



114th Council Meeting

Friday, March 8, 2023 – 10:00 a.m. to 2:00 p.m.

Hybrid Meeting held at HUB 601

Executive Boardroom

175 Bloor Street East, North Tower, Suite 601, Toronto, ON M4W 3R8

Teleconference via Zoom & YouTube Live Stream

Please contact the College at info@denturists-cdo.com
to receive the meeting access information.

AGENDA

Item	Action	Page #
1. Call to Order		
2. Land Acknowledgement We acknowledge that the land we are meeting on is the traditional territory of many nations including the Mississaugas of the Credit, the Anishnabeg, the Chippewa, the Haudenosaunee and the Wendat peoples and is now home to many diverse First Nations, Inuit and Métis peoples. We also acknowledge that Toronto is covered by Treaty 13 with the Mississaugas of the Credit.		
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12.	Other Business		

<p>13. Next Meeting Date(s)</p> <ul style="list-style-type: none"> ➤ 115th Council Meeting – Friday, June 14, 2024 ➤ 116th Council Meeting – Friday, September 6, 2024 ➤ CNAR 2024 Conference (Ottawa) – October 7-9, 2024 ➤ 117th Council Meeting – Friday, December 13, 2024 	<p>Information</p>	
<p>14. Adjournment</p>	<p>Decision</p>	



Conflict of Interest Register

Council – 2023-2024 Term

Committee Member	Conflict(s) of Interest Declared
Lileath Claire Public Member – President (Chair)	None declared
Kristine Bailey Public Member – Vice President	None declared
Majid Ahangaran Denturist – District 7	None declared
Abdelatif (Latif) Azzouz Denturist – District 6	None declared
Michael Bakshy Public Member	None declared
Avneet Bhatia Public Member	None declared
Annie Chu Denturist – District 4	<ul style="list-style-type: none"> • Committee Member, College of Denturists of Ontario <ul style="list-style-type: none"> ○ ICRC ○ Registration Committee • Procurement Officer, Build Your Smile Dental Foundation • Member, Denturist Association of Ontario • Fee Guide Committee Member (former), Denturist Association of Ontario • Denturist (On-Call), East Mississauga Community Health Centre
Norbert Gieger Denturist – District 2	<ul style="list-style-type: none"> • Committee Member, College of Denturists of Ontario <ul style="list-style-type: none"> ○ ICRC ○ Registration ○ Discipline ○ Fitness to Practise (Chair) ○ Qualifying Examination Appeals
Elizabeth (Beth) Gorham-Matthews Denturist – District 8	<ul style="list-style-type: none"> • Member, Denturist Association of Ontario



Aisha Hasan Public Member	None declared
Franklin Parada Denturist – District 3	None declared
Garnett A.D. Pryce Denturist – District 5	<ul style="list-style-type: none">• Denturism Instructor, Oxford College (Toronto)
Gaganjot Singh Public Member	None declared

Last Updated: September 7, 2023



I. Conflict-of-Interest Declaration of Adherence

Members of the Council of the College, have acknowledged that:

- ✓ I have a duty to carry out my responsibilities in a manner that serves and protects the interest of the public. Therefore, I must not engage in any activities or decision-making about any matters where I have a conflict of interest.
- ✓ I have a duty to uphold and further the intent of the [Denturism Act, 1991](#) which is to regulate the practice and profession of denturism in Ontario. I must not represent the views of advocacy or special interest groups.
- ✓ I must avoid conflicts between my self-interest and my duty to the College. As part of this Conflict-of-Interest Declaration of Adherence, I have identified below any relationship(s) I currently have or recently have had with any organization that may create a conflict of interest by virtue of having competing fiduciary obligations to the College and the other organization (including, but not limited to, entities of which I am a director or officer).
- ✓ I confirm I have read, considered and understand the College's Conflict-of-Interest by-laws section [\(section 27\)](#), and agree to abide by its provisions.
- ✓ I understand that my completed questionnaire will be included in the appendix to each Council and/or committee meeting package and that I must declare any updates to my responses and conflicts of interest specific to the meeting agenda at the start of each meeting.
- ✓ I recognize that a conflict of interest could bring discredit to the College, amount to a breach of my fiduciary duty to the College and could create liability for the College and/or myself.
- ✓ I understand that any breach of the College's Conflict-of-Interest by-laws section may result in remedial action, censure or removal from office.

II. Outside Interests

The following outside interests disclosed by members of the Council in accordance with [section 27](#) of the by-laws of the College are listed in the table beginning on **page 1** of this register:

I, or one of my family members (e.g., a parent, spouse¹, child or sibling), close friends, business partners, dating partner, or other person with whom I have a close personal or professional relationship, have or recently² have had the following direct or indirect affiliations, personal or financial interests or relationships, and/or have taken part in the relevant transactions.

¹ The [Family Law Act](#) definition of "spouse" is applied. A "spouse" includes either of two persons married to each other or who are not married and have cohabitated continuously for a period of at least three years or who are in a relationship of some permanence if they are parents of a child as set out in section 4 of the [Children's Law Reform Act](#).

² If you are a newly elected Council member, you must not have held a position with any denturism-related Professional Association for at least one year at any time between the election date and the 120th day immediately



I am aware that a conflict of interest arises where I have a personal or financial interest which conflicts, might conflict or may be perceived to conflict with the interests of the College. The purpose of this form is to assist me and the College with identifying possible conflicts. A conflict of interest could arise in relation to personal or financial matters including (but not limited to):

- Directorships or other employment;
- Interests in business enterprises or professional practices;
- Share ownership;
- Beneficial interests in trusts;
- Membership in existing professional or personal associations;
- Professional associations or relationships with other organizations; and
- Personal associations with other groups or organizations, or family relationships.

Any obligation, commitment, relationship or interest that could conflict or may be perceived to affect my judgment or the discharge of my duties to the College must be declared.³

1. A conflict with my duty to the College may arise because I hold the following offices related to denturism (appointed or elected).
2. A conflict with my duty to the College may arise because I, or any trustee or any person on my behalf, own or possess, directly or indirectly, the following interests related to denturism.
3. A conflict of interest with my duty to the College could arise because I receive financial remuneration (either for services performed by me, as an owner or part owner, trustee, or employee or otherwise) from the following sources related to denturism.
4. Other than what is disclosed above, I have considered whether I have any relationships or interests that could compromise, or be perceived to compromise, my ability to exercise judgment or decision-making independently and objectively with a view to the best interests of the College and listed them below.

before that date. If you are a newly elected and previously served as an elected Council member for nine consecutive years, at least three years must have passed by any time between the election date and the 120th day immediately before that date. See [subsections \(ii\)\(f\) and \(iv\) of section 13.01 \(“Eligibility to Run for Election”\) in the College’s by-laws.](#)

³ A conflict of interest exists where a reasonable person would conclude that a Council or Committee member’s personal or financial interest may affect their judgment or how they discharge their duties to the College. A conflict of interest may be real, perceived, actual, potential, direct, or indirect.



MISSION STATEMENT

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



MANDATE AND OBJECTIVES

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

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



113th Council Meeting Hybrid

Held at HUB 601 and via Zoom/YouTube Live Stream
175 Bloor Street East, North Tower, Suite 601, Toronto, ON M4W 3R8
Friday, December 8, 2023 – 2:30 p.m. to 4:00 p.m.

MINUTES

Members Present:

Lileath Claire, Public Appointee ➤ President
Garnett A. D. Pryce, Denturist ➤ Vice President
Majid Ahangaran, Denturist
Abdelatif (Latif) Azzouz, Denturist
Kristine Bailey, Public Appointee
Michael Bakshy, Public Appointee
Avneet Bhatia, Public Appointee
Annie Chu, Denturist
Norbert Gieger, Denturist
Elizabeth (Beth) Gorham-Matthews, Denturist
Aisha Hasan, Public Appointee
Franklin Parada, Denturist
Gaganjot Singh, Public Appointee

Legal Counsel:

Rebecca Durcan, Steinecke, Maciura and LeBlanc

Guest:

Geoffrey Clute, Principal, Hilborn LLP

Staff:

Roderick Tom-Ying, Registrar and CEO
Catherine Antrobus, Coordinator, Council and Corporate Services
Megan Callaway, Manager, Council and Corporate Services
Tera Goldblatt, Manager, Quality Assurance and Sexual Abuse Liaison
Elaine Lew, Manager, Registration and Qualifying Examinations
Catherine Mackowski, Manager, Professional Conduct

1. Call to Order

The President called the meeting to order at 2:59 p.m.

2. *In-Camera Meeting of Council*

MOTION: To move the meeting in camera.

MOVED: N. Gieger

SECONDED: A. Hasan

CARRIED

Pursuant to section 7(2)(d) of the Health Professions Procedural Code, being Schedule 2 to the Regulated Health Professions Act, 1991, the meeting was moved in camera at 3:00 p.m. and ex camera at 3:29 p.m.

3. Land Acknowledgement

We acknowledge that the land we are meeting on is the traditional territory of many nations including the Mississaugas of the Credit, the Anishnabeg, the Chippewa, the Haudenosaunee and the Wendat peoples and is now home to many diverse First Nations, Inuit and Métis peoples. We also acknowledge that Toronto is covered by Treaty 13 with the Mississaugas of the Credit.

4. Approval of Agenda

MOTION: That the Agenda be approved as presented.

MOVED: G. Singh

SECONDED: K. Bailey

CARRIED

5. Declaration of Conflict(s)

Comments on conflict of interest were made by Ms. Lileath Claire, Council President. The Conflict-of-Interest Register was provided and no conflicts of interest specific to the agenda were declared.

6. College Mission and Mandate

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

7. Consent Agenda

MOTION: To approve the Consent Agenda.

MOVED: A. Azzouz

SECONDED: M. Ahangaran

CARRIED

8. Registrar’s Report

The Registrar provided an update on operational activities of the College which occurred since the last meeting of Council, and the Financial Report for the period of April 1 to November 15, 2023.

9. Draft Audited Financial Statements-Year ending March 31, 2023

Mr. Geoffrey Clute, Hilborn LLP presented the 2022-2023 draft audited financial statements and audit findings communication. Mr. Geoffrey Clute stated that they will be issuing a clean audit with no proposed corrections. No issues of note were identified during the audit. Questions were asked and addressed about certain line items, notable expenditures, reserve funds, and tax returns.

MOTION: To approve the 2022-2023 draft audited financial statements.

MOVED: K. Bailey

SECONDED: F. Parada

CARRIED

MOTION: To appoint Hilborn LLP as the Auditor for 2023-2024.

MOVED: N. Gieger

SECONDED: M. Ahangaran

CARRIED

10. Annual Report

The Registrar introduced the draft Annual Report for 2022-2023.

MOTION: To approve the draft annual report for 2022-2023.

MOVED: G. Pryce

SECONDED: G. Singh

CARRIED

11. Fees for Inactive & Emergency Class of Registration

The Registrar presented the proposed fees for the new emergency class of registration. A consultation period was conducted with one item of feedback. The emergency class of registration is required via regulation. Background information on the details of the class were shared. The proposed application fee is \$150 with a renewal fee of \$0. These fees were chosen because they are believed to be equitable relative to the clinical supervision policy pathway and the chance of an emergency lasting two years or longer to be very low. Fees for 26 other health regulators were researched and CDO’s proposed fees are in line with the majority of the other regulators.

The topic was opened for discussion. Questions were raised and answered regarding revenue impact and the potential for future changes in the event of an emergency situation.

MOTION: To approve the by-law amendments as presented for updating schedule 7 - Fee Schedule.

MOVED: N. Gieger
SECONDED: A. Bhatia

CARRIED

12. 2024-2025 Renewal Fees

The Registrar introduced potential 2024-2025 renewal fee options and budget scenarios. A draft budget was used to estimate the fees to cover budgeted items appropriately. Some key parts of the budget, including interest rate impact, leases, vendor costs, and professional development, were discussed.

The current fees as set in the by-laws are \$1,900/year. Net income was projected for proposed fees of \$1,700, \$1,800, and \$1,900/year for 2024-2025. The discussion was opened for commentary. Several members expressed support for the \$200/year reduction in fees. It was noted that this is not a permanent fee reduction but there is potential to change the fees permanently in the future.

MOTION: To adopt a one-time fee reduction of \$200.00 for the 2024-2025 renewal year.
MOVED: N. Gieger
SECONDED: A. Chu

CARRIED

13. Chief Examiner Selection

The Chair of the Chief Examiner Selection Committee presented information on the selection process and their proposed candidate for appointment. The committee recommended appointing Mr. Robert Velensky as the Chief Examiner for a three-year term.

The role of Deputy Chief Examiner was discussed by the committee and a formal recommendation was made to Council to explore the creation of this new role.

MOTION: To approve and appoint the selection committee's chosen candidate, Mr. Robert Velensky, as Chief Examiner for a 3-year term ending February 2027.

MOVED: N. Gieger
SECONDED: M. Ahangaran

CARRIED

14. Other Business

No other business was raised.

15. Next Meeting Date(s)

The following proposed meeting dates for 2024 were provided and it was noted that the 114th Council Meeting will be held virtually (via Zoom/YouTube Live Stream):

- 114th Council Meeting – Friday, March 8, 2024
- 115th Council Meeting – Friday, June 14, 2024
- 116th Council Meeting – Friday, September 27, 2024
- CNAR 2024 Conference (Ottawa) – October 7-9, 2024
- 117th Council Meeting – Friday, December 13, 2024

16. Adjournment

MOTION: That the meeting be adjourned.

MOVED: N. Gieger

SECONDED: F. Parada

CARRIED

The meeting was adjourned at 5:47 p.m.



Lileath Claire
President

Date

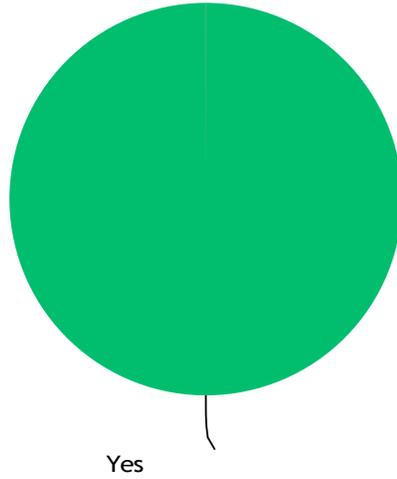


Roderick Tom-Ying
Registrar and CEO

January 8, 2023
Date

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

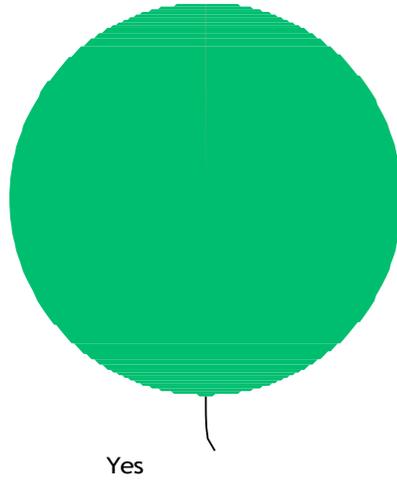
Answered: 6 Skipped: 0



ANSWER CHOICES	RESPONSES	
Yes	100.00%	6
No	0.00%	0
Somewhat	0.00%	0
Don't Know	0.00%	0
TOTAL		6

Q2 I received this supportive information in a timely manner.

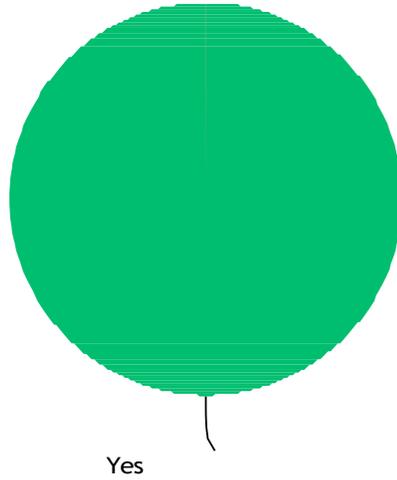
Answered: 6 Skipped: 0



ANSWER CHOICES	RESPONSES	
Yes	100.00%	6
No	0.00%	0
Somewhat	0.00%	0
Don't Know	0.00%	0
TOTAL		6

Q3 I was prepared for this meeting.

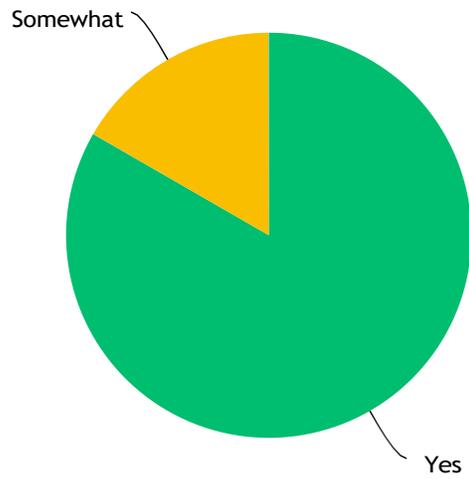
Answered: 6 Skipped: 0



ANSWER CHOICES	RESPONSES	
Yes	100.00%	6
No	0.00%	0
Somewhat	0.00%	0
Don't Know	0.00%	0
TOTAL		6

Q4 All Council members appeared prepared for this meeting.

Answered: 6 Skipped: 0



ANSWER CHOICES	RESPONSES	
Yes	83.33%	5
No	0.00%	0
Somewhat	16.67%	1
Don't Know	0.00%	0
TOTAL		6

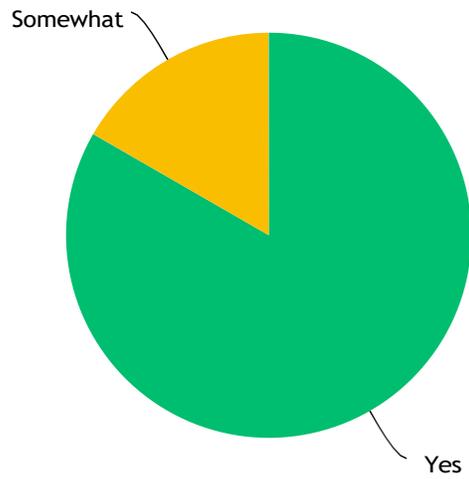
Q5 List any additional supports or resources that would have helped you better prepare for this meeting.

Answered: 1 Skipped: 5

#	RESPONSES	DATE
1	Print outs of the package, so we can refer to certain pages in the meeting!	12/11/2023 9:14 AM

Q6 This meeting was effective and efficient.

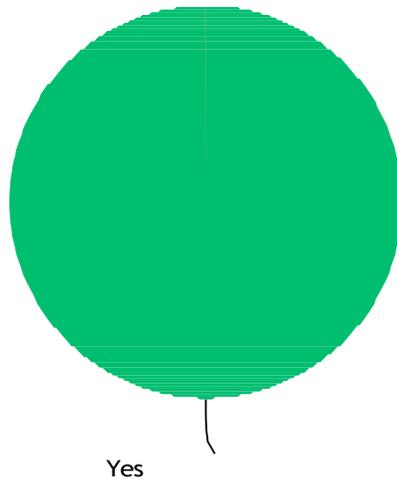
Answered: 6 Skipped: 0



ANSWER CHOICES	RESPONSES	
Yes	83.33%	5
No	0.00%	0
Somewhat	16.67%	1
Don't Know	0.00%	0
TOTAL		6

Q7 The objectives of this meeting were achieved.

Answered: 6 Skipped: 0

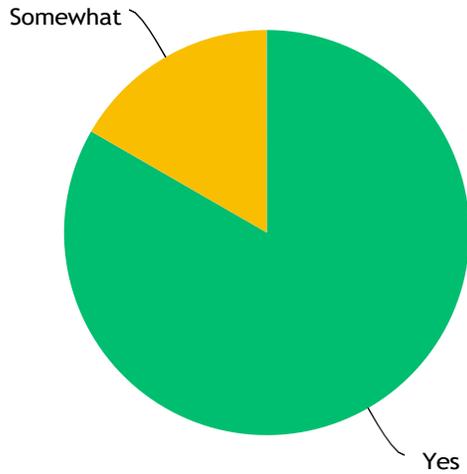


Yes

ANSWER CHOICES	RESPONSES	
Yes	100.00%	6
No	0.00%	0
Somewhat	0.00%	0
Don't Know	0.00%	0
TOTAL		6

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

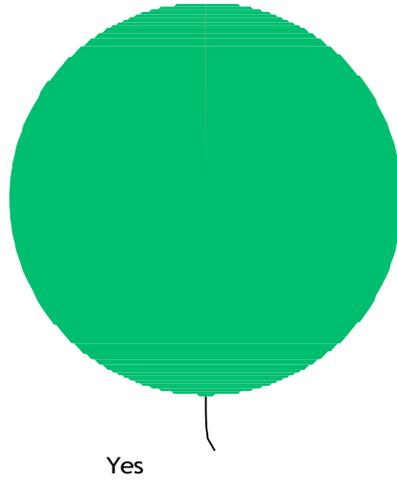
Answered: 6 Skipped: 0



ANSWER CHOICES	RESPONSES	
Yes	83.33%	5
No	0.00%	0
Somewhat	16.67%	1
Don't Know	0.00%	0
TOTAL		6

Q9 I felt comfortable participating in the Council discussions.

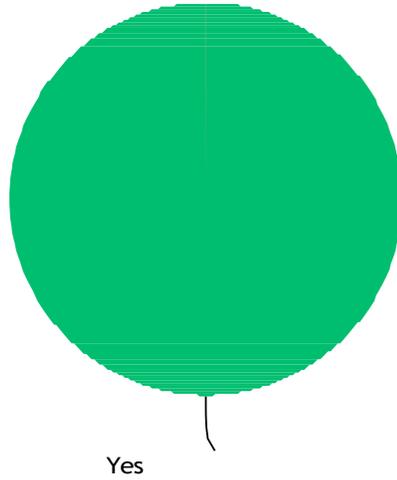
Answered: 6 Skipped: 0



ANSWER CHOICES	RESPONSES	
Yes	100.00%	6
No	0.00%	0
Somewhat	0.00%	0
Don't Know	0.00%	0
TOTAL		6

Q10 The public interest was considered in all discussions.

Answered: 6 Skipped: 0



ANSWER CHOICES	RESPONSES	
Yes	100.00%	6
No	0.00%	0
Somewhat	0.00%	0
Don't Know	0.00%	0
TOTAL		6

Q11 List two strengths of this meeting.

Answered: 4 Skipped: 2

#	RESPONSES	DATE
1	- Time management - ability to effectively cover the full agenda within the scheduled time - Being an in-person meeting. Ability to interact with council members face-to-face	12/15/2023 5:12 PM
2	Covered a lot of territory.	12/11/2023 5:00 PM
3	1.communication 2.preperation	12/11/2023 1:03 PM
4	Great view points Friendly discussions and opinions	12/11/2023 9:14 AM

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

Answered: 5 Skipped: 1

#	RESPONSES	DATE
1	- Challenges with the video, failing on several occasions. How to avoid re-occurrences at future meetings. - Visibility of motions so that members can both hear the reading and see the text of motions being voted on.	12/15/2023 5:12 PM
2	Someone needs to manage the technical portion of the meeting (e.g. chat line)	12/11/2023 5:00 PM
3	I felt it was well executed. Even when the screen went down, IT was there to fix the problem.	12/11/2023 1:03 PM
4	Taking track of time. Insurance of the Reliability of instruments	12/11/2023 11:04 AM
5	I don't think there is anything we can change! We will have technical issues and when the screen turned off, we were able to continue and get it resolved.	12/11/2023 9:14 AM

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

Answered: 3 Skipped: 3

#	RESPONSES	DATE
1	Stop doing omnibus motions (it is easier to deal with different items separately).	12/11/2023 5:00 PM
2	Non come to mind	12/11/2023 1:03 PM
3	A few more breaks. Sometimes, it was too much sitting and we need a stretch.	12/11/2023 9:14 AM

Q14 Additional Comments

Answered: 1 Skipped: 5

#	RESPONSES	DATE
1	The presentations were interesting, but not kept to time.	12/11/2023 5:00 PM

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

Answered: 0 Skipped: 6



COMMITTEE REPORT TO COUNCIL

Name of Committee: **Executive Committee**

Reporting Date: **March 8, 2024**

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

The Executive Committee considered and approved two (2) Clinic Name Registration Applications electronically since its last report to Council.

Respectfully submitted by Ms. Lileath Claire
President and Chair of the Executive Committee



COMMITTEE REPORT TO COUNCIL

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

Reporting Date: **March 8, 2024**

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

Role of the Committee

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

Executive Summary

Since the December 2023 Council meeting, the ICRC has considered 6 complete investigations and made final dispositions in 5 matters.

Decisions Finalized:

Complaints	4
Registrar's Reports	1
Total	5

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

No further action	1
Advice/Recommendation/Reminder	2
Verbal Caution	1
SCERP	2
Discipline Committee	1
Deferred	1

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

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

Practice Issue	Primary Issue	Secondary Issue
Clinical knowledge/understanding	0	1
Professional Judgement	1	0
Clinical skill/execution	2	1
Relationship with patient	1	1

Cases Considered by the Committee:

Complaints 5
Registrar’s Reports 1

New Files Received during this period:

Complaints 2
Registrar’s Reports 0

HPARB Appeals

Total Appeals pending	3
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Respectfully submitted by Ms. Kris Bailey
 Chair of the Inquiries, Complaints and Reports Committee



COMMITTEE REPORT TO COUNCIL

Name of Committee: **Discipline Committee**

Reporting Date: **March 8, 2024**

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

Role of the Committee

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

Executive Summary

Since the December 8, 2023, Council meeting, the Discipline Committee have not met.

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



COMMITTEE REPORT TO COUNCIL

Name of Committee: **Fitness to Practice Committee**

Reporting Date: **March 8, 2024**

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

Activities during the quarter:

There was no activity to report in this quarter.

Respectfully submitted by Mr. Norbert Gieger
Chair of the Fitness to Practise Committee



COMMITTEE REPORT TO COUNCIL

Name of Committee: **Patient Relations Committee**

Reporting Date: **March 8, 2024**

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

Activities during the quarter:

There was no activity to report in this quarter.

Respectfully submitted by Mr. Avneet Bhatia
Chair of the Patient Relations Committee



COMMITTEE REPORT TO COUNCIL

Name of Committee: **Quality Assurance Committee**

Reporting Date: **March 8, 2024**

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

Role of the Committee

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

Meeting: December 15, 2023

Peer and Practice Assessment Reports

Requirement Considered	Result
2023-2024 Peer & Practice Assessments	<ul style="list-style-type: none">• 13 – Satisfactory, file to be closed• 3 – Remedial Action• 1 – Extension granted

The Quality Assurance Committee approved the "Standardizing the CPD Credit" allocation chart which has been added to the College's website and will provide information and consistency for registrants who do work for the College.

To promote operational efficiency, the Quality Assurance Committee approved a motion that will allow College Staff to review and process all modified non-clinical assessments instead of the current process of assigning an assessor to the task. Modified assessments typically take the form of the following:

1. Confirming that the previous year's CPD requirements have been met and are supported by appropriate evidence, and,
2. Confirming that the member has completed the Self-Assessment Tool, including choosing their Three Member Cycle Goals

The Quality Assurance Committee reviewed the most recent draft of the Treatment Plan Guidelines and will continue to provide information and guidance to staff for inclusion in the next draft of the Guideline.

The Quality Assurance Committee received an updated on the upcoming Fall Webinar series and the Peer Circles events planned for November.

Meeting: February 22, 2024

Peer and Practice Assessment Reports

Requirement Considered	Result
2021-2022 Peer & Practice Assessments	<ul style="list-style-type: none"> • 1 – Satisfactory, file to be closed
2023-2024 Peer & Practice Assessments	<ul style="list-style-type: none"> • 6 – Satisfactory, file to be closed

The Committee finalized the Treatment Plan Guidelines.

The Committee discussed amendments to the Record Keeping Standard of Practice and removed the requirement for a Unique Identifier for patient charts. The Committee will formally recommend to Council the removal of the Unique Identifier requirement for public and stakeholder consultation.

Respectfully submitted by Mr. Abdelatif (Latif) Azzouz
Chair of the Quality Assurance Committee



COMMITTEE REPORT TO COUNCIL

Name of Committee: **Registration Committee**

Reporting Date: **March 8, 2024**

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

Activities during the Quarter:

The Registration Committee met 4 times since its last report to Council on December 8th, 2023, on the following dates:

- December 12th, 2023
- January 9th, 2024
- February 6th, 2024
- March 5th, 2024

During the meetings, the Registration Committee considered multiple academic assessments and retired status applications.

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



COMMITTEE REPORT TO COUNCIL

Name of Committee: **Qualifying Examination Committee**

Reporting Date: **March 8, 2024**

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

Activities during the Quarter:

The Qualifying Examination Committee has not met since its last report to Council on December 8th, 2023.

Respectfully submitted by Mr. Abdelatif (Latif) Azzouz
Chair of the Qualifying Examination Committee



COMMITTEE REPORT TO COUNCIL

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

Reporting Date: **March 8, 2024**

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

Activities during the Quarter:

The Qualifying Examination Appeals Committee has not met since its last report to Council on December 8th, 2023.

Respectfully submitted by Mr. Gaganjot Singh
Chair of the Qualifying Examination Appeals Committee



To: **Council**

From: **Lileath Claire, President**

Date: **March 8, 2024**

Subject: **President's Report**

I am pleased to provide this report to Council, representing selected activities, events, and accomplishments of the College during the period from December 9, 2023, up to February 20, 2024.

December 8, 2023, Council Workshop: SMILE GAP – History of Oral Health and Social Inequality

At the start of Council's workshop, Catherine Carstairs, author of 'The Smile Gap – A History of Oral Health and Social Inequality' presented to Council a riveting overview of her book. This was followed by an opportunity for Council members to get their personal copies of the book autographed. College staff and Council appreciate being reminded of the enormous improvements in dental care that have occurred over the past century and awareness of work still be done through addressing social inequalities, particularly with respect to access and affordability for ALL Ontarians.

Regulatory Amalgamations

Bradley Chisholm, Principal and Founder, The Regulators Practice and **Kevin McCarthy**, VP Advisory Services presented and later facilitated a discussion on Regulatory Amalgamations. CDO Council heard of the experiences and processes taken by other regulators, the outcomes, and what could have been done differently. This awareness exercise is an important step for Council in preparation for its own future strategic decision in this area.

Recognition of 50th Year of Practice

The CDO has commemorated Denturists who have practised for 50 years with congratulatory greetings and a recognition certificate. After initial screening by College Staff and guidance from College Legal Counsel, 11 Denturists were identified as eligible to receive this certificate.

As President I congratulate these Denturists on achieving this important milestone. Their accomplishments have helped to transition the profession to where it is today. The people of Ontario have experienced remarkable improvements in their oral health, thanks in part to their dedication and commitment to service as oral health professionals.

2024 – The Year Ahead

I am excited and optimistic for the year ahead. The CDO will undertake many new initiatives aimed at strengthening its governance processes, exploring strategic initiatives, and unlocking further opportunities for enhancement of public protection. I thank my fellow Council members and College Staff for their dedication to our public cause.

The College of Dental Hygienists of Nova Scotia (CDHNS), Denturists Licensing Board of Nova Scotia (DLBNS), and the Nova Scotia Dental Technicians Association (NSDTA) to Amalgamate

Jan 12, 2024

The CDHNS, DLBNS, and NSDTA are pleased to collaborate with the Dept of Health and Wellness to amalgamate our three professions into one regulatory body. The government-mandated amalgamation of these professions will be part of the move to all health professions being regulated under the new [Regulated Health Professions Act \(RHPA\)](#), which was passed in the Fall legislature on Nov 9, 2023.

The Councils of the CDHNS and NSDTA and the Board of the DLBNS, in keeping with their respective mandates to act in the public interest, welcome the opportunity to collaborate to create one regulator for dental hygiene, dental technology, and denturism in Nova Scotia.

Benefits for the Professions

Amalgamation will enable the Regulators to strengthen their commitment to Nova Scotians through an enhanced, consistent, efficient, and collaborative approach to regulation while maintaining distinct and separate professions, scopes of practice, and entry-to-practice requirements for dental hygienists, dental technicians, and denturists.

It will address some of the recommendations outlined in the Mass Casualty Commission Report e.g., appropriate resourcing of professional regulators to ensure proactive monitoring of provider conduct and the protection of marginalized communities facing barriers to reporting concerning behaviours.

What this change means

Until the new Dental Hygiene, Dental Technician, and Denturist Regulations are proclaimed under the RHPA, the professions will continue to operate under their current Acts and Regulations. Sections 16 – 22 of the RHPA has been in effect for all three regulatory bodies since Nov 9, 2023.

