



106th Council Meeting

Friday, December 10, 2021 – 10:00 a.m. to 12:00 p.m.

Teleconference via Zoom & YouTube Live Stream

Please contact the College at info@denturists-cdo.com
to receive the 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	Declaration	
4. College Mission and Mandate	Information	3
5. <i>In Camera</i> Meeting of Council Pursuant to Schedule 2, the Health Professions Procedural Code of the <i>Regulated Health Professions Act</i> (1991), Section 7 ss (2) (d) of the <i>Regulated Health Professions Act</i> (1991).		
6. Consent Agenda	Decision	
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11. Presentation: Draft Audited Financial Statements Blair MacKenzie, Hilborn LLP	Decision	
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12. Financial Report and Setting Registration Renewal Fees for 2022-2023 Renewal	Decision	
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13. Other Business		
14. 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).



105th Council Meeting Teleconference

Held via Zoom

September 10, 2021 – 10:00 a.m. to 12:00 p.m.

MINUTES

Members Present:

Kris Bailey
Alexia Baker-Lanoue
Abdelatif Azzouz
Michael Bakshy
Lileath Claire
Norbert Gieger
Elizabeth Gorham-Matthews
Garnett A. D. Pryce
Gaganjot Singh
Arie van Wijngaarden
Joseph Whang

- President
- Vice President

Absent:

Paul Karolidis
Christopher Reis

Workshop Facilitator:

Lenworth (Lenny) Wallace, Canadian Centre for Diversity and Inclusion

Legal Counsel:

Rebecca Durcan, Steinecke, Maciura and LeBlanc

Staff:

Glenn Pettifer, Registrar and CEO
Catherine Mackowski, Manager, Professional Conduct
Roderick Tom-Ying, Manager, Registration and Qualifying Examinations

1. Call to Order

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

2. Approval of Agenda

It was noted that the Governance Training Workshop on Inclusive Leadership begins at 11:00 a.m. and that the public meeting will resume after the workshop, if needed.

MOTION: To approve the Agenda as presented.

MOVED: N. Gieger

SECONDED: A. van Wijngaarden

CARRIED

3. Declaration of Conflict(s)

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

4. College Mandate

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

5. Consent Agenda

MOTION: To accept the Consent Agenda except for items 5.11 and 5.15.

MOVED: A. Baker-Lanoue

SECONDED: E. Gorham-Matthews

CARRIED

The Registrar provided an update regarding a change to the vaccination requirement for individuals involved in the upcoming administration of OSCE portion of the Qualifying Examination.

MOTION: To adopt items 5.11 and 5.15 as amended.

MOVED: A. Baker-Lanoue

SECONDED: N. Gieger

CARRIED

6. Strategic Vision for the Coming Year

A discussion took place regarding which items from the unaccomplished strategic initiatives (Strategy Map 2017-2020) and the College Performance Measurement Framework (CPMF) action items should be prioritized, and if any additional items should be addressed. It was determined that a list of priorities will be formulated based on the discussion and that a proposed strategic vision for the coming year will be presented to Council at its next meeting.

The **Governance Training Workshop on Inclusive Leadership**, facilitated by Lenworth (Lenny) Wallace, Manager, Learning, Canadian Centre for Diversity and Inclusion (CCDI), was presented from 11:00 a.m. to 12:00 p.m. The public meeting resumed following the Workshop.

7. Vaccination Status, Re-Introduction of In-Person Meetings; Re-Opening of the CDO Office

MOTION: To approve these policy elements for use in drafting a policy that will be enacted once the policy is established.

MOVED: N. Gieger

SECONDED: A. Azzouz

CARRIED

8. College Representation on the Tri-College Amalgamation Transition Oversight Committee

MOTION: To approve the appointment of Ms. Lileath Claire and Mr. Michael Vout, Jr. to the Transition Oversight Committee.

MOVED: E. Gorham-Matthews

SECONDED: A. Baker-Lanoue

CARRIED

9. CDO Policy on Observance of September 30, 2021 – National Day for Truth and Reconciliation

It was determined that the College would acknowledge the National Day for Truth and Reconciliation by recognizing the National Day on the College website, and using that day for staff to engage in education and to review the recommendations from the Truth and Reconciliation Commission with a view to providing Council with a summary of items that could be undertaken by the College in support of the Truth and Reconciliation process.

10. The New Council Member Mentoring Program

MOTION: To approve the elements of the program as presented.

MOVED: J. Whang

SECONDED: A. Azzouz

CARRIED

11. Proposed Revision to the Patient Relations Committee Terms of Reference

MOTION: To approve the amended Terms of Reference for the Patient Relations Committee.

MOVED: E. Gorham-Matthews

SECONDED: L. Claire

CARRIED

12. Other Business

No other business was raised.

13. Upcoming Meeting Dates

106th Council Meeting – December 10, 2021

107th Council Meeting – March 11, 2022

108th Council Meeting – June 17, 2022

14. Adjournment

The meeting was adjourned at 12:45 p.m.

Ms. Kristine Bailey
President

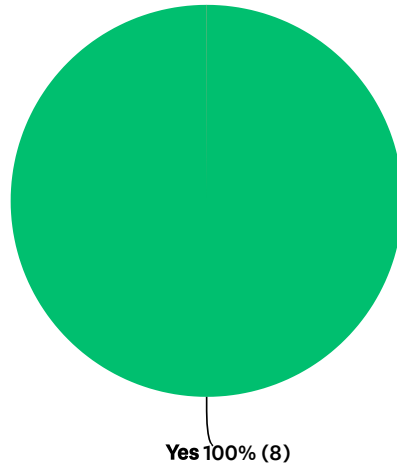
Date

Dr. Glenn Pettifer
Registrar and CEO

Date

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

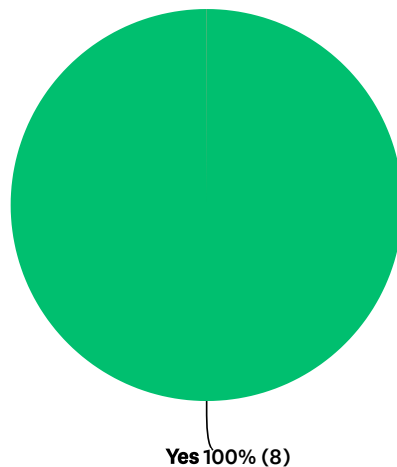
Answered: 8 Skipped: 0



#	COMMENTS	DATE
1	Meeting material was comprehensive and relevant to the meeting.	9/14/2021 12:49 PM

Q2 I received this supportive information in a timely manner.

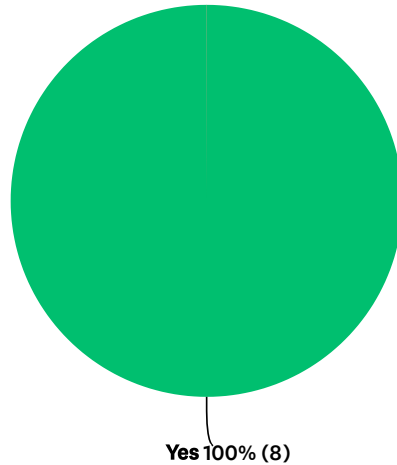
Answered: 8 Skipped: 0



#	COMMENTS	DATE
1	Material was provided with a week + time for preparation.	9/14/2021 12:49 PM

Q3 I was prepared for this meeting.

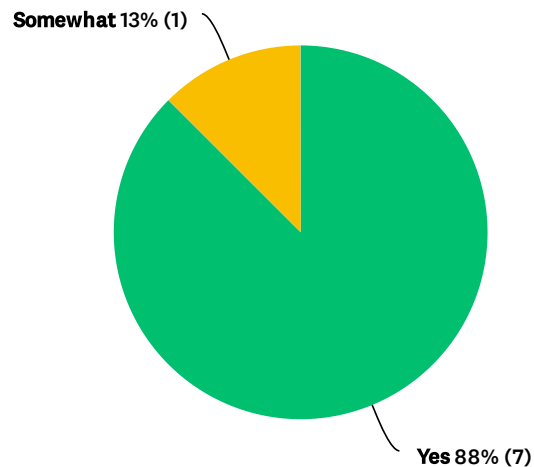
Answered: 8 Skipped: 0



#	COMMENTS	DATE
	There are no responses.	

Q4 All Council members appeared prepared for this meeting.

Answered: 8 Skipped: 0



#	COMMENTS	DATE
1	Appearance - yes. However, difficult to be fully sure with respect to coverage of the entire meeting package...particularly for new members of Council.	9/14/2021 12:49 PM

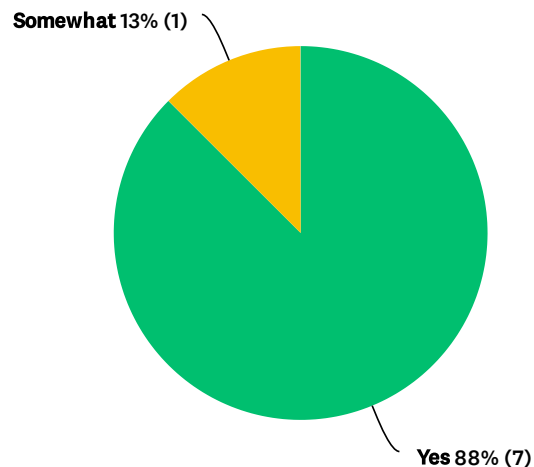
Q5 List any additional supports or resources that would have helped you better prepare for this meeting.

Answered: 2 Skipped: 6

#	RESPONSES	DATE
1	For agenda items with a history from prior meetings, maybe a reference (link) to prior material that could provide more context on that items. Could be beneficial for newer members to Council.... Certainly not a requirement for every agenda item. Only where historical info would add value to understanding.	9/14/2021 12:49 PM
2	If there had been an update on the qualifying examination in the package instead of presented at the meeting, then members might have found it easier to prepare.	9/10/2021 7:55 PM

Q6 This meeting was effective and efficient.

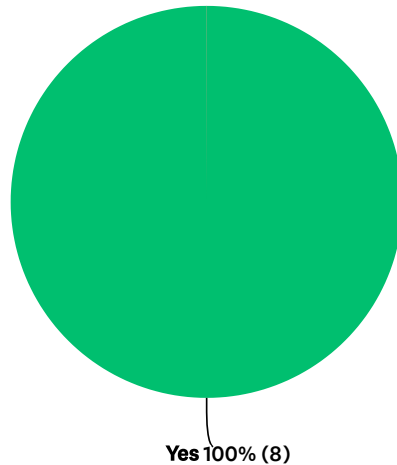
Answered: 8 Skipped: 0



#	COMMENTS	DATE
1	However, the duration of the training session (while excellent) did not allow for self-correction on overall time overrun. As a result meeting duration extended beyond scheduled end.	9/14/2021 12:49 PM
2	We do not normally go over time and we did today.	9/10/2021 7:55 PM

Q7 The objectives of this meeting were achieved.

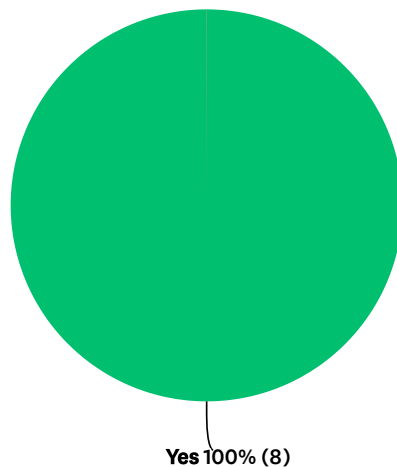
Answered: 8 Skipped: 0



#	COMMENTS	DATE
	There are no responses.	

Q8 The President chaired the meeting in a manner that enhanced Council's performance and decision-making.

Answered: 8 Skipped: 0



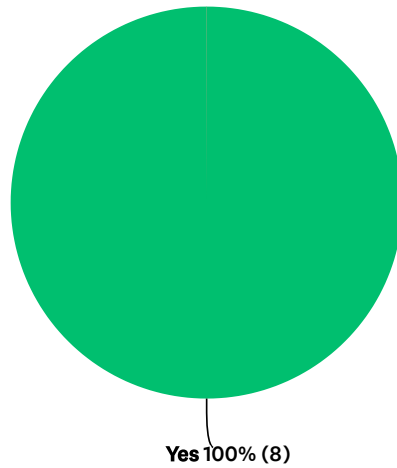
#	COMMENTS	DATE
1	Very engaging, ensuring the views of all were heard.	9/14/2021 12:49 PM
2	I liked that a real effort was made to engage all members on Council. This is challenging to do in a Zoom setting. I felt very included in the process. Thank you.	9/10/2021 7:55 PM

Q9 I felt comfortable participating in the Council discussions.

