COLLEGE OF DENTURISTS OF ONTARIO

115th Council Meeting

June 14, 2024 – 10:00 a.m. to 4:00 p.m.

Teleconference via Zoom & YouTube Live Stream
Please contact the College at info@denturists-cdo.com
to receive the meeting access information.

AGENDA

7.	**Governance Initiative** 7.1 Memo: Proposed Plan of Work for 2024 and Beyond 7.2 Presentation: Creating a Competency Profile for Council and Committees	Decision	**35**
8.	***In-Camera* Meeting of Council** Pursuant to section 7(2)(d)(e) of the *Health Professions Procedural Code*, being Schedule 2 to the *Regulated Health Professions Act*, 1991.	Information	
9.	**Registrar's Report** 9.1 College Update 9.2 Financial Report – April 1, 2024, to April 31, 2024 9.3 Statement of Operations as of April 31, 2024 9.4 Strategic Initiatives Budget as of April 31, 2024	Information	 **46** **48** **51** **52**
10.	**Election Results – Districts 1, 6, 7 & 8** 10.1 Memo	Information	 **53**
11.	**2024 Professional Misconduct Regulation Approved** 11.1 Table of Changes 11.2 Current Professional Misconduct Regulation (2007) 11.3 New Professional Misconduct Regulation (2024)	Information	 **54** **66** **69**
12.	**Standard of Practice – Advertising and Clinic Names** 12.1 Briefing Note 12.2 Proposed Standard of Practice: Advertising and Clinic Names 12.3 Proposed Guidelines: Advertising and Clinic Names 12.4 Current Standard of Practice: Advertising 12.5 Rescinding – Clinic Name Policy 12.6 Rescinding – Clinic Name Guidelines	Decision	 **81** **84** **86** **95** **97** **98**
13.	**Discontinuing Services and Refusing Treatment Guidelines Update** 13.1 Briefing Note 13.2 Proposed updated guidelines	Decision	 **99** **102**
14.	**Record Keeping Standard of Practice, Guidelines, and Unique Identifier** 14.1 Briefing Note 14.2 ODA Consultation Feedback 14.3 2017 Record Keeping Standard of Practice 14.4 2017 Record Keeping Guidelines 14.5 2024 Record Keeping Standard of Practice 14.6 2024 Record Keeping Guidelines	Decision	 **106** **112** **113** **120** **127** **129**
15.	**Updating Language Proficiency Policy – Pearson Language Test** 15.1 Briefing Note 15.2 Proposed Language Proficiency Policy	Decision	 **146** **149**

16.	**Other Business**		
17.	**Next Meeting Date(s)** ➢ 116th Council Meeting – Friday, September 6, 2024 (virtual) ➢ CNAR 2024 Conference (Ottawa) – October 7-9, 2024 ➢ 117th Council Meeting – Friday, December 13, 2024 (virtual)		
18.	**Adjournment**		

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
	• Committee Member, College of Denturists of Ontario
	  ○ 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
	• Committee Member, College of Denturists of Ontario
	  ○ ICRC
	  ○ Registration
	  ○ Discipline
	  ○ Fitness to Practise (Chair)
	  ○ Qualifying Examination Appeals

Elizabeth (Beth) Gorham-Matthews Denturist – District 8	• 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	• Denturism Instructor, Oxford College (Toronto) • Member, Denturist Association of Ontario
Gaganjot Singh Public Member	None declared

Last Updated: March 8, 2024

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, spouse[1] , child or sibling), close friends, business partners, dating partner, or other person with whom I have a close personal or professional relationship, have or recently[2] 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).

COLLEGE OF DENTURISTS OF ONTARIO

114th 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, March 8, 2024 – 10:00 am to 2:00 pm

MINUTES

Members Present:	Lileath Claire, Public Appointee	➢ President
	Garnett A. D. Pryce, Denturist	➢ Vice President
	Majid Ahangaran, Denturist (Remote)	
	Abdelatif (Latif) Azzouz, Denturist	
	Avneet Bhatia, Public Appointee (Remote)	
	Annie Chu, Denturist (Remote)	
	Norbert Gieger, Denturist	
	Elizabeth (Beth) Gorham-Matthews, Denturist	
	Aisha Hasan, Public Appointee	
	Franklin Parada, Denturist	
Regrets:	Kristine Bailey, Public Appointee	
	Gaganjot Singh, Public Appointee	
Absent:	Michael Bakshy, Public Appointee	
Legal Counsel:	Anatasia-Maria Hountalas, Steinecke, Maciura and LeBlanc	
Guest:	Robert Velensky, Chief Examiner	
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 10:03 a.m.

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.

3. **Approval of Agenda**

   MOTION: That the Agenda be approved as presented.
   MOVED: A. Azzouz
   SECONDED: A. Hasan

   CARRIED

4. **Declaration of Conflicts**
   Comments on conflict of interest were made by Ms. Anatasia-Maria Hountalas, College Counsel, Steinecke, Maciura and LeBlanc. The Conflict-of-Interest Register was provided, and Mr. Pryce updated the register with his professional association membership.

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

6. **Consent Agenda**

   MOTION: To approve the Consent Agenda as presented.
   MOVED: A. Hasan
   SECONDED: F. Parada

   CARRIED

7. **Registrar's Report**
   The Registrar provided an update on operational activities of the College, including strategic initiatives for 2024, a briefing on the scope of practice review project framework, and the Financial Report for the period of April 1, 2023, to February 15, 2024.

8. **2024-2025 Draft Operating Budget & Strategic Initiatives Budget**
   The Registrar presented the 2024-2025 draft operating budget and draft strategic initiatives budget and responded to questions and comments from members of Council.

   It was noted that the draft budget includes a one-time increase to the professional development budget to cover the cost for Council members to attend the Canadian Network of Agencies for Regulation (CNAR) Conference, which will be held in Ottawa, Ontario from October 7-9, 2024.

A suggestion was raised to host Peer Circles in conjunction with Technorama and/or Spectrum Day this year, because they cannot be held in conjunction with the Denturist Association of Ontario's Perfecting Your Practice Conference this year due to a change in format.

MOTION: To approve the 2024-2025 draft operating budget as presented.
MOVED: N. Gieger
SECONDED: G. Pryce

CARRIED

MOTION: To approve the allocation of $25,000 from the College's unrestricted reserve funds into the Strategic Initiatives budget.
MOVED: N. Gieger
SECONDED: G. Pryce

CARRIED

9. Record Keeping Standard of Practice, Guidelines, and Unique Identifier

Ms. Tera Goldblatt, Manager, Quality Assurance and Sexual Abuse Liaison, presented a proposed revision to the Standard of Practice and Gude to the Standard of Practice on Record Keeping to consult on the removal of the unique identifier requirement as recommended by the Quality Assurance Committee for a 60-day public and stakeholder consultation.

MOTION: To adopt the removal of the unique identifier requirement in the Standard of Practice: Record Keeping.
MOVED: A. Azzouz
SECONDED: F. Parada

CARRIED

MOTION: To approve the draft Standard of Practice and Guide to the Standard of Practice: Record Keeping for a 60-day public and stakeholder consultation.
MOVED: E. Gorham-Matthews
SECONDED: A. Azzouz

CARRIED

10. Deputy Chief Examiner Position

Ms. Elaine Lew, Manager, Qualifying Examinations and Registration, provided a briefing on the proposed creation of the Deputy Chief Examiner role, which was endorsed by Council at its last meeting. Mr. Robert Velensky, Chief Examiner, was invited to speak to Council to share his thoughts on the Deputy Chief Examiner position and selection process, and respond to questions.

A discussion took place and it was determined that:

a. the requirement that, "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" be removed. To address this issue, a reminder of conflict of interest and the duty to declare such conflicts would be provided; and,

b. the Chief Examiner will be invited participate in the selection process for the Deputy Chief Examiner position in a consultatory role, but will not participate in scoring candidates. The role of the Chief Examiner will be articulated in a separate section of the Selection Process document.

MOTION: To approve the Roles and Responsibilities and Selection Process documents for the Deputy Chief Examiner as amended.
MOVED: N. Gieger
SECONDED: G. Pryce

CARRIED

A discussion took place regarding succession planning for the Chief Examiner role, and there was general agreement that, in a situation of vacancy, Council would decide whether to appoint the Deputy Chief Examiner to the role or open recruitment for the role. In a crisis situation it may be appropriate for the Deputy Chief Examiner to serve as Interim Chief Examiner until the role can be filled.

MOTION: To approve the creation of the Deputy Chief Examiner position.
MOVED: A. Azzouz
SECONDED: N. Gieger

CARRIED

MOTION: To approve the creation of the Selection Committee and to open recruitment for the Deputy Chief Examiner.
MOVED: N. Gieger
SECONDED: F. Parada

CARRIED

11. College Performance Measurement Framework (CPMF) Report

The Registrar provided an overview of the College Performance Measurement Framework (CPMF) Report and current Action Items for information.

12. Other Business

No other business was raised.

13. Next Meeting Date(s)

The following upcoming meeting dates were provided for information, and it was noted that calendar invitations would be sent to Council members for each date.

- 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

14. Adjournment

MOTION: That the meeting be adjourned.
MOVED: A. Hasan
SECONDED: N. Gieger

CARRIED

The meeting was adjourned at 2:06 p.m.

Lileath Claire
President

Date

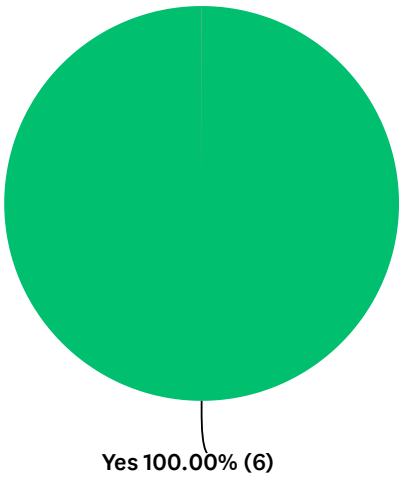
Roderick Tom-Ying
Registrar and CEO

Date

Agenda Item 6.2

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

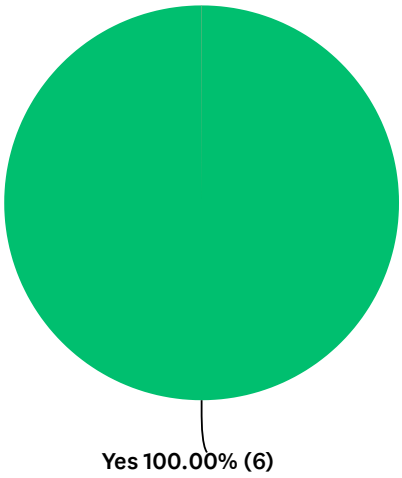
Answered: 6 Skipped: 0



#	COMMENTS	DATE
	There are no responses.	

Q2 I received this supportive information in a timely manner.

Answered: 6 Skipped: 0

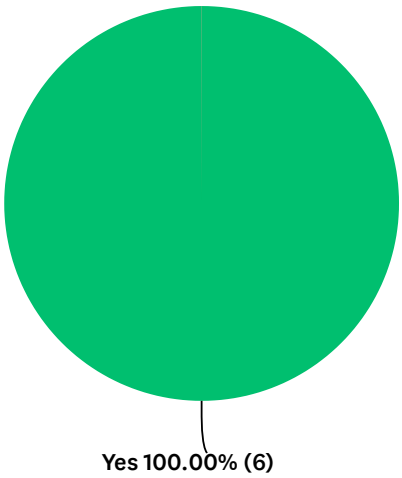


#	COMMENTS	DATE
	There are no responses.	

Agenda Item 6.2

Q3 I was prepared for this meeting.

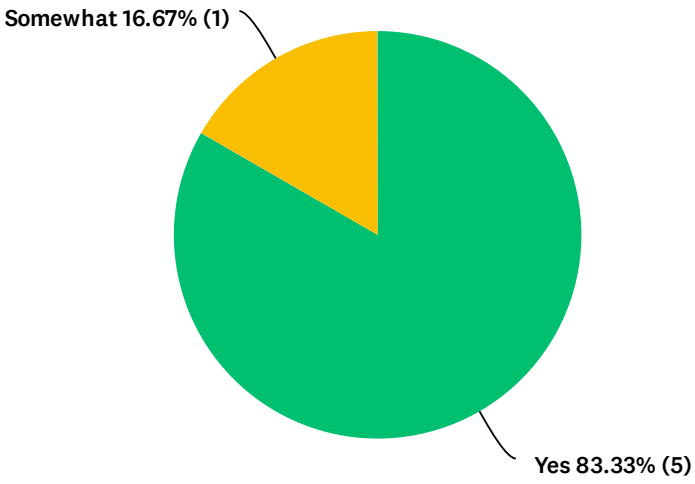
Answered: 6 Skipped: 0



#	COMMENTS	DATE
	There are no responses.	

Q4 All Council members appeared prepared for this meeting.

Answered: 6 Skipped: 0



#	COMMENTS	DATE
	There are no responses.	

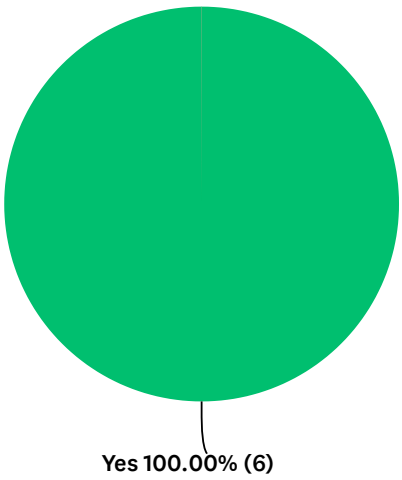
Q5 List any additional supports or resources that would have helped you better prepare for this meeting.

Answered: 0 Skipped: 6

#	RESPONSES	DATE
	There are no responses.	

Q6 This meeting was effective and efficient.

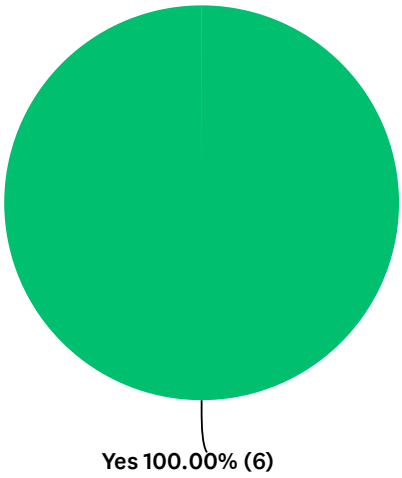
Answered: 6 Skipped: 0



#	COMMENTS	DATE
	There are no responses.	

Q7 The objectives of this meeting were achieved.

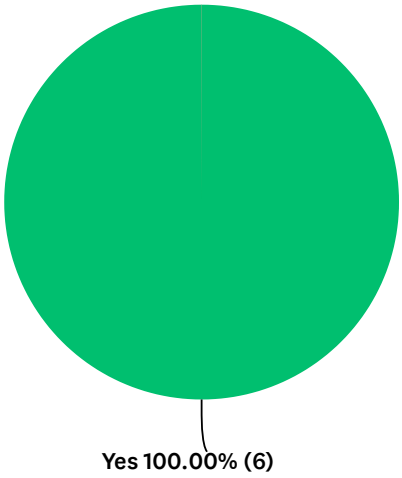
Answered: 6 Skipped: 0



#	COMMENTS	DATE
	There are no responses.	

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

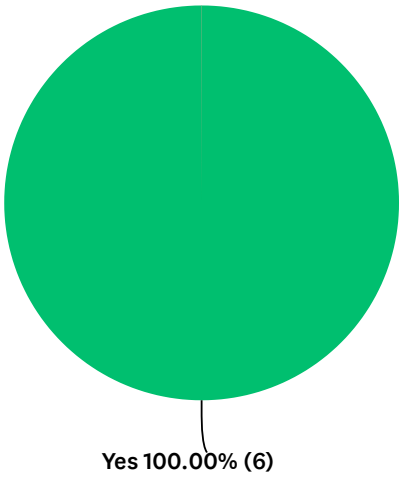
Answered: 6 Skipped: 0



#	COMMENTS	DATE
	There are no responses.	

Q9 I felt comfortable participating in the Council discussions.

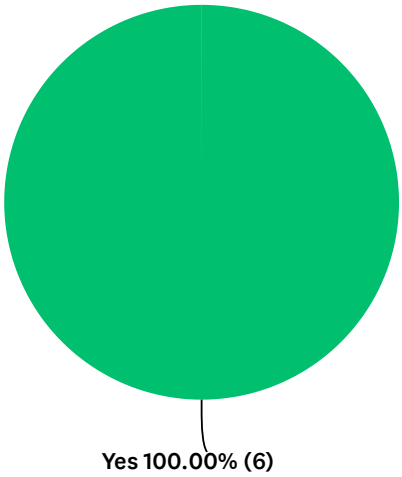
Answered: 6 Skipped: 0



#	COMMENTS	DATE
1	It is a very open and non judgmental environment. It is a pleasure to converse with the Group.	3/13/2024 5:47 AM

Q10 The public interest was considered in all discussions.

Answered: 6 Skipped: 0



#	COMMENTS	DATE
	There are no responses.	

Q11 List two strengths of this meeting.

Answered: 4 Skipped: 2

#	RESPONSES	DATE
1	Members were fully engaged and participated well. Meeting was moderated well by the President.	3/13/2024 2:47 PM
2	1. The flow set by the President and Registrar 2.packages are sent with appropriate timing before the council meetings. 3. The staff is very diligent in their tasks	3/13/2024 5:47 AM
3	Meeting was efficient and we had excellent discussions and opinions.	3/12/2024 6:43 AM
4	Ran on time and efficiently. Breaks were appropriate and kept within limits so that online participants were not left waiting for the in person group.	3/11/2024 1:03 PM

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

Answered: 4 Skipped: 2

#	RESPONSES	DATE
1	The people online had some issues with the audio	3/13/2024 2:47 PM
2	1. There was a comment about members who joined via online that had trouble hearing the meeting and speakers 2. The smaller room we were in last meeting did not have many outlets available to plug in our laptops	3/13/2024 5:47 AM
3	We had some sound issues which were fixed quickly. I would suggest all online members stay on mute and only unmute when they are speaking.	3/12/2024 6:43 AM
4	I was in person so I wasn't sure how things looked online but there were some complaints about the sound not being the best at times.	3/11/2024 1:03 PM

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

Answered: 2 Skipped: 4

#	RESPONSES	DATE
1	I feel having only recently been appointed and being my 2nd meeting that it was run very efficient.	3/13/2024 5:47 AM
2	I believe our Council Meetings are great, but we were in a smaller board room, I would suggest something bigger.	3/12/2024 6:43 AM

Q14 Additional Comments

Answered: 1 Skipped: 5

#	RESPONSES	DATE
1	It is wonderful that the college is able to accommodate Council members who travel outside of Toronto with over night stay as an opportunity and start times are very reasonable. It is very appreciated that there is food and beverage available.	3/13/2024 5:47 AM

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

Agenda Item 6.2

Answered: 1 Skipped: 5

#	RESPONSES	DATE
1	none that come to mind at the moment.	3/13/2024 5:47 AM

COLLEGE OF DENTURISTS OF ONTARIO

COMMITTEE REPORT TO COUNCIL

Name of Committee: **Executive Committee**

Reporting Date: **June 14, 2024**

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

The Executive Committee did not meet since its last report to Council on March 8, 2024.

