COLLEGE OF DENTURISTS OF ONTARIO

107th Council Meeting

Friday, March 11, 2022 – 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

College of Denturists of Ontario, 365 Bloor Street East, Suite 1606, Toronto, ON M4W 3L4 • **T:** 416-925-6331 • **F:** 416-925-6332 • **TF:** 1-888-236-4326
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Item		Action	Page #
6.	**Registrar's Report** Roderick Tom-Ying, Acting Registrar and CEO	Information	**33**
7.	**Presentation: Governance Reform and Regulatory Modernization** Rebecca Durcan, College Counsel, Partner, Steinecke Maciura LeBlanc 7.1 Ministry of Health – Consultation Invitation Letter 7.2 Ministry of Health – Consultation Deck 7.3 College of Denturists of Ontario's Response	Information	 **35** **36** **48**
8.	**Update from the Transition Oversight Committee** Lileath Claire, Chair of the Transition Oversight Committee	Information	
9.	**College Performance Measurement Framework (CPMF) Report** 9.1 Briefing Note 9.2 Draft 2021 CPMF Report – Domain 1: Governance 9.3 CPMF Action Items	Decision	 **62** **64** **82**
10.	**2021-2022 Financial Report** 10.1 Briefing Note 10.2 Statement of Operations from April 1, 2021 to March 31, 2022 (Project)	Decision	 **88** **91**
11.	**2022-2023 Budget** 11.1 Briefing Note 11.2 Draft 2022-2023 Budget 11.3 Reserve Fund Status	Decision	 **92** **96** **97**
12.	**Quality Assurance Policies** 12.1 Briefing Note 12.2 Proposed Self-Assessment Tool (SAT) Policy 12.3 Revised Quality Assurance Program Requirement Policy	Decision	 **98** **99** **102**
13.	**Demonstration: Self-Assessment Tool** Tera Goldblatt, Manager, Regulatory Programs	Information	
14.	**Presentation: Records & Information Management (RIM) Program** Megan Callaway, Manager, Council and Corporate Services	Information	
15.	**Other Business**		
16.	**Next Meeting Dates** CCDI Training: Indigenous Inclusion – March 21, 2022 108th Council Meeting – Friday, June 17, 2022 109th Council Meeting – Friday, September 9, 2022 110th Council Meeting – Friday, December 9, 2022		
17.	**Adjournment**		

Item	Action	Page #
18. *In Camera* **Meeting of Council** Pursuant to Schedule 2, the Health Professions Procedural Code of the *Regulated Health Professions Act* (1991), Section 7 ss (2) (d) of the *Regulated Health Professions Act* (1991).		

COLLEGE OF
DENTURISTS
OF ONTARIO

MISSION STATEMENT

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

COLLEGE OF
DENTURISTS
OF ONTARIO

MANDATE AND OBJECTIVES

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

1. To regulate the practice of the profession and to govern the members in accordance with the health profession Act, this Code and the *Regulated Health Professions Act, 1991* and the regulations and by-laws.

2. To develop, establish and maintain standards of qualification for persons to be issued certificates of registration.

3. To develop, establish and maintain programs and standards of practice to assure the quality of the practice of the profession.

4. To develop, establish and maintain standards of knowledge and skill and programs to promote continuing evaluation, competence and improvement among the members.

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

5. To develop, establish and maintain standards of professional ethics for the members.

6. To develop, establish and maintain programs to assist individuals to exercise their rights under this Code and the *Regulated Health Professions Act, 1991*.

7. To administer the health profession Act, this Code and the *Regulated Health Professions Act, 1991* as it relates to the profession and to perform the other duties and exercise the other powers that are imposed or conferred on the College.

8. To promote and enhance relations between the College and its members, other health profession colleges, key stakeholders, and the public.

9. To promote inter-professional collaboration with other health profession colleges.

10. To develop, establish, and maintain standards and programs to promote the ability of members to respond to changes in practice environments, advances in technology and other emerging issues.

11. Any other objects relating to human health care that the Council considers desirable. 1991, c. 18, Sched. 2, s. 3 (1); 2007, c. 10, Sched. M, s. 18; 2009, c. 26, s. 24 (11).

COLLEGE OF DENTURISTS OF ONTARIO

106th Council Meeting
Teleconference

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

MINUTES

Members Present:	Kristine Bailey	➢ President
	Alexia Baker-Lanoue	➢ Vice President
	Abdelatif Azzouz	
	Michael Bakshy	
	Lileath Claire	
	Norbert Gieger	
	Elizabeth Gorham-Matthews	
	Paul Karolidis	
	Garnett A. D. Pryce	
	Christopher Reis	
	Gaganjot Singh	
	Arie van Wijngaarden	
	Joseph Whang	
Guests:	Blair MacKenzie, Hilborn LLP	
	Erin Hodgetts, Bookkeeper	
Legal Counsel:	Rebecca Durcan, Steinecke, Maciura and LeBlanc	
Staff:	Glenn Pettifer, Registrar and CEO	
	Megan Callaway, Manager, Council and Corporate Services	
	Catherine Mackowski, Manager, Professional Conduct	
	Roderick Tom-Ying, Director, Registration and Examinations, Deputy Registrar	

1. **Call to Order**

   The President called the meeting to order at 10:04 a.m.

2. **Approval of Agenda**

   MOTION: To approve the agenda.

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MOVED: N. Gieger
SECONDED: A. van Wijngaarden

CARRIED

3. **Declaration of Conflict(s)**
Comments on conflict of interest 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. **In Camera Meeting of Council, pursuant to Schedule 2, the Health Professions Procedural Code of the *Regulated Health Professions Act* (1991), Section 7 ss (2) (d) of the *Regulated Health Professions Act* (1991).**

    MOTION: To move the meeting in camera.

    MOVED: N. Gieger
    SECONDED: E. Gorham-Matthews

CARRIED

The meeting moved in camera at 10:07 a.m. and ex camera at 10:25 a.m.

It was announced that Council unanimously approved the appointment of Mr. Roderick Tom-Ying as Acting Registrar beginning January 4, 2022 for a period not exceeding 1 year.

6. **Consent Agenda**

    MOTION: To accept the Consent Agenda except for item 6.13.

    MOVED: N. Gieger
    SECONDED: P. Karolidis

CARRIED

Further clarification was requested regarding the Ministry of Health's consultation on governance reforms. It was reported that the College of Dental Technologists of Ontario, the College of Dental Hygienists of Ontario, and College of Denturists of Ontario responded indicating that the three Colleges are in a process of discussing a potential amalgamation. No response was received from the Ministry. Council accepted item 6.13 by general consent.

7. **Update from the Transition Oversight Committee**
   Ms. Lileath Claire provided an update from the Transition Oversight Committee.

8. **Proposed Records and Information Governance Policy**
   It was determined that confidentiality and security of documents shared via SharePoint, particularly regarding how to handle downloaded and printed materials, would be addressed in the SharePoint Guide for Council and Committee Members.

   MOTION: To approve the proposed Policy as presented.

   MOVED: A. Baker-Lanoue
   SECONDED: E. Gorham-Matthews

   CARRIED

9. **CPMF Action Items – Work Plan**

   MOTION: To adopt the CPMF Action Item List as presented.

   MOVED: A. Baker-Lanoue
   SECONDED: L. Claire

   CARRIED

10. **Draft Annual Report**

    MOTION: To adopt the 2020-2021 Annual Report.

    MOVED: A. Azzouz
    SECONDED: G. Pryce

    CARRIED

11. **Presentation: Draft Audited Financial Statements**
    Mr. Blair MacKenzie, Hilborn LLP presented the 2020-2021 draft audited financial statements and the audit findings communication.

    MOTION: To approve the draft audited financial statements.

    MOVED: A. Baker-Lanoue
    SECONDED: L. Claire

    CARRIED

    MOTION: To appoint Hilborn LLP as the Auditor for 2021-2022.

    MOVED: A. van Wijngaarden

SECONDED: A. Azzouz

CARRIED

12. **Financial Report and Setting Registration Renewal Fees for 2022-2023 Renewal**

    MOTION: To approve the financial report for the period of April 1 to October 31, 2021.

    MOVED: A. Baker-Lanoue
    SECONDED: E. Gorham-Matthews

    CARRIED

    MOTION: To approve a registration renewal fee reduction of 35% for the 2022-2023 fiscal year.

    MOVED: N. Gieger
    SECONDED: G. Pryce

    CARRIED

13. **Other Business**
    Comments were shared by Mr. Norbert Gieger, Ms. Alexia Baker-Lanoue, Mr. Roderick Tom-Ying, and Ms. Kris Bailey regarding Dr. Glenn Pettifer's tenure as Registrar and CEO of the College of Denturists of Ontario and congratulating him on his new role as Registrar and CEO of the College of Dental Hygienists of Ontario in the new year.

14. **Adjournment**

    MOTION: That the meeting be adjourned.

    MOVED: N. Gieger
    SECONDED: P. Karolidis

    CARRIED

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

_____   _____
Kristine Bailey   Date
President

_____   _____

Roderick Tom-Ying   Date
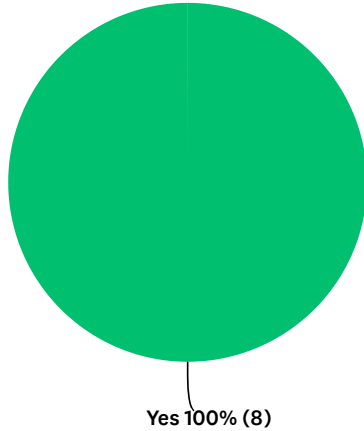Acting Registrar and CEO

Agenda Item 5.2

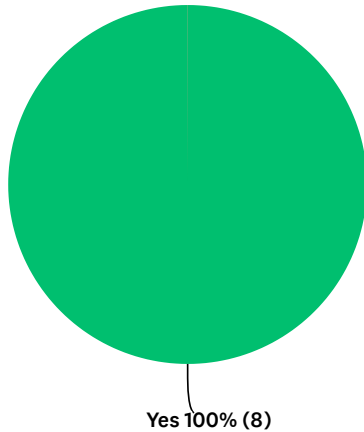## Q1 I received appropriate, supportive information for this Council meeting.

Answered: 8   Skipped: 0

Yes 100% (8)

#	COMMENTS	DATE
	There are no responses.	

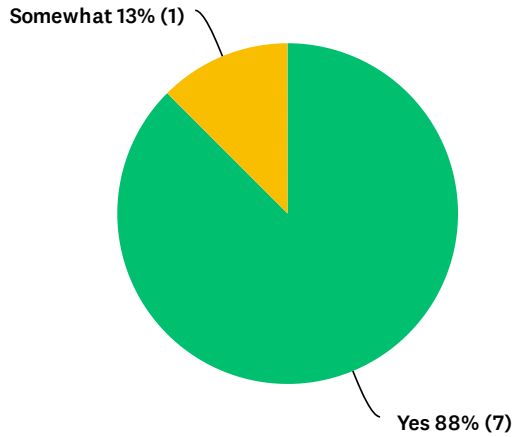## Q2 I received this supportive information in a timely manner.

Answered: 8   Skipped: 0

Yes 100% (8)

#	COMMENTS	DATE
	There are no responses.	

1 / 6

Agenda Item 5.2

Q3 I was prepared for this meeting.

Answered: 8   Skipped: 0

Somewhat 13% (1)

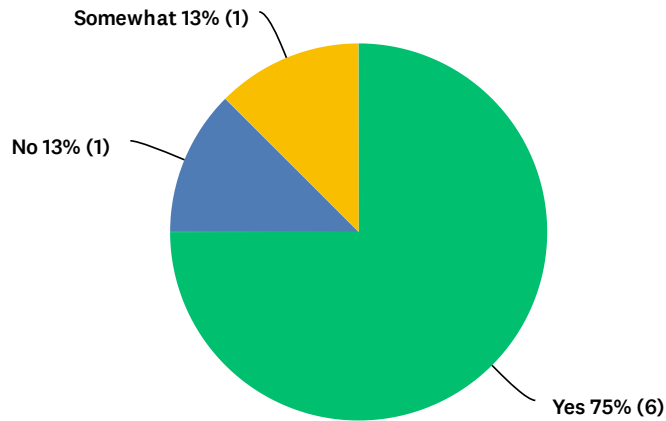Yes 88% (7)

#	COMMENTS	DATE
	There are no responses.	

Q4 All Council members appeared prepared for this meeting.

Answered: 8   Skipped: 0

Somewhat 13% (1)

No 13% (1)

Yes 75% (6)

#	COMMENTS	DATE
	There are no responses.	

Agenda Item 5.2

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

Answered: 0   Skipped: 8

#	RESPONSES	DATE
	There are no responses.	

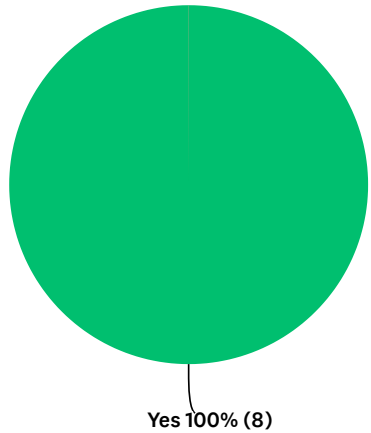# Q6 This meeting was effective and efficient.

Answered: 8   Skipped: 0

Yes 100% (8)

#	COMMENTS	DATE
	There are no responses.	

Q7 The objectives of this meeting were achieved.