Council Meeting Feedback Survey College of Denturists of Ontario
105th Council Meeting - September 10, 2021

Agenda Item 6.2

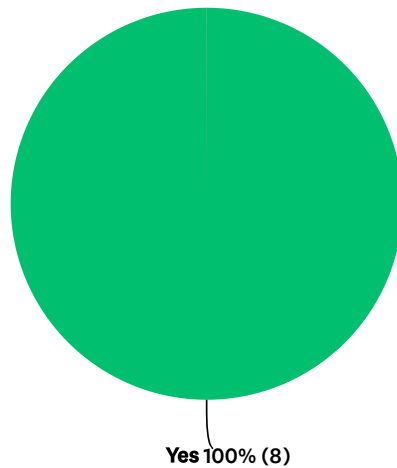
Answered: 8 Skipped: 0



#	COMMENTS	DATE
1	Being prepared.	9/14/2021 12:49 PM

Q10 The public interest was considered in all discussions.

Answered: 8 Skipped: 0



#	COMMENTS	DATE
	There are no responses.	

Q11 List two strengths of this meeting.

Council Meeting Feedback Survey College of Denturists of Ontario
105th Council Meeting - September 10, 2021

Answered: 6 Skipped: 2

Agenda Item 6.2

#	RESPONSES	DATE
1	Loved the educational component with the guest speaker.	9/16/2021 4:07 PM
2	The diversity presentation. The President's efforts to allow everyone to participate and contribute to the meeting.	9/16/2021 11:42 AM
3	1. Content of material 2. Excellent facilitation and engagement of members	9/14/2021 12:49 PM
4	Two strengths of this meeting were the president asking for the councils participation in an interactive manner and the presentation by Lenworth.	9/11/2021 9:35 PM
5	All Council members were engaged and participated A great deal of material was covered	9/10/2021 7:55 PM
6	1_ good meeting chairing 2_ focused meeting purposes	9/10/2021 7:44 PM

Q12 List two ways in which the technical aspects of this meeting could have been improved.

Answered: 3 Skipped: 5

#	RESPONSES	DATE
1	1. Minor point - Allow for the motions to be moved and seconded before putting up the screen for virtual voting. 2. Unsure of the effect on external attendees (ie. meeting being streamed) with the time overrun and having to pause, do the training segment, then return to the 'Public' meeting. Maybe there are learnings for the time scheduling of future meeting.	9/14/2021 12:49 PM
2	The technical aspects of this meeting were well done- the polling results were readily displayed and voting was easily accessible.	9/11/2021 9:35 PM
3	Zoom meetings are challenging to facilitate because you cannot read body language cues as well. I look forward to being in person. Staying on time	9/10/2021 7:55 PM

Q13 List two ways in which Council meetings could be improved.

Answered: 1 Skipped: 7

#	RESPONSES	DATE
1	For a Zoom setting, I think Council meetings are fairly efficient and cover a lot of ground. Try to keep things to the agenda schedule if possible.	9/10/2021 7:55 PM

Q14 Additional Comments

Answered: 1 Skipped: 7

#	RESPONSES	DATE
1	I look forward to the next update on the tri-council amalgamation discussion.	9/10/2021 7:55 PM

Q15 Other Questions that Council should be asking in a feedback survey?

Answered: 2 Skipped: 6

#	RESPONSES	DATE
1	These survey questions are designed to be relevant for each meeting. However, there might be occasions when there is value in calling-out / having specific questions on selected agenda items. For this meeting eg: 1. The training Workshop 2. Strategic Vision for the coming year etc.	9/14/2021 12:49 PM
2	N/A	9/10/2021 7:55 PM



COMMITTEE REPORT TO COUNCIL

Name of Committee: **Executive Committee**

Reporting Date: **December 10, 2021**

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

The Executive Committee met by teleconference on November 3, 2021.

One Clinic Name Registration Application was considered and approved since the last Council meeting.

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



COMMITTEE REPORT TO COUNCIL

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

Reporting Date: **December 10, 2021**

Number of Meetings since
last Council Meeting: **2 (October 15, 2021; November 22, 2021)**

Role of the Committee

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

Executive Summary

Since the September 10, 2021 Council meeting, the ICRC has considered 6 complete investigations and made final dispositions in 6 complaint matters.

Decisions Finalized:

Complaints	6
Total	6

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

Advice/Recommendation/Reminder	5
Referral to Discipline	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 knowledge/understanding	1	
Clinical Skill/Execution	1	
Communication	2	2

Relationship with Patient	1	3
Legislation, standards & ethics	1	
Practice Management		1

Cases Considered by the Committee:

Complaints 6

New Files Received during this period:

Complaints 2

HPARB appeals

Total Appeals pending	1
New Appeals	1
Files > 150 days	0

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: **December 10, 2021**

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

Introduction: Role of the Committee

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

Executive Summary

Since the September 10, 2021 Council meeting, the Discipline Committee has not convened.

Respectfully submitted by Ms. Elizabeth (Beth) Gorham-Mathews
Chair of the Discipline Committee



COMMITTEE REPORT TO COUNCIL

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

Reporting Date: **December 10, 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. Norbert Gieger
Chair of the Fitness to Practise Committee



COMMITTEE REPORT TO COUNCIL

Name of Committee: **Patient Relations Committee**

Reporting Date: **December 10, 2021**

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

The Patient Relations Committee did not meet since its last report to Council on September 10, 2021.

As part of the Fall 2021 Webinar Series, a new webinar on Protecting Professional Patient Boundaries was presented to Registered Denturists by Cathi Mietkiewicz, Mietkiewicz Law. The presentation included a review of considerations around protecting and preserving a professional denturist-patient relationship and consideration of the legislative framework dealing with boundary violations and patient sexual abuse. The webinar was presented in four (repeat) sessions to a total of 104 attendees.

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: **September 10, 2021**

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

Role of the Committee

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

The QAC-A met online on October 28, 2021.

The Registrar provided an orientation to the Committee's role and responsibilities as well as the regulatory framework that supports its work.

The Committee considered 44 Peer and Practice Assessment reports. The Committee also considered 2 CPD Exemption Requests.

Additional QA initiatives such as the current Webinar schedule and new webinars to be developed as well as the Virtual Peer Circle project were discussed.

Respectfully submitted by Mr. Latif Azzouz
Chair of the Quality Assurance Committee – Panel A



COMMITTEE REPORT TO COUNCIL

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

Reporting Date: **December 10, 2021**

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

The Quality Assurance Committee – Panel B did not meet since its last report to Council on September 10, 2021.

Respectfully submitted by Mr. Christopher Reis
Chair of the Quality Assurance Committee – Panel B



COMMITTEE REPORT TO COUNCIL

Name of Committee: **Registration Committee**

Reporting Date: **December 10, 2021**

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

Activities during the Quarter:

The Registration Committee has met twice on September 7, and November 16, 2021, since its last report to Council on September 10, 2021.

At its September 7, 2021, meeting, the Registration Committee received an orientation presentation provided by College Legal Counsel, Ms. Rebecca Durcan, from Steinecke Maciura LeBlanc. The Committee also received an update from the Office of the Fairness Commissioner that noted in its letter to the College, that the College is in full compliance based on their yearly review. A full compliance rating indicates that the College has successfully implemented each of the compliance recommendations that the OFC has issued (if any), additional recommendations were not identified, and all other criteria have been met.

The Committee also considered one retired status application and one academic assessment at its September 7th meeting.

At its November 16, 2021, meeting, the Committee met to consider one retired status application and four academic assessments.

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



COMMITTEE REPORT TO COUNCIL

Name of Committee: **Qualifying Examination Committee**

Reporting Date: **December 10, 2021**

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

Activities during the Quarter:

The Qualifying Examination Committee has met once on October 14, 2021, since its last report to Council on September 10, 2021.

At its October 14th meeting, the Qualifying Examination Committee reviewed the Chief Examiner's Report for the September 2021 OSCE administration, along with the item analysis prepared by Dr. Anthony Marini. In his analysis there were 16 items from the OSCE exam that were presented to the Committee for further review, of which 8 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 November. Candidates who were unsuccessful on the OSCE component of the QE were provided with a detailed performance report.

October and November 2021 OSCE Qualifying Examination

The College continues to host its fall OSCE examination series with the first OSCE exam conducted on September 18/19, 2021, and on October 23/24, with an upcoming administration on November 28/29 respectfully. The College embarked on an unprecedented three back-to-back OSCE administrations in order to assist with the backlog of candidates that accumulated since the Pandemic began in March 2020 causing the postponement of the Qualifying Examination. The MCQ examination switched to an online remote proctored format allowing the College to maintain its twice a year schedule. The next full MCQ and OSCE administration is set to take place in February 2022.

September 2021 OSCE Results

September 2021 OSCE – Overall Results	Total	New	Repeat
Number of candidates	35	32	3
Number of successful candidates	27	25	2
Pass rate (expressed as a percentage of new candidates)	78.1%		

Respectfully submitted by Ms. Karla Mendez Guzman
Chair of the Qualifying Examination Committee



COMMITTEE REPORT TO COUNCIL

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

Reporting Date: **December 10, 2021**

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

Activities during the Quarter:

The Qualifying Examination Appeals Committee has met once on October 13, 2021, since its last report to Council on September 10, 2021.

At its October 13th meeting, the Qualifying Examination Appeals Committee heard from 4 appellants from the September 2021 OSCE exam administration. The Committee rendered 4 decisions at its meeting with no outstanding items.

The Committee looks forward to meeting once more this calendar year as the October 2021 OSCE exam results get released shortly and appeals are filed.

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



To: **Council**

From: **Kris Bailey**

Date: **December 10, 2021**

Subject: **President's Report**

Governance

1. Amalgamation discussions:

- a. Since September, the Memorandum of Understanding (MOU) between the 3-Colleges (CDO, CDHO, CDTO) has been reviewed and signed by the 3-Presidents. Legal counsel assisted and advised in this matter.
- b. The Transition Oversight Committee (TOC) was chosen and is comprised of three persons from each Council (1-public, 1-professional, Registrar) for a total of 9-persons.
- c. A Term of Reference for the TOC has been approved
- d. A Request for Proposal (RFP), by invitation, was issued to several consulting groups. Three responded and interviews are scheduled for two candidates in early December.
- e. Ms. Lileath Claire (CDO) is the TOC chair and will be providing an update at our December Council Meeting.

2. Correspondence:

- a. October 18, 2021, the Ministry of Health is consulting on governance reforms that would improve decision making, bolster transparency and accountability of Ontario's regulatory colleges and further support high-quality health care.

3. Change in Status:

- a. Our Registrar and CEO, Dr. Glenn Pettifer, has submitted his resignation effective January 4, 2022. The Executive Committee met November 3rd and reviewed the College By-Laws, Article 8.03 regarding a Registrar vacancy. Short term activities to assure a smooth transition and options for replacement were discussed. An In-Camera meeting of Council is scheduled for part of the meeting on December 10, 2021.
- b. An announcement was released November 8th and 9th, 2021.

Qualifying Examinations and OSCE

4. The OSCE (Objective Clinical Structured Examination – practical exam) was administered in September, October and November, at McMaster to a large back-log of participants (> 100). The administration of the exam included the College's Chief Examiner, Mr. Robert Velensky; Mr. Rod Tom-Ying the CDO Manager of Registration and Examinations; Ms. Lisa Kagan of Shift Space Inc (the Standardized Patient service provider); Dr. Anthony Marini, the exam Psychometrician, the staff of the David Braley Health Sciences Centre and 15 members of the profession.

Strategic Plan and Future Focus

5. As per last meeting, the Strategic Plan timeline ended in 2020. Due to COVID and some incomplete items, the Council decided to have staff work on the completion of the identified items. The priorities will be discussed in the December Council meeting.



To: **Council**

From: **Dr. Glenn Pettifer**

Date: **December 10, 2021**

Subject: **Registrar's Report**

I am pleased to provide this Report to Council for the period September 11, 2021 - December 10, 2021. The President has also commented on some of the College activities during this period in her report.

Finance

The Financial Report for the period of April 1 – October 31, 2021 is included in the agenda. Expenses are exactly where one would anticipate for this point in the fiscal year. Council approved a deficit budget for the current fiscal year.

Qualifying Examination

The Multiple Choice (MCQ) portion of the College's Qualifying Examination was administered on June 22, 2021. As with the January 2021 administration of the MCQ examination, this examination was administered in an online format with remote proctoring. This format continues to work well for administration of the MCQ. This administration of the examination was the first administration of a unified, multi-jurisdictional examination, administered simultaneously by the CDO, the Alberta College of Denturists and the College of Denturists of British Columbia.

Much of the activity for staff during the fall was related to preparing for the administration of the OSCE portion of the Qualifying Examination that took place on September 18-19, October 23-24 and November 27-28. Our Director of Registration and Examinations and Deputy Registrar, Rod Tom-Ying worked tirelessly with the Chief Examiner, Mr. Velensky in bringing this examination to fruition. The OSCE was administered in Hamilton at David Braley Health Sciences Centre with a new Standardized Patient Service provider. Enhanced COVID-19 protection protocols and procedures were employed during these examinations. The administration of each of these examinations was very successful. Many thanks to everyone involved, particularly the exam Assessors who gave so generously of their time during the fall and all the other individuals who assisted with standard setting, item deletion and examination administration.