RHPA

The purpose of the RHPA is to create consistency across healthcare professions in Nova Scotia and make it easier to respond to future changes in those fields. The RHPA will eventually replace 21 acts and provide a foundation for each profession by standardizing rules and processes.

Progress to date

Regulation Revisions in Progress: In Jan 2020, the CDHNS submitted regulation revision requests regarding the existing Dental Hygienists Regulations (May 15, 2009). The Gov't has confirmed that the agreed-upon revisions will be implemented in the joint Regulations that are being developed.

Scope of Practice: The RHPA provides an opportunity for health professions to align and update their scope of practice to reflect the scope and breadth of best practices across jurisdictions. Working with Gov't, we will complete any necessary jurisdictional scans and identify barriers that may be preventing these professions from providing care to their full scope and allow for future changes in scope.

As these new joint Regulations are being developed, we will ensure this objective is met for all professions. Several barriers were already identified in the DH Regulation revision requests submitted to gov't in Jan 2020.

In anticipation of the implications of the proposed Act, the CDHNS Council and DLBNS Board will revise the current Transition Committee (TC) to include Dental Technician representatives. The TC will spearhead this project and bring all necessary decisions to the Boards/Councils as things progress.

- Legal counsel will continue to be consulted regarding necessary actions that must be completed during an amalgamation.
- Necessary actions and decisions have been identified – this includes Regulations, bylaws and standards that must be developed or that can be adopted.
- All these components will proceed through the lens of public interest and under the framework and structure outlined in the RHPA. This includes having a transition Board for the new Regulator, the addition of new Statutory Committees, plus the reformation of existing Committees.

Please note:

While we don't know all the impacts or the potential changes, we can assure you that throughout this process, all three regulators will ensure that the daily operations required for registrants to perform their roles and responsibilities will continue uninterrupted.

We will continue to keep you updated as we proceed.

We look forward to this new phase of interdisciplinary collaboration.

Many dental hygienists, dental technicians, and denturists already work together in interdisciplinary practice settings. But others may have had limited interactions.

Dental hygienists, denturists, and Registered Dental Technicians play a crucial role in oral healthcare. They must be registered and hold a practising licence with their respective regulatory body to practice their profession in Nova Scotia. Dental technicians, denturists, and dental hygienists work collaboratively with other oral health professionals (e.g., dentists, dental specialists, dental assistants) and other health professionals (physicians and pharmacists) to provide safe, competent, quality care to clients.

In Nova Scotia, 833 individuals hold a practising licence with the College of Dental Hygienists of Nova Scotia (CDHNS) and 27 individuals hold a licence with the Denturists Licensing Board of Nova Scotia (DLBNS), and 23 Registered Dental Technicians, hold a certificate and membership with the NSDTA.

Below is a short synopsis of these professions.

Dental Hygiene Profession

Brief history

Dental hygienists began to work in Nova Scotia in 1955. The dental hygiene profession became self-regulating on May 15, 2009 – with the proclamation of the [Dental Hygienists Act](#) and the [Dental Hygienist Regulations](#). Prior to 2009, the dental hygiene profession was regulated by the Provincial Dental Board of Nova Scotia.

Scope of Practice

In Nova Scotia, a dental hygienist may act as a researcher, clinician, consultant, administrator, manager, educator, or health promoter. In Nova Scotia, dental hygienists implement the [dental hygiene process of care](#), often called by the acronym ADPIE, which includes conducting an initial dental hygiene [assessment](#), dental hygiene [diagnosis](#) (professional conclusion), [planning](#) treatment, [implementing](#) the treatment (or care) plan, and [evaluating](#) the outcomes.

Some of the key roles and services that dental hygienists are authorized to perform in Nova Scotia include:

1. Periodontal therapy: (e.g., periodontal debridement, often called scaling and rootplaning)
2. Dental X-rays: Dental hygienists can order, take, and interpret (diagnose) dental X-rays for dental hygiene purposes.
3. Oral Health Education for individual clients and communities
4. Preventive/Therapeutic Treatments: This includes fluoride applications and dental sealants.
5. Teeth Whitening
6. Dental Hygiene Practices (mobile and store-front clinics): Dental hygienists may own and operate dental hygiene clinics. At this time, there are [10 dental hygiene practices](#).

7. **Additional Authorizations:** Dental hygienists who meet the requirements set out by the CDHNS can apply for authorization to perform the following procedures:

- a. Local anesthesia administration (under the written order of a dentist or physician)
- b. Perform permanent restorative procedures in collaboration with a dentist
- c. Perform orthodontic procedures in collaboration with a dentist
- d. Prescribe the drugs set out in Section 25 (a) of the Dental Hygienist Regulations

Dental hygienists are required to maintain privacy and confidentiality, in accordance with legislation, regarding medical, dental, and personal information at all times.

Licensure Requirements

To become a dental hygienist in Nova Scotia, individuals must meet specific requirements. These include:

1. **Education:** Completion of a dental hygiene diploma or degree program at an accredited educational institution (or equivalent) is required.
 - a. Applicants who obtained their dental hygiene education from a non-accredited dental hygiene program must meet the additional requirements, as required by legislation.
 - b. Currently, there are 35 educational institutions (Colleges and Universities) that offer dental hygiene programs across Canada.
 - c. In Nova Scotia, dental hygiene education is offered at Dalhousie University's [Faculty of Dentistry](#). There are two options offered at Dalhousie – a three-year diploma (includes the pre-professional year) and a Bachelor of Dental Hygiene (BDH) Program, which offers an additional year where students take a series of courses which build upon the knowledge base of the diploma program.

2. **Licensure:** To practice legally in the province, individuals must be issued a practising licence from the College of Dental Hygienists of Nova Scotia (CDHNS).
3. **Professional Designations:** Individuals who hold a practising licence with the CDHNS are entitled to call themselves “registered dental hygienists” or “dental hygienists” or use the initials “D.H.” or “R.D.H”.
4. **National Dental Hygiene Certification Examination:** In Canada, dental hygienists must pass the National Dental Hygiene Certification Board (NDHCB) examination (offered through the Federation of Dental Hygiene Regulators of Canada) to demonstrate their competency in dental hygiene.
5. **Continuing Education:** Dental hygienists are required to engage in the [CDHNS Continuing Competency Program](#) and complete ongoing professional development and continuing education activities to maintain their licensure. Dental hygienists are expected to engage in activities that address and promote continuing competence, inter-professional collaboration, changes in practice environments, standards of practice, and the latest advancements in the field.
6. **Practice Hours:** Dental hygienists are required to complete 600 practice hours within the three-year period immediately preceding an application, including renewals.

Denturist Profession

Brief History

In 1973, the Denturist Act came into effect legalizing the practice of denturism in Nova Scotia. Currently, denturists are governed by the [Denturists Act](#), the [Denturists Regulations](#) and [Board Regulations](#).

Scope of Practice

Denturists in Nova Scotia have a well-defined scope of practice, which includes the following key responsibilities and services:

1. **Denture Fabrication:** Denturists are trained to design, create, and construct complete and partial dentures for individuals who have lost some or all of their natural teeth.
2. **Denture Repairs and Adjustments:** Denturists can repair, relin, and adjust dentures to ensure they continue to fit comfortably and function effectively.
3. **Consultation and Patient Education**
4. **Denture Maintenance**
5. **Denture Clinics:** All denturists own and operate private denture clinics. Denturists can visit private and long-term care homes. There is a total of 29 clinics operating throughout Nova Scotia.
6. **Additional authorization (certification):** Dentures over implants – Denturists in Nova Scotia, who meet the criteria set out by the DLBNS, are authorized to do dentures over implants.

Denturists are required to maintain privacy and confidentiality regarding medical, dental, and personal information at all times.

Licensure requirements

To become a denturist in Nova Scotia, individuals must meet specific requirements. These include:

1. **Education:** Completion of a denturism program at an approved educational institution. Currently, there are five denturism programs in Canada that offer diplomas in denturism.
 - a. They are 2.5 to 3 years in length.
 - b. No denturist programs are offered in Atlantic Canada at this time.
2. **Licensure:** To practice legally in the province, individuals must be issued a licence from the Denturist Licensing Board of Nova Scotia (DLBNS).
3. **Protected Titles/Designations:** Those who hold a practising licence from the DLBNS are entitled to call themselves a “Denturist”.
4. **Denturist Qualifying Examination:** Denturists must also pass the Qualifying Examination to demonstrate their competence in denturism.
5. **Continuing Education:** Denturists are required to engage in the [Continuing Education Program](#) and complete ongoing professional development and continuing education to maintain their licensure. Denturists are expected to engage in activities that address and promote continuing competence, inter-professional collaboration, changes in practice environments, standards of practice, and the latest advancements in the field.
6. **Practice Hours:** Denturists are required to complete 640 practice hours within the three-year period immediately preceding an application, including renewals.

Brief History

The first Act governing the practice of Dental Technology in Nova Scotia was enacted in 1965. Dental Technicians are currently regulated by the [Dental Technician's Act](#).

Scope of Practice

Dental technicians design, fabricate, repair, reproduce or modify fixed and removable dental prosthetics to be used in, upon, or in connection with any human tooth, jaw, or associated structure or tissue. They receive a prescription from a dentist from which they make these prosthetics or appliances. Dental Technicians are not permitted to do any intraoral work but do occasionally see individuals at their laboratories for shade-taking and matching appointments.

Within dental technology, technicians may work in one or more of the following disciplines:

1. **Crown and bridge:** these technicians often work with wax to mock up and idealize an intraoral situation. They would then use metal or other materials to fabricate and finish crowns, bridge frameworks, inlays or onlays, post and core, and other fixed restorations.
2. **Ceramics:** technicians who are ceramists use porcelain-like materials layered onto a substrate to make a variety of fixed prostheses that mimic natural teeth in colour, shape and texture such as crowns, bridges, and veneers.
3. **Removable Partial Dentures:** RPD technicians design and fabricate partial dentures that combines a rigid framework with artificial teeth for individuals who are missing some, but not all natural teeth.
4. **Complete Dentures:** complete denture technicians design and fabricate removable prosthetics, typically in a type of acrylic, for individuals who are missing all of their teeth on one or more arches.
5. **Orthodontics:** technicians who practice orthodontics fabricate a multitude of fixed and removable appliances meant to treat irregularities of the teeth or jaw. They often use a variety of materials and techniques to make things such as retainers, space maintainers, biteplanes, and palatal expanders.

Additionally, many technicians in both fixed and removable disciplines work to restore dental implants and are employing CAD/CAM technology more and more.

Licensure requirements

1. **Education:** Completion of a recognized dental technology program (or a substantially equivalent program for internationally educated dental technicians).
 - a) There are 5 colleges across Canada that offer dental technology as a 2- or 3-year program.
 - b) There is currently no program for dental technology in NS.
 - c) The NSDTA is working toward implementing a Prior Learning and Assessment Recognition program for those with practical experiential knowledge or gaps in formal education.
2. **Licensure:** To own or operate a laboratory in Nova Scotia, Registered Dental Technicians (RDT) must be issued a certificate from the NSDTA and must be a current member. Individuals with no certificate may work as dental technicians under the supervision of an RDT.
3. **Protected Titles/Designations:** In Nova Scotia, anyone can practice and call themselves a dental technician, however only those who hold a certificate and are current NSDTA members can call themselves a Registered Dental Technician or use the initials "RDT" after their name as a professional designation.
4. **Qualifying Examination:** In NS (as well as NB, QC, ON, SK, AB, and BC) anyone wishing to become an RDT must participate in the credentialing and competency assessments provided by the [Canadian Alliance of Dental Technology Regulators](#), which includes knowledge-based and practice-based examinations.

Career college programs that require regulator approval or accreditation

Read the binding policy directive that applies to programs subject to a regulator's approval or accreditation.

Authority

Career colleges must meet the legal binding requirements and be operated in accordance with this policy directive, including conditions specified by the Superintendent of Career Colleges (the superintendent).

Subsection 53(1)(a) (<https://www.ontario.ca/laws/statute/05p28#BK69>) of the *Ontario Career Colleges Act, 2005* (<https://www.ontario.ca/laws/statute/05p28>) enables the superintendent to issue policy directives setting out standards for vocational programs or classes of vocational programs.

Subsection 53(2) (<https://www.ontario.ca/laws/statute/05p28#BK69>) of the *Ontario Career Colleges Act, 2005* (<https://www.ontario.ca/laws/statute/05p28>) establishes that policy directives issued by the superintendent are legal requirements that are binding on all career colleges and every career college must comply with and operate in accordance with the policy directives.

Definitions

Accreditor

An organization responsible for assessing a vocational program to determine quality and compliance with applicable professional standards and to review its eligibility for accreditation. A regulator may engage an accreditor to assess educational programs to determine suitability for a registration, certification or licensing process. See the list of programs and accreditors.

Accredited or approved

Where a vocational program completes all the assessment stages in the program assessment process and achieves the standard required for graduates to be eligible to apply for a license, registration or a professional examination. This includes any approval or accreditation status, including a conditional status, if it is valid for registration or licensing procedures.

Active pursuit

When an organization is participating in the stages of the accreditation review process in a timely manner and has addressed the relevant regulator or accreditor's requests for cooperation, evidence or information.

Cohort

A group of students enrolled in the same vocational program with similar timelines for completion that have the same classes and training experiences which make up the program curriculum

Pending accreditation or approval

Where a vocational program has completed one or more of the stages in the review process and has been granted permission by the regulator or accreditor to proceed further. Assurance of program potential may come at different stages in the respective reviews and will therefore be specific to each program, regulator and accreditor.

Progressive review process

An accreditation or program review process which involves multiple assessment stages proceeding step-by-step, where the vocational program's status moves from unaccredited or unapproved, through intermediate stages, to accredited or approved.

Regulator

An organization with legal authority to mandate entry to practice requirements for a profession or vocation and to mandate continuing competency in the public interest. Regulators may engage a third-party for accreditation or have an internal approval or accreditation process. See the list of regulators and programs.

Unaccredited

When the vocational program is not considered by the relevant regulator or accreditor to be pending approval or pending accreditation or approved or accredited.

Mandatory requirements

Programs that are subject to a regulator's approval must either be one of the following:

- approved by the regulator or accredited by the regulator's chosen accreditor

- be pending approval by the regulator or pending accreditation with the regulator's chosen accreditor

In situations where approval or accreditation is only granted following a progressive review process, the career college must be engaged in active pursuit of approval or accreditation.

In accordance with subsection 23(4) of the *Ontario Career Colleges Act, 2005* (<https://www.ontario.ca/laws/statute/05p28#BK26>) the Superintendent of Career Colleges may add conditions on program approval when authorizing a career college to deliver a program.

Career colleges must comply with any conditions specified by the superintendent.

Applications for program approval

Career colleges that deliver program(s) that **are approved or accredited** must submit an application that includes:

1. Confirmation of the program's approval or accreditation by the regulator or the accreditor chosen by the regulator.
2. Details of the terms and maintenance schedule (with pertinent dates) of the approval or accreditation if applicable.

Career colleges that have program(s) which are **pending approval or accreditation** must submit an application that includes:

1. A request from the career college for the superintendent to consider a program that is undergoing an approval or accreditation review. The letter must acknowledge each requirement of the Policy Directive for Career College Programs That Require Regulator Approval or Accreditation. The letter must include details of the possible consequences and the career college's plans to manage risks to students if the approval or accreditation review is unsuccessful.
2. Confirmation that the program is pending accreditation and proof that the career college is in active pursuit, according to the review process chosen by the

regulator.

3. All supporting documentation specified as conditions of program approval (for example, the enrolment package).

Conditions of program approval

Approved or accredited programs

The following conditions will apply for programs that have proof of approval or accreditation:

1. The career college must maintain approval or accreditation as required by the regulator.
2. The career college must share the outcome of any actions or reviews that are required by the accreditor or regulator with the ministry (for example, compliance reports, investigations, annual reports or follow-up site visits, assessments, examination results, third-party reviews etc.) This includes any notices that the career college has withdrawn from accreditation, lost its approval or accreditation status or allowed it to lapse or expire. The career college must share the information with the superintendent within 2 business days of receipt from the regulator or accreditor.
3. The student contract template must be revised to add a separate signature line and the following student acknowledgement:

Student acknowledgement:

By signing below, I acknowledge that I am enrolled in a program which has been approved or accredited as required by the regulator of this profession. The approval or accreditation status is effective (DD/MM/YY-DD/MM/YY). I have reviewed the Policy Directive for Career College Programs That Require Regulator Approval or Accreditation and discussed with the career college how my entry into practice after graduation may be affected by the approval or accreditation cycle. I understand I may contact the regulator directly if I have additional questions.

4. The career college must inform the superintendent when the program is being reviewed for renewal of approval or accreditation **30 days** prior to the beginning of any review.

Programs pending approval or accreditation

The following conditions apply for programs that have proof of pending approval or accreditation:

1. The name of the program must include the term **pending approval** or **pending accreditation** which identifies the program's status to the public. The term must be used in all materials that reference the program, including the student contract (for example, "Dental hygiene — pending accreditation").
2. All students must be provided with an enrolment package, based on the template copy approved by the superintendent as part of the program application.

The enrolment package must include:

- a. Relevant information about the program's approval or accreditation status. The template copy submitted to the superintendent must outline all the possible status levels relative to approval or accreditation. Career colleges may choose which language to include in the contract for each student based on the approval or accreditation status at the time the student is enrolled.
- b. Information pertaining to the approval or accreditation review process (steps and milestones of progress towards approval or accreditation and expected timelines, and when the process may involve students).
- c. The implications and risks to students of enrolling in a program under review for approval or accreditation, including how the status of the program may affect a student's entry-to-practise in the vocation after graduation.
- d. Information on any benefits or advantages available to the student as a participant in a cohort which will be affected by the approval or accreditation review.
- e. Information on any risk mitigations the career college has put in place for students and details of refund entitlement.
- f. contact information for:

- a staff member of the career college for students to inquire about the approval or accreditation process
- the Superintendent of Career Colleges
- the regulator imposing the requirement for approval or accreditation so that students may discuss concerns directly

3. The student contract template must be revised to add a separate signature line and an acknowledgement must be signed by the student before enrollment is complete. A blank copy of a revised contract template must also be provided as part of the program application. The student acknowledgement must contain the following:

Student acknowledgement:

By signing below, I acknowledge that I am enrolled in a program which is not yet approved or accredited as required by the regulator of the profession. I have received and reviewed the enrolment package required by the Policy Directive for Career College Programs That Require Regulator Approval or Accreditation. I understand the implications and risks to students of enrolling in a program pending approval or accreditation, including how the status of the program may affect a student's entry into practice after graduation. I understand I may contact the regulator directly if I have additional questions.

4. The career college must provide the superintendent with a list of every student enrolled in any cohort while approval by the regulator or accreditation is pending.

The list must include the student names, contact information, start and expected end dates of the program and confirmation that the enrolment package has been provided and acknowledged on the student contract.

This list is required prior to the first start date of the program and must be updated as additional students are enrolled.

The student names and information must be provided to the superintendent until approval or accreditation is achieved and the program's name is changed to reflect the final approval or accreditation status.

5. At each step of the progressive review process identified in the enrolment package the career college must provide proof to the superintendent of its progress towards approval or accreditation. For example, a copy of the acceptance letter, the date of site survey, the results of the site survey, a copy of the final results according to the process.

The career college must also share the outcome of any notices or reviews received with respect to approval or accreditation, including any notices that it has been unsuccessful at meeting requirements, with the superintendent within 2 business days of receipt.

These conditions of approval will remain in effect until the career college submits confirmation of the program's approval or accreditation to the superintendent. At that point, a program change request may be submitted to change the name of the program and to change the conditions of program approval to those applicable to vocational programs with approval or accreditation.

The superintendent may revoke program approval under subsection 24(1) of the *Ontario Career Colleges Act, 2005* (<https://www.ontario.ca/laws/statute/05p28#BK27>) if the career college does not comply with these conditions of program approval or if the program does not meet the requirements of the regulator. In this circumstance, a career college must discontinue the program immediately upon notice of program revocation. Discontinuation of a program before a student has completed it renders a student eligible for a refund of fees paid. (See section 25 of Regulation 415/06 under the *Ontario Career Colleges Act, 2005* (<https://www.ontario.ca/laws/regulation/060415#BK35>) .)

Enforcement

Under subsection 24(1) of the *Ontario Career Colleges Act, 2005* (<https://www.ontario.ca/laws/statute/05p28#BK27>) , a career college's program approval may be revoked if the superintendent believes that the program fails to meet the applicable standards set out in the superintendent's policy directives. If a career college does not comply with the directive set out above, any or all of the following enforcement actions may be taken:

- issuance of a Notice of Revocation of Program Approval
 - issuance of a Compliance or Restraining Order
 - application to a court for a Judicial Restraining Order
 - proposal to Revoke or Refuse to Renew Registration
 - prosecution for offences under the *Ontario Career Colleges Act, 2005* (<https://www.ontario.ca/laws/statute/05p28>)
-

Programs and regulators

Learn about the regulators and accreditors of these vocational programs:

Dental hygiene

Regulator: College of Dental Hygienists of Ontario (<https://cdho.org/>)

Accreditor: Commission on Dental Accreditation Canada (<https://www.cda-adc.ca/cdacweb/en/>)

Denturism

Regulator: College of Denturists of Ontario (<https://denturists-cdo.com/>)

Accreditor: Accreditation Canada (<https://accreditation.ca/>)

Diagnostic medical sonography (or related specialty)

Regulator: College of Medical Radiation and Imaging Technologists of Ontario (<https://www.cmrito.org/>)

Accreditor: Accreditation Canada (<https://accreditation.ca/>)

Early childhood education

Regulator and Accreditor/Approver: College of Early Childhood Educators (<https://www.college-ece.ca/>)

Medical laboratory technology

Regulator: College of Medical Laboratory Technologists of Ontario
(<http://www.cmlto.com/>)

Accreditor: Accreditation Canada (<https://accreditation.ca/>)

Paralegal

Regulator and Accreditor/Approver: Law Society of Ontario (<https://lso.ca/home>)

Pharmacy technician

Regulator: Ontario College of Pharmacists (<https://www.ocpinfo.com/>)

Accreditor: Canadian Council for Accreditation of Pharmacy Programs
(<https://ccapp.ca/>)

Related

Operating a career college (<https://www.ontario.ca/page/operating-private-career-college>)

Updated: January 02, 2024
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Introduction

The [Regulated Health Professions Act, 1991](#), mandates that denturists 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)
- Peer & Practice Assessment

This guide has been created to assist Registered Denturists with an understanding of the CPD component of the Quality Assurance Program.

Objectives of Continuing Professional Development

Participation in Continuing Professional Development activities assists Registered Denturists with the maintenance and evolution of professional knowledge, skills, and judgment at all career stages.

Who Must Participate?

All Registered Denturists who hold an active Certificate of Registration with the College are required to participate in CPD.

What Activities Count as CPD?

To be eligible for CPD credits, activities must have significant intellectual and/or practical content related to the practice of denturism, the management of the denturist practice, managing communications with patients, and topics pertaining to diversity, equity, and inclusion.

Activities can also be related to the general professional responsibilities or ethical components of being a licensed health care professional.

Practice hours which fulfill your three-year currency requirements may not be used as CPD hours.

Activities that are eligible for CPD credit can be either **Structured** or **Unstructured**.

Structured Learning Activities

Structured learning activities are active or interactive learning programs. These activities generally have structured agendas, specified learning objectives, and interaction with other Registered Denturists or other health care professionals.



Structured activities may include:

- Conferences, lectures, or seminars
- Webinars
- Online learning modules
- Teaching - including lectures, clinical instruction, laboratory, and study group mentoring. Please note, the same activities counted for CPD cannot be used for your currency requirements.

Unstructured Learning Activities

Unstructured activities are generally self-directed independent learning activities.

Unstructured activities may include:

- Reading Denturism or scientific dental related books, textbooks, journals, articles, and research papers
- Viewing/reading/listening to professional audio/video, Internet material as it pertains to either Denturism or regulatory topics
- Reviewing CDO regulations, standards of practice, policies, guidelines, other CDO materials
- Participating in CDO held public and stakeholder consultations
- Preparing/presenting professional presentations
- Researching/writing/editing professional publications
- Participation in professional organizations i.e. attending meetings, peer assessor, item writer, exam assessor etc.

How Many Credits Do I Need? Per year & Per Cycle?

	Structured Learning Activities	Unstructured Learning Activities	Total
Annually	10 Credits		10 per year
Three Year Cycle	Minimum of 30 Credits	Maximum of 30 Credits	60 per three-year cycle



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

Three-year Cycle: Registered Denturists must complete a minimum of 60 CPD credits over each three-year cycle.

- Of those 60 CPD credits in a three-year cycle, a **minimum** of 30 CPD credits must be from participation in Structured Learning Activities.
- A **maximum** of 30 CPD credits can be obtained for Unstructured Learning Activities in a three-year cycle. This distribution was established to encourage Registered Denturists to maintain a broad and well-rounded understanding of the Standards of Practice, current issues facing the profession, new developments in the field of Denturism, and the evolution of technology that are typically presented in structured learning activities.

One hour of participation in an activity is equal to one CPD credit. Only active hours associated with participation, instruction, or attendance associated with a learning activity are eligible for CPD credit.

Do I have to Report my CPD activity?

Yes, reporting happens at two levels – annually and once every three years.

Annual Reporting

At the time of annual renewal, you are required to report the number of CPD credits that you have obtained in the preceding year. Registered Denturists must complete a **minimum** of 10 CPD credits each year. Keep in mind that completing the minimum of 10 CPD credits each year for the three-year cycle will not provide you with the minimum three-year cycle requirements. This flexibility allows an individual to engage in more or less CPD activity in any given year depending on their personal circumstances.

Three-year Cycle Reporting

In addition to annual reporting (of 10 or more CPD credits), all active Registered Denturists must report their completed CPD credits at the end of each three-year cycle. The current three-year reporting cycle is from April 15, 2022, to March 31, 2025.

At the end of the three-year cycle, Registered Denturists must have obtained a minimum of 60 CPD credits. Of those 60 CPD credits, a **minimum** of 30 CPD credits must be from participation in Structured Learning Activities. A **maximum** of 30 CPD credits can be applied towards Unstructured Learning Activities in a three-year cycle.



What Do I Do if I am a New Registrant?

New registrants are not required to accumulate CPD credits for when they first receive their license (effective registration date) up to their first renewal deadline of March 31 of the upcoming year.

They do, however, have a total three-year cycle requirement based on when they joined the cycle (joining the cycle in the first, second, or third year). This three-year requirement is determined by when they joined the three-year cycle. The current CPD cycle is from 2022 – 2025.

It should be noted that while the registrant does not need to report their CPD activity for the partial year in which they were registered, any CPD credits earned during this period can be applied to the three-year cycle.

	Cycle Year 1 April 15, 2022 – April 14, 2023	Cycle Year 2 April 15, 2023 – March 31, 2024	Cycle Year 3 April 1, 2024 – March 31, 2025	Total CPD Required by March 31, 2025
Scenario 1: Registered anytime from April 15, 2022 – April 14, 2023	<i>Grace Period</i>	40 CPD required by March 31, 2025. (Minimum of 20 structured CPD)		40 CPD
Scenario 2: Registered anytime from April 15, 2023 – March 31, 2024	<i>Grace Period</i>		20 CPD required by March 31, 2025. (Minimum of 10 structured CPD)	20 CPD
Scenario 3: Registered anytime from April 1, 2024 – March 31, 2025	<i>Grace Period. New cycle begins April 1, 2026, full CPD requirements in effect then.</i>			0 CPD

How Should I Select my CPD Activities?

Your own reflection

Within the scope of practice of the profession, Registered Denturists engage in a wide variety of practice activities. Consequently, each person’s CPD activities will be unique to their professional needs. The structure of the CPD program allows a Registered Denturist to establish their personal CPD plan based on perceived needs and learning objectives. The Self-Assessment tool can also assist with establishing their personal CPD learning objectives.



Some general approaches to selecting Continuing Professional Development activities include:

- Reflecting on specific areas of your practice that you feel need improvement
- Choosing courses to ensure your knowledge and skills are current
- Planning attendance at Denturism association or industry continuing education events or conferences
- Learning about CDO hosted events such as Peer Circles or online webinars
- Seeking opportunities to gain knowledge in different areas of practice that you may wish to undertake in the future, and
- Giving back to your professional community by supervising students, becoming a Registered Denturist of a Committee for a professional organization, writing an article, or teaching a course

Using the Self-Assessment Tool

The Self-Assessment Tool, or SAT was designed to help you self-identify areas for Continuing Education. Instructions on how to access and fill out the tool are [here in this video](#).

For additional information on how to navigate and use the Self-Assessment Tool, there is a webinar on the topic available through the e-learning library in the member portal. You can earn structured CPD credits for watching the webinar and completing the associated self-directed learning assignment.

Is This Information Audited?

Yes, each year, the CDO randomly selects from all registrants who will then be required to submit proof of attendance at and/or completion of CPD activities for the previous renewal year.

Registered Denturists who are selected for CPD audit are notified by the CDO well in advance of the submission deadline.

Registered Denturists who do not report the minimum number of annual credits by the registration renewal deadline, will be required to submit proof of attendance at and/or completion of CPD activities for the year in question. Ordinarily, if a submission is found to be incomplete or insufficient, or if it does not reflect adequate participation in CPD activities, the Registered Denturist will be asked to rectify any outstanding issues. If concerns persist, or if the Registered Denturist refuses to participate, then they may be referred for a Peer & Practice Assessment.



How Do I Keep Track of My CPD Credits?

Registered Denturists can log their completed CPD activities and credits into their online record through the Member Portal. To assist with accuracy in reporting, Registered Denturists are encouraged to log their CPD activities as they are completed.

For each activity you complete and log, you will be asked to record the following information:

CPD CREDITS -

Continuing Professional Development

CPD Period *

Activity Name

Presenter

Sponsor

"Please note for 1/2 credits round up to the nearest whole number. EG: 5.5 would be entered as 6 for the CPD Hours/Units"

CPD Hours/Units *

Date Completed *

Activity Topic *

Activity Type *

Upload File

Is there any additional information that would help the Quality Assurance Committee determine eligibility for continuing professional development credit?

What is Acceptable Proof of Completion of a CPD Activity?

The Quality Assurance Committee determines acceptable proof of completion of CPD activities. Acceptable proof normally includes:

- A certificate of completion from a course or lecture
- A letter confirming your participation in an activity with specific details that includes a description of the activity and the date(s) of participation
- A copy of a published article that was written or read



- Receipts for costs specifically associated with CPD activities; or
- A course description of a completed course.

Other documents may be used as proof of completion. If you are unsure of whether the provided documentation meets the criteria for acceptable proof, feel free to contact the College for advice.

How Long Must I Retain My CPD Documentation?

A minimum of two reporting cycles or six years. This includes proof of completion and any other documentation verifying your participation in all CPD activities.

What if I Have Special Circumstances that Prevent Me from Completing CPD Activities?

You may request an extension that provides you with more time to complete your annual or three-year cycle requirement, if you are:

- on parental leave;
- seriously ill;
- on a leave of absence; or
- have other extenuating circumstances.

The Quality Assurance Committee will review all extension requests. If the request is approved, this will not change the requirements for your future CPD reporting cycle. Extensions only apply to the reporting period, not the number of credit hours for the period that is being reported. You will still be required to complete and report on the required number of credits for any subsequent CPD cycles.

To request an extension, please:

- Complete and submit the [Extension Request form](#), which is available on the College's website; or
- Submit an application for an extension in writing and include a detailed description of the reasons for the request as well as any relevant supporting documentation.

The College must receive applications and any other relevant supporting documentation at least **30 days in advance of the submission deadline**, unless there are circumstances that affect your ability to submit the application.



Can I earn CPD credits doing work for the College?

Yes! You can earn CPD credits by participating in CDO committee work, attending meetings, participating in training workshops, becoming an assessor, or a variety of other activities. The below table outlines how many and what type of credits you can earn for various CDO related activities.

	CDO Activity	Structured	Unstructured
1.	Attendance at CDO Council or Committee meetings	1 credit per hour	
2.	Preparing for/reviewing material for Council and Committee meetings		1 credit per hour
3.	Participating in examination Item Writing session		1 credit per hour
4.	Participating in examination Standard Setting session		1 credit per hour
5.	Exam Assessor training	1 credit per hour	
6.	Participation as an Exam Assessor		1 credit per hour
7.	Peer and Practice Assessor Training	1 credit per hour	
8.	Conducting a Peer and Practice Assessment		1 credit per hour
9.	Peer Circle Facilitator Training	1 credit per hour	
10.	Participation as a Peer Circle Facilitator		1 credit per hour
11.	Peer Circle Case writing workshop		1 credit per hour
12.	Reviewing CDO public and stakeholder consultation materials – per hour		1 credit per hour

Other Questions?