Three (3) Clinic Name Registration applications were considered electronically by the Committee since the last Council meeting.

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

COLLEGE OF DENTURISTS OF ONTARIO

COMMITTEE REPORT TO COUNCIL

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

Reporting Date: **June 14, 2024**

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

Role of the Committee

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

Executive Summary

Since the March 2024 Council meeting, the ICRC has considered 7 complete investigations and made final dispositions in 6 matters.

Decisions Finalized:

Complaints	**6**
Registrar's Reports	**0**
Total	**6**

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

No Further Action	3
Advice/Recommendation/Reminder	2
Deferred	1
Discipline Committee, Interim Order for TCL's	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
Professional Judgement	2	
Clinical skill/execution	1	1
Legislation/standards/ethics		1
Relationship with patient	1	1
Communication	2	

Cases Considered by the Committee:

Complaints	**7**
Registrar's Reports	**0**

New Files Received during this period:

Complaints	**2**
Registrar's Reports	**0**

HPARB appeals

Total Appeals pending	4

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

COLLEGE OF DENTURISTS OF ONTARIO

COMMITTEE REPORT TO COUNCIL

Name of Committee: **Discipline Committee**

Reporting Date: **June 14, 2024**

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

Introduction: Role of the Committee

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

Executive Summary

Since the March 9, 2024, Council meeting, a Panel of the Discipline Committee participated in an ongoing hearing and heard a pre-hearing motion. The Discipline Committee as a whole did not meet.

A. Panel Activities

1. The Panel met for an ongoing hearing on April 23, 2024, that is expected to be heard throughout 2024.

2. The Panel heard a pre-hearing motion on May 27, 2024, for a matter referred by the ICRC and will resolve by way of Undertaking.

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

COLLEGE OF DENTURISTS OF ONTARIO

COMMITTEE REPORT TO COUNCIL

Name of Committee:	Fitness to Practice Committee
Reporting Date:	June 14, 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

COLLEGE OF DENTURISTS OF ONTARIO

COMMITTEE REPORT TO COUNCIL

Name of Committee: **Patient Relations Committee**

Reporting Date: **June 14, 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

COLLEGE OF DENTURISTS OF ONTARIO

COMMITTEE REPORT TO COUNCIL

Name of Committee: **Quality Assurance Committee**

Reporting Date: **June 14, 2024**

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

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: June 7, 2024

Peer and Practice Assessment Reports

Requirement Considered	Result
2020-2021 Peer & Practice Assessments	• 1 – Satisfactory, file to be closed
2023-2024 Peer & Practice Assessments	• 3 – Satisfactory, file to be closed • 1 – Remedial Action • 3 – Extension granted

CPD Not met 2023-2024

The Quality Assurance Committee reviewed extension requests for members who have not met their annual CPD requirement. 20 members received the 2nd and final warning letter. The Committee decided on referring one member straight to a Peer and Practice Assessment in the event that he is non-compliant with his CPD requirement.

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

COLLEGE OF DENTURISTS OF ONTARIO

COMMITTEE REPORT TO COUNCIL

Name of Committee: **Registration Committee**

Reporting Date: **June 14, 2024**

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

Activities during the Quarter:

The Registration Committee met 2 times since its last report to Council on March 8, 2024, on the following dates:

- April 9th, 2024
- May 7th, 2024

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

In addition, proposed amendments were approved to the Language Proficiency Requirements Policy to include the Pearson Core Test of English as updated by Immigration, Refugees and Citizenship Canada.

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

COLLEGE OF DENTURISTS OF ONTARIO

COMMITTEE REPORT TO COUNCIL

Name of Committee: **Qualifying Examination Committee**

Reporting Date: **June 14, 2024**

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

Activities during the Quarter:

The Qualifying Examination Committee has met once since its last report to Council on March 8, 2024.

At its March 19th meeting, the Qualifying Examination Committee reviewed the item analysis prepared by Dr. Anthony Marini. In his analysis, there were 2 items from the OSCE exam that were presented to the Committee for further review, of which 2 items were deleted to ensure the validity of the candidate's scores. Items identified as problematic were presented and reviewed by the Committee for deletion or kept in scoring.

Examination results were released on April 12, 2024. Candidates who were unsuccessful on the OSCE component of the QE were provided with a detailed performance report.

February 2024 Multi-Jurisdictional MCQ Qualifying Examination

The College of Denturists of Ontario along with the College of Alberta Denturists, and the British Columbia College of Oral Health Professions hosted a common Multi-Jurisdictional MCQ examination for the February 2024 administration.

The MCQ examination was administered remotely in an online format with remote proctoring.

The MCQ was administered on February 15, 2024, with a total of 28 candidates attempting the examination. Of the 28 candidates, 26 candidates were from Ontario, 2 candidates from Alberta, and none from British Columbia during this administration.

February 2024 MJMCQ Results

February 2024	**New**	**Repeat**	**Total**
Number of candidates	15	13	28
Number of successful candidates	10	4	14
Pass rate (expressed as a percentage of all candidates)	**50%**		
Pass rate (expressed as a percentage of all new candidates only)	**71.4%**		

February 2024 OSCE Qualifying Examination

The College hosted its February OSCE examination on February 24th and 25th at the David Braley Centre in Hamilton.

February 2024 OSCE Results

February 2024 – All Schools Results	**New**	**Repeat**	**Total**
Number of candidates	14	5	19
Number of successful candidates	9	**	**
Pass rate (expressed as a percentage of all candidates)	**57.9%**		
Pass rate (expressed as a percentage of all new candidates only)	**64.3%**		

**reportable data sets of 3 or less will not be published to protect the privacy of candidates.

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

COLLEGE OF DENTURISTS OF ONTARIO

COMMITTEE REPORT TO COUNCIL

Name of Committee:	**Qualifying Examination Appeals Committee**
Reporting Date:	**June 14, 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 March 8, 2024.

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

COLLEGE OF DENTURISTS OF ONTARIO

To: **Council**

From: **Lileath Claire, President**

Date: **June 14, 2024**

Subject: **President's Report**

I am pleased to provide this report to Council, representing selected activities, events, and accomplishments of the College since the last Council meeting on March 8, 2024.

Scope of Practice
On April 26, 2024, the CDO in partnership with the DAO and the DGO initiated the launch of a joint initiative to review the Scope of Practice for Denturists in Ontario. A working group composed of members from the three partner organizations are currently working collaboratively to systemically review the current scope of practice and provide, in the public interest, recommendations to modernize the scope of practice for Denturists. Any changes proposed must demonstrate increased collaboration among the oral healthcare team, faster and more efficient delivery of care, and maximizing the expertise of oral health care professionals.

Canadian Network of Agencies for Regulation (CNAR) Regulatory Conference 2024 - Ottawa
The College has invited all Council members to attend the CNAR Regulatory conference being held in Ottawa during the month of October. CNAR is the largest Canadian regulatory conference geared for our sector. This is an opportunity for Council members; both professional and public, to be exposed to Canada's national, provincial, and territorial regulatory organizations from diverse areas of professional regulation. Attendees share information, discuss emerging regulatory issues, develop best practices and gain insight towards a model of regulatory excellence in Canada.

Membership on Council
Following a nomination period that closed on April 21, 2024, the following Professional members were elected to Council by acclamation.

- Mr. Abdelatif Azzouz – District 6
- Mr. Majid Ahangaran – District 7
- Ms. Elizabeth Gorham-Matthews – District 8

I am confident you will continue to support the important work of Council in the interest of all Ontarians. I wish you the best in this new term.

Professional Misconduct Regulation

With the support of the Executive Committee, the membership at large, and the Denturism Associations in providing guidance, the College (President and Registrar) was able to sign off on the Ministry of Health's finalized version of the Professional Misconduct Regulation for implementation July 1, 2024. The new regulations incorporate positive changes that will be welcomed by both the profession and the public.

I would like to thank all Council members, the Registrar, and Staff for all your commitment to service. As we approach this mid-year point, we are mindful of the past challenges but also excitement about the opportunities ahead. I know we are going to do more exciting work together as the year unfolds.

MEMORANDUM

To: Council, College of Denturists of Ontario (CDO)

From: Deanna Williams, Dundee Consulting Group Ltd.

Date: June 14, 2024

Re: Proposed Plan of Work for 2024 and Beyond

1. Conducting an external assessment of Council's effectiveness

It is an expectation set out under the College Performance Measurement Framework (CPMF) that all health regulatory Colleges conduct an external assessment of their Council's effectiveness, at minimum once every three years. Accordingly, I have been contracted by the College to conduct this assessment and have begun with my personal observation of the virtual Council meeting held on September 29, 2023 and my review of the Council meeting materials for March 8, 2024 posted online. I will observe my second meeting of the Council on June 14, 2024. Between mid-June and the end of July, I propose to meet with each member of the Council, and senior leadership team for short one on one discussions to provide your personal insights into the Council's effectiveness. A series of questions to help guide these discussions will be provided in advance of our zoom calls. Following the interviews I will finalize my report for presentation to Council at the next meeting on September 6th.

2. Developing a Council and Committee Competency Profile

It is a recognized best governance practice internationally that regulators ensure they have a desired blend of skills and competencies amongst individuals who serve on both their Councils and committees. While geographical and other representation on regulatory boards does not evidently assure effective governance, there is evidence that demonstrated skills and competencies do. Health regulators internationally commonly use competency profiles in the recruitment and screening of potential new board and committee members, and several health regulatory Colleges in Ontario have developed and used competency profiles to meet expectations for skilled and competent Councils set by the College Performance Measurement Framework (CPMF). Under the new health regulated professions act in BC, all members of the regulatory boards will be recruited, screened, and appointed based on skills and competencies they will bring to the Board.

Below are examples of Board profiles/attributes used in recruiting and selection

processes for both professional and lay members seeking positions as regulatory Board members in Ireland, the UK and Australia. Professional members on the boards of CORU (Ireland's multi-health professions regulator) and some other health regulators in Ireland are still elected to the boards by the professions; however, newly elected members must first be approved by the Minister of Health before they take their seats on a board. This provides the Minister with assurances that a professional member has not been elected on a platform that they consider incompatible with the regulator's public interest mandate.

Also included are criteria used for recruiting and selecting all board members by the General Medical Council (GMC) in the UK, and by the Australian Health Practitioners Regulatory Agency (AHPRA) in Australia - professional board members in these jurisdictions are not recruited according to any geographical or other representation, and in addition to demonstrating the same desired competencies and attributes, public and professional members are expected to apply their own unique experiences and perspectives to add value to the boards' discussions and debates.

In my experience, the competency profile developed by a regulatory Council should also apply to members of its committees, with certain additional skills or experiences (such as legal, risk, financial expertise/experiences) being sought in members of adjudicative or the finance/audit committees. Draft skills and competencies for your consideration are provided, for input and discussion, with a view to bring a final draft profile to the Council for approval in September 2024.

Once approved, the Council/Committee competency profile is not set in stone; it should be reviewed by the Council periodically and revised if warranted.

3. Use of Self-Assessments to Build Council's Skills Inventory

Once the competency profile is approved and then annually, all Council members should engage in a self-assessment process to generate a 'heat map' that identifies for Council where its existing skills and competencies are collectively strong; where existing skills levels are acceptable; or where identified gaps in skills or competencies exist. Council should try and fill identified gaps through future recruitment, screening, and election/appointment processes. The 'skills inventory' should be updated annually to accommodate changes in individuals' experiences, education/training, and membership on Council.

Once the Council competency profile is approved, a self-assessment survey will be developed for distribution to all Council members in October 2024, with the generated results, and 'heat map' provided to Council for information and discussion at the meeting in December 2024.

Various options for rating individual skills and competencies across identified areas, and the rationale for each, will also be presented to Council for consideration at the June meeting.

4. Demonstrating Accountability through a Defined Evaluation Framework

Work in December 2024 and beyond will focus on developing a draft evaluation framework for Council's approval, which will include quarterly evaluations of each Council meeting as well as an annual skills and competency-based evaluation of Council's individual and collective performance and effectiveness.

Deanna Williams

Desired Board Competencies in Other Jurisdictions - Example 1 – CORU – Ireland's Multi-Professional Health and Social Care Regulator

The following are the candidate criteria sought by the Irish government when recruiting and selecting public appointees to regulatory Boards in Ireland

Essential Criteria

Candidates must demonstrate, in their application, evidence of some experience relevant to the area which they are applying to represent, in one or more of the following:

- Corporate governance
- Financial management
- Risk management
- Change management
- Strategy development
- Regulation knowledge/experience
- Irish healthcare system knowledge/experience
- Evidence of an ability to work with others and build consensus with a broad range of stakeholders

Desirable Criteria

- Legal or financial expertise
- Regulatory Law
- Information Technology

The Minister encourages applications from diverse, qualified candidates to ensure boards are a true reflection of Irish society and shall have regard to the desirability for gender balance, diversity and inclusion on a board as the Minister considers appropriate and determines from time to time when making appointments, in line with the updated Code of Practice for the Governance of State Bodies.

To qualify for appointment, a person must not have any legal impediment or conflicts of interest likely to interfere with his/her ability to assume the role of a member of a board.

[1] https://www.publicjobs.ie/restapi/stateboardsAdverts/182331/booklet

Desired Board Competencies in Other Jurisdictions - Example 2 – General Medical Council of UK

General Medical Council

Regulating doctors
Ensuring good medical practice

12 – Report on Council Appointments

Competencies and expertise

1 The following are the competencies and expertise required for the Chair of Council role, incorporating the core competencies applicable to all Council members as agreed by Council in 2012 and used to constitute the membership of the current Council. Minor amendments have been made to ensure that the information is up to date, reflects feedback from the previous campaign and further review, and is specifically tailored for the recruitment campaign for the role of Chair.

Core competencies apply to the Chair role, and are also applicable to all GMC Council members

*Competency 1- *applicable only to candidates who are members of the medical profession*

Ability to command the confidence and capacity to understand the priorities of the GMC's key interest groups

1.1 Knowledge and experience of working in partnership and promoting inclusion and involvement of one or more of the GMC's key interest groups; or capacity to understand the GMC's aims and priorities of its key interest groups.

1.2 Knowledge/experience in any of the following areas: governance, regulation, healthcare delivery, consumer engagement, audit and risk, finance and assurance, commercial sector, community or voluntary sector, professional/higher education, professional ethics and standards.

1.3 Understanding, knowledge or experience of managing external relationships and engaging with the public and/or the medical profession.

1.4 Knowledge and understanding of equality and diversity issues.

Competency 2

Ability to contribute to strategic direction.

[2] https://www.gmc-uk.org/-/media/documents/12---report-on-council-appointments_pdf-56223135.pdf

2.1 Knowledge/experience of strategic planning, including the development and delivery of an organisation's strategy for the medium and long term, including the development of the governing body to be effective.

2.2 Understanding strategic and business plans, systems of internal governance, and ability to interrogate performance data, exercise robust board level accountability, and uphold the principles of effective corporate governance.

2.3 Contributing openly to debates and discussions to reach decisions which achieve corporate objectives.

2.4 Challenging and probing constructively and effectively to achieve the best outcome for the organisation in fulfilling its charitable and statutory purpose.

Competency 3

Ability to influence and communicate effectively

3.1 Highly developed interpersonal and influencing skills with ability to establish credibility and effective working relationships with the GMC's key interest groups.

3.2 Influencing and persuading others using well-reasoned arguments, and working effectively in a team of people.

3.3 Good communication skills and ability to put views across clearly, persuasively and sensitively.

3.4 Experience of participating in group discussions, proven ability to promote the role of an organisation externally, and commitment to the promotion of equality and valuing diversity.

Competency 4

Analytical skills and sound judgment

4.1 Knowledge/experience of analysing and understanding complex information and situations before reaching an independent and objective conclusion.

4.2 Willingness to modify thinking in the light of new information/dialogue, and to respect the differing views of others.

4.3 Ability to think creatively, analytically and contribute constructively to the collective decision-making process.

*Additional Desired Experience or Expertise -*in some but not necessarily all candidates*

In addition, the Council will require candidates who have knowledge and experience of one or more of the following areas of expertise:

- Significant level chairing experience: track record of board level leadership in a non-executive role; ability/knowledge and experience of chairing boards/committees; ability to make sense of complex information/situations and to build consensus and arrive at concrete decisions; ability to act as an ambassador for the organisation and to develop and maintain constructive collaboration, networking and consultation with key interest groups at national, European and

international level; ability to use complex influencing strategies using extended networks of influence.

- Significant experience of leading complex organisations: knowledge/experience of leading organisations or senior level experience, including, for example, charities, regulatory bodies, consumer or medical representative bodies, non-departmental public bodies, commercial bodies, community/voluntary bodies.
- Significant level governance experience: knowledge and experience of governance work in the public or private sector in any of the following areas: regulation, charity trusteeship, strategic planning, audit and risk, financial management, healthcare education and provision.

Desired Board Competencies in Other Jurisdictions - Example 3 – Australian Health Practitioners Regulatory Agency (AHPRA)

In the national health professions regulatory scheme in Australia, AHPRA is the national administrative body that administers identified programs and processes on behalf of the national health professions regulatory boards in Australia. One such delegation includes recruitment and selection of both professional and lay members to the health regulatory boards.

A link to the information booklet/guide that is made available to all interested individuals seeking possible appointment to any of the health regulatory boards in Australia is included in the footnote below. Attributes for Board members, whether they are members of a regulated profession or of the public at large are the same, as is seen in this chart, taken from the booklet, below.

Board Member Attributes	Board members are expected to demonstrate the following attributes: • **Displays integrity:** is ethical, committed, diligent, prepared, professional and principles-based, values diversity, and shows courage and independence. • **Thinks critically:** is objective, impartial, is logical and analytical, distills core of complex issues and weighs options. • **Applies expertise:** applies unique knowledge, skills and experience in contributing to decision-making. • **Communicates effectively:** is articulate, persuasive, diplomatic, self-aware, and reflects on personal impact and effectiveness, listens and responds constructively to contributions from others. • **Focuses strategically:** takes a broad perspective, can see the big picture, considers long term impacts. • **Collaborates in the interest of the regulator and the public:** is a team player, flexible, cooperative, creates appropriate partnerships, understands public interest Community Members are asked to address an additional attribute: • **Strong community connection**: can demonstrate a strong connection to the community and ability to bring a public/lay perspective and voice to all regulatory discussions and decisions made.

[3] https://acrobat.adobe.com/id/urn:aaid:sc:US:00c4c081-0af4-46d4-9c0a-3a3de523a286

A Proposed Competency Profile for CDO Council and Committees

*Council could consider selecting its Top 8 for inclusion in the Profile

1. **<u>Essential competencies and behavioural traits</u>** that Council would like to see brought forward by all members of the Council and committees.