Work on the design of a multi-jurisdictional OSCE examination has begun with a committee comprised of members of the profession from across the country. This group is currently tasked with considering the best means of assessing competence in the competencies in the newly revised National Competency Profile.

Document Management Strategy and Development

We are in the final stages of the document digitization process. Digital files have been uploaded to the College servers and the next task will be to catalogue them in our new File Management software: FileHold. Other than the absence of the banks of file cabinets in the office, members of Council will likely be unaware of this work that is very operational. This project has been capably championed and completed by Megan. Some document management policies are included in today's agenda.

Quality Assurance Program Activities

Some of the Quality Assurance program elements were put on hold following the departure of Jennifer Slabodkin who was responsible for administering these programs. In the interim, attention was focused on identifying a suitable replacement. We were fortunate to engage Christine Hickey for the fall who assisted with the administration of the Peer and Practice Assessment program. We have also been fortunate to hire an individual who will take the position of Manager – Regulatory Programs. In this position, Tera Goldblatt will be responsible for work in the Quality Assurance, Registration and Examinations area.

We are still planning to get the virtual Peer Circle program online. While an in-person experience is ideal, the online format can be used to reach members of the profession who are unable to travel to locations where in-person sessions are offered. This will greatly expand our reach and contact with members of the profession.

The Colleges webinar program serves members of the profession well in gaining Continuing Professional Development credit during the pandemic where in-person meetings or lectures were prohibited. This fall we expanded the offerings of the webinar program to include a presentation by Cathi Mietkiewicz on preventing boundary violations in dentist-patient interactions. This presentation was well attended.

The attendance numbers for these sessions were:

Topic	# of Attendees
Advertising	48
Confidentiality & Privacy	35
Conflict of Interest	50
Informed Consent	37
Professional Collaboration	36
Protecting Professional Patient Boundaries (4 Repeat Sessions)	104
Record Keeping	39
Restricted Title & Professional Designations	34

Concluding Remarks

This is my last report to Council as Registrar & CEO. As you will know, January 4, 2022, I will be taking on the role of Registrar & CEO at the College of Dental Hygienists of Ontario. This transition is not without some sadness in leaving an organization and all the people involved with it, particularly the staff and Council members. This has been a tremendous honour for me to work with such committed and talented people, supporting the work of the CDO as it protects the public interest and engages in many exemplary health professional regulation practices. I am so proud to have been associated with the CDO. My very sincere best wishes to the Council, staff, and the College for the future. As I continue to be involved in oral health profession regulation, I will look forward to continued intersection with the CDO.

To the point...

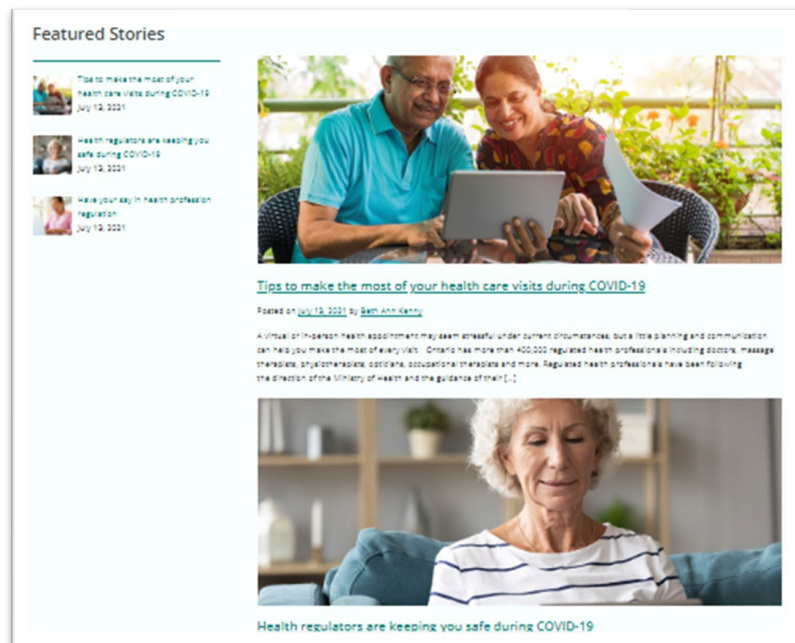
...Jun.-Sept. 2021

Ontario Health Regulators (OHR) Website Renovation

HPRO's public-facing website – ontariohealthregulators.ca – was refreshed. The main purpose was to ensure the site's overall stability. Through this process the Communications Committee was able to source a more cost-effective vendor who will help keep site maintenance and hosting costs down in the long-term.

An exciting aspect of this refresh is the addition of articles – [featured stories](#) that have been published through Zoomer Media and other outlets.

The 9 additional languages' translated pages have also been updated, based on OHR's ["What We Do" page](#) and those will be returning soon to the site.



Communicators' Day Conference

On November 24th, HPRO will hold its annual Communicators' Day Conference virtually. This event is designed for communications teams from all colleges – and others who wish to join – and is free to attend.

In addition to the much anticipated "Steal This!" session, where innovative communications practices are highlighted, this year's event will feature two pertinent topics: Social Media Misinformation/Disinformation (esp. during COVID-19) and EDI, with keynote speaker Angela Mashford-Pringle.

Survey of HPRO Communications Network

Every HPRO member has representation on the Communications Network, and that Network was surveyed for feedback on the best ways to engage Network members. With virtual meetings providing new possibilities, ideas like quarterly lunch and learns or informal "hot topic" discussions were raised. The Communications Committee will be using that feedback for planning for the future.



BRIEFING NOTE

To: **Council**

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

Date: **December 10, 2021**

Subject: **Proposed Records and Information Governance Policy**

Public Interest Rationale

Through the Records and Information Governance Policy, the College protects the privacy of the individuals for whom the College maintains records and information (e.g. applicants, Registered Denturists, complainants, staff, and others), ensuring that personal information in possession of the College is properly stored and used, and working to prevent misuse and unauthorized access. Establishing a framework for the management of information and records supports the College in meeting its mandate and objectives and ensures that Council, committees, and staff have access to the records and information that they need to perform their regulatory and operational functions. The Records and Information Governance Policy establishes this framework and assigns responsibilities under which the processes of the Records and Information Management Program can be specified.

Background

The College is in the process of developing and implementing a records and information management strategy that will provide a framework in which the College's records will be managed. This framework will also support the College in meeting its legal and business obligations.

As part of this strategy, Council considered and approved a Classification Structure and Retention Schedule on December 14, 2018.

To supplement this strategy, a Records and Information Governance Policy has been drafted. This work has been accomplished by Megan Callaway with assistance from the College's consultant and subject-matter expert, Ms. Caroline Werle, Certified Records Manager, and owner of Records & Information Management (RIM) Services Inc.

The intent of this draft Policy is to establish a framework to enable the College to provide guidance and direction on the management of information and records, no matter its format, to ensure the authenticity and reliability of those records for legal acceptance, and to clarify staff responsibilities. The proposed Policy follows the standards set out in the [*National Standard of Canada: Electronic Records as Documentary Evidence \(CAN/CGSB-72.34-2017E\)*](#), and the [*International Organization for Standardization: Information and Documentation – Records Management \(ISO 15489\)*](#).

The draft Records and Information Governance Policy is provided for Council's consideration. If approved, a Business Process Manual will be developed to accompany the Policy and define the operational processes of the Records and Information Management Program for staff.

Options

After review and discussion of this item, Council may elect to:

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

Attachments

1. Proposed Records and Information Governance Policy (Draft)



TYPE	Administrative
NAME	Records and Information Governance Policy
DATE APPROVED BY COUNCIL	

INTENT

To establish a framework to enable the College of Denturists of Ontario (CDO) to provide guidance and direction on the management of information and records to ensure the authenticity and reliability of those records for legal acceptance and to clarify staff responsibilities.

THE POLICY

To create and maintain authentic, reliable, and usable business/official records capable of supporting the CDO's business requirements for as long as they are required.

1. Purpose

The purpose of this policy is to:

- Ensure the ongoing identification, management, and preservation of records for their legal, fiscal, administrative, and historical value;
- Support the protection of sensitive information by ensuring records are managed and disposed of in an appropriate fashion;
- Improve the quality of records by evaluating and monitoring the systems;
- Ensure compliance with relevant legislation;
- Protect the CDO from the risks associated with inadvertent inappropriate destruction; and
- Educate employees of this policy and related records and information management procedures and practices.

2. Scope

This policy applies to:

- All records, regardless of the medium (e.g. paper, digital, email, tape) or location (e.g. on-site, commercial storage facility, cloud) in which they are held; and
- All agents of the CDO including employees, elected officials, Council and committee members, students, and contracted service providers involved in the provision of information management services or who have access to records under their custody and control in the course of their duties.

3. Policy Governance Activities

3.1. Program Mandate

The CDO will adhere to all applicable Canadian Federal and Provincial statutory and regulatory

requirements with respect to records and will make all reasonable efforts to conform to Records and Information Management industry standards and best practices. Recordkeeping practices based on standards and best practice support the management of records that are accurate, reliable, authentic, and available to be accessed and audited as required.

3.2. Records Ownership

All records created, acquired, and used by an agent in the course of their official duties, regardless of their source, media, format, or location, remain the property of the CDO and must be managed in compliance with policies and procedures.

3.3. Records Classification Scheme and Retention Schedule

Records will be identified by and retained according to the approved, functionally based, record classification scheme and retention schedule throughout the record life cycle.

3.4. Retention and Disposition

Records will be disposed of only when all retention requirements have been satisfied and will be destroyed in accordance with CDO's approved Retention Schedule.

Records will be disposed in a manner appropriate for the security and privacy restrictions of the information contained in the records. All records on all media, including electronic and digital images, must be capable of being completely eliminated or destroyed, such that all evidence of the record, in whole or in part, is obliterated. Department/program managers will be informed of a pending destruction and will authorize the destruction in a timely manner.

3.5. Historical (Archival) Records

Records of historical interest will be identified and captured so as to ensure that the institutional memory is available for future generations.

3.6. Suspension of Disposition

The Registrar and CEO has the authority to suspend scheduled record destruction when required to address legal, compliance or other issues whether on-site or off-site, including cloud storage. The Registrar and CEO also has the authority to restart destruction after required records have been identified and retained for potential future use.

3.7. Off-site Records Storage

Records stored in off-site repositories such as inactive records centres and cloud-based systems are expected to comply with the requirements identified in this Records and Information Management policy.

3.8. Use of Imaging and Electronic Records

Imaged and electronic records are acceptable as records and can fulfill evidentiary requirements if they are created and maintained according to acceptable standards and can meet legal criteria. The creation of imaged and electronic records and management through their lifecycle are guided by the applicable Canadian General Standards Board Standard Electronic Records as Documentary Evidence (CAN/CGSB 72.34-2017).

3.9. External Service Providers

External, third-party service providers are required to comply with this policy and related procedures if

they will be creating, using, and storing CDO records. This requirement is to be included in any contractual document. The external service provider should be able and prepared to demonstrate proof of compliance. The CDO must have the right to audit and inspect its records and information, document deficiencies, and take action(s) to resolve any identified issues.

4. Roles and Responsibilities

4.1. Management Team

The Management Team comprises the Registrar and CEO, and departmental/program managers. The Management Team will:

- Adopt, endorse, and actively support this policy and the associated recordkeeping practices;
- Advise the Registrar and CEO of new or amended legislation and policies under their department's business that may have an impact on records and information management policies, procedures and practices;
- Provide advice on retention timeframes as required;
- Provide approval for the destruction of records;
- Address non-compliance with this Policy and all related practices and procedures.
- Follow this Policy and any related practices and procedures for all records in the department's custody;
- Retain all records in the department's custody unless destruction is authorized by the Retention Schedule;
- Ensure employees understand and apply effective information management in day-to-day operations and that these responsibilities are included in performance objectives;
- Identify and advise of training needs of departmental staff; and
- Notify through appropriate management channels (i.e. Registrar and CEO) regarding the need to suspend destruction of any records that may potentially be required for litigation, compliance, regulatory or other need (i.e. Legal Hold).

4.2. Manager, Council and Corporate Services

The Manager, Council and Corporate Services will:

- Develop, maintain, and operationalize the Records and Information Management Program and its practices and procedures;
- Ensure that services are in place to implement the Program;
- Provide advice, support, and training to staff and agents as they fulfill their roles and responsibilities;
- Create and maintain the Records Classification and Retention Schedule; and
- Monitor and audit the Program.

4.3. Employees

All employees will:

- Keep accurate, complete, and up-to-date records in accordance with this Policy and the Records and Information Management Program practices and procedures;
- Classify all records according to the Records Classification and Retention Schedule;
- Maintain records in their custody or control until authorized to dispose of them under the approved Records Classification and Retention Schedule; and
- Treat departmental information in a manner that facilitates access while ensuring privacy and security requirements are met.