Answered: 8   Skipped: 0

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Agenda Item 5.2
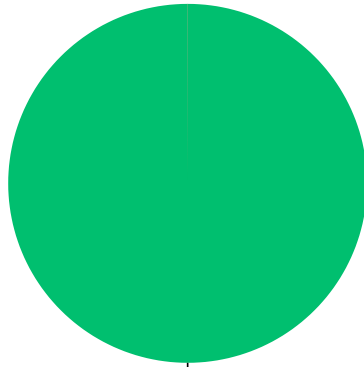
Yes 100% (8)

#	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
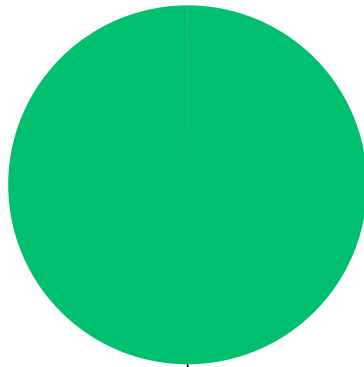
Yes 100% (8)

#	COMMENTS	DATE
	There are no responses.	

Q9 I felt comfortable participating in the Council discussions.

Answered: 8   Skipped: 0

4 / 6

Agenda Item 5.2
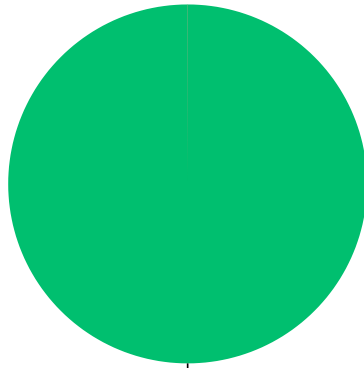
Yes 100% (8)

#	COMMENTS	DATE
	There are no responses.	

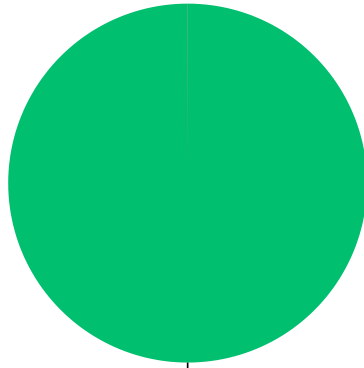## Q10 The public interest was considered in all discussions.

Answered: 8   Skipped: 0

Yes 100% (8)

#	COMMENTS	DATE
	There are no responses.	

Q11 List two strengths of this meeting.

Answered: 2   Skipped: 6

5 / 6

Agenda Item 5.2

#	RESPONSES	DATE
1	The meeting stayed on schedule. All members of council participated.	12/11/2021 9:56 AM
2	precise and to the point	12/10/2021 1:50 PM

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

Answered: 2   Skipped: 6

#	RESPONSES	DATE
1	The in camera to out of camera transition was not the easiest with Zoom. We were waiting for the auditor at one point as well	12/11/2021 9:56 AM
2	provision of improving current tools. option to get a PC with faster processor to avoid zoom glitch	12/10/2021 1:50 PM

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

Answered: 2   Skipped: 6

#	RESPONSES	DATE
1	The in camera to out of camera transition was not the easiest with Zoom. We were waiting for the auditor at one point as well	12/11/2021 9:56 AM
2	providing better computer to avoid technical glitches.	12/10/2021 1:50 PM

Q14 Additional Comments

Answered: 0   Skipped: 8

#	RESPONSES	DATE
	There are no responses.	

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

Answered: 0   Skipped: 8

#	RESPONSES	DATE
	There are no responses.	

COLLEGE OF
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COMMITTEE REPORT TO COUNCIL

Name of Committee: **Executive Committee**

Reporting Date: **March 11, 2022**

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

Activities during the Quarter:

The Executive Committee met once by teleconference, since its last report to Council on December 10, 2021.

The Executive Committee briefly met by teleconference on February 23, 2022, to consider and review two clinic name applications and to receive an update from the Chair of the Transition Oversight Committee

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

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COMMITTEE REPORT TO COUNCIL

Name of Committee:	**Inquiries, Complaints and Reports Committee**
Reporting Date:	**March 11, 2022**
Number of Meetings since last Council Meeting:	**2 (December 17, 2021; January 28, 2022)**

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.

Activities during the Quarter:

Since the December 10, 2021 Council meeting, the ICRC has considered 3 complete investigations and made final dispositions in 3 matters (3 complaints investigations).

Decisions Finalized:

Complaints	**3**
Total	**3**

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

No Further Action	2
Advice/Recommendation/Reminder	1
SCERP (incl. Coaching and Training)	1
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
Records and reporting	1	
Communication	1	1

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Legislation, standards & ethics	1	
Practice Management		1

Cases Considered by the Committee:

      Complaints   **3**

New Files Received during this period:

      Complaints   **0**

HPARB appeals

Total Appeals pending	1

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

CDO – Inquiries, Complaints and Reports Committee Report to Council – 107th Council Meeting – March 11, 2022   Page 2 of 2

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COLLEGE OF
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COMMITTEE REPORT TO COUNCIL

Name of Committee: **Discipline Committee**

Reporting Date: **March 11, 2022**

Number of Meetings since
last Council Meeting: **Orientation March 4, 2022**

Role of the Committee

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

Activities during the Quarter:

Since the December 10, 2021 Council meeting, a number of Discipline Committee members participated in an Orientation session by College Independent Legal Counsel, Mr. Jordan Stone via Zoom March 4, 2022.

A.   Discipline Committee Meetings

The Discipline Committee did not have a meeting in this quarter.

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

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COMMITTEE REPORT TO COUNCIL

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

Reporting Date: **March 11, 2022**

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

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COMMITTEE REPORT TO COUNCIL

Name of Committee: **Patient Relations Committee**

Reporting Date: **March 11, 2022**

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

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

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

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COMMITTEE REPORT TO COUNCIL

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

Reporting Date: **March 11, 2022**

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 for a Registered Denturist. The Committee also monitors member compliance with the CPD program and develops tools, programs, and policies for the College's Quality Assurance Program.

Activities during the Quarter:

QAC-A - Since the last report to Council on December 10, 2021, the QAC-A met once remotely on February 16, 2022.

The Committee at its meeting considered returning case files from the 2019-2020 Peer and Practice Assessment cycle and the 2020-2021 cycle. In addition, there were new assessments from the 2020-2021 cycle that were reviewed and action undertaking. The results of the meeting are found in the table below:

	Number of assessments	Result
Returning 2019-2020 Peer & Practice Assessments	1	• Postponement approved
Returning 2020-2021 Peer & Practice Assessments	6	• 1 Satisfactory • 5 Remedial Action required
New 2020-2021 Peer & Practice Assessments	5	• 1 Satisfactory • 3 Remedial Action required • 1 Follow up after renewal

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PPA 2021-2022 Extension requests	2	• 2 Extensions approved
CPD Extension requests	1	• 1 Extension approved

Self-Assessment Tool Policy and QA Program Requirements Policy Approval:

Building upon the work of the QA Committee at its October 18, 2019 meeting, the Self-Assessment Tool policy and accompanying QA Program Requirements Policy were updated and approved.

The online Self-Assessment Tool is tool developed to assist Registered Denturists with evaluating and self-assessing the competencies of the Denturism practice. By using this tool, Registered Denturists would then be able to formulate their CPD goals for the upcoming 3-year cycle and appropriately select professional development activities to enhance such targeted competencies.

The results of a registrant's self-assessment will not be reviewed by the College punitively. The results are confidential and the goal of the tool is to better assist registrants with finding competencies that they can enhance over the three year CPD cycle.

With the passing of this policy by the QAC, and seeking ratification from Council, the use of the Self-Assessment Tool will now be mandatory for all registrants. The deadline to use this tool is on or before the April 14th preceding each CPD cycle, however, members will be given an extended deadline of May 1, 2022 for this year only.

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

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COMMITTEE REPORT TO COUNCIL

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

Reporting Date: **March 11, 2022**

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

Activities during the Quarter:

The Quality Assurance Committee – Panel B has not met since its last report to Council on December 10, 2021.

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

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COLLEGE OF DENTURISTS OF ONTARIO

COMMITTEE REPORT TO COUNCIL

Name of Committee:	**Registration Committee**
Reporting Date:	**March 11, 2022**
Number of Meetings since last Council Meeting:	**2**

Activities during the Quarter:

The Registration Committee has met twice on December 15, 2021, and January 21, 2022, since its last report to Council on December 10, 2021.

At its December 15, 2021, meeting, the Committee met to consider two Terms, Conditions, and Limitations, referred by the Registrar, for review.

At its January 21, 2022, meeting, the Committee met to consider one academic assessment.

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

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COMMITTEE REPORT TO COUNCIL

Name of Committee: **Qualifying Examination Committee**

Reporting Date: **March 11, 2022**

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

Activities during the Quarter:

The Qualifying Examination Committee has met once on January 18, 2022, since its last report to Council on December 10, 2021.

At its January 18th meeting, the Qualifying Examination Committee reviewed the Chief Examiner's Report for the November 2021 OSCE administration, along with the item analysis prepared by Dr. Anthony Marini. In his analysis there were 7 items from the OSCE exam that were presented to the Committee for further review, of which 5 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 last week of January. Candidates who were unsuccessful on the OSCE component of the QE were provided with a detailed performance report.

Fall 2021 OSCE Qualifying Examination

The College hosted its fall OSCE examination series with the first OSCE exam conducted on September 18/19, 2021, the second on October 23/24, and the third 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.

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Fall 2021 OSCE Results

Fall 2021 – <u>All Schools</u> Results	New	Repeat	Total
Number of candidates	88	5	93
Number of successful candidates	68	4	72
Pass rate (expressed as a percentage of all candidates)	77.42%		
Pass rate (expressed as a percentage of all <u>new</u> candidates only)	77.27%		

February OSCE Qualifying Examination

The MCQ examination switched to an online remote proctored format allowing the College to maintain its twice a year schedule. The February MCQ and OSCE administration has just concluded. The next full MCQ and OSCE administration is set to take place in June 2022.

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

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COMMITTEE REPORT TO COUNCIL

Name of Committee:	**Qualifying Examination Appeals Committee**
Reporting Date:	**March 11, 2022**
Number of Meetings since last Council Meeting:	**1**

Activities during the Quarter:

The Qualifying Examination Appeals Committee has met once on December 20, 2021, since its last report to Council on December 10, 2021.

At its December 20th meeting, the Qualifying Examination Appeals Committee heard from 3 appellants from the September 2021 OSCE exam administration. The Committee rendered 3 decisions at its meeting with no outstanding items.

The Committee looks forward to meeting, to hear from the appellants from October 2021 and November 2021 OSCE exam administrations.

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

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COLLEGE OF
DENTURISTS
OF ONTARIO

MEMO

To:	**Council**
From:	**Roderick Tom-Ying, Acting Registrar & CEO**
Date:	**March 11, 2022**
Subject:	**Revision of College documents to reflect the Spousal Exception to the Sexual Abuse Provisions of the *Regulated Health Professions Act* (1991)**

Public Interest Rationale

The College of Denturists of Ontario has a zero-tolerance policy for any form of abuse – verbal, physical, emotional, or sexual abuse - of patients by Denturists. Sexual abuse by Denturists while providing oral health care will not be tolerated under any circumstances. The College is committed to preventing sexual abuse by promoting awareness of the College's expectations and by effectively addressing patient complaints.

The College recognizes the importance of ongoing professional education with respect to the issue of sexual abuse of patients by Denturists and ensures that it provides easy access on its website to policies, guidelines, standards of practice and legislation related to the sexual abuse of patients.

Background

The College of Denturists of Ontario is committed to eradicating the sexual abuse of patients by its members. Sexual abuse is defined in the *Health Professions Procedural Code* (the Code) as the following:
1. Sexual intercourse or other forms of physical sexual relations between the member and the patient
2. Touching, of a sexual nature, of the patient by the member
3. Behaviour or remarks of a sexual nature by the member towards the patient.

The College supports the zero-tolerance approach taken by the Ministry and the courts as it communicates the respect and duties that regulated health professionals owe their patients. It is important to note that the *Health Professions Procedural Code* was recently amended and, for the purposes of sexual abuse, a patient remains a "patient" for one year after the last date of treatment. This

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emphasizes the practitioner and patient divide and the need to always ensure the interest of the patient is placed at the forefront.

As noted by the definition of sexual abuse, if a spouse became a patient of a denturist, the denturist would be engaging in sexual abuse. Please note that spouse is defined in the *Health Professions Procedural Code* as the following:

1. Either of two person who are married to each other or have together entered into a marriage that is voidable or void, in good faith on the part of a person relying on this clause to assert any right or
2. A person who has lived with the member in a conjugal relationship outside of marriage continuously for a period of not less than three years

In 2014, the Council of the College discussed whether it would be prudent to allow denturists to treat their spouses. The Council determined that it would be acceptable and that it would not be contrary to the public interest. Further, it would not dilute the College's commitment to eradicating sexual abuse of patients by denturists. Therefore, in 2014, the College submitted a regulation to the Ministry to permit denturists to treat their spouses without engaging in sexual abuse (namely touching or behaviour or remarks of a sexual nature).

The College was advised that the regulation was approved and came into force on October 21, 2021. This regulation means that denturists are now permitted to treat their spouses in accordance with the terms of the regulation.

When their spouses become their patients, denturists are expected to adhere to the Standards and expectations of the College and act professionally in all regards. Note that the regulation states that when treating their spouse, the denturist must not engage in any sexual touching or behaviour or remarks. Failing to adhere to this regulation could amount to a denturist being prosecuted for sexual abuse.

This regulation should not be interpreted by denturists (or the public) as a blanket exemption from a finding of sexual abuse when treating a spouse. Rather, it is method to permit denturists to provide denturism services to their spouse in a professional manner. It is also important that the definition of spouse is precise. If a patient does not fall within the statutory definition of spouse, a denturist can be prosecuted for sexual abuse.

An announcement regarding the Spousal Exception to the Sexual Abuse Provisions of the *Regulated Health Professions Act* (1991) was circulated by the College to Registered Denturists on October 28, 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 – including information on the new spousal exception. The webinar was presented in four (repeat) sessions to a total of 104 attendees.