    - **Honest and ethical** - demonstrates adherence to principles of honesty and integrity in declaring any potential biases or conflicts.
    - **Excellent communicator** (includes good listener) - can communicate ideas clearly and listens with intent to what others are saying.
    - **Committed and Prepared** - understands and is committed to meeting expected time commitments and levels of preparedness for meetings.
    - **Relationship builder and team player** - works well with others; is able to interact in ways that maintain positive relationships with others.
    - **Open-minded and flexible** - is willing to change a position where solid arguments or evidence supports such a change.
    - **Analytical and critical thinker** - considers all of the information available and comments brought forth by others before forming an opinion or taking a position; demonstrates independence and objectivity in approach.
    - **Visionary and strategic thinker** - considers wider impact of decisions on the organization and its ability to meet its strategic directions; not afraid to think of and raise new or novel ideas.
    - **Understands the College's public interest mandate** - possesses at least a good understanding of the mandate of the College to put public interests above other interests.
    - **Exhibits sound and balanced judgement** - demonstrates sound judgement in contributing to good decision-making.
    - **Demonstrates high level of emotional intelligence** - uses an emotionally intelligence approach in all interactions and discussions.
    - **Demonstrates respect and courtesy for self and others.**
    - **Basic understanding of principles of equity, diversity, and inclusion.**

2. **<u>Desirable skills, experiences or expertise</u>** that Council would like to see brought forth by some but not all members of the Council of committees as required:

    - **Financial literacy/training/experience** - possesses, through work, training or other experience, a good understanding of generally accepted accounting principles; can read, interpret and ask relevant questions about financial statements and reports

- **Risk/risk management** - good understanding of Council's role and responsibility for identifying and reviewing risks and overseeing the management of risks.
- **Governance (training or experience)** - demonstrates knowledge and understanding of good governance principles and practices, possibly gained through board experience or governance education or certification.
- **Leadership (training or experience)** - Demonstrated experience leading teams and/or organizations; ability to lead, inspire and provide feedback to others.
- **Technology** - possesses more than a basic understanding of technology through personal training or experience; can identify opportunities and challenges including risks.
- **Understanding of the law/legal experience**
- **Knowledge of the profession/professional regulation in Ontario-** Good understanding of the role and purpose of a health regulatory College in ON and how professions in general, and the denturist profession are regulated.
- **HR and compensation** - may be useful but not usually essential.
- **Stakeholder Engagement** - understanding, knowledge, or experience in managing external relationships and engaging with key stakeholder groups in a manner that supports the work and objectives of the College.

Using a Skills Assessment Process to build a Skills Inventory

Key Considerations

1. **At least annually,** the entire Council should complete individual self-assessments of their own levels of desired competencies and skills in order to yield a current Skills inventory for the CDO Council.

2. **The skills-assessment survey** should be structured so as to give rise to a ‘heat map’ showing where Council collectively believes it is particularly strong; skills and competency areas that are good; and where Council (and/or committees) could benefit from ‘shoring up’ of certain skills and competency areas as identified through a 'gaps analysis’.

3. **A self-assessment survey intended to yield a skills inventory should include:**

    - **Skill/Competency:** the name of the skill or competency that one will be assessing themselves on.

    - **Description**: a brief description of the skill or competency to ensure that everyone has a common understanding of what it means.

    - **Proficiency levels:** the rating scale to assess individual members’ proficiency in the given skill. For example, these could be beginner/no experience; good; intermediate/above average, or advanced levels (have special education, training, experience or certification to validate this rating)

    - **Council member names:** a list of individuals who have self- assessed for the skill, along with their proficiency level(s).

    - **Training needs:** an opportunity for all participants to indicate where they consider that they themselves, and/or the collective Council would benefit from additional training or support to develop an identified skill further.

4. **Best practices suggest that a four-point rating scale is preferable to a shorter or longer scale.**

Registrar's Updates

Since the last meeting of Council on March 8th, 2024:

- New Staff Member – Meghan Hoult, Manager of Qualifying Examinations and Policy
- Scope of Practice Working Group Launched April 26, 2024
- CDCP dedicated webpage launched
- Annual Confidentiality and Conflict of Interest Council Survey – sent after this meeting
- May 3 - 5 - Multi-Jurisdictional OSCE Workshop held in Montreal – Chief Examiners from Alberta, BC, Ontario, SPP Program, Psychometrician, Registrar's of Saskatchewan & Manitoba in attendance.
- May 9 – George Brown College School of Dental Health Annual Student Awards Ceremony
- June 6 – HPRO Annual General Meeting – Visit from Hon. Sylvia Jones, Minister of Health
- HPRO – Working on how HPRO and Ministry can recommend improvements to Public Member Appointments (competency-based appointments, remuneration framework with HBS)

The Road Ahead – Strategic Initiatives in 2024

Strategic Initiatives	Project Leads	Council Lead	Progress
Registration Regulation	Registrar & CEO Manager of Registration	Chair, Registration Committee	Awaiting direction from Ministry of Health
Professional Misconduct Regulation	Manager of Professional Conduct External Consultant	Chair, ICRC Committee	Coming into force July 1, 2024
Amalgamation	Registrar & CEO Manager of Council and Corporate Services External Consultant(s)	President Executive Committee	Ongoing
Scope of Practice	Registrar & CEO Manager of Examination and Policy External Consultant	Vice-President Working Group – composed of 2 CDO Council Member Delegates	Launched April 26, 2024 – Working Group meeting bi-weekly on proposal template
Multi-Jurisdictional OSCE Examination	Manager of Qualifying Examinations Chief Examiner Third-Party Psychometricians College of Alberta Denturists	Chair, Qualifying Examination National Examination Advisory Committee	Ongoing – Working Group met in May 2024
Accreditation	Manager of Qualifying Examinations Accreditation Canada	Chair, Qualifying Examination	Oxford College Accreditation scheduled for June 17-19

BRIEFING NOTE

To:	**Council**
From:	**Roderick Tom-Ying, Registrar and CEO**
Date:	**June 14, 2024**
Subject:	**Financial Report: April 1, 2024 – April 30, 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, 2024 – April 30, 2024

I direct your attention to the column "YTD as Percentage of Budget" which indicates the percentage of the budgeted amount that has been spent (or, in the case of income, received). Since this report covers only the first month of the fiscal year, consequently, the anticipated expenses will be quite low into the new fiscal year. However, not every line item adheres to this because some expenses are not expensed over time but are lump sum payments.

On the revenue side, in previous years most of the College's Registration renewal revenue is captured by the end of the renewal period, March 31. In keeping with the two-installment payment plan option instituted during the pandemic, the renewal period extends to September 1, 2024, when the second installment of the Registration renewal fee is due. The first installment or the option to pay in full, was due by March 31, 2024. As of April 30, 2024, the revenue received for Registration Fees represented 73% of our projected budget. The College harmonized its registration year end with the fiscal year end and moved its annual renewal deadline from April 14 to March 31. This represents the first year of the harmonized renewal deadline and as such, the College exempted late fees up to the previous deadline of April 14 as part of an orderly roll out.

Due to significant material disruptions in the operational activity of the College due to the transition of two staff positions, the secondment agreement between the CDO and CDHO will be scaled back significantly over the calendar year. As such, the revenues collected as part of the agreement, captured under other income, will be subject to change. Due to the timing of operational changes, the College will provide an updated forecast once it is in a better position to report on what material impacts it may have on the operating budget. At this time, the 2024-2025 budget and reported numbers will remain as is.

On the expenses side, there are two areas to note – complaints/discipline and cash burn rate.

In the area of complaints and discipline, expenses booked year to date have already reached 93% of the complaints budget for the entire budget year. This is due to a series of complex complaints regarding a member matter that is nearing its conclusion before the ICRC committee and other contested hearings before the discipline panel. The College is monitoring closely and what impacts it may have on the operational budget. If required, the College may tap into the reserve funds that are restricted for the overflow of expenses stemming from the complaints/discipline area. The current restricted reserve fund is sitting at $360,000 and was designed exactly for situations like this where out of year expenses may arise due to extraordinary complaints/discipline case files. The College notes that the fiscal side related to any member complaints or discipline matter have no impact on the routine legal proceedings of the ICRC and Discipline panels. While fiscal costs related to the adjudication of cases may form one part of the consideration, the administration of justice and public protection remains the number one priority regardless of costs.

I want to note to Council that the current cash burn rate for College expenditures is elevated year over year. While we are early in the new fiscal year, the rate of expenditures appears to have elevated at a moderate level with overall total expenditures (up to April 2024) being $193,763 compared to $112,873 or an increase of 28% year over year. The increase level of expenditures is not tied specifically to one area, but rather overall including wages & benefits, professional fees, office and general, and complaints. The College has identified three sources of the increased cash burn rate which include the complaints area, transition of two staff roles, as well as increased professional fees and general expenditures due to the unprecedented slew of strategic initiatives.

Due to the roll out of the new Professional Misconduct regulation and accompanying policy piece revisions requiring legal guidance, the initiation of the scope of practice working group, and large complaints/discipline expenses, the expenditures have risen.

The College will monitor the year-to-date total in detail over the coming months and will report to Council if the cash burn rate remains elevated and if College Staff believes there may be a material impact on the operating budget. As we are only one month into the fiscal year, and right at the precipice of the new regulation roll out, perhaps the expenses may be front loaded and level out.

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, 2024 – April 30, 2024

Leasing costs related to HUB 601 for the 2023 rental year has now been transferred from the strategic initiatives budget into the Operating Budget under Rent.

Two new strategic initiative budget line items were created for the implementation of the Registration and Professional Misconduct Regulation and the Scope of Practice review. Modest expenses have been booked for the Scope of Practice review, and all budget line items are on target for the fiscal year.

College of Denturists of Ontario
Statement of Operations (April 1 - 31, 2024)

YTD Budget to Actual	2024-2025 BUDGET	April 30/24 YTD Totals	YTD as Percentage of Budget	Remainder or In Excess of Budgeted Amount*
REVENUE				
Professional Corporation Fees	$ 70,000.00	$ 65,650.00	94%	$ 4,350.00
Registration Fees	$ 1,335,400.00	$ 979,543.06	73%	$ 355,856.94
Other Fees	$ 4,500.00	$ 3,994.25	89%	$ 505.75
Qualifying Examination Fees	$ 250,000.00	$ 39,350.00	16%	$ 210,650.00
Other Income	$ 110,000.00	$ 12,226.68	11%	$ 97,773.32
TOTAL REVENUE	**$ 1,769,900.00**	**$ 1,100,763.99**	**62%**	**$ 669,136.01**
EXPENDITURES				
Wages & Benefits	$ 693,000.00	$ 58,790.06	8%	$ 634,209.94
Professional Development	$ 70,000.00	$ 5,612.22	8%	$ 64,387.78
Professional Fees	$ 140,000.00	$ 22,764.67	16%	$ 117,235.33
Office & General	$ 165,000.00	$ 32,644.83	20%	$ 132,355.17
Rent	$ 151,300.00	$ 10,480.33	7%	$ 140,819.67
Qualifying Examination	$ 300,000.00	$ 17,950.00	6%	$ 282,050.00
Council and Committees	$ 45,000.00	$ -	0%	$ 45,000.00
Quality Assurance				
QA Peer Circles	$ 30,000.00	$ 443.75	1%	$ 29,556.25
QA Assessor Expenses	$ 35,000.00	$ 1,093.29	3%	$ 33,906.71
Complaints & Discipline				
Complaints	$ 40,000.00	$ 37,360.50	93%	$ 2,639.50
Discipline	$ 30,000.00	$ 4,095.00	14%	$ 25,905.00
Capital Expenditures	$ 15,000.00	$ 2,528.36	17%	$ 12,471.64
TOTAL EXPENDITURES	**$ 1,714,300.00**	**$ 193,763.01**	**11%**	**$ 1,520,536.99**
NET INCOME	**$ 55,600.00**	**$ 907,000.98**		

College of Denturists of Ontario
Strategic Initiatives (April 1, 2024-April 30, 2024)

YTD Budget to Actual	BUDGET	Project Anticipated Costs	Costs Incurred to Date	YTD Totals April 30/24	Remainder or In Excess of Budgeted Amount*	Costs Not Yet Incurred
STRATEGIC INITIATIVES						
Council Approved Allocations	$ 175,000.00					
Phase 1: Member Portal Upgrade		$ 18,000.00	$ 18,000.00	$ -	$ 157,000.00	Project Completed
Phase 2: Member Portal Upgrade - Applicant Portal		$ 24,000.00	$ 24,000.00	$ -	$ 133,000.00	Project Completed
Phase 3: Member Portal Upgrade - Compliance Centre		$ 24,000.00	$ 24,000.00	$ -	$ 109,000.00	Project Completed
Strategic Planning Workshop Expenses		$ 10,000.00	$ 13,569.53	$ -	$ 95,430.47	Project Completed
Regulatory Hub - 2023-2024 Lease Costs		$ 9,999.96	$ 9,999.96	$ -	$ 85,430.51	Project Completed
Governance - Project 1 & 2		$ 8,475.00	$ 4,500.00	$ -	$ 80,930.51	$ 3,975.00
Governance - Project 3		$ 9,040.00	$ -	$ -	$ 80,930.51	$ 9,040.00
Registration and Professional Misconduct Regulation Implementation		$ 10,000.00	$ -	$ -	$ 80,930.51	$ 10,000.00
Scope of Practice Review		$ 50,000.00	$ -	$ 1,021.39	$ 79,909.12	$ 48,978.61
TOTAL STRATEGIC INITIATIVES	**$ 175,000.00**	**$ 163,514.96**	**$ 94,069.49**	**$ 1,021.39**	**$ 79,909.12**	**$ 71,993.61**

COLLEGE OF DENTURISTS OF ONTARIO

MEMO

To: **Council**

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

Date: **June 14, 2024**

Subject: **Results of Elections – Districts 1, 6, 7 & 8**

Pursuant to Article 18.02 of the College By-laws which states:

> **18.02 Registrar's Declarations**
> The Registrar shall make all declarations in respect of an election in writing, keep them in the records of the College and include a copy of each declaration in the next package of materials sent to the Council after making it.

I write to provide Council with the results of the 2024 Council elections of representatives from the profession from Districts 1, 6, 7 and 8.

One (1) nomination of candidacy for election to the College Council was received in each of Districts 6, 7, and 8. The nomination period closed on April 21, 2024, and the deadline to submit a notice of withdrawal of candidacy was May 1, 2024. The online polling period for the election of professional members of Council would have begun on May 6, 2024; however, since these seats were filled by acclamation, no elections were required.

I declare and provide you notice that the following professional members were elected to the Council by acclamation for three-year terms:

District 6	Mr. Abdelatif Azzouz
District 7	Mr. Majid Ahangaran
District 8	Ms. Elizabeth Gorham-Matthews

There were no nominations of candidacy received for District 1. Pursuant to Article 14.02 of the College By-laws, "where there are no candidates for an electoral district who are eligible for election, the Registrar shall, as soon as possible call a by-election for that electoral district."

This notice shall constitute the record of the College for this election.

Table of Changes

ONTARIO REGULATION 854/93

PROFESSIONAL MISCONDUCT

1. The following are acts of professional misconduct for the purposes of clause 51 (1) (c) of the Health Professions Procedural Code:

Current Regulation	Amendments	Rationale
Failing to abide by any term, condition or limitation imposed on the member's certificate of registration.	Contravening, by act or omission, a term, condition or limitation on the member's certificate of registration.	The addition of "by act or omission" makes it clear that a member does not have to take a positive action to be in contravention of the Misconduct Regulation. This will re-occur in other recommended amendments.
Failing to maintain the standards of practice of the profession.	Contravening, by act or omission, a standard of practice of the profession or failing to maintain the standards of practice of the profession.	The addition of "by act or omission" makes it clear that a member does not have to take a positive action to be in contravention of the Misconduct Regulation.
Delegating a controlled act, except to a person who is acting under the supervision of a member and who is, i. a student attending a course of study leading to a diploma or degree in denturism at an institution recognized by the Registration Committee, or ii. a candidate who is eligible to participate in entry-to-practice examinations, and whose application for a certificate of registration has not been finally refused by the Registration Committee.	Delegating a controlled act, unless the member appropriately supervises the delegatee, the delegation is appropriate in all of the circumstances and the member takes reasonable measures to ensure that the delegatee has the knowledge, skills and judgment to perform the procedure. Performing a controlled act that has been delegated to the member unless the member has the knowledge, skill and judgment to perform the delegated controlled act and has confirmed that the delegator is authorized to delegate the controlled act.	The current language only addresses students (and students in the examination process). The proposed language would widen the ambit but put in place necessary and clear parameters to ensure the protection of the public interest. The amendments address the skills of the delegatee and the responsibility of the member to only delegate in appropriate situations. Further, we note that denturism students do not require the current language in order to perform controlled acts. Under section 29 of the RHPA certain individuals are exempted from the controlled acts – including students –

Current Regulation	Amendments	Rationale
		so these delegation provisions are not required. This section reads: Exceptions 29 (1) An act by a person is not a contravention of subsection 27 (1) if it is done in the course of, (b) fulfilling the requirements to become a member of a health profession and the act is within the scope of practice of the profession and is done under the supervision or direction of a member of the profession;
Abusing a patient verbally or physically.	Abusing a patient or a patient's representative verbally, physically, psychologically or emotionally.	The first amendment modernizes the language to reflect that members also have a responsibility to a representative of a patient. The second amendment expands and clarifies the types of abuse that are captured by this provision.
Practising the profession while the member's ability to do so is impaired by alcohol, drugs or any other substance.	Practising the profession while the member's ability to do so is impaired or is adversely affected by any condition or dysfunction which the member knows or ought to know impairs or adversely affects their ability to practise the profession.	This amendment expands the criteria for impairment of a member's judgement and ensures that the College has the necessary tools to deal with such conduct.
Failing to fulfil the terms of an agreement with a patient, except in accordance with paragraph 6.	Failing, without reasonable cause, to fulfil the terms of an agreement with a patient or a patient's authorized representative relating to professional products or services for the patient or fees for such products or services.	Adding "a patient's authorized representative" modernizes the language to reflect the fact that patients may have a representative. This will occur again throughout. This makes it clear that the agreement must relate to professional services. Further, given

Current Regulation	Amendments	Rationale
		the suggested changes to paragraph 6, this paragraph should not reference that paragraph.
Discontinuing denturist services to a patient without adequate reason unless, i. the member has entered into an agreement to provide denturist services and the period specified in the agreement has expired, or the member has given the patient five working days' notice of the member's intention to discontinue the services agreed upon, ii. the services are no longer required, iii. the patient requests the discontinuation, iv. the patient has had a reasonable opportunity to arrange for the services of another member, or v. alternative services are arranged.	Discontinuing professional services that are needed by a patient unless the discontinuation would reasonably be regarded by members as appropriate having considered, i. the member's reasons for discontinuing the services, ii. the condition of the patient, iii. the opportunity given to the patient to arrange alternate services provided by another member before the discontinuation, and iv. the availability of alternate services.	The phrase "discontinuation would reasonably be regarded by members as appropriate" ensures that both members and patients are treated fairly. This discretionary language will preclude unfair referrals to discipline and will allow the ICRC to take a contextual approach to the situation. The change from "without adequate reason" to "would reasonably be regarded by members as appropriate" provides better guidance to the ICRC and Discipline Committees. The recommended new "i" will address the deleted "i", "ii" and "iii". You will note that the rationales for discontinuing services are practical and ensure that the patient's interests are placed at the forefront.
Practising the profession while the member is in a conflict of interest.	Acting in a professional capacity while in a conflict of interest.	This expands the conflict of interest paragraph to include any professional activity (e.g., publishing articles, providing continuing education presentations). This will ensure that members are at all times aware of their professional duties.
Giving confidential information about a patient to a person other than the patient or his or her authorized representative except with the consent of the patient or his or her authorized representative or as required by		No change suggested.