4.4. Information Technology

The CDO's Information Technology provider(s) will:

- Establish, maintain, and support electronic information systems that include system controls to ensure the security, accuracy, trustworthiness, reliability, quality, and integrity of electronic data and records the systems produce;
- Manage access and permissions to electronic records repositories to comply with confidentiality and privacy requirements;
- Maintain access to and dispose of all stored electronic records in accordance with the Retention Schedule; and
- Prior to the acquisition of new systems, perform migration or conversion of records to alternate media or systems, or decommissioning of systems to ensure that the original content, context, and structure of these records are maintained and preserved.

5. **Definitions**

5.1. Agent

"Agent" means any individual, workgroup, or organization responsible for, or involved in, record creation, capture and/or records management processes. (ISO15489 – 2016)

5.2. Classification Scheme

A predetermined hierarchy or scheme of consistent terminology aiding in the searching of documents. It is usually combined with a retention schedule.

5.3. Record

"Recorded information in whatever physical format created, collected or received in the initiation, conduct or completion of an activity which has content, context and structure, is authoritative and reliable and provides evidence of decision-making" (ISO15489). Records can include books, papers, maps, electronic documents, digital, video, voice recordings, web pages, etc.

5.4. Official Record

Recorded information in whatever physical format created in order to:

- support business operations; or document and provide evidence of business transactions
- comply with required legislation
- protect the rights of staff, members, and stakeholders; or provide evidence of compliance with accountability or other business requirements

5.5. Transitory Record

A record useful for only a short time and has minor importance. When its use is over, it should be deleted or destroyed. A transitory record can be destroyed at any time before the retention period of the original document as the official or original document is subject to the approved retention schedule.

5.6. Records Retention Schedule

Serves to identify and document: official records; approved records retention periods, and the mode of disposal, i.e. expunge, destruction, or transfer to storage facility.

5.7. Retention Period

The period of time which records must be kept by CDO before they may be disposed. This time-period is

based on the records' operational, fiscal, legal, archival, and regulatory values.

5.8. Historical (Archival) Records

Records of historical value that must be protected to ensure readability of the information for future generations.

RELATED LEGISLATION AND DOCUMENTS

Classification Scheme and Retention Schedule

Legal Citation Table – CDO Record Keeping Requirements

[National Standard of Canada – Electronic Records as Documentary Evidence \(CAN/CGSB-72.34-2017E\)](#)

[International Organization for Standardization – Information and Documentation – Records Management \(ISO 15489\)](#)

REVISION CONTROL

Date	Revision	Effective



BRIEFING NOTE

To: **Council**

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

Date: **December 10, 2021**

Subject: **CPMF Action Items – Work Plan**

Public Interest Rationale

The public holds an interest in regulatory oversight organizations that have a clear focus on performance accountability and progressive accomplishment of organizational initiatives that align with the organization's mandate. The CPMF provides a framework for examining that accountability and unaccomplished items signal the direction in which the organization's resources need to be directed to align with health profession regulatory body expectations as articulated by the CPMF.

Background

At its September 10, 2021, meeting, Council discussed its Strategic Vision for the Coming Year. Items from the unaccomplished strategic initiatives (Strategy Map 2017-2020) and the College Performance Measurement Framework (CPMF) action items were discussed. It was decided that a list of priorities associated with the CPMF List of Action Items would be formulated and a strategic vision for accomplishing those items during the coming year was to be presented to Council at its next meeting.

The list of action items identified in the CPMF report is attached. There are annotations identifying the progress on each of these items and suggested times for completion and consideration by Council.

Options

After review and discussion of this item, Council may elect to:

1. Adopt a motion to approve the CPMF Action Item List as presented in Agenda Item 9.2.
2. Request amendments to this list and adopt a motion to approve the document as amended.

3. Other

Attachments

1. CPMF List of Action Items



College Performance Measurement Framework (CPMF)

Action Items

Domain: Standard: Measure: Evidence	Evidence Narrative	Action	Priority (H/M/L)	Timing	Status*	Next Step
1.1.1.a.i; 1.1.b.i	Professional members are eligible to stand for election to Council only after meeting pre-defined competency / suitability criteria Statutory Committee candidates have: met pre-defined competency / suitability criteria,	Council will discuss the development and implementation of competency criteria for Committee members over the next year.	M	2022	InP	Briefing Note at March 2022 Council Meeting
1.2.a.i,ii; 1.2.b	Council has developed and implemented a framework to regularly evaluate the	Council will discuss ways of augmenting its framework for regularly evaluating the effectiveness of	M	2022	InP	Discussion at March 2022 Council Meeting



	<p>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>	<p>Council and its meetings.</p> <p>Council will discuss engaging a third-party assessor over the next year.</p>	M	<p>Preliminary contact with 3rd party assessor – C. Bock Deputy Registrar, CASLPO</p>		
1.2.1.c	<p>The College has a conflict of interest questionnaire that all Council members must complete annually.</p>	<p>Council will investigate opportunities to develop and introduce a conflict of interest questionnaire that can be utilized for Council and Committee meetings.</p>	M	<p>Instituted Next Council iteration: June 2022</p>	InP	<p>Legal will Draft Conflict of Interest Questionnaire for Consideration by Council at March 2022 meeting</p>



Domain: Standard: Measure: Evidence	Evidence Narrative	Action		Timing	Status	
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.	H	Instituted September 2021	C	Staff and other Briefing Note Authors to Include in Future Notes.
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	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	M	Instituted December 2021	C	Staff to Post Summary Information on Website



Domain: Standard: Measure: Evidence	Evidence Narrative	Action		Timing	Status	
	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.	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 will draft policies for the privacy of personal information and privacy breaches. They will be reviewed by Council during the 2021 reporting period.	M		InP	Being drafted
7.15.1.a	Outline the College's KPI's, including a clear rationale for why each is important.	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 &	M		InP	Will be formulated and drafted for March 31, 2022 submission date of CPMF



Domain: Standard: Measure: Evidence	Evidence Narrative	Action		Timing	Status	
		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.				
7.15.1.b	Council uses performance and risk information to regularly assess the College's progress against stated strategic objectives and regulatory outcomes.	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.	M	March 2022 Council meeting	InP	Being Drafted



COLLEGE OF
DENTURISTS
OF ONTARIO

Annual Report

2020-2021

GOVERNANCE

agile

professionalism

COMPETENCE

transparent

PUBLIC INTEREST

consistent



ENGAGED

accountable

PROPORTIONATE

targeted

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About the College

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

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

The CDO does this by:

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

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

Message from the President



Ms. Kris Bailey
President

This time frame has continued similar to the previous year. Although unrivaled and life altering, society and the CDO have learned to accommodate, thrive, and survive.

From early 2020, the CDO shifted most of its office functions to a virtual space to reduce the likelihood of community transmission of COVID-19 and to protect the College's staff members. The likelihood of returning to "business as usual" is low. We have all learned to accommodate differently, and the use of hybrid style meetings, working spaces, and use of technology is more likely to be the norm.

This year there have been active advances in the discussions of amalgamation of the College of Denturists of Ontario, the College of Dental Hygienists of Ontario, and the College of Dental Technologists of Ontario to form an Oral Health College. The Presidents, Registrars, and Councils have been provided reading materials from regulatory colleges that have already modernized and/or amalgamated in Canada and worldwide. Together we attended a Tri-Council Workshop and by College, have discussed and debated this issue. At year end (March 2021), the CDO accepted the principles and vision as presented in the "Initial Steps to Amalgamation", agreed to the drafting and signing of a Memorandum of Understanding (MOU), and the formation of a Transition Oversight Committee (TOC, as formed from the three Colleges). Next year, April 2021 to March 2022, the Colleges will begin work on a framework of amalgamation. British Columbia is moving ahead with massive reform of the system for regulating health care workers, as is Nova Scotia. Rebecca Durcan, College Counsel, provided an overview of the BC emerging change (September 2020).

The year ended in a strong fiscal position even though a reduction in Registration Fees occurred, due to COVID-19 and practice shutdowns across the province.

In June 2020, I was elected as President. Three new professional members were elected and one was re-elected by acclamation. A new public member was appointed. A temporary Vice-Chair of the ICRC was appointed in December, as the long-time Chair, was to retire in June 2021.

Despite the challenges, significant progress was made in completing the strategies as articulated in the College's Strategic Map, first adopted in 2017. Council is focused on the continuity and expansion of transparency and regulatory excellence focusing on the mission.

Acknowledgement of patience and diligence in leading the organization throughout this past and current year must be given to our Registrar and CEO, Dr. Glenn Pettifer, and to the staff who support our members and Council.

The year was busy with the following accomplishments:

Meetings

All meetings were conducted virtually. The CDO Council meetings utilized a Consent Agenda format and introduced the relevant Committee Chair to report on the briefing note, policies and/or consultations. In June 2020, the CDO 100th Council Meeting was held. We began the meeting with Keith Collins providing his reflections.

Regulations

The following revised regulations were approved by Council for submission to the Ministry of Health:

- Revised Registration Regulation (June 2020)
- Revised Professional Misconduct Regulation (June 2020)

Standards and Policies

The following were approved (may include standards, policies, guidelines, and processes):

- Guide for Return to Practice for Denturists (June 2020)
- Guidelines for Infection Prevention and Control in the Practice of Denturism (June 2020)
- Code of Ethics (June 2020)
- Standard of Practice – Professional Boundaries (June 2020)
- National Competency Profile (2013) was updated in 2015 and 2020 (September 2020)
- Revised – Administrative Fee for Notices for Repeat CPD Reporting Non-Compliance (September 2020)
- Registration Committee Decision Appeals Process Guidelines (September 2020)
- Revised – Referral of a Registration Application to the Registration Committee (September 2020)
- Revised – Access to Registration Applicant Records (September 2020)
- Registration Policy Revisions (for implementation when the revised Registration Regulation comes into force) (December 2020)
 - Revised Academic Equivalency Review (December 2020)
 - Revised Jurisprudence Program (December 2020)
 - Practicing the Profession (December 2020)
 - Refresher Program (December 2020)
 - Return to the General Class from the Inactive Class (December 2020)
 - Requesting an Extension to Complete the Qualifying Examination (December 2020)
 - Additional Training for the Qualifying Examination (March 2021)
- Retirement of the "Standards" Document (December 2020)

Governance

- The first report on Key Performance Indicators was tabled, as matched to the 2017-2020 Strategy Map (September 2020)
- In December, the Council administered and reviewed the performance of the Registrar

Quality Management and Risk

- Dr. Glenn Pettier, Registrar and CEO, gave a presentation regarding the new College Performance Measurement Framework (CPMF) reporting tool (December 2020)
- The 2020 CPMF Report was approved by Council for submission to the Ministry of Health (March 2021).

Training

- "Trends in Health Profession Regulation" webinar (April 2020)
- "Discipline Committee Training" (April 2020)
- "Zoom Practice" (September 2020)
- "New Council Member Orientation" (June 2020)
- "Public Appointee Training Module" (MOH) (as issued to all public members in 2021)

Qualifying Examination

- During this period, a Selection Committee was created in order to recruit and interview candidates for the position of Chief Examiner. The Selection Committee successfully concluded its mandate in December 2020.
- The Objective Structured Clinical Examination (OSCE) venue was changed from a Toronto site to Hamilton Health Sciences (September 2020) due to the COVID-19 pandemic and resulting public health restrictions.
- The College signed a Memorandum of Agreement (MOA) with the Alberta College of Denturists and the College of Denturists of British Columbia in order to embark on unifying the Colleges' respective Qualifying Examinations. The Multiple-Choice Question (MCQ) portion of the examination will be the first to be standardized and unified. The first multi-jurisdictional MCQ examination is scheduled for June 2021.

Document Management (Strategic Priority)

- Implementation of SharePoint Sites for Council and Committees to securely share meeting materials and other resources. (November 2020)
- Scanning of selected College paper documents is underway.
- Digitization has enabled College staff and Council members to work from home with all relevant materials available.

Strategy Map

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

In this Strategy Map, Council identified three priority areas:

Priority 1: Enhanced Communication and Stakeholder Engagement

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

Priority 2: Excellence in Governance

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

Priority 3: Enhanced Relations with Educational Institutions

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

On September 18, 2020, Council reviewed Key Performance Indicators on Strategy Map 2017-2020 and postponed further strategy development until the impact of the COVID-19 pandemic on College operations had lessened.

MISSION

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

VISION

Leading our members to provide exemplary denturism care to Ontarians.

