$ 4,000.00
QA Assessments	\$ 60,000.00	\$ 10,000.00	\$ 35,000.00
Complaints & Discipline			
Complaints	\$ 67,500.00	\$ 30,000.00	\$ 30,000.00
Discipline	\$ 29,000.00	\$ 30,000.00	\$ 25,000.00
Capital Expenditures	\$ 15,000.00	\$ 9,135.75	\$ 15,000.00
TOTAL EXPENDITURES	\$ 1,690,210.15	\$ 1,163,060.18	\$ 1,455,350.07
NET INCOME	\$ (680,546.87)	\$ (268,179.29)	\$ (188,100.07)

CDO RESERVE FUNDS	
(MARCH 31, 2020)	\$ 2,380,929.00
RESTRICTED FUNDS	
THERAPY /COUNSELLING	\$ 160,000.00
DISCIPLINE	\$ 360,000.00
UNRESTRICTED FUNDS	
OPERATING	\$ 750,000.00
LESS DRAW DOWN 2020 - 2021 DEFICIT	\$ 268,179.00
REMAINING	\$ 842,750.00
(MARCH 31, 2021)	
LESS DRAW DOWN 2021 - 2022 DEFICIT	\$ 188,100.07
REMAINING	\$ 654,649.93
(MARCH 31, 2022)	



BRIEFING NOTE

To: **Council**

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

Date: **March 26, 2021**

Subject: **Revised Registration Regulation – Policy**

The draft revised Registration Regulation is currently in the approval matrix with the Ministry of Health. The regulation was posted on the Regulatory Registry on February 19, 2021 for the 45-day consultation period.

At its December 11, 2020 meeting, Council approved several draft policies for implementation when the revised Registration Regulation comes into force. Another policy has been drafted for Council review: Additional Training for the Qualifying Examination Policy (agenda item 9.2), as recommended by the Registration Committee at their February 10th, 2021 meeting.

Options

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



TYPE	Qualifying Examination
NAME	Additional Training for the Qualifying Examination Policy
DATE APPROVED BY COUNCIL	

INTENT

In every instance where a candidate has failed the Qualifying Examination on their third attempt, under Ontario Regulation XX/XX (Registration, s 14.(7)), they are not eligible to apply to take the examination again until they have successfully completed another program equivalent to an academic denturism program approved by Council (or a body designated by Council), or additional training as specified by the Registration Committee.

This policy describes the additional training that may be required for a candidate to meet the eligibility requirements for the Qualifying Examination after their third unsuccessful attempt.

THE POLICY

The Registration Committee may require that a candidate complete a specified period of supervised training appropriate to their individual circumstances.

In determining the specified period for supervised training and the areas that the candidate should focus on, the Registration Committee will consider:

- The number of attempts at each component of the Qualifying Examination; and
- Performance reports for each Qualifying Examination attempt.

The supervising Registered Denturist must provide periodic reports to the College confirming the candidate's compliance with the standards of practice of the profession.

The supervising Registered Denturist must confirm, in writing, that the candidate has adequately improved their knowledge, skills and judgment before eligibility for the Qualifying Examination can be re-established.

RELATED LEGISLATION AND DOCUMENTS

Denturism Act, 1991
Ontario Regulation XX/XX (Registration)
Refresher Program Policy
Clinical Supervision Policy

REVISION CONTROL

Date	Revision	Effective



College of Dental Technologists of Ontario
Ordre des Technologues Dentaires de l'Ontario



COLLEGE OF
DENTURISTS
OF ONTARIO

Questions (and some Answers) Arising from the Tri-Council Workshop, March 17, 2021

Relevant to the MEMORANDUM OF UNDERSTANDING/AGREEMENT that addresses the BEGINNING of Amalgamation Discussions

- ***What was the rationale for not pursuing the shared agreement model?*** *This item was discussed at length with the Presidents. The key points are:*
 - there are no tangible benefits of being in the public interest for shared services
 - it doesn't tackle commonality, simplification of processes and streamlining
 - it doesn't address shared accountability
 - Quality Assurance process are different by design, so no improvement here for the public
 - generally, "purchased" services agreements are just that, they can be very MESSY, take an incredible amount of time, wind up with WIN-LOOSE situations with very little tangible benefit for the public, for quality or for cost; these situations are usually dealt with due to a need from one organization and another who can supply, it doesn't address anything that would pertain to the whole; shared services is a purchased service arrangement. Well-articulated common service level agreements (SLA) between organizations provides clarity of the shared or purchased service and sets out expectations if used
 - There is not potential for enhanced inter-professional performance
 - The Presidents decided that this approach was not worth the time / benefit

IT IS NOTEWORTHY, that this discussion regarding amalgamation was not about cost reduction, even though that is a likely final outcome.