Current Regulation	Amendments	Rationale
law.		
Making a misrepresentation to a patient including a misrepresentation respecting a remedy, treatment, device or procedure.		No change suggested.
	Making a claim respecting a treatment, device or procedure other than a claim that can be supported as reasonable professional opinion.	NEW: This provision ensures that members only communicate objective information to patients. This will avoid unnecessary expenditures and protect the public interest.
	Performing a controlled act that the member is not authorized to perform.	NEW: Clearly this is not specifically required (as breaching the RHPA is set out below) but it may be an effective way of reinforcing the message.
Using or having in the member's office premises dental instruments or equipment, other than instruments or equipment appropriate to the practice of denturism, unless, i. a dental surgeon practises dentistry in the same office premises, or ii. the member has obtained the consent of the Executive Committee.	REMOVED	Removal of legacy barriers. Previous regulations have not caught up to the current landscape of how oral health teams collaboratively work together. Denturists must always work within its scope of practice including the use of tools relevant to their practice only.
Using or having in the member's office a drug as defined in subsection 117 (1) of the *Drug and Pharmacies Regulation Act* other than, i. drugs or anaesthetics prescribed for the personal use of the member, or ii. drugs in the exclusive custody of a dental surgeon practising dentistry in the same office premises.	REMOVED	Removal of legacy barriers. Previous regulations have not caught up to the current landscape of how oral health teams collaboratively work together. Denturists must always work within its scope of practice including the use of tools relevant to their practice only.
	Providing or attempting to provide services or treatment that the member knows or ought to know to be beyond the member's knowledge,	NEW: Members are expected to only provide services that are within their abilities and to know when they are out of their depth.

Current Regulation	Amendments	Rationale
	skill or judgment.	
~~1~~Failing to refer to a dental surgeon or a physician a patient who has an apparent intra oral condition that the member recognizes or ought to recognize is outside the scope of practice of denturism.	Failing to advise a patient or the patient's authorized representative to consult another member of a health profession within the meaning of the *Regulated Health Professions Act, 1991*, where the member knows or ought to know that the patient requires a service that the member does not have the knowledge, skill or judgment to offer or is outside the scope of practice of denturism.	This reflects the fact that a denturist may encounter a patient that needs to consult with a RHP other than a physician or dentist and should give that advice. It requires members to put the patient's interests first. The member cannot allow any reluctance to admit limitations in the member's skills or any concern that the member might lose the patient as a customer to stand in the way of the patient's best interests. Further, it moves away from the language of "referring" and focuses on "advising."
~~15~~. Permitting, assisting or counselling any person to perform a controlled act except in accordance with the *Regulated Health Professions Act, 1991*, an Act listed in Schedule 1 to that Act and the regulations under those Acts.	18. Permitting, assisting, or counselling any person, i. who is not a member to represent themselves as such, or ii. to perform a controlled act which the person is not authorized or does not have the knowledge, skill and judgment to perform.	Members give status and legitimacy to those around them. If a patient hears a representation made in the office or clinic of a member, the patient will assume that it is true because the member is affiliated with the location. Similarly, if a patient receives a service at a location associated with a member, the patient will assume that the service is being performed legally and competently. This provision is needed to ensure that a member does not condone such misleading and unsafe conduct.
Practising denturism in a public place or in a vehicle or other movable contrivance without the approval of the Executive Committee.	REMOVED	The standards of practice and requirements for infection prevention and control remain the same regardless of practice environment. This balances right touch regulation without further administrative burdens required to change a member's mode of practice.
Recommending or providing unnecessary denturist services.	Recommending or providing denturist services that the member knows or ought to	Unnecessary treatment has the risk of harm for the patient, may provide false expectations

Current Regulation	Amendments	Rationale
	know are unnecessary or ineffective.	and often wastes the patient's time and money. This amendment updates the rationale that there is intent behind the unnecessary or ineffective service.
Using a term, title or designation other than one authorized by the Act or the regulations, or as provided in section 2.	Using a term, title or designation in respect of the member's profession, including using a term, title or designation indicating or implying a specialization in the profession, in a manner that is not authorized by the Act or the regulations.	The public will expect a certain level of verified expertise in a member who holds oneself out as a specialist. Therefore, holding oneself out as a specialist in these circumstances is misleading and even dishonest.
	Practising the profession or offering to provide professional services using a name other than the member's name as entered in the register.	NEW: It is important that the public be able to verify the registration status and ability to search the public register for all members. In addition, the College needs to be able to identify a member if a complaint or report is made to the College.
Failing to maintain records as required by the regulations.	Failing to keep records in accordance with the standards of the profession.	Upgraded provision that directly ties into the College's Standard of Practice for Record Keeping.
Falsifying a record of the examination or treatment of a patient or otherwise relating to the member's practice.		No changes suggested.
Failing, without reasonable cause, to provide a report or certificate relating to an examination or treatment performed by the member, within thirty days of a request from the patient or his or her authorized representative.	Failing, without reasonable cause, to provide a report or certificate relating to an examination or treatment performed or recommended by the member within thirty days of a request from the patient or their authorized representative.	This provision ensures that patients receive necessary information in a timely manner. When such reports are requested, they are usually required for a legal proceeding, or an employment/insurance matter. If the member delays or refuses to provide such reports in a timely manner, the patient could be seriously prejudiced.
Signing or issuing, in the member's		No changes suggested.

Current Regulation	Amendments	Rationale
professional capacity, a document that the member knows or ought to know is false or misleading.		
Failing to make arrangements with a patient for the transfer of the patient's records when, i. the member ceases practice, or ii. the patient requests the transfer.	REMOVED.	This is no longer required given the other suggested amendments below.
Submitting an account or charge for services that the member knows or ought to know is false or misleading.		No changes suggested.
Failing to disclose all relevant fees before providing services when requested to do so by the patient.	Failing to advise a patient or a patient's authorized representative, before providing professional services, of the fee to be charged for the services or of any penalties that will be charged for late payment of the fee.	Part of informed consent is that the patient knows the cost of services before agreeing to receive them.
Charging a fee that is excessive or unreasonable in relation to the services performed.	Charging a fee that is excessive or unreasonable in relation to the professional services performed or professional products provided.	This ensures that excessive fees for products are also included. While the College cannot explicitly define the true value of "excessive", it is important for this provision to be found in the Professional Misconduct regulation. During discipline hearings, the profession can opine on what excessive may be based on the testimony of subject matter experts.
Failing to itemize an account for professional services, using terminology understandable to a patient, i. if requested to do so by the patient or the person or agency who is to pay, in whole or in part, for the services, or ii. if the account includes a	Failing to itemize, in terminology understandable to a patient, an account for professional services in a format that sets out each item charged, including, but not limited to, professional fees, products, services and applicable taxes.	This change requires members to always provide itemized receipts, regardless of the circumstances and regardless of whether the patient requests an itemized receipt. This is in accordance with the Standard of Practice: Record Keeping. Professional services include professional fees (i.e. laboratory fees,

Current Regulation	Amendments	Rationale
commercial laboratory fee.		denturism services etc.).
Failing to issue a receipt when requested to do so.	REMOVED.	This paragraph is no longer required.
Selling or assigning any debt owed to the member for professional services, but a member may retain an agent to collect unpaid accounts and may accept payment for professional services by a credit card.	REMOVED.	The College does not wish to interfere with its members business practices. Due to the removal, Denturists are now able to sell or assign debt.
	Permitting the advertising of the member or their practice in a manner that is false or misleading or that includes statements that are not factual and verifiable	NEW: Misleading advertisements can cause harm for the public and harm the reputation of the member and the profession at large.
	Using or permitting the use of a testimonial from a patient, former patient or other person in respect of the member's practice	NEW: Testimonials are unverifiable and are not useful in choosing a practitioner because each patient, and each situation, can be unique. A member should not place any undue pressure on a patient to become a "spokesperson" for the member and their treatments. This provision prevents this from occurring.
Contacting or communicating, directly or indirectly, with a person, either in person or by telephone, in an attempt to solicit patients.	Soliciting or permitting the solicitation of an individual in person, by telephone, electronic communications or other means unless, i. the person who is the subject of the solicitation is advised, at the earliest possible	This is a reflection of the College trying to balance the right of the public not to be bothered but not interfere with the profession's ability to advertise and seek out new business.

Current Regulation	Amendments	Rationale
	time during the solicitation, that, A. the purpose of the communication is to solicit use of the member's professional services, and B. the person may elect to end the solicitation immediately or at any time during the solicitation if he or she wishes to do so, and ii. the communication ends immediately if the person who is the subject of the solicitation so elects.	
Contravening a federal, provincial or territorial law or a municipal by-law relevant to the member's suitability to practise.	Contravening, by act or omission, a federal, provincial or territorial law or a municipal by-law if, i. the purpose of the law is to protect or promote public health, or ii. the contravention is relevant to the member's suitability to practise.	This captures laws related to public health, not just suitability to practice (e.g., PHIPA, public health requirements for health facilities). This profession does have instances where Public Health has issued closures due to infection concerns. Whether it is municipal public health bylaws or the Health Promotion and Protection Act concerns, our experience is that this is a common and standard public safety provision.
Influencing a patient to change his or her will or other testamentary instrument.	Influencing a patient or the patient's authorized representative to change the patient's will or other testamentary instrument.	This amendment expands it beyond the patient to also include the patient's authorized representative.
	Practising the profession while the member's certificate of registration has been suspended.	NEW: The provision reinforces the authority of the College. If the College has decided to suspend the member's certificate, the member cannot practise.

Current Regulation	Amendments	Rationale
		This reassures the public that only practitioners who are authorized by the College, will be able to practice.
Failing to abide by a written undertaking given by the member to the College or failing to carry out an agreement entered into with the College	Failing to carry out or abide by an undertaking given by the member to the College or breaching an agreement entered into with the College	This provision reinforces to the member that such agreements are to be taken seriously and that failure to abide by such agreements could result in a finding of professional misconduct.
	Failing to advise a patient, a patient's authorized representative or a member of the public, when requested, of their right to file a complaint with the College, or failing to provide any of those persons with contact information for the College, when requested.	NEW: It is important for the member to advise the patient/public about the College and its role in regulating the member. This provision also supports the member's accountability to the College. In a balance of practitioner and patient rights, the clause "when requested" was added.
	Failing to comply with an order of a panel of the College.	NEW: In accepting a certificate of registration from the College, the member is obtaining certain privileges and, therefore, accepting certain obligations. One such obligation is to accept the authority of the College. If a member fails to comply with an order of a panel of the College, the member is openly challenging the authority of the College. This compromises the public protection provided by the panel's order and would erode the public's confidence in the College to regulate the profession.
Failing to attend an oral caution of the Complaints Committee or an oral reprimand of the Discipline Committee.	Failing to attend an oral caution of the Inquiries, Complaints and Reports Committee or an oral reprimand of the Discipline Committee.	Updates the name of the Complaints Committee.
Failing to co-operate with a representative of	REMOVED.	This is already addressed by section 76(3.1) of

Current Regulation	Amendments	Rationale
the College upon production of an appointment in accordance with section 76 of the Health Professions Procedural Code and to provide access to and copies of all records, documents and things that are relevant to the investigation.		the Code.
Failing to permit entry at a reasonable time and to co-operate with an authorized representative of the College conducting an inspection and examination of the member's office, records, equipment or practice.	REMOVED.	This is likely a hold over from when the College had an "inspection" program (which it no longer appears to use).
Failing to reply appropriately in writing within thirty days to any written communication from the College that requests a response.	Failing to reply appropriately within 30 days to any written inquiry or request from the College.	Broader language that includes any inquiries from the College as well as formal requests.
	Failing to promptly report to the College an incident of unsafe practice by another member if the member has reasonable and probable grounds to believe that such an incident has occurred.	NEW: Requiring that incidents of unsafe practice be reported enables the College to take appropriate action to prevent such incidents from occurring in the future. Health professionals have a responsibility to ensure that the public is being protected.
	Engaging in conduct that would reasonably be regarded by members as conduct unbecoming a member of the profession.	NEW: This common and historically tested provision ensures that unbecoming conduct that occurs outside of the practice of the profession, which is not enunciated in this Regulation, and warrants a finding of professional misconduct, will not be outside the scope or reach of the College.
A member shall not use a name or title other than his or her name as set out in the register in the course of providing or offering to provide denturist services, unless the name or	REMOVED.	The current clinic name approval process is not an effective use of College resources. The climate has shifted toward right-touch regulation, including regulation based on risk

Current Regulation	Amendments	Rationale
title, (a) reasonably refers to and describes the location of the practice; (b) has been approved by the Executive Committee; and (c) is accompanied by the name of the member, as set out in the register. O. Reg. 854/93, s. 2 (1). (2) When a member practises denturism in association or in partnership with one or more other members and uses a name or title approved under subsection (1), the member shall notify the College within thirty days of a change in the association or partnership.		to the public.

Denturism Act, 1991
Loi de 1991 sur les denturologistes

ONTARIO REGULATION 854/93
PROFESSIONAL MISCONDUCT

Consolidation Period: From July 5, 2007 to the e-Laws currency date.

Last amendment: 325/07.

Legislative History: 405/94, 602/98, 325/07.

This Regulation is made in English only.

1. The following are acts of professional misconduct for the purposes of clause 51 (1) (c) of the Health Professions Procedural Code:

THE PRACTICE OF THE PROFESSION AND THE CARE OF, AND RELATIONSHIP WITH, PATIENTS

1. Failing to abide by any term, condition or limitation imposed on the member's certificate of registration.
2. Failing to maintain the standards of practice of the profession.
3. Delegating a controlled act, except to a person who is acting under the supervision of a member and who is,
   i. a student attending a course of study leading to a diploma or degree in denturism at an institution recognized by the Registration Committee, or
   ii. a candidate who is eligible to participate in entry-to-practice examinations, and whose application for a certificate of registration has not been finally refused by the Registration Committee.
4. Abusing a patient verbally or physically.
5. Practising the profession while the member's ability to do so is impaired by alcohol, drugs or any other substance.
6. Discontinuing denturist services to a patient without adequate reason unless,
   i. the member has entered into an agreement to provide denturist services and the period specified in the agreement has expired, or the member has given the patient five working days' notice of the member's intention to discontinue the services agreed upon,
   ii. the services are no longer required,
   iii. the patient requests the discontinuation,
   iv. the patient has had a reasonable opportunity to arrange for the services of another member, or
   v. alternative services are arranged.
7. Failing to fulfil the terms of an agreement with a patient, except in accordance with paragraph 6.
8. Practising the profession while the member is in a conflict of interest.
9. Giving confidential information about a patient to a person other than the patient or his or her authorized representative except with the consent of the patient or his or her authorized representative or as required by law.
10. Making a misrepresentation to a patient including a misrepresentation respecting a remedy, treatment, device or procedure.
11. Performing a controlled act that has been delegated to the member unless the delegation is authorized by the regulations.
12. Using or having in the member's office premises dental instruments or equipment, other than instruments or equipment appropriate to the practice of denturism, unless,
   i. a dental surgeon practises dentistry in the same office premises, or
   ii. the member has obtained the consent of the Executive Committee.
13. Using or having in the member's office a drug as defined in subsection 117 (1) of the *Drug and Pharmacies Regulation Act* other than,
   i. drugs or anaesthetics prescribed for the personal use of the member, or

ii. drugs in the exclusive custody of a dental surgeon practising dentistry in the same office premises.

14. Failing to refer to a dental surgeon or a physician a patient who has an apparent intra oral condition that the member recognizes or ought to recognize is outside the scope of practice of denturism.
15. Permitting, assisting or counselling any person to perform a controlled act except in accordance with the *Regulated Health Professions Act, 1991*, an Act listed in Schedule 1 to that Act and the regulations under those Acts.
16. Practising denturism in a public place or in a vehicle or other movable contrivance without the approval of the Executive Committee.
17. Recommending or providing unnecessary denturist services.

REPRESENTATIONS ABOUT MEMBERS AND THEIR QUALIFICATIONS

18. Using a term, title or designation other than one authorized by the Act or the regulations, or as provided in section 2.

RECORD KEEPING AND REPORTS

19. Failing to maintain records as required by the regulations.
20. Falsifying a record of the examination or treatment of a patient or otherwise relating to the member's practice.
21. Failing, without reasonable cause, to provide a report or certificate relating to an examination or treatment performed by the member, within thirty days of a request from the patient or his or her authorized representative.
22. Signing or issuing, in the member's professional capacity, a document that the member knows or ought to know is false or misleading.
23. Failing to make arrangements with a patient for the transfer of the patient's records when,
    i. the member ceases practice, or
    ii. the patient requests the transfer.

BUSINESS PRACTICES

24. Submitting an account or charge for services that the member knows or ought to know is false or misleading.
25. Failing to disclose all relevant fees before providing services when requested to do so by the patient.
26. Charging a fee that is excessive or unreasonable in relation to the services performed.
27. Failing to itemize an account for professional services, using terminology understandable to a patient,
    i. if requested to do so by the patient or the person or agency who is to pay, in whole or in part, for the services, or
    ii. if the account includes a commercial laboratory fee.
28. Failing to issue a receipt when requested to do so.
29. Selling or assigning any debt owed to the member for professional services, but a member may retain an agent to collect unpaid accounts and may accept payment for professional services by a credit card.
30. Failing, while providing denturist services, to carry professional liability insurance in the minimum amount of $1,000,000 for each occurrence or failing, when requested by the College, to provide proof of carrying such insurance.
31. Accepting an amount in full payment of a fee or account that is less than the amount submitted by or on behalf of the member to a third party payer unless the member has made reasonable efforts to collect the balance or has obtained the written consent of the third party payer.
32. Contacting or communicating, directly or indirectly, with a person, either in person or by telephone, in an attempt to solicit patients.

MISCELLANEOUS

33. Contravening by act or omission the Act, the *Regulated Health Professions Act, 1991*, or the regulations under either of those Acts.
34. Contravening a federal, provincial or territorial law or a municipal by-law relevant to the member's suitability to practise.
35. Influencing a patient to change his or her will or other testamentary instrument.
36. Directly or indirectly benefiting from the practice of denturism while the member's certificate of registration is suspended unless full disclosure is made by the member to the College of the nature of the benefit to be obtained and prior approval is obtained from the Executive Committee.

37. Participating in an arrangement that would result in a member or former member committing the act of misconduct described in paragraph 36.

38. Failing to abide by a written undertaking given by the member to the College or failing to carry out an agreement entered into with the College.

39. Failing to attend an oral caution of the Complaints Committee or an oral reprimand of the Discipline Committee.

40. Failing to co-operate with a representative of the College upon production of an appointment in accordance with section 76 of the Health Professions Procedural Code and to provide access to and copies of all records, documents and things that are relevant to the investigation.