With the assistance of Cathi Mietkiewicz, Mietkiewicz Law, several College documents including the Standard of Practice and Guide to the Standard of Practice on Professional Boundaries were updated to reflect the new spousal exception. The updated documents were published on January 19, 2022.

Options

This item is provided for information.

Attachments (Links)

1. Standard of Practice: Professional Boundaries
2. Guide to the Standard of Practice: Professional Boundaries
3. Guidelines: Conduct for the Prevention of Sexual Abuse
4. Protecting the Public - Patient Relations Program - Sexual Abuse Prevention (webpage)
5. Patient Sexual Abuse FAQs for Patients
6. Patient Sexual Abuse FAQs for Denturists

COLLEGE OF
DENTURISTS
OF ONTARIO

To:	**Council**
From:	**Roderick Tom-Ying**
Date:	**March 11, 2022**
Subject:	**Registrar's Report**

I am pleased to provide this Report to Council for the period December 10, 2021 – March 11, 2022.

New Staff Members and Member of Council

The College has welcomed and onboarded two new members of staff. The College has also welcomed a new public member of Council.

Tera comes from the College of Chiropodists of Ontario having served that College over the past 6 years in a multitude of complex roles that included QA, qualifying examinations and corporate services. Tera is used to wearing many hats during her tenure at the Chiropodists. I trust that Tera will welcome the change of pace here at CDO, focusing her enthusiasm and passion for project management as she manages our Quality Assurance department. Tera will spearhead our Peer and Practice assessments as well as Peer circles.

Elaine comes from the College of Social Workers and Social Service Workers of Ontario, having served that regulator over the past 11 years in progressive roles in the areas of registration and corporate services. Most recently, Elaine was assisting the Deputy Registrar on multiple fronts including supporting Council, enhancing the College database, and refining their registration processes. Elaine brings over a decade of regulatory experience and will be managing our Registration and Qualifying Examinations departments.

Avneet Bhatia, our newest public Council member, is currently a Medical Imaging Application Support Manager with Trillium Health Partners. Leading a team of seven people, he is responsible for managing clinical application in the Diagnostic Imaging Program. Mr. Bhatia holds a Bachelor of Mathematics degree from the University of Waterloo and has completed certificates in Enterprise Analytics (University of Toronto) and ITIL Service Management v3 (ITIL v3).

Qualifying Examination – February 2022

The College administered the February 2022 Qualifying Examination – MCQ and OSCE.

The Multi-Jurisdictional MCQ exam was administered on February 8, 2022, with 34 candidates attempting the examination. Of the 34 candidates, 31 were from Ontario. As with the June 2021 administration of the MCQ examination, this examination was administered in an online format with remote proctoring. This format continues to work well for the administration of the MCQ. This administration of the examination was the second 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.

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The February 26/27 OSCE examination was hosted in-person in Hamilton, Ontario at the David Braley Health Sciences Centre, McMaster University. This administration marks the 4th OSCE administration in 5 months, with the backlog of candidates delayed due to the pandemic now cleared. The College will resume its routine examination schedule of February/June of each year. The February 2022 OSCE examination saw 34 candidates in attendance with full COVID-19 safety protocols in place. The College would like to thank the examination assessors and Chief Examiner for their tremendous dedication to the Qualifying Examination and for taking the time off their busy schedules to assist with the unprecedented administrations since September 2021.

Document Management Strategy and Development

The College continues to make substantial progress on the implementation of its Document Management Strategy. College staff have now completed five foundational training modules lead by the Document Management Project Consultant on the topics of:

- Introduction to records and information management
- Classification Scheme
- Retention Schedules
- Managing Electronic Records

College staff will now attend four training modules (one each week in March) on how to best use the new file management software: FileHold. Once staff have all been properly familiarized with the new software, the College's staff lead, Ms. Megan Callaway, will dutifully lead the implementation of the new document management strategy and transition the College's current shared drive onto the new classification scheme and software. Ms. Callaway has completed the document digitization process with almost all of the College's paper files now digitized into electronic copies.

Diversity, Equity, and Inclusion Training for Council

- March 21, 2022 – Indigenous Inclusion Workshop facilitated by the Centre for Canadian Diversity and Inclusion. From 2:00 pm – 4:00 pm.

HPRO Training Sessions
- April 4 & 7, 2022 – Governance Training
- May 13, 2022 – Advanced Discipline Hearings Training

Ministry of Health	Ministère de la Santé
Ministry of Long-Term Care	Ministère des Soins de longue durée

Ontario 🔻

Assistant Deputy Minister
Strategic Policy, Planning & French Language
Services Division

Sous-ministre adjoint
Division des politiques et de la planification
stratégiques, et des services en français

438 University Avenue, 10th floor
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January 26, 2022

**Health Profession Regulatory Colleges
c/o
Beth Ann Kenny
Executive Coordinator
Health Profession Regulators of Ontario**

On October 7, 2021, as part of the *Supporting People and Businesses Act* the Ontario government announced that the Ministry of Health (ministry) would be consulting on governance reforms for Ontario's health regulatory Colleges that would improve decision making, bolster transparency and further support high-quality health care for Ontarians.

I would like to thank the Colleges for their leadership and continued contributions to the ongoing work on college governance reform. The input the ministry received from colleges this past June was instrumental in moving this work forward.

At this time, the ministry is seeking health regulatory colleges' insight and feedback on reforms that the ministry is considering for government approval. Attached to this letter is a briefing deck that provides an overview of the reforms under consideration and some guiding questions for some of the areas on which we are seeking your input.

The ministry will be scheduling time to address any questions you may have about the proposals and would like to focus on some key areas of particular interest. We would request that you submit any written feedback you may have on the proposed reforms by **February 23, 2022**.

The ministry looks forward to our continued partnership as we embark on improving and strengthening the oversight system for health professions in Ontario.

Sincerely,

Sean Court
Assistant Deputy Minister

Encl.

c.   Allison Henry, Director

Governance Reform and Regulatory Modernization
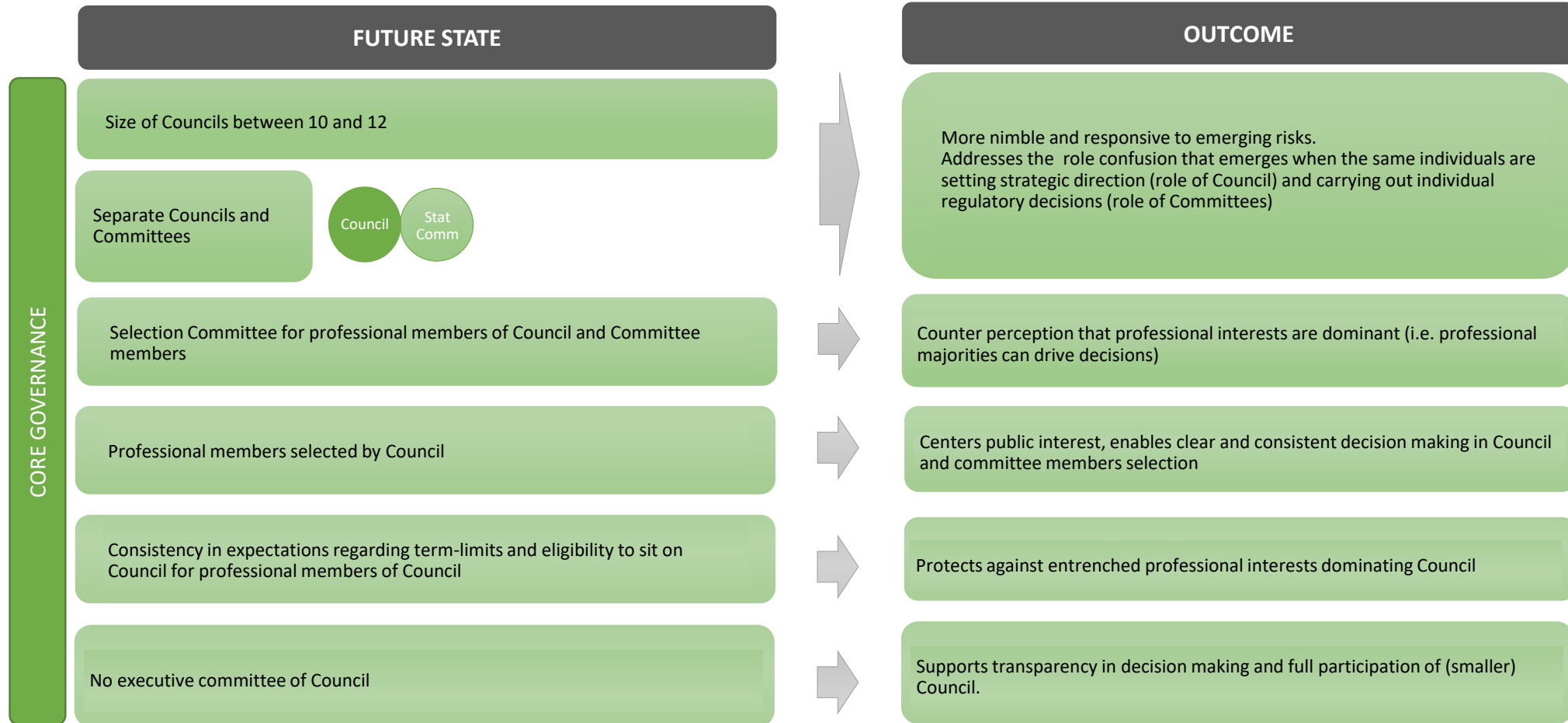
Consultation Deck

Ontario

Purpose

The Ministry of Health (ministry) is seeking feedback on a policy proposal for health regulatory college governance modernization.

The feedback provided during consultations will be used to inform legislative development.

Proposed Core Governance Reforms

CORE GOVERNANCE

FUTURE STATE	OUTCOME
Size of Councils between 10 and 12	More nimble and responsive to emerging risks. Addresses the role confusion that emerges when the same individuals are setting strategic direction (role of Council) and carrying out individual regulatory decisions (role of Committees)
Separate Councils and Committees — Council / Stat Comm	
Selection Committee for professional members of Council and Committee members	Counter perception that professional interests are dominant (i.e. professional majorities can drive decisions)
Professional members selected by Council	Centers public interest, enables clear and consistent decision making in Council and committee members selection
Consistency in expectations regarding term-limits and eligibility to sit on Council for professional members of Council	Protects against entrenched professional interests dominating Council
No executive committee of Council	Supports transparency in decision making and full participation of (smaller) Council.

Core Governance Considerations

Proposed Change	Implementation Considerations
Smaller councils between 10-12 Members	• Ensuring that transitioning to smaller councils does not disrupt the operation of Council or committees • Ensuring/Maintaining continuity of services by Colleges Questions: • Should the transition occur by (or on) a certain date? What are the implications of doing this? • Should some council members be moved to exclusively serve on statutory committees as a means of shrinking council? Why or why not? • What transition provisions/mechanisms do you think you will need in place in order to continue operations?
Council and Committee Separation	• Separating council and committees may potentially reduce the capacity for committees to carry out their duties in the short term. Questions: • Should councils' transition occur by (or on) a certain date? What are the implications of doing this? • Can colleges temporarily move members of council to serve exclusively on statutory committees, until future appointments can be made? • Can a hybrid approach be implemented where some members of council are moved to serve exclusively on statutory committees while other members serve temporarily on both council and committees until the college can fully transition to the new structure? • Are there any other considerations / implementation issues that require addressing?

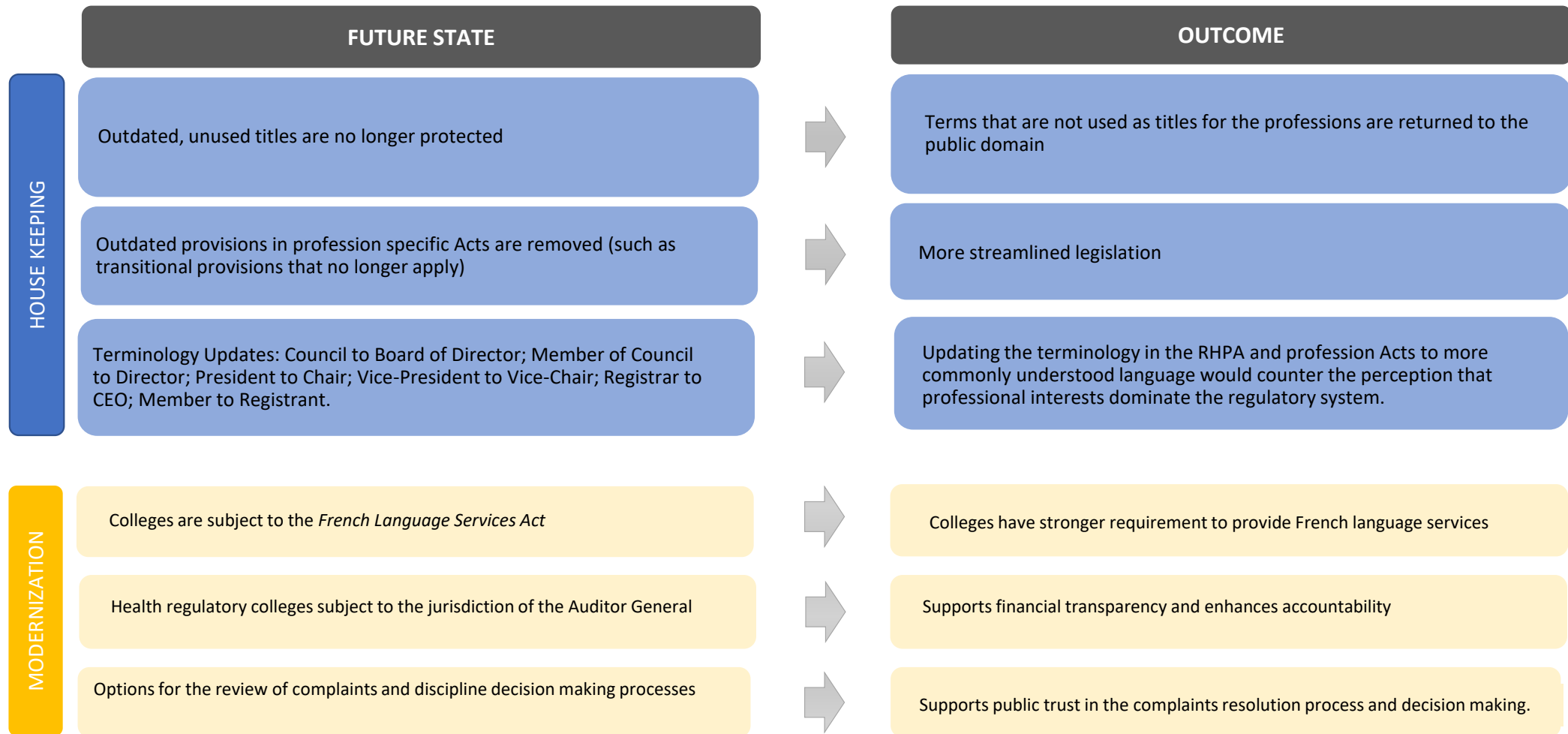CORE GOVERNANCE

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Core Governance Considerations