PROMOTING REGULATORY EXCELLENCE - ACTION PLAN FOR 2017–2020



Priority 1

Enhanced Communication and Stakeholder Engagement:

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

Priority 2

Excellence in Governance:

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

Priority 3

Enhanced Relations with Educational Institutions:

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

GUIDING PRINCIPLES

Integrity, Honesty, Transparency, Accountability, Fairness, Inclusivity

College Council

Who We Are

Officers

Kris Bailey, *Public Member – President & Chair* (from May 2020)

Alexia Baker-Lanoue, *Professional Member – Vice President* (from June 2020)

Public Members

Jack Biernaski (from April 2020)

Eddy Chin (until January 2021)

Lileath Claire

Gaganjot Singh

Gord White

Professional Members

Jack Abergel (until June 2020)

Abdelatif Azzouz

Keith Collins

Robert C. Gaspar (until June 2020)

Norbert Gieger (from June 2020)

Paul Karolidis (from June 2020)

Garnett A.D. Pryce (from June 2020)

Christopher Reis

Michael Vout Jr.

What We Do

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

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

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

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

Reflections on One-hundred Meetings of Council

By Mr. Keith Collins, Registered Denturist

I was recently asked to provide some reflections of my time at the CDO. Let me provide a little background to start.

For me the regulatory journey started with the enactment of the *Regulated Health Professions Act, 1991*. The original governing board of Denture Therapists was replaced by the government appointed transitional council. This council had meetings with a variety of stakeholders to help set up the framework for the CDO. My first contact with a regulatory body was while I was on the Executive of the Denturist Association of Ontario (DAO) and attended many of the stakeholder meetings putting forth our vision of how the new CDO would work. I recall some pretty raucous meetings as we worked through this transitional period. At this point I stepped away from the DAO to run as a professional member on the first CDO Council and spent the next nine years on that Council.

Those years were nothing less than heady times as we developed the regulations, following ministry templates, that would shape denturists' governance for the foreseeable future. The CDO also spent considerable resources on; Labour Mobility (a Federal initiative), the development of provincial exams, accreditation of the various Denturist programs as well as taking the first steps to developing base line competencies. Thoughts of a national exam were also being explored. Not easy work when you consider that the national exam project continues to this day.

As I have indicated, they were heady times filled with excitement and promise along with a fair dose of hard work. The end results making it well worth the effort.

I could not reflect on my time at the CDO without bringing up some of the lows. The most serious low for me centered around the Ministry of Health's audit of our College and ultimately the appointment of a supervisor.

This event shook me deeply and marked the beginning of my second involvement on the CDO Council. We had no true sense of what to expect and no idea of the extent of the problems we now faced. I, for one, entered this term on Council worried, angry and full of doubt, but found myself and most of the public and professional members were ready to move forward with an open mind.

The first few meetings were strained and individuals around the table found it difficult to sort out where and how they fit in. Fortunately, the supervisor was knowledgeable and experienced. She quickly organized our way forward by establishing a clear



direction and specific goals while allowing the committees to operate as they normally would. In a relatively short time, my concerns and those of most of my colleagues abated. Now having a clear way forward, a full slate of public and professional members (not always the case) and with a dedicated and skilled CDO staff the Council made one of the most profound and complete recoveries possible. Even more notable is the time frame in which it was accomplished, within six years the CDO had not only completed all of the audit's recommendations, but moved considerably past them. The exam committee has completely revamped the entrance exam moving to an Objective Structured Clinical Examination (OSCE) format and the base line competency profile is complete and forms the basis of the educational programs and the exam. The Quality Assurance program is new from top to bottom with innovative aspects like Peer Circles. In short, every committee, statutory and non-statutory alike, has all but reinvented themselves.



Considering my dread at the outset, this has now become an experience I consider one of my most profound (after my wife and children, of course). I am so proud of the results the College has achieved and of the public and professional members who, along with staff, have contributed to this success. The CDO, in my option, stands at the forefront of health regulation in Ontario and is currently well positioned to move forward into the future.



To conclude, we all have a part to play, and I encourage my professional colleagues to get involved and give back to both the public as well as the profession. It's been my experience that you get more out of being involved than you ever put in.

Committee Reports



Statutory Committees

Executive Committee
Inquiries, Complaints and Reports Committee
Discipline Committee
Fitness to Practise Committee
Patient Relations Committee
Quality Assurance Committee – Panel A and Panel B
Registration Committee

Non-Statutory Committees

Qualifying Examination Committee
Qualifying Examination Appeals Committee

Executive Committee

Who We Are

Officers

Kris Bailey, *Public Member – President & Chair*
(from May 2020)

Alexia Baker-Lanoue, *Professional Member – Vice President* (from June 2020)

Public Members

Lileath Claire (from June 2020)

Professional Members

Keith Collins

Michael Vout, Jr.

What We Do

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

Achievements

As part of its mandate, the Executive Committee provides routine, continuous oversight to the financial management of the College. The Committee considered and approved 14 Clinic Name Registration requests. The work of the Executive Committee provides for consistent, timely College governance on matters that arise in between Council meetings.

This year, the Executive Committee held additional meetings to discuss matters related to the COVID-19 pandemic.

Inquiries, Complaints and Reports Committee

Who We Are

Officers

Barbara Smith, *Public Member – Chair*
Lileath Claire, *Public Member* (from June 2020) – *Vice-Chair* (from December 2020)

Public Members

Kris Bailey
Jack Biernaski (from May 2020)
Eddy Chin (from June 2020 until January 2021)

Professional Members

Alexia Baker-Lanoue
Christopher Reis
Michael Vout, Jr.

Non-Council Members of the Profession

Carmelo Cino
Noa Grad (until August 2020)
Emilio Leuzzi
Marija Popovic (from June 2020)

What We Do

Concerns about a Registered Denturist coming to the College are brought to the attention of the Inquiries, Complaints and Reports Committee (ICRC) to be investigated. This includes a wide range of issues related to a Registered Denturist's conduct or practice, such as:

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

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

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

- **Take no further action.**
- **Offer guidance to the Registered Denturist in writing or in person.** This is done by the Committee when it feels that guidance will help the Registered Denturist to understand how to conduct himself or herself in the future.
- **Direct the Registered Denturist to complete education or remediation** to improve his or her practice.

- **Refer the matter** to either the Discipline Committee or to the Fitness to Practise Committee for a hearing.
- Take any other action not inconsistent with the [Regulated Health Professions Act, 1991 \(RHPA\)](#).

Achievements

- In keeping with Priority 2 “Excellence in Governance” of the College’s 2017-2020 Strategy Map which identifies a commitment to improving Council and Committee member training, in August 2020, ICRC members participated in a training and orientation session presented by Rebecca Durcan, the College’s Legal Counsel. The training session included a presentation outlining the statutory framework for the ICRC focusing on ICRC process and current practices.
- In addition to the training and orientation session held in August 2020, the Committee reviews literature relevant to its mandate on an ongoing basis and develops administrative guidelines and policies.
- The Committee met 9 times to review 27 cases (6 of them carried forward from 2020-2021), that included 21 complaints and 6 reports. Below are the outcomes of the ICRC deliberations where a decision was rendered within the reporting timeframe. The numbers reflect only those cases in which a final decision was made prior to April 1, 2021.

Took no further action	8
Issued reminders or advice to member	11
Required member to appear for an oral caution	2
Required member to complete a specified continuing education or remediation program (SCERP)	1
Referred to Discipline Committee	2
Undertaking	1

- The Committee collects risk assessment data by coding cases to address themes in the complaints process, the top 3 themes coded for this fiscal year are as follows:

Practice Issue	Primary Issue
Communication	6
Relationship with patient	6
Clinical skill/execution	3

Discipline Committee

Who We Are

Chair

Bruce Selinger, *Professional Member – Acting Chair* (until June 2020)
Gord White, *Public Member – Chair* (from June 2020)

Public Members

Kris Bailey
Jack Biernaski (from April 2020)
Eddy Chin (until January 2021)
Lileath Claire
Gaganjot Singh

Professional Members

Jack Abergel (until June 2020)
Abdelatif Azzouz
Alexia Baker-Lanoue
Keith Collins
Robert C. Gaspar (until June 2020)
Norbert Gieger (from June 2020)
Paul Karolidis (from June 2020)
Garnett A.D. Pryce (from June 2020)
Christopher Reis
Michael Vout, Jr.

Non-Council Members of the Profession

Eugene Cohen
Noa Grad (until August 2020)
Emilio Leuzzi
Braden Neron (from June 2020)
Marija Popovic (from June 2020)

What We Do

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

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

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

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

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

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

Achievements

This year, the Discipline Committee held four virtual hearings; one in May 2020 and three in February 2021.

Fitness to Practise Committee

Who We Are

Chair

Michael Vout, Jr., *Professional Member*

Public Members

Kris Bailey

Eddy Chin (until January 2021)

Lileath Claire

Gaganjot Singh

Gord White

Jack Biernaski (from April 2020)

Professional Members

Jack Abergel (until June 2020)

Abdelatif Azzouz

Alexia Baker-Lanoue

Keith Collins

Robert C. Gaspar (until June 2020)

Norbert Gieger (from June 2020)

Paul Karolidis (from June 2020)

Garnett A.D. Pryce (from June 2020)

Christopher Reis

Non-Council Members of the Profession

Noa Grad (until August 2020)

Bruce Selinger (until June 2020)

Braden Neron (from June 2020)

What We Do

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

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

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

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

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

Achievements

There were no Fitness to Practise hearings this fiscal year.

DRAFT

Patient Relations Committee

Who We Are

Chair

Alexia Baker-Lanoue, *Professional Member*

Public Members

Lileath Claire

Gord White (from June 2020)

Professional Members

Keith Collins

Robert C. Gaspar (until June 2020)

Norbert Gieger (from June 2020)

Paul Karolidis (from June 2020)

Non-Council Members of the Profession

Danielle Arsenault (from June 2020)

Rahul Bapna (from June 2020)

Akram Ghassemiyan (until June 2020)

Norbert Gieger (until June 2020)

Elizabeth Gorham-Matthews

Karla Mendez-Guzman

What We Do

The Committee oversees the patient relations program, including implementing measures for preventing or dealing with sexual abuse of patients. It administers the funding program for therapy and counselling for patients who have been sexually abused.

Achievements

Following a very productive previous year, the Patient Relations Committee did not meet to consider further program development during this reporting period. However, it did meet to consider an application for funding for therapy and counselling provided to an alleged victim of sexual abuse. These requests are considered electronically during the COVID-19 pandemic.

Quality Assurance Committee

What We Do

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

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

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

Panel A

Who We Are

Chair

Keith Collins, *Professional Member*

Public Members

Lileath Claire

Gaganjot Singh (from May 2020)

Gord White (from June 2020)

Professional Members

Abdelatif Azzouz

Paul Karolidis (from June 2020)

Non-Council Members of the Profession

Rahul Bapna (from June 2020)

Karla Mendez-Guzman

Marija Popovic

Achievements

- Met 7 times during the year to develop Quality Assurance Program components, monitor compliance with the Continuing Professional Development requirements, and review Peer & Practice Assessment reports. Of the assessments, 4 were satisfactory, 3 required some remedial action, 3 participated in modified non-clinical assessments, and 70 were carried over to 2021-2022.
- Launched the new Self-Assessment Tool to the profession with 97 registrants completed the self-assessment tool activity by March 31, 2021.
- Implemented virtual Peer Circles using Zoom.
- Developed the Chart-Stimulated Recall component and a standard setting framework for the Peer & Practice Assessments.
- Developed a program evaluation framework for the Quality Assurance Program.

20.8 hours

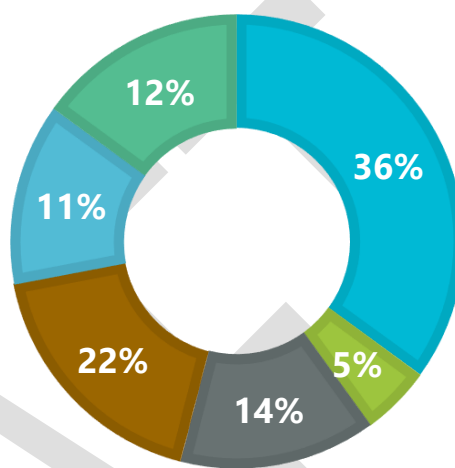
The **average number of CPD hours** reported by Registered Denturists in 2020-2021

The **total number of CPD hours** reported by all Registered Denturists in 2020-2021

14,407 hours

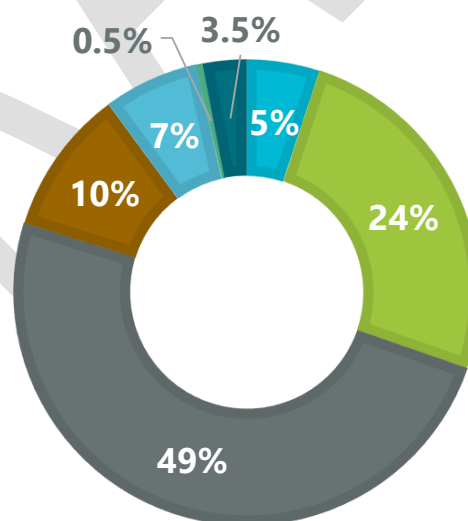
CPD CREDITS REPORTED BY TOPIC

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



CPD CREDITS REPORTED BY ACTIVITY TYPE

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



Panel B

Who We Are

Chair

Noa Grad, *Professional Member* (until August 2020)
Joseph Whang, *Professional Member* (Chair from September 2020)

Public Members

Gord White

Professional Members

Robert C. Gaspar (until June 2020)
Christopher Reis
Garnett A.D. Pryce (from June 2020)

Non-Council Members of the Profession

Braden Neron
Joseph Whang (until September 2020)

Achievements

Met one time, with a mandate to recommend to Council new or revised Standards of Practice and guidelines associated with providing patient care. Standards describe the College's expectations for professional practice.