Can I carry over credits I earned during a three-year cycle into a subsequent three-year cycle?

No.

How do I keep track of my CPD activities?

Registered Denturists can use the College’s CPD Log. This provides a template to record the relevant information about each CPD activity that a Registered Denturist completes. The information that Registered Denturists are required to record in the online Member Portal can also be used for CPD tracking.

As a new registrant, can I obtain CPD credits prior to the start of my three-year cycle?

Yes. CPD activities can be recorded for credit if they were completed after becoming registered with the College.



What will happen if I don't complete the required number of credits in my three-year cycle?

All Registered Denturists must participate in CPD activities as part of the QA program requirements. If a Registered Denturist does not report the required number of CPD credits, this may be considered non-compliance with the QA program.

The QA Committee will work with all Denturists to find a positive solution forward. This may include providing more time, asking for follow up, requiring the Denturist to undergo a Peer & Practice Assessment or, in cases of continued non-compliance, refer the matter to the Inquiries, Complaints and Reports Committee.

Is there a list of accredited programs/courses to which Registered Denturists can refer?

The College does not accredit or approve CPD courses. The College supports individual selection of CPD activities that includes reflection and self-assessment of learning needs and objectives. Registered Denturists should select courses based on their self-assessments, peer & practice assessments, and professional interests.

How can a Registered Denturist meet the three-year cycle requirement if the minimum annual requirement is only 10 CPD credits?

The annual minimum requirement of 10 CPD credits per year was established to allow for some flexibility in the amount of time that is devoted to CPD activities in any given year. This allows a Registered Denturist to concentrate on CPD activities in a year where they have more time available for CPD and to complete only the minimum of 10 credits in another year.

However, when possible, Registered Denturists should complete at least 20 credits/year so that they remain on track to meet the three-year cycle requirement and avoid a situation where they must obtain a large number of credits in the last year of the three-year cycle.

The following chart provides some examples of how Registered Denturists can meet the three-year cycle requirement:

	Year 1	Year 2	Year 3	Total
Scenario 1: <i>"The Consistent Registrant"</i>	20 CPD	20 CPD	20 CPD	60 CPD
Scenario 2: <i>"The Banner Year Registrant"</i>	10 CPD	35 CPD	15 CPD	60 CPD
Scenario 3: <i>"The Last-Minute Registrant"</i>	10 CPD	10 CPD	40 CPD	60 CPD



Appendix

List of Revisions

Date	Revision
January 10, 2024	Updated guidelines template, cover photo, new registrant CPD onboarding chart, CDO CPD Credits activity earn chart
January 11, 2024	New Registration Year end implemented, Three-Year CPD cycle aligned with new registration year end of April 1 – March 31



FAIRNESS COMMISSIONER

COMMISSAIRE À L'ÉQUITÉ

OFFICE OF THE FAIRNESS COMMISSIONER
180 Dundas Street W., Suite 300, Toronto ON M7A 2S6BUREAU DU COMMISSAIRE À L'ÉQUITÉ
180, rue Dundas O., Bureau 300, Toronto (Ontario) M7A 2S6

February 20, 2024

Sent via e-mail

Dear Mr. Tom-Ying,

RE: Risk Rating for the College of Denturists of Ontario

The purpose of this letter is to communicate the 2023 / 24 risk rating for the College of Denturists of Ontario (CDO). This letter includes background information on the risk assessment process, identifies any specific issues that Office of the Fairness Commissioner (OFC) may wish to raise and articulates next steps.

Background:

In November 2023, the OFC implemented the second iteration of its Risk-informed Compliance Framework (RICF). Under this framework, the OFC assesses each regulator's operations against five risk factors that may impede the regulator's ability to apply fair registration practices for the licensure of domestic and internationally trained applicants.

The risk assessment process may produce one of three risk ratings: low, moderately low, and moderate to high. The OFC tailors its compliance strategy according to the risk rating obtained, so that we can work with regulators to address the most significant risks and barriers to fair registration practices.

For the 2023 / 24 risk assessment cycle, the five risk factors are set out below:

1. Organizational capacity.
2. The overall control that a regulator exerts over its assessment and registration processes.
3. The impact of major changes to registration practices and relations with third-party service providers.
4. The ability of the regulator to comply with newly introduced legislative and/or regulatory obligations.
5. Public policy considerations:
 - i. Addressing labour market shortages.
 - ii. The ability to promote inclusion and address anti-racism concerns in

registration processes.

Further detail on the indicators associated with these risk factors can be found in the OFC's [Risk-informed Compliance Framework and Policy](#).

In undertaking a risk analysis for the CDO, your compliance analyst James Mendel carefully examined your responses to the 2022 Fair Registration Practices Report and the supplementary 2023 RICF questionnaire. For each of the risks identified above, they assessed both the probability that the risk will occur and the significance of the consequences.

For quality assurance purposes, your risk analysis has been reviewed by another staff member and discussed with the Fairness Commissioner and OFC management.

Following completion of the risk review process, the OFC has determined that the CDO should be placed in the low-risk category for the period April 1, 2024, to March 31, 2026. [

Congratulations on achieving this result. As a low-risk regulator, the OFC will arrange to meet with your college on an annual basis and you will be required to submit an annual Fair Registration Practices Report. Your compliance analyst will be in touch to schedule this meeting and identify any issues for discussion arising from this risk assessment.

We look forward to continuing to work with you to advance fair registration practices in the denturist profession.

Sincerely,

Ming-Young Tam
Director, Office of the Fairness Commissioner

cc. Irwin Glasberg, Fairness Commissioner of Ontario
Tanya Chute-Molina, Manager of Business and Operational Planning, OFC
James Mendel, Compliance Analyst, OFC



Registrar's Updates

Since the last meeting of Council on December 8th, 2023:

- Nova Scotia Amalgamation
- Ministry of Education Policy Directive for Private Career Colleges
- Updated CPD Guide
- OFC Risk Assessment Ratings Published
- Notice of Elections:
Districts 6, 7, 8,
& By-Election District 1

Operational Activity

- Feb 8 – George Brown College Visit and Presentation
(Mr. Deepak Naik, Professor, pictured above right with College Staff)
- Feb 15 – Annual Renewal Launched with new Portal, Multi-Jurisdictional MCQ Qualifying Examination
- Feb 24-25 – OSCE Examination in Hamilton *(pictured above)*





The Road Ahead – Strategic Initiatives in 2024

Strategic Initiatives	Project Leads	Council Lead	Progress
Registration Regulation	Registrar & CEO Manager of Registration	Chair, Registration Committee	Delayed – Professional Misconduct Regulation reprioritized ahead
Professional Misconduct Regulation	Manager of Professional Conduct External Consultant	Chair, ICRC Committee	Awaiting direction from Ministry of Health
Amalgamation	Registrar & CEO Manager & Coordinator of Council and Corporate Services External Consultant(s)	President Executive Committee	Ongoing
Scope of Practice	Registrar & CEO Manager of Quality Assurance External Consultant(s)	Vice-President Working Group – composed of 2 CDO Council Member Delegates	To begin shortly (March 2024)
Multi-Jurisdictional OSCE Examination	Manager of Qualifying Examinations Chief Examiner Third-Party Psychometricians College of Alberta Denturists	Chair, Qualifying Examination National Examination Advisory Committee	Began 2022 – slated for completion by 2025
Accreditation	Manager of Qualifying Examinations Accreditation Canada	Chair, Qualifying Examination	Ongoing – initial completion by 2024



Scope of Practice Initiative

- Government of Ontario is accepting proposals for changes to Scope of Practice
- Creation of Ministry of Health's Submission Template and Guide
- A proposal to change a profession's scope of practice may include:
 - Revising the profession's scope of practice statement
 - Changing the controlled acts it can perform, and/or
 - Amending regulations made under other legislation e.g., the healing arts radiation protection act, 1990.
- A proposal can be requested or submitted for the following reasons:
 - A health regulatory college or association may identify a scope of practice expansion opportunity and submit a scope of practice change proposal for the ministry's consideration.
 - The ministry may request that a health regulatory college submit a scope of practice change, in the form of a regulation or regulation amendment, when the ministry/government seeks to make targeted improvements to the health care system.



Scope of Practice Initiative

- The Denturism Associations have formally signaled to the College that they would be working on a joint submission proposal.
- The CDO's role: ensure the voice of the public (patient) is represented at all levels of discussion and the impact and outcomes on the public is articulated through the proposal.
- Operationally, this will mean:
 - The CDO will create a framework for the facilitation of the development of the proposal.
 - The CDO will send delegates to a working group (public and professional).
 - The CDO may assist with providing trained facilitators who may lead advisory panels to garner all perspectives, e.g. from patients, public, stakeholders, denturists, other health care professionals, subject matter experts.
 - The CDO, after review and approval of the proposal, will draft regulation changes, policies, guidelines, standards of practice to support the proposal.
 - The CDO and its Council will review the proposal through the public interest lens and recommend (or not) its submission to the Ministry of Health.



Teams & Project Framework

Leadership Teams and Decision Makers

Approval of public interest case and rationale, approval of presented arguments, receive updates along the way, CDO Council final approval of the proposal for submission:

CDO Council
Denturists Association of Ontario Board
Denturists Group of Ontario Board

Working Group

Tasked with collecting and researching scientific evidence, project management, finalizing the presented arguments for scope change requests in the public interest, drafting initial business case, creating forum for open consultations and discussions to advisory panels, minimal staff College support:

Chair – CDO Vice-President
CDO Delegate 1 – Public Member of Council
CDO Delegate 2 – Professional Member of Council
DAO Delegate 1
DAO Delegate 2
DGO Delegate 1
DGO Delegate 2



Roles and Responsibilities

Advisory Panels

May be delegated to develop one or more portions of the business case, solidifying scope change arguments, discussing evidence, mapping out patient journey, conducting public and stakeholder consultations, hosting focus groups, and any tasks assigned by the Working Group.

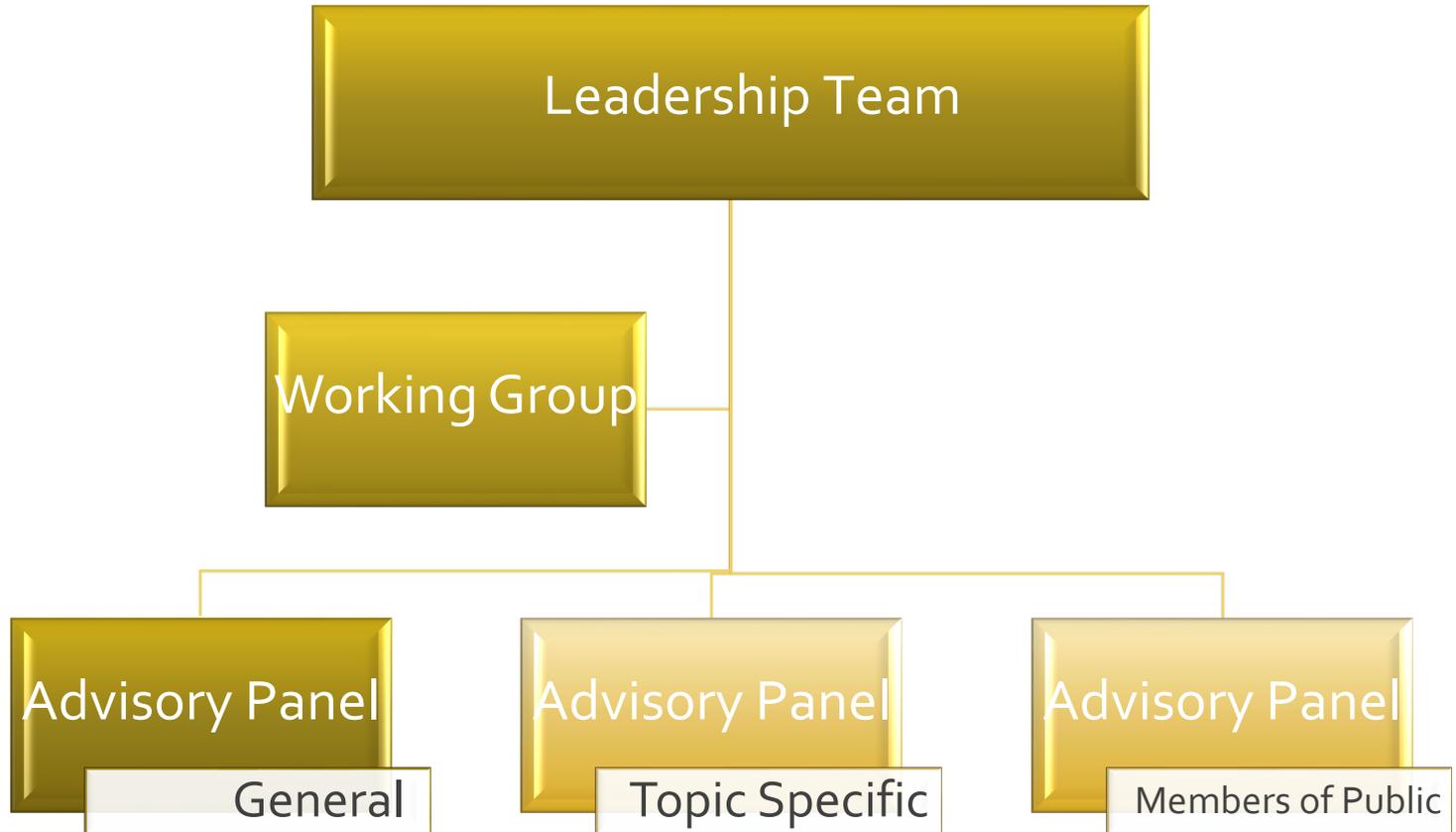
Advisory Panel Facilitators: CDO Peer Circle Facilitators

- Can have as many advisory panels are required – based on subject matter, experience, members of public, mixed compositions, etc.
- Panels can meet online or in-person
- Attendance or joining advisory panels should be open to everyone, dissenting voices must be heard.

CDO Peer Circle Facilitators would serve as the facilitator for the advisory panels, they are trained in fostering meaningful discussions, eliciting feedback (positive or negative), de-escalation techniques, conflict resolution.



Structure



Abdelatif (Latif) Azzouz

Aisha Hasan

Annie Chu

Avneet Bhatia

Catherine Antrobus

Catherine Mackowski

Elaine Lew

Elizabeth Gorham-Matthews

Franklin Parada

Gaganjot Singh



Team CDO

Garnett A. D. Pryce

Kristine Bailey

Lileath Claire

Majid Ahangaran

Megan Callaway

Michael Bakshy

Norbert Gieger

Robert Velensky

Roderick Tom-Ying

Tera Goldblatt



BRIEFING NOTE

To: **Council**
From: **Roderick Tom-Ying, Registrar and CEO**
Date: **March 8, 2024**
Subject: **Financial Report: April 1, 2023 – February 15, 2024**

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. As part of this commitment, Council and the Executive Committee acting on behalf of Council, review the financials of the CDO on a quarterly basis.

Statement of Operations for period April 1, 2023 – February 15, 2024

The statement of operations report represents figures as of February 15, 2024, and I am pleased to report that overall, the revenue totals as presented in the 2023-2024 budget has materialized within expectations.

On the revenue side, the College's registration renewal revenue have now captured all expected renewal income as the two-installment payment plan deadlines ended on September 15, 2023. As of February 15, 2024, the revenue received for Registration Fees represented 104% of our projected budget. Revenue received were higher than anticipated due to an increase in membership mid year and savings interest collected from CDO's general banking accounts. Due to the increase in overnight lending rate as posted by the Bank of Canada, CDO's savings account have seen an enormous increase in its savings rate. This has exceeded the amount expected in the 2023-2024 budget. As well, with a secondment agreement between the CDO and CDHO, the CDO is remunerated for the secondment of its staff member, the revenues collected is captured under the Other Income budget line item.

On the expenses side, I am pleased to report that all budget line items are within expectations as it relates to the 2023-2024 budget with the exception of the Quality Assurance line item and the Complaints and Discipline line items.

In advance of the drafting of the 2024-2025 operating budget, College Staff have proposed changes to the Quality Assurance budget line items to increase transparency for the Peer Circles Program. Previously, under the Quality Assurance budget, there were budget line items for QA Panel and QA Assessments. The budget for QA Panel refers to the routine work of the Quality Assurance Committee and the budget for QA Assessments refers to the Peer and Practice Assessment Program. In the upcoming draft 2024-2025 operating budget, College Staff proposes transferring funds from the QA panel into Council and Committees instead, keeping the QA Assessments budget intact, and creating a new budget line item for QA Peer Circles. In advance of these budgetary changes, the reporting template will differ from previously reported Statements of Operations.

During this transitory reporting template, the Quality Assurance budget line item contains only the QA Assessments budget with the budget for QA Panel having been transferred directly into the Council and Committees budget. The finalized budget line items and reporting template will be brought forward for Council's review and approval. Due to these changes, the year-to-date percentage may not accurately reflect the context of these budget line items.

College Staff are very intently monitoring the Complaints and Discipline budget line items as the complaints budget account has already far exceeded the budget due to a lengthy investigatory case file and subsequent referrals to discipline. The budget for complaints has been exceeded by 367%. Should this budget line item cause significant material impact towards the Operating Budget, the College may draw upon its dedicated reserve funds for complaints and discipline overflows. The restricted reserve funds are currently set at \$360,000. This restricted reserve fund can be used for any unforeseen or unbudgeted costs to stabilize the operating budget in extraordinary circumstances similar to this.

While the College has this option to draw upon the reserve funds, the College Management Team projects that the College will be in a modest surplus situation by the end of the fiscal year barring any major material impacts to the Operating Budget.

There are no other items of note or concern in this variance report. Most items are within target for the fiscal year.

Strategic Initiatives Budget for period April 1, 2023 – February 15, 2024

The fiscal report for the Strategic Initiatives budget has been reorganized to display completed projects and remaining projects. A new column entitled: "Costs Not Yet Incurred" have been created to provide Council with clarity on budgeted projects that have not yet been completed nor invoiced for. There are no other items of note or concern in this variance report. Most items are within target for the fiscal year.

College of Denturists of Ontario

Statement of Operations (April 1, 2023 - February 15, 2024)

YTD Budget to Actual	2023-2024 BUDGET	February 15/24 YTD Totals	YTD as Percentage of Budget	Projection to Year End March 31/24	Remainder or In Excess of Budgeted Amount*
REVENUE					
Professional Corporation Fees	\$ 67,000.00	\$ 77,150.00	115%	\$ 77,150.00	\$ 10,150.00*
Registration Fees	\$ 1,309,000.00	\$ 1,364,805.41	104%	\$ 1,364,805.41	\$ 55,805.41*
Other Fees	\$ 4,500.00	\$ 9,237.00	205%	\$ 9,237.00	\$ 4,737.00*
Qualifying Examination Fees	\$ 203,750.00	\$ 159,125.00	78%	\$ 159,125.00	\$ 44,625.00
Other Income	\$ 15,000.00	\$ 69,743.08	465%	\$ 84,140.03	\$ 54,743.08*
TOTAL REVENUE	\$ 1,599,250.00	\$ 1,680,060.49	105%	\$ 1,694,457.44	\$ 80,810.49*
EXPENDITURES					
Wages & Benefits	\$ 632,000.00	\$ 564,411.69	89%	\$ 645,000.00	\$ 67,588.31
Professional Development	\$ 40,000.00	\$ 38,832.02	97%	\$ 38,832.02	\$ 1,167.98
Professional Fees	\$ 150,000.00	\$ 121,651.74	81%	\$ 130,000.00	\$ 28,348.26
Office & General	\$ 155,000.00	\$ 160,301.30	103%	\$ 165,000.00	\$ 5,301.30*
Rent	\$ 141,300.00	\$ 104,476.24	74%	\$ 141,300.00	\$ 36,823.76
Qualifying Examination	\$ 300,000.00	\$ 134,123.29	45%	\$ 281,123.29	\$ 165,876.71
Council and Committees	\$ 50,000.00	\$ 37,362.10	75%	\$ 47,000.00	\$ 12,637.90
Quality Assurance	\$ 35,000.00	\$ 45,919.16	131%	\$ 44,000.00	\$ 10,919.16*
Complaints & Discipline					
Complaints	\$ 30,000.00	\$ 110,178.04	367%	\$ 142,687.66	\$ 80,178.04*
Discipline	\$ 25,000.00	\$ 21,725.00	87%	\$ 30,000.00	\$ 3,275.00
Capital Expenditures	\$ 15,000.00	\$ 4,279.98	29%	\$ 4,279.98	\$ 10,720.02
TOTAL EXPENDITURES	\$ 1,573,300.00	\$ 1,343,260.56	85%	\$ 1,669,222.95	\$ 220,039.44
NET INCOME	\$ 25,950.00	\$ 336,799.93		\$ 25,234.49	

College of Denturists of Ontario

Strategic Initiatives Budget (April 1, 2023 - February 15, 2024)

	BUDGET	Project Anticipated Costs	Costs Incurred to Date	YTD Totals 15-Feb-24	Remainder or In Excess of Budgeted Amount*	Costs Not Yet Incurred
STRATEGIC INITIATIVES						
Initial Deposit - June 2022	\$ 150,000.00					
Phase 1: Member Portal Upgrade		\$ 18,000.00	\$ 18,000.00	\$ -	\$ 132,000.00	Project Completed
Phase 2: Member Portal Upgrade - Applicant Portal		\$ 24,000.00	\$ 3,000.00	\$ 21,000.00	\$ 108,000.00	Project Completed
Phase 3: Member Portal Upgrade - Compliance Centre		\$ 24,000.00	\$ -	\$ 24,000.00	\$ 84,000.00	Project Completed
Strategic Planning Workshop Expenses		\$ 10,000.00	\$ 480.68	\$ 13,088.85	\$ 56,763.84	Project Completed
Governance - Project 1 & 2		\$ 8,475.00	\$ -	\$ 4,500.00	\$ 79,500.00	\$ 3,975.00
Governance - Project 3		\$ 9,040.00	\$ -	\$ -	\$ 79,500.00	\$ 9,040.00
Regulatory Hub - 2023-2024 Lease Costs		\$ 9,999.96	\$ -	\$ 9,166.63	\$ 70,333.37	\$ 833.33
TOTAL STRATEGIC INITIATIVES	\$ 150,000.00	\$ 103,514.96	\$ 21,480.68	\$ 71,755.48	\$ 56,763.84	\$ 13,848.33

College of Denturists of Ontario

Reserve Funds (April 1, 2023 - February 15, 2024)

	Totals
RESTRICTED FUNDS	
(Non-Reserve Funds) Invested in Capital and Intangible Assets	\$ 20,974.00
Internally Restricted for Therapy and Counselling	\$ 148,560.00
Internally Restricted for Complaints and Discipline	\$ 360,000.00
Internally Restricted for Strategic Initiatives	\$ 128,519.00
UNRESTRICTED FUNDS	
Operating (6 months)	\$ 800,010.00
REMAINING UNASSIGNED	
Unassigned Unrestricted Funds	\$ 222,807.00
TOTAL RESERVE FUNDS	\$ 1,680,870.00



BRIEFING NOTE

To: **Council**
From: **Roderick Tom-Ying, Registrar & CEO**
Date: **March 8, 2024**
Subject: **2024-2025 Draft Operating Budget & Strategic Initiatives 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.

2024 – 2025 Draft Operating Budget

The College Management team has proposed an operating budget for the 2024-2025 fiscal year with total expenditures of \$1,714,300.00 against a projected revenue of \$1,769,900.00. The College expects a modest surplus of \$55,600.00 for the 2024-2025 budget.

The 2024-2025 draft operating budget was constructed with the following factors in mind:

- The College Council at its December 9, 2022, meeting approved a one-time reduction in the Certificate of Registration renewal fee by \$200.
- Council meetings will occur in person once a year and meet remotely three times a year. Any unexpected special Council meetings may occur remotely. Committees of the College will continue to meet remotely.
- The Strategic Initiatives budget will be used to fund new and emerging projects e.g. governance initiatives, strategic planning, member portal upgrade. Once those project deliverables are completed, the ongoing work and maintenance will be incorporated into the operating budget.

- Potential changes to the College's Registration Regulation including the creation of the Inactive Class of Registration may reduce the College's revenues collected from annual renewal significantly. As the implementation of the regulation has not yet been scheduled, and the initiative is currently in review by the Ministry of Health, it is very difficult for the College to provide a timeline for when material changes could occur.
- The fixed costs demonstrate modest increases year over year aligned with CPI with the exception of the College's database subscription software that will increase 7%. This has been accounted for in the proposed budget.

New Changes for the 2024 – 2025 Draft Operating Budget:

For greater clarity and future budgeting purposes for the QA Peer Circles events, the College is proposing to create a new standalone budget line item for QA Peer Circles. Currently located within the "Professional Fees" budget line item, by removing it from that budget line item and creating a standalone budget, it will allow Council and College Staff to accurately track expenses related to Peer Circles and to provide a budget process to predict and plan for future events. Accordingly, the Professional Fees budget will be reduced by \$25,000.

Also, the College is proposing to collapse the standalone "QA Panel" budget line item – which refers to work undertaken by the Quality Assurance Committee and transfer half the budget amount into the "Council and Committees" budget line item. The other half of the budget amount will be transferred into the newly created QA Peer Circles budget. The "QA Assessments" budget line item remains unaffected.

In summary:

- New QA Peer Circles budget line item - \$25,000 removed from "Professional Fees" and transferred into the new budget line item.
- QA Panel \$10,000 budget will be incorporated into the "Council and Committees" budget line item. \$5000 will be transferred to Council and Committees and \$5000 will be transferred into QA Peer Circles.
- The new QA Peer Circles budget will be \$30,000 for the 2024-2025 budget year. This may facilitate the hosting of Peer Circles in other Ontario cities or facilitate the creation of online Peer Circles.

2024 – 2025 Draft Strategic Initiatives Budget:

In anticipation of the docket of new strategic initiatives for this upcoming budget year, College Staff are proposing two new budget line items:

- The use of an external consultant to assist the College with its implementation of the proposed Registration Regulation and Professional Misconduct Regulations – anticipated \$10,000 in new costs.
- An initial budget of \$50,000 for the Scope of Practice review project that may involve the use of legal counsel, external consultants, government relations, and project management costs.

Based on an updated Strategic Initiatives Budget with these two new proposed initiatives and associated anticipated costs, the current Strategic Initiatives budget will be underfunded by approximately \$17,084.49. Accordingly, Council is asked to review whether it should fund the Strategic Initiatives Budget using funds from the College’s unrestricted unassigned reserve funds or to allocate future expenses to the Operating Budget.

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 198 current corporations, 3-5 closures per year, and around 10 new annual applications – a very modest increase in year over year revenue is anticipated.

<p>Registration Fees</p>	<p>The 2024-2025 budget assumes a base of 782 registrants, the current number of registrants at the time of publication.</p> <p>Council has approved a one-time \$200 reduction in the Certificate of Registration renewal fee – from \$1900.00 + HST to \$1700.00 + HST.</p> <p>Potential Risk: If the inactive class comes into force mid-year, it is uncertain how many registrants may choose to transfer over. College Staff foresee a possible loss of registration renewal fee revenue for an indeterminate amount of registrants. Should it come into force, each registrant may forgo one half of the registration renewal fee, representing a possible loss of \$850 + HST. College Staff are not yet preparing for this potential risk as there are no material progress on the draft Registration Regulation coming into force at the time of publication.</p>
<p>Other Fees</p>	<p>No changes in year over year assumptions. Other fees include Clinic Name Applications, Reinstatement, Duplicate Certificate, Late Fees, and Misc Income.</p>
<p>Qualifying Examination Fees</p>	<p>The yearly forecast of prospective applicants from the three Denturism educational institutions in Ontario allows us to estimate around 60 prospective applicants for the budget year (40 in June 2024, and 20 in February 2025).</p> <p>Since Council was first presented with draft budget scenarios at its December 2023 Council meeting, College Staff have now revised its expected revenue from examination fees to increase by \$50,000 due to increased numbers of prospective applicants who may challenge the June 2024 examination.</p> <p>The College anticipates a return to normalized levels of candidates for the 2024-2025 budget year beginning with the June 2024 examination. As this represents the first budget year with normalized levels since the COVID-19 pandemic began, it is difficult to anticipate what routine levels of income and expenses will be on a go forward basis. This was due to significant operational cost saving measures implemented with the deployment of a one-track examination over two-track examinations. College Staff will continue to monitor this budget line item closely and will tune the budget appropriately over the coming years.</p>
<p>Other Income</p>	<p>For this budget year, the College conservatively estimates that its investment income (all cash savings interest) will return approximately 2.5% in annualized interest for the 2024-2025 year.</p> <p>The College has also seconded a staff member to the CDHO to assist with the implementation of their Records and Information Management program. The cost-sharing and recovery of income is</p>

	listed within this budget line item causing a significant % change year over year.
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EXPENDITURES	Budget Notes
Wages & Benefits	Routine increases due to CPI in the Greater Toronto Area and addition of a new staff member due to secondment of staff member to CDHO.
Professional Development	<p>The College is embarking on an ambitious professional development plan for members of Council and College Staff in order to backfill on previously uninvested competency enhancement opportunities for Council members in the areas of governance, compassionate regulation, technological advancements, professional conduct best practices, DEI, and cultural sensitivity. The College is proposing a one-time increase to the professional development budget to also facilitate College Staff and Council Member’s attendance at the CNAR conference that will be hosted in Ottawa, Ontario in 2024. This represents the best opportunity for the whole of Council and College Staff to attend as there are significant cost saving opportunities for travel costs. The CNAR conference travels from different provinces each year and Council Members normally do not have a chance to attend this important regulatory conference due to budgetary restrictions for out of province travel.</p> <p>College Staff will recommend a return to normalized levels for the budget line item for the 2025-2026 budget.</p> <p>2019-2020 - \$40,000 2020-2021 - \$45,000 2021-2022 - \$40,000 2022-2023 - \$30,000 2023-2024 - \$40,000 2024-2025 - \$70,000 (proposed for one-year only)</p>
Professional Fees	<p>Proposed in the 2024-2025 budget is the removal of Peer Circles budget and all related expenses from this budget line item and create a separate stand-alone budget line. This would allow for greater clarity and year over year budgeting for the hosting of Peer Circles and its future.</p> <p>In 2023-2024, Peer Circles had an overall expense of approximately \$24,000 against an approximate budget of \$25,000. \$25,000 will be accordingly removed from Professional Fees for Peer Circles and transferred into the stand-alone line item for Peer Circles.</p> <p>While the Peer Circles budget will be removed from professional fees amounting to a reduction of \$25,000, College Staff is proposing</p>

	<p>adding an additional \$15,000 to the Professional Fees budget line item to account for the substantial increase in legal fees required to implement the new Registration Regulation and Professional Misconduct Regulation in 2024/2025.</p> <p>Overall, with the reduction of \$25,000 to Peer Circles, and a new funding of \$15,000 for new regulation initiatives, the Professional Fees Budget amounts to a \$10,000 decrease year over year.</p>
Office & General	<p>The 2024-2025 draft budget proposes an increase of 6% or \$10,000 year over year to account for increases in the goods and services obtained by the College. The College’s database software and supporting subscription has risen 7% year over year due to the ending of the former contract and renegotiation of a new contract.</p> <p>College Staff also estimate a significant increase in general and mailing expenses due to the proposed docket of strategic initiatives that may be undertaken this budget year.</p>
Rent	<p>No changes year over year. Leasing costs include 365 Bloor Street, office space (with a lease end date of March 2025) and now include the HUB 601 leasing contract on a go-forward basis.</p>
Qualifying Examination	<p>2024-2025 examination year will include June 2024 OSCE & MCQ and February 2025 OSCE & MCQ administrations.</p> <p>The cost estimates are based on the previous year’s actual costs and approximate estimation – usually the costs of hosting a two-track full examination are around \$150,000 per administration. As this budget year represents the first full routine candidate levels, it is more difficult to precisely estimate true costs within the post pandemic higher inflation environment. College Staff notes that this budget line item will stabilize once we can accurately estimate costs as more administrations proceed.</p> <p>As it stands, College Staff are estimating a deficit of approximately \$50,000 for the hosting of two exam administrations. The examination is hosted on a cost-recovery basis.</p>
Council and Committees	<p>The base Council and Committee budget line item will increase by \$5000 year over year due to the collapsing of the standalone “QA Panel” budget line item. The former QA Panel budget line item of \$10,000 has been split with \$5000 transferring into the Council and Committees budget line item and another \$5000 transferring into the newly created QA Peer Circles budget line item.</p>
Quality Assurance	<p>This basket of budget line items have changed year over year.</p> <p>QA Panel budget line item has been removed.</p>

	<p>QA Peer Circles budget line item has been newly created.</p> <p>QA Assessments remains unchanged year over year.</p>
Peer Circles	<p>This newly created budget line item will receive an initial funding of \$30,000 - \$25,000 from the Professional Fees budget line item and another \$5000 from the QA Panel budget line item.</p>
Complaints & Discipline	<p>To account for the length and complexity of the current cases before the ICRC, the College is recommending an increase of \$10,000 year over year.</p> <p>The Discipline budget line item will also increase by \$5000 year over year in anticipation of scheduled discipline hearings this upcoming year.</p>
Capital Expenditures	<p>No changes contemplated year over year.</p>

Options

Council is asked to review and approve the following:

1. Draft 2024-2025 Operating Budget
2. Allocate new funds into the Strategic Initiatives Budget to the amount of \$20,000 - \$50,000. College Staff recommend \$25,000.