41. Failing to co-operate with a representative of another College upon production of an appointment in accordance with section 76 of the Health Professions Procedural Code and to provide access to and copies of all records, documents and things that are relevant to the investigation.

42. Failing to permit entry at a reasonable time and to co-operate with an authorized representative of the College conducting an inspection and examination of the member's office, records, equipment or practice.

43. Failing to take all reasonable steps to ensure that any information provided by or on behalf of the member to the College is accurate.

44. Failing to reply appropriately in writing within thirty days to any written communication from the College that requests a response.

45. Failing to pay a fee or amount owed to the College, including an amount under section 53.1 of the Health Professions Procedural Code, after reasonable notice of the payment due has been given to the member.

46. Where a member engages in the practice of denturism with another member, failing to prevent another member from committing an act of professional misconduct or incompetence unless the member did not know and, in the exercise of reasonable diligence, would not have known of the other member's misconduct or incompetence.

47. Engaging in conduct or performing an act, relevant to the practice of denturism, that, having regard to all the circumstances, would reasonably be regarded by members as disgraceful, dishonourable, unethical or unprofessional. O. Reg. 854/93, s. 1; O. Reg. 405/94, s. 1; O. Reg. 602/98, s. 1; O. Reg. 325/07, s. 1.

2. (1) A member shall not use a name or title other than his or her name as set out in the register in the course of providing or offering to provide denturist services, unless the name or title,

(a) reasonably refers to and describes the location of the practice;

(b) has been approved by the Executive Committee; and

(c) is accompanied by the name of the member, as set out in the register. O. Reg. 854/93, s. 2 (1).

(2) When a member practises denturism in association or in partnership with one or more other members and uses a name or title approved under subsection (1), the member shall notify the College within thirty days of a change in the association or partnership. O. Reg. 854/93, s. 2 (2).

3. OMITTED (PROVIDES FOR COMING INTO FORCE OF PROVISIONS OF THIS REGULATION). O. Reg. 854/93, s. 3.

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ONTARIO REGULATION

made under the

DENTURISM ACT, 1991

Amending O. Reg. 854/93

(PROFESSIONAL MISCONDUCT)

1. (1) Paragraphs 1 to 8 of section 1 of Ontario Regulation 854/93 are revoked and the following substituted:

1. Contravening, by act or omission, a term, condition or limitation on the member's certificate of registration.

2. Contravening, by act or omission, a standard of practice of the profession or failing to maintain the standards of practice of the profession.

3. Delegating a controlled act to a delegatee, unless the member appropriately supervises the delegatee, the delegation is appropriate in all of the circumstances and the member takes reasonable measures to ensure that the delegatee has the knowledge, skills and judgment to perform the procedure.

4. Performing a controlled act that has been delegated to the member unless the member has the knowledge, skill and judgment to perform the delegated controlled act and has confirmed that the delegator is authorized to delegate the controlled act.

5. Abusing a patient or a patient's authorized representative verbally, physically, psychologically or emotionally.

6. Practising the profession while the member's ability to do so is impaired or is adversely affected by any condition or dysfunction which the member knows or ought to know impairs or adversely affects their ability to practise.

7. Failing, without reasonable cause, to fulfil the terms of an agreement with a patient or a patient's authorized representative relating to professional products or services for the patient or fees for the products or services.

8. Discontinuing professional services that are needed by a patient unless the discontinuation would reasonably be regarded by members as appropriate having considered,

    i. the member's reasons for discontinuing the services,

    ii. the condition of the patient,

    iii. the opportunity given to the patient to arrange alternate services provided by another member before the discontinuation, and

    iv. the availability of alternate services.

8.1 Acting in a professional capacity while in a conflict of interest.

(2) Paragraph 9 of section 1 of the Regulation is amended by striking out "his or her" wherever it appears and substituting "their".

(3) Paragraphs 11 and 12 of section 1 of the Regulation are revoked and the following substituted:

11. Making a claim respecting a treatment, device or procedure other than a claim that can be supported as reasonable professional opinion.

12. Performing a controlled act that the member is not authorized to perform.

(4) Paragraphs 14 to 19 of section 1 of the Regulation are revoked and the following substituted:

14. Providing or attempting to provide services or treatment that the member knows or ought to know to be beyond the member's knowledge, skill or judgment.

15. Failing to advise a patient or the patient's authorized representative to consult another member of a health profession within the meaning of the *Regulated Health Professions Act, 1991,* where the member knows or ought to know that the patient requires a service that the member does not have the knowledge, skill or judgment to offer or is outside the scope of practice of denturism.

16. Permitting, assisting or counselling any person to perform a controlled act if,

    i. the person is not authorized to perform the controlled act, or

    ii. the person does not have the knowledge, skill or judgment to perform the controlled act.

17. Recommending or providing denturist services that the member knows or ought to know are unnecessary or ineffective.

REPRESENTATIONS ABOUT MEMBERS AND THEIR QUALIFICATIONS

18. Using a term, title or designation in respect of the member's profession, including using a term, title or designation indicating or implying a specialization in the profession, in a manner that is not authorized by the Act or the regulations.

19. Practising the profession or offering to provide professional services using a name other than the member's name as entered in the register.

19.1 Permitting, assisting or counselling any person who is not a member to represent themselves as a member.

RECORD KEEPING AND REPORTS

19.2 Failing to keep records in accordance with the standards of the profession.

(5) Paragraph 21 of section 1 of the Regulation is revoked and the following substituted:

21. Failing, without reasonable cause, to provide a report or certificate relating to an examination or treatment performed or recommended by the member within 30 days of a request from the patient or their authorized representative.

(6) Paragraph 23 of section 1 of the Regulation is revoked.

(7) Paragraphs 25 to 29 of section 1 of the Regulation are revoked and the following substituted:

25. Failing to advise a patient or a patient's authorized representative, before providing professional services, of the fee to be charged for the services or of any penalties that will be charged for late payment of the fee.

26. Charging a fee that is excessive or unreasonable in relation to the professional services performed or professional products provided.

27. Failing to itemize, in terminology understandable to a patient or the patient's authorized representative, an account for professional services in a format that sets out each item charged, including, but not limited to, professional fees, products, services and applicable taxes.

(8) Paragraph 32 of section 1 of the Regulation is revoked and the following substituted:

32. Permitting the advertising of the member or their practice in a manner that is false or misleading or that includes statements that are not factual and verifiable.

32.1 Using or permitting the use of a testimonial from a patient, former patient or other person in respect of the member's practice.

32.2 Soliciting or permitting the solicitation of an individual in person, by telephone, electronic communications or other means unless,

i. the person who is the subject of the solicitation is advised, at the earliest possible time during the solicitation, that,

A. the purpose of the communication is to solicit use of the member's professional services, and

B. the person may elect to end the solicitation immediately or at any time during the solicitation if they wish to do so, and

ii. the communication ends immediately if the person who is the subject of the solicitation so elects.

(9) Paragraphs 34 and 35 of section 1 of the Regulation are revoked and the following substituted:

34. Contravening, by act or omission, a federal, provincial or territorial law or a municipal by-law if,

i. the purpose of the law or by-law is to protect or promote public health, or

ii. the contravention is relevant to the member's suitability to practise.

35. Influencing a patient or the patient's authorized representative to change the patient's will or other testamentary instrument.

35.1 Practising the profession while the member's certificate of registration has been suspended.

(10) Paragraphs 38, 39 and 40 of section 1 of the Regulation are revoked and the following substituted:

38. Failing to carry out or abide by an undertaking given by the member to the College or breaching an agreement entered into with the College.

39. Failing to advise a patient, a patient's authorized representative or a member of the public, when requested, of their right to file a complaint with the College, or failing to provide any of those persons with contact information for the College, when requested.

40. Failing to comply with an order of a panel of the College.

40.1 Failing to attend an oral caution of the Inquiries, Complaints and Reports Committee or an oral reprimand of the Discipline Committee.

40.2 Failing to reply appropriately within 30 days to any written inquiry or request from the College.

40.3 Failing to promptly report to the College an incident of unsafe practice by another member if the member has reasonable and probable grounds to believe that such an incident has occurred.

(11) Paragraphs 42 and 44 of section 1 of the Regulation are revoked.

(12) Section 1 of the Regulation is amended by adding the following paragraph:

48. Engaging in conduct that would reasonably be regarded by members as conduct unbecoming a member of the profession.

2. Section 2 of the Regulation is revoked.

3. The Regulation is amended by adding the following French version:

FAUTE PROFESSIONNELLE

1. Les actes suivants constituent des actes de faute professionnelle pour l'application de l'alinéa 51 (1) c) du Code des professions de la santé :

EXERCICE DE LA PROFESSION, PRESTATION DE SOINS AUX PATIENTS ET RAPPORTS AVEC LES PATIENTS

1. Ne pas respecter, par acte ou omission, une condition ou une restriction dont est assorti le certificat d'inscription du membre.

2. Ne pas respecter, par acte ou omission, une norme d'exercice de la profession ou ne pas la maintenir.

3. Déléguer un acte autorisé à un délégataire, sauf si le membre supervise cette personne de manière adéquate, que la délégation est appropriée eu égard à l'ensemble des circonstances et que le membre prend des mesures raisonnables pour s'assurer que le délégataire possède les connaissances, les compétences et le jugement nécessaires pour réaliser l'intervention.

4. Accomplir un acte autorisé qui a été délégué au membre, sauf si le membre possède les connaissances, les compétences et le jugement nécessaires pour accomplir l'acte ainsi délégué et qu'il a confirmé que le délégant est autorisé à déléguer cet acte.

5. Infliger à un patient ou à son représentant autorisé des mauvais traitements d'ordre verbal, physique, psychologique ou affectif.

6. Exercer la profession pendant qu'une affection ou un dysfonctionnement compromet la capacité du membre de ce faire ou y nuit alors que le membre sait ou devrait savoir que cette affection ou ce dysfonctionnement compromet sa capacité d'exercer de façon sécuritaire ou y nuit.

7. Ne pas respecter, sans motif raisonnable, les conditions d'une entente conclue avec un patient ou son représentant autorisé en ce qui concerne des produits ou services professionnels destinés au patient ou les honoraires applicables à ces produits ou services.

8. Cesser de fournir des services professionnels nécessaires à un patient, sauf si les membres pourraient raisonnablement considérer la cessation des services comme appropriée, eu égard à ce qui suit :

    i. les raisons pour lesquelles le membre cesse de fournir les services,

    ii. l'état du patient,

    iii. la possibilité offerte au patient d'obtenir des services de rechange d'un autre membre avant la cessation des services en cours,

    iv. la disponibilité de services de rechange.

8.1 Agir en sa qualité professionnelle tout en étant en situation de conflit d'intérêts.

9. Donner des renseignements confidentiels concernant un patient à une autre personne que le patient ou son représentant autorisé, si ce n'est avec le consentement de l'un d'eux ou comme l'exige la loi.

10. Faire à un patient une déclaration inexacte, notamment à l'égard d'un remède, d'un traitement, d'un appareil ou d'une intervention.

11. Faire, à l'égard d'un traitement, d'un appareil ou d'une intervention, une allégation qui ne peut se justifier en tant qu'avis professionnel raisonnable.

12. Accomplir un acte autorisé que le membre n'est pas autorisé à accomplir.

13. Utiliser ou avoir dans son cabinet un médicament au sens du paragraphe 117 (1) de la *Loi sur la réglementation des médicaments et des pharmacies*, sauf, selon le cas :

    i. un médicament ou un anesthésique prescrit aux fins personnelles du membre,

    ii. un médicament sous la garde exclusive d'un chirurgien dentiste exerçant la profession de dentiste dans le même cabinet.

14. Fournir ou tenter de fournir des services ou un traitement alors que le membre sait ou devrait savoir qu'il ne possède pas les connaissances, les compétences ou le jugement nécessaires pour ce faire.

15. Ne pas conseiller à un patient ou à son représentant autorisé de consulter un autre membre d'une profession de la santé au sens de la *Loi de 1991 sur les professions de la santé réglementées* alors que le membre sait ou devrait savoir que le patient a besoin d'un service qu'il ne peut offrir parce qu'il ne possède pas les connaissances, les compétences ou le jugement nécessaires pour ce faire ou parce que ce service se situe hors du champ d'application de la denturologie.

16. Permettre à une personne d'accomplir un acte autorisé, l'aider à ce faire ou la conseiller en ce sens dans l'un ou l'autre des cas suivants :

    i. la personne n'est pas autorisée à accomplir l'acte autorisé,

    ii. la personne ne possède pas les connaissances, les compétences ou le jugement nécessaires pour accomplir l'acte autorisé.

17. Recommander ou fournir des services de denturologie alors que le membre sait ou devrait savoir que ces services ne sont pas nécessaires ou efficaces.

DÉCLARATIONS AU SUJET DES MEMBRES ET DE LEUR COMPÉTENCE

18. Utiliser un terme, un titre ou une désignation à l'égard de la profession du membre, notamment un terme, un titre ou une désignation indiquant ou laissant entendre une spécialisation dans la profession, d'une manière qui n'est pas autorisée par la Loi ou les règlements.

19. Exercer la profession ou offrir de fournir des services professionnels sous un nom qui n'est pas le nom du membre tel qu'il est inscrit au tableau.

19.1 Permettre à une personne qui n'est pas membre de se présenter comme membre, l'aider à le faire ou la conseiller en ce sens.

DOSSIERS ET RAPPORTS

19.2 Ne pas tenir des dossiers conformément aux normes de la profession.

20. Falsifier un dossier d'examen ou de traitement d'un patient ou le dossier d'exercice de la profession du membre.

21. Ne pas fournir, sans motif raisonnable et dans les 30 jours de la demande d'un patient ou de son représentant autorisé, un rapport ou un certificat concernant un examen effectué ou recommandé ou un traitement fourni ou recommandé par le membre.

22. Signer ou délivrer, en sa qualité professionnelle, un document que le membre sait ou devrait savoir faux ou trompeur.

23. . . . . .

PRATIQUES COMMERCIALES

24. Présenter une note d'honoraires ou une facture pour des services que le membre sait ou devrait savoir fausse ou trompeuse.

25. Ne pas informer un patient ou son représentant autorisé, avant la prestation de services professionnels, du montant des honoraires qui seront facturés à l'égard de ces services ou de toute pénalité qui sera imposée en cas de paiement tardif des honoraires.

26. Exiger des honoraires qui sont excessifs ou déraisonnables par rapport aux services professionnels ou produits professionnels fournis.

27. Ne pas détailler, dans une terminologie que peut comprendre le patient ou son représentant autorisé, une facture pour des services professionnels dans un format qui indique chaque élément facturé, notamment les services professionnels, les produits, les services et les taxes applicables.

28. et 29. . . . . .

30. Ne pas souscrire, pendant la prestation de services de denturologie, une assurance-responsabilité professionnelle d'un montant minimal d'un million de dollars à l'égard

de chaque événement ou ne pas fournir, à la demande de l'Ordre, une preuve d'une telle assurance.

31. Accepter, à titre de paiement intégral de frais ou d'une note d'honoraires, un montant inférieur au montant communiqué par le membre ou en son nom à un tiers payant, sauf si le membre a fait des efforts raisonnables pour recouvrer le solde ou obtenu le consentement écrit du tiers payant.

32. Permettre que soit faite de la publicité concernant le membre ou ses activités professionnelles d'une façon qui est fausse ou trompeuse ou qui comprend des déclarations qui ne sont pas factuelles et vérifiables.

32.1 Utiliser ou permettre que soit utilisé le témoignage d'un patient, d'un ancien patient ou d'une autre personne en ce qui concerne l'exercice de la profession par le membre.

32.2 Solliciter ou permettre de solliciter un particulier, notamment en personne, par téléphone ou au moyen d'une communication électronique, sauf si les conditions suivantes sont réunies :

i. la personne qui fait l'objet de la sollicitation est informée de ce qui suit le plus tôt possible durant la sollicitation :

A. le but de la communication est de solliciter le recours aux services professionnels du membre,

B. la personne peut, si elle le souhaite, choisir de mettre fin à la sollicitation immédiatement ou à tout autre moment durant la sollicitation,

ii. la communication prend fin immédiatement si la personne qui fait l'objet de la sollicitation choisit de le faire.

DISPOSITIONS DIVERSES

33. Ne pas respecter, par acte ou omission, la Loi, la *Loi de 1991 sur les professions de la santé réglementées* ou les règlements pris en vertu de l'une ou l'autre de ces lois.

34. Contrevenir, par acte ou omission, à une loi fédérale, provinciale ou territoriale, ou à un règlement municipal si, selon le cas :

i. la loi ou le règlement vise à protéger ou à promouvoir la santé publique,

ii. la contravention se rapporte à l'aptitude du membre à exercer la profession.

35. Influencer un patient ou son représentant autorisé pour qu'il modifie son testament ou un autre acte testamentaire.

35.1 Exercer la profession pendant que le certificat d'inscription du membre fait l'objet d'une suspension.

36. Bénéficier, directement ou indirectement, d'un avantage résultant de l'exercice de la profession de denturologue pendant que le certificat d'inscription du membre fait l'objet d'une suspension, sauf si le membre communique pleinement à l'Ordre la nature de l'avantage qu'il obtiendra et qu'il reçoit l'approbation préalable du bureau.

37. Participer à un arrangement qui amènerait un membre ou un ancien membre à commettre l'acte de faute professionnelle visé à la disposition 36.

38. Ne pas remplir ou respecter un engagement pris envers l'Ordre ou ne pas respecter une entente conclue avec l'Ordre.

39. Ne pas informer un patient, son représentant autorisé ou un membre du public, sur demande, du droit qu'il a de déposer une plainte auprès de l'Ordre ou ne pas lui donner, sur demande, les coordonnées de l'Ordre.

40. Ne pas respecter une ordonnance d'un sous-comité de l'Ordre.

40.1 Ne pas se présenter devant le comité des enquêtes, des plaintes et des rapports pour recevoir un avertissement verbal ou ne pas se présenter devant le comité de discipline pour recevoir une réprimande verbale.

40.2 Ne pas répondre adéquatement et dans un délai de 30 jours à une demande écrite de l'Ordre, notamment une demande de renseignements.

40.3 Ne pas signaler promptement à l'Ordre qu'un autre membre est à l'origine d'un incident de pratique non sécuritaire si le membre a des motifs raisonnables et probables de croire qu'un tel incident s'est produit.

41. Ne pas collaborer avec un représentant d'un autre ordre qui produit une attestation de sa nomination conformément à l'article 76 du Code des professions de la santé et ne pas lui donner accès à l'ensemble des dossiers, documents et choses qui s'avèrent pertinents à l'enquête, ainsi qu'à des copies de ceux-ci.

42. . . . . .

43. Ne pas prendre toutes les mesures raisonnables pour s'assurer de l'exactitude des renseignements fournis par le membre, ou en son nom, à l'Ordre.

44. . . . . .

45. Ne pas payer des frais ou un montant dus à l'Ordre, y compris un montant prévu à l'article 53.1 du Code des professions de la santé, après la remise au membre d'un avis raisonnable du paiement exigible.

46. Si un membre exerce la profession de denturologue avec un autre membre, ne pas empêcher l'autre membre de commettre un acte de faute professionnelle ou d'incompétence, sauf si le membre ne savait pas et, après avoir fait preuve de diligence raisonnable, n'aurait pu savoir que l'autre membre avait commis cet acte.