The following Standards of Practice were implemented:
Professional Boundaries

The College offers webinars related to Standards of Practice. These webinars assist members of the profession with understanding the expectations articulated in the Standards. Webinars are available as live presentations or on-demand recorded presentations that Registered Denturists can access at their convenience.

1253

The total number of **attendees at live webinars**

The total number of **on-demand Webinar viewings**

430

Advertising

Professional Boundaries

Confidentiality & Privacy

Restricted Title & Professional Designations

INFORMED CONSENT

CONFLICT OF
INTEREST

RECORD KEEPING

Professional Collaboration

Peer Circles Working Group

The Peer Circle, an innovative continuing professional development tool, was developed in collaboration between the College of Denturists of Ontario and several members of the profession. Peer Circles was launched in November 2018 and has received widespread support and positive feedback from all participants. Following a year that saw the College host Peer Circles in Windsor, Ottawa and Sudbury, and at the Perfecting Your Practice Conference hosted by the Denturist Association of Ontario in 2019, in-person Peer Circle events were cancelled because of the public health restrictions imposed by the COVID-19 Pandemic.

In response to this restriction, the delivery of the Peer Circle event in a virtual format was developed and piloted during the summer and fall of 2020.

As part of the development and administration of this tool, members of the profession volunteered to either draft cases that were used in the Peer Circle discussions or act as facilitators of these discussions. Some members attended the pilot sessions for the Virtual format of the Peer Circle. The College acknowledges the hard work and dedication from all the members who have supported the development and administration of the Peer Circle discussion initiative.



Registration Committee

Who We Are

Chair

Elizabeth Gorham-Matthews, *Non-Council Member*

Public Members

Kris Bailey

Lileath Claire

Gaganjot Singh (from June 2020)

Professional Members

Jack Abergel (until June 2020)

Robert C. Gaspar (until June 2020)

Norbert Geiger (from June 2020)

Garnett A.D. Pryce (from June 2020)

Non-Council Members of the Profession

Majid Ahangaran (from June 2020)

Rahul Bapna (from June 2020)

Akram Ghassemiyan (from June 2020)

Joseph Whang

What We Do

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

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

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

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

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

During 2020-2021, the College had 23 new registrants, 1 member resigned their Certificate of Registration, and 3 members were suspended for non-payment of registration fees. As of March 31, 2021, the College had 737 registrants.

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

Achievements

- Met 9 times
- Conducted 21 academic assessments.
- Considered 1 practice hours matter.
- Considered 1 approval of terms, conditions and limitations for registration.
- Considered 1 application for a Certificate of Registration
- Considered 3 retired status applications.
- Continued to work collaboratively with the Ministry of Health and Long-Term Care on revising the College's Registration Regulation.
- Participated in ongoing training and development regarding the application of fair access law and registration practices recommended by the Ontario Fairness Commissioner.
- Implemented revisions to the following Registration policies:
 - Registration Appeal Policy
 - Access to Registration Applicant Records and Retention Policy
- Drafted and recommended the following Registration policies for implementation when the revised Registration Regulation is in force:
 - Academic Equivalency Review Policy
 - Jurisprudence Program Policy
 - Practising the Profession Policy
 - Refresher Program Policy
 - Return to the General Class from the Inactive Class Policy
 - Requesting an Extension to Complete the Qualifying Examination Policy
 - Additional Training for the Qualifying Examination Policy

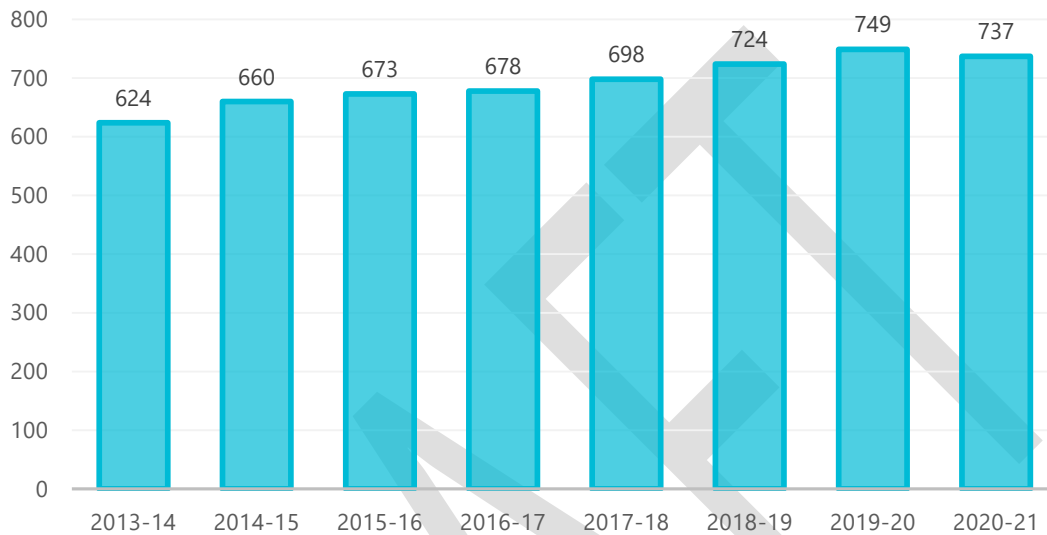
49%

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

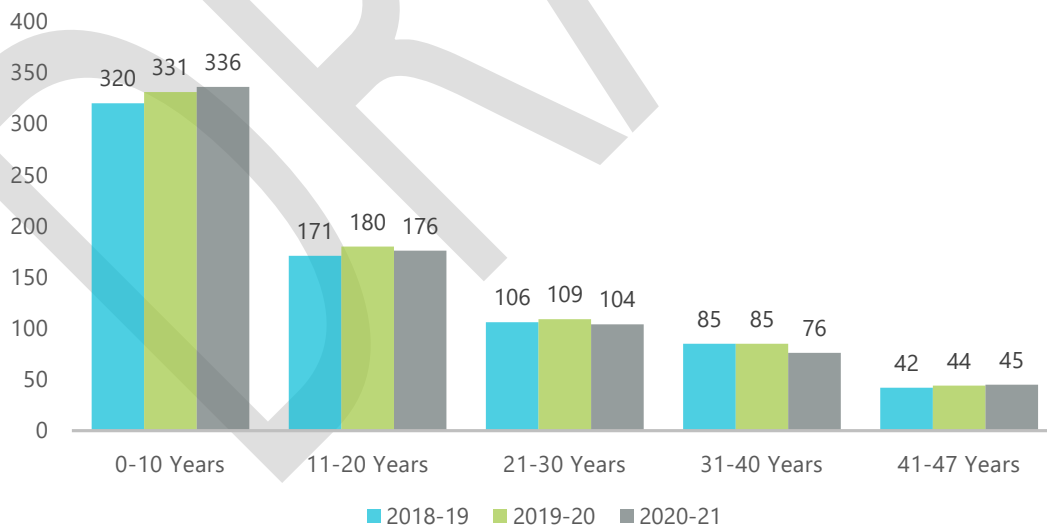
The percentage of Registered Denturists who practice in a **solo practice setting**

39%

CDO MEMBERSHIP



of Years in Practice



Qualifying Examination Committee

Who We Are

Chair

Michael Vout, Jr., *Professional Member*

Public Members

Gord White

Professional Members

Abdelatif Azzouz

Non-Council Members of the Profession

Majid Ahangaran

Danielle Arsenault (from June 2020)

Akram Ghassemiyan (from June 2020)

Karla Mendez-Guzman

Marija Popovic (from June 2020)

Milania Shahata (from June 2020)

What We Do

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

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

Achievements

- The Committee met twice to deliberate options for the Qualifying Examination during the COVID-19 pandemic.
- Due to the pandemic, the College had to unfortunately postpone the Qualifying Examination (MCQ and OSCE) for the Summer 2020 administration.
- After careful deliberation at its October 26, 2020, meeting, the Committee decided to change the delivery format of the in-person MCQ to an online delivered remote proctored format for the upcoming Winter 2021 MCQ administration - the first for the College. The OSCE portion of the examination will unfortunately be postponed until a safe resumption of in-person activities can be achieved.
- Opting for an online MCQ exam format supported the precautionary principle and better protected candidates, staff and the public. The online format allowed the College to proceed with a firm date for

the MCQ exam that proceeded regardless of changes in the dynamics of the COVID-19 pandemic.

- 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. Other than these modifications, the MCQ exam were not changed in any other way.
- The Committee will continue its ongoing work with the College of Alberta Denturists and the College of Denturists of British Columbia in order to create a common Multi-Jurisdictional MCQ examination in time for Summer 2021. This Multi-jurisdictional MCQ will replace the current provincial MCQ exams administered by each of the three Colleges. The commonality will ensure that every examination candidate is afforded a fair, defensible, and standard assessment.

Qualifying Examination Appeals Committee

Who We Are

Chair

Lileath Claire, *Public Member*

Professional Members

Alexia Baker-Lanoue (until June 2020 and from September 2020)

Non-Council Members of the Profession

Danielle Arsenault (from June 2020)

Noa Grad (until August 2020)

What We Do

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

Achievements

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

Qualifying Examination Working Group and OSCE Assessors

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

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

Due to the COVID-19 pandemic, the College continued with item writing and standard setting workshops remotely. The following individuals are commended for their participation in these important meetings.

Professional Members

Sean Akkawi
Doug Beswick
Annie Gallipoli
Julian Garber
Norbert Geiger
Sultana Hashimi
Eric Kim
Brandon Lilliman
Adam Lima
Braden Neron
Adita Shirzad
Luc Tran
Sam Tran
Robert Velensky
Carlo Zanon

Chief Examiner

Robert Velensky

Consultant

Dr. Anthony Marini, Martek Assessment

[Placeholder for Summary Financial Statements]

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[Placeholder for Summary Financial Statements]

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COLLEGE OF DENTURISTS OF ONTARIO

FINANCIAL STATEMENTS

MARCH 31, 2021

Draft Statement Subject to Revision

Independent Auditor's Report

To the Council of the College of Denturists of Ontario

Opinion

We have audited the financial statements of the College of Denturists of Ontario (the "College"), which comprise the statement of financial position as at March 31, 2021, and the statements of operations, changes in net assets and cash flows for the year then ended, and notes to the financial statements, including a summary of significant accounting policies.

In our opinion, the accompanying financial statements present fairly, in all material respects, the financial position of the College as at March 31, 2021, and the results of its operations and its cash flows for the year then ended in accordance with Canadian accounting standards for not-for-profit organizations.