After consideration of these matters, Council may:

Suggested Motion 1 – That Council approves the proposed 2024-2025 Operating Budget as presented.

Suggested Motion 2 – That Council approves the allocation of \$25,000 from the College’s unrestricted unassigned reserve funds into the Strategic Initiatives Budget.

Attachments

1. 2024-2025 Draft Operating Budget
2. Strategic Initiatives Budget

College of Denturists of Ontario
Proposed 2024-2025 Budget

YTD Budget to Actual	2023-2024 BUDGET	Projection to Year End March 31, 2024	Dec 2023 Council Meeting Presented Draft Budget	Proposed 2024-2025 BUDGET	% Change
REVENUE					
Professional Corporation Fees	\$ 67,000.00	\$ 77,150.00	\$ 70,000.00	\$ 70,000.00	4%
Registration Fees	\$ 1,309,000.00	\$ 1,364,805.41	\$ 1,335,400.00	\$ 1,335,400.00	2%
Other Fees	\$ 4,500.00	\$ 9,237.00	\$ 4,500.00	\$ 4,500.00	0%
Qualifying Examination Fees	\$ 203,750.00	\$ 159,125.00	\$ 200,000.00	\$ 250,000.00	23%
Other Income	\$ 15,000.00	\$ 84,140.03	\$ 40,000.00	\$ 110,000.00	633%
TOTAL REVENUE	\$ 1,599,250.00	\$ 1,694,457.44	\$ 1,649,900.00	\$ 1,769,900.00	11%
EXPENDITURES					
Wages & Benefits	\$ 632,000.00	\$ 645,000.00	\$ 655,000.00	\$ 693,000.00	10%
Professional Development	\$ 40,000.00	\$ 38,832.02	\$ 65,000.00	\$ 70,000.00	75%
Professional Fees	\$ 150,000.00	\$ 130,000.00	\$ 150,000.00	\$ 140,000.00	-7%
Office & General	\$ 155,000.00	\$ 165,000.00	\$ 165,000.00	\$ 165,000.00	6%
Rent	\$ 141,300.00	\$ 141,300.00	\$ 151,300.00	\$ 151,300.00	7%
Qualifying Examination	\$ 300,000.00	\$ 281,123.29	\$ 250,000.00	\$ 300,000.00	0%
Council and Committees	\$ 40,000.00	\$ 47,000.00	\$ 40,000.00	\$ 45,000.00	13%
Quality Assurance					
QA Panel	\$ 10,000.00	\$ 1,507.00	\$ 10,000.00	\$ -	-100%
QA Peer Circles	-	\$ 22,000.00	-	\$ 30,000.00	
QA Assessments	\$ 35,000.00	\$ 20,493.00	\$ 35,000.00	\$ 35,000.00	0%
Complaints & Discipline					
Complaints	\$ 30,000.00	\$ 142,687.66	\$ 40,000.00	\$ 40,000.00	33%
Discipline	\$ 25,000.00	\$ 30,000.00	\$ 30,000.00	\$ 30,000.00	20%
Capital Expenditures	\$ 15,000.00	\$ 4,279.98	\$ 15,000.00	\$ 15,000.00	0%
TOTAL EXPENDITURES	\$ 1,573,300.00	\$ 1,669,222.95	\$ 1,606,300.00	\$ 1,714,300.00	9%
NET INCOME	\$ 25,950.00	\$ 25,234.49	\$ 43,600.00	\$ 55,600.00	

College of Denturists of Ontario
Strategic Initiatives Budget 2024-2025

	BUDGET	Project Anticipated Costs	Costs Incurred to Date	YTD Totals 15-Feb-24	Remainder or In Excess of Budgeted Amount*	Costs Not Yet Incurred
STRATEGIC INITIATIVES						
Initial Deposit - June 2022	\$ 150,000.00					
Phase 1: Member Portal Upgrade	\$ 18,000.00	\$ 18,000.00	\$ -	\$ 132,000.00		Project Completed
Phase 2: Member Portal Upgrade - Applicant Portal	\$ 24,000.00	\$ 3,000.00	\$ 21,000.00	\$ 108,000.00		Project Completed
Phase 3: Member Portal Upgrade - Compliance Centre	\$ 24,000.00	\$ -	\$ 24,000.00	\$ 84,000.00		Project Completed
Strategic Planning Workshop Expenses	\$ 10,000.00	\$ 480.68	\$ 13,088.85	\$ 56,763.84		Project Completed
Governance - Project 1 & 2	\$ 8,475.00	\$ -	\$ 4,500.00	\$ 79,500.00	\$ 3,975.00	
Governance - Project 3	\$ 9,040.00	\$ -	\$ -	\$ 79,500.00	\$ 9,040.00	
Regulatory Hub - 2023-2024 Lease Costs	\$ 9,999.96	\$ -	\$ 9,166.63	\$ 70,333.37	\$ 833.33	
Registration and Professional Misconduct Regulation Implementation	\$ 10,000.00					\$ 10,000.00
Scope of Practice Review	\$ 50,000.00					\$ 50,000.00
TOTAL STRATEGIC INITIATIVES	\$ 150,000.00	\$ 163,514.96	\$ 21,480.68	\$ 71,755.48	\$ 56,763.84	\$ 73,848.33

Total Unfunded Strategic Initiatives \$ 17,084.49



BRIEFING NOTE

To: **Council**

From: **Tera Goldblatt, Manager, Quality Assurance & Sexual Abuse Liaison,
Roderick Tom-Ying, Registrar and CEO**

Date: **March 8, 2024**

Subject: **Draft Record Keeping Standard of Practice and Removal of Unique Identifier Requirement**

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. Under the [*Regulated Health Professions Act, 1991 \(RHPA\)*](#) each College is required to 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. The Record Keeping Standard of Practice articulates the College's expectations for such record keeping practices.

Background

At its November 1, 2019, meeting of the Quality Assurance Committee – Panel B, the Committee was presented with a revised Standard of Practice for Record Keeping, accompanying Guidelines, and a FAQ's document. The Committee reviewed and approved the revised documents and recommended to Council that they be adopted and circulated for stakeholder consultation.

The proposed amendments to the Standard of Practice were minor in nature, only amounting to an updated visual template. The current 2017 Record Keeping Guidelines was a compilation of FAQs documents.

At the December 6, 2019, Council meeting, a motion was passed to adopt the proposed amendments and circulate the drafts for consultation. As the COVID-19 pandemic just began, the College oriented its entire organizational focus and resources towards mounting a pandemic response. Subsequently, the drafts were not circulated at that time and the amendments were not implemented. As a result, the current Record Keeping Standard of Practice and accompanying Guidelines are current as of 2017, and do not contain the proposed amendments.

In February 2024, College Staff revisited the draft documents and made updates to the draft guidelines. The current 2017 guidelines – essentially an FAQs document - were incorporated into a new 2024 draft. The 2024 draft guidelines for record keeping were updated for clarity, enhanced readability, and new style guide.

Unique Identifier on Patient Charts

As the College now has the opportunity to once again review amendments to the Record Keeping Standard of Practice, the Quality Assurance Committee would like to bring forward for Council's consideration, the possibility of removing the requirement for Unique Identifiers on patient records.

A Unique Identifier is a combination of identifiable information present on every page of a patient file to distinguish each page file as belonging to one patient in a series of records. The Record Keeping Standard of Practice defines it as:

"An identifier includes the date of birth, the patient's name, **or** the unique alpha-numeric code assigned to a record to ensure that information belonging to a patient exists in only one patient profile."

The theoretical purpose of this requirement is that in the unlikely event that paper patient files are scrambled or mixed, the unique identifier found on each page will allow the practitioner to easily reorganize the patient files in an orderly manner.

The issue at hand is that the College's processes for Peer and Practice Assessments, along with the Record Keeping Standard of Practice, and its accompanying guidelines are not harmonized and sometimes provide conflicting information.

For example, the current accompanying guidelines specify that the date of birth can only serve as one part of the unique identifier requirement due to patients potentially having the same name or same birth date.

Excerpt from page 3 of the current Record Keeping Guidelines:

"The DOB can serve as part of a unique identifier. However, it is not uncommon for patients to have the same name and possibly the same birth date. To avoid confusion and reduce the risk of error, it is recommended that the dentist select another way to uniquely identify patient records."

While the Guide *recommends* using a method other than name or birth date, the Standard of Practice specifies that it could be used. In fact, the Standard of Practice uses the word "or" (highlighted above) implying that any of the following could be used as a unique identifier: date of birth, patient's name, or unique alpha-numeric code.

The College's Peer and Practice Assessment program and Peer Assessors are trained according to the principles stated in the guidelines and differs from the wording in the Standard of Practice. Accordingly, many Peer and Practice Assessments that were conducted identified the need for practitioners to update their patient records so that it contains more than just one element in the unique identifier.

Unique Identifiers and Other Oral Health Regulator's Position

Staff contacted the practice advisory team at the Royal College of Dental Surgeons of Ontario (RCDSO) to ascertain their position on this matter. The RCDSO formally does not prescribe the use of unique identifiers for their patient records.

For digital records, the RCDSO's guidance is that the use of meta-data embedded in the patient chart software would suffice. For paper charts, they rely on their registrant's professional judgement to ensure the proper recording and retention of patient files especially if two patients have the same name.

Staff also contacted the practice advisory service at the College of Dental Hygienists of Ontario (CDHO). The CDHO similarly do not prescribe the use of unique identifiers. The CDHO notes that the use of embedded meta-data in patient chart software will suffice. For patient charts in general, they have taken the position that Dental Hygienists are in the best position to use an identification procedure they see fit according to their practice. They recommend standardizing the process so that patient charts can be easily trackable and prevent any breaches of confidentiality and/or errors.

Recommendations by the Quality Assurance Committee

The Quality Assurance Committee met on February 22, 2024, to hear from College Staff regarding what the other oral health regulator's positions were and to further the discussion on the use of unique identifiers. The Committee deliberated in the past on whether to modify the wording in the Standard of Practice and Guidelines to correct any errors or whether to remove the requirement altogether.

After adopting a right-touch regulation approach, the Quality Assurance Committee has formally concluded that the 2019 Record Keeping Standard of Practice, accompanying Guidelines, and FAQs document be amended to remove the requirement for a unique identifier. It is their belief that registrants should exercise their professional judgement to manage patient record keeping practices that best works for their practice.

After the Quality Assurance Committee met on February 22, 2024, College Staff revisited the documents once more and recommended that the FAQs document be incorporated into a newly updated guidelines to consolidate the number of resource materials provided to registrants. College Staff also updated the guidelines into the College's new style guide for guidelines.

Risk Considerations

The *Personal Health Information Protection Act, 2004* (PHIPA) sets out rules for the collection, use and disclosure of personal health information by health information custodians. Health information custodians include health care practitioners, such as Denturists, hospitals, pharmacies, laboratories, nursing homes, etc. According to PHIPA there are responsibilities placed on health information custodians, agents of custodians, or non-custodians.

Regulatory health colleges can further prescribe standards for record keeping that go beyond the responsibilities as stipulated in PHIPA including stipulating specific record keeping practices and retention requirements. It is within the scope of health regulators to analyze the risks to the public and whether regulatory tools are required to mitigate those risks.

Some risks may include breaches or lapses to personal health information due to improper storage and retention of personal health information. Health Care Practitioners unsure of their responsibilities as health information custodians, unfamiliar with the College's Record Keeping Standard, and unfamiliar with their responsibilities when closing their practice all represent material risks that can contribute to a breach in personal health information.

The risks associated with the issue at hand – the theoretical situation of mixing up patient files due to improper storage and retention policies – exacerbated by a physical mix up of paper patient files during improper handling appears to be low. While the College has not completed an empirical analysis with supporting evidence on this issue, it has not been notified that such situations have occurred by its registrants through self-reporting. Similarly, through their own risk analysis processes, the RCDSO and CDHO do not prescribe the use of unique identifiers to mitigate this theoretical risk.

Further potential risk considerations may be identified during the consultation period including from practitioners themselves and from Peer and Practice Assessors.

Options

As this is a modification to a Standard of Practice, it is prudent for Council to circulate the proposed changes for a 60-day public and stakeholder consultation.

Council is asked to approve the following:

1. Approve the removal of the Unique Identifier requirement as recommended by the Quality Assurance Committee.
2. Approve the updated draft Record Keeping Standard of Practice and Guidelines for Record Keeping.
3. Circulate the proposed drafts for 60-day public and stakeholder consultation.
4. Other

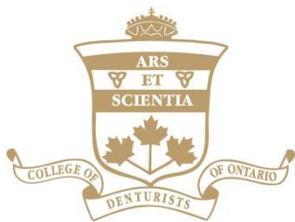
After consideration of these matters, Council may:

Suggested Motion 1 – That Council adopts the removal of the Unique Identifier Requirement in the Record Keeping Standard of Practice.

Suggested Motion 2 – That Council approves the draft Record Keeping Standard of Practice and Record Keeping Guidelines for a 60-day public and stakeholder consultation.

Attachments

1. 2017 – Record Keeping Standard of Practice
2. 2017 – Guidelines for Record Keeping
3. 2024 - Updated Standard of Practice: Record Keeping
4. 2024 - Guidelines for Record Keeping



COLLEGE OF DENTURISTS OF ONTARIO

STANDARDS OF PRACTICE: RECORD KEEPING

Standards of Practice are a validated set of expectations that contribute to public protection. The Standards define the expectations for the profession, communicate to the public the Denturists' accountability and guide the Denturist's practice. The College or other bodies may use the Standards of Practice in determining whether appropriate standards and professional responsibilities have been met. In the event of any inconsistency between this Standard and any legislation that governs the profession, the legislation prevails.

Introduction

Documentation and maintaining records is a key component of a Denturist's practice. Documentation whether paper, electronic or digital is used to provide evidence of service, monitor treatment plans, support recall of information, and identify who did what, and when.

This Standard of Practice explains the regulatory expectations for documentation and record keeping. It takes into account applicable legislation and regulations that impact denturism practice. To help Denturists understand their legal and professional obligations, the content is presented as a set of standard statements which describe a broad practice principle. Each standard statement is followed by a corresponding performance indicator that explains how a Denturist would meet the standard when documenting and maintaining records.

Purpose of Record Keeping

The patient record should provide a clear understanding of the patient goals, plan of care, services provided, cost of services, evaluation and outcomes. Information captured in the record can be used for many purposes: 1) to determine the care and services provided; 2) to evaluate professional practice as part of quality assurance requirements; 3) for Denturists to reflect on their practice; and 4) to provide evidence in a court of law or College tribunal.

The physical patient record is owned and held by the Denturist (known as the custodian and/or agent) but information contained in the record is owned by the patient. Therefore Denturists are highly accountable to ensure information is accurate, secure and kept from unauthorized access. Denturists also have an obligation to know the patient's rights with regards to accessing records in accordance with applicable laws.

Failing to keep records as outlined in the Standard, falsifying a record, signing or issuing a document that the Denturist knows is false or misleading, collecting, using, and disclosing information without patient consent and failing to make arrangements for the timely transfer of a patient's record when required all constitute professional misconduct under the *Denturists Act, 1991* and may result in College proceedings.

Glossary

Agent	Any person who is authorized by a health-information custodian to perform services or activities on the custodian's behalf.
Confidentiality	A set of rules or a promise that limits access to or places restrictions on certain types of information. Patient confidentiality is based on the principle that information should not be revealed to any third party without the patient's consent.
Attestation (to attest)	The process of assigning responsibility and authority for an activity, usually by applying a signature.
Record	A record may include the patient's medical record, an appointment book, video recordings, photographs, dentures, rough notes that might not be

	kept with the record, invoices, billable receipts, consent forms, release forms, patient education materials and information sheets, a master signature list, a laboratory script, and any other documentation relevant to the patient's treatment and/or interaction with the Denturist and others.
Custodian (health information custodian)	A person or organization with custody or control of personal health information as a result of or in connection with performing the person's or organization's power or duties.
Information	Information includes both personal non-health (e.g. phone number, email address, address, birth date) and personal health information.
Encryption	Coding that protects access to electronic data. Encryption is the most effective way to achieve data security. To read an encrypted file, the individual must have access to a security key or password that removes the encryption.
Lock Box	<p>The term adopted by the health-care community to refer to the situation when a patient shares information but asks that it be kept out of the patient record. Individuals may also provide instructions to health-information custodians not to use or disclose their personal information for health-care purposes. The health information custodian is required to respect the request of the individual and ensure that no unauthorized collection, use or disclosure of the information occurs. The custodian records such expressed instructions or limitations on the consent to collect, use or disclose personal health information.</p> <p>When a lock box has been triggered the Denturist can advise any third party that personal health information has been lock boxed. The specifics of the lock boxed information must remain confidential and not be disclosed to a third party.</p>
Security	The degree of protection from loss, damage, disclosure, or misuse.
Substitute Decision-Maker (SDM)	A person described in the <i>Health Care Consent Act</i> , <i>Substitute Decision-Maker Act</i> or <i>Personal Health Information Protection Act</i> as a person who is authorized under these acts to consent on behalf of the individual.
Unique Identifier	An identifier includes the date of birth, the patient's name, or the unique alpha-numeric code assigned to a record to ensure that information belonging to a patient exists in only one patient profile.

The Standard

Standard Statement	Performance Indicators
Documentation is accurate, clear, concise, and presents a comprehensive picture of provided services.	1. Maintains records in an organized, logical and systematic fashion to support ease of retrieval of information.
	2. Ensures documentation is legible and written in either English or French.
	3. Ensures the patient health record contains the following: <ul style="list-style-type: none"> a. the patient's name, address and date of birth; b. dental and relevant medical history; c. name of emergency contact person and contact information; d. name of the primary-care physician and any referring health professional; e. medication and supplement use; f. information obtained during the examination performed by the Denturist; g. clinical findings and professional opinions of the Denturist; h. when a Denturists either refers a patient or accept a referral the records include the reason for the referral, and name of the professional accepting or referring; i. information about advice provided and patient education

Standard Statement	Performance Indicators
	<p>that occurred;</p> <ul style="list-style-type: none"> j. the date and nature of all patient's interactions, including patient services related to any repairs and/or adjustments made; k. information about any procedure that was commenced but not completed and the reason for the non-completion; l. documentation of a refund and the reason for the refund; m. a unique identifier on every part (or page) of the patient record; n. a copy of the external laboratory design prescription; o. a notation documenting the informed consent process according to the Standards for Consent; and p. a copy of the signed consent form, if obtained. <p>4. Clearly notes the unique identifier and date on all multi-media data (e.g. pictures of the patient, images of teeth /oral cavity, dentures, email messages, video tapes).</p> <p>5. Maintains a master signature list if initials are used to attest the records.</p> <p>6. Documents in a timely manner and completes documentation during or soon after the services or event.</p> <p>7. Corrects and initials errors while ensuring the original information is visible or retrievable.</p> <p>8. If the only service a member provides is a repair of dentures that the member did not fabricate, the record for the repair need only contain:</p> <ul style="list-style-type: none"> a. the patient's name, address, birth date and contact information; b. the date and nature of the repair; c. the name of the treating Denturist(s); d. advice given to the patient; e. clinical findings and professional opinions; f. a notation of the assessment if conducted; and g. a notation documenting the informed consent process according to the Standards for Consent. <p>9. Patient requests for a change in the record can be made in writing or requested orally.</p> <ul style="list-style-type: none"> a. The Denturist makes changes to the record if he/she agrees the information is incomplete or inaccurate, within thirty days from the receipt of request. b. The Denturist documents the request and the rationale for the change. c. The Denturist is not obligated to make changes to records he/she believes are accurate or complete. This is particularly true when the entry contains an evaluative component or an expression of the professional opinion. d. In the event a change is not made, the Denturist attaches a statement of disagreement reflecting the correction requested. e. The Denturist gives notice of every correction made and every statement of disagreement attached to the patient record to every person and organization to which the record was disclosed during the 12 months preceding the date the correction was requested.

Standard Statement	Performance Indicator
Records maintained in electronic form meet the Standard of Practice, regulations and legislation.	10. Ensures individual patient records are easily retrievable.
	11. Takes reasonable steps to ensure that records maintained in electronic form are secure from loss, tampering, interference or unauthorized use or access.
	12. Confirms the system maintains an audit trail that, at a minimum, records the date and time of each entry of each patient, shows any changes in the record, and preserves the original content when a record is changed, updated or corrected.
	13. Ensures regular off-site back-up and/or automatic back-up for file recovery to protect records from loss or damage.
	14. If documents are scanned and maintained in an electronic form, the original paper copy may be securely destroyed.

Standard Statement	Performance Indicators
Records are collected, maintained, shared and disclosed in a secure and confidential manner in accordance with applicable legislation and regulations.	<p>15. Denturists who act as the custodian:</p> <ul style="list-style-type: none"> a) ensure physical security of all records and personal information (including staff human resource files); b) put in place security systems on electronic devices (e.g. passwords, user IDs, encryption, firewall and virus scans); c) display the privacy and confidentiality policy and ensure it is visible to the public; d) train staff on security and confidentiality policies; e) act as or appoint a privacy officer; f) regularly audit the practice for compliance with security policies and confidentiality agreements; and g) notify patients whose personal health information has been compromised (stolen, lost, or accessed by an unauthorized person).
	16. Take reasonable steps to transfer patient records before resigning as a member or selling practice in accordance with the Standards for Professional Communications.
	Denturist:
	17. Collects and stores only necessary information that pertains to the services provided.
	18. Obtains and documents patients' informed consent prior to the collection, use, storage and release of information, digital images and impressions, according to the Standards for Confidentiality and Privacy.
	19. Retains patient records for a period of seven (7) years, either in paper or electronic form, from the date of the last entry.
	20. Maintains draft notes as a component of the patient record until such time as the notes are transcribed into the record and ensures all data is captured in the record before destruction of the notes.
	21. Ensures the maintenance of multi-media data (pictures of the patient, images of patient's teeth or oral cavity, patient's dentures, email messages, or other digital images or recordings) comply with the same collection, retention, use and disclosure legislation and standards as paper notes.
	22. Maintains a daily appointment record which sets out the name of each patient seen by the Denturist.
	23. Shares information and/or allows access to the patient record only for the purpose of providing services or assisting in the provision of care; for the purpose of seeking legal counsel or insurer advice being sought by the member or required by the member's policy of insurance; as ordered by a subpoena; or to

Standard Statement	Performance Indicators
	<p>comply with the <i>Regulated Health Professions Act</i>, (e.g. release patient records for the purpose of College Quality Assurance program or College investigation).</p>
	<p>24. Facilitates the right of patients and/or substitute decision-makers to access, inspect, and/or obtain a copy of the patient record, unless the Denturist reasonably believes there is serious risk of harm to the care of the patient or serious physical or emotional harm to the patient or another person.</p>
	<p>25. Provides a report or certificate relating to an examination or treatment performed by the Denturist within thirty days of a request from the patient or his or her substitute decision-maker.</p>
	<p>26. Provides patient records to the patient within a reasonable time on request, though a reasonable fee for the copying of a patient record may be collected first. (Denturists may refuse to release the record until such fees are paid, unless there is risk of harm to the patient if the information is not released.)</p>
	<p>27. Takes measures to ensure all information is kept secure and access is limited to authorized personnel only. (e.g. password protect documents, use of encryption, log off computer, lock filing cabinets, computer back-up).</p>
	<p>28. Respects patient requests to withhold information in the record (See glossary "Lock Box").</p>
	<p>29. Notifies the patient of a breach of security via unauthorized access, loss or theft of information.</p>
	<p>30. Obtains patient's informed consent before communicating by email and/or sending information electronically, explaining the potential risk of another person's access to information.</p>
	<p>31. Ensures the intended recipient of a facsimile is named on the document and places a confidentiality statement on the bottom of the facsimile.</p>
	<p>32. Takes reasonable steps to ensure security of information when transporting patient records or information (e.g. moving from one office to another, bringing patient files home).</p>

Standard Statement	Performance Indicators
<p>Records eligible for destruction are destroyed in a secure and confidential manner.</p>	<p>33. Ensures all information is permanently destroyed or erased in an irreversible manner making sure the record cannot be reconstructed in any way.</p>
	<p>34. Maintains a copy of the destruction date and the names of the individuals whose records were destroyed.</p>
	<p>35. Seeks consultation on the secure destruction of multi-media and computer files from a field expert.</p>

Standard Statement	Performance Indicators
<p>Financial records are kept as part of the patient record or linked by the unique identifier.</p>	<p>36. Maintains an account of all charges for services, which accurately reflects services provided.</p>
	<p>37. Issues an invoice which Includes the following: a) the Denturist's company name, address and phone</p>

	<p>number;</p> <p>b) the patient's/recipient's name and address</p> <p>c) the cost of the item/services;</p> <p>d) the date and method of payment received;</p> <p>e) balance due or owing; and</p> <p>f) if applicable, the fees charged by commercial laboratory.</p>
	38. Issues a receipt for all payments received and a credit receipt for all refunds.
	39. Ensures a process is in place to provide upon request, an itemized account of fees charged for professional services, using terminology understood by the public.

Standard Statement	Performance Indicators
All services to, maintenance for and inspection of equipment and/or instruments are tracked.	40. Maintains an up-to-date record of service to and maintenance for equipment and/or instruments (e.g. safety datasheets, autoclave testing).
	41. Maintains equipment records for a minimum of seven (7) years from the date of the last entry, even if the equipment has been discarded.

Standard Statement	Performance Indicators
Takes reasonable steps when closing the clinic and/or resigning registration to ensure patients have access to their records.	42. Makes appropriate arrangements with the patient for the transfer of the patient's records when the member ceases practice, or when the patient requests the transfer.
	43. Makes reasonable efforts to notify patients before transferring records to a new custodian, or as soon as possible thereafter.
	44. Makes reasonable efforts to inform patients of the intent to close the clinic and/or resign, and provides information on how to access and /or obtain a copy of the record.

References

Regulated Health Professions Act, S.O. 1991

Denturism Act, 1991 Ontario Regulation 854/93 Professional Misconduct Regulations
<http://www.ontario.ca/laws/regulation/930854>

Personal Health Information Protection Act, 2004, S.O. 2004, c. 3, Sched. A
<http://www.ontario.ca/laws/statute/04p03>

Your Health Information: Your Access and Correction Rights, Information and Privacy Commission of Ontario; 2005
<https://www.ipc.on.ca/images/Resources/fact-02-e.pdf>

Safeguarding Personal Health Information Fact Sheet #01, Information and Privacy Commission of Ontario; 2005
<https://www.ipc.on.ca/images/Resources/fact-01-e.pdf>

Secure Destruction of Personal Information, Information and Privacy Commission of Ontario; 2005
https://www.ipc.on.ca/images/resources/up-fact_10_e.pdf

Disclosure of Information Permitted in Emergency or other Urgent Circumstances, Information and Privacy Commission of Ontario; 2005
<https://www.ipc.on.ca/images/Resources/fact-07-e.pdf>

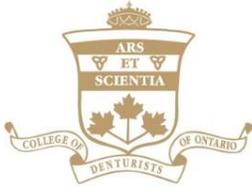
Lock Box Fact Sheet, Information and Privacy Commission of Ontario; 2005
<https://www.ipc.on.ca/images/Resources/fact-08-e.pdf>

A Guide to Personal Health Information Protection Act, Information and Privacy Commission of Ontario; 2004
<https://www.ipc.on.ca/images/resources/hguide-e.pdf>

Frequently Asked Questions: Personal Health Information Act, Information and Privacy Commission of Ontario; 2005
<https://www.ipc.on.ca/images/Resources/hfaq-e.pdf>

Electronic Records: Maximizing Best Practice, Information and Privacy Commission of Ontario; 1997
<https://www.ipc.on.ca/images/Resources/elecrec.pdf>

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Guide to the Standard of Practice: Record Keeping

The College's Standard of Practice: Record Keeping explains the regulatory expectations for documentation and record keeping. This Guide to the Standard offers further information regarding record keeping legislation and regulations that impact denturism practice and how to apply the Standard in practice. The Guide includes frequently asked questions and Practice Scenarios that illustrate elements of the record keeping process.

Retention

Why is the retention period 7 years for patient records?

Through the mandatory 60 day consultation process, the profession validated that a retention period of 7 years is sufficient for patient records.

Can records be kept for longer than 7 years?

Yes, records can be kept for longer than 7 years.

If a patient has not been to a clinic for 2 years and the file is transferred to another dentist (say, in the sale of the clinic), does the new dentist have to keep the record for another full 7 years? Or just the remaining 5?

The dentist would have to keep the record for a total of 7 years from the date of the last visit. Therefore, in this example, the dentist would keep the record for the remaining 5 years.

If I find out that one of my patients is deceased, do I still have to keep their record for 7 years?

Yes. The estate trustee of the deceased patient may request access to the personal health information.

How long do I have to keep the record of destruction for patient files that have been securely destroyed?

The record of destruction should be kept indefinitely. If the practice is transferred to another practitioner, the record of destruction should also be transferred.

For which equipment do I have to maintain records?

The dentist must maintain records for all equipment utilized in the practice (including technological and laboratory equipment).

What is the time frame for maintaining financial records?

Financial information that is part of the patient record, such as invoices and receipts, should be kept for the duration that the patient record is active.

Denturists should seek advice from Canada Revenue Agency and accounting or legal professionals to determine the retention requirements for other financial records such as tax returns and audits.

Should denturists keep the models or any other physical items related to a patient record?

Denturists can keep the models and other physical items related to the patient record. If storage space is a concern, denturists may consider documenting the materials (i.e. through notation and photographs) and keep that documentation in the patient record.

If a document is scanned into a patient file, can the paper copy be destroyed or does it have to be kept for 7 years as well?

Once a physical document is scanned into a patient file and marked with the unique identifier, it can be securely destroyed.

What happens in the event that a dentist dies and no one purchases the practice? What happens with the files?

Upon the death of a custodian, the estate trustee or the person who assumed responsibility for the administration of the estate becomes the custodian, until custody and control passes to another person who is legally authorized to hold the records. A custodian may divest itself of responsibility for the record by transferring them to an archive.

Reference: <https://www.ipc.on.ca/wp-content/uploads/Resources/hipa-faq.pdf>

What happens in the event that a clinic is being closed and not sold or transferred to another registered practitioner?

A custodian remains the custodian in respect to a record of personal health information until complete custody and control of the record passes to another person who is legally authorized to hold it. Therefore, the dentist who is the custodian of the records must remain as such until the period of retention has passed for all patients and the records can be securely destroyed.

Reference: <https://www.ipc.on.ca/wp-content/uploads/Resources/hipa-faq.pdf>

Can I store records in my home or in a storage unit?

Yes. However, it is very important to keep in mind that wherever you are storing records must be secure. In other words, only authorized individuals should have access to the patient records, regardless of where the documentation is stored.

Does the commercial laboratory fee need to be given to the patient or kept in the patient's file?

The commercial laboratory fee information should be provided to the patient and kept in the patient record.

Why can't a Date of Birth (DOB) serve as a unique identifier?

The DOB can serve as part of a unique identifier. However, it is not uncommon for patients to have the same name and possibly the same birth date. To avoid confusion and reduce the risk of error, it is recommended that the dentist select another way to uniquely identify patient records.

Would the master signature list require a signing at each appointment?