47. Se conduire ou agir, dans l'exercice de la profession de denturologue, d'une manière qui, compte tenu de l'ensemble des circonstances, serait raisonnablement considérée par les membres comme honteuse, déshonorante, contraire à l'éthique ou non professionnelle.

48. Se conduire d'une manière qui serait raisonnablement considérée par les membres comme indigne d'un membre de la profession.

2. . . . . .

Commencement

4. This Regulation comes into force on the later of July 1, 2024 and the day it is filed.

Made by:

COUNCIL OF THE COLLEGE OF DENTURISTS OF ONTARIO:

A. Claire
.....
Signature

LLEGAIN CLAIRE
.....
Name (in print)

President / Présidente
.....
Full Title (in print)

.....
Signature

Roderick Tamming
.....
Name (in print)

Registrar & CEO / Directeur Général
.....
Full Title (in print)

Date made: May 15, 2024

COLLEGE OF DENTURISTS OF ONTARIO

BRIEFING NOTE

To: **Council**

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

Date: **June 14, 2024**

Subject: **Updated Standard of Practice – Advertising and Clinic Names**

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. The College's Professional Misconduct Regulation will be updated to strengthen provisions for patient protection. In advance of its potential implementation, the College has reviewed several regulatory tools including its Standards of Practice to ensure all policy pieces and regulatory tools are in harmony with the overarching regulation.

Background

The College's latest Professional Misconduct Regulation has been updated by the Ministry and will be in force as of July 1, 2024. As part of the proposed changes in the new regulation, some advertising and marketing practices have been addressed and updated in the new regulations. Some changes related specifically to advertising, clinic names, and business practices include:

- The removal of the clinic naming process – new clinic names no longer need to be approved by the Executive Committee, all other considerations and requirements still exist.

- New clearer provision that forbids the use of testimonials from a patient, former patient, or other person in respect to a member's practice. The use of testimonials continues to not be permitted for all health care workers including Denturists, Dentists, Dental Hygienists, and Dental Technologists. This provision makes this clearer.

- Previously Denturists were forbidden entirely from contacting or communicating with the public in an attempt to solicit new patients. This provision is now removed. Denturists are now able to cold call the public in person, by telephone, by electronic communications, or any other means, with the following restrictions:

- The person who is the subject of the solicitation is advised, at the earliest possible time during the solicitation, that the purpose of the communication is to solicit use of the member's professional services, and the person may elect to end the solicitation immediately or at any time during the solicitation if they wish to do so, and the communication ends immediately if the person who is the subject of the solicitation so elects.

- New provision: "Making a claim respecting a treatment, device or procedure other than a claim that can be supported as reasonable professional opinion." This provision ensures that Denturists only communicate objective information to patients.

Proposed Updated

As the clinic naming approval process will be removed entirely in the new regulation, elements from the Clinic Name Policy and Clinic Name Guidelines will be updated into a newly merged Standard of Practice for Advertising and Clinic Names. A separate entirely new guideline will be created to accompany the new Standard of Practice.

The proposed updates made to the current Standard of Practice for Advertising only include new elements that ensure harmony with the overarching regulation and new regulatory requirements. The College, at this time, is not modifying previous elements of the Standard of Practice that speak to advertising and marketing practices. There may be an opportunity at a later date for a fulsome review of all policy elements found within the Standard, but due to the extraordinary turnaround time before the new regulation is in force, the College will not be taking the opportunity to modify or make changes to long standing policy principles.

This will hopefully foster a more orderly, but unfortunately truncated, consultation process that is mainly focused on new policy elements only. It will also avoid the appearance of making one-sided changes to long standing policy positions without fulsome public and stakeholder consultation.

Risk Considerations

The updated Professional Misconduct Regulation will be in force July 1, 2024. While there is no immediate significant material risk for the College to not update its standard of practice and guidelines in advance of that date, the College must make reasonable efforts to expeditiously but in an orderly fashion, update its standards of practice, guidelines, and any policy pieces to ensure harmony with the overarching legislation.

As the changes presented in the updated regulation and updated Standard of Practice do not represent changes that require registrants to immediately and significantly change their practices overnight for July 1, 2024, an orderly transition period can be facilitated with supporting guidance documents and communication pieces created by the College in an expeditated fashion.

Reputational and professional misconduct risks may exist if the College does not facilitate an orderly roll out process, registrants are unaware of any new regulatory requirements, registrants are unaware of changes to advertising practices, and regulatory confusion is created. These risks are not theoretical and may come to fruition if the College is unable to provide support to its registrants during the roll out process.

Options

Council is asked to approve the following:

1. Approve the updated Standard of Practice for Advertising and Clinic Names and accompanying guidelines for a public and stakeholder consultation that concludes Tuesday, June 25, 2024.

2. Permit the Executive Committee to meet on behalf of Council to review any feedback received from the consultation period and approve the Standard of Practice for Advertising and Clinic Names and accompanying guidelines for implementation July 1, 2024.

3. Rescind the Clinic Name Policy and Clinic Name Guidelines to take effect July 1, 2024.

4. Other

After consideration of these matters, Council may:

Suggested Motion 1 – That Council approves the updated Standard of Practice for Advertising and Clinic Names and accompanying guidelines for public and stakeholder consultation that concludes Tuesday, June 25, 2024.

Suggested Motion 2 – That Council approves the rescinding of the Clinic Name Policy and Clinic Name Guidelines to take effect July 1, 2024.

COLLEGE OF DENTURISTS OF ONTARIO

Standard of Practice: Advertising & Clinic Names

Preamble

In advertising, professionals seek to provide information about the services they provide, with a view to influencing the public's choice. When the public accesses advertising, they are seeking information that is true and accurate regarding a service or service provider.

This Standard of Practice will assist Denturists in understanding their legal and professional responsibilities with respect to advertising and clinic naming. This updated Standard of Practice replaces the former Standard of Practice: Advertising.

Definitions

Advertisement means any message (the content of which is controlled directly or indirectly by the advertiser) expressed in any language and communicated in any medium to anyone with the intent to influence their choice, opinion, or behaviour.

Testimonial means any written or spoken statement in which someone says that they used a product or service and says or implies that they benefitted from or liked it, or a written or spoken statement that praises someone's work, skill or character.

1. Advertising

A Denturist meets the Standard of Practice for Advertising when:

1. An advertisement with respect to their practice or place of practice:
    a. Is true, accurate, factual, and verifiable;
    b. Is easy to understand, not misleading or intentionally confusing;
    c. Does not contravene relevant federal or provincial law concerning advertising;
    d. Contains no comparisons to, or claims of superiority over, another Denturist's practice or expertise;
    e. Contains no superlatives or comparative adjectives or descriptions regarding the quality of the services or persons referred to in the advertising;
    f. Does not include anything that will promote an image that will negatively impact on public confidence in the delivery of healthcare services or promote a demand for unnecessary healthcare services
    g. Contains no stated or implied guarantees of treatment results;
    h. Contains no direct, indirect or implied testimonials ~~or endorsements~~;
    i. Contains no references to third-party websites or publications that carry testimonials ~~or endorsements of~~ about Denturists;
    j. Clearly states the fees and services covered by any advertised fees so that anyone reading, viewing or hearing the advertisement will know what is being offered and how much it will cost.

2. They retain responsibility for any advertisement communicated on their behalf in any medium or platform. This responsibility does not extend to messages communicated by individuals on third-party websites.

3. They do not market a reduction or discount in fees or offer or provide coupons for services, with the exception of a complimentary consultation.

4. Advertised fees apply to all patients, regardless of whether they were aware of an advertisement and regardless of whether they have dental insurance coverage.

5. They include their name and/or the name of their clinic in any advertising.

6. Solicitating an individual, including by face-to-face, telephone, or electronic modes of communication:
    a. The individual who is the subject of the solicitation is advised, at the earliest possible time during the solicitation, that:
        i. The purpose of the communication is to solicit use of the Denturist's professional services; and
        ii. The individual may elect to end the solicitation immediately or at any time during the solicitation if they wish to do so; and
    b. The communication ends immediately if the individual who is the subject of the solicitation so elects.

7. They do not advertise money-back guarantees or warranties.

2. Clinic Names

A Denturist meets the Standard of Practice for Clinic Names when the name of their clinic meets the following:

1. Shall not be perceived as superior ("better than");
2. Shall not bring the profession in disrepute;
3. Is not misleading;
4. Is not identical or similar sounding to another clinic name in use by another Denturist within Ontario;
5. When purchasing or taking over an existing denture clinic, does not adopt or use the former clinic name if the clinic name included any portions of the former Denturist owner's name.

Legislative References

O. Reg. 854/93: Professional Misconduct, paragraph 10, 11, 17, 18, 19, 20, 22, 25, 26, 27, 32, 32.1, 32.2, 34, 47, 48.

Competition Act (R.S.C., 1985, c. C-34)

Council Approval Date	
Effective Date	
Revised Date	

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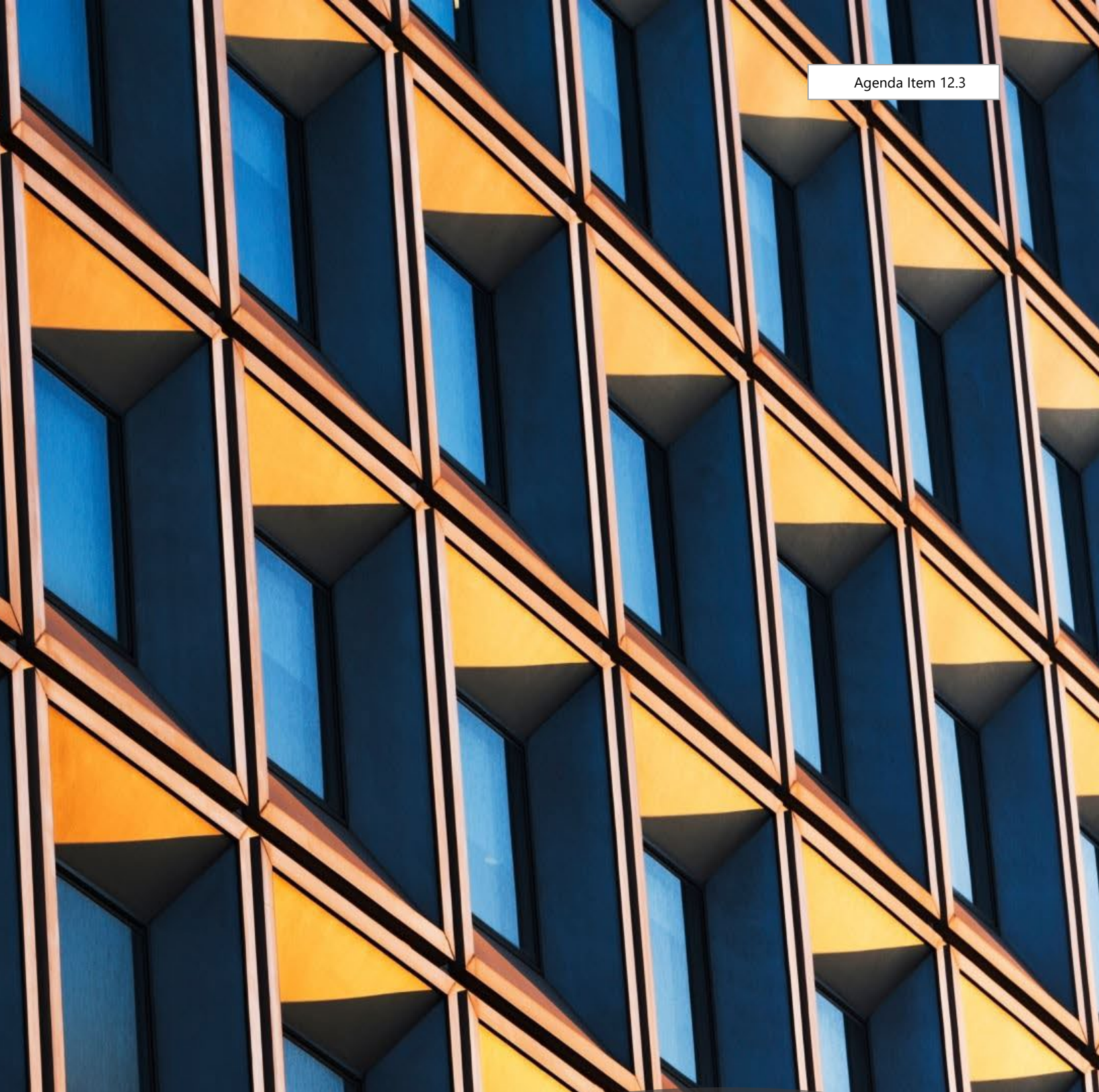

COLLEGE OF DENTURISTS OF ONTARIO

Guidelines for Advertising and Clinic Naming

Table of Contents

Overview

The College's Standard of Practice: Advertising & Clinic Names establishes the College's expectations of Registered Denturists in relation to advertising their practices and the naming of denturist clinics. This Guide to the Standard offers further information regarding elements surrounding advertising and clinic naming and how to apply the Standard in practice.

The College permits Denturists to use appropriate advertising to communicate the type and availability of their services so that potential and existing patients and referral sources can make informed decisions.

True, Accurate, Factual and Verifiable

The College's Standard of Practice: Advertising & Clinic Naming and the Professional Misconduct Regulation require advertisements to be true, accurate, factual and verifiable.

To be verifiable, a Denturist must ensure that whatever they say in their advertisement must have some independent proof to verify it. Ask yourself how you could prove to the College that the statements in the advertisement were true.

Different kinds of advertising claims will require different kinds of proof.

For example:

- A claim about clinical outcomes might require the same level of proof that you would see in a peer-reviewed journal.
- Other types of statements, such as saying "parking is free for patients" would simply require that the claim be true and could be double checked if necessary.
- Making a claim that your services will give a patient "a perfect smile" is not a verifiable statement and uses a superlative ("perfect"); neither of which would be considered acceptable under the Standard of Practice.

Part of ensuring that any advertising is true, accurate, factual, and verifiable is also ensuring that it is easy to understand, not intentionally confusing and not misleading by either omitting relevant information or including non-relevant information.

Responsibility

Denturists are responsible for any advertisement over which they have control. Denturists are also responsible for any advertising that refers to denturism services provided in their place of practice.

Advertisements placed by others on behalf of a Denturist or placed by employers advertising denturism services must be reviewed by the Denturist to ensure that they comply with the Standard of Practice: Advertising & Clinic Naming. If an advertisement does not meet the Standard, the Denturist must take reasonable steps to correct the advertisement. Such steps may include making the employer aware of the expectations in the College's Standard, requesting changes in writing to any advertising that does not meet the Standard, and following up to make sure the changes have been made.

Solicitation of New Patients

Denturists are permitted as of July 1, 2024, to solicit or permit the solicitation of new patients through a variety of communication methods including in-person, by telephone, electronic communication or other means with the following restrictions.

The person who is being solicited must be advised, at the earliest possible time during the solicitation that:

1. the purpose of the communication is to solicit the use of the Denturist's professional services,
2. the person can end the solicitation immediately or at any time they wish to do so, and
3. the communication must end immediately.

Testimonials

A testimonial is a written or spoken statement in which someone says that they used a product or service and says or implies that they benefitted from or liked it, or a written or spoken statement that praises someone's work, skill, or character.

Denturists are prohibited from using or permitting the use of a testimonial from a patient, former patient or other person in respect of the Denturist's practice.

The College understands that sometimes a patient may be unsure about a particular treatment option or treatment plan and Denturists may sometimes refer them to other patients who have successfully undergone a similar treatment plan. The College does not consider this a testimonial when done privately and therefore continues to be permitted.

The College understands that regulatory confusion may have occurred historically as to whether testimonials were permitted or not. Through no fault of Denturists, the College accepts that its former guidance and subsequent enforcement was unclear on testimonials. The College would like to work collaboratively with Denturists to ensure that they appropriately remove all testimonials from their clinic websites and advertising to ensure compliance with the Professional Misconduct Regulation that is in force as of July 1, 2024.

Complimentary Consultations

If a Denturist advertises that they offer free or complimentary consultations, the components of that consultation must be clearly communicated to the public.

For example, if the consultation is a cursory assessment, and not a detailed examination, the person receiving the advertisement should understand that the only information provided during this assessment would be a general description of options for treatment.

Alternatively, if the consultation includes an examination and a detailed personalized assessment, the person receiving the advertisement should understand that the information provided will be used to create a patient-specific description of the options for treatment.

Clinic Naming

Do I need to have my proposed clinic name approved by the College?

No. In the past, Denturists were required to submit a fee and have their proposed clinic names approved by the College's Executive Committee unless they were using their own name as recorded in the College's Register (e.g. "John Doe Denture Clinic").

As of July 1, 2024, you will no longer be required to seek the Executive Committee's approval of a proposed clinic name and remit any fees. However, as set out in the Standard of Practice: Advertising & Clinic Naming and discussed in more detail below, the College still expects clinic names to be professional, dignified, and to comply with the Standards of Practice.

It is important for you to ensure the proposed clinic name meets the requirements prior to investing in signage, marketing, and other business expenses. It can be a costly mistake should you be required to change your clinic name to adhere to the standards.

If you are unsure whether your clinic name meets the advertising standard, please feel free to reach out to College Staff who can provide guidance.

Expectations

Just as with other advertising, Denturists are required to ensure that the names of their clinics are not misleading or confusing to the public. As such, Denturists:

1. Are expected to use best efforts to ensure that their clinic name is not the same or similar to the name of any existing denturist clinics within Ontario.

2. When purchasing or taking over an existing denture clinic, cannot include the previous Denturist owner's name in the clinic name in any manner including first name, middle name or surname. Denturists are permitted, however, to use the phrase: "formerly operated as (insert former clinic name)".

3. When choosing to use the term "implant" in the clinic name, it must always be followed by "denture" e.g. "implant denture". Using the term "implant clinic" or "implant" alone, or any other words that suggest the clinic provides dental implants is not permitted.

Clinic names cannot include terms that are not truthful or cannot be verified. Accordingly:

1. Descriptive terms that suggest superiority over other denture clinics or Denturists are not permitted.

2. Clinic names cannot include words or terms that are considered superlative e.g. perfect, elite, superior.

Do I have to register the name with the Ontario government?

Business name registration falls under the jurisdiction of the Ontario government. Denturists should seek legal advice from their own lawyer regarding any requirements they may need to meet. Information can also be found on the Ontario Business Registry page of the Service Ontario website.

Clinic Name Examples

Clinic Name	Permitted or Not Permitted	Rationale
John Doe Denture and Implant Solutions	Not Permitted	Clinics who wish to use the word "implant" in the name, and do not have a dentist providing implant placement services at the clinic, have been required to use the phrase "Implant Denture" in lieu of the word "implant". E.g. John Doe Denture and Implant Denture Solutions would be permitted
John Doe Implant Centre	Not Permitted	The phrase "Implant Denture" must be used. Alternatively, John Doe Implant Denture Centre would be permitted.
John Doe Denture Group	Not Permitted	May be confused by the public as being associated with a provincial denturism professional association.
Masterpiece Denture Clinic	Not Permitted	Clinic names must contain no superlatives, comparisons to, or claims of superiority over, another member's practice or expertise The use of the word "Masterpiece" is considered a superlative expressing the highest or very high degree of quality that infers superiority in quality over the work of other denture clinics. As this claim is untrue, it is not permitted.
Perfect Denture Clinic or Perfect Smile Denture Clinic	Not Permitted	The use of the word "Perfect" is considered a superlative expressing the highest or very high degree of quality that infers superiority in quality that cannot be matched by the work of another denture clinic. As this claim is untrue, it is not permitted.