Basis for Opinion

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

Other Information

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

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

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

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

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

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

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

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

Independent Auditor's Report (continued)

Auditor's Responsibilities for the Audit of the Financial Statements

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

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

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

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

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

Toronto, Ontario
Date to be determined

Chartered Professional Accountants
Licensed Public Accountants

Statement of Financial Position

March 31	2021 \$	2020 \$
ASSETS		
Current assets		
Cash	2,477,677	2,737,486
Amount receivable	10,122	-
Prepaid expenses	27,489	27,951
	<u>2,515,288</u>	<u>2,765,437</u>
Capital assets (note 4)	49,265	59,248
Intangible assets (note 5)	4,551	6,501
	<u>53,816</u>	<u>65,749</u>
	<u>2,569,104</u>	<u>2,831,186</u>
LIABILITIES		
Current liabilities		
Accounts payable and accrued liabilities (notes 3 and 6)	197,882	214,050
Deferred registration fees (note 3)	256,299	156,464
	<u>454,181</u>	<u>370,514</u>
Deferred lease incentives (note 7)	33,595	41,994
	<u>487,776</u>	<u>412,508</u>
NET ASSETS		
Invested in capital and intangible assets	32,696	39,349
Internally restricted for therapy and counselling (note 8)	155,870	158,400
Internally restricted for complaints and discipline (note 9)	360,000	360,000
Unrestricted	1,532,762	1,860,929
	<u>2,081,328</u>	<u>2,418,678</u>
	<u>2,569,104</u>	<u>2,831,186</u>

The accompanying notes are an integral part of these financial statements

Approved on behalf of the Council:

President

Vice-President

Statement of Operations

Year ended March 31	2021 \$	2020 \$
Revenues		
Registration fees (note 3)	799,926	1,463,267
Examination fees	52,950	322,775
Administration fees	6,788	12,910
Investment income	10,327	23,735
	869,991	1,822,687
Expenses		
Salaries and benefits	683,683	602,652
Examinations	52,999	312,452
Council and committees	6,253	16,543
Professional fees (note 8)	133,519	106,762
Quality assurance	17,936	64,958
Rent (note 7)	107,344	101,254
Complaints and discipline (note 10)	28,164	67,989
Office and general	161,374	196,588
Amortization of capital assets	14,119	17,373
Amortization of intangible assets	1,950	2,787
	1,207,341	1,489,358
Excess of revenues over expenses (expenses over revenues) for year	(337,350)	333,329

The accompanying notes are an integral part of these financial statements

Statement of Changes in Net Assets

Year ended March 31

	Invested in capital and intangible assets \$	Internally restricted for therapy and counselling \$	Internally restricted for complaints and discipline \$	Unrestricted \$	2021 Total \$
Balance, beginning of year	39,349	158,400	360,000	1,860,929	2,418,678
Excess of expenses over revenues for year	-	-	-	(337,350)	(337,350)
Amortization of capital and intangible assets	(16,069)	-	-	16,069	-
Amortization of deferred tenant inducements	5,280	-	-	(5,280)	-
Purchase of capital and intangible assets	4,136	-	-	(4,136)	-
Expenses incurred in current year (note 8)	-	(2,530)	-	2,530	-
Balance, end of year	32,696	155,870	360,000	1,532,762	2,081,328

The accompanying notes are an integral part of these financial statements

Statement of Changes in Net Assets

Year ended March 31

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

The accompanying notes are an integral part of these financial statements

Statement of Cash Flows

Year ended March 31	2021 \$	2020 \$
Cash flows from operating activities		
Excess of revenues over expenses (expenses over revenues) for year	(337,350)	333,329
Adjustments to determine net cash provided by (used in) operating activities		
Amortization of capital assets	14,119	17,373
Amortization of intangible assets	1,950	2,787
Amortization of deferred lease incentives	(8,399)	(8,398)
	(329,680)	345,091
Change in non-cash working capital items		
Increase in amount receivable	(10,122)	-
Decrease in prepaid expenses	462	253
Increase (decrease) in accounts payable and accrued liabilities	(16,168)	67,794
Increase (decrease) in deferred registration fees	99,835	(163,383)
	(255,673)	249,755
Cash flows from investing activities		
Purchase of capital assets	(4,136)	-
Net change in cash	(259,809)	249,755
Cash, beginning of year	2,737,486	2,487,731
Cash, end of year	2,477,677	2,737,486

The accompanying notes are an integral part of these financial statements

Notes to Financial Statements

March 31, 2021

Nature and description of the organization

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

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

1. Significant accounting policies

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

(a) Revenue recognition

Registration fees

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

Examination fees

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

Administration fees

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

Investment income

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

(b) Capital assets

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

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

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

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

Notes to Financial Statements (continued)

March 31, 2021

1. Significant accounting policies (continued)

(b) Capital assets (continued)

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

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

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

(c) Intangible assets

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

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

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

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

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

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

(d) Deferred lease incentives

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

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

Notes to Financial Statements (continued)

March 31, 2021

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

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

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

(f) **Financial instruments**

Measurement of financial assets and liabilities

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

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

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

Financial assets measured at amortized cost include cash and amount receivable.

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

Impairment

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

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

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

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

Notes to Financial Statements (continued)

March 31, 2021

1. Significant accounting policies (continued)

(f) Financial instruments (continued)

Impairment (continued)

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

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

(g) Management estimates

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

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

2. Financial instrument risk management

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

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

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

Notes to Financial Statements (continued)

March 31, 2021

2. Financial instrument risk management (continued)

Credit risk

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

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

	2021 \$	2020 \$
Cash	2,477,677	2,737,486
Amount receivable	10,122	-
	<u>2,487,799</u>	<u>2,737,486</u>

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

Liquidity risk

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

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

Market risk

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

Currency risk

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

The College is not exposed to currency risk.

Interest rate risk

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

Notes to Financial Statements (continued)

March 31, 2021

2. Financial instrument risk management (continued)

Other price risk

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

The College is not exposed to other price risk.

Changes in risk

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

3. Impact of COVID-19

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

Fiscal 2020 and 2021

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

Effective May 1, 2020, the College approved a fifty percent reduction in the registration fee for renewing and new denturists for the fiscal 2021 registration year. As a result, fifty percent of those registration fees received at the full amount before the March 31, 2020 year-end for the fiscal 2021 registration year were refunded in fiscal 2021. An amount of \$67,450 was included in accounts payable and accrued liabilities at the March 31, 2020 year-end to reflect the refunds due to members (note 6). As a result of the extension of the renewal deadline and reduction in registration fee, there was a decrease in deferred registration fees as at March 31, 2020.

As a result of the reduction in the registration fee for renewing and new denturists for the fiscal 2021 registration year, there was a decrease in registration fee revenue for fiscal 2021.

Fiscal 2021 and 2022

In recognition of the ongoing challenges posed by the pandemic, in advance of the opening of the College's registration renewal period on March 1, 2021 for the fiscal 2022 registration year, the College approved a fifty percent reduction in the fiscal 2022 registration fee for renewing and new denturists and provided for the payment of the fee over either one or two instalments.

As a result of this reduction in registration fee there was a decrease, from normal operating levels, in deferred registration fees as at March 31, 2021.

Notes to Financial Statements (continued)

March 31, 2021

3. Impact of COVID-19 (continued)

Because of the high level of uncertainty related to the outcome of this pandemic, it is difficult to estimate the future financial effect, other than that noted above, on the College.

4. Capital assets

	Cost \$	Accumulated Amortization \$	2021 Net \$
Furniture and fixtures	95,505	78,546	16,959
Computer equipment	63,637	58,409	5,228
Leasehold improvements	60,173	33,095	27,078
	219,315	170,050	49,265
	Cost \$	Accumulated Amortization \$	2020 Net \$
Furniture and fixtures	95,505	74,307	21,198
Computer equipment	59,501	54,546	4,955
Leasehold improvements	60,173	27,078	33,095
	215,179	155,931	59,248

5. Intangible assets

	Cost \$	Accumulated Amortization \$	2021 Net \$
Computer software	52,751	48,200	4,551
Database application software	31,900	31,900	-
	84,651	80,100	4,551
	Cost \$	Accumulated Amortization \$	2020 Net \$
Computer software	52,751	46,250	6,501
Database application software	31,900	31,900	-
	84,651	78,150	6,501

Notes to Financial Statements (continued)

March 31, 2021

6. Accounts payable and accrued liabilities

	2021	2020
	\$	\$
Trade payables and accrued liabilities	159,881	81,075
Registration fees to be refunded (note 3)	-	67,450
Accrued liabilities - complaints and discipline	25,000	57,800
HST payable	13,001	7,725
	<u>197,882</u>	<u>214,050</u>

7. Deferred lease incentives

	Cost	Accumulated	2021
	\$	Amortization	Net
	\$	\$	\$
Tenant inducements	52,800	31,680	21,120
Free rent benefits	31,187	18,712	12,475
	<u>83,987</u>	<u>50,392</u>	<u>33,595</u>

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

Amortization of lease incentives in the amount of \$8,399 (2020 - \$8,398) was credited to rent expense in the current year.

Notes to Financial Statements (continued)

March 31, 2021

8. Net assets internally restricted for therapy and counselling

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

In the current year, expenses in the amount of \$2,530 (2020 - \$1,600) were incurred in connection with therapy and counselling and are recorded in professional fees expense in the statement of operations.

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

9. Net assets internally restricted for complaints and discipline

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

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

10. Complaints and discipline

	2021 \$	2020 \$
Complaints and discipline	31,664	71,989
Cost recoveries	(3,500)	(4,000)
	<u>28,164</u>	<u>67,989</u>

11. Commitment

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

	\$
2022	116,096
2023	116,096
2024	116,096
2025	116,096
	<u>464,384</u>



College of Denturists of Ontario

Audit Findings Communication for the year ended March 31, 2021



A message from Blair MacKenzie

I am pleased to provide you with the findings of our audit of the financial statements of the College of Denturists of Ontario ("the College") for the year ended March 31, 2021.

Our audit findings communication is designed to highlight and explain key issues, which we believe to be relevant to the audit and to continue effective two-way communication with you regarding our audit. This will assist the Council in fulfilling your responsibility of overseeing the financial reporting process of the College.

This communication has been prepared to comply with the requirements outlined in Canadian Auditing Standard 260, *Communication with those Charged with Governance*. The information in this document is intended solely for the use of the Council and management and should not be distributed to others without our consent.

We look forward to discussing our audit findings with you in detail as well as any other matters that you may wish to address at our meeting scheduled for December 10, 2021.

A handwritten signature in black ink that reads "Hilborn LLP".

Blair MacKenzie
Managing Partner
Hilborn LLP
November 18, 2021

**“Our
commitment
to quality is
reflected in
every aspect
of our work.
If you have
any questions
or comments,
please contact
me.”**



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Your client service team

Blair MacKenzie, Engagement Partner
bmackenzie@hilbornca.com

Geoff Clute, Principal
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Merna Hanna, Senior Associate
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“At Hilborn, we are committed to audit quality and strong client service. Audit quality is integral to our business and is an overarching consideration in our training, our processes, and our systems and controls.”

Executive Summary



Audit status

We have substantially completed our audit of the financial statements of the College of Denturists of Ontario for the year ended March 31, 2021, with the exception of the following procedures:

- Completion of subsequent events procedures
- Receipt of the signed management representation letter
- Council's approval of the financial statements

These procedures require completion before we may issue our auditor's report. If we become aware of significant matters after completing these procedures, we will bring them to your attention.



Auditor's report and representations from management

We expect to issue an unmodified opinion. The expected form and content of our report is included in the draft financial statements issued.

The management representation letter is expected to be consistent with that issued in our pre-audit communication. We ask management to sign and return the letter to us before we issue our auditor's report.



Independence

We are independent and have been so throughout the audit process. We have complied with all relevant ethical requirements regarding independence.



Significant difficulties encountered

There were no significant difficulties encountered while performing the audit.



Changes from the audit plan

Our audit approach was consistent with the approach communicated to you in our audit plan dated June 11, 2021.

Final materiality is consistent with preliminary materiality set at \$50,000.

Significant Qualitative Aspects of the College's Accounting Practices

Canadian Auditing Standards require that we communicate with you about significant qualitative aspects of the entity's accounting practices, including accounting policies, accounting estimates and financial statement disclosures.

Accounting policies, accounting estimates and financial statement disclosures

Hilborn's response and views

Management is responsible for the appropriate selection and application of accounting policies under the Accounting Standards for Not-for-Profit Organization financial reporting framework.

Our role is to review the appropriateness and application of these policies as part of our audit. The accounting policies used by the College are described in Note 1, Significant Accounting Policies, in the financial statements. There were no significant changes in the previously adopted accounting policies or their application.

- Based on the audit work performed, the accounting policies are appropriate for the College and applied consistently.

Management is responsible for the accounting estimates included in the financial statements. Estimates and the related judgments and assumptions are based on management's knowledge of the business and past experience about current and future events.

- Based on the audit work performed, we are satisfied that the estimates made by management are reasonable in the context of the financial statements taken as a whole.

Accounting policies, accounting estimates and financial statement disclosures	Hilborn's response and views
<p>Management has considered the impact of the COVID-19 pandemic on the College's financial statements and concluded that note disclosure is appropriate to describe the impact to the current operations and to describe that the impact to the future operations of the Council, if any, cannot be estimated.</p>	<ul style="list-style-type: none"> - We worked with management to understand the implications of COVID-19 on the College. - The financial statement disclosures related to COVID-19 (note 3) are clear and transparent and meet the requirements of the financial reporting framework under which the College reports.
<p>Annual report</p>	<ul style="list-style-type: none"> - We acknowledge that a copy of the College's summary financial statements for the year ended March 31, 2021 and a copy of our audit report related to the summary financial statements will be included in the College's annual report. As agreed in our engagement letter, we will review the annual report prior to it being finalized to ensure that there are no inconsistencies with the audited financial statements. - We obtained the draft annual report prior to the date of our auditor's report. If, based on the work we have performed on this annual report, we conclude that there is a material misstatement of the annual report, we are required to report that fact in our auditor's report. We have nothing to report in this regard.

Other Significant Matters

In accordance with Canadian Auditing Standards, there are a number of required communications between the auditor and those charged with governance related to the oversight of the financial reporting process. Those communications will primarily be written in the form of our audit plan and audit findings communication. We may also communicate orally through discussions. The table below summarizes the communications required at the conclusion of the audit.

Significant Matter	Discussion
Summary of uncorrected misstatements	We did not identify any misstatements that remain uncorrected in the financial statements.
Corrected misstatements	During the course of the audit, management and Hilborn LLP worked collaboratively to identify adjustments required to the financial statements. All adjustments proposed by Hilborn were approved and recorded by management.
Significant deficiencies in internal control	An increased risk profile exists at the College relative to the lack of segregation of incompatible duties. Segregation of incompatible duties is a key internal control intended to minimize the occurrence of errors or fraud. The principle of segregating incompatible duties encompasses the division of responsibilities of a key process such that no one individual performs two or more of the functions related to custody, initiation, authorization, execution, recording and reporting.