The master signature list is a tool designed to specify the names of the individuals that accessed and/or amended the patient record. This list should be kept in the dentist practice and made available upon request if a patient record is needed for review. If someone new has amended or accessed a record, their name and initials should be added to the master list.

Can I make up my own patient charts? Or do I have to use the chart created from one of the associations?

The College does not require that dentists use templates from any organization, including the associations. It is important to remember that the responsibility of adhering to the Standard of Practice for Record Keeping is the onus of the dentist. Therefore, dentists must ensure that any template they use is in accordance with the Standard.

Clarify what is required for the following performance indicator "must contain information about advice provided and patient education given."

A dentist who provides advice or patient education should note the conversation in the patient record and can include, but is not limited to, the following information: the date, the advice/education provided, the reason for providing the information, and any questions that the patient asked.

How do I acknowledge in the record that the patient understood my advice?

A dentist should note that the patient indicated their understanding of the information being provided to them. When the level of risk warrants it, the dentist should obtain written informed consent through the informed consent process. See the [Standard of Practice: Informed Consent](#) and the [Guide to the Standard of Practice: Informed Consent](#) for more information.

If someone discloses a lock-box item, does it actually have to be written into the file somewhere? Like on a separate piece of paper?

If a patient discloses a lock box item, the dentist should create a written account of the conversation so that the information can be recalled if/when necessary. However, this document (physical or electronic) should be kept separate from the patient record. The unique identifier should be present so that the documentation can be matched up with the correct patient.

The notation in the patient record should indicate that information was shared but not disclosed in the record, at the patient's request.

Can I record patient visits on video? Is that sufficient for record keeping?

Denturists who operate video and/or surveillance equipment in their offices must ensure that visitors are aware that they are being recorded through the posting of noticeable signs, particularly in public areas, such as waiting rooms and operatories. Patient appointments may be recorded upon receipt of informed consent by the patient. Patient records should be transcribed after each appointment, either in hardcopy or electronically.

Do I have to transfer my old patient charts to a new chart form?

If you start to use a new chart template or form, you may consider transferring existing patient information to the new form to ensure that all of the required information is now being captured. Alternatively, you can start a new chart for an existing patient using the new template and include the old version of the chart as an appendix to the record.

Does the College recommend any specific software for patient record keeping?

No. The College does not provide recommendations for software or hardware systems. It is suggested that denturists speak to their colleagues and membership associations to inquire about various options, prices and features.

Patient-Related

If the patient refuses to provide any information about his or her medical history, should I treat this patient?

Denturists must be able to assess the patient's suitability for various treatment options. Refusing to provide information about medical history could put the patient at risk of harm. If there is something in the medical history that the patient does not want disclosed on the record, the dentist can make note that a disclosure was made but cannot be shared (the information was "lock boxed").

If the patient still refuses to provide this information, the dentist can refuse treatment.

If we are given fraudulent or incorrect info from patient, can we be accountable?

Denturists can include a disclaimer on their intake forms that requires patients to provide true, honest and accurate information and that assessment and treatment will be delivered based on the information that the patient provides. Denturists who receive fraudulent or incorrect information from a patient or on behalf of a patient should immediately note this in the patient record and consult a legal professional for further advice.

What are my mandatory reporting obligations to report any type of abuse to authorities when the patient has shared information they do not wish to be disclosed (i.e. "lock boxed").

If the patient is under the age of 18, the Child and Family Services Act (CFSA) could apply and permit the dentist to report to the police. However, that will only be triggered if the abuser is the child's parent.

If the CFSA does not apply, the dentist must comply with the Personal Health Information Protection Act (PHIPA).

If the dentist believes that the disclosure to the police or parents is necessary to eliminate or reduce a significant risk of serious bodily harm to the patient, then he/she will not be breaching PHIPA. This is in light of s. 40(1) of PHIPA which states the following:

40. (1) A health information custodian may disclose personal health information about an individual if the custodian believes on reasonable grounds that the disclosure is necessary for the purpose of eliminating or reducing a significant risk of serious bodily harm to a person or group of persons. 2004, c. 3, Sched. A, s. 40 (1).

We strongly suggest that the dentist consult with a lawyer to see if he/she has the requisite belief in order to justify the disclosure.

If the patient has capacity (as set out in the Health Care Consent Act) he/she is authorized to provide instructions as to who can and cannot access their personal health information (PHI).

The "lock box" provision normally speaks to sharing PHI with other health care providers. For example, a health care provider is permitted to share PHI with health care providers who are within the circle of care. Express consent is not required for this disclosure. However, the "lock box" provision allows the patient to withhold or withdraw consent or may prohibit or place conditions on the disclosure.

According to PHIPA, once a patient says the PHI is to go in the lock box, it must remain there unless:

- The patient changes their mind and advises the dentist; and/or
- The dentist believes on reasonable and probable grounds that the disclosure is necessary for the purpose of eliminating or reducing a significant risk of serious bodily harm to a person or group of persons.

The dentist should still record the information provided to them by the patient. If using paper files, the information can be kept separately and securely away from the main chart with clear indications that part of the record has been removed under the lock-box provision.

The dentist may wish to ask the patient if he/she is still intent on keeping this information confidential. If they change their mind, this would permit the dentist to disclose the information. The dentist will likely want to provide the patient with resources so that he/she can obtain help.

How do I inform my patients if I am leaving or selling my practice? Can I inform them via an ad in the newspaper? I have seen thousands of patients and sending out a mailing would be costly and time consuming.

Dentists may consider sending an electronic communication such as an email message to patients who have provided an email address. Those without email addresses can be sent paper letters. Dentists can also place notices in newspapers to advise their patients if the clinic is being sold or transferred, is closing or is moving locations.

If someone purchases a clinic and then is asked by the College to submit a file, should the patient be informed of the file being sent to the College?

If the College is requesting a patient record for an investigation, the dentist must release the record to the College. Dentists should advise patients that their record may be disclosed to the College, as part of their privacy policy and form.

The Personal Health Information Protection Act, 2004 (PHIPA) allows for disclosures related to that Act or others, such as the Regulated Health Professions Act, 1991 (RHPA). For more information, please review the [Standard of Practice: Confidentiality & Privacy](#) and the [Guide to the Standard of Practice: Confidentiality & Privacy](#) for more information.

What do I do if a patient record goes missing?

If personal health information has been stolen or lost or if it has been used or disclosed without authority (this includes the unauthorized viewing of health records):

- The health information custodian must notify the individual about whom the information relates at the first reasonable opportunity. The notice has to inform the individual that he or she is entitled to make a complaint to the Information and Privacy Commissioner of Ontario.
- As of October 1, 2017, health information custodians will also have to notify the Information and Privacy Commissioner directly of certain privacy breaches.
- An agent that handled the information must notify the responsible health information custodian at the first reasonable opportunity.

Health information custodians have additional reporting obligations to regulatory Colleges (which include the Colleges under the Regulated Health Professions Act, 1991 and the Ontario College of Social Workers and Social Service Workers) if the custodian takes disciplinary action against a member of a College for the unauthorized collection, use, disclosure, retention or disposal of personal health information.

For more information, please review the [Standard of Practice: Confidentiality & Privacy](#) and the [Guide to the Standard of Practice: Confidentiality & Privacy](#) for more information.

Multi-Disciplinary Practice:

Can we use the same record as other health care practitioners in the office? Or do we have to keep separate records?

Several professions acknowledge that in multi-disciplinary practices, it makes sense to have one record. This is likely more efficient and ensures that all members of the patient's team are aware of the care provided. Each regulated health professional will want to ensure that they comply with their respective college requirements when making such entries. Ideally, the organization who operates the multi-disciplinary practice will take all such requirements into account when stipulating how employees are to document in the record. The Personal Health Information Protection Act (PHIPA) and College standards must be complied with irrespective of the employer requirements. It is important to remember that each individual amending the record must be able to be identified (i.e. through a master signature/initial list).

With respect to billing and appointments, the same principle would apply. As long as the patient knows who provided the treatment on the common invoice, the College will likely be satisfied. The only caveat is if the dentist is practising through a professional corporation. If that is the case, and the professional corporation is providing the invoice, no other regulated health professionals can bill from that dentist corporation.

There are certain colleges who mandate that dually registered members (i.e. members who are registered in more than one regulated health college) must maintain separate records and issue separate receipts for each separate profession. The College of Denturists of Ontario is not one of them.

Who do the charts belong to if a denturist works for a dentist office as an associate?

Health professionals have different levels of responsibility depending on whether they are the health information custodian or an agent. If you are a regulated health professional or you operate a group practice, and you have custody and control of personal health information in connection with your duties, then you are a health information custodian for purposes of the Personal Health Information Protection Act (PHIPA).

However, even if you fall under the definition of a health information custodian, if you work for or on behalf of another custodian (such as another regulated health professional, a group practice or a hospital), then you are considered to be an agent of that health information custodian.

A health information custodian is ultimately responsible for the personal health information in his or her custody or control, but may permit an agent to collect, use, disclose, retain or dispose of the information if certain requirements are met.

For more information, please review the [Standard of Practice: Confidentiality & Privacy](#) and the [Guide to the Standard of Practice: Confidentiality & Privacy](#) for more information.

Practice Scenarios

Record Keeping No. 1

John, a denturist, owns a denture clinic. Carl, another denturist, is an associate of this clinic and therefore an agent of the records. Carl has been working in John's clinic for a number of years but has decided to open his own. Carl never signed a non-competition agreement. Can Carl notify the patients that he treats at John's clinic about his departure?

John is the custodian of the records and Carl is an agent. Carl and John need to have a professional conversation regarding how this change will be communicated to the patients. The denturists need to evaluate how the patients will be best served and work out the business details secondary to that. If the patients provide consent to release their information to Carl, and John agrees, copies of the records could be transferred to Carl's clinic.

Record Keeping No. 2

Debbie, a denturist, has been practising for 45 years in the same clinic, and has built up a busy and successful practice. She decides she is ready for retirement but wonders what she is supposed to do with her patient records. Does she have to retain them herself? Ordinarily she would have to retain patient records for seven years from the last interaction with the patient. But in this case Debbie may be selling her practice to another practitioner to take over the business and patients. If this is the case, she does not have to retain the records herself, but needs to notify the patients of the transfer of their patient records. This can be done through a combination of telling patients on their next visit, sending out letters and placing a notice in the local newspaper. All three of these strategies should be followed unless every patient has been reached in person and by letter.



Standard of Practice: Record Keeping

Preamble

Documentation and the maintenance of patient records is a key component of a Registered Denturist's practice. Documentation in all mediums is used to provide evidence of service, monitor treatment plans, support the recall of information, and identify who did what, and when.

The patient record should provide a clear understanding of the patient goals, plan of care, services provided, cost of services, evaluation and outcomes. Information captured in the record can be used for many purposes: 1) to determine the plan of care and recall the services provided; 2) to evaluate professional practice as part of quality assurance requirements; 3) to reflect on practice; and 4) to provide evidence in a court of law or College tribunal.

The physical patient record is owned and held by the Registered Denturist (known as the custodian and/or agent). The information contained in the record is owned by the patient. Registered Denturists must ensure that the information is accurate, complete, secure and protected against unauthorized access. Registered Denturists have an obligation to be knowledgeable of the laws that apply to a patient's rights regarding access of their patient record.

Failing to meet the expectations expressed in this Standard, falsifying a record, signing or issuing a document that the Registered Denturist knows is false or misleading, collecting, using, or disclosing information without patient consent or failing to make arrangements for the timely transfer of a patient's record when required can constitute professional misconduct (*Denturism Act, 1991*).

This Standard of Practice: Record Keeping identifies the expectations of the College for documentation and record keeping by Registered Denturists. It incorporates applicable legislation and regulations.

The Standard

A denturist meets the Standard of Practice: Record Keeping when they:

1. Identify as either a Health Information Custodian or Agent with respect to their patient records and understand and assume the responsibilities and obligations of the identified role, in accordance with applicable legislation and regulations.
2. Ensure documentation is legible and written in, at a minimum, either English or French.
3. Maintain a daily appointment record which sets out the name of each patient scheduled and seen.
4. ~~Assign a unique identifier to each individual patient record.~~
5. Document accurately, clearly and concisely, and present a comprehensive picture the services provided.
6. Respect patient requests to withhold information that is recorded in the record (i.e. "lockbox").
7. Amend/correct documentation, if they agree the information is incomplete or inaccurate, within thirty days from the receipt of request from the patient or their substitute decision maker.

8. Ensure patients have access to their records when a clinic is being closed, sold or transferred to another health care practitioner.
9. Provide an examination or treatment report within thirty days from receipt of the request from the patient or their substitute decision maker.
10. Link financial records to the patient record through the assigned unique identifier.
11. Maintain electronic records in accordance with applicable legislation and regulations.
12. Collect, use, disclose and maintain records in a secure and confidential manner, in accordance with applicable legislation and regulations.
13. Document all equipment or instrument service, maintenance, and/or inspection.
14. Retain patient and equipment records in paper or electronic form, for a period of seven years, from the date of the last entry.
15. Destroy eligible records in a secure and confidential manner and maintain a copy of the destruction date along with the names for the records that were destroyed.

Legislative References

Regulated Health Professions Act, S.O. 1991

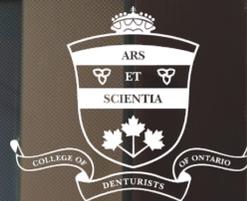
Ontario Regulation 854/93 Professional Misconduct Regulation
<http://www.ontario.ca/laws/regulation/930854>

Personal Health Information Protection Act, 2004, S.O. 2004, c. 3, Sched. A
<http://www.ontario.ca/laws/statute/04p03>

Related Standards of Practice

Standard of Practice: Confidentiality & Privacy

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COLLEGE OF
DENTURISTS
OF ONTARIO

Guidelines for Record Keeping



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Overview

The College's Standard of Practice: Record Keeping articulates the regulatory requirements for documentation and record keeping. It is important for Registered Denturists to maintain patient records in an organized, logical, and systematic fashion to facilitate adherence to the requirements set out in the *Personal Health Information Protection Act, 2004* (PHIPA).

This Guideline offers further clarity regarding record keeping retention, patient charting, disclosure of records, and working in a multi-disciplinary practice.

Retention of Records

In general, a patient's clinical and financial records must be kept for at least seven years from the date of last entry in that record. Other records such as equipment records including maintenance and inspections should also be retained for a minimum period of seven years.

Closing, Leaving, or Selling a Practice:

Denturists must notify their patients if they are closing, leaving, or selling a practice. They should consider sending an electronic communication such as an email message to patients who have provided an email address. Those without email addresses should be sent paper letters. Denturists can also place notices in local newspapers to advise their patients that the clinic is being sold, transferred, closing, or moving locations.

A Health Information Custodian remains the Custodian in respect to a record of personal health information until complete custody and control of the record passes to another person who is legally authorized to hold it. Therefore, the Denturist who is the custodian of the records must remain as such until the period of retention has passed for all patients and the records can be securely destroyed.

Upon the death of a Health Information Custodian, the estate trustee or the person who assumed responsibility for the administration of the estate becomes the Custodian, until custody and control passes on to another person who is legally authorized to hold the records. A Custodian may divest itself of responsibility for the records by transferring them to an archive.

The College has published a separate guideline regarding the important topic of closing, leaving, or selling a practice. Please review those guidelines for further information.



For more information regarding your potential role as a Health Information Custodian, please visit the Information and Privacy Commissioner of Ontario's website.

Records Eligible for Destruction:

Records must be retained for the minimum seven-year period. After the expiration of this retention period, records may be eligible for secure destruction. If a patient has filed a complaint to the Information Privacy Commissioner, those records should be kept until the patient has completed the process of the investigation.

When destroying eligible patient records, Registered Denturists need to ensure that all information is permanently and securely destroyed or erased in an irreversible manner and to ensure that the record cannot be reconstructed in any way.

The secure destruction of the patient record should be recorded in a separate record or log known as the Record of Destruction. This record of destruction should be kept indefinitely as proof that destruction took place, what records were destroyed, and when it was destroyed. If the practice is transferred to another practitioner, the record of destruction should also be transferred.

If the Registered Denturists use electronic records, they should seek consultation on the secure destruction of multi-media and computer files from a field expert.

Patient Charting

Basic Charting Information:

All patient records should contain the following information:

- a) the patient's name, address and date of birth;
- b) dental and relevant medical history;
- c) name of emergency contact person and contact information;
- d) name of the primary-care physician and any referring health professional;
- e) medication and supplement use;
- f) information obtained during the examination performed;
- g) clinical findings and professional opinions;
- h) reasons for referring a patient or the patient accepting a referral, and the name of the professional accepting or referring;
- i) information about advice provided and patient education that occurred;



- j) the date and nature of all patient's interactions, including patient services related to any repairs and/or adjustments made;
- k) information about any procedure that was commenced but not completed and the reason for the non-completion;
- l) documentation of a refund and the reason for the refund;
- m) a copy of the external laboratory design prescription;
- n) a notation documenting the informed consent process according to the Standard of Practice: Informed Consent;
- o) a notation documenting the consent to collect, use and disclose patient information in accordance with the clinic's privacy policy and according to the Standard of Practice: Confidentiality & Privacy; and
- p) copies of the signed consent forms.

Records for Denture Repairs:

If the only service provided is a repair of dentures that the Registered Denturist did not themselves fabricate, the record for the repair may only contain the following:

- a) the patient's name, address, birth date and contact information;
- b) the date and nature of the repair;
- c) the name of the treating Denturist(s);
- d) advice given to the patient;
- e) clinical findings and professional opinions;
- f) a notation of the assessment if conducted;
- g) a notation documenting the informed consent process according to the Standard of Practice: Informed Consent.
- h) a notation documenting the consent to collect, use and disclose patient information in accordance with the clinic's privacy policy and according to the Standard of Practice: Confidentiality & Privacy; and
- i) copies of the signed consent forms.

Financial Records and Invoices:

Registered Denturists must maintain an account of all charges for services, which accurately reflects services provided and the amounts paid for the services.



Registered Denturists also must issue an invoice which includes the following information:

- a) the Denturist's company name, address and phone number;
- b) the patient's/recipient's name and address;
- c) the cost of the item/services;
- d) the date and method of payment received;
- e) balance due or owing; and if applicable
- f) the fees charged by commercial laboratory.

If a payment is received or a refund is issued, documentation must be provided to the patient with a copy kept in or linked to the patient record.

If a patient requests an itemized account of fees charged for professional services, the Registered Denturist must provide them with that information, using terminology that they would understand.

Electronic Records:

Registered Denturists that keep electronic patient records should keep the following in mind:

- Ensure individual patient records are easily retrievable.
- Take reasonable steps to ensure that records maintained in electronic form are secure from loss, tampering, interference or unauthorized use or access.
- Confirm the system maintains an audit trail that, at a minimum, records the date and time of each entry of each patient, shows any changes in the record, and preserves the original content when a record is changed, updated, or corrected.
- Ensure regular off-site back-up and/or automatic back-up for file recovery to protect records from loss or damage.
- Securely destroy paper documents once they are scanned and maintained in electronic form.

Registered Denturists should maintain draft notes as a component of the patient record until the notes are transcribed into the record before they can securely destroy any draft notes. Once a physical document is scanned into a patient file, it can be securely destroyed. An official patient records can either be in electronic or paper format, once the Registered Denturist has selected a format for their



practice, all copies can be securely destroyed.

The College does not provide recommendations for software or hardware systems. It is suggested that Registered Denturists speak to their colleagues or Denturism associations to inquire about various options, prices, and features.

Patients Requesting Changes to Patient Records:

Patients can request changes to their patient records either in writing or making a request verbally.

The Registered Denturist must document the request and the rationale for the change. It is important to remember that a Registered Denturist is not obligated to make changes to records they believe are accurate or complete. This is particularly true when the entry contains an evaluative component or an expression of the professional opinion.

In the event a change is not made, the Registered Denturist must attach a statement of disagreement reflecting the correction requested. The Registered Denturist must also give notice of every correction made and every statement of disagreement attached to the patient record to every person and organization to which the record was disclosed during the 12 months preceding the date the correction was requested.

Correcting Patient Records:

From time to time, Registered Denturists may wish to correct or modify patient records when new circumstances change or to correct a mistake in the records.

When correcting a patient record, Registered Denturists should initial the error(s) while ensuring the original information is visible or retrievable. It is also advisable for the Denturist to note the date the change was made. If the change is substantial, it is also advisable for the Denturist to make a note as to the rationale for the change.

Disclosure of Patient Records

Registered Denturist must facilitate the right of patients and/or substitute decision-makers to access, inspect, and/or obtain a copy of the patient record, unless the Denturist reasonably believes there is serious risk of harm to the care of the patient or serious physical or emotional harm to the patient or another person if the patient records are disclosed.



Additionally, copies of patient records must be provided to the patient within a reasonable time on request, though a reasonable fee for the copying of a patient record may be collected first. (Denturists may refuse to release the record until such fees are paid, unless there is risk of harm to the patient if the information is not released.)

A Registered Denturist can share information and/or allow access to patient records for the purposes of:

- providing services or assisting in the provision of care;
- seeking legal counsel or insurer advice being sought by the member or required by the member's policy of insurance;
- complying with a subpoena; and/or
- complying with the *Regulated Health Professions Act*, (e.g. release patient records for the purpose of College Quality Assurance program or College investigation).

If the College is requesting a patient record for an investigation, the Denturist must release the record to the College. Denturists should advise patients that their record may be disclosed to the College, as part of their privacy policy.

The *Personal Health Information Protection Act, 2004* (PHIPA) allows for disclosures related to that Act or others, such as the *Regulated Health Professions Act, 1991* (RHPA). For more information, please review the [Standard of Practice: Confidentiality & Privacy](#) and the [Guide to the Standard of Practice: Confidentiality & Privacy](#) for more information.

Multi-Disciplinary Practices

Registered Denturists may practice in a variety of clinical settings including multi-disciplinary practices with several other health care professionals. In multi-disciplinary practices, it may make sense to have one shared patient record for the various health care professionals.

This is likely more efficient and ensures that all members of the patient's team are aware of the care provided. Each respective Regulated Health Professional will want to ensure that they comply with their respective regulator's requirements when making such entries.

Ideally, the organization who operates the multi-disciplinary practice will take all such requirements into account when stipulating how practitioners are to document in the patient record. The *Personal Health Information Protection Act, 2004* (PHIPA) and College's standards must be complied with irrespective of the employer requirements. It is important to remember that each practitioner amending the record must be able to be identified (i.e. through a master signature/initial list).



With respect to billing and appointments, the same principle would apply. Patients and the patient record must clearly state who provided the treatment, the services rendered by each practitioner, and all other required information for invoices.

If the Denturist is practicing through a professional corporation, no other regulated health professionals can bill from that Denturist's corporation, and therefore shared invoices is not permitted.

There are certain health regulators who mandate that dual registered members (i.e. members who are registered in more than one regulated health college) must maintain separate records and issue separate receipts for each separate profession. The College of Denturists of Ontario is not one of them.

Health Information Custodians and Agents:

A health information custodian is ultimately responsible for the personal health information in their custody or control, but may permit an agent to collect, use, disclose, retain, or dispose of the information if certain requirements are met. The agent must ensure that the collection, use, disclosure, retention, or disposal of the information is permitted by the custodian and is necessary for the purposes of carrying out the agent's duties. Such purposes must not be in contrary to the law and comply with any specific restrictions imposed by the custodian.

Health information custodians have the following additional administrative duties:

- to develop and comply with policies (known as "information practices") with respect to:
 - when, how, and the purposes for which the custodian routinely collects, uses, modifies, discloses, retains, or disposes of personal health information; and
 - the administrative, technical, and physical safeguards and practices that the custodian maintains with respect to personal health information.

- to designate a contact person to:
 - facilitate the custodian's compliance with PHIPA;
 - ensure that all agents are informed of their duties under PHIPA;
 - respond to public inquiries about the custodian's policies;
 - respond to requests for access or correction; and
 - receive public complaints about alleged privacy breaches.

- to display or make available a written public statement that:
 - provides a general description of the custodian's privacy policies (including the purposes for which personal health information is collected, used and disclosed);



- describes how to contact the contact person or the custodian;
- describes how an individual can seek access to or correction of a record; and
- describes how an individual can make a complaint to the custodian and to the Information and Privacy Commissioner of Ontario.

Health information custodians must also notify the individual about whom the information relates if the individual's personal health information is used or disclosed in a manner that is outside the scope of the description set out in the written public statement.

Example Practice Scenarios

Record Keeping Scenario No. 1

John, a Denturist, owns a denture clinic. Carl, another Denturist, is an associate of this clinic and therefore an agent of the records. Carl has been working in John's clinic for a number of years but has decided to open his own. Carl never signed a non-competition agreement. Can Carl notify the patients that he treats at John's clinic about his departure?

John is the custodian of the records and Carl is an agent. Carl and John need to have a professional conversation regarding how this change will be communicated to the patients. The Denturists need to evaluate how the patients will be best served and work out the business details secondary to that. If the patients provide consent to release their information to Carl, and John agrees, copies of the records could be transferred to Carl's clinic.

Record Keeping Scenario No. 2

Debbie, a Denturist, has been practising for 45 years in the same clinic and has built up a busy and successful practice. She decides she is ready for retirement but wonders what she is supposed to do with her patient records. Does she have to retain them herself?

Ordinarily she would have to retain patient records for seven years from the last interaction with the patient. But in this case Debbie may be selling her practice to another practitioner to take over the business and patients. If this is the case, she does not have to retain the records herself, but needs to notify the patients of the transfer of their patient records. This can be done through a combination of notifying patients formally by email, at their next visit, sending out letters, and placing a notice in the local newspaper. All these strategies should be followed unless every patient has been reached in person and by letter/email.



Frequently Asked Questions

Records Retention

Why is the retention period 7 years for patient records?

Through the mandatory 60-day consultation process, the profession validated that a retention period of 7 years is sufficient for patient records.

Can records be kept for longer than 7 years?

Yes, records can be kept for longer than 7 years.

If a patient has not been to a clinic for 2 years and the file is transferred to another Denturist (say, in the sale of the clinic), does the new Denturist have to keep the record for another full 7 years? Or just the remaining 5?

The Denturist would have to keep the record for a total of 7 years from the date of the last visit. Therefore, in this example, the Denturist would keep the record for the remaining 5 years.

If I find out that one of my patients is deceased, do I still have to keep their record for 7 years?

Yes. The estate trustee of the deceased patient may request access to the personal health information.

How long do I have to maintain multi-media such as patient pictures, old dentures, digital images, or recordings?

Registered Denturists must ensure the maintenance of multi-media data (pictures of the patient, images of patient's teeth or oral cavity, patient's dentures, email messages, or other digital images or recordings) comply with the same collection, retention, use and disclosure legislation and standards as paper notes.

For which equipment do I have to maintain records?

The Denturist must maintain records for all equipment utilized in the practice (including technological and laboratory equipment).

What is the time frame for maintaining financial records?

Financial information that is part of the patient record, such as invoices and receipts, should be kept for the duration that the patient record is active.

Denturists should seek advice from Canada Revenue Agency and accounting or legal professionals to determine the retention requirements for other financial records such as tax returns and audits.



Should Denturists keep the models or any other physical items related to a patient record?

Denturists can keep models and other physical items related to the patient's record. If storage space is a concern, Denturists may consider documenting the materials (i.e. through notation and photographs) and keep that documentation in the patient record instead.

Can I store records in my home or in a storage unit?

Yes. However, it is very important to keep in mind that wherever you are storing records it must be secure and meet the security requirements. In other words, only authorized individuals should have access to the patient records, regardless of where the documentation is stored.

Patient Charting

When should I do my charting?

Registered Denturists should complete their charting during or soon after the services have been provided or events have occurred.

Does the commercial laboratory fee need to be given to the patient or kept in the patient's file?

The commercial laboratory fee information should be provided to the patient and kept in the patient record.

Would the master signature list require a signing at each appointment?

The master signature list is a tool designed to specify the names of the individuals that accessed and/or amended the patient record. This list should be kept in the Denturist practice and made available upon request if a patient record is needed for review. If someone new has amended or accessed a record, their name and initials should be added to the master list.

Can I make up my own patient charts? Or do I have to use the chart created from one of the associations?

The College does not require that Denturists use templates from any organization, including from the Denturism associations. It is important to remember that the responsibility of adhering to the Standard of Practice for Record Keeping is the onus of the Denturist. Therefore, Denturists must ensure that any template they use is in accordance with the Standard.

Can you clarify what is required for charting information regarding advice provided and patient education given.

A Denturist who provides advice or patient education should note the conversation in the patient record and can include, but is not limited to, the following information: the date, the advice/education provided, the reason for providing the information, and any questions that the patient asked.



How do I acknowledge in the record that the patient understood my advice?

A Denturist should note that the patient indicated their understanding of the information being provided to them. When the level of risk warrants it, the Denturist should obtain written informed consent through the informed consent process. See the [Standard of Practice: Informed Consent](#) and the [Guide to the Standard of Practice: Informed Consent](#) for more information.

If someone discloses a lock-box item, does it have to be written into the file somewhere? Like on a separate piece of paper?

If a patient discloses a lock box item, the Denturist should create a written account of the conversation so that the information can be recalled if/when necessary. However, this document (physical or electronic) should be kept separate from the patient record.

The notation in the patient record should indicate that information was shared but not disclosed in the record, at the patient's request.

Can I record patient visits on video? Is that sufficient for record keeping?

Denturists who operate video and/or surveillance equipment in their offices must ensure that visitors are aware that they are being recorded through the posting of noticeable signs, particularly in public areas, such as waiting rooms and operatories. The use of video surveillance must take into account the privacy of the patient.

Patient appointments may be recorded upon receipt of explicit consent by the patient. Special precautions must be taken to protect the privacy of video images and no covert surveillance should be conducted. Patient records should be transcribed after each appointment, either in hardcopy or electronically. For more information regarding the use of video surveillance please contact the Information and Privacy Commissioner of Ontario.

Do I have to transfer my old patient charts to a new chart form?

If you start to use a new chart template or form, you may consider transferring existing patient information to the new form to ensure that all of the required information is now being captured. Alternatively, you can start a new chart for an existing patient using the new template and include the old version of the chart as an appendix to the record.

Patient-Related Questions

What are some best practices for sending patient information or documentation electronically?

Registered Denturists should obtain the patient's informed consent before communicating by email and/or sending information electronically, explaining the potential risk of another person's access to information.



I attend a lot of house call appointments and take patient records with me on these appointments. Is there anything special I need to do?

Registered Denturists who transport patient files or information need to take reasonable steps to ensure security of information (e.g. moving from one office to another, bringing patient files home).

If the patient refuses to provide any information about his or her medical history, should I treat this patient?

Denturists must be able to assess the patient's suitability for various treatment options. Refusing to provide information about medical history could put the patient at risk of harm. If there is something in the medical history that the patient does not want disclosed on the record, the Denturist can make note that a disclosure was made but cannot be shared (the information was "lock boxed").

If the patient still refuses to provide this information, the Denturist can refuse treatment.

If we are given fraudulent or incorrect info from a patient, can we be accountable?

Denturists can include a disclaimer on their intake forms that requires patients to provide true, honest, and accurate information and that assessment and treatment will be delivered based on the information that the patient provides. Denturists who receive fraudulent or incorrect information from a patient or on behalf of a patient should immediately note this in the patient record and consult a legal professional for further advice.

What are my mandatory reporting obligations to report any type of abuse to authorities when the patient has shared information they do not wish to be disclosed (i.e. "lock boxed").

If the patient is under the age of 18, the Child and Family Services Act (CFSA) could apply and permit the Denturist to report to the police. However, that will only be triggered if the abuser is the child's parent.

If the CFSA does not apply, the Denturist must comply with the *Personal Health Information Protection Act, 2004* (PHIPA).

If the Denturist believes that the disclosure to the police or parents is necessary to eliminate or reduce a significant risk of serious bodily harm to the patient, then he/she will not be breaching PHIPA. This is in light of s. 40(1) of PHIPA which states the following:

40. (1) A health information custodian may disclose personal health information about an individual if the custodian believes on reasonable grounds that the disclosure is necessary for the purpose of eliminating or reducing a significant risk of serious bodily harm to a person or group of persons. 2004, c. 3, Sched. A, s. 40 (1).



We strongly suggest that the Denturist consult with legal counsel to see if they have the requisite belief in order to justify the disclosure.

If the patient has capacity (as set out in the Health Care Consent Act) they are authorized to provide instructions as to who can and cannot access their personal health information.

The “lock box” provision normally speaks to sharing personal health information with other health care providers. For example, a health care provider is permitted to share personal health information with health care providers who are within the circle of care. Express consent is not required for this disclosure. However, the “lock box” provision allows the patient to withhold or withdraw consent or may prohibit or place conditions on the disclosure.