Proposed Change	Implementation Considerations:
Enable equal public and professional representation	• Competencies for the selection of professional members of Council need to be in place to ensure that Councils are comprised of individuals who have the appropriate knowledge and experience Questions: • Once a selection framework is in place, should the competencies be applied retroactively or only to new professional members of Council? • What considerations should the Ministry be aware of in transitioning to a Council with equal public and professional membership?
Professional members selection	• Colleges will need to develop separate competencies for serving on council and each of the statutory committees • Establish a 'Nomination and Selection Committee' to oversee the selection of professional members of Council and the selection of committee members. Questions: • How do you envision this new committee being established? Is it a statutory committee in your view? • Will the selection processes include diversity, technical, regional and behavioural requirements? Will smaller councils be able to ensure an appropriate mix of demographic and regional representation, in addition to competencies? What challenges, if any, do you foresee?

CORE GOVERNANCE

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Core Governance Considerations

	Proposed Change	Implementation Considerations:
CORE GOVERNANCE	Regulation regarding term limits/eligibility for Council	• Introducing new term limits for professional members of Council may impact current members of Council. Questions: • Should term limits be applied retroactively, which would require those who have already reached the limit to step down, or be applied on a move forward basis? • Do you foresee any challenges in imposing term limits?
	Eliminate Executive Committee	• Smaller councils and the expanded use of technology may mean that Executive Committees will no longer be necessary Questions: • Is there any public interest reason as to why the Executive Committee should remain in place? • What considerations should the Ministry be aware of in eliminating the Executive Committee?

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Proposed Housekeeping and Modernization Reforms

FUTURE STATE	OUTCOME

HOUSE KEEPING

FUTURE STATE	OUTCOME
Outdated, unused titles are no longer protected	Terms that are not used as titles for the professions are returned to the public domain
Outdated provisions in profession specific Acts are removed (such as transitional provisions that no longer apply)	More streamlined legislation
Terminology Updates: Council to Board of Director; Member of Council to Director; President to Chair; Vice-President to Vice-Chair; Registrar to CEO; Member to Registrant.	Updating the terminology in the RHPA and profession Acts to more commonly understood language would counter the perception that professional interests dominate the regulatory system.

MODERNIZATION

FUTURE STATE	OUTCOME
Colleges are subject to the *French Language Services Act*	Colleges have stronger requirement to provide French language services
Health regulatory colleges subject to the jurisdiction of the Auditor General	Supports financial transparency and enhances accountability
Options for the review of complaints and discipline decision making processes	Supports public trust in the complaints resolution process and decision making.

Modernization Considerations

Proposed Change	Implementation Considerations
Colleges included under FLSA through legislative amendments designating colleges as public service agencies	• Implementation will likely need to be gradual to reduce costs and are likely to be dependent on the French language services currently being offered by each college and what additional services are required to bridge the gap to the first implementation target. Questions: • Should colleges focus on translating only new pages and materials on college websites? • Should content on college websites be retroactively translated based on the importance of information? • Should content be ranked in order of importance? (for example, registration information could be ranked as high priority for translation, while older reports can be translated at a later time) • Are there efficiencies to be gained with colleges pooling resources to hire a dedicated staff person for French translation? • What supports will you need to support implementation, financial or otherwise? • Do you foresee any implementation challenges with the current proposal?
Allow the Office of the Auditor General of Ontario (OAGO) to conduct financial audits of colleges.	• The Auditor General (AG) would be enabled to review the financial information of each college. • Anticipated costs to the colleges would likely vary depending on the capacity and size of each college. Questions: • Do you foresee any challenges with providing the AG with this information? • What supports will you need to support implementation, financial or otherwise? • Do health regulatory colleges use public service accounting standards?

MODERNIZATION

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Modernization Considerations Cont.

	Proposed Change	Implementation Considerations
MODERNIZATION	Legislative and/or regulatory amendments to enable the Patient Ombudsman, or another body, to review complaints and discipline decision making processes	• Similar to how the Fairness Commissioner reviews registration processes, the ministry would like to consider options for the oversight and review of complaints and discipline processes. Questions: • What challenges do you foresee with enabling external review of decision-making processes? • Would enabling external to review these processes increase public trust in regulatory oversight? • In reviewing decision-making processes, what should the Patient Ombudsman's (or other body's) powers be? For example, should they be able to order changes or process improvements, or should it be a recommendation?

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Reducing Barriers to Registration

Proposed Change	Consultation Questions
REGISTRATION Removal of Canadian experience requirements for internationally trained applicants	Questions: • Do you support the removal of Canadian experience requirements for internationally trained health professions? • Are you aware of any Canadian experience requirements for the registration of internationally trained health professionals? • What aspects of the registration processes or requirements necessitate an applicant to be in Canada? • What challenges would be faced in eliminating Canadian experience requirements? • What other barriers are faced in the timely registration of internationally trained applicants? How could these barriers be addressed?
Time limits for registration decisions	Questions: • Do you support prescribed time limits for registration decisions? • Should time limits apply for only certain types of applicants (e.g. labour mobility)? Why or why not? • Are there unintended consequences to setting time-limits on registration decisions? • What challenges do you foresee with meeting prescribed time limits? • In your opinion what barriers exist to the timely registration of labour mobility applicants? How could these barriers be addressed?
Standardized requirements for demonstrating language proficiency	Questions: • Do you support standardizing requirements for demonstrating language proficiency across regulatory colleges? • Are there unintended consequences to standardizing these requirements? • What challenges do you foresee in setting standardizing requirements?
Expediting registration in emergencies	Questions: • Do you support enabling expedited registration in emergencies? • What barriers exist to expediting registration in an emergency? • Are there unintended consequences to enabling expedited registration? • What measures should be put in place for the transition of registrants when the emergency is resolved?

Integrating Oversight Systems and New Professions

	Consultation Questions
Establishing the Authority and the regulation of personal support workers	The *Health and Supportive Care Providers Oversight Authority Act, 2021* establishes a new regulatory framework to provide oversight to health and supportive care providers, beginning with personal support workers. Questions: • How do you think information will be shared between the Authority and your college? • Are there existing communication channels/ round tables among colleges that can include the Authority? • Are there any governance best practices or lessons learned that would benefit the Authority? • What factors should be considered when determining which professions should be overseen by the Authority?

Next Steps

- Feedback on the proposed reforms is requested by **February 23, 2022**

- Should legislation be introduced and approved, the ministry would work with stakeholders on implementation including the development of enabling regulations

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Ministry of Health   February 22, 2022
Ministry of Long-Term Care

Assistant Deputy Minister
Strategic Policy, Planning & French Language
Services Division

438 University Avenue, 10th Floor
Toronto ON M7A 2A5

Re: Consultation Feedback on Governance Reform and Regulatory Modernization

Dear Mr. Court, Assistant Deputy Minister, and Ms. Henry, Director,

On behalf of the College of Denturists of Ontario, and the College's President, Ms. Kris Bailey, I am pleased to submit our organization's formal response to the consultation feedback.

The College of Denturists of Ontario's mandate is to protect the public by ensuring Registered Denturists provide safe, ethical, and competent denturism care and service in Ontario. As part of that mandate, the College continually seeks opportunities for enhancement and best practices in areas of governance oversight, prudent financial management, and regulatory best practices.

We are pleased to work in partnership with the Ministry of Health to continually implement such best practices and look forward to updates on this wonderful initiative.

Yours sincerely,

Roderick Tom-Ying   Kris Bailey
Acting Registrar & CEO   President of Council
College of Denturists of Ontario   College of Denturists of Ontario

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Core Governance
Smaller Councils

1. **Should the transition occur by (or on) a certain date? What are the implications of doing this?**

   The College of Denturists of Ontario ("CDO") is currently composed of 14 council members (8 professional members and 6 public appointees). The CDO can have a by-law maximum of 8 professional members and 7 public appointees for a total of 15 council members.

   The CDO does not have formal comments to make in regards to the timing of the transition as long as it meets the statutory minimums to remain constituted in order to achieve its regulatory objectives.

2. **Should some council members be moved to exclusively serve on statutory committees as a means of shrinking council? Why or why not?**

   The CDO would work with the Ministry on implementation of the governance reforms to assist with the transition from its current Council roster to a smaller 10–12-member Council. As CDO's Council size (14 council members) is very close to the proposed reforms, it would not represent a significant transition.

3. **What transition provisions/mechanisms do you think you will need in place in order to continue operations?**

   Maintaining statutory minimums for Council quorum will allow CDO governance activities to continue. For larger organizations, a temporary/transitional legislation or Ministerial Order may be required to supersede current RHPA/By-Law requirements on quorum.

Council and Committee Separation

4. **Should councils' transition occur by (or on) a certain date? What are the implications of doing this?**

   The CDO does not have any formal comments to make in regards to the timing of the transition as long as it is able to continue to meet its statutory minimums for quorum to achieve its regulatory objectives.

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The CDO has a 90-day notice of election provision for the election of professional members. Due to the small current size of CDO's Council in relation to the proposed governance reforms, it would not have large implications upon implementation.

5. **Can colleges temporarily move members of council to serve exclusively on statutory committees, until future appointments can be made?**

   The CDO can and is willing to assist with the temporary move of Council members to serve exclusively on statutory committees. The mechanism to implement this will need to be quickly explored.

6. **Can a hybrid approach be implemented where some members of council are moved to serve exclusively on statutory committees while other members serve temporarily on both council and committees until the college can fully transition to the new structure?**

   Due to the current size of CDO's Council with the proposed governance reform, this would not represent a significant change to the current governance structure. It can be implemented by the CDO quickly upon direction from the Ministry.

7. **Are there any other considerations / implementation issues that require addressing?**

   The CDO does not have commentary as it relates to this question.

Equal Public and Professional Representation

8. **Once a selection framework is in place, should the competencies be applied retroactively or only to new professional members of Council?**

   The CDO would follow the lead provided by the Ministry of Health in whether the competencies should be applied retroactively or to only new professional members of Council. While the CDO believes it would be appropriate for it to be applied retroactively, it also sees merits in only being applied to new professional members moving forward in order to keep current professional members with organizational knowledge to assist with the transition.

9. **What considerations should the Ministry be aware of in transitioning to a Council with equal public and professional membership?**

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The CDO would support equal representation or a majority public representation on Council to greater enhance its public protection mandate. While bold, it may provide an opportunity for the public to have a greater voice.

Professional Members Selection

10. **How do you envision this new committee being established? Is it a statutory committee in your view?**

    Yes, it should be statutory. The current Executive Committee could be selected to transition into the recruitment committee or members of Council may choose to populate the new recruitment committee.

11. **Will the selection processes include diversity, technical, regional and behavioural requirements? Will smaller councils be able to ensure an appropriate mix of demographic and regional representation, in addition to competencies? What challenges, if any, do you foresee?**

    While smaller Councils may have more difficulties ensuring an appropriate mix of demographic and regional representation, this proposed governance reform would be a step forward compared to the current "district" elections model.

Term Limits

12. **Should term limits be applied retroactively, which would require those who have already reached the limit to step down, or be applied on a move forward basis?**

    The CDO currently has term limits in place based on its By-Laws and would support a retroactive application.

13. **Do you foresee any challenges in imposing term limits?**

    The CDO does not foresee any challenges in imposing term limits for members of Council or Committees.

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Eliminate Executive Committee

14. **Is there any public interest reason as to why the Executive Committee should remain in place?**

   The CDO does not have any public interest rationales as to why the Executive Committee should remain in place.

15. **What considerations should the Ministry be aware of in eliminating the Executive Committee?**

   While the CDO supports the elimination of the Executive Committee, there should be some considerations made to the flexibility and timings of Council meetings moving forward.

   - *The frequency of Council meetings will increase to necessitate review of certain regulatory events, e.g., governance consultations, may necessitate ad-hoc special meetings of Council without prior public announcements of the meeting dates/packages.*
   - *Increase of quorum minimum meetings of Council. It may be an expectation for CDO Council moving forward that Council will meet once it meets quorum instead of accommodating the entire Council complement.*
   - *Increased difficulties of providing fixed meeting dates in advance for the upcoming year.*
   - *Would an ad-hoc committee struck to first examine specific HR issues, emergency, or personnel issues be appropriate before decision being brought to Council for formal discussion and approval? E.g. Registrar's performance evaluation.*
   - *Requirement for longer periods of stakeholder consultation feedback timelines to allow for the usual Council meeting preparation process (i.e. polling Council member availabilities, publishing meeting package one week prior to Council meetings). Currently, the Executive Committee meets in between meetings of Council to review/complete housekeeping items prior to presentation/review/ratification by Council usually the month after.*

   While these do not represent strong arguments for keeping the Executive Committee, they do pose valid considerations for the CDO that will be reviewed when proposed governance reforms are implemented.