Significant Matter	Discussion
Fraud and non-compliance with laws and regulations	<p>No fraud or non-compliance with laws and regulations came to our attention during the course of the audit.</p> <p>We would like to reconfirm with the Council that you are not aware of any fraud or non-compliance with laws and regulations not previously communicated with us.</p>
Significant difficulties encountered	<p>No difficulties were encountered while performing the audit and there are no unresolved disagreements. We received full cooperation from management during our audit.</p>
Related party transactions	<p>We did not identify any related parties.</p>
Subsequent events	<p>No subsequent events, which would impact the financial statements have come to our attention.</p>



MEMO

To: **Council**

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

Date: **December 10, 2021**

Subject: **Financial Report: April 1 – October 31, 2021
Budgeting for 2022-2023**

Financial Report: April 1 – October 31, 2021

Income Statement for the period April 1 – October 31, 2021 is attached (Agenda Item 12.2).

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). This report covers the first 7 months of the fiscal year, consequently, one anticipates that approximately 58.3% of a budgeted amount would have been spent. This is not true for all items as some expenses (insurance or examination expenses for example) are lumped at various points during the fiscal year.

On the revenue side, you will see that the Registration fees are consistent with the 50% reduction in the renewal fee that was approved by Council for the 2021-2022 renewal period. Income from the Qualifying Examination to date includes fees for the June 22, 2021, administration of the online MCQ portion of the examination and for the September, October, and November administrations of the OSCE (Objective Structured Clinical Examination). The total projected income from the examination is approximately 480,000.00, The YTD total for Examination expenses is 195,503.62 with an additional 80,000.00 to be posted against the November OSCE administration plus an anticipated total of 97,000 in expenses for the February 2022 examination administration. This brings the total expenses for the administration of the Qualifying Examination for 2021-2022 into the range of 388,830.80, well within the cost recovery target, with a slight excess of 80-90 K of income over expenses.

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 59% of the budget which is exactly on target for the expenditure level for this point in the fiscal year. The budgeted expenses for the Qualifying Examination are more than what were budgeted. This discrepancy arises because of the addition of one

exam administration and its associated costs. Consequently, the QE expenses are projected to be in the range of 388,830.00. This will increase the projected deficit from -188,100.07 to -338,100.07. While this deficit is greater than anticipated when we budgeted for this fiscal year, it does reflect the real costs for the administration of the OSCE examination in a different location with a different Standardized Patient service provider and the addition of one administration of the exam. The examination income is still slightly more than expenses.

Budgeting for 2022-2023

Setting the Certificate of Registration Renewal Fee

(Please see Agenda Item X.X CDO Reserve Funds). In the fiscal year ending March 31, 2020, the College was in a strong financial position with an excess of \$333,329.00 revenue versus expenses, net assets totalling \$2,418,678.00 and a cash reserve fund of \$2,379,329.00. With this strong financial position in mind, Council approved a 50% reduction in the Registration Renewal fee for the **2020-2021** renewal year. As budgeted, this reduction in income was projected to create a deficit of -\$600,968.70. According to the draft financial statements for 2020-2021, the deficit only amounted to **-\$337,350.00**.

As a result of a less-than-predicted deficit (largely due to a reduction in College operating expenses) that reduced the cash reserve fund by only 337,350.00, Council approved another reduction in the Registration renewal fee of 50% for 2021-2022. According to the Statement of Operations discussed above, this reduction in revenue will create another deficit that is conservatively estimated to be approximately **-\$338,100.07**.

This deficit is funded from the **UNRESTRICTED UNASSIGNED** portion of the Reserve Funds at the end of the 2021-2022 fiscal year (March 31, 2021), leaving **\$390,452.00** in unrestricted, unassigned Reserve Funds at the beginning of the 2022-2023 fiscal year (See CDO Reserve Funds Agenda Item 12.3).

In advance of the Registration renewal period that begins in March 2022, Council is asked to consider whether another renewal period with a 50% reduction in the Registration renewal fee is appropriate. Budget scenarios for 2022-2023 are provided in Agenda Item 12.4. There are two scenarios: one with a 50% reduction in the Registration renewal fee and one with a 25% reduction in the Registration renewal fee.

With the application of a 50% reduction in the Registration renewal fee, a deficit of **-\$339,800.00** is projected. This is in keeping with the projected deficit for a similar reduction (50%) in the Registration renewal fee for the 2021-2022 fiscal year.

A deficit of **-\$339,800.00** for 2022-2023 would be covered by the **UNRESTRICTED, UNASSIGNED** Reserve funds leaving a balance of \$50,652.00.

As an alternative scenario, a reduction in the Registration renewal fee of 25% was contemplated. These figures are presented in the last column of the Agenda Item 12.4. Such a reduction would not create a deficit and the **UNRESTRICTED, UNASSIGNED** Reserve funds would be undisturbed.

Options

After consideration of these matters, Council may:

Financial Report for Period April 1, 2021 – October 31, 2021

1. Adopt a motion that approves the financial report for the period April 1, 2021 – October 31, 2021

Registration Renewal Fee Schedule for 2022-2023

1. Adopt a motion that approves a fee reduction of 50% for the 2022-2023 fiscal year; or
2. Adopt a motion approves a fee reduction of some other amount for the fiscal year 2022-2023;
or
3. Other

College of Denturists of Ontario

Income Statement (April 1, 2021-October 31, 2021)

YTD Budget to Actual	2021-2022 BUDGET	October 31/21 YTD Totals	YTD as Percentage of Budget	Remainder or In Excess of Budgeted Amount*
REVENUE				
Professional Corporation Fees	\$ 65,000.00	\$ 63,200.00	97%	\$ 1,800.00
Registration Fees	\$ 707,750.00	\$ 712,663.00	101%	\$ 4,913.00*
Other Fees	\$ 4,500.00	\$ 8,096.25	180%	\$ 3,596.25*
Qualifying Examination Fees	\$ 480,000.00	\$ 296,750.00	62%	\$ 183,250.00
Other Income	\$ 10,000.00	\$ 7,200.53	72%	\$ 2,799.47
TOTAL REVENUE	\$ 1,267,250.00	\$ 1,087,909.78	86%	\$ 179,340.22
EXPENDITURES				
Wages & Benefits	\$ 626,519.27	\$ 375,059.58	60%	\$ 251,459.69
Professional Development	\$ 40,000.00	\$ 4,286.26	11%	\$ 35,713.74
Professional Fees	\$ 140,000.00	\$ 68,380.83	49%	\$ 71,619.17
Office & General	\$ 150,000.00	\$ 110,505.67	74%	\$ 39,494.33
Rent	\$ 130,000.00	\$ 64,651.55	50%	\$ 65,348.45
Qualifying Examination	\$ 238,830.80	\$ 195,503.62	82%	\$ 43,327.18
Council and Committees	\$ 15,000.00	\$ 9,539.50	64%	\$ 5,460.50
Quality Assurance				
QA Panel A	\$ 6,000.00	\$ 306.00	5%	\$ 5,694.00
QA Panel B	\$ 4,000.00	\$ -	0%	\$ 4,000.00
QA Assessments	\$ 35,000.00	\$ 12,145.00	35%	\$ 22,855.00
Complaints & Discipline				
Complaints	\$ 30,000.00	\$ 16,696.10	56%	\$ 13,303.90
Discipline	\$ 25,000.00	\$ 5,812.00	23%	\$ 19,188.00
Capital Expenditures	\$ 15,000.00	\$ -	0%	\$ 15,000.00
TOTAL EXPENDITURES	\$ 1,455,350.07	\$ 862,886.11	59%	\$ 592,463.96
NET INCOME	-\$ 188,100.07	\$ 225,023.67		

CDO RESERVE FUNDS (MARCH 31, 2021)	\$ 2,048,632.00
RESTRICTED RESERVE FUNDS	
THERAPY /COUNSELLING	\$ 160,000.00
DISCIPLINE	\$ 360,000.00
UNRESTRICTED RESERVE FUNDS	
OPERATING (6 months)	\$ 800,010.00
REMAINING – UNASSIGNED UNRESTRICTED (MARCH 31, 2021)	\$ 728,622.00
LESS DRAW DOWN 2021 - 2022 DEFICIT	\$ 338,170.07
REMAINING – UNASSIGNED UNRESTRICTED (MARCH 31, 2022)	\$ 390,452.00
LESS DRAW DOWN 2022-2023 DEFICIT	\$ 339,800.00
REMAINING UNASSIGNED UNRESTRICTED (MARCH 31, 2023)	\$ 50,652.00

College of Denturists of Ontario
PROJECTED BUDGET DEFICIT 2022-2023

YTD Budget to Actual	2021-2022 BUDGET	50% FEE REDUCTION 2022-2023 BUDGET	25% FEE REDUCTION 2022-2023 BUDGET
REVENUE			
Professional Corporation Fees	\$ 65,000.00	\$ 65,000.00	\$ 65,000.00
Registration Fees	\$ 707,750.00	\$ 715,000.00	\$ 1,061,625.00
Other Fees	\$ 4,500.00	\$ 7,000.00	\$ 7,000.00
Qualifying Examination Fees	\$ 480,000.00	\$ 287,000.00	\$ 287,000.00
Other Income	\$ 10,000.00	\$ 5,000.00	\$ 5,000.00
TOTAL REVENUE	\$ 1,267,250.00	\$ 1,079,000.00	\$ 1,425,625.00
EXPENDITURES			
Wages & Benefits	\$ 626,519.27	\$ 578,800.00	\$ 578,800.00
Professional Development	\$ 40,000.00	\$ 30,000.00	\$ 30,000.00
Professional Fees	\$ 140,000.00	\$ 100,000.00	\$ 100,000.00
Office & General	\$ 150,000.00	\$ 190,000.00	\$ 190,000.00
Rent	\$ 130,000.00	\$ 130,000.00	\$ 130,000.00
Qualifying Examination	\$ 238,830.80	\$ 275,000.00	\$ 275,000.00
Council and Committees	\$ 15,000.00	\$ 20,000.00	\$ 20,000.00
Quality Assurance			
QA Panel A	\$ 6,000.00	\$ 6,000.00	\$ 6,000.00
QA Panel B	\$ 4,000.00	\$ 4,000.00	\$ 4,000.00
QA Assessments	\$ 35,000.00	\$ 35,000.00	\$ 35,000.00
Complaints & Discipline			
Complaints	\$ 30,000.00	\$ 30,000.00	\$ 30,000.00
Discipline	\$ 25,000.00	\$ 15,000.00	\$ 15,000.00
Capital Expenditures	\$ 15,000.00	\$ 5,000.00	\$ 5,000.00
TOTAL EXPENDITURES	\$ 1,455,350.07	\$ 1,418,800.00	\$ 1,418,800.00
NET INCOME	-\$ 188,100.07		
PLUS ADDITIONAL EXAM EXPENSES	-\$ 150,000.00		
REVISED NET INCOME (2021-2022)	-\$ 338,100.07	-\$ 339,800.00	\$ 6,825.00



COMMITTEE REPORT TO COUNCIL

Name of Committee: **Transition Oversight Committee**

Reporting Date: **December 10, 2021**

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

At the first meeting of the Transition Oversight Committee (Oct 18th) the Presidents of the three Colleges – CDO, CDHO and CDTO (Kris Bailey, Caroline Lotz and Robert Shawyer) welcomed the formation of the committee comprised of the Registrars, a public and a professional member from each college. A total of nine members – Robert Shawyer (the President of CDTO) is a member.

At this meeting Lileath Claire was nominated and acclaimed as Chair with Terri Strawn (CDHO) as co chair. The Committee met on two other occasions and here is a summary of achievements to Nov 22nd, 2021

SECURITY of Information:

With the great support from CDO, particularly Megan Callaway, Manager of Council and Corporate Affairs, the Committee has a secured SharePoint site for the distribution and retention of materials used and generated by the committee.

CONFIDENTIALITY:

The Committee has developed a confidentiality agreement statement and all members have agreed by confirming acceptance.

TERMS of REFERENCE for the Committee:

Initially drafted by the Presidents, the Committee has revised and accepted by motion the Terms of Reference under which the Committee will operate.

FRAMEWORK for Amalgamation:

The Committee is tasked with the development of a framework for the amalgamation and modernization of three oral health colleges – CDO, CDHO and CDTO. An RFP for consulting support was issued and three firms responded. The committee reviewed proposals from the three firms and selected two to be interviewed. The interviews were conducted the week of Nov-29th. We anticipated a

recommendation decision on Dec-6th. and the onboarding of the selected consultant to begin in earnest by the ending of the year. Further updates on this process will be available at the next Council meeting.

Respectfully submitted by Ms. Lileath Claire
Chair of the Transition Oversight Committee