According to PHIPA, once a patient says the personal health information is to go in the lock box, it must remain there unless:

- The patient changes their mind and advises the Denturist; and/or
- The Denturist believes on reasonable and probable grounds that the disclosure is necessary for the purpose of eliminating or reducing a significant risk of serious bodily harm to a person or group of persons.

The Denturist should still record the information provided to them by the patient. If using paper files, the information can be kept separately and securely away from the main chart with clear indications that part of the record has been removed under the lock-box provision.

The Denturist may wish to ask the patient if they are still intent on keeping this information confidential. If they change their mind, this will permit the Denturist to disclose the information. The Denturist will likely want to provide the patient with resources so that they can obtain help.

What do I do if a patient record goes missing?

If personal health information has been stolen or lost or if it has been used or disclosed without authority (this includes the unauthorized viewing of health records):

- The health information custodian must notify the individual about whom the information relates at the first reasonable opportunity. The notice has to inform the individual that he or she is entitled to make a complaint to the Information and Privacy Commissioner of Ontario.
- As of October 1, 2017, health information custodians will also have to notify the Information and Privacy Commissioner directly of certain privacy breaches.
- An agent that handled the information must notify the responsible health information custodian at the first reasonable opportunity.

Health information custodians have additional reporting obligations to regulatory Colleges (which include the Colleges under the Regulated Health Professions Act, 1991 and the Ontario College of Social Workers and Social Service Workers) if the custodian takes disciplinary action against a member



of a College for the unauthorized collection, use, disclosure, retention or disposal of personal health information.

For more information, please review the [Standard of Practice: Confidentiality & Privacy](#) and the [Guide to the Standard of Practice: Confidentiality & Privacy](#) for more information.

Multi-Disciplinary Practices:

Who do the charts belong to if a Denturist works for a dentist office as an associate?

Health professionals have different levels of responsibility depending on whether they are the health information custodian or an agent. If you are a regulated health professional or you operate a group practice, and you have custody and control of personal health information in connection with your duties, then you are a health information custodian for purposes of the *Personal Health Information Protection Act* (PHIPA).

However, even if you fall under the definition of a health information custodian, if you work for or on behalf of another custodian (such as another regulated health professional, a group practice, or a hospital), then you are considered to be an agent of that health information custodian.

A health information custodian is ultimately responsible for the personal health information in their custody or control, but may permit an agent to collect, use, disclose, retain, or dispose of the information if certain requirements are met.

For more information, please review the [Standard of Practice: Confidentiality & Privacy](#) and the [Guide to the Standard of Practice: Confidentiality & Privacy](#) for more information.



Appendix

List of Revisions

Date	Revision
March 8, 2024	Updated template style guide, new headers, table of contents added. Approval of final draft by Council.
November 1, 2019	First draft approval by the Quality Assurance Committee.



BRIEFING NOTE

To: **Council**

From: **Elaine Lew, Manager of Qualifying Examinations and Registration
Roderick Tom-Ying, Registrar and CEO**

Date: **March 8, 2024**

Subject: **Creation of Deputy Chief Examiner Role**

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 hosts its Qualifying Examinations twice a year to ensure a smooth, orderly, and defensible examination process. The creation of a Deputy Chief Examiner position, who will assist the Chief Examiner in overseeing the administration of each examination, must be conducted in a transparent and fair manner to ensure integrity in Council's decision for appointment. The creation of the position and policy rationale is documented below.

Background

At its December 8, 2023, meeting, Council adopted a motion to approve the appointment of a Chief Examiner on recommendation from the Selection Committee. As part of the Selection Committee's discussion, first in 2020 and again in 2023, the merits of a Deputy Chief Examiner position were discussed. The recommendation from the Selection Committee to Council was discussed by Council on December 8th and Council endorsed the recommendation to create a Deputy Chief Examiner position. This new role would support the Chief Examiner and reduce succession planning risks.

College Staff were formally tasked by Council to explore the creation of the Deputy Chief Examiner role. The eventual recruitment and selection for a Deputy Chief Examiner would mirror that of the Chief Examiner – a formalized process of appointing a Selection Committee, creation of interview questions, a scoring matrix, and conducting one-on-one interviews. The Selection Committee would then recommend a sole candidate for Council's consideration.

Recommendations - Role & Responsibilities

- Similar Roles and Responsibilities as Chief Examiner but encompasses a supporting role to the Chief Examiner.
- The Chief Examiner will retain the final decision-making authority. The Chief Examiner must formally consider the Deputy Chief Examiner's perspectives, thoughts, and guidance on any examination related matter before rendering their decision.
- Prepared to serve as Acting Chief Examiner in instances where the Chief Examiner is unable to fulfil their duties due to incapacitation, medical emergencies, scheduling conflicts, personal emergencies, etc.
- Support the Chief Examiner and College Staff in the preparation and execution of the examination including OSCE Examiner Selection Process and any post-examination related activities.

Recommendations – CDO Representatives on a National Level

- Formalize the role of the Chief Examiner and Deputy Chief Examiner as CDO's representatives in the national item-writing workshops and process.
- Formalize the role of the Chief Examiner and Deputy Chief Examiner as CDO's representatives in the creation of the Multi-Jurisdictional OSCE examination.

Recommendations - Position Requirements

1. **Application requirement** - The applicant must have been a Registered Denturist in a Canadian jurisdiction in the general, active class, or equivalent, for at least 5 years.
 - Chief Examiner recruitment specifies a 10-year requirement.
2. **Remuneration**
 - During examination days: a full day honorarium rate of \$400, or \$200 for half day rate for each examination day. Identical to Chief Examiner and Examination Assessor rates.
 - For meetings or teleconferences related to duties as a Deputy Chief Examiner: a full day honorarium rate of \$200, or \$100 for half day rate for each day of. Represents half of the Chief Examiner rates.
 - For meetings or teleconferences related to national item-writing and all other meetings: a full day honorarium rate of \$150, or \$75 for half day rate for each day of. Identical to Chief Examiner and Council/Committee Member rates.

For Council's Discussions – Succession Planning

- What role does the Deputy Chief Examiner play in succession planning for the Chief Examiner?
- Does the Deputy Chief Examiner automatically become the Chief Examiner in a vacancy situation?
- Does Council decide who will replace the Chief Examiner – either through an open recruitment process or appointment of the current Deputy Chief Examiner?

Option 1: Council reserves the right to decide whether to appoint the Deputy Chief Examiner to the Chief Examiner role or open it up for recruitment at the time a vacancy situation exists.

- Leading up to Council's decision, Council or a Selection Committee could conduct a performance review e.g. performance assessment survey, interview Chief Examiner, Third-Party Psychometrician, Exam Assessors, Standardized Patient Program, College Staff etc. Selection Committee could recommend to Council an appointment or open recruitment.
- Council could implement a performance assessment process after 3 exams or every 1.5 years for both the Chief Examiner and Deputy Chief Examiner.
- This process could avoid the lengthy and demanding interview process for other candidates if Council or the Selection Committee believes the Deputy Chief Examiner, through an objective evaluation process, is the best candidate for the Chief Examiner role to begin with.
- Should Council open the recruitment process for the vacant Chief Examiner role and not appoint the Deputy Chief Examiner, there is inherent risk that the Deputy Chief Examiner may vacate their position as well, leaving two vacancies at a given time.
- Council could take into consideration the current terms served by both the Deputy and the Chief Examiner to determine next steps in succession planning. Council could reserve the right to make personnel decisions to avoid lengthy terms served by any incumbent as to avoid any perception of favouritism of incumbents and increase opportunities to serve in exam leadership positions.

Option 2: The Deputy Chief Examiner becomes the next Chief Examiner should the position be vacant.

- When a vacancy situation exists for the Chief Examiner e.g. retirement, performance assessment driven change, etc., the Deputy Chief Examiner becomes the Chief Examiner. As their performance have been reviewed on a regular basis, Council theoretically does not have any expected performance concerns in the Deputy's fulfilling of the Chief Examiner role.

- Through an implemented performance assessment process that occurs after 3 exams or every 1.5 years for both the Chief Examiner and Deputy Chief Examiner, Council or the Selection Committee would continually review their respective performance. Council would continually have the authority to make personnel changes regardless of when a vacancy scenario may occur.
- Should this process be enacted, the recruitment of the Chief Examiner role may cease to exist, unless Council has reservations about the performance of the Deputy Chief Examiner but did not take action during the performance assessment process prior to the vacancy of the Chief Examiner.
- The recruitment process for the Deputy Chief Examiner role would be significantly more competitive as essentially, they would be the presumptive Chief Examiner whenever a vacancy exists.
- This would promote strong continuity and stability in the examination process through a lengthy term. E.g. a candidate serves in the Deputy role for 3-6 years (1-2 terms) before appointment as the Chief Examiner for another 3-6 years.
- Counter point: appearance that the recruitment process favours incumbents and that changes in leadership roles occur infrequently e.g. 3 years minimum, up to 6+ years. In a situation where the Deputy serves 2 terms (6 years), and then becomes the Chief Examiner for 1-2 terms, the candidate could serve in a combined examination leadership role for 3-12 years.
 - i. While term limits (e.g. 2 term limit or 6 years max) could be implemented – it would not counteract this situation as a candidate could serve 2 terms as Deputy and 2 terms as Chief Examiner (12 years combined).
 - ii. Lower term lengths e.g. 2-year terms instead of the current 3-year terms would significantly increase the administrative process for recruiting, interviewing, and appointing roles including the potential implementation of a performance assessment process. There would be less time spent on the administration, improvement of the examination process, development of the multi-jurisdictional OSCE exam, and more time spent on the recruitment and assessment of exam personnel.
- The College could implement staggered terms between the Deputy Chief Examiner and the Chief Examiner. Should personnel changes occur mid terms, the staggered timelines would be off and create a complicated situation. The policy rationale behind staggered term limits would require a candidate for the Deputy Chief Examiner to change e.g. term out, before a vacancy situation could occur. This would defeat the succession purposes of the Deputy position.

Option 3: Other – Council could decide a combination of options to implement or docket for further discussion.

Recruitment Process

Council will form a Selection Committee to recruit a Deputy Chief Examiner.

The Selection Committee will be responsible for the following:

- Determine the interview format including the length, time, location and method, i.e. electronic, teleconference, in-person
- Determine the scoring matrix for candidates
- Determine the interview questions
- Determine the number of candidates to interview
- Conduct the interviews with prospective candidates
- Recommend to Council a candidate for appointment

Selection Committee Composition

Selected applicants will be interviewed by the Selection Committee composed of the following:

- Current Chair of the Qualifying Examination Committee
- Public Member of the Qualifying Examination Committee
- Senior Qualifying Examination Assessor
- Public Member of Council
- Professional Member of Council

College Staff will assist the Selection Committee with the administration of the interview process including liaising with the Committee and potential candidates, booking interview dates/times, assisting with and facilitating committee meetings, and corresponding with candidates on behalf of the Committee.

The Selection Committee will interview prospective candidates and recommend to Council a candidate for appointment as the Deputy Chief Examiner.

Risk Consideration

Due to the high-stakes environment and nature of the Qualifying Examinations, and in consideration of the roles and responsibilities of the Chief Examiner, a significant operational risk may exist should the Chief Examiner be unable to fulfill their role prior to, during, or after an exam administration. This, however, has not materialized since the implementation of the OSCE examination in 2015. A Deputy Chief Examiner would mitigate further operational risk by having a second person knowledgeable and capable of conducting such duties.

There is potential material risk should the College not have a succession plan or back up plan in place in the event the appointed Chief Examiner is unavailable, incapacitated, or unable to fulfil their duties. In the event of an emergency, College Examination Staff would currently call upon a senior examination assessor to fill the role on an emergency interim basis. The current roster of examination assessors has significant experience in the administration of the examination and has the operational knowledge and depth to backfill the role. The appointment of a deputy Chief Examiner would serve to mitigate this risk by formalizing a back up role and act as an opportunity for succession planning.

Options

Council is asked to approve to the following:

1. The Roles and Responsibilities & Selection Process Documents for the Deputy Chief Examiner.
2. Approve the creation of the Deputy Chief Examiner position (after agreement on succession planning process).
3. Form a Selection Committee to open recruitment.
4. Other

After consideration of these matters, Council may:

Suggested Motion 1 – That Council approves the Roles and Responsibilities and Selection Process documents for the Deputy Chief Examiner as amended.

Suggested Motion 2 – That Council approves the creation of the Deputy Chief Examiner Position.

Suggested Motion 3 – That Council approves the creation of the Selection Committee and to open recruitment for the Deputy Chief Examiner.

Attachments

1. Deputy Chief Examiner Roles and Responsibilities
2. Deputy Chief Examiner Selection Process



DEPUTY CHIEF EXAMINER

Pro-rated 3-Year Term

Position Overview

The Deputy Chief Examiner oversees the Qualifying Examination to ensure that each candidate is afforded a fair and optimal standardized assessment, and that the examination is valid, objective, and defensible. The College of Denturists of Ontario is currently seeking applicants for the Deputy Chief Examiner role.

ROLE AND RESPONSIBILITIES

1. Is familiar with all examination policies, procedures, and protocols.
2. Assists and supports the Chief Examiner with all aspects of the examination process.
3. Participate, lead, and/or supervise item writing working groups throughout the year.
4. Establish and maintain a safe and respectful examination culture that includes attention to expected professional boundaries and ethics.
5. Prepared to serve as an Acting Chief Examiner in instances where the Chief Examiner is unable to fulfil their duties due to incapacitation, medical emergencies, scheduling conflicts, personal emergencies, etc.
6. Support the Chief Examiner in the execution of their duties or any duties as assigned by the Chief Examiner during and prior to the Qualifying Examinations.
7. **Multi-Jurisdictional Multiple Choice Question (MCQ) Examination:**
 - Be on-call along with the Chief Examiner, to monitor and supervise the online examination and is available to assist with any inconsistencies or candidate matters.
8. **Objective Structured Clinical Examination (OSCE):**
 - a) Is familiar with the OSCE cases, materials, and checklists before exam administration.
 - b) Participate in assessor training with attention to:
 - a thorough orientation for all assessors to the requirement for fair, equitable, confidential, safe and consistent treatment of ALL candidates;

- the goals of the examination process;
 - the procedures to be followed during the examination;
 - the process and requirements for recording a candidate's performance; and
 - the process for completing an Incident Report.
- c) Assist in the evaluation of the OSCE assessment process.
- Provide feedback regarding the assessment content, format, procedures, scenarios, ratings, and processes.
9. Support the Chief Examiner on writing the Chief Examiner's Summary Report.
 10. Attend any post-examination analysis meetings following the exam administration.
 11. Lead and participate in the candidate orientation session.
 12. Ensure the protection and security of the examination and examination materials.
 13. Act as one of CDO's formal representatives, along with the Chief Examiner, in national or multi-jurisdictional workshops.
 14. Assist with the creation of the Multi-Jurisdictional OSCE examination.

REQUIREMENTS AND ELIGIBILITY

Desirable

Experience in the development, administration, and oversight of the College Qualifying Examination Process. Such experience may be gained as a member of a College Qualifying Examination Working Group, a Qualifying Examination Assessor, item writing workshops, examination development workshops, or previously serving on Council or its Committees.

Required

The successful candidate will have a strong commitment to transparency, accountability, security, and fairness and an appreciation for and attention to the risk of real or perceived bias in the administration of the College's Qualifying Examination.

At the time of application:

- The applicant must be a dentist registered with the College of Denturists of Ontario;
- The applicant must have been registered in a Canadian jurisdiction in the general, active class, or equivalent, for at least five (5) years;
- The applicant must not be in default of payment of any fees prescribed by the College By-laws;

- The applicant is not in any default of returning any required form or information to the College;
- The applicant must not be the subject of any disciplinary or incapacity proceedings;
- The applicant must not have been the subject of any findings related to professional misconduct, incompetence, or incapacity in the preceding five (5) years;
- The applicant's Certificate of Registration must not have been revoked or suspended in the preceding five (5) years for any reason other than non-payment of fees;
- The applicant's Certificate of Registration is not currently subject to any terms, conditions, or limitations imposed by either the Discipline or Fitness to Practise Committees;
- The applicant does not hold or has not held in the preceding five (5) years, a position, such as director, owner, board member, officer or employee, with any provincial or national Professional Association whose business is directed toward the profession of denturism;
- The applicant is not currently or has not been in the preceding five (5) years involved in teaching denturism in an academic setting or bridging program or the training and/or assessment of professional skills of groups of students or candidates (e.g., professional practice labs, or other small group sessions involving the use of standardized patients, role-playing scenarios or simulations);
- The applicant is not currently or has not been in the preceding five (5) years involved in denturism program curriculum development;
- The applicant is not currently a member of the College Council, the Registration, Qualifying Examination, or Qualifying Examination Appeals Committee;
- The applicant has not been disqualified from Council or a Committee within the preceding five (5) years;
- The applicant is not a member of a council of any other College regulated under the RHPA;
- The applicant is not currently or has not been in the preceding five (5) years an employee of the College; and
- The applicant must not have an immediate family member or a close associate who is likely to be a Qualifying Examination candidate during their appointment as Deputy Chief Examiner.

Expectations

- Access to a vehicle and ability to drive themselves to the CDO Office in Downtown Toronto or examination sites in Hamilton, Ontario.
- Strong familiarity with conducting and hosting online meetings, use of Microsoft Office suite of applications, and comfort with reviewing emails outside of normal business hours.

- During the course of their tenure and for a period of ten (10) years after the completion of service as Deputy Chief Examiner, the successful applicant must agree to refrain from participating in the development, administration, or dissemination of preparatory practice exams, cases or courses or other materials that are specifically designed to prepare candidates for the CDO Qualifying Examination.
- The successful applicant must agree to comply with the confidentiality, security, conflict of interest and code of conduct policies and agreements.
- To assist with the succession planning process of the Chief Examiner role including learning and preparing for the role.
- Selected applicants will be interviewed by the Selection Committee composed of the following:
 - Current Chair of the Qualifying Examination Committee
 - Public Member of the Qualifying Examination Committee
 - Senior Qualifying Examination Assessor
 - Public Member of Council
 - Professional Member of Council

Time Commitment

The Deputy Chief Examiner is a significantly demanding role. Attendance at frequent meetings during business hours or evenings is required.

- Around 1-2 full day in person meetings per quarter or teleconference calls during business hours or weekday evenings.
- Weekend travel once a year to attend a national item-writing workshop (potential).
- Around 2-3 meetings during examination months (February and June of each year).
- Required for 3 full days (Friday, Saturday, Sunday) during examination week, twice per year (each exam administration) in Hamilton, Ontario, or designated city.

Terms and Honoraria

- To serve approximately 6 administrations of the Qualifying Examinations (February and June of each year) ending with the February 2027.
- ***During examination days:*** a full day honorarium rate of \$400, or \$200 for half day rate for each examination day.
- ***For meetings or teleconferences related to duties as a Deputy Chief Examiner:*** a full day honorarium rate of \$200, or \$100 for half day rate for each day of.

- ***For meetings or teleconferences related to national or multi-jurisdictional meetings:***
a full day honorarium rate of \$150, or \$75 for half day rate for each day of.
- All applicable expenses in keeping with the College's honorarium policy, including travel, parking, accommodation, and meals are reimbursed.



Deputy Chief Examiner Selection Process and Timeline

Position Overview

The Deputy Chief Examiner supports the Chief Examiner in overseeing the Qualifying Examination to ensure that each candidate is afforded a fair and optimal standardized assessment, and that the examination is valid, objective, and defensible. The Council of the College of Denturists of Ontario is currently seeking applicants for the Deputy Chief Examiner role.

The selected Deputy Chief Examiner will serve a 3-year term encompassing approximately six administrations of the Qualifying Examination.

Process

The Council of the College of Denturists of Ontario will form a Selection Committee to recruit a Deputy Chief Examiner.

The Selection Committee will be responsible for the following:

- Determine the interview format including the length, time, location and method, i.e. electronic, teleconference, in-person
- Determine the scoring matrix for candidates
- Determine the interview questions
- Determine the number of candidates to interview
- Conduct the interviews with prospective candidates
- Recommend to Council a candidate for appointment

College Staff will assist the Selection Committee with the administration of the interview process including liaising with the Committee and potential candidates, booking interview dates/times, assisting with and facilitating committee meetings, and corresponding with candidates on behalf of the Committee.

The Selection Committee will interview prospective candidates and recommend to Council a candidate for appointment as the Deputy Chief Examiner.

The selected candidate will undergo training that will include shadowing the Chief Examiner during the administration of the Qualifying Examinations including the preparation and lead up to the administration. The training and onboarding provided by College Staff and the incumbent Chief Examiner will be tailored to the successful candidate.

Selection Committee Composition

Selected applicants will be interviewed by the Selection Committee composed of the following:

- Current Chair of the Qualifying Examination Committee
- Public Member of the Qualifying Examination Committee
- Senior Qualifying Examination Assessor
- Public Member of Council
- Professional Member of Council

Succession Planning

While the Deputy Chief Examiner role is intended to support the Chief Examiner and serve in a backup capacity in times where the Chief Examiner is unable to fulfil their duties, the Deputy Chief Examiner will play a part in the succession planning of the Chief Examiner. It is Council's intent that the Deputy Chief Examiner, after successfully undergoing objective evaluation processes of their performance, potentially serve as a candidate for the role of Chief Examiner through appointment by Council.

Throughout the 3-year term, the Deputy Chief Examiner will be expected to learn the role of the Chief Examiner and should be prepared to potentially serve in the role if appointed by Council.

Council reserves the right to determine the assessment process and evaluation framework at that time and may choose to open the Chief Examiner recruitment process rather than appoint the Deputy Chief Examiner directly. Council may delegate the assessment/evaluation process to a Selection Committee who may provide a formal recommendation to Council. Council will balance the intent of the Deputy Chief Examiner role in succession planning processes along with the values of transparency, fairness, and suitability.

Council has the final determination in the recruitment and selection of both the Chief Examiner and Deputy Chief Examiner positions but will take into serious consideration the recommendations from the Selection Committee.



BRIEFING NOTE

To: **Council**

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

Date: **March 8, 2024**

Subject: **2023 CPMF Report and 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.

CPMF Background

The CPMF has been developed by the Ontario Ministry of Health in close collaboration with Ontario's health regulatory Colleges, subject matter experts and the public with the aim of answering the question "how well are Colleges executing their mandate which is to act in the public interest?"

This information will:

1. Strengthen accountability and oversight of Ontario's health regulatory Colleges
2. Help Colleges improve their performance

The CPMF report is generally provided in November of each year and must be submitted to the Ministry by March 31 of each year. The CPMF reporting period is from January 1 to December 31 of each year.

What has changed in 2023?

There are no changes to the CPMF report year over year.

In 2022, eight pieces of evidence have been highlighted within Part 1 of the Reporting Tool as '**Benchmarked Evidence**'. These pieces of evidence were identified as attributes of an excellent regulator, and Colleges should meet, or work towards meeting these benchmarks. If a College does not meet, or partially meets expectations on a benchmark, it is required to provide an improvement plan that includes the steps it will follow, timelines and any barriers to implementing that benchmark. In subsequent CPMF reports, Colleges will be expected to report on their progress in meeting the benchmarked Evidence.

Where a College fully met Evidence in 2022 and 2023, the College may opt to respond with 'Met in 2022 and Continues to Meet in 2023'. In the instances where this is appropriate, this option appears in the dropdown menu. If that option is not there, Colleges are asked to fully respond to the Evidence or Standard. Colleges are also asked to provide additional detail (e.g., page numbers), when linking to, or referencing College documents.

CDO Updated Action Plan

The College has updated the CPMF action items, its plan for completion and a timeline for the proposed action items. The main action items that the CDO must move forward with relate to governance initiatives and have been highlighted in this year's CPMF report as benchmarked evidence. As key benchmarked evidence, the CDO must provide an improvement plan that includes timelines and specify any barriers to implementing that benchmark.

It is important to note that CPMF action items must fit within the operational and strategic initiatives context of the College. Many CPMF action items are either found within the CDO operational plan through departmental work, or listed as strategic projects that the CDO will undertake outside of its day-to-day business. Many items of strategic importance are articulated in the 2023-2025 Strategic Plan.

2023 Completed Items

In the calendar year 2023, the CDO developed and introduced an annual conflict of interest questionnaire and confidentiality declaration that all Council members must complete annually. In addition, the College implemented a conflict-of-interest register that is publicly available as part of every Council and Committee meeting package.

All elements from the newly developed conflict of interest and confidentiality forms are incorporated into an online digital form for all Council and Committee members to complete on an annual basis. The

completion of the declaration questions and forms would then be included as an appendix to each Council or Committee meeting package.

Options

None, for information only.

Attachments

1. CPMF List of Action Items
2. 2023 CPMF Report



College Performance Measurement Framework – Action Items – As of March 8, 2024

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 develop and implement a competency criterion for Council and Committee members.	M	Q2-Q3 2024	In Progress	The Governance Consultant has begun work on developing Council and Committee member competency profiles. First drafts scheduled to be presented to Council for Sept 2024 Council Meeting.
11.1.a.iii	The College enables and supports anyone who raises a concern about a registrant	College Staff to develop voluntary feedback survey for complaints process	M	TBD	In Progress	Staff explored proposal with external consultant in early 2024 to explore feasibility. Staff will continue exploring the development of a feedback process.
1.2.b	The framework includes a third-party assessment of Council effectiveness at a minimum every three years.	Council will engage a third-party assessor to evaluate its effectiveness.	M	Dec 2024 - 2025	In Progress	Council engaged a Governance Consultant who will complete other deliverables, observe Council's performance, before conducting its assessment.



<p>3.3a. 3.3b.</p>	<p>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).</p> <p>The College conducts Equity Impact Assessments to ensure that decisions are fair and that a policy, or program, or process is not discriminatory.</p>	<p>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.</p>	<p>M</p>	<p>Ongoing</p>	<p>In Progress</p>	<p>Council engaged the services of CCDI to deliver DEI training sessions throughout 2022 and 2023.</p> <p>DEI constitutes one of the key priorities as articulated in the CDO's 2023-2025 Strategic Plan</p> <p>Awaiting direction from HPRO's DEI working group and Executive Committee on the progress of this joint regulatory initiative.</p>
<p>4.1.c.i</p>	<p>Council regularly reviews and updates written operational policies</p>	<p>Council to develop a Human Resource and Professional Development Framework or Policy</p>	<p>M</p>	<p>TBD</p>	<p>In Project Docket</p>	<p>Staff to work with legal counsel to develop policy.</p>
<p>2.1</p>	<p>The College Council has a Code of Conduct and Conflict of Interest policy that is reviewed at least every three years</p>	<p>Council will review its Code of Conduct and Conflict of Interest Policy with DEI lens</p>	<p>M</p>	<p>TBD</p>	<p>In Project Docket</p>	<p>Council to review Code of Conduct and Conflict of Interest Policy with DEI lens.</p>
<p>7.15.1.b</p>	<p>Council uses performance and risk information to regularly assess the College's progress against stated strategic objectives and regulatory outcomes.</p>	<p>The College will be developing a risk register to identify internal and external risks that may impact strategic objectives and regulatory outcomes.</p>	<p>M</p>	<p>TBD</p>	<p>In Project Docket</p>	<p>College Staff to explore the creation of a risk register.</p>
<p>1.2.1.c</p>	<p>The College has a conflict of interest questionnaire that all Council members must complete annually.</p>	<p>Council will develop and introduce a conflict of interest questionnaire that can be utilized for Council and Committee meetings.</p>	<p>M</p>	<p>2023</p>	<p>Completed</p>	<p>Legal has drafted a Conflict-of-Interest Questionnaire for Consideration by Council at its June 2023 Meeting (after elections)</p>



1.2.a.i,ii	Council has developed and implemented a framework to regularly evaluate the effectiveness of Council meetings and Council.	Council will develop a framework for regularly evaluating the effectiveness of Council and its meetings.	M	2022	Completed	Council reviews the feedback survey and comments received at each Council meeting. A post-Council feedback survey is sent to all Council members following each Council meeting.
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 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.	H	Instituted September 2021	Completed	College 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 acts as Council or discusses/deliberates on matters or materials that will be brought forward to or affect Council; and if decisions will be ratified by Council.	In the 2021 reporting period, the College will provide information regarding Executive Meetings, including the meeting date, rationale for the meeting, a report on discussions and decisions when the Committee acts as Council or discusses/deliberates on matter or materials that will be brought forward to Council, and if decisions will be ratified by Council.	M	Instituted December 2021	Completed	College Staff to Post Summary Information on Website



4.8.1.a	The College has and uses policies and processes to govern the collection, use, disclosure, and protection of information that is of a personal (both health and non-health) or sensitive nature that it holds	College staff will draft policies for the privacy of personal information and privacy breaches. They will be reviewed by Council during the 2021 reporting period.	M	2022	Completed	Council approved the CDO's Personal Information and Privacy Policy at its December 9, 2022 meeting with immediate implementation.
7.15.1.a	Outline the College's KPI's, including a clear rationale for why each is important.	<p>In the next reporting cycle, the College will investigate KPIs that reflect specific performance targets and risks. For example, establishing benchmark timelines for processing registration, quality assurance and complaint files.</p> <p>Council considers feedback surveys (Council meetings, webinars, peer & practice assessments, peer circles etc.) and consultation reports to inform performance targets and identify risks. This information will be utilized to inform formal KPI development during the upcoming reporting period.</p>	M	To be completed in conjunction with Strategic Planning	Completed and Ongoing	<p>CDO Council developed and regularly reviews KPIs against its 2017-2020 Strategic Plan.</p> <p>CDO Council to conduct strategic planning workshop in 2023 to develop a 2-year strategic plan to include KPIs</p>

College Performance Measurement Framework (CPMF) Reporting Tool

Reporting Year: January 2023 – December 2023

December – 2023

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Introduction

The College Performance Measurement Framework (CPMF)

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

1. Strengthen accountability and oversight of Ontario’s health regulatory Colleges;
2. Help Colleges improve their performance;

Each College will report on seven Domains with the support of six components, as illustrated in Table 1.

Table 1: CPMF Measurement Domains and Components

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

CPMF Model

The seven measurement domains shown in Figure 1 are the critical attributes that contribute to a College effectively serving and protecting the public interest. They relate to key statutory functions and organizational aspects that enable a College to carry out its functions well. The seven domains are interdependent and together lead to the outcomes that a College is expected to achieve as an excellent regulator. The fourteen Standards within the seven measurement domains are listed in Figure 2.