Elite Denture Clinic	Not Permitted	The use of the word "Elite" is considered a superlative expressing the highest or very high degree of quality that infers superiority in quality that cannot be matched by the work of another denture clinic. As this claim is untrue, it is not permitted.
John Doe Denture Design	Permitted	
Toronto Riverview Denture Clinic	Permitted	
John Doe Denture & Implant Denture Clinic	Permitted	
Ocean Denture Clinic	Permitted	
Toronto Mobile Denture Clinic	Permitted	
Toronto Denture Specialists	Permitted	Note! The term "Specialists" can be tricky. When used to imply Denturists as a whole or Denturism as a profession has a speciality in providing denturism services - it is permitted, the use of specialist in reference to a specific denturist is not permitted as it implies superiority of one denturist over another. E.g. John Doe, Denture Specialist is not permitted as it refers to one denturist having a speciality over another. John Doe Denture Specialists or phrases such as "your denture specialist" is permitted as it refers to denturists as a whole having speciality knowledge in the field of denturism.
Ossington-Bloor Denture Clinic	Permitted	
Peaceful Denture Clinic	Permitted	

Table of Changes

Date	Revision

Standard of Practice: Advertising

Preamble

In advertising, professionals seek to provide information about the services they provide, with a view to influencing the public's choice. When the public accesses advertising, they are seeking information that is true and accurate regarding a service or service provider. The Standard of Practice: Advertising will assist denturists in understanding their legal and professional responsibilities pertaining to issues of advertising without restricting a denturist's business practice freedom or inhibiting marketplace competition and innovation.

Definition

Advertisement refers to any message (the content of which is controlled directly or indirectly by the advertiser) expressed in any language and communicated in any medium to anyone with the intent to influence their choice, opinion or behaviour.

The Standard

A denturist meets the Standard of Practice: Advertising when he/she:

1. Uses advertising that:
    a. Is true, accurate, and verifiable;
    b. Is easy to understand, not misleading or intentionally confusing;
    c. Contains no comparisons to, or claims of superiority over, another member's practice or expertise;
    d. Contains no superlatives or comparative terms;
    e. Contains no stated or implied guarantees of treatment results;
    f. Contains no direct, indirect or implied testimonials or endorsements;
    g. Contains no references to third-party websites or publications that carry testimonials or endorsements of denturists;
    h. Clearly states the fees and services covered by any advertised fees so that anyone reading the advertisement will know what is being offered and how much it will cost.

2. Retains responsibility for any advertisement communicated on their behalf in any medium or platform (Facebook, Twitter, LinkedIn). This responsibility does not extend to messages communicated by individuals on third-party websites.

3. Does not market a reduction or discount in fees or offer or provide coupons for services, except for a complimentary consultation.

4. Applies advertised fees to all patients, regardless of whether they were aware of an advertisement and regardless of whether they have dental insurance coverage.

5. Includes the member's name and the approved name of the member's clinic on any advertising.

6. Does not contact or communicate, directly or indirectly (through the actions of another person), by any means, including face-to-face, telephone, or electronic modes of communication in an attempt to solicit patients.

7. Does not advertise money-back guarantees or warranties.

References

O. Reg. 854/93: Professional Misconduct, paragraph 10, 17, 18, 26, 32, 47.
http://www.ontario.ca/laws/regulation/930854

The Canadian Code of Advertising in Canada (accessed November 10, 2016)
http://www.adstandards.com/en/standards/canCodeOfAdStandards.aspx

Misleading Advertising and Labelling. Competition Bureau, Government of Canada (accessed November 10, 2016)
http://www.competitionbureau.gc.ca/eic/site/cb-bc.nsf/eng/02776.html

"Misleading Advertising." *Canadian Consumer Handbook*. Federal-Provincial-Territorial Consumer Measures Committee (accessed November 10, 2016)
http://www.consumerhandbook.ca/en/topics/consumer-protection/misleading-advertising

"Advertising Standard," College of Physiotherapists of Ontario (accessed November 10, 2016)
http://collegept.org/Standards/Advertising

"Practice Advisory, Professional Advertising" (November 2012). Royal College of Dental Surgeons of Ontario (accessed November 10, 2016)
http://www.rcdso.org/Assets/DOCUMENTS/Professional_Practice/Practice_Advisory/RCDSO_Practice_Advisory__Professional_Advertising.pdf

"Self-regulated professions – Balancing competition and regulation" Competition Bureau, Government of Canada (accessed November 10, 2016) http://www.competitionbureau.gc.ca/eic/site/cb-bc.nsf/eng/02525.html

"Advertising Restrictions" Competition Bureau, Government of Canada (accessed November 10, 2016)
http://www.competitionbureau.gc.ca/eic/site/cb-bc.nsf/eng/04142.html

Clinic Name Policy, College of Denturists of Ontario, September 2016,
http://cdo.in1touch.org/uploaded/web/documents/Clinc%20Name%20Policy%20-%20Final%20-%20approved%20September%2023%2C%202016.pdf

Council Approval Date	June 23, 2017
Effective Date	March 1, 2018
Revised Date	September 14, 2018

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COLLEGE OF DENTURISTS OF ONTARIO

TYPE	**Professional Practice**
NAME	**Clinic Name Policy**
DATE APPROVED BY COUNCIL	**September 23, 2016**

INTENT

The naming of denture clinics is currently governed by the Professional Misconduct Regulation. The Executive Committee considers applications for clinic names other than those that simply include the name of the Denturist (i.e. "John Doe's Denture Clinic").

THE POLICY

1. As per the O. Reg. 854/93 - Professional Misconduct of the *Denturism Act, 1991*:

   2. (1) A member shall not use a name or title other than his or her name as set out in the register in the course of providing or offering to provide denturist services, unless the name or title,

   (a) reasonably refers to and describes the location of the practice;
   (b) has been approved by the Executive Committee; and
   (c) is accompanied by the name of the member, as set out in the register. O. Reg. 854/93, s. 2 (1).

   (2) When a member practises denturism in association or in partnership with one or more other members and uses a name or title approved under subsection (1), the member shall notify the College within thirty days of a change in the association or partnership. O. Reg. 854/93, s. 2 (2).

2. The criteria that will be considered by the Executive Committee when deciding whether to approve a Clinic Name Registration are:

   i) Shall not be perceived as superior ("better than");
   ii) Can be based on immediate geographic location;
   iii) Similar sounding names are not permitted within same municipality or proximity;
   iv) Shall not hold profession in disrepute;
   v) Shall not misrepresent themselves;

RELATED LEGISLATION AND DOCUMENTS

Ontario Regulation 854/93 - Professional Misconduct

Denturism Act, 1991

REVISION CONTROL

Date	Revision	Effective

COLLEGE OF DENTURISTS OF ONTARIO

Guide to Clinic Naming

When must I have my proposed clinic name approved by the College?

As a practising Denturist, you need to have your clinic name approved by the College of Denturists of Ontario's (CDO) Executive Committee unless you are using your own name as recorded in the CDO's Register (e.g. "John Doe Denture Clinic").

Do I have to register the name with the Ontario government?

If you are incorporating your clinic then you will also have to submit the name to the Ontario government as part of the incorporation process. The Ontario government will make a determination about whether it accepts the name of the corporation. If the name of the business is different than the name of the corporation, the business name will also have to be registered with the Ontario government. Business name registration applies to:

- Sole proprietorships
- Partnerships

For more information on incorporating in Ontario please follow this link:

https://www.ontario.ca/page/start-run-and-change-corporation

* ***Please note that registration of the clinic name with the Ontario government does not mean that the name will be approved by the Executive Committee. Further, approval by the Executive Committee does not mean that the Ontario government will register the name.***

If I am the new owner of an existing clinic, can I use the previous owner's name?

New owners of an existing clinic cannot use the name of the previous owner when the business is purchased since the clinic name must include the name of the current owner (one exception would be if both owners have the same name). However, the clinic can include in its advertising that the clinic formerly operated under the name of the previous clinic.

What if I am intending to use a geographic location in my clinic's name?

When choosing a name for a clinic, members should be aware that if the name includes a geographic location and the clinic subsequently moves to a different geographic location the name of the clinic will need to be changed to reflect the new location.

If I register my clinic name with the College, is the name protected?

Registration of a clinic name with the College, or inclusion in the College's register, does not protect the name of a clinic. Members should consult with their own legal counsel for advice on how to protect the name of a clinic or business.

For more information:

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COLLEGE OF DENTURISTS OF ONTARIO

BRIEFING NOTE

To: **Council**

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

Date: **June 14, 2024**

Subject: **Updated Guidelines – Discontinuing Services and Refusing Treatment**

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. The College's Professional Misconduct Regulation will be updated to strengthen provisions for patient protection. In advance of its potential implementation, the College has reviewed several regulatory tools including the Guideline for Discontinuing Services and Refusing Treatment, to ensure the process to refuse or discontinue treatment is conducted in an appropriate manner that takes into account the ultimate needs of the patient.

Background

The College's latest Professional Misconduct Regulation has been updated by the Ministry and will be in force as of July 1, 2024. As part of the proposed changes in the new regulation, updated terminology regarding provisions related to discontinuing professional services to a patient has been updated. As such, the College's Guidelines for Discontinuing Services and Refusing Treatment must also be updated to reflect the new language and reflect the new principles that must be considered prior to discontinuation.

Found within the language of the new Professional Misconduct Regulation is an update from the previous approach of listing potential adequate reasons for discontinuing or refusing treatment – which can be sometimes limiting and specific – to considerations that a Registered Denturists must undertake prior to discontinuing or refusing services.

The new proposed language strengthens the protection of the patient by including specific language that the Denturist who is proposing to discontinue or refuse treatment must take into consideration. These include appropriate steps they must follow as required by the CDO, the condition of the patient, the reasonable opportunity for the patient to arrange the alternate services, and the availability of

alternative services. The provisions of the condition of the patient and availability of alternative services are all new provisions that will strengthen patient protection.

Current Regulation	New Regulation	Rationale
Discontinuing denturist services to a patient without adequate reason unless, i. the member has entered into an agreement to provide denturist services and the period specified in the agreement has expired, or the member has given the patient five working days' notice of the member's intention to discontinue the services agreed upon, ii. the services are no longer required, iii. the patient requests the discontinuation, iv. the patient has had a reasonable opportunity to arrange for the services of another member, or v. alternative services are arranged.	Discontinuing professional services that are needed by a patient unless the discontinuation would reasonably be regarded by members as appropriate having considered, i. the member's reasons for discontinuing the services, ii. the condition of the patient, iii. the opportunity given to the patient to arrange alternate services provided by another member before the discontinuation, and iv. the availability of alternate services.	The phrase "discontinuation would reasonably be regarded by members as appropriate" ensures that both members and patients are treated fairly. This discretionary language will preclude unfair referrals to discipline and will allow the ICRC to take a contextual approach to the situation. The change from "without adequate reason" to "would reasonably be regarded by members as appropriate" provides better guidance to the ICRC and Discipline Committees. The recommended new "i" will address the deleted "i", "ii" and "iii". The rationales for discontinuing services are practical and ensure that the patient's interests are placed at the forefront.

It is important to note that the proposed language does not remove or lessen the gambit of reasons a Denturist can use to justify the discontinuation, in fact, it broadens potential reasons by removing a specific list of reasons. This is considered a more suitable approach in drafting regulations as it permits flexibility for the regulator to articulate reasons through its regulatory tools such as Standards of Practice or Guidelines. This discretionary language therefore allows a broader range of considerations that the ICRC and Discipline Panel could consider during their deliberations that take into account a wider context of the situation.

As well, the new regulation changes the language surrounding the arranging or seeking services of an alternate Denturist. Currently, there is an onus placed on both the patient and the Denturist seeking discontinuation to ensure that alternate services are arranged. In the proposed regulation, the onus is placed on the patient to arrange for services of another Denturist and that the discontinuing Denturist must take into account the availability of alternative services.

This proposed language avoids two realistic scenarios 1. Should the reasons for discontinuation be due to unruly and threating behaviour of the patient, the Denturist would not be placed in a situation where they are responsible for transferring this patient to another Denturist who may not have the full context as to the reasons why services were discontinued. 2. This allows patients, who were unsatisfied with the care they received and potentially may seek to submit a formal complaint, to choose an alternate practitioner that better meets their oral health care needs without an empty referral to a Denturist they see as being close with the unsuitable initial Denturist. The regulation adds the provision that the availability of alternative services must be considered thereby avoiding a situation where the patient may be abandoned with no access to care. In all cases with the current regulation and the proposed regulation, the continuity of care must be followed, and that the patient cannot be abandoned in all cases.

Risk Considerations

The updated Professional Misconduct Regulation will be in force July 1, 2024. While there is no immediate material risk for the College to not update its policy pieces and guidelines in advance of that date, it must present a reasonable argument or justification for not updating its policy pieces and guidelines.

The risk of continuing with the current guidelines is considered low as practically, the process for discontinuing services or refusing treatment may not alter significantly between the current guidance and new guidance.

Options

Council is asked to approve the following:

1. **Approve** the revised guidelines for discontinuing services and refusing treatment as **presented** for implementation on July 1, 2024.

2. **Approve** the revised guidelines for discontinuing services and refusing treatment as **amended** for implementation on July 1, 2024.

3. Not approve the revised guidelines for discontinuing services and refusing treatment.

4. Other

After consideration of these matters, Council may:

Suggested Motion – That Council approves the updated Guidelines for Discontinuing Services and Refusing Treatment.

COLLEGE OF DENTURISTS OF ONTARIO

Guideline: Discontinuing Services/Refusing Treatment

Introduction:

Within the context of the denturist-patient relationship, Registered Denturists and their patients enjoy mutually respectful and rewarding relationships that centre around the provision of denturism care and service. However, there are times in a professional setting when a Registered Denturist may find it necessary to discontinue services, refuse treatment, or turn away a referral. The decision to terminate a denturist-patient relationship is a serious one, frequently taken because the therapeutic relationship has become unproductive as a result of unresolved issues.

While Registered Denturists may identify patients to whom they will provide care and service, these decisions cannot infringe on the human rights of the prospective or existing patient. The Ontario Human Rights Code prohibits discrimination on the following grounds:

- Age;
- Citizenship, Ethnic Origin, Place of Origin, Creed;
- Disability;
- Ancestry, Colour, or Race;
- Sexual Orientation, Gender Identity, Gender Expression; and/or
- Marital Status or Family Status

Registered Denturists are not permitted to discontinue ongoing patient services without adequate reasons. The Professional Misconduct Regulation sets out appropriate considerations that a Registered Denturist should undertake to determine whether discontinuing denturism services are warranted:

~~i. the member has entered into an agreement to provide denturist services and the period specified in the agreement has expired, or the member has given the patient **five working days'** notice of the member's intention to discontinue the services agreed upon,~~

~~ii. the services are no longer required,~~

~~iii. the patient requests the discontinuation,~~

~~iv. the patient has had a reasonable opportunity to arrange for the services of another member, or~~

~~v. alternative services are arranged.~~

vi. The member's reasons for discontinuing the services,

vii. the condition of the patient,

viii. the patient has had a reasonable opportunity to arrange for the services of another member, or

ix. the availability of alternative services.

These guidelines provide direction to Registered Denturists regarding the termination of a denturist-patient relationship.

Guidelines:

1. Prior to ending the denturist-patient relationship, the Registered Denturist must apply sound clinical judgement and compassion to determine the most appropriate course of action. This includes exhausting all other reasonable efforts to resolve the situation in the best interest of the patient.

2. When services that are needed are discontinued or refused, patients should not be abandoned. Reasonable attempts should be made to arrange for alternative services for the patient.

3. Registered Denturists must notify the patient of the decision to end the denturist-patient relationship:

    a. Denturists are **advised** to notify the patient in person, whenever it is safe and possible to do so.

    b. Denturists **must** provide in writing the reasons for discontinuing services, refusing treatment, or turning away a patient. Denturists must retain a copy of this notification and any confirmation of receipt in the patient's medical record. If written communication is not possible, the Denturist must note how the patient was notified.

4. When a patient has been referred to another practitioner, the Registered Denturist should ensure the timely transfer of medical records.

5. In the interest of greater clarity, Registered Denturists are advised to document all relevant information pertaining to the service termination including all steps undertaken to resolve the issue(s).

Some examples of when services may be refused or discontinued include:

- there are specific contraindications to the proposed treatment;
- the proposed treatment is outside the scope of practice of the Registered Denturist;
- a conflict of interest exists;
- the patient has demonstrated behaviour that significantly disrupts the practice. Such behaviours may include abusive or threatening language.
- the patient poses a risk of harm to the Registered Denturist, staff or other patients;
- the patient consistently fails to comply with treatment protocol; and/or
- the patient fails to comply with the denturist-patient agreement. Lack of compliance with the denturist-patient agreement can include missed appointments or the patient's failure to settle an account with the Registered Denturist.

Practice Scenario:

A patient has been consistently missing appointments. This is having a significant impact on the patient's treatment. When the patient does attend, they are cooperative and consistently follow through with the Registered Denturist's recommendations. The Registered Denturist has discussed the issue of the

missed appointments with the patient to ensure they understand the impact, but they continue to miss many appointments.

Many Registered Denturists and their employers have attendance and cancellation policies that are reviewed with patients prior to the start of treatment. During this policy review, patients are made aware of the outcome of missed appointments.

In this scenario, the Registered Denturist may want to review any existing policies with patient and ask them to reconsider their commitment to the services offered. In general, when a patient stops attending appointments, attempts should be made to contact them and remind them of any attendance policy. A letter may be sent to them regarding the matter.

Practice Scenario:

A Registered Denturist had an employment relationship with a clinic. The employment relationship has been terminated abruptly and many of the Denturist's patients continue to require denturism care. Is it the Registered Denturist's responsibility to arrange for alternate services?

It is not necessarily the Registered Denturist's responsibility to arrange for alternate services in this situation. Ideally, the termination process and responsibilities of the employee and employer were determined when the employment contract was first negotiated. Regardless of when the discussion occurs, the primary concern in this scenario is that all of the Registered Denturist's patients need to be informed of the change in service provision and provided with information about opportunities for alternate service (i.e., plan for a replacement or alternate resources).

Although it may be the employer who does this, the Registered Denturist has an obligation to ensure that the employer is aware of the patient's right to information. In some situations, where the relationship is not amenable to open discussion, the Registered Denturist may need to communicate these expectations in writing to the employer. It is expected that the Registered Denturist will take all reasonable steps to ensure that the patients are advised of the options available to them.

In addition to providing notice to the patients, it is important that the patient records be maintained appropriately (e.g., securely and for the required time) and that access to these records be granted to the appropriate individuals. The Registered Denturist has an obligation to ensure the employer is aware of, and will meet, these requirements. The Registered Denturist may need to take further action if they do not have the confidence that the employer will follow through with this responsibility.