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Modernization

French Language Services Act

16. **Should colleges focus on translating only new pages and materials on college websites?**

    The CDO strives to provide French language services to its registrants and to members of the public. As part of that commitment, the CDO has translated core webpages that are available on our public website.

    The following webpages are provided in French:
    - *Registration information*
    - *Registration applications*
    - *Registration FAQs*
    - *Complaints*
    - *Guide to the Complaints Process*
    - *Complaint's form*
    - *Filing a Complaint*
    - *Complaints FAQs*
    - *What does incapacitated mean*

    The CDO will continue to translate further webpages shortly, including new pages and materials offered on the website.

17. **Should content on college websites be retroactively translated based on the importance of information?**

    Yes, the CDO believes that the content on the College's website should be retroactively translated based on importance of information.

18. **Should content be ranked in order of importance? (for example, registration information could be ranked as high priority for translation, while older reports can be translated at a later time)**

    Yes, this is the current principle CDO has adopted for the translation of its public website.

19. **Are there efficiencies to be gained with colleges pooling resources to hire a dedicated staff person for French translation?**

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Yes, there would be efficiencies (operationally and financially) when the Colleges pool resources to hire a dedicated staff person or external company for French language translation.

20. **What supports will you need to support implementation, financial or otherwise?**

The translation of the CDO website into French is a labour intensive process that requires a dedicated staff person or organization who is familiar with our technical terminology. As well, once the translation is completed, the CDO would have to work with its website provider to implement the changes. The CDO currently does not have a French-speaking member of staff but have been assisted by the CDHO staff for any inquires.

The CDO, like all other organizations, will have to make a decision on whether to create a separate parallel website that contains a duplicated website in French, or to provide a French translation if the user clicks a translation button. Adding to the mix is the advancement of Google Translate website services that can read and translate multiple languages simultaneously from the English content on the website. These options will need to be explored.

Auditor Generals Office

21. **Do you foresee any implementation challenges with the current proposal?**

Partially, the CDO always welcomes areas for increased financial transparency and confidence in CDO's prudent financial management processes. The CDO would need to adhere to the Auditor General's principles and processes for conducting its financial audit. This would require moderate to significant additional staff resources to implement an additional yearly audit by the Auditor General's office and to respond and implement any formal recommendations. The CDO may have to increase its staff complement by one additional staff member (from 5 current full-time staff) to increase staff capacity to respond to new regulatory processes and procedures.

The CDO would prefer one set of required annual audit either by the Auditor Generals Office or its current annual audit. The Auditor Generals office could conduct a cyclical review (every 2-3 years) if both audits were to be implemented.

The CDO wants to establish the relationship between this recommendation for governance reform with the CPMF tool. The CDO agrees that the CPMF should be

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permitted to have more opportunity to enhance regulatory performance in a sector-knowledge manner before this new oversight mechanism is imposed.

22. **Do you foresee any challenges with providing the AG with this information?**

    The CDO does not have all the available information on hand currently to adequately answer this question. The CDO wonders how the AG's auditing processes differ from the current yearly third-party audit using the generally accepted accounting principles (GAAP) for not-for-profits and whether the yearly audit could be replaced with the AG audit.

23. **What supports will you need to support implementation, financial or otherwise?**

    The CDO would need an orientation on how to formally address and respond to the Auditor General's reports and findings as an organization. The CDO may increase its staff complement to onboard one additional full-time staff member (from 5 current full-time staff) to increase staff capacity to new regulatory processes.

24. **Do health regulatory colleges use public service accounting standards?**

    The CDO currently uses generally accepted accounting principles (GAAP) for the not-for-profit sector.

Patient Ombudsman

25. **What challenges do you foresee with enabling external review of decision making processes?**

    The CDO does not foresee any substantial challenges with enabling an external review of its decision-making processes, the Patient Ombudsman office may be well suited to provide best practices by looking through a different lens from HPRO regulators.

26. ***Would enabling external to review these processes increase public trust in regulatory oversight?***

    The CDO believes that it may increase public trust and accountability in the regulatory oversight model. The public may not understand the various layers of accountability proposed for the various departments and how they all fit it (e.g.

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HPARB, Patient Ombudsman, Auditor General, OFC, French Language Services Commissioner under the Ombudsman Office, CPMF MOH Team).

There will need to be a clear communications plan developed to assist the public with understanding the role of the College and the various oversight organizations and how it all fits together in the healthcare system to provide better healthcare services to Ontarians.

27. **In reviewing decision making processes, what should the Patient Ombudsman's (or other body's) powers be? For example, should they be able to order changes or process improvements, or should it be a recommendation?**

Yes, the CDO believes that the power to review processes and direct changes that include standardization of processes across all RHPA Colleges would represent a positive change. If the rationale for providing an additional layer of oversight is sound, the oversight authority (Patient Ombudsman) should be empowered to direct changes. The CDO understands that currently the Patient Ombudsman office does not have the capability to order changes, would this represent a change in responsibilities and powers for the Patient Ombudsman as a whole.

Registration
Removal of Canadian Experience Requirement

28. **Do you support the removal of Canadian experience requirements for internationally trained health professions?**

Yes, the CDO does not have a requirement for any applicants to obtain Canadian experience in order to attempt the Qualifying Examination or upon passing the Qualifying Examination, to obtain licensure. At the applicant stage, and in order to qualify to attempt the Qualifying Examination, the academic credentials of international applicants are assessed by a credential assessment service (i.e. WES) or the Registration Committee – to determine if their educational credentials are equivalent to a three-year Denturism program provided by George Brown College. At this stage, the Registration Committee may review any relevant clinical or denturism related work experience provided by the applicants to determine if there are any competency deficiencies where competencies refer to the National Competency Profile for the profession. The majority, if not all, applicants at this stage would not have had any Canadian experience.

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After successful completion of the Qualifying Examination, and after an applicant has met all other registration requirements, the individual is eligible to apply for licensure. When reviewing applications for the Certificate of Registration, the Registrar reviews all applicable documentation to ensure the candidate does not have any currency issues – time since graduation. The Registrar may ask the candidate to provide more information regarding any relevant clinical or denturism related work experience since graduation. There is no provision or over reliance on Canadian work experience or clinical experience – the Registrar uses a competency based model in the decision making process and relies on the competencies that are relevant to the denturism practice.

29. **Are you aware of any Canadian experience requirements for the registration of internationally trained health professionals?**

No, the CDO is not aware of any Canadian experience requirements for the registration of internationally trained health care professionals.

30. **What aspects of the registration processes or requirements necessitate an applicant to be in Canada?**

The CDO confirms that the only aspects of the registration process that necessitate an applicant to be in Canada is the following:
- *Attending the in-person clinical (OSCE) component of the Qualifying Examination*
- *The examination registration processes, candidate orientation, and MCQ technical knowledge component of the Qualifying Examination is all conducted online-remotely. This was precipitated by the COVID-19 pandemic but will be the formal process moving forward.*
- *Upon registration for their Certificate of Registration, the applicant must provide Proof of Canadian Citizenship, Permanent Residency, or a valid Work Permit. By association, any of the three options may require the applicant to be in Canada.*

31. **What challenges would be faced in eliminating Canadian experience requirements?**

The CDO does not foresee any challenges with eliminating Canadian experience requirements.

32. **What other barriers are faced in the timely registration of internationally trained applicants? How could these barriers be addressed?**

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The CDO confirms that some of the barriers that international trained applicants may face to the timeliness of their applications are:

- *Credentialling assessment, the processing times for applicants to receive their credential assessment reports by third-party providers e.g. ICAS/WES*

- *Costs born by the applicants for the application fee, qualifying examination fees, registration fees, credentialing assessment fees, and any fees from notary publics.*

Time Limits

33. Do you support prescribed time limits for registration decisions?

Yes, the CDO would support prescribed time limits for registration decisions.

34. Should time limits apply for only certain types of applicants (e.g. labour mobility)? Why or why not?

No, the CDO believes that they should be uniformly applied for all types of applicants to avoid perceptions of procedural unfairness.

35. Are there unintended consequences to setting time limits on registration decisions?

There may be potential unintended consequences in setting time limits for registration decisions:

- *Potential for complex registration files – where the Registrar has discretion to choose various options for proceeding with the file – to choose one option over another in the interest of meeting the time limits.*
    - *E.g. Registration files that include a current/pending court cases and choosing the wait and see approach rather than rejecting a complex registration application or implementing terms, conditions, limitations or undertakings.*

While this is a hypothetical scenario, the College and College Registrar will always provide due diligence and follow prescribed fair registration practices.

36. What challenges do you foresee with meeting prescribed time limits?

The CDO does not foresee large obstacles with meeting prescribed time limits.

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37. **In your opinion what barriers exist to the timely registration of labour mobility applicants? How could these barriers be addressed?**

The CDO routinely processes labour mobility applicants and often exceeds its target time limits as they usually represent fewer complex applicants. The only barrier that may exist for labour mobility applicants is the obtaining of required documents e.g., letter of standing, police records and judicial matters check.

Standardized Requirements for Language Proficiency

38. **Do you support standardizing requirements for demonstrating language proficiency across regulatory colleges?**

Yes, the CDO would support the standardization of language proficiency requirements if it is demonstrated that all health care professionals require the same level of language proficiency. The standardization of language proficiency requirements could encompass language tests/providers/or policies and perhaps not the scores themselves.

39. **Are there unintended consequences to standardizing these requirements?**

Yes, a determination must be made prior to standardization to determine whether language proficiency requirements is the same amongst all health care professionals and whether some health care professions require a higher or lower requirement.

Standardization would presume that all health care professionals require the same level of working language proficiency with some professions that require higher proficiency being underserved.

40. **What challenges do you foresee in setting standardizing requirements?**

Standardization may raise the language proficiency level across all professions, unintended consequences for internationally educated newcomers working in non-patient facing health professions i.e., Dental Technologists

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Expedited Registration

41. **Do you support enabling expedited registration in emergencies?**

    Yes, as evidenced by the nimbleness of the Regulated Health Professions during the COVID-19 Pandemic, the health regulators were able to explore regulatory mechanisms during the Pandemic to assist the Ministry with workforce planning.

    The CDO would support a regulatory mechanism that is enshrined in legislation or by Ministerial Order for expedited registration in emergencies. While this regulatory mechanism may not used by the CDO, it would make prudent sense to apply to all RHPA regulators rather than a select few in order to future proof the legislation.

42. **What barriers exist to expediting registration in an emergency?**

    Based on CDO's registration processes, the bottlenecks identified are with the clinical – in-person – component of the Qualifying Examination that is a non-exemptible requirement for the CDO. As it was non-exemptible, the CDO did not have a strong public rationale in removing the in-person clinical component of the examination and rely on the online, remote proctored MCQ examination as a sole determinate factor on entry-to-practice competencies.

    A smaller bottleneck was identified with the requirement for notarized government issued ID which required applicants to visit a notary public in person to obtain notarized documents. This bottleneck was alleviated with the change in notaries being permitted to provide services online.

43. **Are there unintended consequences to enabling expedited registration?**

    While the CDO does not envision using any expedited registration provisions in the future due to the nature of the profession (non-front line), the CDO would have to explore further whether it could expediate registration processes while balancing its entry to practice requirements.

44. **What measures should be put in place for the transition of registrants when the emergency is resolved?**

    The CDO would envision clear communication provided to expediated applicants from the beginning on what competencies may be tested post emergency licensure. The CDO would need to explore further the competency profile, entry to practice competencies, and examinable competencies. It would then develop an emergency

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program that may defer low-risk competencies testing requirements until post emergency.

PSWs

45. **How do you think information will be shared between the Authority and your college?**

   The CDO receives routine information from the Ministry through its usual communication streams i.e. email updates, formal letters from the Minister/ADM, or from the HPRO network which may include emails or presentations.

46. **Are there existing communication channels/ round tables among colleges that can include the Authority?**

   Yes, the Authority would be welcomed to the HPRO working groups.

47. **Are there any governance best practices or lessons learned that would benefit the Authority?**

   The CDO believes that the formation of the Authority provides the opportunity to implement best practices as it relates to governance reform, Council member selection, and records and information management. Such best practices have been investigated by the College of Teachers of Ontario, the College of Nurses of Ontario, and the work undertaken by the Ministry of Health.

48. **What factors should be considered when determining which professions should be overseen by the Authority?**

   The CDO does not have commentary as it relates to this question.

Respectfully submitted to Mr. Sean Court, Assistant Deputy Minister, and Ms. Allison Henry, Director

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COLLEGE OF DENTURISTS OF ONTARIO

BRIEFING NOTE

To: **Council**

From: **Roderick Tom-Ying, Acting Registrar & CEO**

Date: **March 11, 2022**

Subject: **2021 CPMF Report – Domain 1 – Governance and Updated CPMF Action Items**

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 December 10, 2021, meeting, Council received a fulsome update on the initiatives identified in the 2020 CPMF report for the College's consideration and timeline for accomplishing those items. Since that time, the College is completing the 2021 CPMF report for submission by March 31, 2022. The College is now providing an update on the CPMF action items discussed, and the addition of new items identified as target areas in the 2021 CPMF report. A revised timeline has been proposed for several action items due to some material developments with HPRO and potential merger of the Oral Health Colleges. The sharing of resources will be explored as many other HPRO Colleges have similar action items that need to be accomplished.