Figure 1: CPMF Model for Measuring Regulatory Excellence

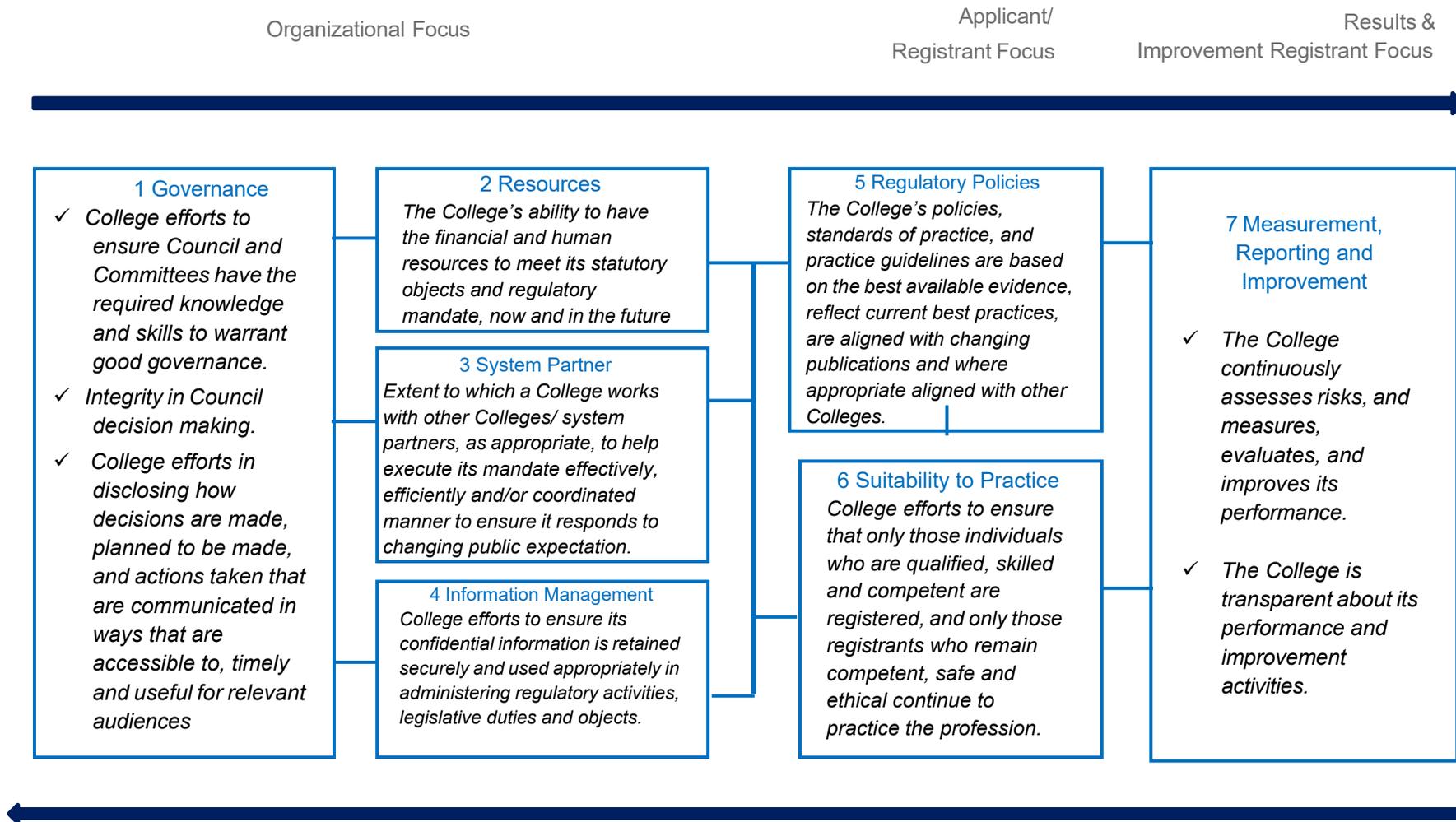


Figure 2: CPMF Domains and Standards

Domains	Standards
Governance	1. Council and statutory committee members have the knowledge, skills, and commitment needed to effectively execute their fiduciary role and responsibilities pertaining to the mandate of the College.
	2. Council decisions are made in the public interest.
	3. The College acts to foster public trust through transparency about decisions made and actions taken.
Resources	4. The College is a responsible steward of its (financial and human) resources.
System Partner	5. The College actively engages with other health regulatory Colleges and system partners to align oversight of the practice of the profession and support execution of its mandate.
	6. The College maintains cooperative and collaborative relationships responds in a timely and effective manner to changing public expectations.
Information Management	7. Information collected by the College is protected from unauthorized disclosure.
Regulatory Policies	8. Policies, standards of practice, and practice guidelines are based in the best available evidence, reflect current best practices, are aligned with changing public expectations, and where appropriate aligned with other Colleges.
Suitability to Practice	9. The College has processes and procedures in place to assess the competency, safety, and ethics of the people it registers.
	10. The College ensures the continued competence of all active registrants through its Quality Assurance processes. This includes an assessment of their competency, professionalism, ethical practice, and quality of care.
	11. The complaints process is accessible and supportive.
	12. All complaints, reports, and investigations are prioritized based on public risk, and conducted in a timely manner with necessary actions to protect the public.
	13. The College complaints process is coordinated and integrated.
Measurement, Reporting and Improvement	14. The College monitors, reports on, and improves its performance.

The CPMF Reporting Tool

The College Performance Measurement Framework (CPMF) continues to serve as a cornerstone for regulatory transparency and excellence. In the fourth iteration, the CPMF will help provide the public, the Ministry of Health, and other stakeholders with critical insights into the activities and processes of health regulatory Colleges.

For the 2023 reporting cycle, the focus remains on fostering an environment of continuous improvement. The information gathered through the CPMF Reporting Tool is intended to spotlight areas for enhancement, prompting closer attention and potential follow-up actions. As in the past, the Ministry will not assess whether Colleges meet or do not meet the Standards in the CPMF. The outcomes of the reporting will continue to facilitate meaningful dialogue on performance improvement among College staff and Council members and between Colleges and their broader communities, including the public, the Ministry, members, and other stakeholders.

In alignment with its commitment to transparency and collective advancement, the Ministry will develop a Summary Report which will underscore the commendable practices already established by Colleges, collective strengths, and areas for improvement. The Summary Report will emphasize the overall performance of the health regulatory system rather than individual Colleges, highlighting opportunities for mutual learning and growth.

The ministry's Summary Report will be posted in English and French and weblinks to the report will be shared with the Colleges once it is published.

Completing the CPMF Reporting Tool

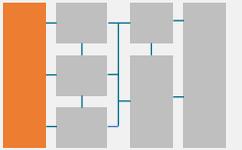
While the CPMF Reporting Tool seeks to clarify the information requested, it is not intended to direct College activities and processes or restrict the way a College fulfills its fiduciary duties. Where a term or concept is not explicitly defined in the CPMF Reporting Tool, the ministry relies on individual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

In the spirit of continuous improvement, if the College plans to improve its actions or processes related to a respective Measure or Evidence, it is encouraged to highlight these planned activities and progress made on commitments from previous years.

There are eight pieces of Evidence highlighted within Part 1 of the Reporting Tool as 'Benchmarked Evidence'. These pieces of evidence were identified as attributes of an excellent regulator, and Colleges should meet, or work towards meeting these benchmarks. If a College does not meet, or partially meets expectations on a benchmark, it is required to provide an improvement plan that includes the steps it will follow, timelines and any barriers to implementing that benchmark. This year Colleges should report on their progress in meeting the benchmarked Evidence.

Where a College fully met Evidence in 2022 and 2023, the College may opt to respond with 'Met in 2022 and Continues to Meet in 2023'. In the instances where this is appropriate, this option appears in the dropdown menu. If that option is not there, Colleges are asked to fully respond to the Evidence or Standard. Colleges are also asked to provide additional detail (e.g., page numbers), when linking to or referencing College documents.

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.	
		Required Evidence	College Response
DOMAIN 1: GOVERNANCE	STANDARD 1	a. Professional members are eligible to stand for election to Council only after:	The College fulfills this requirement:
		i. meeting pre-defined competency and suitability criteria; and <hr style="border: 1px solid #0070C0;"/> <p style="text-align: center; color: #0070C0;"><i>Benchmarked Evidence</i></p> <hr style="border: 1px solid #0070C0;"/>	Choose an item. <ul style="list-style-type: none"> The competency and suitability criteria are public: Choose an item. <i>If yes, please insert a link and indicate the page number where they can be found; if not, please list criteria.</i>
		<i>If the response is “partially” or “no”, describe the College’s plan to fully implement this measure. Outline the steps (i.e., drafting policies, consulting stakeholders, or reviewing/revising existing policies or procedures, etc.) the College will be taking, expected timelines and any barriers to implementation.</i>	

		<p>ii. attending an orientation training about the College’s mandate and expectations pertaining to the member’s role and responsibilities.</p>	<p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> • 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 and indicate the page number if training topics are public OR list orientation training topics. 	<p>Choose an item.</p>	
		<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p>		<p>Choose an item.</p>	
		<p><i>Additional comments for clarification (optional):</i></p>			
		<p><i>(This row is currently empty in the image)</i></p>			
		<p>b. Statutory Committee candidates have:</p> <p style="padding-left: 20px;">i. Met pre-defined competency and suitability criteria; and</p> <hr style="border: 1px solid #0070C0; margin: 10px 0;"/> <p style="text-align: center; color: #0070C0;"><i>Benchmarked Evidence</i></p> <hr style="border: 1px solid #0070C0; margin: 10px 0;"/>	<p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> • The competency and suitability criteria are public: Choose an item. • <i>If yes, please insert a link and indicate the page number where they can be found; if not, please list criteria.</i> 	<p>Choose an item.</p>	
		<p><i>(This row is currently empty in the image)</i></p>			

			<p><i>If the response is “partially” or “no”, describe the College’s plan to fully implement this measure. Outline the steps (i.e., drafting policies, consulting stakeholders, or reviewing/revising existing policies or procedures, etc.) the College will be taking, expected timelines and any barriers to implementation.</i></p>								
		<p>ii. attended an orientation training about the mandate of the Committee and expectations pertaining to a member’s role and responsibilities.</p>	<table border="1"> <tr> <td data-bbox="776 516 2196 570">The College fulfills this requirement:</td> <td data-bbox="2196 516 2612 570">Choose an item.</td> </tr> <tr> <td colspan="2" data-bbox="776 570 2612 1084"> <ul style="list-style-type: none"> • 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 and indicate the page number if training topics are public OR list orientation training topics for Statutory Committee. </td> </tr> <tr> <td data-bbox="776 1084 2196 1138"> <p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p> </td> <td data-bbox="2196 1084 2612 1138">Choose an item.</td> </tr> <tr> <td colspan="2" data-bbox="776 1138 2612 1395"> <p><i>Additional comments for clarification (optional):</i></p> </td> </tr> </table>	The College fulfills this requirement:	Choose an item.	<ul style="list-style-type: none"> • 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 and indicate the page number if training topics are public OR list orientation training topics for Statutory Committee. 		<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p>	Choose an item.	<p><i>Additional comments for clarification (optional):</i></p>	
The College fulfills this requirement:	Choose an item.										
<ul style="list-style-type: none"> • 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 and indicate the page number if training topics are public OR list orientation training topics for Statutory Committee. 											
<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p>	Choose an item.										
<p><i>Additional comments for clarification (optional):</i></p>											

		<p>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.</p>	<p>The College fulfills this requirement:</p>	<p>Choose an item.</p>
			<ul style="list-style-type: none"> 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 and indicate the page number if training topics are public OR list orientation training topics. 	
			<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p>	
			<p><i>Additional comments for clarification (optional):</i></p>	

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: <ul style="list-style-type: none"> i. Council meetings; and ii. Council. 	The College fulfills this requirement: <table border="1" style="width: 100%; margin-top: 5px;"> <tr> <td style="width: 80%;"></td> <td style="width: 20%; text-align: center;">Choose an item.</td> </tr> </table> <ul style="list-style-type: none"> • Please provide the year when Framework was developed OR last updated. • Please insert a link to Framework OR link to Council meeting materials and indicate the page number where the Framework is found and was approved. • Evaluation and assessment results are discussed at public Council meeting: Choose an item. • <i>If yes, please insert a link to the last Council meeting and indicate the page number where the most recent evaluation results have been presented and discussed.</i> 		Choose an item.
		Choose an item.	
	<i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?</i>	Choose an item.	
<i>Additional comments for clarification (optional)</i>			

		<p>b. The framework includes a third-party assessment of Council effectiveness at a minimum every three years.</p>	<p>The College fulfills this requirement:</p>	<p>Choose an item.</p>	
			<ul style="list-style-type: none"> • Has a third party been engaged by the College for evaluation of Council effectiveness? Choose an item. • <i>If yes, how often do they occur?</i> • Please indicate the year of last third-party evaluation. 		
			<p><i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?</i></p>		<p>Choose an item.</p>
<p><i>Additional comments for clarification (optional)</i></p>					

		<p>c. Ongoing training provided to Council and Committee members has been informed by:</p> <p>i. the outcome of relevant evaluation(s);</p> <p>ii. the needs identified by Council and Committee members; and/or</p>	<p>The College fulfills this requirement:</p>	<p>Choose an item.</p>
			<ul style="list-style-type: none"> • Please insert a link to documents outlining how outcome evaluations have informed Council and Committee training and indicate the page numbers. • Please insert a link to Council meeting materials and indicate the page number where this information is found OR • Please briefly describe how this has been done for the training provided <u>over the last calendar year</u>. 	
			<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p>	
<p><i>Additional comments for clarification (optional):</i></p>				

		<p>iii. evolving public expectations including risk management and Diversity, Equity, and Inclusion.</p> <p><u>Further clarification:</u></p> <p>Colleges are encouraged to define public expectations based on input from the public, their members, and stakeholders.</p> <p>Risk management is essential to effective oversight since internal and external risks may impact the ability of Council to fulfill its mandate.</p>	<p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> • Please insert a link to documents outlining how evolving public expectations have informed Council and Committee training and indicate the page numbers. • Please insert a link to Council meeting materials and indicate the page number where this information is found OR • Please briefly describe how this has been done for the training provided <u>over the last calendar year</u>. 	<p>Choose an item.</p>
		<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p>		<p>Choose an item.</p>
		<p><i>Additional comments for clarification (optional):</i></p>		

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	
		<p>a. The College Council has a Code of Conduct and ‘Conflict of Interest’ policy that is:</p> <p style="padding-left: 20px;">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</p> <p><u>Further clarification:</u></p> <p>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.</p>	<p>The College fulfills this requirement:</p>	Choose an item.
			<ul style="list-style-type: none"> Please provide the year when the 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 last review. 	
			<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p>	
<p><i>Additional comments for clarification (optional)</i></p>				

	ii. accessible to the public.	The College fulfills this requirement:	Choose an item.
		<ul style="list-style-type: none"> Please insert a link to the Council Code of Conduct and 'Conflict of Interest' Policy OR Council meeting materials where the policy is found and was last discussed and approved and indicate the page number. 	
		<i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?</i>	Choose an item.
		<i>Additional comments for clarification (optional)</i>	
	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). <u>Further clarification:</u> Colleges may provide additional methods not listed here by which they meet the evidence.	The College fulfills this requirement:	Choose an item.
		<ul style="list-style-type: none"> Cooling off period is enforced through: Choose an item. 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? <ul style="list-style-type: none"> – Insert a link to policy / document specifying the cooling off period, including circumstances where it is enforced and indicate the page number; – Insert a link to Council meeting where cooling off period has been discussed and decided upon and indicate the page number; OR – Where not publicly available, please briefly describe the cooling off policy. 	

			<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p>	<p>Choose an item.</p>
		<p><i>Additional comments for clarification (optional)</i></p>		
		<p>c. The College has a conflict-of-interest questionnaire that all Council members must complete annually. <u>Additionally:</u></p> <ul style="list-style-type: none"> i. the _____ completed questionnaires are included as an appendix to each Council meeting package; ii. questionnaires include definitions of conflict of interest; iii. questionnaires include questions based on areas of risk for conflict of interest identified by Council that are specific to the profession and/or College; and iv. at the beginning of each Council meeting, members must declare any updates to their responses and any conflict of interest <u>specific to the meeting agenda.</u> 	<p>The College fulfills this requirement:</p>	<p>Choose an item.</p>
		<ul style="list-style-type: none"> • Please provide the year when conflict of interest the questionnaire was implemented OR last evaluated/updated. • 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: Choose an item. • Please insert a link to the most recent Council meeting materials that includes the questionnaire and indicate the page number. 		
		<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p>		
		<p><i>Additional comments for clarification (optional)</i></p>		

		<p>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).</p>	<p>The College fulfills this requirement:</p>	<p>Choose an item.</p>	
			<ul style="list-style-type: none">• 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 and indicate the page number.		
			<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p>		<p>Choose an item.</p>
			<p><i>Additional comments for clarification (if needed)</i></p>		

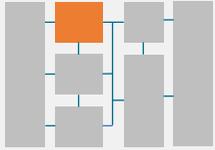
		<p>e. The College has and regularly reviews a formal approach to identify, assess, and manage internal and external risks. This approach is integrated into the College’s strategic planning and operations.</p> <p><u>Further clarification:</u> Formal approach refers to the documented method or which a College undertakes to identify, assess, and manage risk. This method or process should be regularly reviewed and appropriate.</p> <p>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.</p> <p>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.</p>	The College fulfills this requirement:	Choose an item.	
			<ul style="list-style-type: none"> • Please provide the year that 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 and indicate page number. 		
			<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p>		Choose an item.
			<p><i>Additional comments for clarification (if needed)</i></p>		

		<p>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).</p> <ul style="list-style-type: none"> i. the meeting date; ii. the rationale for the meeting; iii. a report on discussions and decisions when Executive Committee acts as Council or discusses/deliberates on matters or materials that will be brought forward to or affect Council; and iv. if decisions will be ratified by Council. 	<p>The College fulfills this requirement:</p>	<p>Choose an item.</p>	
			<ul style="list-style-type: none"> • Please insert a link to the webpage where Executive Committee minutes/meeting information are posted. 		
			<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p>		<p>Choose an item.</p>
			<p><i>Additional comments for clarification (optional)</i></p>		

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: Choose an item.
	<ul style="list-style-type: none"> Please insert a link to where past Council meeting materials can be accessed OR where the process for requesting these materials is clearly posted.
	<i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?</i> Choose an item. <i>Additional comments for clarification (optional)</i>
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: Choose an item.
	<ul style="list-style-type: none"> Please insert a link to the College's Notice of Discipline Hearings.

		<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p>	<p>Choose an item.</p>
		<p><i>Additional comments for clarification (optional)</i></p>	
<p>Measure: 3.3 The College has a Diversity, Equity, and Inclusion (DEI) Plan.</p>			
		<p>Required Evidence</p>	<p>College Response</p>
		<p>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).</p>	<p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> • 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 and indicate page number.
		<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p>	<p>Choose an item.</p>
		<p><i>Additional comments for clarification (optional)</i></p>	

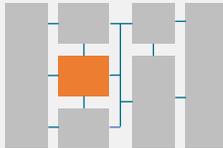
		<p>b. The College conducts Equity Impact Assessments to ensure that decisions are fair and that a policy, or program, or process is not discriminatory.</p> <p><u>Further clarification:</u></p> <p>Colleges are best placed to determine how best to report on an Evidence. There are several Equity Impact 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.</p>	<p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> • Please insert a link to the Equity Impact Assessments conducted by the College and indicate the page number 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. 	Choose an item.
			<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p>	Choose an item.
			<p><i>Additional comments for clarification (optional)</i></p>	

		<p>Measure: 4.1 The College demonstrates responsible stewardship of its financial and human resources in achieving its statutory objectives and regulatory mandate.</p>	
<p style="writing-mode: vertical-rl; transform: rotate(180deg);">DOMAIN 2: RESOURCES</p>	<p style="writing-mode: vertical-rl; transform: rotate(180deg);">STANDARD 4</p>	<p>Required Evidence</p>	<p>College Response</p>
		<p>a. The College identifies activities and/or projects that support its strategic plan including how resources have been allocated.</p> <p><u>Further clarification:</u> A College’s strategic plan and budget should be designed to complement and support each other. To that end, budget allocation should depend on the activities or programs a College undertakes or identifies to achieve its goals. To do this, a College should have estimated the costs of each activity or program and the budget should be allocated accordingly.</p>	<p>The College fulfills this requirement:</p> <div style="border: 1px solid black; padding: 5px;"> <p style="text-align: right;">Choose an item.</p> <ul style="list-style-type: none"> Please insert a link to Council meeting materials that include discussions about activities or projects to support the strategic plan AND a link to the most recent approved budget and indicate the page number. Please briefly describe how resources were allocated to activities/projects in support of the strategic plan. </div>
			<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p> <div style="border: 1px solid black; padding: 5px;"> <p style="text-align: right;">Choose an item.</p> </div>
			<p><i>Additional comments for clarification (optional)</i></p>

		<p>b. The College:</p> <p>i. has a “financial reserve policy” that sets out the level of reserves the College needs to build and maintain in order to meet its legislative requirements in case there are unexpected expenses and/or a reduction in revenue and</p> <p>ii. possesses the level of reserve set out in its “financial reserve policy”.</p>	<p>The College fulfills this requirement:</p>	<p>Choose an item.</p>
			<ul style="list-style-type: none"> • Please insert a link to the “financial reserve policy” OR Council meeting materials where financial reserve policy has been discussed and approved and indicate the page number. • Please insert the most recent date when the “financial reserve policy” has been developed OR reviewed/updated. • Has the financial reserve policy been validated by a financial auditor? Choose an item. 	
			<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p>	<p>Choose an item.</p>
<p><i>Additional comments for clarification (if needed)</i></p>				

		<p>c. Council is accountable for the success and sustainability of the organization it governs. This includes:</p> <p>i. regularly reviewing and updating written operational policies to ensure that the organization has the staffing complement it needs to be successful now and, in the future (e.g., processes and procedures for succession planning for Senior Leadership and ensuring an organizational culture that attracts and retains key talent, through elements such as training and engagement).</p> <hr/> <p><i>Benchmarked Evidence</i></p> <hr/>	<p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> • Please insert a link to the College’s written operational policies which address staffing complement to address current and future needs. • Please insert a link to Council meeting materials where the operational policy was last reviewed and indicate the page number. <p>Note: Colleges are encouraged to add examples of written operational policies that they identify as enabling a sustainable human resource complement to ensure organizational success.</p>	<p>Choose an item.</p>
			<p><i>If the response is “partially” or “no”, describe the College’s plan to fully implement this measure. Outline the steps (i.e., drafting policies, consulting stakeholders, or reviewing/revising existing policies or procedures, etc.) the College will be taking, expected timelines and any barriers to implementation.</i></p>	

		<p>ii. regularly reviewing and updating the College’s data and technology plan to reflect how it adapts its use of technology to improve College processes in order to meet its mandate (e.g., digitization of processes such as registration, updated cyber security technology, searchable databases).</p>	<p>The College fulfills this requirement:</p>	<p>Choose an item.</p>
			<ul style="list-style-type: none"> Please insert a link to the College’s data and technology plan which speaks to improving College processes OR please briefly describe the plan. 	
			<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p>	
<p><i>Additional comments for clarification (optional)</i></p>				

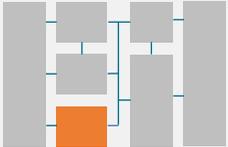


DOMAIN 3: SYSTEM PARTNER	
STANDARD 5 and STANDARD 6	
Measure / Required evidence: N/A	<p>College response</p> <p><i>Colleges are requested to provide a narrative that highlights their organization’s best practices for the following two standards. An exhaustive list of interactions with every system partner that the College engaged with is not required.</i></p> <p><i>Colleges may wish to provide information that includes their key activities and outcomes for each best practice discussed with the ministry, or examples of system partnership that, while not specifically discussed, a College may wish to highlight as a result of dialogue.</i></p>
<p>The two standards under this domain are not assessed based on measures and evidence like other domains, as there is no ‘best practice’ regarding the execution of these two standards.</p> <p>Instead, <u>Colleges will report on key activities, outcomes, and next steps that have emerged through a dialogue with the ministry.</u></p> <p>Beyond discussing what Colleges have done, the dialogue might also identify other potential areas for alignment with other Colleges and system partners.</p>	<p>Standard 5: The College actively engages with other health regulatory colleges and system partners to align oversight of the practice of the profession and support execution of its mandate.</p> <p>Recognizing that a College determines entry to practice for the profession it governs, and that it sets ongoing standards of practice for the profession it regulates and that the profession has multiple layers of oversight (e.g. by employers, different legislation, etc.), Standard 5 captures how the College works with other health regulatory colleges and other system partners to support and strengthen alignment of practice expectations, discipline processes, and quality improvement across all parts of the health system where the profession practices. In particular, a College is asked to report on:</p> <ul style="list-style-type: none"> • <i>How it has engaged other health regulatory Colleges and other system partners to strengthen the execution of its oversight mandate and aligned practice expectations? Please provide details of initiatives undertaken, how engagement has shaped the outcome of the policy/program and identify the specific changes implemented at the College (e.g., joint standards of practice, common expectations in workplace settings, communications, policies, guidance, website, etc.).</i>

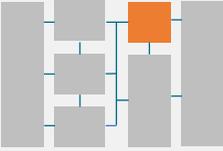
Standard 6: The College maintains cooperative and collaborative relationships and responds in a timely and effective manner to changing public/societal expectations.

The intent of Standard 6 is to demonstrate that a College has formed the necessary relationships with system partners to ensure that it receives and contributes information about relevant changes to public expectations. This could include both relationships where the College is asked to provide information by system partners, or where the College proactively seeks information in a timely manner.

- *Please provide examples of key successes and achievements from the reporting year where the College engaged with partners, including patients/public to ensure it can respond to changing public/societal expectations (e.g., COVID-19 Pandemic, mental health, labor mobility etc.). Please also describe the matters that were discussed with each of these partners and how the information that the College obtained/provided was used to ensure the College could respond to a public/societal expectation.*
- *In addition to the partners it regularly interacts with, the College is asked to include information about how it identifies relevant system partners, maintains relationships so that the College is able access relevant information from partners in a timely manner, and leverages the information obtained to respond (specific examples of when and how a College responded is requested in Standard 7).*

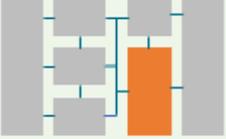
		Measure: 7.1 The College demonstrates how it protects against and addresses unauthorized disclosure of information.													
		DOMAIN 4: INFORMATION MANAGEMENT	STANDARD 7	Required Evidence a. The College demonstrates how it: i. uses policies and processes to govern the disclosure of, and requests for information;	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr style="background-color: #cccccc;"> <th colspan="2" style="text-align: left; padding: 5px;">College Response</th> </tr> </thead> <tbody> <tr> <td style="width: 80%; padding: 5px;"> The College fulfills this requirement: </td> <td style="width: 20%; padding: 5px; text-align: right;"> Choose an item. </td> </tr> <tr> <td colspan="2" style="padding: 5px;"> <ul style="list-style-type: none"> Please insert a link to policies and processes OR please briefly describe the respective policies and processes that addresses disclosure and requests for information. </td> </tr> <tr> <td colspan="2" style="padding: 5px;"> <i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i> </td> </tr> <tr> <td colspan="2" style="padding: 5px;"> Choose an item. </td> </tr> <tr> <td colspan="2" style="padding: 5px;"> <i>Additional comments for clarification (optional)</i> </td> </tr> </tbody> </table>	College Response		The College fulfills this requirement:	Choose an item.	<ul style="list-style-type: none"> Please insert a link to policies and processes OR please briefly describe the respective policies and processes that addresses disclosure and requests for information. 		<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i>		Choose an item.	
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Choose an item.															
<i>Additional comments for clarification (optional)</i>															

		<p>ii. uses cybersecurity measures to protect against unauthorized disclosure of information; and</p> <p>iii. uses policies, practices and processes to address accidental or unauthorized disclosure of information.</p> <hr/> <p><i>Benchmarked Evidence</i></p> <hr/>	<p>The College fulfills this requirement:</p> <ul style="list-style-type: none">• Please insert a link to policies and processes OR please briefly describe the respective policies and processes to address cybersecurity and accidental or unauthorized disclosure of information.	<p>Choose an item.</p>
<p><i>If the response is "partially" or "no", describe the College's plan to fully implement this measure. Outline the steps (i.e., drafting policies, consulting stakeholders, or reviewing/revising existing policies or procedures, etc.) the College will be taking, expected timelines and any barriers to implementation.</i></p>				

		<p>Measure:</p> <p>8.1 All policies, standards of practice, and practice guidelines are up to date and relevant to the current practice environment (e.g., where appropriate, reflective of changing population health needs, public/societal expectations, models of care, clinical evidence, advances in technology).</p>	
<p style="writing-mode: vertical-rl; transform: rotate(180deg);">DOMAIN 5: REGULATORY POLICIES</p>	<p style="writing-mode: vertical-rl; transform: rotate(180deg);">STANDARD 8</p>	<p>Required Evidence</p>	<p>College Response</p>
		<p>a. The College regularly evaluates its policies, standards of practice, and practice guidelines to determine whether they are appropriate, or require revisions, or if new direction or guidance is required based on the current practice environment.</p> <hr/> <p style="text-align: center;"><i>Benchmarked Evidence</i></p> <hr/>	<p>The College fulfills this requirement:</p> <table border="1" data-bbox="758 435 2580 487"> <tr> <td data-bbox="758 435 2118 487"></td> <td data-bbox="2118 435 2580 487">Choose an item.</td> </tr> </table> <ul style="list-style-type: none"> Please insert a link to document(s) that outline how the College evaluates its policies, standards of practice, and practice guidelines to ensure they are up to date and relevant to the current practice environment and indicate the page number(s) OR please briefly describe the College’s evaluation process (e.g., what triggers an evaluation, how often are evaluations conducted, what steps are being taken, which stakeholders are being engaged in the evaluation and how are they involved). <p><i>If the response is “partially” or “no”, describe the College’s plan to fully implement this measure. Outline the steps (i.e., drafting policies, consulting stakeholders, or reviewing/revising existing policies or procedures, etc.) the College will be taking, expected timelines and any barriers to implementation.</i></p>
	Choose an item.		

		<p>b. Provide information on how the College takes into account the following components when developing or amending policies, standards and practice guidelines:</p> <ul style="list-style-type: none"> i. evidence and data; ii. the risk posed to patients / the public; iii. the current practice environment; iv. alignment with other health regulatory Colleges (where appropriate, for example where practice matters overlap); v. expectations of the public; and vi. stakeholder views and feedback. <hr/> <p style="text-align: center;"><i>Benchmarked Evidence</i></p> <hr/>	<p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> • Please insert a link to document(s) that outline how the College develops or amends its policies, standards of practice, and practice guidelines to ensure they address the listed components and indicate the page number(s) OR please briefly describe the College’s development and amendment process. <p><i>If the response is “partially” or “no”, describe the College’s plan to fully implement this measure. Outline the steps (i.e., drafting policies, consulting stakeholders, or reviewing/revising existing policies or procedures, etc.) the College will be taking, expected timelines and any barriers to implementation.</i></p>	<p>Choose an item.</p>
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		<p>c. The College's policies, guidelines, standards and Code of Ethics should promote Diversity, Equity, and Inclusion (DEI) so that these principles and values are reflected in the care provided by the registrants of the College.</p>	<p>The College fulfills this requirement:</p>	<p>Choose an item.</p>
			<ul style="list-style-type: none"> Please briefly describe how the College reviews its policies, guidelines, standards and Code of Ethics to ensure that they promote Diversity, Equity and Inclusion. Please highlight some examples of policies, guidelines, standards or the Code of Ethics where Diversity, Equity and Inclusion are reflected. 	
			<p><i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?</i></p>	<p>Choose an item.</p>
<p><i>Additional comments for clarification (optional)</i></p>				

		<p>Measure:</p> <p>9.1 Applicants meet all College requirements before they are able to practice.</p>	
		Required Evidence	College Response
<p>DOMAIN 6: SUITABILITY TO PRACTICE</p>	<p>STANDARD 9</p>	<p>a. Processes are in place to ensure that those who meet the registration requirements receive a certificate to practice (e.g., how it operationalizes the registration of members, including the review and validation of submitted documentation to detect fraudulent documents, confirmation of information from supervisors, etc.)¹.</p>	<p>The College fulfills this requirement:</p> <p>Choose an item.</p> <ul style="list-style-type: none"> • Please insert a link that outlines the policies or processes in place to ensure the documentation provided by candidates meets registration requirements and indicate page number OR please briefly describe in a few words the processes and checks that are carried out. • Please insert a link and indicate the page number OR please briefly describe an overview of the process undertaken to review how a College operationalizes its registration processes to ensure documentation provided by candidates meets registration requirements (e.g., communication with other regulators in other jurisdictions to secure records of good conduct, confirmation of information from supervisors, educators, etc.).

¹ This measure is intended to demonstrate how a College ensures an applicant meets every registration requirement set out in its registration regulation prior to engaging in the full scope of practice allowed under any certificate of registration, including whether an applicant is eligible to be granted an exemption from a particular requirement.

			<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i>	Choose an item.
		<i>Additional comments for clarification (optional)</i>		
		b. The College periodically reviews its criteria and processes for determining whether an applicant meets its registration requirements, against best practices (e.g., how a College determines language proficiency, how Colleges detect fraudulent applications or documents including applicant use of third parties, how Colleges confirm registration status in other jurisdictions or professions where relevant etc.).	The College fulfills this requirement:	Choose an item.
		<ul style="list-style-type: none"> • Please insert a link that outlines the policies or processes in place for identifying best practices to assess whether an applicant meets registration requirements (e.g., how to assess English proficiency, suitability to practice etc.), a link to Council meeting materials where these have been discussed and decided upon and indicate page numbers OR please briefly describe the process and checks that are carried out. • Please provide the date when the criteria to assess registration requirements was last reviewed and updated. 		
			<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i>	Choose an item.
			<i>Additional comments for clarification (optional)</i>	

Measure: 9.2 Registrants continuously demonstrate they are competent and practice safely and ethically.		
		<p>c. A risk-based approach is used to ensure that currency² and other competency requirements are monitored and regularly validated (e.g., procedures are in place to verify good character, continuing education, practice hours requirements etc.).</p>
		<p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> • Please briefly describe the currency and competency requirements registrants are required to meet. • Please briefly describe how the College identified currency and competency requirements. • Please provide the date when currency and competency requirements were last reviewed and updated. • Please briefly describe how the College monitors that registrants meet currency and competency requirements (e.g., self-declaration, audits, random audit etc.) and how frequently this is done.
		<p style="text-align: right;">Choose an item.</p>
		<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p>
		<p style="text-align: right;">Choose an item.</p>
		<p><i>Additional comments for clarification (optional)</i></p>

² A ‘currency requirement’ is a requirement for recent experience that demonstrates that a member’s skills or related work experience is up to date. In the context of this measure, only those currency requirements assessed as part of registration processes are included (e.g., during renewal of a certificate of registration, or at any other time).