In some cases, there may be patients who want to continue to receive service from the original Registered Denturist. The Registered Denturist may be in a position to accommodate this request, providing it is not contrary to a previous contractual agreement and is done in an open and transparent manner.

Practice Scenario:

A Registered Denturist completed an assessment of a patient and provided a proposed treatment plan. The patient has indicated they are not in agreement with the plan and will not give consent to continue. As they do not want to proceed any further, the Registered Denturist is planning to discharge them. Is that appropriate?

It is not appropriate for a Registered Denturist to assume that refusal to proceed with a treatment is grounds for discontinuation of service. The patient's refusal to proceed means that they have not provided consent for the particular proposed treatment. The Registered Denturist should stop, pause and reflect on the collaborative and patient-centred nature of the denturist-patient relationship and manage the situation accordingly.

In this scenario the patient remains in need of services as identified in the assessment. Rather than moving to discharge planning, the Registered Denturist may need to ensure the patient is capable of making an informed decision to withdraw consent. If it is clear that the patient has the capacity to withdraw consent then the Registered Denturist must explore other factors. As informed consent includes the understanding of the risks associated with not receiving the intervention, the Registered Denturist should review these with the patient. The refusal to proceed may be due to any one of a number of reasons (e.g., personal conflict, discomfort with the type of intervention, disagreement with the goals). It is necessary for the Registered Denturist to gain some further understanding of the problem and manage the situation accordingly. The patient must be provided with information about other options or alternatives prior to a decision to discontinue. If the patient is not deemed capable of withdrawing consent, then the Registered Denturist should be discussing the treatment plan and gaining consent from a substitute decision maker.

The discharge of the patient in this situation involves the ethical principle of respect for autonomy, recognizing the patients right to make choices for themselves, including the choice to decline proposed services.

COLLEGE OF DENTURISTS OF ONTARIO

BRIEFING NOTE

To:	**Council**
From:	**Tera Goldblatt, Manager, Quality Assurance & Sexual Abuse Liaison, Roderick Tom-Ying, Registrar and CEO**
Date:	**June 14, 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 denturist 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 identifies. 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.

NEW – Results from 60-Day Public and Stakeholder Consultation Ending May 13, 2024

Council at its March 8, 2024, meeting approved a 60-day public and stakeholder consultation to circulate the proposed changes to the Record Keeping Standard of Practice and to gather feedback on the proposed updated Record Keeping Guidelines.

The consultation period began on March 14, 2024, and concluded on May 13, 2024.

The College received two responses from the consultation – one from a registrant and one from the Ontario Dental Association. The response from the member (anonymized) is found below and the response from the ODA is attached to the meeting package:

"I would be in support of the removal of unique identifiers from chart records."

"The ODA supports, in principle, the CDO's decision, as the Royal College of Dental Surgeons of Ontario (RCDSO) Guidelines also do not require the assignment of unique identifiers. For paper records, the RCDSO supports its members' use of their professional judgement to determine appropriate methods for record creation, record distinction, and archiving. For digital patient records, the RCDSO's Guidelines on Electronic Records Management set out requirements for metadata which captures the unique identity of the patient and other relevant information. The ODA appreciates the CDO's continuing commitment to transparency in its decision-making."

The College is in agreement and in alignment with RCDSO's guidance to registrants on both the paper records and digital patient records.

Summary: Both respondents were supportive of the College's proposed removal of the unique identifier from patient records. The College thanks both respondents for their care and consideration of the matter.

Implementation Plan

- Updated Standard of Practice for Record Keeping and new accompanying Guidelines will be published on the College's website.
- Communication pieces will be sent out to all registrants and stakeholders informing them of the removal of the unique identifier requirement.
- New guidelines for Record Keeping will be communicated to all registrants and stakeholders.
- Two new webinars for Record Keeping have been updated and changes will be presented live on Monday, June 24, 2024, at 6:00 pm and Thursday, June 27, 2024, at 12:00 pm.

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 heath 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

Council is asked to approve the following:

1. **Approve** the updated draft Record Keeping Standard of Practice and Guidelines for Record Keeping as **presented**.

2. **Approve** the updated draft Record Keeping Standard of Practice and Guidelines for Record Keeping as **modified**.

3. Other

After consideration of these matters, Council may:

Suggested Motion – That Council approves the draft Record Keeping Standard of Practice and Record Keeping Guidelines for immediate implementation.

Attachments

1. Letter from the ODA re: Consultation Feedback
2. 2017 – Record Keeping Standard of Practice
3. 2017 – Guidelines for Record Keeping
4. 2024 - Updated Standard of Practice: Record Keeping
5. 2024 - Guidelines for Record Keeping

Agenda Item 14.2

April 30, 2024

Mr. Roderick Tom-Ying
Registrar and Chief Executive Officer
College of Denturists of Ontario (CDO)
365 Bloor Street East
Suite 1606
Toronto, Ontario M4W 3L4

Re: ***Removal of Unique Identifiers on Patient Charts/Records & Updated Record Keeping Standard of Practice & Guidelines***

Dear Mr. Tom-Ying,

As the voluntary professional association which represents the dentists of Ontario, promotes the highest standards of dental care, and advocates for accessible and sustainable optimal oral health for all Ontarians, the Ontario Dental Association (ODA) is pleased to provide feedback to the College of Denturists of Ontario (CDO) on its consultation regarding the removal of unique identifiers on patient charts/records and accompanying amendments to its Record Keeping Standard of Practice and Guidelines.

At its March 8, 2024 meeting, the CDO Council approved, in principle, the removal of the requirement for all patient charts and records to have unique identifiers to distinguish them from other patient charts and records due to conflicting requirements among the CDO's Record Keeping Standard of Practice, Guidelines, and processes for Peer and Practice Assessments. To support this change, the CDO has proposed amendments to its Record Keeping Standard of Practice and Guidelines. It is our understanding that the objectives of the proposed amendments are to improve harmonization of the CDO's processes and guidelines regarding the creation, storage, and archiving of patient records, and to reduce the potential for regulatory confusion among its members.

The ODA supports, in principle, the CDO's decision, as the Royal College of Dental Surgeons of Ontario (RCDSO) Guidelines also do not require the assignment of unique identifiers. For paper records, the RCDSO supports its members' use of their professional judgement to determine appropriate methods for record creation, record distinction, and archiving. For digital patient records, the RCDSO's Guidelines on Electronic Records Management set out requirements for metadata which captures the unique identity of the patient and other relevant information. The ODA appreciates the CDO's continuing commitment to transparency in its decision-making.

Thank you for the opportunity to provide feedback. Questions regarding this submission can be directed to Mr. David Gentili, Chief Advocacy and Policy Officer of the ODA, at dgentili@oda.ca or 416-355-2277.

Sincerely,

Dr. Gerald Smith
Chair, Health Policy and Government Relations Advisory Committee
Ontario Dental Association

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

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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 denturist 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/phipa-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 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.

Reference: https://www.ipc.on.ca/wp-content/uploads/Resources/phipa-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.

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Charting

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 denturist 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 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 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 denturist. Therefore, denturists 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 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 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 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 unique identifier should be present so that the documentation can be matched up with the correct patient.

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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 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 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.

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If the CFSA does not apply, the denturist must comply with the Personal Health Information Protection Act (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 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 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 he/she is still intent on keeping this information confidential. If they change their mind, this would permit the denturist to disclose the information. The denturist 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.

Denturists 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. Denturists can also place notices in newspapers to advise their patients if the clinic is being sold or transferred, is closing or is moving locations.

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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 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 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 denturist 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 denturist corporation.

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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.

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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

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	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	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. 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.
Security	The degree of protection from loss, damage, disclosure, or misuse.
Substitute Decision-Maker (SDM)	A person described in the *Health Care Consent Act, Substitute Decision-Maker Act* or *Personal Health Information Protection Act* 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: 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

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Standard Statement	Performance Indicators
	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 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.
	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).
	5. Maintains a master signature list if initials are used to attest the records.
	6. Documents in a timely manner and completes documentation during or soon after the services or event.
	7. Corrects and initials errors while ensuring the original information is visible or retrievable.
	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: 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.
	9. Patient requests for a change in the record can be made in writing or requested orally. 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.

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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.	15. Denturists who act as the custodian: 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

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Standard Statement	Performance Indicators
	comply with the *Regulated Health Professions* Act, (e.g. release patient records for the purpose of College Quality Assurance program or College investigation).
	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.
	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.
	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.)
	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).
	28. Respects patient requests to withhold information in the record (See glossary "Lock Box").
	29. Notifies the patient of a breach of security via unauthorized access, loss or theft of information.
	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.
	31. Ensures the intended recipient of a facsimile is named on the document and places a confidentiality statement on the bottom of the facsimile.
	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).

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

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

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

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Denturism Act, 1991 Ontario Regulation 854/93 Professional Misconduct Regulations
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Your Health Information: Your Access and Correction Rights, Information and Privacy Commission of Ontario; 2005
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COLLEGE OF DENTURISTS OF ONTARIO

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 rational 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
June 14, 2024	Approval by Council for immediate implementation.
March 8, 2024	Updated template style guide, new headers, table of contents added. Approval of final draft by Council for 60-day public and stakeholder consultation.
November 1, 2019	First draft approval by the Quality Assurance Committee.

COLLEGE OF DENTURISTS OF ONTARIO

BRIEFING NOTE

To: **Council**

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

Date: **June 14, 2024**

Subject: **Updated Language Proficiency Policy – New Proficiency Test: Pearson Test of English**

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 that the policies and processes implemented by the College are in harmony and aligned with the governing legislation and regulations. As part of the updated requirements in Bill 106, the College is updating its Language Proficiency Requirements to include language tests approved by Immigration, Refugees and Citizenship Canada.

Background

Bill 106 – Pandemic and Emergency Preparedness Act, 2022 received royal assent on April 14, 2022. As an omnibus bill, it contained new provisions that specifies any language proficiency tests that are approved and used by Immigration, Refugees and Citizenship Canada (IRCC) must be acceptable by health regulators in its use for applicants demonstrating proficiency in the official languages of Canada – English and French.

As the CDO already has a fulsome policy wide in its scope of acceptable tests, most of the language proficiency tests used by the IRCC were already accepted by the CDO.

In December 2022, as a result of this new requirement, the College updated it Language Proficiency Policy to include two new language proficiency tests:

- TEF Canada – French language testing
- TCF Canada – French language testing

In early 2024, Immigration, Refugees and Citizenship Canada (IRCC) notified stakeholders that they have recently approved a latest test - the Pearson Test of English (PTE). The CDO does not currently recognize Pearson Test of English (PTE). As a result, the College must update its Language Proficiency Policy and determine cut scores for this new test.

Creating Cut Scores for PTE

Immigration, Refugees, and Citizenship Canada has established benchmarking equivalencies between the Canadian Language Benchmarks (CLB) test with CELPIP, IELTS, TEF Canada, TCF Canada and PTE.

Due to this benchmarking work undertaken by IRCC, the CDO can easily establish the cut scores for PTE by using IRCC's equivalency chart for tests and cut scores already established by the CDO for CELPIP, IELTS, TEF Canada and TCF Canada.

Based on IRCC's equivalency charts, the CDO is proposing the following minimum cut scores:

CLB Level	CDO Cut Score for CLB	PTE IRCC Equivalency
Reading	7	60-68
Listening	7	60-70
Speaking	7	68-75
Writing	7	69-78

Please note, the cut scores for PTE represent a range as compared with CLB, IELTS, and CELPIP cut scores. The CDO will adopt the equivalent range of scores as representative of the minimally acceptable range.

Registration Committee

The Registration Committee met on March 5, 2024, to hear from College Staff about the new language proficiency test and how the cut score could be created that is aligned with the existing cut scores of the other language proficiency tests.

The Registration Committee approved the proposed updated policy for Council's review and approval at its meeting.

Risk Considerations

The theoretical or material risk associated with non-adherence with overarching legislation is unquantifiable, but non-adherence would signal CDO is absolving its duties to govern in the public interest. College Staff do not foresee any challenges with implementing the revised policy.

Options

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

1. Adopt the proposed amendments to the Language Proficiency Requirements Policy as brought forward by the Registration Committee.

2. Modify the proposed amendments

3. Other

Attachments

1. Proposed Language Proficiency Requirements Policy

COLLEGE OF DENTURISTS OF ONTARIO

TYPE	**Registration**
NAME	**Language Proficiency Requirements Policy**
DATE APPROVED BY COUNCIL	**December 12, 2014**
DATE REVISED BY COUNCIL	**March 22, 2019, December 6, 2019, September 7, 2021, December 9, 2022, June 14, 2024**

INTENT

This policy outlines the minimum language proficiency requirements that must be demonstrated in order to satisfy Section 2.5. of the Registration Regulation (833/93), which states:

> *The applicant must have reasonable fluency in either English or French. O. Reg. 833/93, s. 2.*

BACKGROUND

English and French are the official languages used in the health care system in Ontario. All health care professionals need to be able to communicate (speak, read and write) in either English or French with reasonable fluency.

Language proficiency assessment contributes to public protection by ensuring that registrants can communicate effectively with patients, other members of the health care team, and the College. Candidates, applicants and registrants must be able to communicate effectively with the College, Registered Denturists must be able to understand and respond to College materials that are related to registration, quality assurance, and complaints, and discipline This is an essential part of a Denturist's accountability to the College as a regulated health professional.

THE POLICY

An applicant whose first language is English or French, and/or their relevant health care education and instruction was in English or French is considered to have demonstrated fluency in either language.

An applicant whose first language is not English or French or did not complete their relevant health care education and instruction in English or French is required to demonstrate proficiency either through a test of language proficiency or by providing non-objective evidence of language proficiency at the time of application for a Certificate of Registration

While examination candidates are not required to provide proof of language proficiency prior to attempting the Qualifying Examination, language proficiency is an essential component for success in both the written and Objective Structured Clinical Examination (OSCE) portions of the Qualifying Examination.

1. Demonstrating Language Fluency:

An applicant whose first language is not English or French or did not complete their relevant health care education and instruction in English or French are required to either:

a) Complete a standardized language proficiency test administered by a recognized 3rd party testing agency and meet or exceed the minimum cut-off score for that test (Appendix A). The cut-off scores required in

the approved language tests reflect the minimum level of English or French language proficiency the College believes is necessary for a prospective applicant to function successfully as a Registered Denturist.

Applicants are responsible for the cost of language proficiency tests.

Test results will be considered valid for 2 years from the date the test was administered and must be sent directly from the language testing agency to the College.

OR

b) Provide non-objective evidence of language proficiency. The College accepts alternatives to a standardized language proficiency test. An applicant who wishes to meet the language proficiency registration requirement through non-objective evidence (NOE) of their language proficiency must submit at least TWO of the following four:

1. Successful completion of relevant professional health care education in a majority English or French country;
2. Relevant health care employment in a country in which English or French is the majority language in a role with a scope of practice similar to that associated with the Certificate of Registration for which the application is being made;
3. Successful completion of the four final years of school in Canada that establishes eligibility to apply for university or college; or
4. Successful completion of a Canadian college or university degree.

An applicant who cannot provide sufficient evidence of language proficiency will have their application for a Certificate of Registration referred to the Registration Committee.

2. Extending the Period of Validity of Language Proficiency Test Scores

The College may extend the validity of an applicant's language proficiency test scores when the applicant meets the following Decision Criteria:

1. The applicant is actively engaged in or has recently successfully completed the education required to become registered as a denturist;
2. The original test scores meet the language proficiency requirements outlined in Appendix A;
3. The original test scores have expired within the past two years; and
4. In the opinion of the Registrar, there is no other evidence to suggest the applicant is not sufficiently proficient in English or French to be a member of the College.

An extension is valid for a period of up to one year. A second extension of up to one year following the end of the first extension period may be requested. When an applicant's request for extension of the period of validity of language proficiency test scores is denied, the application will be referred to the Registration for review.

RELATED LEGISLATION

Ontario Regulation 833/93 (Registration)

Appendix A: Recognized Language Proficiency Test & Cut-Scores

Language Proficiency Test	Minimum Score
TOEFL (Internet-based & Paper-based) http://www.ets.org/toefl/	Overall minimum of 89 Including a minimum of Reading: 20/30 Listening: 21/30 Speaking: 24/30 Writing: 21/30
IELTS http://www.ieltscanada.ca/ (Academic of General Training)	Overall minimum of 7.0 (academic and/or general training) Including a minimum of Reading: 6.5 Listening: 7.0 Speaking: 7.0 Writing: 6.5
Canadian Language Benchmark Assessment (CLBA) Canadian Language Benchmark Placement Test (CLBPT) www.language.ca	Reading: 7.0 Listening: 7.0 Speaking: 7.0 Writing: 7.0
Canadian Academic English Language Test, Computer Edition (CAEL CE) https://www.cael.ca/	Reading: 60 Listening: 60 Speaking: 60 Writing: 60
Canadian English Language Proficiency Index Program (CELPIP) https://www.celpip.ca/	Reading: 7.0 Listening: 7.0 Speaking: 7.0 Writing: 7.0
Pearson Test of English (PTE Core) https://www.pearsonpte.com/	Reading: 60-68 Listening: 60-70 Speaking: 68-75 Writing: 69-78
Test de connaissance du français pour le Canada (TCF Canada) www.france-education-international.fr	Reading: 453-498 Listening: 458-502 Speaking: 10-11 Writing: 10-11
Test d'évaluation de français pour le Canada (TEF Canada) https://www.lefrancaisdesaffaires.fr/en/tests-diplomas/	Reading: 207-232 Listening: 249-279 Speaking: 310-348 Writing: 310-348

DEFINITIONS

Applicant – an individual that has made an application to the College for registration

IELTS – The International English Language Testing System

TOEFL® iBT -Test of English as a Foreign Language – Internet Based

TOEFL® PBT- Test of English as a Foreign Language- Paper Based

CLB – Canadian Language Benchmark

CLBPT – Canadian Language Benchmark Placement Test

CLBA – Canadian Language Benchmark Assessment

CAEL CE – Canadian Academic English Language Test, Computer Edition

CELPIP – Canadian English Language Proficiency Index Program

REVISION CONTROL

Date	Revision	Effective
March 22, 2019	• Remove requirement for demonstration of language proficiency prior to attempt the Qualifying Examination • Add CLBA and CLBPT to list of accepted standardized test for English Language Proficiency • Update of minimum cut-off scores • Add "extending the period of validity of language proficiency test scores" provision • Add "acceptance of non-objective evidence (NOE) of language proficiency" provision	March 22, 2019
December 6, 2019	• Addition of CAEL CE and CELPIP to list of accepted standardized tests for English Language Proficiency	December 6, 2019
September 7, 2021	• Removed references to CanTEST (the Canadian test of English or French for Scholars and Trainees) due to their discontinuation of testing services	September 7, 2021
December 9, 2022	• Addition of TCF Canada and TEF Canada to list of accepted standardized tests for French Language Proficiency	December 9, 2022
June 14, 2024	• Addition of Pearson Test of English to list of accepted standardized tests for English Language Proficiency	June 14, 2024