- ***Could the language of the Motions (provided at the end of this document) be lessened?***
 - DRAFT MOTION 1 as articulated has wording that is important "accepting the principles and the vision; agree to drafting and signing of MOU or MOA; proceed with planning". This is an agreement to proceed with fleshing out the amalgamation opportunity so that it has substance for the Councils, for membership and for the Ministry. It is about the meeting of the minds and the willingness to work cooperatively to create something that is worthy of all 3 Councils. It is difficult to see where this language might be "lessened".
 - DRAFT MOTION 2 Changes to this Motion could be in the size of the Transition Committee but there does need to be equity in the Committee membership. The Transition Chair would normally be elected by the Transition Committee. Membership should be on Council for at least one year. The size, for easy working, of the Transition Committee would be 9-12 (Registrar, President + 1 or 2 Council Members from each College = making 9 or 12. The Transition Committee would strike one or more working groups with Term of Reference).

- ***Have the Colleges given thought to possible cost concerns?***
 - No, not at this time. None of the 3 colleges is experiencing financial woes. The transitional council / committee would need to determine a budget for the work and allocation. The "newly formed" vision, would also need a budget to determine what needs to be done, when and by whom. It appeared to the Presidents that this would be cost neutral or less once implemented. There may be short out-lay (e.g. project management).
- ***Have other colleges been approached to determine if they are also considering amalgamation?***
 - No. Some discussion with RCDSO, but they declined active participation at this time. The CNO (College of Nurses of Ontario) and the Ontario College of Teachers are well advanced in changing their governance that accommodates industry changes and modernization. The UK and Australia are well advanced in health professional regulation changes. The 3 colleges (Registrars) have been speaking about this for 2 years. Our Councils have been informed of developments as they occurred. The Presidents have been actively involved for just over 1 year.
- ***What will happen if the Ministry determines that the RCDSO should be part of the amalgamation?***
 - The MOH, at this time, wants to see the development of the vision. What would it look like, how would governance work, what would need to change (vis a vis regulation and legislation), what is the impact on the public? Once the MOH reviews, asks for modification etc., they would either give the go ahead to proceed or they could issue a full Oral College amalgamation. The vote on Amalgamation would not occur by the colleges until substantive development work is done and the MOH has had time to weigh-in. There are 2 potential opportunities: Dental Assistants (currently unregulated) and the Dentists (regulated) also join. I don't think we would want to preclude them from joining, but work needs to start somewhere. Last groups(s) to participate don't get to change the essence of governance once the articles of amalgamation are created.
- ***Will there be a dispute resolution procedure if competing priorities develop?***

At this point, any of the 3 colleges can opt out. My understanding of previous discussions with the Presidents, that this is, at this time, 3 or none. The big vote for amalgamation does not occur with Councils until we have something substantive to present.
- ***Who would be the Chair of the new Board?***
 - Transition Chair should be elected by the transition team.
- ***We need a breakdown of the costs, the benefits and the advantages, and how this will better protect the public before we can go forward?***
 - As indicated, this is a belief in a vision that should be pursued to develop the content and the detail to answer this and other pertinent questions.
- ***Governance reform is a performance requirement. Should we pursue this first?***
 - Given that this is something we all need to do, it would make sense to do it once and together for uniformity. The public only wants 1-stop shopping. It would make it easier for them, for the government and ultimately for congregate operations.

RELEVANT TO WORK OF THE TRANSITION COMMITTEE.

- *Once the Memorandum of Agreement was signed, could one college change its mind?* During each PHASE of development, i would expect that the Councils would have a GO, NO GO, or ADJUSTMENT. The substantive decision for go, no go, adjustment would be made when substantive development of the vision is completed.
- The Transition Committee would cope with the following questions during their work. It would be presumptuous to answer the specifics of these questions before the Transition Committee or Working Groups have had an opportunity to thoroughly discuss each.
 - a. *How would elections occur?*
 - b. *Will the new Board operate under the policy governance model (i.e. the governance model currently utilized by the CDHO)?*
 - c. *What will occur if the amalgamation does not work? Is there a contingency plan? T*
 - d. *Will the Colleges seek registrant/stakeholder feedback on amalgamation? This is a communication plan.*
 - e. *Is there a risk for the CDTO to be aligned with this oral health trio vs with the RCDSO (given the relationship registrants have with dentists vs being public facing). What challenges will the CDTO face if they were to go this route?*
 - f. *How does each profession retain their professional presence in an amalgamated college?*
 - g. *What are specific benefits to the public? (see CNO, Teachers, McMaster Forum, UK Oral Health College, BC Oral Health College materials for inspiration)*
 - h. *Some believe that the Colleges are so different; how will discipline and other committees function? (see the materials as provided in g., but we will need to derive how things will work, what will be different and why?)*
 - i. *How does amalgamation benefit the college vs the regulatory environment for public protection and safety?*

THE MOTIONS:

Motion 1.

Be it resolved that:

The Council of the College of [], accepts the principles and vision presented in the “Initial Steps to Amalgamation” document (January 18, 2021) and agrees to the drafting and signing of a Memorandum of Understanding between the CDHO, CDTO, and CDO to proceed with planning the amalgamation of the three organizations.

If Motion 1 is adopted, then Motion 2 will be considered:

Motion 2

Be it resolved that:

The Council of the College of [] agrees to the formation of a Transition Oversight Committee. The composition of the Transition Committee will be, from each College: one public appointee, one professional member, and the Registrar. The total number of members of the Committee will be nine. The initial mandate of this Committee will be to begin the process of oversight and direction of the amalgamation vision, starting with the preparation of Terms of Reference for the Committee.