Measure: 9.3 Registration practices are transparent, objective, impartial, and fair.		
		<p>a. The College addressed all recommendations, actions for improvement and next steps from its most recent Audit by the Office of the Fairness Commissioner (OFC).</p>
		<p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> • Please insert a link to the most recent assessment report by the OFC OR please provide a summary of outcome assessment report. • Where an action plan was issued, is it: Choose an item.
		<p><i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?</i></p>
		<p>Choose an item.</p>
		<p><i>Additional comments for clarification (if needed)</i></p>

DOMAIN 6: SUITABILITY TO PRACTICE STANDARD 10	Measure: 10.1 The College supports registrants in applying the (new/revised) standards of practice and practice guidelines applicable to their practice.			
	Required Evidence	College Response		
	a. Provide examples of how the College assists registrants in implementing required changes to standards of practice or practice guidelines (beyond communicating the existence of new standard, FAQs, or supporting documents). <u>Further clarification:</u> Colleges are encouraged to support registrants when implementing changes to standards of practice or guidelines. Such activities could include carrying out a follow-up survey on how registrants are adopting updated standards of practice and addressing identifiable gaps.	The College fulfills this requirement: <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;"></td> <td style="width: 20%; text-align: right;">Choose an item.</td> </tr> </table> <ul style="list-style-type: none"> • Please briefly describe a recent example of how the College has assisted its registrants in the uptake of a new or amended standard: <ul style="list-style-type: none"> – Name of Standard – Duration of period that support was provided – Activities undertaken to support registrants – % of registrants reached/participated by each activity – Evaluation conducted on effectiveness of support provided • Does the College always provide this level of support: Choose an item. <i>If not, please provide a brief explanation:</i> 		Choose an item.
			Choose an item.	
If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;"></td> <td style="width: 20%; text-align: right;">Choose an item.</td> </tr> </table>		Choose an item.		
	Choose an item.			
Additional comments for clarification (optional)				

Measure: 10.2 The College effectively administers the assessment component(s) of its QA Program in a manner that is aligned with right touch regulation³.		
		<p>a. The College has processes and policies in place outlining:</p> <p>i. how areas of practice that are evaluated in QA assessments are identified in order to ensure the most impact on the quality of a registrant’s practice;</p>
		<p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> • Please list the College’s priority areas of focus for QA assessment and briefly describe how they have been identified OR please insert a link to the website where this information can be found and indicate the page number. • Is the process taken above for identifying priority areas codified in a policy: Choose an item. • <i>If yes, please insert link to the policy.</i>
		<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p>
		Choose an item.
		Choose an item.
<p><i>Additional comments for clarification (optional)</i></p>		

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

		ii. details of how the College uses a right touch, evidence informed approach to determine which registrants will undergo an assessment activity (and which type of multiple assessment activities); and	The College fulfills this requirement:	Choose an item.	
			<ul style="list-style-type: none"> • Please insert a link to document(s) outlining details of right touch approach and evidence used (e.g., data, literature, expert panel) to inform assessment approach and indicate page number(s). OR please briefly describe right touch approach and evidence used. • Please provide the year the right touch approach was implemented OR when it was evaluated/updated (if applicable). <i>If evaluated/updated, did the college engage the following stakeholders in the evaluation:</i> <ul style="list-style-type: none"> - <i>Public</i> Choose an item. - <i>Employers</i> Choose an item. - <i>Registrants</i> Choose an item. - <i>other stakeholders</i> Choose an item. 		
			<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i>		Choose an item.
			<i>Additional comments for clarification (optional)</i>		
		iii. criteria that will inform the remediation activities a registrant must undergo based on the QA assessment, where necessary.	The College fulfills this requirement:	Choose an item.	
			<ul style="list-style-type: none"> • Please insert a link to the document that outlines criteria to inform remediation activities and indicate page number OR list criteria. 		
			<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i>		Choose an item.

			<p><i>Additional comments for clarification (optional)</i></p>
<p>Measure: 10.3 The College effectively remediates and monitors registrants who demonstrate unsatisfactory knowledge, skills, and judgement.</p>			
<p>a. The College tracks the results of remediation activities a registrant is directed to undertake as part of any College committee and assesses whether the registrant subsequently demonstrates the required knowledge, skill and judgement while practicing.</p>	<p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> • Please insert a link to the College’s process for monitoring whether registrant’s complete remediation activities OR please briefly describe the process. • Please insert a link to the College’s process for determining whether a registrant has demonstrated the knowledge, skills and judgement following remediation OR please briefly describe the process. 	<p>Choose an item.</p>	
		<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p>	<p>Choose an item.</p>
<p><i>Additional comments for clarification (if needed)</i></p>			

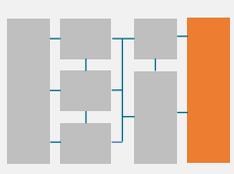
DOMAIN 6: SUITABILITY TO PRACTICE	STANDARD 11	Measure 11.1	
		The College enables and supports anyone who raises a concern about a registrant.	
		Required Evidence	College Response
		a. The different stages of the complaints process and all relevant supports available to complainants are:	The College fulfills this requirement:
		i. supported by formal policies and procedures to ensure all relevant information is received during intake at each stage, including next steps for follow up;	Choose an item.
ii. clearly communicated directly to complainants who are engaged in the complaints process, including what a complainant can expect at each stage and the supports available to them (e.g., funding for sexual abuse therapy); and;	• Please insert a link to the College’s website that clearly describes the College’s complaints process including, options to resolve a complaint, the potential outcomes associated with the respective options and supports available to the complainant. • Please insert a link to the policies/procedures for ensuring all relevant information is received during intake OR please briefly describe the policies and procedures if the documents are not publicly accessible.		
	If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?		
	Choose an item.		
	Additional comments for clarification (optional)		

		iii. evaluated by the College to ensure the information provided to complainants is clear and useful.	The College fulfills this requirement: <ul style="list-style-type: none"> Please provide details of how the College evaluates whether the information provided to complainants is clear and useful. 	Choose an item.
		<hr/> <i>Benchmarked Evidence</i> <hr/>	If the response is “partially” or “no”, describe the College’s plan to fully implement this measure. Outline the steps (i.e., drafting policies, consulting stakeholders, or reviewing/revising existing policies or procedures, etc.) the College will be taking, expected timelines and any barriers to implementation.	
		b. The College responds to 90% of inquiries from the public within 5 business days, with follow-up timelines as necessary.	The College fulfills this requirement:	Choose an item.
			Please insert rate (<u>see Companion Document: Technical Specifications for Quantitative CPMF Measures</u>).	
		If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?	Choose an item.	
		Additional comments for clarification (optional)		

		<p>c. Demonstrate how the College supports the public during the complaints process to ensure that the process is inclusive and transparent (e.g., translation services are available, use of technology, access outside regular business hours, transparency in decision-making to make sure the public understand how the College makes decisions that affect them etc.).</p>	<p>The College fulfills this requirement:</p>	Choose an item.
			<ul style="list-style-type: none"> • Please list supports available for the public during the complaints process. • Please briefly describe at what points during the complaints process that complainants are made aware of supports available. 	
			<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p>	Choose an item.
			<p><i>Additional comments for clarification (optional)</i></p>	
<p>Measure: 11.2 All parties to a complaint and discipline process are kept up to date on the progress of their case, and complainants are supported to participate effectively in the process.</p>				
		<p>a. Provide details about how the College ensures that all parties are regularly updated on the progress of their complaint or discipline case, including how complainants can contact the College for information (e.g., availability and accessibility to relevant information, translation services etc.).</p>	<p>The College fulfills this requirement:</p>	Choose an item.
			<ul style="list-style-type: none"> • Please insert a link to document(s) outlining how complainants can contact the College during the complaints process and indicate the page number(s) OR please provide a brief description. • Please insert a link to document(s) outlining how complainants are supported to participate in the complaints process and indicate the page number(s) OR please provide a brief description. 	
			<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p>	Choose an item.

			<i>Additional comments for clarification (optional)</i>		
DOMAIN 6: SUITABILITY TO PRACTICE	STANDARD 12	Measure: 12.1 The College addresses complaints in a right touch manner.			
		a. The College has accessible, up-to-date, documented guidance setting out the framework for assessing risk and acting on complaints, including the prioritization of investigations, complaints, and reports (e.g., risk matrix, decision matrix/tree, triage protocol).	The College fulfills this requirement:	Choose an item.	
			<ul style="list-style-type: none"> • Please insert a link to guidance document and indicate the page number OR please briefly describe the framework and how it is being applied. • Please provide the year when it was implemented OR evaluated/updated (if applicable). 		
			<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i>		Choose an item.
	<i>Additional comments for clarification (optional)</i>				

DOMAIN 6: SUITABILITY TO PRACTICE STANDARD 13	Measure: 13.1 The College demonstrates that it shares concerns about a registrant with other relevant regulators and external system partners (e.g. law enforcement, government, etc.).		
	a. The College’s policy outlining consistent criteria for disclosure and examples of the general circumstances and type of information that has been shared between the College and other relevant system partners, within the legal framework, about concerns with individuals and any results.	The College fulfills this requirement:	Choose an item.
		<ul style="list-style-type: none"> Please insert a link to the policy and indicate page number OR please briefly describe the policy. Please provide an overview of whom the College has shared information with over the past year and the purpose of sharing that information (i.e., general sectors of system partner, such as ‘hospital’, or ‘long-term care home’). 	
		If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?	Choose an item.
	Additional comments for clarification (if needed)		

		Measure: 14.1 Council uses Key Performance Indicators (KPIs) in tracking and reviewing the College’s performance and regularly reviews internal and external risks that could impact the College’s performance.	
		Required Evidence	College Response
DOMAIN 7: MEASUREMENT, REPORTING & IMPROVEMENT	STANDARD 14	<p>a. Outline the College’s KPIs, including a clear rationale for why each is important.</p>	<p>The College fulfills this requirement:</p> <div style="border: 1px solid black; padding: 5px;"> <p>Choose an item.</p> </div> <ul style="list-style-type: none"> Please insert a link to a document that list College’s KPIs with an explanation for why these KPIs have been selected (including what the results the respective KPIs tells, and how it relates to the College meeting its strategic objectives and is therefore relevant to track), a link to Council meeting materials where this information is included and indicate page number OR list KPIs and rationale for selection.
		<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p>	<p>Choose an item.</p>

			<p><i>Additional comments for clarification (if needed)</i></p>								
		<p>b. The College regularly reports to Council on its performance and risk review against:</p> <p>i. stated strategic objectives (i.e., the objectives set out in a College’s strategic plan);</p> <p>ii. regulatory outcomes (i.e., operational indicators/targets with reference to the goals we are expected to achieve under the RHPA); and</p> <p>iii. its risk management approach.</p>	<table border="1"> <tr> <td data-bbox="758 548 2136 609"> <p>The College fulfills this requirement:</p> </td> <td data-bbox="2136 548 2553 609"> <p>Choose an item.</p> </td> </tr> <tr> <td colspan="2" data-bbox="758 609 2553 857"> <ul style="list-style-type: none"> Please insert a link to Council meeting materials where the College reported to Council on its progress against stated strategic objectives, regulatory outcomes and risks that may impact the College’s ability to meet its objectives and the corresponding meeting minutes and indicate the page number. </td> </tr> <tr> <td data-bbox="758 857 2136 917"> <p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p> </td> <td data-bbox="2136 857 2553 917"> <p>Choose an item.</p> </td> </tr> <tr> <td colspan="2" data-bbox="758 917 2553 1307"> <p><i>Additional comments for clarification (if needed)</i></p> </td> </tr> </table>	<p>The College fulfills this requirement:</p>	<p>Choose an item.</p>	<ul style="list-style-type: none"> Please insert a link to Council meeting materials where the College reported to Council on its progress against stated strategic objectives, regulatory outcomes and risks that may impact the College’s ability to meet its objectives and the corresponding meeting minutes and indicate the page number. 		<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p>	<p>Choose an item.</p>	<p><i>Additional comments for clarification (if needed)</i></p>	
<p>The College fulfills this requirement:</p>	<p>Choose an item.</p>										
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<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p>	<p>Choose an item.</p>										
<p><i>Additional comments for clarification (if needed)</i></p>											

Measure: 14.2 Council directs action in response to College performance on its KPIs and risk reviews.	
<p>a. Council uses performance and risk review findings to identify where improvement activities are needed.</p> <hr/> <p style="text-align: center;"><i>Benchmarked Evidence</i></p> <hr/>	<p>The College fulfills this requirement:</p> <p>Choose an item.</p>
	<ul style="list-style-type: none"> Please insert a link to Council meeting materials where the Council used performance and risk review findings to identify where the College needs to implement improvement activities and indicate the page number.
	<p><i>If the response is “partially” or “no”, describe the College’s plan to fully implement this measure. Outline the steps (i.e., drafting policies, consulting stakeholders, or reviewing/revising existing policies or procedures, etc.) the College will be taking, expected timelines and any barriers to implementation.</i></p>
Measure: 14.3 The College regularly reports publicly on its performance.	
<p>a. Performance results related to a College’s strategic objectives and regulatory outcomes are made public on the College’s website.</p>	<p>The College fulfills this requirement:</p> <p>Choose an item.</p>
	<ul style="list-style-type: none"> Please insert a link to the College’s dashboard or relevant section of the College’s website.
	<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p> <p>Choose an item.</p>
	<p><i>Additional comments for clarification (if needed)</i></p>

Part 2: Context Measures

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

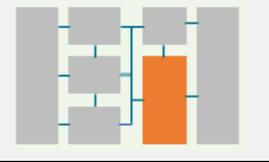
In order to facilitate consistency in reporting, a recommended method to calculate the information is provided in the companion document "Technical Specifications for Quantitative College Performance Measurement Framework Measures." However, recognizing that at this point in time, the data may not be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

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

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

The ministry has also included hyperlinks of the definitions to a glossary of terms for easier navigation.

Table 1 – Context Measure 1

DOMAIN 6: SUITABILITY TO PRACTICE		
STANDARD 10		
Statistical data collected in accordance with the recommended method or the College's own method: Choose an item. <i>If a College method is used, please specify the rationale for its use:</i>		
Context Measure (CM)		
CM 1. Type and distribution of QA/QI activities and assessments used in CY 2023*		<p><i>What does this information tell us? Quality assurance (QA) and Quality Improvement (QI) are critical components in ensuring that professionals provide care that is safe, effective, patient-centred and ethical. In addition, health care professionals face a number of ongoing changes that might impact how they practice (e.g., changing roles and responsibilities, changing public expectations, legislative changes).</i></p> <p><i>The information provided here illustrates the diversity of QA activities the College undertook in assessing the competency of its registrants and the QA and QI activities its registrants undertook to maintain competency in CY 2023. The diversity of QA/QI activities and assessments is reflective of a College's risk-based approach in executing its QA program, whereby the frequency of assessment and activities to maintain competency are informed by the risk of a registrant not acting competently. Details of how the College determined the appropriateness of its assessment component of its QA program are described or referenced by the College in Measure 10.2(a) of Standard 10.</i></p>
Type of QA/QI activity or assessment:	#	
i. <Insert QA activity or assessment>		
ii. <Insert QA activity or assessment>		
iii. <Insert QA activity or assessment>		
iv. <Insert QA activity or assessment>		
v. <Insert QA activity or assessment>		
vi. <Insert QA activity or assessment>		
vii. <Insert QA activity or assessment>		
viii. <Insert QA activity or assessment>		
ix. <Insert QA activity or assessment>		
x. <Insert QA activity or assessment>		

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

[NR](#)

Additional comments for clarification (if needed)

Table 2 – Context Measures 2 and 3

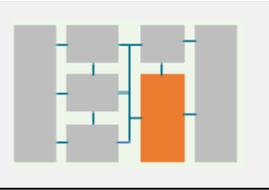
DOMAIN 6: SUITABILITY TO PRACTICE			
STANDARD 10			
<p>Statistical data collected in accordance with the recommended method or the College own method: Choose an item.</p> <p><i>If a College method is used, please specify the rationale for its use:</i></p>			
Context Measure (CM)	#	%	
CM 2. Total number of registrants who participated in the QA Program CY 2023			<i>What does this information tell us? If a registrant’s knowledge, skills, and judgement to practice safely, effectively, and ethically have been assessed or reassessed and found to be unsatisfactory or a registrant is non-compliant with a College’s QA Program, the College may refer them to the College’s QA Committee.</i>
CM 3. Rate of registrants who were referred to the QA Committee as part of the QA Program where the QA Committee directed the registrant to undertake remediation in CY 2023.			<i>The information provided here shows how many registrants who underwent an activity or assessment as part of the QA program where the QA Committee deemed that their practice is unsatisfactory and as a result have been directed to participate in specified continuing education or remediation program as of the start of CY 2023, understanding that some cases may carry over.</i>
<u>NR</u>			
<i>Additional comments for clarification (if needed)</i>			

Table 3 – Context Measure 4

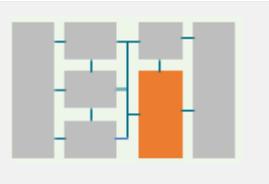
DOMAIN 6: SUITABILITY TO PRACTICE			
STANDARD 10			
<p>Statistical data collected in accordance with the recommended method or the College’s own method: Choose an item.</p> <p><i>If a College method is used, please specify the rationale for its use:</i></p>			
Context Measure (CM)			
CM 4. Outcome of remedial activities as at the end of CY 2023:**	#	%	<p><i>What does this information tell us? This information provides insight into the outcome of the College’s remedial activities directed by the QA Committee and may help a College evaluate the effectiveness of its “QA remediation activities”. Without additional context no conclusions can be drawn on how successful the QA remediation activities are, as many factors may influence the practice and behaviour registrants (continue to) display.</i></p>
I. Registrants who demonstrated required knowledge, skills, and judgement following remediation*			
II. Registrants still undertaking remediation (i.e., remediation in progress)			
<p>NR</p> <p><i>* This number may include registrants who were directed to undertake remediation in the previous year and completed reassessment in CY 2023.</i></p> <p><i>**This measure may include any outcomes from the previous year that were carried over into CY 2023.</i></p>			
<p><i>Additional comments for clarification (if needed)</i></p> <p style="text-align: center;">-</p>			

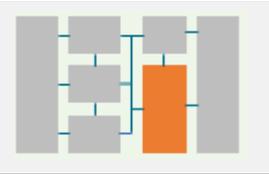
Table 4 – Context Measure 5

DOMAIN 6: SUITABILITY TO PRACTICE				
STANDARD 12				
Statistical data is collected in accordance with the recommended method or the College’s own method: Choose an item. If a College method is used, please specify the rationale for its use:				
Context Measure (CM)				
CM 5. Distribution of formal complaints and Registrar’s Investigations by theme in CY 2023	Formal received	Complaints	Registrar initiated	Investigations
Themes:	#	%	#	%
I. Advertising				
II. Billing and Fees				
III. Communication				
IV. Competence / Patient Care				
V. Intent to Mislead including Fraud				
VI. Professional Conduct & Behaviour				
VII. Record keeping				
VIII. Sexual Abuse				
IX. Harassment / Boundary Violations				
X. Unauthorized Practice				
XI. Other <please specify>				
Total number of formal complaints and Registrar’s Investigations**		100%		100%

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

<p>Formal Complaints NR Registrar's Investigation</p> <p><i>**The requested statistical information (number and distribution by theme) recognizes that formal complaints and Registrar's Investigations may include allegations that fall under multiple themes identified above, therefore when added together the numbers set out per theme may not equal the total number of formal complaints or Registrar's Investigations.</i></p>	
<p><i>Additional comments for clarification (if needed)</i></p>	

Table 5 – Context Measures 6, 7, 8 and 9

DOMAIN 6: SUITABILITY TO PRACTICE			
STANDARD 12			
			
<p>Statistical data collected in accordance with the recommended method or the College’s own method: Choose an item.</p> <p><i>If a College method is used, please specify the rationale for its use:</i></p>			
Context Measure (CM)			
CM 6. Total number of formal complaints that were brought forward to the ICRC in CY 2023		<p><i>What does this information tell us? The information helps the public better understand how formal complaints filed with the College and Registrar’s Investigations are disposed of or resolved. Furthermore, it provides transparency on key sources of concern that are being brought forward to the College’s Inquiries, Complaints and Reports Committee.</i></p>	
CM 7. Total number of ICRC matters brought forward as a result of a Registrar’s Investigation in CY 2023			
CM 8. Total number of requests or notifications for appointment of an investigator through a Registrar’s Investigation brought forward to the ICRC that were approved in CY 2023			
CM 9. Of the formal complaints and Registrar’s Investigations received in CY 2023**:	#		%
I. Formal complaints that proceeded to Alternative Dispute Resolution (ADR)			
II. Formal complaints that were resolved through ADR			
III. Formal complaints that were disposed of by ICRC			
IV. Formal complaints that proceeded to ICRC and are still pending			
V. Formal complaints withdrawn by Registrar at the request of a complainant			
VI. Formal complaints that are disposed of by the ICRC as frivolous and vexatious			

VII. Formal complaints and Registrar’s Investigations that are disposed of by the ICRC as a referral to the Discipline Committee			
<p>ADR Disposal Formal Complaints Formal Complaints withdrawn by Registrar at the request of a complainant NR Registrar’s Investigation</p> <p><i># May relate to Registrar’s Investigations that were brought to the ICRC in the previous year.</i> <i>** The total number of formal complaints received may not equal the numbers from 9(i) to (vi) as complaints that proceed to ADR and are not resolved will be reviewed at the ICRC, and complaints that the ICRC disposes of as frivolous and vexatious and a referral to the Discipline Committee will also be counted in total number of complaints disposed of by the ICRC.</i></p>			
<p><i>Additional comments for clarification (if needed)</i></p>			

Table 6 – Context Measure 10

DOMAIN 6: SUITABILITY TO PRACTICE							
STANDARD 12							
Statistical data collected in accordance with the recommended method or the College’s own method: Choose an item. <i>If a College method is used, please specify the rationale for its use:</i>							
Context Measure (CM)							
CM 10. Total number of ICRC decisions in 2023							
Distribution of ICRC decisions by theme in 2023*		# of ICRC Decisions++					
Nature of Decision	Take no action	Proves advice or recommendations	Issues a caution (oral or written)	Orders a specified continuing education or remediation program	Agrees to undertaking	Refers specified allegations to the Discipline Committee	Takes any other action it considers appropriate that is not inconsistent with its governing legislation, regulations, or by-laws.
I. Advertising							
II. Billing and Fees							
III. Communication							
IV. Competence / Patient Care							
V. Intent to Mislead Including Fraud							
VI. Professional Conduct & Behaviour							
VII. Record Keeping							
VIII. Sexual Abuse							
IX. Harassment / Boundary Violations							

X. Unauthorized Practice							
XI. Other <please specify>							
<ul style="list-style-type: none"> • Number of decisions are corrected for formal complaints ICRC deemed frivolous and vexatious AND decisions can be regarding formal complaints and registrar’s investigations brought forward prior to 2023. <p>++ The requested statistical information (number and distribution by theme) recognizes that formal complaints and Registrar’s Investigations may include allegations that fall under multiple themes identified above, therefore when added together the numbers set out per theme may not equal the total number of formal complaints or registrar’s investigations, or decisions.</p> <p>NR</p>							
<p>What does this information tell us? This information will help increase transparency on the type of decisions rendered by ICRC for different themes of formal complaints and Registrar’s Investigation and the actions taken to protect the public. In addition, the information may assist in further informing the public regarding what the consequences for a registrant can be associated with a particular theme of complaint or Registrar investigation and could facilitate a dialogue with the public about the appropriateness of an outcome related to a particular formal complaint.</p>							
<p>Additional comments for clarification (if needed)</p> <p>-</p>							

Table 7 – Context Measure 11

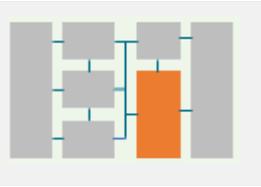
DOMAIN 6: SUITABILITY TO PRACTICE		
STANDARD 12		
<p>Statistical data collected in accordance with the recommended method or the College own method: Choose an item.</p> <p><i>If College method is used, please specify the rationale for its use:</i></p>		
Context Measure (CM)		
CM 11. 90 th Percentile disposal of:	Days	<i>What does this information tell us? This information illustrates the maximum length of time in which 9 out of 10 formal complaints or Registrar’s investigations are being disposed by the College.</i>
I. A formal complaint in working days in CY 2023		<i>The information enhances transparency about the timeliness with which a College disposes of formal complaints or Registrar’s investigations. As such, the information provides the public, ministry, and other stakeholders with information regarding the approximate timelines they can expect for the disposal of a formal complaint filed with, or Registrar’s investigation undertaken by, the College.</i>
II. A Registrar’s investigation in working days in CY 2023		
Disposal		
<i>Additional comments for clarification (if needed)</i>		
-		

Table 8 – Context Measure 12

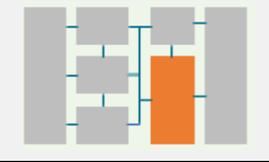
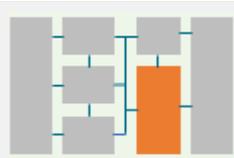
DOMAIN 6: SUITABILITY TO PRACTICE		
STANDARD 12		
<p>Statistical data collected in accordance with the recommended method or the College’s own method: Choose an item.</p> <p><i>If a College method is used, please specify the rationale for its use:</i></p>		
Context Measure (CM)		
CM 12. 90th Percentile disposal of:	Days	<p><i>What does this information tell us? This information illustrates the maximum length of time in which 9 out of 10 uncontested discipline hearings and 9 out of 10 contested discipline hearings are being disposed.</i></p> <p><i>The information enhances transparency about the timeliness with which a discipline hearing undertaken by a College is concluded. As such, the information provides the public, ministry, and other stakeholders with information regarding the approximate timelines they can expect for the resolution of a discipline proceeding undertaken by the College.</i></p>
I. An uncontested discipline hearing in working days in CY 2023		
II. A contested discipline hearing in working days in CY 2023		
<p>Disposal Uncontested Discipline Hearing Contested Discipline Hearing</p>		
<p><i>Additional comments for clarification (if needed)</i></p> <p style="text-align: center;">-</p>		

Table 9 – Context Measure 13

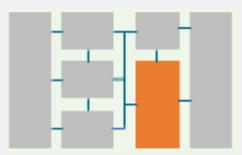
DOMAIN 6: SUITABILITY TO PRACTICE		
STANDARD 12		
<p>Statistical data collected in accordance with the recommended method or the College’s own method: Choose an item.</p> <p><i>If College method is used, please specify the rationale for its use:</i></p>		
Context Measure (CM)		
CM 13. Distribution of Discipline finding by type*		<p><i>What does this information tell us? This information facilitates transparency to the public, registrants and the ministry regarding the most prevalent discipline findings where a formal complaint or Registrar’s Investigation is referred to the Discipline Committee by the ICRC.</i></p>
Type	#	
I. Sexual abuse		
II. Incompetence		
III. Fail to maintain Standard		
IV. Improper use of a controlled act		
V. Conduct unbecoming		
VI. Dishonourable, disgraceful, unprofessional		
VII. Offence conviction		
VIII. Contravene certificate restrictions		
IX. Findings in another jurisdiction		
X. Breach of orders and/or undertaking		
XI. Falsifying records		
XII. False or misleading document		
XIII. Contravene relevant Acts		

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

NR

Additional comments for clarification (if needed)

Table 10 – Context Measure 14

DOMAIN 6: SUITABILITY TO PRACTICE		
STANDARD 12		
Statistical data collected in accordance with the recommended method or the College own method: Choose an item. <i>If a College method is used, please specify the rationale for its use:</i>		
Context Measure (CM)		
CM 14. Distribution of Discipline orders by type*		<i>What does this information tell us? This information will help strengthen transparency on the type of actions taken to protect the public through decisions rendered by the Discipline Committee. It is important to note that no conclusions can be drawn on the appropriateness of the discipline decisions without knowing intimate details of each case including the rationale behind the decision.</i>
Type	#	
I. Revocation		
II. Suspension		
III. Terms, Conditions and Limitations on a Certificate of Registration		
IV. Reprimand		
V. Undertaking		
<p>* The requested statistical information recognizes that an individual discipline case may include multiple findings identified above, therefore when added together the numbers set out for findings and orders may not equal the total number of discipline cases.</p> <p> Revocation Suspension Terms, Conditions and Limitations Reprimand Undertaking NR - </p>		
Additional comments for clarification (if needed)		

Glossary

Alternative Dispute Resolution (ADR): Means mediation, conciliation, negotiation, or any other means of facilitating the resolution of issues in dispute.

Return to: [Table 5](#)

Contested Discipline Hearing: In a contested hearing, the College and registrant disagree on some or all of the allegations, penalty and/or costs.

Return to: [Table 8](#)

Disposal: The day upon which all relevant decisions were provided to the registrant by the College (i.e., the date the reasons are released and sent to the registrant and complainant, including both liability and penalty decisions, where relevant).

Return to: [Table 5](#), [Table 7](#), [Table 8](#)

Formal Complaint: A statement received by a College in writing or in another acceptable form that contains the information required by the College to initiate an investigation. This excludes complaint inquiries and other interactions with the College that do not result in a formally submitted complaint.

Return to: [Table 4](#), [Table 5](#)

Formal Complaints withdrawn by Registrar at the request of a complainant: Any formal complaint withdrawn by the Registrar prior to any action being taken by a Panel of the ICRC, at the request of the complainant, where the Registrar believed that the withdrawal was in the public interest.

Return to: [Table 5](#)

NR: Non-reportable: Results are not shown due to < 5 cases (for both # and %). This may include 0 reported cases.

Return to: [Table 1](#), [Table 2](#), [Table 3](#), [Table 4](#), [Table 5](#), [Table 6](#), [Table 9](#), [Table 10](#)

Registrar's Investigation: Under s.75(1)(a) of the *Regulated Health Professions Act, 1991*, (RHPA) where a Registrar believes, on reasonable and probable grounds, that a registrant has committed an act of professional misconduct or is incompetent, they can appoint an investigator which must be approved by the Inquiries, Complaints and Reports Committee (ICRC). Section 75(1)(b) of the RHPA, where the ICRC receives information about a member from the Quality Assurance Committee, it may request the Registrar to conduct an investigation. In situations where the Registrar determines that the registrant exposes, or is likely to expose, their patient to harm or injury, the Registrar can appoint an investigator immediately without ICRC approval and must inform the ICRC of the appointment within five days.

Return to: [Table 4](#), [Table 5](#)

Revocation: Of a member or registrant's Certificate of Registration occurs where the discipline or fitness to practice committee of a health regulatory College makes an order to "revoke" the certificate which terminates the registrant's registration with the College and therefore their ability to practice the profession.

Return to: [Table 10](#)

Suspension: A suspension of a registrant's Certificate of Registration occurs for a set period of time during which the registrant is not permitted to:

- Hold themselves out as a person qualified to practice the profession in Ontario, including using restricted titles (e.g., doctor, nurse),
- Practice the profession in Ontario, or
- Perform controlled acts restricted to the profession under the Regulated Health Professions Act, 1991.

Return to: [Table 10](#)

Reprimand: A reprimand is where a registrant is required to attend publicly before a discipline panel of the College to hear the concerns that the panel has with their practice.

Return to: [Table 10](#)

Terms, Conditions and Limitations: On a Certificate of Registration are restrictions placed on a registrant's practice and are part of the Public Register posted on a health regulatory College's website.

Return to: [Table 10](#)

Uncontested Discipline Hearing: In an uncontested hearing, the College reads a statement of facts into the record which is either agreed to or uncontested by the Respondent. Subsequently, the College and the respondent may make a joint submission on penalty and costs or the College may make submissions which are uncontested by the Respondent.

Return to: [Table 8](#)

Undertaking: Is a written promise from a registrant that they will carry out certain activities or meet specified conditions requested by the College committee.

Return to: [Table 10](#)