The College has also prepared Domain 1 – Governance for Council's review and approval. While the CPMF tool provides a total framework for examining College accountability and processes, Domain 1 speaks directly to the oversight and work of Council. As such, College Staff would like Council's input and comments before finalizing Domain 1 for Ministry submission. Domains 2-7 have been drafted by College Staff, with a final review slated for mid-March before an end of March submission. Due to the cumulation of simultaneous College activities in Q1 of 2022, the College will finalize its CPMF submission for end of March.

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

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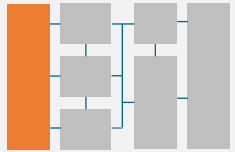
After review and discussion of this item, Council may elect to:

1. Adopt a motion to approve the CPMF Domain 1 – Governance for submission.

2. Request amendments to the CPMF Domain 1- Governance and adopt a motion to approve the document as amended.

3. Other

Attachments

1. 2021 CPMF Report - Domain 1 - Governance
2. CPMF List of Action Items

Part 1: Measurement Domains

	Measure 1.1 Where possible, Council and Statutory Committee members demonstrate that they have the knowledge, skills, and commitment prior to becoming a member of Council or a Statutory Committee.	
DOMAIN 1: GOVERNANCE / **STANDARD 1**	**Required Evidence**	**College Response**
	a. Professional members are eligible to stand for election to Council only after: 　i. meeting pre-defined competency and suitability criteria; and	The College fulfills this requirement: • The competency and suitability criteria are public: 　*If yes, please insert a link to where they can be found, if not please list criteria.*
		If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?
		Additional comments for clarification (optional):

		ii. attending an orientation training about the College's mandate and expectations pertaining to the member's role and responsibilities.	The College fulfills this requirement:	
			• Duration of orientation training. • Please briefly describe the format of orientation training (e.g. in-person, online, with facilitator, testing knowledge at the end). • Please insert a link to the website if training topics are public *OR* list orientation training topics.	
			If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	
			Additional comments for clarification (optional):	
		b. Statutory Committee candidates have: i. Met pre-defined competency and suitability criteria; and	The College fulfills this requirement:	
			• The competency and suitability criteria are public: • *If yes, please insert a link to where they can be found, if not please list criteria.*	

	If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?		
	Additional comments for clarification (optional):		
ii. attended an orientation training about the mandate of the Committee and expectations pertaining to a member's role and responsibilities.	The College fulfills this requirement: • Duration of each Statutory Committee orientation training. • Please briefly describe the format of each orientation training (e.g. in-person, online, with facilitator, testing knowledge at the end). • Please insert a link to the website if training topics are public **OR** list orientation training topics for Statutory Committee.		
	If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?		
	Additional comments for clarification (optional):		

		c. Prior to attending their first meeting, public appointments to Council undertake an orientation training course provided by the College about the College's mandate and expectations pertaining to the appointee's role and responsibilities.	The College fulfills this requirement:	
			• Duration of orientation training. • Please briefly describe the format of orientation training (e.g. in-person, online, with facilitator, testing knowledge at the end). • Please insert a link to the website if training topics are public **OR** list orientation training topics.	
			If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	
			Additional comments for clarification (optional):	

Measure		
1.2 Council regularly assesses its effectiveness and addresses identified opportunities for improvement through ongoing education.		
Required Evidence	**College Response**	

a. Council has developed and implemented a framework to regularly evaluate the effectiveness of:
 	
  i. Council meetings; and
 	
  ii. Council.
	The College fulfills this requirement:
	
	• Please provide the year when Framework was developed **OR** last updated.
	
	• Please insert a link to Framework **OR** link to Council meeting materials where (updated) Framework is found and was approved.
	
	• Evaluation and assessment results are discussed at public Council meeting:
	
	• *If yes, please insert a link to the last Council meeting where the most recent evaluation results have been presented and discussed.*	

	If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	
	Additional comments for clarification (optional)	

		b. The framework includes a third-party assessment of Council effectiveness at a minimum every three years.	The College fulfills this requirement:	
			• A third party has been engaged by the College for evaluation of Council effectiveness: • *If yes, how often over the last five years?* • Year of last third-party evaluation.	
			If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	
			Additional comments for clarification (optional)	

	c. Ongoing training provided to Council and Committee members has been informed by:
	
	    i. the outcome of relevant evaluation(s);
	
	    ii. the needs identified by Council and Committee members; and/or
		The College fulfills this requirement:
		
		• Please insert a link to documents outlining how outcome evaluations have informed Council and Committee training.
		
		• Please insert a link to Council meeting materials where this information is found **OR**
		
		• Please briefly describe how this has been done for the training provided <u>over the last year</u>.	

		If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	
		Additional comments for clarification (optional):	

		iii. evolving public expectations including risk management and Diversity, Equity, and Inclusion.	The College fulfills this requirement:	
			• Please insert a link to documents outlining how evolving public expectations have informed Council and Committee training.	
		Further clarification:	• Please insert a link to Council meeting materials where this information is found **OR**	
		Colleges are encouraged to define public expectations based on input from the public, their members and stakeholders.	• Please briefly describe how this has been done for the training provided <u>over the last year</u>.	
		Risk management is essential to effective oversight since internal and external risks may impact the ability of Council to fulfill its mandate.		
			If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	
			Additional comments for clarification (optional):	

DOMAIN 1: GOVERNANCE	**STANDARD 2**	**Measure** **2.1 All decisions related to a Council's strategic objectives, regulatory processes, and activities are impartial, evidence-informed, and advance the public interest.**

Required Evidence	College Response	
a. The College Council has a Code of Conduct and 'Conflict of Interest' policy that is: i. reviewed at least every three years to ensure it reflects current legislation, practices, public expectations, issues, and emerging initiatives (e.g. Diversity, Equity and Inclusion); and Further clarification: Colleges are best placed to determine the public expectations, issues and emerging initiatives based on input from their members, stakeholders and the public. While there will be similarities across Colleges such as Diversity, Equity and Inclusion, this is also an opportunity to reflect additional issues, expectations and emerging initiatives unique to a College or profession.	The College fulfills this requirement: • Please provide the year when Council Code of Conduct and 'Conflict of Interest' Policy was last evaluated/updated. • Please briefly describe any changes made to the Council Code of Conduct and 'Conflict of Interest Policy' resulting from the review.	
	If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	
	Additional comments for clarification (optional)	

		ii. accessible to the public.	The College fulfills this requirement:	
			• Please insert a link to the Council Code of Conduct and 'Conflict or Interest' Policy **OR** Council meeting materials where the policy is found and was discussed and approved.	
			If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	
			Additional comments for clarification (optional)	
		b. The College enforces a minimum time before an individual can be elected to Council after holding a position that could create an actual or perceived conflict of interest with respect their Council duties (i.e. cooling off periods). Further clarification: Colleges may provide additional methods not listed here by which they meet the evidence.	The College fulfills this requirement:	

			• Cooling off period is enforced through:
			
			 • Please provide the year that the cooling off period policy was developed **OR** last evaluated/updated.
			
			 • Please provide the length of the cooling off period.
			
			 • How does the college define the cooling off period?
			
			     − Insert a link to policy / document specifying the cooling off period, including circumstances where it is enforced;
			
			     − Insert a link to Council meeting where cooling of period has been discussed and decided upon; **OR**
			
			     − Where not publicly available, please describe briefly cooling off policy.	

		If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	
		Additional comments for clarification (optional)	
	c. The College has a conflict of interest questionnaire that all Council members must complete annually. Additionally:	The College fulfills this requirement:	
		• Please provide the year when conflict of interest the questionnaire was implemented *OR* last evaluated/updated.	
	i. the completed questionnaires are included as an appendix to each Council meeting package;	• Member(s) note whether their questionnaire requires amendments at each Council meeting and whether they have any conflicts of interest based on Council agenda items:	
	ii. questionnaires include definitions of conflict of interest;		
	iii. questionnaires include questions based on areas of risk for conflict of interest identified by Council that are specific to the profession and/or College; and	• Please insert a link to the most recent Council meeting materials that includes the questionnaire.	
	iv. at the beginning of each Council meeting, members must declare any updates to their responses and any conflict of interest specific to the meeting agenda.	*If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?*	
		Additional comments for clarification (optional)	

		d. Meeting materials for Council enable the public to clearly identify the public interest rationale and the evidence supporting a decision related to the College's strategic direction or regulatory processes and actions (e.g. the minutes include a link to a publicly available briefing note).	The College fulfills this requirement:

The College fulfills this requirement:

- Please briefly describe how the College makes public interest rationale for Council decisions accessible for the public.

- Please insert a link to Council meeting materials that include an example of how the College references a public interest rationale.

If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?

Additional comments for clarification (if needed)

		e. The College has and regularly reviews a formal approach to identify, assess and manage internal and external risks. This approach is integrated into the College's strategic planning and operations. Further clarification: Formal approach refers to the documented method or which a College undertakes to identify, assess and manage risk. This method or process should be regularly reviewed and appropriate. Risk management planning activities should be tied to strategic objectives of Council since internal and external risks may impact the ability of Council to fulfill its mandate, especially in the absence of mitigations. Internal risks are related to operations of the College and may impact its ability to meet its strategic objectives. External risks are economic, political and/or natural factors that happen outside of the organization.	The College fulfills this requirement: • Please provide the year the formal approach was last reviewed. • Please insert a link to the internal and external risks identified by the College **OR** Council meeting materials where the risks were discussed and integrated into the College's strategic planning activities.	
			If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	
			Additional comments for clarification (if needed)	

DOMAIN 1: GOVERNANCE	STANDARD 3	**Measure**		
		3.1 Council decisions are transparent.		
		Required Evidence	**College Response**	
		a. Council minutes (once approved) and status updates on the implementation of Council decisions to date are accessible on the College's website, or a process for requesting materials is clearly outlined.	The College fulfills this requirement:	
			• Please insert a link to the webpage where Council minutes are posted.	
			• Please insert a link to where the status updates on implementation of Council decisions to date are posted **OR** where the process for requesting these materials is posted.	
			If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	
			Additional comments for clarification (optional)	

		b. The following information about Executive Committee meetings is clearly posted on the College's website (alternatively the College can post the approved minutes if it includes the following information). i. the meeting date; ii. the rationale for the meeting; iii. a report on discussions and decisions when Executive Committee acts as Council or discusses/deliberates on matters or materials that will be brought forward to or affect Council; and iv. if decisions will be ratified by Council.	The College fulfills this requirement: • Please insert a link to the webpage where Executive Committee minutes / meeting information are posted.	
			If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	
			Additional comments for clarification (optional)	

		Measure 3.2 Information provided by the College is accessible and timely.	
		Required Evidence	**College Response**
		a. With respect to Council meetings: i. Notice of Council meeting and relevant materials are posted at least one week in advance; and ii. Council meeting materials remain accessible on the College's website for a minimum of 3 years, or a process for requesting materials is clearly outlined.	The College fulfills this requirement: • Please insert a link to where past Council meeting materials can be accessed *OR* where the process for requesting these materials is clearly posted.
			If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?
			Additional comments for clarification (optional)
		b. Notice of Discipline Hearings are posted at least one month in advance and include a link to allegations posted on the public register.	The College fulfills this requirement: • Please insert a link to the College's Notice of Discipline Hearings.

			If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	
			Additional comments for clarification (optional)	

Measure

3.3 The College has a Diversity, Equity and Inclusion (DEI) Plan.

Required Evidence	College Response	
a. The DEI plan is reflected in the Council's strategic planning activities and appropriately resourced within the organization to support relevant operational initiatives (e.g. DEI training for staff).	The College fulfills this requirement: • Please insert a link to the College's DEI plan. • Please insert a link to the Council meeting minutes where DEI was discussed as part of strategic planning and appropriate resources were approved.	
	If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	
	Additional comments for clarification (optional)	

		b. The College conducts Equity Impact Assessments to ensure that decisions are fair and that a policy, or program, or process is not discriminatory. Further clarification: Colleges are best placed to determine how best to report on an Evidence. There are several Equity Impact Assessments from which a College may draw upon. The ministry encourages Colleges to use the tool best suited to its situation based on the profession, stakeholders and patients it serves.	The College fulfills this requirement: • Please insert a link to the Equity Impact Assessments conducted by the College **OR** please briefly describe how the College conducts Equity Impact Assessments. • If the Equity Impact Assessments are not publicly accessible, please provide examples of the circumstances (e.g., applied to a policy, program or process) in which Equity Impact Assessments were conducted.	
			If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	
			Additional comments for clarification (optional)	

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**	**College to connect with HPRO re: cost-sharing model for consultant**
1.2.a.i,ii; 1.2.b	Council has developed and implemented a framework to regularly evaluate the effectiveness of	**Council will discuss ways of augmenting its framework for regularly evaluating the effectiveness of Council and its meetings.**	**M**	**2022-2023**	**InP**	**College has joined HPRO's call for expressions of interest to retain a Project Consultant to**

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	Council meetings and Council.\n\nThe framework includes a third-party assessment of Council effectiveness at a minimum every three years.	**Council will discuss engaging a third-party assessor over the next year.**	**M**			**create a framework and competency matrices for Council and Committee member positions.**
1.2.1.c	The College has a conflict of interest questionnaire that all Council members must complete annually.	**Council will investigate opportunities to develop and introduce a conflict of interest questionnaire that can be utilized for Council and Committee meetings.**	**M**	**For Council review in June 2022**	**InP**	**Legal will Draft Conflict of Interest Questionnaire for Consideration by Council**

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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.**				
3.3a. 3.3b.	The DEI plan is reflected in the Council's strategic planning activities and appropriately resourced within the organization to support relevant operational initiatives (e.g. DEI training for staff). The College conducts Equity Impact Assessments to ensure that decisions are fair and that a policy, or program, or process is not discriminatory.	**The College has joined an Oral Health College's DEI working group to explore the creation of a decision-making framework with through the lens of DEI principles.**	**M**	**Ongoing**	**InP**	**The working group has met once in February 2022.**
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	**College staff will draft policies for the privacy of personal information and privacy breaches. They will be reviewed by Council**	**M**		**InP**	**Being drafted**

Domain: Standard: Measure: Evidence	Evidence Narrative	Action		Timing	Status	
	health and non-health) or sensitive nature that it holds	**during the 2021 reporting period.**				
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 & 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.**	**M**		**InP**	
7.15.1.b	Council uses performance and risk information to	**The College will be developing a risk register during this**	**M**	**2022-2023**	**InP**	**Being Drafted**

Domain: Standard: Measure: Evidence	Evidence Narrative	Action		Timing	Status	
	regularly assess the College's progress against stated strategic objectives and regulatory outcomes.	**reporting period to identify internal and external risks that may impact strategic objectives and regulatory outcomes.**				

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BRIEFING NOTE

To:	**Council**
From:	**Roderick Tom-Ying, Acting Registrar and CEO**
Date:	**March 11, 2022**
Subject:	**Financial Report: April 1, 2021 – January 31, 2022**

Public Interest Rationale

The College of Denturists of Ontario's mandate is to protect the public by ensuring Registered Denturists provide safe, ethical, and competent denturism care and service in Ontario. As part of that mandate, the College Council has the overall responsibility of ensuring prudent financial stewardship of the College's financial resources as part of its core principle of good governance. Implementation of regulatory best practices, strategic planning, performance monitoring, fiscal management, external compliance, and reporting forms some of these core principles. Council must ensure that the College has a fiscally responsible and strategic operating budget each year.

Statement of Operations for period April 1, 2021 – January 31, 2022

I direct your attention to the column "YTD as Percentage of Budget" which indicates the percentage of the budgeted amount that has been spent (or, in the case of income, received). Since this report covers the 10 months of the fiscal year, mathematically we would anticipate that approximately 83% (10/12) of the budgeted amount would have been spent. However, not every line item adheres to this because some expenses are not expensed over time but are lump sum payments.

A summary of the College's projection rationale to year end is found below. The College's fiscal year spans April 1, 2021 to March 31, 2022. With two more months remaining not captured in the provided Income Statement, College Staff have estimated anticipated revenue and expenditures for the remaining two months. Below is a summary of the College's rationale for the projection of such revenue and expenditures for each budget line item.

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Projection Rationale up to Year End – March 31, 2022

Revenue	Projection Rationale
Professional Corporation Fees	No projection notes
Registration Fees	The College conducted three unprecedented OSCE examinations in the Fall of 2021 in order to clear the backlog of delayed candidates due to the pandemic. As a result, the College is now seeing the influx of successful candidates registering for their Certificate of Registration. Up to January 31, 2022 – 10 additional new registrants that were not previously budgeted for, have applied increasing the overall registration fee revenue.
Other Fees	Other fees include Clinic Name Applications, Reinstatement, Duplicate Certificate, Late Fees, and Misc Income. A large number of late fees were applied for 2021-2022 renewal year causing an unexpected increase in Other Fee revenues. The College will ensure proper notification in advance of renewal to mitigate future late fee applications.
Qualifying Examination Fees	Due to the three OSCE examinations in the Fall of 2021 and the February 2022 MCQ and OSCE examination, the College projects additional revenue from the Qualifying Examinations fees. Due to influx of candidates originating from British Columbia and repeat candidates from the Fall OSCE administrations, we anticipate a larger than anticipated revenue from the examination fees.
Other Income	No projection notes

EXPENDITURES	Projection Rationale
Wages & Benefits	Projection based on total budget allocated for wages and benefits in the 2021-2022 Budget. Some savings may be realized due to transition in College Staff from January 2022 to year end.
Professional Development	No projection notes
Professional Fees	We anticipate underspend for Professional Fees up to year end.
Office & General	No projection notes
Rent	No projection notes

Qualifying Examination	The 2021-2022 Budget did not account for the June 2021 OSCE examination cancellation and subsequent three fall OSCE administrations. As well, the February 2022 OSCE and MCQ saw a larger influx of candidates from repeat candidates and BC candidates – causing a corresponding increase in examination expenses e.g., more assessors required, increased accommodations expenses, and Standardized Patient Program expenses incurred. The projection to year end for the examination department will include the February 2022 OSCE and MCQ exam. College Staff estimated costs for the Feb 2022 administration using the final expense numbers from the November 2021 OSCE administration. While this budget line item saw a 170% increase from the 2021-2022 Budget, it is balanced by an equally projected revenue from examination fees. Overall, the Qualifying Examination remains cost-neutral with some revenue realized.
Council and Committees	Council and Committees budget saw an increase from budgeted amounts due to the use of governance/training workshops. The use of guest speakers with accompanying speaker fees has used the allocated modest budget for Council and Committee. The College has projected additional expenses for the March Council Meeting and the DEI Training Workshop scheduled for end of March. The College recommends keeping this line item for the 2022-2023 budget modest until we can accurately project in-person meetings and associated increased expenses.
Quality Assurance	The College has projected one additional QAC meeting until year end. The College also anticipates 3 Peer and Practice Assessments will be completed prior to year end.
Complaints & Discipline	The College will conduct Discipline Committee training before year end. The projection estimates the cost of the training session including associated expenses e.g. honoraria.
Capital Expenditures	No changes contemplated year over year.

College of Denturists of Ontario
Statement of Operations (April 1, 2021-
January 31, 2022)

YTD Budget to Actual	2021-2022 BUDGET	January 31/22 YTD Totals	YTD as Percentage of Budget	Projection to Year End March 31/22	Varience
REVENUE					
Professional Corporation Fees	$ 65,000.00	$ 64,200.00	99%	$ 64,200.00	-$ 800.00
Registration Fees	$ 707,750.00	$ 736,788.00	104%	$ 743,285.50	$ 35,535.50
Other Fees	$ 4,500.00	$ 8,856.00	197%	$ 8,856.00	$ 4,356.00
Qualifying Examination Fees	$ 480,000.00	$ 381,500.00	79%	$ 492,700.00	$ 12,700.00
Other Income	$ 10,000.00	$ 8,707.93	87%	$ 8,707.93	-$ 1,292.07
TOTAL REVENUE	**$ 1,267,250.00**	**$ 1,200,051.93**	**95%**	**$ 1,317,749.43**	**$ 50,499.43**
EXPENDITURES					
Wages & Benefits	$ 626,519.27	$ 499,895.90	80%	$ 626,519.27	$ -
Professional Development	$ 40,000.00	$ 12,881.26	32%	$ 12,881.26	-$ 27,118.74
Professional Fees	$ 140,000.00	$ 99,240.27	71%	$ 104,240.27	-$ 35,759.73
Office & General	$ 150,000.00	$ 151,932.36	101%	$ 151,932.36	$ 1,932.36
Rent	$ 130,000.00	$ 93,159.15	72%	$ 130,000.00	$ -
Qualifying Examination	$ 238,830.80	$ 322,403.67	135%	$ 406,475.67	$ 167,644.87
Council and Committees	$ 15,000.00	$ 21,843.79	146%	$ 26,103.79	$ 11,103.79
Quality Assurance					
QA Panel A	$ 6,000.00	$ 306.00	5%	$ 406.00	-$ 5,594.00
QA Panel B	$ 4,000.00	$ -	0%	$ -	-$ 4,000.00
QA Assessments	$ 35,000.00	$ 13,825.00	40%	$ 14,965.00	-$ 20,035.00
Complaints & Discipline					
Complaints	$ 30,000.00	$ 26,204.10	87%	$ 26,204.10	-$ 3,795.90
Discipline	$ 25,000.00	$ 5,812.00	23%	$ 7,012.00	-$ 17,988.00
Capital Expenditures	$ 15,000.00	$ 3,095.36	21%	$ 3,095.36	-$ 11,904.64
TOTAL EXPENDITURES	**$ 1,455,350.07**	**$ 1,250,598.86**	**86%**	**$ 1,509,835.08**	**$ 54,485.01**
NET INCOME	**-$ 188,100.07**	**-$ 50,546.93**		**-$ 192,085.65**	**-$ 3,985.58**

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BRIEFING NOTE

To:	**Council**
From:	**Roderick Tom-Ying, Acting Registrar & CEO**
Date:	**March 11, 2022**
Subject:	**2022-2023 Draft Operating Budget**

Public Interest Rationale

The College of Denturists of Ontario's mandate is to protect the public by ensuring Registered Denturists provide safe, ethical, and competent denturism care and service in Ontario. As part of that mandate, the College Council has the overall responsibility of ensuring prudent financial stewardship of the College's financial resources as part of its core principle of good governance. Implementation of regulatory best practices, strategic planning, performance monitoring, fiscal management, external compliance, and reporting forms some of these core principles. Council must ensure that the College has a fiscally responsible and strategic operating budget each year.

2022 – 2023 Draft Operating Budget

The College Management team has proposed an operating budget for the 2022-2023 fiscal year with total expenditures of $1,341,672.08 against a projected revenue of $1,284,290.00. The College expects a modest deficit of $57,382.08 for the 2022-2023 budget due to a one-time reduction in the Certificate of Registration renewal fee reducing registration revenue.

The 2022-2023 draft operating budget was constructed with the following factors in mind:

- The College Council at its December 10, 2021, meeting approved a one-time reduction in the Certificate of Registration renewal fee this year by 35% with the intent of covering any deficit from the unassigned Reserve Funds.

- The extent to which the costs associated with in-person meetings continue to be reduced will be determined by the rate at which in-person meetings can be safely re-introduced and the pandemic-induced modifications to the CDO's meeting process that will be retained for the future. The CDO will continue to budget for a modest ($15,000) amount for Council and Committees expenses due to the uncertainty of when in-person meetings can be re-introduced, and associated expenses would increase. The College anticipates that this amount will most likely be exceeded at year end due to the lifting of pandemic restrictions

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and return to routine College/Council in-person operations.

- The amalgamation talks between the three oral health colleges (CDHO, CDO, and CDTO) will continue with the establishment of the Transition Oversight Committee and the sourcing and appointment of a governance consultant. The use of a governance consultant and ongoing strategic work on this front will require project funds as CDO moves forward with a cost-sharing formula (1/3 of all costs). A strategic initiatives budget will need to be established and funded to allow CDO to continue on this important initiative. An initial funding of $50,000 should be sufficient to proceed with this current phase of the project (appointment of a governance consultant).
  - In the event the funds are not required for the amalgamation project, the strategic initiatives fund will be used for upcoming College initiatives such as developing governance competencies for Council/Committees and/or advancing Anti-BIPOC Racism initiatives.

- The fixed costs (rent, office expenses) demonstrate modest increases year over year aligned with CPI.

- Total expenditures for wages and benefits will be lower than previous budget year due to the completion of a restructuring first implemented in 2020 (completed in late 2021), onboarding of 2 new staff members, and transition in senior management leadership. Costs of employee benefits will increase modestly (1.9%) year over year.

Budget Assumptions

Prior to developing the operating budget, the College Management team reviews general budgetary assumptions that will form the basis of any revenue and expense assumptions.

- General goods and services used by the College may increase by the percentage change increase in the Consumer Price Index for goods and services (all items) in Canada as published by Statistics Canada. E.g., subscription services (Zoom), benefits plan.
- HST is not included on the fees used to form the basis of the operating budget.
- Expenses include application sales tax (PST/HST).
- Resources are allocated to ensure that current staffing levels can adequately support College operations.
- Membership fluctuations generally follow a trend of 10 resignations per year.

Budget Notes

Revenue	Budget Notes
Professional Corporation Fees	Based on the College's projections of 169 current corporations, 3-5 closures per year, and around 10 new annual applications – the same year over year budget should remain.
Registration Fees	The College currently has 754 registrants at the time of publication, with 10 new registrants in February 2022. Following the general average of 10 resignations per year, the 2022-2023 budget assumes a base of 754 registrants. Council has approved a one-time 35% reduction in the Certificate of Registration renewal fee - $1235.00 + HST. Full Certificate of Registration renewal fee - $1900 + HST 50% Certificate of Registration renewal fee - $950 + HST
Other Fees	No changes in year over year assumptions. Other fees include Clinic Name Applications, Reinstatement, Duplicate Certificate, Late Fees, and Misc Income.
Qualifying Examination Fees	The 2022-2023 budget year marks the return of a routine examination schedule with a June 2022 and February 2023 administrations. Yearly forecast of prospective applicants from the three Denturism educational institutions in Ontario allows us to estimate around 68 prospective applicants for the budget year (43 in June, and 25 in February). The projected examination income returns to the average examination income from pre-covid budget years. Previous QE Revenue 2022-2023 - $277,100.00 - forecast 2021-2022 – $492,700.00 – projected to Y/E 2020-2021 – $155,288 2019-2020 – $278,150 2018-2019 – $243,750
Other Income	For this budget year, the College will only budget for deposit interests and not discipline costs recovery. This marks a decrease of $3500 in revenue associated with discipline costs recovery.

EXPENDITURES	Budget Notes
Wages & Benefits	CPP employer contributions rate for 2022 is 5.70%, EI employer contribution rate is 1.58%, Employee benefits provider (Sun Life) negotiated rate increase at 1.9%. Due to transition in College leadership and staff team, there is moderate cost savings in this budget line item.
Professional Development	Recommend a decrease of $10,000 year over year based on low utilization ratios.
Professional Fees	No changes contemplated year over year.
Office & General	No changes contemplated year over year.
Rent	No changes to the budget for commercial rent for 2022-2023.
Qualifying Examination	2022-2023 examination year will include June 2022 OSCE & MCQ and February 2023 OSCE & MCQ administrations. The costs estimates were based on the total actual costs associated with the November 2021 OSCE examination and actual costs associated with the February 2022 MCQ examination.
Strategic Initiatives	New budget account created to assist the College with navigating and funding strategic initiative projects such as Oral Health College amalgamation, potential governance reforms as prescribed by the Ministry of Health, advancement on Council/Committee competencies, and/or anti-BIPOC racism initiatives. Oral Health College amalgamation project may require CDO to share 1/3 of project costs including the appointment of a project consultant and any associated legal fees for contract creation.
Council and Committees	No changes contemplated year over year. As Council returns to potential in-person meetings, expenses incurred related to travel, accommodations, and meals may increase. We will adjust budget accordingly after the 2022-2023 budget year. College may expect to exceed this budget item should pandemic restrictions are lifted, and resumption of routine in-person Council/Committee events.
Quality Assurance	No changes contemplated year over year.
Complaints & Discipline	No changes contemplated year over year. While the College forecasts 1-2 upcoming discipline cases within the budget year, it believes that the current budget allocated would be sufficient.
Capital Expenditures	No changes contemplated year over year.

College of Denturists of Ontario
Proposed 2022 - 2023 Budget

YTD Budget to Actual	2021-2022 BUDGET		Projection to Year End March 31/22		Proposed 2022-2023 BUDGET
REVENUE					
Professional Corporation Fees	$	65,000.00	$	64,200.00	$ 65,000.00
Registration Fees	$	707,750.00	$	743,285.50	$ 931,190.00
Other Fees	$	4,500.00	$	8,856.00	$ 4,500.00
Qualifying Examination Fees	$	480,000.00	$	492,700.00	$ 277,100.00
Other Income	$	10,000.00	$	8,707.93	$ 6,500.00
TOTAL REVENUE	**$**	**1,267,250.00**	**$**	**1,317,749.43**	**$ 1,284,290.00**
EXPENDITURES					
Wages & Benefits	$	626,519.27	$	626,519.27	$ 533,528.08
Professional Development	$	40,000.00	$	12,881.26	$ 30,000.00
Professional Fees	$	140,000.00	$	104,240.27	$ 140,000.00
Office & General	$	150,000.00	$	151,932.36	$ 150,000.00
Rent	$	130,000.00	$	130,000.00	$ 130,000.00
Qualifying Examination	$	238,830.80	$	406,475.67	$ 178,144.00
Strategic Initiatives	$	-	$	-	$ 50,000.00
Council and Committees	$	15,000.00	$	26,103.79	$ 15,000.00
Quality Assurance					
QA Panel A	$	6,000.00	$	406.00	$ 6,000.00
QA Panel B	$	4,000.00	$	-	$ 4,000.00
QA Assessments	$	35,000.00	$	14,965.00	$ 35,000.00
Complaints & Discipline					
Complaints	$	30,000.00	$	26,204.10	$ 30,000.00
Discipline	$	25,000.00	$	7,012.00	$ 25,000.00
Capital Expenditures	$	15,000.00	$	3,095.36	$ 15,000.00
TOTAL EXPENDITURES	**$**	**1,455,350.07**	**$**	**1,509,835.08**	**$ 1,341,672.08**
NET INCOME	**$**	**(188,100.07)**	**$**	**(192,085.65)**	**$ (57,382.08)**

CDO Reserve Fund Status

As of March 31, 2021

Restricted Reserve Funds		
Therapy/Counselling	$	160,000
Discipline	$	360,000
Unrestricted Reserve Funds		
Operating (6 Months)	$	800,010
Unrestricted/Unassigned - Reserve Funds	$	728,622
Total Reserve Funds	**$**	**2,048,632**

Less drawn down from 2021-2022 Budget deficit	$	192,085.65
Remaining Unrestricted/Unassigned - Reserve Funds	$	536,536.35
Less drawn down from proposed draft 2022-2023 Budget deficit	-$	57,382.08
Remaining Unrestricted/Unassigned - Reserve Funds	$	593,918.43

CDO Reserve Fund Status

Forecasted to March 2023

Restricted Reserve Funds		
Therapy/Counselling	$	160,000
Discipline	$	360,000
Unrestricted Reserve Funds		
Operating (6 Months)	$	800,010
Unrestricted/Unassigned - Reserve Funds (Forecast to March 2023)	$	593,918
Total Reserve Funds	**$**	**1,913,928**

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BRIEFING NOTE

To:	**Council**
From:	**Tera Goldblatt, Manager, Regulatory Programs**
Date:	**March 11, 2022**
Subject:	**Self-Assessment Policy and QA Program Requirements Policy**

Background:

At the October 18, 2019, Quality Assurance Committee meeting, it was decided that the Self-Assessment Tool (SAT) should be voluntary for the 2019 – 2022 CPD cycle and will become mandatory for subsequent cycles beginning with the 2022 – 2025 cycle. A policy was drafted at that time and tabled until completion of the tool becomes mandatory.

In February 2021, an email was circulated to the membership reminding them that the SAT is open for them to browse and review. The membership was informed that it will be mandatory beginning in the 2022 cycle.

The QA Program Requirements Policy has also been amended to include references to the mandatory SAT.

At its February 16, 2022, meeting, the Quality Assurance Committee reviewed and approved the draft Self-Assessment Tool Policy and the QA Program Requirements Policy. Council is asked to ratify the Committee's decision.

Options for Council:

1) Ratify the QAC's decision to approve the draft policies;
2) Make amendments to the draft policies and approve the amended draft policies;
3) Other.

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TYPE	Quality Assurance
NAME	Self-Assessment Policy
IMPLEMENTATION DATE	February 16, 2022

BACKGROUND

The *Regulated Health Professions Act, 1991*, mandates that each denturist registered with the College participate in a Quality Assurance Program that includes a self-assessment component.

The self-assessment tool is designed to assist denturists in self-identifying areas within their practise that may require further education, training or review. Completing the self-assessment tool will assist denturists in facilitating the achievement of their professional goals.

In order to encourage honest self-reflection amongst members, individual responses **are not** collected or reviewed by the College or the Quality Assurance Committee. Aggregate data is used to inform evidence-based decision making and identify trends that may require specific CPD development.

INTENT

This policy outlines the requirements of the self-assessment component of the Quality Assurance Program.

THE POLICY

The General Regulation 206/94 under the *Denturism Act, 1991,* requires that every member participate in the Quality Assurance program, which includes the self-assessment component.

Self-Assessment Requirements:

On or before April 14th, prior to the commencement of a 3-year Continuing Professional Development ("CPD") cycle, members must complete the self-assessment process, including the:
1. Online Self-Assessment Tool ("SAT"); and
2. Learning Plan

Reporting Deadlines:

April 14th, 2022 and every three years thereafter. The deadline will be extended to May 1, for the year 2022 only.

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Incomplete

Members who have not completed the self-assessment and learning plan by April 1st will receive a reminder email reiterating the deadline and advising that the $50 administrative fee for notices will be applied for failure to submit by the deadline.

Non-Compliance

Members who do not complete the self-assessment and learning plan by the deadline will receive a formal letter from the Quality Assurance Committee indicating that they have 30 days to request an extension or complete the outstanding requirements. The $50 administrative fee for notices will be charged for this letter. Members who do not comply with this request will be ordered to participate in a CPD/SA Audit.

Members who are ordered to participate in a CPD/SA Audit will be required to submit their proof of CPD and learning plan, within 30 days, to the College. A Peer Assessor will be appointed to review the Member's CPD/SA submission. Members who do not comply with the CPD/SA Audit will be ordered to participate in a Peer & Practice assessment at their cost ($750 + HST). The $100 administrative fee for notices will be charged for this letter.

Members who are ordered to participate in a Peer & Practice assessment will have 30 days to provide their response. Failure to comply with this order will result in the referral of the Member to the Inquiries, Complaints and Reports Committee for allegations of Professional Misconduct – failure to comply with the Quality Assurance Program.

Identification of Learning Goals/Development of Learning Plan

Upon completion of the self-assessment tool, the member will be presented with an opportunity to develop a learning plan that identifies at least 3 learning goals based on the personalized report that becomes available upon submission. Goals must:
- Be specific, attainable and clear;
- Relate to development of competency in the practise of the profession as determined during the self-assessment; and
- Lead to improvements in professional practice.

Members who are not sure how to develop their learning plan are encouraged to contact the College for assistance.

New Member Requirements

Newly registered members are required to complete the SAT and begin a learning plan within 90 days of their registration date.

The # of goals required in the learning plan will be pro-rated depending on the year in the cycle in which the Member was registered:
- 1st year – 3 goals
- 2nd year – 2 goals
- 3rd year – 1 goal

New Members that cannot participate must contact the College to request an extension.

Active, Not Practising:

This status identifies Members who are registered but not currently practising the profession.

Even if a Member is not working, they can still reflect on their practice experiences to determine their strengths, areas for improvement and learning needs. These experiences can include previous formal employment, or student placements/practicums, if they are a new graduate. Members can also reflect on new information and think about how it may influence their practice.

RELATED LEGISLATION AND DOCUMENTS

General Regulation 206/94

Denturism Act, 1991

Regulated Health Professions Act, 1991

QA Program Requirements Policy

CPD Program Compliance Policy

PROCESS AND PROCEDURES

1. The online SAT portal opens in January.
2. Members will login to the SAT portal using their Member Portal login credentials.
3. Members must complete all sections of the SAT but can save their progress. Members do not have to complete the tool in one session but must complete it and select their learning goals by the April 14th deadline (May 1, for 2022). Members who cannot meet the deadline must contact the College to request an extension, per the QA Program Requirements Policy.
4. Upon completing all required sections, members will submit their responses and receive a response profile that outlines the competency areas and indicators that they identified may need additional education, training or review.
5. Members select 3 learning goals based on the results of their self-assessment.
6. Members print the learning goals and keep that information in their professional portfolio (with their CPD documentation).
7. Throughout the CPD cycle, members participate in CPD activities that support achievement of the selected learning goals. Members report the CPD activities to the College by the deadlines specified, per the CPD Program Compliance Policy.

REVISION CONTROL

Date	Revision	Effective

COLLEGE OF DENTURISTS OF ONTARIO

TYPE	Quality Assurance
NAME	Quality Assurance Program Requirement Policy
IMPLEMENTATION DATE	June 23, 2017

BACKGROUND

The *Regulated Health Professions Act, 1991*, mandates that each denturist registered with the College participate in a Quality Assurance Program.

The College's Quality Assurance Program has three main components:
- Self-assessment;
- Continuing Professional Development (CPD); and
- Peer and Practice Assessments

Ongoing participation in the Quality Assurance Program is one of the means by which the College of Denturists of Ontario (CDO) and the public are assured that denturists continue to maintain the level of knowledge, skills, and judgment required to practise the profession. The *Denturism Act, 1991*, General Regulation 206/94 requires that every member participate in the program.

Occasionally, exceptional circumstances that limit a member's ability to participate in the QA program arise. Requests for extensions, deferrals and/or modified assessments are considered by the Quality Assurance Committee on a case-by-case basis with an aim to balance the needs and interests of the member with the public interest.

INTENT

This policy outlines the approach of the Quality Assurance Committee when considering requests for extensions to the deadlines for Continuing Professional Development (CPD) completion and reporting, Self-Assessment (SA) completion, a deferral of a Peer and Practice assessment or a request to participate in a Modified Non-Clinical Peer and Practice Assessment.

THE POLICY

Continuing Professional Development (CPD) and Self-Assessment (SA):
An extension of the deadline for completion of the annual or cycle CPD and/or SA requirements may be granted for the following reasons:
- Personal illness;
- Illness of an immediate family member where the denturist is the primary care giver;
- Bereavement; and/or
- Personal crisis or other extenuating circumstances.

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Deferred Peer and Practice Assessments:
A deferral from a Peer and Practice Assessment may be granted for the following reasons:
- Personal illness;
- Currently not practising;
- Illness of an immediate family member where the denturist is the primary caregiver;
- Bereavement; and/or
- Personal crisis or other extenuating circumstances (i.e. natural disaster, renovations).

Modified Non-Clinical Peer and Practice Assessments:
A modified Peer and Practice Assessment may be granted to members who are currently not practising the profession. In these cases, members who have received approval from the Quality Assurance Committee would be required to submit proof of their CPD activities for the previous renewal period and their learning goals from the previous cycle's SA tool to the College for review. Additionally, the member would be required to notify the College of a return to practise so the full Clinical Peer and Practice Assessment can be completed.

Requests for extensions, deferrals and/or modified assessments may include evidence of the reason for the request:
- Employer letter;
- Signed note from an appropriate health care professional;
- Notice of death;
- Other documentation approved by the Quality Assurance Committee.

The Quality Assurance Committee determines the length of an extension or deferral on a case-by-case basis.

RELATED LEGISLATION AND DOCUMENTS

General Regulation 206/94

Denturism Act, 1991

Regulated Health Professions Act, 1991

PROCESS AND PROCEDURES

1. A member submits a written request to the Quality Assurance Committee for an extension to the CPD requirements OR SA requirements OR a deferral from a Peer and Practice Assessment OR a Modified Non-Clinical Peer and Practice Assessment before the current deadline for completing the requirement(s).

2. The Quality Assurance Committee will consider the member's request and submissions at the next scheduled meeting.

3. The Quality Assurance Committee may:

   a. Approve the request;
   b. Deny the request; or
   c. Request more information or supporting documentation.

4. The member is notified of the Quality Assurance Committee's decision in writing.

   a. If the request is approved, the member is notified of the extension, deferral and/or modified assessment deadline.
   b. If the request is denied, the member is informed of the reasons and the deadline for meeting any outstanding requirements.
   c. If more information or documentation is required, the member is notified in writing and given sufficient time to respond to the Committee.

REVISION CONTROL

Date	Revision	Effective
December 14, 2018	Addition of Self-Assessment component	February 16, 2022